Parent-Child Assistance Program (PCAP)

FETAL ALCOHOL & DRUG UNIT
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Addiction Severity Index 5th Edition - Intake Interview

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

Clie	Client ID#: Date:/	- — —
	Site Name/County:	
	INSTRUCTIONS: Leave no blanks. Unless otherwise noted, where appropriate, of the control of the	
GEN	GENERAL INFORMATION GENERAL INF	FORMATION COMMENTS
A.	(Include the quest	tion number with your notes)
В.		
C.	C. Advocate #	
D.	D. Referral Code	
	Name of source:	· · · · · · · · · · · · · · · · · · ·
G5.	G5. Date of Interview / /	
G6.		
G7.	Use 24 hr clock; code hours:minutes G7. Time Ended Use 24 hr clock; code hours:minutes Hrs Mins	
G9.	G9. Contact Code 1 - PCAP Office 2 - Phone 5 - Other (tx center, client's home) Specify other:	
G11.	G11. Interviewer Code Number	
G14.	G14. How long have you lived at your current/ address?/	
	G15. Is this residence owned by you or your family? 0 - No 1 - Yes	
	G15a. Zip code of client	
G16.	G16. Date of birth of client m _m /_ d _d /_ y y y y	
G16a	G16a Client's age	
G17.	G17. Race Indicate for each: 0 - No, 1 - Yes	
	a. Am/Can. Indian e. Alaskan Native If [a.] or [e.], b. Asian f. Hispanic Enrolled in a tribe? c. Black g. White O - No, 1 - Yes d. Native Hawaiian/ h. Other (specify below) If not enrolled, Other Pacific Islander eligible for enrollment? 0 - No, 1 - Yes	
G18.	G18. Religious preference 1 - Protestant/Christian 4 - Islamic 2 - Catholic 5 - Other Specify: 3 - Jewish 6 - None	

Clien	t #:	_	Date: / /
	IERAL INFORMAT	ION (cont) n? How active are you?	GENERAL INFORMATION COMMENTS (Include the question number with your notes)
	0 - No, do not go	_	
	1 - Yes, but not very a	ctive	
	2 - Yes, but sometime	s active	
	3 - Yes, and very activ	re l	
	Which church?		
	Have you been in a in the past 30 days?	controlled environment	
	1 - No	4 - Medical tx	
	2 - Jail/prison	5 - Psychiatric tx	
	3 - Alcohol or drug tx	6 - Other (specify below)	
	A place, theoretically, with	out access to alcohol/drugs; halfway house generally' If more than one environment, code where majority of time.	
G20.	How many days?		
	TOTAL days of past 30 in . If G19 is No, code -8.	ALL controlled settings.	
G19.	Is client enrolled in F Services (CPS) cont 0 - No 1 - Yes	PCAP under a Child Protective	

Clier	nt #:	Date://
MEI	DICAL STATUS	MEDICAL COMMENTS
	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).	(Include the question number with your notes)
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	
МЗ.	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?	
МЗа.	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 3 - Tested, inconclusive results	
	1 - Tested, negative results2 - Tested, positive results4 - Tested, never got results-7 - Don't know	
M4b.	Date of last HIV/AIDS test (mo/da/yr) Code day as '15' if unknown. Date of last HIV/AIDS test (mo/da/yr) 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.	

Clier	nt #:										
MED	DICAL STATUS (cont)										
M6.	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.										
Fo	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 <u>now</u> is treatment for these medical problems?										
	CONFIDENCE RATINGS										
Is the	e 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)

Client #:		Date://
EMPLOYMENT/SUPPORT STATUS E1. Education completed	/	EMPLOYMENT/SUPPORT COMMENTS (Include the question number with your notes)
Code GED 55 yrs, 00 mos Yrs If more than GED, code highest level; formal education only.	Mos.	
E1a. Were you ever in special education or "Resource Roo classes? 0 - No 1 - Yes	om" '	
E2. Training or technical education completed Formal, organized training only.		
E3. Do you have a profession, trade, or skill? 0 - No 1 - Yes Specify, in detail: Any employable, transferable skill acquired through specialized train education	ning or	
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 b		
E5a. How do you usually get around?		

