OMB No. 0930-0285
Expiration Date 5/31/2015

Transformation Accountability (TRAC)
Center for Mental Health Services

NOMs Client-Level Measures for Discretionary Programs Providing Direct Services

SERVICES TOOL
for
Minority AIDs Initiative – TCE, Adult Programs

REASSESSMENT INTERVIEW

CMHS
Center for Mental Health Services
SAMHSA

February 2014
Version 7

Public reporting burden for this collection of information is estimated to average 30 minutes per response if all items are asked of a consumer/participant; to the extent that providers already obtain much of this information as part of their ongoing consumer/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1045, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0285.

RECORD MANAGEMENT

[RECORD MANAGEMENT IS REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT AND DISCHARGE REGARDLESS OF WHETHER AN INTERVIEW IS CONDUCTED.]

Consumer ID |____|____|____|____|____|____|____|____|____|____|____|

Grant ID (Grant/Contract/Cooperative Agreement) |____|____|____|____|____|____|____|____|____|____|

Site ID |____|____|____|____|____|____|____|____|____|____|

1. Indicate Assessment Type:

○ Reassessment
Which 6-month reassessment?

|____|____|
[ENTER 06 FOR A 6-MONTH, 12 FOR A 12-MONTH, 18 FOR AN 18-MONTH ASSESSMENT, ETC.]

2. Was the interview conducted?

○ Yes

When?

|____|____| / |____|____| / |____|____|____|____|
MONTH DAY YEAR

[FOR REASSESSMENTS:
IF AN INTERVIEW WAS CONDUCTED, GO TO SECTION B.]

B. FUNCTIONING

1. How would you rate your overall health right now?

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor
- ○ REFUSED
- ○ DON'T KNOW

2. In order to provide the best possible mental health and related services, we need to know what you think about how well you were able to deal with your everyday life during the past 30 days. Please indicate your disagreement/agreement with each of the following statements.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

STATEMENT	RESPONSE OPTIONS						
	Strongly Disagree	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**	**REFUSED**	**NOT APPLICABLE**
a. I deal effectively with daily problems.	○	○	○	○	○	○	
b. I am able to control my life.	○	○	○	○	○	○	
c. I am able to deal with crisis.	○	○	○	○	○	○	
d. I am getting along with my family.	○	○	○	○	○	○	○
e. I do well in social situations.	○	○	○	○	○	○	
f. I do well in school and/or work.	○	○	○	○	○	○	○
g. My housing situation is satisfactory.	○	○	○	○	○	○	
h. My symptoms are not bothering me.	○	○	○	○	○	○	○

B. FUNCTIONING (Continued)

3. The following questions ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling.

[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

QUESTION	RESPONSE OPTIONS						
During the past 30 days, about how often did you feel …	**All of the Time**	**Most of the Time**	**Some of the Time**	**A Little of the Time**	**None of the Time**	**REFUSED**	**DON'T KNOW**
a. nervous?	○	○	○	○	○	○	○
b. hopeless?	○	○	○	○	○	○	○
c. restless or fidgety?	○	○	○	○	○	○	○
d. so depressed that nothing could cheer you up?	○	○	○	○	○	○	○
e. that everything was an effort?	○	○	○	○	○	○	○
f. worthless?	○	○	○	○	○	○	○

4. The following questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed.

[READ EACH QUESTION TO THE CONSUMER. IF THE # OF DAYS IS GREATER THAN 0 ASK THE ROUTE OF ADMINISTRATION. NOTE THE USUAL ROUTE. IF MORE THAN ONE ROUTE, CHOOSE THE MOST SEVERE. THE ROUTES ARE LISTED FROM LEAST SEVERE (1) TO MOST SEVERE (5).]

Route of Administration Types:
1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV

[IF THE VALUE IN ANY ITEM B4g THROUGH B4t > 0, THEN THE VALUE IN B4e MUST BE > 0.]

