

REDCap Data Verification

This document contains common data verification errors for the GPRA when entered into the REDCap project. They are organized by the order in which they occur in the GPRA during data entry, and include:

- The question(s) in which errors will most commonly appear,
- A screenshot of the validation note associated with the error,
- An explanation of the error and the associated correction.

If data error messages appear that you need clarification on but are not found on this sheet, email a screenshot of the error message and an explanation or questions to Caleb Hogeterp at hogeterp@wisc.edu.

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Section B: Alcohol and Drug Use

B1: The value for "Any Alcohol Use" is **x days**. The values for "Alcohol to Intoxication (5+ drinks in one sitting)" and "Alcohol to intoxication (4 or fewer drinks in one sitting)" must add up to be less than or equal to **x days**.

B. DRUG AND ALCOHOL USE	
<i>"Okay, these next questions are going to ask you about your drug and alcohol use."</i>	
1. During the past 30 days, how many days have you used the following...	
<u>Substance</u>	<u>Number of days used:</u>
a. Any alcohol? <small>* must provide value</small>	2 days
b.1. Alcohol to intoxication (5+ drinks in one sitting) <small>* must provide value</small>	1 days
b.2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high) <small>* must provide value</small>	9 days
The value for "Any Alcohol Use" is 2 days. The values for "Alcohol to Intoxication (5+ drinks in one sitting)" and "Alcohol to intoxication (4 or fewer drinks in one sitting)" must add up to be less than or equal to 2 days.	
c. Illegal drugs <small>* must provide value</small>	0 days

The number of days that the client has drunk alcohol (B1a) must be equal to or greater than the number of times than the value of the total days of alcohol is drunk to intoxication (B1b1) and the value of the total days of alcohol is drunk to intoxication and felt high (B1b2).

If you receive this error message, **reduce the values of B1b1 and B1b2 to be equal to the value of B1a.**

E4: This client indicated that they used illegal drugs on **x days** and the value for the number of times they have committed crimes should be greater than **x**.

c. Illegal drugs <small>* must provide value</small>	3 days
d. Both alcohol and drugs (on the same day) <small>* must provide value</small>	0 days
E4. In the past 30 days, how many times have you committed a crime?	1 number of times
<small>(VALUE MUST BE GREATER THAN OR EQUAL TO AMOUNT OF DAYS IN WHICH ILLEGAL DRUGS WERE USED) (VALUE MUST BE GREATER THAN OR EQUAL TO THE NUMBER OF DAYS IN WHICH ILLEGAL DRUGS WERE USED.) <small>*must provide value</small></small>	
This client indicated that they used illegal drugs on 3 days and the value for number of times they have committed a crime should be equal to or greater than 3.	

Because the use of illegal substances is a crime, the value of E4 must be equal to or greater than the number of times they have used illegal drugs (B1c).

If the value in E4 is less than B1c, **change the value of E4 to be equal to B1c.**

*B1c & B2: The value entered for the number of days the client has used any illegal drugs is **x days** and the value for all specific drugs must be less than **x days**.*

c. Illegal drugs	15	▼
<small>* must provide value</small>	days	
d. Both alcohol and drugs (on the same day)	0	▼
<small>* must provide value</small>	days	
E4. In the past 30 days, how many times have you committed a crime?	15	
	number of times	
<small>(VALUE MUST BE GREATER THAN OR EQUAL TO AMOUNT OF DAYS IN WHICH ILLEGAL DRUGS WERE USED) (VALUE MUST BE GREATER THAN OR EQUAL TO THE NUMBER OF DAYS IN WHICH ILLEGAL DRUGS WERE USED.) <small>*must provide value</small></small>		
Data Discrepancy!		
The value entered for the number of days the client has used any illegal drugs is 15 days and the value for all specific drugs must be less than 15 days .		
2. During the past 30 days, how many days have you used any of the following?		<small>Note the usual route. For more than one route, choose the most severe. The routes are listed from least severe (oral) to most severe (IV).</small>
Substance	Number of Days	Route
a. Cocaine/Crack	0	▼
<small>*must provide value</small>	days	
b. Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)	30	▼
<small>*must provide value</small>	days	Oral <small>*must provide value</small>

The number of days each specific substance was used listed in B2 must be equal to or less than the value of the number of days illegal drugs were used in B1c.

If a client reports using specific substances in the last 30 days that has a value greater than the value for illegal drug use, **change B1c to be equal to the number of days reported in B2 for that substance.**

Section C: Family and Living Conditions

C3 – C5: Stress and emotions from drug or alcohol use in the last 30 days.

For questions C3 - C5: Responses of 'Not at all' should be changed to 'Not Applicable' for this client because they have indicated no drug or alcohol use in the last 30 days.

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

Not at all
 Somewhat
 Considerably
 Extremely
 Not Applicable
 Refused
 Don't Know

reset

This response should be changed to 'Not Applicable' because the client reported no drug or alcohol use in the last 30 days!

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

Not at all
 Somewhat
 Considerably
 Extremely
 Not Applicable
 Refused
 Don't Know

reset

This response should be changed to 'Not Applicable' because the client reported no drug or alcohol use in the last 30 days!

