

Virginia State Opioid Response-III (SOR-III)

GPRA (Government Performance and Results Act) Survey

Intake Survey

Revised Version Launched January 21, 2023

This survey was compiled by OMNI Institute based on the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) Government Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs.

It is designed for use by the Virginia subrecipients who are providing treatment and recovery services funded by the SOR grant.

For more information or questions, please contact the OMNI SOR support team at SORSupport@omni.org



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CONSENT TO PARTICIPATE IN THE EVALUATION

[PLEASE PROVIDE THIS PAGE TO THE CLIENT TO KEEP.]

Key Information

1. This evaluation is about the treatment and/or recovery support services you will receive as part of Virginia's State Opioid Response (SOR) program. We are interested in understanding how the services you receive impact mental health, substance use, and related behaviors.
2. Participation in the evaluation is completely voluntary.
3. The evaluation will include three surveys (intake, discharge, and follow-up six months after intake), with each survey taking up to 40 minutes.
4. You may be asked questions about sensitive topics such as drug and alcohol use or mental health. These questions may be distressing to you as you think about your experiences. You may skip any question you do not want to answer.
5. There are no direct benefits to you from your taking part in this evaluation. However, findings from the evaluation may benefit the substance use treatment and recovery community.
6. This evaluation and the SOR treatment and recovery services you are receiving are funded by the State Opioid Response grant, which is a project funded by the federal government's Substance Abuse and Mental Health Services Administration.
7. If you complete the survey offered to you at six months after intake, you will be eligible to receive a \$30 gift card.

Why am I being invited to participate in this evaluation?

You are being offered substance use treatment and/or recovery support services as part of the Virginia State Opioid Response program, a project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). You are being asked to participate in an evaluation of the treatment and/or recovery support services you receive to understand how well it works for people. **This evaluation is voluntary.** If you decide not to take part, you can still receive services. The evaluation is meant to find out how treatment and recovery services impact mental health, substance use, and related behaviors.

How many people will take part in the evaluation?

This evaluation takes place across all 40 Community Service Boards in Virginia. The evaluation will include approximately 3,000 people who enter treatment and/or recovery services through the SOR grant, beginning October 2022 through September 2024.

What information will be collected for the evaluation?

If you agree to be in this evaluation, you will be asked to share information about your age, gender and race/ethnicity. You will also be asked about such things as your living situation, physical or mental health, use of alcohol or drugs, treatment received, criminal justice involvement, your education, if you work, and income. Information about any treatment and/or recovery support services you receive from this program will also be collected.

What happens to the information collected for the evaluation?

This information will be collected by the facility where you are completing the survey and shared with OMNI Institute, a research and evaluation firm in Denver, CO which Virginia has hired to manage this evaluation. Your name will not be shared with OMNI Institute, only an ID number that is used in your medical records.

The information you share will only be used for this evaluation and will be kept confidential. The information you provide will be combined with information from others in the program so that **results from the evaluation cannot be linked to you individually.** Federal and state laws require that staff at each of the partner agencies protect the privacy of your records. Evaluation reports won't use any names or other information that would identify you personally. The evaluation team takes very careful steps to keep your information strictly confidential and minimizes the risk of loss of privacy.

There are exceptions to confidentiality. If you say something that makes us suspect that abuse or neglect has occurred to a child or an elderly person, we have to report that to Child Protective Services or Adult Protective Services. Also, if you tell us that you want to hurt yourself or someone else, we have to report that so you can get help.

How long will I be in the evaluation?

You will be asked to complete an intake survey, a follow-up survey approximately 5-8 months from now, and a survey whenever you discharge from services. Each survey may take up to 40 minutes to complete. You will be considered to be in the evaluation until you have completed all three surveys, or until the grant follow-up period ends (estimated to be May 31, 2025).

What risks are there if I participate in this evaluation?

This evaluation does not involve medical tests or procedures. Because of this, the risk for physical injury is low. You may be asked questions about sensitive topics such as drug and alcohol use, or mental health. These questions may be distressing to you as you think about your experiences. **You may skip any question you do not want to answer**, and you will still receive the incentives if you skip questions. You may also decide to stop your participation in the evaluation at any time.

What benefits are there if I participate in this evaluation?

If you complete the 6-month follow-up survey, you will receive a \$30 gift card. In addition, the data you provide may benefit the substance use treatment and recovery communities and future patients, as findings have the potential to lead to a better understanding of treatment outcomes and factors associated with success in recovery from substance use disorders.

What other options are there?

This evaluation is voluntary. If you don't want to take part in the evaluation, you can still get the treatment and recovery services provided by this grant.

How will my legal rights be impacted by participating in this evaluation?

You will not lose any of your legal rights by agreeing to participate in this evaluation.

Can I stop participation in the evaluation?

You can leave the evaluation at any time. To leave the evaluation, contact Julia Simhai at OMNI Institute, jsimhai@omni.org or (303) 839-9422 ext. 137. The evaluation team will remove your information from the evaluation records and will not use it in any reports prepared after they hear from you. They will not contact you for the follow-up or discharge survey. If you withdraw from the evaluation before the 6-month follow-up survey, you will not be eligible for the gift card, but you will not lose any benefits or services from any medical provider.

Who can I contact with questions, concerns, or complaints?

If you have questions, concerns, or complaints about this study, please contact: Julia Simhai at OMNI Institute at jsimhai@omni.org or (303) 839-9422 ext. 137.

CONSENT TO PARTICIPATE IN THE EVALUATION IN A JUSTICE SETTING

[PLEASE PROVIDE THIS PAGE TO THE CLIENT TO KEEP.]

