

Assessment Help

Open Save General Medical Emp/Support Alc/Drugs Legal Status Family History Family Social Psyc. Status

**G2.** SS No.:

**G5.** Date of Interview:

**G10.** Gender:

**G99.** Treatment Episode No.:

**G11.** Interviewer Code No./Initials:

**G12.** Reason why ASI not completed:   
NA  
Client refused to finish  
Client intoxicated  
MH too severe  
Uncooperative/Hostile  
Other

**G14.** How long have you lived at your current address: (Years/Months)

**G15.** Is this address owned by you or your family?   
Yes  
No  
Unknown

**G17.** Of what race do you consider yourself?   
Hispanic Cuban  
Black(not Hisp)  
White(not Hisp)  
American Indian  
Hispanic-Mexican  
Hispanic-Puerto-Rican  
Asian/Pacific  
Other  
Haitian  
Bi-racial  
Unknown

**a)** In what country were you born?   
Other  
US  
Unknown

**b)** If born in a country other than US, how many years have you lived in the US?

**G18.** Do you have a religious preference?   
Protestant  
Catholic  
Jewish  
Islamic  
Other  
None  
Unknown

**G19.** Have you been in a controlled environment in the past 30 days?

*Theoretically, a place without access to drugs or alcohol.*

  
Medical Treatment  
Psychiatric Treatment  
Alcohol/Drug Treat.  
Jail  
No  
Other

**G20.** How many days?

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

**GX1.** What is the first language that you learned?

  
English  
French  
Haitian/Creole  
Polish  
Portuguese  
Russian  
Spanish  
Other

**GX2.** What language do you usually speak?

  
English  
French  
Haitian/Creole  
Polish  
Portuguese  
Russian  
Spanish  
Other

**GX3.** What language do you prefer to speak?

  
English  
French  
Haitian/Creole  
Polish  
Portuguese  
Russian  
Spanish  
Other

Assessment Help

Open Save General **Medical** Emp/Support Alc/Drugs Legal Status Family History Family Social Psyc. Status

**M1.** How many times in your life have you been hospitalized for medical problems?   
*Include ODs and DTs. Exclude detox, alcohol or drug, psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.*

**M2.** How long ago was your last hospitalization for a physical problem?    
*If no hospitalizations in Question M1, then this should be "NN".*

**a)** If TANF, have any of your children been to the hospital or doctor for a medical problem within the past 30 days?   
Yes  
No  
NN

**M3.** In your life, have you ever been diagnosed by a physician with any of the following:  
*Indicate in comments when it was diagnosed, medications prescribed, or any other relevant limitations or restrictions related to selection(s)*

Last 12 Months	In your Life
<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Chronic Heart Disease	<input type="checkbox"/> Chronic Heart Disease
<input type="checkbox"/> Cancer	<input type="checkbox"/> Cancer
<input type="checkbox"/> Alcoholic Cirrhosis	<input type="checkbox"/> Alcoholic Cirrhosis
<input type="checkbox"/> Asthma	<input type="checkbox"/> Asthma
<input type="checkbox"/> COPD/Emphysema	<input type="checkbox"/> COPD/Emphysema
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Chronic Fatigue Syndrome	<input type="checkbox"/> Chronic Fatigue Syndrome
<input type="checkbox"/> Other	<input type="checkbox"/> Other

**a)** Have you had any of the following health problems:

- None
- HIV/AIDS
- Herpes
- Human Papilloma Virus
- Hepatitis A/B/C
- Tuberculosis
- Gonorrhea
- Chlamydia
- Syphilis
- Other

**b)** Have you ever been tested for TB, HIV or AIDS?   
Yes  
No  
Unknown

**c)** Does client want to share M3a or M3b information?  
*If Yes, remember to get release(s) signed.*   
Yes  
No

**d)** If TANF, do any of these medical conditions/illnesses/injuries make it difficult to take care of your children?

**M4.** Are you taking any prescribed medication on a regular basis for a physical problem?  
*If Yes, specify in comments.*  
*Medication prescribed by a Medical Doctor 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 including methadone or suboxone.*

**a)** If TANF, do any of these medications that you are taking make it difficult for you to care for your children?

**M5.** Do you receive a pension for a physical disability?  
*If Yes, specify in comments.*  
*Include workers' compensation.*

**M99.** Number of months pregnant:  
*"N" for males*  
*"0" for not pregnant*

**a)** How many times have you been pregnant?

**b)** How many times have you actually given birth?

**c)** How old were you when your first baby was born?

**d)** Are you receiving prenatal care?

**M6.** How many days have you experienced medical problems in the past 30 days?  
*Include flu, colds, dental problems, etc. Include serious ailments related to drugs or alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.)*

**a)** When was your last physical exam? **Years** **Months**

**b)** When was your last dental exam? **Years** **Months**

**For questions M7 and M8, ask the patient to use the Patient 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?  
*If client is currently receiving medical treatment, refer to the need for additional medical treatment by the patient.*

  
None  
Slightly  
Moderately  
Considerably  
Extremely

**INTERVIEWER SEVERITY RATING**

**M9.** How do you rate the patient's need for medical treatment?  
*Refers to the patient's need for additional medical treatment*

  
0  
1  
2  
3  
4  
5  
6  
7  
8  
9

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

**M10.** Patient's misrepresentation?

  
Yes  
No

**M11.** Patient's inability to understand?

  
Yes  
No



**E1.** Education completed: Years  
*GED=12 years (note in comments),  
 Include formal education only.* ▼

**a)** Were you ever in special education classes or have you ever attended an alternative school? ▼  
 Yes  
 No

**E2.** Training or Technical education completed: Months  
 ▼

**E3.** Do you have a professional trade or skill? ▼  
*Employable, transferable skill acquired through training.  
 If "Yes" specify in comments.* Yes  
 No

**E4.** Do you have a valid driver's license? ▼  
*Valid license;not suspended or revoked.* Yes  
 No

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

**E6.** How long was your longest full time job? ( Year/Months ) Years Months  
*Full time=35+ hours weekly (does not necessarily mean  
 most recent job).* ▼ ▼

**E7.** Usual (or last) occupation? ▼  
*Specify in comments.*  
 Semi Skilled  
 Unskilled  
 Homemaker  
 Student/No Occupation  
 Clerical/Sales  
 Administrative  
 Major Professional  
 Skilled Manual/Training  
 Business Managers

**E8.** Does someone contribute to your support in any way? ▼  
*Is patient receiving any regular support (i.e., cash, food, housing) from family  
 or friends. Include spouse's contribution; exclude support by an institution.* Yes  
 No

**E9.** Does this constitute the majority of your support? ▼  
*If E8 is "No",then E9 is "No".* Yes  
 No

**E10.** Usual employment pattern, past three years?  
*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 current situation.*

**a)** Was the loss of any of these jobs related to your drinking or using drugs?

**E11.** How many days were you paid for working in the past 30 days?  
*Include "under the table" work, paid sick days and vacation.*

**For questions E12 - E17: 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.*

**a)** What is the total amount of time you have been on welfare since age 18?  
 Years  Months

**b)** Did your parents receive Welfare benefits prior to your turning age 18 in your home?

**E15.** Pensions, Benefits or Social Security?  
*Include disability, pensions, retirement, veteran's benefits, SSI, workers' compensation.*

**a)** Have you applied for SSI or SSD?

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

**E17.** Illegal?  
*Cash obtained from drug dealing, stealing, fencing stolen goods, illegal 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 or 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 days?  
*Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.*

**For questions E20 and E21, ask the patient to use the Patient 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?  
*Stress help in finding or preparing for a job, not giving them a job.*

- None
- Slightly
- Moderately
- Considerably
- Extremely

**INTERVIEWER SEVERITY RATING**

E22. How do you rate the patient's need for employment counseling?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

E23. Patient's misrepresentation?

- Yes
- No

E24. Patient's inability to understand?

- Yes
- No



Assessment Help

Open Save General Medical Emp/Support **Alc/Drugs** Legal Status Family History Family Social Psyc. Status

**Route of Administration Types:**

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.

	Past 30 Days	Lifetime (Years)	Route of Admin
D1. Alcohol (any use at all)	<input type="text"/>	<input type="text"/>	
D2. Alcohol (to intoxication)	<input type="text"/>	<input type="text"/>	
D3. Heroin	<input type="text"/>	<input type="text"/>	<input type="text"/>
D4. Methadone	<input type="text"/>	<input type="text"/>	<input type="text"/>
D5. Other Opiates/Analgesics	<input type="text"/>	<input type="text"/>	<input type="text"/>
D6. Barbiturates	<input type="text"/>	<input type="text"/>	<input type="text"/>
D7. Sedatives/Hypnotics/Tranquilizers	<input type="text"/>	<input type="text"/>	<input type="text"/>
D8. Cocaine	<input type="text"/>	<input type="text"/>	<input type="text"/>
D9. Amphetamines	<input type="text"/>	<input type="text"/>	<input type="text"/>
D10. Cannabis	<input type="text"/>	<input type="text"/>	<input type="text"/>
D11. Hallucinogens	<input type="text"/>	<input type="text"/>	<input type="text"/>
D12. Inhalants	<input type="text"/>	<input type="text"/>	<input type="text"/>
D36. Designer Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
D13. More than 1 substance per day (including alcohol)	<input type="text"/>	<input type="text"/>	

These are the 'Route of Administration' drop-down choices for D3 thru D36.

- NA
- Oral
- Nasal
- Smoking
- Non-IV injection
- IV injection

D14. According to the interviewer, which substance(s) is/are the major problem?  
*Interviewer should determine the major drug of abuse. Code the number next to the drug in question 01-12, or "00"= no problem, "15"= Alcohol and one or more drugs, "16"=more than one drug but no alcohol. Ask patient when not clear.*

- 00
- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10
- 11
- 12
- 15
- 16

**D98.** According to the patient which substance is the major problem?  
*Interviewer should determine the major drug of abuse. Code the number next to the drug in questions 01-12, or "00"= no problem, "15"= Alcohol and one or more drugs, "16"=more than one drug but no alcohol. Ask patient when not clear.*

- 00
- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10
- 11
- 12
- 15
- 16

- a)** If TANF, do your children sometimes tend to avoid you when you use alcohol and/or drugs?
- b)** If TANF, in the past month have you left your children alone to go and get alcohol or drugs and/or to deal with withdrawal symptoms?
- c)** If TANF, even if you only have a couple of drinks or use a small amount of drugs while your children are not present, does this drinking or drug use pose any danger to yourself or to your children?
- d)** If TANF, are there times when you are under the influence that you cannot provide and care for your children as you would like to?
- e)** If TANF, does your use of drugs or alcohol make it difficult for you to enjoy being with your children?
- f)** If TANF, would you say that your child seems to be fearful of other family members or other people living in or having access to the house?

*For D98a thru D98f, if the client is TANF please select either 'Yes' or 'No'.*

**D105.** Are you currently taking Suboxone (prescribed or non-prescribed)?   
 Prescribed  
 Non-Prescribed  
 No

**D106.** Are you currently receiving Vivitrol injections?   
 Yes  
 No

**Months**

**D15.** How long was your last period of voluntary abstinence from this major substance?   
*Last attempt for at least one month, not necessarily the longest. Periods of hospitalization or incarceration do not count.*  
 "00" = never

**D16.** How many months ago did this abstinence end?   
*If D15 = "00", then D16 = "NN."*  
 "00" = Still abstinent.

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

**D18.** Overdose on Drugs?   
*Overdose (OD) requires intervention by someone to recover, not simply sleeping it off, include suicide attempts by OD.*

How many times in your life have you been treated for:

**D19.** Alcohol abuse?   
**D20.** Drug abuse?   
*Include detoxification, halfway houses, inpatient or outpatient counseling*

How many of these were detox only:

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

How much money would you say you spent during the past 30 days on:

**D23.** Alcohol?   
**D24.** Drugs?   
*What is the financial burden caused by drugs or alcohol?*

**D25.** How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?   
*Include AA or NA*

**D99.** How many days have you been treated in an inpatient setting for alcohol or drugs in the past 30 days?

**D100.** Do you smoke cigarettes or use tobacco products?   
*Interviewer should determine how frequently they smoke cigarettes or use tobacco products and at what age they started.*  
Yes  
No

**D101.** Have you ever been pre-occupied with gambling?  
*e.g., planning for the next time you can gamble, or thinking of ways to get money with which to buy lottery tickets, sports betting, playing poker/cards for money, spending a lot of time in casinos.*   
Yes  
No

**D102.** Have you had repeated unsuccessful attempts to control, cut back or stop gambling?   
Yes  
No

**D103.** Do you gamble as a way of escaping from problems?  
*e.g., feelings of helplessness, guilt, anxiety, depression?*   
Yes  
No

**D104.** Have you lied to family members or others to hide the extent of involvement of your gambling?   
Yes  
No

**How many days in the past 30 days have you experienced:**

D26. Alcohol problems?

D27. Drug problems?

*Include: Cravings, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.*

**For questions D28-D31, ask the patient to use the Patient Rating Scale. The patient is rating the need for additional substance abuse treatment.**

**How troubled or bothered have you been in the past 30 days by these:**

D28. Alcohol problems?   
None  
Slightly  
Moderately  
Considerably  
Extremely

D29. Drug problems?   
None  
Slightly  
Moderately  
Considerably  
Extremely

**How important to you now is treatment for these:**

D30. Alcohol problems?   
None  
Slightly  
Moderately  
Considerably  
Extremely

D31. Drug problems?   
None  
Slightly  
Moderately  
Considerably  
Extremely

**INTERVIEWER RATING**

**How would you rate the patient's need for treatment for:**

D32. Alcohol problems?   
0  
1  
2  
3  
4  
5  
6  
7  
8  
9

D33. Drug problems?   
0  
1  
2  
3  
4  
5  
6  
7  
8  
9

**CONFIDENCE RATING**

Is the above information significantly distorted by:

D34. Patient's misrepresentation?

  
Yes  
No

D35. Patient's inability to understand?

  
Yes  
No

Open	Save	General	Medical	Emp/Support	Alc/Drugs	Legal Status	Family History	Family Social	Psyc. Status
------	------	---------	---------	-------------	-----------	--------------	----------------	---------------	--------------

- L1.** Was the admission prompted or suggested by the criminal justice system?  
*Note duration and level in comments.*
- a)** Have you ever been investigated or under supervision by Child Protective Services?
- b)** Are you currently being investigated or under supervision by Child Protective Services?
- L2.** Are you on parole or probation?  
*In comments, specify parole, probation, MAP, PTI, ISP, drug court, family drug court, other.*

**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.** Weapon Offense
- L8.** Burglary/Larceny/B&E
- L9.** Robbery
- L10.** Assault
- L11.** Arson
- L12.** Sexual Assault/Sexual Offense
- L13.** Homicide/Manslaughter
- L14.** Prostitution
- L15.** Contempt of Court/Failure to Appear
- L16.** Other   
*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.*

**L17.** How many of these charges resulted in conviction?

*If L3-16 = 0, then question L17 = "NN."  
Do not include misdemeanor offenses from questions L18-L20  
Convictions include fines, probation, incarcerations, suspended sentences, guilty pleas, and plea bargaining.*

**L18.** Disorderly conduct, vagrancy, public intoxication?

**L19.** Driving while intoxicated?

**L20.** Major driving violations?

*Moving violation: speeding, reckless driving, no license, etc.*

**L21.** How long were you incarcerated in your life?

*If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated.*

**Years**  **Months**

**L22.** How long was your last incarceration?

*Enter "NN" if never incarcerated.*

**L23.** What was it for?

*Use code 03-16, 18-20. If multiple charges, choose most severe. Enter "NN" if never incarcerated.*

- NN
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 18
- 19
- 20
- Unknown

**L24.** Are you presently awaiting charges, trial or sentence?

- Yes
- No
- Unknown

**L25.** What for?

*Use the number of the type of crime committed: 03-16 and 18-20. If multiple charges, choose most severe. Enter "NN" if never incarcerated.*

- NN
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 18
- 19
- 20
- Unknown

**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 and Family Support section*

**For Question L28-29 ask the patient to use the Patient Rating Scale.**

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

  
None  
Slightly  
Moderately  
Considerably  
Extremely

**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.*

  
None  
Slightly  
Moderately  
Considerably  
Extremely

**INTERVIEWER SEVERITY RATING**

**L30.** How would you rate the patient's need for legal services or counseling?

  
0  
1  
2  
3  
4  
5  
6  
7  
8  
9

**CONFIDENCE RATINGS**

**Is the above information significantly distorted by:**

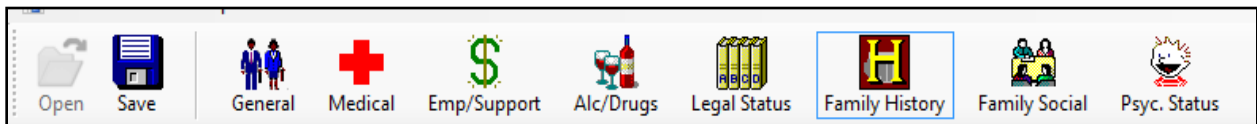
**L31.** Patient's misrepresentation?

  
Yes  
No

**L32.** Patient's inability to understand?

  
Yes  
No





**Have any of your blood-related relatives had what you would call a significant drinking, drug use, or psychiatric problem? Specifically, was there a problem that did or should have led to treatment?**

<u>Mother's Side</u>		Alcohol	Drug	Psych.
		Clearly All No	Clearly All No	Clearly All No
H1.	Grandmother	<input type="text"/>	<input type="text"/>	<input type="text"/>
H2.	Grandfather	<input type="text"/>	<input type="text"/>	<input type="text"/>
H3.	Mother	<input type="text"/>	<input type="text"/>	<input type="text"/>
H4.	Aunt	<input type="text"/>	<input type="text"/>	<input type="text"/>
H5.	Uncle	<input type="text"/>	<input type="text"/>	<input type="text"/>

*H1 thru H5 can be answered individually with any of these drop-down choices also.*

- Clearly No
- Clearly Yes
- Never Relative
- Don't Know

**Have any of your blood-related relatives had what you would call a significant drinking, drug use, or psychiatric problem? Specifically, was there a problem that did or should have led to treatment?**

<u>Father's Side</u>		Alcohol	Drug	Psych.
		Clearly All No	Clearly All No	Clearly All No
H6.	Grandmother	<input type="text"/>	<input type="text"/>	<input type="text"/>
H7.	Grandfather	<input type="text"/>	<input type="text"/>	<input type="text"/>
H8.	Father	<input type="text"/>	<input type="text"/>	<input type="text"/>
H9.	Aunt	<input type="text"/>	<input type="text"/>	<input type="text"/>
H10.	Uncle	<input type="text"/>	<input type="text"/>	<input type="text"/>

*H6 thru H10 can be answered individually with any of these drop-down choices also.*

- Clearly No
- Clearly Yes
- Never Relative
- Don't Know

**Have any of your blood-related relatives had what you would call a significant drinking, drug use, or psychiatric problem? Specifically, was there a problem that did or should have led to treatment?**

<u>Siblings</u>		Alcohol	Drug	Psych.
		Clearly All No	Clearly All No	Clearly All No
H11.	Brother	<input type="text"/>	<input type="text"/>	<input type="text"/>
H12.	Sister	<input type="text"/>	<input type="text"/>	<input type="text"/>

*H11 and H12 can be answered individually with any of these drop-down choices also.*

- Clearly No
- Clearly Yes
- Never Relative
- Don't Know

Have any of your non-blood relatives had what you would call a significant drinking, drug use, or psychiatric problem? Specifically, was there a problem that did or should have led to treatment?

<u>Non-blood relatives</u>	<u>Alcohol</u>	<u>Drug</u>	<u>Psych.</u>
	Clearly All No	Clearly All No	Clearly All No
	N/A	N/A	N/A
<b>H13.</b> Stepmother			
<b>H14.</b> Stepfather			
<b>H15.</b> Stepsibling			
<b>H16.</b> Foster Mother			
<b>H17.</b> Foster Father			

Clearly No  
Clearly Yes  
Never Relative  
Don't Know

Answer H13 thru H17 individually by selecting any of these drop-down choices.

Open	Save	General	Medical	Emp/Support	Alc/Drugs	Legal Status	Family History	Family Social	Psyc. Status

**F1.** Marital Status: ▼

Separated  
Divorced  
Widowed  
Remarried  
Mamed  
Common-Law  
Never Married

**F2.** How long have you been in this marital status (refers to question F1)?  
*If never married, then since age 18.*

Years Months

**F3.** Are you satisfied with this situation?  
*Satisfied = generally liking the situation.  
Refers to Question F1 & F2*

▼  
Indifferent  
Yes  
No

**F4.** Usual living arrangements (past 3 years):  
*Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.*

▼  
No stable arrangement  
With sexual partner & children  
With sexual partner alone  
With children alone  
With parents  
With family  
With friends  
Alone  
Controlled Environment

**a)** If homeless, where did you stay during this homeless period?

▼  
Never Homeless  
Never Homeless  
In a building  
With Friends  
Outside  
Shelter  
In a Car  
Other

**F5.** How long have you lived in these arrangements?  
*If with parents or family, since age 18.  
Code years and months living in arrangement from Question F4.*

Years Months

**F6.** Are you satisfied with these arrangements?

▼  
Indifferent  
Yes  
No

**...** List the children in the household \_\_\_\_\_

**...** If child(ren) not in the household where is the child(ren) living now? \_\_\_\_\_

**...** What is the reason the child(ren) is living there? \_\_\_\_\_

**...** Do any of your children have special needs?

▼  
Yes  
No

**...** When you were a child, were you ever placed in an out-of-home setting such as foster care, relative care, group home or other residential placement?

▼  
Yes  
No

Do you live with anyone who:

**F7.** Has a current alcohol problem?   
Yes  
No

**F8.** Uses non-prescribed drugs or abuses prescribed drugs?   
Yes  
No

**a)** Does your significant other have a drinking, drug use, or psychiatric problem?   
NA  
Yes  
No

**F9.** With whom do you spend most of your free time?  
*If a girlfriend or boyfriend is considered as family by patient, then they must refer to them as family throughout this section, not a friend.*   
Alone  
Family  
Friends

**F10.** Are you satisfied with spending your free time this way?  
*A satisfied response must indicate that the person generally likes the situation. Referring to Question F9.*   
Indifferent  
Yes  
No

**F11.** How many close friends do you have?  
*Stress that you mean close. Exclude family members. These are "reciprocal" relationships or mutually supportive relationships.*

Would you say you have had a close reciprocal relationship with any of the following people:

<b>F12.</b> Mother	<input type="button" value="v"/>	<input type="button" value="v"/>
<b>F13.</b> Father		<input type="button" value="v"/>
<b>F14.</b> Brother/Sister		<input type="button" value="v"/>
<b>F15.</b> Sexual Partner/Spouse		<input type="button" value="v"/>
<b>F16.</b> Children		<input type="button" value="v"/>
<b>F17.</b> Friends		<input type="button" value="v"/>

Uncertain or don't know  
Clearly No for all in class  
Clearly Yes for any in class  
Never was a relative

By reciprocal, you mean that you would do anything you could to help them out and vice versa.

**Have you had significant periods in which you have experienced serious problems getting along with:**

	Past 30 days	In your life
<b>F18.</b> Mother	<input type="button" value="v"/>	<input type="button" value="v"/>
<b>F19.</b> Father	<input type="button" value="v"/>	<input type="button" value="v"/>
<b>F20.</b> Brother/Sister	<input type="button" value="v"/>	<input type="button" value="v"/>
<b>F21.</b> Sexual Partner/Spouse	<input type="button" value="v"/>	<input type="button" value="v"/>
<b>F22.</b> Children	<input type="button" value="v"/>	<input type="button" value="v"/>
<b>F23.</b> Other Significant Family. Specify in comments.	<input type="button" value="v"/>	<input type="button" value="v"/>
<b>F24.</b> Close Friends	<input type="button" value="v"/>	<input type="button" value="v"/>
<b>F25.</b> Neighbors	<input type="button" value="v"/>	<input type="button" value="v"/>
<b>F26.</b> Co-workers	<input type="button" value="v"/>	<input type="button" value="v"/>

Yes  
No  
NA

"Serious problems" mean those that endangered the relationship.  
A "problem" requires contact of some sort, either by telephone or in person.

**Has anyone abused you?**

		Past 30 days	In your life	
F27.	Emotionally? <i>Made you feel bad through harsh words.</i>	<input type="text"/>	<input type="text"/>	} <input type="text"/> Yes No
F28.	Physically? <i>Caused you physical harm.</i>	<input type="text"/>	<input type="text"/>	
F29.	Sexually? <i>Forced sexual advances or acts</i>	<input type="text"/>	<input type="text"/>	
a)	Sexual harassment (inappropriate physical contact, stalking, using threats to secure sexual contact, etc.)	<input type="text"/>	<input type="text"/>	

**How many days in the past 30 have you had serious conflicts:**

F30.	With your family?	<input type="text"/>
F31.	With other people (excluding family)?	<input type="text"/>
a)	How much do you feel cared about, liked, or loved by the significant people in your life (such as family members, friends, and so on)?	<input type="text"/> Not at all A little Somewhat A lot
b)	To what degree do you feel you need more emotional support?	<input type="text"/> Not at all A little Somewhat A lot

**For questions F32-F35, ask the patient to use the Patient Rating Scale.**

How troubled or bothered have you been in the past 30 days by:

F32.	Family problems?	<input type="text"/> None Slightly Moderately Considerably Extremely
F33.	Social problems?	<input type="text"/> None Slightly Moderately Considerably Extremely

**How important to you now is treatment or counseling for these:**

F34.	Family problems? <i>Patient is rating his or her need for counseling for family problems, not whether they would be willing to attend.</i>	<input type="text"/> None Slightly Moderately Considerably Extremely
F35.	Social problems? <i>Include patient's need to seek treatment for such social problems as loneliness, inability to socialize and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems.</i>	<input type="text"/> None Slightly Moderately Considerably Extremely

**INTERVIEWER SEVERITY RATING:**

**F36.** How would you rate the patient's need for family and or social counseling ?

  
0  
1  
2  
3  
4  
5  
6  
7  
8  
9

**CONFIDENCE RATINGS:**

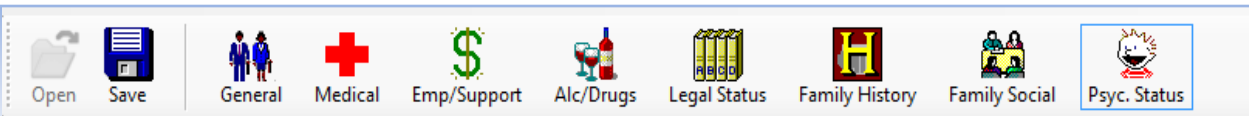
Is the above information significantly distorted by:

**F37.** Patient's misrepresentation?

  
Yes  
No

**F38.** Patient's inability to understand?

  
Yes  
No



**How many times in your life have you been treated for any psychological or emotional problems:**

**P1.** In a hospital or inpatient setting?

**P2.** In an outpatient setting?

*Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days.*

**a)** Did you receive a diagnosis when you were in treatment?

Yes  
No  
Unknown

**P3.** Have you ever, or do you now receive a financial benefit, such as Social Security for a psychiatric disability?

Yes  
No

**P4-P12: if yes in any question, comment box mandatory to define symptoms and list diagnoses.**

**Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have:**

**P4.** Experienced serious depression, sadness, hopelessness, loss of interest, difficulty with daily functioning?

Past 30 days	Lifetime
<input type="text"/>	<input type="text"/>
Yes No	Yes No

**a)** If TANF, have you ever felt so depressed that you could not deal with the stress of taking care of your children?

Past 30 days	Lifetime
<input type="text"/>	<input type="text"/>
Yes No NN	Yes No NN

**P5.** Experienced serious anxiety/tension-uptight, unreasonably worried, inability to feel relaxed?

**P6.** Experienced hallucinations, saw things/heard voices that others didn't see/hear?

**P7.** Experienced trouble understanding, concentrating or remembering?

Yes  
No

Yes  
No

**P8.** Experienced trouble controlling violent behavior including episodes of rage, or violence?

*Patient can be under the influence of alcohol or drugs.*

Past 30 days	Lifetime
<input type="text"/>	<input type="text"/>
Yes No	Yes No

	Past 30 days	Lifetime
<b>P9.</b> Experienced serious thoughts of suicide? <i>Patient seriously considered a plan for taking his or her life. Patient can be under the influence of alcohol or drugs.</i>	<input type="button" value="▼"/> Yes No	<input type="button" value="▼"/> Yes No
<b>a)</b> If TANF, within the last 30 days have you felt like hurting yourself or your children?	<input type="button" value="▼"/> Yes No NN	
<b>P10.</b> Attempted suicide? <i>Include actual suicidal gesture or attempts. Patient can be under the influence of alcohol or drugs.</i>	<input type="button" value="▼"/> Yes No	<input type="button" value="▼"/> Yes No
<b>a)</b> In your life, have you ever engaged in any type of non-suicidal self-injury such as cutting, burning or hitting yourself?		<input type="button" value="▼"/> Yes No
<b>P11.</b> Been prescribed medication for any psychological or emotional problems? <i>Prescribed for the patient by a physician. Record "Yes" if a medication was prescribed even if the patient is not taking it.</i>	<input type="button" value="▼"/> Yes No	<input type="button" value="▼"/> Yes No
<b>a)</b> Experienced anorexia, bulimia, or other eating disorders (more than 2 weeks, not related to drug or alcohol use)?	<input type="button" value="▼"/> Yes No	<input type="button" value="▼"/> Yes No
<b>b)</b> In the past 30 days, to what degree were you bothered by past experiences involving: Physical abuse, Sexual abuse, Rape, Sexual Harassment?	<input type="button" value="▼"/> None Slightly Moderately Considerably Extremely	
<b>P12.</b> How many days, in the past 30, have you experienced these psychological or emotional problems? <i>This refers to problems noted in questions P4-P10.</i>	<input type="button" value="▼"/>	



**P99.** Have you ever experienced or witnessed a traumatic event in your life which involved actual or threatened death, or serious injury?

Dropdown menu with options: Yes, No

**a)** If Yes, do you repeatedly relive the event in at least one of the following ways?

- None
- Repeating memories
- Stressful thoughts
- Images
- Flashbacks
- Bad dreams
- Hallucinations
- Sleeplessness
- Other

**For Question P13-P14, ask the patient to use the Patient Rating Scale**

**P13.** How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?  
*Patient should be rating the problem days from Question P12.*

Dropdown menu with options: None, Slightly, Moderately, Considerably, Extremely

**P14.** How important to you now is treatment for these psychological or emotional problems?

Dropdown menu with options: None, Slightly, Moderately, Considerably, Extremely

**The following items are to be completed by the interviewer at the time of the interview :**

**P15.** Obviously depressed/withdrawn

Dropdown menu

**P16.** Obviously hostile

Dropdown menu

**P17.** Obviously anxious/nervous

Dropdown menu

**P18.** Having trouble with reality testing, thought disorders, paranoid thinking

Dropdown menu

**P19.** Having trouble comprehending, concentrating, remembering

Dropdown menu

**P20.** Having suicidal thoughts

Dropdown menu

Large dropdown menu with options: Yes, No, and a bracket grouping the P15-P20 items.

**INTERVIEWER SEVERITY RATING**

**P21.** How would you rate the patient's need for psychiatric/psychological treatment?

Dropdown menu with options: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

**P22.** Patient's misrepresentation?

  
Yes  
No

**P23.** Patient's inability to understand?

  
Yes  
No