### GENERAL INFORMATION

**G4.** Date of admission:

- 
-  

**G8.** Class:

- 1-Intake
- 2-Follow-up

**G9.** Contact code:

- 1-InPerson
- 2-Telephone(IntakeASImustbeinperson)
- 3-Mail

**G10.** Gender:

- 1-Male
- 2-Female

**G12.** Special:

- 1-Patientterminated
- 2-Patientrefused
- 3-Patientunabletorespond
### GENERAL INFORMATION

(continued)

**G14.** How long have you lived at your current address?
- [ ] / [ ] A-Yrs.
- [ ] / [ ] B-Mos.

**G16.** Date of birth:
- [ ] / [ ] (MM)
- [ ] / [ ] (DD)
- [ ] / [ ] (YYYY)

**G17.** Of what race do you consider yourself?
- [ ] 1-White (Not Hispanic)
- [ ] 2-Black (Not Hispanic)
- [ ] 3-American Indian
- [ ] 4-Alaskan Native
- [ ] 5-Asian/Pacific
- [ ] 6-Hispanic - Mexican
- [ ] 7-Hispanic - Puerto Rican
- [ ] 8-Hispanic - Cuban
- [ ] 9-Other Hispanic

**G18.** Do you have a religious preference?
- [ ] 1-Protestant
- [ ] 2-Catholic
- [ ] 3-Jewish
- [ ] 4-Islamic
- [ ] 5-Other: _______________
- [ ] 6-None

**G19.** Have you been in a controlled environment in the past 30 days?
- [ ] 1-No
- [ ] 2-Jail
- [ ] 3-Alcohol or Drug Treat.
- [ ] 4-Medical Treatment
- [ ] 5-Psychiatric Treatment
- [ ] 6-Other: _______________
  - A place, theoretically, without access to drugs/alcohol.

**G20.** How many days?
- [ ] / [ ]

- "NN" if question G19 is "No". Refers to total number of days detained in the past 30 days.

---

Please PRINT CLEARLY
M1. How many times in your life have you been hospitalized for medical problems?
   • Include O.D.’s & D.T.’s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.

M3. Do you have any chronic medical problems which continue to interfere with your life?
   • If "Yes", specify in comments.
   • A chronic medical condition is a serious physical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities.

M4. Are you taking any prescribed medication on a regular basis for a physical problem?
   • If "Yes", specify in comments.
   • Medication prescribed by a M.D. for medical conditions; not psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.

M5. Do you receive a pension for a physical disability?
   • If "Yes", specify in comments.
   • Include Worker’s Compensation, exclude psychiatric disability.

M6. How many days have you experienced medical problems in the past 30 days?
   • Do not include ailments directly caused by drugs/alcohol.
   • Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of the liver, abscesses from needles, etc.).

For questions M7 & M8, please ask patient to use the Patient’s Rating Scale.

M7. How troubled or bothered have you been by these medical problems in the past 30 days?
   • Restrict response to problem days of question M6.

M8. How important to you now is treatment for these medical problems?
   • Refers to the need for new or additional medical treatment by the patient.

CONFIDENCE RATINGS
Is the above information significantly distorted by:

M10. Patient’s misrepresentation?
   • 1-Yes 0-No

M11. Patient’s inability to understand?
   • 1-Yes 0-No

Comments:
**E1. Education completed**
- GED = 12 years, note in comments
- Include formal education only.

**E2. Training or technical education completed**
- Formal/organized training only.
- For military training, only include training that can be used in civilian life, i.e., electronics or computers.

**E4. Do you have a valid driver's license?**
- Valid license; not suspended/revoked.

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

**E6. How long was your longest full time job?**
- Full time = 35+ hours weekly; does not necessarily mean most recent job.

