

Tips for Filling Out the GRL and Frequently Asked Questions (FAQs)

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Tip Topics: (Go To Tips)

1. Macros
2. Instructions
3. Entering Data-Tabs
4. Entering Data-Order
5. Year
6. Local Staff + Site ID-Codes
7. Local Staff + Site ID-Use
8. Active status codes
9. Colored/underlined dates
10. Bold/Pink numbers on reports
11. ADMTYPE=1
12. ADMTYPE=2, 3 or 4
13. GPRA Conversion tool
14. GPRA Conversion tool and the FUL
15. Before submitting the GRL
16. Where to submit the GRL
17. GPRA Tool Update in ABS

FAQs ([Go to FAQs](#))

- [1. Correcting bold/pink numbers in FUL or TTL report](#)
- [2. Examples of Intake Status \[INTKSTAT\] on the TTL](#)
- [3. Use of \[INTKSTAT\] with Intake Level of Care \[INTKLOC\]](#)
- [4. Use of Intake Level of Care \[INTKLOC\]](#)
- [5. What is the due date for the GRL \(FUL and TTL data\)?](#)
- [6. How do I delete records from the FUL?](#)
- [7. How do I delete records from the TTL?](#)
- [8. What if I am missing an Intake Date \[INTKDT\] on the TTL?](#)
- [9. How do I change the GAIN Type on the Set up tab?](#)
- [10. Last Revision date doesn't seem to work on the FUL or TTL?](#)
- [11. What if there is a GRL update?](#)
- [12. Who should be included on the GRL?](#)
- [13. Who should be listed as FUPLAN=1?](#)
- [14. What GAIN records can I submit?](#)
- [15. What if I need a special note on the FUL or TTL Report?](#)
- [16. What if the GPRA conversion is not exact?](#)
- [17. Are "Don't Know" codes the same as missing?](#)
- [18. Coding Referral Source Site/LOC on the TTL after an AWOL and readmit](#)
- [19. When do I use 90-Active as an interview status code?](#)
- [20. Why are some 4.1 GAIN-In cells gray when it looks like they should not be?](#)
- [21. Why are there gray areas with a negative sign \(-3\)?](#)
- [22. What is the impact of FUPLAN=2?](#)
- [23. What is the impact of FUPLAN=1?](#)

Tips

1. Be sure to enable macros upon opening the GRL. This allows the buttons that sort, save, and initialize the data to work. Be sure that the macros for this file are not disabled by your e-mail security system or by Excel. In Excel, click Tools→Macros→Security and make sure the Security Level is set to Medium instead of High. Macros should be run ONLY by using one of the buttons on the tabs listed in #3 below.
2. Review the Introduction tab and the Key tabs (2.1 and 3.1) for information about the file, sections and how to enter data. Also review the GRL memo, available on the APSS website, for more details.
3. The site only enters data on the 4 tabs listed below. The remaining tabs provide instructions, summary reports or other documentation of the file.
 - a. 1. Set-up
 - b. 2.2 Follow-up Log
 - c. 3.2 Treatment Log
 - d. 4.1 GAIN-In
4. Before you start entering data in the 2.2 Follow-up Log and 3.2 Treatment Log tabs, please ensure that you have correctly updated the 1. Set Up tab.
5. In the date fields on the 1. Set Up tab, make sure the years reported are the correct years; this has implications for the Recruitment Status section of the 2.3 Follow-up Report tab. Pay particular attention to grant start, grant end, recruitment start and recruitment end dates.
6. Any local Site IDs [XSITEa] or Staff IDs [XSID] that you create in the 1. Set Up tab must be numeric rather than alphanumeric (text).
7. Do not reuse, reassign or remove local Site IDs [XSITEa] or Staff IDs [XSID]. It is fine to add a note to the text description [XSITEa] or Role on project [XSID] indicating that an ID is now inactive.
8. On the 2.1 Follow-up Log tab, for follow-up interview target dates that have passed but that have not yet been completed, please use a status code of 90-Active. For these records, the status code will show up with **orange highlighting**.
9. On the 2.1 Follow-up Log tab, if you notice colored/underlined dates, please confirm the dates in comparison to the interview status (e.g. if there is a date, the status should not be 0-Not due yet, if the status indicates an on-time interview, the date should be within the on-time window). **Red/underlined** and **orange/underlined** dates indicate errors and should never be left in the file. **Blue/underlined** or **purple/underlined** should be noted and corrected or confirmed. These colors may be fine for WAI/TxSI dates, but are rarely accepted for follow-up interviews outside the on-time or full data

collection window. Please see “Automatic Error Checking” on the 2.1 Follow-up Key tab for more information.

