FIELD NUMBER	QUESTION / DESCRIPTION	FIELD NAME	FIELD LENGTH	FIELD START POSITION	FIELD END POSITION	FIELD TYPE	Α	ALLOWED VALUE(S) / FORMAT / COMMENTS
1	Provider's ID Number	fed_agency_id	10	1	10	Character	TEXT	 Right Justify and Zero Fill to Length
2	Consumer's ID	fed_consumer_id	11	11	21	Character	TEXT	
3	Not Validated		14	22	35			
4	Assigned Program Number	fed_program_no	10	36	45	Character	TEXT	
5	Date this BHHF Data Segment was collected	fed_form_date	10	46	55	Date	DATE	// include slashes MM/DD/YYYY
6	Date of Referral	fed_referral_date	10	56	65	Character	DATE	// include slashes MM/DD/YYYY
7	Date of Evaluation	fed_evaluation_date	10	66	75	Character	DATE	// include slashes MM/DD/YYYY
8	Date Treatment Services Initiated	fed_service_initiated	10	76	85	Character	DATE	// include slashes MM/DD/YYYY
9	Was the evaluation performed on a crisis basis?	fed_crisis_evaluation	1	86	86	Character	1 or 2	1 - Yes 2 - No
10	Not Validated		1	87	87			
11	Is the consumer receiving services targeted to codependents/collaterals of substance abusers?	fod collatoral	1	88	88	Character	1 or 2	1 - Yes 2 - No
12	Not Validated		2	89	90			
13	Is the consumer pregnant?	fed_pregnant	1	91	91	Character	1 or 2	1 - Yes 2 - No
14	Indicate the number of lifetime substance abuse admission(s) this consumer has had.	fed_sa_admissions	3	92	94	Character	TEXT	

FIELD NUMBER	QUESTION / DESCRIPTION	FIELD NAME	FIELD LENGTH	FIELD START POSITION	FIELD END POSITION	FIELD TYPE	A	LLOWED VALUE(S) / FORMAT / COMMENTS
15	Not Validated		6	95	100			
16	Usual Route of Administration Primary	fed_route_primary	1	101	101	Character	1 or 2 or 3 or 4 or 5 or 6 or 8 or 9	1 = Oral 2 = Nasal 3 = Smoking 4 = Injection (Non-IV) 5 = IV Injection 6 = Other 8 = Collateral 9 = Not Applicable
17	Usual Route of Administration Secondary	fed_route_secondary	1	102	102	Character	1 or 2 or 3 or 4 or 5 or 6 or 8 or 7	1 = Oral 2 = Nasal 3 = Smoking 4 = Injection (Non-IV) 5 = IV Injection 6 = Other 8 = Collateral 7 = No Secondary Drug
18	Usual Route of Administration Tertiary	fed_route_tertiary	1	103	103	Character	1 or 2 or 3 or 4 or 5 or 6 or 8 or 7	1 = Oral 2 = Nasal 3 = Smoking 4 = Injection (Non-IV) 5 = IV Injection 6 = Other 8 = Collateral 7 = No Tertiary Drug
19	Not Validated		1	104	104			
20	Frequency of Use - Primary	fed_freqency_primary	1	105	105	Character	1 or 2 or 3 or 4 or 5 or 7 or 8	1 = No use during the last 30 days 2 = 1-3 days use during last 30 days 3 = 1-2 days per week use during last 30 days 4 = 3-6 days per week use during last 30 days 5 = Daily use during last 30 days 7 = Collateral 8 = Not Applicable

FIELD NUMBER	QUESTION / DESCRIPTION	FIELD NAME	FIELD LENGTH	FIELD START POSITION	FIELD END POSITION	FIELD TYPE	Al	LLOWED VALUE(S) / FORMAT / COMMENTS
21	Frequency of Use - Secondary	fed_frequency_secondary	1	106	106	Character	1 or 2 or 3 or 4 or 5 or 6	1 = No use during the last 30 days 2 = 1-3 days use during last 30 days 3 = 1-2 days per week use during last 30 days 4 = 3-6 days per week use during last 30 days 5 = Daily use during last 30 days 6 = No Secondary Drug/Not Applicable
22	Frequency of Use - Tertiary	fed_frequency_tertiary	1	107	107	Character	1 or 2 or 3 or 4 or 5 or 6	1 = No use during the last 30 days 2 = 1-3 days use during last 30 days 3 = 1-2 days per week use during last 30 days 4 = 3-6 days per week use during last 30 days 5 = Daily use during last 30 days 6 = No Tertiary Drug/Not Applicable
23	Age at First Use - Primary	fed_age_primary	2	108	109	Character	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11	1 = Under 12 Years 2 = 12-17 Years 3 = 18-20 Years 4 = 21-24 Years 5 = 25-34 Years 6 = 35-44 Years 7 = 45-54 Years 8 = 55-64 Years 9 = 65 Years and over 10= Not Applicable Add value and description 11 = Collateral
24	Age at First Use - Secondary	fed_age_secondary	2	110	111	Character	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10	1 = Under 12 Years 2 = 12-17 Years 3 = 18-20 Years 4 = 21-24 Years 5 = 25-34 Years 6 = 35-44 Years 7 = 45-54 Years 8 = 55-64 Years 9 = 65 Years and over 10 = No Secondary Drug

