

TARGET CHILD (TC) INFORMATION (cont)

TC9. Was baby discharged from hospital when mom was, or did s/he have to stay longer in the hospital? Was s/he transferred to a special medical facility? _____

0 - No problems, baby discharged normally
 1 - No special facility, but spent up to 2 weeks in the hospital of delivery
 2 - No special facility, but spent more than 2 weeks in the hospital of delivery
 3 - Went to a pediatric interim care facility
 4 - Went to a Children's Hospital
 5 - Went to some other facility _____
 6 - Other _____

TC10. IF BABY WAS DISCHARGED: Where is the target baby living now? OR IF NOT YET DISCHARGED: Who will baby be going home with? _____

1 - Client 3 - Friend
 2 - Relative 4 - Foster care
 5 - Other, specify _____
 6 - Deceased
 -7 - Mother doesn't know

TC11. Who has legal custody of the baby? _____

1 - Client 3 - Friend
 2 - Relative 4 - State
 5 - Other, specify _____
 6 - Deceased
 -7 - Mother doesn't know

TC12. How involved is baby's biological father? _____

1 - Involved to any degree
 2 - Not at all involved
 3 - Client doesn't know who FOB is
If bio father not known, code -8s For TC13-TC15

TC13. Age of baby's biological father? _____

TC14. Race of baby's biological father? _____

1 - Am. or Can. Indian, Alaska Native 4 - Hispanic 1 2
 2 - Asian 5 - White
 3 - Black
 6 - Other, specify _____
 0 - no other

TC15. Highest grade in regular school baby's biological father has completed? _____

Code 55 if bio father has GED and no further education.

Prenatal visits include only those times when you saw the doctor for prenatal care while you were pregnant. It does not include ER visits, hospitalizations, or doctor visits for other things. Talking to the doctor about your pregnancy when you are there for other things doesn't count as a prenatal visit.

TC16. When did you first see a doctor for prenatal care? _____ / _____ / _____

*Code date; use calendar.
None = 00/00/0000*

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TARGET CHILD INFORMATION COMMENTS

(Include the question number with your notes)

TARGET CHILD (TC) INFORMATION (cont)

How many prenatal visits did you have:
Use calendar, prompt using months of the year corresponding to the trimester.

TC16a. **in the 1st trimester?** ___

TC16b. **in the 2nd trimester?** ___

TC16c. **in the 3rd trimester?** ___

TC16d. **Total # of prenatal visits** ___

TC17. **Was this pregnancy planned?** 0 - No 1 - Yes ___

TC18. **IF NOT PLANNED, did you consider an abortion?** ___
0 - No 1 - Yes -8 - N/A, pregnancy planned

TC19. **Tubal ligation at delivery of target child?** ___
0 - No 1 - Yes

CONFIDENCE RATINGS

Is the above information significantly distorted by:

TC20. **Client's misrepresentation?** ___
0 - No 1 - Yes

TC21. **Client's inability to understand?** ___
0 - No 1 - Yes

INTERVIEWER NEED RATING

TC99. **At this time, how would you rate the target child's need for specialized medical intervention?** ___

0 - No problems.

1 - Some problems, but seem to be under control with current medical intervention.

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

3 - Life threatening condition or urgent need for more treatment and/or intervention in addition to target child's current treatment.

TARGET CHILD INFORMATION COMMENTS
(Include the question number with your notes)

Client #: _____

Date: ____ / ____ / _____

ALCOHOL/DRUG USE DURING PREGNANCY

During pregnancy: Record ILLEGAL DRUG USE ONLY (disregard prescribed drugs)

Use calendar, prompt using months of the year corresponding to the 1st trimester or month prior, and 2nd and 3rd trimesters.

