### General Instructions for Interviewers:

There are four sections in each of the TSR service areas, each with special definitions and instructions.

#### Client Performance Measures

The first several questions in each service area ask about the nature of problems experienced by the client over the past 30 days and the extent to which the client has been bothered by those problems. These are used to track progress over successive measurement intervals.

#### Specialized Services Section

Specialized services are provided by someone specially trained in the specific problem area (e.g., vocational counselor, family therapist, psychiatrist). They are NOT general counseling sessions. **We count only those services that the client actually received.**

#### General Counseling Section

General counseling sessions: group or individual sessions focus on a range of problems or topics - not a special topic focus. Typically, these are not conducted by specialists but are the standard addiction counseling sessions that occur in most treatment programs. **Again, we count only those sessions that the client actually attended.**

**NOTE:** Sessions/services should be coded EITHER in the Specialized Services Section or the General Counseling Section. **Do not double count services/sessions.**

#### Need for Continued Services Section

The last section in each service area asks the client whether there is continued need for the particular services and sessions discussed within the section.

1) Did you receive any services at (Site Name) during the past 30 days?  
   0 = no, 1 = yes  
   [ ]

   **INTERVIEWER -** If “No” ask Question #2.  If “Yes”, go to Question #3.

2) Did you receive any services at any other program, facility or organization (Site Name) during the past 30 days?  
   0 = no, 1 = yes  
   [ ]

   **If “No” - Thank the Client and end the Interview**  
   **If "Yes" - Write name of that Program on the next page and Continue**

Program Name:  

---

| Client Name: ____________________________________________  Client ID:___________ |
| Interviewer Name: __________________________________________  Int. ID:___________ |
| Site Name: ________________________________________________  Site ID:___________ |
| Contact Code:  1. In person  2. Telephone  ______ |

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**GENERAL SERVICES**

Questions #3 - 6 refer to the program that the client has attended.

3) How many days in the past 30 did you attend this program?  

4) Did you stay overnight at the program?  
   0 = no, 1 = yes
   If “Yes” - go to question 6

5) If that program was an outpatient program, what were the recommended number of hours per week for that program?  

6) What is your status now? (Place “X” in only one space)
   1 = Out of Tx.  
   2 = On Wait List  
   3 = In “Program of Record” (Item #2)  
   4 = In a different Program (Item #3)

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**During the Past 30 days** - How many times did you stay overnight in any of the following?

7) In a Hospital  
   for Med Prob  
   for Emotional Prob  
   for S/A Prob

9) Non-Hospital, Residential Facility  
   for Med Prob  
   for Emotional Prob  
   for S/A Prob

10) Half-Way or Group Living Facility
11) Homeless Shelter
12) Prison, Jail, Holding Ctr.

Comments:  

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**MEDICAL SERVICES**

**How many days in the past 30 have you:**

1. experienced significant **physical medical** problems? ____|____

**Specialized Services** - Sessions/services provided by a medical specialist for medical problems

**How many times in the past 30 days have you:**

2. had a physical examination or a visit to a medical specialist for medical care? ____|____
3. had a prescription or refill for your physical medical problems? ____|____
4. had your blood drawn for testing? ____|____
   **If yes, was this for:** 0 - No  1 - Yes
   a) pregnancy ____
   b) Hepatitis ____
   c) HIV ____
   d) Other disease ____
5. had a session or meeting by a medical specialist devoted to medical education? ____|____

**General Counseling Sessions** - Can be individual or group counseling sessions designed to discuss a range of topics - typically sessions that do not have a specific agenda or title.

