

Codebook for Data Download				
CSAT GPRA ClientOutcome Measures for Discretionary Programs				
Column Name	Question Number	Question and/or Description	Value Definitions	Code Book Warning Edits / Skip Logic
GrantNo		Grant Number	Assigned by CSAT	
ClientID	A	Unique identifier for a person within a grant. Assigned by grantee.		REQUIRED *SBIRT ClientID Only *(Column 1) Values for Sample Participation Code as follows: "1" - Client not sampled for follow-up "3" - Client sampled for follow-up and agreed to participate *(Columns 2-13) ClientID assigned by Grant *(Columns 14-15) Random Sample Criteria
ClientType	A	Client Type	1 = Treatment Client 2 = Client in Recovery	REQUIRED (only asked at Intake) * RCSP grants should use "2"
InterviewTypeCode	A	Interview type	1 = Intake 2 = 6 month follow up 3 = 12 month follow up 4 = 3 month follow up 5 = Discharge	12-month follow-up no longer collected after mid-2010
IntakeSeqNum		Intake sequence number (within client).	An intake sequence number is given to each intake. The default value is 1. Some clients enter the program more than once. Each time they enter and take a new intake their sequence number increases sequentially.	A client can have multiple intakes - the most current intake is "active" (interviewinactflag=0) and the rest are set to "inactive" (interviewinactflag=1). The highest sequence number (intakeseqnum) within client should point to the current/active intake.
InterviewDate	A	The date the GPRA interview was completed. (If an interview was not conducted, do not enter a date.)	The GPRA intake/baseline interview date will determine when subsequent follow-up interviews are due. It is also used to calculate the project's follow-up rate, based on how many of the follow-up interviews that were due have actually been completed. The GPRA intake/baseline interview date combined with the discharge date is used to calculate the client's length of stay.	Follow-up interview date must be > intake interview date for same class code, discharge date must be > or = intake interview date for same class code unless interview not conducted
CooccurringScreen		1 Was the client screened by your program for co-occurring mental health and substance use disorders?	1 = Yes 0 = No -1* = Not Applicable -9 =Missing Data	*-1 is only valid for data collected prior to 7/13/09 and uploaded on or after 7/13/09. 10/1/10 ATR III grantees will begin to ask this question. Note: This question was not asked of ATR II clients.
CooccurringScreenStatus	1a	Did the client screen positive for co-occurring mental health and substance use disorders?	1 = Yes 0 = No -1 = Not Applicable -9 =Missing Data	Complete ONLY If CooccurringScreen = 1; Code to -1 If CooccurringScreen = 0 or -1; Code to -9 If missing and CooccurringScreen =1; Or If CooccurringScreen = -9. 10/1/10 ATR III grantees will begin to ask this question. Note: This question was not asked of ATR II clients.
GrantInactFlag	autofill	Grant Status (active or inactive)	0 = Active 1 = Inactive	AUTOFILL * A grant is Active beginning on it's Start Date; a grant becomes inactive 30 days after the grant End State
InactFlag	autofill	Interview Status (active or inactive)	0 = Active 1 = Inactive	AUTOFILL * For regular Services InactFlag: When a new Intake is added all existing interviews are marked inactive. * For SBIRT grants when a new SBIRTIntake is added all existing interviews with the same SBIRTClassCode are marked inactive.
FFY	autofill	Federal Fiscal Year	Federal Fiscal Year	AUTOFILL * Based on InterviewDate calculated separately for each interview; if no interview conducted, based on date interview entered database.
Quarter	autofill	Federal Fiscal Year Quarter	1 = October - December 2 = January - March 3 = April - June 4 = July - September	AUTOFILL * Based on InterviewDate calculated separately for each interview; if no interview conducted, based on date interview entered database.
Month	autofill	Month Interview took place	01 - 12 = Jan - Dec	AUTOFILL * Based on InterviewDate calculated separately for each interview; if no interview conducted, based on date interview entered database.
ConductedInterview		Did you conduct a follow-up/discharge interview?	REQUIRED 1 = yes 0 = no	Complete at Follow-Up/Discharge
BirthYear	4	Date of Birth - Year only	1900 to (Current year less 10 years)	REQUIRED
BirthMonth	4	Date of Birth - Month only		
Age		Approximate age in years.	Calculated field - the difference between IntakeDate and BirthDate	AUTOFILL * Calculated at Intake only.

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AgeGroup		Calculated field based on Age.	0 = Age 10 to 12 years old 1 = Age 13 to 17 years old 2 = Age 18 to 24 years old 3 = Age 25 to 34 years old 4 = Age 35 to 44 years old 5 = Age 45 to 54 years old 6 = Age 55 to 64 years old 7 = Age 65 years old or greater -9 = unable to calculate age
Employment		Calculated field based on Employment Status.	1 = EmploymentStatus (D3) = 1 or 2 2 = EmploymentStatus (D3) = 3, 4, 5, 6, 7 -1 = no interview conducted or SBIRT "SF" or "BI" interview -9 = EmploymentStatus (D3) < 0, unable to determine Employment
GenderCode	A1	What is your gender?	1 = Male 2 = Female 3 = Transgender 4 = Other -7 = Refused -9 =Missing Data
GenderOtherSpecify	A1	Gender. Other, specify	-1 = Appropriate Skip -9 = Missing Data TEXT
HispanicLatino		2 Are you Hispanic or Latino?	1 = Yes 0 = No -7 = Refused -9 =Missing Data
EthnicCentralAmerican		2 If Hispanic, what ethnic group do you consider yourself? Central American	1 = Yes 0 = No -1=Not Applicable -7 = Refused -9 =Missing Data
EthnicCuban		2 If Hispanic, what ethnic group do you consider yourself? Cuban	1 = Yes 0 = No -1=Not Applicable -7 = Refused -9 =Missing Data
EthnicDominican		2 If Hispanic, what ethnic group do you consider yourself? Dominican	1 = Yes 0 = No -1=Not Applicable -7 = Refused -9 =Missing Data
EthnicMexican		2 If Hispanic, what ethnic group do you consider yourself? Mexican	1 = Yes 0 = No -1=Not Applicable -7 = Refused -9 =Missing Data
EthnicPuertoRican		2 If Hispanic, what ethnic group do you consider yourself? Puerto Rican	1 = Yes 0 = No -1=Not Applicable -7 = Refused -9 =Missing Data
EthnicSouthAmerican		2 If Hispanic, what ethnic group do you consider yourself? South American	1 = Yes 0 = No -1=Not Applicable -7 = Refused -9 =Missing Data
EthnicOther		2 If Hispanic, what ethnic group do you consider yourself? Other	1 = Yes 0 = No -1=Not Applicable -7 = Refused -9 =Missing Data
EthnicOtherSpec		2 If Hispanic, what ethnic group do you consider yourself? Other (specify)	Complete ONLY at intake Blank only if A2A_OTH not =1, otherwise can not be blank or -1

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RaceBlack		3 What is your race? Black or African American	1 = Yes 0 = No -7 = Refused -9 Missing Data	Complete ONLY at intake
RaceAsian		3 What is your race? Asian	1 = Yes 0 = No -7 = Refused -9 Missing Data	Complete ONLY at intake
RaceAmericanIndian		3 What is your race? American Indian	1 = Yes 0 = No -7 = Refused -9 Missing Data	Complete ONLY at intake
RaceNativeHawaiian		3 What is your race? Native Hawaiian or Other Pacific Islander	1 = Yes 0 = No -7 = Refused -9 Missing Data	Complete ONLY at intake
RaceAlaskaNative		3 What is your race? Alaska Native	1 = Yes 0 = No -7 = Refused -9 Missing Data	Complete ONLY at intake
RaceWhite		3 What is your race? White	1 = Yes 0 = No -7 = Refused -9 Missing Data	Complete ONLY at intake
Veteran	A5	Are you a veteran?	1 = Yes 0 = No -1* = Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99** = Interview after question removed	Complete ONLY at intake. Only asked for clients 16 years or older. *-1 is only valid for data collected prior to 7/13/2009 and uploaded on or after 7/13/2009. ATR II clients were not asked this question but ATR III grants do collect this data. **-99 is only valid if data collected on or after 3/5/2012 Apply only to data collected by GPRA Tools with expiration dates prior to 2/28/2013. This item is obsolete for Grantees submitting via website data entry as of 3/5/2012, and for upload Grantees as of 4/2/2012.
MilitaryServed	A5	Have you ever served in the Armed Forces, in the Reserves, or in the National Guard? [IF SERVED] What area, the Armed Forces, Reserves, or National Guard did you most recently serve?	0 = NO 1 = YES, IN THE ARMED FORCES 2 = YES, IN THE RESERVES 3 = YES, IN THE NATIONAL GUARD -7 = Refused -8 = Don't Know -9 = Missing Data -99 =Interview before question added	Complete ONLY at intake.
ActiveDuty	A5a	Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard? [IF ACTIVE] What area, the Armed Forces, Reserves, or National Guard?	0 = NO, SEPARATED OR RETIRED FROM THE ARMED FORCES, RESERVES, OR NATIONAL GUARD 1 = YES, IN THE ARMED FORCES 2 = YES, IN THE RESERVES 3 = YES, IN THE NATIONAL GUARD -1 = Not Applicable* -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
NeverDeployed	A5b-1	Have you ever been deployed to a combat zone? NEVER DEPLOYED	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused ** -8 = Don't Know ** -9 = Missing Data ** -99 = Interview before question added	Complete ONLY at intake.
IraqAfghanistan	A5b-2	Have you ever been deployed to a combat zone? IRAQ OR AFGHANISTAN (E.G., OEF/OIF/OND)	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused ** -8 = Don't Know ** -9 = Missing Data ** -99 = Interview before question added	Complete ONLY at intake.

