ASI Intake Face Sheet

Parent-Child Assistance Program (PCAP)

FADU, University of Washington
180 Nickerson, Seattle WA 98109 (206) 543-7155

Date of ASI (A): _____

Adv #: _____

ADDICTION SEVERITY INDEX — INTAKE INTERVIEW

Modified Interview for Pregnant & Postpartum Women

NOTICE TO STAFF: DO NOT SUBMIT THIS TOP SHEET TO DATA ENTRY. REMOVE AND FILE SEPARATELY.

Family I.D. # _____ Mother's birthdate: _____

Interviewer: _____ Enrollment date: _____ Delivery Hospital: _____

Child's Due Date/Birthdate: _____

Child's Gender: _____ Gestational Age: _____ *weeks*

Mother's PIC # _____

Child's PIC # _____

Location of TC: _____

Name of child: (first) _____ (last) _____ (middle) _____ (other) _____

Name of mother: (first) _____ (last) _____ (middle) _____ (maiden/ other) _____

(nicknames/aliases) _____

Name of father: (first) _____ (last) _____ (middle) _____ (other) _____

Who are you living with? Names and relationship: _____

Address: _____

City *State* *Zip*

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

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

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

Type of work: _____ Phone: ( ) _____

Are you in school? _____ What/where? _____

Where did you go for prenatal care? _____

Where do you plan to take the baby for checkups and medical care? _____

INTERVIEWER: ASK FOR REFERENCES AT END OF INTERVIEW:

Could you give me the names of relatives or friends who might know your whereabouts if you move and we lose contact with you, or if there's an emergency?

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

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

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

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

When you're using, where are you likely to go, where might we find you? _____

Addiction Severity Index 5th Edition

University of Washington Modification for Pregnant & Postpartum Women (PCAP-ASI)

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

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

There are two time periods we will discuss:

1) The past 30 days
2) Lifetime

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

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

Inform the client that he/she has the right to refuse to answer any question.

If the client is uncomfortable or feels it is too personal or painful to give an answer, instruct the client not to answer. Explain the benefits and advantages of answering as many questions as possible in terms of developing a comprehensive and effective treatment plan to help them.

Please try not to give inaccurate information!

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

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

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

INTERVIEWER INSTRUCTIONS:

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

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

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

Probe, cross-check and make plenty of comments!

HOLLINGSHEAD CATEGORIES (Licit work only):

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

PSYCHIATRIC DIAGNOSES:

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

Note that FAS is a medical, not a psychiatric diagnosis.

ALCOHOL/DRUG USE INSTRUCTIONS:

Alcohol and Commonly Used Drugs: Drug terms and amounts. See appendix in PCAP-ASI manual (p. vi - p. xi).

Code alcohol amounts by equivalent drinks:
Generally, 1 drink = 1 12-oz beer = 1 4-oz wine = 1 1.5-oz hard liquor (i.e., a "single"). A single 40-ouncer is not 1 drink!

The following questions refer to two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days.

⇒ 30 day questions only require the number of days used.
⇒ Lifetime use is asked to determine extended periods of use.
⇒ Regular use = 3+ times per week, binges, or problematic irregular use in which normal activities are compromised.
⇒ Alcohol to intoxication does not necessarily mean "drunk." Use the words "to feel or felt the effects," "got a buzz," "high," etc. instead of intoxication. As a rule of thumb, 3+ drinks in one sitting, or 5+ drinks in one day defines "intoxication."
⇒ How to ask these questions:
→ "How many days in the past 30 have you used....?"
→ "How many years in your life have you regularly used....?"

A

Parent-Child Assistance Program (PCAP)

Addiction Severity Index 5th Edition - Intake Interview

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

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

Agency Name: _____ **Site Name/County:** _____

INSTRUCTIONS: Leave no blanks. Unless otherwise noted, where appropriate, code items:
-7 = Question not answered, client doesn't know, doesn't understand
-8 = Question not applicable
-9 = Question never asked

Space is provided at right for additional comments.

Assure client of confidentiality

GENERAL INFORMATION

A. Target Child Due Date __ __ /__ __ /__ __ __ __
If TC already born, list date of birth. m m d d y y y y

B. Date of enrollment __ __ /__ __ /__ __ __ __
Date consent signed m m d d y y y y

C. Advocate # ___ ___ ___

D. Referral Code ___ ___ ___
Name of source: _____

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

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

G7. Time Ended ___ ___ : ___ ___
Use 24 hr clock; code hours:minutes Hrs Mins

G9. Contact Code ___
1 - PCAP Office 2 - Phone 5 - Other *(tx center, client's home)*
Specify other: _____

G11. Interviewer Code Number ___ ___ ___

G14. How long have you lived at your current address? ___ ___ / ___ ___
Yrs Mos

G15. Is this residence owned by you or your family? ___
0 - No 1 - Yes

G15a. Zip code of client ___ ___ ___ ___ ___

G16. Date of birth of client __ __ /__ __ /__ __ __ __
m m d d y y y y

G16a Client's age ___ ___

G17. Race
Indicate for each: 0 - No, 1 - Yes

a. Am/Can. Indian	___	e. Alaskan Native	___
b. Asian	___	f. Hispanic	___
c. Black	___	g. White	___
d. Native Hawaiian/ Other Pacific Islander	___	h. Other *(specify below)*	___

