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BSAP QUESTIONNAIRE

Client's Name	Fire	st			 				INSTRUCTIONS 1. Leave no blanks. Where appropriate code items:
	Mic	ldle_							Y-Yes N-No
	Las	st			 			 	X-Question not applicable Z-Question not answered Use only one character per item.
Social Security	/ #:	Γ			- [-			Space is provided after sections for additional comments.
Date of Birth:		_	·	•		/	/		SEVERITY RATINGS The severity ratings are interview estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9
Gender (M/F):									(treatment needed to intervene in life-threatening situations). Each rating is based upon the patient's history of problem symptoms, present condition and
Client ID:									subjective assessment of the patient's treatment needs in a given area.

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BSAP QUESTIONNAIRE

GF	NERAL INFORMATION	G14.	Why are you receiving	this asse	ssment (1-6)?		
	Client ID:		1-OWI or DWI 2-Court ordered		4-Other criminal arrest	st	
			3-Attorney recomme	ended	6-Other		1
00			BAC:				\perp
G2.	Social Security #:	G16.	By whom was it ordered	d (1-4)?			
G3.	Provider #:		3	3-Presen 4-Parole	tence		
G4.	Medicaid number:	G17.	Specify other:				
		G18.	Class:				
G5.	Medicare number:		1-Intake		2-Follow-up		
		G19.	Contact Code:				
G6.	MHID number:		1-In person 2-Phone		3-Mail		
C7	Proporting problems (or seen by client):	G20.	Interviewer's initials:				
G7.	Presenting problems (as seen by client):						
	A. Onset:	G21.	Gender				
			M-Male	F-Female	9		
	B. Frequency:	G22.	How did this interview e	nd?			
			1-Terminated 2-Refused		3-Unable to respond X-Not applicable		
	C. Severity:	G23.	Client's:				
			First name	Middle na	ame L	ast nam	e
	D. Reasons for securing services at this time:		Address				
_			Address				
G8.	Date of Admission:		City	State		Zip	
G9.	Date of Interview: / / /		,			<u>.</u>	
			Phone number:		-		
G10.	Time Begun:	G24.	How long have you live	ed at this	address?		
G11	Who referred you for an evaluation?			Ye	ears Mo	onths	
O 11.	1-Attorney	G25.	Is this address owned	by you or	your family (Y/N)?		
	2-Probation/Parole Officer 3-Presentence Investigator						
	4-Self	G26.	Date of birth:			/	
	5-Judge or Court 6-Other	G27.	Of what race do you co	onsider yo	ourself?		
G12.	Referral source's name		1-White 2-Black		6-Hispanic-Mexican 7-Hispanic-Puerto Ri	can	
	Address		3-American Indian 4-Alaskan Native		8-Hispanic-Cuban 9-Other Hispanic		
	Address		5-Asian or Pacific Is	lander			
	City, state, zip	G27a	. What ethnic group do	you consid	der yourself part of? _		
	Phone #: ()	G28.	Religious preference: 1-Protestant		4 Islamia		
G13.	By when do you need this assessment?		2-Catholic 3-Jewish		4-Islamic 5-Other 6-None		

G29.	Specify other religion:	COMMENTS FOR GENERAL AREA:
G29a.	Are you currently practicing this religion (Y/N)?	
G29b.	What was the religious preference in the household where you were raised?	
	1-Protestant 4-Islamic	
	2-Catholic 5-Other 3-Jewish 6-None	
G30.	Have you been in a controlled environment in the past 30 days?	
	1-No 4-Medical treatment	
	2-Jail 5-Psychiatric treatment 3-Alcohol or drug treatment 6-Other	
	Specify Other:	
	How many days?	
G31.	Are you or have you ever been in the following	
	branches of military? 1-Air Force 4-Navy	
	1-Air Force 4-Navy 2-Army 5-Coast Guard 3-Marines 6-None	
G32.	Dates of service:	
	to // //	
G33.	Highest rank:	
G34.	Type of discharge:	
	0-Active duty 3-Administrative	
	1-Honorable 4-Medical 2-Dishonorable	
G35.	Were you ever involved in combat (Y/N)?	

