Parent-Child Assistance Program
Washington State
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ADDICTION SEVERITY INDEX
UNIVERSITY OF WASHINGTON MODIFICATION FOR PREGNANT & POSTPARTUM WOMEN
[UW-ASI–E]

— EXIT INTERVIEW MANUAL—

GENERAL INFORMATION
& CODING INSTRUCTIONS

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Material contained in this manual includes information from "A Guide to Training and Supervising ASI Interviews Based on the Past Ten Years" by Fureman, Parikh, Bragg, & McLellan, The University of Pennsylvania/Veterans Administration Center for Studies on Addictions, Philadelphia, PA.

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Feedback and questions about the UW-ASI Manual and assessment interview are welcomed.

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Products based on the 5th edition ASI
for assessing pregnant and postpartum substance-abusing women
available from the University of Washington Fetal Alcohol & Drug Unit:

- Intake Interview
  - UW-ASI-A (maternal portion of interview)
  - UW-ASI-B (items specific to target pregnancy and Target Child)
  - UW-ASI-Btwins (addendum to accommodate twin Target Children)
- UW-ASI Intake Interview Manual
- Exit Interview
  - UW-ASI-E (exit interview)
- UW-ASI Exit Interview Manual

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— EXIT INTERVIEW MANUAL —

GENERAL INSTRUCTIONS & INFORMATION

I. Introduction

The 5th edition Addiction Severity Index (ASI) is a semi-structured interview designed to provide important information about aspects of a client's life which may contribute to her substance abuse problem. The UW-ASI is a modified version of the ASI that includes all items from the 5th edition ASI along with some additions specific to pregnant and postpartum women, as follows:

Original 5th Edition ASI Sections (including some of our own questions)

- General Information
- Alcohol and Drug Use
- Legal Status
- Medical Status
- Psychiatric Status
- Employment/Support Status
- Family History
- Family & Social Relationships

The UW-ASI adds:

- Target Child, Other Biological Children & Family Planning
- Community Services
- Family History expanded to include Childhood History

Structure of the UW-ASI-E. PCAP does not use the identical ASI interview form at Intake and Exit. UW–ASI Parts A and B are administered at intake, and UW-ASI-E is administered at exit. We have rephrased key ASI questions at exit to pertain to the intervention time period rather than the "in your life" period asked at intake in order to assess effectiveness of the intervention.

Telephone administration. Exit interviews may be conducted reliably and validly over the telephone as long as the interview is conducted in a context where the client may feel free to answer honestly and the interviewer has given an appropriate introduction to the interview, emphasizing confidentiality of information.

Instructions for administration. It is particularly important that the client perceive the purpose of the interview. At exit, it should be explained that the interview helps provide a description of her situation after her participation in the PCAP intervention and that the information elicited will be used for research purposes.

The interviewer should introduce herself and briefly state that she wishes to ask the client some questions her current status. The interviewer should add that these questions are asked of all participants

in order to see how they are doing now, after the intervention, that the interview will be completely confidential, and that the information will not leave the research setting. NOTE: This should be emphasized throughout the interview.

The interviewer should then describe the design of the interview, emphasizing the 10 potential problem areas: Medical, Employment/Support, Alcohol, Drug, Legal, Family/Social, Family/Childhood History, Psychiatric, Target Child/Family Planning, and Community Services. It is important that the interviewer emphasize the nature of the client's contribution. For example, at exit, the interviewer should state:

"We have noticed that while all of our clients have alcohol/drug problems, many also have significant problems in other areas such as medical employment, family, etc. In each of these areas, I will ask you if you feel you have problems in these areas, how much you have been bothered by these problems, and how important you feel treatment for those problems is to you. This is an opportunity for you to describe your most important problems; the ones you feel you need the most help with and to tell us how you feel you are doing now, after the PCAP intervention."

The final step of the introduction is the explanation of the Client Rating Scale. This 5-point scale will be used by the client to answer subjective questions in each problem area and should be presented for reference at this point in the interview. The interviewer should describe the use of the scale and offer an example to test for understanding by the client.

As the focus of the interview proceeds from one area to the next, it is very important for the interviewer to introduce each new section and to change the client's focus from the previous area. For example:

"Well, I've talked with you about your medical problems, now I'm going to ask you some questions about any employment or support problems you may have."

Thereby the client will be prepared to concentrate on each of the areas independently. In this regard it is important that the client not confuse problems in a particular area with difficulties experienced in another area, such as confusing psychiatric problems with those due directly to the physiological effects of alcohol or drug intoxication. The interviewer can help the client maintain these distinctions by asking client to describe the situations.

It is expected that by introducing the interview in a clear, descriptive manner, by clarifying any uncertainties, and by developing and maintaining continued rapport with the client, the interview will produce useful, valid information.

II. Client's Rating Scale

It is especially important that the client develop the ability to communicate the extent to which she has experienced problems in each of the selected areas, and the extent to which she feels treatment for these problems is important. These subjective estimates are central to the client's participation in the assessment of her condition.

In order to standardize these assessments we have employed a 5-point (0–4) scale for clients to rate the severity of their problems and the extent to which they feel treatment for them is important.

0 - not at all
1 - slightly
2 - moderately
3 - considerably
4 - extremely

For some clients it is adequate to simply describe the scale and its values at the introduction to the interview and occasionally thereafter. For other clients, it may be necessary to arrive at an appropriate response in a different fashion. The interviewer's overriding concern on these items is to get the client's opinion. Getting the client to use her own language to express an opinion is more appropriate than forcing a choice from the scale.

Several problems with regard to these ratings can occur. For example, the client's rating of the extent of her problems in one area should not be based upon her perception of any <u>other</u> problems. The

interviewer should attempt to clarify each rating as a separate problem area, and focus the time period on the previous 30 days. Thus, the rating should be made on the basis of current, actual problems, not potential problems. If a client has reported no problems during the previous 30 days, then the extent to which she has been bothered by those problems must be 0 and the interviewer should ask a confirmatory question as a check on the previous information: "Since you say you have had no medical problems in the past 30 days, can I assume that, at this point you don't feel the need for any medical treatment?" NOTE: if the client is not able to understand the nature of the rating procedure, then insert a "–7" for those items ("–7"= client doesn't know).

III. Estimates

Several questions require the client to estimate the amount of time she has experienced a particular problem in the past 30 days (from date of exit interview). Use a 30-day calendar page representing the 30 days prior to the interview to assist client in her responses. These items can be difficult for the client, and it may be necessary to suggest time structuring mechanisms: e.g., fractional periods (one-half the time, etc.), or anchor points (weekends, weekdays, etc.). Finally, it is important that the interviewer refrain from imposing her response on the client (e.g., "sounds like you have an extremely serious medical problem there"). The interviewer should help the client select an appropriate estimate without forcing specific responses.

IV. Clarification

During the administration of the ASI there is ample opportunity for clarification of questions and responses and this is considered essential for a valid interview. To ensure the quality of the information, be certain the intent of each question is clear to the client. Each question need not be asked exactly as stated, use paraphrasing and synonyms appropriate to the particular client and record any additional information in the "Comments" sections.

NOTE: When it is firmly established that the client cannot understand a particular question, that response should not be coded. Enter a "–7" (client doesn't know) for that item in these cases. Don't code obviously confused responses (though do note in comments). In extreme cases, when a client seems simply unable to grasp the basic concepts of the interview or to concentrate on the specific, usually because of effects of alcohol/drug withdrawal or due to extreme states of emotion, the interview should be terminated and another session rescheduled.

V. Interviewer Severity Ratings

The UW-ASI does not use the ASI Severity Ratings. Instead, we use a subjective Interviewer Assessment of Client Need to allow the interviewer to assess a client's need in a particular area, and also as a basis for comparison of client need at intake and at exit.

In general, the Interviewer Assessment of Client Need Rankings are as follows:

0 - No problem, no issue

1 - Some problem or issue, but current services adequate

2 - Problem/issue requiring connection to additional services (or better connection to current services), but need not urgent. Lower advocate priority.

3 - Problem/issue requiring connection to additional services (or better connection), need is urgent. Higher advocate priority.

V. Confidence Rating

Confidence ratings are the last two items in each section and appear as follows:

Is the above information significantly distorted by:

Client's misrepresentation? "0"- no "1"- yes

Client's inability to understand? "0"- no "1"- yes

Whenever a "yes" response is coded, interviewer should record a brief explanation in "Comments" section.

The judgment of the interviewer is important in deciding the veracity of the client's statements and her ability to understand the nature and intent of the interview. This does not mean a simple "gut hunch" on the part of the interviewer, but rather this determination should be based on observations of the client's responses following probing and inquiry when contradictory information has been presented (e.g. no income reported but $1000 in drug use). The clearest examples are when there are discrepancies or conflicting reports that the client cannot justify; then the interviewer should code a lack of confidence in the information (i.e., client misrepresentation="1"-yes). It is much less clear when the client's demeanor suggests that she may not be responding truthfully and in situations where the client will not make eye contact, or rapid, casual denial of all problems. This should not be over interpreted since these behaviors can also result from embarrassment or anxiety. It is important for the interviewer to use supportive probes to ascertain the level of confidence.

NOTE: It is the responsibility of the interviewer to monitor the consistency of information provided by the client throughout the interview. It is not acceptable to simply record what is reported. Where inconsistency is noted (e.g., no income reported but claims of $500 per day spent on drugs) the interviewer must probe for further information (emphasizing confidentiality of the information) and attempt to reconcile conflicting reports. Where this is not possible, information should not be coded, and "–7's" should be entered with a written note for the exclusion of information.

VII. Difficult or Inappropriate Situations

Previous Incarceration or Inpatient Treatment - Several questions within the ASI require judgments regarding the previous 30 days or the previous year. In situations where the client has been incarcerated or treated in an inpatient setting for those periods it becomes difficult to develop a representative profile for the client. That is, it may not give a fully representative account of her general or most severe pattern of behavior. However, it has been our policy to restrict the time period of evaluation for these items to the 30 days prior to the interview regardless of the client's status during that time. This procedure does represent the client accurately at the time of treatment or at follow-up.

Even with this general understanding there are still individual items that are particularly difficult to answer for clients who have been incarcerated or in some controlled environment. Perhaps the most common example is found in the employment section. Here we have defined "days of problems" as counting only when a client has actually attempted to find work or when there are problems on the job. In a situation where the client has not had the opportunity to work it is, by definition, not possible for him/her to have had employment problems. In situations like this where the client has not had the opportunity to meet the definition of a problem day, the appropriate answer is a "–8" (for not applicable) and the client ratings that follow should also be "–8's" since they depend on the problem days question.

Client Misrepresentation - We have found that some clients will respond in order to present a particular image to the interviewer. This generally results in inconsistent or inappropriate responses which become apparent during the course of the interview. As these responses become apparent, the interviewer should attempt to assure the client of the confidentiality of the data, re-explain the purpose of the interview, probe for more representative answers and clarify previous responses of questionable validity. If the nature of the responses does not improve, the interviewer should simply discard all data which seems questionable by entering "–7" where appropriate and record this on the form. In the extreme case, the interview should be terminated.

Poor Understanding - Interviewers may find clients who are simply unable to grasp the basic concepts of the interview or to concentrate on the specific, usually because of effects of alcohol/drug withdrawal or due to extreme states of emotion. When this becomes apparent, the interview should be terminated and another session rescheduled.

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ADDICTION SEVERITY INDEX — EXIT INTERVIEW

CODING MANUAL FOR INDIVIDUAL ITEMS

Preparing for the interview. Use a calendar page with the past 30 days highlighted in order to help client recall events in that period more accurately. Have client rating scale ready for client to refer to.

Top Sheet. Fill out all available information. Try to get as many references as possible (ask for references at end of interview, after you have established some degree of rapport with client). Check to make sure information is complete. Do not submit top sheet to Data Entry. Remove and file separately, stapled to consent form.

General Instructions.

1. Leave no blanks.
2. Unless otherwise noted, where appropriate code items:
   "–7"= question not answered, client doesn't know, doesn't understand, refuses to answer
   "–8"= question not applicable
   "–9"= question never asked
3. Use only one character per box.
4. Space is provided after sections for additional comments.
5. Whenever Client's Rating Scale is required, have client use the Client Rating Scale card, and code client's selection from the following: "0" = Not at all "2" = Moderately "1" = Slightly "3" = Considerably "4" = Extremely

NOTE: It is important to differentiate items which are not applicable to the client (which should be coded as "–8"), from items that the client cannot understand or will not answer (which should be coded as "–7"). **Please leave no items uncoded.**

Code 5-digit client ID on every page where requested. (This is in case pages get separated.)

NOTE: Borders around items in this manual are for reference to source of questions within this coding manual. They do not impact administration of the instrument and can be ignored unless you are curious about the question's derivation.

• Thick lines	-	5th Edition ASI-derived items on the Intake and repeated on the Exit Interview (measurements of change). Rephrased as appropriate at exit.
• Hairline lines (measurements	-	PCAP-derived items on the Intake and repeated on the Exit Interview of change). Rephrased as appropriate at exit.
• Both lines	-	5th Edition ASI-derived items we chose to repeat on the Exit Interview (measurements of change) even though the original 5th edition did not.
• No lines	-	Items that are not repeated from the Intake Interview.

Each item has space below for your comments, clarifications, reminders about coding, etc.

Items that are the same as the original 5th Edition ASI are indicated by a  around the item number.

Page 1. ADMINISTRATIVE & GENERAL INFORMATION

Identifying & Administrative Information:

• 5- digit **Client ID Number**.

Note: For confidentiality, do not write the client's name on the ASI form itself (only on the cover sheet, which is detached before submitting to data entry).

A. **Target Exit Date** from program. In most cases, this will be 3 years after the consent form was signed. Month/day/year. (Clinical supervisor or advocate has this information.) This is not the date interview was done, rather, the date client "graduated" from program.

B. **Current Advocate Number**. Client's current advocate at time of exit interview (i.e., at 36-months).

C. # **of Advocates**. Code total # of advocates this client has had over the 36 months in program. Underneath, list all advocates she has had (by ID #) while in program. The clinical supervisor has this information. In parentheses next to each, record number of months client worked with that advocate.

G5. **Date of Interview**. Month/day/year. If interview is conducted in different sessions on different days, code date of final session with client.

G6. **Time Begun**. Code time interview began. Hours - Minutes. Use 24-hour clock, e.g., 2:30 in the afternoon is coded "14:30."

G7. **Time Ended**. Code time interview ended. Hours - Minutes. Use 24-hour clock. If interview is interrupted and resumed later, sum time of interview segments, and code end time based on time started (i.e., if original interview started at 11:30 and was completed in two segments for a total of 2 and a half hours, code time ended as "14:00").

G9. **Contact Code.** Type of contact, whether in person (i.e., face-to-face), over the phone, ~~in a prison or jail setting~~, or some other situation. If other is coded, explain.

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***Interviews are NEVER done in jail/prison.***
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G11. **Interviewer Code Number**. Your interviewer ID. Assigned by program evaluation office.

***** *Note that there are some missing item numbers on the Exit ASI Interview. This is because question numbering corresponds to Intake ASI Interview numbering, and questions not needed from the intake form are not repeated here.*

Page 1–2. ADMINISTRATIVE & GENERAL INFORMATION (continued)

VERY IMPORTANT:
ASSURE CLIENT OF CONFIDENTIALITY BEFORE BEGINNING INTERVIEW

Note: If you start an interview and then complete it a few days later, the 30 day period stays the same (i.e., 30 days prior to the first interview day)

G15a. Zip code of client. If in long-term or short-term treatment or jail, code the zip code of her usual residence when she is NOT in treatment or jail. If client is in treatment and has no other residence, the treatment facility may be considered her current residence. If homeless, code zip code where she usually sleeps, or if no usual zip code, code "–8."

G19. **Have you been in a controlled environment in the past 30 days?** Jail/prison, alcohol/drug treatment, medical or psychiatric treatment. NOTE: If more than one, code where she spent the majority of time.

A controlled environment refers to a living situation in which the subject was restricted in her freedom of movement and access to alcohol and drugs, at least theoretically. This usually means residential status in a treatment setting or penal institution. A halfway house is generally NOT a controlled environment. Transitional alcohol & drug-free housing is not a controlled environment.

If the subject was in two types of controlled environments, enter the number corresponding to the environment in which she spent the majority of time. (If she spent equal amounts of time in more than one controlled environment, code the most recent environment.)

In these cases, time spent in a controlled environment (Item G19) will reflect the total time in all settings. If response to Item G19 is "1"-no, enter "–8" for Item G20.

Note that this is one of the few questions where "0" does not mean no. No here is coded with a "1."

G20. **How many days?** Of past 30 days. Reflects TOTAL time in ALL controlled settings over past 30 days. If response to Item G19 is "1"-no, enter "–8" for Item G20.

PAGE 2. MEDICAL STATUS

Note: this section is restricted 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). Sleep problems are usually due to emotional problems and are not included here unless they are serious enough to cause physical symptoms (nausea, headaches, etc.).

M1. **SINCE ENROLLMENT, have you been hospitalized for medical problems?** Enter the number of overnight hospitalizations for medical problems. Overnight only, not simple emergency room (E.R.) visits or day surgery. There must be an admission to the hospital. Include hospitalizations for overdoses (O.D.'s) and delirium tremens (d.t.'s) but exclude detoxification or other forms of alcohol, drug or psychiatric treatment, including rehab hospitalization.

Normal childbirth would NOT be counted since it is not a medical problem resulting from sickness or injury. Complications resulting from childbirth would be counted and noted in the comments section.

In most cases, the hospitalization of the client for the birth of a subsequent child will not be counted as a hospitalization. Exceptions: If there were complications in the birth resulting in medical problems for the client do count it as a hospitalization. If subsequent child was delivered by cesarean section, and client required extra days in the hospital, count it as a hospitalization.

Hospitalization for a suicide attempt would NOT be included here (code hospitalization on psychiatric page). Exception: DO code here if suicide attempt produced physical problems requiring overnight medical treatment, i.e., she would have been kept in hospital even if psychiatric watch was not an issue.

PROBE for injury, assault, car accident.

Note date and reasons for each hospitalization in brief comments. This is to assure that psych, detox or rehab hospitalizations have not been included.

DO NOT CODE ANY HOSPITALIZATIONS THAT OCCURRED PRIOR TO PCAP ENROLLMENT.

M3. **Do you have any chronic medical problems which continue to interfere with your life?** *Avoid saying the word "interfere" as she may not interpret a chronic medical problem that is well-maintained with medication as being interfering.* A chronic condition is a serious or potentially serious physical or medical condition that requires continuous or regular care on the part of the client (e.g., medication, dietary restrictions, inability to take part in or perform normal activities). Some examples of chronic conditions are hypertension, diabetes, epilepsy, and physical handicaps. In extreme cases, chronic menstrual problems could be counted if they interfere with daily life or are only managed through regular medical treatment.

Enter "1"–yes if client has a chronic medical problem that will continue to prevent her from taking full advantage of her abilities. Describe each valid, chronic problem in the space provided for comments. Specify any diagnoses. If multiple diagnoses, note all. Use space in comments if you need more room.

Do not code if a client states her need for reading glasses or minor allergies as a chronic problem. Note that addiction is not a medical problem, ADHD is not a medical problem.

Common Chronic Medical Problems: (would be included here)

In alcohol-dependent people: gastrointestinal (esophageal bleeding or varices, ulcers, gastritis, pancreatitis), liver (fatty liver, cirrhosis, hepatitis), other (hypertension, diabetes, seizures-may or may not be part of withdrawal).

In drug-dependent people: Hepatitis, hypertension, abscesses (arms, legs), fluid in lungs, heart conditions. AIDS-related problems could be a wide range of things but particularly oral thrush, unusual infections, pulmonary problems.

→ Fetal Alcohol Syndrome and Fetal Alcohol Effects (FAS and FAE) are medical diagnoses, so if there has been a diagnosis of FAS or FAE, code "1"-yes here.

PAGE 2. MEDICAL STATUS (continued)

M4. **Are you taking any prescribed medication on a regular basis for a physical problem?** Code "0"-no; "1"-yes. Medication for above medical condition(s), note what type of medication. The purpose of this question is to validate the severity of the disorder by the independent decision to medicate the problem by a physician. Therefore if the medication was prescribed by a legitimate medical professional, for a medical (not psychiatric or substance abuse) condition, it should be counted, regardless of whether the client actually takes the medication or not.

Do not include medications for psychiatric conditions, or for short-term or temporary conditions (like colds, detox). Does not include birth control pills, Nicorette. Only the continued need for medication should be counted (e.g., high blood pressure, epilepsy, diabetes, etc.). Medication for psychiatric disorders will be recorded later. Medications for sleep problems are usually temporary and generally fall under the psychiatric section.

If the client is taking medication it must have been prescribed by a legitimate physician to be coded here.

M4a. **SINCE ENROLLMENT, have you been tested for HIV/AIDS?** Code from choices listed; "–7"-client doesn't know. If client was tested prior to enrollment, but not after, do not include here. If she has AIDS-related medical problems, be sure you have coded "1"-yes for medical problem in Item M3.

M4b. **Date of last HIV/AIDS test.** Code month and year of last HIV/AIDS test. Date must be post enrollment in PCAP.

M4c. **SINCE ENROLLMENT, have you been tested for Hepatitis B?** Use codes from Item M4a. If client was tested prior to enrollment, but not after, do not include here. If she has Hepatitis B, be sure you have also coded "1"-yes for medical problem in Item M3.

M4d. **SINCE ENROLLMENT. have you been tested for Hepatitis C?** Use codes from Item M4a. If client was tested prior to enrollment, but not after, do not include here. If she has Hepatitis C, be sure you have also coded "1"-yes for medical problem in Item M3.