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PersianGulf	A5b-3	Have you ever been deployed to a combat zone? PERSIAN GULF (OPERATION DESERT SHIELD/DESERT STORM)	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused ** -8 = Don't Know ** -9 = Missing Data ** -99 = Interview before question added	Complete ONLY at intake.
VietnamSoutheastAsia	A5b-4	Have you ever been deployed to a combat zone? VIETNAM/SOUTHEAST ASIA	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused ** -8 = Don't Know ** -9 = Missing Data ** -99 = Interview before question added	Complete ONLY at intake.
Korea	A5b-5	Have you ever been deployed to a combat zone? KOREA	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused ** -8 = Don't Know ** -9 = Missing Data ** -99 = Interview before question added	Complete ONLY at intake.
WWII	A5b-6	Have you ever been deployed to a combat zone? WWII	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
DeployedCombatZone	A5b-7	Have you ever been deployed to a combat zone? DEPLOYED TO A COMBAT ZONE NOT LISTED ABOVE (E.G., BOSNIA/SOMALIA)	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused -8 = Don't Know -9 = Missing Data -99 = Interview before question added	Complete ONLY at intake.
FamilyActiveDuty	A6	Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or in the National Guard, or separated or retired from the Armed Forces, Reserves, or the National Guard?	0 = No 1 – YES, ONLY ONE 2 = YES, MORE THAN ONE -7 = Refused -8 =Don't Know -9 = Missing Data -99 =Interview before question added	Complete ONLY at intake. If "No" or "Refused" or "Don't know" go to Section B
ServiceMemRelationship1	A6_ReinShip	What is (was) the relationship of that person (Service Member) to you (write relationship in column heading) (Column 1)	1 = Mother 2=Father 3 = Brother 4=Sister 5=Spouse 6=Partner 7 = Child 8 =Other, specify -1 =Not applicable -9 =Missing Data -99 =Interview before question added	Complete ONLY at intake. * If A6 is "No" or "Refused" or "Don't Know" or "Missing Data", questions from then A6_ReinShip to A6d should be skipped.
ServiceMemExpOther1	A6_ReinShipOther	Text field for description of Other relationship from A6_ReinShip=8 (Column 1)	Text or blank	If A6_ReinShip is 8, this field cannot be blank.
ServiceMemExpDeployed1	A6a1	Has the Service Member experienced any of the following (check answer in appropriate column for all that apply) Deployed in support of Combat Operations (Column 1)	1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added	Complete ONLY at intake.

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ServiceMemExpInjured1	A6b1	Was physically injured during combat operations (Column 1)	1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added	Complete ONLY at intake.
ServiceMemExpCombatStress1	A6c1	Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, Depression, or suicidal thoughts (Column 1)	1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added	Complete ONLY at intake.
ServiceMemExpDeceased1	A6d1	Died or was killed (Column 1)	1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added	Complete ONLY at intake.
ServiceMemRelationship2	A6_ReInShip	What is (was) the relationship of that person (Service Member) to you (write relationship in column heading) (Column 2)	1 = Mother 2=Father 3 = Brother 4=Sister 5=Spouse 6=Partner 7 = Child 8 =Other, specify -1 =Not applicable -9 =Missing Data -99 =Interview before question added	Complete ONLY at intake. * If A6 is "No" or "Refused" or "Don't Know" or "Missing Data", questions from then A6_ReInShip to A6d should be skipped.
ServiceMemExpOther2	A6_ReInShipOther	Text field for description of Other relationship from A6_ReInShip=8 (Column 2)	Text or blank	If A6_ReInShip is 8, this field cannot be blank.
ServiceMemExpDeployed2	A6a2	Has the Service Member experienced any of the following (check answer in appropriate column for all that apply) Deployed in support of Combat Operations (Column 2)	1 = Yes 0 – No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added	Complete ONLY at intake.
ServiceMemExpInjured2	A6b2	Was physically injured during combat operations (Column 2)	1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added	Complete ONLY at intake.
ServiceMemExpCombatStress2	A6c2	Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, Depression, or suicidal thoughts (Column 2)	1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added	Complete ONLY at intake.
ServiceMemExpDeceased2	A6d2	Died or was killed (Column 2)	1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added	Complete ONLY at intake.

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ServiceMemRelationship3	A6_ReInShip	What is (was) the relationship of that person (Service Member) to you (write relationship in column heading) (Column 3)	<p>1 = Mother 2=Father 3 = Brother 4=Sister 5=Spouse 6=Partner 7 = Child 8 =Other, specify -1 =Not applicable -9 =Missing Data -99 =Interview before question added</p> <p>Complete ONLY at intake.</p> <p>* If A6 is "No" or "Refused" or "Don't Know" or "Missing Data", questions from then A6_ReInShip to A6d should be skipped.</p>
ServiceMemExpOther3	A6_ReInShipOther	Text field for description of Other relationship from A6_ReInShip=8 (Column 3)	<p>Text or blank</p> <p>If A6_ReInShip is 8, this field cannot be blank.</p>
ServiceMemExpDeployed3	A6a3	Has the Service Member experienced any of the following (check answer in appropriate column for all that apply) Deployed in support of Combat Operations (Column 3)	<p>1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added</p> <p>Complete ONLY at intake.</p>
ServiceMemExpInjured3	A6b3	Was physically injured during combat operations (Column 3)	<p>1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added</p> <p>Complete ONLY at intake.</p>
ServiceMemExpCombatStress3	A6c3	Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, Depression, or suicidal thoughts (Column 3)	<p>1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added</p> <p>Complete ONLY at intake.</p>
ServiceMemExpDeceased2	A6d3	Died or was killed (Column 3)	<p>1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added</p> <p>Complete ONLY at intake.</p>
ServiceMemRelationship4	A6_ReInShip	What is (was) the relationship of that person (Service Member) to you (write relationship in column heading) (Column 4)	<p>1 = Mother 2=Father 3 = Brother 4=Sister 5=Spouse 6=Partner 7 = Child 8 =Other, specify -1 =Not applicable -9 =Missing Data -99 =Interview before question added</p> <p>Complete ONLY at intake.</p> <p>* If A6 is "No" or "Refused" or "Don't Know" or "Missing Data", questions from then A6_ReInShip to A6d should be skipped.</p>
ServiceMemExpOther4	A6_ReInShipOther	Text field for description of Other relationship from A6_ReInShip=8 (Column 4)	<p>Text or blank</p> <p>If A6_ReInShip is 8, this field cannot be blank.</p>
ServiceMemExpDeployed4	A6a4	Has the Service Member experienced any of the following (check answer in appropriate column for all that apply) Deployed in support of Combat Operations (Column 4)	<p>1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added</p> <p>Complete ONLY at intake.</p>

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ServiceMemExpInjured4	A6b4	Was physically injured during combat operations (Column 4)	1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added
ServiceMemExpCombatStress4	A6c4	Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, Depression, or suicidal thoughts (Column 4)	1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added
ServiceMemExpDeceased4	A6d4	Died or was killed (Column 4)	1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added
ServiceMemRelationship5	A6_ReInShip	What is (was) the relationship of that person (Service Member) to you (write relationship in column heading) (Column 5)	1 = Mother 2=Father 3 = Brother 4=Sister 5=Spouse 6=Partner 7 = Child 8 =Other, specify -1 =Not applicable -9 =Missing Data -99 =Interview before question added
ServiceMemExpOther5	A6_ReInShipOther	Text field for description of Other relationship from A6_ReInShip=8 (Column 5)	Text or blank
ServiceMemExpDeployed5	A6a5	Has the Service Member experienced any of the following (check answer in appropriate column for all that apply) Deployed in support of Combat Operations (Column 5)	1 = Yes 0 – No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added
ServiceMemExpInjured5	A6b5	Was physically injured during combat operations (Column 5)	1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added
ServiceMemExpCombatStress5	A6c5	Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, Depression, or suicidal thoughts (Column 5)	1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added
ServiceMemExpDeceased5	A6d5	Died or was killed (Column 5)	1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added

Complete ONLY at intake.

Complete ONLY at intake.

Complete ONLY at intake.

Complete ONLY at intake.

* If A6 is "No" or "Refused" or "Don't Know" or "Missing Data", questions from then A6_ReInShip to A6d should be skipped.

If A6_ReInShip is 8, this field cannot be blank.

Complete ONLY at intake.

Complete ONLY at intake.

Complete ONLY at intake.

Complete ONLY at intake.