Key Information

1. This evaluation is about the treatment and/or recovery support services you will receive as part of Virginia's State Opioid Response (SOR) program. We are interested in understanding how the services you receive impact mental health, substance use, and related behaviors.
2. Participation in the evaluation is completely voluntary.
3. The evaluation will include three surveys (intake, discharge, and follow-up six months after intake), with each survey taking up to 40 minutes.
4. You may be asked questions about sensitive topics such as drug and alcohol use or mental health. These questions may be distressing to you as you think about your experiences. You may skip any question you do not want to answer.
5. There are no direct benefits to you from your taking part in this evaluation. However, findings from the evaluation may benefit the substance use treatment and recovery community.
6. This evaluation and the SOR treatment and recovery services you are receiving are funded by the State Opioid Response grant, which is a project funded by the federal government's Substance Abuse and Mental Health Services Administration.

Why am I being invited to participate in this evaluation?

You are being offered substance use treatment and/or recovery support services as part of the Virginia State Opioid Response program, a project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). You are being asked to participate in an evaluation of the treatment and/or recovery support services you receive to understand how well it works for people. **This evaluation is voluntary.** If you decide not to take part, you can still receive services. **Your decision about participating in this evaluation will in no way have an impact on any of your current or pending legal cases.** The evaluation is meant to find out how treatment and recovery services impact mental health, substance use, and related behaviors.

How many people will take part in the evaluation?

This evaluation takes place across all 40 Community Service Boards in Virginia and across several justice settings (jails, recovery courts, etc.). The evaluation will include approximately 3,000 people who enter treatment and/or recovery services through the SOR grant, beginning October 2022 through September 2024.

What information will be collected for the evaluation?

If you agree to be in this evaluation, you will be asked to share information about your age, gender and race/ethnicity. You will also be asked about such things as your living situation, physical or mental health, use of alcohol or drugs, treatment received, criminal justice involvement, your education, if you work, and income. Information about any treatment and/or recovery support services you receive from this program will also be collected.

What happens to the information collected for the evaluation?

This information will be collected by the facility from which you are receiving treatment and recovery services and shared with OMNI Institute, a research and evaluation firm in Denver, CO which Virginia has hired to manage this evaluation. Your name will not be shared with OMNI Institute, only an ID number that is used in your medical records.

The information you share will only be used for this evaluation and will be kept confidential. The information you provide will be combined with information from others in the program so that **results from the evaluation cannot be linked to you individually.** Federal and state laws require that staff at each of the partner agencies protect the privacy of your records. Evaluation reports won't use any names or other information that would identify you personally. The evaluation team takes very careful steps to keep your information strictly confidential and minimizes the risk of loss of privacy.

There are exceptions to confidentiality. If you say something that makes us suspect that abuse or neglect has occurred to a child or an elderly person, we have to report that to Child Protective Services or Adult Protective Services. Also, if you tell us that you want to hurt yourself or someone else, we have to report that so you can get help.

How long will I be in the evaluation?

You will be asked to complete an intake survey, a follow-up survey approximately 5-8 months from now, and a survey whenever you discharge from services. Each survey may take up to 40 minutes to complete. You will be considered to be in the evaluation until you have completed all three surveys, or until the grant follow-up period ends (estimated to be May 31, 2025).

What risks are there if I participate in this evaluation?

This evaluation does not involve medical tests or procedures. Because of this, the risk for physical injury is low. You may be asked questions about sensitive topics such as drug and alcohol use or mental health. These questions may be distressing to you as you think about your experiences. **You may skip any question you do not want to answer**, and there is no penalty for doing so. You may also decide to stop your participation in the evaluation at any time.

Due to your involvement with the justice system, you are considered a 'vulnerable population'. Because of this, the evaluation team has taken extra steps to limit the risks posed to you:

- If you are incarcerated, your decision whether or not to participate will not affect your release date, parole eligibility, or terms of parole.
- If you are incarcerated and you decide not to participate or to stop participating in the evaluation, you will continue to receive treatment services paid for by this grant.
- Treatment is not determined by your participation in the evaluation. You will still receive the services provided by this grant should you decide to not participate in the data collection process at any time.
- The individual who will ask you questions as part of the evaluation is not a law enforcement officer or legal advisor. They are trained support staff involved in your treatment. The information you share with them will not be shared with any person in the justice system. All information will be kept confidential and only shared with the evaluation team.

What benefits are there if I participate in this evaluation?

The data you provide may benefit the substance use treatment and recovery communities and future patients, as findings have the potential to lead to a better understanding of treatment outcomes and factors associated with success in recovery from substance use disorders.

What other options are there?

This evaluation is voluntary. If you don't want to take part in the evaluation, you can still get the treatment and recovery services provided by this grant.

How will my legal rights be impacted by participating in this evaluation?

You will not lose any of your legal rights by agreeing to participate in this evaluation or based on any of your answers to the questions.

Can I stop participation in the evaluation?

You can leave the evaluation at any time. To leave the evaluation, ask your treatment provider to be removed from the evaluation or contact Julia Simhai at OMNI Institute, jsimhai@omni.org or (303) 839-9422 ext. 137. The evaluation team will remove your information from the evaluation records and will not use it in any reports prepared after they hear from you. They will not contact you for the follow-up or discharge survey, but you will not lose any benefits or services from any medical provider.

Who can I contact with questions, concerns, or complaints?

If you have questions, concerns, or complaints about this study, please contact: Julia Simhai at OMNI Institute at jsimhai@omni.org or (303) 839-9422 ext. 137.

[Page left blank to allow consent form to be removed from packet.]

