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

Parent Child Assistance Program (PCAP)

Date of Exit ASI: _____

Current Adv #: _____

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. #_____ 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: _____
City *State* *Zip*

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

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

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

Type of work:_____ Phone: ( ) _____

Are you in school? _____ What/where? _____

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

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)

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

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

There are two time periods we will discuss:

1) The past 30 days
2) Lifetime

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

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

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

Please try not give inaccurate information!

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

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

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

INTERVIEWER INSTRUCTIONS:

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

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

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

Probe, cross-check and make plenty of comments!

HOLLINGSHEAD CATEGORIES (Licit work only):

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

PSYCHIATRIC DIAGNOSES:

See appendix in UWASI manual.

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....?"

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

GENERAL INFORMATION

A. Target Exit Date __ __ /__ __ /__ __ __ __
Three years after date consent signed m m d d y y y y

B. Current Advocate # ___ ___ ___

C. # of Advocates this client has had over the 36 months in program ___

List all advocates by ID, (# months in parentheses):
_____

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

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

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

G9. Contact Code ___

1 - PCAP Office
2 - Phone
3 - Prison
4 - Jail
5 - Other *(such as treatment center, client's home)*

Specify other: _____

G11. Interviewer Code Number ___ ___ ___

G15a. Zip code of client __ __ __ __ __

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

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

Specify other: _____

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

G20. How many days? ___ ___
TOTAL days of past 30 in ALL controlled settings.
If G19 is No, code -8.

GENERAL INFORMATION COMMENTS

(Include the question number with your notes)

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Place your message here. For maximum impact, use two or three sentences.

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

MEDICAL STATUS

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

M1. 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
1 - Tested, negative results
2 - Tested, positive results
3 - Tested, inconclusive results
4 - Tested, never got results
-7 - Don't know

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

M4c. 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)

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MEDICAL STATUS (cont)

CONFIDENCE RATINGS

Is the above information significantly distorted by:

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

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

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

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

INTERVIEWER CLIENT NEED RATING

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

0 - No medical problems, no need.

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

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

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

MEDICAL COMMENTS

(Include the question number with your notes)

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

EMPLOYMENT/SUPPORT STATUS

E1. Education completed __ __ / __ __ Yrs Mos
Code GED 55 yrs, 00 mos
If more than GED, code highest level; formal education only.

E2. Since enrollment, training or technical education completed __ __ Mos
Formal, organized training only. Code # months completed, whether or not program completed.

E2a. Since enrollment, what types of educational/ training programs have you completed (or are currently in progress)? 1. ___ 2. ___ 3. ___

- 0 - No, none, no more
- 1 - High school
- 2 - Trade/vocational program
- 3 - College/university (4 yr)
- 4 - GED program
- 5 - Community college
- 6 - Back-to-work program
- 7 - Other

Specify other: ________________________

E2b. Since enrollment, have you been involved in any (other) schooling that you dropped/quit? 1. ___ 2. ___ 3. ___
Use codes from E2a above.

E2c. Are you in school now? ___
Code type, using codes from E2a above.

E3. Do you have a profession, trade, or skill? ___
0 - No 1 - Yes
Specify in detail: __________________________________
Any employable, transferable skill acquired through specialized training or education.

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

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

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

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

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
- 1 - Has worked only intermittently; few hours or days at a time
- 2 - Worked part-time
- 3 - Worked full-time
- 4 - Part-time + illicit work
- 5 - Full-time + illicit work
- 6 - Illicit work only

EMPLOYMENT/SUPPORT 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)
2 - Part time (regular hrs)
3 - Part time (irregular, daywork)
4 - Student
5 - Military service
6 - Retired/disability
7 - Unemployed
8 - In controlled environment

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

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

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.

