Division of Behavioral Health
Substance Use Disorder Outcome Tool
INITIAL

Todays' Date: _____/______/_____

Client STARS ID:|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Program

☐ 1.0 Outpatient	☐ 1.0 Gambling Outpatient
☐ 2.1 Intensive Outpatient (Including2.1/3.1)	☐ 2.1 Gambling Intensive Outpatient
☐ 2.5 Day Treatment	☐ 2.5 Gambling Day Treatment
☐ 3.1 Low Intensity Residential	
☐ 3.7 Intensive Inpatient Treatment	☐ 3.7 Gambling Intensive Inpatient Treatment
☐ CBISA (CJI Only)	☐ MRT (CJI Only)
☐ CBISA/MRT (CJI Only)	☐ CBISA/3.1 Services (CJI Only)
☐ CBISA/MRT/3.1 Services (CJI Only)	☐ CBISA Telehealth Based Services (CJI Only)
☐ MRT Telehealth Based Services (CJI Only)	☐ CBISA/MRT Telehealth Based Services (CJI Only)
☐ Intensive Methamphetamine Treatment- Phase 1	☐ Intensive Methamphetamine Treatment- Phase 2
☐ Intensive Methamphetamine Treatment- Phase 3	☐ Intensive Methamphetamine Treatment- Phase 4

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1. Would you say that in general your health is:

☐Excellent ☐Very Good ☐Good ☐Fair ☐Poor

a. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good? ___

b. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good? ___

c. During the past 30 days, approximately how many days did your poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? ___

2. At this moment, how important is it that you change your current your current behaviors and/or symptoms? Please circle a number on the scale below:

Not important at all			About as important as most of the other things I would like to achieve now					Most important thing in my life right now		
0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

3. At this moment, how confident are you that you will change your current behaviors and/or symptoms? Please circle a number on the scale below:

Not important at all			About as important as most of the other things I would like to achieve now					Most important thing in my life right now		
0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

4. Please answer the following question	Number of Nights/Times	Don't know
In the past 30 days, how many times have you been arrested? *Federally Required Element	____	☐

5. Please answer the following questions based on the past 30 days…		
a. Have you gotten into trouble at home, at school, work, or in the community, because of your use of alcohol, drugs, inhalants, or gambling?	☐Yes	☐No
b. Have you missed school or work because of using alcohol, drugs, inhalants, or gambling?	☐Yes	☐No

6. Please answer the following questions based on the past 30 days…	Number of Nights/Times	Don't know
a. How many times have you gone to an emergency room for a psychiatric or emotional problem?	____	☐
b. How many nights have you spent in a facility for:		
i. Detoxification?	____	☐
ii. Inpatient/Residential Substance Use Disorder Treatment?	____	☐
iii. Mental Health Care?	____	☐
iv. Illness, Injury, Surgery?	____	☐
c. How many nights have you spent in a correctional facility including jail or prisons (as a result of an arrest, parole or probation violation)?	____	☐
d. How many times have you tried to commit suicide? *Federally Required Element	____	☐

7. I would be able to resist the urge to drink heavily and/or use drugs…	Not at all confident										Very Confident
… if I were angry at the way things had turned out	0	1	2	3	4	5	6	7	8	9	10
… if I had unexpectedly found some booze/drugs or happened to see something that reminded me of drinking/using drugs	0	1	2	3	4	5	6	7	8	9	10
… if other people treated me unfairly or interfered with my plans	0	1	2	3	4	5	6	7	8	9	10
… if I were out with friends and they kept suggesting we go somewhere to drink/use drugs	0	1	2	3	4	5	6	7	8	9	10

8. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) Source: MHSIP Survey *Federally Required	Response Options						
	Strongly disagree	**Disagree**	**Undecided**	**Agree**	**Strongly agree**	**Not applicable**	**Refused**
Domain: Social Connectedness Questions 1-4							
1. I am happy with the friendships I have.	☐	☐	☐	☐	☐	☐	☐
2. I have people with whom I can do enjoyable things.	☐	☐	☐	☐	☐	☐	☐
3. I feel I belong in my community.	☐	☐	☐	☐	☐	☐	☐
4. In a crisis, I would have the support I need from family or friends.	☐	☐	☐	☐	☐	☐	☐
Domain: Improved Functioning Domain: Questions 5-8							
5. I do things that are more meaningful to me.	☐	☐	☐	☐	☐	☐	☐
6. I am better able to take care of my needs.	☐	☐	☐	☐	☐	☐	☐
7. I am better able to handle things when they go wrong.	☐	☐	☐	☐	☐	☐	☐
8. I am better able to do things that I want to do.	☐	☐	☐	☐	☐	☐	☐

Question to be answered by Clinician

9. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:

Unengaged and Blocked	**Minimal Engagement in Recovery**	**Limited Engagement in Recovery**	**Positive Engagement in Recovery**	**Optimal Engagement in Recovery**
1	**2**	**3**	**4**	**5**