**How many times in the past 30 days have you:**

6. attended a general group or individual counseling session where there was a significant discussion regarding your medical problems:  
   a) individual session? ____|____
   b) group session? ____|____

7. How important to you now is additional treatment for your **physical medical problems**?  
   0-Not at all  1-Slightly  2-Moderately  3-Considerably  4-Extremely ____

**Comments :**

_________________________________________________________________________________
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**EMPLOYMENT SERVICES:**

**How many days in the past 30 have you:**

1. been paid for working? ____|____

2. been in a school or training program ____|____

---

**Specialized Services** - Sessions/services provided by an specialist for problems associated with basic life needs and/or training and employment needs

**How many times in the past 30 days have you:**

3. had a session by a specialist focused on helping you get housing, food, clothing or shelter? ____|____

4. had a session by a specialist focused on helping you get SSI, Welfare, disability or other benefits? ____|____

5. had a reading class, literacy testing, a GED session or GED testing? ____|____

6. had a session with a specialist focused on helping you get formal schooling or training? ____|____

7. had a session with a specialist focused on helping you get employment? ____|____

---

**General Counseling Sessions** - Can be individual or group counseling sessions designed to discuss a range of topics - typically sessions that do not have a specific agenda or title.

**How many times in the past 30 days have you attended a general group or individual counseling session where there was a significant discussion:**

8. regarding your food, clothing or shelter problems:
   a) individual session? ____|____
   b) group session? ____|____

9. regarding your schooling, training or employment problems:
   a) individual session? ____|____
   b) group session? ____|____

---

10. How important to you now are additional services to help you get or keep a job? ____

   0-Not at all  1-Slightly  2-Moderately  3-Considerably  4-Extremely

**Comments:** ____________________________________________________________

_______________________________________________________________________

_______________________________________________________________________
**ALCOHOL AND DRUG SERVICES:**

**How many days in the past 30 have you:**

1. had at least one drink of alcohol? ____|____
2. had at least five drinks of alcohol? ____|____
3. used any illicit or non-prescribed drug? ____|____

**Specialized Services** - Sessions/services provided by a drug counselor or other addiction specialist

**How many times in the past 30 days have you:**

4. actually taken a medication to help you detoxify from alcohol or drugs? ____|____
5. actually taken a medication to prevent you from drinking or taking drugs? ____|____
6. received acupuncture to stop or reduce your drinking or drug use? ____|____
7. received a session devoted to helping you with relapse triggers or other specific methods to help you avoid relapse? ____|____
8. attended an AA/NA/CA or any other 12-Step or Self-Help session? ____|____

**Alcohol and Drug Testing**

**How many days in the past 30 have you:**

9. received a blood alcohol test (breathalyzer) ____|____
   a) If yes, how many of those were alcohol positive (> .00) ____|____
10. received a blood or urine test for drugs? ____|____
    a) If yes, how many were positive for any drug (> .00) ____|____

11. How important to you now is additional treatment to help you reduce or maintain your reductions in alcohol and drug use? ____|____
   0-Not at all  1-Slightly  2-Moderately  3-Considerably  4-Extremely

**Comments**:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
LEGAL SERVICES:

How many days in the past 30 have you:
1. engaged in any type of illegal activity for profit? ____|____

Specialized Services - Sessions/services provided by a legal specialist for any legal problems

How many times in the past 30 days have you:
2. had a meeting or session with a specialist focused on helping you with your criminal charges or criminal legal problems? ____|____
3. had a meeting or session with a specialist focused on helping you with your civil charges or civil legal problems? ____|____

General Counseling Sessions - Can be individual or group counseling sessions designed to discuss a range of topics - typically sessions that do not have a specific agenda or title.

How many times in the past 30 days have you attended a general group or individual counseling session where there was a significant discussion:
4. regarding your legal problems: a) individual session? ____|____
   b) group session? ____|____

5. How important to you now are additional services to help you resolve your legal problems?
   0-Not at all  1-Slightly  2-Moderately  3-Considerably  4-Extremely ____

Comments: _____________________________________________________________________
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_____________________________________________________________________________
**FAMILY SERVICES:**

**How many days in the past 30 have you:**

1. **had a significant argument or conflict with any adult member of your family?** ____|____
2. **had a significant argument or conflict with any child or adolescent in your family?** ____|____
3. **had any type of physical conflict or fight with any member of your family?** ____|____

**Specialized Services** - Sessions/services provided by a specialist for family/parenting problems

**How many times in the past 30 days have you:**

4. **had a meeting or session with a specialist focused on helping you get along with your spouse/SO and/or other adult members of your family?** ____|____
5. **had a meeting or session with a specialist focused on helping you regain contact with your spouse, S/O and/or other adult member of your family?** ____|____
6. **had a meeting or session with a specialist focused on helping you get along with or develop better parenting skills with your children?** ____|____
7. **had a meeting or session with a specialist focused on helping you regain contact with your children?** ____|____

**General Counseling Sessions** - Can be individual or group counseling sessions designed to discuss a range of topics - typically sessions that do not have a specific agenda or title.

