

**Mini-GPRA ASSESSMENT**

(only needed pages included)

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

Staff Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site/Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interview Type (Intake / Follow-Up / Discharge):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Virginia DBHDS Permanent Supportive Housing Outcome Measures: Based on the CSAT GPRA**

**(Revised 2/1/2018)**



15-minute version. Selected questions from full Intake Assessment.

1. **RECORD MANAGEMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Interview Date** | **|\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|** |  |  |  |
|  | Month | Day | Year |  |  |  |

**MILITARY FAMILY AND DEPLOYMENT**

1. **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 serve?**

**** NO

**** YES, IN THE ARMED FORCES

**** YES, IN THE RESERVES

**** YES, IN THE NATIONAL GUARD

**** REFUSED

**** DON’T KNOW

***[IF NO, REFUSED, OR DON’T KNOW, SKIP TO SECTION B.]***

**5a. 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?**

**** NO, SEPARATED OR RETIRED FROM THE ARMED FORCES, RESERVES, OR NATIONAL GUARD

**** YES, IN THE ARMED FORCES

**** YES, IN THE RESERVES

**** YES, IN THE NATIONAL GUARD

 REFUSED

 DON’T KNOW

1. **DRUG AND ALCOHOL USE**
2. **During the past 30 days, how many days**

**have you used the following:**

 **Number of Days**

1. Any alcohol |\_\_\_\_|\_\_\_\_|  REFUSED  DON’T KNOW

c. Illegal drugs |\_\_\_\_|\_\_\_\_|  REFUSED  DON’T KNOW

**B. DRUG AND ALCOHOL USE (continued)**

1. **In the past 30 days, have you injected drugs?**

YES

NO

REFUSED

DON’T KNOW



***[IF NO, REFUSED, OR DON’T KNOW, SKIP TO SECTION C.]***

**4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used?**

Always

More than half the time

Half the time

Less than half the time

Never

REFUSED

DON’T KNOW



**C.** **FAMILY AND LIVING CONDITIONS**

**1.** **In the past 30 days, where have you been living most of the time? *[DO NOT READ RESPONSE OPTIONS TO* *CLIENT.]***

SHELTER (SAFE HAVENS, TRANSITIONAL LIVING CENTER [TLC], LOW-DEMAND FACILITIES, RECEPTION CENTERS, OTHER TEMPORARY DAY OR EVENING FACILITY)



STREET/OUTDOORS (SIDEWALK, DOORWAY, PARK, PUBLIC OR ABANDONED BUILDING) INSTITUTION (HOSPITAL, NURSING HOME, JAIL/PRISON)



HOUSED: ***[IF HOUSED, CHECK APPROPRIATE SUBCATEGORY:]***



OWN/RENT APARTMENT, ROOM, OR HOUSE

SOMEONE ELSE’S APARTMENT, ROOM, OR HOUSE

DORMITORY/COLLEGE RESIDENCE

HALFWAY HOUSE

RESIDENTIAL TREATMENT

OTHER HOUSED (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* REFUSED
* DON’T KNOW
1. **How satisfied are you with the conditions of your living space?**

**** Very Dissatisfied

**** Dissatisfied

**** Neither Satisfied nor Dissatisfied

**** Satisfied

 **** Very Satisfied

 REFUSED

 DON’T KNOW

**C.** **FAMILY AND LIVING CONDITIONS (continued)**

1. **During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs? *[IF B1a* *OR* *B1c > 0, THEN C3 CANNOT = “NOT APPLICABLE.”]***

**** Not at all

**** Somewhat

**** Considerably

**** Extremely

**** NOT APPLICABLE ***[USE ONLY IF B1A*** ***AND*** ***B1C = 0.]***

**** REFUSED

**** DON’T KNOW

1. **During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities? *[IF B1a* *OR* *B1c > 0, THEN C4 CANNOT = “NOT APPLICABLE.”]***

**** Not at all

**** Somewhat

**** Considerably

**** Extremely

**** NOT APPLICABLE ***[USE ONLY IF B1A*** ***AND*** ***B1C = 0.]***

**** REFUSED

 DON’T KNOW

1. **During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?**

***[IF B1a OR B1c > 0, THEN C5 CANNOT = “NOT APPLICABLE.”]***

**** Not at all

**** Somewhat

**** Considerably

**** Extremely

**** NOT APPLICABLE ***[USE ONLY IF B1a*** ***AND*** ***B1c = 0.]***

**** REFUSED

 DON’T KNOW

1. **EDUCATION, EMPLOYMENT, AND INCOME**
2. **What is the highest level of education you have finished, whether or not you received a degree?**

