OMB # 0930- XXXX
Expiration Date: xx/xx/xxxx

# *Parent Child Assistance Program (PCAP)*

FADU, University of Washington
180 Nickerson, Seattle WA 98109 (206) 543-7155

Date of ASI (A): _____

Adv #: _____

## ADDICTION SEVERITY INDEX — INTAKE INTERVIEW

Family I.D. #_____ Mother's birthdate: _____

Interviewer:_____ Enrollment date: _____ Delivery Hospital: _____

Child's Gender:_____ Gestational Age: _____*weeks*

Child's Due Date/Birthdate: _____ Mother's PIC # _____

Name of child: (first) _____ (last) _____ (middle) _____ (other) _____

Name of mother: (first) _____ (last) _____ (middle) _____ (maiden/ other) _____

(nicknames/aliases) _____

Name of father: (first) _____ (last) _____ (middle) _____ (other) _____

Who are you living with? Names and relationship: _____

Address: _____
*City* *State* *Zip*

Phone: (  ) _____ *Name phone listed under:* _____

Do you have any plans to move in the next few months? _____ (Where to?) _____

Are you employed outside the home now? _____ Where? _____

Type of work:_____ Phone: (  ) _____

Are you in school? _____ What/where? _____

Where did you go for prenatal care?_____

Where do you plan to take the baby for checkups and medical care?_____

***INTERVIEWER: ASK FOR REFERENCES AT END OF INTERVIEW:***

*Could you give me the names of relatives or friends who might know your whereabouts if you move and we lose contact with you, or if there's an emergency?*

Name: _____
Address: _____
City, State, Zip: _____
Phone: (  ) _____
*Name listed under:* _____
Relationship to you: _____
Place of Employment: (& phone) (  ) _____

Name: _____
Address: _____
City, State, Zip: _____
Phone: (  ) _____
*Name listed under:* _____
Relationship to you: _____
Place of Employment: (& phone) (  ) _____

Name: _____
Address: _____
City, State, Zip: _____
Phone: (  ) _____
*Name listed under:* _____
Relationship to you: _____
Place of Employment: (& phone) (  ) _____

**Father of Baby** Name: _____
Address: _____
City, State, Zip: _____
Phone: (  ) _____
*Name listed under:* _____
Relationship to you: _____
Place of Employment: (& phone) (  ) _____

When you're using, where are you likely to go, where might we find you? _____

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 OMB control number. The OMB control number for this project is 0930-xxxx. Public reporting burden for this collection of information is estimated to average 2 hours and 45 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland,20857.

# Addiction Severity Index 5th Edition

## University of Washington Modification for Pregnant & Postpartum Women (UWASI)

**The UWASI is a modified version of the 5th edition of the ASI. It includes all items from the 5th edition ASI along with additional questions specific to pregnant and postpartum women. It contains 9 potential problem areas, as well as family/childhood history**.

**INTRODUCING THE ASI:** Introduce and explain the nine potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, Psychiatric, Children and Family Planning, and Community Services and that some questions will also be asked about childhood history. All clients receive this same standard interview. All information gathered is confidential; explain what that means in your facility; who has access to the information and the process for the release of information.

There are two time periods we will discuss:

1) The past 30 days
2) Lifetime

**Client Rating Scale:** Client input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.

The scale is:
0 - Not at all
1 - Slightly
2 - Moderately
3 - Considerably
4 - Extremely

Inform the client that he/she has the right to refuse to answer any question. If the client is uncomfortable or feels it is too personal or painful to give an answer, instruct the client not to answer. Explain the benefits and advantages of answering as many questions as possible in terms of developing a comprehensive and effective treatment plan to help them.

***Please try not give inaccurate information!***

When you interview, do not simply record information. Be sure that you understand the intent of every question on the ASI so that you can accurately convey that intent to the client. Probe, repeat, paraphrase until you are sure the client understands what is being asked. Remember that as the interviewer, you are responsible for the integrity of information collected on the ASI.

Monitor the consistency of information provided by the client throughout the interview. It is not acceptable to simply record what is reported.

—Paraphrased from the Preface to the Fifth Edition of the ASI Workbook (Barbara Fureman, Gargi Parikh, Alicia Bragg, and A. Thomas McLellan, University of Pennsylvania/Veterans Administration Center for Studies of Addiction).

**INTERVIEWER INSTRUCTIONS:**

1) Leave no blanks.
2) Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems).
3) -7 = Question not answered.
   -8 = Question not applicable
4) When noting comments, please write the question number.

**HALF TIME RULE:** If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

**CONFIDENCE RATINGS:**
⇒ Last two items in each section.
⇒ Do not over-interpret.
⇒ Denial does not warrant misrepresentation.
⇒ Misrepresentation = overt contradiction in information.

***Probe, cross-check and make plenty of comments!***

**HOLLINGSHEAD CATEGORIES (Licit work only):**

1. **Higher execs, major professionals, owners of large businesses**
2. **Business managers, proprietors of medium-sized businesses** ($60,000-$175,000)**, lesser professionals** (e.g., optician, pharmacist, social worker, teacher [licensed], personnel manager, registered nurse).
3. **Administrative managers and personnel,** (e.g., appraiser, chief clerk, insurance agent, private secretary, major sales representative), **owners/ proprietors of small businesses** (value under $60,000; e.g., bakery, beauty hop, cigarette machines, convenience store, engraving business, florist, decorator), **minor professionals** (e.g., actor, commercial artist, credit manager, oral hygienist, piano teacher, reporter, travel agent).
4. **Clerical and sales** (e.g., bank clerk or teller, bill collector, bookkeeper, car sales person, clerical worker, ferry worker, post office clerk, sales clerk, shipping or warehouse clerk, secretary), **technician** (e.g., camp counselor, dental technician, inspector, investigator, PBX operator, window trimmer), **proprietor of little business** (e.g., flower shop, food vendor, newsstand, sewing/tailor).
5. **Skilled manual (usually having had training)**. Baker, chef, cosmetician, barber, chef, electrician, fireman, hair stylist, lineman, locksmith, machinist, massage therapist, mechanic, paperhanger, painter, plumber, policeman, postal carrier, repairman, tailor (trained), word processing.
6. **Semi-skilled**. Apprentice (electrician, printer, etc.), assembly line worker, bartender, bus driver, checker, childcare in home (licensed, trained), cocktail waitress, convenience store clerk, cook (short order), daycare in a center (trained), delivery person, dressmaker (machine), filing clerk, garage and gas station attendant, hairdresser, hospital aide, housekeeper (some training), meter reader, trained nursing home aide, practical nurse, painter, security guard, taxi driver, truck driver, waitress (at one of the "better" places).
7. **Unskilled**. Amusement park workers (bowling alleys, pool rooms), attendant, cafeteria worker, car wash attendants, childcare in home (no training), construction helper, counterperson, domestic, home aide (unlicensed), home piecework, hotel maid (little training), hospital worker (unspecified), janitor, labor (unspecified), laundry worker, messenger, parking lot attendant, porter, telephone solicitor, stock handlers, waitress ("hash house"), welfare recipient. Include unemployed.
8. Never employed.

**PSYCHIATRIC DIAGNOSES:**

See appendix in UWASI manual (listing by category: p. xii - p. xvii; alphabetic listing: p. xviii - p. xxii).

Note that FAS is a medical, not a psychiatric diagnosis.

**ALCOHOL/DRUG USE INSTRUCTIONS:**

Alcohol and Commonly Used Drugs: Drug terms and amounts. See appendix in UWASI manual (p. vi - p. xi).

Code alcohol amounts by equivalent drinks:
Generally, 1 drink = 1 12-oz beer = 1 4-oz wine = 1 1.5-oz hard liquor (i.e., a "single"). A single 40-ouncer is not 1 drink!

The following questions refer to two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days.