FIELD NUMBER	QUESTION / DESCRIPTION	FIELD NAME	FIELD LENGTH	FIELD START POSITION	FIELD END POSITION	FIELD TYPE	AI	LLOWED VALUE(S) / FORMAT / COMMENTS
25	Age at First Use - Tertiary	fed_age_tertiary	2	112	113	Character	1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10	1 = Under 12 Years 2 = 12-17 Years 3 = 18-20 Years 4 = 21-24 Years 5 = 25-34 Years 6 = 35-44 Years 7 = 45-54 Years 8 = 55-64 Years 9 = 65 Years and over 10 = No Tertiary Drug
26	Is any portion of the Gross Monthly Income Consumer's Employment Income?	Employment_Income	1	114	114	Numeric	1 or 2	1 = Yes 2 = No
27	Is any portion of the Gross Monthly Income SSI?	SSI_Income	1	115	115	Numeric	1 or 2	1 = Yes 2 = No
28	Is any portion of the Gross Monthly Income SSDI ?	SSDI_Income	1	116	116	Numeric	1 or 2	1 = Yes 2 = No
29	Is any portion of the Gross Monthly Income Consumer's VA Pension	VA_Pension	1	117	117	Numeric	1 or 2	1 = Yes 2 = No
30	Is any portion of the Gross Monthly Income from a family member?	Family_Members_Income	1	118	118	Numeric	1 or)	1 = Yes 2 = No
31	Is any portion of the Gross Monthly Income from a source other than those previously listed?	Other_Income_Sources	1	119	119	Numeric	1 or 2	1 = Yes 2 = No
32	Does the Consumer receive TANF Assistance?	TANF_Assistance	1	120	120	Numeric	1 or 2	1 = Yes 2 = No
33	Does the Consumer receive WIC Assistance?	WIC_Assistance	1	121	121	Numeric	1 or 2	1 = Yes 2 = No
34	Does the Consumer receive Public Housing Assistance?	Public_Housing_Assistance	1	122	122	Numeric	1 or 2	1 = Yes 2 = No

FIELD NUMBER	QUESTION / DESCRIPTION	FIELD NAME	FIELD LENGTH	FIELD START POSITION	FIELD END POSITION	FIELD TYPE	A	LLOWED VALUE(S) / FORMAT / COMMENTS
35	Does the Consumer receive Food Stamps Assistance?	Food_Stamps_Assistance	1	123	123	Numeric	1 or 2	1 = Yes 2 = No
36	Does the Consumer receive a benefit other than those previously listed?	Other_Forms_Assistance	1	124	124	Numeric	1 or 2	1 = Yes 2 = No
37	Not Validated		2	125	126			
38	use in the last 30 days?	BDS_Abstain_Alcohol	1	127	127	Numeric	1 or 2 or 7	1 = Yes 2 = No 7 = Not Applicable
39	Has the consumer abstained from drug use in the last 30 days?	BDS_Abstain_Drugs	1	128	128	Numeric	1 or 2 or 7	1 = Yes 2 = No 7 = Not Applicable
40	Has the consumer participated in self-help groups?	BDS_Self_Help	2	129	130	Numeric	1, 2, 3, 4, 5, 6	1 = No attendance in past month 2 = 1-3 Times in past month (Less than once a week) 3 = 4-7 Times in past month (About once a week) 4 = 8-15 Times in past month (2 -3 times a week) 5 = 16-30 Times in past month (4 or more times a week) 6 = Some attendance in past month, but unknown frequency
41	Has the consumer been arrested in the last twelve months?	BDS_Arrest_Past_Year	1	131	131	Numeric	1 or 2	1 = Yes 2 = No
42	How many time has the consumer been arrested in the last 30 days?	BDS_Arrest_Past_30_Days	2	132	133	Numeric	Must have entry of 0 or greater	If BDS_Arrest_Past_Year = 2 "no," the value in this field must be zero, otherwise error EDI import record when value is >0 or blank.
43	Primary Substance the consumer is using.	BDS_Primary_Substance	4	134	137	Numeric		See Tab Drug Codes BDS Substance Fields for Pick List values
44	Secondary Substance the consumer is using	BDS_Seconday_Substance	4	138	141	Numeric		See Tab Drug Codes BDS Substance Fields for Pick List values
45	Tertiary Substance the consumer is using	BDS_Tertiary_Sustance	4	142	145	Numeric		See Tab Drug Codes BDS Substance Fields for Pick List values
46	Did the client attend school in the past three months?	BDS_School_Attendance	1	146	146	Numeric	1 or 2	1 = Yes 2 = No
47	Not Validated		54	147	200			For Future Expansion