EMPLOYMENT/SUPPORT COMMENTS

(Include the question number with your notes)

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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)

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

ALCOHOL/DRUG USE (ILLICIT & PRESCRIPTION)

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

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

Routes of Admin: **1** - Oral **2** - Nasal (sniff, snort) **3** - Smoking **4** - Non IV inj (skin popping) **5** - IV injection
If more than one route of administration, choose most severe (i.e., highest applicable code)

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

D14. Which substance is the major problem? ___ ___
Client determines this.

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

COMMENTS
(Include the question number with your notes)

List ingredients of Other drug if known

ALCOHOL/DRUG USE (cont)

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

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

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

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

Since enrollment, longest # of days in a row you have been:

D16a. Clean? (No illicit drugs) ___ ___ ___ ___ DAYS
Exclude cigarettes, methadone

D16b. Sober? (No alcohol) ___ ___ ___ ___ DAYS

D16c. Clean and sober? (No illicit drugs, no alcohol) ___ ___ ___ ___ DAYS
Exclude cigarettes, methadone; 3 years = 1095 days

Since enrollment, how many times have you:

D17. 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 ___ ___
Code # tx episodes

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

Since enrollment, how many times have you had inpatient treatment for:

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

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

Since enrollment, how many times have you had outpatient treatment for:

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

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

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

How many of these were detox only?

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

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

ALCOHOL/DRUG COMMENTS

(Include the question number with your notes)

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ALCOHOL/DRUG USE (cont)

D22a. Since enrollment, what types of alcohol/drug treatment have you been involved in?

Treatment Codes
00 - No treatment
01 - Inpatient (30 day)
02 - Inpatient (>30 day)
03 - Outpatient
04 - Counseling
05 - Self-help groups (AA, NA, ACOA)
06 - Methadone (drug maintenance only)
07 - Methadone (maint'ence & counseling)
08 - Transitional hsg with outpatient services
09 - Other_____

Outcome Codes
0 - no (further) tx
1 - assessed, referred but never started
2 - started, dropped
3 - started, in process
4 - completed tx

	Treatment	Outcome		Treatment	Outcome
1.	___ ___	___	5.	___ ___	___
2.	___ ___	___	6.	___ ___	___
3.	___ ___	___	7.	___ ___	___
4.	___ ___	___	8.	___ ___	___

D22b. If in inpatient tx, did your children stay with you at the tx center? ___
0 - No 1 - Yes -8 - N/A

D22c. If in inpatient tx, was it a program just for women? ___
0 - No 1 - Yes -8 - N/A

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

D23. Alcohol $___,___ ___ ___

D24. Drugs $___,___ ___ ___

Enter only money actually spent, not street value.

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? ___ ___
Include NA, AA, meth. maint.

How many days in the past 30 have you experienced:

D26. Alcohol problems ___ ___

D27. Drug problems ___ ___

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

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

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

D28. Alcohol problems ___

D29. Drug problems ___

How important to you now is treatment for these:

D30. Alcohol problems ___

D31. Drug problems ___

CONFIDENCE RATINGS

Is the above information significantly distorted by:

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

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

ALCOHOL/DRUG COMMENTS

(Include the question number with your notes)

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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)

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

LEGAL STATUS

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

SINCE ENROLLMENT, how many times have you been arrested and CHARGED with any of the following? *(Not necessarily convictions)*

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

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

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

SINCE ENROLLMENT, how many times have you been charged with the following:

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

L19. Driving while intoxicated ___ ___

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

L20a. Since enrollment, how many times have you been incarcerated? ___ ___

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

L23b. How long was your longest incarceration? (since enrollment) ___ ___ Mos
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
Do not include civil charges.

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

LEGAL 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)

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FAMILY/SOCIAL RELATIONSHIPS

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

F1. Marital Status ___

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

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

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

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

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

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

Specify other: ________________________________

How many times have you moved...

F3b. In the past year? ___ ___

F3c. Since enrollment? ___ ___

Code 66 if homeless or too many moves to count.

