

State Opioid Response (SOR) Grant

Situation: “The State Opioid Response (SOR) program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs).”¹

Note: *The ability to enter a GPRA in WITS only becomes available when a WITS client program enrollment (SOR) and the end user has the GPRA (Full Access) security access role. SOR clients will now have program enrollments for the following: (SOR, Care Coordination and whatever Modality is appropriate IOP, OP etc) Remember to follow the USIS (Universal Standardized Intake & Screening) form workflow. REQUIRED : Intake GPRA, 6 Month Follow-Up GPRA and Discharge GPRA*

1. Select Client List from the Left Menu Pick. Set Facility field to “Blank” and set Case Status to “All Clients” click “Go” If your Client does NOT Exist in WITS, Click the “Add Client” Link

The screenshot shows the HI-WITS Training interface. The left sidebar contains a menu with 'Client List' selected. The main area is the 'Client Search' form. The 'Facility' dropdown is set to 'Blank' (indicated by callout 1). The 'Case Status' dropdown is set to 'All Clients' (indicated by callout 2). The 'Go' button is highlighted (indicated by callout 3). Below the form, the 'Add Client' link is highlighted (indicated by callout 4). The 'Client List' table below is empty.

Actions	Unique Client #	Full Name	DOB	Gender

¹ Source: <https://www.samhsa.gov/grants/grant-announcements/ti-18-015>

2. Follow USIS Workflow to Enter Client Profile.

Please Note: Not all items on the Standardized Intake Form will be exact in WITS.

1 First Name
2 Middle Name
11 Biological Gender
9 DOB
SSN
Mother's Maiden Name
Provider Client ID
Unique Client Number
State Client ID
Record Created By
Last Updated By
Created Date
Last Updated Date
Date of Death
Driver's License
Access Category
Has paper file Yes
Ethnicity/Hispanic Origin
Races: 01-Alaskan Native, 02-American Indian, 04-Black, 05-White, 13-Asian
Selected Races
Primary/Preferred Race
Detailed Ethnicities
Selected Detailed Ethnicities
Primary/Preferred Detailed Ethnicity
English Fluency: Good
Preferred Language: English
Interpreter Needed: No
Religious Preference
Military Dependent
Veteran Status: 2-No
Citizenship: United States of America
14 Administrative Actions
Cancel Save Finish

3. Click on the Activity List under the Left Hand menu pick. Click Start New Episode, and Begin the Intake Process. **ALWAYS SAVE**

1. Click "Start New Episode"

Actions	Case #	Status	Facility	Intake By	Intake Date	Closed Date	Latest PE	Domains

4. Follow USIS Workflow to Enter Client Intake.

Intake Case Information

Intake Facility: Main Office
 Intake Staff: Alsharazadeh, Yosef, BS
 Initial Contact: Walk-in
 Source of Referral: 01-Individual (self)
 Referral Contact: Add Collateral Contact
 Employment Status: 01-Full-time, 35 hours/week or more
 Marital Status: 04-Divorced
 Living Arrangement: 041-Independent Living-Permanent Housing
 Intake Date: 9/14/2016
 Case Status: Open Active
 Pregnant at Admission: 2-No

Presenting Problem (In Client's Own Words)

Population: Adolescent, Child, Father with Child, Injection User
 Population Selected: Adult
 Selected Domains: Treatment

Date Closed: Save & Close the Case

Buttons: Cancel, Save, Finish

Actions: Delete Intake

Note: In the Presenting Problems box notate all 6 items from Intake Form in this field. To include; 10, 12, 22, 24, 25...

Note: Please Note: Not all items on the Standardized Intake Form will be exact in WITS.

5. Under the Client Profile Click on Contact Info under the Left Hand menu pick. Then Click on Add Address. Completing all requiring fields. **ALWAYS SAVE**