1 - Own car

4 - Bus

2 - Use friend/relative's car

E7. Usual (or last) occupation

support in any way? 0 - No 1 - Yes

Include spouse's contribution.
Exclude institutionalized support.

0 - No 1 - Yes

1 - Full time (> 35 hrs/wk)

2 - Part time (regular hrs)3 - Part time (irregular, daywork)

are not counted as employment.

Jobs in prison are NOT counted.

E11. How many days were you paid for working in

Include paid sick/vacation days, "under-the-table" work.

4 - Student

the past 30?

3 - Rides from friends/relatives

Specify other: _

How long was your longest full-time job?

E8. Does someone (a person) contribute to your

Regular support in form of cash, housing, food.

this initial response, clarify any discrepancy.

E10. Usual employment pattern, past 3 years

E9. Does this constitute the majority of your support?

If E8 is No, then E9 is -8. If information from E12-E17 does not confirm

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

5 - Military service6 - Retired/disability

7 - Unemployed

8 - In controlled environment

5 - Taxi

6 - Walk

7 - Other

Yrs.

Mos.

Clien	t #:		Date://
EMF	PLOYMENT/SUPPORT STATUS (cont)		EMPLOYMENT/SUPPORT COMMENTS
	low much money did you receive from the fonce to the fonce of the past 30 days?	ollowing sources in	(Include the question number with your notes)
.	NOTE: Remind client of confidentiality if client is Focus here is on amount of CASH avail 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 hersel spouse. Do include dependents who normally are support been recently.		
NO	TE: In the case where the client has not had an opport in treatment, etc.), it is, by definition, not possible to employment problems. Therefore, code -8's for E1s	or her to have had	
E19.	How many days have you experienced emproblems in the past 30?	oloyment	
	Include problems finding work only if client has been if problems are entirely due to alcohol/drug use (recoisection), or if they are entirely due to interpersonal so Family/Social section).	rd in Alcohol/Drug	
Fo	r Questions E20 & E21, ask client to use the Cl	ient's Rating Scale	
E20.	How troubled or bothered have you been be employment problems?	by these	
E21.	Restrict to those identified in E19. How important to you <u>now</u> is counseling for employment problems?	or these	
	CONFIDENCE RATINGS		
Is the	above information significantly distorted by		
	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 employment counseling? 0 - No employment problems, working, no n		
	1 - No employment problems because no er		
	currently ready for employment. 2 - Employment problems, employed.		

 ${\bf 3}$ - Employability problems, unemployed.

ALCOHOL/DRUG USE (ILLICIT & PRESCRIPTION)								ALCOHOL/DRUG COMMENTS
 Include licit, prescription drugs in appropriate categories. If <u>only</u> 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 <u>OR</u> any use ower a period of time that is problematic for the client, e.g. binge use). If <u>total</u> 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 								(Include the question number withyour notes)
effec • Age a	ts of alcohol: the equivalent of 3 drinks at first use for alcohol, exclude a few s E: Anti-depressants are noted in comn							
NOTE	Anti-depressants are noted in comi							
		A. Past 30 Days						
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, fizzies						//	
D4a.	Other opiate replacement Suboxone, Subutex, buprenorphine						//	
D5.	Other opiates/analgesics Oxycontin, Oxycodone, Codeine Morphine, Demerol, Fentanyl, Percocet, Darvon, Robitussin, DXM						//////	
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, geep, whiz, speed						//	
D9a.	Other amphetamines Ritalin, Adderall						//	
D10a.	Cannabis (Flower/Plant) Weed, pot, bud, grass, hashish						//	
D10b.	Cannabis (Extracts) Wax, shatter, budder, BHO						//	
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) Specify:			—			//	NOTE: List ingredients of Other drug(s) if known
D12b.	Nicotine. Cigarettes or chewing tobacco, vaping						//	
D13.	More than one substance per day Includes alcohol, but not cigarettes							
Route	es of Admin:		Cmald	4	Non IV	(okin n===	ing) E Minis-ti	
	1 - Oral 2 - Nasal (sniff, snort	<u> </u>	Smoking on. choose			(skin poppi e. <i>highest a</i>	<u> </u>	
D14.	Which substance is the ma	jor probl	em?					
	Interviewer determines this. When n 00 - No problem		k <i>client.</i> er sed/hyp	/tranquil	lizers	13 - Other		
	01 - Alcohol	08 - Coc	aine	·			ol & Drug (dual addiction)	
	03 - Heroin		ohetamine	es		16 - Polydi	rug (Alcohol no problem)	
	04 - Methadone 05 - Other opiates/analgesics	10 - Can 11 - Hallı	nabis ucinogens					
	06 - Barbiturates	12 - Inha						

