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

Date of Exit ASI:

Current

Adv #:

Parent Child Assistance Program (PCAP)

ADDICTION SEVERITY INDEX - EXIT INTERVIEW

Modified Interview for Pregnant & Postpartum Women

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

REMOVE AND FILE SEPARATELY.

Family I.D. # Interviewer: Tribal Affiliation and Enrollment Number:			Child's G	birthdate: Gender: /:	
Name of child: (first)				(other)	
Name of mother: (first)	(last)	(middle	e)	(maiden/ other)	
Name of father: (first)	(last)	(middl	e)	(other)	
Who are you living with? Names and rela Address:					
Phone: ()				State Zip	
Do you have any plans to move in the nex					
		Where?		Phone: ()	
Are you in school?	What/where?				
Where do you take the child(ren) for chec	kups and medical care	<u>e</u> ?			

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 15 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)

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.	 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). 		
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: There are two time periods we will discuss: The past 30 days 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: Not at all Sightly Considerably 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. <i>Please try not give inaccurate information</i> . 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	 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). 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). 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. 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). 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		
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	unemployed. 8. Never employed.		
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).	PSYCHIATRIC DIAGNOSES: See appendix in UWASI manual.		
INTEDVIEWED INSTRUCTIONS.	Note that FAS is a medical, not a psychiatric diagnosis.		
 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. 	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!		
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. ⇒ Misrepresentation. Probe, cross-check and make plenty of comments!	 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 - Exit Interview Modification for Pregnant & Postpartum Women

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 *The missing item numbers refer to items that appear on the Intake ASI but not on the Exit ASI interview* Space is provided at right for additional comments. Assure client of confidentiality

GEN	ERAL INFORMATION	GENERAL INFORMATION COMMENTS
A.	Target Exit Date ////	(Include the question number with your notes)
в.	Current Advocate #	
C.	# of Advocates this client has had over the	
G5.	Date of interview /// // // // // /// <td></td>	
G6.	Time Begun :: Use 24 hr clock; code hours:minutes :	
G7.	Time Ended	
G9.	Contact Code	
G11.	Interviewer Code Number	
G15a.	Zip code of client	
G19.	Have you been in a controlled environment in the past 30 days?	
	1 - No 4 - Medical tx 2 - Jail/prison 5 - Psychiatric tx 3 - Alcohol or drug tx 6 - Other (specify below) Specify other:	
	not controlled environment. If more than one environment, code where majority of time.	
G20.	How many days?	

MED	CAL STATUS	MEDICAL COMMENTS
	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).	(Include the question number with your notes)
M1.	Since enrollment, how many times have you been	
МЗ.	Do you have any chronic medical problems which continue to interfere with your life? (Include FAS/FAE diagnosis) 0 - No 1 - Yes	
	Specify:	
M4.	Are you taking any prescribed medication on a regular basis for a physical problem? 0 - No1 - Yes	
	What?	
M4a.	Since enrollment, have you been tested for HIV/AIDS?	
M4b.	Date of last HIV/AIDS test (mo/yr)	
M4c.	Since enrollment, have you been tested for Hepatitis B?	
M4d.	Since enrollment, have you been tested for Hepatitis C?	
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 <u>physical</u> disability?	
	Includes Worker's Comp. Does <u>not</u> 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.	
	Questions M7 & M8, ask client to use the Client's Rating Scale e 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 <u>now</u> is treatment for these medical problems?	

MED	DICAL STATUS (cont)	MEDICAL COMMENTS	
Is the	CONFIDENCE RATINGS above information significantly distorted by:	(Include the question number with your notes)	
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		
M99.	INTERVIEWER CLIENT NEED RATING 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 		
	 a Urgent need for more tx in addition to client's current tx. Should be a high advocate priority. 		

