

## **Baseline SUPRT PDF for Adult Clients 18+**

### **Substance Abuse and Mental Health Services Administration (SAMHSA) Unified Performance Reporting Tool (SUPRT)**

June 2025

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Public reporting burden for this collection of information is estimated to average 20 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, 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 Office of Management and Budget (OMB) control number. The control number for this project is 0930-0400.

## RECORD MANAGEMENT

Provider email address: \_\_\_\_\_

Enter a unique client ID in the field below. *"Unique" means that the ID has not been assigned to any prior or current client served by this grant program.*

- Client IDs may contain letters and/or numbers and can include up to 9 characters.
- Client IDs should NOT contain special characters (e.g., dashes, slashes, hashtags, punctuation) or identifying information (e.g., do not use SSN or date of birth).
- Make sure to securely store the client ID; it must be used on all future SUPRT forms for this client.

Client ID: \_ \_ \_ \_ \_

Which assessment type?

☐ Baseline

SUPRT-A Staff Assessment Date:

What is the date of the staff-reported (SUPRT-A) assessment? You must enter the date in this format: yyyy/mm/dd.

\_\_\_\_\_

What is the client's age? \_\_\_\_\_

What is the client's month and year of birth? \_\_\_\_\_ / \_\_\_\_\_  
(MM) (YYYY)

First Service Date:

When did the client first receive services under this grant? You must enter the date in this format: yyyy/mm/dd.

\_\_\_\_\_

The next set of questions contains SUPRT-C consent information followed by sections to be answered by the client (or their caregiver/proxy), if they agree to complete the assessment.

If the client does not agree to complete the assessment, complete the staff-reported SUPRT-A sections.

## SUPRT-C: CONSENT INFORMATION

### CLIENT CONSENT – ADULT

**Are you answering for your child as a caregiver or family member? This form was designed for adults (persons 18 years or older) responding for themselves. If that's not you, please ask your provider for the form for caregivers/family members or for youth (12-17 years old).**

#### **What is this form about?**

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

#### **How is my information used?**

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information. SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

#### **Do I have to fill in this form?**

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

#### **How long does it take to fill in the form?**

It should take you about 15 minutes

#### **How do I agree to participate?**

By answering the following questions, you are agreeing to participate.

#### **Does the client/caregiver agree to complete the assessment?**

- ☐ Yes - Client
- ☐ Yes - Caregiver/Proxy
- ☐ No

#### **[if "No"] Why not? Choose the primary reason.**

- ☐ Client/Caregiver was unable to provide consent
- ☐ Client was not reached for assessment
- ☐ Client no longer in care

#### **SUPRT-C Client Assessment Date:**

**What is the date of the client-reported (SUPRT-C) assessment? You must enter the date in this format: yyyy/mm/dd. \_\_\_\_\_**

**The client-reported SUPRT-C sections begin on the next page. Clients can skip (leave blank) any question they do not wish to answer.**

## A. DEMOGRAPHICS

**A1. What is your race or ethnicity? Select all that apply and enter additional details in the spaces below.**  
**Note, you may report more than one group.**

- ☐ White – Provide details below.
- ☐ German
  - ☐ Irish
  - ☐ English
  - ☐ Italian
  - ☐ Polish
  - ☐ French
  - ☐ Enter, for example, Scottish, Norwegian, Dutch, etc. (100-character limit) \_\_\_\_\_
- ☐ Hispanic or Latino – Provide details below.
- ☐ Mexican or Mexican American
  - ☐ Puerto Rican
  - ☐ Cuban
  - ☐ Salvadoran
  - ☐ Dominican
  - ☐ Colombian
  - ☐ Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. (100-character limit): \_\_\_\_\_
- ☐ Black or African American – Provide details below.
- ☐ African American
  - ☐ Jamaican
  - ☐ Haitian
  - ☐ Nigerian
  - ☐ Ethiopian
  - ☐ Somali
  - ☐ Enter, for example, Ghanaian, South African, Barbadian, etc. (100-character limit): \_\_\_\_\_
- ☐ Asian – Provide details below.
- ☐ Chinese
  - ☐ Filipino
  - ☐ Asian Indian
  - ☐ Vietnamese
  - ☐ Korean
  - ☐ Japanese
  - ☐ Enter, for example, Pakistani, Cambodian, Hmong, etc. (100-character limit): \_\_\_\_\_

