



**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

4 - Medical tx

2 - Jail/prison

5 - Psychiatric tx

3 - Alcohol or drug 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)

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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).

*PROBE for injury, assault, car accident.*

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?

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

*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.*

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

0 - No      1 - Yes

0 - No      1 - Yes

0 - No      1 - Yes

*Includes Worker's Comp.*

*Does not include psychiatric disability.*

(Include the question number with your notes)

[illegible]



**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                      | 5 - Taxi  |
| 2 - Use friend/relative's car    | 6 - Walk  |
| 3 - Rides from friends/relatives | 7 - Other |
| 4 - Bus                          |           |

*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)        | 5 - Military service          |
| 2 - Part time (regular hrs)        | 6 - Retired/disability        |
| 3 - Part time (irregular, daywork) | 7 - Unemployed                |
| 4 - Student                        | 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)

(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.	<b>Alcohol (any use at all)</b> Wine coolers, beer, alcoholic "energy" drinks, liquor, wine	_____	_____	_____		_____	____/____/____
D2.	<b>Alcohol (to intoxication)</b>	_____	_____	_____		_____	____/____/____
D3.	<b>Heroin</b> Smack, dope, china white, tar	_____	_____	_____		_____	____/____/____
D4.	<b>Methadone</b> LAAM, Dolophine, fizzes	_____	_____	_____	_____	_____	____/____/____
D4a.	<b>Other opiate replacement</b> Suboxone, Subutex, buprenorphine	_____	_____	_____	_____	_____	____/____/____
D5.	<b>Other opiates/analgesics</b> Oxycontin, Oxycodone, Codeine Morphine, Demerol, Fentanyl, Percocet, Darvon, Robitussin, DXM	_____	_____	_____	_____	_____	____/____/____
D6.	<b>Barbiturates</b> Seconal, Amytal, Phenobarbital	_____	_____	_____	_____	_____	____/____/____
D7.	<b>Other sed/hyp/tranquilizers</b> Valium, Xanax, Klonopin, Ativan, "Benzos"	_____	_____	_____	_____	_____	____/____/____
D8.	<b>Cocaine - all forms</b> Crack, freebase, rock, powder	_____	_____	_____		_____	____/____/____
D9.	<b>Methamphetamine</b> Crank, crystal meth, rock, geep, whiz, speed	_____	_____	_____		_____	____/____/____
D9a.	<b>Other amphetamines</b> Ritalin, Adderall	_____	_____	_____	_____	_____	____/____/____
D10a.	<b>Cannabis (Flower/Plant)</b> Weed, pot, bud, grass, hashish	_____	_____	_____		_____	____/____/____
D10b.	<b>Cannabis (Extracts)</b> Wax, shatter, budder, BHO	_____	_____	_____		_____	____/____/____
D11.	<b>Hallucinogens</b> LSD, acid, Mushrooms, Peyote, PCP (Phencyclidine), ecstasy, "X"	_____	_____	_____		_____	____/____/____
D12.	<b>Inhalants</b> "Huffing", glue, solvents, gasoline, propellants	_____	_____	_____		_____	____/____/____
D12a.	<b>Other (illicit only)</b> e.g., steroids, formaldehyde ("sherm") Specify: _____	_____	_____	_____		_____	____/____/____
D12b.	<b>Nicotine. Cigarettes or chewing tobacco, vaping</b>	_____	_____	_____		_____	____/____/____
D13.	<b>More than one substance per day</b> Includes alcohol, but not cigarettes	_____	_____				

**Routes of Admin:**

1 - Oral    2 - Nasal (sniff, 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               | 07 - Other sed/hyp/tranquilizers | 13 - Other                           |
| 01 - Alcohol                  | 08 - Cocaine                     | 15 - Alcohol & Drug (dual addiction) |
| 03 - Heroin                   | 09 - Amphetamines                | 16 - Polydrug (Alcohol no problem)   |
| 04 - Methadone                | 10 - Cannabis                    |                                      |
| 05 - Other opiates/analgesics | 11 - Hallucinogens               |                                      |
| 06 - Barbiturates             | 12 - Inhalants                   |                                      |

**ALCOHOL/DRUG COMMENTS**

(Include the question number with your notes)

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



(Include the question number with your notes)

*Enter only money actually spent, not street value.*

*Include NA, AA, meth. maint.*

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

D31. Drug problems \_\_\_\_\_

0 - No      1 - Yes

0 - No      1 - Yes

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

**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)?** \_\_\_\_\_

*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)



**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? \_\_\_\_\_

If never ran away, code -8

Yrs.

Read the following 10 (C7a.) "Adverse Childhood 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 often ... \_\_\_\_\_Swear at you, insult you, put you down, or humiliate you?  
or

Act in a way that made you afraid that you might be physically hurt?