Client #: __ _ _ _ _ _

Date: ___/__/____

Clier	nt #:	Date://
	COHOL/DRUG USE (cont) How long was your last period of voluntary	ALCOHOL/DRUG COMMENTS (Include the question number with your notes)
	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? 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):	
	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 <u>Cut</u> 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?	
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	

D22. DrugReferring to D20. If D20 = 0, then D22 = -8

Client #:	Date: / /
ALCOHOL/DRUG USE (cont)	ALCOHOL/DRUG COMMENTS
How much money would you say you spent during the pa days on:	(Include the question number with your notes)
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, disturble effects, wanting to stop and not being able to.	rbing
For Questions D28 - D31, ask client to use the Client's Rating S	Scale
How troubled or bothered have you been in the past 30 day by these:	nys
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	_
No alc/drug problems, no need (can include those curre 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 cເ (if any) tx.	eurrent

Date: ___ / __ _ / __ __ __ Client #: __ **LEGAL STATUS LEGAL COMMENTS** Was this admission prompted or suggested by (Include the question number with your notes) 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) Shoplifting/Vandalism **Parole/Probation Violations** L5. **Drug Charges** L6. Forgery L6a. Criminal Impersonation (Identity Theft) **Weapons Offense** L8. **Burglary/Larceny/Breaking & Entering** L9. Robbery L9a. Other Theft Charge Specify: _ L10. Assault L11. Arson Rape/Sexual Assault Homicide/Manslaughter L13. 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)? Whether or not charge resulted in a conviction. Includes jail, Mos

detention center, prison.

2 weeks or longer=1 month. <2 wks=000.

Clien	t #:		Date://
LEG	AL STATUS (cont)		LEGAL COMMENTS (Include the question number with your notes)
L22.	How long was your last incarceration? (most recent) Code -8 if never incarcerated.	 Mos.	(include the question number with your notes)
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.		
Fo	r Questions L28 & L29, ask client to use the Client's Rating Scale	e	
L28.	How serious do you feel your present legal problems are? <u>Do not include</u> 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		
	Need for more legal assistance than client is currently connected to.		

connected to.

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

Clie	nt #:										ı	Date: / _	/_		
FAM	AMILY HISTORY (BIOLOGICAL RELATIVES ONLY)														
Have	any of your rela	ı	In cases o	of more tha	0 - 0 1 - 0 -7 - 1 -8 -	all a significant drinking, drug use or psychiatric problem — one that did or should have led to 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 one family member per category, code most problematic (most severe case). FATHER, BIOLOGICAL RELATIVES ONLY.								to tx?	
Mothe	er's Side	Alc	Drug	Psych	Fatl	ner's Side	Alc	Drug	Psych	_ <u>s</u>	iblin	<u>gs</u>	Alc	Drug	Psych
H1.	Grandmother				H6.	Grandmother				н	11.	Brother			
H2.	Grandfather				H7.	Grandfather				Н	112.	Sister			
H3.	Mother				H8.	Father									
H4.	Aunt				H9.	Aunt				_			Alc	Drug	Psych
H5.	Uncle				H10). Uncle				H	13.	Baby's Father			
						FAMILY HISTO (Include the question									