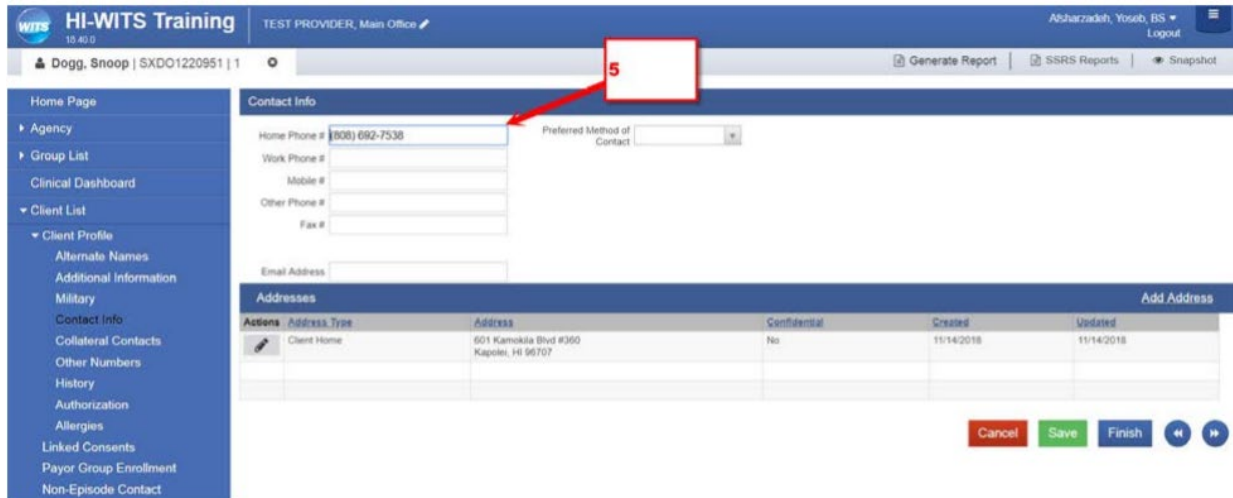
Address Information

Address Type:
 Address Line 1:
 Address Line 2:
 County:
 City:
 State: HI
 Zip:
 Confidential: No

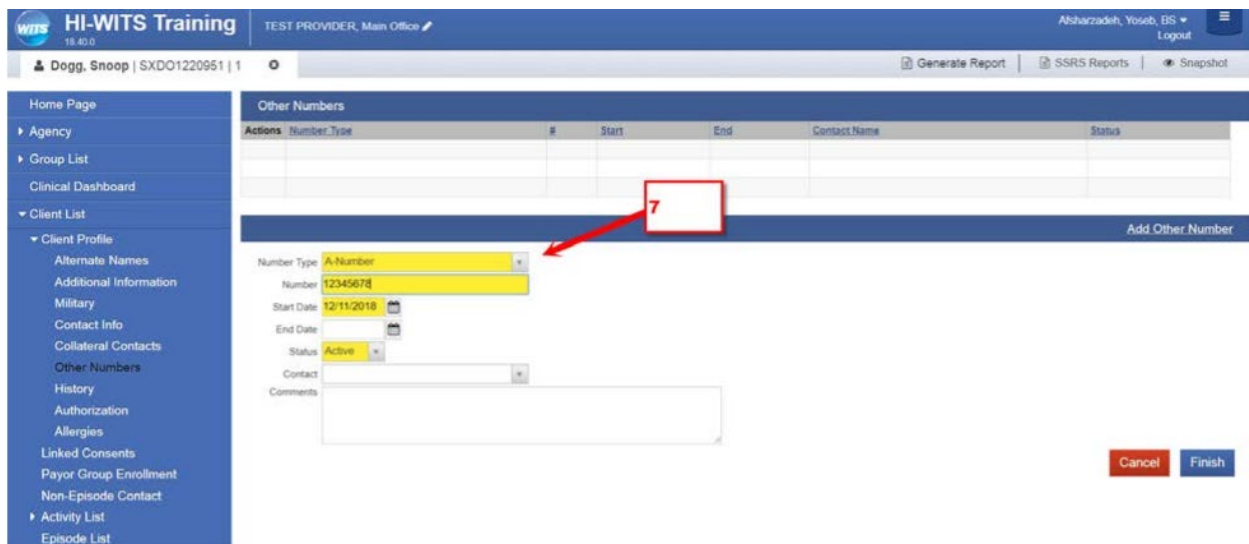
Buttons: Cancel, Finish

Note: Please Note: Not all items on the Standardized Intake Form will be exact in WITS.

- 6. Under the Client Profile you will continue in Contact Info under the Left Hand menu pick and input the Address and Phone Numbers if Applicable. **ALWAYS SAVE**



- 7. Under the Client Profile Click on Other Numbers under the Left Hand menu pick, and input the “A” Number if Applicable. **ALWAYS SAVE**



- Under the Client Profile Click on Collateral Contacts under the Left Hand menu pick, and input all the additional contact info collected on the Standardized Intake Form. **ALWAYS SAVE**

Collateral Contacts

Actions	First Name	Last Name	Relation	Phone Numbers	Can Contact?
	Shaniqua	Dogg	Mother		Yes
	Probation	Officer	Parole		Yes

17, 18, 19, 23, 27

Add Contact

Form fields include: First Name, Last Name, Address 1, Address 2, City, State, Zip, Email, Can Contact, Consent On File, Notes, Date of Birth, SSN, Gender, Home Phone, Work Phone, Mobile, Fax, Other, Legal Guardian, Active Date, Inactive Date.