- ☐ American Indian or Alaska Native – Provide details below.
- ☐ Specify, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. (100-character limit): \_\_\_\_\_
- ☐ Middle Eastern or North African – Provide details below.
- ☐ Lebanese
- ☐ Iranian
- ☐ Egyptian
- ☐ Syrian
- ☐ Moroccan
- ☐ Israeli
- ☐ Enter, for example, Algerian, Iraqi, Kurdish, etc. (100-character limit): \_\_\_\_\_
- ☐ Native Hawaiian or Pacific Islander – Provide details below.
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Tongan
- ☐ Fijian
- ☐ Marshallese
- ☐ Enter, for example, Palauan, Tahitian, Chuukese, etc. (100-character limit): \_\_\_\_\_

**A2. What is your sex?**

- ☐ Female
- ☐ Male

**A3. Do you speak a language other than English at home?**

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

**A3a. [ONLY ANSWER IF RESPONSE TO QUESTION A3 IS “YES”] What is this language(s)?**

**CHECK ALL THAT APPLY**

- ☐ American Sign Language (ASL)
- ☐ Arabic
- ☐ Chinese
- ☐ French
- ☐ Portuguese
- ☐ Spanish
- ☐ Other Language – specify: \_\_\_\_\_
- ☐ Prefer not to answer

**A4. Have you ever served in the Armed Forces, the Reserves, the National Guard or other Uniformed Services?**

- ☐ Yes, currently serving
- ☐ Yes, served in the past
- ☐ No
- ☐ Prefer not to answer

**A5. Please respond to the following questions about your physical health.**

	Yes	No	Prefer not to answer
a. Are you deaf or do you have serious difficulty hearing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Do you have serious difficulty walking or climbing stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Do you have difficulty dressing or bathing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## B. SOCIAL DRIVERS OF HEALTH

**B1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?**

- ☐ Very hard
- ☐ Somewhat hard
- ☐ Not hard at all
- ☐ Prefer not to answer

**B2. What is your living situation today?**

- ☐ I have a steady place to live
- ☐ I have a place to live today but I am worried about losing it in the future
- ☐ I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- ☐ Prefer not to answer

**B3. Which of the following best describes your current living situation? *If you are living in more than one place, select the response based on where you live most of the time or where you have been living the longest.***

- ☐ House or apartment
- ☐ Your partner's place
- ☐ A friend or relative's and paying rent
- ☐ A friend or relative's and not paying rent
- ☐ Permanent housing program
- ☐ Transitional housing program
- ☐ Domestic violence shelter
- ☐ Emergency shelter
- ☐ Voucher hotel or motel
- ☐ Hotel or motel you pay for
- ☐ Residential drug or alcohol program
- ☐ Jail or prison
- ☐ Car or other vehicle
- ☐ Abandoned building
- ☐ Anywhere outside
- ☐ Somewhere else [where]: \_\_\_\_\_
- ☐ Prefer not to answer

**B4. Are you currently employed? *Consider your employment status over the past week to determine if you worked at all or had a regular job but were off work. If your work status falls into more than one category (e.g., currently employed and retired), select the option that best reflects your primary status.***

- ☐ Employed, full time or part time
- ☐ Not employed, seeking employment
- ☐ Not employed, not seeking employment
- ☐ Not working due to a disability
- ☐ Retired, not working
- ☐ Other – specify: \_\_\_\_\_
- ☐ Prefer not to answer

**B5. What is the highest level of education you have finished?**

- ☐ Less than high school diploma
- ☐ High school degree or GED
- ☐ Some vocational, technical, college, or university credit(s)
- ☐ Associate's degree or technical/vocational certificate
- ☐ 4-year degree or higher
- ☐ Prefer not to answer

