

OMB No. 0930-0400

Expires: 01/31/2028

Substance Abuse and Mental Health Services Administration (SAMHSA) Unified Performance Reporting Tool (SUPRT) - C

ADULT / CLIENT / ANNUAL FORM

Version: June 2025

OMB No. 0930-0400
Expires: 01/31/2028

CLIENT CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for adults (persons 18 years or older) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/family members or for youth (12-17 years old).

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

How is my information used?

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 7 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

Public reporting burden for this collection of information is estimated to average 7 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0400.

A. CLIENT-REPORTED CORE OUTCOMES

A1. Please choose the option that best applies to you right now:

- ☐ I consider myself to be in recovery from substance use issues
- ☐ I consider myself to be in recovery from mental health issues
- ☐ I consider myself to be in recovery from substance use **and** mental health issues
- ☐ I do **not** consider myself to be in recovery for substance use or mental health issues
- ☐ I prefer not to answer

A2. 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.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Prefer not to answer
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.	☐	☐	☐	☐	☐	☐	☐

A3. 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?

|_|_|_|

A4. As a result of the services you received, which goals did you make progress on?

CHECK ALL THAT APPLY

- ☐ Improve the symptoms that led me to services (for example distress, anxiety)
- ☐ Reduce my drug and/or alcohol use
- ☐ Gain access to medical services I need
- ☐ Enroll in or finish education (for example GED, degree, vocational training)
- ☐ Get or maintain a job
- ☐ Live in stable housing
- ☐ Be a better parent or caregiver
- ☐ Improve my friendships and relationships
- ☐ Comply with court order or avoid contact with the police and/or justice system
- ☐ Other goal - Please describe: _____
- ☐ Prefer not to answer

Thank you for completing this annual assessment form.

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[OFFICE USE ONLY] RECORD MANAGEMENT – ADULT / CLIENT / ANNUAL

CLIENT ID |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

SITE ID |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

GRANT ID |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

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

- ☐ Yes – Client
- ☐ Yes – Caregiver/Proxy
- ☐ No

1a. [IF QUESTION 1 IS YES] When?

|_|_| / |_|_| / |_|_|_|_| MM / DD / YYYY

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

- ☐ Client/Caregiver was unable to provide consent
- ☐ Client was not reached for assessment
- ☐ Client no longer in care