M4e. **Have you worked as a prostitute in the last 3 years (for either drugs or money)?** This questions covers only the period since enrollment in PCAP. Include even if it only happened once in the last 3 years; even if payment was only in drugs. If she has, note specifics in comments. Code "0"-no, "1"-yes.

PAGE 2. MEDICAL STATUS (continued)

M5. **Do you receive a pension for a physical disability?** The pension, ongoing payments, must be for a physical disability. Does NOT include psychiatric disability (code that in Psychiatric section).

Include Worker's Compensation pension here. Explain in comments.

Make sure pension amount is noted in Item E15 of the Employment/Support section.

M6. **How many days have you experienced medical problems in the past 30?** Ask the client how many days in the past 30 she experienced physical/medical problems. Do NOT include problems directly caused only by alcohol or drugs (e.g., problems such as hangovers, vomiting, lack of sleep, etc., which would be removed if the client were abstinent). However, if the client has developed a continuing medical problem due to substance abuse which would not be eliminated simply by abstinence, include the days on which she experienced these problems (e.g., cirrhosis, phlebitis, pancreatitis, etc.).

Note that minor ailments such as colds or flu ARE included here. Problems with menstruation may be included if they interfere with the daily routine, need a doctor's care, otherwise do not include. Sleep problems are NOT included here unless they affect her physically (nausea, headaches, etc.).

CLIENT RATING

Note: in general on these questions, if client reports being "slightly bothered" ("2" rating) some days and "extremely bothered" ("4" rating) other days, ask client to give overall rating. If she can't, make it a "3" and write a comment.

For the following items (M7–M8), have client restrict her responses to only those medical problems coded in Item M6:

M7. **How troubled or bothered have you been by these medical problems in the past 30 days?** Have client use Client's Rating Scale. Have the client restrict her response to those problems coded in Item M6.

M8. **How important to you now is treatment for these medical problems?** Have client use Client's Rating Scale. Have the client restrict her response to those problems coded in Item M6.

Emphasize that you mean additional medical treatment for those problems specified in Item M6.

PAGE 2-3. MEDICAL STATUS (continued)

CONFIDENCE RATINGS

Is the above information significantly distorted by:

M10 **Client's misrepresentation?** Code "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?** Code "0"-no, "1"-yes. Note why in comments (i.e., under the influence, appears to have a cognitive impairment, this specific topic brings up confusion, etc.)

INTERVIEWER CLIENT NEED RATING

M99. How would you rate the client's need for medical treatment? At this present time.

Code your best assessment from scale provided below:

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. Should be a lower advocate priority.

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

In many cases clients suffer from conditions which may only be arrested, not cured (diabetes, hypertension, epilepsy, etc.). If the client seems to be taking appropriate care of her condition (medication, proper diet, etc.) and it is under control and nonproblematic (e.g., insulin is controlling the reported diabetes), there may be no need for an additional form or type of treatment beyond the regimen she is currently receiving. This client's need rating may be low since additional treatment is probably not necessary.

If the condition is serious and problematic, or not under control, it should be rated as high need even if there is currently no effective treatment for that condition.

PAGE 4–6. EMPLOYMENT/SUPPORT STATUS

E1. **Education completed**. In client's life, not just since enrollment. Code years/months. Enter the number of years and months of completed formal education. If less than 12 years, probe for GED. Code a Graduate Equivalence Diploma (GED) as "55" years "00" months, unless client has obtained more education, in which case code highest level achieved and note the GED in comments. Do not enter correspondence school here (enter in Item E2).

By ASI convention, an AA degree is coded 14, no matter how many years it took to complete it; a BA is coded 16, and an MA is coded 18.

If any new education (since enrollment), detail the information in Items E2a–c.

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E2. **SINCE ENROLLMENT, training or technical education completed**. Enter the number of months of formal or organized training that the client has completed. Try to determine if this is valid training, such as a legitimate training program or an apprenticeship through a recognized on-the-job training program (such as cashier training at Safeway grocery store,). Judgment should be used in recording training during military service. Count this training only if it has potential use in civilian life and is designed to give the client a marketable skill or trade (i.e., cook, heavy equipment operation, equipment repair will be counted; infantry training or demolition training generally will not be counted). Formal education such as high school and college are not coded here. Training in prison counts if it resulted in a certificate.

If any new training or technical education (since enrollment), detail the information in Items E2a–c.

E2a. **SINCE ENROLLMENT, what types of educational/training programs have you completed (or are currently in progress)?** Code up to 3 kinds of school/training programs from list provided. If "7"-other is selected, note what. Code only those programs client completed in full (graduating since enrollment in PCAP), or is currently attending. If she is on a scheduled break or summer vacation from the program and intends to return, code as currently attending.

If no school or no additional school, code "0." For example, the client completed a GED program (code "4"), but had no other educational involvement while in PCAP. Item E2a would be coded "4 0 0."

E2b. **SINCE ENROLLMENT, have you been involved in any (other) schooling in the past 3 years that you dropped or quit?** Code up to 3 kinds of school from lists of codes in Item E2a. Code only programs that she did not complete, that she dropped out of in the last 3 years. Code "0" for no school or no additional school. If "7"-other is selected, note what. If client dropped or quit the program, but later returned and completed it while in PCAP, code as completed in E2a, and do not code the drop here.

If no school or no additional school, code "0." For example, the client dropped a GED program (code "4"), and had no other educational involvement while in PCAP. Item E2b would be coded "4 0 0."

E2c. **Are you in school now?** Code from list of codes in Item E2a. If "7"-other is selected, note what. If client is on a scheduled break from school, but is planning to return, code as in school. Code "0" for no.

PAGE 4–6. EMPLOYMENT/SUPPORT STATUS (continued)

E3. **Do you have a profession, trade or skill?** If the client answers "yes," note what her trade is. In general a trade will be counted as any employable, transferable skill that was acquired through specialized training or education. Specify what in detail in the space provided.

E4. **Do you have a valid driver's license?** Code "0"-no; "1"-yes. A valid driver's license that has not expired or been suspended or revoked. This item is an indication of the opportunity to become employed, in that many jobs require driving while at work or at least the ability to get to work. If no, please note why not in comments.

E4a. **Do you have another form of picture identification?** Code "0"-no; "1"-yes. The purpose of this question is to determine whether the woman is able to access services such as check-cashing services.

It must be a legal form of ID, not a forged or borrowed identification.

E4b. **Is transportation usually a problem for you?** Code "0"-no; "1"-yes. Determine whether or not the woman has a problem finding or accessing reliable, consistent transportation. The question is whether transportation is the factor standing in her way of going where she wants to go, and when she wants to go. It does not include difficulties she has with transportation because of children's behavior, etc. (e.g., the kids yell in the car making driving with them unpleasant). It does however include problems involving children when it is obvious that the available mode of transportation is not at all appropriate for her situation (e.g., she has six children under the age of 8, making transportation by bus, her only available option, a problem).

E5. **Do you have an automobile available for use?** Code "0"-no; "1"-yes. This does not necessarily require ownership but availability on a regular basis for personal transportation. Items E4 and E5 are to be used as indicators of the client's ability to get to and from work.

IF CLIENT HAS NO VALID DRIVERS LICENSE, THEN THIS ITEM MUST BE CODED "NO" (i.e., code "0"-no if no valid driver's license, even if she is using a car illegally).

PAGE 4–6. EMPLOYMENT/SUPPORT STATUS (continued)

E7. **Usual (or last) occupation.** Code the appropriate Hollingshead Category (see Appendix v). Specify within general classes of work (i.e., if sales, then computer sales as versus used car sales, etc.). If the client has recently been working in a different capacity, record the usual occupation. If the client does not have a usual occupation then record the most recent job. Code as "–8" only when the client has not worked at all. Specify exact job in detail where noted on the form. Note in comments the dates job was held (start: month/ year, stop: month/year).

E8. **Does someone (a person) contribute to your support in any way?** Code "0"-no; "1"-yes. Ascertain whether or not the client is receiving any regular support in the form of cash, housing or food from a friend or family member, not an institution. A spouse's contribution to the household is included.

If a client stays with different friends, and their housing/food assistance is inconsistent, do NOT code here because it is not regular support from a person.

E9. **Does this constitute the majority of your support?** If the answer to Item E8 is "yes" then ask the question as phrased, and code "0"-no; "1"-yes. If the answer to Item E8 is "no," code "–8"-N/A here. If the information she reports on Items E12 to E17 (sources of income) does not confirm the initial response to this item, then clarify any discrepancy.

E9a. **Have you worked for pay SINCE ENROLLMENT?** During the period between enrollment and program exit. Code from options provided. Code her highest pattern of employment, i.e., if client has worked both part and full-time, code full-time, unless highest pattern was only for a few days. Full-time work is regular and greater than 35 hours per week. If any illicit work code "4," "5" or "6" (depending on the pattern of illicit work).

Includes "under the table" jobs (i.e., paid in cash, off the books).

Does not include illicit work. Does not include jobs in prison.

E9b. **How long was your longest full-time or regular part-time job since enrollment?** During the period between enrollment and program exit only (e.g., if she was working at enrollment, and is still working the same job at program exit, code 03 00; do not count the months she worked at that job prior to enrollment). Code years / months. Include time covered by paid vacation and sick leave.

Can include an "under the table" job (i.e., paid in cash, off the books), if the job was regular, stable employment.

Does not include illicit work. Does not include jobs in prison.

PAGE 4–6. EMPLOYMENT/SUPPORT STATUS (continued)

E9c. SINCE ENROLLMENT, have you been able to go off public assistance because you were working? During the period between enrollment and program exit only. Code "0"-no; "1"-yes; "–8" if never on public assistance during the 3-year program period.

If she went off public assistance for some other reason (e.g., jailed, child removed from custody, etc.), but never because she was working, code "0"-no.

If she went off public assistance even once during the program period because she was working, code "1"-yes.

Do not count food stamps, assistance with childcare, or assistance with transportation as public assistance.

Example: The client was on welfare and got a job 12 months into the program. At that point she stopped receiving welfare because of the employment income, but still received food stamps and child care assistance because it didn't pay very much. She was able to hold the job for 2 months, but was then fired, went back on welfare, and did not work again while in the program. You would code E9c as "1"-yes, was able to go off public assistance because she was working.

E10. SINCE ENROLMENT, Usual employment pattern. Code from options provided. The interviewer should determine which choice is most representative of the client's regular employment pattern between enrollment and program exit, not simply the most recent.

Full-time work is regular and greater than 35 hours per week. Regular part-time work is a job in which the client has a work schedule less than 35 hours per week but it is regular and sustained. Irregular part-time work refers to jobs in which the client works on a part-time basis but not on a reliable schedule; i.e., Manpower, day work, etc.

Includes "under the table" jobs (i.e., paid in cash, off the books). Does not include illicit work.

When there are equal times for more than one category, record that which best represents the current situation.

Jobs in prison are not counted as employment.

Do not include any employment prior to enrollment in PCAP.

E11. How many days were you paid for working in the past 30? Record number of days in which the client was paid (or will be paid) for working. Paid sick/vacation days are included.

Does NOT include jobs held in a prison or as a patient in a hospital.

Includes "under the table" jobs.

Count the number of actual days spent working. For example, if she has full-time employment and worked every day except weekends, you would code the number of work days, say 20, not the total number of days in the month, 30.

Example: Woman works full time job Monday through Friday for 19 days. One day she stays home, but is paid for sick leave. She works on 1 Saturday helping her brother move for which she is paid. She babysits for pay every Sunday. You would code 25 days, computed as follows: 19 (paid work days) + 1 (paid sick day) + 1 (brother paid for moving) + 4 (paid babysitting on Sundays).

PAGE 4–6. EMPLOYMENT/SUPPORT STATUS (continued)

How much money did you receive from the following sources in the past 30 days?
REMIND CLIENT OF CONFIDENTIALITY IF CLIENT IS RELUCTANT TO ANSWER.

The focus here is on amount of CASH available to a client, not an estimate of client's net worth.

E12. **Employment** This is net or take-home pay. Also include pay for "under the table" work. Include amount she expects to be paid for work done during the past 30 days if not yet paid.

E13. **Unemployment Compensation** Self-explanatory.

E14. **Welfare** Specify type(s) in space provided. Include all types, including TANF, GAU, transportation monies. (Money for transportation goes here, but not bus vouchers; cash only). Do not include food stamps, which are recorded in Item E14a. Do not include SSI, disability, workers comp, etc., which are recorded in Item E15. GAX goes here.

E14a. **Food stamps** Note the dollar amount the woman received in food stamps for the entire family during the past 30 days. Include both licit and illicitly obtained food stamps.

E15. **Pension, benefits or social security** This includes pensions for medical, psychiatric or developmental disability or retirement, veteran's benefits, Social Security Income (SSI), workman's compensation, etc. Remember to also code medical and psychiatric pensions in the appropriate sections. GAX goes in E14. Child support, alimony, trust funds, goes here (because these are regular payments over time).

E15a. **Tribal benefits** Woman must be enrolled in a tribe to receive tribal benefits. Note name of tribe in space provided.

E16. **Mate, family or friends** Money for personal expenses, pocket money. Can be gifts or loans, cash only. The purpose of this question is to determine how much additional pocket money the client had during the past 30 days—not to determine whether she was supported in terms of food, clothing and shelter (this was assessed in Items E8 and E9). Do not simply record the earnings of a spouse in this item—just the dollars actually given to the client to spend.

ALSO include Irregular sources of income Coincidental or windfall income from licit gambling, loans, inheritance, settlements, tax returns, etc., or any other irregular source of income. Irregular child support, or alimony goes here if it is not paid in a reliable, regular way.

E17. **Illegal** (Cash only). This includes any money obtained illegally from drug dealing, stealing, "fencing" stolen goods, illicit gambling, etc. Specify what activity in space provided. If client has received drugs in exchange for illegal activity do not attempt to convert this to a dollar value. Simply note this in the comment sections here and in the legal section. Again, the focus is on money available to the client, not an estimate of the client's net worth.

PAGE 4–6. EMPLOYMENT/SUPPORT STATUS (continued)

E18. **How many people depend on you for the majority of their food, shelter, etc.?** *Intent of the question: legal dependency.* Regular ongoing support. Emphasize that these people must regularly depend upon the client for financial support, not simply people to whom the client has occasionally given money. Do not include client herself or a self-supporting spouse.

Do include dependents who are normally supported by the client but due to unusual circumstances, have not received support recently. The intent of this question is to make sure that dependents the client is normally responsible for are coded here regardless of her present temporary circumstances. If client pays alimony and/or child support payments, this is an indicator of other persons dependent on the client.

If mom has custody, and mom lives with her kids with her mom, the children are considered dependent on the mom, even if it is her mom who is actually providing the shelter, even if she is out partying most of the time (remember, this question refers to legal dependency).

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 Items E19–E21.

E19. **How many days have you experienced employment problems in the past 30?**

Note: It is important to distinguish if the problems reported here are simply interpersonal problems on the job (e.g. can't get along with certain members of the workforce), or if the problems are entirely due to alcohol/drug use. Code problems with these causes in the appropriate places in the Family/Social or Alcohol/Drug section, rather than here. In general, if a reported problem with employment, family, or other is due entirely to alcohol/drug use then it would be reported only in the alcohol/drug section, and NOT in any other section.

Do include inability to find work (only if client has tried), or problems with present employment (if employment is in jeopardy or unsatisfactory, etc.) Absenteeism related to a poor understanding of what the work place requires, or because woman cannot find good childcare, etc, is included here.

Do not include problems in "finding a job" which are directly related only to the client's substance abuse such as withdrawal or hangover. Do not include bad feelings about employment prospects, or the general wish to make more money or change jobs unless the client has actively attempted these changes and has been frustrated. Do not include absenteeism related to alcohol/drug use.

Code as "–8's": By definition, it is not possible for the client to have employment problems 1) if she has not had the opportunity to work, due to incarceration or other controlled environment, or 2) if she is not looking for work (perhaps because she has small children at home, or is at the end of pregnancy). In situations like this where the client has not had the opportunity to meet the definition of a problem day, the appropriate answer is a "–8" and the client ratings that follow should also be "–8's" since they depend on the problem days question. If client, In short, if client has not worked, and has not tried to find work in past 30 days code Items E19, E20, and E21 with "–8's."

PAGE 4–6. EMPLOYMENT/SUPPORT STATUS (continued)

CLIENT RATINGS

These ratings (Items E20–E21) are restricted to those problems identified by Item E19. For Item E21, emphasize that you mean help finding or preparing for a job—not giving her a job. For both items, code "–8"–N/A if client has not had the opportunity to work in last 30 days due to incarceration, or being in treatment or other controlled environment.

E20. **How troubled or bothered have you been by these employment problems?** Restrict to those identified in Item E19. Have client use Client's Rating Scale. If E19 is "0"-no, do not ask this question and code "–8."

E21. **How important to you now is counseling for these employment problems?** Restrict to those identified in Item E19. Have client use Client's Rating Scale. Always ask E21, regardless of answers to E19 and E20. If not employed, ask "do you want help becoming more employable?".

CONFIDENCE RATINGS

Is the above information significantly distorted by:

E23. **Client's misrepresentation?** Code "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.

E24. **Client's inability to understand?** Code "0"-no, "1"-yes. Note why in comments (i.e., under the influence, appears to have a cognitive impairment, this specific topic brings up confusion, etc.)

INTERVIEWER CLIENT NEED RATING

E99. **How would you rate the client's need for employment counseling?** Code your best assessment from scale provided. These ratings do not depend on whether or not a client is currently working, or even currently incarcerated or in treatment. Simply make an assessment, given everything else in the client's life, of whether employment (or lack thereof) is an immediate (within a few months) need for intervention through employment counseling or work readiness training.

0 - No employment problems, working, no need.

1 - No employment problems because no employment, client not currently ready for employment.

2 - Client employed, but has employment problems.

3 - Client unemployed, and has employability problems.

PAGE 7–10. ALCOHOL/DRUG USE (ILLICIT & PRESCRIPTION)

Items D1–D12b. Use a 30-day calendar to help improve client recall. First ask the client the number of days in the past 30 days she used alcohol and each of the drugs listed (see below). Prompt the client with examples (using slang and brand names) of drugs for each specific category (see Appendices for more information). Then ask her about her lifetime regular use of each substance (see below).

Note: *It is important to ask ALL substance abuse history questions regardless of the presenting problem* (e.g., an alcoholic may be combining drugs with drinking; a cocaine user may be unaware of a drinking problem).

Prescribed medication is coded under the appropriate generic category.

If a client reports regular recent and/or past use of an illegal substance that is not listed then this should be coded under "Other" and noted in the "Comments" section.

LAAM should be recorded under "Methadone." Legal substances, including antagonists, such as Antabuse and Naltrexone, as well as antidepressants, are not recorded under the substance history section but should be noted as comments at the bottom of the page.

Each substance is coded for the following:

Past 30 days - Ask about past 30 days first. Code number of days of past 30 she has used that substance.

Lifetime use - Code number of years she has used that substance. "Lifetime Use" is asked in order to determine extended periods of regular use. The "rule of thumb" for regular use is a frequency of 3 or more times per week. However, while this is the general rule of thumb it is true that cocaine, alcohol and even some other drugs can be regularly and severely abused in two-day binges. Therefore, the interviewer should probe for evidence of regular problematic use, usually to the point of intoxication and to the point where it compromises other normal activities such as work, school or family life. Problematic use here will generally be obvious and it should be coded even if it is less than 3 per week.

Duration of regular substance use can be rounded off to years without loss of information (i.e., 6 months or more of regular or problematic use will be considered one year, i.e., code "1"; less than 6 months of problematic use should be noted in the comments section but not counted as a year, i.e., code "0").

If there is substantial but irregular use of any substance (less than 3 times per week for a month or longer), please record this under "Comments" but do not code under Items D1-D12b.

To restate, lifetime use covers any extended period of regular use (regular use = a frequency of ≥3 times/week, *OR* any use over a period of time that is problematic for the client, e.g., binge use). If the total period of regular use is less than 6 months, do not include in coding, but do note in comments section.
6 months or more counts to the next year. Substantial but irregular, non-problematic use is not coded, but is noted in comments section.

Route of administration - Code most usual method: "1"-oral; "2"-nasal (sniff, snort); "3"-smoking; "4"-non-IV injection (skin popping); "5"-IV injection. Routes of administration are numbered in order of their severity ("5"=IV injection, which would indicate the route of greatest severity). When more than one route used for a substance, code most severe (i.e., highest code). If "Past 30 days" and "Lifetime Use" are "0," route of administration must be coded "–8," even if she has used occasionally.

Prescription only. If *only* drug used in that category is prescription, code "1" in "prescription only" box. If both prescription and nonprescription types were used, code "prescription only" as "0." If substance never used, code "–8."

***Last time ever used*.** Code month and year of most recent use. If still using, code today's month and year. If she has used, but not to an ASI codable amount, do code month and year of most recent use.

Frequency and Amount **(see next page)**

PAGE 7–10. ALCOHOL/DRUG USE (ILLICIT & PRESCRIPTION) (continued)

Frequency and Amount

Past 30-day use pattern, frequency. Code from "0"-never to "7"-daily as noted. Code average frequency pattern of past 30 days.

Past 30-day use pattern, amount. Code amount in units requested (i.e., alcohol is by the # of drinks [as defined in the appendix of this coding manual], heroin and methadone are by the # of milligrams [again, see appendix], cocaine and marijuana by the # of grams, and cigarettes by the # smoked per day). Code average amount used per occasion over the past 30 days.

HOW TO CODE: if a woman has never tried a substance:

In general, "0" is an answer: "no," "none," "at birth (0 years old)," while the "–8" code is an administrative device to indicate that an item is not applicable to the woman's situation.