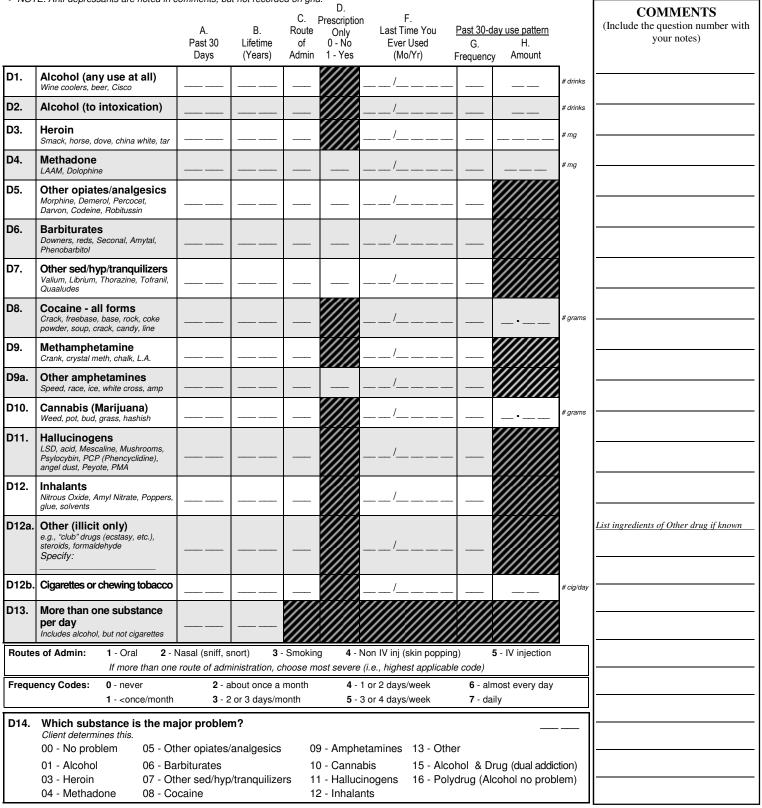
EMF	PLOYMENT/SUPPORT STATUS	EMPLOYMENT/SUPPORT COMMENTS
E1.	Education completed /	(Include the question number with your notes)
	If more than GED, code highest level; formal education only.	
E2.	Since enrollment, training or technical education completed Formal, organized training only. Code # months completed, whether or not program completed.	
E2a.	Since enrollment, what types of educational/ 1 training programs have you completed (or are currently in progress)? 2	
	0 - No, none, no more 4 - GED program 1 - High school 5 - Community college 2 - Trade/vocational program 6 - Back-to-work program 3 - College/university (4 yr) 7 - Other Specify other:	
E2b.	Since enrollment, have you been involved in any (other) schooling that you dropped/quit? 1 Use codes from E2a above. 3	
E2c.	Are you in school now? Code type, using codes from E2a above.	
E3.	Do you have a profession, trade, or skill?	
	Specify in detail:	
E4.	education. 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?	
F4b	Is transportation usually a problem for you?	
	0 - No 1 - Yes	
E5.	Do you have an automobile available for use?	
	If answer to E4 is No, then E5 must be No. Does not require ownership, only requires availability on a regular basis.	
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 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.	
E9a.	Have you worked for pay since enrollment?	
	0 - Has not worked for pay 4 - Part-time + illicit work	
	 Has worked only intermittently; 5 - Full-time + illicit work few hours or days at a time 	
	2 - Worked part-time6 - Illicit work only3 - Worked full-time	

EMP	LOYMENT/SUPPORT STATUS (cont)		EMPLOYMENT/SUPPORT COMMENTS
E9b.	How long was your longest full-time or regular part-time job since enrollment?	/ YrsMos	(Include the question number with your notes)
E9c.	Since enrollment, have you been able to go off assistance because you were working? 0 - No 1 - Yes -8 - Never on public as	-	
	Even if client later went back on welfare.		
	Usual employment pattern, past 3 years 1 - Full time (≥ 35 hrs/wk) 5 - Military servi 2 - Part time (regular hrs) 6 - Retired/disal 3 - Part time (irregular, daywork) 7 - Unemployed 4 - Student 8 - In controlled Most representative, not necessarily most recent. If equal one category, code most current. Includes "under the table are not counted as employment.	bility environment times for more than	
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.		
NOTE	How much money did you receive from the for the past 30 days? Remind client of confidentiality if client is relu Focus here is on amount of CASH available on estimate of client's net worth.	ctant to answer. to client, not	
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 major of their food, shelter, etc.?	ority	
	Regular ongoing support. Do not include client herself o spouse. Do include dependents who normally are support not been recently.		