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ServiceMemRelationship6	A6_ReInShip	What is (was) the relationship of that person (Service Member) to you (write relationship in column heading) (Column 6)	1 = Mother 2=Father 3 = Brother 4=Sister 5=Spouse 6=Partner 7 = Child 8 =Other, specify -1 =Not applicable -9 =Missing Data -99 =Interview before question added	Complete ONLY at intake. * If A6 is "No" or "Refused" or "Don't Know" or "Missing Data", questions from then A6_ReInShip to A6d should be skipped.
ServiceMemExpOther6	A6_ReInShipOther	Text field for description of Other relationship from A6_ReInShip=8 (Column 6)	Text or blank	If A6_ReInShip is 8, this field cannot be blank.
ServiceMemExpDeployed6	A6a6	Has the Service Member experienced any of the following (check answer in appropriate column for all that apply) Deployed in support of Combat Operations (Column 6)	1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added	Complete ONLY at intake.
ServiceMemExpInjured6	A6b6	Was physically injured during combat operations (Column 6)	1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added	Complete ONLY at intake.
ServiceMemExpCombatStress6	A6c6	Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, Depression, or suicidal thoughts (Column 6)	1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added	Complete ONLY at intake.
ServiceMemExpDeceased6	A6d6	Died or was killed (Column 5)	1 = Yes 0 = No -1 =Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added	Complete ONLY at intake.
ClientScreen		2 How did the client screen?	1 = Negative 2 = Positive	Complete ONLY at intake. SBIRT only. *Skip for all other grants.
ClientSBIRTCont		3 Was he/she willing to continue his/her participation in the SBIRT program?	1 = Yes 0 = No	Complete ONLY at intake * REQUIRD for SBIRT grants * Skip for ATR and all other grants
SBIRTclasscode	[autofill]	SBIRT Class Code Type of SBIRT interview	SF = screening BI = Brief Intervention BT = Brief Treatment RT = Referral to Treatment	* AUTOFILL based on most intensive service selected in planned services * Interview path for SBIRT grants: *GPRA Intake Interview * REQUIRED for SBIRT grants; * SKIP for ATR and all other Grants Screening: Section A only Brief Intervention: Sections A-B Brief Treatment and Referral To Treatment: Sections A-G *GPRA 3- or 6-month Follow-Up Interview Interview Not Conducted: Section I only Interview Conducted: Brief Intervention: Sections B, I Brief Treatment and Referral To Treatment: Sections B-G, I *GPRA Discharge Interview Interview Not Conducted: Sections J - K Interview Conducted: Brief Intervention: Sections B, J and K Brief Treatment and Referral To Treatment: Sections B-G, J and K

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ScoreType1	2a	First type of screening score	AUDIT CAGE DAST DAST10 NIAAA ASSIST->Alcohol Other	Complete ONLY at intake Can not be same value as SCORETYPE2 or SCORETYPE3 Blank = Not SBIRT data
ScoreValue1	2a	What was his/her screening score?	0-99 = score	Complete ONLY at intake
ScoreType2	2a	Second type of screening score	AUDIT CAGE DAST DAST10 NIAAA ASSIST->Alcohol Other	Complete ONLY at intake Can not be same value as SCORETYPE1 or SCORETYPE3, unless it is blank Blank = Not SBIRT data
ScoreValue2	2a	What was his/her screening score?	0 – 99 = score -1=Not Applicable	Complete ONLY at intake
ScoreType3	2a	Third type of screening score	AUDIT CAGE DAST DAST10 NIAAA ASSIST->Alcohol Other	Complete ONLY at intake Can not be same value as SCORETYPE1 or SCORETYPE2, unless it is blank Blank = Not SBIRT data
ScoreValue3	2a	What was his/her screening score?	0 – 99 = score -1=Not Applicable	Complete ONLY at intake
SCOREOtherspec	2a	Specify other type of screening score.		If SCORETYPE1, 2 or 3 = Other, can not be blank Cannot be -1 if SCORETYPE 1, 2, or 3 = Other.
*** BEGIN MAIN GPRA INTERVIEW ***				
Section B		DRUG AND ALCOHOL USE		NOT ASKED IF SBIRTHClassCode='SF' OR InterviewConducted=0
DAUseAlcoholDays	B1a	During the past 30 days how many days have you used the following: Any alcohol.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED If DAUseAlcoholDays = 0, then DAUseAlcoholIntox5Days and DAUseAlcoholIntox4Days to -1. All programs, with the exception of the Offender Re-entry Programs (ORP) Program for questions B1 thru B2, will use "the past 30 days" for questions that captures the number days. ORP grants should ask about drug use in "the past 90 days" prior to incarceration for questions B1 thru B2 at intake/baseline and "the past 90 days" at follow-up and discharge.
DAUseAlcoholIntox5Days	B1b1	During the past 30 days how many days have you used the following: Alcohol to intoxication (5+ drinks in one sitting).	0 to 30 = days (90 day exception for some GFAs) -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	Skip if DAUseAlcoholDays = 0 * Sum of DAUseALcoholIntox5Day and DAUseALcoholIntox4Days must be <= DAUseAlcoholDays
DAUseAlcoholIntox4Days	B1b2	During the past 30 days how many days have you used the following: Alcohol to intoxication (4 or fewer drinks and felt high).	0 to 30 = days (90 day exception for some GFAs) -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	Skip if DAUseAlcoholDays = 0 * Sum of DAUseALcoholIntox5Day and DAUseALcoholIntox4Days must be <= DAUseAlcoholDays
DAUseIllegDrugsDays	B1c	During the past 30 days how many days have you used the following: Illegal drugs.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED * if DAUseAlcoholDays = 0 OR DAUseIllegDrugsDays = 0 then DAUseBothDays = -1
DAUseBothDays	B1d	During the past 30 days how many days have you used the following: Both alcohol and drugs (on the same day).	0 to 30 = days (90 day exception for some GFAs) -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if DAUseAlcholDays <= 0 or DAUseIllegDrugsDays <= 0 * If any B2a-i > 0 then DAUseIllegDrugsDays must be > 0 * If DAUseAlcoholDays or DAUseIllegDrugsDays <= 0 then DAUseBothDays = -1
CocaineCrackDays	B2a	During the past 30 days, how many days have you used any of the following: Cocaine/crack.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED *CocaineCrackDays <= DAUseIllegDrugsDays *if CocaineCrackDays <=0 then CocaineCrackRoute = -1

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CocaineCrackRoute	B2a	Route of Administration: Cocaine/crack.	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if CocaineCrackDays <= 0
MarijuanaHashDays	B2b	During the past 30 days, how many days have you used any of the following: Marijuana/hashish.(Pot, Joints, Blunts, Chronic, Weed, Mary Jane)	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED *MarijuanaHashDays <= DAUselllegalDrugsDays *if MarijuanaHashDays <= 0 MarijuanHashRoute = -1
MarijuanaHashRoute	B2b	Route of Administration: Marijuana/hashish .(Pot, Joints, Blunts, Chronic, Weed, Mary Jane)	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if MarijuanaHashDays <= 0
OpiatesHeroinDays	B2c1	During the past 30 days, how many days have you used any of the following: Heroin (Smack, H, Junk, Skag)	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED *OpiatesHeroinDays <= DAUselllegalDrugsDays *if OpiatesHeroinDays <= 0 then OpiatesHeroinRoute = -1
OpiatesHeroinRoute	B2c1	Route of Administration: Heroin. (Smack, H, Junk, Skag)	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if OpiatesHeroinDays <= 0
OpiatesMorphineDays	B2c2	During the past 30 days, how many days have you used any of the following: Morphine	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED *OpiatesMorphineDays <= DAUselllegalDrugsDays *if OpiatesMorphineDays <= 0 then OpiatesMorphineRoute = -1
OpiatesMorphineRoute	B2c2	Route of Administration: Morphine	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if OpiatesMorphineDays <= 0
OpiatesDiluadidDays	B2c3	During the past 30 days, how many days have you used any of the following: Diluadid	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED *OpiatesDiluadidDays <= DAUselllegalDrugsDays *if OpiatesDiluadidDays <= 0 then OpiatesDiluadidRoute = -1
OpiatesDiluadidRoute	B2c3	Route of Administration: Diluadid	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if OpiatesDiluadidDays <= 0
OpiatesDemerolDays	B2c4	During the past 30 days, how many days have you used any of the following: Demerol	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED *OpiatesDemerolDays <= DAUselllegalDrugsDays *if OpiatesDemerolDays <= 0 then OpiatesDemeralRoute = -1