For a woman who has never tried heroin for example, the heroin question would be coded as follows:

	PAST 30 DAYS	LIFETIME USE Yrs.	LIFETIME USE Rt. of adm.	Prescription Only 0=no 1=yes	LAST TIME YOU EVER USED (Mo/Yr)	PAST 30-DAY USE PATTERN Frequency	PAST 30-DAY USE PATTERN Amount	
D3. Heroin *Smack, horse, dove, china white, tar*	0	0	–8		–8	0	0	*# ma*

- *"0" of past 30 days, "0" years lifetime use, "–8" Route of administration (N/A), "–8/–8" last time ever used (N/A), "0" never used in past 30 days, "0" mgs used (i.e, none).*

It is understood that "–8" is N/A for last year used as long as last month is also "–8." If last use WAS in 1988 and woman doesn't know month, ask her to approximate. If she can't, code "12" (December) as the most conservative estimate.

HOW TO CODE, if a woman has tried a substance but didn't use enough to meet ASI criteria for codable use:

For a woman who tried heroin twice at age 14, last use in October 1992, the heroin question would be coded as follows:

	PAST 30 DAYS	LIFETIME USE Yrs.	LIFETIME USE Rt. of adm.	Prescription Only 0=no 1=yes	LAST TIME YOU EVER USED (Mo/Yr)	PAST 30-DAY USE PATTERN Frequency	PAST 30-DAY USE PATTERN Amount
D3. Heroin *Smack, horse, dove, china white, tar*	0	0	–8		1092	0	0

D1. **Alcohol** - Any use at all. - e.g., *wine coolers, beer, hard liquor, Cisco*. Prompt for type of beverage. Because many women do not consider beer or wine coolers to be "alcohol," name them specifically when asking about alcohol use.

D2. **Alcohol (to intoxication)** - Alcohol to intoxication is not necessarily getting drunk, but times client felt effect of alcohol, got a buzz. It is ***not advisable to use the phrase "to intoxication"*** in asking the question since the clients' interpretations of this phrase vary so widely. Instead ask the number of days the client ***felt the "effects"*** of alcohol; e.g., got "a buzz," "high," or "drunk." If client gives evidence of considerable drinking yet denies feeling the effects of the alcohol, get an estimate from the client of how much she has been drinking. (She may be denying the effects or manifesting tolerance). If client denies feeling effects of alcohol: the equivalent of 3 drinks in one sitting (1–2 hours) can be considered alcohol to intoxication. Note drinking pattern she describes in comments section (e.g., "2 six-packs of 12-ounce beer every Friday and Saturday night").

PAGE 7–10. ALCOHOL/DRUG USE (ILLICIT & PRESCRIPTION) (continued)

➔ **SEE APPENDIX FOR MORE INFORMATION ON SPECIFIC DRUGS:**
For all, note usage patterns in comments section.

D3. **Heroin** - e.g., *smack, horse, dove, china white, tar*.

D4. **Methadone** - e.g., *LAAM, Dolophine*.

D5. **Other Opiates/Analgesics** - e.g., *Morphine, Demerol, Percocet, Darvon, Codeine, Robitussin.*

D6. **Barbiturates** - e.g., *downers, reds, Seconal, Amytal, Phenobarbitol.*

D7. **Other Sedatives/Hypnotics/Tranquilizers** - e.g., *Valium, Librium, Thorazine, Tofranil, Quaaludes.*

D8. **Cocaine** - All forms. e.g., *crack, freebase, rock, coke powder, soup*. Cocaine is used in many forms and under different names. All forms (e.g., powder cocaine - snorted, freebase cocaine - smoked, crystal cocaine - injected) should be coded under the cocaine category. "*Crack*" or "*rock*" cocaine is the "freebased" or "based" (smokable) form of cocaine. If more than one route of administration is used, code the most serious route (i.e., the highest code). Note usage patterns she describes in comments section.

D9. **Methamphetamine** - e.g., *crank, crystal, crystal meth, chalk, L.A.*

D9a. **Other Amphetamines** - e.g., *speed, race, ice, white cross, amp*

D10. **Cannabis (Marijuana)** - e.g., *weed, pot, bud, grass, hashish*

D11. **Hallucinogens** - e.g., *LSD, acid, Mescaline, Mushrooms, Psilocybin, PCP (Phencyclidine), angel dust, Peyote, PMA. NOTE: Ecstasy is coded here.*

D12. **Inhalants** - e.g., *Nitrous Oxide, Amyl Nitrate, Poppers, glue, solvents*

PAGE 7–10. ALCOHOL/DRUG USE (ILLICIT & PRESCRIPTION) (continued)

➔ **SEE APPENDIX FOR MORE INFORMATION ON SPECIFIC DRUGS:**
For all, note usage patterns in comments section.

D12a. Other (illicit only) - Other drug that does not fit in any of the above categories. Always list the drug in comments. If a combination drug, list the ingredients if known.

D12b. Cigarettes or chewing tobacco. Do not include other sources of nicotine such as Nicorette, nicotine patch, etc. If chewing tobacco, but not cigarettes is indicated, code frequency, but code amount as "–8."

Multiple Substances (Item D13)

D13. **More than one substance per day.** Occasions where more than one of the above substances was used in the same day. Code for two periods: "Past 30 Days," and "Lifetime Use." Includes alcohol, but not cigarettes.

Under "Past 30 Days" ask the client how many days she took more than one substance including alcohol.

Under "Lifetime Use" ask the client how long she regularly (generally 3 times per week for a month or more) took more than one substance on the same day including alcohol.

Note which substances in comments section.

Do not ask client directly, instead summarize from previous questions and verify with client.

Example: "I see you used heroin on 15 days of the last 30, and cocaine 5 days and you smoked marijuana about 26 of the last 30 days because you were in jail for 4 and couldn't use those days. You said that you did not ever use heroin and cocaine on the same day, so that would mean that you used two substances in the same day, either heroin and marijuana or cocaine and marijuana, for 20 of the last days. Is that right?"

PAGE 7–10. ALCOHOL/DRUG USE (ILLICIT & PRESCRIPTION)

Major Problem (Item D14)

D14. **Which substance is the major problem?** DO NOT ASK CLIENT. *The interviewer should determine the major drug of abuse* (consider information on number/type of treatments, number of d.t.'s, overdoses, etc. if not clear from previous page). Enter one of the following codes:

Single Substance Codes:

1 - Alcohol
3 - Heroin
4 - Methadone
5 - Other Opiates/Analgesics
6 - Barbiturates
7 - Other Sed/Hyp/Tranq
8 - Cocaine
9 - Amphetamines
10 - Cannabis
11 - Hallucinogens
12 - Inhalants
13 - Other (Always specify in comments)

Multiple Substance Codes:

15 - Alcohol & Drug(s) (dual addiction)
16 - Polydrug (Illicit drugs only, Alcohol no problem)

0 - No Alcohol or Drug Problem

NOTE: Some clients may report that legal methadone is their primary drug problem, as in the case of clients who are seeking detoxification and drug-free treatment. This can be used as the major problem in Item D14 and problems associated with the legal methadone may be recorded in Item D27.

Sed/Hyp/Tranq = Sedatives, Hypnotics, Tranquilizers

Current problem, relates to now, not the past. If a client had an alcohol problem in the past, but has not used in many years and does not consider it a problem now, it is not coded as a problem

Voluntary Abstinence (Item D15 and D16)

D15. **How long was your last period of *voluntary* abstinence from this major substance?** Code in months, Ask the client how long she was able to remain abstinent from the major drug(s) of abuse (Item D14). Emphasize that this was the most recent attempt at abstinence (at least one month), not necessarily longest.

PROMPT: "When was the last time you were clean for at least a month?"

Periods of hospitalization or incarceration (jail, prison) are not voluntary abstinence, therefore they are not coded. Periods of abstinence during which the client was taking Methadone, Antabuse or Naltrexone as an outpatient are included.

Enter "0" if the client has not been abstinent for one month.

Enter "–8" if Item D14's code was "0"-No problem. If Item D14's code was "15"-Alcohol & Drug then abstinence will refer to both alcohol and the major drug(s). If Item D14's code was "16"-Polydrug then abstinence will refer to all drugs abused. Enter "98" if the number of months equals 98 or more.

Record dates in comments section.

NOTE: If client has been abstinent throughout her involvement with PCAP, plus was abstinent a few months before enrollment, record total number of months even if greater than 36. If she reports being abstinent longer than 45 months, probe further because use during pregnancy was a criteria for PCAP enrollment.

PAGE 7–10. ALCOHOL/DRUG USE (ILLICIT & PRESCRIPTION) (continued)

Voluntary Abstinence (continued)

D16 **How many months ago did this abstinence end?** Code in months; enter "0" if the period of abstinence is current; enter "–8" if the client has never been abstinent since she started using.

Note that if Item D14 was coded "15"-Alcohol & Drug problem, then abstinence must be from both alcohol and drugs. If Item D14 was coded "16"-Polydrug, abstinence need not include alcohol.

Record dates in comments section.

SINCE ENROLLMENT, longest # of days in a row you have been:

D16a. Clean? (No illicit drugs.) Longest number of CONTINUOUS days in a row between enrollment and program exit only, whether or not she is still using alcohol. Excludes cigarettes and methadone. "1095" days=36 months.

D16b. Sober? (No alcohol.) Longest number of CONTINUOUS days in a row between enrollment and program exit only, whether or not she is still using illicit drugs. "1095" days=36 months.

D16c. Clean and sober? (No illicit drugs and no alcohol.) Longest number of CONTINUOUS days in a row between enrollment and program exit only. Excludes cigarettes and methadone.

Overdoses (O.D.'s) & Delirium Tremens (d.t.'s) (Items D17–D18)

SINCE ENROLLMENT, how many times have you:

D17 **How many times have you had alcohol d.t.'s.?**

Not just "the shakes."

Definition of Delirium Tremens (d.t.'s): D.t.'s occur 24 to 48 hours after a person's last drink. They consist of tremors (shaking) and delirium (severe disorientation). They are often accompanied by a fever. There are sometimes, but not always, hallucinations. True d.t.'s are usually so serious that they require some kind of medical care or outside intervention. Impending d.t.'s as diagnosed by a professional would also be considered serious enough to count as d.t.'s.

Problems sometimes mistaken for d.t.'s: D.t.'s are not to be confused with "the shakes" which occur about 6 hours after alcohol has been withdrawn and do not include delirium.

D18 **How many times have you overdosed on drugs?**

Simply "sleeping it off" does not constitute an O.D.

If the client describes any incident in which intervention by someone was needed to recover, do code this as an O.D. The nature of overdose will differ with the type of drug used. While opiates and barbiturates produce coma-like effects, amphetamine overdoses ("overamps") frequently result in toxic psychoses. O.D. requires intervention, "sleeping it off" doesn't count.

Do include suicide attempts if they were attempted by drug overdose. (Remember to code attempt in the Psychiatric section and code hospitalization in Medical section).

If in doubt about a reported "O.D." ask what was done to the client to revive her.

Cross-check: If O.D. required hospitalization, make sure it is coded in M1.

PAGE 7–10. ALCOHOL/DRUG USE (ILLICIT & PRESCRIPTION) (continued)

Alcohol/Drug Treatment (Items D19—D22): **BETWEEN ENROLLMENT AND PROGRAM EXIT ONLY**

SINCE ENROLLMENT, how many times have you been treated for:

D19. **Alcohol abuse, any type tx.** Exclude "Driver's School" for DUI/DWI. (Between enrollment and program exit only)

D20. **Drug abuse, any type tx.** (Between enrollment and program exit only)

Items D19 and D20 refer to treatment episodes, not discrete treatment modalities (types); there may be more than one modality (type of treatment) in a treatment episode. For example, a woman may attend inpatient and then follow-up with outpatient treatment. This is coded as a single episode in D19 and/or D20 (depending on type of treatment, alcohol or drug). For D19 and D20 code any type of alcohol or drug treatment, including detoxification, halfway houses, inpatient, outpatient counseling, and AA or NA (if 3 or more sessions within a one month period). However, exclude "Driver's School" for DUI/DWI violations. If the client was treated for both alcohol and drug problems simultaneously, code the treatment under both categories. Ask questions separately for alcohol and drugs. In the case of dual problems try to get the number of treatments in each category. Note when, modality, how long it was, outcome, in comments.

SINCE ENROLLMENT, how many times in your life have you had inpatient treatment for:

D20a. Alcohol Abuse Alcohol inpatient tx only, completed or not. Enrollment to 36 months only.
Code # of times, if more than 6 times, code "6." If no inpatient tx in life, code "0."

D20b. Drug Abuse Drug inpatient tx only, completed or not. For the period of enrollment to 36 months only.
Code # of times, if ≥ 6 times, code "6."

SINCE ENROLLMENT, how many times in your life have you had outpatient treatment for:

D20c. Alcohol Abuse Alcohol outpatient tx only, completed or not. Enrollment to 36 months only..
Code # of times, if more than 6 times, code "6." Actual outpatient treatment, not detox, AA/NA, etc. If no such tx in life, code "0."

D20d. Drug Abuse. Drug outpatient tx only, completed or not. Enrollment to 36 months only.
Code # of times, if more than 6 times, code "6." Actual outpatient treatment, not detox, AA/NA, etc.

Items D20a, D20b, D20c and D20d refer to specific treatment types. D20a and D20b refer to discrete number of times she's had inpatient treatment. D20c and D20d refer to discrete number of times she's had outpatient treatment. Because D20c and D20d refer only to actual outpatient treatment, do not include detox, AA/NA, etc. here. Note that because D19 and D20 refer to tx episodes and D20a-d refer to number of times for each type of tx, it is possible that the totals of D20a and D20b (or D20c and D20d) may be greater (or lesser) than the totals coded in D19 (or D20). Example: one tx episode may include 2 times in inpatient treatment (the first failed, the second completed). Or, if tx episode included only AA group, there may be no inpatient or outpatient treatments coded.

How many of these were detox only? How many of the above coded in D19 and D20. (Between enrollment and program exit only.) *The purpose of this question is to determine the extent to which the client has sought extended rehabilitation versus minimal stabilization or acute crisis care.* Therefore, record the number of treatments recorded in Item D19 and D20 that were detoxification only and did not include any follow-up treatment.

D21. **Alcohol** Detox. Pertaining to D19.
Code # of times, if 6 times or more, code "6." If D19 is coded 0," code this item "–8."

D22. **Drug** Detox. Pertaining to D20.
Code # of times, if 6 times or more, code "6." If D20 is coded "0," code this item "–8."

PAGE 7–10. ALCOHOL/DRUG USE (ILLICIT & PRESCRIPTION) (continued)

D22a. What types of alcohol/drug treatment have you been involved in?

BETWEEN ENROLLMENT AND PROGRAM EXIT ONLY.

Code up to 8 types of treatment, completed or not. For each type of treatment, code type of treatment from codes listed and outcome of treatment from "1"-assessed, referred but never started to "4"-completed treatment. Code the highest level of treatment completed. So if the client attended outpatient and dropped, then attended again and this time completed, code the completed treatment only. However, you will code each completed round of treatment, so that if client completed inpatient treatment (30 day) two different times between enrollment and program exit, inpatient (30 day) would be listed twice.

"0" for treatment code="no treatment" or "no further treatment"; "0" for outcome code="no treatment" or "no further treatment."

For this question, you can record AA or NA of less than 3 sessions per month (i.e., very irregular attendance, even only one session), but in this case code outcome as "2"–started, dropped.

D22b. If in inpatient tx, did your children stay with you at the tx center?

BETWEEN ENROLLMENT AND PROGRAM EXIT ONLY.

Code "0"-no, "1"-yes, "–8"-N/A, no inpatient treatment." Includes any one or more of her children. Includes any episode of inpatient treatment during which her child(ren) stayed with her in treatment. Note specifics in comments.

D22c. If in inpatient tx, was it a program just for women?

BETWEEN ENROLLMENT AND PROGRAM EXIT ONLY.

Code "0"-no, "1"-yes," "–8"-N/A, no inpatient treatment. Includes any episode of inpatient treatment that was just for women.

How much money would you say you spent during the past 30 days on:
Code in dollars. This is primarily a measure of financial burden, not amount of use. Therefore, enter only the money spent, not the street value of what was used (e.g., dealer who uses but does not buy; bartender who drinks heavily but does not buy, would be coded as $0). Ask about the unit, the daily burden, then do the math for them. Enter "–7"-doesn't know only if client cannot make a reasonable determination. If client spent nothing, code "0." Note, it is possible to code "0" for a client who used during the past 30 days, if all alcohol/drugs were given to her.

D23. Alcohol Cash spent for alcohol in past 30 days.

D24. Drugs Cash spent for illicit drugs in past 30 days.

PAGE 7–10. ALCOHOL/DRUG USE (ILLICIT & PRESCRIPTION) (continued)

D25. **How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?** Code # of days of past 30. (Include NA, AA, methadone maintenance)

Treatment refers to any type of outpatient substance abuse therapy. This does not include psychological counseling or other therapy for non-substance-abuse problems. Do include methadone maintenance, AA, NA or CA meetings, Antabuse treatment, etc.

Note: Treatment requires personal (or at least telephone) contact with the treatment program. Does not count phoning in to cancel.

Code number of days, not number of times. E.g., if client went to outpatient treatment and an AA meeting on the same day, it would count as one day; if client went to outpatient treatment one day and AA the next, it would count as 2 days.

Alcohol & Drug Problems (Item D26–D27)

Days experiencing problems of past 30 days. Emphasize that you are interested in the number of days the client had problems directly related to alcohol or drug use. Include only craving for alcohol/drugs, withdrawal symptoms, disturbing effects of drug or alcohol intoxication, or wanting to stop and not being able to do so.

Do not include as a problem the client's inability to find drugs or alcohol.

How many days in the past 30 have you experienced:

D26. **Alcohol problems**. Only problems directly related to use; e.g., cravings, withdrawal, disturbing effects, wanting to stop and not being able to.

D27. **Drug problems**. Only problems directly related to use; e.g., cravings, withdrawal, disturbing effects, wanting to stop and not being able to.

CLIENT RATINGS

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

D28. **Alcohol problems**.

D29. **Drug problems**.

Have client use the Client's Rating Scale. Emphasize the past 30 days as the time frame. If client reports no problem days in Items D26 (alcohol) and D27 (drugs), code the corresponding item here with "0's."

PAGE 7–10. ALCOHOL/DRUG USE (ILLICIT & PRESCRIPTION) (continued)

How important to you <u>now</u> is treatment for these:

D30. Alcohol problems.

D31. Drug problems.

Have client use Client's Rating Scale. Emphasize the past 30 days as the time frame. For this, you are rating the specific need for substance abuse treatment, not general therapy. Emphasize that you mean <u>current substance abuse problems</u>, not a rating of treatment need for substance abuse problems at their worst. If client reports no problem days in Items D26 (alcohol) and D27 (drugs), code the corresponding item here with "0's."

CONFIDENCE RATINGS

Is the above information significantly distorted by:

D34. Client's misrepresentation? 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.

D35. Client's inability to understand? Code "0"-no; "1"-yes. Note why in comments (i.e., under the influence, appears to have a cognitive impairment, this specific topic brings up confusion, etc.)

INTERVIEWER CLIENT NEED RATING

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

D99a. Alcohol abuse.

D99b. Drug abuse.

After talking with the client, code your best assessment of client's current need for treatment from the scale provided. Code separately for alcohol and for drug abuse.

0 - No alcohol/drug problems, no need (can include those currently successfully maintaining abstinence with no tx currently needed).

1 - Alcohol/drug problems, current tx seems adequate.

2 - Need for more tx in addition to current tx. High advocate priority.

3 - Urgent need for more alcohol/drug tx in addition to client's current (if any) treatment. Highest advocate priority.

PAGE 11–12. LEGAL STATUS

L2. **Are you currently on probation or parole?** Code "0"-no, "1"-yes. It may be helpful to note duration and level of probationary status separately. Note name and phone number of parole officer in comments and on references for tracing purposes. In comments, note what for.

Charges SINCE ENROLLMENT (Items L3–L16 and L18–20)

SINCE ENROLLMENT, how many times have you been arrested & charged with any of the following?

This is a record of the number and type of arrest counts with official charges (not necessarily convictions) accumulated by the client between enrollment and program exit only.

Record total number of arrest counts (charges). Include only formal charges, Client does not have to have necessarily been convicted, just charged. Do not code times when client was just picked up and questioned. Do not code arrests where there were no formal charges.

Do code arrests which occurred during military service but do not code those that have no civilian life counterpart (e.g., don't include AWOL, insubordination). Record these in the "Comments" section.

Do not code juvenile (pre-age 18) crimes, unless the court tried the client as an adult, as is the case in particularly serious offenses.

BETWEEN ENROLLMENT AND EXIT ONLY.

L3. **Shoplifting/vandalism**

L4. **Parole/probation violations** (These are automatically counted as convictions unless charges were dropped.)

L5. **Drug charges.** Includes possession, sales, "standing watch," paraphernalia

L6. **Forgery.** Prescription, ID theft, etc.

L7. **Weapons offense**

L8. **Burglary, larceny, breaking & entering** Includes embezzlement

L9. **Robbery** Difference between burglary and robbery: burglary is against property, robbery is against a person.

L10. **Assault** Includes domestic violence

L11. **Arson**

L12. **Rape or sexual assault**

L13. **Homicide, manslaughter**

PAGE 11–12. LEGAL STATUS (continued)

SINCE ENROLLMENT, how many times have you been arrested & charged with any of the following?

Record total number of arrest counts (charges). Include only formal charges, Client does not have to have necessarily been convicted, just charged. Do not include times when client was just picked up and questioned. Do not include arrests where there were no formal charges. *(See previous page for more instructions.)* Between enrollment and program exit only.