- Under the Client Profile Click on Payor Group Enrollment and fill out the Clients Health Insurance information under Benefit Plan Enrollment if Applicable and Add Government Contract Enrollment for ADAD SOR Funding. **ALWAYS SAVE**

Payor List

Actions	Priority	Plan Type	Plan	Group	Contract	Member ID	Start Date	End Date
	1	Medicaid	HRSA Quest	Medicaid		0000073576	6/1/2016	
	2	Self-pay	Private Pay	Private Pay			4/1/2017	
	3	Government Contract	ADULT	ADAD Adult GEN 1	ADAD 18-XXX Test Provider	SXDO1220951	10/1/2017	
	4	Government Contract	ADULT	ADAD Adult SARG 2	ADAD 18-XXX Test Provider	SXDO1220951	7/1/2018	

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Benefit Plan/Private Pay Billing Information

Payor Type: Medicaid Plan Group: HRSA Quest-Medicaid

Payor Priority Order: 1 Policy #:

Coverage Start: 6/1/2016 End: Payment Scale:

Eligibility Category: Relationship to Subscriber/Responsible Party: Self

Subscriber Responsible Party:

Form fields include: First Name, Middle, Last Name, Birthdate, Gender, Subscriber #, Address 1, Address 2, City, State, Zip.

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Cancel Save

Payor List Add Benefit Plan Enrollment Add Government Contract Enrollment

Actions	Priority	Plan Type	Plan	Group	Contract	Member ID	Start Date	End Date

1. Select ADAD "20-XXX"

Government Contract Billing Information

Plan Type: Government Contract
Contract: [Dropdown]
Plan-Group: [Dropdown]
Subscriber #: HXCA1220741

Payor Priority Order: 1
Start Date: [Calendar] **3. Set Date to "Intake Date"**
End Date: [Calendar]

Administrative Actions: [Text Area] **2. Select Funding Source** **4. Click "Save"** [Cancel] [Save]

10. Under the Client Profile Click on Activity List, then Click on Treatment, then on Medications Click Add New Medication and fill out all required fields Applicable. **ALWAYS SAVE**

HI-WITS Training | TEST PROVIDER, Main Office | Afsharzadeh, Yosef, BS | Logout

Dogg, Snoop | SXDO1220951 | 1 | Generate Report | SSRS Reports | Snapshot

Home Page
Agency
Group List
Clinical Dashboard
Client List
Client Profile
Linked Consents
Payor Group Enrollment
Non-Episode Contact
Activity List
Intake
Drug Testing
Wait List
Tx Team
Screening
Assessments
Admission
ASAM
Program Enroll
Diagnosis List
Encounters
Notes
Treatment Plan
Treatment
Tx Plan
Tx Review
Medications
Vital Signs
Outcomes
Follow-up
Discharge
Recovery Plan

Medications

Prescribed Date Begin [Calendar] Prescribed Date End [Calendar]
Medication Category [Dropdown] [Clear] [Go]

Medications List for Dogg, Snoop

Current Medications:

Actions	Medication Type	Dose	Route	Frequency	Date Prescribed	Date Discontinued	Prescribed By

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Add New Medication

Medication Category [Dropdown] Medication [Dropdown] Dose [Dropdown]
Frequency [Dropdown] PRN [No]
Route [Dropdown] Date Prescribed 12/11/2018 [Calendar]
Date Discontinued [Calendar] Transmitted [Dropdown]

Indication For Use [Text Area]
Staff Prescriber [Dropdown] Non-staff prescriber
Non Staff Prescriber [Text Area]
Pharmacy Used [Text Area]

Fulfillment Instructions [Text Area] Number Refills [Text Area]
Notes (including identification and documentation of drug relations and instructions for use) [Text Area]