**B6. In the last 3 months, have you attended school/college, homeschool, or vocational training regularly?**

- ☐ Enrolled, attending regularly
- ☐ Enrolled, not attending regularly
- ☐ Not enrolled
- ☐ Prefer not to answer

**B7. In the last 3 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?**

**CHECK ALL THAT APPLY**

- ☐ Yes, it has kept me from medical appointments or from getting my medications
- ☐ Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
- ☐ No
- ☐ Prefer not to answer



## C. CLIENT-REPORTED CORE OUTCOMES

**C1. Please choose the option that best applies to you right now:**

- ☐ I consider myself to be in recovery from substance use issues
- ☐ I consider myself to be in recovery from mental health issues
- ☐ I consider myself to be in recovery from substance use **and** mental health issues
- ☐ I do **not** consider myself to be in recovery for substance use or mental health issues
- ☐ I prefer not to answer

**C1a. PLEASE INDICATE THE NUMBER OF DAYS THAT YOU USED A SUBSTANCE IN THE PAST 30 DAYS.**

Please note that not all substance use is considered harmful or illicit – it may be that a substance is prescribed by a licensed provider, or that you use the substance in accordance with official, national safety guidelines. If the substance is only taken as prescribed or used on each occasion in accordance with official, national safety guidelines, then it is not considered misuse, and you do not need to report prescribed use of a substance for this question. If you do not wish to answer the question, select “Prefer not to answer”.

**During the past 30 days, how many days have you used any of the following substances?**

- ☐ Prefer not to answer

Substance	Number of days used
<b>Alcohol</b>	
<b>Opioids</b> (including heroin, morphine, fentanyl, Dilaudid, Demerol, Percocet, Codeine, Tylenol 2, 3, 4, OxyContin/oxycodone, non-prescription methadone, and non-prescription buprenorphine)	
<b>Cannabis</b> (including marijuana and synthetic cannabinoids)	
<b>Sedatives, Hypnotics, or Anxiolytics</b> (including barbiturates, anxiolytics, and benzodiazepines)	
<b>Cocaine</b> (including crack)	
<b>Other Stimulants</b> (including methamphetamine [or “meth”] and stimulant medications)	
<b>Hallucinogens &amp; Psychedelics</b> (including PCP, ecstasy or MDMA, LSD, mushrooms, mescaline, salvia, and DMT)	
<b>Inhalants</b>	
<b>Other Psychoactive Substances</b> (including non-prescription GHN, Ketamine, MDVP or bath salts, Kratom, Khat, and other tranquilizers, downers, sedatives, and hypnotics)	
<b>Tobacco and Nicotine</b> (including chewing tobacco, dip, nicotine pouches, cigarettes, cigars, and vapes)	

**C2. As of right now, please select whether you strongly agree, agree, somewhat agree, somewhat disagree, disagree, or strongly disagree with each statement in the table below.**

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Prefer not to answer
a. I am physically fine most days.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My mental health is fine most days.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My substance use does not cause problems in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I have stable housing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I have a steady job or am involved in things like school, training, or volunteering.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My life has purpose and meaning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I have enough money to meet my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I am proud of the community I live in and feel a part of it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I am supported by the people around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. The future appears bright to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I am in control of my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I bounce back quickly after hard times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C2a. Do you, individually, have enough money to pay for the following living expenses?**

**CHOOSE ALL THAT APPLY**

- ☐ Food
- ☐ Clothing
- ☐ Transportation
- ☐ Rent/Housing
- ☐ Utilities (Gas/Water/Electric)
- ☐ Telephone Connection (Cell or Landline)
- ☐ Childcare
- ☐ Health Insurance
- ☐ None of the above
- ☐ Prefer not to answer

**C2b. In the past 30 days, have you been living in an apartment, house, trailer, or room that you rent or own? *If you have lived in more than one place, is this true of your living situation today?***

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

**C3. On a scale of 0 to 100, if 0 represents no quality of life and 100 is perfect quality of life, how would you rate your quality of life? Please round to the nearest whole number.**

