

## Biannual Documentation of Participant Progress (Baseline/0-month)

Agency Name: \_\_\_\_\_ Site Number: \_\_\_\_\_ PCAP ID: \_\_\_\_\_

Date completed (mm/dd/yyyy): \_\_/\_\_/\_\_\_\_ Completed by (initials): \_\_\_\_\_ Date entered (mm/dd/yyyy): \_\_/\_\_/\_\_\_\_

**INSTRUCTIONS:** Complete the Baseline (0-month) Biannual based on the participant's status prior to entering PCAP. You may find it helpful to reference intake information and to complete this document within the first few meetings with the participant. This document is not formatted to be asked as an interview with the participant. Collect the necessary information through conversations with your participant. Throughout the document, only respond with the "Don't know" option if the participant does not know the answer or provides conflicting information. "Never asked" should be used if you cannot reach the participant after multiple contacts. For more detailed definitions, refer to the Biannual Coding Manual.

### SECTION 0. GENERAL INFORMATION

<b>A. Documentation month</b> (based on enrollment date):	<input type="checkbox"/> 0 (Baseline) <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 30 <input type="checkbox"/> 36
<b>B. 6-month period covered by this form:</b>	Start date (mm/dd/yyyy): __/__/____ End date (mm/dd/yyyy): __/__/____

### SECTION 1. ALCOHOL & DRUG TREATMENT

*Document participant involvement with any and all alcohol/drug treatment prior to enrollment in PCAP.*

	Yes, completed	Yes, in progress	Yes, but dropped	No	Don't know	Never Asked
<b>1. Inpatient</b> (30 days, or less than 30 days)						
<b>2. Inpatient</b> (more than 30 days)						
<b>3. Outpatient</b>						
<b>4. Opioid replacement therapy</b> (methadone, suboxone)						
<b>5. Alcohol/drug support group</b>						
<b>6. Individual counselling</b> (drug/alcohol)						
<b>7. Detox (include medical and self-reported)</b>						
<b>8. Addiction services while incarcerated</b>	<input type="checkbox"/> Yes					
<b>9. Treatment was for:</b>	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both <input type="checkbox"/> N/A-not in treatment					
<b>10. Were their children with them in treatment?</b> (inpatient only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-not in treatment					

### SECTION 2. ALCOHOL & DRUG USE

#### DRUG USE

<b>11. Is participant currently abstinent from drugs?</b> (for at least one month)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Never Asked
<i>If Yes, skip to Question 13.</i>	

12. If using at time of enrollment, what drugs does participant use now? <i>(check a response for each)</i>	Yes	No	Don't know	Never asked
a. Cocaine and/or Crack				
b. Heroin				
c. Cannabis (street)				
d. Cannabis (dispensary)				
e. Opioids (ex. Fentanyl, carfentanil, codeine, oxy, Percocet, morphine) i. Is it a prescription opioid? <input type="checkbox"/> Yes <input type="checkbox"/> No ii. If prescription, is the opioid being misused? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
f. Methamphetamine				
g. Other				
13. How many months in this prior to enrollment was the participant abstinent from drugs? <i>Even if not abstinent from drugs at the end of the month; does not need to be consecutive months</i> <input type="checkbox"/> 0 months <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months				
14. In your opinion, did the participant attempt to reduce drug use in the 6 months prior to enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A – abstinent from drugs for entire period				
15. In your opinion, what was the most common drug use trend at enrollment compared to a year ago? <input type="checkbox"/> Increased <input type="checkbox"/> Continued <input type="checkbox"/> Reduced <input type="checkbox"/> Abstinent				

ALCOHOL USE

	Don't know	Never asked
16. Is the participant currently abstinent from alcohol? <i>(for at least one month)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
17. How many months prior to enrollment was the participant abstinent from alcohol? <i>Even if not abstinent from alcohol at the end of the month; does not need to be consecutive months</i> <input type="checkbox"/> 0 months <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months <input type="checkbox"/> 6 months		
18. In your opinion, did the participant attempt to reduce alcohol in the 6 months prior to enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A – abstinent from alcohol for entire period		
19. In your opinion, what was the most common drug use trend at enrollment compared to a year ago? <input type="checkbox"/> Increased <input type="checkbox"/> Continued <input type="checkbox"/> Reduced <input type="checkbox"/> Abstinent		

