

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? _____

INTERVIEWER: ASK FOR REFERENCES AT END OF INTERVIEW:
Could you give me the names of four relatives or friends who might know your whereabouts in the future?

Name: _____
Address: _____
City, State, Zip: _____
Phone: () _____
Name listed under: _____
Relationship to you: _____
Place of Employment: _____ (& phone) () _____

Name: _____
Address: _____
City, State, Zip: _____
Phone: () _____
Name listed under: _____
Relationship to you: _____
Place of Employment: _____ (& phone) () _____

Name: _____
Address: _____
City, State, Zip: _____
Phone: () _____
Name listed under: _____
Relationship to you: _____
Place of Employment: _____ (& phone) () _____

Father of Baby Name: _____
Address: _____
City, State, Zip: _____
Phone: () _____
Name listed under: _____
Place of Employment: _____ (& phone) () _____

Addiction Severity Index 5th Edition
University of Washington Modification for Pregnant & Postpartum Women (PCAP-ASI)

The PCAP-ASI 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 to give inaccurate information!

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

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

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

INTERVIEWER INSTRUCTIONS:

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

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

CONFIDENCE RATINGS:⇒ Last two items in each section.

- ⇒ Do not over-interpret.
- ⇒ Denial does not warrant misrepresentation.
- ⇒ Misrepresentation = overt contradiction in information.

Probe, cross-check and make plenty of comments!

HOLLINGSHEAD CATEGORIES (Licit work only):

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

PSYCHIATRIC DIAGNOSES:

See appendix in PCAP-ASI manual (listing by category: p. xii - p. xvii; alphabetic listing: p. xviii - p. xxii).

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 PCAP-ASI manual (p. vi - p. xi).

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...?"

Addiction Severity Index 5th Edition - Exit Interview

PCAP Modification for Pregnant & Postpartum Women

Client #: _____

Date: ___/___/_____

Agency Name: _____

Site Name/County: _____

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

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 (# of 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 5 - Other (*tx 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 4 - Medical tx
2 - Jail/prison 5 - Psychiatric tx
3 - Alcohol or drug tx 6 - Other (specify below)
Specify: _____
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)

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, nicotine.

M4a. Since enrollment, have you been tested for HIV/AIDS? _____

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

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

If exact day not known, code 15 for day

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)

Multiple horizontal lines for writing medical comments.

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 NEED RATING

M99. At this time, how would you rate the 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.

MEDICAL COMMENTS

(Include the question number with your notes)

EMPLOYMENT/SUPPORT STATUS

E1. Education completed _____ / _____
Code GED 55 yrs, 00 mos _____ YRS _____ 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 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. ____
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 4 - Part-time + illicit work
1 - Has worked only intermittently; 5 - Full-time + illicit work
 few hours or days at a time
2 - Worked part-time 6 - Illicit work only
3 - Worked full-time

EMPLOYMENT/SUPPORT COMMENTS

(Include the question number with your notes)

Client #: _____

Date: ____/____/____

EMPLOYMENT/SUPPORT STATUS (cont)

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

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

E10. Usual employment pattern, past 3 years _____
1 - Full time (> 35 hrs/wk) 5 - Military service
2 - Part time (regular hrs) 6 - Retired/disability
3 - Part time (irregular, daywork) 7 - Unemployed
4 - Student 8 - In controlled environment
Most representative, not necessarily most recent. If equal times for more than one category, code most current. Includes "under the table" jobs. Jobs in prison are not counted as employment.

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

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)

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? _____

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 NEED RATING

E99. At this time, how would you rate the client's need 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)

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.