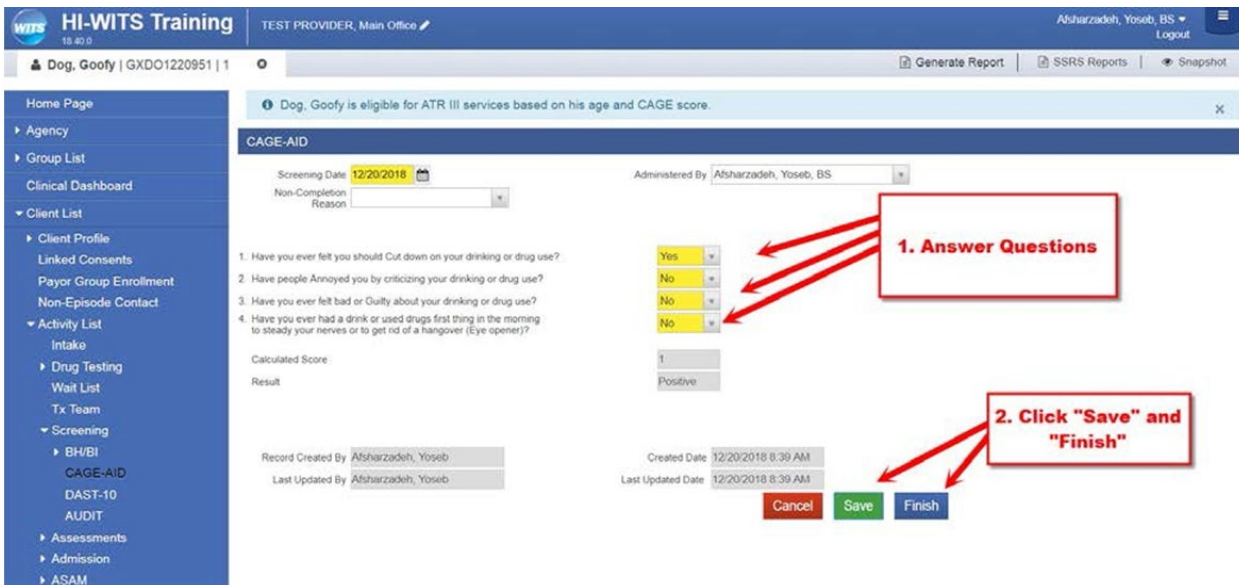
[Cancel] [Save] [Finish]

Administrative Actions [Text Area]

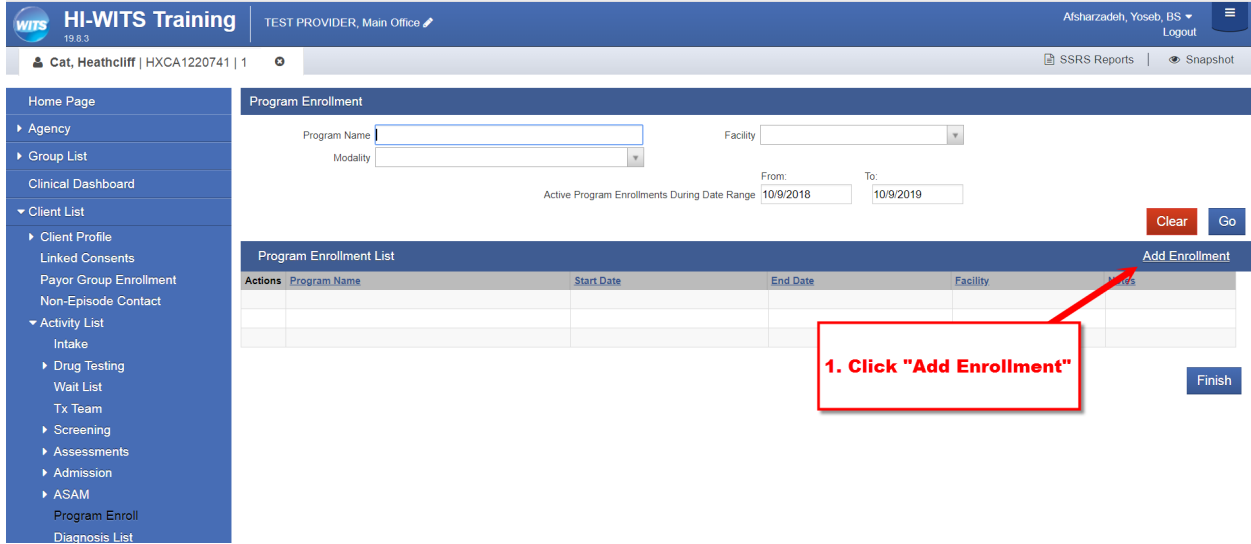
11. Select Screening from Left Menu Pick, then Click **CAGE-AID**. Next you will click Add New **CAGE-AID**