L14. **Prostitution** (must be charged, not just picked up)

L15. **Contempt of court** Example, lying under oath

L16. **Other** Includes criminal conspiracy, money laundering, malicious mischief. Specify what in space provided. Code failure to appear as Other and note original charge in comments.

L17. **How many of these charges resulted in convictions?**
Between enrollment and program exit only. Include charges L3–L16 above. Do not include charges below (Items 19–21). Note that convictions include fines, probation, suspended sentences as well as sentences requiring incarceration. Convictions also include guilty pleas. Charges for parole and/or probation violations are automatically counted as convictions unless they were specifically dropped. If more than 98, code "98." If she says "Too many to count," or is not sure, probe "More than 10? More than 15? . . ." Code the highest reliable number.

Note in comments when it was, outcome, and how many counts.

Other Charges (Items L18–L20)

This is a record of the number and type of arrest counts with official charges (not necessarily convictions) accumulated by the client SINCE ENROLLMENT. Record total number of arrest counts (charges). Include only formal charges, Client does not have to have necessarily been convicted, just charged. Do not code times when client was just picked up and questioned. Do not code arrests where there were no formal charges.

Do code arrests which occurred during military service but do not code those that have no civilian life counterpart (e.g., don't include AWOL, insubordination). Record these in the "Comments" section.

Do not code juvenile (pre-age 18) crimes, unless the court tried the client as an adult, as is the case in particularly serious offenses.

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

L18. **Disorderly conduct, vagrancy, public intoxication.** Charges in this category may include those which generally relate to being a public annoyance without the commission of a particular crime.

L19. **Driving while intoxicated.** Driving while intoxicated, or "drunk driving" (DWI), driving under the influence (DUI).

L20. **Major driving violations**. Driving violations are moving violations (speeding, reckless driving, leaving the scene of an accident, driving without a license, driving without insurance, etc.). This does not include vehicle violations (such as broken tail light), registration infractions, parking tickets, seat belt violations, etc.

PAGE 11–12. LEGAL STATUS (continued)

L20a. **SINCE ENROLLMENT, how many times have you been incarcerated?** Enter the number of times since enrollment in PCAP client has been jailed (whether or not the charge resulted in a conviction), in prison, or in a detention center. Code the number of discreet episodes. If the number equals 98 or more, code "98." If the woman is not sure, probe "More than 10? More than 15? . . ." Code the highest reliable number.

Do not count simply being detained here (i.e., arrested but not charged, and released the same day), but do note it in comments.

If client reports period of incarceration, there should be some indication that an arrest/charge has occurred. If not, there is an error somewhere that requires probing.

L21. **How many months were you incarcerated SINCE ENROLLMENT?** Code total months incarcerated SINCE ENROLLMENT IN PCAP. Enter the number of total months spent in jail (whether or not the charge resulted in a conviction), prison, or detention center. Code as 1 month ("1") any period of incarceration 2 weeks or longer. Code "0" if incarcerated less than 2 weeks.

Note that it is possible to code Item 20a as "1" or more and Item 21 "0"-no months, if the total time incarcerated was less than two weeks.

Code "0" if never incarcerated between enrollment and exit from program.

Code "36" if incarcerated throughout involvement in PCAP.

Do not code by adding up a few days here, a few days there. There must be at least one discrete visit of at least 2 weeks in order to reach a codable value.

L23b. How long was your longest incarceration SINCE ENROLLMENT? Code number of months. Enter "–8" if the client has not been incarcerated between enrollment and program exit.

L23c. What was it for? Referring to Item L23b. If multiple charges, code most severe.

Use the Item number assigned in the first part of the "Legal Section" (Items L3-L16 and Items L18-20) to indicate the charge for which the client was incarcerated. If the client was incarcerated on this longest incarceration for several charges, enter the most serious or the one for which she received the most severe sentence.

Enter "–8" if the client has not been incarcerated between enrollment and program exit.

PAGE 11–12. LEGAL STATUS (continued)

L24. **Are you presently awaiting charges, trial or sentence?** Code "0"-no, "1"-yes. Do not include civil charges such as custody disputes, divorce, etc., unless a criminal offense (contempt of court) is involved.

Purpose of question: To determine client's need for services. Whether or not you ask question L28 ("how serious do you feel your present legal problems are") depends on how this question is answered. If you code "0"-no here, do not ask the client rating item L28 and code it "0"-not at all.

L25. **What for?** Referring to Item L24. If multiple charges, code most severe. The most severe charge is the one she is facing the most time for.

Use the item number assigned in the first part of the "Legal Section" (Items L3-16 and Items L18-20) to indicate the charge for which the client was incarcerated. If the client was incarcerated for several charges, enter the most serious or the one for which she received the most severe sentence.

Enter "–8" if the client is not awaiting charges, trial, or sentence

L26. **How many days in the past 30 were you detained or incarcerated?** Include being detained, i.e., arrested but released on the same day.

Code "0" if no days detained or incarcerated.

This item cross-checks with G19 and G20 (in controlled environment in past 30 days).

L26a. **Is client currently in jail/prison?** Code "0"-no, "1"-yes. Specify which jail/prison and expected length of sentence yet to serve in comments.

L27. **How many days in the past 30 have you engaged in illegal activities for profit?** Do not say the term "for profit" because how a client may interpret the term may vary. Enter the number of days of the past 30 the client engaged in crime for profit.

Do not include simple drug possession or drug use. However, do include drug dealing, prostitution, burglary, selling stolen goods, etc.

Cross-check with Employment/Support, Item E17 (money for illicit activity).

PAGE 11–12. LEGAL STATUS (continued)

CLIENT RATING

Items L28–L29: Do not include any civil problems, (e.g., custody disputes, divorce, etc.).

Have client use Client's Rating Scale.

L28. **How serious do you feel your present legal problems are?** Do not include civil problems.

Whether or not you ask this question depends on how question L24 was answered. If you coded "0"-no for L24 (presently awaiting charges, trial, or sentencing), do not ask this question and code L28 and L29 "0"-not at all. Because this question refers only to criminal charges, if L24 is no, by definition of this question, there are no legal problems to ask about. Instead, verify that they don't have a pending criminal legal issue.

L29. **How important to you now is counseling or referral for these legal problems?** The client is rating the need for referral to legal counsel for defense or prosecution, i.e., the need for additional referral regarding criminal charges. Do not include civil problems.

CONFIDENCE RATINGS

Is the above information significantly distorted by:

L31. **Client's misrepresentation?** Code "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.

L32. **Client's inability to understand?** Code "0"-no, "1"-yes. Note why in comments (i.e., under the influence, appears to have a cognitive impairment, this specific topic brings up confusion, etc.)

INTERVIEWER CLIENT NEED RATING

L99. **How would you rate the client's need for legal services or counseling?** Do consider civil problems such as child custody here. If client hasn't already volunteered information, ask specifically "Do you have any other legal issues, such as child custody, restraining orders, etc.?" After talking with the client, code your best assessment of client's current legal situation, from scale provided.

0 - No legal problems, no need.

1 - Legal problems, but currently receiving adequate services.

2 - Need for more legal assistance than client currently connected to.

3 - Urgent need for more legal assistance than client is currently connected to. High advocate priority.

This is the only place in the legal section where you will consider civil legal problems, like child custody.

PAGE 13–15. FAMILY/SOCIAL RELATIONSHIPS

F1. **Marital Status**. *The purpose of this question is to establish the client's ability to form bonds over time, not simply to establish legal marital status.* This question does not necessarily hinge on legal status. Probe also for long-term intimate relationships. A committed same-sex intimate relationship counts as a marriage, the same as a committed, long-term heterosexual relationship does, regardless of legal status. Always ask about previous relationships to determine whether "remarried."

Examples:

Client was involved in a 4 year live-together relationship with a man, then they broke up. She has since married someone else (first legal marriage). Code this as "2"-remarried.

Client is currently involved in a long-term (3 years) relationship with another woman. She has had no previous long term relationships. Code this as "1"-married.

Client broke up with her previous partner of 5 years. They are still emotionally entangled though not together anymore. They were never legally married. Code "4"-separated.

Client broke up with her previous partner of 5 years. They are no longer involved with each other in an intimate way. They consider it finished. They were never legally married. Code "5"-divorced.

Client has had a series of short term involvements, a few weeks or months at a time in the 5 years since she was 18, always involved with someone, never very long. Code "6"-never married and "5" yrs in F2.

F2. **How Long Have You Been in This Marital Status?** Enter number of years and months client has been in the current marital status. For clients who were never married, enter the number of years and months since age 18 (an indication of their adult status) (e.g., if client is 22 years 6 months old and is never married, code "4" years, "6" months).

If under 18, code since birth.

F3. **Are you satisfied with this situation?** Code from choices provided. A "satisfied" response must indicate that the client generally likes the situation, not that she is merely resigned to it.

Note that this is one of the few places where "1" does not mean yes. "1" = indifferent, "2" = yes.

F3a. **How would you describe your current housing situation?** Code from the choices provided based on the housing situation the client describes. The purpose of this question is to determine client's current housing status (*not necessarily her current location*). If client is currently in jail or in alcohol/drug treatment and has a housing situation to return to, code the situation to which she will return. Do not code "5"–long-term jail or prison for short term stay in jail, even if she is currently in jail at the time of the interview (e.g., code the situation she will return to. If she has permanent housing code "1"–Perm/Stable, if she will be homeless, code "4," if she will be staying with her brother, code "3," etc.). Living from motel to motel is coded "2"-transient. If client is in Section 8 housing, code "1"-Permanent/Stable. If "8"-other is selected, note the situation in detail.

PAGE 13–15. FAMILY/SOCIAL RELATIONSHIPS (continued)

How many times have you moved . . .

F3b. **In the past year?** Code number of moves (of her primary residence) she has made in the last year. Count each episode of homelessness as a move (e.g., stayed with friends, then homeless, then in jail for a month, then stayed with family, then found an apartment where she is now: code as "5" moves).

Client in jail with residence to return to: Note that in a different case, where the client has a residence to return to, her month in jail would not be counted as a move (because she also maintained her regular residence during that time). Have client estimate the number of moves if she is not sure (PROMPT: more than 10, less than 20?). Code "66" if too many moves to count.

F3c. **Since enrollment?** Code number of moves (of her primary residence) she has made in the last 3 years (i.e., SINCE ENROLLMENT). Count each episode of homelessness as a move (e.g., stayed with friends, then homeless, then in jail for a month, then stayed with family, then found an apartment where she is now: code as 5 moves).

Client in jail with residence to return to: Note that in a different case, where the client has a residence to return to, her month in jail would not be counted as a move (because she also maintained her regular residence during that time). Have client estimate if she is not sure (PROMPT: more than 10, less than 20?). Code 66 if too many moves to count.

F4. **Usual living arrangements (past 3 years)**. Consider the client's life in the past 3 years. Ask the client to describe the amount of time spent living in prisons, hospitals, or other institutions. If this amount of time is the most significant, code "8" - controlled environment. If the client lived in several arrangements, choose the most representative of the three year period. If the amounts of time are evenly divided, choose the most recent situation. Transitional "clean & sober" living situation is NOT a controlled environment.

F5. **How long have you lived in these arrangements?** (Or "How long did you live in these arrangements?" if this is not the client's current living arrangement.) Enter the number of years and months the client has lived under the usual arrangements (coded in Item F4). For clients who usually live with parents or family, enter the number of years residing there since age 18.

If under 18, code since birth.

F6. **Are (or were) you satisfied with these living arrangements?** This item refers to response in Item F4, not necessarily client's current living arrangement. If F5 refers to the past, not current situation, change the tense of the verb to past tense. A "satisfied" response must indicate that the client generally likes the situation, not that she is merely resigned to it.

Note that this is one of the few places where "1" does not mean yes. "1" = indifferent, "2" = yes.

PAGE 13–15. FAMILY/SOCIAL RELATIONSHIPS (continued)

F4a. Number of children in household (under 18). In household described in Item F4, not necessarily in client's current living arrangement.

F4b. Number of adults in household. In household described in Item F4, not necessarily in client's current living arrangement. If a "controlled environment" is reported, note number of adults in client's living unit, for example, cell; not the number of individuals in the institution.

Home Environment (Items F7–F8)

Items F7 and F8 assess whether the client currently lives in a drug and alcohol-free living situation (not including the client herself). This is intended as a measure of the integrity and support of the home environment and does not refer to the neighborhood in which the client resides. The home environment in question is the one in which the client either currently resides or the environment to which the client expects to return, for example following inpatient treatment or release from jail.

This situation does not necessarily correspond to the environment discussed in Items F4 through F6.

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

Do you live with anyone who:

F7. **Has a current alcohol problem?** i.e., a drinking alcoholic. Code "1"-yes **only** if there is an individual with an active alcohol problem (i.e. a drinking alcoholic) in the living situation, regardless of whether the client has an alcohol problem.

F8. **Uses non-prescribed drugs?** Or abuses prescription drugs. Code "1"-yes if there is **any form of drug use** in the living situation, regardless of whether that drug using individual has a problem or whether the client has a drug problem. Ask "misuses prescribed drugs, or uses illegal drugs."

PAGE 13–15. FAMILY/SOCIAL RELATIONSHIPS (continued)

F9. **With whom do you spend most of your free time?** This response is usually easy to interpret. Immediate and extended family as well as in-laws are included under "Family." "Friends" can be considered *any of the client's associates* other than family members. Code "1"-family; "2"-friends; "3"-alone.

Some clients may consider a boyfriend/girlfriend with whom they have had a long-standing relationship, as a "family member." In such cases he/she can be considered a family member. (Note: girlfriend here implies lesbian relationship.)

IMPORTANT: If you have coded boyfriend/girlfriend as a "family member" here, also consider him/her as a family member in Items F30, F32 and F34 and as a "spouse" in Items F15 and F21.

If client has been in the hospital, or in jail for a month or more, rephrase the question to "When you are not in a controlled environment, with whom do you spend most of your free time?"

F10. **Are you satisfied with spending your free time this way?** Referring to Item F9. A "satisfied" response must indicate that the client generally likes the situation, not that she is merely resigned to it.

→ Note that "1"=indifferent, while "2"=yes.

F11. **How many close friends do you have?** Emphasize that you mean close.

Do not include family members or a boyfriend/girlfriend who is considered to be a family member/spouse. Do not include community members who work with her only in professional capacity, even if client feels close to them (e.g., counselor, caseworker, advocate). "Friend" implies a mutually supportive relationship. "Close friend" can include those who are not clean and sober. This question requires relatively recent contact.

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

Code from choices provided. Note which church in the space provided.

F11b. Have you experienced the death of a family member or friend SINCE ENROLLMENT?

Code "0"-no, "1"-yes, a child; "2"-yes, a parent; "3"-yes, a friend; "4"-yes, other family; "5"-multiple deaths. Note who in comments.

PAGE 13–15. FAMILY/SOCIAL RELATIONSHIPS (continued)

GENERAL NOTE: In this section more than any other, it is difficult to determine if a relationship problem is due to intrinsic problems or to the effects of alcohol and drugs. Ask the client whether she feels that "if the alcohol/drug problem were absent," would there still be a relationship problem? The intent of the items is to assess inherent relationship problems rather than the extent to which alcohol/drugs have affected relationships. Family is not restricted to biological.

General Instructions for the Relationship Questions (Items F12—F26)

In general, a "yes" response should be recorded for any category where at least one person in that category meets the criterion. For example, if the client has two brothers and has had serious problems with one of them and has developed a warm, close relationship with the other, then Items F14 (Brothers/Sisters) and F20 would both be coded as "yes." In contrast, a "no" response should only be coded if all relatives in the category fail to meet the criterion.

It is particularly important for interviewers to make judicious use of the "–8" and "–7" responses to these questions:

- A "–8" should be coded for all categories where there is no person for the category.

  It is possible that a client could have had serious problems with a father in the past, but because of his death, not have a problem in the past 30 days. The correct coding in this case would be "1"-yes under lifetime and "–8"-N/A under past 30 days.

- A "–7" should be coded for any situation where the client simply can't recall or is not sure for any reason. In general, it is better to use a "–7" than to record possibly inaccurate information.

Close Relationships (Items F12—F17)

These items assess the extent to which the client has a history of being able to establish and maintain close, warm and mutually supportive relationships with any of the people listed.

Important- A simple yes response is not adequate for these questions and some probing will be needed to determine specifically if there has been the ability to feel closeness and mutual responsibility in the relationship. Does the client feel a sense of value for the person (beyond simple self benefit)? Is the client willing to work to retain/maintain these relationships?

Would you say you have had close, long-lasting, personal relationships with any of the following people in your life:

Code "0" if the answer is clearly no for ALL people within the category. Code "1" if the answer is clearly yes for ANY person within that category. Code "–7" for uncertain or don't know. Code "–8" if there never was a person in that category (e.g., if the client never had any siblings, code "–8" for F14).

F12. **Mother** (or mother figure)

F13. **Father** (or father figure)

F14. **Brothers/Sisters**

F15. **Sexual Partner/Spouse**

F16. **Children**

F17. **Friends**

PAGE 13–15. FAMILY/SOCIAL RELATIONSHIPS (continued)

Conflicts/Arguments (Items F18—F26)

These items refer to serious problems of sufficient duration and intensity to jeopardize the relationship. These problems include extremely poor communication, complete lack of trust or understanding, animosity, chronic arguments. If the client has not been in contact with the person in the past 30 days it should be recorded as "–8." As indicated above, "–8" should also be entered in categories that are not applicable, e.g., in the case of a client with no siblings.

Conflicts/Arguments: Conflicts require personal (or at least telephone) contact. Emphasize that you mean serious conflicts (e.g., serious arguments, verbal abuse, etc.) not simply differences of opinion. These conflicts should be of such a magnitude that they jeopardize the client's relationship with the person involved.

IMPORTANT: Understand that the "Past 30 Days" and the "Lifetime" intervals in Items F18 to F29 are designed to be considered separately. "Past 30 Days" will provide information on recent problems, while "Lifetime" will indicate problems or a history of problems prior to the past 30 days. It is recommended that the interviewer ask the lifetime question from each pair, first. For example, "Have you ever had a significant period in your past in which you experienced serious problems with your father?" Regardless of the answer the interviewer should inquire about the past 30 days. For example, "How about more recently? Have you had any serious problems with your father in the past 30 days?"

Have you had a significant period in which you experienced serious problems getting along with:

Code for "past 30 days" in first column, code for "ever in her life (prior to the past 30 days)" in second column. If client has had no contact in past 30 days, code "–8." Code "0" if the answer is clearly no for ALL people within the category for that time period. Code "1" if the answer is clearly yes for ANY person within that category for that time period. Code "–7" for uncertain, or don't know. Code "–8" if there never was a person in that category (i.e., if the client never had any siblings, code "–8" for Item F20).

F18. Mother Includes "steps," mother figures

F19. Father Includes "steps," father figures

F20. Brothers/Sisters

F21. Sexual Partner/spouse May include any regular, important sexual relationship.

F22. Children

F23. Other significant family. Note who by relationship, not by name, i.e., "cousin," rather than "Ruth"

F24. Close friends

F25. Neighbors

F26. Co-Workers

PAGE 13–15. FAMILY/SOCIAL RELATIONSHIPS (continued)

Lifetime History of Abuse (Items F27—F29)

These items assess what may be important aspects of the early home life for these clients ("Lifetime" answers) and to assess dangers in the recent and possibly future environment ("Past 30 Days" answers). In general, the instructions for these questions are similar to the other questions in this section. (See specific notes above and below).

"Past 30 Days" and the "Lifetime" intervals are designed to be considered separately. The past 30 days will provide information on recent problems while lifetime will indicate problems or a history of problems prior to the past 30 days. It is recommended that the interviewer first ask the lifetime question from each pair.

The "As a child" column is for abuse that occurred under age 18. If abuse is indicated in the "As a child" column, it must also be coded in the "Lifetime" column.

Did anybody ever abuse you: ***[Anyone, not just those listed in Items F18—F26]***

Code "0" for "no"; "1" for "yes, once"; "2" for "yes, repeated times."
If woman declines to answer, code with "–7."

F27. **Emotionally?** *(make you feel bad through harsh words)* Emotional abuse will generally be coded entirely on the basis of what the client reports. The intent here is to record the client's judgment. Do not code your assessment of whether or not the abuse (or lack of it) was severe enough to qualify as abuse.

F28. **Physically?** *(cause you physical harm)* Physical abuse follows the same general guidelines as emotional abuse. Simple spankings or other punishments should not be coded as abuse unless the client considered them extreme and unnecessary.

F29. **Sexually?** *(forced sexual advances or sexual acts)* Sexual abuse is not confined here to intercourse but should be coded as "1" or "2," depending on frequency, if the client reports any type of unwanted advances of a sexual nature by a member of either sex.

The "As a child" column considers molestation and rape separately. Code appropriate box.

PAGE 13–15. FAMILY/SOCIAL RELATIONSHIPS (continued)

F29a. Are you currently in what you consider to be an abusive relationship with your partner? Current relationship, even if that partner is in jail (but is expected to return soon). If she has started another relationship while former partner is in jail, code "1"-yes if either are abusive. (Example, ex-partner who went to jail was violent. She starts a new relationship while he is in jail with a man who is not violent. This would be coded "1"-yes. Frequently the partner returning from jail does not share the perspective that the relationship is not current, and therefore the potential for more violence is high.) Choose the code that best describes the type of abuse.

If woman does not wish to answer, code "–7."

If client does not have a partner at this time, code "–8"-not applicable.

If relationship has been abusive in the past, but is not now, this question can be coded no, but note situation in comments.

How many days in the past 30 have you had serious conflicts: (Code number of days of past 30)

F30. With your family? If boyfriend/girlfriend was considered as family in Item F9, code as family here.

F31. With other people? Excluding family.