10. When you complete your data entry in the 2.2 Follow-up Log tab or in the 3.2 Treatment Log tab, please check the 2.3 Follow-up Report or the 3.3 TTL Site Report tabs for **bold/pink** numbers in column C. If you see any, go back to the appropriate Log tab and check for missing or incorrect values in the column associated with the bold colored number(s). Reasons for the bold pink numbers are generally noted in column D of the reports.
11. On the 3.2 Treatment Log tab, ADMTYPE should be ”1” for every client’s first intake **for this study**, even if the client had previous treatment admissions that were not related to the study. The important thing is that each client should have **one and only one** record where ADMTYPE=1. A value of “1” for ADMTYPE indicates the index admission (the admission when the client became part of the study). Admissions before that (if recorded) should be coded ADMTYPE=0. If the index admission is a step-down (e.g. aftercare following residential treatment), we recommend including on the TTL any prior admissions that are part of the same episode¹ of treatment.
12. ADMTYPE values of 2 or 3 are entered for step-down or step-up treatment continuing from the index admission. We use these codes to indicate that the treatment record is a continuation of treatment and is part of the index episode. (An episode consists of all treatment segments² with between-treatment gaps of less than 30 days).
 - a. Use ADMTYPE=2 for records following the index admission where the client’s discharge destination is another step-up or step-down or where the client is readmitted to treatment within 30 days (the latter may involve changing ADMTYPE from 3 to 2 if you thought it was the final discharge for the episode, but the client returned to treatment within 30 days. See also b. below.)
 - b. Use ADMTYPE=3 if the record is the final discharge for the index episode of care (i.e., if the discharge destination from the step-down from the index admission is NOT a step-up or step-down to another level of care). ADMTYPE=3 might change to 2 if the client is readmitted within 30 days.
 - c. Use ADMTYPE=4 for all admissions that occur more than 30 days from the last discharge associated with the index episode of care (i.e., from the record where ADMTYPE is coded 3). This represents new episode(s) of care.
13. If you use the GPRA CONVERSION TOOL SECTION of the GRL file to convert GAIN data to a format for GPRA Web site submission, and use ABS to fill the 4.1 GAIN-In tab, you will need to save and close the GRL file after each record since

¹ An episode of care is defined as a series of admissions with fewer than 30 days between discharge and re-admission. The episode begins with the first admission and ends with the last discharge where the client is not readmitted within 30 days.

² A treatment segment is a single level of care. One treatment segment is recorded in each row of the TTL.

ABS needs to find your GRL when it is not already in use. You will **not** need to use the "Press Here to Save Data and Initialize Form (or CTRL+SHIFT+S)" button each time, as ABS does that each time you use the GPRA tool. If you are entering data by hand on the 4.1 GAIN-In tab, you will need to use the "Press Here to Save Data and Initialize Form (or CTRL+SHIFT+S)" button each time **after** printing the 4.2 GPRA-Out tab will save the current client's data into the 4.3 Data tab and reset the 4.1 GAIN-In tab to its initial values.

14. Before you begin working with the GPRA CONVERSION TOOL SECTION, please ensure that you first enter data in the 2.2 Follow-up Log tab. There is a link between the 2.2 Follow-up Log tab and the 4.2 GPRA-Out tab. The GPRA-Out tab looks up the value for the interview date and follow-up status for this client for this wave/interview as it has been entered on the Follow-up Log tab. If there is no record for the client, the cells shows blank or "#N/A". If this happens, **before** you print the 4.2 GPRA-Out tab, you should go to the FUL, enter the information for this client/wave, then sort the FUL using the "Sort by XPID" button at the top of the page. This is important if you are adding a new client or have not sorted recently. When this is done, the lookups should fill in fine. Otherwise, if GPRA-Out has been printed and the GAIN-In tab is initialized, you will need to write in the date and/or follow-up status code on the hard copy.
15. Before submitting the GRL, be sure to Zip and password protect the GRL.xls file using WinZip (available at: <http://www.winzip.com/>) and the data submission password you (the site PI) received in the mail. REMEMBER THE FULL PATH AND NAME OF THIS ZIP FILE.
16. Copy and paste (or drag/drop) the zip file you just created to the FTP site located at <ftp://data.chestnut.org>. Your site's data manager WILL need a username and password to access this site. Your username is your site's XSITE value. You may obtain your password by calling (309) 820-3543 for Melissa Ives (x83408), Kate Moritz (x83428) or Kevin Swibaker (x83434). Then, once the file has been posted to the FTP site, send an e-mail message to the data submission address at: DATASUBMIT@chestnut.org. Please include your project and your location and/or site id in the subject. For example: ART 410000 Philadelphia.
17. Make sure that you have installed the GPRA Tool Update before using ABS to fill the 4.1 GAIN-In tab of the GRL. Here is the link to download the GPRA Tool update. <http://www.chestnut.org/LI/ABS/ABS%20Updates/Index.html>

If you have any questions about entering data, please review the Introduction tab and the instructions on the 2.1 Follow-up Key, the 3.1 Treatment Log Key, or the top of the 4.1 GAIN-In tab.