QUESTION	RESPONSE OPTIONS					
During the past 30 days, how many days have you used…	**# of Days**	**REFUSED**	**DON'T KNOW**	**Route**	**REFUSED**	**DON'T KNOW**
a) Tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	|__|__|	○	○			
b) Alcoholic beverages (beer, wine, liquor, etc.)? ***[IF b=0, RF, DK, THEN SKIP TO ITEM e.]***	|__|__|	○	○			
c) Alcohol to intoxication (5+ drinks in one sitting)?	|__|__|	○	○			
d) Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)?	|__|__|	○	○			
e) Illegal drugs?	|__|__|	○	○			
[IF b or e =0, RF, DK, THEN SKIP TO ITEM g.] **f) Both alcohol and drugs (on the same day)?**	|__|__|	○	○			
g) Cannabis (marijuana, pot, grass, hash, joints, blunts, chronic, weed, Mary Jane, etc.)?	|__|__|	○	○	|__|	○	○
h) Cocaine (coke, crack, etc.)?	|__|__|	○	○	|__|	○	○
i) Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?	|__|__|	○	○	|__|	○	○
j) Methamphetamine or other amphetamines (crystal meth, uppers, speed, ice, chalk, glass, fire, crank, etc.)?	|__|__|	○	○	|__|	○	○
k) Inhalants (nitrous oxide, glue, gas, paint thinner, poppers, snappers, rush, whippets, etc.)?	|__|__|	○	○	|__|	○	○

B. FUNCTIONING (Continued)

During the past 30 days, how many days have you used…	# of Days	REFUSED	DON'T KNOW	Route	REFUSED	DON'T KNOW
l) Benzodiazepines, sedatives or sleeping pills (Serepax, Ativan, Librium, Rohypnol, GHB, etc.) Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estasolam (Prosom and Rohypnol–also known as roofies, roche, and cope)?	|__|__|	○	○	|__|	○	○
m) Barbiturates: Mephobarbital (Mebacut) and pentobarbital sodium (Nembutal)?	|__|__|	○	○	|__|	○	○
n) Non-prescription GHB (known as Grievous Bodily Harm; Liquid Ecstasy; and Georgia Home Boy)?	|__|__|	○	○	|__|	○	○
o) Ketamine (known as Special K or Vitamin K)?	|__|__|	○	○	|__|	○	○
p) Other tranquilizers, downers, sedatives or hypnotics?	|__|__|	○	○	|__|	○	○
q) Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel) MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms or Mescaline?	|__|__|	○	○	|__|	○	○
r) Street opiates – heroin (Smack, H, Junk, Skag, opium etc.)?	|__|__|	○	○	|__|	○	○
s) Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, morphine, Diluadid, Demerol, Darvon, codeine, Tylenol 2, 3, 4, etc.) or non-prescription methadone?	|__|__|	○	○	|__|	○	○
t) Other illegal drugs– specify: _____	|__|__|	○	○	|__|	○	○

[IF ANY ROUTE OF ADMINISTRATION IN B4g – B4t = 4 or 5, THEN CONTINUE TO B4A; OTHERWISE SKIP TO GAF SCORE.]

4A. In the past 30 days, how often did you use a syringe/needle, cooker, cotton or water that someone else used?

- ○ Always
- ○ More than half the time
- ○ Half the time
- ○ Less than half the time
- ○ Never
- ○ REFUSED
- ○ DON'T KNOW

B. FUNCTIONING (Continued)

[OPTIONAL: GAF SCORE REPORTED BY GRANTEE STAFF AT PROJECT'S DISCRETION.]

DATE GAF WAS ADMINISTERED: |____|____| / |____|____| /|___|___|____|____|
MONTH DAY YEAR

WHAT WAS THE CONSUMER'S SCORE? GAF = |____|____|____|

B. VIOLENCE AND TRAUMA

9. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?

- ○ Never
- ○ Once
- ○ A few times
- ○ More than a few times
- ○ REFUSED
- ○ DON’T KNOW

C. STABILITY IN HOUSING

1. In the past 30 days how many …	Number of Nights/ Times	REFUSED	DON'T KNOW
a. nights have you been homeless?	|____|____|	○	○
b. nights have you spent in a hospital for mental health care?	|____|____|	○	○
c. nights have you spent in a facility for detox/inpatient or residential substance abuse treatment?	|____|____|	○	○
d. nights have you spent in correctional facility including jail, or prison?	|____|____|	○	○
[ADD UP THE TOTAL NUMBER OF NIGHTS SPENT HOMELESS, IN HOSPITAL FOR MENTAL HEALTH CARE, IN DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT, OR IN A CORRECTIONAL FACILITY. (ITEMS A-D, CANNOT EXCEED 30 NIGHTS).]	|____|____|		
e. times have you gone to an emergency room for a psychiatric or emotional problem?	|____|____|	○	○

[IF 1A, 1B, 1C, OR 1D IS 16 OR MORE NIGHTS, GO TO SECTION D.]

2. In the past 30 days, where have you been living most of the time?

[DO NOT READ RESPONSE OPTIONS TO THE CONSUMER. SELECT ONLY ONE.]