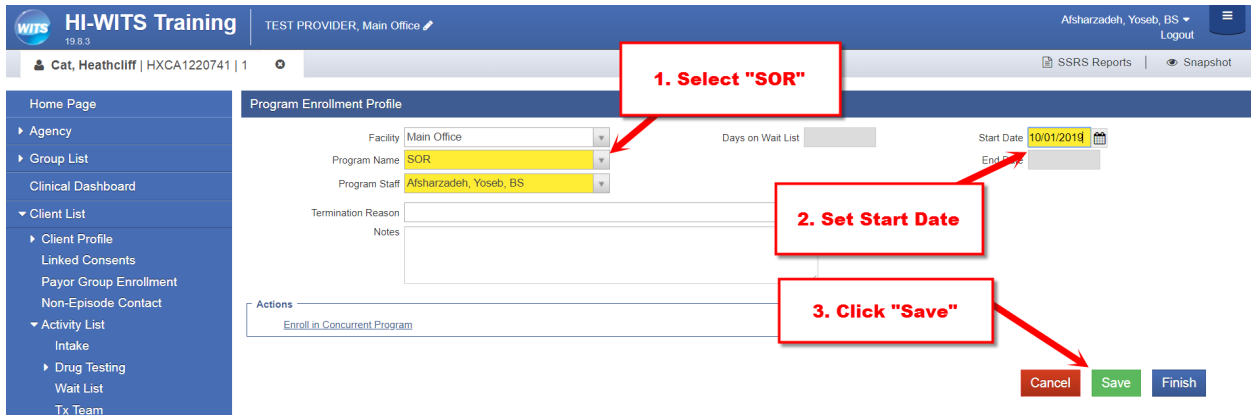
12. Answer Questions, Click **Save** and **Finish**



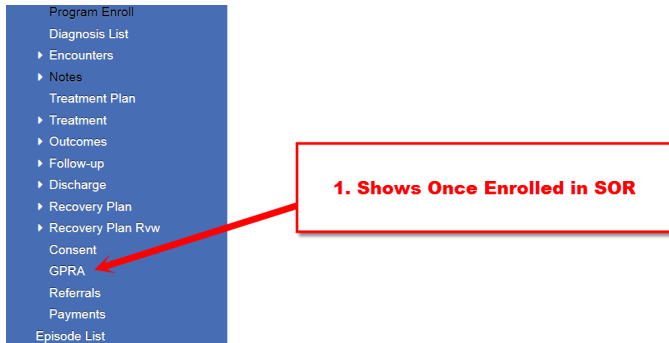
13. Under Activity List, Select Program Enroll. On the Program Enrollment Screen Click the “Add Enrollment” Link



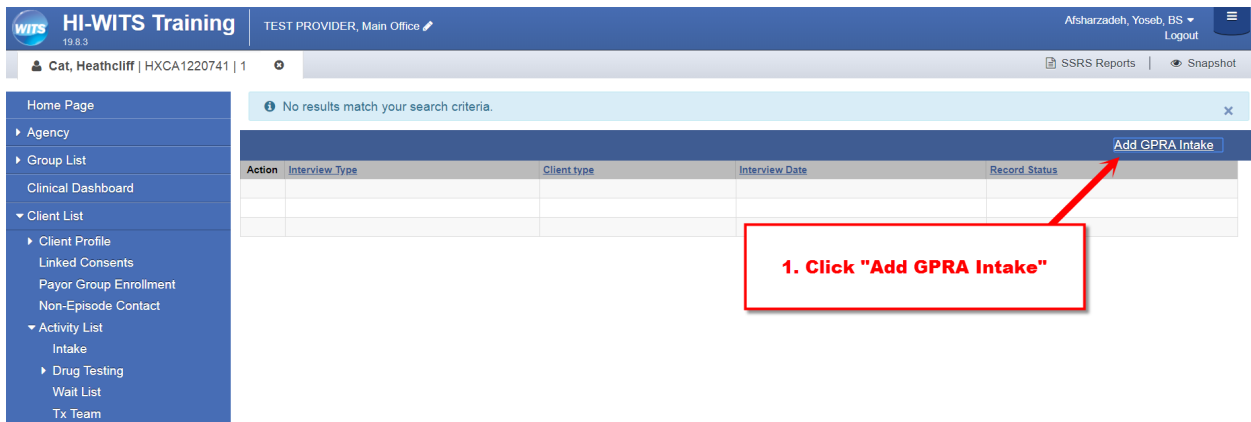
14. Select the “SOR” Program Enrollment, Set the Start Date and Click “Save”



15. Once Client is Enrolled in SOR Program, the Menu Choice for GPRA will Appear Under Consent Link on the Left Menu Pick.