CONSENT SIGNATURE FORM

[OBTAIN SIGNATURE FROM CLIENT AND SAVE THIS FORM IN CSB/AGENCY RECORDS SEPARATE FROM THE INTAKE SURVEY DATA.]

Patient Consent and Legal Rights

I have read the information above or it has been read to me. The evaluation has been explained to me, and all my questions have been answered to my satisfaction. By signing this consent form, I agree to each of the items listed below:

- I agree to be in this evaluation and the treatment facility may use the personal information I give in the interview for evaluation purposes.
- This treatment facility may contact me when I discharge from services and approximately six months from now to ask for additional survey interviews. I can decide at that time whether to be interviewed.
- This treatment facility may collect information about treatment and recovery support services I receive through this treatment program.
- I give my permission for this treatment facility to try to find me through the names and contact information I provide, as well as by contacting case managers or service providers that have worked with me as a part of this grant to ask for updated contact information for me.

I am voluntarily signing this form. I have been given a copy of this consent form. I am not giving up any of my legal rights by signing this form. There is no penalty if I decide not to take part or leave the evaluation.

PRINT NAME OF PARTICIPANT: _____

Signature of Participant **Date**

Signature of Person Conducting Intake into Evaluation **Date**

[Page left blank to allow consent form to be removed from packet.]

A. RECORD MANAGEMENT

[REPORTED BY PROGRAM STAFF. DO NOT INCLUDE IN CLIENT INTERVIEW.]

1. **Client ID**
[UNIQUE CLIENT ID – CAN BE SAME AS CCS3 ID OR OTHER UNIQUE IDENTIFIER]

2. **Interview Date** / /
Month Day Year

3. **Date of Admission** / /
Month Day Year

4. **Agency Name** _____

5. **Where was the client referred for treatment from?**

- Emergency Department (ED)
- Criminal Justice/Court/Parole
- Social Services/Case manager
- Health care provider
- Warmline
- Peer Specialist/Mentor
- Family member or friend
- Self referral
- Other, please specify: _____

6. **Was the client screened by your program, using an evidence-based tool or set of questions, for co-occurring mental health and/or substance use disorders?**

- Yes
- No [*SKIP TO QUESTION 7*]

6a. **[IF YES TO QUESTION 6] Did the client screen positive for co-occurring mental health and substance use disorders?**

- Yes
- No

6b. **[IF YES TO QUESTION 6A] Was the client referred for further assessment for a co-occurring mental health and substance use disorder?**

- Yes
- No

A. RECORD MANAGEMENT, cont'd.

7. Where are the SOR-funded services this client is receiving based?

- CSB/Agency clinic (in person or virtual) **[SKIP TO SECTION A. PLANNED SERVICES]**
- Jail/Criminal Justice Setting (in person or virtual)
- Other, please specify: _____ **[SKIP TO SECTION A. PLANNED SERVICES]**

7a. [IF IN JAIL/CRIMINAL JUSTICE SETTING] What type of justice setting is the client in?

- Jail (city, county, regional)
- Prison (state)
- Drug/Recovery Court
- Probation or Parole
- Other, please specify: _____

7b. [IF IN JAIL/CRIMINAL JUSTICE SETTING] Is the client currently incarcerated?

- Yes
- No

A. PLANNED SERVICES

PROVIDED UNDER GRANT FUNDING

[Reported by program staff about client only at intake.]

Identify the services you plan to provide to the client during the client's course of treatment/recovery.

[MARK ONLY THE CIRCLE CORRESPONDING TO THE PLANNED SERVICE THAT WILL BE PROVIDED UNDER THE CURRENT GRANT. MARK ALL THAT APPLY IN EACH SECTION.]

Modality [SELECT AT LEAST 1 MODALITY.]

- 1. Case Management
- 2. Intensive Outpatient Treatment
- 3. Inpatient/Hospital (Other Than Withdrawal Management)
- 4. Outpatient Therapy
- 5. Outreach
- 6. Medication
 - a. Methadone
 - b. Buprenorphine
 - c. Naltrexone – Short Acting
 - d. Naltrexone – Long Acting
 - e. Disulfiram
 - f. Acamprosate
 - g. Nicotine Replacement
 - h. Bupropion
 - i. Varenicline
- 7. Residential/Rehabilitation
- 8. Withdrawal Management (Select Only 1)
 - a. Hospital Inpatient
 - b. Free Standing Residential
 - c. Ambulatory Detoxification
- 9. After Care
- 10. Recovery Support
- 11. Other (Specify) _____

[SELECT AT LEAST ONE SERVICE.]

Treatment Services

- 1. Screening
- 2. Brief Intervention
- 3. Brief Treatment
- 4. Referral to Treatment
- 5. Assessment
- 6. Treatment Planning
- 7. Recovery Planning
- 8. Individual Counseling
- 9. Group Counseling
- 10. Contingency Management
- 11. Community Reinforcement
- 12. Cognitive Behavioral Therapy
- 13. Family/Marriage Counseling
- 14. Co-Occurring Treatment Services
- 15. Pharmacological Interventions
- 16. HIV/AIDS Counseling
- 17. Cultural Interventions/Activities
- 18. Other Clinical Services (Specify) _____

Case Management Services

- 1. Family Services (E.g. Marriage Education, Parenting, Child Development)
- 2. Child Care
- 3. Employment Service
 - a. Pre-Employment
 - b. Employment Coaching
- 4. Individual Services Coordination
- 5. Transportation
- 6. HIV/AIDS Services
 - a. If HIV Neg, Pre-Exposure Prophylaxis
 - b. If HIV Neg, Post-Exposure Prophylaxis
 - c. If HIV Positive, HIV Treatment
- 7. Transitional Drug-Free Housing Services
- 8. Housing Support
- 9. Health Insurance Enrollment
- 10. Other Services (Specify) _____