- ○ OWNED OR RENTED HOUSE, APARTMENT, TRAILER, ROOM
- ○ SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, ROOM
- ○ HOMELESS (SHELTER, STREET/OUTDOORS, PARK)
- ○ GROUP HOME
- ○ ADULT FOSTER CARE
- ○ TRANSITIONAL LIVING FACILITY
- ○ HOSPITAL (MEDICAL)
- ○ HOSPITAL (PSYCHIATRIC)
- ○ DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
- ○ CORRECTIONAL FACILITY (JAIL/PRISON)
- ○ NURSING HOME
- ○ VA HOSPITAL
- ○ VETERAN'S HOME
- ○ MILITARY BASE
- ○ OTHER HOUSED (SPECIFY) _____
- ○ REFUSED
- ○ DON'T KNOW

D. EDUCATION AND EMPLOYMENT

1. Are you currently enrolled in school or a job training program?
***[IF ENROLLED]* Is that full time or part time?**

- ○ NOT ENROLLED
- ○ ENROLLED, FULL TIME
- ○ ENROLLED, PART TIME
- ○ OTHER (SPECIFY)_____
- ○ REFUSED
- ○ DON'T KNOW

2. What is the highest level of education you have finished, whether or not you received a degree?

- ○ LESS THAN 12TH GRADE
- ○ 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED)
- ○ VOC/TECH DIPLOMA
- ○ SOME COLLEGE OR UNIVERSITY
- ○ BACHELOR'S DEGREE (BA, BS)
- ○ GRADUATE WORK/GRADUATE DEGREE
- ○ REFUSED
- ○ DON'T KNOW

3. Are you currently employed? ***[CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CONSUMER WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.]***

- ○ EMPLOYED FULL TIME (35+ HOURS PER WEEK, OR WOULD HAVE BEEN)
- ○ EMPLOYED PART TIME
- ○ UNEMPLOYED, LOOKING FOR WORK
- ○ UNEMPLOYED, DISABLED
- ○ UNEMPLOYED, VOLUNTEER WORK
- ○ UNEMPLOYED, RETIRED
- ○ UNEMPLOYED, NOT LOOKING FOR WORK
- ○ OTHER (SPECIFY) _____
- ○ REFUSED
- ○ DON'T KNOW

3a. ***[IF EMPLOYED]***

	Yes	No	REFUSED	DON'T KNOW
• **Are you paid at or above the minimum wage[1]?**	○	○	○	○
• **Are your wages paid directly to you by your employer?**	○	○	○	○
• **Could anyone have applied for this job?**	○	○	○	○

[1] For information on Federal minimum wage go to http://www.dol.gov/dol/topic/wages/.

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested?

|____|____| TIMES ○ REFUSED ○ DON'T KNOW

[GO TO SECTION F.]

F. PERCEPTION OF CARE

1. In order to provide the best possible mental health and related services, we need to know what you think about the services you received during the past 30 days, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

STATEMENT	RESPONSE OPTIONS						
	Strongly Disagree	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**	**REFUSED**	**NOT APPLICABLE**
a. Staff here believe that I can grow, change and recover.	○	○	○	○	○	○	
b. I felt free to complain.	○	○	○	○	○	○	
c. I was given information about my rights.	○	○	○	○	○	○	
d. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○	
e. Staff told me what side effects to watch out for.	○	○	○	○	○	○	○
f. Staff respected my wishes about who is and who is not to be given information about my treatment.	○	○	○	○	○	○	
g. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○	
h. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○	
i. I was encouraged to use consumer run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○	
j. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○	
k. I, not staff, decided my treatment goals.	○	○	○	○	○	○	
l. I like the services I received here.	○	○	○	○	○	○	
m. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○	
n. I would recommend this agency to a friend or family member.	○	○	○	○	○	○	

F. PERCEPTION OF CARE (Continued)

2. ***[INDICATE WHO ADMINISTERED SECTION F - PERCEPTION OF CARE TO THE RESPONDENT FOR THIS INTERVIEW.]***

- ○ ADMINISTRATIVE STAFF
- ○ CARE COORDINATOR
- ○ CASE MANAGER
- ○ CLINICIAN PROVIDING DIRECT SERVICES
- ○ CLINICIAN NOT PROVIDING SERVICES
- ○ CONSUMER PEER
- ○ DATA COLLECTOR
- ○ EVALUATOR
- ○ FAMILY ADVOCATE
- ○ RESEARCH ASSISTANT STAFF
- ○ SELF-ADMINISTERED
- ○ OTHER (SPECIFY) _____