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

Not at all
 Somewhat
 Considerably
 Extremely
 Not Applicable
 Refused
 Don't Know

reset

This response should be changed to 'Not Applicable' because the client reported no drug or alcohol use in the last 30 days!

If the client has indicated no drug or alcohol use in the last 30 days in questions B1a and B1c, 'Not at all' is not a valid response for questions C3-C5. **The response in the GPRA should be changed from 'Not at all' to 'Not applicable'. Any response other than 'Not at all' in the list is valid in the case the client used no drugs or alcohol in the last 30 days.**

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

* must provide value

Not at all
 Somewhat
 Considerably
 Extremely
 Not Applicable
 Refused
 Don't Know

reset

'Not applicable' is not a valid response unless the client has indicated no drug or alcohol use in the past 30 days!

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

* must provide value

Not at all
 Somewhat
 Considerably
 Extremely
 Not Applicable
 Refused
 Don't Know

reset

Not applicable is not a valid response unless the client has indicated no drug or alcohol use in the past 30 days!

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

* must provide value

Not at all
 Somewhat
 Considerably
 Extremely
 Not Applicable
 Refused
 Don't Know

reset

Not applicable is not a valid response unless the client has indicated no drug or alcohol use in the past 30 days!

If the client has used either drugs or alcohol in the last 30 days in questions B1a and B1c, **any response except for 'Not applicable' is a valid response.**

Section D: Education, Employment, and Income

D4: Approximately how much money did YOU receive in the past 30 days from...

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

a. Wages <small>*must provide value</small>	\$ 800	
b. Public assistance <small>*must provide value</small>	\$ 120	
c. Retirement <small>*must provide value</small>	\$	<input type="radio"/> RF <input type="radio"/> DK reset
d. Disability <small>*must provide value</small>	\$	<input type="radio"/> RF <input type="radio"/> DK reset
e. Non-legal Income <small>*must provide value</small>	\$	<input type="radio"/> RF <input type="radio"/> DK reset
f. Family and/or friends <small>*must provide value</small>	\$ 20	
g. Other (Specify Below) <small>*must provide value</small>	\$	<input type="radio"/> RF <input type="radio"/> DK reset

You must enter a value for each type of income!

There must be a value entered for each source of income in this question. You cannot leave a section blank if the client receives no income from that source.

If the client replied they did not know or refused the question, **select “RF” for refused and “DK” for don’t know. Otherwise, enter ‘0’ for each amount.**

Section E: Crime and Criminal Justice Status

E3 & C1: In the past 30 days, how many nights have you spent in jail / prison?

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

number of nights

If this client has spent more than 15 nights in jail/prison, the answer for C1 ("In the past 30 days, where have you been living most of the time?") **must be** "Institution"

You must go back to update the answer to Question C1 to "Institution"!

If the client has spent 15 or more nights in jail or prison, their main place of residence is designated as 'institution'.

In question C1 (*Where have you been living most of the time?*), the response must be selected as '**institution**'. Return to C1 and switch the response to reflect this.

Planned Services

Identify the services you plan to provide to the client during the client's course of treatment/recovery.

A. PLANNED SERVICES	
*** STAFF ONLY SECTION ***	
Identify the services you plan to provide to the client during the client's course of treatment/recovery.	
Modality (SELECT AT LEAST ONE MODALITY) <small>* must provide value</small>	<ul style="list-style-type: none"><input type="checkbox"/> 1. Case Management<input type="checkbox"/> 2. Day Treatment<input type="checkbox"/> 3. Inpatient/Hospital (Other Than Detox)<input type="checkbox"/> 4. Outpatient<input type="checkbox"/> 5. Outreach<input type="checkbox"/> 6. Intensive Outpatient<input type="checkbox"/> 7. Methadone<input type="checkbox"/> 8. Residential/Rehabilitation<input type="checkbox"/> 9A. Detoxification - Hospital Inpatient<input type="checkbox"/> 9B. Detoxification - Free-Standing Residential<input type="checkbox"/> 9C. Detoxification - Ambulatory Detoxification<input type="checkbox"/> 10. After Care<input type="checkbox"/> 11. Recover Support<input type="checkbox"/> 12. Other (Specify below)
Select at least one modality!	
Treatment Services (SELECT AT LEAST ONE SERVICE) <small>* must provide value</small>	<ul style="list-style-type: none"><input type="checkbox"/> 1. Screening<input type="checkbox"/> 2. Brief Intervention<input type="checkbox"/> 3. Brief Treatment<input type="checkbox"/> 4. Referral to Treatment<input type="checkbox"/> 5. Assessment<input type="checkbox"/> 6. Treatment Recovery/Planning<input type="checkbox"/> 7. Individual Counseling<input type="checkbox"/> 8. Group Counseling<input type="checkbox"/> 9. Family/Marriage Counseling<input type="checkbox"/> 10. Co-Occurring Treatment/Recovery Services<input type="checkbox"/> 11. Pharmacological Interventions<input type="checkbox"/> 12. HIV/AIDS Counseling<input type="checkbox"/> 13. Other Clinical Services (Specify below)
Select at least one service!	

You must select at least one modality, and at least one treatment service. If no services are selected, or you do not know which services you will be providing, you will receive this error message.

To correct this error, select **1. Case Management** under Modality and **1. Screening** under Treatment services.