

Parent Child Assistance Program (PCAP)

ADDICTION SEVERITY INDEX – EXIT INTERVIEW

Modified Interview for Pregnant & Postpartum Women

Date of Exit ASI: _____

Current _____

Adv #: _____

NOTICE TO STAFF: DO NOT SUBMIT THIS TOP SHEET TO DATA ENTRY.

REMOVE AND FILE SEPARATELY.

Family I.D. # _____

Mother's birthdate: _____

Interviewer: _____

Child's Birthdate: _____

Child's Gender: _____

Tribal Affiliation and Enrollment Number: Mom: _____

Baby: _____

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

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

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

Who are you living with? Names and relationship: _____

Address: _____

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 do you take the child(ren) for checkups and medical care? _____

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 shop, 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.

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.

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....?"

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. Since enrollment, how many times 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.*

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. Since enrollment, have you been tested for HIV/AIDS? _____

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

M4b. Date of last HIV/AIDS test (mo/yr) _____ / _____

Mo Year

M4c. Since enrollment, have you been tested for Hepatitis B? _____

Use codes from M4a

M4d. Since enrollment, have you 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)

Client #: _____

Date: ___ / ___ / _____

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)

EMPLOYMENT/SUPPORT STATUS (cont)

E9b. How long was your longest full-time or regular part-time job since enrollment? _____ / _____
Yrs Mos

E9c. Since enrollment, have you been able to go off public assistance because you were working? _____
 0 - No 1 - Yes -8 - Never on public assistance
Even if client later went back on welfare.

E10. Usual employment pattern, past 3 years _____
 1 - Full time (≥ 35 hrs/wk) 5 - Military service
 2 - Part time (regular hrs) 6 - Retired/disability
 3 - Part time (irregular, daywork) 7 - Unemployed
 4 - Student 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)

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

NOTE: 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.

Client #: _____

Date: ___ / ___ / _____

EMPLOYMENT/SUPPORT STATUS (cont)

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)

Client #: _____

Date: ___ / ___ / _____

ALCOHOL/DRUG USE (cont)

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

ALCOHOL/DRUG COMMENTS

(Include the question number with your notes)

LEGAL STATUS (cont)

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.

LEGAL 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.

PSYCHIATRIC STATUS COMMENTS

(Include the question number with your notes)

Client #: _____

Date: ____ / ____ / _____

FAMILY PLANNING, TARGET CHILD & SUBSEQUENT BIRTHS

FP1. Where is target child living now? _____
1 - With client 3 - Friend
2 - Relative/FOB 4 - Foster Care
5 - Other (specify) _____
6 - Target Child deceased
-7 - Mother doesn't know -8 - N/A
PROBE: Is TC living with you now?

FP2. Who has legal custody of TC? _____
Use codes from FP1 above.

Since birth, how many months was target child living with...

FP3a. Biological mother _____

FP3b. Family member / FOB _____
No state \$ involvement

FP3c. Friends / Other _____
No state \$ involvement

FP3d. Relatives (State \$) _____
State \$ involvement

FP3e. Foster parents _____
State \$ involvement; include friends if state paid

FP3f. Adoptive parents _____
Legal adoption

FP3g. Hospital / therapeutic facility _____
FP3a-FP3g should total number of months client was in program since baby's birth.

FP4a. Does TC have a regular doctor/clinic to go to for checkups or illnesses? _____
0 - No 1 - Yes

FP4b. Is TC being seen regularly for well-child visits? _____
0 - No well-child care 3 - Hospital clinic
1 - Private physician 4 - Other (specify below)
2 - Community clinic
Specify other: _____

FP4c. Current status of target child's immunizations _____
0 - None 2 - Missing some
1 - Fully immunized

FP4d. Has TC been seen by a dentist? _____
0 - No 1 - Yes 2 - Not needed

Since birth, target child has had...

FP5a. Number ER visits _____

FP5b. Number serious accidents _____

FP5c. Number serious accidents requiring hospitalization _____

FP5d. Number serious illnesses _____

FP5e. Number serious illnesses requiring hospitalization _____
For FP5a-FP5e, none = 00.