**** NEVER ATTENDED

**** 1ST GRADE

**** 2ND GRADE

**** 3RD GRADE

**** 4TH GRADE

**** 5TH GRADE

**** 6TH GRADE

**** 7TH GRADE

**** 8TH GRADE

**** 9TH GRADE

**** 10TH GRADE

**** 11TH GRADE

**** 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT

**** COLLEGE OR UNIVERSITY/1ST YEAR COMPLETED

**** COLLEGE OR UNIVERSITY/2ND YEAR COMPLETED/ASSOCIATES DEGREE (AA, AS)

**** COLLEGE OR UNIVERSITY/3RD YEAR COMPLETED

**** BACHELOR’S DEGREE (BA, BS) OR HIGHER

**** VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA

**** VOC/TECH DIPLOMA AFTER HIGH SCHOOL

**** REFUSED

**** DON’T KNOW

1. **Are you currently employed? *[CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE* *PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.] [IF CLIENT IS “ENROLLED, FULL TIME” IN D1 AND INDICATES “EMPLOYED, FULL TIME” IN D3, ASK FOR CLARIFICATION. IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, CODE D3 AS “UNEMPLOYED, NOT LOOKING FOR WORK.”]***

**** EMPLOYED, FULL TIME (35+ HOURS PER WEEK, OR WOULD HAVE BEEN)

**** EMPLOYED, PART TIME

**** UNEMPLOYED, LOOKING FOR WORK

**** UNEMPLOYED, DISABLED

**** UNEMPLOYED, VOLUNTEER WORK

**** UNEMPLOYED, RETIRED

**** UNEMPLOYED, NOT LOOKING FOR WORK

OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED

DON’T KNOW

1. **EDUCATION, EMPLOYMENT, AND INCOME (continued)**
2. **Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from…**

***[IF D3 DOES NOT = “EMPLOYED” AND THE VALUE IN D4a IS GREATER THAN ZERO, PROBE. IF D3 = “UNEMPLOYED, LOOKING FOR WORK” AND THE VALUE IN D4b = 0, PROBE. IF D3 = “UNEMPLOYED, RETIRED” AND THE VALUE IN D4c = 0, PROBE. IF D3 = “UNEMPLOYED, DISABLED” AND THE VALUE IN D4d = 0, PROBE.]***

**RF DK**

|  |  |  |
| --- | --- | --- |
| a. | Wages | $ |\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_|  |
| b. | Public assistance | $ |\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_| |
| c. | Retirement | $ |\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_| |
| d. | Disability | $ |\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_| |
| e. | Non-legal income | $ |\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_| |
| f. | Family and/or friends | $ |\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_| |
| g. | Other (Specify) | $ |\_\_|\_\_|\_\_| , |\_\_|\_\_|\_\_| |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |
| 1. Have you enough money to meet your needs?
 |



**** Not at all

**** A little

**** Moderately

**** Mostly

**** Completely

**** REFUSED

**** DON’T KNOW

1. **CRIME AND CRIMINAL JUSTICE STATUS**
2. **In the past 30 days, how many times have you been arrested?**

|\_\_\_\_|\_\_\_\_| TIMES  REFUSED  DON’T KNOW

***[IF NO ARRESTS, SKIP TO ITEM E3.]***

1. **In the past 30 days, how many times have you been arrested for drug-related offenses? *[THE VALUE IN* *E2 CANNOT BE GREATER THAN THE VALUE IN E1.]***

|\_\_\_\_|\_\_\_\_| TIMES  REFUSED  DON’T KNOW

1. **In the past 30 days, how many nights have you spent in jail/prison? *[IF THE VALUE IN E3 IS GREATER* *THAN 15, THEN C1 MUST = INSTITUTION (JAIL/PRISON). IF C1 = INSTITUTION (JAIL/PRISON), THEN THE VALUE IN E3 MUST BE GREATER THAN OR EQUAL TO 15.]***

|\_\_\_\_|\_\_\_\_| NIGHTS  REFUSED  DON’T KNOW

1. **Are you currently awaiting charges, trial, or sentencing?**

**** YES

**** NO

**** REFUSED

**** DON’T KNOW

1. **CRIME AND CRIMINAL JUSTICE STATUS (continued)**
2. **Are you currently on parole or probation?**