EMP	LOYMENT/SUPPORT STATUS (cont)	EMPLOYMENT/SUPPORT COMMENTS
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.	(Include the question number with your notes)
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?	· · · · · · · · · · · · · · · · · · ·
E24.	Client's inability to understand?	
	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.	

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 <u>OR</u> 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.
- If past 30 day and lifetime use = 0, then columns C-F should be coded -8, and columns G and H should be coded 0.
- NOTE: Anti-depressants are noted in comments, but not recorded on grid.



ALCO	DHOL/DRUG USE (cont)	ALCOHOL/DRUG COMMENTS
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	(Include the question number with your notes)
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.	Since enrollment, longest # of days in a row you have been: Clean? (No illicit drugs)	
D16b.	Sober? (No alcohol)	
D16c.	Clean and sober? (No illicit drugs, no alcohol)	
D17.	Since enrollment, how many times have you: Had alcohol d.t.'s? Not just "the shakes"	
D18.	Overdosed on drugs? O.D. requires intervention. "Sleeping it off" doesn't count. Include suicide attempt with overdose (also code attempt in Psychiatric).	
	Since enrollment, how many times have you been treated for:	
D19.	Alcohol abuse, any type tx	
D20.	Drug abuse, any type tx Code # tx episodes	
D20a.	Since enrollment, how many times have you had inpatient treatment for: Alcohol abuse	
D20b.	Drug abuse# times; Code 6 if ≥ 6	
D20c.	Since enrollment, how many times have you had outpatient treatment for: Alcohol abuse $\$ times; Code 6 if \geq 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	
D22.	Drug	

ALCO	DHOL/DRUG USE (cont)	ALCOHOL/DRUG COMMENTS
D22a.	Since enrollment, what types of alcohol/drug treatment have you been involved in?	(Include the question number with your notes)
00 - 01 - 02 - 03 - 04 - 05 - 06 - 07 - 08 -	Attment Codes Outcome Codes No treatment Inpatient (30 day) Inpatient (>30 day) 0 - no (further) tx Outpatient (>30 day) 1 - assessed, referred but never started Outpatient 2 - started, dropped Counseling 3 - started, in process Self-help groups 4 - completed tx Methadone (drug maintenance only) Methadone (maint ence & counseling) Transitional hsg with outpatient services Other	
1. 2. 3.	5 6	
4.	<u> </u>	
D22b.	If in inpatient tx, did your children stay with you	
D22c.	If in inpatient tx, was it a program just for women?	
	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.	
	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	
	above information significantly distorted by: Client's misrepresentation?	
	0 - No 1 - Yes	
D35.	Client's inability to understand? 0 - No 1 - Yes	

ALCOHOL/DRUG USE (cont)		DL/DRUG USE (cont)	ALCOHOL/DRUG COMMENTS	
		INTERVIEWER CLIENT NEED RATING	(Include the question number with your notes)	
How w	oul	d you rate this client's need for treatment for:		
D99a.	Alco	ohol Abuse		
D99b.	Dru	g Abuse		
1	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.		