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OpiatesDemerolRoute	B2c4	Route of Administration: Demerol	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data
			SKIP if OpiatesDemerolDays <= 0
OpiatesPercocetDays	B2c5	During the past 30 days, how many days have you used any of the following: Percocet	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data
			REQUIRED *OpiatesPercocetDays <= DAUselllegalDrugsDays *if OpiatesPercocetDays <= 0 then OpiatesPercocetRoute = -1
OpiatesPercocetRoute	B2c5	Route of Administration: Percocet	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data
			SKIP if OpiatesPercocetDays <= 0
OpiatesDarvonDays	B2c6	During the past 30 days, how many days have you used any of the following: Darvon	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data
			REQUIRED *OpiatesDarvonDays <= DAUselllegalDrugsDays *if OpiatesDarvonDays <= 0 then OpiatesDarvonRoute = -1
OpiatesDarvonRoute	B2c6	Route of Administration: Darvon	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data
			SKIP if OpiatesDarvonDays <= 0
OpiatesCodeineDays	B2c7	During the past 30 days, how many days have you used any of the following: Codeine	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data
			REQUIRED *OpiatesCodeineDays <= DAUselllegalDrugsDays *if OpiatesCodeineDays <= 0 then OpiatesCodeineRoute = -1
OpiatesCodeineRoute	B2c7	Route of Administration: Codeine	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data
			SKIP if OpiatesCodeineDays <= 0
OpiatesTylenolDays	B2c8	During the past 30 days, how many days have you used any of the following: Tylenol 2,3,4	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data
			REQUIRED *OpiatesTylenolDays <= DAUselllegalDrugsDays *if OpiatesTylenolDays <= 0 then OpiatesTylenolRoute = -1
OpiatesTylenolRoute	B2c8	Route of Administration: Tylenol 2,3,4	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data
			SKIP if OpiatesTylenolDays <= 0
OpiatesOxycodoneDays	B2c9	During the past 30 days, how many days have you used any of the following: Oxycodone	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data
			REQUIRED *OpiatesOxycodoneDays <= DAUselllegalDrugsDays *if OpiatesOxycodoneDays <= 0 then OpiatesOxycodoneRoute = -1
OpiatesOxycodoneRoute	B2c9	Route of Administration: Oxycodone	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data
			SKIP if OpiatesOxycodoneDays <= 0

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NonPresMethadoneDays	B2d	During the past 30 days, how many days have you used any of the following: Non-prescription Methadone	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data
			REQUIRED *NonPresMethadoneDays <= DAUselllegalDrugsDays *if NonPresMethadoneDays <= 0 then NonPresMethadoneRoute = -1
NonPresMethadoneRoute	B2d	Route of Administration: Non-prescription Methadone	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data
			SKIP if NonPresMethadoneDays <= 0
HallucPsychDays	B2e	During the past 30 days, how many days have you used any of the following: Hallucinogens/ psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms or Mescaline	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data
			REQUIRED *HallucPsychDays <= DAUselllegalDrugsDays *if HallucPsychDays < 1 skip to MethamDays
HallucPsychRoute	B2e	Route of Administration: Hallucinogens/ psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms or Mescaline	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data
			SKIP if HallucPsychDays <= 0
MethamDays	B2f	During the past 30 days, how many days have you used any of the following: Methamphetamines or other amphetamines. (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data
			REQUIRED *MethamDays <= DAUselllegalDrugsDays *if MethamDays <= 0 then MethamRoute = -1
MethamRoute	B2f	Route of Administration: Methamphetamines or other amphetamines. (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data
			SKIP if MethamDays <= 0
BenzodiazepinesDays	B2g1	During the past 30 days, how many days have you used any of the following: Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol—also known as roofies, roche, and cope)	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data
			REQUIRED *BenzodiazepinesDays <= DAUselllegalDrugsDays *if BenzodiazepinesDays <= 0 then BenzodiazepinesRoute = -1
BenzodiazepinesRoute	B2g1	Route of Administration: Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol—also known as roofies, roche, and cope)	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data
			SKIP if BenzodiazepinesDays <= 0
BarbituatesDays	B2g2	During the past 30 days, how many days have you used any of the following: Barbiturates: Mephobarbital (Mebarcut); and pentobarbital sodium (Nembutal)	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data
			REQUIRED *BarbituatesDays <= DAUselllegalDrugsDays *if BarbituatesDays <= 0 then BarbituatesRoute = -1

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BarbituatesRoute	B2g2	Route of Administration: Barbiturates: Mephobarbital (Mebacut); and pentobarbital sodium (Nembutal)	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if BarbituatesDays <= 0
NonPrescGhbDays	B2g3	During the past 30 days how many days, have you used any of the following: Non-prescription GHB (known as Grievous Bodily Harm; Liquid Ecstasy; and Georgia Home Boy)	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED *NonPrescGHBDays <= DAUseIllegalDrugsDays *if NonPrescGHBDays <= 0 then NonPrescGHBRoute = -1
NonPrescGhbRoute	B2g3	Route of Administration: Non-prescription GHB (known as Grievous Bodily Harm; Liquid Ecstasy; and Georgia Home Boy)	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if NonPrescGHBDays <= 0
KetamineDays	B2g4	During the past 30 days, how many days have you used any of the following: Ketamine (known as Special K or Vitamin K)	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED *KetamineDays <= DAUseIllegalDrugsDays *if KetamineDays <= 0 then KetamineRoute = -1
KetamineRoute	B2g4	Route of Administration: Ketamine (known as Special K or Vitamin K)	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if KetamineDays <= 0
OtherTranquilizersDays	B2g5	During the past 30 days, how many days have you used any of the following: Other tranquilizers, downers, sedatives or hypnotics	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED *OtherTranquilizersDays <= DAUseIllegalDrugsDays *if OtherTranquilizersDays <= 0 then OtherTranquilizersRoute = -1
OtherTranquilizersRoute	B2g5	Route of Administration: Other tranquilizers, downers, sedatives or hypnotics	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if TranquilizersDays <= 0
InhalantsDays	B2h	During the past 30 days how many days have you used the following: Inhalants (poppers, snappers, rush, whippets)	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED *InhalantsDays <= DAUseIllegalDrugsDays *if InhalantsDays <= 0 then InhalantsRoute = -1
InhalantsRoute	B2h	Route of Administration: Inhalants (poppers, snappers, rush, whippets)	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if InhalantsDays <= 0
OtherIllegalDrugsDays	B2i	During the past 30 days how many days have you used the following: Other Illegal Drugs.	0 to 30 = days (90 day exception for some GFAs) -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED *OtherIllegalDrugsDays <= DAUseIllegalDrugsDays *if OtherIllegalDrugsDays <= 0 then OtherIllegalDrugsRoute = -1

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OtherIllegalDrugsRoute	B2i	Route of Administration: Other Illegal Drugs	1=oral 2=nasal, 3=smoking 4=non-IV injection, 5= IV, -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data SKIP if OtherIllegalDrugsDays <= 0
OtherIllegalDrugsSpec	B2i	During the past 30 days how many days have you used the following: Other Illegal Drugs (Specify)	Text -1 = Appropriate Skip -9 = Missing Data SKIP if OtherIllegalDrugsDays <= 0
InjectedDrugs	B3	In the past 30 days have you injected drugs?	0 = no 1 = yes -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED * If any Route of Administration in B2a-i = 4 or 5 then InjectedDrugs = 1 * if InjectedDrugs not = 1 then ParaphenaliaUsedOthers = -1
ParaphenaliaUsedOthers	B4	In the past 30 days, how often did you use a syringe/needle, cooker, cotton or water that someone else used?	1 = Always 2 = More than half the time 3 = Half the time 4 = Less than half the time 5 = Never -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data If B3 = 1 then -1 is not a valid value
Section C		FAMILY AND LIVING CONDITIONS	NOT ASKED IF SBIRTClassCode = 'SF' or 'BI' OR InterviewConducted=0
LivingWhere	C1	In the past 30 days, where have you been living most of the time?	1 = Shelter 2 = Street/ Outdoors 3 = Institution 4 = Housed -7 = Refused -8 = Don't Know -9 =Missing Data * If LivingWhere not = 4 then LivingHoused = -1
LivingHoused	C1	In the past 30 days, where have you been living most of the time?	1 = Own/Rent apartment, room, or house 2 = Someone else's apartment, room, or house 3 = Halfway house 4 = Residential Treatment 5 = Other Housed (Specify) 6 = Dormitory/College Residence -1 = Not applicable -7 = Refused -8 = Don't Know -9 =Missing Data SKIP if LivingWhere not = 4 *If LivingHoused not = 5 then LivingHousedSpec = -1 Dormitory/College option was not available for ATR II but is available to ATR III
LivingHousedSpec	C1	In the past 30 days, where have you been living most of the time? If other house, specify.	Text -1 = Appropriate Skip -9 = Missing Data SKIP if LivingHoused not = 5
ImpactStress	C2	During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?	1 = Not at all 2 = Somewhat 3 = Considerably 4 = Extremely 5 = Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED If DAUseAlcoholDays & DAUselllegDrugsDays = 0 then ImpactStress cannot = 1 * ImpactStress = 5 only if both DAUseAlcoholDays and DAUselllegDrugsDays = 0
ImpactActivity	C3	During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities?	1 = Not at all 2 = Somewhat 3 = Considerably 4 = Extremely 5 = Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED If DAUseAlcoholDays & DAUselllegDrugsDays = 0 then ImpactActivity cannot = 1 * ImpactActivity = 5 only if both DAUseAlcoholDays and DAUselllegDrugsDays = 0