Medical Services

- 1. Medical Care
- 2. Alcohol/Drug Testing
- 3. OB/GYN Services
- 4. HIV/AIDS Medical Support & Testing
- 5. Dental Care
- 6. Viral Hepatitis Medical Support & Testing
- 7. Other STI Support & Testing
- 8. Other Medical Services (Specify) _____

After Care Services

- 1. Continuing Care
- 2. Relapse Prevention
- 3. Recovery Coaching
- 4. Self-Help and Mutual Support Groups
- 5. Spiritual Support
- 6. Other Services (Specify) _____

Education Services

- 1. Substance Use Education
- 2. HIV/AIDS Education
- 3. Naloxone Training
- 4. Fentanyl Test Strip Training
- 5. Viral Hepatitis Education
- 6. Other STI Education Services
- 7. Other Services (Specify) _____

Recovery Support Services

- 1. Peer Coaching or Mentoring
- 2. Vocational Services
- 3. Recovery Housing
- 4. Recovery Planning
- 5. Case Management Services to Specifically Support Recovery
- 6. Alcohol- and Drug-Free Social Activities
- 7. Information and Referral
- 8. Other Recovery Support Services (Specify) _____
- 9. Other Peer-to-Peer Recovery Services (Specify) _____

A. DEMOGRAPHICS

[CLIENT INTERVIEW PORTION BEGINS HERE.]

Let's start with some demographic questions about you. Remember that your answers to this survey are confidential and will not affect the treatment services you receive. You may choose to skip any questions you do not want to answer.

1. What is your birth month and year?

|_|_|_| / |_|_|_|_|_|_|_|_|_|_|
Month Year

REFUSED

2. What do you consider yourself to be?

- Male
- Female
- Transgender (Male to Female)
- Transgender (Female to Male)
- Gender non-conforming
- Other (Specify) _____
- REFUSED

3. Are you Hispanic, Latino/a, or of Spanish origin?

- Yes
- No **[SKIP TO QUESTION 4]**
- REFUSED **[SKIP TO QUESTION 4]**

3a. **[IF YES]** What ethnic group do you consider yourself? You may indicate more than one.

- Central American
- Cuban
- Dominican
- Mexican
- Puerto Rican
- South American
- Other (Specify) _____
- REFUSED

4. What is your race? You may indicate more than one.

- Black or African American
- White
- American Indian
- Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Other (Specify) _____
- REFUSED

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

- Yes
- No **[SKIP TO QUESTION 6]**
- REFUSED **[SKIP TO QUESTION 6]**

5a. IF YES, what is this language?

- Spanish
- Other (Specify) _____

6. Do you think of yourself as... [YOU MAY INDICATE MORE THAN ONE.]

- Straight Or Heterosexual
- Homosexual (Gay Or Lesbian)
- Bisexual
- Queer, Pansexual, And/Or Questioning
- Asexual
- Other (Specify) _____
- REFUSED

7. What is your relationship status?

- Married
- Single
- Divorced
- Separated
- Widowed
- In a relationship
- In multiple relationships
- REFUSED

8. Are you currently pregnant?

- Yes
- No
- Do not know
- REFUSED

9. Do you have children? [Refers to children both living and/or who may have died]

- Yes
- No **[SKIP TO QUESTION 10]**
- REFUSED **[SKIP TO QUESTION 10]**

9a. How many children under the age of 18 do you have?

|__|__| REFUSED

9b. Are any of your children, who are under the age of 18, living with someone else due to a court's intervention? [THE VALUE IN ITEM 9b CANNOT EXCEED THE VALUE IN 9a.]

- Yes Number of children removed from client's care |__|__|
- No **[SKIP TO QUESTION 10]**
- REFUSED **[SKIP TO QUESTION 10]**

9c. Have you been reunited with any of your children, under the age of 18, who have been previously removed from your care? [THE VALUE IN ITEM 9c CANNOT EXCEED THE VALUE IN 9a.]

- Yes Number of children with whom the client has been reunited |__|__|
- No
- REFUSED

10. Have you ever served in the Armed Forces, in the Reserves, in the National Guard, or in other Uniformed Services? [IF SERVED] What area, the Armed Forces, Reserves, National Guard, or other did you serve?

- No
- Yes, In The Armed Forces
- Yes, In The Reserves
- Yes, In The National Guard
- Yes, Other Uniformed Services [Includes NOAA, USPHS]
- REFUSED

11. How long does it take you, on average, to travel to the location where you receive services provided by this grant?

- Half an hour or less
- Between half an hour and one hour
- Between one hour and one and a half hours
- Between one and a half hours and two hours
- Two hours or more
- REFUSED

B. SUBSTANCE USE AND MENTAL HEALTH HISTORY

NOTE TO ADMINISTRATOR, PLEASE DON'T READ ALOUD:

USING THE TABLE BELOW, PLEASE INDICATE THE FOLLOWING:

A. THE NUMBER OF DAYS, IN THE PAST 30 DAYS, THAT THE CLIENT REPORTS USING A SUBSTANCE.

The client should be encouraged to list the substances on their own. If they are unsure, the list from the table below can be read to the client. Please note that not all substance use is considered harmful or illicit – it may be that a substance is prescribed by a licensed provider, or that the client uses the substance in accordance with official, national safety guidelines. In such instances, clarification from the client should be sought, but if the substance is only taken as prescribed or used on each occasion in accordance with official, national safety guidelines, then it is not considered misuse. If no use of a listed substance is reported, please enter a zero ('0') in the corresponding 'Number of Days Used' column.

B. The route by which the substance is used.

Mark one route only. But, if the client identifies more than one route, choose the corresponding route with the highest associated number value (numbers 1 – 6). Responses should capture the past 30 days of use.

CONTINUE INTERVIEW HERE:

Now we'll move on to questions about your substance use and mental health history. This section contains questions about diagnoses and treatments you have received. Again, your answers to this survey are confidential and will not affect the treatment services you receive. You may choose to skip any questions you do not want to answer.

1. During the past 30 days, how many days have you used any substance, and how do you take the substance?

REFUSED

	Number of Days Used	Route		
		1. Oral	2. Intranasal	3. Vaping
		4. Smoking	5. Non-IV Injection	6. Intravenous (IV) Injection
		0. Other		
Alcohol				
Alcohol	□□□			□
Other (Specify)	□□□			□
Opioids				
Heroin	□□□			□
Morphine	□□□			□
Fentanyl (Prescription Diversion Or Illicit Source)	□□□			□
Dilaudid	□□□			□
Demerol	□□□			□

	Number of Days Used	Route		
		1. Oral	2. Intranasal	3. Vaping
		4. Smoking	5. Non-IV Injection	6. Intravenous (IV) Injection
		0. Other		
Percocet	□□□	□		
Codeine	□□□	□		
Tylenol 2, 3, 4	□□□	□		
OxyContin/Oxycodone	□□□	□		
Non-prescription methadone	□□□	□		
Non-prescription buprenorphine	□□□	□		
Other (Specify)	□□□	□		
<u>Cannabis</u>				
Cannabis (Marijuana)	□□□	□		
Synthetic Cannabinoids	□□□	□		
Other (Specify)	□□□	□		
<u>Sedative, Hypnotic, or Anxiolytics</u>				
Sedatives	□□□	□		
Hypnotics	□□□	□		
Barbiturates	□□□	□		
Anxiolytics/Benzodiazepines	□□□	□		
Other (Specify)	□□□	□		
<u>Cocaine</u>				
Cocaine	□□□	□		
Crack	□□□	□		
Other (Specify)	□□□	□		
<u>Other Stimulants</u>				
Methamphetamine	□□□	□		
Stimulant medications	□□□	□		
Other (Specify)	□□□	□		
<u>Hallucinogens & Psychedelics</u>				
PCP	□□□	□		
MDMA	□□□	□		
LSD	□□□	□		
Mushrooms	□□□	□		
Mescaline	□□□	□		
Salvia	□□□	□		
DMT	□□□	□		
Other (Specify)	□□□	□		
<u>Inhalants</u>				
Inhalants	□□□	□		
Other (Specify)	□□□	□		

	Number of Days Used	Route		
		1. Oral	2. Intranasal	3. Vaping
		4. Smoking	5. Non-IV Injection	6. Intravenous (IV) Injection
		0. Other		
<u>Other Psychoactive Substances</u>				
Non-prescription GHB	_ _	_		
Ketamine	_ _	_		
MDPV/Bath Salts	_ _	_		
Kratom	_ _	_		
Khat	_ _	_		
Other tranquilizers	_ _	_		
Other downers	_ _	_		
Other sedatives	_ _	_		
Other hypnotics	_ _	_		
Other (Specify)	_ _	_		
<u>Tobacco and Nicotine</u>				
Tobacco	_ _	_		
Nicotine (Including Vape Products)	_ _	_		
Other (Specify)	_ _	_		

2. Have you been diagnosed with an alcohol use disorder, if so which FDA-approved medication did you receive for the treatment of this alcohol use disorder in the past 30 days? [CHECK ALL THAT APPLY.]

- Naltrexone [IF RECEIVED] Specify how many days received |_|_|
- Extended-release Naltrexone [IF RECEIVED] Specify how many doses received |_|_|
- Disulfiram [IF RECEIVED] Specify how many days received |_|_|
- Acamprosate [IF RECEIVED] Specify how many days received |_|_|
- DID NOT RECEIVE AN FDA-APPROVED MEDICATION FOR A DIAGNOSED ALCOHOL USE DISORDER
- CLIENT DOES NOT REPORT SUCH A DIAGNOSIS

3. Have you have been diagnosed with an opioid use disorder, if so which FDA-approved medication did you receive for the treatment of this opioid use disorder in the past 30 days? [CHECK ALL THAT APPLY.]

- Methadone [IF RECEIVED] Specify how many days received |_|_|
- Buprenorphine [IF RECEIVED] Specify how many days received |_|_|
- Naltrexone [IF RECEIVED] Specify how many days received |_|_|
- Extended-release Naltrexone [IF RECEIVED] Specify how many doses received |_|_|
- DID NOT RECEIVE AN FDA-APPROVED MEDICATION FOR A DIAGNOSED OPIOID USE DISORDER
- CLIENT DOES NOT REPORT SUCH A DIAGNOSIS