CLIENT RATING

Items F32 through F35 refer to any dissatisfaction, conflicts, or other relationship problems reported in the Family/Social section. They do not specifically refer to her responses in Items F30 and F31.

Do include the client's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends.

DO NOT include problems that would be eliminated if client's alcohol/drug abuse problems were absent.

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

Have client use Client's Rating Scale.

F32. Family Problems If boyfriend/girlfriend was considered as family in Item F9, code as family here. Immediate and extended family, and in-laws are included under "Family." Include estrangement issues.

F33. Social Problems. With any of the client's associates other than family. Include social isolation issues.

How important to YOU <u>now</u> is treatment or counseling for these:

Have client use Client's Rating Scale.

F34. Family Problems If boyfriend/girlfriend was considered as family in Item F9, code as family here. Be sure that the client is aware that she is **not** rating whether or not her family would <u>agree</u> to participate, but how important counseling is for <u>her</u> for family problems

F35. Social Problems

PAGE 13–15. FAMILY/SOCIAL RELATIONSHIPS (continued)

CONFIDENCE RATINGS

Is the above information significantly distorted by:

F37. **Client's misrepresentation?** Code "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.

F38. **Client's inability to understand?** Code "0"-no, "1"-yes. Note why in comments (i.e., under the influence, appears to have a cognitive impairment, this specific topic brings up confusion, etc.)

INTERVIEWER CLIENT NEED RATINGS:

F99a. How would you rate the client's need for family and/or social counseling? Code your best assessment from scale provided after talking with the client.

0 - No need.

1 - Problems, but client is 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. Should be an advocate priority.

F99b. How would you rate the client's need for domestic violence services? Code your best assessment from scale provided after talking with the client.

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. Should be an advocate priority.

PAGE 16–17. PSYCHIATRIC STATUS

Note: this section is restricted to psychiatric problems only. Do not include physical medical problems, or psychiatric problems due only to alcohol or drug use (except for violent and suicidal behavior).

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

This includes any type of treatment for any type of psychiatric problem. This does not include substance abuse, employment, or family counseling. The unit of measure is a treatment episode (usually a series of visits or treatment days), not number of visits or days in treatment per se. If client is aware of her diagnosis (what she was being treated for) note this in comments section. When asking the question avoid using the term psychiatric.

Note when/where in comments.

P1. **In a hospital**? Code number of times as per above. Unit of measure: per episode, not number of visits or number of days.

P2. **As an outpatient or private patient?** Code number of times as above. Unit of measure: per episode, not number of visits or number of days. Code yes for prescription by general practitioner (M.D.) for an emotional problem, even if she didn't ever see a mental health professional. Example, her regular medical doctor prescribes valium, code "1"-yes here. Cross check with P11: if P11 is yes, P2 is yes.

P2a. **Have you had a psychiatric evaluation SINCE ENROLLMENT?** By a psychiatrist. Note when and reason for evaluation in comments. If woman doesn't know, code "–7." If woman refuses to say, code "–8."

P2b. **If so, evaluation results:** If she has had an evaluation, code "0" if no diagnosis, "1" if one diagnosis, and "2" if more than one diagnosis. If client indicates that there is a diagnosis, but she doesn't know what it is, code "–7." If she refuses to say what the diagnosis is, code "–8." Note that "–8" also means N/A if Item P2 is coded "0"-no evaluation; i.e., if she has never had an evaluation, code "8."

P2c. **List diagnosis(es) and 3-digit diagnostic code. (NOT THE ACTUAL DSM-IV CODE).** Code 3-digit code from Appendix (psychiatric diagnostic categories) for up to 4 diagnoses in spaces provided. If client has indicated that there is no diagnosis, code "–8." Always note diagnosis(es) in comments, in addition to coding, so that coding can be double-checked.

If client has MORE THAN FOUR diagnoses, code "500" in the fourth space and write out the remaining diagnoses in comments so that they can be manually entered later.

P3. **Do you receive a pension for a psychiatric disability?** Code "0"-no, "1"-yes. Pensions for physical problems of the nervous system (e.g., epilepsy, etc.) should be coded under Item M5 in Medical Section, not here. Note source of pension.

PAGE 16–17. PSYCHIATRIC STATUS (continued)

Psychiatric Symptoms (Items P4–P10)

These lifetime items are concerned with serious psychiatric symptoms over a significant period of time (at least 2 weeks). Therefore, items concerning depression, anxiety and concentration (Items P4, P5, P7) are addressing significant periods of disturbance, not simply a day. The other symptoms (Items P6, P8, P9, P10) are of sufficient importance that even a brief experience warrants coding.

Except for Items P8, P9 and P10, be sure the client understands that these periods refer only to times when she was not under the direct effects of alcohol, drugs or withdrawal. This means that the behavior or mood is not due to a state of drug or alcohol intoxication, or to withdrawal effects. It has been our experience that the client will almost always be able to differentiate a sustained period of emotional problem from a drug or alcohol induced effect. Therefore in situations where doubt exists, ask the client directly about her perception of the symptoms or problems.

Important: The seriousness of Items P8, P9, and P10 warrant coding even if they were caused by or associated with alcohol or drug use. Reports of recent suicide attempts or thoughts should be brought to the attention of the clinical supervisor as soon as possible, even if this violates normal confidentiality guidelines. Remember that the interviewer may have a "duty to warn" about threats of harm to self or others.

Code for two time periods: "In Your Life," and "Past 30 Days": "0"-no, "1"-yes. IMPORTANT: The "Lifetime" and the "Past 30 Days" intervals are to be considered separately. "In your life" refers to the entire lifetime period prior to the past 30 days. The past 30 days will provide information on recent problems while lifetime will indicate problems or a history of problems prior to the past 30 days.

It is recommended that the interviewer ask the "Lifetime" question from each pair, first. For example, "Have you ever had a significant period in your life, let's say about two weeks or longer, when you experienced serious depression?" Regardless of the answer, the interviewer should then inquire about the past 30 days. For example, "How about more recently? Have you experienced severe depression in the past 30 days?"

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

Items P4, P5, and P7 refer only serious psychiatric symptoms that occur over a significant period of time (at least 2 weeks). Items P6, P8, P9, and P10: code "1"-yes even if they have occurred only a single time. BE SURE client understands that EXCEPT FOR ITEMS P8, P9, &P10 these periods of time refer only to times when she was not under the direct effects of alcohol, drugs or withdrawal (i.e., symptoms are not alcohol/drug-induced). Items P8, P9, P10 can be coded "1"-yes even if alcohol/drug induced.

P4. **Experienced serious depression** Suggested by sadness, hopelessness, significant loss of interest, listlessness, difficulty with daily function, guilt, "crying jags," etc. For a period of at least 2 weeks, not alcohol/drug use related. Note that if she has never been clean/sober and she reports experiencing depression, you must code "1"-yes, because you can't rule out underlying depression. If she has been clean/sober and reported no depression then, code "0"-no.

P5. **Experienced serious anxiety or tension** Suggested by tension, feeling uptight, unable to feel relaxed, unreasonably worried, etc. For a period of at least 2 weeks, not alcohol/drug use related. Do not code reactive anxiety solely in response to some situation.

P6. **Experienced hallucinations** (i.e., saw things or heard voices that were not there) Restricted to times when client was drug free and not suffering from withdrawal. Can be flashbacks, as in symptoms of PTSD. Even one time, not alcohol/drug use related.

PAGE 16–17. PSYCHIATRIC STATUS (continued)

P7. **Experienced trouble understanding, concentrating or remembering** Serious trouble that might suggest cognitive problems. Suggested by serious trouble in concentrating, remembering and/or understanding, restricted to times when client was drug free and not suffering from withdrawal. For a period of at least 2 weeks, not alcohol/drug use related.

P8. **Experienced trouble controlling violent behavior** (or losing control) Rage, or violence. Even one time. Can be alcohol/drug related. Code as "1"-yes even if client has been able to control her urges, but has verged on losing control.

P9. **Experienced serious thoughts of suicide** Times when client seriously considered a plan for taking her life. Even one time. Can be alcohol/drug/withdrawal related. Note when last occurred.

P10. **Attempted suicide** Include discrete suicidal gestures or attempts. Even one time. Can be alcohol/drug/withdrawal related. Note when last.

→ IMPORTANT: Ask the client if she has recently considered suicide. If the answer is "Yes" to this question, and/or the client gives the distinct impression of being depressed to the point where suicide may become a possibility, notify the clinical supervisor of this situation as soon as possible.

P11. **Been prescribed medication for any psychological/emotional problem** Medication must have been prescribed by a physician for a psychiatric or emotional problem. Code "1"–yes if the medication was prescribed, even if the client did not take the medication. Cross check with P2 "Outpatient mental health treatment": if this question is yes, P2 must be yes.

P12. **How many days in the past 30 have you experienced these psychological or emotional problems?** Refers to problems listed in Items P4 through P10. Note that if items P4 through P10, the list of psychiatric symptoms, are "0," this question must be coded "0."

PAGE 16–17. PSYCHIATRIC STATUS (continued)

CLIENT RATING

Referring to Item P12, have the client rate the severity of these problems in the past 30 days. .

P13. **How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?** Have client use Client's Rating Scale.

If client does not understand the term "bothered," replace it with "How bad was [the depression, the anxiety, etc.] on those days . . ."

P14. **How important to you now is treatment for these psychological problems?** Have client use Client's Rating Scale.

Interviewer Observations of Client at Time of Interview (Items P15–P20)

The following Items are to be assessed and completed by the interviewer. Code "0"-no, "1"-yes.

These are ratings by the interviewer based on her observations of the client. The interviewer should use her judgment based upon the client's behavior and answers during the interview. Do not over interpret; consider only the presence of overt symptoms in these categories. (See above, Items P4–P10, for description).

At the time of the interview, the client is:

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**

PAGE 16–17. PSYCHIATRIC STATUS (continued)

CONFIDENCE RATINGS

Is the above information significantly distorted by:

P22. **Client's misrepresentation?** Code "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.

P23. **Client's inability to understand?** Code "0"-no, "1"-yes. Note why in comments (i.e., under the influence, appears to have a cognitive impairment, this specific topic brings up confusion, etc.)

INTERVIEWER CLIENT NEED RATING

P99. **How would you rate the client's need for psychiatric/psychological treatment?** Code your best assessment from scale provided after talking with the client.

0 - No psychological problems, no need.

1 - Psychological problems, but current tx 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. Should be an advocate priority.

PAGE 18–21. FAMILY PLANNING, TARGET CHILD & SUBSEQUENT BIRTHS

NOTE: If you know that the Target Child is deceased, code "6" for Items 1 and 2, answer all items for the time period up until the time of the baby's death. RECORD DATE OF DEATH AND CAUSE OF DEATH IN COMMENTS SECTION.

TARGET CHILD

FP1. Where is Target Child living now? Code where child is currently living. Probe: "Where is he/she living now?" This does not necessarily imply legal custody. If mother doesn't know, code "–7"; if Target Child is deceased, code "6." If mother is in jail for a few days, but normally child lives with her, code as living with her.

FP2. Who has <u>legal</u> custody of Target Child? This does not necessarily imply where child is currently living, only who has legal custody. Use codes from Item FP1 above.

Since birth, how many months was Target Child living with . . .

Code number of months (of the program 36 months) that the child was living in each type of situation listed. <u>The 7 options should total 36 months (or up to 6 months less if the mother was enrolled prenatally)</u>. If they do not equal 36, note why (and where baby was, or when baby died) in comments. One of the purposes of this question is to determine the number of months that baby was in a care situation that cost the state money (for foster care, not welfare or other expenses) and number of months the baby was not. Do not include time in the mother's womb as time living with mother. Code from birth on.

"State $ involvement" means the state contributed to the child's support while in that living situation.

FP3a. Biological mother

FP3b. Family member / FOB (no state $ involvement) If the state pays for the care, even if living with family member/FOB, code under "Relatives, state $ involvement."

FP3c. Friend (no state $ involvement) If the state pays for the care, even if Target Child living with friends of family, code as foster parents.

FP3d. Relatives (state $ involvement) Includes relatives, FOB, if state paid for care.

FP3e. Foster parents (state $ involvement) Includes friends and "adoptive" parents if state paid for care.

FP3f. Adoptive parents (legal adoption) If adoptive parents have not legally adopted, <u>and</u> state is paying for care, code as foster parents.

FP3g. Hospital/therapeutic facility

PAGE 18–21. FAMILY PLANNING,TARGET CHILD & SUBSEQUENT BIRTHS (continued)

FP4a. Does Target Child have a regular doctor/clinic to go to for checkups or illnesses?

Code "0" for no; "1" for yes. Note name for tracing purposes later.

FP4b. Is Target Child being seen regularly for well-child visits?

Code from the list provided. No well-child care means no regular well-child care. Specify the name or type of clinic and doctor's name (for tracing purposes later).

FP4c. Current status of Target Child's immunizations.

If child has all recommended immunizations, code "1"-fully immunized. If child is missing some important ones, code "2"-missing some. If missing any immunizations note why, especially whether this was unavoidable (i.e., child too sick to be immunized).

FP4d. Has Target Child been seen by a dentist?

If child has not been seen by a dentist, AND there is no need for the child to be seen by a dentist, code "2"-not needed.

SINCE BIRTH, Target Child has had…

FP5a. Number ER visits.

Code number of Emergency Room (ER) visits for Target Child since Target Child's birth. If none, code "0."

FP5b. Number serious accidents.

Code number of serious accidents (serious enough to require medical care, whether or not it was received) Target Child has suffered since birth. Note date(s), reason(s), in comments section.

If accident required hospitalization, code here and in FP5c.

FP5c. Number of accidents requiring (overnight) hospitalizations.

Code number of hospitalizations, separate from ER visits, for Target Child because of accidents since Target Child's birth.

If the child went to the ER, then was admitted to the hospital, code in both places. Note date(s), reason(s), in comments section.

FP5d. Number serious illnesses.

Number of serious illnesses (serious enough to require medical care, whether or not it was received) Target Child has suffered since birth. Note date(s), reason(s), in comments section.

If illness required hospitalization, code here and in FP5e.

FP5e. Number of illnesses requiring (overnight) hospitalizations.

Code number of hospitalizations, separate from ER visits, for Target Child because of illness since Target Child's birth.

If the child went to the ER, then was admitted to the hospital, code in both places. Note date(s), reason(s), in comments section.

PAGE 18–21. FAMILY PLANNING,TARGET CHILD & SUBSEQUENT BIRTHS (continued)

FP6. Does Target Child have any kind of medical problems that your doctor is watching and/or has told you about?

Code up to 3 from list provided. If none, code "0" in each of the 3 boxes. If only one, code in first set of boxes and code "0" in each of the last two sets of boxes. If "20"-other is coded, note what.

FP7a. Specify any diagnosis.

If a diagnosis is listed, code "1"; if not, code "0." Do not code FAS/FAE here, code in item FP7b.

FP7b. Does Target Child have Fetal Alcohol Syndrome (FAS) or suspected FAS diagnosis?

Code "0" if no, code "1" if FAS, "2" if Fetal Alcohol Effect (FAE), or "3" if suspected, but not confirmed FAS or FAE. If diagnosed, note date of diagnosis and name of doctor and/or clinic in comments.

FP8. Has Target Child gone to any special clinic or received any type of therapy or special services since he/she was born?

Code up to 4 from list provided. If none, code "0" in each of the 4 boxes. If only one, code in first set of boxes and code "0" in each of the last three sets of boxes. If "20"-other is coded, note what. Note dates, name of service in comments.

FP9a. Has Target Child been in babysitting or daycare?

Code type of daycare from list provided. If more than one, code the setting in which the child spent the most time.

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

If none, code "0."

FP10a. Who answered Target Child questions?

If other than client (bio mom), get reference information from respondent at end of interview for purposes of tracing child for later follow-up. Record reference information on interview face sheet.

FP10b. Is respondent familiar with child's history since birth?

Code "0"-no; "1"-yes.

FP10c. If no, since what age?

Code in months of age, "0"-since birth; "–8"-not applicable,

PAGE 18–21. FAMILY PLANNING,TARGET CHILD & SUBSEQUENT BIRTHS (continued)

FP11. Subsequent pregnancies.

Code # of subsequent pregnancies (regardless of outcome, i.e., include miscarriages, terminations, pregnancies resulting in births, etc.) between enrollment and exit. Code "0" for none. DO NOT count Target Child in this total.

Note: Item FP11 (total subsequent pregnancies) should total to the sum of Item FP12 (terminations) + Item FP13 (miscarriages) + Item FP14 (births).

FP12. Subsequent terminations.

Code number of terminations (therapeutic or elective abortions) between enrollment and exit. Code "0" for none.

FP13. Subsequent miscarriages.

Code number of miscarriages between enrollment and exit. Code "0" for none.

FP14. Subsequent births.

Code number of deliveries between enrollment and exit. Code "0" for none. Include stillbirths. DO NOT count Target Child as a subsequent birth.

FP15. Is client pregnant now? AS OF THE 36 MONTH EXIT DATE, NOT DATE OF INTERVIEW.

Code client's current pregnancy status and her plans regarding this pregnancy from codes presented. If a subsequent birth occurs after the targeted exit date, but before the exit interview date, it is coded here as Pregnant at Exit, not as a subsequent birth.

If client is pregnant at exit, note in comments how many months pregnant at exit, how many months alcohol/drug use during this pregnancy, and whether any alcohol/drug treatment during this pregnancy.

SUBSEQUENT BIRTHS:

If no subsequent births, code Items FP16a through FP24 with "–8's."

FP16a. Date of subsequent birth # 1.

Month/day/year. Do not count Target Child. If no subsequent births, code "–8."

FP16b. Date of subsequent birth # 2.

Month/day/year. Second subsequent birth. If no (or only one) subsequent birth, code "–8."

PAGE 18–21. FAMILY PLANNING,TARGET CHILD & SUBSEQUENT BIRTHS (continued)

SUBSEQUENT BIRTHS (continued):

FP17. Outcome of birth(s). Code birth #1 in first column, birth #2 in second.

The intent of this question is to assess the outcome for the infant, not the mother. Code "0" if the baby had no significant problems at birth, was discharged normally. Code "1" if it was a high-risk delivery and special care was required for infant after birth (e.g., premature delivery [less than 37 weeks], neonatal intensive care, withdrawal symptoms, transfer to a special care facility, a longer than normal stay in the hospital, etc.) and note reasons in comments. Code "2" if infant was stillborn, or died within the first few days after delivery. If "3"-other is selected, note what conditions applied. Code "–8" if no subsequent birth.

Note: if infant was born drug-exposed as determined by toxicology screening, code "1."

During pregnancy for subsequent birth(s) . . .

FP18. Regular prenatal care? Code birth #1 in first column, birth #2 in second.

Regular, or adequate, prenatal care during the subsequent pregnancy. Code "0"-no; "1"-yes; "–8"-N/A, no subsequent birth.

Adequate or regular prenatal care includes 1) initiation of prenatal care before the end of the third month of pregnancy, AND 2) at least 12 prenatal visits. If client meets both these conditions, code "1"-yes.

"Inadequate" prenatal care: 1) if client did not have her first prenatal visit until after the third month of pregnancy, OR 2) client had less than 12 prenatal visits. If client meets either of these conditions, code "0"-no.

FP19. Was pregnancy planned? Code birth #1 in first column, birth #2 in second.

If client intended to get pregnant, at the time she got pregnant, code "1"-yes. However, if the client intended to get pregnant, but not at the time she actually got pregnant, code "0"-no. If client did not intend to get pregnant at any time, code "0"-no. If no subsequent birth, code "–8"-N/A, no subsequent birth.

During pregnancy for subsequent birth(s), client . . .

FP20. Used alcohol/drugs during pregnancy? Code birth #1 in first column, birth #2 in second.

Code from choices provided for during pregnancy. Do not include use of prescribed, licit drugs (including prescribed methadone, but do note in comments), or cigarettes, during pregnancy. Code "–8" if no subsequent birth.

Note: Record in comments what drugs were used during subsequent pregnancies, pattern of use, where tx was obtained, etc. Also, if more than 2 births, describe them thoroughly in comment section.

PAGE 18–21. FAMILY PLANNING,TARGET CHILD & SUBSEQUENT BIRTHS (continued)

During pregnancy for subsequent birth(s), client . . .

FP21. Quit using alcohol/drugs during pregnancy?

Code from choices provided for during pregnancy for birth #1 in first column, for birth #2 in second. Code "1" if she quit, and did not resume use for the remainder of pregnancy. Code "0" if she did not quit, or if she quit but then resumed use while pregnant. Code "2" if client did not use any alcohol or drugs during pregnancy, i.e., was abstinent throughout. Code "–8" if no subsequent birth.

FP22. Went into alcohol/drug tx during pregnancy?

Includes inpatient or outpatient alcohol/drug treatment. Does not include detox or AA/NA meetings. Code from choices provided for during pregnancy for birth #1 in first column, for birth #2 in second. Code "–8" if no subsequent birth.

FP22a. If so, during what month?

Code month of pregnancy ("1"=first month, "9"=9th, etc.) she began alcohol/drug treatment. If there were several treatment episodes during pregnancy, code the earliest. Code "0" if she did not go into treatment during that pregnancy. Code "–8" if no subsequent birth.

FP23. Number of months abstinent during pregnancy.

Code for birth #1 in first column, birth #2 in second. Code the total longest consecutive months of abstinence of 9 during that pregnancy. Abstinence can be voluntary or involuntary (i.e., incarcerated, in treatment, etc.). Code "9" if abstinent throughout; "0" for never abstinent. Code "–8" if no subsequent birth.

Note that if client had a premature delivery (less than 9 months), and was abstinent throughout pregnancy, do NOT code the actual months of pregnancy, instead, code "9"-abstinent throughout.