COMMENTS
(Include the question number with your notes)

List ingredients of Other drug if known

		A.	B.	C.	D.	F.	Past 30-day use pattern		
		Past 30 Days	Lifetime (Years)	Route of Admin	Prescription Only 0 - No 1 - Yes	Last Time You Ever Used (Mo/Da/Yr)	G.	H.	
		Days	(Years)	Admin	Only	Mo/Da/Yr	Frequency	Amount	
D1.	Alcohol (any use at all) <small>Wine coolers, beer, alcoholic "energy" drinks, liquor, wine</small>	_____	_____	_____	____	____/____/____	_____	_____	drinks
D2.	Alcohol (to intoxication)	_____	_____	_____	____	____/____/____	_____	_____	drinks
D3.	Heroin <small>Smack, dope, china white, tar</small>	_____	_____	_____	____	____/____/____	_____	_____	# mg
D4.	Methadone or other opiate replacement <small>LAAM, Dolophine, Suboxone, Subutex, buprenorphine</small>	_____	_____	_____	____	____/____/____	_____	_____	# mg
D5.	Other opiates/analgesics <small>Oxycontin, Oxycodone, Codeine, Morphine, Demerol, Percocet, Darvon, Robitussin</small>	_____	_____	_____	____	____/____/____	_____	____	
D6.	Barbiturates <small>Seconal, Amytal, Phenobarbital</small>	_____	_____	_____	____	____/____/____	_____	____	
D7.	Other sed/hyp/tranquilizers <small>Valium, Xanax, Klonopin, Ativan, "Benzos"</small>	_____	_____	_____	____	____/____/____	_____	____	
D8.	Cocaine - all forms <small>Crack, freebase, rock, powder</small>	_____	_____	_____	____	____/____/____	_____	_____	#grams
D9.	Methamphetamine <small>Crank, crystal meth, rock</small>	_____	_____	_____	____	____/____/____	_____	____	
D9a.	Other amphetamines <small>Ritalin, Adderal</small>	_____	_____	_____	____	____/____/____	_____	____	
D10.	Cannabis (Marijuana) <small>Weed, pot, bud, grass, hashish</small>	_____	_____	_____	____	____/____/____	_____	_____	#grams
D11.	Hallucinogens <small>LSD, acid, Mushrooms, Peyote, PCP (Phencyclidine), ecstasy, "X"</small>	_____	_____	_____	____	____/____/____	_____	____	
D12.	Inhalants <small>"Huffing", glue, solvents, gasoline, propellants</small>	_____	_____	_____	____	____/____/____	_____	____	
D12a.	Other (illicit only) <small>e.g., steroids, formaldehyde ("sherm") Ketamine (special K, vitamin K) Specify: _____</small>	_____	_____	_____	____	____/____/____	_____	____	
D12b.	Cigarettes or chewing tobacco	_____	_____	_____	____	____/____/____	_____	_____	#cig/day
D13.	More than one substance per day <small>Includes alcohol, but not cigarettes</small>	_____	_____	____	____	____	____	____	

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? _____

Interviewer determines this. Do not ask client. Consider information on tx, etc. if not clear from alc/drug use grid.

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	

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) _____
Exclude cigarettes, methadone, Include medical marijuana. DAYS

D16b. Sober? (No alcohol) _____
DAYS

D16c. Clean and sober? (No illicit drugs, no alcohol) _____
Exclude cigarettes, methadone; 3 years = 1095 days. 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, chart tx episodes on 3 year calendar and note when/where in comments

D20. Drug abuse, any type tx _____
Code # tx episodes, chart tx episodes on 3 year calendar and note when/where in comments

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

D20a. Alcohol abuse, any type tx _____
times; Code 6 if > 6

D20b. Drug abuse, any type tx _____
times; Code 6 if > 6

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

D20c. Alcohol abuse, any type tx _____
times; Code 6 if > 6

D20d. Drug abuse, any type tx _____
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)

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 progress
- 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. Drugs 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)

ALCOHOL/DRUG USE (cont)

INTERVIEWER CLIENT NEED RATING

How would you rate this client's need for treatment for:

D99a. Alcohol Abuse _____

D99a. 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.

EMPLOYMENT/SUPPORT COMMENTS

(Include the question number with your notes)

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 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? _____ / _____
If never married, since age 18 YRS MOS.