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	_		
С3.	Was CPS involved? 0 - No 1 - Yes			
C4.	Were you ever adopted? 0 - No 1 - Yes			
C4a.	Age at adoption If never adopted, code -8. If adopted at birth, code 00	 Yrs.		
C5.	Did you graduate from high school? 0 - No 1 - Yes <i>GED</i> = 0			
C5a.	IF NOT, was it because of pregnancy? 0 - No 1 - Yes -8 - NA			
	C5b. IF NOT because of pregnancy, why?	-		
C6.	O - Never 1 - Yes, once or twice 2 - Yes, frequently			
C6a.	IF YES, how old were you when you first ran away? If never ran away, code -8	 Yrs.		
	Read the following 10 (C7a.) "Adverse Childhoood Experience Questionnaire" (ACE) questions exactly as written. While you were growing up, during your first 18 years of life:			
C7a1.	Did a parent or other adult in the household <u>often</u> Swear at you, insult you, put you down, or humiliate you? Act in a way that made you afraid that you might be physically hurt? 0-No 1-Yes			
C7a2.	=	_		
	<u>Ever</u> hit you so hard that you had marks or were injured? 0 - No 1 - Yes			
C7a3.	Did an adult or person at least 5 years older than you <u>ever</u> . Touch or fondle you or have you touch their body in a sexual way? r	 —		
	Try to or actually have oral, anal, or vaginal sex with you? 0-No 1-Yes			
C7a4.	Did you <u>often</u> feel that No one in your family loved you or thought you were important or special? <u>r</u>			
	Your family didn't look out for each other, feel close to each other, or support each other? 0 - No 1 - Yes			
C7a5.	You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?	_		
	Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? 0-No 1-Yes			

CHILDHOOD HISTORY COMMENTS (Include the question number with your notes)		
 		

CHILE	DHOOD HISTORY (cont)		CHILDHOOD HISTORY COMMENTS (Include the question number with your notes)
	Continue reading C7a. questions exactly as written:		
<u>W</u>	hile you were growing up, during your first 18 years of life	:	
C7a6.	Were your parents <i>ever</i> separated or divorced? 0 - No 1 - Yes	_	
<u>or</u> <u>or</u> C7a8.	<u>Sometimes or often</u> kicked, bitten, hit with a fist, or hit with something hard?	_	
	Did a household member go to prison? 0 - No 1 - Yes	_	
	End of ACE questions.		
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	_	
	CONFIDENCE RATINGS		
Is the a	above information significantly distorted by:		
C13.	Client's misrepresentation? 0 - No 1 - Yes	_	
	Client's inability to understand? 0 - No 1 - Yes	_	

Client #:	Date: / /	

FAMILY/SOCIAL RELATIONSHIPS

	Note: Purpose of this section is to ass	occ inhoront rolationship			
	problems, not the extent to which alc/o				
	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				
-1.	Marital Status				
	1 - Married 4 - S	eparated			
	2 - Remarried 5 - D	ivorced			
	3 - Widowed 6 - N	ever married			
	Consider common-law (> 7 yrs) as marrie	d and specify in comments.			
2.	How long have you been in this m	parital status?			
۲.	If never married, since age 18.	Yrs Mos.			
₹2a.	Are you satisfied with this situation	on?			
	0 - No 1 - Indifferent 2 - \				
	Satisfied=client generally likes situation, no	ot simply resigned to it.			
₹3.	Is client currently in a legal marria	age (not common-law)?			
	0 - No 1 - Yes 2 - Yes, bu	t not living together			
₹3a.	How would you describe your cur	rent nousing			
	situation?				
	01 -Permanent/stable (incl. Sec 8 if perm. res.)	05 - Long-term jail or prison			
	ii periii. res.)	06 - Trans. drug-free housing			
	02 - Transient, emergency shelters	07 - Drug/alc tx facility			
	03 - Living w/ friend/relative tempora	rily			
	04 - Homeless (without shelter)	08 - Other (specify below)			
	Specify other:				
-3b.	How many times have you moved	in the past year?			
٠	Code 66 if homeless or too many moves to				
4.	•				
4.	Usual living arrangements (past 3	• •			
	01 - With sexual partner & children	06 - With friends			
	02 - With sexual partner alone	07 - Alone			
	03 - With children alone	08 - Controlled environment			
	04 - With parents	09 - No stable arrangements			
	05 - With family	3 · · · · · · · · · · · · · · · · · · ·			
	If client lived in several arrangements, cho	ose most representative. If time is			
	evenly split, choose most recent. Time spe				
	hospitals is coded 08.				
5.	How long have you lived in these	arrangements? /			
	If with parents or family, since age 18.	Yrs Mos.			
6.	Are you satisfied with these living	a arrangomento?			
ъ.	(generally likes)				
	0 - No 1 - Indifferent 2 - \	/ps			
	o no mamorone 2				
	Do you live with anyone who:	0 - No 1 - Yes			
7.	Has a current alcohol problem?				
	i.e., a drinking alcoholic				
8.	Uses non-prescribed drugs?				
О.	Or abuses prescribed drugs, whether prob	lematic or not			
	F7 and F8 do not refer to neighborhood, ju				
	If in treatment or incarcerated, household to				
- 9.	With whom do you spend most of	your free time:			
	1 - Family 2 - Friends	3 - Alone			
	1-1 allily 2-1 licitus				
-10	•	our free time this way?			
10.	Are you satisfied with spending y	our free time this way?			
10.	•	-			
	Are you satisfied with spending y (generally likes) 0 - No 1 - Indifferent 2 - No	√es			
=10. =11.	Are you satisfied with spending y (generally likes) 0 - No 1 - Indifferent 2 - \cdot \text{How many close friends do you h}	√es			
	Are you satisfied with spending y (generally likes) 0 - No 1 - Indifferent 2 - No	res ave?			