I FG	AL STATUS	LEGAL COMMENTS
L2.	Are you currently on probation or parole?	(Include the question number with your notes)
	0 - No 1 - Yes	_
	SINCE ENROLLMENT, how many times have you been arrested and CHARGED with any of the following? (Not necessarily conviction	
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 ar 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 (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	
	SINCE ENROLLMENT, how many times have you been charge with the following:	ed
L18.	Disorderly conduct, vagrancy, public intoxication Generally a public annoyance without the commission of a	
L19.	Driving while intoxicated	
L20.	Major driving violations Reckless driving, speeding, no license, etc.	
L20a.	Since enrollment, how many times have you been	
L21.	incarcerated? — – – How many months were you incarcerated since	
L21.	enrollment? (total months) Whether or not charge resulted in a conviction. Includes jail,	_ []
I 23b	2 weeks or longer=1 month. <2 wks=000. How long was your longest incarceration? (since	
	enrollment) Code -8 if never incarcerated	
L23c.	What was it for? Use codes 3–16, 18–20 If multiple charges, code most severe Code -8 if never incarcerated.	[
L24.	Are you presently awaiting charges, trial, or sentence? 0 - No 1 - Yes	-
L25.	Do not include civil charges. What for?	
L2 3 .	If multiple charges, code most severe	—
	Code -8 if not awaiting charges.	

LEG	AL STATUS (cont)	LEGAL COMMENTS
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).	(Include the question number with your notes)
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 <u>additional</u> referral.	
	CONFIDENCE RATINGS	
Is the	above information significantly distorted by:	
L31.	Client's misrepresentation?	
L32.	Client's inability to understand?	
	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.	

FAM	ILY/SOCIAL RELATIONSHIPS	FAMILY/SOCIAL COMMENTS
No pr re to	ote: Purpose of this section is to assess inherent relationship oblems, not the extent to which alc/drugs have affected lationships. Do not include here social/family problems due solely client's substance abuse. In general, ask client: if the alc/drug oblem were absent, would there still be a relationship problem?	(Include the question number with your notes)
F1.	Marital Status $1 - Married$ $4 - Separated$ $2 - Remarried$ $5 - Divorced$ $3 - Widowed$ $6 - Never married$ Consider common-law (≥ 7 yrs) as married and specify in comments.	
F2.	How long have you been in this marital status? //	
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	
	01 - Permanent/stable (<i>incl. Sec 8 if perm. res.</i>) 02 - Long-term jail or prison	
	02 - Transient, emergency shelters 06 - Trans. drug-free housing 03 - Living w/ friend/relative temporarily 07 - Drug/alc tx facility 04 - Homeless (without shelter) 08 - Other (specify below) Specify other:	
	How many times have you moved	
F3b.	In the past year?	
F3c.	Since enrollment?	
F4.	Usual living arrangements (past 3 years)	· · · · · · · · · · · · · · · · · · ·
	01 - With sexual partner & children06 - With friends02 - With sexual partner alone07 - Alone03 - With children alone08 - Controlled environment04 - With parents09 - No stable arrangements05 - With familyIf 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? / / / /	
F6.	Are you satisfied with these living arrangements?(generally likes)0 - No1 - Indifferent2 - Yes	
	In household/arrangement described in F4:	
F4a.	Number of children in household (under 18)	
F4b.	Number of adults in household	
F7.	Do you live with anyone who: 0 - No 1 - Yes Has a current alcohol problem?	
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 - Family2 - Friends3 - Alone	
F10.	Are you satisfied with spending your free time this way? (generally likes)0 - No1 - Indifferent2 - Yes	
F11.	How many close friends do you have?	

FAM	ILY/SOCIAL RELATIONSHIPS (cont)	FAMILY/SOCIAL COMMENTS
F11a.	Do you go to church? How active are you? 0 - No, do not go 1 - Yes, but not very active	(Include the question number with your notes)
	2 - Yes, but sometimes active3 - Yes, and very active	
Frak	Which church?	
	Have you experienced the death of a family member or friend since enrollment? 0 - No 3 - Yes, friend	
	1 - Yes, a child4 - Yes, other family2 - Yes, parent5 - Multiple deaths	
	Direction for F12 - F26:	
	Include biologic and adoptive relatives.	
	0 - Clearly NO for <u>all</u> 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 close, long-lasting, personal relationships 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:	
F18.	Past 30 Days In Your Life 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	
F27.	Past 30 Days In Your Life As A Child Emotionally? Make you feel bad	
F28.	through harsh words Physically?	
	Cause you physical harm	
F29.	Sexually? Force sexual advances or sexual acts MOLESTED RAPED	

		FAMILY/SOCIAL COMMENTS
	LY/SOCIAL RELATIONSHIPS (cont)	(Include the question number with your notes)
F29a.	Are you currently in what you consider to be an abusive relationship with your partner?	
	0 - No 3 - Yes, sexual	
	1 - Yes, physical 4 - Yes, combination	
	2 - Yes, psychological	
How n	nany 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?	
F38.	Client's inability to understand?	
	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.	
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.	