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**C3a. How would you rate your quality of life over the past 30 days?**

- ☐ Very poor
- ☐ Poor
- ☐ Neither poor nor good
- ☐ Good
- ☐ Very good
- ☐ Prefer not to answer

**C3b. In the past 30 days, how many days have you experienced the following conditions? [ENTER '0' IN 'DAYS' IF YOU HAVE NOT EXPERIENCED THE CONDITION. PUT A CHECKMARK IN THE 'PREFER NOT TO ANSWER' SPACE FOR NO RESPONSE]:**

	DAYS	PREFER NOT TO ANSWER
C3b1. Experienced serious depression	<input type="text"/>	<input type="text"/>
C3b2. Experienced serious anxiety or tension	<input type="text"/>	<input type="text"/>
C3b3. Experienced hallucinations	<input type="text"/>	<input type="text"/>
C3b4. Experienced trouble understanding, concentrating, or remembering	<input type="text"/>	<input type="text"/>
C3b5. Experienced trouble controlling violent behavior	<input type="text"/>	<input type="text"/>
C3b6. Attempted suicide	<input type="text"/>	<input type="text"/>
C3b7. Been prescribed medication for psychological/emotional problem	<input type="text"/>	<input type="text"/>

**C3c. In the past 30 days, did you attend any voluntary mutual support groups for recovery? In other words, did you participate in a non-professional, peer-operated organization that assists individuals who have addiction-related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Secular Organization for Sobriety, Women for Sobriety, religious/faith-affiliated recovery mutual support groups, etc.?**

**Attendance could have been in person or virtual.**

- ☐ Yes [IF YES] Specify how many times [IF YOU PREFER NOT TO SPECIFY HOW MANY TIMES, ENTER "-7"]
- ☐ No
- ☐ Prefer not to answer

**C3d. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?**

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

**C3e. How satisfied are you with your personal relationships?**

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Prefer not to answer

**C4. Which goals do you have for participating in this program?**

**CHECK ALL THAT APPLY**

- ☐ Improve the symptoms that led me to services (for example distress, anxiety)
- ☐ Reduce my drug and/or alcohol use
- ☐ Gain access to medical services I need
- ☐ Enroll in or finish education (for example GED, degree, vocational training)
- ☐ Get or maintain a job
- ☐ Live in stable housing
- ☐ Be a better parent or caregiver
- ☐ Improve my friendships and relationships
- ☐ Comply with court order or avoid contact with the police and/or justice system
- ☐ Other goal – please describe: \_\_\_\_\_
- ☐ Prefer not to answer

**Thank you for completing this baseline form.**

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(OMB) control number. The control number for this project is 0930-0400.

**This is the end of the client-reported SUPRT sections (SUPRT-C).**

**The next sections (SUPRT-A) must be completed by program staff.**

## SUPRT-A

**This is the beginning of the staff-reported SUPRT sections (SUPRT-A).**

**These sections collect administrative information and must be completed by the provider based on information available in client records. Data/information collected for another grant program can be used if it was collected within 30 days before the client's first date of services received with the current program.**

### B. BEHAVIORAL HEALTH HISTORY

**B1. What insurance does the client or guarantor have? SELECT ALL THAT APPLY**

- ☐ Medicare
- ☐ Medicaid
- ☐ Private Insurance or Employer Provided
- ☐ TRICARE, CHAMPUS, CHAMPVA or other veteran or military health care
- ☐ Indian Health Service Tribal Health Care
- ☐ An assistance program [for example, a medication assistance program]
- ☐ Any other type of health insurance or health coverage plan
- ☐ None
- ☐ Not documented in records or not documented in records using this standard

**B2. In the past 30 days, was the client admitted to a hospital?**

- ☐ Yes – Behavioral health reasons, for example mental health or substance use disorder
- ☐ Yes – other health reasons, for example injury or illness
- ☐ No
- ☐ Not documented in records or not documented in records using this standard

