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

PCAP Client Module

Addiction Severity Index 5th Edition - Intake Interview

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

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

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

INSTRUCTIONS:
Complete as soon as possible after birth.
Leave no blanks. Unless otherwise noted, as 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

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 ___ ___ ___

TARGET CHILD (TC) INFORMATION

TC1. Pregnancy Outcome (TC) ___
1 - Living 4 - Stillborn
2 - Miscarried 5 - Other (specify below)
3 - Terminated *Specify:* _____

TC2. Urine toxicology screens at delivery:
Ask client if you do not know.

a. Maternal ___
If positive, what for: _____

b. Infant ___
If positive, what for: _____

1 - No, not done 3 - Done, positive result
2 - Done, negative result 4 - Done, unknown result
-7 - Not known

TC3. Baby's birthdate __ __ /__ __ /__ __ __ __
m m d d y y y y

TC4. How far along were you when baby was born? (gestational age) ___ ___
PROBE: was baby born premature? (<37 wks) WKS

TC5. Twins? 0 - No 1 - Yes ___
NOTE: *If twins, code TC5 above as 1, complete and attach Twins Addendum, and code TC6-TC11 with -8s (N/A).*

TC6. Gender of baby 1 - Male 2 - Female ___

TC7. Baby's birthweight ___ ___ ___ ___
LBS OZ

TC8. Baby's birth length ____ ____ . ____
INCHES

TARGET CHILD INFORMATION COMMENTS

(Include the question number with your notes)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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 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-

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

TC11. Who has legal custody of the baby? ___

1 - Client
2 - Relative
3 - Friend
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 2)

1 - Am. or Can. Indian, Alaska Native
2 - Asian
3 - Black
4 - Hispanic
5 - White
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? __ __ /__ __ /__ __ __ __ (m m d d y y y y)

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

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)** *Specify:* _____	___	___	___	___	*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? ___ ___ ___ DAYS
Code longest # consecutive 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)

_____
_____
_____

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

Interviewer Comments on Target Child/Situation

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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 _____
6 - Other _____

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)

_____

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