<u>PSY</u>	CHIATRIC STATUS			PSYCHIATRIC STATUS COMMENTS
P1.	SINCE ENROLLMENT, how many times have any psychological or emotional problems: In a hospital?	e you been	treated for	(Include the question number with your notes)
	•			
P2.	As an outpatient or private patient? Per episode, <u>not</u> # of visits or # of days. Note when/w	where in comm	 nents.	
P2a.	Have you had a psychiatric evaluation since er 0 - No 1 - Yes	nrollment?		
	Note reason for evaluation in comments.			
	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		_	
P2c.	List DSM-IV diagnosis(es) and 3-digit code the If no evaluation, or client had evaluation but no diagno		ıl:	
	Diagnosis 1:		<u> </u>	
	Diagnosis 2:			
	Diagnosis 3:			
	Diagnosis 4: Do not code FAS/FAE diagnosis here, code as Medic	al Diagnosis i		
		-	1 1/10.	
P3.	Do you receive a pension for a psychiatric of 0 - No 1 - Yes			
	From whom:			
	Direction for P4-P11:			
	"In your life" refers to the entire lifetime per to the past 30 days. Interviewer: ask lifetim from each pair first, then, regardless of ans inquire about past 30 days. Items P4, P5, P6, P7: Be sure symptoms are psychiatric in nature, i.e., NOT drug related.	e question wer,		
	Have you had a significant period (that was <u>drug/alcohol use</u>) in which you have:	not a direct	t result of	
		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 <u>Can</u> be drug/alc related. (Even once)			
P9.	Experienced serious thoughts of suicide i.e., had a plan; <u>can</u> be drug/alc related. (Even once) When last?			
P10.	Attempted suicide Can be drug/alc related. (Even once)			
D44	When last?			
P11.	Been prescribed medication for any psychological/emotional problem Whether or not she actually took the meds.			

PSYCHIATRIC STATUS (cont)		PSYCHIATRIC STATUS COMMENTS	
P12.	How many days in the past 30 have you experienced		(Include the question number with your notes)
Fo	r Questions P13 & P14, ask client to use the Client's Rating S	cale	
P13.	How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? <i>Referring to P12.</i>		
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		
	e 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 treatm but not apparently dangerous or greatly interfering with client		
	3 - Urgent need for more treatment in addition to client's current treatment.	:	

FAMI	LY PLANNING, TARGET CHILD & SUBSEQU	ENT	COMMENTS
BIRT			(Include the question number with your notes)
FP1.	Where is target child living now?1 - With client3 - Friend2 - Relative/FOB4 - Foster Care5 - Other (specify)-6 - Target Child deceased7 - Mother doesn't know-8 - N/APROBE: 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 v	with	
FP3a.	Biological mother		
FP3b.	Family member / FOB No state \$ involvement		
FP3c.	Friends / Other No state \$ involvement	<u> </u>	
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 care3 - Hospital clinic1 - Private physician4 - Other (specify below)2 - Community clinic		
	Specify other:		
FP4c.	Current status of target child's immunizations 0 - None 2 - Missing some 1 - Fully immunized 2 - Missing some		
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.		
L			