**E7. Usual (or last) occupation**
- See Hollingshead categories on page 16

**E9. Does someone contribute the majority of your support?**

**E10. Usual employment pattern, past three years:**
- Full time (35+ hours)
- Part time (reg. hrs)
- Part time (irreg. hrs)
- Student
- Military Service
- Retired/disability
- Unemployed
- In controlled environment

- Answer should represent the majority of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents the more current situation.

**E11. How many days were you paid for working in the past 30 days?**
- Include "under the table" work, paid sick days, and vacations.
For questions E12-17: **How much money did you receive from the following sources in the past 30 days?**

**E12. Employment:**
- Net or "take home" pay, include any "under the table" money.

**E13. Unemployment compensation:**

**E14. Welfare:**
- Include food stamps, transportation money provided by an agency to go to and from treatment.

**E15. Pensions, benefits, or social security:**
- Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.

**E16. Mate, family or friends:**
- Money for personal expenses, (i.e., clothing), include unreliable sources of income (e.g., gambling).
- Record **cash** payments only, include windfalls (unexpected), money from loans, gambling, inheritance, tax returns, etc.

**E17. Illegal**
- **Cash** obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc.
- **Do not** attempt to convert drugs exchanged to a dollar value.

**E18. How many people depend on you for the majority of their food, shelter, etc.?**
- Must be regularly depending on patient, do include alimony/child support, do not include the patient or self-supporting spouse, etc.

**E19. How many days have you experienced employment problems in the past 30?**
- Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.

For question E20-21, please ask patient to use the Patient’s Rating Scale.

**E20. How troubled or bothered have you been by these employment problems in the past 30 days?**
- If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems.

**E21. How important to you now is counseling for these employment problems?**
- The patients rating in question E20-21 refer to question E19.
- Stress help in finding or preparing for a job, not giving them a job.

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

**E23. Patient's misrepresentation?**  ○ 1-Yes  ○ 0-No

**E24. Patient's inability to understand?**  ○ 1-Yes  ○ 0-No
### ALCOHOL/DRUGS

**Site**:  
**Name Code**:  
**ID Number**:  
**Date of Assessment**:  

<table>
<thead>
<tr>
<th>Similarity</th>
<th>Alcohol use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past 30</td>
<td>Lifetime use</td>
</tr>
<tr>
<td>D1.</td>
<td>Alcohol - (any use at all)</td>
</tr>
<tr>
<td>D2.</td>
<td>Alcohol - (to intoxication)</td>
</tr>
<tr>
<td>D3.</td>
<td>Heroin</td>
</tr>
<tr>
<td>D4.</td>
<td>Methadone</td>
</tr>
<tr>
<td>D5.</td>
<td>Other opiates/analgesics</td>
</tr>
<tr>
<td>D6.</td>
<td>Barbiturates</td>
</tr>
<tr>
<td>D7.</td>
<td>Other sed/hyp/tranq.</td>
</tr>
<tr>
<td>D8.</td>
<td>Cocaine</td>
</tr>
<tr>
<td>D9.</td>
<td>Amphetamines</td>
</tr>
<tr>
<td>D10.</td>
<td>Cannabis</td>
</tr>
<tr>
<td>D11.</td>
<td>Hallucinogens</td>
</tr>
<tr>
<td>D12.</td>
<td>Inhalants</td>
</tr>
<tr>
<td>D13.</td>
<td>More than one substance per day (including alcohol).</td>
</tr>
</tbody>
</table>

**Route of administration**:  
1. Oral  
2. Nasal  
3. Smoking  
4. Non IV injection  
5. IV injection  

*Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.*

**Comments**:
Alcohol/Drugs (continued)

D17. How many times have you had Alcohol DT’s?
- Delirium Tremens (DT’s): Occur 24-48 hours after last drink, or significant decrease in alcohol intake. Characterized by shaking, severe disorientation, fever, hallucinations, they usually require medical attention.

D18. How many times in your life have you been treated for:
- Alcohol abuse

D20. Drug abuse
- Include detoxification, halfway houses, in/outpatient counseling and AA or NA (if 3+ meetings within one month period)

D21. How many of these were detox only: Alcohol?