**** YES

**** NO

**** REFUSED

**** DON’T KNOW

1. **MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY**
2. **How would you rate your overall health right now?**

**** Excellent

**** Very good

**** Good

**** Fair

**** Poor

**** REFUSED

**** DON’T KNOW

**5**. How would you rate your quality of life?

**** Very poor

**** Poor

**** Neither poor nor good

**** Good

**** Very Good

**** REFUSED

 DON’T KNOW

1. Do you have enough energy for everyday life?

**** Not at all

**** A little

**** Moderately

**** Mostly

**** Completely

**** REFUSED

 DON’T KNOW

1. How satisfied are you with your ability to perform your daily activities?

**** Very Dissatisfied

**** Dissatisfied

**** Neither Satisfied nor Dissatisfied

**** Satisfied

**** Very Satisfied

**** REFUSED

* DON’T KNOW
1. **MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (continued)**
2. **In the past 30 days, not due to your use of alcohol or drugs, how many days have you:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Days** | **RF** | **DK** |
| a. | Experienced serious depression | |\_\_\_\_|\_\_\_\_| |  |  |
| b. | Experienced serious anxiety or tension | |\_\_\_\_|\_\_\_\_| |  |  |
| c. | Experienced hallucinations | |\_\_\_\_|\_\_\_\_| |  |  |



1. Experienced trouble understanding, concentrating, or

|  |  |  |
| --- | --- | --- |
|  | remembering | |\_\_\_\_|\_\_\_\_| |
| e. | Experienced trouble controlling violent behavior | |\_\_\_\_|\_\_\_\_| |
| f. | Attempted suicide | |\_\_\_\_|\_\_\_\_| |
| g. | Been prescribed medication for psychological/emotional |  |
|  | problem | |\_\_\_\_|\_\_\_\_| |



***[IF CLIENT REPORTS ZERO DAYS, RF, OR DK TO ALL ITEMS IN QUESTION F10, SKIP TO ITEM F12.]***

1. **How much have you been bothered by these psychological or emotional problems in the past 30 days?**

**** Not at all

**** Slightly

**** Moderately

**** Considerably

**** Extremely

**** REFUSED

**** DON’T KNOW

**VIOLENCE AND TRAUMA**

1. **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?)**

**** YES

**** NO ***[SKIP TO ITEM F8.]***

**** REFUSED

**** DON’T KNOW

***[IF NO, REFUSED, OR DON’T KNOW, SKIP TO ITEM F13.]***

**Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:**

**12a.** **Have had nightmares about it or thought about it when you did not want to?**

YES

NO

REFUSED

DON’T KNOW

**F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (continued)**

**12b.** **Tried hard not to think about it or went out of your way to avoid situations that remind you of it?**

YES

NO

REFUSED

DON’T KNOW



**12c.** **Were constantly on guard, watchful, or easily startled?**

YES

NO

REFUSED

DON’T KNOW



**12d.** **Felt numb and detached from others, activities, or your surroundings?**

YES

NO

REFUSED

DON’T KNOW

1. **In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?**

**** Never

**** A few times

**** More than a few times

**** REFUSED

DON’T KNOW

1. **SOCIAL CONNECTEDNESS**

1. **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? In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction-related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.?**

YES ***[IF YES]*** SPECIFY HOW MANY TIMES |\_\_\_\_|\_\_\_\_|  REFUSED  DON’T KNOW



NO

REFUSED

DON’T KNOW



1. **In the past 30 days, did you attend any religious/faith-affiliated recovery self-help groups?**

YES ***[IF YES]*** SPECIFY HOW MANY TIMES |\_\_\_\_|\_\_\_\_|  REFUSED  DON’T KNOW



NO

REFUSED

DON’T KNOW

1. **SOCIAL CONNECTEDNESS (continued)**
2. **In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?**

YES ***[IF YES]*** SPECIFY HOW MANY TIMES |\_\_\_\_|\_\_\_\_|  REFUSED  DON’T KNOW



NO



REFUSED

DON’T KNOW



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

**** YES

**** NO

**** REFUSED

**** DON’T KNOW

1. **To whom do you turn when you are having trouble? *[SELECT ONLY ONE.]***

**** NO ONE

**** CLERGY MEMBER

**** FAMILY MEMBER

**** FRIENDS

**** REFUSED

**** DON’T KNOW

OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**** Very Dissatisfied

**** Dissatisfied

**** Neither Satisfied nor Dissatisfied

**** Satisfied

**** Very Satisfied

**** REFUSED

**** DON’T KNOW