0 - No 1 - Yes

C7a2. Did a parent or other adult in the household often ... \_\_\_\_\_

Push, grab, slap, or throw something at you?

orEver 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 ever ... \_\_\_\_\_

Touch or fondle you or have you touch their body in a sexual way?

or

Try to or actually have oral, anal, or vaginal sex with you?

0 - No 1 - Yes

C7a4. Did you often feel that ... \_\_\_\_\_

No one in your family loved you or thought you were important or special?

or

Your family didn't look out for each other, feel close to each other, or support each other?

0 - No 1 - Yes

C7a5. Did you often feel that ... \_\_\_\_\_

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

or

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)



**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                      4 - Separated  
2 - Remarried                5 - Divorced  
3 - Widowed                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.)      05 - Long-term jail or prison  
02 - Transient, emergency shelters      06 - Trans. drug-free housing  
03 - Living w/ friend/relative temporarily      07 - Drug/alc tx facility  
04 - Homeless (without shelter)      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      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

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 3 - Yes, sexual

1 - Yes, physical 4 - Yes, combination

2 - Yes, psychological

**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)









(Include the question number with your notes)

**How is this service working for you?**

- 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

B.	
A.	Connection with Service Used?
	Service

Service 1		Service 2	
<b>S1. Regular healthcare provider or clinic - for client</b> <i>Who/Where:</i> _____	—	—	
<b>S1a. Regular healthcare provider or clinic - for child(ren)</b> <i>Who/Where:</i> _____	—	—	
<b>S2. Other healthcare services - for client</b> <i>Physical therapy, dentist, eye doctor, etc.</i> <i>What/Where:</i> _____	—	—	
<b>S2a. Other healthcare services - for child(ren)</b> <i>Physical therapy, dentist, eye doctor, etc.</i> <i>What/Where:</i> _____	—	—	

<b>Emergency Room (ER) visits in past year</b>	<b># appropriate</b>	<b># inappropriate</b>
<i>Code # of visits of each type</i>		
<i>If more than 6, code 6</i>		
<b>S2b. Client</b>	—	—
<b>S2c. Client's child(ren)</b>	—	—
<i>What/Where: _____</i> <i>Appropriate use = true medical emergency.</i> <i>Inappropriate use = healthcare that should have been provided at a clinic or through a primary care provider.</i>		

	<b>B.</b>
<b>A.</b>	<b>Connection with</b>
<b>Service Used?</b>	<b>Service</b>

<b>S3. Family planning, birth control</b> <i>At clinic, Planned Parenthood, etc.</i> Who/Where: _____	—	—
<b>S4. Alcoholics Anonymous or Narcotics Anonymous (or other alcohol/drug peer support group) (client)</b> Group/Sponsor: _____	—	—
<b>S5. Other support group (client)</b> <i>Social, church group</i> What/Where: _____	—	—
<b>S6. Mental health service (client)</b> <i>Diagnosis or counseling</i> What/Where: _____	—	—

[illegible]

## COMMUNITY SERVICES COMMENTS

(Include the question number with your notes)

<b>Services Used Codes</b>	<b>Connection with Service Codes</b>
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.	B.
Service Used?	Connection with Service
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
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<b>S7. Public Housing</b> <i>Section 8, low income</i> Specify: _____	—	—
<b>S8. Emergency Housing</b> <i>Include shelters</i> Specify: _____	—	—
<b>S9. Emergency funds for rent deposits, gas vouchers, etc. <u>OR</u> Emergency bill paying service</b> <i>Volunteers of America, St. Vincent, American Red Cross, Salvation Army, etc. Include special payment programs offered by utility, phone companies, etc.</i> Specify: _____	—	—
<b>S10. Clothing/supplies</b> <i>Salvation Army, Volunteers of America, etc.</i> Specify: _____	—	—
<b>S11. Food bank</b> <i>Or other food program, NOT food stamps</i> What/Where: _____	—	—
<b>S12. Legal</b> <i>Court, public defender, prosecutor, probation, legal clinics. (If client has been in litigation or resolved charges, warrants, etc., code 1)</i> What/Where: _____	—	—
<b>S13. Domestic violence services</b> <i>Crisis line, temporary shelter, protection/restraining orders</i> What/Where: _____	—	—
<b>S14. Public schools</b> <i>For extra services or problems, e.g., counseling, truancy, child behavior issues, etc.</i> What/Where: _____	—	—
<b>S15. Daycare/childcare services</b> Specify: _____	—	—
<b>S16. Public Health Nurse</b> <i>Home visits</i> Specify: _____	—	—
<b>S17. Other</b> <i>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.</i> What/Where: _____	—	—

[illegible]



**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  But currently stable with current services	Problem/Issue  Unaddressed need, but not urgent  Lower priority	Problem/Issue  Has urgent, immediate need  High priority
Problems	0	1	2	3
MEDICAL				
EMPL/SUPP				
ALCOHOL				
DRUG				
LEGAL				
FAM/SOC				
DOM VIOL				
PSYCH				
FAM PLAN				
OTHER				

Specify Other: \_\_\_\_\_