

**Substance Abuse and Mental Health Services
Administration (SAMHSA)**

**SAMHSA's Unified Performance Reporting Tool
(SUPRT) – C: Client or Caregiver Form**

**QUESTION-BY-QUESTION
INSTRUCTION GUIDE**

March 2026



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Guide Overview

These instructions support the collection and reporting of data using Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Unified Performance and Reporting Tool (SUPRT)-C: Client or Caregiver Form. SUPRT-C is a self-administered tool for clients, proxies, and caregivers/parents that facilitates the collection and reporting of client-level data at baseline, reassessment, and annual assessment stages. Data collected through this tool are entered by grantee staff into SAMHSA’s Performance Accountability and Reporting System (SPARS). The tool can be accessed by grantees in the Resources section of the SPARS website (<https://spars.samhsa.gov/resources>) (SPARS login required).

This document contains the following sections:

1. **Deadlines and Reporting Requirements**—This section provides a description of when SUPRT-C should be completed and when data collected through SUPRT-C should be reported to SPARS.
2. **Data Collection Guidelines**—This section explains how to use the assessment tool, including guidance on refusals and translation.
3. **Question-by-Question Guide**—This section is organized according to the sections of SUPRT-C. For each section, it offers clarification on selected questions that may benefit from additional guidance in one or more of the following areas:

Completed At	Displays the assessment point and age group that should complete the question.
Intent/Key Points	Explains the intent of each question.
Skip Pattern	Indicates which items should be skipped and under what circumstances. There are certain questions that are irrelevant based on how a previous question was answered.
Response Options	Lists all response options for the initial base question.
Additional Considerations	Provides additional considerations for grantee staff or the client, proxy, or caregiver/parent.
Data Entry Guidance	Clarifies how to accurately count or record certain responses and provides definitions when needed; provides guidance for questions that may yield ambiguous or vague answers.

Deadlines and Reporting Requirements

Grantees must offer SUPRT-C to all active clients, proxies, or caregivers/parents at all required assessment points for every episode of care and must provide the **same age version** (i.e., Adult, Youth, Child, or Young Child) of SUPRT-C at each assessment. The Record Management section must be completed by grantee staff for every client at all assessment points, regardless of whether the assessment was completed or declined.

Policies for reporting include:

- **Baseline:** SUPRT-C baseline assessments should be completed by the client, proxy, or caregiver/parent at any time between 30 days before and 30 days after the client first receives services. It does not need to be completed at the same time as the SUPRT-A baseline.

- SUPRT-C baseline data can only be entered into SPARS *after* SUPRT-A data entry has been started.
- Grantee staff must enter the completed SUPRT-C baseline assessment record into SPARS within 30 days of completion.
- If a client starts a new episode of care, grantees should offer the SUPRT-C baseline assessment again, and the version of the form will depend on the client's age at the time of the new episode of care. The client's previous episode of care will become inactive in SPARS but will not be deleted. Grantees must use the same Client ID for all episodes of care.
- **Reassessment:** Reassessment dates are based on the **SUPRT-A baseline assessment date**. Each client, proxy, or caregiver/parent must complete (or decline) one SUPRT-C reassessment per episode of care, unless the client is discharged before the reassessment due date.
 - Clients are due for reassessment either 3 months (90 days) or 6 months (180 days) after the SUPRT-A baseline assessment date, depending on the assigned grant program.
 - Each client has a **60-day reassessment window** during which grantee staff should ensure the reassessment is completed (or declined). The reassessment window opens 30 days before the 3- or 6- month anniversary of the SUPRT-A baseline assessment date (i.e., 90 or 180 days after baseline) and closes 30 days after.
 - Programs designated by CSAT as intended for populations experiencing homelessness (i.e., Grants for the Benefit of Homeless Individuals or GBHI) have a reassessment window of 120 days, starting 60 days before and ending 60 days after the 3- or 6-month anniversary of the SUPRT-A baseline assessment date.
 - Grantee staff must enter the completed reassessment record into SPARS within 30 days of completion.
- **Annual:** Annual assessments should only be completed by clients, proxies, or caregivers/parents who completed the Adult (18+ years) version of SUPRT-C at baseline.
 - Clients are due for annual assessment 12 months (365 days) after the **SUPRT-A baseline assessment date**, and every 12 months thereafter for the duration of their time in the program.
 - Each adult client has a **60-day annual assessment window** during which grantee staff should ensure the annual assessment is completed (or declined). The annual assessment window opens 30 days before the 12-month anniversary of the SUPRT-A baseline assessment date and closes 30 days after.
 - Programs designated by CSAT as intended for populations experiencing homelessness (i.e., Grants for the Benefit of Homeless Individuals or GBHI) have an annual assessment window of 120 days, starting 60 days before and ending 60 days after the 12-month anniversary of the SUPRT-A baseline assessment date.
 - Grantee staff must enter the completed assessment record into SPARS within 30 days of completion.

Grantees are not required to offer SUPRT-C outside the 60-day assessment window, but grantee staff may still enter or upload the data into SPARS if SUPRT-C is completed outside this window. Data collected outside the 60-day window will not count towards the grantee’s performance metrics but will be available in the user’s data download.