If client had a premature delivery (less than 9 months) and was abstinent during part of the pregnancy, but used alcohol or drugs during part of the pregnancy, code the longest consecutive months abstinent.

FP24. Child is currently living with... Code birth #1 in first column, birth #2 in second.

Code where subsequent child is currently living from choices provided. If "6"-other is selected, note where/who. Code "–8" if N/A. If child is living with a foster family, code "4"-foster care, if child has not been legally adopted by them, and "5" if child has been legally adopted.

PAGE 18–21. FAMILY PLANNING,TARGET CHILD & SUBSEQUENT BIRTHS (continued)

FP25. Including Target Child, total # of biological children who live with you now:

Code "0" if none.

FP25a. Including Target Child, ages of <u>all</u> biological children who live with you now:

<u>Include</u> Target Child. Code from youngest to oldest.

Code any infant's age as "1." (If client has an infant and a 1-year-old, "1" will be coded twice.)

No children, or no further children, code "0."

If more than five, code the five youngest and write the ages of the older children in the space provided.

FP26. Including Target Child, total # of biological children who DO NOT live with you now:

Code "0" if client has no children, or all of her biological children live with her.

FP26a. Including Target Child, ages of <u>all</u> biological children who DO NOT live with you now:

<u>Include</u> Target Child. Code from youngest to oldest.

Code any infant's age as "1."

No children, or no further children, code "0."

If more than five, code the five youngest and write the ages of the older children in the space provided.

FP27a. SINCE ENROLLMENT, has any biological child been placed into your custody, moved into the home, and is still living with you?

Code "0"-no; "1"-yes.

FP27b. SINCE ENROLLMENT, has any biological child been removed from your custody, taken out of the home? (Even if later returned).

Code "0"-no; "1"-yes. Code yes if ever removed while in PCAP, even if child was later returned.

PAGE 18–21. FAMILY PLANNING,TARGET CHILD & SUBSEQUENT BIRTHS (continued)

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

Code client's age in years at her first pregnancy, whether or not it resulted in the birth of a child.

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

Code from choices provided. If client is currently pregnant, code method she usually uses when not pregnant. If "1"-yes, regular use or "2"-yes, sporadic use is coded, make sure to code a method of birth control in Item FP29a. If "0"-no is coded, code "0" in each of the three blanks of FP29a.

Note that this question is not asking about the client's history of birth control methods used. It is asking about the method(s) she uses at this time.

FP29a. What method(s) do you use?

Code up to three from choices provided. Code "0" for no method, or no further method. If "10"-other is coded, note what method in comments.

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

Code "0" if she does not use them every time, with every partner, code "1" if she does. Code "–8" if she does not ever use condoms.

CONFIDENCE RATINGS

Is the above information significantly distorted by:

FP31. Client's misrepresentation?

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.

FP32. Client's inability to understand?

Code "0"-no, "1"-yes. Note why in comments (i.e., under the influence, appears to have a cognitive impairment, this specific topic brings up confusion, etc.)

PAGE 18–21. FAMILY PLANNING,TARGET CHILD & SUBSEQUENT BIRTHS (continued)

INTERVIEWER CLIENT NEED RATING

FP99. How would you rate the client's need for family planning services? Code your best assessment from scale provided after talking with the client.

0 - Uses reliable method on a regular basis 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 than reliable method or practice.

3 - Urgent need for family planning. Should be an advocate priority.

PAGES 22-24. COMMUNITY SERVICES

General Instructions For Community Services Section:

Code whether or not client or her children, as specified in the question, received this service during the past year in the "Service Used" box. Code the quality of the service received in the "Connection with Service" box. If the service was not needed by this client or family, check the "Not Needed" box and code "–8's" (not applicable) in the "Service" and "Connection" boxes.

If you indicate use of a service, always note what and where. This information can be useful in tracing.

Services used during the last year or now. . . *(Service Used)*

"Service Used" codes: 0 - No, but needed 3 - On waiting list
1 - Yes –8 - not needed, N/A

How is this service working for you? *(Connection with Service)*

How this service is working for you, or for your child(ren), or family, depending on item. Connection with service involves two concepts: 1) the quality of the service received (client's assessment), and 2) access to the service (including transportation, paperwork or insurance problems, etc.). Use prompts to focus on the adequacy and access to the service, not on outcome. The intent of this item is to determine the quality of the service itself and the client's access to the service, not how well she is responding to it.

Prompt: Did you have any trouble/hassles getting (to) this service, and once you got there, did you get the service you needed?

"Connection with Service" codes:

1 - Good
2 - Acceptable
3 - Poor
4 - Good/acceptable, but problem with access

–8 - N/A

To determine whether the connection with service should be coded "1," "2," "3," or "4" the following grid may be helpful:

QUALITY OF SERVICE	ACCESS: *Good*	ACCESS: *Acceptable*	ACCESS: *Poor*
Good	Code 1	Code 2	Code 4
Acceptable	Code 2	Code 2	Code 4
Poor	Code 3	Code 3	Code 3

Examples:

• *Item S1a.* The children go to a trusted community clinic for primary healthcare, but the client has had to miss some appointments because the bus transportation is such a hassle with her children. The "Service Used" code would be "1"-yes and the "Connection with Service" would be coded either "2"-acceptable or "4"-good/acceptable, but problem with access depending on how much impact the transportation issue has on her ability to get quality healthcare for her children.

• *Item S4.* A woman goes to her AA group every week, but is still drinking off and on. The AA item "Service Used" would be coded as "1"-yes and "Connection with Service" would be coded "1"-Good.

Services used during the last year or now . . .

S1. **Regular family health care provider or clinic—for client**. Use "Service" and "Connection" codes. This item will never be coded as service not needed. Specify name of doctor/clinic and location. This does not include prenatal care for a subsequent pregnancy (include that in Subsequent Birth section, Item FP18, or hospital emergency room visits.

S1a. **Regular family health care provider or clinic—for child(ren)**. Use "Service" and "Connection" codes. This item will never be coded as service not needed when client has children living with her. It would be coded as "–8"-not applicable if she does not have children living with her. Specify name of doctor/clinic and location. Does not include hospital emergency room visits.

PAGES 22-24. COMMUNITY SERVICES (continued)

Services used during the last year or now . . .

S2. **Other healthcare services—for client.** E.g., physical therapy, dentist, eye doctor, etc. Use "Service" and "Connection" codes. Specify what/where. Do not include use of hospital emergency room (E.R.) here; code E.R. in S2b.

S2a. **Other healthcare services—for child(ren).** E.g., physical therapy, dentist, eye doctor, etc. Use "Service" and "Connection" codes.. Specify what/where. Do not include use of hospital emergency room (E.R.) here; code E.R. in S2c.

Emergency Room (E.R.) visits in past year:

S2b. **For client.** Code number of times appropriate use, and number of times inappropriate use. Appropriate use of the E.R. is a true medical emergency. Inappropriate use of the E.R. is healthcare that should have been provided at a clinic or through a primary care provider. If client says she used E.R. for prenatal care, that is inappropriate use of service. Note reasons in comments section. If more than 6 in either category, code "6."

S2c. **For client's child(ren).** Same coding as S2b.

S3. **Family planning, birth control** (at your clinic, Planned Parenthood, etc.). Includes counseling services, supplies, procedures. Services for client only. Do not include services for sexually active child here (though do note in comments). Use "Service" and "Connection" codes. Specify who/where.

S4. **Alcoholics Anonymous (AA) or Narcotics Anonymous (NA)**. Alcohol/drug treatment support groups for client only. Do not include other members of family who may be involved in these groups. If the woman answers yes here, it should also be coded in the Alcohol/Drugs Section. Use "Service" and "Connection" codes. Specify what kind of group. If woman is using this service, try to obtain sponsor's name and phone number for client references you'll ask for at conclusion of this interview.

S5. **Other support group.** E.g., social, church group in which client is involved. Use "Service" and "Connection" codes. Specify what kind of group and where they meet.

S6. **Mental health service (client).** Includes diagnosis or counseling for client only. This does not include a call to Crisis line. Use "Service" and "Connection" codes. Specify what kind of mental health service and where it was obtained.

PAGES 22-24. COMMUNITY SERVICES (continued)

Services used during the last year or now . . .

S7. **Public housing** (Section 8, low income). For client/family. Also includes transitional housing (public, non profit or associated with treatment agency). Use "Service" and "Connection" codes. Specify what/where. If client has completed applications, code "Service" as "1"-yes; if she is on waiting list code "Service" as "3."

S8. **Emergency housing** (temporary public or emergency housing, including homeless shelters). For client/family. Use "Service" and "Connection" codes. Specify what/where.

Do not code here if clients stayed at domestic violence shelter, code in Item S13.

Do not code here if client stayed with friends or relatives on an emergency basis.

S9. **Emergency funds for rent deposits, gas vouchers, etc. <u>OR</u> Emergency bill paying service.** For client/family. E.g., Volunteers of America, American Red Cross, Salvation Army. Include special payment programs offered by utility, phone companies, etc.

Use "Service" and "Connection" codes. Specify what kind of service and where obtained.

S10. **Clothing/supplies** for client/family. E.g., from the Salvation Army, etc. Use "Service" and "Connection" codes. Specify what/where.

S11. **Food Bank** (or other food program). Use "Service" and "Connection" codes. Do NOT include food stamps here; code them in Item S20 of this section. Do not include WIC (Women, Infant and Children food supplement program) here; code WIC in Item S21. Specify what/where.

S12. **Legal.** E.g., court, public defender, prosecutor, probation, legal clinics. Use "Service" and "Connection" codes. If client has been in litigation or worked through charges, warrants, etc. code "Service" as "1"-yes. Specify what/where.

PAGES 22-24. COMMUNITY SERVICES (continued)

Services used during the last year or now . . .

S13. Domestic violence services. These include the crisis line, temporary shelter, counseling and protection/restraining orders. Use "Service" and "Connection" codes. Specify what/where.

S14. Public Schools. For extra services or problems, e.g., counseling, truancy child behavior issues, etc. For any of the children in her household. Use "Service" and "Connection" codes. Specify what/where.

S15. Daycare/childcare services. For any of the children in her household. Use "Service" and "Connection" codes. Specify what/where.

S16. Public Health Nurse (home visits). Use "Service" and "Connection" codes. Specify who/where. If client is using this service, obtain public health nurse's name and phone number for client references you'll ask for at conclusion of this interview.

S17. Other. E.g., 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. Use "Service" and "Connection" codes. Specify what/where.

PAGES 22-24. COMMUNITY SERVICES (continued)

Beginning with Item S19, "Services" and "Connection" codes are no longer used; coding changes to "0"-no; "1"-yes. Not applicable (code "–8") does not apply to Items S19 through S24 (except item S21 WIC). All answers should be "1"-yes or "0"-no.

S19. Do you have a private source of medical insurance?

Is client covered by medical insurance from some private source, either through her work, or her partner's, or through her purchase. Code "0"-no; "1"-yes. Not applicable (code "–8") does not apply to this item.

S20. Are you currently receiving food stamps?

Code either "0"-no or "1"-yes. If this item is coded "yes," code the amount received this month in Item E14a in the Employment/Support Section. Note that "not applicable" (code "–8") does not apply to this item.

S21. Are you currently enrolled in the Women, Infant and Children (WIC) program?

Code "0"-no; "1"-yes. If she does not have any children with her, code "0"-no. Note that "not applicable" (code "–8") does not apply to this item.

S22. Have you had an open case with Child Protective Services (CPS) SINCE ENROLLMENT (in the last 3 years)?

This could be for either Target Child or other biological child. Does not include someone else's child(ren). Code "0"-no; "1"-yes. Note that "not applicable" (code "–8") does not apply to this item.

S23. Do you have an open CPS case now?

Code "0"-no; "1"-yes. Note that "not applicable" (code "–8") does not apply to this item.

If Item S23 is coded yes, then Item S22 must be coded yes. Code "0"-no; "1"-yes.

If this item is coded yes, then Item S22 must also be coded yes.

PAGES 22-24. COMMUNITY SERVICES (continued)

S24. Have you taken a parenting class in the last year?

E.g., PEPS, at clinic, as part of treatment, co-ops. Code "0"-no; "1"-yes. Not applicable ("–8") does not apply to this item. If you code "yes" to this question, S24a and S24b must be coded "0"-no, "1"-completed, or "2"-in progress. If you code "no" to this question, S24a and S24b must be coded "–8"-not applicable.

S24a. Was this mandated?

Code "0"-no; "1"-yes. If Item S24 was coded "0"-no, this item is coded "–8."

S24b. Did you complete course?

Code "0"-no; "1"-completed; "2"-in progress. If Item S24 was coded "0"-no, this item is coded "–8."

CONFIDENCE RATINGS

Is the above information significantly distorted by:

S26. Client's misrepresentation? 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.

S27. Client's inability to understand? Code "0"-no, "1"-yes. Note why in comments (i.e., under the influence, appears to have a cognitive impairment, this specific topic brings up confusion, etc.)

— — — END OF INTERVIEW — — —

Now turn back to interview cover page and ask client for four references who might know her whereabouts in the future, should we want to contact her about further study activities.

Complete interviewer comments, validity information on page 24 after client leaves.

PAGES 24. VALIDITY INFORMATION

Complete After Interview with Client:

V1. **Anyone else present during interview?**

Code "0"–no, "1"–yes. Note in comments who was present (describe by relationship to client, not by name).

If interview is held at the PCAP offices and advocates go in and out, note that here and code "1"–yes.

V2. Client cooperation.

Rate client's degree of cooperation.

If client was hostile, refusing to answer some questions even after reassurance of confidentiality, code as uncooperative (either "1" or "2" depending on the degree) and note the specifics in comments.

V3. Client under the influence. Of either alcohol or drugs.

If you are certain because client admits or you smell alcohol on her breath, code "1"-yes, appeared so.

If you are uncertain, because you believe by her actions or her responses that she may be but you have nothing concrete to confirm your belief, code "2"–may have been, uncertain.

Note specifics in comments.

V4. Special.

Describe whether interview was conducted in a single session (code "1"), or required more than one session (code "2") to complete. If client terminated interview and it was never completed, code "3," if the interviewer had to terminate interview and it was not completed later, code "4."

Note reasons if other than code "1."

PAGE 25. INTERVIEWER COMMENTS

- **Interviewer comments.**

  Descriptive information about the client, conditions surrounding interview, her situation, etc. Be objective, avoid judgmental comments, jargon, and acronyms.

- **Profile of Client Need Based on Interviewer's Subjective Assessment.**

  Information coded on this grid corresponds to information you have already coded in the "Interviewer Client Need Rating" located in each section. Codes here should be identical with those coded in the individual sections.

END OF INTERVIEW

APPENDICES:

INTRODUCING THE UW-ASI TO THE CLIENT
(What clients need to be told)

Adapted from "A Guide to Training and Supervising ASI Interviews Based on the Past Ten Years" by Fureman, Parikh, Bragg, & McLellan, The University of Pennsylvania/ Veterans Administration Center for Studies on Addictions, Philadelphia, PA.

It is particularly important that the client understand:

1) the purpose of the interview, and 2) that it is confidential.

• Introduce yourself and briefly state that you wish to ask the client some questions regarding her current status. Add that these questions are asked of all participants at intake and then again at the conclusion of the program, that the interview will be completely confidential, and that the information will not leave the research setting. [NOTE: Confidentiality should be emphasized throughout the interview.]

• Tell client that the interview will take approximately 1 to 1-1/2 hours, and that she may stop for breaks if she requests.

• Make it clear that the woman does not have to answer any questions she does not wish to.

• Describe the interview's 11 areas of focus: Medical, Employment/Support, Alcohol, Drug, Legal, Family/Social, Childhood History, Psychiatric, Family Planning, Community Services, and Target Child.

• Emphasize the nature of the client's contribution. For example, state:

"We have noticed that while all of our clients have alcohol/drug problems, many also have significant problems in other areas such as medical, employment, family, etc. In each of these areas, I will ask you if you feel you have problems in these areas, how much you have been bothered by these problems, and how important you feel treatment for those problems is to you. This is an opportunity for you to describe your most important problems; the ones you feel you need the most help with."

• Explain the Client Rating Scale. This 5-point scale will be used by the client to answer subjective questions in each problem area. (The scale should be printed on a laminated card for the client to hold during the interview.) Describe the use of the scale and offer an example to test for understanding by the client.

• Note that for most of the interview there will be two time periods expressed, the past 30 days and lifetime data. Explain that for drug and alcohol use the target pregnancy period is covered as well.

As the focus of the interview proceeds from one area to the next, it is very important for the interviewer to **introduce each new section** and to change the client's focus from the previous area. For example:

"Well, I've talked with you about your medical problems, now I'm going to ask you some questions about any employment or support problems you may have."

This will help the client be prepared to concentrate on each of the areas independently. It is important that the client not confuse problems in a particular area with difficulties experienced in another area, such as confusing psychiatric problems with those due directly to the physiological effects of alcohol or drug intoxication.

By introducing the interview in a clear, descriptive manner, by clarifying any uncertainties, and by developing and maintaining continued rapport with the client, the interview will produce useful, valid information.

ITEMS FOR CROSS-CHECKING THE ACCURACY OF THE UW-ASI INTERVIEW

(Please cross-check all interviews before submitting to data entry)

1. If the client tells you on page 1, Item G19 that she has been in a controlled environment in the past 30 days, make sure this information is reflected in the appropriate area of the ASI (e.g., if the client was in jail, this would be reflected under the Legal section (L26); if she was in the hospital, it would be reflected under the Medical section, etc.).
2. If the client tells you in the Medical section (Item M4) that she is taking prescribed medication, check to see that you have noted this medication in the Alcohol/Drugs section. Where appropriate, list the medication on the Alcohol/Drug Use grid.
3. If the client tells you in the Medical section (Item M5) that she gets a pension, check to make sure you have entered the amount of money she gets per month under the Employment/ Support section (Item E15).
4. If a client tells you she spent a lot of money on alcohol/drugs (Alcohol/Drugs section, Items D23-24), check the Employment/Support section (Items E12 – E17) to see if the client reported enough income to cover the amount spent. Sometimes a client may be living off her savings—but not very often.
5. If a client informs you in the Alcohol/Drugs section (Item D18) of an O.D. that required hospitalization, that she forgot to tell you about under the Medical section, go back and be sure the hospitalization is coded under Item M1 of the Medical section.
6. If the client reports engaging in illegal activities for profit in the Legal section (Item L27) check the Employment/Support section (Item E17) to make sure you entered the amount of money she made illegally in the past month.
7. If a client reports currently living with someone under the Family/Social section (Item F4), but did not mention this person during the Employment/Support section, you may want to probe to be sure that relevant Employment/Support information wasn't missed. For example, ask, "Does this person work?," "Does this person help out with the bills?" These questions pertain to Employment/Support section Items E8 and E9. Also, if the information the client gives you for Family/Social section Item F4 pertains to her <u>current</u> living situation, check that it correlates General Information Item 15 and with the information she gives you on the tracing/reference sheet. Note that if the client tells you on page 1, Item G15, is residence owned by client or family, that she is living with her parents, and indicates that she not paying rent, Item E9 should be coded Yes, someone contributes to the majority of her support.
8. If the client tells you of a psychiatric pension in the Psychiatric section (Item P3), check the Employment/Support section (Item E15) to make sure you entered the amount of money received in the past month for the disability.
9. If the client tells you she has been prescribed a medication for a psychiatric/emotional problem (P11), even by a general practitioner M.D., then P2 (outpatient treatment) must be coded yes.
10. Check the client's age, against the number of years she has been using drugs and alcohol regularly, and with the number of years she has been incarcerated. Compare the total years of regular substance abuse reported (Alcohol/Drugs section Items D1 – D12b) and the total number of years of incarceration (Legal section Item L21) to see if the client is old enough to have used the substances as long as was reported. If this seems unlikely, an extra probe may be, "Did you use alcohol/drugs regularly while you were incarcerated?"
11. If client indicates in Item F29a that she is experiencing domestic violence, you cannot code Item S13, services for domestic violence, as "not needed."

Always check to see if the whole interview makes sense.

PLACEMENT OF "–8'S" AND "–7'S" ON THE UW-ASI

In the traditional coding of the ASI, N's and X's are coded to indicate when information is not applicable or not available. Our data entry cannot accommodate N's and X's so please use the codes "–8" and "–7" for the same purposes.

"–8" = not applicable

"–7" = woman does not know, can't say, doesn't understand question well enough to answer, refuses to answer.

EXAMPLES OF THE USE OF THE "–8" CODE, FOR NOT APPLICABLE:

Employment/Support

If Item E8 "Does someone contribute to your support" is coded "0" for no, then Item E9 "Does this constitute the majority of your support" is coded "–8" for not applicable.

Alcohol/Drug

If Item D15 "How long was your last period of voluntary abstinence" is coded "0" (i.e., never abstinent), then Item D16 "How many months ago" is coded "–8."

If Item D19 "Alcohol Abuse Tx" is coded "0" (i.e., no tx), then Item P20a "Alcohol Inpatient" and Item D20c "Alcohol Outpatient" are each coded "0," but Item D21 "Alcohol Detox" is coded "–8."

If Item D20 "Drug Abuse Tx" is coded "0" (i.e., no tx), then Item D20b "Drug Inpatient" and Item D20d "Drug Outpatient" are each coded "0," but Item D22 "Drug Detox" is coded "–8."

Legal Section

If Items L3 through L16 "specific arrests and charges" are all coded "0," then Item L17 "how many resulted in convictions" is coded "–8."

If Item L21 "How many months incarcerated" is coded "0" (i.e., none), then Item L22 "How long your last" and Item L23 "What for" are coded "–8." (Note exception, if she was incarcerated less than 2 weeks, Item L21 would be coded "0," Item L22 would also be coded "0" and Item L23 would be coded with a charge and you would note this in comments.)