ΜE	DICAL STATUS	COMMENTS FOR MEDICAL AREA:
M1.	How many times in your life have you been hospitalized for]
	medical problems? (Include ODs, DTs, exclude detox)	
M2.	How long ago was your last hospitalization for a physical problem?	
	Years Months	
M2a	What was it for?	I
M3.	Do you have any chronic medical problems which continue	,
11.0.	to interfere with your life (Y/N)?	J
МЗа	Specify:	
	Age at onset of chronic illness:]
M4.	Did you have any other chronic medical problems]
IVI-T.	as a child (Y/N)?	J
M4a.	Specify:	
M4b.	Age at onset of that other childhood chronic illness:	
M5.	Number of months pregnant?	
M6.	Are you taking any prescribed medication on a regular	
	basis for a physical problem (Y/N)?	
M6a.	What is it?	
M6b.	What is it for?	
M7.	Do you receive financial compensation (pension, disability,	
	etc.) for a physical disability (Y/N)?	
М7а.	Specify:	
M8.	How many days have you experienced medical problems]
	in the past 30 days?	
	ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:	
	0-NOT AT ALL 3-CONSIDERABLY 1-SLIGHTLY 4-EXTREMELY 2-MODERATELY	
M9.	How troubled or bothered have you been by these	
	medical problems in the past 30 days?	
M10.	How important to you now is treatment for these	
	medical problems?	
	THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY	
	INTERVIEWER SEVERITY RATING	
M11.	How would you rate the client's need for medical treatment (0-9)?]
	CONFIDENCE RATINGS	
	Is the Medical Status information significantly distorted by:	
M12	Patient's misrepresentation (Y/N)?	
	Patient's inability to understand (Y/N)?	
٠٧١١٠٠.	r actions o majority to analogating (1/14):	

<u>EM</u>	PLOYMENT/SUPPORT STATUS	E13c. Welfare:
E1.	Education completed (GED = 12 years):	E13d. Pension, benefits or social security:
	Years Months	E13e. Mate, family or friends:
E2.	Training or technical education completed: Months	E13f. Illegal:
E3.	Do you have a profession, trade or skill (Y/N)?	E14. What was our gross income last year?
	Specify:	E15. How many people depend on you for the majority of their food, shelter, etc.?
E4.	Do you have a valid driver's license (Y/N)?	E16. How many days have you experienced employment problems in the past 30?
E5.	Do you have an automobile available for your use (Y/N)? (Answer "no" if no valid driver's license)	ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:
E6.	How long was your longest full-time job?	0-NOT AT ALL 3-CONSIDERABLY
	Years Months	1-SLIGHTLY 4-EXTREMELY 2-MODERATELY
E7.	Usual (or last) occupation:	E17. How troubled or bothered have you been by these employment problems in the past 30 days?
	1a. Higher Executives1b. Large Proprietor (Value over \$180,000)1c. Major Professionals	E18. How important to you now is counseling for these employment problems?
	 2a. Business Managers 2b. Proprietors of Medium-Sized Businesses 3a. Administrative Personnel 3b. Proprietors of Small Businesses (<\$55,000) 3c. Minor Professionals 3d. Farmers (owners \$41,000-\$60,000) 	THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY
	4a. Clerical and Sales Workers 4b. Technicians	INTERVIEWER SEVERITY RATING
	4c. Proprietors of Little Business (<\$10,000) 4d. Farmers (Owners \$21,000-\$40,000)	E19. How would you rate the patient's need for employment
	5a. Skilled Manual Employees and Small Farmers5b. Small Farmers (Owners <\$20,000)6a. Machine Operators and Semi-Skilled Employees	counseling (0-9)?
	6b. Small Farm Tenants 7. Unskilled Employees	CONFIDENCE RATINGS
	Specify:	Is the Employment/Support Status information significantly distorted
E8	Does someone contribute to your support in any way (Y/N)?	by:
E8a.	Specify:	E20. Patient's misrepresentation (Y/N)?
E8b.	Does this constitute the majority of your support (Y/N)?	E21. Patient's inability to understand (Y/N)?
E9.	Employment status:	COMMENTS FOR EMPLOYMENT AREA.
	1-Full-time (35+ hrs/wk)` 5-Service 2-Part-time (reg. hrs.) 6-Retired/Disability	COMMENTS FOR EMPLOYMENT AREA:
	3-Part-time (leg. his.) 3-Part-time (irreg., daywork) 4-Student 5-Retrieu/Disability 7-Unemployed 8-In controlled environment	
E10.	At what age did you first start regular work?	
E11.	Usual type of work as an adolescent:	
	1-Full-time (35+ hrs/wk)` 5-Service 2-Part-time (reg. hrs.) 6-Retired/Disability 3-Part-time (irreg., daywork) 7-Unemployed 4-Student 8-In controlled environment	
E12.	How many days were you paid for working in the last 30?	
E13.	How much money did you receive from the following sources in the past 30 days:	
E13a.	Employment (net income):	
E13b	Unemployment compensation:	