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

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

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

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

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

In household/arrangement described in F4:

F4a. Number of children in household (under 18) ___ ___

F4b. Number of adults in household ___ ___

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

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

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

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

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

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

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

FAMILY/SOCIAL COMMENTS

(Include the question number with your notes)

FAMILY/SOCIAL RELATIONSHIPS (cont)

F11a. Do you go to church? How active are you? ___

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

Which church? _____

F11b. Have you experienced the death of a family member or friend since enrollment? ___

0 - No
1 - Yes, a child
2 - Yes, parent
3 - Yes, friend
4 - Yes, other family
5 - Multiple deaths

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

Would you say you have had 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:

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

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

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

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

FAMILY/SOCIAL COMMENTS

(Include the question number with your notes)

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FAMILY/SOCIAL RELATIONSHIPS (cont)

F29a. Are you currently in what you consider to be an abusive relationship with your partner? ___

0 - No
1 - Yes, physical
2 - Yes, psychological
3 - Yes, sexual
4 - Yes, combination

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

F30. with your family? ___ ___

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

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

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

F32. Family problems ___

F33. Social problems ___

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

F34. Family problems ___

F35. Social problems ___

CONFIDENCE RATINGS

Is the above information significantly distorted by:

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

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

INTERVIEWER CLIENT NEED RATING

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

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

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.

FAMILY/SOCIAL COMMENTS

(Include the question number with your notes)

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PSYCHIATRIC STATUS

SINCE ENROLLMENT, how many times have you been treated for any psychological or emotional problems:

P1. In a hospital? ___ ___

P2. As an outpatient or private patient? ___ ___

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

P2a. Have you had a psychiatric evaluation since enrollment? ___

0 - No 1 - Yes

Note reason for evaluation in comments.

P2b. If so, evaluation results: ___

0 - No diagnosis
1 - One diagnosis
2 - More than one diagnosis
-7 - Client doesn't know her diagnosis
-8 - Client refuses to say, or N/A-hasn't had an evaluation

P2c. List DSM-IV diagnosis(es) and 3-digit code from manual:

If no evaluation, or client had evaluation but no diagnosis, code -8s

Diagnosis 1: _____ ___ ___ ___

Diagnosis 2: _____ ___ ___ ___

Diagnosis 3: _____ ___ ___ ___

Diagnosis 4: _____ ___ ___ ___

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

P3. Do you receive a pension for a psychiatric disability? ___

0 - No 1 - Yes

From whom: _____

Direction for P4-P11:

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

Have you had a significant period (that was not a direct result of drug/alcohol use) in which you have:

0 - No 1 - Yes

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

PSYCHIATRIC STATUS COMMENTS

(Include the question number with your notes)

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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)

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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)

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FAMILY PLANNING, TARGET CHILD & SUBSEQUENT BIRTHS (cont)

FP6. Does TC have any kind of medical problems that your doctor is watching and/or has told you about? 1.___ ___ 2.___ ___ 3.___ ___
Code each; no additional, code 00

00 - None *(or no additional)*
01 - Respiratory *(asthma, freq colds)*
02 - Eye problems
03 - Ear problems, infection
04 - Skin problems *(excema, rashes)*
05 - Allergies
06 - Developmental problems
07 - Digestive/feeding problems
08 - Failure to thrive
09 - Cardiac (heart) problems
10 - Sleep problems *(apnea, etc.)*
11 - Blood problems *(anemia, etc.)*
12 - Metabolic problems
13 - Growth problems
14 - Genetic disorder *(Turner's, etc.)*
20 - Other (specify below)

Specify other: _____

FP7a. Specify any diagnosis: 0-No diagnosis 1-Diagnosis listed ___
_____

FP7b. Does TC have FAS or suspected FAS diagnosis? ___
0 - No
1 - FAS
2 - FAE or ARND
3 - Suspected FAS/FAE

FP8. Has TC gone to any special clinic or received any type of therapy or special services since he/she was born? 1.___ ___ 2.___ ___ 3.___ ___ 4.___ ___
Code each; no additional, code 00