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ImpactEmotional	C4	During the past 30 days, has your use of alcohol and other drugs caused you to have emotional problems?	<p>1 = Not at all 2 = Somewhat 3 = Considerably 4 = Extremely 5 = Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data</p> <p>REQUIRED</p> <p>If DAUseAlcoholDays & DAUselllegDrugsDays = 0 then ImpactEmotional cannot = 1</p> <p>* ImpactActivity = 5 only if both DAUseAlcoholDays and DAUselllegDrugsDays = 0</p>
Pregnant	C5	If [NOT MALE.] Are you currently pregnant?	<p>1 = yes 0 = no -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data</p> <p>SKIP if Gender = 1 (Male)</p>
Children	C6	Do you have children?	<p>1 = yes 0 = no -7 = Refused -8 = Don't Know -9 =Missing Data</p> <p>REQUIRED</p> <p>If Children <= 0, skip to Section D</p>
ChildrenNr	C6a	How many children do you have?	<p>1 – 99 = children -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data</p> <p>SKIP if Children <= 0</p>
ChildrenCustody	C6b	Are any of your children living with someone else due to a child protection order?	<p>1 = yes 0 = no -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data</p> <p>SKIP if Children <= 0</p>
ChildrenCustodyNr	C6c	If yes, how many of your children are living with someone else due to a child protection court order?	<p>1 – 99 = children -1Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data</p> <p>SKIP if ChildrenCustody <= 0</p> <p>* ChildrenCustodyNr must be <= ChildrenNr</p>
ChildrenCustodyLost	C6d	For how many of your children have you lost parental rights? [THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.]	<p>0 – 99 = children -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data</p> <p>SKIP if Children <= 0</p> <p>* ChildrenCustodyLost must be <= ChildrenNr</p>
Section D	EDUCATION, EMPLOYMENT, AND INCOME		NOT ASKED IF SBIRTClassCode = 'SF' or 'BI' OR InterviewConducted=0
TrainingProgram	D1	Are you currently enrolled in school or a job training program? [IF ENROLLED], Is that full time or part time?	<p>1 = Not Enrolled 2 = Enrolled, Full Time 3 = Enrolled, Part Time 4 = Other (Specify) -7 = Refused -8 = Don't Know -9 =Missing Data</p> <p>REQUIRED</p>
TrainingProgramSpec	D1	Are you currently enrolled in school or a job training program? Other, SPECIFY	<p>Text -1 = Appropriate Skip -9 = Missing Data</p> <p>SKIP if TrainingProgram not = 4</p>

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EducationYears	D2	What is the highest level of education you have finished, whether or not you received a degree?	0 = Never attended 1 = 1st Grade 2 = 2nd Grade 3 = Third Grade 4 = Fourth Grade 5 = Fifth Grade 6 = Sixth Grade 7 = Seventh Grade 8 = Eighth Grade 9 = Ninth Grade 10 = Tenth Grade 11 = Eleventh Grade 12 = Twelfth Grade/High School Diploma/equivalent 13 = College or University/ 1st year completed 14 = College or University/ 2nd year completed /Associates Degree (AA/AS) 15 = College or University/ 3rd year completed 16 = Bachelor's degree (BA, BS) or higher 17 = Voc/Tech program after high school but no Voc/Tech diploma 18 = Voc/Tech diploma after high school -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED
EmployStatus	D3	Are you currently employed?	1 = Employed Full Time (35+ hours per week, or would have been) 2 = Employed Part Time 3 = Unemployed, looking for work 4 = Unemployed, disabled 5 = Unemployed, volunteer work 6 = Unemployed, retired 7 = Unemployed, not looking for work 0 = Other -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED
EmployStatusSpec	D3	Are you currently employed? Other, SPECIFY	Text -1 = Appropriate Skip -9 = Missing Data	SKIP if EmployStatus not = 0
IncomeWages	D4a	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ... Wages.	0-999999 -7 = Refused -8 = Don't Know -9 =Missing Data	
IncomePubAssist	D4b	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Public assistance.	0-999999 -7 = Refused -8 = Don't Know -9 =Missing Data	
IncomeRetirement	D4c	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Retirement.	0-999999 -7 = Refused -8 = Don't Know -9 =Missing Data	
IncomeDisability	D4d	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Disability.	0-999999 -7 = Refused -8 = Don't Know -9 =Missing Data	
IncomeNonLegal	D4e	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Non-legal income.	0-999999 -7 = Refused -8 = Don't Know -9 =Missing Data	
IncomeFamFriends	D4f	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Family and/or friends.	0-999999 -7 = Refused -8 = Don't Know -9 =Missing Data	
IncomeOther	D4g	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Other.	0-999999 -7 = Refused -8 = Don't Know -9 =Missing Data	

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IncomeOtherSpec	D4g	Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from ...Other, specify.	Text -1 = Appropriate Skip -9 = Missing Data SKIP if IncomeOther <= 0
Section E	CRIME AND CRIMINAL JUSTICE STATUS		NOT ASKED IF SBIRTClassCode = 'SF' or 'BI' OR InterviewConducted = 0
ArrestedDays	E1	In the past 30 days, how many times have you been arrested?	0-99 = times -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED
ArrestedDrugDays	E2	In the past 30 days, how many times have you been arrested for drug-related offenses?	0-99 = times -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data SKIP if ArrestedDays = 0 ArrestedDrugDays cannot be greater than Arrested Days.
ArrestedConfineDays	E3	In the past 30 days, how many nights have you spent in jail/prison?	0-30 = nights -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED If ArrestedConfineDays is > 15, then LivingWhere must = 3 (Institution -> jail/prison) If LivingWhere = 3 (Institution -> jail/prison), then ArrestedConfineDays must >= 15
NrCrimes	E4	In the past 30 days, how many times have you committed a crime?	0-999 = times -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED If DAUselllegDrugsDays . = 1 then NrCrimes must be >= DAUselllegDrugsDays
AwaitTrial	E5	Are you currently awaiting charges, trial, or sentencing?	1 = yes 0 = no -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED
ParoleProbation	E6	Are you currently on parole or probation?	1 = yes 0 = no -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED
Section F	MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY		NOT ASKED IF SBIRTClassCode = 'SF' or 'BI' OR InterviewConducted = 0
HealthStatus	F1	How would you rate your overall health right now?	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED
InpatientPhysical	F2ai	During the past 30 days, did you receive Inpatient Treatment for: Physical complaint?	1 = yes 0 = no -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED
InpatientPhysicalNights	F2ai	During the past 30 days, did you receive Inpatient Treatment for: Physical complaint? If yes, altogether how many nights?	1-30 = nights -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data SKIP if InpatientPhysical <= 0
InpatientMental	F2aii	During the past 30 days, did you receive Inpatient Treatment for: Mental or emotional difficulties?	1 = yes 0 = no -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED
InpatientMentalNights	F2aii	During the past 30 days, did you receive Inpatient Treatment for: Mental or emotional difficulties? If yes, altogether how many nights?	1-30 = nights -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data SKIP if Inpatientmental <= 0
InpatientAlcoholSA	F2aiii	During the past 30 days, did you receive Inpatient Treatment for: Alcohol or substance abuse?	1 = yes 0 = no -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED

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InpatientAlcoholSANights	F2aii	During the past 30 days did you receive Inpatient Treatment for: Alcohol or substance abuse? If yes, altogether how many nights?	1-30 = nights -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data SKIP if InpatientAlcoholSA <= 0
OutpatientPhysical	F2bi	During the past 30 days, did you receive Outpatient Treatment for: Physical complaint?	1 = yes 0 = no -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED
OutpatientPhysicalTimes	F2bi	During the past 30 days, did you receive Outpatient Treatment for: Physical complaint? If yes, altogether how many times?	1-99 = times -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data SKIP if OutpatientPhysical <= 0
OutpatientMental	F2bii	During the past 30 days, did you receive Outpatient Treatment for: Mental or emotional difficulties?	1 = yes 0 = no -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED
OutpatientMentalTimes	F2bii	During the past 30 days, did you receive Outpatient Treatment for: Mental or emotional difficulties? If yes, altogether how many times?	1-99 = times -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data SKIP if OutpatientMental <= 0
OutpatientAlcoholSA	F2biii	During the past 30 days, did you receive Outpatient Treatment for: Alcohol or substance abuse?	1 = yes 0 = no -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED
OutpatientAlcoholSATimes	F2biii	During the past 30 days, did you receive Outpatient Treatment for: Alcohol or substance abuse? If yes, altogether how many times?	1-99 = times -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data SKIP if OutpatientAlcoholSA <= 0
ERPhysical	F3ci	During the past 30 days did you receive Emergency Room Treatment for: a Physical complaint?	1 = yes 0 = no -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED
ERPhysicalTimes	F3ci	During the past 30 days did you receive Emergency Room Treatment for: a Physical complaint? If yes, altogether how many times?	1-99 = times -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data SKIP if ERPhysical <= 0
ERMental	F3cii	During the past 30 days did you receive Emergency Room Treatment for Mental or emotional difficulties?	1 = yes 0 = no -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED
ERMentalTimes	F3cii	During the past 30 days did you receive Emergency Room Treatment for: Mental or emotional difficulties? If yes, altogether how many times?	1-99 = times -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data SKIP if ERMental <= 0
ERAlcoholSA	F3ciii	During the past 30 days, did you receive Emergency Room Treatment for: Alcohol or substance abuse?	1 = yes 0 = no -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED
ERAlcoholSATimes	F3ciii	During the past 30 days, did you receive Emergency Room Treatment for: Alcohol or substance abuse? If yes, altogether how many times?	1-99 = times -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data SKIP if ERAlcoholSA <= 0

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CSAT GPRA ClientOutcome Measures for Discretionary Programs				
SexActivity	F3	During the past 30 days, did you engage in sexual activity?	1 = yes 0 = no 3 = not permitted to ask -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED
SexContacts	F3a	During the past 30 days, did you engage in sexual activity? If yes, altogether, how many: sexual contacts (vaginal, oral, or anal) did you have?	1-999 = contacts -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if SexActivity not = 1
SexUnprot	F3b	During the past 30 days, did you engage in sexual activity? If yes, altogether, how many unprotected sexual contacts did you have?	0-999 = contacts -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if SexActivity not = 1 The value in SexUnprot should not be greater than the value in SexContacts. IF ZERO, SKIP TO F4.
SexUnprotHIVAids	F3c1	During the past 30 days, did you engage in sexual activity? If yes, altogether how many unprotected sexual contacts were with an individual who is or was: HIV positive or has AIDS	1-999 = contacts -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if SexActivity not = 1 OR SexUnprot = 0 * SexUnprotHIVAids must be <= SexUnprot
SexUnprotInjDrugUser	F3c2	During the past 30 days, did you engage in sexual activity? If yes, altogether how many unprotected sexual contacts were with an individual who is or was: An injection drug user	1-999 = contacts -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if SexActivity not = 1 OR SexUnprot = 0 * SexUnprotInjDrugUser must be <= SexUnprot
SexUnprotHigh	F3c3	During the past 30 days, did you engage in sexual activity? If yes, altogether how many unprotected sexual contacts were with an individual who is or was: High on some substance.	1-999 = contacts -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if SexActivity not = 1 OR SexUnprot = 0 * SexUnprotHigh must be <= SexUnprot
fHIVTest	F4	Have you ever been tested for HIV?	1 = yes 0 = no -7 = Refused -8 = Don't Know -9 =Missing Data -1* = Not Applicable	First asked July, 13, 2009 Not asked of ATR II clients, but it is asked of ATR III clients.
fHIVTestResult	F4a	Do you know the results of your HIV testing?	1 = yes 0 = no -1 = Not Applicable -7 = Refused -9 =Missing Data	SKIP if fHIVTest not = Yes (1)
Depression	F_5_a	In the past 30 days, not due to your use of alcohol or drugs, how many days have you: Experienced serious depression	0-30 = days -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED
Anxiety	F_5_b	In the past 30 days, not due to your use of alcohol or drugs, how many days have you: Experienced serious anxiety or tension	0-30 = days -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED
Hallucinations	F_5_c	In the past 30 days, not due to your use of alcohol or drugs, how many days have you: Experienced hallucinations	0-30 = days -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED
BrainFunction	F_5_d	In the past 30 days, not due to your use of alcohol or drugs, how many days have you: Experienced trouble understanding, concentrating, or remembering	0-30 = days -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED
ViolentBehavior	F_5_e	In the past 30 days, not due to your use of alcohol or drugs, how many days have you: Experienced trouble controlling violent behavior	0-30 = days -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED

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CSAT GPRA ClientOutcome Measures for Discretionary Programs			
Suicide	F_5_f	In the past 30 days, not due to your use of alcohol or drugs, how many days have you: Attempted suicide	0-30 = days -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED
PsycholEmotMedication	F_5_g	In the past 30 days, not due to your use of alcohol or drugs, how many days have you: Been prescribed medication for psychological/emotional problem	0-30 = days -7 = Refused -8 = Don't Know -9 =Missing Data REQUIRED
PsycholEmotImpact	F_6	How much have you been bothered by these psychological or emotional problems in the past 30 days?	1 = Not at all 2 = Slightly 3 = Moderately 4 = Considerably 5 = Extremely -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data SKIP if Depression <= 0 AND Anxiety <= 0 AND Hallucinations <= 0 AND BrainFunction <= 0 AND ViolentBehavior <= 0 AND Suicide <= 0 AND PsycholEmotMedication <= 0
Section F (Continued)	Violence and Trauma		NOT ASKED IF SBIRTClassCode = 'SF' or 'BI' OR InterviewConducted = 0
AnyViolence	F7	Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief?)	1 = Yes 0 = No -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added If answer is "NO", "Refused", or "Don't know" go to question F8
Nightmares	F7a	Have had nightmares about it or thought about it when you did not want to?	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added * If Question 7 is "No" or "Refused" or "Don't know", then answer should be -1
TriedHard	F7b	Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added * If Question 7 is "No" or "Refused" or "Don't know", then answer should be -1
ConstantGuard	F7c	Were constantly on guard, watchful, or easily startled?	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added * If Question 7 is "No" or "Refused" or "Don't know", then answer should be -1
NumbAndDetach	F7d	Felt numb and detached from others, activities, or your surroundings?	1 = Yes 0 = No -1 = Not Applicable* -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added * If Question 7 is "No" or "Refused" or "Don't know", then answer should be -1
PhysicallyHurt	F8	How often have you been hit, kicked, slapped, or otherwise physically hurt?	0 = Never 1 = A Few Times 2 = More than a few times -7 = Refused -8 = Don't Know -9 =Missing Data -99 =Interview before question added
Section G		SOCIAL CONNECTEDNESS	NOT ASKED IF SBIRTClassCode = 'SF' or 'BI' OR InterviewConducted = 0

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CSAT GPRA ClientOutcome Measures for Discretionary Programs				
AttendVoluntary	G1	In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization?	1 = yes 0 = no -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED
AttendVoluntaryTimes	G1	In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? If yes, specify how many times.	1-99 = times -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if AttendVoluntary <= 0
AttendReligious	G2	In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?	1 = yes 0 = no -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED
AttendReligiousTimes	G2	In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups? If yes, specify how many times.	1-99 = times -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if AttendReligious <= 0
AttendOtherOrg	G3	In the past 30 days, did you attend any meetings of organizations that support recovery other than the organizations described above?	1 = yes 0 = no -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED
AttendOtherOrgTimes	G3	In the past 30 days, did you attend any meetings of organizations that support recovery other than the organizations described above? If yes, specify how many times.	1-99 = times -1=Not Applicable -7 = Refused -8 = Don't Know -9 =Missing Data	SKIP if AttendOtherOrg <= 0
InteractFamilyFriends	G4	In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?	1 = yes 0 = no -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED
WhomInTrouble	G5	To whom do you turn to when you are having trouble?	1 = No One 2 = Clergy Member 3 = Family Member 4 = Friends 5 = Other -7 = Refused -8 = Don't Know -9 =Missing Data	REQUIRED
WhomInTroubleSpec	G5	To whom do you turn to when you are having trouble? Other (specify)		SKIP if WhomInTrouble not = 5
*** THIS SECTION FOR FOLLOW-UP INTERVIEWS ONLY				
Section I		***		FOLLOW-UP INTERVIEWS ONLY (InterviewType = 2, 3 or 4)
FLWPStatus	I1	What is the follow-up status of the client?	1 = Deceased at time of due date 11 = Completed interview within specified window 12 = Completed interview outside specified window 21 = Located, but refused, unspecified 22 = Located, but unable to gain institutional access 23 = Located, but otherwise unable to gain access 24 = Located, but withdrawn from project 31 = Unable to locate, moved 32 = Unable to locate, other	REQUIRED -- Complete ONLY at Follow-up. * if FLWPStatus = 1 for any interview there cannot be further interviews for that client.
FLWPStatusSpec	I1	What is the follow-up status of the client?. Other (Specify)		SKIP if FLWPStatus not = 32
ReceivingServices	I2	Is the client still receiving services from your program?	1 = yes 0 = no	REQUIRED -- Complete ONLY at Follow-up.
*** THIS SECTION FOR DISCHARGE INTERVIEWS ONLY				
Section J		DISCHARGE STATUS ***		DISCHARGE INTERVIEWS ONLY (InterviewType = 5)
DischargeDate	J1	What is the date (month, day, and year) of discharge?	mm/dd/yyyy = date of discharge	REQUIRED -- Complete ONLY at discharge Must not be earlier than intake interview date, and no later than current date