4. Have you been diagnosed with a stimulant use disorder, if so which evidence-based interventions did you receive for the treatment of this disorder in the past 30 days? **[CHECK ALL THAT APPLY.]**
- Contingency Management **[IF RECEIVED]** Specify how many days received |__|__|
 - Community Reinforcement **[IF RECEIVED]** Specify how many days received |__|__|
 - Cognitive Behavioral Therapy **[IF RECEIVED]** Specify how many days received |__|__|
 - Other evidence-based intervention **[IF RECEIVED]** Specify how many days received |__|__|
 - DID NOT RECEIVE ANY INTERVENTION FOR A DIAGNOSED STIMULANT USE DISORDER
 - CLIENT DOES NOT REPORT SUCH A DIAGNOSIS
5. Have you been diagnosed with a tobacco use disorder, if so which FDA-approved medication did you receive for the treatment of this tobacco use disorder in the past 30 days? **[CHECK ALL THAT APPLY.]**
- Nicotine Replacement **[IF RECEIVED]** Specify how many days received |__|__|
 - Bupropion **[IF RECEIVED]** Specify how many days received |__|__|
 - Varenicline **[IF RECEIVED]** Specify how many days received |__|__|
 - DID NOT RECEIVE AN FDA-APPROVED MEDICATION FOR A DIAGNOSED TOBACCO USE DISORDER
 - CLIENT DOES NOT REPORT SUCH A DIAGNOSIS
6. In the past 30 days, did you experience an overdose or take too much of a substance that resulted in needing supervision or medical attention?
- Yes **[IF YES, SPECIFY BELOW, IN QUESTION 7]**
 - No **[IF NO, MOVE TO QUESTION 8]**
 - REFUSED **[MOVE TO QUESTION 8]**
7. **[IF YES TO #6]** In the past 30 days, after taking too much of a substance or overdosing, what intervention did you receive? You may indicate more than one.
- Naloxone (Narcan)
 - Care in an Emergency Department
 - Care from a Primary Care Provider
 - Admission to a hospital
 - Supervision by someone else
 - Other (Specify) _____
 - REFUSED
8. Not including this current episode, how many times in your life have you been treated at an inpatient or outpatient facility for a substance use disorder?
- One time
 - Two times
 - Three times
 - Four times
 - Five times
 - Six or more times
 - Never **[SKIP TO QUESTION 10]**
 - REFUSED **[SKIP TO QUESTION 10]**

9. Approximately when was the last time you received inpatient or outpatient treatment for a substance use disorder?

- Less than 6 months ago
- Between 6 months and one year ago
- One to two years ago
- Two to three years ago
- Three to four years ago
- Five or more years ago
- REFUSED

10. Have you ever been diagnosed with a mental health illness by a health care professional?

- Yes
- No **[SKIP TO SECTION C. LIVING CONDITIONS]**
- REFUSED **[SKIP TO SECTION C. LIVING CONDITIONS]**

10a. [IF YES] PLEASE ASK THE CLIENT TO SELF-REPORT THEIR MENTAL HEALTH ILLNESSES AS LISTED IN THE TABLE BELOW. THE CLIENT SHOULD BE ENCOURAGED TO REPORT THEIR OWN MENTAL HEALTH ILLNESSES BUT IF PREFERRED, THE LIST CAN BE READ TO THE CLIENT. PLEASE INDICATE ALL THAT APPLY.

	SELF-REPORTED
<u>Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders</u>	
Brief psychotic disorder	<input type="radio"/>
Delusional disorder	<input type="radio"/>
Schizoaffective disorders	<input type="radio"/>
Schizophrenia	<input type="radio"/>
Schizotypal disorder	<input type="radio"/>
Shared psychotic disorder	<input type="radio"/>
Unspecified psychosis	<input type="radio"/>
<u>Mood [affective] disorders</u>	
Bipolar disorder	<input type="radio"/>
Major depressive disorder, recurrent	<input type="radio"/>
Major depressive disorder, single episode	<input type="radio"/>
Manic episode	<input type="radio"/>
Persistent mood [affective] disorders	<input type="radio"/>
Unspecified mood [affective] disorder	<input type="radio"/>
<u>Phobic Anxiety and Other Anxiety Disorders</u>	
Agoraphobia without panic disorder	<input type="radio"/>
Agoraphobia with panic disorder	<input type="radio"/>
Agoraphobia, unspecified	<input type="radio"/>
Generalized anxiety disorder	<input type="radio"/>
Panic disorder	<input type="radio"/>
Phobic anxiety disorders	<input type="radio"/>

Social phobias (Social anxiety disorder)	<input type="radio"/>
Specific (isolated) phobias	<input type="radio"/>
<u>Obsessive-compulsive disorders</u>	
Excoriation (skin-picking) disorder	<input type="radio"/>
Hoarding disorder	<input type="radio"/>
Obsessive-compulsive disorder	<input type="radio"/>
Obsessive-compulsive disorder with mixed obsessional thoughts and acts	<input type="radio"/>
<u>Reaction to severe stress and adjustment disorders</u>	
Acute stress disorder; reaction to severe stress, and adjustment disorders	<input type="radio"/>
Adjustment disorders	<input type="radio"/>
Body dysmorphic disorder	<input type="radio"/>
Dissociative and conversion disorders	<input type="radio"/>
Dissociative identity disorder	<input type="radio"/>
Post traumatic stress disorder	<input type="radio"/>
Somatoform disorders	<input type="radio"/>
<u>Behavioral syndromes associated with physiological disturbances and physical factors</u>	
Eating disorders	<input type="radio"/>
Sleep disorders not due to a substance or known physiological condition	<input type="radio"/>
<u>Disorders of adult personality and behavior</u>	
Antisocial personality disorder	<input type="radio"/>
Avoidant personality disorder	<input type="radio"/>
Borderline personality disorder	<input type="radio"/>
Dependent personality disorder	<input type="radio"/>
Histrionic personality disorder	<input type="radio"/>
Intellectual disabilities	<input type="radio"/>
Obsessive-compulsive personality disorder	<input type="radio"/>
Other specific personality disorders	<input type="radio"/>
Paranoid personality disorder	<input type="radio"/>
Personality disorder, unspecified	<input type="radio"/>
Pervasive and specific developmental disorders	<input type="radio"/>
Schizoid personality disorder	<input type="radio"/>

NONE OF THE ABOVE

C. LIVING CONDITIONS

I'd like to ask you some questions about where you have been living lately. Your answers to these questions are confidential and you may choose to skip any questions you do not want to answer.