**B3. In the past 30 days, did the client visit an emergency department?**

- ☐ Yes – Behavioral health reasons, for example mental health or substance use disorder
- ☐ Yes – other health reasons, for example injury or illness
- ☐ No
- ☐ Not documented in records or not documented in records using this standard

**B4. In the past 30 days, did the client experience a behavioral health crisis or request crisis response, for example from 988 or 911?**

- ☐ Yes
- ☐ No
- ☐ Not documented in records or not documented in records using this standard

**B4a. [ONLY ANSWER IF RESPONSE TO QUESTION B4 IS "YES"] What is the primary crisis issue?**

- ☐ Suicide risk
- ☐ Other risk of harm to self or others (e.g. NSSI, homicidal thoughts)
- ☐ Mental health
- ☐ Substance use other than overdose
- ☐ Overdose
- ☐ Other *[Select this response option if client had multiple behavioral health crises or requested crisis responses for different reasons]*
- ☐ Not documented in records or not documented in records using this standard

**B5. In the past 30 days, did the client spend one or more nights at a residential behavioral health treatment facility, for example crisis stabilization or residential substance use disorder treatment facility, including for withdrawal management?**

- ☐ Yes
- ☐ No
- ☐ Not documented in records or not documented in records using this standard

**B6. In the past 90 days, was the client arrested, taken into custody, or detained?**

- ☐ Yes
- ☐ No
- ☐ Not documented in records or not documented in records using this standard

**B7. In the past 90 days, did the client spend one or more nights in jail or a correctional facility?**

- ☐ Yes
- ☐ No
- ☐ Not documented in records or not documented in records using this standard

**B8. In the past 90 days, has the client been on probation, parole, or intensive pretrial supervision for one or more days?**

- ☐ Yes
- ☐ No
- ☐ Not documented in records or not documented in records using this standard

## C. BEHAVIORAL HEALTH SCREENINGS

Please indicate the client's screening results, as documented in an individual clinical or client record (whether paper or electronic).

**C1. Within the past 30 days, was the client screened or assessed by your program for risk of suicidality?**

- ☐ Yes – Screening result was negative (no or low risk)
- ☐ Yes – Screening result was positive (at risk)
- ☐ No, not screened or assessed
- ☐ Not documented in records or not documented in records using this standard

**C1a. Within the past 30 days, was the client screened by your program, using an evidence-based tool or set of questions, for co-occurring mental health and/or substance use disorders?**

- ☐ Yes
- ☐ No
- ☐ Not completed since last assessment
- ☐ Not documented in records or not documented in records using this standard

**C1b. [ONLY ANSWER IF RESPONSE TO QUESTION C1a IS "YES"] Did the client screen positive for co-occurring mental health and substance use disorders?**

- ☐ Yes
- ☐ No
- ☐ Not documented in records or not documented in records using this standard

**C1c. [ONLY ANSWER IF RESPONSE TO QUESTION C1b IS "YES"] Was the client referred for further assessment for a co-occurring mental health and substance use disorder?**

- ☐ Yes
- ☐ No
- ☐ Not documented in records or not documented in records using this standard

**C2. Within the past 30 days, was the client screened or assessed by your program for substance use?**

- ☐ Yes – Screening result was negative (no or low risk for substance use disorder (SUD))
- ☐ Yes – Screening result was positive (at risk for SUD)
- ☐ No, not screened or assessed
- ☐ Not documented in records or not documented in records using this standard

**C3. [ONLY ANSWER IF RESPONSE TO QUESTION C2 IS “YES”]** During the screening and assessment process, what was the reported use for the following substances? *If the client refused to answer or could not recall their substance use at screening or assessment, select “Not documented”. If a client has reported recent and past use, please only record what they have used recently.*

Substance	Recent use (within the past 30 days)	Past use (greater than 30 days)	Never used	Not documented
a. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Opioids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Sedative, hypnotic, or anxiolytics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Methamphetamine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Hallucinogens or psychedelics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other psychoactive substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Tobacco or nicotine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C4. Within the past 30 days, was the client screened or assessed by your program for the following disorders? (Please select one response per disorder)**