⇒ 30 day questions only require the number of days used.
⇒ Lifetime use is asked to determine extended periods of use.
⇒ Regular use = 3+ times per week, binges, or problematic irregular use in which normal activities are compromised.
⇒ Alcohol to intoxication does not necessarily mean "drunk." Use the words "to feel or felt the effects," "got a buzz," "high," etc. instead of intoxication. As a rule of thumb, 3+ drinks in one sitting, or 5+ drinks in one day defines "intoxication."
⇒ How to ask these questions:
→ "How many days in the past 30 have you used....?"
→ "How many years in your life have you regularly used....?"

PCAP Client Module

# Addiction Severity Index 5th Edition - Intake Interview

## Modification for Pregnant & Postpartum Women (Part A of 2 Parts)

**Agency Name:** _____ **Site Name:** _____

**Client #:** __ __ __ __ __ __ **Date:** __ __ / __ __ / __ __ __ __

INSTRUCTIONS: Leave no blanks. Unless otherwise noted, where appropriate, code items:
-7 = Question not answered, client doesn't know, doesn't understand
-8 = Question not applicable
-9 = Question never asked

Space is provided at right for additional comments.

***Assure client of confidentiality***

## GENERAL INFORMATION

**A. Target Child Due Date** __ __ / __ __ / __ __ __ __
*If TC already born, list date of birth.* m m d d y y y y

**B. Date of enrollment** __ __ / __ __ / __ __ __ __
*Date consent signed* m m d d y y y y

**C. Advocate #** ___ ___ ___

**D. Referral Code** ___ ___ ___

*Name of source:* _____

**G5. Date of interview** __ __ / __ __ / __ __ __ __
m m d d y y y y

**G6. Time Begun** ___ ___ : ___ ___
*Use 24 hr clock; code hours:minutes*

**G7. Time Ended** ___ ___ : ___ ___
*Use 24 hr clock; code hours:minutes* HRS MINS

**G9. Contact Code** ___
1 - PCAP Office 2 - Phone 5 - Other *(tx center, client's home)*

*Specify other:* _____

**G11. Interviewer Code Number** ___ ___ ___

**G14. How long have you lived at your current address?** ___ ___ / ___ ___
Yrs Mos

**G15. Is this residence owned by you or your family?** ___
0 - No 1 - Yes

**G15a. Zip code of client** __ __ __ __ __

**G16. Date of birth of client** __ __ / __ __ / __ __ __ __
m m d d y y y y

**G16a. Client's Age** ___ ___

**G17. Race**
Indicate for each: 0 - No, 1 - Yes

| | | | |
|---|---|---|---|
| a. Am./Can. Indian | ___ | e. Alaska Native | ___ |
| b. Asian | ___ | f. Hispanic | ___ |
| c. Black | ___ | g. White | ___ |
| d. Native Hawaiian/ Other Pacific Islander | ___ | h. Other *(specify below)* | ___ |

*Specify other:* _____

**G18. Religious preference** ___
1 - Protestant/Christian 4 - Islamic
2 - Catholic 5 - Other *(specify below)*
3 - Jewish 6 - None

*Specify other:* _____

## GENERAL INFORMATION COMMENTS

(Include the question number with your notes)

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***Parent-Child Assistance Program (PCAP)***
*University of Washington*
*180 Nickerson, Suite 309, Seattle, WA 98109*
*(206) 543-7155 (206) 685-2903*

## GENERAL INFORMATION (cont)

**G18a. Do you go to church? How active are you?** ___

0 - No, do not go
1 - Yes, but not very active
2 - Yes, but sometimes active
3 - Yes, and very active

*Which church?* _____

**G19. Have you been in a controlled environment in the past 30 days?** ___

1 - No
2 - Jail/prison
3 - Alcohol or drug tx
4 - Medical tx
5 - Psychiatric tx
6 - Other *(specify below)*

*Specify other:* _____

*A place, theoretically, without access to alcohol/drugs; halfway house generally not controlled environment. If more than one environment, code where majority of time.*

**G20. How many days?** ___ ___

*TOTAL days of past 30 in ALL controlled settings.*
*If G19 is No, code -8.*

**G21. Is client enrolled in PCAP under a Child Protective Services (CPS) contract condition?** ___

0 - No 1 - Yes

## GENERAL INFORMATION COMMENTS

(Include the question number with your notes)

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**Client #: __ __ __ __ __ __** **Date: __ __ / __ __ / __ __ __ __**

## MEDICAL STATUS

Note: Restrict to physical medical problems only. Do not include psychiatric problems, or physical problems due only to alcohol or drug use (both will be recorded elsewhere).

**M1. How many times in your life have you been hospitalized for medical problems?** ___ ___

*Overnight, not simple E.R. Normal childbirth not counted, but complications in childbirth are. Include o.d.'s, d.t.'s. Do not include detox, psych or rehab hospitalization.*
*PROBE for injury, assault, car accident.*

**M2. How long ago was your last hospitalization for a physical problem?** __ __ / __ __ (Yrs / Mos)

*If never hospitalized, then code -8/-8.*

**M3. Do you have any chronic medical problems which continue to interfere with your life?** *(Include FAS/FAE diagnosis)* ___

0 - No 1 - Yes

*Specify:* _____

*Requiring continuous or regular care on the part of client, not a temporary condition. Examples of chronic medical problems: ulcers, cirrhosis, heart conditions, hepatitis, hypertension, AIDS-related problems, abscesses of the arms/legs, etc.*

*Not minor allergies, need for reading glasses, etc.*

*To determine whether or not a medical problem is related only to drugs and alcohol, (therefore not coded here), ask yourself, if she stopped using, would this problem disappear without medical tx?*

**M4. Are you taking any prescribed medication on a regular basis for a physical problem?** ___

0 - No 1 - Yes

*What?* _____

*For above medical condition(s), legitimately prescribed, whether or not client takes the med. Do not include meds for psychiatric conditions, or for short-term or temporary conditions (like colds, detox), birth control pills, nicorette.*

**M4a. Have you ever been tested for HIV/AIDS?** ___

0 - Never tested
1 - Tested, negative results
2 - Tested, positive results
3 - Tested, inconclusive results
4 - Tested, never got results
-7 - Don't know

**M4b. Date of last HIV/AIDS test (mo/yr)** __ __ / __ __ (Mo / Year)

**M4c. Have you ever been tested for Hepatitis B?** ___

*Use codes from M4a*

**M4d. Have you ever been tested for Hepatitis C?** ___

*Use codes from M4a*

**M4e. Have you worked as a prostitute in the last 3 years (for either drugs or money)?** ___

0 - No 1 - Yes

*Specify:* _____

**M5. Do you receive a pension for a physical disability?** ___

0 - No 1 - Yes

*Includes Worker's Comp.*
*Does not include psychiatric disability.*

**M6. How many days have you experienced medical problems in the past 30 days?** ___ ___

*Include only medical problems that would be present even if the client were to become abstinent.*
*Include minor ailments such as colds or flu.*

**For Questions M7 & M8, ask client to use the Client's Rating Scale**

*Have client restrict her responses to only those medical problems counted in M6.*

**M7. How troubled or bothered have you been by these medical problems in the past 30 days?** ___

**M8. How important to you now is treatment for these medical problems?** ___

## MEDICAL COMMENTS

(Include the question number with your notes)

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## MEDICAL STATUS (cont)

**CONFIDENCE RATINGS**

**Is the above information significantly distorted by:**

**M10. Client's misrepresentation?** ___
0 - No 1 - Yes

*In all sections this means contradictory information has been presented by the client, conflicting reports that the client cannot justify.*

*It does not mean a simple "gut hunch." Disregard client's demeanor.*

**M11. Client's inability to understand?** ___
0 - No 1 - Yes

**INTERVIEWER CLIENT NEED RATING**

**M99. How would you rate this client's need for medical treatment?** ___

0 - No medical problems, no need.

1 - Medical problems, but current tx has brought condition to a controlled, non-problematic state.

2 - Need for more tx in addition to client's current tx, but not immediately life-threatening.

3 - Urgent need for more tx in addition to client's current tx. Should be a high advocate priority.

## MEDICAL COMMENTS

(Include the question number with your notes)

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**Client #:** __ __ __ __ __ __ **Date:** __ __ / __ __ / __ __ __ __

## EMPLOYMENT/SUPPORT STATUS

**E1. Education completed** __ __ / __ __
*Code GED 55 yrs, 00 mos* Yrs Mos

*If more than GED, code highest level; formal education only*

**E2. Training or technical education completed** __ __
*Formal, organized training only* Mos

**E3. Do you have a profession, trade, or skill?** ___
0 - No 1 - Yes

*Specify in detail:* _____

*Any employable, transferable skill acquired through specialized training or education.*

**E4. Do you have a valid driver's license?** ___
0 - No 1 - Yes
*Valid license; not suspended/revoked.*

**E4a. Do you have another form of picture identification?** ___
0 - No 1 - Yes
*Must be legal, not forged or borrowed.*

**E4b. Is transportation usually a problem for you?** ___
0 - No 1 - Yes

**E5. Do you have an automobile available for use?** ___
0 - No 1 - Yes
*If answer to E4 is No, then E5 must be No.*
*Does not require ownership, only requires availability on a regular basis.*

**E5a. How do you usually get around?** ___

1 - Own car
2 - Use friend/relative's car
3 - Rides from friends/relatives
4 - Bus
5 - Taxi
6 - Walk
7 - Other

*Specify other:* _____

**E6. How long was your longest full-time job?** __ __ / __ __
Yrs Mos

**E7. Usual (or last) occupation** ___

*Specify in detail:* _____

*Code appropriate Hollingshead Category.*
*No usual occupation, record last job.*
*Code 8 only when client has not worked at all.*

**E8. Does someone (a person) contribute to your support in any way?** ___
0 - No 1 - Yes
*Regular support in form of cash, housing, food.*
*Include spouse's contribution.*
*Exclude institutionalized support.*

**E9. Does this support constitute the majority of your support?** ___
0 - No 1 - Yes
*If E8 is No, then E9 is -8. If information from E12-E17 does not confirm this initial response, clarify any discrepancy.*

**E10. Usual employment pattern, past 3 years** ___

1 - Full time (≥ 35 hrs/wk)
2 - Part time (regular hrs)
3 - Part time (irregular, daywork)
4 - Student
5 - Military service
6 - Retired/disability
7 - Unemployed
8 - In controlled environment

*Most representative, not necessarily most recent. If equal times for more than one category, code most current. Includes "under the table" jobs. Jobs in prison are not counted as employment.*

**E11. How many days were you paid for working in the past 30?** __ __
*Include paid sick/vacation days, "under-the-table" work.*
*Jobs in prison are NOT counted.*

## EMPLOYMENT/SUPPORT COMMENTS

(Include the question number with your notes)

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## EMPLOYMENT/SUPPORT STATUS (cont)

**How much money did you receive from the following sources in the past 30 days?**

*Remind client of confidentiality if client is reluctant to answer. Focus here is on amount of CASH available to client, not on estimate of client's net worth.*

**E12. Employment** $___,___ ___ ___
*Net income, take home pay, include "under the table"*

**E13. Unemployment compensation** $___,___ ___ ___

**E14. Welfare** $___,___ ___ ___

*Specify Type(s):* _____

**E14a. Food stamps** $___,___ ___ ___

**E15. Pension, benefits or social security** $___,___ ___ ___
*Pensions for disability, SSI, worker's comp*

**E15a. Tribal benefits** $___,___ ___ ___

*Specify Tribe:* _____

**E16. Mate, family or friends (cash)** $___,___ ___ ___
*Money for personal expenses, pocket money*
**ALSO Irregular sources of income**
*Settlements, legal gambling, income tax refund*

**E17. Illegal (Cash only)** $___,___ ___ ___
*Do not attempt to convert drugs to cash*

**E18. How many people depend on you for the majority of their food, shelter, etc.?** ___ ___
*Regular ongoing support. Do not include client herself or a self-supporting spouse. Do include dependents who normally are supported by client but have not been recently.*

***NOTE:*** *In the case where the client has not had an opportunity to work (incarcerated, in treatment, etc.), it is, by definition, not possible for her to have had employment problems. Therefore, code -8's for E19-E21.*

**E19. How many days have you experienced employment problems in the past 30?** ___ ___
*Include problems finding work only if client has been trying. Do not record here if problems are entirely due to alcohol/drug use (record in Alcohol/Drug section), or if they are entirely due to interpersonal social skills (record in Family/Social section).*

**For Questions E20 & E21, ask client to use the Client's Rating Scale**

**E20. How troubled or bothered have you been by these employment problems?** ___
*Restrict to those identified in E19.*

**E21. How important to you now is counseling for these employment problems?** ___

**CONFIDENCE RATINGS**

**Is the above information significantly distorted by:**

**E23. Client's misrepresentation?** ___
0 - No 1 - Yes

**E24. Client's inability to understand?** ___
0 - No 1 - Yes

**INTERVIEWER CLIENT NEED RATING**

**E99. How would you rate this client's need for employment counseling?** ___

0 - No employment problems, working, no need.
1 - No employment problems because no employment, client not currently ready for employment.
2 - Employment problems, employed.
3 - Employability problems, unemployed.

## EMPLOYMENT/SUPPORT COMMENTS

(Include the question number with your notes)

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Client #: __ __ __ __ __ __ Date: __ __ / __ __ / __ __ __ __

## ALCOHOL/DRUG USE (ILLICIT & PRESCRIPTION)

- *Include licit, prescription drugs in appropriate categories. If only drug used in that category is prescription, code 1 in "prescription only" box (otherwise-0).*
- *Ask past 30 days first. Lifetime use=extended period of regular use (regular use=freq. of ≥3 times/week OR any use over a period of time that is problematic for the client, e.g. binge use). If total period of reg. use less than 6 months do not include in coding, but note in comments section. Six months or more counts to the next year. Substantial but irregular, non-problematic use is not coded, but is noted in comments section.*
- *Alcohol to Intoxication is not necessarily getting drunk, but times client felt effect of alcohol, got a buzz. If client denies feeling effects of alcohol: the equivalent of 3 drinks in one sitting (1–2 hours) can be considered alcohol to intoxication.*
- *Age at first use for alcohol, exclude a few sips.*
- *If past 30 day and lifetime use = 0, then all other columns should be coded -8.*
- *NOTE: Anti-depressants are noted in comments, but not recorded on grid.*

| | | A. Past 30 Days | B. Lifetime (Years) | C. Route of Admin | D. Prescription Only 0 - No 1 - Yes | E. Age at First Use | F. Last Time Ever Used (Mo/Yr) |
|---|---|---|---|---|---|---|---|
| D1. | **Alcohol (any use at all)** *Wine coolers, beer, Cisco* | ___ ___ | ___ ___ | ___ | | ___ ___ | __ __/__ __ __ __ |
| D2. | **Alcohol (to intoxication)** | ___ ___ | ___ ___ | ___ | | ___ ___ | __ __/__ __ __ __ |
| D3. | **Heroin** *Smack, horse, dove, china white, tar* | ___ ___ | ___ ___ | ___ | | ___ ___ | __ __/__ __ __ __ |
| D4. | **Methadone** *LAAM, Dolophine* | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | __ __/__ __ __ __ |
| D5. | **Other opiates/analgesics** *Morphine, Demerol, Percocet, Darvon, Codeine, Robitussin* | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | __ __/__ __ __ __ |
| D6. | **Barbiturates** *Downers, reds, Seconal, Amytal, Phenobarbitol* | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | __ __/__ __ __ __ |
| D7. | **Other sed/hyp/tranquilizers** *Valium, Librium, Thorazine, Tofranil, Quaaludes* | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | __ __/__ __ __ __ |
| D8. | **Cocaine - all forms** *Crack, freebase, base, rock, coke powder, soup, crack, candy, line* | ___ ___ | ___ ___ | ___ | | ___ ___ | __ __/__ __ __ __ |
| D9. | **Methamphetamine** *Crank, crystal meth, chalk, L.A.* | ___ ___ | ___ ___ | ___ | | ___ ___ | __ __/__ __ __ __ |
| D9a. | **Other amphetamines** *Speed, race, ice, white cross, amp* | ___ ___ | ___ ___ | ___ | ___ | ___ ___ | __ __/__ __ __ __ |
| D10. | **Cannabis (Marijuana)** *Weed, pot, bud, grass, hashish* | ___ ___ | ___ ___ | ___ | | ___ ___ | __ __/__ __ __ __ |
| D11. | **Hallucinogens** *LSD, acid, Mescaline, Mushrooms, Psylocybin, PCP (Phencyclidine), angel dust, Peyote, PMA* | ___ ___ | ___ ___ | ___ | | ___ ___ | __ __/__ __ __ __ |
| D12. | **Inhalants** *Nitrous Oxide, Amyl Nitrate, Poppers, glue, solvents* | ___ ___ | ___ ___ | ___ | | ___ ___ | __ __/__ __ __ __ |
| D12a. | **Other (illicit only)** *e.g., "club" drugs (ecstasy, etc.), steroids, formaldehyde* *Specify: ________________________* | ___ ___ | ___ ___ | ___ | | ___ ___ | __ __/__ __ __ __ |
| D12b. | **Cigarettes or chewing tobacco** | ___ ___ | ___ ___ | ___ | | ___ ___ | __ __/__ __ __ __ |
| D13. | **More than one substance per day** *Includes alcohol, but not cigarettes* | ___ ___ | ___ ___ | | | | |