FAMILY PLANNING, TARGET CHILD & SUBSEQUENT	COMMENTS (Include the question number with your notes)
BIRTHS (cont)	(Include the question number with your notes)
FP6. Does TC have any kind of medical problems that your doctor is watching and/or has told you about? 1 Code each; no additional, code 00 2	
······································	
00 - None <i>(or no additional)</i> 08 - Failure to thrive	
01 - Respiratory (asthma, freq colds) 02 - Eye problems 10 - Sleep problems (apnea, etc.)	
02 - Eye problems 10 - Sleep problems (<i>apnea, etc.</i>) 03 - Ear problems, infection 11 - Blood problems (<i>anemia, etc.</i>)	
04 - Skin problems (<i>excema, rashes</i>) 12 - Metabolic problems	
05 - Allergies 13 - Growth problems	
06 - Developmental problems 14 - Genetic disorder (Turner's, etc.)	
07 - Digestive/feeding problems 20 - Other (specify below) Specify other:	
FP7a. Specify any diagnosis: 0-No diagnosis 1-Diagnosis listed	
I Fia. Specify any diagnosis. 0-100 diagnosis I-Diagnosis listed	
FP7b. Does TC have FAS or suspected FAS diagnosis?	
1 - FAS 3 - Suspected FAS/FAE	
received any type of therapy or special	
services since he/she was born? ^{2.} ^{4.}	
Code each; no additional, code 00	
00 -No therapy 07 -Therapeutic daycare (e.g., Childhaven)	
01 -Physical therapy 08 -Crisis care nursery	
02 -Occupational therapy 09 -FAS clinic 03 -Eve doctor 10 -HIV services or clinic	
03 -Eye doctor 10 -HIV services or clinic 04 -Developmental stimulation prog 11 -Headstart	
05 - Cranio-facial clinic (<i>cleft palate, etc.</i>) 12 - Other preschool	
06 -High-risk infant follow-up clinic 20 -Other (specify below)	
Specify other:	
FP9a. Has TC been in babysitting or daycare?	
0 - No daycare 4 - Home daycare, unlicensed	
1 - Licensed center (\geq 30 children) 5 - Friends of family	
2 - Licensed center (<i><30 children</i>) 6 - Relatives	
3 - Home daycare, licensed	
FP9b. For how many months (total) has TC been in daycare	
since birth?	
FP10a. Who answered Target Child questions?	
1 - Bio mom 5 - Foster mom 2 - Bio father 6 - Foster dad	
2 - Bio father 6 - Foster dad 3 - Adoptive mom 7 - Grandmother	
4 - Adoptive father 8 - Grandfather	
9 - PCAP advocate	
10 - Other:	
FP10b. Is respondent familiar with child's history since birth?	
FP10c. If no, since what age?	

	Y PLANNING, TARGET CHILD & SUBSEQUENT	COMMENTS (Include the question number with your notes)
	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 (#)	
FP15.	Is client pregnant now?	
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 $\frac{1}{m} \frac{1}{m} \frac{1}{d} \frac{1}{d} \frac{1}{y} $	
FP17.	Outcome of birth(s)#1#20 - Baby had no problems1 - Baby required special care, longer stay2 - Stillbirth, infant death2 - Stillbirth, infant death3 - Other	
	During pregnancy for birth #1 #2	1
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?	
FP22.	Went into alc/drug tx during pregnancy? 0 - No 1 - Yes, completed 2 - Yes, but dropped tx	
FP22a.	If so, during what month?	
FP23.	Number of months abstinent during pregnancy	
FP24.	Child is currently living with	

T		
	<u>Y PLANNING, TARGET CHILD & SUBSEQUENT</u> IS (cont)	COMMENTS (Include the question number with your notes)
FP25.	Including target child, total # of biological children who live with you now:	
FP25a.	Including target child, ages of <u>all</u> 1 2 biological children who live with you 3 4 now: 5. 6.	
	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: 1 2 00 = no children or no more children 5 6	
	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	
5000		
FP28.	How old were you when you had your first pregnancy?	
FP29.	Do you normally use some method of birth control?	
FF 23.	0 - No 1 - Yes, regular use 2 - Yes, sporadic use	
FP20a	What method(s) do you use?	
11 200.	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 a	bove 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.	