Disorder	Screened/assessed	Not screened	Not applicable	Not documented in records
a. Depression, depressive disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Anxiety disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Bipolar disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Psychosis, psychotic disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Trauma disorders, including PTSD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C5. When were the client’s St. Mary Parish Drug Court screenings completed with a counselor? You must enter the date in this format: yyyy/mm/dd.**

\_\_\_\_\_



**C6. Which of the following RANT classifications describe the client based on the assessment completed at the client's intake?**

- ☐ High risk/high need
- ☐ Low risk/high need
- ☐ High risk/low need
- ☐ Low risk/low need
- ☐ Client not screened
- ☐ Not documented in records or not documented in records using this standard

**C7. What was the client's score on the TCU Drug Screen 5 assessment? The score should range between 0 through 11.**

- ☐ Score: \_\_\_\_\_
- ☐ Client not screened
- ☐ Not documented in records or not documented in records using this standard

**C8. What was the client's score on the TCU TRMA assessment? The score should range between 17 through 85.**

- ☐ Score: \_\_\_\_\_
- ☐ Client not screened
- ☐ Not documented in records or not documented in records using this standard

**C9. Please select which of the following subscales from the client's TCU TRMA assessment received a profile of "endorsed". [SELECT ALL THAT APPLY]**

- ☐ Re-experiencing stressful memories (*endorsement required of at least 1 item*)
- ☐ Avoidance of stressful memories (*endorsement required of at least 3 items*)
- ☐ Hyperarousal (*endorsement required of at least 2 items*)
- ☐ None of the above
- ☐ Client not screened
- ☐ Not documented in records or not documented in records using this standard

## D. BEHAVIORAL HEALTH DIAGNOSIS

Please indicate the client's current behavioral health diagnoses using the most current version of the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes or corresponding Diagnostic Statistical Manual of Mental Disorders (e.g. DSM-5), as made by a clinician and documented in a clinical record.

**D1. Substance use disorder diagnosis (record up to 3). Note that only the "main" 3-character category for the diagnosis code should be recorded. If more detailed information is available in the client record, record the "main" 3-character category (e.g., report both F10.13 and F10.182 as "F10"). If more than three codes apply, indicate the codes most relevant to the client's participation in SAMHSA grant services.**

Enter ICD-10-CM/DSM-5 code F10-F19- or indicate no diagnosis | | | | |

Enter ICD-10-CM/DSM-5 code F10-F19- or indicate no diagnosis | | | | |

Enter ICD-10-CM/DSM-5 code F10-F19- or indicate no diagnosis | | | | |

☐ No diagnosis

**D2. Mental health diagnosis (record up to 3). Note that only the "main" 3-character category for the diagnosis code should be recorded. If more detailed information is available in the client record, record the "main" 3-character category (e.g., report both F25.1 and F25.8 as "F25"). If more than three codes apply, indicate the codes most relevant to the client's participation in SAMHSA grant services. Only enter F99 if this is the diagnosis code documented in the client record.**

Enter ICD-10-CM/DSM-5 code F20-F99- or indicate no diagnosis | | | | |

Enter ICD-10-CM/DSM-5 code F20-F99- or indicate no diagnosis | | | | |

Enter ICD-10-CM/DSM-5 code F20-F99- or indicate no diagnosis | | | | |

☐ No diagnosis

**D3. Other factors influencing health status (record up to 3 ICD-10-CM Z codes). Note that only the "main" 3-character category for the Z code should be recorded. If more detailed information is available in the client record, record the "main" 3-character category (e.g., report both Z69.81 and Z69.02 as "Z69"). If more than three codes apply, indicate the codes most relevant to the client's participation in SAMHSA grant services.**

Enter ICD-10-CM/DSM-5 code Z55-Z65 or Z69-Z76- or indicate no diagnosis | | | | |

Enter ICD-10-CM/DSM-5 code Z55-Z65 or Z69-Z76- or indicate no diagnosis | | | | |

Enter ICD-10-CM/DSM-5 code Z55-Z65 or Z69-Z76- or indicate no diagnosis | | | | |

☐ No diagnosis

## OTHER HEALTH STATUS QUESTIONS

Please indicate additional health status information as applicable and as documented in a clinical record.