If this does not help, then contact:

Melissa Ives, Kate Moritz or Kevin Swibaker

Chestnut Health Systems, Inc.

720 W. Chestnut Street

Bloomington, IL 61761

E-mail: DATASUBMIT@chestnut.org.

When you call or e-mail, please note the version date of your GRL, which is found in cell B5 on the Introduction tab.

[\[Return to top of document\]](#)

FAQs

1. After completing my data entry in the 2.2 Follow-up Log tab or in the 3.2 Treatment Log tab, I see numbers in bold pink in my Follow-up Report (2.3) and the 3.3 TTL Site Report tabs. What do I do?

If you see any numbers in bold pink, go back to the Log tab and try to correct the errors in the column associated with the the section where you found the bold pink numbers. In the 2.2 Follow-up Log, this could indicate problems with the WAI/TxSI information. In the 2.2 Follow-up Log, when you have a value in column F [WAISTAT] that is one of the "Completed" statuses (11-14), ensure that you put a date in column G [WAIDT]. In the 3.2 Treatment Log tab, this could indicate problems with column K [DISCSTAT]. Be sure to enter a discharge status in column K [DISCSTAT] for every record (row). If [DISCSTAT]>0, be sure to enter a date of discharge in column L [DISCDATE] and a level of care for the discharge destination in column N [DDSLOC].

2. Can you give some more information about the contexts in which the various intake status codes [INTKSTAT] in the TTL are used?

Examples:

An adolescent's physician or a private therapist recommends substance abuse treatment. This would also be coded as 1—"new admission from the community." An INTKSTAT code of 1 is used when the client is not coming from some other treatment, agency, or system and is not a readmission within 30 days. We generally want to steer away from codes of 99 if possible, recognizing that sometimes it is not possible.

An adolescent who violates probation is offered treatment as an alternative to incarceration. He chooses treatment. The adolescent was not in juvenile hall, but was in the juvenile justice system. The judge did not refer the adolescent to a specific treatment program, rather the adolescent's lawyer did. This would be coded as "5 – transfer from juvenile justice" since although it is technically not an institution, if this client did not go to treatment, s/he would have been incarcerated—thus the client's destination was transferred from incarceration to treatment.

3. If intake status is 1 ("new admission from community"), does that automatically make Intake Referral Source Level of Care [IRSLOC] a 0 (=Community)? Or are there instances where intake status can be 1, but IRSLOC can be something other than 0?

In general, the expectation is that intake status values of 1 will be associated with [IRSLOC] values of 0. Similarly, [INTKSTAT] values of 5 should be associated with [IRSLOC] values of 51 or 52, and [INTKSTAT] values of 6 should be associated with [IRSLOC] values that represent a controlled environment (e.g. residential or inpatient services and not outpatient or aftercare-type services). These expectations are also true for [DISCSTAT] and DDSLOC]. Although these

expectations are not requirements, it is likely that we will contact a site for confirmation if we find different values.

4. If at admission to treatment, the Intake Program Level of Care is short-term residential (30 days or less), but in the course of treatment the treatment program is able to get authorization from the insurance company for 7 more days of care, which puts the level of care at moderate term (31–90 days), do we code this episode as short term or moderate? At admit, we would have coded it as short term, but now that we know that treatment extended beyond 30 days, do we recode it as moderate (31–90 days)?

The generic answer to this is that the TTL should reflect what the program thinks it is providing. Clients can stay more than 30 days in short-term residential with the kind of waiver that is indicated. Clients also frequently stay less than the full time in moderate or long-term residential.

In this case, if the program sees the extra 7 days as "more of the same" treatment, then the "Intake Program Level of Care" should remain STR. However, if the client was transferred (even if just on paper) to a different level of care (i.e., from short-term to moderate-term residential), then the TTL should have two records.

5. Am I correct in understanding that the GRL report due on the 10th day of each month is for the 1st through 30th/31st of the previous month? So my June 10 report will cover May 1 through May 31. Correct?

Yes, it is correct. The 10th is set as a due date to allow sites to finish any data entry for the previous month. It is always acceptable, even desirable, to send in the GRL anytime after the end of the reporting month (May in the question above). In addition, it is only necessary to have the reporting month data entered. It is not necessary to wait until you enter information about an interview in the submission month (June in the question above).