00 -No therapy
01 -Physical therapy
02 -Occupational therapy
03 -Eye doctor
04 -Developmental stimulation prog
05 -Cranio-facial clinic *(cleft palate, etc.)*
06 -High-risk infant follow-up clinic
07 -Therapeutic daycare *(e.g., Childhaven)*
08 -Crisis care nursery
09 -FAS clinic
10 -HIV services or clinic
11 -Headstart
12 -Other preschool
20 -Other (specify below)

Specify other: _____

FP9a. Has TC been in babysitting or daycare? ___
0 - No daycare
1 - Licensed center *(≥30 children)*
2 - Licensed center *(<30 children)*
3 - Home daycare, licensed
4 - Home daycare, unlicensed
5 - Friends of family
6 - Relatives

FP9b. For how many months (total) has TC been in daycare since birth? ___ ___

FP10a. Who answered Target Child questions? ___ ___
1 - Bio mom
2 - Bio father
3 - Adoptive mom
4 - Adoptive father
5 - Foster mom
6 - Foster dad
7 - Grandmother
8 - Grandfather
9 - PCAP advocate
10 - Other: _____

FP10b. Is respondent familiar with child's history since birth? ___
0 - No 1 - Yes

FP10c. If no, since what age? ___ ___
Code in months of age; Not applicable = -8.

COMMENTS
(Include the question number with your notes)

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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
1 - Yes, plans to keep
2 - Yes, deliver but not 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 _____

	During pregnancy for birth...		#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?** *With or without treatment*	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?** *Code -8 if no treatment.*		___ ___	___ ___
FP23.	**Number of months abstinent during pregnancy** *Total longest consecutive months* *00 - None; 09 - Abstinent throughout*		___ ___	___ ___
FP24.	**Child is currently living with...**	1 - Client 2 - Relative/FOB 3 - Friend 4 - Foster Care 5 - Legally adopted 6 - Other _____	___	___

COMMENTS
(Include the question number with your notes)

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

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:
1. ___ ___ 2. ___ ___
3. ___ ___ 4. ___ ___
5. ___ ___ 6. ___ ___

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:
1. ___ ___ 2. ___ ___
3. ___ ___ 4. ___ ___
5. ___ ___ 6. ___ ___

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)

_____

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

COMMUNITY SERVICES

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

- Code whether or not client or her children, as specified in the item, received this service during the past year in the "Service Used" column. Code the quality of the service received in the "Connection with Service" column, using prompts to focus on how regular or adequate the connection, and her access to service, not on how well the woman is doing. For example, the connection for AA group would be rated "1-Good" if the woman attended regularly, even if she was still drinking.
- ***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 *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 *Code # of visits of each type* *If more than 6, code 6*	# appro-priate	# inappro-priate
S2b. Client	___	___
S2c. Client's child(ren)	___	___
What/Where: _____		

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

	A. Service Used?	B. Connection With Service
S3. Family planning, birth control *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 COMMENTS

(Include the question number with your notes)

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COMMUNITY SERVICES (cont)

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

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

		A. Service Used?	B. Connection With Service
S7.	**Public housing** *Section 8, low income* *Specify:* _____	___	___
S8.	**Emergency housing** *Include shelters* *Specify:* _____	___	___
S9.	**Emergency funds for rent deposits, gas vouchers, etc. OR 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.	**Food Bank** *Or other food program, NOT food stamps* *What/Where:* _____	___	___
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.	**Public Health Nurse** *Home visits* *Specify:* _____	___	___
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:* _____	___	___

COMMUNITY SERVICES COMMENTS

(Include the question number with your notes)

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COMMUNITY SERVICES (cont)

For questions S19-S24a, code 0 - No, 1 - Yes

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

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

Who? _____

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

COMMUNITY SERVICES COMMENTS

(Include the question number with your notes)

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COMMENTS ON VALIDITY:

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

Interviewer Comments on Interview/Client/Situation

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PROFILE OF CLIENT NEED BASED ON INTERVIEWER'S SUBJECTIVE ASSESSMENT

Codes here should match those in interview.

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

Specify Other: _____