1. In the past 30 days, where have you been living most of the time?

***[DO NOT READ RESPONSE OPTIONS TO CLIENT, SELECT ONLY ONE]
[15 OR MORE DAYS IS CONSIDERED MOST OF THE TIME.]***

- 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/Rental Apartment, Room, Trailer, Or House
 - Someone Else's Apartment, Room, Trailer, Or House (including couch surfing)
 - Dormitory/College Residence
 - Halfway House or Transitional Housing
 - Residential Treatment
 - Recovery Residence/Sober Living
 - Other Housed (Specify) _____
- REFUSED

2. Do you currently live with any person who, over the past 30 days, has regularly used alcohol or other substances?

- Yes
- No
- No, lives alone
- REFUSED

3. How satisfied are you with the conditions of your living space?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied
- REFUSED

4. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?

- Not at all
- Somewhat
- Considerably
- Extremely
- NOT APPLICABLE *[SELECT IF INDIVIDUAL REPORTED NO SUBSTANCES USED IN PAST 30 DAYS ON QUESTION B1.]*
- REFUSED

C. LIVING CONDITIONS (Continued)

5. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities?

- Not at all
- Somewhat
- Considerably
- Extremely
- NOT APPLICABLE *[SELECT IF INDIVIDUAL REPORTED NO SUBSTANCES USED IN PAST 30 DAYS ON QUESTION B1.]*
- REFUSED

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

- Not at all
- Somewhat
- Considerably
- Extremely
- NOT APPLICABLE *SELECT IF INDIVIDUAL REPORTED NO SUBSTANCES USED IN PAST 30 DAYS ON QUESTION B1.]*
- REFUSED

D. EDUCATION, EMPLOYMENT, AND INCOME

Now I have some questions about your education, your employment status, and your income. Your answers are confidential and you may choose to skip any questions you do not want to answer.

1. **Are you currently enrolled in school or a job training program? [IF ENROLLED] Is that full time or part time? [IF INCARCERATED, SELECT 'NOT ENROLLED']**
 - NOT ENROLLED
 - ENROLLED, FULL TIME
 - ENROLLED, PART TIME
 - REFUSED

2. **What is the highest level of education you have finished, whether or not you received a degree?**
 - LESS THAN 12TH GRADE
 - 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT
 - VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA
 - SOME COLLEGE OR UNIVERSITY
 - BACHELOR'S DEGREE (FOR EXAMPLE: BA, BS)
 - GRADUATE WORK/GRADUATE DEGREE
 - OTHER (SPECIFY) _____
 - REFUSED

3. **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 INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, SELECT "NOT LOOKING FOR WORK."]**
 - EMPLOYED, FULL TIME (35+ HOURS/WEEK, OR WOULD BE, IF NOT FOR LEAVE OR AN EXCUSED ABSENCE)
 - EMPLOYED, PART TIME
 - UNEMPLOYED—BUT LOOKING FOR WORK
 - NOT EMPLOYED, NOT LOOKING FOR WORK
 - NOT WORKING DUE TO A DISABILITY
 - RETIRED, NOT WORKING
 - OTHER (SPECIFY) _____
 - REFUSED

4. **Do you, individually, have enough money to pay for the following living expenses? Choose all that apply.**
 - Food
 - Clothing
 - Transportation
 - Rent/Housing
 - Utilities (Gas/Water/Electric)
 - Telephone Connection (Cell or Landline)
 - Childcare
 - Health Insurance
 - Not enough money for any of the above
 - REFUSED

EDUCATION, EMPLOYMENT, AND INCOME, cont'd.

5. What is your personal annual income, meaning the total pre-tax income from all sources, earned in the past year?

- \$0 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 or more
- REFUSED

6. Do you have access to transportation when you need it (for example, car, public transportation or Medicaid-provided transportation)?

- Always
- More than half the time
- Half the time
- Less than half the time
- Never
- REFUSED

E. LEGAL

Now I have some questions about whether you've been arrested recently or have a case pending. I want to remind you that your answers to these questions will not impact your legal standing. You may choose to skip any questions you do not want to answer.

1. **In the past 30 days, how many times have you been arrested? *[[ENTER NUMBER OF TIMES. ENTER 0 IF THE CLIENT INDICATES NO ARRESTS IN THE PAST 30 DAYS]***

|_|_|_| TIMES ○ REFUSED

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

○ Yes
○ No
○ REFUSED

3. **Are you currently on parole or probation or intensive pretrial supervision?**

○ Probation
○ Parole
○ Intensive Pretrial Supervision
○ No
○ REFUSED

4. **Do you currently participate in a drug court program or are you in a deferred prosecution agreement?**

○ Drug court program
○ Deferred prosecution agreement
○ No, neither of these
○ REFUSED

F. MENTAL & PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

Now I have some questions about your physical, mental and treatment history. I want to remind you that your answers to these questions are confidential and you may choose to skip any questions you do not want to answer.