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CSAT GPRA ClientOutcome Measures for Discretionary Programs				
DischargeStatusCompl	J2	What is the client's discharge status?	1 = Completion/ Graduate 2 = Termination	REQUIRED -- Complete ONLY at discharge
DischargeStatusTermReason	J2	If the client was terminated, what was the reason for termination?	01 = Left on own against staff advice with satisfactory progress 02 = Left on own against staff advice without satisfactory progress 03 = Involuntarily discharged due to nonparticipation 04 = Involuntarily discharged due to violation of rules 05 = Referred to another program or other services with satisfactory progress 06 = Referred to another program or other services with unsatisfactory progress 07 = Incarcerated due to offense committed while in treatment with satisfactory progress 08 = Incarcerated due to offense committed while in treatment with unsatisfactory progress 09 = Incarcerated due to old warrant or charged from before entering treatment with satisfactory progress 10 = Incarcerated due to old warrant or charged from before entering treatment with unsatisfactory progress 11 = Transferred to another facility for health reasons 12 = Death 13 = Other -1=Not Applicable	SKIP if DischargeStatus not = 2
OtherDischargeStatTermRsnSpec	J2	Specify other reason for termination	Text -1 = Appropriate Skip	SKIP if DischargeStatusTermReason not = 13
jHIVTest	J3	Did the program test this client for HIV?	1 = yes 0 = no -1 = Not Applicable -9 =Missing Data	First asked July, 13, 2009 Not asked of ATR II clients, but it is asked of ATR III clients.
jHIVTestResult	J4	Did the program refer this client for testing?	1 = yes 0 = no -1 = Not Applicable -9 =Missing Data	Complete only if jHIVTest = No = 0. Code to -1 If jHIVTest=1; else code to -9. Not asked of ATR II clients, but it is asked of ATR III clients.
*** THIS SECTION FOR BOTH INTAKE AND DISCHARGE INTERVIEWS ***				
SECTIONS A & K		SERVICES PLANNED & SERVICES RECEIVED		FOR INTAKE AND DISCHARGE INTERVIEWS ONLY
MODALITY				All Grantees MUST select AT LEAST ONE MODALITY
SvcCaseManagement	A1	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Case Management	1 = Yes 0 = No	Complete ONLY at Intake
	K1	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Case Management	0 = no service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcDayTreatment	A2	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Day Treatment	1 = Yes 0 = No	Complete ONLY at Intake
	K2	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Day Treatment	0 = no service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcInpatient	A3	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Inpatient/Hospital (Other than Detox)	1 = Yes 0 = No	Complete ONLY at Intake
	K3	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Inpatient/Hospital (Other than Detox)	0 = no service provided 1-999 = days of service	Complete ONLY at DISCHARGE

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CSAT GPRA ClientOutcome Measures for Discretionary Programs				
SvcOutpatient	A4	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Outpatient	1 = Yes 0 = No	Complete ONLY at Intake
	K4	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Outpatient	0 = no service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcOutreach	A5	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Outreach	1 = Yes 0 = No	Complete ONLY at Intake
	K5	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Outreach	0 = no service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcIntensiveOutpatient	A6	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Intensive Outpatient	1 = Yes 0 = No	Complete ONLY at Intake
	K6	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Intensive Outpatient	0 = no service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcMethadone	A6	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Methadone	1 = Yes 0 = No	Complete ONLY at Intake
	K7	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Methadone	0 = no service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcResidentialRehab	A8	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Residential/Rehabilitation	1 = Yes 0 = No	Complete ONLY at Intake
	K8	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Residential/Rehabilitation	0 = no service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcHospitalInpatient	A9A	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Detoxification: Hospital Inpatient	1 = Yes 0 = No	Complete ONLY at Intake
	K9A	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Detoxification: Hospital Inpatient	0 = no service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcFreeStandingRes	A9B	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Detoxification: Free Standing Residential	1 = Yes 0 = No	Complete ONLY at Intake

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CSAT GPRA ClientOutcome Measures for Discretionary Programs				
	K9B	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Detoxification: Free Standing Residential	0 = no service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcAmbulatoryDetox	A9C	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Detoxification: Ambulatory Detoxification	1 = Yes 0 = No	Complete ONLY at Intake
	K9C	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Detoxification: Ambulatory Detoxification	0 = no service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcAfterCare	A10	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: After Care	1 = Yes 0 = No	Complete ONLY at Intake
	K10	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: After Care	0 = no service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcRecoverySupport	A11	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Recovery Support	1 = Yes 0 = No	Complete ONLY at Intake
	K11	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Recovery Support	0 = no service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcOtherModalities	A12	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Other	1 = Yes 0 = No	Complete ONLY at Intake
	K12	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Other	0 = no service provided 1-999 = days of service	Complete ONLY at DISCHARGE
SvcOtherModalitesSpec	A12	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Modality: Other (specify)		Complete ONLY at Intake. SKIP if SvcOtherModalities not = 1
	K12	Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. Modality: Other (specify)		Complete ONLY at DISCHARGE SKIP if SvcOtherModalities not = 1
ALL GRANTEES: At least ONE Service below must be selected at Intake and at least ONE Service must be selected at Discharge				
TREATMENT SERVICES				
SvcScreening	A1	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Screening	1 = Yes 0 = No	Complete ONLY at Intake * SBIRT grantees MUST select at least ONE: SvcTxScreening, SvcTxBriefIntervention, SvcTxBrief, SvcTxReferral

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CSAT GPRA ClientOutcome Measures for Discretionary Programs				
	K1	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Screening	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE * SBIRT grantees MUST select at least ONE: SvcTxScreening, SvcTxBriefIntervention, SvcTxBrief, SvcTxReferral
SvcBriefIntervention	A2	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Brief Intervention	1 = Yes 0 = No	Complete ONLY at Intake * SBIRT grantees MUST select at least ONE: SvcTxScreening, SvcTxBriefIntervention, SvcTxBrief, SvcTxReferral
	K2	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Brief Intervention	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE * SBIRT grantees MUST select at least ONE: SvcTxScreening, SvcTxBriefIntervention, SvcTxBrief, SvcTxReferral
SvcBriefTreatment	A3	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Brief Treatment	1 = Yes 0 = No	Complete ONLY at Intake * SBIRT grantees MUST select at least ONE: SvcTxScreening, SvcTxBriefIntervention, SvcTxBrief, SvcTxReferral
	K3	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Brief Treatment	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE * SBIRT grantees MUST select at least ONE: SvcTxScreening, SvcTxBriefIntervention, SvcTxBrief, SvcTxReferral
SvcReferralTreatment	A4	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Referral to Treatment	1 = Yes 0 = No	Complete ONLY at Intake * SBIRT grantees MUST select at least ONE: SvcTxScreening, SvcTxBriefIntervention, SvcTxBrief, SvcTxReferral
	K4	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Referral to Treatment	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE * SBIRT grantees MUST select at least ONE: SvcTxScreening, SvcTxBriefIntervention, SvcTxBrief, SvcTxReferral
SvcAssessment	A5	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Assessment	1 = Yes 0 = No	Complete ONLY at Intake
	K5	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Assessment	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcTreatmentPlanning	A6	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Treatment/Recovery Planning	1 = Yes 0 = No	Complete ONLY at Intake
	K6	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Treatment/Recovery Planning	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcIndividualCouns	A7	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Individual Counseling	1 = Yes 0 = No	Complete ONLY at Intake
	K7	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Individual Counseling	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE

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CSAT GPRA ClientOutcome Measures for Discretionary Programs				
SvcGroupCouns	A8	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Group Counseling	1 = Yes 0 = No	Complete ONLY at Intake
	K8	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Group Counseling	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcFamilyMarriageCouns	A9	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Family/Marriage Counseling	1 = Yes 0 = No	Complete ONLY at Intake
	K9	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Family/Marriage Counseling	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcCoOccurring	A10	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Co-Occurring Treatment/Recovery Services	1 = Yes 0 = No	Complete ONLY at Intake
	K10	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Co-Occurring Treatment/Recovery Services	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcPharmacological	A11	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Pharmacological Interventions	1 = Yes 0 = No	Complete ONLY at Intake
	K11	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Pharmacological Interventions	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcHIVAIDSCouns	A12	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: HIV/AIDS Counseling	1 = Yes 0 = No	Complete ONLY at Intake
	K12	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: HIV/AIDS Counseling	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherClinicalCouns	A13	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Other Clinical Services	1 = Yes 0 = No	Complete ONLY at Intake
	K13	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Other Clinical Services	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE

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CSAT GPRA ClientOutcome Measures for Discretionary Programs				
SvcOtherClinicalCounsSpec	A13	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Treatment: Other Clinical Services (specify)		Complete ONLY at Intake SKIP if SvcOtherClinicalCouns >= 1
	K13	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Treatment: Other Clinical Services (specify)		Complete ONLY at DISCHARGE SKIP if SvcOtherClinicalCouns >= 1
CASE MANAGEMENT SERVICES				
SvcFamilyServices	A1	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Family Services (Including Marriage, Education, Parenting, Child Development Services)	1 = Yes 0 = No	Complete ONLY at Intake
	K1	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Family Services (Including Marriage, Education, Parenting, Child Development Services)	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcChildCare	A2	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Child Care	1 = Yes 0 = No	Complete ONLY at Intake
	K2	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Child Care	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcPreEmployment	A3A	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Employment Service—Pre-employment	1 = Yes 0 = No	Complete ONLY at Intake
	K3A	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Employment Service—Pre-employment	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcEmploymentCoaching	A3B	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Employment Service—Employment Coaching	1 = Yes 0 = No	Complete ONLY at Intake