**Routes of Admin:** 1 - Oral 2 - Nasal (sniff, snort) 3 - Smoking 4 - Non IV inj (skin popping) 5 - IV injection

*If more than one route of administration, choose most severe (i.e., highest applicable code)*

**D14. Which substance is the major problem?** ___ ___
*Interviewer determines this. When not clear, ask client.*

| | | |
|---|---|---|
| 00 - No problem | 07 - Other sed/hyp/tranquilizers | 13 - Other |
| 01 - Alcohol | 08 - Cocaine | 15 - Alcohol & Drug (dual addiction) |
| 03 - Heroin | 09 - Amphetamines | 16 - Polydrug (Alcohol no problem) |
| 04 - Methadone | 10 - Cannabis | |
| 05 - Other opiates/analgesics | 11 - Hallucinogens | |
| 06 - Barbiturates | 12 - Inhalants | |

### ALCOHOL/DRUG COMMENTS
(Include the question number with your notes)

___________________________________

*NOTE: List ingredients of Other drug if known*

___________________________________

## ALCOHOL/DRUG USE (cont)

**D15. How long was your last period of voluntary abstinence from this major substance?** ___ ___ Mos

*Most recent attempt (of at least 1 month) to stay clean of major drug(s) of choice. Do not count periods of incarceration or hospitalization. Methadone, Antabuse, or Naltrexone as outpatient okay.*
*PROMPT: "When was the last time you were clean for at least a month?"*
*00 - Never abstinent*

**D16. How many months ago did this abstinence end?** ___ ___ Mos

*If item D14 coded (15) alcohol & drug problem, abstinence must be from both alcohol & drugs. If item D14 coded (16) polydrug, abstinence need not include alcohol. 00 - Still abstinent -8 - Never a period of abstinence*

**D16a. Questions about your alcohol use (T-ACE):**

1. **How many drinks does it take to make you feel high (Tolerance)?** ___ ___
2. **Have people Annoyed you by criticizing your drinking?** 0 - No 1 - Yes ___
3. **Have you felt you ought to Cut down on your drinking?** 0 - No 1 - Yes ___
4. **Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (Eye opener)?** 0 - No 1 - Yes ___

**D16b. Have you ever had any of the following problems because of your alcohol/drug use?**

0 - No 1 - Yes

| | A. Alcohol | B. Drugs |
|---|---|---|
| 1. **Having a relationship break up?** | ___ | ___ |
| 2. **Getting arrested?** | ___ | ___ |
| 3. **Losing a job?** | ___ | ___ |
| 4. **Being hospitalized?** | ___ | ___ |
| 5. ***Other alcohol, specify:** _____ | ___ | ___ |
| 6. ***Other drug, specify:** _____ | ___ | ___ |

**e.g., inability to care for children, auto accident, lost contact with family, etc.*

**D17. How many times have you had alcohol d.t.'s?** ___ ___
*Not just "the shakes"*

**D18. How many times have you overdosed on drugs?** ___ ___
*O.D. requires intervention. "Sleeping it off" doesn't count. Include suicide attempt with overdose (also code attempt in Psychiatric).*

**How many times in your life have you been treated for:**

**D19. Alcohol abuse, any type tx** ___ ___
*Code # tx episodes*

**D20. Drug abuse, any type tx** ___ ___
*Code # tx episodes*

**How many times in your life have you had inpatient treatment for:**

**D20a. Alcohol abuse** ___
*# times; Code 6 if ≥ 6*

**D20b. Drug abuse** ___
*# times; Code 6 if ≥ 6*

**How many times in your life have you had outpatient treatment for:**

**D20c. Alcohol abuse** ___
*# times; Code 6 if ≥ 6*

**D20d. Drug abuse** ___
*# times; Code 6 if ≥ 6*

*For D19 and D20, any type tx includes inpatient, outpatient, detox, halfway house, and/or AA/NA (if ≥3 session/mo.). For D19, D20, D20a-D20d, if tx for alcohol and drugs simultaneously, count both places.*

**How many of these were detox only?**

**D21. Alcohol** ___ ___
*Referring to D19. If D19 = 0, then D21 = -8*

**D22. Drug** ___ ___
*Referring to D20. If D20 = 0, then D22 = -8*

## ALCOHOL/DRUG COMMENTS

(Include the question number with your notes)

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## ALCOHOL/DRUG USE (cont)

**How much money would you say you spent during the past 30 days on:**

**D23. Alcohol** $___,___ ___ ___

**D24. Drugs** $___,___ ___ ___

*Enter only money actually spent, not street value.*

**D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?** ___ ___

*Include NA, AA, meth. maint.*

**How many days in the past 30 have you experienced:**

**D26. Alcohol problems** ___ ___

**D27. Drug problems** ___ ___

*Only problems directly related to use, e.g., cravings, withdrawal, disturbing effects, wanting to stop and not being able to.*

**For Questions D28 - D31, ask client to use the Client's Rating Scale**

**How troubled or bothered have you been in the past 30 days by these:**

**D28. Alcohol problems** ___

**D29. Drug problems** ___

**How important to you now is treatment for these:**

**D30. Alcohol problems** ___

**D31. Drug problems** ___

**CONFIDENCE RATINGS**

**Is the above information significantly distorted by:**

**D34. Client's misrepresentation?** ___
0 - No 1 - Yes

**D35. Client's inability to understand?** ___
0 - No 1 - Yes

**INTERVIEWER CLIENT NEED RATING**

**How would you rate this client's need for treatment for:**

**D99a. Alcohol Abuse** ___

**D99b. Drug Abuse** ___

0 - No alc/drug problems, no need (can include those currently successfully maintaining abstinence with no tx currently needed).

1 - Alc/drug problems, current tx seems adequate.

2 - Need for more tx in addition to current tx. High advocate priority.

3 - Urgent need for more alc/drug tx in addition to client's current (if any) tx. Highest advocate priority.

## ALCOHOL/DRUG COMMENTS

(Include the question number with your notes)

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**Client #: __ __ __ __ __ __** **Date: __ __ / __ __ / __ __ __ __**

## LEGAL STATUS

**L1. Was this admission prompted or suggested by the criminal justice system (judge, probation/ parole officer, etc.)?** ___
0 - No 1 - Yes
*Not CPS. Record CPS condition in item G21.*

**L2. Are you on probation or parole?** ___
0 - No 1 - Yes

**How many times in your life have you been arrested and charged with the following?** *(Not necessarily convictions)*

| | | |
|---|---|---|
| L3. | **Shoplifting/Vandalism** | ___ ___ |
| L4. | **Parole/Probation Violations** | ___ ___ |
| L5. | **Drug Charges** | ___ ___ |
| L6. | **Forgery** | ___ ___ |
| L7. | **Weapons Offense** | ___ ___ |
| L8. | **Burglary/Larceny/Breaking & Entering** | ___ ___ |
| L9. | **Robbery** | ___ ___ |
| L10. | **Assault** | ___ ___ |
| L11. | **Arson** | ___ ___ |
| L12. | **Rape, Sexual Assault** | ___ ___ |
| L13. | **Homicide/Manslaughter** | ___ ___ |
| L14. | **Prostitution** | ___ ___ |
| L15. | **Contempt of Court** | ___ ___ |
| L16. | **Other: _____** | ___ ___ |

*Include only formal charges, not times when client was simply picked up and questioned.*
*Code failure to appear as Other and note original charge in comments.*
*Do not include juvenile charges (<18 yrs) unless she was tried as an adult (but do note juvenile charges in comments).*

**L17. How many of these charges resulted in convictions?** ___ ___
*Include charges in L3–L16 above. Do not include charges in L18–L20.*
*Convictions include fines, probation, suspended sentences, charges for probation/ parole violations, as well as incarceration.*
*If L3 through 16=00, then L17=-8*

**How many times in your life have you been charged with the following:**

**L18. Disorderly conduct, vagrancy, public intoxication** ___ ___
*Generally a public annoyance without the commission of a particular crime.*

**L19. Driving while intoxicated** ___ ___

**L20. Major driving violations** ___ ___
*Reckless driving, speeding, no license, etc.*
*Does not include non-moving violations.*

**L20a. How many times in your life have you been incarcerated?** ___ ___

**L21. How many months were you incarcerated in your life (total months)?** ___ ___ ___ Mos
*Whether or not charge resulted in a conviction. Includes jail, detention center, prison.*
*2 weeks or longer=1 month. <2 wks=000.*

**L22. How long was your last incarceration? (most recent)** ___ ___ Mos
*Code -8 if never incarcerated.*

**L23. What was it for?** ___ ___
*Use codes 3–16, 18–20*
*If multiple charges, code most severe*
*Code -8 if never incarcerated.*

## LEGAL COMMENTS
(Include the question number with your notes)

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## LEGAL STATUS (cont)

**L23b. How long was your longest incarceration? (longest in life)** ___ ___ Mos
*Code -8 if never incarcerated.*

**L24. Are you presently awaiting charges, trial, or sentence?** ___
0 - No 1 - Yes
*Do not include civil charges.*

**L25. What for?** ___ ___
*If multiple charges, code most severe.*
*Refers to L24. Use codes 3–16, 18–20.*
*Code -8 if not awaiting charges.*

**L26. How many days in the past 30 were you detained or incarcerated?** ___ ___
*Include being detained (e.g., arrested but released on the same day).*

**L26a. Is client currently in jail/prison?** ___
0 - No 1 - Yes

*Specify:* _____

**L27. How many days in the past 30 have you engaged in illegal activities for profit?** ___ ___
*Drug dealing, prostitution, burglary, selling stolen goods, etc.*
*NOT simple drug possession or drug use.*
*Cross-check with E17.*

**For Questions L28 & L29, ask client to use the Client's Rating Scale**

**L28. How serious do you feel your present legal problems are?** ___
*Do not include civil problems (e.g., custody fights, divorce, etc.).*

**L29. How important to you now is counseling or referral for these legal problems?** ___
*Need for additional referral.*

**CONFIDENCE RATINGS**

**Is the above information significantly distorted by:**

**L31. Client's misrepresentation?** ___
0 - No 1 - Yes

**L32. Client's inability to understand?** ___
0 - No 1 - Yes

**INTERVIEWER CLIENT NEED RATING**

**L99. How would you rate the client's need for legal services or counseling?** (Can include civil problems) ___

0 - No legal problems, no need.
1 - Legal problems, but currently receiving adequate services.
2 - Need for more legal assistance than client is currently connected to.
3 - Urgent need for more legal assistance than client is currently connected to. High advocate priority.

## LEGAL COMMENTS

(Include the question number with your notes)

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**Client #: __ __ __ __ __ __** **Date: __ __ / __ __ / __ __ __ __**

## FAMILY HISTORY (BIOLOGICAL RELATIVES ONLY)

**Have any of your relatives had what you would call a significant drinking, drug use or psychiatric problem — one that did or should have led to tx?**

0 - Clearly NO for all relatives in the category
1 - Clearly YES for any relative within category
-7 - Uncertain or "I don't know"
-8 - Never was a relative in that category

In cases of more than one family member per category, code most problematic (most severe case).
EXCEPT FOR BABY'S FATHER, BIOLOGICAL RELATIVES ONLY.

| Mother's Side | | Alc | Drug | Psych |
|---|---|---|---|---|
| H1. | Grandmother | ___ | ___ | ___ |
| H2. | Grandfather | ___ | ___ | ___ |
| H3. | Mother | ___ | ___ | ___ |
| H4. | Aunt | ___ | ___ | ___ |
| H5. | Uncle | ___ | ___ | ___ |

| Father's Side | | Alc | Drug | Psych |
|---|---|---|---|---|
| H6. | Grandmother | ___ | ___ | ___ |
| H7. | Grandfather | ___ | ___ | ___ |
| H8. | Father | ___ | ___ | ___ |
| H9. | Aunt | ___ | ___ | ___ |
| H10. | Uncle | ___ | ___ | ___ |

| Siblings | | Alc | Drug | Psych |
|---|---|---|---|---|
| H11. | Brother | ___ | ___ | ___ |
| H12. | Sister | ___ | ___ | ___ |

| | | Alc | Drug | Psych |
|---|---|---|---|---|
| H13. | Baby's Father | ___ | ___ | ___ |

### FAMILY HISTORY COMMENTS

(Include the question number with your notes)

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**Client #:** __ __ __ __ __ __ **Date:** __ __ / __ __ / __ __ __ __

## CHILDHOOD HISTORY

**C1. Were you raised part or all of the time by foster parents or relatives (other than your parents)?** ___
0 - No 1 - Yes, two years or less
2 - Yes, more than two years

*Who?* _____

**C2. Were you ever in the foster care system?** (as a child) ___
0 - No 1 - Yes

**C3. Was CPS involved?** 0 - No 1 - Yes ___

**C4. Were you ever adopted?** 0 - No 1 - Yes ___

**C4a. Age at adoption** ___ ___ Yrs
*If never adopted, code -8*
*If adopted at birth, code 00*

**C5. Did you graduate from high school?** ___
0 - No 1 - Yes
*GED = 0*

**C5a. IF NOT, was it because of pregnancy?** ___
0 - No 1 - Yes -8 - N/A

**C5b. IF NOT because of pregnancy, why?** _____

**C6. Did you ever run away from home as a child?** ___
0 - Never 1 - Yes, once or twice
2 - Yes, frequently

**C6a. IF YES, how old were you when you first ran away?** ___ ___ Yrs
*If never ran away, code -8*

**C7. As a child, were you ever hit or beaten?** ___
0 - No 1 - Yes, once or twice
2 - Yes, repeated times

**C7a. IF YES, was it ever bad enough to require hospitalization or a visit to the doctor/ER?** ___
0 - No 1 - Yes
*If never hit or beaten as child, code -8*

**C8. As a child, were you ever raped?** ___
0 - No 1 - Yes, once or twice
2 - Yes, repeated times

**C8a. IF YES, how old were you the first time?** ___ ___ Yrs
*If never raped as a child, code -8*

**C9. As a child, were you ever sexually used or molested in any way besides rape?** ___
0 - No 1 - Yes, once or twice
2 - Yes, repeated times

**C9a. IF YES, how old were you the first time?** ___ ___ Yrs
*If never as a child, code -8*

**C10. As a child, did you experience serious emotional abuse?** ___
0 - No 1 - Yes

**C11. Is your natural mother alive?** ___
0 - No 1 - Yes

**C11a. IF NOT, how old were you when she died?** ___ ___ Yrs
00 - At birth -7 - Don't know -8 - Mother still alive

**C12. Did she drink alcohol when you were young?** ___
0 - No 1 - Yes, light drinker
2 - Yes, heavy drinker -7 - Don't know
4 - No information on natural mother

**C12a. Did she drink alcohol while she was pregnant with you?** ___
0 - No 1 - Yes, light drinker
2 - Yes, heavy drinker -7 - Don't know
4 - No information on natural mother

## CHILDHOOD HISTORY COMMENTS

(Include the question number with your notes)

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## CHILDHOOD HISTORY (cont)

**CONFIDENCE RATINGS**

**Is the above information significantly distorted by:**

**C13. Client's misrepresentation?** ___
0 - No 1 - Yes

**C14. Client's inability to understand?** ___
0 - No 1 - Yes

## CHILDHOOD HISTORY COMMENTS

(Include the question number with your notes)

_____

_____

**Client #:** __ __ __ __ __ __ **Date:** __ __ / __ __ / __ __ __ __

## FAMILY/SOCIAL RELATIONSHIPS

Note: Purpose of section is to assess inherent relationship problems, not the extent to which alc/drugs have affected relationships. Do not include here social/family problems due solely to client's substance abuse. In general, ask client: if the alc/drug problem were absent, would there still be a relationship problem?

**F1. Marital Status** ___

1 - Married
2 - Remarried
3 - Widowed
4 - Separated
5 - Divorced
6 - Never married

*Consider common-law (≥ 7 yrs) as married and specify in comments.*

**F2. How long have you been in this marital status?** ___ ___ / ___ ___ (Yrs / Mos)
*If never married, since age 18.*

**F3. Are you satisfied with this situation?** ___
0 - No 1 - Indifferent 2 - Yes
*Satisfied=client generally likes situation, not simply resigned to it.*

**F3a. How would you describe your current housing situation?** ___ ___

01 - Permanent/stable *(incl. Sec 8 if perm. res.)*
02 - Transient, emergency shelters
03 - Living w/ friend/relative temporarily
04 - Homeless (without shelter)
05 - Long-term jail or prison
06 - Trans. drug-free housing
07 - Drug/alc tx facility
08 - Other (specify below)

*Specify other:* _____

**F3b. How many times have you moved in the past year?** ___ ___
*Code 66 if homeless or too many moves to count*

**F4. Usual living arrangements (past 3 years)** ___ ___

01 - With sexual partner & children
02 - With sexual partner alone
03 - With children alone
04 - With parents
05 - With family
06 - With friends
07 - Alone
08 - Controlled environment
09 - No stable arrangements

*If client lived in several arrangements, choose most representative. If time is evenly split, choose most recent. Time spent in prisons, institutions, hospitals is coded 08.*

**F5. How long have you lived in these arrangements?** ___ ___ / ___ ___ (Yrs / Mos)
*If with parents or family, since age 18.*

**F6. Are you satisfied with these living arrangements?** ___
*(generally likes)*
0 - No 1 - Indifferent 2 - Yes

**Do you live with anyone who:** 0 - No 1 - Yes

**F7. Has a current alcohol problem?** ___
*i.e., a drinking alcoholic*

**F8. Uses non-prescribed drugs?** ___
*Or abuses prescribed drugs*
*Whether problematic or not*

*F7 and F8 do not refer to neighborhood, just who lives in residence with client. If in treatment or incarcerated, household to which client expects to return.*

**F9. With whom do you spend most of your free time:** ___
1 - Family 2 - Friends 3 - Alone

**F10. Are you satisfied with spending your free time this way?** *(generally likes)* ___
0 - No 1 - Indifferent 2 - Yes

**F11. How many close friends do you have?** ___
*Stress that you mean CLOSE.*
*Does not include family, or boyfriend/girlfriend considered to be family/spouse.*

## FAMILY/SOCIAL COMMENTS

(Include the question number with your notes)

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## FAMILY/SOCIAL RELATIONSHIPS (cont)

**Direction for F12 - F26:**
**Include biologic and adoptive relatives.**
**0 - Clearly NO for all persons in the category**
**1 - Clearly YES for any person within category**
**-7 - Uncertain or "I don't know"**
**-8 - Never was a person in that category**

**Would you say you have had a close, long-lasting relationship with any of the following people in your life:**

| | | |
|---|---|---|
| **F12.** | **Mother** | ___ |
| **F13.** | **Father** | ___ |
| **F14.** | **Brothers/Sisters** | ___ |
| **F15.** | **Sexual Partner/Spouse** | ___ |
| **F16.** | **Children** | ___ |
| **F17.** | **Friends** | ___ |

*A simple yes here is not adequate. Probe to determine if there has been the ability to feel closeness and mutual responsibility in the relationship. Does client feel sense of value for the person (beyond simple self-benefit)?*

**Have you had a significant period in which you experienced serious problems getting along with:**

| | | Past 30 Days | In Your Life |
|---|---|---|---|
| **F18.** | **Mother** | ___ | ___ |
| **F19.** | **Father** | ___ | ___ |
| **F20.** | **Brothers/Sisters** | ___ | ___ |
| **F21.** | **Sexual Partner/Spouse** | ___ | ___ |
| **F22.** | **Children** | ___ | ___ |
| **F23.** | **Other significant family** *Who: _____* | ___ | ___ |
| **F24.** | **Close Friends** | ___ | ___ |
| **F25.** | **Neighbors** | ___ | ___ |
| **F26.** | **Co-Workers** | ___ | ___ |

*Serious problems=those that endanger relationship. "Problem" requires contact of some sort. If client has had no contact in past 30 days, code -8.*

**Did anybody ever abuse you:**
0 - No 1 - Yes, once or twice 2 - Yes, repeated times

| | | Past 30 Days | In Your Life |
|---|---|---|---|
| **F27.** | **Emotionally?** *Make you feel bad through harsh words* | ___ | ___ |
| **F28.** | **Physically?** *Cause you physical harm* | ___ | ___ |
| **F29.** | **Sexually?** *Force sexual advances or sexual acts* | ___ | ___ |

*In her life, or past 30 days, not just during childhood.*

**F29a. Are you currently in what you consider to be an abusive relationship with your partner?** ___
0 - No
1 - Yes, physical
2 - Yes, psychological
3 - Yes, sexual
4 - Yes, combination

**F29b. Have you ever been hit by a sexual partner?** ___
0 - No 1 - Yes

**F29c. Have you ever been beaten while pregnant?** ___
0 - No 1 - Yes

## FAMILY/SOCIAL COMMENTS

(Include the question number with your notes)

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## FAMILY/SOCIAL RELATIONSHIPS (cont)

**How many days in the past 30 have you had serious conflicts:**

**F30. with your family?** ___ ___

**F31. with other people?** *(excluding family)* ___ ___

**For Questions F32 - F35, ask client to use the Client's Rating Scale**

**How troubled or bothered have you been in the past 30 days by these:**

**F32. Family problems** ___

**F33. Social problems** ___

**How important to you now is treatment or counseling for these:**

**F34. Family problems** ___

**F35. Social problems** ___

**CONFIDENCE RATINGS**

**Is the above information significantly distorted by:**

**F37. Client's misrepresentation?** ___
0 - No 1 - Yes

**F38. Client's inability to understand?** ___
0 - No 1 - Yes

**INTERVIEWER CLIENT NEED RATING**

**F99a. How would you rate this client's need for family and/ or social counseling?** ___

0 - No need.
1 - Problems, but client currently connected with adequate services.
2 - Need for more counseling in addition to client's current counseling (if any).
3 - Urgent need for more family/social counseling/intervention in addition to client's current connection to services. Should be an advocate priority.

**F99b. How would you rate the client's need for domestic violence services?** ___

0 - No domestic violence, no need.
1 - Domestic violence problem, but currently stable with services.
2 - Need for more domestic violence services, in addition to client's current services (if any).
3 - Dangerous domestic violence situation. Urgent need. Should be an advocate priority.

## FAMILY/SOCIAL COMMENTS

(Include the question number with your notes)

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**Client #: __ __ __ __ __ __** **Date: __ __ / __ __ / __ __ __ __**

## PSYCHIATRIC STATUS

**How many times have you been treated for any psychological or emotional problems:**

**P1. In a hospital?** ___ ___

**P2. As an outpatient or private patient?** ___ ___

*Per episode, not # of visits or # of days. Note when/where in comments.*

**P2a. Have you ever had a psychiatric evaluation?** ___
0 - No 1 - Yes
*Note reason for evaluation in comments.*

**P2b. If so, evaluation results:** ___
- 0 - No diagnosis
- 1 - One diagnosis
- 2 - More than one diagnosis
- -7 - Client doesn't know her diagnosis
- -8 - Client refuses to say, or N/A-hasn't had an evaluation

**P2c. List DSM-IV diagnosis(es) using 3-digit code from manual:**
*If never an evaluation, or client had evaluation but no diagnosis, code -8s.*

Diagnosis 1: ________________________ ___ ___ ___
Diagnosis 2: ________________________ ___ ___ ___
Diagnosis 3: ________________________ ___ ___ ___
Diagnosis 4: ________________________ ___ ___ ___

*Do not code FAS/FAE diagnosis here, code as Medical Diagnosis in M3.*

**P3. Do you receive a pension for a psychiatric disability?** ___
0 - No 1 - Yes

*From whom:* ________________________________

**Direction for P4-P11:**
**"In your life" refers to the entire lifetime period prior to the past 30 days. Interviewer: ask lifetime question from each pair first, then, regardless of answer, inquire about past 30 days.**
**Items P4, P5, P6, P7: Be sure symptoms are psychiatric in nature, i.e., NOT drug related.**

**Have you had a significant period (that was not a direct result of drug/alcohol use) in which you have:**
0 - No 1 - Yes

| | | Past 30 Days | In Your Life |
|---|---|---|---|
| **P4.** | **Experienced serious depression** *Sadness, hopelessness, loss of interest, difficulty functioning, "crying jags." (>2 wk period)* | ___ | ___ |
| **P5.** | **Experienced serious anxiety or tension** *Unreasonably worried, unable to relax, feeling uptight. (>2 wk period)* | ___ | ___ |
| **P6.** | **Experienced hallucinations** *"Saw or heard things." Not related to alc/drugs, can be flashbacks. (Even once)* | ___ | ___ |
| **P7.** | **Experienced trouble understanding, concentrating or remembering** *Serious trouble, suggestive of cognitive problems. (>2 wk period)* | ___ | ___ |
| **P8.** | **Experienced trouble controlling violent behavior** *Can be drug/alc related. (Even once)* | ___ | ___ |
| **P9.** | **Experienced serious thoughts of suicide** *i.e., had a plan; can be drug/alc related. (Even once)* *When last?* ________________________ | ___ | ___ |
| **P10.** | **Attempted suicide** *Can be drug/alc related. (Even once)* *When last?* ________________________ | ___ | ___ |
| **P11.** | **Been prescribed medication for any psychological/emotional problem** *Whether or not she actually took the meds.* | ___ | ___ |

## PSYCHIATRIC STATUS COMMENTS

(Include the question number with your notes)

## PSYCHIATRIC STATUS (cont)

**P12. How many days in the past 30 have you experienced these psychological or emotional problems?** ___ ___
*Refers to problems listed in P4-P10.*

**For Questions P13 & P14, ask client to use the Client's Rating Scale**

**P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?** ___
*Referring to P12.*

**P14. How important to you now is treatment for these psychological problems?** ___

**The following items are to be completed by the interviewer**

**At the time of the interview, is client:** 0 - No 1 - Yes

**P15. Obviously depressed/withdrawn** ___

**P16. Obviously hostile** ___

**P17. Obviously anxious/nervous** ___

**P18. Having trouble with reality testing, thought disorders, paranoid thinking** ___

**P19. Having trouble comprehending, concentrating, remembering** ___

**P20. Having suicidal thoughts** ___

**CONFIDENCE RATINGS**

**Is the above information significantly distorted by:**

**P22. Client's misrepresentation?** ___
0 - No 1 - Yes

**P23. Client's inability to understand?** ___
0 - No 1 - Yes

**INTERVIEWER CLIENT NEED RATING**

**P99. How would you rate this client's need for psychiatric/ psychological treatment?** ___

0 - No psychological problems, no need.

1 - Psychological problems, but current treatment has brought condition to a controlled, non-problematic state.

2 - Need for more treatment in addition to client's current treatment, but not apparently dangerous or greatly interfering with client's life.

3 - Urgent need for more treatment in addition to client's current treatment. Should be an advocate priority.

## PSYCHIATRIC STATUS COMMENTS

(Include the question number with your notes)

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**Client #: __ __ __ __ __ __** **Date: __ __ / __ __ / __ __ __ __**

## FAMILY PLANNING & OTHER CHILDREN

**FP1. Around the time of conception, did you normally use some method of birth control?** ___
0 - No 1 - Yes, regular use
2 - Yes, sporadic use

**FP2. What method(s) did you use?** ___ ___ ___ ___ ___ ___
01 - Condoms 06 - Abortion
02 - Pills 07 - Abstinence
03 - Norplant 08 - Diaphragm
04 - Depo shot 09 - IUD
05 - Tubal ligation 10 - Other
*Other, specify:* _____

*00 = no method or no further method*

**FP2a. Current method:** _____

*If currently pregnant, write N/A*

**FP3. If you use condoms, do you use them every time, with every sexual partner?** ___
0 - No 1 - Yes -8 = Never use

**FP4. Not including Target Child (TC), total # of biological children who live with you now:** ___ ___

**FP4a. Not including Target Child (TC), ages of all biological children who live with you now:**
*00 = no children or no more children*
1. ___ ___ 2. ___ ___
3. ___ ___ 4. ___ ___
5. ___ ___ 6. ___ ___

*Code from youngest to oldest. Code any infant's age as 01. Do not code target child here. If more than **6** children with mom, list ages of other children here:*
_____

**FP5. Not including Target Child (TC), total # of biological children who DO NOT live with you now:** ___ ___

**FP5a. Not including Target Child (TC), ages of all biological children who DO NOT live with you now:**
*00 = no children or no more children*
1. ___ ___ 2. ___ ___
3. ___ ___ 4. ___ ___
5. ___ ___ 6. ___ ___

*Code from youngest to oldest. Code any infant's age as 01. Do not code target child here. If more than **6** children not with mom, list ages of other children here:*
_____

### CONFIDENCE RATINGS

**Is the above information significantly distorted by:**

**FP6. Client's misrepresentation?** ___
0 - No 1 - Yes

**FP7. Client's inability to understand?** ___
0 - No 1 - Yes

### INTERVIEWER CLIENT NEED RATING

**FP99. How would you rate the client's need for family planning services?** ___

0 - Uses reliable method regularly or has tubal ligation, no need.

1 - Need for family planning, but currently pregnant.

2 - Need for family planning services. Uses birth control, but less reliable method or practice.

3 - Urgent need for family planning. Should be an advocate priority.