G. SOCIAL CONNECTEDNESS

1. Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons other than your mental health provider(s) over the past 30 days.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

STATEMENT	RESPONSE OPTIONS					
	Strongly Disagree	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**	**REFUSED**
a. I am happy with the friendships I have.	○	○	○	○	○	○
b. I have people with whom I can do enjoyable things.	○	○	○	○	○	○
c. I feel I belong in my community.	○	○	○	○	○	○
d. In a crisis, I would have the support I need from family or friends.	○	○	○	○	○	○

3. Do you have health care coverage?

- ○ Yes, government insurance
- ○ Yes, private insurance
- ○ No
- ○ REFUSED
- ○ DON'T KNOW

The following questions pertain to your attitudes and beliefs about alcohol, tobacco, and drugs.

4. How much do people risk harming themselves physically or in other ways when they smoke one or more packs of cigarettes per day?

- ○ No risk
- ○ Slight risk
- ○ Moderate risk
- ○ Great risk
- ○ REFUSED
- ○ DON'T KNOW

5. How much do people risk harming themselves physically or in other ways when they smoke marijuana once or twice a week?

- ○ No risk
- ○ Slight risk
- ○ Moderate risk
- ○ Great risk
- ○ REFUSED
- ○ DON'T KNOW

6. How much do people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?

- ○ No risk
- ○ Slight risk
- ○ Moderate risk
- ○ Great risk
- ○ REFUSED
- ○ DON'T KNOW

The following questions pertain to your beliefs and attitudes about sex.

How much do people risk harming themselves physically…

7. if they have sex without a condom?

- ○ No risk
- ○ Slight risk
- ○ Moderate risk
- ○ Great risk
- ○ REFUSED

8. if they have sex under the influence of alcohol?

- ○ No risk
- ○ Slight risk
- ○ Moderate risk
- ○ Great risk
- ○ REFUSED

9. if they have sex while high on drugs?

- ○ No risk
- ○ Slight risk
- ○ Moderate risk
- ○ Great risk
- ○ REFUSED

H. PROGRAM SPECIFIC QUESTIONS (MAI-TCE) (Continued)

HIV/AIDS and Substance Abuse Prevention

The following questions are to determine what you know about HIV/AIDS and substance abuse prevention.

10. Birth control pills protect women from getting the HIV/AIDS virus.

- ○ True
- ○ False
- ○ REFUSED
- ○ DON'T KNOW

11. There are drugs available to treat HIV that can lengthen the life of a person infected with the virus.

- ○ True
- ○ False
- ○ REFUSED
- ○ DON'T KNOW

12. There is no cure for AIDS.

- ○ True
- ○ False
- ○ REFUSED
- ○ DON'T KNOW

13. Would you know where to go in your community to see a health care professional regarding HIV/AIDS or sexually transmitted health issues?

- ○ YES
- ○ NO
- ○ REFUSED

14. Would you know where to go in your community to see a health care professional regarding a drug or alcohol problem?

- ○ YES
- ○ NO
- ○ REFUSED

H. PROGRAM SPECIFIC QUESTIONS (MAI-TCE) (Continued)

Recent Sexual Activity

The following questions are regarding recent sexual activity.

15. During the past 30 days, did you engage in sexual activity?

- ○ YES **[*GO TO 15a.*]**
- ○ NO
- ○ NOT PERMITTED TO ASK
- ○ REFUSED
- ○ DON'T KNOW

[IF THE RESPONSE TO 15 WAS "NO", "NOT PERMITTED TO ASK", "REFUSED", OR "DON'T KNOW", SKIP 15a, b, AND c.]

***[IF YES]* Altogether, how many…**	**CONTACTS**	**REFUSED**	**DON'T KNOW**
a. sexual contacts (vaginal, oral, or anal) did you have?	|____|____|____|	○	○
b. unprotected sexual contacts did you have?	|____|____|____|	○	○

[THE VALUE IN 15b CANNOT BE GREATER THAN THE VALUE IN 15a.]

[IF THE RESPONSE TO 15b IS 0, REFUSED, OR DON'T KNOW, SKIP 15c1-3.]

c. unprotected sexual contacts were with an individual who is or was:	**CONTACTS**	**REFUSED**	**DON'T KNOW**
1. HIV positive or has AIDS?	|____|____|____|	○	○
2. an injection drug user?	|____|____|____|	○	○
3. high on some substance?	|____|____|____|	○	○

[THE VALUE IN 15c1, 15c2, or 15c3 CANNOT BE GREATER THAN THE VALUE IN 15b.]