	FAMILY/SOCIA			
(Include the question number with your notes)				
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Clien	t #:			Date: / /
FAN	IILY/SOCIAL RELATIONSHIPS (co	ont)		FAMILY/COCIAL COMMENTS
	Direction for F12 - F26: Include biologic <u>and</u> adoptive relativ 0 - Clearly NO for <u>all</u> persons in t 1 - Clearly YES for <u>any</u> person w -7 - Uncertain or "I don't know"	es. he category ithin category		FAMILY/SOCIAL COMMENTS (Include the question number with your notes)
	Would you say you have had close, lo relationships with any of the following			
F12.	Mother			
F13.	Father		_	
F14.	Brothers/Sisters		_	
F15.	Sexual Partner/Spouse		_	
F16.	Children			-
F17.	Friends A simple yes here is not adequate. Probe to d the ability to feel closeness and mutual respor Does client feel sense of value for the person	sibility in the relations	ship.	
	Have you had a significant period in v serious problems getting along with:	/hich you experie Past30 Days	e nced 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 relatio contact of some sort. If client has had no contact			
	Did anybody ever abuse you:			
	0 - No 1 - Yes, once or twice	2 - Yes, repeate		
F27.	Emotionally? Make you feel bad through harsh words	Past 30 Days ——	In Your Life ——	
F28.	Physically? Cause you physical harm	_	_	
F29.	Sexually? Force sexual advances or sexual acts			
F29a.			_	

0 - No

0 - No

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

F29c. Have you ever been beaten while pregnant?

1 - Yes

1 - Yes

FAMILY/SOCIAL RELATIONSHIPS (cont)			Date://		
			FAMILY/SOCIAL COMMENTS		
	How many days in the past 30 have you had serious conflict	ts:	(Include the question number with your notes)		
F30.	with your family?				
F31.	with other people? (excluding family)				
F	or Questions F32 - F35, ask client to use the Client's Rating Scale	•			
	How troubled or bothered have you been in the past 30 day by these:	s			
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?				
F30.	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.				
	 Problems, but client currently connected with adequate services. 				
	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 service	es.			

2 - Need for more domestic violence services, in addition to

3 - Dangerous domestic violence situation. Urgent need. Should

client's current services (if any).

be an advocate priority.