SECTION 3. FAMILY PLANNING

As of the date of enrollment in PCAP:

20. Is participant using birth control regularly? <i>(has a consistent birth control method)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Never Asked
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As of the date of enrollment in PCAP:

21. What kind(s) of birth control are they currently using? <i>(check a response for each)</i>	Yes, regular	Yes, irregular	No	Don't know	Never asked
a. Depo injection					
b. Hormonal implant					
c. Hormonal patch					
d. Hormonal pills					
e. IUD or IUS					
f. Vaginal ring					
g. Condoms					
h. Sponge or spermicide					





**SECTION 5: FAMILY STABILITY & PARTICIPANT ACTIVITY**

**5A. LIVING SITUATION/HOUSING**

55. In what housing situations has participant lived during the 6 months prior to enrollment?	Yes	No	Don't know	Never asked
a. Homeless (sleeping rough/living outdoors)				
b. Rent/Own (on the lease/rental agreement in place)				
c. Temporary/Transient (incl. couch surfing, mat programs, living with friends or family)				
d. Supported living (program with staff)				
e. Inpatient				
f. Incarcerated (jail, prison, etc.)				
g. Domestic Violence Shelter				
h. Other situation				
56. What is their CURRENT housing situation (at enrollment)? (Enter letter code from above)	_____			
57. How many times has participant moved in last 6 months? (Answer with number of moves; If no moves, use 00; if too many moves to count, use 66)	___ __ moves			

**5B. SOURCES OF INCOME IN PAST 6 MONTHS**

58. What sources of income has participant had in the 6 months prior to enrollment? (check yes or no for each)	Yes	No	Don't know	Never asked
a. Participant's employment (incl. payment for employment training)				
b. Income Support (SFI)				
c. AISH				
d. Other Government Sources (ex. GST, climate rebates, child benefits, learners' benefit, TAP)				
e. Indigenous-specific Government sources				
f. All other sources (incl. child support, odd jobs, family/friends, illicit sources)				
59. What is their main source of income prior to enrollment? (Enter letter code from above)	_____			
60. Has participant been employed prior to enrollment in PCAP, even if currently not? <input type="checkbox"/> Yes, still employed <input type="checkbox"/> Yes, but not currently employed <input type="checkbox"/> No				

**5C. OTHER EVENTS IN PAST 6 MONTHS**

In the 6 months prior to enrollment, have any of the following events occurred?	Yes	No	Don't know	Never asked
61. a. Has participant visited the Emergency Room (E. R.) for medical care for themselves or a child? b. If yes, how many times in the past 6 months? _____ times				
62. Does participant feel they have a. A supportive partner? b. A supportive person (other than partner or mentor)? c. A support system (social, church, 12-step sponsor)?				
63. Has the participant been impacted by violence in the 6 months prior to enrollment? (Violence can be physical, emotional, financial, etc.)				
64. Has participant assaulted anyone in the 6 months prior to enrollment?				

**5D. ARRESTS/JAIL**

In the 6 months prior to enrollment, have any of the following events occurred?

	Yes	No	Don't know	Never asked
<b>65. a. Was participant arrested in past 6 months?</b> <i>If No, skip to Question 68.</i>				
<b>b. Number of times arrested</b> _____ times				
<b>66. Was the participant charged in the past 6 months?</b>				
<b>67. a. Was participant incarcerated in past 6 months?</b> <i>If No, skip to Question 70.</i>				
<b>b. Number of times jailed</b> _____ times				
<b>68. Was participant on probation or parole at any time during past 6 months?</b>				
<b>69. Did the PCAP mentor play a role in supporting the participant through any legal processes?</b>				

**5E. EDUCATION/TRAINING**

In the 6 months prior to enrollment, has participant attended or completed:

	Attended	Completed	No	Don't know	Never asked
<b>70. Parenting classes</b>					
<b>71. GED classes</b>					
<b>72. Community college</b>					
<b>73. University</b>					
<b>74. Vocational training class</b>					
<b>75. Training through work/employment</b>					
<b>76. Other course/class</b>					

**SECTION 6: VALIDITY**

**77. Mentor is confident of accuracy of information presented in this report:**  Yes  Mostly  Not at all

Comments on validity: *(if you code Mostly or Not at all, note why)*