Grantees should contact their GPO for more information about deadlines and reporting requirements.

Data Collection Guidelines

There are different versions of SUPRT-C depending on the client’s age at baseline, who is answering the questions, and assessment point (i.e., baseline, reassessment, or annual). Grantee staff should ensure that clients, proxies, or caregivers/parents receive the correct form at each assessment. Refer to Table 1 below for a list of SUPRT-C forms by client age group, respondent type and assessment.

Table 1. SUPRT-C Forms by Client Age Group, Respondent Type, and Assessment

Age Group	Respondent Type	Assessment Point
Adults (18+ years)	Client (or proxy)	Adult Baseline
Adults (18+ years)	Client (or proxy)	Adult Reassessment
Adults (18+ years)	Client (or proxy)	Adult Annual
Youth (12-17 years)	Client (or proxy)	Youth Baseline
Youth (12-17 years)	Client (or proxy)	Youth Reassessment
Child (5-17 years)	Caregiver/Parent	Child-Caregiver Baseline
Child (5-17 years)	Caregiver/Parent	Child-Caregiver Reassessment
Young Child (0-4 years)	Caregiver/Parent	Young Child-Caregiver Baseline
Young Child (0-4 years)	Caregiver/Parent	Young Child-Caregiver Reassessment

Clients, proxies, or caregivers/parents must complete the **same age version** of SUPRT-C at each subsequent assessment during an episode of care, regardless of the client’s age at the time. For example, a client who completes the Youth baseline form should complete the Youth reassessment form, even if they turn 18 before reassessment. If the client is discharged and later begins a new episode of care, the baseline form used should correspond to the client’s age at the time of re-enrollment.

For clients aged 12-17 at baseline, either the Child or Youth version of SUPRT-C may be used, depending on respondent or grantee preferences, availability, or limitations (e.g., cognitive ability, reading level). For example, a 13-year-old client may complete the Youth form themselves, or their caregiver/parent may complete the Child form on their behalf. Only one form—either the Child or Youth form—should be completed. If the Youth form is used at baseline, the Youth form should be used at reassessment. Likewise, if the Child form is used at baseline, the Child form should be used again at reassessment.

Clients, proxies, or caregivers/parents should be encouraged to complete SUPRT-C at each assessment point. However, clients are still eligible to receive grant program services if the SUPRT-C assessment is declined. Declining to participate in a SUPRT-C assessment applies only to that specific assessment (i.e., baseline, reassessment, or annual). Grantee staff must ask clients, proxies, or caregivers/parents if they would like to complete the assessment at each timepoint (as applicable).

SUPRT-C is comprised of four sections that collect standardized data about the client, including:

- **Record Management:** This section collects administrative details, including the assessment date and whether it was completed by the client or a caregiver/proxy. Grantee staff must complete this section at every assessment point, even if the client, proxy, or caregiver/parent declines to participate in the assessment.
- **Demographics:** This section collects demographic data, including race/ethnicity using the new Office of Management and Budget (OMB) Statistical Policy Directive No. 15 (SPD 15) standard, sex, language spoken, service in uniformed services/forces and disability status. This information is collected only at baseline assessment for individuals completing any version of SUPRT-C.
- **Social Drivers of Health:** This section collects data on social drivers of health, such as hardship with basic needs, housing stability and type, employment status, education level and attendance, and lack of transportation. This information is collected at both baseline and reassessment for individuals completing any version of SUPRT-C.
- **Client-Reported Core Outcomes:** This section collects data on recovery capital (e.g., physical health, mental health, substance use, stable housing, steady job, financial security, community support), quality of life, and program goals. This information is collected at all assessment points only for individuals completing the Adult (18+) version of SUPRT-C.

Please note that some questions are not included in all assessments, depending on the specific version of SUPRT-C used. Questions are tailored to the client's age and whether a client, proxy, or caregiver/parent is completing the form.

Administering the Assessment

SUPRT-C should be completed independently by the client, proxy, or caregiver/parent, with the exception of the Record Management section, which must be completed by grantee staff. If necessary, due to the client's age or other limitations (e.g., cognitive ability, reading level), a caregiver or proxy should complete the assessment on behalf of the client. For the purposes of SUPRT-C, a *caregiver* is defined as a person who has knowledge of or a role in the behavioral health needs of the client; the caregiver does not need to be a parent or legal guardian. A *proxy* is someone who represents the client or is authorized to act on their behalf. The proxy does not need to be a legally appointed representative but should have sufficient knowledge to answer most questions about the client.

Grantees should provide reasonable accommodations to respondents as needed to complete the assessment. Examples of accommodations may include support for individuals with impaired vision or reading difficulties, assistance with tablets or other electronic tools, translation services, or other accessibility needs.

If an individual has trouble understanding a question or its response options, grantee staff should offer respondents the SUPRT-C Client/Caregiver FAQ. However, questions must not be rephrased or altered.