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? _____

1 -Permanent/stable (incl. Sec 8 05 - Long-term jail or prison
 if perm. res.) 06 - Trans. drug-free housing
 02 - Transient, emergency shelters 07 - Drug/alc tx facility
 03 - Living w/ friend/relative temporarily
 04 - Homeless (without shelter) 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 06 - With friends
 02 - With sexual partner alone 07 - Alone
 03 - With children alone 08 - Controlled environment
 04 - With parents 09 - No stable arrangements
 05 - With family

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? _____ / _____
If with parents or family, since age 18. YRS MOS.

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

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
(Does not need to correlate with F30, F31)

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 NEED RATING

F99a. How would you rate the 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)

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.

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

PSYCHIATRIC STATUS COMMENTS
 (Include the question number with your notes)

Client #: _____

Date: ___ / ___ / _____

PSYCHIATRIC STATUS (cont)	
P12. How many days in the past 30 have you experienced these psychological or emotional problems?	___
<i>Refers to problems listed in P4-P10.</i>	
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?	___
<i>Refers 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	
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 NEED RATING	
P99. How would you rate the client's need for psychiatric/ psychological counseling?	___
0 - No psychological problems, no need.	
1 - Psychological problems, but current treatment has brought condition to a controlled, non-problematic state.	
2 - Need for more treatment in addition to client's current treatment, but not apparently dangerous or greatly interfering with client's life.	
3 - Urgent need for more treatment in addition to client's current treatment.	

PSYCHIATRIC STATUS COMMENTS
(Include the question number with your notes)

Client #: _____

Date: ___/___/_____

FAMILY PLANNING, TARGET CHILD, & SUBSEQUENT BIRTHS

FP1. Where is target child living now? _____

- 1 - With client 4 - Foster Care
 - 2 - Relative / FOB 5 - Other (specify) _____
 - 3 - Friend 55 - adopted
 - 6 - Target child deceased (or miscarried, terminated)
 - 7 - Mother doesn't know -8 - N/A
- PROBE: Is TC living with you now?*

FP2. Who has legal custody of TC? _____

- 1 - With client 4 - State
- 2 - Relative / FOB
- 3 - Legal guardianship (specify) _____
- 5 - Other (specify) _____
- 55 - adopted 66 - Tribe has jurisdiction
- 6 - Target child deceased -7 - Mother doesn't know -8 - N/A

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

F4d. 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)

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) | 08 - Failure to thrive |
| 01 - Respiratory (asthma, freq colds) | 09 - Cardiac (heart) problems |
| 02 - Eye problems | 10 - Sleep problems (apnea, etc.) |
| 03 - Ear problems, infection | 11 - Blood problems (anemia, etc.) |
| 04 - Skin problems (excema, rashes) | 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. Does TC have a medical diagnosis?
Specify diagnosis: 0-No diagnosis 1-Diagnosis listed ___

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

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 | 07 - Therapeutic daycare (e.g., Childhaven) |
| 01 -Physical therapy | 08 -Crisis care nursery |
| 02 -Occupational therapy | 09 -FAS clinic |
| 03 -Eye doctor | 10 -HIV services or clinic |
| 04 -Developmental stimulation prog | 11 -Headstart |
| 05 -Cranio-facial clinic (cleft palate, etc.) | 12 -Other preschool |
| 06 -High-risk infant follow-up clinic | 13 -Speech therapy |
| 20 -Other (specify below) | |

Specify other: _____

FP9a. Has TC been in babysitting or daycare? ___
 0 - No daycare 4 - Home daycare, unlicensed
 1 - Licensed center (>30 children) 5 - Friends of family
 2 - Licensed center (<30 children) 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 mother 5 - Foster mother
 2 - Bio father 6 - Foster father
 3 - Adoptive mother 7 - Grandmother
 4 - Adoptive father 8 - Grandfather
 10 - Other _____

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

FP10c. If not familiar since birth, since what age? ___
Code in months of age; Not applicable = -8.

COMMENTS

(Include the question number with your notes)

FAMILY PLANNING, TARGET CHILD, & SUBSEQUENT BIRTHS (cont)

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

FP11. Subsequent pregnancies (#) _____

FP12. Subsequent terminations (#) _____

FP13. Subsequent miscarriages (#) _____

FP14. Subsequent births (#) _____
 include stillbirths.
 FP12+FP13+FP14 should total FP11.

