

# 14 Day TSR

Interview Date \_\_\_\_/\_\_\_\_/\_\_\_\_ TSR# \_\_\_\_\_

Last TSR Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Name: \_\_\_\_\_

ID# \_\_\_\_\_

Client SSN \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Client Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewer Name \_\_\_\_\_

ID# \_\_\_\_\_

1) Have you been in treatment during the past 14 days? **0 = no, 1 = yes** \_\_\_\_\_  
(Note: This means treatment at a program - do not count AA/NA or other self help groups)

2) Was your treatment at \_\_\_\_\_? **0=no,1=yes** \_\_\_\_\_

**INTERVIEWER - If "No" ask Question #3.  
If "Yes", go to Question #4.  
If client not in treatment, go to Question #8.**

3) If in treatment, **BUT not at the treatment program of record**, what was the name of your treatment program?

Tx. Program Name: \_\_\_\_\_

**Questions #4-7 refer to the treatment program that the client is attending.**

4) How many days in the past 14 have you attended this treatment program? \_\_\_\_|\_\_\_\_

5) Which of the following best describes the kind of program it was?  
(Note: If client attended two programs, choose major one) **Use numbers below.**  
1 = Detox    2 = Abst-oriented rehab.    3 = "Dual Disorder" prog.    4 = Methadone Maint. \_\_\_\_\_

6) Did you stay overnight at the program? **If NO (not inpatient program), place "N".**  
**If "Yes",** which of the following best describes that program? **Use numbers below.**  
1 = Inpatient Hospital    2 = Non-hospital residential    3 = Recovery home/Halfway house \_\_\_\_\_

7) **If that program was an outpatient program, what were the recommended number**  
**of hours per week for that program? Place "N" if not outpatient prg. Use numbers below.** \_\_\_\_\_  
1 = More than 20 hrs/wk    2 = 9-20 hrs/wk    3 = 2-9 hrs/wk    4 = Less than 2 hrs/wk

8) What is your treatment status now? (Place "X" in **only one space**)  
1 = Out of Tx. \_\_\_\_\_    3 = In "Tx Prog of Record" (Item #2) \_\_\_\_\_  
2 = On Wait List \_\_\_\_\_    4 = In a different Tx. Prog (Item #3) \_\_\_\_\_

**COMMENTS:**

---

---

---

## General Instructions for Interviewers:

There are two sections in each of the problem areas with special definitions and instructions for each section. Review the manual for special circumstances.

### Specialized Services Section -

**Specialized:** group or individual sessions/services that focus upon a particular problem. More often than not, these services are provided by a specialist (e.g., vocational counselor, family therapist, psychiatrist). They are NOT general counseling sessions. **We count only those services that the client actually received.**

For each question on the TSR, the interviewer asks whether the client received a particular service. If yes, the interviewer asks if the client received this service **at the treatment program s/he currently attends**. (At Prog) or whether the client was referred to another program for this service (Out Prog).

Note: Many programs operate satellite sites. If the client received a service at a satellite site of the treatment program s/he currently attends, this is counted as "At Program".

### General Counseling Section -

**General counseling:** group or individual sessions that focus on a range of problems or topics. Typically, these are the counseling sessions that the client receives at the treatment program s/he currently attends. **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.**

**MEDICAL PROBLEM AREA:**

How many **days** in the past 14 have you:

1. experienced significant physical medical problems? \_\_\_\_\_
2. been hospitalized for physical medical problems? \_\_\_\_\_

**Specialized Services** - group or individual sessions/services that focused only on medical problem(s).

	# At Prog	# Out Prog
How many <b>times</b> in the past 14 DAYS have you received a:		
3. physical examination or a follow-up medical care visit?	____ ____	____ ____
4. medication prescription or refill for your <u>physical</u> medical problems?	____ ____	____ ____
5. session where you had your blood drawn for testing?	____ ____	____ ____
a) If yes, were you tested for HIV?(0 = no, 1 = yes, X = don't know/won't say) _____		
6. session <u>devoted</u> to medical education - (AIDS or other disease prevention, etc.)? _____	____ ____	____ ____

**General Counseling Section** - can be group or individual sessions focused on a range of problems or topics - typically sessions that do not have a special agenda or title.

How many **times** in the past 14 DAYS have you attended a general group or individual counseling session where there was a significant discussion regarding your:

7. medical problems? \_\_\_\_\_

**Comments:**

---



---



---

**EMPLOYMENT AND SUPPORT PROBLEM AREA:**

How many **days** in the past 14 have you:

1. been paid for working? \_\_\_\_\_
2. been in school or a training program? \_\_\_\_\_

**Specialized Services** - group or individual sessions/services that focused only on employment/support problem(s).

	# At Prog	# Out Prog
How many <b>times</b> in the past 14 DAYS have you had a :		
3. meeting focused on helping you get housing, food, clothing or shelter?	____ ____	____ ____
4. meeting focused on helping you get SSI, welfare, disability/other benefits?	____ ____	____ ____
5. reading class, literacy testing or GED testing?	____ ____	____ ____
6. meeting focused on helping you get schooling or training?	____ ____	____ ____
7. meeting focused on helping you get employment?	____ ____	____ ____

**General Counseling Section** - can be group or individual sessions focused on a range of problems or topics - typically sessions that do not have a special agenda or title.