6. How do I delete a record from the FUL?

While it is not possible to delete an entire row from the FUL due to the need to maintain the integrity of the formulas used to create the report, it is possible to clear data that you have entered. To do this, simply highlight the data you want to remove, and hit the delete key (or [Right-click] and choose "Clear Contents"). On the FUL, you will not be able to clear the entire row since the calculated due dates are protected, but you can highlight the remaining cells (use <CTRL> Click to highlight non-consecutive cells). Then click the "Sort by XPID" button at the top to reorder the records so that there are no blank rows in the middle of the data.

7. How do I delete a record from the TTL?

While it is not possible to delete an entire row from the TTL due to the need to maintain the integrity of the formulas used to create the report, it is possible to clear data that you have entered. To do this, simply highlight the data you want to remove, and hit the delete key (or [Right-click] and choose "Clear Contents"). Then click the "Sort by XPID and INTKDT" button at the top to reorder the records so that there are no blank rows in the middle of the data.

8. If you are missing an intake date for the client in the TTL, can you use the interview date from FUL to fill the TTL record?

It would be better to get the real intake date, but if that can't be done and IF staff know that the interview was done within a day or two of the intake, then it would be all right to use the FUL interview date for the ADMDT on the TTL. In essence, you would estimate it with the interview date now and update the intake date at the first follow-up or whenever you could obtain the correct date. If you use an estimated date on the TTL, be sure to add a note that the date is an estimate (or proxy) on the FUL in the Comment (Col T) for the client.

9. On our set up page it states we are using the GAIN v 5.3 full – How do I change this to a core?

This cell (C14) is a drop-down box, so you will need to select among pre-printed options. If you click on the cell, you should see a box with a down-arrow on the right side of the cell. Click this arrow to show the other choices and select (click) the one that is appropriate for your site. (EAT sites should choose SCY-CORE, since that is the current closest option.)

10. On TTL (or FUL) the date last revised is not working.

In the original file you were sent, the date last revised is set as a formula that captures the most recent date entered in the row. If you have changed the row and manually entered a new date last revised, then the formula no longer exists and you will need to continue to manually update this information.

11. What if there is a GRL update?

If there is an update to the GRL, the data managers and the project evaluators' e-mail lists (e.g. SCY Evaluators, ART Evaluators, etc.) will receive notification prior to the end of the month. At the time of the next GRL submission, please submit the GRL as usual, but do not enter any additional information into the file until you have received the update back from CHS. Within 1-2 days of submission, you should expect to either receive the updated GRL with your data back or receive data clarification question. If there is an update, please submit your GRL even if your GRL has not changed. By doing so, you will ensure that you have the most recent file.

12. Who should be included on the GRL?

Please use the definition established by your project (ART, EAT, SCY, TCE, TCE/HIV, Earmarks) and/or your IRB. It is possible to include anyone who is being treated through the project and for whom you have GAIN data--even if it is just GAIN-I and no Follow Up is planned, and those for whom you have only GPRA data. The information on the GRL (specifically that in the 2.2 Follow-up Log) is used by CHS

to determine which clients should have GAINs in the data submission. For the TTL, please include clients who are included in the study for your project—i.e. GAIN or GPRA is completed and Follow-up is planned for the client.

13. Who should be listed as having a follow-up planned (FUPLAN=1)?

This is an indicator to determine which GAIN-M90s will be found in the data submission. Please indicate FUPLAN=1 for any client who is scheduled to complete GAIN-M90 follow-up interviews. The decision regarding specific clients will need to reflect project requirements and local site decisions. FUPLAN=0 means that, while you did conduct an intake assessment (GAIN-I), you will not be doing GAIN-M90s on this client. FUPLAN=2 means that the client was asked only the GPRA instrument at intake and will be asked only the GPRA instrument for each follow-up that is conducted.

14. For which clients can you send GAIN data?

We can prepare and return any GAIN records you send. We are not required to prepare and return non-study participant data, therefore, we ask that study participants be clearly identified in the data. If you do end up having a small number of non study participants, let Melissa Ives know and she can go over the typical ways we identify them in the data. However, you should again follow your site/IRB guidelines or protocols.

15. How to handle special notes about the FUL and TTL reports?

Any text you would like may be added as a footnote to the FUL or TTL reports to clarify any temporary or unusual situation. If you would like this to happen, when you submit the data, please include in the e-mail message the text you would like to add. Please write this text in such a way that it would be appropriate for a report including summaries from every other site. For example: "<Site City PROJECT> is reviewing each record for planned follow-up, some clients currently indicated as FUPLAN=1 may be changed in future reports to FUPLAN=0."