16. Click the “Add GPRA Intake” Link




17. Complete All GPRA Screens

A. RECORD MANAGEMENT

Unique Client Number: HXCA1220741
Contract/Grant ID: TI081725
Client Type: Treatment Client
Interview Type: Intake
Did you conduct an interview?:
Interview Date: 
Program Enrollment: Main Office/SOR : 10/1/2019 -
Created Date:
Created By:
Updated Date:
Updated By:
Upload Action:
Upload Status:
Number of Upload Errors:
Upload Date:
Response Date:

1. Set Date

Cancel 

A. RECORD MANAGEMENT - BEHAVIORAL HEALTH DIAGNOSES

Please indicate the client's current behavioral health diagnoses using the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been cross walked to Diagnostic and Statistical Manual of Mental Disorders, (DSM-5) descriptors. Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.

Diagnosis: F11.9 - Opioid use, unspecified
Category:
Diagnosis:
Category:
Diagnosis:
Category:
 Don't Know
 None of the above

1. In the past 30 days, was the client diagnosed with an opioid use disorder? Yes
a. In the past 30 days, which FDA-approved medication did the client receive for the treatment of this opioid use disorder?
(Select all that apply)

	Received	# of Days
Methadone	Yes	30
Buprenorphine	No	
Naltrexone	No	
Extended-release Naltrexone	No	



2. In the past 30 days, was the client diagnosed with an alcohol use disorder? No
a. In the past 30 days, which FDA-approved medication did the client receive for the treatment of this alcohol use disorder?
(Select all that apply)

	Received	# of Days
Naltrexone	Not Applicable	
Extended-release Naltrexone	Not Applicable	
Disulfiram	Not Applicable	
Acamprosate	Not Applicable	

3. Was the client screened by your program for co-occurring mental health and substance use?
No
a. Did the client screen positive for co-occurring mental health and substance use disorders?
Not Applicable

1. Fill Out Fields

2. Click -->

Cancel  

A. RECORD MANAGEMENT - SERVICES

PLANNED SERVICES [REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE]
Identify the services you plan to provide to the client during the client's course of treatment/recovery

Modality

1. Case Management	No	9. Detoxification (Select Only One)	
2. Day Treatment	No	A. Hospital Inpatient	No
3. Inpatient/Hospital (Other Than Detox)	No	B. Free Standing Residential	No
4. Outpatient	No	C. Ambulatory Detoxification	No
5. Outreach	No	10. After Care	No
6. Intensive Outpatient	No	11. Recovery Support	No
7. Methadone	No	12. Other (Specify)	No
8. Residential/Rehabilitation	No		

Cancel [Left Arrow] [Right Arrow]

1. Complete

2. Click -->

A. RECORD MANAGEMENT - SERVICES

Treatment Services
[SELECT AT LEAST ONE SERVICE.]

1. Screening	No	8. Group Counseling	No
2. Brief Intervention	No	9. Family/Marriage Counseling	No
3. Brief Treatment	No	10. Co-Occurring Treatment/ Recovery Services	No
4. Referral to Treatment	No	11. Pharmacological Interventions	No
5. Assessment	No	12. HIV/AIDS Counseling	No
6. Treatment/Recovery Planning	No	13. Other Clinical Services (Specify)	No
7. Individual Counseling	No		

Cancel [Left Arrow] [Right Arrow]

1. Complete

2. Click -->

A. RECORD MANAGEMENT - SERVICES

Case Management Services

1. Family Services (Including Marriage Education, Parenting, Child Development Services)	No	4. Individual Services Coordination	No
2. Child Care	No	5. Transportation	No
3. Employment Service		6. HIV/AIDS Service	No
A. Pre-Employment	No	7. Supportive Transitional Drug-Free Housing Services	No
B. Employment Coaching	No	8. Other Case Management Services (Specify)	No

Medical Services

1. Medical Care	No	3. HIV/ AIDS Medical Support & Testing	No
2. Alcohol/Drug Testing	No	4. Other Medical Services (Specify)	No

After Care Services

1. Continuing Care	No	4. Self-Help and Support Groups	No
2. Relapse Prevention	No	5. Spiritual Support	No
3. Recovery Coaching	No	6. Other After Care Services (Specify)	No

Cancel [Left Arrow] [Right Arrow]

1. Complete

2. Click -->

A. RECORD MANAGEMENT - SERVICES

Education Services

1. Substance Abuse Education 3. Other Education Services (Specify)

2. HIV/AIDS Education

Peer-To-Peer Recovery Support Services

1. Peer Coaching or Mentoring 4. Information and Referral

2. Housing Support 5. Other Peer-to-Peer Recovery Support Services (Specify)

3. Alcohol and Drug-Free Social Activities

1. Complete

2. Click -->



A. RECORD MANAGEMENT - DEMOGRAPHICS

1. What is your gender? Other (Specify)

2. Are you Hispanic or Latino?

[IF YES] What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

Central American	<input type="text" value="Not Applicable"/>	Puerto Rican	<input type="text" value="Not Applicable"/>
Cuban	<input type="text" value="Not Applicable"/>	South American	<input type="text" value="Not Applicable"/>
Dominican	<input type="text" value="Not Applicable"/>	Other (Specify)	<input type="text" value="Not Applicable"/>
Mexican	<input type="text" value="Not Applicable"/>		