If Item L24 "presently awaiting charges" is coded "0" for no, then Item L25 "What for" is coded "–8."

Family History Section and Family/Social Section

Family History Grids (pg. 8) and Items F12–F26: To understand when to use a "–8" think in terms of the client's opportunity to have a relationship with the person/people referred to in each item. As a rule of thumb, if there was no opportunity to experience the relationship in question (e.g., if someone in a particular category is deceased or if there has been no contact), then an "–8" is coded. If the client reports that there never has been a relationship in a particular category (like no children, never any friends, never a relationship with father, etc.), then a "–8" would be coded in both the "Lifetime" and "Past 30 Days" boxes. (If client refuses to answer a question, code "–7.")

If Item F11 "How many close friends" is coded "0," then Item F24 "Close Friends" is coded "–8" in the "Past 30 Days" column. In such cases, the interviewer probes to see whether there have ever been any close friends to determine if a "–8" is also to be coded under "Lifetime" in Item F24.

If Item E11 in the Employment/Status Section "How many days were you paid for working in the past 30" is coded "0," or if client is self-employed with no employees or co-workers, then Family/Social Item F26 "co-workers" is coded "–8" in the "Past 30 Days" box. If client has never worked (Employment section Item E7 is coded "–8," then Family/Social Item F26 "co-workers" is coded "–8" in both "Past 30 Days" and "Lifetime" boxes.

Psychiatric Section

Except for Item P2b there are no circumstances under which a "–8" would be coded in this section. Exception: Item P2b, diagnosis: to distinguish "doesn't know diagnosis" from "refuse to answer", code "–8" for refuses to state diagnosis, "–7" for doesn't know her diagnosis, and "0" for no diagnosis.

HOLLINGSHEAD CATEGORIES

For coding of Item E7, "usual occupation," in Employment/Support Status Section. Always write down the occupation in as much detail as necessary on the ASI form to clarify what client does to allow codes to be later double-checked for accuracy.

CODE	OCCUPATIONAL CATEGORIES
1	**Higher executives**, **major professionals** (e.g., accountant [CPA], dentist, lawyer, teacher [university or college], veterinarian), **owners of large businesses** (value over $180,000).
2	**Business managers** (e.g., branch manager, district manager, office manager, personnel manager), **proprietors of medium-sized businesses** (value $60,000 to $175,000), **lesser professionals** (e.g., optician, pharmacist, social worker, teacher [licensed], personnel manager, registered nurse)
3	**Administrative personnel**, **managers** (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, car dealership, cigarette machines, convenience store, engraving business, plumbing business, florist, decorator etc.), **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 small 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 (more training than hair dresser), 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.

Include only legal occupations. For example, if a woman has operated a profitable drug-selling business for years, employing runners and dealers, etc., do not code this as an occupation, even though this work obviously requires administrative skills that in a legitimate forum might warrant a code of 3. Find out what she has done for licit, paid work and code only that occupation.

DRUG TERMS AND AMOUNTS

ALCOHOL

Three pieces of information are generally needed to estimate alcohol intake, or # of drinks:

(A) Category of alcoholic beverage (what kind)

(B) Approximate alcohol concentration in the beverage (derive from tables on the next page)

(C) Total ounces of the beverage consumed (how much, in ounces)

The goal is to estimate ounces of absolute alcohol in a given drink so we can compare across all types of alcoholic beverages. Alcohol concentrations vary in different drinks; for example a 12-oz beer = a 4-oz glass of wine = 1.5-oz hard liquor = 0.5 ounces absolute alcohol. 0.5 ounces of absolute alcohol can be termed a "universal" drink. A binge is 5 or more "universal" drinks on an occasion (or at least 2.5 ounces of absolute alcohol).

Examples:	*Woman reports*	*Chart next page indicates*	*Would be coded as*
	4 bottles of 12-oz beer	each 12-oz beer= 1 drink	4 drinks ($4 \times 1 = 4$)
	4 bottles of 16-oz beer	each 16-oz beer= 1.3 drinks	5 drinks ($4 \times 1.3 = 5.2$)
	4 24-oz bottles malt liquor	each 24-oz malt liquor=2.4 drinks	10 drinks ($4 \times 2.4 = 9.6$)
	4 3-oz gin ("doubles")	each 3 oz liquor=2 drinks	8 drinks ($4 \times 2 = 8$)

Alcohol Conversion Chart

Beer, Wine, Liquor, grain (methyl alcohol)

To code amounts by drink:

Generally, 1 drink = 1 12-oz. beer = 1 4-oz wine = 1 1.5-oz hard liquor (i.e., a "single")

FOR BEER *(3.2-4%), divide the number of ounces by 12*

1 12-oz beer	=	1 drink	1 case 16-oz beer (24)	=	32 drinks
1 16-oz beer (1 pint)	=	1.3 = 1 drink	1 case 24-oz beer (24)	=	48
1 24-oz beer	=	2	40-oz bottle	=	3.3 = 3
6-pack 12-oz beer	=	6	1 liter (33.8 oz)	=	2.8 = 3
6-pack 16-oz beer	=	8	1 Quart (32 oz)	=	2.7 = 3
6-pack 24-oz beer	=	12	2-liter (67.6 oz)	=	5.6 = 6
1 case 12-oz beer (24)	=	24 drinks	Half Gallon (64 oz)	=	5.33 = 5 drinks

FOR MALT LIQUOR *(4.4%–6.6%), divide number of oz. by 10*

1 12-oz can or bottle	=	1.2 = 1 drinks	1 case 16-oz cans/bottles (24)	=	38.4 = 38 drinks
1 16-oz can or bottle (1 pint)	=	1.6 = 2	1 case 24-oz cans/bottles (24)	=	57.6 = 58 drinks
1 24-oz can or bottle	=	2.4 = 2	40-oz bottle	=	4
6-pack 12-oz cans/bottles	=	7.2 = 7	1 liter (33.8 oz)	=	2.8 = 3
6-pack 16-oz cans/bottles	=	9.6 = 10	1 Quart (32 oz)	=	3.4 = 3
6-pack 24-oz cans/bottles	=	14.4 = 14	2-liter (67.6 oz)	=	6.8 = 7
1 case 12-oz cans/bottles (24)	=	28.8 = 29 drinks	Half Gallon (64 oz)	=	6.4 = 6 drinks

FOR WINE COOLERS *(4% alcohol) code like beer, i.e., divide number of ounces by 12*

1 12-oz wine cooler	=	1 drink	4-pack 12-oz wine coolers	=	4 drinks

FOR WINE *(≈12.5% alcohol), divide the number of ounces by 4*

1 4-oz glass	=	1 drink	1 Quart (32 oz)	=	8 drinks
1 Split (6.7 oz)	=	1.7 = 2	1 Half Gallon (64 oz)	=	16
1 Tenth (12.8 oz)	=	3.2 = 3	1 Jeroboam (104 oz)	=	26
1 Fifth (25.6 oz)	=	6.4 = 6 drinks	1 Gallon (128 oz)	=	32 drinks

Above wines have 14% alcohol or less. Table wines above include Burgundy, Chablis, Chianti, Claret (cabernet sauv.), Rhine, Rosé, Sauterne, Zinfandel, Sangria, Lambrusco, sparkling wines such as Champagne (pink & white) and Cold Duck (sparkling Burgundy). Includes Boones Farm, Gallo wines (Spanada), and most fruit wines that are not dessert wines. Dessert wines have more alcohol.

FOR DESSERT WINES & FORTIFIED (alcohol-added) WINE *(19–20%), divide the number of ounces by 3.2*

1 4-oz glass	=	1.3 = 1 drinks	1 Quart (32 oz)	=	10 drinks
1 Split (6.7 oz)	=	2.1 = 2	1 Half Gallon (64 oz)	=	20
1 Tenth (12.8 oz)	=	4	1 Jeroboam (104 oz)	=	32.5 = 33
1 Fifth (25.6 oz)	=	8 drinks	1 Gallon (128 oz)	=	40 drinks

Above wines have a 17–20% alcohol content. They include Sake (17% alcohol), Vermouth, sweet & dry (16% alcohol), Thunderbird (19% alcohol), Mogen David 20-20 (20% alcohol), Madeira (18% alcohol), & Lejon vin Cafe (20% alcohol)

Note: Sweet wines such as Muscatel, Tokay, and Sweet Vermouth do not all have a high alcohol content. Some are fortified (i.e., extra alcohol added) in order to make them more palatable—it may be necessary to look up the alcohol content.

FOR CISCO, *code like Fortified Wine, i.e., divide number of ounces by 3.2*

1 4-oz glass	=	1.3 = 1 drinks	750 ml (approx. a tenth)	=	4 drinks
375 ml (approx. a fifth)	=	8 drinks			

FOR LIQUOR (45%), *divide the number of ounces by 1.5*

1 "single" (1.5 oz) drink	=	1 drink	1 pint (16 oz)	=	11 drinks
1 "double" (3.0 oz) drink	=	2 drinks			

Include Brandy (35–40% alcohol content) as a liquor.

Alcohol Equivalents *(round to nearest whole number)*

Metric	*U.S. Fluid ounces*	*U.S. container*	*U.S. Fluid Ounces*	*# Drinks liquor (oz./1.5)*	*fort.wine (oz./3.2)*	*wine (oz./4.0)*	*malt liquor (oz./10)*	*beer (oz./12)*
4 liters	135.0 oz.	—	—	90.0	42.2	33.8	13.5	11.3
—	—	Gallon	128.0 oz	85.3	40.0	32.0	12.8	10.7
—	—	Jeroboam	104.0 oz	69.3	32.5	26.0	10.4	8.7
3 liters	101.0 oz.	—	—	67.3	31.6	25.3	10.1	8.4
—	—	1/2 Gallon	64.0 oz	42.7	20.0	16.0	6.4	5.3
1.75 liters	59.2 oz	—	—	39.4	18.5	14.8	5.9	4.9
1.5 liters	50.7 oz.	—	—	33.8	15.8	12.7	5.1	4.2
1 liter	33.8 oz.	—	—	22.5	10.6	8.4	3.4	2.8
—	—	Quart	32.0 oz	21.3	10.0	8.0	3.2	2.7
750 ml	25.4 oz.	Fifth	25.6 oz	17.1	8.0	6.4	2.6	2.1
—	—	24-oz glass/can	24.0 oz	16.0	7.5	6.0	2.4	2.0
500 ml	16.9 oz.	Pint	16.0 oz	10.7	5.0	4.0	1.6	1.3
375 ml	12.7 oz.	Tenth	12.8 oz	8.5	4.0	3.2	1.3	1.0
—	—	12-oz glass	12.0 oz	8.0	3.8	3.0	1.2	1.0
—	—	1/2 Pint	8.0 oz	5.3	2.5	2.0	0.8	0.7
200 ml	6.8 oz	Split	6.7 oz	4.5	2.1	1.7	—	—
187 ml	6.3 oz	—	—	4.2	2.0	1.6	—	—
—	—	4-oz glass	4.0 oz	2.7	1.3	1.0	0.4	0.3
50 ml	1.7 oz	Miniature	1.6 oz	1.1	0.6	0.4	—	—
—	—	a “single”	1.5 oz	1.0	—	—	—	—
—	—	a “double”	3.0 oz	2.0	—	—	—	—

HEROIN

Smack, horse, dove, china white, tar, H, Ferry dust, anti-freeze, shoot, coffee (brown heroin), nose drops (liquefied heroin), P-dope (20–30% pure heroin), chasing the dragon or chasing the tiger (to smoke heroin)

In Seattle, predominately Mexican Black Tar. China White is not as available, is more pure, more expensive, and is used mainly by Laotians, not very common otherwise.

Code amounts by milligrams

Equivalents	Milligrams
1 match head=1/16 gram Black Tar	62.5 = 63
Black Tar =1/16 gram	62.5 = 63
1/8 gram (2 1/16 grams)	125
3/16 gram (3 1/16 grams)	187.5 = 188
1/4 gram (4 1/16 grams) Black Tar	250
	1 gram=1000 milligrams

cost varies

METHADONE

Methadone, Dolophine, LAAM, Amidone, done, juice, dollies

Pharmacological Effects: Reduces intestinal motility; respiratory depression; analgesic; antitussive.

Therapeutic Uses: Severe pain relief; narcotic detoxification and maintenance of heroin addiction.

Code amounts by milligrams.

If only prescription Methadone was used (i.e., no illicit methadone) code "1"-yes for "Prescription methadone only." If *any* illicit methadone (Dolophine, LAAM) was used, code "Prescription methadone only" as "0"-no.

HEROIN / COCAINE COMBINATION

Speedball, Snowball, Whizbang, Highballin, Smoking gun, H & C, Belushi, Dynamite, El Diablo*, Murder*

Code as both cocaine and heroin, note in comments. This combination drug is generally injected.

Code amount in full in each section, as there is no way to separate out how much of each drug is in the dose. For example, if she reports injecting .25 grams, code the .25 in both the cocaine and heroin sections and note in comments [note that you will have to make the conversion as cocaine is reported in grams and heroin in milligrams].

When substances are used back to back, i.e., (smoking crack after injecting heroin or using heroin after smoking crack), report amount of each in their respective categories. Slang for this practice: chasing the dragon, back to back, serial speedballing.

OTHER OPIATES / ANALGESICS

Include prescription as well as illicit opiates/analgesics. Pain killers include morphine, hydromorphine (Dilaudid), meperidine (Demerol), Percocet, oxycodone (Percodan, OxyContin), Pantapon, Dia-Quel, propoxyphene (Darvon), Darvocet, pentazocine (Talwin), Fentanyl (Sublimaze, Alfenta, Sufenta, Innovar), hydrocodone (Vicodin, Lortab, Lorcet, Anexsia), raw opium, Codeine (Tylenol #2, 3, 4), Syrups such as Robitussin, Actifed-C

Code amounts using relative amount scale: (Amounts are per occasion)

1- "light," "just a little," or "less than prescribed dose"

2- "moderate," "average," or "dosage as prescribed"

3- "heavy," "a lot," or "more than prescribed dose"

If only prescription opiates/analgesics were used (i.e., no illicit) code "1"-yes for "Prescription only." If *any* illicit opiates/analgesics were used, code "Prescription only" as "0"-no.

BARBITURATES

General Route of Administration: Orally ingested, injected.

Tuinol, amobarbital (Amytal), secobarbital (Seotal, Seconal, Sebar), Fiorinol, Doriden, Placidyl, Phenobarbital and pentobarbital mixtures (Acro-lase, Barbidonna Elixir, Belladenal, Bellergal-S, Bronkotabs, Donnapine, Donnatal, Hyosophen, Kinesed, Levsin-PB, Lufyllin-EPG, Mudrane GG, Nembutal, Quadrinal, Rexatal, Solfoton Tedral)

Pharmacological Effects: Depresses sensory cortex, decreases motor activity, alters cerebellar function, and produces drowsiness, sedation and hypnosis; respiratory depressant; ultimately, barbiturates interfere with the cortex's impulse transmission.

Therapeutic Uses: Reduces anxiety, nervous tension, and insomnia; prevents seizures and convulsions; pre-operative medication.

Code amounts using relative amount scale: (Amounts are per occasion)

1- "light," "just a little," or "less than prescribed dose"

2- "moderate," "average," or "dosage as prescribed"

3- "heavy," "a lot," or "more than prescribed dose"

If only prescription barbiturates were used (i.e., no illicit) code "1"-yes for "Prescription only." If *any* illicit barbiturates were used, code "Prescription only" as "0"-no.

OTHER SEDATIVES, HYPNOTICS, TRANQUILIZERS

General Route of Administration: Orally ingested, injected.

***Benzodiazepines**, diazepam (Valium), alprazolam (Xanax), flunitrazepam (Rohypnol), lorazepam (Ativan), clonazepam (Rivotril, Klonopin or Clonopin), bromazepam (Lexotan), flurazepam (Dalmane), triazolam (Halcyon), oxazepam (Serax), Tranxene*

Pharmacological Effects: Patterns of abuse indicate that users may consider any benzodiazepine manufactured by Roche to be Rohypnol. Benzodiazepines act on part of the limbic system, thalamus, and hypothalamus to induce calming effects. Flunitrazepam is not approved for medical use in the US.

Therapeutic Uses: Treatment for nervous tension, muscle spasms, and convulsive disorders.

***Chlordiazepoxide hydrochloride** (Librax, Libritabs, Librium, Mesural, Multum, Risolid, Silibrin, Sonimen, Zetran)*

Pharmacological Effects: Undetermined limbic Central Nervous System (CNS) depressant effects.

Therapeutic Uses: Management of anxiety disorders or short-term relief of anxiety.

***Phenothiazines (antipsychotics):** Chlorpromazine hydrochloride (Thorazine), Stelazine, Haldol, Navane, Serentil, Mellaril, Prolixin, Compazine, Miltown.*

***Other:** Chloral Hydrate (Noctec), Tofranil, methaqualone (Quaaludes), butabarbital, gamma-hydroxybutyrate (GHB),*

Code amounts using relative amount scale: (Amounts are per occasion)

1- “light,” “just a little,” or “less than prescribed dose”

2- “moderate,” “average,” or “dosage as prescribed”

3- “heavy,” “a lot,” or “more than prescribed dose”

If only prescription sedatives/hypnotics/tranquilizers were used (i.e., no illicit) code “1”-yes for “Prescription only.” If *any* illicit sedatives/hypnotics/tranquilizers were used, code “Prescription only” as “0”-no.

COCAINE

Powder: flake, coke, nose candy, line, sniff, toot, powder, blow, dust, snow, snort
Injected: rush, blast, everclear, shootin' caine, zip, soda (Hispanic communities)
Smoked: crack, ball, dime, freebase, rock cocaine, moonrocks, hit, sugar, sherms, ice, chalk, basing, 24-7
General Route of Administration: Orally ingested, sniffed, injected, smoked
Pharmacological Effects: Central Nervous System (CNS) stimulant, topical anesthetic

Code number of grams used per occasion

Equivalents	Grams
"Flake" (30–40% pure) cocaine:	
1 ounce	28.57 *(usually comes in a "Mexican ounce": ≈25 grams)*
Weighed gram $30	1.00
1/8 ounce, 8 ball, $80–100	3.50
1/16 ounce, a "sixteenth"	1.70
"Dime bag", $10	0.25
a "five" or $5 worth	0.12
$20 worth	0.50
3 lines snorted	0.25 to 0.33
Crack cocaine:	
$20 rock (1/10–1/8 gram)	0.10
$40 rock (1/5–1/4 gram)	0.25
≈$100 worth (70 to 90% pure)	1.00

* prices from "Recent Drug Abuse Trends in the Seattle-King County Area" CEWG, June 2001

COCAINE COMBINATIONS:
Clicker, space base, tragic magic (crack and PCP)
Fry daddy, geek joint, primo, mary jane, wooly blunts (Crack and marijuana)
Splitting (cocaine and marijuana)
Primo (tobacco and crack, heroin, or cocaine)
Candy flipping on a string (cocaine with LSD, ecstasy)

AMPHETAMINES

Benzedrine, Dexedrine, Ritalin, Preludin, beans, benz, crystal, purple hearts, pink hearts, speed, uppers, white cross, diet pills, Dextroamphetamine (dex, fire reds, christmas trees, brown and clears)

Pharmacological Effects: Central Nervous System (CNS) stimulant, anorexiant.

Therapeutic Uses: Hyperactivity; narcolepsy; obesity.

General Route of Administration: Orally ingested, sniffed, injected.

Code amounts using relative amount scale: (Amounts are per occasion)

1- "light," "just a little," or "less than prescribed dose"

2- "moderate," "average," or "dosage as prescribed"

3- "heavy," "a lot," or "more than prescribed dose"

If only prescription amphetamines were used (i.e., no illicit) code "1"-yes for "Prescription only." If *any* illicit amphetamines were used, code "Prescription only" as "0"-no.

NOTE: ecstasy (a designer drug) is coded under "Hallucinogens."

METHAMPHETAMINE

Methamphetamine, crystal, ice (smoked), hot ice (smoked), super ice, crank, crystal meth, chalk, L.A., glass, speedball, blue meth

General Route of Administration: Orally ingested, sniffed, injected, smoked.

Pharmacological Effects: Central Nervous System (CNS) stimulant, anorexiant.

Therapeutic Uses: Narcolepsy; attention deficit disorders; obesity.

Code amounts using relative amount scale: (Amounts are per occasion)

1- "light," "just a little," or "less than prescribed dose"

2- "moderate," "average," or "dosage as prescribed"

3- "heavy," "a lot," or "more than prescribed dose"

If only prescription methamphetamine was used (i.e., no illicit) code "1"-yes for "Prescription only." If *any* illicit methamphetamine was used, code "Prescription only" as "0"-no.

Methamphetamine costs about $20-$60 per gram, $350-650 per ounce.

CANNABIS (MARIJUANA)

Marijuana, hashish, sinsemilla (grown hydroponically in British Columbia)
In Seattle, locally grown marijuana (mostly sinsemilla) is variety of choice.