DURING THIS PREGNANCY - ALCOHOL, CIGARETTES, & ILLEGAL DRUGS ONLY

Prompt for type of alcohol, code according to manual

		1ST TRIMESTER & MONTH PRIOR		2ND & 3RD TRIMESTER		
		FREQ	USUAL AMT	FREQ	USUAL AMT	
D1.	Alcohol (any use at all)	___	___	___	___	# drinks
D2.	Alcohol (≥ 5 drinks at a time)	___	___ Max. amt.	___	___ Max. amt.	# drinks
D3.	Heroin	___	___	___	___	# mg
D4.	Methadone	___	___	___	___	# mg
D5.	Other opiates/analgesics	___	___	___	___	rel. amt.
D6.	Barbiturates	___	___	___	___	rel. amt.
D7.	Other sedatives/hypnotics/ tranquilizers	___	___	___	___	rel. amt.
D8.	Cocaine - all forms	___	___	___	___	# grams
D9.	Methamphetamine	___	___	___	___	rel. amt.
D9a.	Other amphetamines	___	___	___	___	rel. amt.
D10.	Cannabis (Marijuana)	___	___	___	___	# grams
D11.	Hallucinogens	___	___	___	___	rel. amt.
D12.	Inhalants	___	___	___	___	rel. amt.
D12a.	Other (illicit only) <i>Specify: _____</i>	___	___	___	___	rel. amt.
D12b.	Cigarettes	___	___	___	___	# cig/day

CODES:
Frequency Codes: 0 - never 2 - about once a month 4 - 1 or 2 days/week 6 - almost every day
 1 - <once/month 3 - 2 or 3 days/month 5 - 3 or 4 days/week 7 - daily

Rel. Amt. Codes: 0 - none 1 - "light" 2 - "moderate" 3 - "heavy"

For relative amount, note the exact amount in comments or woman's description of use (including money spent)

D13. Crack Use
 0 - Never crack _____
 1 - Crack, during pregnancy _____
 2 - Crack, but NOT during pregnancy _____

D14. Longest period you were clean and sober during this last pregnancy? _____
Code longest # consecutive days. DAYS

D15. During this pregnancy, have you been told about things you said or did while drinking that you couldn't remember later? _____
 0 - No 1 - Yes

D16. Did you have any alcohol/drug treatment during this pregnancy?
 0 - No 1 - Yes, completed 2 - In progress 3 - Yes, but dropped
 a. Inpatient _____
 b. Outpatient _____
 c. Other type (groups, etc.) _____

ALCOHOL/DRUG COMMENTS

(Include the question number with your notes)

PCAP Client Module
Addiction Severity Index 5th Edition - Twins Addendum
Modification for Pregnant & Postpartum Women (Part B of 2 Parts)

Agency Name: _____

Site Name: _____

Client #: _____

Date: ___ / ___ / _____

INSTRUCTIONS:

1. Use this form only in cases where the target birth is of twins.
2. Attach to UW ASI-B.
3. Leave no blanks. Unless otherwise noted, as appropriate, code items:
 - 7 - Client doesn't know
 - 8 - Not applicable
 - 9 - Missing data, question not asked

Space is provided at right for additional comments.

A. Interviewer Code Number _____

T1. Gender 1 - Male 2 - Female
 a. Baby 1 _____
 b. Baby 2 _____

T2. Birthweight
 a. Baby 1 _____
 b. Baby 2 _____
 LBS OZ

T3. Birth length
 a. Baby 1 _____
 b. Baby 2 _____
 INCHES

T4. Was baby discharged from hospital when mom was, or did s/he have to stay longer in the hospital? Was s/he transferred to a special medical facility?
 a. Baby 1 _____
 b. Baby 2 _____
 0 - No problems, baby discharged normally
 1 - No special facility, but spent up to 2 weeks in the hospital of delivery
 2 - No special facility, but spent more than 2 weeks in the hospital of delivery
 3 - Went to a pediatric interim care facility
 4 - Went to a Children's Hospital
 5 - Went to some other facility _____
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T5. IF BABY WAS DISCHARGED: Where is the target baby living now? IF NOT YET DISCHARGED: Who will baby be going home with?
 a. Baby 1 _____
 b. Baby 2 _____
 1 - Client 3 - Friend
 2 - Relative 4 - Foster care
 5 - Other, specify _____
 6 - Deceased
 -7 - Mother doesn't know

T6. Who has legal custody of the baby?
 a. Baby 1 _____
 b. Baby 2 _____
 1 - Client 3 - Friend
 2 - Relative 4 - State
 5 - Other, specify _____
 6 - Deceased
 -7 - Mother doesn't know

COMMENTS
 (Include the question number with your notes)