D22. Drugs?
- If D19="00", then question D21 is "NN"
- If D20="00", then question D22 is "NN"

D23. How much money would you say you spent during the past 30 days on:
- Alcohol
- Drugs
- Only count actual money spent. What is the financial burden caused by drugs/alcohol?

D24. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?
- Include AA/NA

For questions D28-31, please ask patient to use the Patient’s Rating Scale. The patient is rating the need for additional substance abuse treatment.

D26. How many days in the past 30 have you experienced alcohol problems?

D28. How troubled or bothered have you been the past 30 days by these alcohol problems?

D30. How important to you now is treatment for these alcohol problems?

D27. How many days in the past 30 have you experienced drug problems?
- Include only: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

D29. How troubled or bothered have you been in the past 30 days by these drug problems?

D31. How important to you now is treatment for these drug problems?

CONFIDENCE RATINGs
Is the above information significantly distorted by:

D34. Patient's misrepresentation? 1-Yes 0-No
D35. Patient's inability to understand? 1-Yes 0-No
### LEGAL STATUS

<table>
<thead>
<tr>
<th>Site:</th>
<th>Name Code:</th>
<th>ID Number:</th>
<th>Date of Assessment:</th>
</tr>
</thead>
</table>

**L1.** Was this admission prompted or suggested by the criminal justice system?  
- Yes  
- No  

* judge, probation/parole officer, etc.

**L2.** Are you on probation or parole?  
- Yes  
- No  

- Note duration and level in comments.

**How many times in your life have you been arrested and charged with the following:**

* **L3.** Shoplifting/vandalism

* **L4.** Parole/probation violations

* **L5.** Drug charges

* **L6.** Forgery

* **L7.** Weapons offense

* **L8.** Burglary/larceny/B&E

* **L9.** Robbery

* **L10.** Assault

* **L11.** Arson

Include total number of counts, not just convictions. Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult.

Include formal charges only.

**Comments:**
L12. Rape

L13. Homicide/manslaughter

L14. Prostitution

L15. Contempt of court

L16. Other: __________________________

L17. How many of these charges resulted in convictions?
   - If L3-16="00", then question L17="NN".
   - Do not include misdemeanor offenses from questions L18-20 below.
   - Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas.

How many times in your life have you been charged with the following:

L18. Disorderly conduct, vagrancy, public intoxication

L19. Driving while intoxicated

L20. Major driving violations
   - Moving violations: speeding, reckless driving, no license, etc.

L21. How many months were you incarcerated in your life?
   - If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated.
L24. Are you presently awaiting charges, trial or sentence?  
- Yes ☐  No ☐

L25. What for? (If multiple charges, use most severe.)  
- Refers to question L24. If more than one, choose most severe.  
- Don’t include civil cases, unless a criminal offense is involved.

- 03-Shoplift  08-Burglary  13-Homicide  19-DWI  
- 04-Prob. viol.  09-Robbery  14-Prostitution  20-Major driving violation  
- 05-Drug  10-Assault  15-Contempt  
- 06-Forgery  11-Arson  16-Other  
- 07-Weapons  12-Rape  18-Disorderly conduct

L26. How many days in the past 30 were you detained or incarcerated?  
- Include being arrested and released on the same day.

L27. How many days in the past 30 have you engaged in illegal activities for profit?  
- Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross checked with question E17 under Employment/Family Support section.

L28. How serious do you feel your present legal problems are?  
- Exclude civil problems.

L29. How important to you now is counseling or referral for these legal problems?  
- Patient is rating a need for additional referral to legal counsel for defense against criminal charges.

CONFIDENCE RATINGS
Is the above information significantly distorted by:

L31. Patient’s misrepresentation?  
- Yes ☐  No ☐

L32. Patient’s inability to understand?  
- Yes ☐  No ☐