[IF THIS IS A REASSESSMENT INTERVIEW, GO TO SECTION I.]

I. REASSESSMENT STATUS

[SECTION I IS REPORTED BY GRANTEE STAFF AT REASSESSMENT.]

1. Have you or other grant staff had contact with the consumer within 90 days of the last encounter?

- ○ Yes
- ○ No

2. Is the consumer still receiving services from your project?

- ○ Yes
- ○ No

[GO TO SECTION K.]

K. SERVICES RECEIVED

OMB No. 0930-0208
Expiration Date 05/31/2015

[SECTION K IS REPORTED BY GRANTEE STAFF AT REASSESSMENT AND DISCHARGE UNLESS THE CONSUMER REFUSED THIS INTERVIEW OR ALL INTERVIEWS, IN WHICH CASE IT IS OPTIONAL.]

[IF THE INFORMATION BELOW IS UNKNOWN, RECORD "UNK" IN THE SPACE PROVIDED. IF THE SERVICE IS NOT AVAILABLE PLEASE ENTER "SNA" IN THE SPACE PROVIDED.]

1. On what date did the consumer last receive services? |____|____| / |____|____|____|____|
MONTH YEAR

Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. ***[ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HAVE AT LEAST ONE DAY FOR MODALITY.]***

Modality	**Days**
1. Case Management	|__|__|__|
2. Day Treatment	|__|__|__|
3. Inpatient/Hospital (Other than Detox)	|__|__|__|
4. Outpatient	|__|__|__|
5. Outreach	|__|__|__|
6. Intensive Outpatient	|__|__|__|
7. Methadone	|__|__|__|
8. Residential/Rehabilitation	|__|__|__|
9. Detoxification (Select only one)	
A. Hospital Inpatient	|__|__|__|
B. Free Standing Residential	|__|__|__|
C. Ambulatory Detoxification	|__|__|__|
10. After Care	|__|__|__|
11. Recovery Support	|__|__|__|
12. Other (Specify)_____	|__|__|__|

Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery. ***[ENTER ZERO IF NO SERVICES PROVIDED.]***

Treatment Services	**Sessions**
1. Screening	|__|__|__|
2. Referral to Treatment	|__|__|__|
3. Assessment	|__|__|__|
4. Treatment/Recovery Planning	|__|__|__|
5. Individual Counseling	|__|__|__|
6. Group Counseling	|__|__|__|
7. Family/Marriage Counseling	|__|__|__|
8. Co-Occurring Treatment/ Recovery Services	|__|__|__|
9. Pharmacological Interventions	|__|__|__|
10. HIV/AIDS Counseling	|__|__|__|
11. Other Clinical Services (Specify)_____	|__|__|__|

Case Management Services	**Sessions**
1. Family Services (Including Marriage Education, Parenting, Child Development Services)	|__|__|__|
2. Child Care	|__|__|__|
3. Employment Service	
A. Pre-Employment	|__|__|__|
B. Employment Coaching	|__|__|__|
4. Individual Services Coordination	|__|__|__|
5. Transportation	|__|__|__|
6. HIV/AIDS Service	|__|__|__|
7. Supportive Transitional Drug-Free Housing Services	|__|__|__|
8. Other Case Management Services (Specify)_____	|__|__|__|

Medical Services	**Sessions**
1. Medical Care	|__|__|__|
2. Alcohol/Drug Testing	|__|__|__|
3. HIV/AIDS Medical Support & Testing	|__|__|__|
4. Other Medical Services (Specify) _____	|__|__|__|

After Care Services	**Sessions**
1. Continuing Care	|__|__|__|
2. Relapse Prevention	|__|__|__|
3. Recovery Coaching	|__|__|__|
4. Self-Help and Support Groups	|__|__|__|
5. Spiritual Support	|__|__|__|
6. Other After Care Services (Specify)_____	|__|__|__|

K. SERVICES RECEIVED (Continued)

Education Services	Sessions
1. Substance Abuse Education	|__|__|__|
2. HIV/AIDS Education	|__|__|__|
3. Other Education Services (Specify)_____	|__|__|__|

Peer-To-Peer Recovery Support Services	Sessions
1. Peer Coaching or Mentoring	|__|__|__|
2. Housing Support	|__|__|__|
3. Alcohol- and Drug-Free Social Activities	|__|__|__|
4. Information and Referral	|__|__|__|
5. Other Peer-To-Peer Recovery Support Services (Specify)_____	|__|__|__|