DR	UG/ALCOHOL USE	COMMENTS FOR DRUG/ALCOHOL AREA:
D1.	What age did you first try alcohol or drugs?	
рта.	What was it?	
	Date of Age at # Days # Years in Rte of Last Use 1 st use Past 30 Lifetime Admin Month/Year	
D2.	Alcohol //	
	any use at all)	
D3.	Alcohol //	
	(to intoxication)	
D4.	Heroin /	
D5.	Methadone // // //	
D6.	Other opiates/	
	analgesics	
D7.	Barbiturates // // // // // // // // // // // // //	
D8. C	Other sedatives/ / / /	
	hypnotics/	
	tranquilizers	
D9.	Cocaine	
D10.	Amphetamines // // //	
D11.	Cannabis	
D12.	Hallucinogens / / / /	
D13.	Inhalants	
D4.4	Manager 4	
D14.	More than 1/	
	(including alcohol)	
	Route of Administration	
	1-Oral 4-Non-IV injection 2-Nasal 5-IV injection 3-Smoking	
D15.	Have you ever used a needle to administer any of these drugs (Y/N)?	
D16.	Are you an I.V. drug user (Y/N)?	
	According to the interviewer, which substance(s) are the major problem?	
	00-No problem 08-Cocaine	
	01-Alcohol 09-Amphetamines 02-Alcohol to intox. 10-Cannabis	
	03-Heroin 11-Hallucinogens 04-Methadone 12-Inhalants	
	05-Opiates/analgesics 15-Alcohol & one or more drugs 06-Barbiturates 16-More than one drug 07-Other sed/hyp/tranq	

COMMENTS FOR DRUG/ALCOHOL AREA: _____

D17a	are the major problem? (Use codes in question D17)		QUESTIONS:	IWO
D18.	How long was your last period of voluntary abstinence from this major substance (substance identified in D-17)? (00-never abstinent) Months		0-NOT AT ALL 3-CONSIDERABLY 1-SLIGHTLY 4-EXTREMELY 2-MODERATELY	
D19.	How many months ago did this abstinence end? (00-never abstinent)		How troubled or bothered have you been in the past 30 days by these:	
	(D41.	Alcohol problems?	Щ
	How many times have you:	D42.	Drug problems?	
D20.	Had alcohol DTs?		How important to you now is treatment for these:	
D21.	Overdosed on drugs?	D43.	Alcohol problems?	Ш
	How many times in your life have you been treated for:	D44.	Drug problems?	
	Alcohol abuse?		THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY	
D23.	Drug abuse?		INTERVIEWER SEVERITY RATING	
	How many of these were for detox only:		How would you rate the client's need for treatment for (0-9):	
	Alcohol?	D45.	Alcohol Problems?	
D25.	Drug?		Drug Problems?	H
D26.	How long ago were you last in treatment? Years		CONFIDENCE RATINGS	Ш
	Months		Is the Drug/Alcohol Status information significantly distorted by:	
		D47	Patient's misrepresentation (Y/N)?	
D27.	Name of Center		Patient's inability to understand (Y/N)?	H
D28.	Address	D40.	ration is maplify to understand (1714):	
D29.	Type of treatment: 1-Inpatient 2-Outpatient	ADD	ITIONAL COMMENTS FOR DRUG/ALCOHOL AREA:	
D30.	How long did it last? Days			
D31.	Did you complete it successfully (Y/N)?			
D32.	Have you been evaluated for alcohol or drugs before today (Y/N)?			
D33.	Where:			
	When: / / /			
	How much money would you say you spent during the past 30 days on the following?			
D34.	Alcohol?			
D35.	Drugs?			
D36.	Do you receive any financial compensation for a drug or alcohol disability (include SSI/SSDI) (Y/N)?			
D37.	How many days have you been treated as an outpatient for alcohol or drugs in the past 30 days (include AA & NA)?			
D38.	(Optional) How many days have you been treated as an inpatient for alcohol or drugs in the past 30 days?			
	How many days in the past 30 have you experienced:			
D39.	Alcohol problems?			
D40.	Drug problems?			