3. What is your race? Please answer yes or no for each of the following. You may say yes to more than one.

Black or African American	<input type="text" value="No"/>	White	<input type="text" value="No"/>
Asian	<input type="text" value="No"/>	American Indian	<input type="text" value="No"/>
Native Hawaiian or other Pacific Islander	<input type="text" value="No"/>		
Alaska Native	<input type="text" value="No"/>		

4. What is your date of birth?

1. Complete

2. Click -->



A. MILITARY FAMILY AND DEPLOYMENT

5. 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?

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?

5b. Have you ever been deployed to a combat zone? *[SELECT ALL THAT APPLY]*

Never Deployed	<input type="text" value="Not Applicable"/>
Iraq or Afghanistan (e.g., OEF/OIF/OND)	<input type="text" value="Not Applicable"/>
Persian Gulf (Operation Desert Shield/Desert Storm)	<input type="text" value="Not Applicable"/>
Vietnam/Southeast Asia	<input type="text" value="Not Applicable"/>
Korea	<input type="text" value="Not Applicable"/>
WWII	<input type="text" value="Not Applicable"/>
Deployed to a combat zone not listed above (e.g., Bosnia/Somalia)	<input type="text" value="Not Applicable"/>

1. Complete if Applicable

2. Click -->



A. MILITARY FAMILY AND DEPLOYMENT

6. 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 National Guard?

No

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION B. IF YES, ANSWER FOR UP TO 6 PEOPLE.]

What is the relationship of that person (Service Member) to you?

Not Applicable

Other (Specify):

Has the Service Member experienced any of the following?

6a. Deployed in support of combat operations (e.g., Iraq or Afghanistan)?

Not Applica...

6b. Was physically injured during combat operations?

Not Applica...

6c. Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts?

Not Applica...

6d. Died or was killed?

Not Applica...

Add

Remove

Selected Related Service Members

[Empty list box for Selected Related Service Members]

1. Complete

2. Click -->

Cancel



B. DRUG AND ALCOHOL USE

1. During the past 30 days, how many days have you used the following:

	# of Days	RF/DK
a. Any alcohol	30	
b1. Alcohol to intoxication (5+ drinks in one sitting)	25	
b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)	5	
c. Illegal drugs	30	
d. Both alcohol and drugs (on the same day)	30	

1. Complete

2. Click -->

Cancel



B. DRUG AND ALCOHOL USE

2. During the past 30 days, how many days have you used any of the following:

	# of Days	RF/DK	Route
a. Cocaine/Crack	0		Not Applica...
b. Marijuana/Hashish	30		3. Smoking
c. Opiates:			
1. Heroin	0		Not Applica...
2. Morphine	0		Not Applica...
3. Diluadid	0		Not Applica...
4. Demerol	0		Not Applica...
5. Percocet	0		Not Applica...
6. Darvon	0		Not Applica...
7. Codeine	0		Not Applica...
8. Tylenol 2,3,4	0		Not Applica...
9. Oxycontin/Oxycodone	20		2. Nasal

1. Complete

2. Click -->

Cancel



B. DRUG AND ALCOHOL USE

2. During the past 30 days, how many days have you used any of the following:

	# of Days	RF/DK	Route
d. Non-prescription methadone	0		Not Applica...
e. Hallucinogens/psychedelics, PCP, MDMA, LSD, Mushrooms or Mescaline	1		1. Oral
f. Methamphetamine or other amphetamines	0		Not Applica...
g. 1. Benzodiazepines: Diazepam, Alprazolam, Triazolam, and Estazolam	0		Not Applica...
2. Barbiturates: Mephobarbital and pentobarbital sodium	0		Not Applica...
3. Non-prescription GHB	0		Not Applica...
4. Ketamine	0		Not Applica...
5. Other tranquilizers, downers, sedatives or hypnotics	0		Not Applica...
h. Inhalants	0		Not Applica...
i. Other illegal drugs (Specify)	0		Not Applica...