16. What if the GPRA conversion is not exactly the same as what actually happened?

The conversion tool calculates the data in a manner that is acceptable to meet GPRA requirements for CSAT adolescent programs using the GAIN. If you are using the conversion tool, it is important to use the conversion tool for **all** your cases and to enter the data as computed by the conversion tool into the GPRA website. Failure to consistently use the data derived from the conversion tool will create problems in the GPRA data set and negatively impact any aggregate data analysis that CSAT performs.

17. “Don’t Know” response on the GAIN converts to “Missing” in GPRA

The GAIN uses the same code (-8) for both “Don’t Know” and “Missing”. Therefore there is no distinction between these two. Most GPRA related variables have less than 1% missing for either of these two reasons. We chose to code -8 GAIN values as “Missing” in GPRA because both Don’t Know and Missing are Missing, while the opposite is not true.

18. A client was readmitted after an initial AWOL from the index treatment program within 30 days of the AWOL. For the re-admit (2nd treatment episode), RSSITE and IRSLOC have been coded the same as the XSITEA and INTKLOC on the index treatment episode. Is this appropriate?

I think that is fine since the instructions say to identify in IRSLOC and RSSITE the agency that is indicated in INTKSTAT and that code was 2-Readmit within 30 days. To some degree this would be a site decision regarding what you want to know about referral source--in this example, you are indicating a preference for knowing that the client came from the prior treatment agency rather than that they came from the community.

19. When do I use 90-Active as an interview status code? Recent admissions, which did not have the TxSi completed yet, but who are still active in treatment and for whom we will try to get the TxSI this week. I put code of "90-Active"--is this what that refers to? Actively seeking??

Yes, exactly. It means you are actively trying to get the instrument completed (either TxSI or GAIN-M90). Any interview, especially follow-up interviews, where the due date has passed and the interview is not yet complete should have the status changed from 0 to 90.

20. Why are some 4.1 GAIN-In cells gray when it looks like they should not be? Although the instructions indicate gray shaded cells are to be skipped. They are in fact crucial in many spots. For example: date of the interview is a gray box. We have to manually enter the data, or it will not allow clients birth date to be entered. Some of the questions needed in the M90 are in gray but provide a page number for extracting the information.

If you have filled in and sorted the FUL data for the client first, this information will be looked up. Otherwise, you are correct, you will need to enter it manually. You are also right that birth date (only needed on the GAIN-I) needs to be within a teenage number of years from the interview date. Regarding the M90 items in gray that do provide page numbers, some items are grayed out because for GPRA (past month items), they will be legitimately skipped based on the recency items (where they would not have been skipped in the GAIN (90 day items)).

21. Why are there gray areas with a negative sign (-3)? What does this number indicate?

A value of -3 means that the items were never asked by the site. If you are using a pre-5.3 version of the GAIN, then the GPRA items that were added with 5.3 are coded as not asked. If you did ask the GPRA supplement (available for version 5.2 as an add on), then you can enter the values as needed. Please make sure your site is using a version 5.3 now (downloadable from the APSS website).

22. On the Follow-up Log, if FUPLAN is 2-GPRA Only, what impact does this have on the remaining status and date fields?

There are 2 main impacts on the remaining fields. First, clients who are only being asked the GPRA instrument are not required to do the TxSI or the WAI. This status and date should be coded 3-Not Applicable. Second, there are new completion codes for the follow-up interviews (M90), instead of 11-ontime and 12-not ontime, the codes for GPRA only are 13-ontime and 14-not ontime. If you use 11 or 12 for a GPRA only client, status will appear with yellow highlights.

23. On the Follow-up Log, if FUPLAN is 0-Follow-up NOT planned, what impact does this have on the remaining status and date fields?

If a client is not planned for follow-up then no dates or status values are expected for the TxSI/WAI or for any of the follow-up waves. Please leave the status and date fields blank for the TxSI and 3m, 6m, 9m and 12m follow-ups.

If you have any questions about entering data, please review the Introduction tab and the instructions on the 2.1 Follow-up Key, the 3.1 Treatment Log Key, or the top of the 4.1 GAIN-In tab.

If this does not help, then contact:

Melissa Ives, Kate Moritz or Kevin Swibaker
Chestnut Health Systems, Inc.
720 W. Chestnut Street
Bloomington, IL 61761
E-mail: DATASUBMIT@chestnut.org.

When you call or e-mail, please note the version date of your GRL, which is found in cell B5 on the Introduction tab.

[\[Return to top of document\]](#)