Consent

The client, proxy, or caregiver/parent should review the consent page before completing the assessment, which outlines:

- The purpose of the assessment.
- The expected duration for clients, proxies, and caregivers/parents to complete the assessment.
- The voluntary nature of their participation in the assessment.
- Assurance that services will be provided regardless of participation or completion of the assessment.
- The right for clients, proxies, and caregivers/parents to skip any question, choose 'prefer not to answer,' or stop the assessment at any time without adverse impacts on receipt of services.
- The extent to which the confidentiality of records identifying the subject will be maintained.

The client, proxy, or caregiver/parent may indicate that they do not wish to complete the assessment. If this occurs, grantee staff should select '*No – The assessment was not completed*' to question 1 in the **Record Management** section, then select '*Client/Caregiver was unable to provide consent*' to question 1b.

Declining to participate in a SUPRT-C assessment applies only to that specific assessment (e.g., baseline, reassessment, annual assessment). Grantee staff must offer clients, proxies, or caregivers/parents SUPRT-C at each assessment timepoint.

IMPORTANT: *Participation in SUPRT-C is voluntary, although encouraged. Declining a SUPRT-C assessment does not affect eligibility for any grant-funded services and does not negatively affect grantee compliance.*

Data Entry Guidelines

Clients, proxies, and caregivers/parents are encouraged to complete each question but can skip any questions they do not wish to answer. The option 'Prefer not to answer' is available for most questions. If the respondent selects 'Prefer not to answer' along with one or more other responses, record only the 'Prefer not to answer' response.

During data entry into SPARS, users should select 'Missing' if the client did not provide a response. If client responses to the paper tool are invalid for the question (e.g., multiple responses provided to a single response question, crossed out words, illegible writing, etc.), SPARS users should select 'Invalid Response'.

Questions in the Record Management section are intended for grantee staff and must be completed. If an assessment cannot be completed, grantees should select '*No*' to question 1 and choose the appropriate response for question 1b.

Translation

A Spanish version of the SUPRT-C is available on the SPARS website for download. In cases where a client speaks a language other than English or Spanish, grantees should follow standard procedures for collecting the data from those clients (i.e., translators, proxy respondents).

TIP

If SUPRT-C requires frequent translation, SAMHSA recommends that grantees document and standardize the translation. This ensures that the questions are consistently translated and that their intent is preserved.

Question-by-Question Guide

This section offers additional guidance for individual questions within each section of SUPRT-C. The order may vary by assessment (e.g., baseline, reassessment, or annual assessment) or across age groups (e.g., Adult, Youth, Child, and Young Child). Because question numbers can differ between assessments, they are not included here.

Record Management

This section must be completed by **grantee staff**, regardless of whether an assessment was completed or declined. It collects administrative details, including the assessment completion date and whether the assessment was completed by the client or a caregiver/proxy. If applicable, grantee staff should navigate to this section to indicate that the assessment was not completed.

1. Was this assessment conducted with the client/caregiver?

Completed At	<input checked="" type="checkbox"/> Baseline	<input checked="" type="checkbox"/> Reassessment	<input checked="" type="checkbox"/> Annual	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Youth	<input checked="" type="checkbox"/> Child	<input checked="" type="checkbox"/> Young child
Intent/Key Points	The intent of this question is to determine whether/by whom the assessment was completed and to collect the date of the assessment.						
Skip Pattern	If the answer is 'Yes – Client', or 'Yes – Caregiver/Proxy', answer question 1a by entering the date the assessment was completed in MM/DD/YYYY format. If the answer is 'No', select a reason in question 1b.						
Response Options	<ul style="list-style-type: none"> Yes – <i>Client</i> – The client completed the assessment on their own. Yes – <i>Caregiver/Proxy</i> – A caregiver/parent or proxy completed the assessment on the client's behalf. No – The assessment was not completed. 						
	1a. [IF 1 = YES] When?						
	<ul style="list-style-type: none"> MM/DD/YYYY 						
1b. [IF 1 = NO] Why not? Choose the primary reason:							
<ul style="list-style-type: none"> <i>Client/Caregiver was unable to provide consent</i> – The client, proxy, or caregiver/parent was unable to provide consent due to cognitive impairment, or they chose not to complete the assessment. <i>Client/Caregiver was not reached for assessment</i> – The grantee was unable to reach the client, proxy, or caregiver/parent to complete the assessment for reasons other than lack of consent or choosing not to participate. <i>Client no longer in care</i> – The client, proxy, or caregiver/parent did not complete the assessment because the client is no longer receiving services. 							

Data Entry Guidance	<p>Enter the date in the following format: MM/DD/YYYY. Use two digits for the month (e.g., 01 for January through 12 for December), two digits for the day (e.g., 01 through 31) and four digits for the year. For example: 01/31/2025.</p> <p>Grantee staff can also select the date from the calendar picker or type directly into the field.</p> <p>Important: Enter the date the assessment was completed, not the date the data were entered into SPARS.</p>
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Demographics

This section should be completed by the client, proxy, or a caregiver/parent only at baseline for individuals completing all age versions of SUPRT-C. Grantee staff should not complete this section based on client records or appearance, even if the individual declines to respond. Demographic data collected includes race/ethnicity (using the new OMB SPD 15 standard), sex, language spoken, uniformed service, and disability status.