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

- Very poor
- Poor
- Neither poor nor good
- Good
- Very good
- REFUSED

2. How satisfied are you with your health?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied
- REFUSED

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

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied
- REFUSED

4. In the past 30 days, how many days have you: [ENTER '0' IN DAYS IF THE CLIENT REPORTS THAT THEY HAVE NOT EXPERIENCED THE CONDITION. SELECT REFUSED FOR NO RESPONSE]:

	Days	REFUSED
a. Experienced serious depression	_ _ _	<input type="radio"/>
b. Experienced serious anxiety or tension	_ _ _	<input type="radio"/>
c. Experienced hallucinations	_ _ _	<input type="radio"/>
d. Experienced trouble understanding, concentrating, or remembering	_ _ _	<input type="radio"/>
e. Experienced trouble controlling violent behavior	_ _ _	<input type="radio"/>
f. Attempted suicide	_ _ _	<input type="radio"/>
g. Been prescribed medication for a psychological/emotional problem	_ _ _	<input type="radio"/>

[IF CLIENT REPORTS 1 OR MORE DAY TO ANY QUESTION IN #4, PLEASE ENSURE THAT THEY ARE SEEN BY A LICENSED PROFESSIONAL AS SOON AS POSSIBLE.]

F. MENTAL & PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY, cont'd.

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

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely
- NO REPORTED MENTAL HEALTH COMPLAINTS IN THE PAST 30 DAYS
- REFUSED

6. In the past 30 days, where have you gone to receive medical care? You may select more than one response.

- Primary Care Provider
- Urgent Care
- The Emergency Department
- A specialist doctor
- No care was sought
- Other (Specify) _____

7. Do you currently have medical/health insurance?

- Yes
- No [**SKIP TO NEXT SECTION**]
- REFUSED [**SKIP TO NEXT SECTION**]

7a. [IF YES] What type of insurance do you have (Select all that apply)?

- Medicare
- Medicaid
- Private Insurance or Employer Provided
- TRICARE or other military health care
- An assistance program [for example, a medication assistance program]
- Any other type of health insurance or health coverage plan (Specify) _____
- REFUSED

G. SOCIAL CONNECTEDNESS

Next, we'll talk through some questions about social connectedness. Please remember your answers to these questions are confidential and you may choose to skip any questions you do not want to answer.

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

- Yes
- No
- REFUSED

1a. [If Yes] Specify How Many Times: REFUSED

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

- Yes
- No
- REFUSED

- 3. How satisfied are you with your personal relationships?**

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied
- REFUSED

- 4. In the past 30 days did you realize that you need to change those social connections or places that negatively impact your recovery?**

- Yes
- No
- REFUSED

H. PROGRAM-SPECIFIC QUESTIONS

Finally, I will ask you a handful of program-specific questions, including a brief assessment of recovery capital (BARC-10) and questions about any work you've done with a peer supporter. Your answers to these questions are confidential and you may choose to skip any questions you do not want to answer.

1. BRIEF ASSESSMENT OF RECOVERY CAPITAL (BARC-10)							
[CHECK ANSWER IN APPROPRIATE COLUMN FOR EACH STATEMENT]							
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree	RF
1a. There are more important things to me in life than using substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1b. In general I am happy with my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1c. I have enough energy to complete the tasks I set for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1d. I am proud of the community I live in and feel a part of it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1e. I get lots of support from friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1f. I regard my life as challenging and fulfilling without the need for using drugs or alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1g. My living space has helped to drive my recovery journey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1h. I take full responsibility for my actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1i. I am happy dealing with a range of professional people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1j. I am making good progress on my recovery journey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H. PROGRAM-SPECIFIC QUESTIONS, cont'd.

2. Do you currently work with a peer supporter (e.g., Peer Recovery Specialist, Peer Recovery Coach)?

- Yes [IF YES, ASK 2A – 2D]
- No [IF NO, SKIP TO 2E on next page]
- REFUSED [SKIP 2A-2E. SURVEY IS COMPLETE.]

2a. [IF 2 = YES] How were you connected to the peer supporter that you work with?

- I worked with a peer supporter as a part of my treatment at the CSB/Agency
- I was connected with a peer supporter through an AA/NA sponsor
- I was connected with a peer supporter through a jail or prison program
- I was connected with a peer supporter at a hospital or other medical setting
- I developed a relationship with a peer supporter through a support or recovery group
- Other (Please specify) _____
- REFUSED

2b. [IF 2 = YES] Is your contact with a peer supporter mandatory or voluntary?

- Voluntary
- Mandatory, through my treatment program
- Mandatory, through courts/parole
- Mandatory, other (specify) _____
- REFUSED

2c. [IF 2 = YES] How helpful has working with a peer supporter been to your recovery?

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely
- REFUSED

2d. [IF 2 = YES] If you had not worked with a peer supporter, where do you think you would be in your recovery now?

- Not as far along in recovery
- In the same place
- Further along in recovery
- REFUSED

THE INTERVIEW IS NOW COMPLETE. PLEASE ENTER THIS SURVEY INTO THE ONLINE ENTRY FORM WITHIN FOUR DAYS AFTER COMPLETING THIS INTERVIEW. THIS FORM CAN BE FOUND ON THE RESOURCES PAGE OF THE SOR SUPPORT PORTAL:

<https://www.virginiasorsupport.org/qpra-survey-materials>

H. PROGRAM-SPECIFIC QUESTIONS, cont'd.

2e. **[IF 2 = NO] What are the main reasons you are not working with a peer supporter?**

[CHECK ALL THAT APPLY]

- I am not interested in working with a peer supporter
- I am interested and am planning to connect with a peer supporter soon
- I'm interested, but there is not a peer supporter available for me to work with
- I'm interested, but I don't feel comfortable working with any of the peer supporters available
- I'm interested, but it is hard for me to find time to work with a peer supporter
- I'm interested, but it is hard for me to get transportation to work with a peer supporter
- I didn't know working with a peer supporter was an option
- Other (specify) _____
- REFUSED

[END OF SURVEY.]

Please enter this survey into the online entry form within four days after completing this interview. This form can be found on the Resources page of the SOR Support portal:

<https://www.virginiasorsupport.org/qpra-survey-materials>