Clier	rt #:		Date://
			DOVOLUATING OTATING COMMENTS
PSY	CCHIATRIC STATUS How many times have you been treated for a or emotional problems:	any psychological	PSYCHIATRIC STATUS COMMENTS (Include the question number with your notes)
P1.	In a hospital?		
P2.	As an outpatient or private patient? Per episode, not # of visits or # of days. Note when/who	ere in comments.	
P2a.	Have you ever had a psychological/psychiat or a mental health assessment? 0 - No 1 - Yes, evaluation with psychiatrist/psy 2 - Yes, mental health assessment with a lice mental health professional 3 - Yes, assessment/diagnosis of depression her physician Note reason for evaluation or assessment in comments	vchologist ensed or anxiety by	
P2b.	one,code highest level. If so, evaluation/assessment 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 a		
P2c.	List DSM-IV diagnosis(es) and 3-digit code for the evaluation, or client had evaluation but no diagnosis 1: Diagnosis 1: Diagnosis 2: Diagnosis 3: Diagnosis 4: Do not code FAS/FAE diagnosis here, code as Medical	is, code -8s — — — — — — — — — — — — — — — — — — —	
P3.	Do you receive a pension for a psychiatric d 0 - No 1 - Yes From whom:		
	Direction for P4-P11: "In your life" refers to the entire lifetime period p 30 days. Interviewer: ask lifetime question from then, regardless of answer, inquire about past 3 ltems P4, P5, P6, P7: Be sure symptoms are ps nature, i.e., NOT drug related.	each pair first, 30 days.	
	Have you had a significant period (that was rotary/alcohol use) in which you have:	not a direct result Past 30 Days In Your Life	
P4.	0 - No 1 - Yes 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 <u>Can</u> be drug/alc related. (Even once)		
P9.	Experienced serious thoughts of suicide i.e., had a plan; <u>can</u> be drug/alc related. (Even once) When last?		
P10.	Attempted suicide Can be drug/alc related. (Even once)		

When last?_

Client #:			Date://		
PS	YCHIATRIC STATUS (cont)		PSYCHIATRIC STATUS COMMENTS		
	Continued. 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 Y	<u>a</u> ′ourLife	(Include the question number with your notes)		
P11.	Been prescribed medication for any psychological/emotional problem Whether or not she actually took the meds.	_			
P12.	How many days in the past 30 have you experienced these psychological or emotional problems? Refers to problems listed in P4-P10.				
 F	For Questions P13 - P14, ask client to use the Client's Rating Scal	е			
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		1		
	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		- I		
Is the	above information significantly distorted by:				
	Client's misrepresentation? 0 - No 1 - Yes	_			
P23.	Client's inability to understand? 0 - No 1 - Yes	_			
	INTERVIEWER NEED RATING		1		
P99.	How would you rate the client's need for psychiatric/psychological counseling?	_			
	0 - No psychological problems, no need.				

 Psychological problems, but current treatment has brought condition to a controlled, non-problematic state.
 Need for more treatment in addition to client's current treatment, but not apparently dangerous or greatly

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

interfering with client's life.

Client	: #:	Date://
FAM	ILY PLANNING & OTHER CHILDREN	FAMILY PLANNING & OTHER CHILDREN COMMENTS (Include the question number with your notes)
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?	
	Other, specify: 00 = no method or no further method	
FP2a.		
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 1 2 all biological children who live with you now: 3 4	
	00 = no children or no more children 5 6	
	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:	
	ilst ages of other children here.	
FP5.	Not including target child (TC), total # of biological children who DO NOT live with you now:	
FP5a.	all biological children who DO NOT live	
	with you now: 5	
	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	
s 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

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

reliable method or practice.

Clien	t #:		Date: / /		
COM Have Hove (or • Coor ser ser on wee "1- • Not use	MMUNITY SERVICES e you used this service during the last year was this service working for you? your child(ren) or family living with you, deplay the whether or not client or her children, as specified in the vice during the past year in the "Service Used" column, whow regular or adequate the connection, and her access the woman is doing. For example, the connection for A Good" if the woman attended regularly, even if she was the names of specific services or providers. Give enoughful in tracing. e service was not needed, code -8 in the Service Used Direction for S1 - S17: Services Used Codes 0 - No, but needed 1 - Good 1 - Yes 2 - Accepta 3 - On waiting list 3 - Poor	ending on it e item, received Code the qualit using prompts to s to service, not A group would still drinking. h information to and Connection with odes	d this y of the o focus t on how be rated	COMMUNITY SERVICES COMMENTS (Include the question number with your notes)	
	-8 - Not needed, N/A 4 - Good/ac	ceptable, but with access			
		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 S2b. Client	# # appro- inapp priate pria	oro		
	S2c. Client's child(ren) What/Where: Appropriate use = true medical emergency. Inappropriate use = healthcare that should have beer clinic or through a primary care p		-		
		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:_