**D4. Is the client currently pregnant?**

- ☐ Yes
- ☐ No
- ☐ Not applicable
- ☐ Not documented in records or not documented in records using this standard

**[D5 is not applicable for this grant]**

**D6. In the previous 30 days, did the client experience an overdose or take too much of a substance that resulted in needing supervision or medical attention?**

- ☐ Yes
- ☐ No
- ☐ Not applicable
- ☐ Not documented in records or not documented in records using this standard

**D6a. *[ONLY ANSWER IF RESPONSE TO QUESTION D6 IS “YES”]* After taking too much of a substance or overdosing, what intervention(s) did the client receive?**

**SELECT ALL THAT APPLY**

- ☐ Naloxone (Narcan) or other opioid overdose reversal medication
- ☐ Care in an emergency department
- ☐ Care from a primary care provider
- ☐ Admission to a hospital
- ☐ Supervision by someone else
- ☐ Other
- ☐ Not applicable
- ☐ Not documented in records or not documented in records using this standard

**[D7–D7b are not applicable for this grant]**

**[D8–D8a are not applicable for this grant]**

## DEMOGRAPHICS

\*\*\*\*\*

Demographics is collected by grantee staff at Baseline only if the Client or Caregiver declined consent for the SUPRT-C.

\*\*\*\*\*

If the individual declined the Client or Caregiver SUPRT-C form at baseline, please provide demographic information below. These data can be pulled from other internal sources, however it should still come directly from clients, with the exact categories or response options as indicated below, and not be assumed.

**1. What is the client's race or ethnicity? Select all that apply and enter additional details in the spaces below.**

- ☐ White – Provide details below.
  - ☐ German
  - ☐ Irish
  - ☐ English
  - ☐ Italian
  - ☐ Polish
  - ☐ French
  - ☐ Enter, for example, Scottish, Norwegian, Dutch, etc. (100-character limit) \_\_\_\_\_
- ☐ Hispanic or Latino – Provide details below.
  - ☐ Mexican or Mexican American
  - ☐ Puerto Rican
  - ☐ Cuban
  - ☐ Salvadoran
  - ☐ Dominican
  - ☐ Colombian
  - ☐ Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. (100-character limit): \_\_\_\_\_
- ☐ Black or African American – Provide details below.
  - ☐ African American
  - ☐ Jamaican
  - ☐ Haitian
  - ☐ Nigerian
  - ☐ Ethiopian
  - ☐ Somali
  - ☐ Enter, for example, Ghanaian, South African, Barbadian, etc. (100-character limit): \_\_\_\_\_
- ☐ Asian – Provide details below.
  - ☐ Chinese
  - ☐ Filipino
  - ☐ Asian Indian
  - ☐ Vietnamese
  - ☐ Korean
  - ☐ Japanese
  - ☐ Enter, for example, Pakistani, Cambodian, Hmong, etc. (100-character limit): \_\_\_\_\_

- ☐ American Indian or Alaska Native – Provide details below.
- ☐ Specify, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. (100-character limit): \_\_\_\_\_
- ☐ Middle Eastern or North African – Provide details below.
- ☐ Lebanese
- ☐ Iranian
- ☐ Egyptian
- ☐ Syrian
- ☐ Moroccan
- ☐ Israeli
- ☐ Enter, for example, Algerian, Iraqi, Kurdish, etc. (100-character limit): \_\_\_\_\_
- ☐ Native Hawaiian or Pacific Islander – Provide details below.
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Tongan
- ☐ Fijian
- ☐ Marshallese
- ☐ Enter, for example, Palauan, Tahitian, Chuukese, etc. (100-character limit): \_\_\_\_\_
- ☐ Race/ethnicity not captured in grantee records using detailed OMB categories.
- ☐ Client/caregiver declined to provide race/ethnicity.

**2. What is the individual's sex?**

- ☐ Female
- ☐ Male