COMMENTS
(Include the question number with your notes)

Client #: _____

Date: ____ / ____ / _____

FAMILY PLANNING, TARGET CHILD & SUBSEQUENT BIRTHS (cont)

Subsequent pregnancies
*For FP11-FP14: Code # between enrollment and exit.
 Do not count target child; None = 0*

- FP11. **Subsequent pregnancies (#)** _____
- FP12. **Subsequent terminations (#)** _____
- FP13. **Subsequent miscarriages (#)** _____
- FP14. **Subsequent births (#)** _____
*Include stillbirths.
 FP12+FP13+FP14 should total FP11.*

- FP15. **Is client pregnant now?** _____
- 0 - No 2 - Yes, deliver but not keep
 1 - Yes, plans to keep 3 - Yes, plans to terminate

NOTE: *If no subsequent births, code FP16a-FP24 with -8s.
 Do not count target child in FP16a-FP24.*

- FP16a. **Date of subsequent birth #1** ____/____/_____

- FP16b. **Date of subsequent birth #2** ____/____/_____
 m m d d y y y y

- FP17. **Outcome of birth(s)** #1 ____ #2 ____
- 0 - Baby had no problems
 1 - Baby required special care, longer stay
 2 - Stillbirth, infant death
 3 - Other _____

- | | | #1 | #2 |
|--|--|-------|-------|
| FP18. Regular prenatal care? | 0 - No 1 - Yes | _____ | _____ |
| FP19. Was pregnancy planned? | 0 - No 1 - Yes | _____ | _____ |
| FP20. Used alcohol/drugs during pregnancy? | | _____ | _____ |
| | 0 - No
1 - Yes, occasional alcohol
2 - Yes, heavy alcohol, no drugs
3 - Yes, drugs only
4 - Yes, alcohol & drugs | | |
| FP21. Quit using alc/drugs during pregnancy? | | _____ | _____ |
| | <i>With or without treatment</i>
0 - No
1 - Yes, for remainder of pregnancy
2 - Abstinent throughout | | |
| FP22. Went into alc/drug tx during pregnancy? | | _____ | _____ |
| | 0 - No
1 - Yes, completed
2 - Yes, but dropped tx | | |
| FP22a. If so, during what month? | | _____ | _____ |
| | <i>Code -8 if no treatment.</i> | | |
| FP23. Number of months abstinent during pregnancy | | _____ | _____ |
| | <i>Total longest consecutive months
00 - None; 09 - Abstinent throughout</i> | | |
| FP24. Child is currently living with... | | _____ | _____ |
| | 1 - Client 3 - Friend
2 - Relative/FOB 4 - Foster Care
5 - Legally adopted
6 - Other _____ | | |

COMMENTS

(Include the question number with your notes)

FAMILY PLANNING, TARGET CHILD & SUBSEQUENT BIRTHS (cont)

FP25. Including target child, total # of biological children who live with you now: _____

FP25a. Including target child, ages of all biological children who live with you now: _____

00 = no children or no more children

Code from youngest to oldest. Code any infant's age as 01. If more than 6 children with mom, list ages of other children here:

FP26. Including target child, total # of biological children who DO NOT live with you now: _____

FP26a. Including target child, ages of all biological children who DO NOT live with you now: _____

00 = no children or no more children

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

FP27a. Since enrollment, has any child been placed into your custody, moved into the home, and is still with you? _____

0 - No 1 - Yes

FP27b. Since enrollment, has any child been removed from your custody, taken out of the home (even if later returned)? _____

0 - No 1 - Yes

FP28. How old were you when you had your first pregnancy? _____

In years.

YRS

FP29. Do you normally use some method of birth control? _____

0 - No 1 - Yes, regular use
2 - Yes, sporadic use

FP29a. What method(s) do 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

FP30. If you use condoms, do you use them every time, with every sexual partner? _____

0 - Not every time 1 - Every time -8 - Never use

CONFIDENCE RATINGS

Is the above information significantly distorted by:

FP31. Client's misrepresentation? _____

0 - No 1 - Yes

FP32. 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.

COMMENTS

(Include the question number with your notes)

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.
- 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 <i>Who/Where:</i> _____	___	___
S1a. Regular health care provider or clinic - for child(ren) <i>Who/Where:</i> _____	___	___
S2. Other healthcare services - for client <i>Physical therapy, dentist, eye doctor, etc.</i> <i>What/Where:</i> _____	___	___
S2a. Other healthcare services - for child(ren) <i>Physical therapy, dentist, eye doctor, etc.</i> <i>What/Where:</i> _____	___	___

Emergency Room (E.R.) visits in past year	# appropriate	# inappropriate
<i>Code # of visits of each type If more than 6, code 6</i>		
S2b. Client	___	___
S2c. Client's child(ren) <i>What/Where:</i> _____	___	___

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 <i>At clinic, Planned Parenthood, etc.</i> <i>Who/Where:</i> _____	___	___
S4. Alcoholics Anonymous or Narcotics Anonymous (or other alcohol/drug peer support group) <i>Group/Sponsor:</i> _____	___	___
S5. Other support group <i>Social, church group</i> <i>What/Where:</i> _____	___	___
S6. Mental health service (client) <i>Diagnosis or counseling</i> <i>What/Where:</i> _____	___	___

COMMUNITY SERVICES COMMENTS

(Include the question number with your notes)