## FAMILY PLANNING & OTHER CHILDREN COMMENTS

(Include the question number with your notes)

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Client #: __ __ __ __ __ __ Date: __ __ / __ __ / __ __ __ __

## COMMUNITY SERVICES

**Have you used this service during the last year or now?**
**How is this service working for you? *(or your child(ren) or family, depending on item)***

- Code whether or not client or her children, as specified in the item, received this service during the past year in the "Service Used" column. Code the quality of the service received in the "Connection with Service" column, using prompts to focus on how regular or adequate the connection, and her access to service, not on how well the woman is doing. For example, the connection for AA group would be rated "1-Good" if the woman attended regularly, even if she was still drinking.
- Note names of specific services or providers. Give enough information to be useful in tracing.
- ***If the service was not needed, code -8 in the Service Used and Connection columns.***

**Direction for S1-S17:**

| Service Used Codes | Connection with Service Codes |
|---|---|
| 0 - No, but needed | 1 - Good |
| 1 - Yes | 2 - Acceptable |
| 3 - On waiting list | 3 - Poor |
| -8 - Not needed, N/A | 4 - Good/acceptable, but problem with access |
| | -8 - N/A |

| | A. Service Used? | B. Connection With Service |
|---|---|---|
| **S1. Regular health care provider or clinic - for client**<br>*Who/Where:* ______________________ | ___ | ___ |
| **S1a. Regular health care provider or clinic - for child(ren)**<br>*Who/Where:* ______________________ | ___ | ___ |
| **S2. Other healthcare services - for client**<br>*Physical therapy, dentist, eye doctor, etc.*<br>*What/Where:* ______________________ | ___ | ___ |
| **S2a. Other healthcare services - for child(ren)**<br>*Physical therapy, dentist, eye doctor, etc.*<br>*What/Where:* ______________________ | ___ | ___ |

| **Emergency Room (E.R.) visits in past year**<br>*Code # of visits of each type*<br>*If more than 6, code 6* | # appro-priate | # inappro-priate |
|---|---|---|
| **S2b. Client** | ___ | ___ |
| **S2c. Client's child(ren)** | ___ | ___ |

*What/Where:* ______________________

*Appropriate use = true medical emergency. Inappropriate use = healthcare that should have been provided at a clinic or through a primary care provider.*

| | A. Service Used? | B. Connection With Service |
|---|---|---|
| **S3. Family planning, birth control**<br>*At clinic, Planned Parenthood, etc.*<br>*Who/Where:* ______________________ | ___ | ___ |
| **S4. Alcoholics Anonymous or Narcotics Anonymous** (or other alcohol/drug peer support group)<br>*Group/Sponsor:* ____________________ | ___ | ___ |
| **S5. Other support group**<br>*Social, church group*<br>*What/Where:* ______________________ | ___ | ___ |
| **S6. Mental health service (client)**<br>*Diagnosis or counseling*<br>*What/Where:* ______________________ | ___ | ___ |

## COMMUNITY SERVICES COMMENTS

(Include the question number with your notes)

**Client #: __ __ __ __ __ __** **Date: __ __ / __ __ / __ __ __ __**

## COMMUNITY SERVICES (cont)

**Have you used this service during the last year or now?**
**How is this service working for you?** ***(or your child(ren) or family, depending on item)***

| Service Used Codes | Connection with Service Codes |
|---|---|
| 0 - No, but needed | 1 - Good |
| 1 - Yes | 2 - Acceptable |
| 3 - On waiting list | 3 - Poor |
| -8 - Not needed, N/A | 4 - Good/acceptable, but problem with access |
| | -8 - N/A |

| | | A. Service Used? | B. Connection With Service |
|---|---|---|---|
| **S7.** | **Public housing**<br>*Section 8, low income*<br>*Specify:* _____ | ___ | ___ |
| **S8.** | **Emergency housing**<br>*Include shelters*<br>*Specify:* _____ | ___ | ___ |
| **S9.** | **Emergency funds for rent deposits, gas vouchers, etc. OR Emergency bill paying service**<br>*Volunteers of America, St. Vincent, American Red Cross, Salvation Army, etc. Include special payment programs offered by utility, phone companies, etc.*<br>*Specify:* _____ | ___ | ___ |
| **S10.** | **Clothing/supplies**<br>*Salvation Army, Volunteers of America, etc.*<br>*Specify:* _____ | ___ | ___ |
| **S11.** | **Food Bank**<br>*Or other food program, NOT food stamps*<br>*What/Where:* _____ | ___ | ___ |
| **S12.** | **Legal**<br>*Court, public defender, prosecutor, probation, legal clinics. (If client has been in litigation or resolved charges, warrants, etc., code 1)*<br>*What/Where:* _____ | ___ | ___ |
| **S13.** | **Domestic violence services**<br>*Crisis line, temporary shelter, protection/ restraining orders*<br>*What/Where:* _____ | ___ | ___ |
| **S14.** | **Public Schools**<br>*For extra services or problems, e.g., counseling, truancy, child behavior issues, etc.*<br>*What/Where:* _____ | ___ | ___ |
| **S15.** | **Daycare/childcare services**<br>*Specify:* _____ | ___ | ___ |
| **S16.** | **Public Health Nurse**<br>*Home visits*<br>*Specify:* _____ | ___ | ___ |
| **S17.** | **Other**<br>*YMCA, Boys and Girls Club, Family Support Center or other community resource center, Home Builders Program, School Family Support Worker, Big Brother/Big Sister Program, etc.*<br>*What/Where:* _____ | ___ | ___ |

## COMMUNITY SERVICES COMMENTS

(Include the question number with your notes)

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## COMMUNITY SERVICES (cont)

For questions S18-S24, code 0 - No, 1 - Yes

**S18. Are you currently receiving medical coupons or Medicaid?** ___

**S19. Do you have a private source of medical insurance?** ___
*Through work, partner's work, etc.*

*Specify:* _____

**S20. Are you currently receiving food stamps?** ___

**S21. Are you currently enrolled in the WIC program?** ___

**S22. Have you had an open case with CPS (Child Protective Services) in the last 3 years?** ___
*For your own children, not the children of someone else.*

**S23. Do you have an open CPS case now?** ___

**S24. Have you taken a parenting class in the last year?** ___
*At clinic, as part of treatment, co-ops.*

**S24a. Was this mandated?** 0 - No 1 - Yes ___
*If S24 is No, then code -8*

**S24b. Did you complete the course?** ___
0 - No 1 - Completed 2 - In progress
*If S24 is No, then code -8*

**S25. Are you in school/training now?** ___

0 - No
1 - High school
2 - Trade/vocational program
3 - College/university (4 yr)
4 - GED program
5 - Community college
6 - Back-to-work program
7 - Other

*Specify other:* _____

**S25a. Have you been involved in any (other) schooling in past 3 years?** 1. ___ 2. ___ 3. ___
*Code types from S25 above, whether or not completed.*

**S25b. Which of these programs have you completed (or are currently in progress)** 1. ___ 2. ___ 3. ___
*Code types from S25 above.*
*All programs coded here should also be coded in S25a.*

### CONFIDENCE RATINGS

**Is the above information significantly distorted by:**

**S26. Client's misrepresentation?** ___
0 - No 1 - Yes

**S27. Client's inability to understand?** ___
0 - No 1 - Yes

### COMPLETE AFTER CLIENT LEAVES

**V1. Anyone else present during interview?** ___
0 - No 1 - Yes

*Who?* _____

**V2. Client cooperation** ___
1 - Very uncooperative
2 - Somewhat uncooperative
3 - Somewhat cooperative
4 - Very cooperative

**V3. Client under influence?** ___
0 - No
1 - Yes, appeared so
2 - May have been, uncertain

**V4. Special (for part A only)** ___
1 - Usual, one session interview
2 - Interrupted, multi-session

## COMMUNITY SERVICES COMMENTS

(Include the question number with your notes)

_____

## COMMENTS ON VALIDITY:

_____

**Client #: __ __ __ __ __ __** **Date: __ __ / __ __ / __ __ __ __**

**Interviewer Comments on Interview/Client/Situation**

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**PROFILE OF CLIENT NEED BASED ON INTERVIEWER'S SUBJECTIVE ASSESSMENT**

Codes here should match those in interview.

| Problems | No Problem/Issue<br>**0** | Problem/Issue<br>But currently stable with current services<br>**1** | Problem/Issue<br>Unaddressed need, but not urgent<br>Lower priority<br>**2** | Problem/Issue<br>Has urgent, immediate need<br>High priority<br>**3** |
|---|---|---|---|---|
| **MEDICAL** | | | | |
| **EMPL/SUPP** | | | | |
| **ALCOHOL** | | | | |
| **DRUG** | | | | |
| **LEGAL** | | | | |
| **FAM/SOC** | | | | |
| **DOM VIOL** | | | | |
| **PSYCH** | | | | |
| **FAM PLAN** | | | | |
| **OTHER** | | | | |

*Specify Other:* _____