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CSAT GPRA ClientOutcome Measures for Discretionary Programs			
	K3B	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Employment Service—Employment Coaching	0 = no service provided 1-999 = number of sessions Complete ONLY at DISCHARGE
SvcIndividualCoord	A4	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Individual Services Coordination	1 = Yes 0 = No Complete ONLY at Intake
	K4	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Individual Services Coordination	0 = no service provided 1-999 = number of sessions Complete ONLY at DISCHARGE
SvcTransportation	A5	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Transportation	1 = Yes 0 = No Complete ONLY at Intake
	K5	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Transportation	0 = no service provided 1-999 = number of sessions Complete ONLY at DISCHARGE
SvcHIV/AIDSServices	A6	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: HIV/AIDS Services	1 = Yes 0 = No Complete ONLY at Intake
	K6	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: HIV/AIDS Services	0 = no service provided 1-999 = number of sessions Complete ONLY at DISCHARGE
SvcDrugFreeHousing	A7	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Supportive Transitional Drug-Free Housing Services	1 = Yes 0 = No Complete ONLY at Intake
	K7	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Supportive Transitional Drug-Free Housing Services	0 = no service provided 1-999 = number of sessions Complete ONLY at DISCHARGE
SvcOtherCaseMgmt	A8	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Other	1 = Yes 0 = No Complete ONLY at Intake

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CSAT GPRA ClientOutcome Measures for Discretionary Programs				
	K8	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Other	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherCaseMgmtSpec	A8	Identify the services you plan to provide to the client during the client's course of treatment/recovery. Case Management Services: Other (specify)		Complete ONLY at Intake SKIP if SvcOtherCaseMgmt >= 1
	K8	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Case Management Services: Other (specify)		Complete ONLY at DISCHARGE SKIP if SvcOtherCaseMgmt >= 1
MEDICAL SERVICES				
SvcMedicalCare	A1	Identify the services you plan to provide to the client during the client's course of treatment/recovery Medical Services: Medical Care	1 = Yes 0 = No	Complete ONLY at Intake
	K1	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Medical Services: Medical Care	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcAlcoholDrugTesting	A2	Identify the services you plan to provide to the client during the client's course of treatment/recovery Medical Services: Alcohol/Drug Testing	1 = Yes 0 = No	Complete ONLY at Intake
	K2	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Medical Services: Alcohol/Drug Testing	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcHIV/AIDSMedical	A3	Identify the services you plan to provide to the client during the client's course of treatment/recovery Medical Services: HIV/AIDS Medical Support and Testing	1 = Yes 0 = No	Complete ONLY at Intake
	K3	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Medical Services: HIV/AIDS Medical Support and Testing	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherMedical	A4	Identify the services you plan to provide to the client during the client's course of treatment/recovery Medical Services: Other	1 = Yes 0 = No	Complete ONLY at Intake
	K4	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Medical Services: Other	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE

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CSAT GPRA ClientOutcome Measures for Discretionary Programs				
SvcOtherMedicalSpec	A4	Identify the services you plan to provide to the client during the client's course of treatment/recovery Medical Services: Other (specify)		Complete ONLY at Intake SKIP if SvcOtherMedical >= 1
	K4	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Medical Services: Other (specify)		Complete ONLY at DISCHARGE SKIP if SvcOtherMedical >= 1
AFTER CARE SERVICES				
SvcContinuingCare	A1	Identify the services you plan to provide to the client during the client's course of treatment/recovery After Care Services: Continuing Care	1 = Yes 0 = No	Complete ONLY at Intake
	K1	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. After Care Services: Continuing Care	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcRelapsePrevention	A2	Identify the services you plan to provide to the client during the client's course of treatment/recovery After Care Services: Relapse Prevention	1 = Yes 0 = No	Complete ONLY at Intake
	K2	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. After Care Services: Relapse Prevention	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcRecoveryCoaching	A3	Identify the services you plan to provide to the client during the client's course of treatment/recovery After Care Services: Recovery Coaching	1 = Yes 0 = No	Complete ONLY at Intake
	K3	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. After Care Services: Recovery Coaching	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcSelfHelpSupport	A4	Identify the services you plan to provide to the client during the client's course of treatment/recovery After Care Services: Self-Help and Support Groups	1 = Yes 0 = No	Complete ONLY at Intake
	K4	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. After Care Services: Self-Help and Support Groups	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcSpiritualSupport	A5	Identify the services you plan to provide to the client during the client's course of treatment/recovery After Care Services: Spiritual Support	1 = Yes 0 = No	Complete ONLY at Intake

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CSAT GPRA ClientOutcome Measures for Discretionary Programs				
	K5	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. After Care Services: Spiritual Support	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherAfterCare	A6	Identify the services you plan to provide to the client during the client's course of treatment/recovery After Care Services: Other	1 = Yes 0 = No	Complete ONLY at Intake
	K6	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. After Care Services: Other	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherAfterCareSpec	A6	Identify the services you plan to provide to the client during the client's course of treatment/recovery After Care Services: Other (specify)		Complete ONLY at Intake SKIP if SvcOtherAfterCare >= 1
	K6	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. After Care Services: Other (specify)		Complete ONLY at DISCHARGE SKIP if SvcOtherAfterCare >= 1
EDUCATION SERVICES				
SvcSubstanceAbuseEdu	A1	Identify the services you plan to provide to the client during the client's course of treatment/recovery Education Services: Substance Abuse Education	1 = Yes 0 = No	Complete ONLY at Intake
	K1	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Education Services: Substance Abuse Education	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcHIV/AIDS Edu	A2	Identify the services you plan to provide to the client during the client's course of treatment/recovery Education Services: HIV/AIDS Education	1 = Yes 0 = No	Complete ONLY at Intake
	K2	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Education Services: HIV/AIDS Education	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherEdu	A3	Identify the services you plan to provide to the client during the client's course of treatment/recovery Education Services: Other	1 = Yes 0 = No	Complete ONLY at Intake
	K3	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Education Services: Other	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherEduSpec	A3	Identify the services you plan to provide to the client during the client's course of treatment/recovery Education Services: Other (specify)		Complete ONLY at Intake SKIP if SvcOtherEdu >= 1

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CSAT GPRA ClientOutcome Measures for Discretionary Programs				
	K3	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Education Services: Other (specify)		Complete ONLY at DISCHARGE SKIP if SvcOtherEdu >= 1
PEER-TO-PEER RECOVERY SUPPORT SERVICES				
SvcPeerCoaching	A1	Identify the services you plan to provide to the client during the client's course of treatment/recovery Peer-to-Peer Recovery Support Services: Peer Coaching or Mentoring	1 = Yes 0 = No	Complete ONLY at Intake
	K1	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Peer-to-Peer Recovery Support Services: Peer Coaching or Mentoring	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcHousingSupport	A2	Identify the services you plan to provide to the client during the client's course of treatment/recovery Peer-to-Peer Recovery Support Services: Housing Support	1 = Yes 0 = No	Complete ONLY at Intake
	K2	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Peer-to-Peer Recovery Support Services: Housing Support	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcDrugFreeSocial	A3	Identify the services you plan to provide to the client during the client's course of treatment/recovery Peer-to-Peer Recovery Support Services: Alcohol and Drug Free Social Activities	1 = Yes 0 = No	Complete ONLY at Intake
	K3	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Peer-to-Peer Recovery Support Services: Alcohol and Drug Free Social Activities	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcInformationReferral	A4	Identify the services you plan to provide to the client during the client's course of treatment/recovery Peer-to-Peer Recovery Support Services: Information and Referral	1 = Yes 0 = No	Complete ONLY at Intake
	K4	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Peer-to-Peer Recovery Support Services: Information and Referral	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
FB_FLAG	A5	Identify the services you plan to provide to the client during the client's course of treatment/recovery Peer-to-Peer Recovery Support Services: Other	1 = Yes 0 = No	Complete ONLY at Intake

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CSAT GPRA ClientOutcome Measures for Discretionary Programs				
	K5	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Peer-to-Peer Recovery Support Services: Other	0 = no service provided 1-999 = number of sessions	Complete ONLY at DISCHARGE
SvcOtherRecoverySpec	A5	Identify the services you plan to provide to the client during the client's course of treatment/recovery Peer-to-Peer Recovery Support Services: Other (specify)		Complete ONLY at Intake SKIP if SvcOtherRecovery >= 1
	K5	Identify the number of SESSIONS of services provided to the client during the client's course of treatment/recovery. Peer-to-Peer Recovery Support Services: Other (specify)		Complete ONLY at DISCHARGE SKIP if SvcOtherRecovery >= 1
IntakeDate	autofill	Date of Intake Interview		*copied from InterviewDate where InterviewType=1
InterviewCreateDate	autofill	Date this interview was entered in the database		
*** THIS SECTION IF FOR ATR INTERVIEWS ONLY ***				*** THIS SECTION IF FOR ATR INTERVIEWS ONLY ***
MethFlag		Indicates client is/is not a methamphetamine user	1 = Yes 0 = No	REQUIRED for ATR Grants when InterviewType = 1 (Intake) SKIP for all other grants