Clien	t#:			Date://
	MMUNITY SERVICES (cont)			COMMUNITY SERVICES COMMENTS (Include the question number with your notes)
Hov	ve you used this service during the <u>last year</u> or wis this service working for you? Your child(ren) or family <u>living with you</u> , depo		tem)	
	Services Used Codes 0 - No, but needed 1 - Good 1 - Yes 2 - Acceptat 3 - On waiting list 3 - Poor -8 - Not needed, N/A 4 - Good/acceproblem -8 - N/A	odes ole		
		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. <u>OR</u> 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:

Client #: __ _ _ _ _ _ **COMMUNITY SERVICES COMMENTS COMMUNITY SERVICES (cont)** (Include the question number with your notes) For questions S18 - S24, code 0 - No, 1 - Yes S18. Are you currently receiving State Medical or Medicaid? S19. Do you have a private source of medical insurance? Through work, partner's work, etc. Specify:

	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 4 - GED program		
	1 - High school 5 - Community college 2 - Trade/vocational program 6 - Back-to-work program		·
	3 - College/university (4 yr) 7 - Other		
	Specify other:		
S25a.	Have you been involved in any (other) schooling in	1	
	the past 3 years? Code types from S25 above, whether or not completed.	2 3	
	, , , , , , , , , , , , , , , , , , ,		
COEL	Which of those programs have you completed (or are		
S25b.	Which of these programs have you completed (or are currently in progress)	1	
S25b.		1 2 3	
S25b.	currently in progress)	2	
S25b.	currently in progress) Use codes from S25 above.	2	COMMENTS ON VALIDITY:
	currently in progress) Use codes from S25 above. All programs coded here should also be coded in S25a.	2	COMMENTS ON VALIDITY:
	currently in progress) Use codes from \$25 above. All programs coded here should also be coded in \$25a. CONFIDENCE RATINGS above information significantly distorted by: Client's misrepresentation? 0 - No 1 - Yes	2	COMMENTS ON VALIDITY:
Is the	currently in progress) Use codes from S25 above. All programs coded here should also be coded in S25a. CONFIDENCE RATINGS above information significantly distorted by: Client's misrepresentation?	2	COMMENTS ON VALIDITY:
Is the F26.	currently in progress) Use codes from \$25 above. All programs coded here should also be coded in \$25a. CONFIDENCE RATINGS above information significantly distorted by: Client's misrepresentation? 0 - No 1 - Yes Client's inability to understand?	2	COMMENTS ON VALIDITY:
Is the F26.	currently in progress) Use codes from S25 above. All programs coded here should also be coded in S25a. CONFIDENCE RATINGS above information significantly distorted by: Client's misrepresentation? 0 - No 1 - Yes Client's inability to understand? 0 - No 1 - Yes	2	COMMENTS ON VALIDITY:
Is the F26.	currently in progress) Use codes from S25 above. All programs coded here should also be coded in S25a. CONFIDENCE RATINGS above information significantly distorted by: Client's misrepresentation? 0 - No 1 - Yes Client's inability to understand? 0 - No 1 - Yes COMPLETE AFTER CLIENT LEAVES Anyone else present during interview? 0 - No 1 - Yes	2	COMMENTS ON VALIDITY:
Is the F26. F27. V1.	currently in progress) Use codes from S25 above. All programs coded here should also be coded in S25a. CONFIDENCE RATINGS above information significantly distorted by: Client's misrepresentation? 0 - No 1 - Yes Client's inability to understand? 0 - No 1 - Yes COMPLETE AFTER CLIENT LEAVES Anyone else present during interview? 0 - No 1 - Yes Who? Client cooperation 1 - Very uncooperative 3 - Somewhat cooperative	2	COMMENTS ON VALIDITY:
Is the F26. F27. V1.	currently in progress) Use codes from S25 above. All programs coded here should also be coded in S25a. CONFIDENCE RATINGS above information significantly distorted by: Client's misrepresentation? 0 - No 1 - Yes Client's inability to understand? 0 - No 1 - Yes COMPLETE AFTER CLIENT LEAVES Anyone else present during interview? 0 - No 1 - Yes Who? Client cooperation 1 - Very uncooperative 3 - Somewhat cooperative 2 - Somewhat uncooperative 4 - Very cooperative Client under influence? 0 - No 1 - Yes, appeared so	2	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.							
	No	Problem/Issue	Problem/Issue	Problem/Issue			

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

Specify Other:

OTHER