How many **times** in the past 14 DAYS have you had a general group or individual counseling session where there was a significant discussion regarding your:

8. food, clothing or shelter problems? \_\_\_\_\_
9. schooling, training or unemployment problems? \_\_\_\_\_

**Comments:**

---



---



---



---

**ALCOHOL AND DRUG PROBLEM AREA:**

How many **days** in the past 14 have you:

- 1. had at least one drink of alcohol? \_\_|\_\_
- 2. had at least five drinks of alcohol? \_\_|\_\_
- 3. used any illegal drug or prescribed drug in a non-prescribed manner? \_\_|\_\_
- 4. been in inpatient treatment for an alcohol or drug problem? \_\_|\_\_

**Specialized Services** - Answers should reflect the number of times sessions/services were provided.

How many **times** in the past 14 DAYS have you :

- |   | # At Prog | # Out Prog |
|---|-----------|------------|
| 5. actually taken medication to help you to detoxify from alcohol or drugs?           | __ __     | __ __      |
| 6. actually taken medication to prevent you from drinking or using drugs?             | __ __     | __ __      |
| 7. received acupuncture to stop or reduce your drinking or drug use?                  | __ __     | __ __      |
| 8. received a session devoted to relapse "triggers" or methods of relapse prevention? | __ __     | __ __      |
| 9. attended an AA/NA/CA or any other 12 step meeting?                                 | __ __     | __ __      |

**General Counseling Section -**

How many **times** in the past 14 DAYS have you had a general group or individual counseling session where there was a significant discussion regarding your:

- 10. alcohol/drug problems? \_\_|\_\_

**Comments:**

---



---



---

**ALCOHOL AND DRUG TESTING**

# At Prog    # Out Prog

- 11. How many **times** have you had alcohol testing (e.g., breathalyzer) in **past 14 DAYS** ? \_\_|\_\_  
How many of these tests said you had been drinking? \_\_|\_\_
- 12. How many **times** have you had drug testing (e.g., urine screen) in the **past 14 DAYS**? \_\_|\_\_  
How many of these tests said you had been using any drug? \_\_|\_\_

**Comments:**

---



---



---

**LEGAL PROBLEM AREA:**

How many **days** in the past 14 have you :

- 1. been incarcerated? \_\_|\_\_
- 2. engaged in any type of illegal activity for profit? \_\_|\_\_

**Specialized Services** - group or individual, session/services provided that focused only on **legal problem(s)**.

How many **times** in the past 14 DAYS have you had a :

- |   | # At Prog | # Out Prog |
|---|-----------|------------|
| 3. meeting focused on your criminal charges or criminal problems? | __ __     | __ __      |
| 4. meeting focused on your civil charges or civil legal problems? | __ __     | __ __      |

**General Counseling Section -**

How many **times** in the past 14 DAYS have you had a **general group or individual counseling** session where there was a significant discussion regarding your:

- 5. criminal or civil legal problems? \_\_|\_\_

**Comments:**

---



---



---

**FAMILY RELATIONSHIPS PROBLEM AREA:**

How many **days** in the past 14 have you:

- 1. had a significant argument with any adult member of your family? \_\_\_\_\_
- 2. had a significant argument with a child/adolescent in your family? \_\_\_\_\_
- 3. had any type of physical conflict or fight with any family member? \_\_\_\_\_

**Specialized Services - group or individual, sessions/services that focused only on family problem(s).**

How many **times** in the past 14 DAYS have you had a:

- |  | # At Prog | # Out Prog |
|--|-----------|------------|
| 4. meeting focused on helping you with any problems <u>getting along with</u> your spouse/SO and/or other members of your family?    | _____     | _____      |
| 5. meeting focused on helping you with any problems <u>regaining contact with</u> your spouse/SO and/or other member of your family? | _____     | _____      |
| 6. meeting focused on helping with any <u>child care or parenting</u> problems?  | _____     | _____      |

**General Counseling Section -**

How many **times** in past 14 DAYS have you had a general group or individual counseling session where there was a significant discussion regarding your:

- 7. adult family problems? \_\_\_\_\_
- 8. child care or parenting problems? \_\_\_\_\_

Comments:

---



---



---



---

**PSYCHOLOGICAL PROBLEM AREA:**

How many **days** in the past 14 have you:

- 1. experienced significant emotional problems (e.g. dep, anx, etc.)? \_\_\_\_\_
- 2. been hospitalized for an emotional or psychological problem? \_\_\_\_\_

**Specialized Services - group or individual, sessions/services that focused only on psychological problem(s).**

How many **times** in the past 14 DAYS have you had:

- |   | # At Prog | # Out Prog |
|---|-----------|------------|
| 3. evaluation or testing for psychological or emotional problems ?              | _____     | _____      |
| 4. a medication prescription or refill for any psych/emotional problems?        | _____     | _____      |
| 5. a session of relaxation training, biofeedback or meditation?                 | _____     | _____      |
| 6. an <u>individual</u> psychotherapy session for any psych/emotional problems? | _____     | _____      |
| 7. a <u>group</u> psychotherapy session for any psych/emotional problems?       | _____     | _____      |

**General Counseling Section -**

- 8. How many **times** in past 14 DAYS have you had a general counseling session where there was a significant discussion regarding your psychological/emotional problems? \_\_\_\_\_

Comments:

---



---



---



---