COMMUNITY SERVICES

COMMUNITY SERVICES COMMENTS

(Include the question number with your notes)

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: Connection with Service Used Codes Service Codes 1 - Good 0 - No, but needed 1 - Yes 2 - Acceptable 3 - Poor 3 - On waiting list -8 - Not needed, N/A 4 - Good/acceptable, but problem with access -8 - N/A в Connection With Α. Service Used? Service Regular health care provider or clinic -S1. for client Who/Where: S1a. Regular health care provider or clinic for child(ren) Who/Where: S2. Other healthcare services - for client Physical therapy, dentist, eye doctor, etc. What/Where: S2a. Other healthcare services - for child(ren) Physical therapy, dentist, eye doctor, etc. What/Where: # # Emergency Room (E.R.) visits in past year inapproappro-Code # of visits of each type If more than 6, code 6 priate 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. Β. Α. Connection With Service Used? Service S3. Family planning, birth control At clinic, Planned Parenthood, etc. Who/Where: S4. Alcoholics Anonymous or Narcotics Anonymous (or other alcohol/drug peer support group) Group/Sponsor: S5. Other support group Social, church group What/Where: S6. Mental health service (client) Diagnosis or counseling

What/Where:

COMMUNITY SERVICES (cont)				COMMUNITY SERVICES COMMENTS (Include the question number with your notes)
How	you used this service during the <u>last year</u> o is this service working for you? (or your ch nding on item)	or now? ild(ren) or fa	amily,	
	CodesServ0 - No, but needed1 - Goo1 - Yes2 - Acc3 - On waiting list3 - Poo-8 - Not needed, N/A4 - Goo	eptable or od/acceptable olem with acc	e, but cess	
		A. Service Used?	B. Connection With Service	
S7.	Public housing Section 8, low income Specify:			
S8.	Emergency housing Include shelters Specify:			
S9.	Emergency funds for rent deposits, gas vouchers, etc. <u>OR</u> Emergency bill paying service Volunteers of America, St. Vincent, American Red Cross, Salvation Army, etc. Include special payment programs offered by utility, phone companies, etc. Specify:			
S10.	Clothing/supplies Salvation Army, Volunteers of America, etc. Specify:			· · · · · · · · · · · · · · · · · · ·
S11.				
S12.	Legal Court, public defender, prosecutor, probation, legal clinics. (If client has been in litigation or resolved charges, warrants, etc., code 1) What/Where:			
S13.	Domestic violence services Crisis line, temporary shelter, protection/ restraining orders What/Where:			
S14.	Public Schools For extra services or problems, e.g., counseling, truancy, child behavior issues, etc. What/Where:			
S15.	Daycare/childcare services Specify:			
S16.				
S17.	Other 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. What/Where:		—	

COM	MUNITY SERVICES (cont)	COMMUNITY SERVICES COMMENTS
	For questions S19-S24a, code 0 - No, 1 - Yes	(Include the question number with your notes)
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) since enrollment? 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 since enrollment? At clinic, as part of treatment, co-ops.	
S24a.	Was this mandated? 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	
	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	COMMENTS ON VALIDITY:
V1.	Anyone else present during interview? 0 - No 1 - Yes	
	Who?	
V2.	Client cooperation1 - Very uncooperative3 - Somewhat cooperative2 - Somewhat uncooperative4 - Very cooperative	
V3.	Client under influence? 0 - No 1 - Yes, appeared so 2 - May have been, uncertain	
V4.	Special	
	1 - Usual, one session interview	
	 2 - Interrupted, multi-session 3 - Client terminated interview 	
	4 - Interviewer terminated interview	

Interviewer Comments on Interview/Client/Situation		

PROFILE OF CLIENT NEED BASED ON INTERVIEWER'S SUBJECTIVE ASSESSMENT

Codes here should match those in interview.			
No Problem/Issue	Problem/Issue	Problem/Issue	Problem/Issue
	But currently stable with current services	Unaddressed need, but not urgent	Has urgent, immediate need
		Lower priority	High priority
0	1	2	3
	No Problem/Issue	No Problem/Issue But currently stable with current services	No Problem/Issue Problem/Issue Problem/Issue But currently stable with current services Unaddressed need, but not urgent Lower priority

Codes here should match those in interview

Specify Other: _____