<u>LE</u>	GAL STATUS	COMMENTS FOR LEGAL AREA:
L1.	Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.) (Y/N)?	
L2.	Are you on probation or parole?	J
	0-Neither 1-Probation	
	2-Parole	
	How many times in your life have you been arrested and charged with following?	
	Under the influence at the time?	
L3.	Shoplifting/vandalism/theft?	
L4.	Parole/probation violations?	
L5.	Drug charges?	
L6.	Forgery?	
L7.	Weapons offense?	
L8.	Burglary/larceny/B&E?	
L9.	Robbery?	
L10.	Assault?	
L11.	Arson?	
L12.	Rape/sex-related crimes?	
L13.	Homicide/manslaughter?	
L14.	Prostitution?	
L15.	Contempt of court?	
L16.	Other?	
L17.	How many of these charges resulted in convictions?	
	How many times in your life have you been charged with:	
L18.	Disorderly conduct?	
	Vagrancy?	
	Public intoxication?]
L19.	Driving while intoxicated?	
L20.		
L21.	MIP (minor in possession)?	<u> </u>
		1
L22.	How many month(s) were you incarcerated in your life?	
L23.	How long was your last incarceration? Months	
L24.	What was it for?	J
	03-Shoplifting/vandalism/theft 12-Rape/sex related crimes 13-Homicide/manslaughter	
	05-Drug charges 14-Prostitution 06-Forgery 15-Contempt of court 07-Wagner of force 15-Contempt of court	
	07-Weapons offense 16-Other 08-Burglary/larceny/B&E 18-Disorderly conduct, vagrancy 19-Driving while intoxicated	
	10-Assault 20-Major driving violations 11-Arson	

L25.	Are you presently awaiting of	charges, trial or sentencing (Y/N))?	ADDITIONAL COMMENTS FOR LEGAL AREA:
	For what?			
L26.	How old were you when you (00 if never arrested)	were first arrested?		
L26a.	What was your first arrest fo	r?		
	(Use codes 03-16, 18-20; 00	O if never arrested)		
	03-Shoplifting/vandalism/theft 04-Parole/probation violation 05-Drug charges 06-Forgery 07-Weapons offense 08-Burglary/larceny/B&E 09-Robbery 10-Assault 11-Arson	12-Rape/sex related crimes 13-Homicide/manslaughter 14-Prostitution 15-Contempt of court 16-Other 18-Disorderly conduct, vagrancy 19-Driving while intoxicated 20-Major driving violations		
L26b.	How many months did you s centers?	spend in juvenile detention		
L27.	How many days in the past or incarcerated?	30 were you detained		
L28.	How many days in the past illegal activities for profit?	30 have you engaged in		
	ASK THE CLIENT TO USE TWO QUESTIONS:	THIS SCALE TO RATE THE NE	≣XT	
	0-NOT AT ALL 1-SLIGHTLY 2-MODERATELY	3-CONSIDERABLE 4-EXTREMELY		
L29.		ır present legal problems are?		
L30.	How important to you now is these legal problems?	counseling or referral for		
		ARE TO BE ANSWERED BY TI IEWER ONLY	HE	
	INTERVIEWER	SEVERITY RATING		
L31.	How would you rate the paticounseling?	ent's need for legal services or		
		NCE RATINGS		
	Is the Legal Status informati	on significantly distorted by:		
	Ü	, ,		
L32.	Patient's misrepresentation	(Y/N)?		
L33.	Patient's inability to understa	and (Y/N)?		