Specify other: _____

If [a.] or [e.],
Enrolled in a tribe? ___
0 - No, 1 - Yes
Name of Tribe(s) _____
If not enrolled, eligible for enrollment? ___
0 - No, 1 - Yes

G18. Religious preference ___
1 - Protestant/Christian 4 - Islamic
2 - Catholic 5 - Other *Specify:* _____
3 - Jewish 6 - None

GENERAL INFORMATION COMMENTS

(Include the question number with your notes)

GENERAL INFORMATION (cont)

G18a. Do you go to church? How active are you? __

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

Which church? _____

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

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

Specify other: _____

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

G20. How many days? ___ ___

TOTAL days of past 30 in ALL controlled settings.
If G19 is No, code -8.

G19. Is client enrolled in PCAP under a Child Protective Services (CPS) contract condition? ___

0 - No 1 - Yes

GENERAL INFORMATION COMMENTS

(Include the question number with your notes)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

MEDICAL STATUS

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

M1. How many times in your life have you been hospitalized for medical problems? __ __

Overnight, not simple E.R. Normal childbirth not counted, but complications in childbirth are. Include o.d.'s, d.t.'s. Do not include detox, psych or rehab hospitalization.
PROBE for injury, assault, car accident.

M2. How long ago was your last hospitalization for a physical problem? ___ ___ / ___ ___
Yrs Mos

M3. Do you have any chronic medical problems which continue to interfere with your life? (Include FAS/FAE diagnosis) ___

0 - No 1 - Yes *Specify:* _____

Requiring continuous or regular care on the part of client, not a temporary condition. Examples of chronic medical problems: ulcers, cirrhosis, heart conditions, hepatitis, hypertension, AIDS-related problems, abscesses of the arms/legs, etc.
Not minor allergies, need for reading glasses, etc.
To determine whether or not a medical problem is related only to drugs and alcohol, (therefore not coded here), ask yourself, if she stopped using, would this problem disappear without medical tx?

M3a. Have you ever had a serious head injury? ___

Prompt: as an adult or a child; in a fall, a car accident, domestic violence, child abuse, or fighting.

0 - No 1 - Yes, once or twice
2 - Yes, repeated times

M4. Are you taking any prescribed medication on a regular basis for a physical problem? ___

0 - No 1 - Yes

What? _____

For above medical condition(s), legitimately prescribed, whether or not client takes the med. Do not include meds for psychiatric conditions, or for short-term or temporary conditions (like colds, detox), birth control pills, nicorette.

M4a. Have you ever been tested for HIV/AIDS? ___

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

M4b. Date of last HIV/AIDS test (mo/da/yr) __ __ /__ __ /__ __
Code day as '15' if unknown. m m d d y y

M4c. Have you been tested for Hepatitis B? ___
Use codes from M4a

M4d. Have you been tested for Hepatitis C? ___
Use codes from M4a

M4e. Have you traded sex for drugs or money in the last 3 years? ___

0 - No 1 - Yes

M4f. Have you worked as a prostitute and/or escort in the last 3 years? ___

0 - No 1 - Yes

M5. Do you receive a pension for a physical disability? ___

0 - No 1 - Yes
Includes Worker's Comp.
Does not include psychiatric disability.

MEDICAL COMMENTS

(Include the question number with your notes)

MEDICAL STATUS (cont)

M6. How many days have you experienced medical problems in the past 30 days? __ __

Include only medical problems that would be present even if the client were to become abstinent.
Include minor ailments such as colds or flu.

For Questions M7 & M8, ask client to use the Client's Rating Scale
Have client restrict her responses to only those medical problems counted in M6

M7. How troubled or bothered have you been by these medical problems in the past 30 days? ___

M8. How important to you now is treatment for these medical problems? ___

CONFIDENCE RATINGS

Is the above information significantly distorted by:

M10. Client's misrepresentation? ___

0 - No 1 - Yes

In all sections this means contradictory information has been presented by the client, conflicting reports that the client cannot justify.
It does not mean a simple "gut hunch." Disregard client's demeanor.

M11. Client's inability to understand? ___

0 - No 1 - Yes

INTERVIEWER NEED RATING

M99. At this time, how would you rate the client's need formedical treatment? ___

0 - No medical problems, no need.
1 - Medical problems, but current tx has brought condition to a controlled, non-problematic state.
2 - Need for more tx in addition to client's current tx, but not immediately life-threatening.
3 - Urgent need for more tx in addition to client's current tx. Should be a high advocate priority.

MEDICAL COMMENTS

(Include the question number with your notes)

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

EMPLOYMENT/SUPPORT STATUS

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

E1a. Were you ever in special education or "Resource Room" classes? ___
0 - No 1 - Yes

E2. Training or technical education completed __ __
Formal, organized training only. Mos.

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

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

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

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

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

E5a. How do you usually get around? ___
1 - Own car
2 - Use friend/relative's car
3 - Rides from friends/relatives
4 - Bus
5 - Taxi
6 - Walk
7 - Other
Specify other: _____

E6. How long was your longest full-time job? __ __ / __ __
Yrs. Mos.

E7. Usual (or last) occupation ___
Specify, in detail: _____
Code appropriate Hollingshead Category.
No usual occupation, record last job.
Code 8 only when client has not worked at all.

E8. Does someone (a person) contribute to your support in any way? ___
0 - No 1 - Yes
Regular support in form of cash, housing, food.
Include spouse's contribution.
Exclude institutionalized support.

E9. Does this constitute the majority of your support? ___
0 - No 1 - Yes
If E8 is No, then E9 is -8. If information from E12-E17 does not confirm this initial response, clarify any discrepancy.

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

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

EMPLOYMENT/SUPPORT COMMENTS

(Include the question number with your notes)

EMPLOYMENT/SUPPORT STATUS (cont)

How much money did you receive from the following sources in the past 30 days?

NOTE: Remind client of confidentiality if client is reluctant to answer. Focus here is on amount of CASH available to client, not on estimate of client's net worth.

E12. Employment $ __ , __ __ __
Net income, take home pay, include "under the table"

E13. Unemployment compensation $ __ , __ __ __

E14. Welfare $ __ , __ __ __
Specify type(s): _____

E14a. Food Stamps $ __ , __ __ __

E15. Pension, benefits or social security $ __ , __ __ __
Pensions for disability, SSI, worker's comp

E15a. Tribal benefits $ __ , __ __ __
Specify Tribe: _____

E16. Mate, family or friends (cash) $ __ , __ __ __
Money for personal expenses, pocket money
ALSO Irregular sources of income
Settlements, legal gambling, income tax refund

E17. Illegal (Cash only) $ __ , __ __ __
Do not attempt to convert drugs to cash

E18. How many people depend on you for the majority of their food, shelter, etc.? __ __
Regular ongoing support. Do not include client herself or a self-supporting spouse. Do include dependents who normally are supported by client but have not been recently.

NOTE: In the case where the client has not had an opportunity to work (incarcerated, in treatment, etc.), it is, by definition, not possible for her to have had employment problems. Therefore, code -8's for E19-E21.

E19. How many days have you experienced employment problems in the past 30? __ __
Include problems finding work only if client has been trying. Do not record here if problems are entirely due to alcohol/drug use (record in Alcohol/Drug section), or if they are entirely due to interpersonal social skills (record in Family/Social section).

For Questions E20 & E21, ask client to use the Client's Rating Scale

E20. How troubled or bothered have you been by these employment problems? ___
Restrict to those identified in E19.

E21. How important to you now is counseling for these employment problems? ___

CONFIDENCE RATINGS

Is the above information significantly distorted by:

E23. Client's misrepresentation? ___
0 - No 1 - Yes

E24. Client's inability to understand? ___
0 - No 1 - Yes

INTERVIEWER NEED RATING

E99. At this time, how would you rate the client's need employment counseling? ___
0 - No employment problems, working, no need.
1 - No employment problems because no employment, client not currently ready for employment.
2 - Employment problems, employed.
3 - Employability problems, unemployed.

EMPLOYMENT/SUPPORT COMMENTS

(Include the question number with your notes)

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

ALCOHOL/DRUG USE (ILLICIT & PRESCRIPTION)

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

		A. Past 30 Days	B. Lifetime (Years)	C. Route of Admin	D. Prescription Only 0 -No 1-Yes	E. Age at First Use	F. Last Time Ever Used (Mo/Da/Yr)
D1.	**Alcohol (any use at all)** Wine coolers, beer, alcoholic "energy" drinks, liquor, wine	___ ___	___ ___	___		___ ___	___ ___/___ ___/___ ___
D2.	**Alcohol (to intoxication)**	___ ___	___ ___	___		___ ___	___ ___/___ ___/___ ___
D3.	**Heroin** Smack, dope, china white, tar	___ ___	___ ___	___		___ ___	___ ___/___ ___/___ ___
D4.	**Methadone** LAAM, Dolophine	___ ___	___ ___	___	___	___ ___	___ ___/___ ___/___ ___
D4a.	**Other opiate replacement** Suboxone, Subutex, buprenorphine	___ ___	___ ___	___	___	___ ___	___ ___/___ ___/___ ___
D5.	**Other opiates/analgesics** Oxycontin, Oxycodone, Codeine Morphine, Demerol, Percocet, Darvon, Robitussin	___ ___	___ ___	___	___	___ ___	___ ___/___ ___/___ ___
D6.	**Barbiturates** Seconal, Amytal, Phenobarbitol	___ ___	___ ___	___	___	___ ___	___ ___/___ ___/___ ___
D7.	**Other sed/hyp/tranquilizers** Valium, Xanax, Klonopin, Ativan, "Benzos"	___ ___	___ ___	___	___	___ ___	___ ___/___ ___/___ ___
D8.	**Cocaine - all forms** Crack, freebase, rock, powder	___ ___	___ ___	___		___ ___	___ ___/___ ___/___ ___
D9.	**Methamphetamine** Crank, crystal meth, rock	___ ___	___ ___	___		___ ___	___ ___/___ ___/___ ___
D9a.	**Other amphetamines** Ritalin, Adderal	___ ___	___ ___	___	___	___ ___	___ ___/___ ___/___ ___
D10.	**Cannabis (Marijuana)** Weed, pot, bud, grass, hashish	___ ___	___ ___	___		___ ___	___ ___/___ ___/___ ___
D11.	**Hallucinogens** LSD, acid, Mushrooms, Peyote, PCP (Phencyclidine), ecstasy, "X"	___ ___	___ ___	___		___ ___	___ ___/___ ___/___ ___
D12.	**Inhalants** "Huffing", glue, solvents, gasoline, propellants	___ ___	___ ___	___		___ ___	___ ___/___ ___/___ ___
D12a.	**Other (illicit only)** e.g., steroids, formaldehyde ("sherm") Ketamine (special K, vitamin K) Specify: _____	___ ___	___ ___	___		___ ___	___ ___/___ ___/___ ___
D12b.	**Cigarettes or chewing tobacco**	___ ___	___ ___	___		___ ___	___ ___/___ ___/___ ___
D13.	**More than one substance per day** Includes alcohol, but not cigarettes	___ ___	___ ___				

Routes of Admin:
1 - Oral **2** - Nasal (snitff, snort) **3** - Smoking **4** - Non IV inj (skin popping) **5** - IV injection

If more than one route of administration, choose most severe (i.e., highest applicable code)

D14. Which substance is the major problem? ___ ___

Interviewer determines this. When not clear, ask client.

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

ALCOHOL/DRUG COMMENTS

(Include the question number withyour notes)

NOTE: List ingredients of Other drug(s) if known

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

ALCOHOL/DRUG USE (cont)

D15. How long was your last period of voluntary abstinence from this major substance? __ __ Mos.
Most recent attempt (of at least 1 month) to stay clean of major drug(s) of choice. Do not count periods of incarceration or hospitalization. Methadone, Antabuse, or Naltrexone as outpatient okay.
PROMPT: "When was the last time you were clean for at least a month?"
00 - Never abstinent

D16. How many months ago did this abstinence end? __ __ Mos.
If item D14 coded (15) alcohol & drug problem, abstinence must be from both alcohol & drugs.
If item D14 coded (16) polydrug, abstinence need not include alcohol.
00 - Still abstinent *-8 - Never a period of abstinence*

D16a. Questions about your alcohol use (T-ACE):

1. **How many drinks does it take to make you feel high (Tolerance)?** __ __
2. **Have people Annoyed you by criticizing your drinking?** 0 - No 1 - Yes __
3. **Have you felt you ought to Cut down on your drinking?** 0 - No 1 - Yes __
4. **Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (Eye opener)?** 0 - No 1 - Yes __

D16b. Have you ever had any of the following problems because of your alcohol/drug use?

0 - No 1 - Yes

	A. Alcohol	B. Drugs
1. **Having a relationship break up?**	__	__
2. **Getting arrested?**	__	__
3. **Losing a job?**	__	__
4. **Being hospitalized?**	__	__
5. ***Other alcohol, specify:** ______________	__	
6. ***Other drug, specify:** ______________		__

**e.g., inability to care for children, auto accident, lost contact with family, etc.*

D17. How many times have you had alcohol d.t.'s? __ __
Not just "the shakes"

D18. How many times have you overdosed on drugs? __ __
O.D. requires intervention. "Sleeping it off" doesn't count. Include suicide attempt with overdose (also code attempt in Psychiatric).

How many times in your life have you been treated for:

D19. Alcohol abuse, any type tx __ __
Code # tx episodes

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

How many times in your life have you had inpatient treatment for:

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

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

How many times in your life have you had outpatient treatment for:

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

D20d. Drug abuse, any type tx __
 # times; Code 6 if > 6

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

How many of these were detox only?

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

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

ALCOHOL/DRUG COMMENTS

(Include the question number with your notes)

ALCOHOL/DRUG USE (cont)

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

D23. Alcohol $ __ , __ __ __

D24. Drugs $ __ , __ __ __

Enter only money actually spent, not street value.

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? __ __

Include NA, AA, meth. maint.

How many days in the past 30 have you experienced

D26. Alcohol problems __ __

D27. Drugs problems __ __

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

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

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

D28. Alcohol problems __

D29. Drug problems __

How important to you now is treatment for these

D30. Alcohol problems __

D31. Drug problems __

CONFIDENCE RATINGS

Is the above information significantly distorted by:

D34. Client's misrepresentation? __

0 - No 1 - Yes

D35. Client's inability to understand? __

0 - No 1 - Yes

INTERVIEWER CLIENT NEED RATING

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

D99a. Alcohol Abuse __

D99b. Drug Abuse __

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

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

2 - Need for more tx in addition to current tx.

3 - Urgent need for more alc/drug tx in addition to client's current (if any) tx.

ALCOHOL/DRUG COMMENTS

(Include the question number with your notes)

LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system (judge, probation/ parole officer, etc.)? ___
0 - No 1 - Yes
Not CPS. Record CPS condition in item G21.

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

How many times in your life have you been arrested and charged with the following? *(Not necessarily convictions)*

L3.	Shoplifting/Vandalism	__ __
L4.	Parole/Probation Violations	__ __
L5.	Drug Charges	__ __
L6.	Forgery	__ __
L6a.	Criminal Impersonation (Identity Theft)	__ __
L7.	Weapons Offense	__ __
L8.	Burglary/Larceny/Breaking & Entering	__ __
L9.	Robbery	__ __
L9a.	Other Theft Charge *Specify:* _____	__ __
L10.	Assault	__ __
L11.	Arson	__ __
L12.	Rape/Sexual Assault	__ __
L13.	Homicide/Manslaughter	__ __
L14.	Prostitution	__ __
L15.	Contempt of Court	__ __
L15a.	Possession of Stolen Property	__ __
L16.	Other: _____	__ __

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

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

How many times have you been charged with the following:

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

L19. Driving while intoxicated __ __

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

L20a. How many times in your life have you been incarcerated? __ __

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

LEGAL COMMENTS

(Include the question number with your notes)

LEGAL STATUS (cont)

L22. How long was your last incarceration? (most recent) __ __
Code -8 if never incarcerated. Mos.

L23. What was it for? __ __
Use codes 3-16, 18-20
Criminal impersonation (L6a) code 21; Other theft charge (L9a) code 22;
Possession of stolen property (L15a) code 23
If multiple charges, code most severe
Code -8 if never incarcerated.

L23b. How long was your longest incarceration? (longest in life) __ __
Code -8 if never incarcerated. Mos.

L24. Are you presently awaiting charges, trial, or sentence? __
0 - No 1 - Yes
Do not include civil charges.

L25. What for? __ __
If multiple charges, code most severe
Refers to L24. Use codes 3-16, 18-20.
Criminal impersonation (L6a) code 21; Other theft charge (L9a) code 22;
Possession of stolen property (L15a) code 23
Code -8 if not awaiting charges.

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

L26a. Is client currently in jail/prison? __
0 - No 1 - Yes
Specify: _____

L27. How many days in the past 30 have you engaged in illegal activities for profit? __ __
Drug dealing, prostitution, burglary, selling stolen goods, etc.
NOT simple drug possession or drug use.
Cross-check with E17.

For Questions L28 & L29, ask client to use the Client's Rating Scale

L28. How serious do you feel your present legal problems are? __
Do not include civil problems (e.g., custody fights, divorce, etc.).

L29. How important to you now is counseling or referral for these legal problems? __
Need for additional referral.

CONFIDENCE RATINGS

Is the above information significantly distorted by:

L31. Client's misrepresentation? __
0 - No 1 - Yes

L32. Client's inability to understand? __
0 - No 1 - Yes

INTERVIEWER NEED RATING

L99. How would you rate the client's need for legal services or counseling? (Can include civil problems) __

0 - No legal problems, no need.

1 - Legal problems, but currently receiving adequate services

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

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

LEGAL COMMENTS

(Include the question number with your notes)

FAMILY HISTORY (BIOLOGICAL RELATIVES ONLY)

Have any of your relatives had what you would call a significant drinking, drug use or psychiatric problem — one that did or should have led to tx?

0 - Clearly NO for all relatives in the category
1 - Clearly YES for any relative within category
-7 - Uncertain or "I don't know"
-8 - Never was a relative in that category

In cases of more than one family member per category, code most problematic (most severe case).
EXCEPT FOR BABY'S FATHER, BIOLOGICAL RELATIVES ONLY.

Mother's Side		Alc	Drug	Psych
H1.	Grandmother	___	___	___
H2.	Grandfather	___	___	___
H3.	Mother	___	___	___
H4.	Aunt	___	___	___
H5.	Uncle	___	___	___

Father's Side		Alc	Drug	Psych
H6.	Grandmother	___	___	___
H7.	Grandfather	___	___	___
H8.	Father	___	___	___
H9.	Aunt	___	___	___
H10.	Uncle	___	___	___

Siblings		Alc	Drug	Psych
H11.	Brother	___	___	___
H12.	Sister	___	___	___

		Alc	Drug	Psych
H13.	Baby's Father	___	___	___

FAMILY HISTORY COMMENTS

(Include the question number with your notes)

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

CHILDHOOD HISTORY

C1. Were you raised part or all of the time by foster parents or relatives (other than your parents)? ___
0 - No 1 - Yes, two years or less
2 - Yes, more than two years
Who? _____

C2. Were you ever in the foster care system? (as a child) ___
0 - No 1 - Yes

C3. Was CPS involved? 0 - No 1 - Yes ___

C4. Were you ever adopted? 0 - No 1 - Yes ___

C4a. Age at adoption ___ ___ Yrs.
If never adopted, code -8.
If adopted at birth, code 00

C5. Did you graduate from high school? 0 - No 1 - Yes ___
GED = 0

C5a. IF NOT, was it because of pregnancy? ___
0 - No 1 - Yes -8 - NA

C5b. IF NOT because of pregnancy, why? _____

C6. Did you ever run away from home as a child? ___
0 - Never 1 - Yes, once or twice
2 - Yes, frequently

C6a. IF YES, how old were you when you first ran away? ___ ___ Yrs.
If never ran away, code -8

C7. As a child, were you ever hit or beaten? ___
0 - No 1 - Yes, once or twice
2 - Yes, repeated times

C7a. IF YES, was it ever bad enough to require hospitalization or a visit to the doctor/ER? ___
0 - No 1 - Yes
If never hit or beaten as child, code -8

C8. As a child, were you ever raped? ___
0 - No 1 - Yes, once or twice
2 - Yes, repeated times

C8a. IF YES, how old were you the first time? ___ ___ Yrs.
If never raped as a child, code -8

C9. As a child, were you ever sexually used or molested in any way besides rape? ___
0 - No 1 - Yes, once or twice
2 - Yes, repeated times

C9a. IF YES, how old were you the first time? ___ ___ Yrs.
If never as a child, code -8

C10. As a child, did you experience serious emotional abuse? _ ___
0 - No 1 - Yes

C11. Is your natural mother alive? ___
0 - No 1 - Yes

C11a. IF NOT, how old were you when she died? ___ ___
00 - At birth -7 - Don't know -8 - Mother still alive

C12. Did she drink alcohol when you were young? ___
0 - No 1 - Yes, light drinker
2 - Yes, heavy drinker -7 - Don't know
4 - No information on natural mother

C12a. Did she drink alcohol while she was pregnant with you? ___
0 - No 1 - Yes, light drinker
2 - Yes, heavy drinker -7 - Don't know
4 - No information on natural mother

CHILDHOOD HISTORY COMMENTS

(Include the question number with your notes)

_____

CHILDHOOD HISTORY (cont)

CONFIDENCE RATINGS

Is the above information significantly distorted by:

C13. Client's misrepresentation? __
0 - No 1 - Yes

C14. Client's inability to understand? __
0 - No 1 - Yes

CHILDHOOD HISTORY COMMENTS

(Include the question number with your notes)

_____

_____

_____

FAMILY/SOCIAL RELATIONSHIPS

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

F1. Marital Status __

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

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

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

F2a. Are you satisfied with this situation? __

0 - No 1 - Indifferent 2 - Yes

Satisfied=client generally likes situation, not simply resigned to it.

F3. Is client currently in a legal marriage (not common-law)? __

0 - No 1 - Yes 2 - Yes, but not living together

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

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

Specify other: _____

F3b. How many times have you moved in the past year? ___ ___
Code 66 if homeless or too many moves to count.

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

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

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

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

F6. Are you satisfied with these living arrangements? __
(generally likes)

0 - No 1 - Indifferent 2 - Yes

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

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

F8. Uses non-prescribed drugs? __
Or abuses prescribed drugs, whether problematic or not
F7 and F8 do not refer to neighborhood, just who lives in residence with client.
If in treatment or incarcerated, household to which client expects to return.

F9. With whom do you spend most of your free time: __

1 - Family 2 - Friends 3 - Alone

F10. Are you satisfied with spending your free time this way? __
(generally likes)

0 - No 1 - Indifferent 2 - Yes

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

FAMILY/SOCIAL COMMENTS

(Include the question number with your notes)

FAMILY/SOCIAL RELATIONSHIPS (cont)

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

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

F12.	**Mother**	___
F13.	**Father**	___
F14.	**Brothers/Sisters**	___
F15.	**Sexual Partner/Spouse**	___
F16.	**Children**	___
F17.	**Friends**	___

A simple yes here is not adequate. Probe to determine if there has been the ability to feel closeness and mutual responsibility in the relationship. Does client feel sense of value for the person (beyond simple self-benefit)?

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

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

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

Did anybody ever abuse you:

0 - No 1 - Yes, once or twice 2 - Yes, repeated times

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

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

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

F29b. Have you ever been hit by a sexual partner? ___

0 - No 1 - Yes

F29c. Have you ever been beaten while pregnant? ___

0 - No 1 - Yes

FAMILY/SOCIAL COMMENTS

(Include the question number with your notes)

FAMILY/SOCIAL RELATIONSHIPS (cont)

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

F30. with your family? __ __

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

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

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

F32. Family problems __

F33. Social problems __

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

F34. Family problems __

F35. Social problems __

CONFIDENCE RATINGS

Is the above information significantly distorted by:

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

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

INTERVIEWER NEED RATING

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

0 - No need.

1 - Problems, but client currently connected with adequate services.

2 - Need for more counseling in addition to client's current counseling (if any).

3 - Urgent need for more family/social counseling/intervention in addition to client's current connection to services. Should be an advocate priority

F99b. How would you rate the client's need for domestic violence services? __

0 - No domestic violence, no need.

1 - Domestic violence problem, but currently stable with services.

2 - Need for more domestic violence services, in addition to client's current services (if any).

3 - Dangerous domestic violence situation. Urgent need. Should be an advocate priority.

FAMILY/SOCIAL COMMENTS

(Include the question number with your notes)

PSYCHIATRIC STATUS

How many times have you been treated for any psychological or emotional problems:

P1. In a hospital? __ __

P2. As an outpatient or private patient? __ __
Per episode, not # of visits or # of days. Note when/where in comments.

P2a. Have you ever had a psychiatric evaluation? __
0 - No 1 - Yes
Note reason for evaluation in comments.

P2b. If so, evaluation results: __
0 - No diagnosis
1 - One diagnosis
2 - More than one diagnosis
-7 - Client doesn't know her diagnosis
-8 - Client refuses to say, or N/A-hasn't had an evaluation

P2c. List DSM-IV diagnosis(es) and 3-digit code from coding manual:
If no evaluation, or client had evaluation but no diagnosis, code -8s
Diagnosis 1: _____ __ __ __
Diagnosis 2: _____ __ __ __
Diagnosis 3: _____ __ __ __
Diagnosis 4: _____ __ __ __
Do not code FAS/FAE diagnosis here, code as Medical Diagnosis in M3.

P3. Do you receive a pension for a psychiatric disability? __
0 - No 1 - Yes
From whom: _____

Direction for P4-P11:

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

Have you had a significant period (that was not a direct result of drug/alcohol use) in which you have:
0 - No 1 - Yes

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

PSYCHIATRIC STATUS COMMENTS

(Include the question number with your notes)

PSYCHIATRIC STATUS (cont)

P12. How many days in the past 30 have you experienced these psychological or emotional problems? __ __
Refers to problems listed in P4-P10.

For Questions P13 - P14, ask client to use the Client's Rating Scale

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? __
Refers to P12.

P14. How important to you now is treatment for these psychological problems? __

The following items are to be completed by the interviewer

At the time of the interview, is client: 0 - No 1 - Yes

P15. Obviously depressed/withdrawn __

P16. Obviously hostile __

P17. Obviously anxious/nervous __

P18. Having trouble with reality testing, thought disorders, paranoid thinking __

P19. Having trouble comprehending, concentrating, remembering __

P20. Having suicidal thoughts __

CONFIDENCE RATINGS

Is the above information significantly distorted by:

P22. Client's misrepresentation? __
0 - No 1 - Yes

P23. Client's inability to understand? __
0 - No 1 - Yes

INTERVIEWER NEED RATING

P99. How would you rate the client's need for psychiatric/ psychological counseling? __

0 - No psychological problems, no need.

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

2 - Need for more treatment in addition to client's current treatment, but not apparently dangerous or greatly interfering with client's life.

3 - Urgent need for more treatment in addition to client's current treatment. Should be an advocate priority.

PSYCHIATRIC STATUS COMMENTS

(Include the question number with your notes)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

FAMILY PLANNING & OTHER CHILDREN

FP1. Around the time of conception, did you normally use some method of birth control? __

0 - No 1 - Yes, regular use
2 - Yes, sporadic use

FP2. What method(s) did you use? __ __

01 - Condoms 06 - Abortion __ __
02 - Pills 07 - Abstinence __ __
03 - Hormonal implant 08 - Diaphragm
04 - Depo shot 09 - IUD 11 - Birth Control Patch
05 - Tubal ligation 10 - Other 12 - NuvaRing

Other, specify: _____

00 = no method or no further method

FP2a. Current method: _____

If currently pregnant, write N/A

FP3. If you use condoms, do you use them every time, with every sexual partner? __

0 - Not every time 1 - Every time -8 - Never use

Use Biological Children at Enrollment form as guideline

FP4. Not including target child (TC), total # of biological children who live with you now: __ __

FP4a. Not including target child (TC), ages of all biological children who live with you now:

1. __ __ 2. __ __
3. __ __ 4. __ __
5. __ __ 6. __ __

00 = no children or no more children

Code from youngest to oldest. Code any infant's age as 01. Do not code target child here. If more than 6 children with mom, list ages of other children here:

_____

FP5. Not including target child (TC), total # of biological children who DO NOT live with you now: __ __

FP5a. Not including target child (TC), ages of all biological children who DO NOT live with you now:

1. __ __ 2. __ __
3. __ __ 4. __ __
5. __ __ 6. __ __

00 = no children or no more children

Code from youngest to oldest. Code any infant's age as 01. Do not code target child here. If more than 6 children with mom, list ages of other children here:

_____

CONFIDENCE RATINGS

Is the above information significantly distorted by:

FP6. Client's misrepresentation? __

0 - No 1 - Yes

FP7. Client's inability to understand? __

0 - No 1 - Yes

INTERVIEWER NEED RATING

FP99. How would you rate the client's need for family planning services? __

0 - Uses reliable method regularly or has tubal ligation, no need.
1 - Need for family planning, but currently pregnant.
2 - Need for family planning services. Uses birth control, but less reliable method or practice.
3 - Urgent need for family planning. Should be an advocate priority.

FAMILY PLANNING & OTHER CHILDREN COMMENTS

(Include the question number with your notes)

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

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

COMMUNITY SERVICES

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

- Code whether or not client or her children, as specified in the item, received this service during the past year in the "Service Used" column. Code the quality of the service received in the "Connection with Service" column, using prompts to focus on how regular or adequate the connection, and her access to service, not on how well the woman is doing. For example, the connection for AA group would be rated "1- Good" if the woman attended regularly, even if she was still drinking.
- Note names of specific services or providers. Give enough information to be useful in tracing.
- If the service was not needed, code -8 in the Service Used and Connection columns.

Direction for S1 - S17:

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

		A. Service Used?	B. Connection with Service
S1.	**Regular healthcare provider or clinic - for client** *Who/Where:* ____________	___	___
S1a.	**Regular healthcare provider or clinic - for child(ren)** *Who/Where:* ____________	___	___
S2.	**Other healthcare services - for client** *Physical therapy, dentist, eye doctor, etc.* *What/Where:* ____________	___	___
S2a.	**Other healthcare services - for child(ren)** *Physical therapy, dentist, eye doctor, etc.* *What/Where:* ____________	___	___

Emergency Room (ER) visits in past year
Code # of visits of each type
If more than 6, code 6

		# appro-priate	# inappro--priate
S2b.	**Client**	___	___
S2c.	**Client's child(ren)**	___	___

What/Where: ____________

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

		A. Service Used?	B. Connection with Service
S3.	**Family planning, birth control** *At clinic, Planned Parenthood, etc.* *Who/Where:* ____________	___	___
S4.	**Alcoholics Anonymous or Narcotics Anonymous (or other alcohol/drug peer support group) (client)** *Group/Sponsor:* ____________	___	___
S5.	**Other support group (client)** *Social, church group* *What/Where:* ____________	___	___
S6.	**Mental health service (client)** *Diagnosis or counseling* *What/Where:* ____________	___	___

COMMUNITY SERVICES COMMENTS

(Include the question number with your notes)

COMMUNITY SERVICES (cont)

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

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

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

COMMUNITY SERVICES COMMENTS

(Include the question number with your notes)

COMMUNITY SERVICES (cont)

For questions S18 - S24, code 0 - No, 1 - Yes

S18. Are you currently receiving medical coupons or Medicaid? ___

S19. Do you have a private source of medical insurance? ___
Through work, partner's work, etc.
Specify: _____

S20. Are you currently receiving food stamps? ___

S21. Are you currently enrolled in the WIC program? ___

S22. Have you had an open case with CPS (Child Protective Services) in the past 3 years? ___
For your own children, not the children of someone else.

S23. Do you have an open CPS case now? ___

S24. Have you taken a parenting class in the last year? ___
At clinic, as part of treatment, co-ops.

S24a. Was this mandated? 0 - No, 1 - Yes ___
If S24 is No, then code -8

S24b. Did you complete the course? ___
0 - No 1 - Completed 2 - In Progress
If S24 is No, then code -8

S25. Are you in school/training now? ___
0 - No
1 - High school
2 - Trade/vocational program
3 - College/university (4 yr)
4 - GED program
5 - Community college
6 - Back-to-work program
7 - Other
Specify other: _____

S25a. Have you been involved in any (other) schooling in the past 3 years? 1. ___ 2. ___ 3. ___
Code types from S25 above, whether or not completed.

S25b. Which of these programs have you completed (or are currently in progress) 1. ___ 2. ___ 3. ___
Use codes from S25 above.
All programs coded here should also be coded in S25a.

CONFIDENCE RATINGS

Is the above information significantly distorted by:

F26. Client's misrepresentation? ___
0 - No 1 - Yes

F27. Client's inability to understand? ___
0 - No 1 - Yes

COMPLETE AFTER CLIENT LEAVES

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

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

V3. Client under influence? ___
0 - No
1 - Yes, appeared so
2 - May have been, uncertain

V4. Special (for part A only) ___
1 - Usual, one session interview
2 - Interrupted, multi-session

COMMUNITY SERVICES COMMENTS

(Include the question number with your notes)

_____

COMMENTS ON VALIDITY:

_____

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

Interviewer Comments on Interview/Client/Situation

PROFILE OF CLIENT NEED BASED ON INTERVIEWER'S SUBJECTIVE ASSESSMENT

Codes here should match those in interview.

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

Specify Other: _____