Code number of grams used per occasion

Equivalents	Grams
Gram sinsemilla, a "bud", $15-25	1.00
An "Eighth", 1/8 ounce $40-$50	3.5
1 joint, 1 pipeful, 6 bong hits	0.50
Anything under 1 joint (i.e., one hit, two hits, three hits)	0.33
one ounce, approx. $325–$400	28.00

COMBINATIONS AND RELATED TERMS:

AMP, Clickens, clickums, clicker (Marijuana joint dipped in embalming fluid or formaldehyde);
Amp joint (marijuana joint laced with some form of narcotic);
B-40 (cigar laced with marijuana and dipped in malt liquor);
Candy blunt (joint soaked in codeine); *Ditch weed* (marijuana growing naturally in the wild);
Fry, fry daddy, lace joint, geek, gig joint, wollie, woolah (marijuana and crack);
Honey blunts (marijuana cigars sealed with honey); *Love boat, lovelies, squirrel* (marijuana with PCP);
Sherm, love boat, illies (tobacco and pot rolled together, dipped in PCP)

HALLUCINOGENS (INCLUDE ECSTACY HERE)

Lysergic acid diethylamide (LSD): acid; PCP (Phencyclidine): angel dust, crystal T, shermans; Mushrooms (Psilocybin or Psilocin): mescaline, shrooms, peyote, Ketamine (xylazine or Ketalar): Special K, cat valium, green; DMT (dimethyltryptamine)
MDA (methylenedioxyamphetamine), also known as the "Love drug," or "Mellow Drug of America," and the "hug drug" of the 60's, the parent drug of Ecstasy
MDMA (3,4 methylenedioxy-methamphetamine), also known as Ecstasy

General Route of Administration: Orally ingested.
Pharmacological Effects: Hallucinogenic, Central Nervous System (CNS) stimulant; chemical structure resembles mescaline but base is related to amphetamines; ephedrine-like effects; hallucinogenic; alertness.
General Route of Administration: Orally ingested.
Pharmacological Effects: Hallucinogenic; Central Nervous System (CNS) stimulant.

Code amounts using relative amount scale: (Amounts are per occasion)

1- "light," "just a little"
2- "moderate," "average"
3- "heavy," "a lot"

COMBINATIONS AND RELATED TERMS:

Sherm (ingredients include PCP and embalming fluid) or (tobacco and pot cigarette dipped in PCP)
See also cocaine and heroin for combinations.

INHALANTS

Nitrous Oxide (laughing gas), Amyl Nitrate (Whippets, Poppers), butyl nitrate, isobutyl nitrate, isosorbide dinitrate, nitroglycerin, isobutylnitrite, ethyl ether, freon, glue, solvents

Code amounts using relative amount scale: (Amounts are per occasion)

1- "light," "just a little"
2- "moderate," "average"
3- "heavy," "a lot"

NOTE: if the Ventolin Inhaler is used to enhance the administration or effect of other illicit drugs (i.e., used for other than prescribed asthma-related purposes), DO code Ventolin under Inhalants and note in comments.

OTHER ILLICIT DRUGS

Anabolic Androgenic Steroids, Nexus *(4-Bromo,2,5-Dimethoxyphenethylamine) (bromo, toonies)*, Formulin, CH_2O *(37% formaldehyde and 67% methanol) (embalming fluid, amp)*

MEDICATIONS that are NOT coded on the grid, but ARE noted in comments:

Dilantin - an anti-convulsant
Antabuse, Trexan
HBP Meds: Catapres, Hydrachlorathiazide
Asthma Meds: Ventolin Inhaler & Theodur
Anti-depressants: such as Desipramine, Sinequan
Ulcer Meds: Tagamet, Zantac

Psychiatric Diagnostic Categories

from the Diagnostic & Statistical Manual of Mental Disorders, Fourth Edition

NOTE: Substance-Abuse Related Disorder Diagnoses are not coded as Diagnoses

DSM-IV	*Diagnosis*	*UW-ASI CODE*
	Mental Retardation:	
	Mild or Moderate Mental Retardation	170
	Severe or Profound Mental Retardation	170
	Mental Retardation, Severity Unspecified	170
	Mental Retardation—Not sure of exact diagnosis	170
	Learning Disorders:	
	Reading Disorder	175
	Disorder of Written Expression	175
	Mathematics Disorder	175
	Learning Disorder (of any other type, do not include ADD)	175
	Learning Disorder—Not sure of exact diagnosis	175
	Communication Disorders:	
	Expressive Language Disorder	180
	Phonological Disorder	180
	Stuttering	180
	Communication Disorder NOS	180
	Communication Disorder—Not sure of exact diagnosis	180
	Pervasive Developmental Disorders:	
	Autistic Disorder	185
	Rett's Disorder	185
	Pervasive Developmental Disorder NOS	185
	Pervasive Developmental Disorder—Not sure of exact diagnosis	185
	Attention Deficit & Disruptive Behavior Disorders:	
	Attention-Deficit/Hyperactivity Disorder (all types)	190
	ADD Disorder—Not sure of exact diagnosis	190
	Conduct Disorder	192
	Oppositional Defiant Disorder	192
	Disruptive Behavior Disorder NOS	192
	Disruptive Behavior Disorder—Not sure of exact diagnosis	192
	Tic Disorders:	
	Tourette's Disorder	194
	Tic Disorder NOS	194
	Some Tic Disorder—Not sure of exact diagnosis	194
	Other Disorders of Infancy, Childhood or Adolescence:	
	Selective Mutism	195
	Stereotypic Movement Disorder	195
	Separation Anxiety Disorder	195
	Reactive Attachment Disorder	195
	Disorder of Infancy, Childhood, or Adolescence NOS	195
	Some Other Disorder of Childhood—Not sure of exact diagnosis	195

Psychiatric Diagnostic Categories *from the Diagnostic & Statistical Manual of Mental Disorders, Fourth Edition*

DSM-IV	*Diagnosis*	*UW-ASI CODE*
	Delirium, Dementia, Amnestic, & Other Cognitive Disorders:	
	Delirium NOS (not substance-abuse related)	201
	Dementia due to HIV Disease	202
	Dementia due to Head Trauma	202
	Dementia due to some other disease	202
	Dementia NOS (not substance-abuse related)	202
	Amnestic Disorder due to some medical condition (not dissociative)	203
	Amnestic Disorder NOS	203
	Cognitive Disorder NOS	200
	Some Cognitive Disorder—Not sure of exact diagnosis	200
	Schizophrenia & Other Psychotic Disorders:	
	Schizophrenia, all types except Paranoid Type	210
	Schizoaffective Disorder	210
	Schizophrenia, Paranoid Type	211
	Delusional Disorder	212
	Brief Psychotic Disorder	212
	Shared Psychotic Disorder	212
	Psychotic Disorder due to [some general medical condition]	212
	Psychotic Disorder NOS	212
	Some Disorder involving Psychosis—Not sure of exact diagnosis	212
	Mood Disorders:	
Depressive Disorders:		
	Depressive Disorder, Single Episode (without psychotic features)	220
	Depressive Disorder, Single Episode (with psychotic features)	221
	Depressive Disorder, Recurrent (without psychotic features)	220
	Depressive Disorder, Recurrent (with psychotic features)	221
	Depressive Disorder NOS	220
	Dysthymic Disorder (Depressive neuroses, not enough for clinical depression)	222
	Some Disorder involving Depression—Not sure of exact diagnosis	220
Bipolar Disorders:		
	Bipolar I Disorder, all types (without psychotic features)	225
	Bipolar I Disorder, all types (with psychotic features)	226
	Bipolar II Disorder	227
	Cyclothymic Disorder (like bipolar, but not enough for bipolar diagnosis)	228
	Bipolar Disorder NOS	225
	Mood Disorder due to [some general medical condition]	228
	Mood Disorder NOS	228
	Some Mood Disorder—Not sure of exact diagnosis	228

Psychiatric Diagnostic Categories *from the Diagnostic & Statistical Manual of Mental Disorders, Fourth Edition*

DSM-IV	*Diagnosis*	*UW-ASI CODE*
	Anxiety & Panic Disorders/Phobias:	
	Panic Disorder (with or without agoraphobia)	230
	Agoraphobia with no hx of panic disorder	231
	Specific phobia	231
	Social phobia	231
	Obsessive-Compulsive Disorder	232
	Posttraumatic Stress Disorder	233
	Acute Stress Disorder	234
	Generalized Anxiety Disorder	234
	Anxiety Disorder due to [some general medical condition]	234
	Anxiety Disorder NOS	234
	Some Panic Disorder—Not sure of exact diagnosis	230
	Some Phobia Disorder—Not sure of exact diagnosis	231
	Some Stress or Anxiety Disorder—Not sure of exact diagnosis	234
	Somatic Disorders:	
	Somatization Disorder	235
	Undifferentiated Somatoform Disorder	235
	Conversion Disorder	235
	Pain Disorder (including psychological factors)	235
	Hypochondriasis	235
	Body Dysmorphic Disorder	235
	Somatoform Disorder NOS	235
	Converting Mental Anguish to Bodily Pain—Not sure of exact diagnosis	235
	Dissociative Disorders:	
	Dissociative Amnesia	240
	Dissociative Fugue	240
	Dissociative Identity Disorder (formerly Multiple Personality Disorder)	241
	Depersonalization Disorder	240
	Dissociative Disorder NOS	240
	Some Diagnosis involving Dissociation—Not sure of exact diagnosis	240
	Eating Disorders:	
	Anorexia Nervosa	250
	Bulimia Nervosa	250
	Eating Disorder NOS	250
	Sleep Disorders:	
	Primary Insomnia	260
	Primary Hypersomnia	260
	Narcolepsy	260
	Breathing-Related Sleep Disorder	261
	Circadian Rhythm Sleep Disorder	260
	Dyssomnia NOS	260
	Sleep disorder related to another mental disorder	260
Parasomnias		
	Nightmare or Sleep Terror Disorder	262
	Sleepwalking Disorder	262

Sleep Disorders continue next page

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DSM-IV	*Diagnosis*	*UW-ASI CODE*
	Sleep Disorders (continued):	
Other Sleep Disorders		
	Parasomnia NOS	262
	Sleep Disorder due to [some general medical condition]	260
	Some Sleep Disorder—Not sure of exact diagnosis	260
	Impulse Control Disorders Not Elsewhere Classified:	
	Kleptomania	271
	Pyromania	272
	Pathological Gambling	273
	Intermittent Explosive Disorder	274
	Impulse-Control Disorder NOS	270
	Adjustment Disorders:	
	Adjustment Disorder (with anxiety, depressed mood, or disturbance of conduct)	280
	Adjustment Disorder NOS	280
	Personality Disorders:	
	Paranoid Personality Disorder	301
	Schizoid Personality Disorder	302
	Schizotypal Personality Disorder	302
	Antisocial Personality Disorder	303
	Borderline Personality Disorder	304
	Histrionic Personality Disorder	305
	Narcissistic Personality Disorder	306
	Avoidant Personality Disorder	307
	Dependent Personality Disorder	308
	Obsessive-Compulsive Personality Disorder	309
	Personality Disorder NOS	300
	Multiple Personality Disorder—No longer a personality disorder, see Dissociative Disorders	——
	Some Personality Disorder—Not sure of exact diagnosis	300
	Medication-Induced Disorders:	
	Neuroleptic-Induced Parkinsonism	310
	Neuroleptic Malignant Syndrome	310
	Neuroleptic-Induced Acute Dystonia	310
	Neuroleptic-Induced Acute Akathisia	310
	Neuroleptic-Induced Tardive Dyskinesia	310
	Medication-Induced Postural Tremor	310
	Medication-Induced Movement Disorder NOS	310
	Adverse Effects of Medication NOS	310
	Relational Problems:	
	Relational Problem Related to Mental Disorder or Medical Condition	320
	Parent-Child Relational Problem	320
	Partner Relational Problem	320
	Sibling Relational Problem	320
	Relational Problem NOS	320

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DSM-IV	*Diagnosis*	*UW-ASI CODE*
	Problems Related to Abuse or Neglect:	
	Neglect of Child (if focus of attention is on victim, i.e., client was victim)	330
	Physical Abuse of Child (if focus of attention is on victim)	330
	Sexual Abuse of Child (if focus of attention is on victim)	330
	Physical Abuse of Adult (if focus of attention is on victim)	335
	Sexual Abuse of Adult (if focus of attention is on victim)	335
	Sexual & Gender Identity Disorders:	
	Sexual Desire Disorders	350
	Sexual Arousal Disorder	350
	Orgasmic Disorders	350
	Sexual Pain Disorders (not due to a medical condition)	350
	Sexual Dysfunction due to [some general medical condition]	350
	Sexual Dysfunction NOS	350
	Sexual Disorder NOS	350
Paraphilias		
	Exhibitionism	355
	Fetishism	355
	Pedophilia	355
	Sexual Masochism	355
	Sexual Sadism	355
	Transvestic Fetishism	355
	Voyeurism	355
	Paraphilia NOS	355
Gender Identity Disorders		
	Gender Identity Disorder	360
	Other Problems that May Be a Focus of Clinical Attention:	
	Identity Problem	370
	Unspecified Mental Disorder (nonpsychotic)	375
	Noncompliance with Treatment	370
	Malingering	370
	Bereavement	370
	Academic Problem	370
	Occupational Problem	370
	Religious or Spiritual Problem	370
	Acculturation Problem	370
	Phase of Life Problem	370
	Other Types of Coding for Diagnosis Code (not necessarily DSM-IV diagnoses):	
	Suicidal tendencies	401
	Homicidal tendencies	402
	Attachment disorder	410
	Battered Woman's Syndrome	335
	Seems to be a diagnosis, but client refuses to say what it is	888
	Seems to be a diagnosis, but client doesn't know what it is	777

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ALPHABETIC LISTING

DSM-IV	*Diagnosis*	*UW-ASI CODE*
	Seems to be a diagnosis, but client refuses to say what it is	888
	Seems to be a diagnosis, but client doesn't know what it is	777
—A	Academic Problem	370
	Acculturation Problem	370
	Acute Stress Disorder	234
	ADD Disorder—Not sure of exact diagnosis	190
	Adjustment Disorder (with anxiety, depressed mood, or disturbance of conduct)	280
	Adjustment Disorder NOS	280
	Adverse Effects of Medication NOS	310
	Agoraphobia with no hx of panic disorder	231
	Amnestic Disorder due to some medical condition (not dissociative)	203
	Amnestic Disorder NOS	203
	Anorexia Nervosa	250
	Antisocial Personality Disorder	303
	Anxiety Disorder due to [some general medical condition]	234
	Anxiety Disorder NOS	234
	Attachment disorder	410
	Attention-Deficit/Hyperactivity Disorder (all types)	190
	Autistic Disorder	185
	Avoidant Personality Disorder	307
—B	Battered Woman's Syndrome	335
	Bereavement	370
	Bipolar Disorder NOS	225
	Bipolar I Disorder, all types (without psychotic features)	225
	Bipolar I Disorder, all types (with psychotic features)	226
	Bipolar II Disorder	227
	Body Dysmorphic Disorder	235
	Borderline Personality Disorder	304
	Breathing-Related Sleep Disorder	261
	Brief Psychotic Disorder	212
	Bulimia Nervosa	250
—C	Circadian Rhythm Sleep Disorder	260
	Cognitive Disorder NOS	200
	Communication Disorder NOS	180
	Communication Disorder—Not sure of exact diagnosis	180
	Conduct Disorder	192
	Conversion Disorder	235
	Converting Mental Anguish to Bodily Pain—Not sure of exact diagnosis	235
	Cyclothymic Disorder (like bipolar, but not enough for bipolar diagnosis)	228
—D	Delirium NOS (not substance-abuse related)	201
	Delusional Disorder	212
	Dementia due to HIV Disease	202
	Dementia due to Head Trauma	202
	Dementia due to some other disease	202
	Dementia NOS (not substance-abuse related)	202
	Dependent Personality Disorder	308
	Depersonalization Disorder	240

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DSM-IV	*Diagnosis*	*UW-ASI CODE*
	Depressive Disorder, Single Episode (without psychotic features)	220
	Depressive Disorder, Single Episode (with psychotic features)	221
	Depressive Disorder, Recurrent (without psychotic features)	220
	Depressive Disorder, Recurrent (with psychotic features)	221
	Depressive Disorder NOS	220
	Disorder of Infancy, Childhood, or Adolescence NOS	195
	Disorder of Written Expression	175
	Disruptive Behavior Disorder NOS	192
	Disruptive Behavior Disorder—Not sure of exact diagnosis	192
	Dissociative Amnesia	240
	Dissociative Disorder NOS	240
	Dissociative Fugue	240
	Dissociative Identity Disorder (formerly Multiple Personality Disorder)	241
	Dyssomnia NOS	260
	Dysthymic Disorder (Depressive neuroses, not enough for clinical depression)	222
—E	Eating Disorder NOS	250
	Exhibitionism	355
	Expressive Language Disorder	180
—F	Fetishism	355
—G	Gender Identity Disorder	360
	Generalized Anxiety Disorder	234
—H	Histrionic Personality Disorder	305
	Homicidal tendencies	402
	Hypochondriasis	235
—I	Identity Problem	370
	Impulse-Control Disorder NOS	270
	Intermittent Explosive Disorder	274
—K	Kleptomania	271
—L	Learning Disorder (of any other type, do not include ADD)	175
	Learning Disorder—Not sure of exact diagnosis	175
—M	Malingering	370
	Mathematics Disorder	175
	Medication-Induced Postural Tremor	310
	Medication-Induced Movement Disorder NOS	310
	Mental Retardation, Severity Unspecified	170
	Mental Retardation—Not sure of exact diagnosis	170
	Mild Mental Retardation or Moderate Mental Retardation	170
	Mood Disorder due to [some general medical condition]	228
	Mood Disorder NOS	228
	Multiple Personality Disorder—No longer a personality disorder, see Dissociative Disorders	——
—N	Narcissistic Personality Disorder	306
	Narcolepsy	260

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DSM-IV	*Diagnosis*	*UW-ASI CODE*
	Neglect of Child (if focus of attention is on victim, i.e., client was victim)	330
	Neuroleptic Malignant Syndrome	310
	Neuroleptic-Induced Parkinsonism	310
	Neuroleptic-Induced Acute Dystonia	310
	Neuroleptic-Induced Acute Akathisia	310
	Neuroleptic-Induced Tardive Dyskinesia	310
	Nightmare Disorder	262
	Noncompliance with Treatment	370
—O	Obsessive-Compulsive Disorder	232
	Obsessive-Compulsive Personality Disorder	309
	Occupational Problem	370
	Opioid Dependence or Opioid Abuse	138
	Opioid-Induced Psychotic Disorder	136
	Opioid-Induced Persisting Amnestic Disorder or Dementia	137
	Opioid-Induced Withdrawal or Other Opioid-Induced (Non-Psychotic) Psychiatric Disorder	135
	Oppositional Defiant Disorder	192
	Orgasmic Disorders	350
—P	Pain Disorder (including psychological factors)	235
	Panic Disorder (no agoraphobia)	230
	Panic Disorder with agoraphobia	230
	Paranoid Personality Disorder	301
	Paraphilia NOS	355
	Parasomnia NOS	262
	Parent-Child Relational Problem	320
	Partner Relational Problem	320
	Pathological Gambling	273
	Pedophilia	355
	Personality Disorder NOS	300
	Pervasive Developmental Disorder NOS	185
	Pervasive Developmental Disorder—Not sure of exact diagnosis	185
	Phase of Life Problem	370
	Phonological Disorder	180
	Physical Abuse of Child (if focus of attention is on victim)	330
	Physical Abuse of Adult (if focus of attention is on victim)	335
	Posttraumatic Stress Disorder	233
	Primary Hypersomnia	260
	Primary Insomnia	260
	Profound Mental Retardation	170
	Psychotic Disorder due to [some general medical condition]	212
	Psychotic Disorder NOS	212
	Pyromania	272
—R	Reactive Attachment Disorder	195
	Reading Disorder	175
	Relational Problem Related to Mental Disorder or Medical Condition	320
	Relational Problem NOS	320
	Religious or Spiritual Problem	370
	Rett's Disorder	185

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DSM-IV	*Diagnosis*	*UW-ASI CODE*
—S	Schizoaffective Disorder	210
	Schizoid Personality Disorder	302
	Schizophrenia, all types except Paranoid Type	210
	Schizophrenia, Paranoid Type	211
	Schizotypal Personality Disorder	302
	Selective Mutism	195
	Separation Anxiety Disorder	195
	Severe Mental Retardation	170
	Sexual Abuse of Adult (if focus of attention is on victim)	335
	Sexual Abuse of Child (if focus of attention is on victim)	330
	Sexual Arousal Disorder or Sexual Desire Disorders	350
	Sexual Disorder NOS	350
	Sexual Dysfunction due to [some general medical condition]	350
	Sexual Dysfunction NOS	350
	Sexual Masochism	355
	Sexual Pain Disorders (not due to a medical condition)	350
	Sexual Sadism	355
	Shared Psychotic Disorder	212
	Sibling Relational Problem	320
	Sleep Disorder due to [some general medical condition]	260
	Sleep disorder related to another mental disorder	260
	Sleep Terror Disorder	262
	Sleepwalking Disorder	262
	Social phobia	231
	Somatization Disorder	235
	Somatoform Disorder NOS	235
	Some Cognitive Disorder—Not sure of exact diagnosis	200
	Some Diagnosis involving Dissociation—Not sure of exact diagnosis	240
	Some Disorder involving Psychosis—Not sure of exact diagnosis	212
	Some Disorder involving Depression—Not sure of exact diagnosis	220
	Some Mood Disorder—Not sure of exact diagnosis	228
	Some Other Disorder of Childhood—Not sure of exact diagnosis	195
	Some Panic Disorder—Not sure of exact diagnosis	230
	Some Personality Disorder—Not sure of exact diagnosis	300
	Some Phobia Disorder—Not sure of exact diagnosis	231
	Some Sleep Disorder—Not sure of exact diagnosis	260
	Some Stress or Anxiety Disorder—Not sure of exact diagnosis	234
	Some Tic Disorder—Not sure of exact diagnosis	194
	Specific phobia	231
	Stereotypic Movement Disorder	195
	Stuttering	180
	Suicidal tendencies	401
—T	Tic Disorder NOS	194
	Tourette's Disorder	194
	Transvestic Fetishism	355
—U	Undifferentiated Somatoform Disorder	235
	Unspecified Mental Disorder (nonpsychotic)	375
—V	Voyeurism	35