If a respondent does not wish to answer a question, they should mark ‘*Prefer not to answer*,’ where applicable, or skip the item.

What is your [child’s] race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group.

Completed At	<input checked="" type="checkbox"/> Baseline <input type="checkbox"/> Reassessment <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Youth <input checked="" type="checkbox"/> Child <input checked="" type="checkbox"/> Young child
Intent/Key Points	The intent of this question is to collect data on the client’s self-identified race and ethnicity.
Response Options	<p><i>White – Provide details below</i></p> <ul style="list-style-type: none"> • German • Irish • English • Italian • Polish • French • Enter, for example, Scottish, Norwegian, Dutch, etc. – Enter only if the client’s identity includes one or more White ethnicity not listed. <p><i>Hispanic or Latino – Provide details below</i></p> <ul style="list-style-type: none"> • Mexican or Mexican American • Puerto Rican • Cuban • Salvadoran • Dominican • Colombian • Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. – Enter only if the client’s identity includes one or more Hispanic or Latino ethnicity not listed.

<p>Response Options (continued)</p>	<p><i>Black or African American – Provide details below</i></p> <ul style="list-style-type: none"> • <i>African American</i> • <i>Jamaican</i> • <i>Haitian</i> • <i>Nigerian</i> • <i>Ethiopian</i> • <i>Somali</i> • <i>Enter, for example, Ghanaian, South African, Barbadian, etc. – Enter only if the client’s identity includes one or more Black or African American ethnicity not listed.</i> <p><i>Asian – Provide details below</i></p> <ul style="list-style-type: none"> • <i>Chinese</i> • <i>Filipino</i> • <i>Asian Indian</i> • <i>Vietnamese</i> • <i>Korean</i> • <i>Japanese</i> • <i>Enter, for example, Pakistani, Cambodian, Hmong, etc. – Enter only if the client’s identity includes one or more Asian ethnicity not listed.</i> <p><i>American Indian or Alaska Native – Provide details below</i></p> <ul style="list-style-type: none"> • <i>Specify, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. – Enter only if the client identifies with a particular American Indian or Alaska Native group.</i> <p><i>Middle Eastern or North African – Provide details below</i></p> <ul style="list-style-type: none"> • <i>Lebanese</i> • <i>Iranian</i> • <i>Egyptian</i> • <i>Syrian</i> • <i>Moroccan</i> • <i>Israeli</i> • <i>Enter, for example, Algerian, Iraqi, Kurdish, etc. – Enter only if the client’s identity includes one or more Middle Eastern or North African ethnicity not listed.</i> <p><i>Native Hawaiian or Pacific Islander – Provide details below</i></p> <ul style="list-style-type: none"> • <i>Native Hawaiian</i> • <i>Samoan</i> • <i>Chamorro</i> • <i>Tongan</i> • <i>Fijian</i> • <i>Marshallese</i> • <i>Enter, for example, Palauan, Tahitian, Chuukese, etc. – Enter only if the client’s identity includes one or more Native Hawaiian or Pacific Islander ethnicity not listed.</i>
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Additional Considerations	<p>Please note: the question pertains to the client’s racial and ethnic identity, not the proxy’s or caregiver/parent’s race and ethnicity. This question can be skipped if the client does not wish to answer or if the proxy or caregiver/parent is unable to answer.</p> <p>Multiple selections are allowed. If the client identifies with a group not listed, they should select ‘<i>Enter, for example</i>’ in their race category and record their response in the space provided.</p>
Data Entry Guidance	<p>If a respondent selects any detailed race or ethnicity, the corresponding category will be automatically marked in the data during data cleaning and processing (this will not be visible in the data entry system, which should display exactly what is entered).</p> <p>In SPARS, any unselected race or ethnicity will be recorded as ‘No’ if at least one category is selected in the data (this will not be visible in the data entry system, which should display exactly what is entered).</p>

What is your [child’s] sex?

Completed At	<input checked="" type="checkbox"/> Baseline	<input type="checkbox"/> Reassessment	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Youth	<input checked="" type="checkbox"/> Child	<input checked="" type="checkbox"/> Young child
Intent/Key Points	The intent of this question is to collect data on the client’s sex.						
Response Options	<ul style="list-style-type: none"> • <i>Female</i> • <i>Male</i> 						
Additional Considerations	<p>If the client, proxy, or caregiver/parent does not understand the question or asks what is meant by sex, grantee staff may clarify that the question is asking if the client is a man or male, woman or female. Sex refers to whether they were identified as a boy or girl at birth based on their anatomy.</p> <p>This question can be skipped if the client does not wish to answer, or if the proxy or caregiver/parent is unable to answer.</p>						
Data Entry Guidance	If a respondent leaves the question blank, leave the question blank in SPARS.						

Do you [Does your child] speak a language other than English at home?

Completed At	<input checked="" type="checkbox"/> Baseline	<input type="checkbox"/> Reassessment	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Youth	<input checked="" type="checkbox"/> Child	<input type="checkbox"/> Young child
Intent/Key Points	The intent of this question is to collect data on the client’s spoken languages.						
Skip Pattern	<p>Note that this is a two-part question. If selecting ‘Yes’, the respondent should answer the follow-up question by selecting all languages spoken by the client at home other than English.</p> <p>If the answer is ‘No’ or ‘<i>Prefer not to answer</i>’, respondents should move to the next question. They should not answer the follow-up question (for example, ‘<i>Prefer not to answer</i>’ should not be marked for the follow-up question).</p>						
Response Options	<ul style="list-style-type: none"> • <i>Yes</i> – The client speaks a language other than English at home. • <i>No</i> – The client does not speak a language other than English at home. • <i>Prefer not to answer</i> – The client, proxy, or caregiver/parent does not wish to answer. <p>[IF YES] What is this language?</p> <ul style="list-style-type: none"> • <i>American Sign Language (ASL)</i> • <i>Arabic</i> • <i>Chinese</i> • <i>French</i> • <i>Portuguese</i> • <i>Spanish</i> • <i>English</i> • <i>Other Language – specify</i> – The client speaks another language not listed. Enter it in the space provided. • <i>Prefer not to answer</i> – The client, proxy, or caregiver/parent does not wish to answer. 						
Additional Considerations	<p>If a client, proxy, or caregiver/parent does not wish to answer, they should select ‘<i>Prefer not to answer</i>’ and move on to the next question.</p> <p>If the grantee has the capacity to offer services in different languages, they may ask if the respondent prefers to complete the assessment in the language spoken at home. A Spanish translation of SUPRT-C is posted on SPARS.</p> <p>Note that this question differs between the English and Spanish versions of SUPRT-C. In the English version, Spanish is included in the response options. In the Spanish version, English is included in the response options. Refer to the codebook for instructions on ensuring these do not overwrite each other in data entry and upload.</p>						
Data Entry Guidance	<p>If the assessment was conducted in English, fill out the English version of this question in the data entry tool.</p> <p>If the assessment was conducted in Spanish, fill out the Spanish version of this question.</p>						

Have you ever served in the Armed Forces, the Reserves, the National Guard or other Uniformed Services?

Completed At	<input checked="" type="checkbox"/> Baseline	<input type="checkbox"/> Reassessment	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> Child	<input type="checkbox"/> Young child
Intent/Key Points	The intent of this question is to collect data on the client's U.S. uniformed service status.						
Response Options	<ul style="list-style-type: none"> • <i>Yes, currently serving</i> – the client is currently serving in a uniformed service, regardless of whether that is on a part-time (e.g. Reserves) or full-time basis. • <i>Yes, served in the past</i> – the client served in a uniformed service in the past, regardless of whether that was on a part-time (e.g. Reserves) or full-time basis, but is not currently serving. • <i>No</i> – the client has never served in a uniformed service on either a part-time (e.g. Reserves) or full-time basis. • <i>Prefer not to answer</i> – The client, proxy, or caregiver/parent does not wish to answer. 						
Additional Considerations	<p>Respondents should select one response only.</p> <p>Clients or their proxies may ask about service in civilian law enforcement, police officers, or other civilian security jobs; these should not be included as uniformed service for this question. Follow these definitions of uniformed services:</p> <ul style="list-style-type: none"> • <i>Armed Forces</i> – A country's military forces. The U.S. armed forces include the Army, Navy, Air Force, Marine Corps, Space Force, and Coast Guard. • <i>Reserves</i> – A member of the military that typically serves on a part-time basis and is meant to augment the needs of the active-duty force in times of conflict or declared war. • <i>National Guard</i> – A member of a state or territory force whose primary mission is to defend and respond to needs in that state or territory but can also be activated for Federal duty. • <i>Other Uniformed Services</i> – Includes the National Oceanic and Atmospheric Administration (NOAA) and Commissioned Corps of the U.S. Public Health Service (or USPHS Commissioned Corps [USPHS]). 						

Please respond to the following questions about your [child’s] physical health.

Sub-questions include:

- a. Are you [Is your child] deaf or do you [does your child] have serious difficulty hearing?
- b. Are you [Is your child] blind or do you [does your child] have serious difficulty seeing, even when wearing glasses?
- c. Because of a physical, mental, or emotional condition, do you [does your child] have serious difficulty concentrating, remembering, or making decisions?
- d. Do you [Does your child] have serious difficulty walking or climbing stairs?
- e. Do you [Does your child] have difficulty dressing or bathing?
- f. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

Completed At	<input checked="" type="checkbox"/> Baseline	<input type="checkbox"/> Reassessment	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Youth	<input checked="" type="checkbox"/> Child	<input checked="" type="checkbox"/> Young child
Intent/Key Points	The intent of this question is to collect data on the client’s physical health. These questions follow guidance published by HHS to standardize data collection for demographic categories including disability. Disability Datasets Disability and Health Data System (DHDS) CDC at https://www.cdc.gov/dhds/datasets/index.html						
Response Options	Respondents should choose one of the following options for each sub-question: <ul style="list-style-type: none"> • <i>Yes</i> – The client, proxy, or caregiver/parent agrees with the statement about their [child’s] physical health. • <i>No</i> – The client, proxy, or caregiver/parent disagrees with the statement about their [child’s] physical health. • <i>Prefer not to answer</i> – The client, proxy, or caregiver/parent does not wish to answer. 						
Additional Considerations	Please note: The Young Child version of SUPRT-C only includes sub-questions a (hearing) and b (vision), and the Child and Youth versions only include sub-questions a through e.						

Social Drivers of Health

This section collects data on social drivers of health, such as hardship with basic needs, housing stability and type, employment status, education level and attendance, and lack of transportation. This information is collected at both baseline and reassessment for individuals completing the Adult, Youth, Child, or Young Child versions of SUPRT-C. It helps SAMHSA understand how social drivers of health affect client outcomes and the program’s impact on these factors over time.

How hard is it for you to pay for the very basics like food, housing, medical care, and heating [for your child]?

Completed At	<input checked="" type="checkbox"/> Baseline	<input checked="" type="checkbox"/> Reassessment	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input checked="" type="checkbox"/> Child	<input checked="" type="checkbox"/> Young child
Intent/Key Points	The intent of this question is to collect data on the client or caregiver’s difficulty with covering basic living expenses.						
Response Options	Adult Version <ul style="list-style-type: none"> • <i>Very Hard</i> • <i>Somewhat hard</i> • <i>Not hard at all</i> • <i>Prefer not to answer</i> – The client, proxy, or caregiver/parent does not wish to answer. 						
	Child and Young Child Versions <ul style="list-style-type: none"> • <i>Very Hard</i> • <i>Somewhat hard</i> • <i>Not hard at all</i> • <i>I am not the person responsible for paying for the basics for my child</i> • <i>Prefer not to answer</i> – The caregiver/parent does not wish to answer. 						

What is your [child’s] living situation today?

Completed At	<input checked="" type="checkbox"/> Baseline	<input checked="" type="checkbox"/> Reassessment	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Youth	<input checked="" type="checkbox"/> Child	<input checked="" type="checkbox"/> Young child
Intent/Key Points	The intent of this question is to collect data on the client’s overall sense of housing stability or insecurity.						
Response Options	<p>Adult and Youth Versions:</p> <ul style="list-style-type: none"> • <i>I have a steady place to live</i> • <i>I have a place to live today but I am worried about losing it in the future</i> • <i>I do not a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)</i> • <i>Prefer not to answer</i> – The client, proxy, or caregiver/parent does not wish to answer. <hr/> <p>Child and Young Child Versions:</p> <ul style="list-style-type: none"> • <i>My child has a steady place to live</i> • <i>My child has a place to live today but I am worried they may lose it in the future</i> • <i>My child does not have a steady place to live (My child is temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)</i> • <i>Prefer not to answer</i> – The caregiver/parent does not wish to answer. 						

Which of the following best describes your [child’s] current living situation?

Completed At	<input checked="" type="checkbox"/> Baseline	<input checked="" type="checkbox"/> Reassessment	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Youth	<input checked="" type="checkbox"/> Child	<input checked="" type="checkbox"/> Young child
Intent/Key Points	The intent of this question is to collect data on the type of living situation the client is currently experiencing.						
Response Options	<p>Adult, Child, and Young Child Versions:</p> <ul style="list-style-type: none"> • <i>[Your] House or apartment</i> • <i>Your partner’s place</i> • <i>A friend or relative’s and paying rent</i> • <i>A friend or relative’s and not paying rent</i> • <i>Permanent housing program</i> • <i>Transitional housing program</i> – The respondent should check this option if the client is living in a halfway house or three-quarter house. • <i>Domestic violence shelter</i> • <i>Emergency shelter</i> • <i>Voucher hotel or motel</i> – The respondent should check this response if the client is receiving government-funded emergency assistance to support a hotel or motel stay when other options are unavailable. • <i>Hotel or motel you pay for</i> • <i>Residential drug or alcohol program</i> • <i>Jail or prison</i> • <i>Car or other vehicle</i> • <i>Abandoned building</i> • <i>Anywhere outside</i> • <i>Somewhere else [where]</i> – The client lives somewhere else not listed and should enter their living situation in the space provided. • <i>Prefer not to answer</i> – The client, proxy, or caregiver/parent does not wish to answer. <p>Youth Version:</p> <ul style="list-style-type: none"> • <i>My Parent’s house or apartment</i> – This response replaces ‘<i>[Your] House or apartment</i>’ in the other versions of the tool. All other response options are the same. 						
Additional Considerations	If the client is living in more than one place, the client, proxy, or caregiver/parent should select the response based on where they live most of the time or where they have been living the longest.						

Are you currently employed?

Completed At	<input checked="" type="checkbox"/> Baseline	<input checked="" type="checkbox"/> Reassessment	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> Child	<input type="checkbox"/> Young child
Intent/Key Points	The intent of this question is to collect data on the client’s current self-reported employment status.						
Response Options	<ul style="list-style-type: none"> • <i>Employed, full time or part time (includes temporary, seasonal, hours change each week)</i> – The client indicates that they are employed full or part time. • <i>Not employed, seeking employment</i> – The client indicates that they are unemployed but actively looking for work. • <i>Not employed, not seeking employment (includes if you are in school and not seeking a job, retired, not looking for work because of a disability, a homemaker, etc.)</i> – The client indicates they are unemployed and not currently looking for work. • <i>Other – specify</i> – The client’s employment status is not listed. Enter it in the space provided. • <i>Prefer not to answer</i> – The client, proxy, or caregiver/parent does not wish to answer. 						
Additional Considerations	<p>Respondents should consider the client’s employment status over the past week to determine if they worked at all or had a regular job but were off work.</p> <p>If the client’s work status falls into more than one category (e.g., currently employed and retired), the respondent should select the option that best reflects their primary status.</p> <p>If the client’s employment status is not listed, the respondent should choose ‘<i>Other – specify:</i>’ and enter their response in the space provided.</p>						
Data Entry Guidance	If multiple responses are selected for this question, select ‘Invalid Response’ in SPARS.						

What is the highest level of education you have [your child has] finished?

<p>Completed At</p>	<p><input checked="" type="checkbox"/> Baseline</p>	<p><input checked="" type="checkbox"/> Reassessment</p>	<p><input type="checkbox"/> Annual</p>	<p><input checked="" type="checkbox"/> Adult</p>	<p><input checked="" type="checkbox"/> Youth</p>	<p><input checked="" type="checkbox"/> Child</p>	<p><input type="checkbox"/> Young child</p>
<p>Intent/Key Points</p>	<p>The intent of this question is to collect data on the client’s formal education level.</p>						
<p>Response Options</p>	<p>Youth and Child Versions:</p> <ul style="list-style-type: none"> • <i>Preschool – Kindergarten</i> – The client has completed preschool or kindergarten. • <i>Grade 1 – Grade 5</i> – The client has completed first grade, second grade, third grade, fourth grade, or fifth grade. • <i>Grade 6 – Grade 8</i> – The client has completed sixth grade, seventh grade, or eighth grade. • <i>Grade 9 – 12</i> – The client has completed ninth grade, tenth grade, eleventh grade, or twelfth grade. • <i>High school degree or GED</i> – The client graduated from high school or obtained a General Educational Development certificate. • <i>Prefer not to answer</i> – The caregiver/parent does not wish to answer. <p>Adult Version:</p> <ul style="list-style-type: none"> • <i>Less than high school diploma</i> – The client did not graduate from high school. • <i>High school degree or GED</i> – The client graduated from high school or obtained a General Educational Development certificate. • <i>Some vocational, technical, college, or university credits(s)</i> – The client started coursework at vocational school, technical school, college, or university but has not received a degree. Include clients who have started this coursework even if they do not have a high school degree or GED. • <i>Associate’s degree or technical/vocational certificate</i> – The client has received their associate’s degree or their vocational or technical training certificate. • <i>4-year degree or higher</i> – The client has received a bachelor’s degree, e.g., Bachelor of Arts or Bachelor of Science. • <i>Prefer not to answer</i> – The client, proxy, or caregiver/parent does not wish to answer. 						
<p>Additional Considerations</p>	<p>The respondent should mark the appropriate response to indicate the grade or year of school the client has completed.</p> <p>If more than one category applies, select the highest level of education applicable.</p> <p>Respondents should include any education received while the client was incarcerated.</p>						
<p>Data Entry Guidance</p>	<p>If multiple responses are selected, record the highest level of education applicable.</p>						

In the last 3 months, have you [has your child] attended school/college, homeschool, or vocational training regularly?

Completed At	<input checked="" type="checkbox"/> Baseline	<input checked="" type="checkbox"/> Reassessment	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Youth	<input checked="" type="checkbox"/> Child	<input type="checkbox"/> Young child
Intent/Key Points	<p>The intent of this question is to determine whether the client is currently attending school or vocational training.</p> <p>Respondents should indicate whether the client is currently enrolled and regularly attending classes or training. If they are unsure what qualifies as ‘regular’ attendance, they should select the option that best reflects the client’s current situation.</p>						
Response Options	<ul style="list-style-type: none"> • <i>Enrolled, attending regularly</i> • <i>Enrolled, not attending regularly</i> • <i>Not enrolled</i> • <i>Prefer not to answer</i> – The client, proxy, or caregiver/parent does not wish to answer. 						

In the last 3 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

Completed At	<input checked="" type="checkbox"/> Baseline	<input checked="" type="checkbox"/> Reassessment	<input type="checkbox"/> Annual	<input checked="" type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> Child	<input type="checkbox"/> Young child
Intent/Key Points	<p>The intent of this question is to collect data on whether transportation barriers are affecting the client’s ability to carry out daily responsibilities or access medical services.</p> <p>Respondents should select all that apply.</p> <p>The question refers to the past 3 months to avoid negative responses because of short-term school holidays.</p>						
Response Options	<ul style="list-style-type: none"> • <i>Yes, it has kept me from medical appointments or from getting my medications</i> – Lack of transportation has kept the client from accessing medical care. • <i>Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need</i> – Lack of transportation has kept the client from non-medical duties. • <i>No</i> – Lack of transportation has not kept the client from accessing medical care or carrying out non-medical duties. • <i>Prefer not to answer</i> – The client, proxy, or caregiver/parent does not wish to answer. 						

Client-Reported Core Outcomes

This section should be completed at all assessment points only for individuals completing the Adult (18+) version of SUPRT-C. It collects self-reported data from the client or proxy on recovery capital (e.g., physical health, mental health, substance use, stable housing, steady job, financial security, community support), quality of life, and program goals. This information helps SAMHSA assess the client’s progress on recovering from substance use and mental health issues and evaluate the long-term impact of the program.

Please choose the option that best applies to you right now:

Completed At	<input checked="" type="checkbox"/> Baseline	<input checked="" type="checkbox"/> Reassessment	<input checked="" type="checkbox"/> Annual	<input checked="" type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> Child	<input type="checkbox"/> Young child
Intent/Key Points	The intent of this question is to collect data on the client’s self-reported recovery from substance use and mental health issues.						
Response Options	<ul style="list-style-type: none"> • <i>I consider myself to be in recovery from substance use issues</i> • <i>I consider myself to be in recovery from mental health issues</i> • <i>I consider myself to be in recovery from substance use and mental health issues</i> • <i>I do not consider myself to be in recovery for substance use or mental health issues</i> • <i>I prefer not to answer – The client, proxy, or caregiver/parent does not wish to answer.</i> 						

As of right now, please select whether you strongly agree, agree, somewhat agree, somewhat disagree, disagree, or strongly disagree with each statement in the table below.

Statements include:

- a. I am physically fine most days.
- b. My mental health is fine most days.
- c. My substance use does not cause problems in my life.
- d. I have stable housing.
- e. I have a steady job or am involved in things like school, training, or volunteering.
- f. My life has purpose and meaning.
- g. I have enough money to meet my needs.
- h. I am proud of the community I live in and feel a part of it.
- i. I am supported by the people around me.
- j. The future appears bright to me.
- k. I am in control of my life.
- l. I bounce back quickly after hard times.

Completed At	<input checked="" type="checkbox"/> Baseline	<input checked="" type="checkbox"/> Reassessment	<input checked="" type="checkbox"/> Annual	<input checked="" type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> Child	<input type="checkbox"/> Young child
Intent/Key Points	The intent of this question is to assess the client’s recovery capital (i.e., health, home, community, purpose). Recovery capital consists of the internal and external resources needed to initiate and sustain recovery from mental illness or substance misuse. The responses also help to assess the degree to which grant programming fosters recovery over the course of treatment.						
Response Options	<p>For each statement, respondents should select an option from the provided Likert scale:</p> <ul style="list-style-type: none"> • <i>Strongly Agree</i> • <i>Agree</i> • <i>Somewhat Agree</i> • <i>Somewhat Disagree</i> • <i>Disagree</i> • <i>Strongly Disagree</i> • <i>Prefer not to answer</i> – The client, proxy, or caregiver/parent does not wish to answer. 						

On a scale of 0 to 100, if 0 represents no quality of life and 100 is perfect quality of life, how would you rate your quality of life?

Completed At	<input checked="" type="checkbox"/> Baseline	<input checked="" type="checkbox"/> Reassessment	<input checked="" type="checkbox"/> Annual	<input checked="" type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> Child	<input type="checkbox"/> Young child
Intent/Key Points	The intent of this question is to collect data on the client’s perceived quality of life.						
Response Options	<p>Respondents should enter a whole number from 0 to 100 in the space provided.</p> <ul style="list-style-type: none"> • <i>0-100</i> 						
Data Entry Guidance	<p>If the respondent provides a non-numerical or invalid response (e.g., a number less than 0 or greater than 100), record ‘Invalid Response’ in SPARS.</p> <p>If a decimal number between 1 and 100 is provided, round to the nearest whole number.</p>						

Which goals do you have for participating in this program? [For Reassessment and Annual versions: As a result of the services you received, which goals did you make progress on?]

Completed At	<input checked="" type="checkbox"/> Baseline	<input checked="" type="checkbox"/> Reassessment	<input checked="" type="checkbox"/> Annual	<input checked="" type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> Child	<input type="checkbox"/> Young child
Intent/Key Points	The intent of this question is to collect data on the client’s self-reported goals for participating in the grant-funded program.						
Response Options	<ul style="list-style-type: none"> • <i>Improve the symptoms that led me to services (for example distress, anxiety)</i> • <i>Reduce my drug and/or alcohol use</i> • <i>Gain access to medical services I need</i> • <i>Enroll in or finish education (for example GED, degree, vocational training)</i> • <i>Get or maintain a job</i> • <i>Live in stable housing</i> • <i>Be a better parent or caregiver</i> • <i>Improve my friendships and relationships</i> • <i>Comply with court order or avoid contact with the police and/or justice system</i> • <i>Other goal – please describe</i> • <i>Prefer not to answer – The client, proxy, or caregiver/parent does not wish to answer.</i> 						

References

Centers for Disease Control and Prevention (CDC). Disability Datasets. Disability and Health Data System (DHDS). Retrieved from <https://www.cdc.gov/dhds/datasets/index.html>