FP15. Is client pregnant now? _____

0 - No 2 - Yes, deliver but not keep
 1 - Yes, plans to keep 3 - Yes, plans to terminate

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

FP16a. Date of subsequent birth #1 ____ / ____ / ____

FP16b. Date of subsequent birth #2 ____ / ____ / ____

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?	_____	_____
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 3 - Friend 2 - Relative / FOB 4 - Foster Care 5 - Legally adopted 6 - Other _____		

COMMENTS

(Include the question number with your notes)

FAMILY PLANNING, TARGET CHILD, & SUBSEQUENT BIRTHS (cont)

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

FP25a. Including target child, ages of all biological children who live with you now: 1. _____ 2. _____
3. _____ 4. _____
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 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. _____
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

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

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 - Hormonal implant 08 - Diaphragm _____
04 - Depo shot 09 - IUD 11 - Birth Control Patch _____
05 - Tubal ligation 10 - Other 12 - NuvaRing _____
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 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 living with you, 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:

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

A. Service Used? B. Connection with Service

S1. Regular health care provider or clinic - for client <i>Who/Where: _____</i>	—	—
S1a. Regular health care provider or clinic - for child(ren) <i>Who/Where: _____</i>	—	—
S2. Other healthcare services - for client <i>Physical therapy, dentist, eye doctor, etc.</i> <i>What/Where: _____</i>	—	—
S2a. Other healthcare services - for child(ren) <i>Physical therapy, dentist, eye doctor, etc.</i> <i>What/Where: _____</i>	—	—

Emergency Room (ER) visits in past year	# appropriate	# inappropriate
S2b. Client	—	—
S2c. Client's child(ren)	—	—

*Code # of visits of each type
If more than 6, code 6*

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

COMMUNITY SERVICES COMMENTS

(Include the question number with your notes)

Client #: _____

Date: ___ / ___ / _____

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 living with you, depending on item)

Services 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

	A. Service Used?	B. Connection with Service
S7. Public Housing <i>Section 8, low income</i> Specify: _____	—	—
S8. Emergency Housing <i>Include shelters</i> Specify: _____	—	—
S9. Emergency funds for rent deposits, gas vouchers, etc. OR Emergency bill paying service <i>Volunteers of America, St. Vincent, American Red Cross, Salvation Army, etc. Include special payment programs offered by utility, phone companies, etc.</i> Specify: _____	—	—
S10. Clothing/supplies <i>Salvation Army, Volunteers of America, etc.</i> Specify: _____	—	—
S11. Food bank <i>Or other food program, NOT food stamps</i> What/Where: _____	—	—
S12. Legal <i>Court, public defender, prosecutor, probation, legal clinics. (If client has been in litigation or resolved charges, warrants, etc., code 1)</i> What/Where: _____	—	—
S13. Domestic violence services <i>Crisis line, temporary shelter, protection/restraining orders</i> What/Where: _____	—	—
S14. Public schools <i>For extra services or problems, e.g., counseling, truancy, child behavior issues, etc.</i> What/Where: _____	—	—
S15. Daycare Program Specify: _____	—	—
S16. Public Health Nurse <i>Home visits</i> Specify: _____	—	—
S17. Other <i>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.</i> What/Where: _____	—	—

COMMUNITY SERVICES COMMENTS

(Include the question number with your notes)

Client #: _____

Date: ___ / ___ / _____

COMMUNITY SERVICES (cont)

For questions S19 - S22, 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.

S22a. If CPS was involved with TC during program, what is the current status of the case? _____

- 1 - Investigation
- 2 - Voluntary contract/services
- 3 - In home dependency
- 4 - Out of home dependency
- 5 - Parental rights terminated
- 6 - Parental rights relinquished
- 7 - Third party guardianship
- 8 - Dependency dismissed
- 7 - Mother doesn't know
- 8 - N/A

For questions S23 - S24a, code 0 - No, 1 - Yes

S23. Do you have an open CPS case (with any child) 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:

F26. Client's misrepresentation? _____

0 - No 1 - Yes

F27. 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)

COMMENTS ON VALIDITY:
