Parent-Child Assistance Program (PCAP)

В

Addiction Severity Index 5th Edition - Intake Interview

	PCAP Modification	ii ioi Pieglialii & Pi	Ostpartum Women (Part B of 2 Parts)				
Clie	nt #:		Date://				
Age	ncy Name:		Site Name/County:				
	Leav	Complete as soon a re no blanks. Unless otherwise -7 = Question not answe -8 = Question not applica -9 = Question never ask Space is provided at righ					
	NERAL INFORMATION Time Begun	:	TARGET CHILD INFORMATION COMMENTS (Include the question number with your notes)				
G7.	Use 24 hr clock; code hours:minutes Time Ended Use 24 hr clock; code hours:minutes	HRS MINS::HRS MINS					
G9.	Contact Code 1 - PCAP Office 2 - Phone 5 - Other (tx center, client's home)	_					
G11.	Specify other:						
	RGET CHILD (TC) INFORMATION Pregnancy Outcome (TC) 1 - Living	 low)		— —			
TC2.	Urine toxicology screens at delivery: Ask client if you do not know. a. Maternal If positive, what for: b. Infant If positive, what for: 1 - No, not done 2 - Done, negative result -7 - Not known -8 - N/A -9 - Not a	ve result					
TC3.	. Baby's birthdate			_			
TC4	. How far along were you when baby was born? (gestational age) PROBE: was baby born premature? (<37 wks)						
TC5	. Twins? 0 - No 1 - Yes		Twin B				
	. Gender of baby 1 - Male 2 - Female Baby's birthweight						
	Baby's birth length	LBS OZ· INCHES	LBS OZ INCHES				

Client #:	Date://			
TARGET CHILD (TC) INFORMATION (cont)			TARGET CHILD INFORMATION COMMENTS	
TC9. Was baby discharged from hospital when mom was, or did s/he have to stay longer in the hospital? Was s/he transferred to a special medical facility?		Twin B	(Include the question number with your notes)	
0 - No problems, baby discharged normally 1 - No special facility, but spent up to 2 weeks in the hospital of delivery				
No special facility, but spent more than 2 weeks in the hospital of delivery				
3 - Went to a pediatric interim care facility 4 - Went to a Children's Hospital				
5 - Went to some other facility6 - Other				
TC10. IF BABY WAS DISCHARGED: Where is the target baby living now?				
OR IF NOT YET DISCHARGED: Who will baby be going home with?				
1 - Client 3 - Friend				
2 - Relative 4 - State (foster care)				
5 - Other, specify				
6 - Deceased (miscarried, terminated)				
-7 - Mother doesn't know				
TC11. Who has legal custody of the baby?				
1 - Client				
2 - Relative/FOB				
3 - Legal guardianship, specify				
4 - State				
5 - Other, specify				
6 - Deceased (miscarried, terminated) -7 - Mother doesn't know				
-7 - Mother doesn't know				
TC11a. If CPS involved, what is the involvement?				
1 - Investigation -8 - N/A				
2 - Voluntary contract/services				
3 - In home dependency				
4 - Out of home dependency				
5 - Parental rights terminated				
6 - Parental rights relinquished				
7 - Third party guardianship				
8 - Dependency dismissed -7 - Mother doesn't know				
, Moniei acesii kilow				
TC11b. If target child is Native American, is the Tribe involved?				
0 - No, tribe not involved -8 - N/A				
1 - Yes, tribe has taken jurisdiction				

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3 - Pending Tribe _

2 - Yes, tribe involved but has not taken jurisdiction

Situation:

Client #:	Date: / /
TARGET CHILD (TC) INFORMATION (cont)	TARGET CHILD INFORMATION COMMENTS
The contract of the contract o	(Include the question number with your notes)
TC12. How involved is baby's biological father?	
1 - Involved to any degree	
2 - Not at all involved 3 - Client doesn't know who FOB is	
If bio father not known, code -8s For TC13-TC15	
TC13. Age of baby's biological father?	
TC14. Race of baby's biological father? 1 - Am. or Can. Indian, Alaska Native 4 - Hispanic 1 2	
2 - Asian 5 - White	
3 - Black	
6 - Other, specify 0 - no other	
TC15. Highest grade in regular school baby's biological father has completed?	
Code 55 if bio father has GED and no further education.	
Prenatal visits include only those times when you saw the doctor for prenatal	
care while you were pregnant. It does not include ER visits, hospitalizations,	
or doctor visits for other things. Talking to the doctor about your pregnancy when you are there for other things doesn't count as a prenatal visit.	
TC16. When did you first see a doctor///	
for prenatal care?	
Code date; use calendar. None = 00/00/0000	
How many prenatal visits did you have:	<u></u>
Use calendar, prompt using months of the year corresponding to the trimester	
TC16a. in the 1st trimester?	
TC16b. in the 2nd trimester?	
TC16c. in the 3rd trimester?	
	
TC16d. Total # of prenatal visits	
TC17. Was this pregnancy planned? 0 - No 1 - Yes	
TC18. IF NOT PLANNED, did you consider an abortion?	
0 - No 1 - Yes -8 - N/A, pregnancy planned	
TC18. Tubal ligation at delivery of target child?	
CONFIDENCE RATINGS	
Is the above information significantly distorted by:	
TC20. Client's misrepresentation?	
0-No 1-Yes	
TC21. Client's inability to understand?	
0-No 1-Yes	
INTERVIEWER NEED RATING	
TC99. At this time, how would you rate the target child's	
need for specialized medical intervention? 0 - No problems.	
1 - Some problems, but seem to be under control with current	
medical intervention.	
2 - Need for more treatment in addition to target child's current	
treatment/services, but not apparently dangerous or greatly	
interfering with target child's life.	
Life threatening condition or urgent need for more treatment and/or intervention in addition to target child's current	
treatment.	

ALCOHOL/DRUG USE DURING PREGNANCY								
(Di	DURING THIS PREGNANCY - CODE ALCOHOL, CIGARETTES, MEDICAL MARIJUANA & ILLEGAL DRUGS ONLY (Disregard prescribed drugs, if used as prescribed. Do code prescription medicine abuse.) ALCOHOL/DRUG COMMENTS (Include the question number with your notes)							
	Use calendar, prompt using months of the year corresponding to the 1st trimester or month prior, and 2nd and 3rd trimesters.							
	Prompt for type of	alcohol,	code according to m	anual		_		
		1S	T TRIMESTER &					
			NTH PRIOR	I	3RD TRIMESTER			
		FR	EQ USUAL AMT	FREQ	USUAL AMT.	1		
D1.	Alcohol (any use at all)		#drinks —					
D2	Alcohol (≥5 drinks at a time)		Max. Amt		Max Amt	#drinks		
D3.	Heroin					#mg		
D4.	Methadone or other opiate replacement Specify					#mg		
D5.	Other opiates/analgesics		rel. amt.					
D6.	Barbiturates				-	rel. amt.		
D7.	Other sedatives/hypnotics/ tranquilizers rel.amt.							
D8. Cocaine – all forms #grams								
D9.	Methamphetamine							
D9a.	Other amphetamines					rel. amt.		
D10.	Cannabis (Marijuana)		·		·	#grams		
D11.	Hallucinogens					rel. amt.		
D12.	Inhalants					rel. amt.		
D12a.	a. Other (illicit only) Specify rel. amt.							
D12b.	Cigarettes or chewing tobacco					#cigs		
CODE								
Frequency Codes: 0 - never 2 - about once a month 4 - 1 or 2 days/week 6 - almost every day 1 - <once -="" 2="" 3="" 4="" 5="" 7="" daily<="" days="" month="" or="" td="" week=""></once>								
Rel. Amt. Codes: 0 - none 1-"light" 2-"moderate" 3-"heavy" For relative amount, note the exact amount in comments or woman's description of use (including money spent)								
D13.	13. Crack Use							
	0 - Never crack 1 - Crack, during this pregnancy 2 - Crack, but NOT during this pregnancy							
D14.	D14. Longest period you were clean <u>and</u> sober during this last pregnancy?							
D15. During this pregnancy, have you been told about things you said or								
	did while drinking that you couldn't remember later? 0 - No 1 - Yes							
D16.								
	0 - No 1 - Yes, completed 2 - In progress 3 - Yes, but dropped							
	a. Inpatient b. Outpatient							
	c. Other type (groups, etc.)							

Client #:

Date: _

Client #:	Date://					
Interviewer Comments on Ta	arget Child/Situation					
						