**How many times in the past 30 days have you attended a general group or individual counseling session where there was a significant discussion:**

8. **regarding your adult family problems:**
   a) **individual session?** ____|____
   b) **group session?** ____|____
9. **regarding your child care or parenting problems:**
   a) **individual session?** ____|____
   b) **group session?** ____|____

10. **How important to you now are additional services to help you improve your relationship with your spouse or sexual partner?**
    0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely ____

11. **How important to you now are additional services to help you end your relationship with your spouse or sexual partner safely?**
    0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely ____

12. **How important to you now are additional services to help you be a more effective parent for your children?**
    0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely ____
## PSYCHOLOGICAL SERVICES:

### How many days in the past 30 have you:
1. experienced **significant** emotional problems (depression, anxiety, etc.)? ______ |

### Specialized Services - Sessions/services provided by a specialist for psych/emotional problems

2. **How many times in the past 30 days have you had:** evaluation or testing by a specialist for psychological or emotional problems? ______ |
3. a medication or prescription or refill for any psychological/emotional problem? ______ |
4. a session of relaxation training, biofeedback or meditation? ______ |
5. an individual psychotherapy session from a specialist for your psychological or emotional problems? ______ |
6. a group psychotherapy session from a specialist for your psychological or emotional problems? ______ |

### General Counseling Sessions - Can be individual or group counseling sessions designed to discuss a range of topics - typically sessions that do not have a specific agenda or title.

7. **How many times in the past 30 days have you attended a general group or individual counseling session where there was a significant discussion:**
   a) regarding your psychological/emotional problems? ______ |
   b) group session? ______ |

9. **How important to you now is additional treatment for your emotional problems?**
   0-Not at all  1-Slightly  2-Moderately  3-Considerably  4-Extremely ______ |

### Comments:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________


### ADDENDA

**ADDITIONAL EDUCATIONAL, VOCATIONAL AND TRAINING SERVICES:**

<table>
<thead>
<tr>
<th>How many days in the past 30 days have you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. attended a class to prepare you to enter school or training</td>
</tr>
<tr>
<td>2. attended a community, junior college or college prep class?</td>
</tr>
<tr>
<td>3. attended college or graduate school classes</td>
</tr>
<tr>
<td>4. seen a case manager, social worker or educational/training specialist regarding your education or training needs?</td>
</tr>
</tbody>
</table>

**ADDITIONAL HOUSING, TRANSPORTATION AND BUDGETING SERVICES**

<table>
<thead>
<tr>
<th>In the past 30 days have you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. seen a housing agency or service to obtain adequate, safe, housing or to get assistance with your housing expenses (e.g. rent assistance)</td>
</tr>
<tr>
<td>6. seen an individual, agency or service to improve your transportation problem, including getting your drivers license?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many days in the past 30 have you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. experienced significant problems with the adequacy, safety, or sanitary conditions of your living situation</td>
</tr>
<tr>
<td>8. experienced significant transportation problems (e.g. not being able to go where you or your children needed to be?</td>
</tr>
<tr>
<td>9. attended a session where you learned about buying food, cooking, planning meals and shopping for food wisely?</td>
</tr>
<tr>
<td>10. attended a session where you learned about keeping a checkbook, budgeting, paying bills on time, clearing up credit problems?</td>
</tr>
<tr>
<td>11. attended a session where you learned about fixing common problems with your house or car?</td>
</tr>
</tbody>
</table>

| 12. How important to you now are additional services for your: housing problems? |
| 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely |
| 13. How important to you now are additional services for your: transportation problems? |
| 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely |

Comments: _____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________