3. In the past 30 days, have you injected drugs? No

4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used? Not Applicable

1. Complete

2. Click -->

Cancel ◀ ▶

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.]
Housed
If "Housed" Own/rent apartment, room, or house
Other Housed (Specify)

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

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

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

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

6. Are you currently Pregnant? Not Applicable

7. Do you have children? REFUSED

a. How many children do you have? Not Applicable

b. Are any of your children living with someone else due to a child protection court order? Not Applicable

c. How many of your children are living with someone else due to a child protection court order? Not Applicable

d. For how many of your children have you lost parental rights? [THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.] Not Applicable

1. Complete

2. Click -->

Cancel ◀ ▶

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? *[IF ENROLLED,] Is that full time or part time?* Not enrolled

Other (Specify) _____

2. What is the highest level of education you have finished, whether or not you received a degree? 12th grade completed/high school diploma/equivalent

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.]* _____

Other (Specify) _____

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from:

a. Wages	\$	1200	RF/DK	e. Non-legal income	\$	0	RF/DK
b. Public assistance	\$	0		f. Family and/or friends	\$	0	
c. Retirement	\$	0		g. Other (Specify)	\$	0	
d. Disability	\$	0					

5. Have you enough money to meet your needs? A little

1. Complete

2. Click -->

Cancel ⏪ ⏩

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested? 0 RF/DK

2. In the past 30 days, how many times have you been arrested for drug-related offenses? Not Applica...

3. In the past 30 days, how many nights have you spent in jail/prison? 0 RF/DK

4. In the past 30 days, how many times have you committed a crime? 0 RF/DK

5. Are you currently awaiting charges, trial, or sentencing? No

6. Are you currently on parole or probation? Yes

1. Complete

2. Click -->

Cancel ⏪ ⏩

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

1. How would you rate your overall health right now? Good

2. During the past 30 days, did you receive:

a. Inpatient Treatment for: nights

i. Physical complaint	No		Not Applica...
ii. Mental or emotional difficulties	No		Not Applica...
iii. Alcohol or substance abuse	No		Not Applica...

b. Outpatient Treatment for: times

i. Physical complaint	No		Not Applica...
ii. Mental or emotional difficulties	No		Not Applica...
iii. Alcohol or substance abuse	Yes		

c. Emergency Room Treatment for: times

i. Physical complaint	No		Not Applica...
ii. Mental or emotional difficulties	No		Not Applica...
iii. Alcohol or substance abuse	No		Not Applica...

1. Complete

2. Click -->

Cancel ⏪ ⏩

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

3. During the past 30 days, did you engage in sexual activity?

Altogether, how many:

a. Sexual contacts (vaginal, oral, or anal) did you have?

b. Unprotected sexual contacts did you have?

c. Unprotected sexual contacts were with an individual who is or was:

1. HIV positive or has AIDS

2. An injection drug user

3. High on some substance

4. Have you ever been tested for HIV?

a. Do you know the results of your HIV testing?

5. How would you rate your quality of life?

6. How satisfied are you with your health?

7. Do you have enough energy for everyday life?

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

9. How satisfied are you with yourself?

1. Complete

2. Click -->



F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

10. In the past 30 days, not due to your use of alcohol or drugs, how many days have you:

a. Experienced serious depression

b. Experienced serious anxiety or tension

c. Experienced hallucinations

d. Experienced trouble understanding, concentrating, or remembering

e. Experienced trouble controlling violent behavior

f. Attempted suicide

g. Been prescribed medication for psychological/emotional problem

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

1. Complete

2. Click -->



F. VIOLENCE AND TRAUMA

12. 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?)

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?

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

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

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

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

1. Complete

2. Click -->



G. SOCIAL CONNECTEDNESS

	Times	RF/DK
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.]	No	Not Applica...
2. In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?	No	Not Applica...
3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?	No	Not Applica...
4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?	No	
5. To whom do you turn when you are having trouble?	Family me...	
Other (Specify):	<input type="text"/>	
6. How satisfied are you with your personal relationships?	Neither Satisfied nor Dissatisfied	

Cancel [Left Arrow] [Right Arrow]

1. Complete

2. Click -->

F. VIOLENCE AND TRAUMA

12. 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?)	No
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?	Not Applicable
12b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	Not Applicable
12c. Were constantly on guard, watchful, or easily startled?	Not Applicable
12d. Felt numb and detached from others, activities, or your surroundings?	Not Applicable
13. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?	Never

G. SOCIAL CONNECTEDNESS

	Times	RF/DK
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.]	No	Not Applicable
2. In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?	No	Not Applicable
3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?	No	Not Applicable
4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?	No	
5. To whom do you turn when you are having trouble?	Family member	
Other (Specify):	<input type="text"/>	
6. How satisfied are you with your personal relationships?	ssatisfied	

[Left Arrow] Cancel **Finish**

1. Click "Finish"

If you have any questions, please call the WITS Staff or email WITSHelp@doh.hawaii.gov.