FAMILY HISTORY

A-Alcoholism

D-Illegal drug dependence

T-Cigarette smoker G-Compulsive gambler

S-Sexual addiction

P-Prescription drug dependence

Which of these dependencies or other personal problems have been exhibited by members of your family? (Use the letters listed below)

C-Suicide

W-Workaholic

M-Mental illness

E-Eating disorder/compulsive overeater

V-Violence or frequent rages

Mother's Side Grandmother H1. H2. Grandfather Mother H3. Aunt/Uncle H4. H5. Aunt/Uncle H6. Aunt/Uncle Which of these dependencies or other personal problems have been exhibited by members of your family? (Use the letters listed below) A-Alcoholism E-Eating disorder/compulsive overeater D-Illegal drug dependence C-Suicide P-Prescription drug dependence W-Workaholic T-Cigarette smoker V-Violence or frequent rages G-Compulsive gambler M-Mental illness S-Sexual addiction Father's Side Grandmother H8. Grandfather H9. Father H10. Aunt/Uncle H11. Aunt/Uncle H12. Aunt/Uncle Which of these dependencies or other personal problems have been exhibited by members of your family? (Use the letters listed below) A-Alcoholism E-Eating disorder/compulsive overeater D-Illegal drug dependence C-Suicide W-Workaholic P-Prescription drug dependence T-Cigarette smoker V-Violence or frequent rages G-Compulsive gambler M-Mental illness S-Sexual addiction Your Family H13. Former Spouse/ Partner H14. Spouse or Partner H15. Yourself H16. Brother/Sister H17. Brother/Sister H18. Brother/Sister

Which of these dependencies or other personal problems have been exhibited by members of your family? (Use the letters listed below)

A-Alcoholism D-Illegal drug dependence C-Suicide

P-Prescription drug dependence

T-Cigarette smoker

G-Compulsive gambler S-Sexual addiction

E-Eating disorder/compulsive overeater

W-Workaholic

V-Violence or frequent rages

M-Mental illness

	Your Children										
H19.	Child #1										
H20.	Child #2										
H21.	Child #3										
H22.	Child #4										
H23.	Child #5										
H24.	Child #6										
	Which of these dependencies or other personal problems have bee exhibited by members of your family? (Use the letters listed below)										
	A Alaahaliam				_	- Ca4:	مالم م	 ./	باماديم		

D-Illegal drug dependence

P-Prescription drug dependence T-Cigarette smoker

G-Compulsive gambler

E-Eating disorder/compulsive overeater

C-Suicide W-Workaholic

V-Violence or frequent rages

M-Mental illness

S-Sexual addiction	
Additional Family Members	
H25. Specify:	
H26. Specify:	
H27. Specify:	
H28. Specify:	
H29. Specify:	
H30. Specify:	
How many siblings do you have?	
H31. Brothers:	
H32. Sisters:	
COMMENTS FOR FAMILY HISTORY AF	REA:

FAI	WILY/SOCIAL RELATIONSHIPS		F14. How many days in the past 30 did you exercise?
F1.	Marital status:		F15. How many close friends do you have?
	1-Married 4-Seperated 2-Remarried 5-Divorced 3-Widowed 6-Never Married		Would you say you have had close, reciprocal relationships with any of the following people in your life? Y-Yes N-No X-Not applicable Z-Not answered
F2.	How long have you been in this marital status?	Years	F16. Mother
	(If never married, then since age 18)	Months	F17. Father
F3.	Are you satisfied with this situation (0-2)?		F18. Brothers/Sisters
	0-No 1-Indifferent		F19. Sexual Partner/Spouse
-4	2-Yes		F20. Children
F4.	(Optional) Sexual preference: 1-Males 4-None 2-Females 5-Other		F21. Friends
E40	3-Both	oinee ago 19\2	F22. Did you ever live in any of the following situations prior to age 18? Y-Yes N-No X-Not applicable Z-Not answered
F4a.	(Optional) How long have you had this preference (Years Years	Two-parent household
			Single-parent household
T41-	Are year activitied with this according to 2000	Months	Extended family
F4D.	Are you satisfied with this sexual preference (0-2)?		Other family, not parents
	0-No 1-Indifferent		Guardians, not related
	2-Yes		6. Residential schools
F5.	How many children do you have?		7. Foster parents
F6.	Usual living arrangements for the past three years:		8. Orphanage
	1-With sexual partner and children2-With sexual partner alone		Medical/Psychiatric institutions
	3-With children alone 4-With parents		10. Correctional facility
	5-With family 6-With friends		11. Unsupervised minor
	7-Alone 8-Controlled environment 9-No stable arrangements		F22a. Which environment was primary? (Use numbers from F22)
F7.	How long have you lived in these arrangements?	Years	F22b. How long were you in the primary living situation? Years
	(If with family or parents, since age 18)	Months	Months
F8.	Are you satisfied with these arrangements?		
	0-No 1-Indifferent		F22c. Were you satisfied with this (0-2)?
	2-Yes		0-No 1-Indifferent
	Do you live with anyone who:		2-Yes
F9.	Has a current alcohol problem (Y/N)?		Have you had significant periods in which you have experienced serious problems getting along with:
F10.	Uses non-prescribed drugs (Y/N)?		Y-Yes N-No X-Not applicable Z-Not answered
F11.	With whom do you spend most of your free time?		Has Alcohol
	1-Family 2-Friends 3-Alone		or Drugs Past 30 In Your Affected This <u>Days</u> <u>Life</u> <u>Relationship</u>
F12.	Are you satisfied spending your free time this way?		F23. Mother
	0-No 1-Indifferent 2-Yes		F24. Father F25. Brothers/Sisters
E12	How many days in the past 30 did you participate in	anorta?	

			Has Alcoho	CONFIDENCE RATINGS
		Past 30 In Yo <u>Days</u> <u>Life</u>		
F26.	Sexual partner/Spouse] [F42. Patient's misrepresentation (Y/N)?
	Children		i H	F43. Patient's inability to understand (Y/N)?
F28.	*Other significant family		i H	COMMENTS FOR FAMILY/SOCIAL RELATIONSHIPS AREA:
	Close friends		i H	OOMINIENTO FOR FAMILE MOOGIAE REEATIONORIII O AREA.
F30.	Neighbors		i H	
F31.	Co-workers			
F28a.	*Specify other relative:			
	Did any of these people abuse yo	ou:		
	00-None 18-Mother 19-Father 20-Borther/Sister 21-Sexual partner/Spouse 22-Children			
F32.	Emotionally (make you feel bad through harsh words)?	Past 3	0 days In Your	Life
F33.	Physically (cause you physical ha	arm)?		
F34.	Sexually (force sexual advances sexual acts)?	or		
	How many days in the past 30 ha	ave you had seric	ous conflicts:	
F35.	With your family?			
F36.	With other people (excluding fam	ily)?		
	ASK THE CLIENT TO USE THIS QUESTIONS:	SCALE TO RAT	E THE NEXT T	NO
	0-NOT AT ALL 1-SLIGHTLY 2-MODERATELY	3-CONSIDERA 4-EXTREMELY		
	How troubled or bothered have ye these:	ou been in the pa	ast 30 days by	_
F37.	Family problems?		L	
F38.	Social problems?			
	How important to you now is treat	tment or counsel	ing for these:	
F39.	Family problems?		Ĺ	
F40.	Social problems?			
	THE QUESTIONS BELOW ARE INTERVIEW		RED BY THE	
	INTERVIEWER SE	VERITY RAT	ING	
F41.	How would you rate the patient's counseling (0-9)?	need for family a	and/or social	¬:
			L	

<u>PS`</u>	YCHIATRIC STATUS			Demanding		
P1.	How many times have you been treated for any psy emotional problems:	chological or		Desperate		Н
	In a hospital or inpatient setting?			Despair		
	As an outpatient or private patient?			Sad		
				Fearful		
P1a.	Age when first treated for psychiatric or emotional p	problems:		Suspicious		
P2.	Do you receive financial compensation for a psychia	atric or		Obstinate		
	emotional disability (include pension, SSI, SSDI, etc.	, , ,		Hostile		
	Have you had a significant period (that was not a di or alcohol use) in which you have:			Anxious		
-	··	30 Days Lifetime		Content		
P3.	Experienced serious depression - sadness, hopelessness, loss of interest, difficulty with daily functioning?		P15.	Posture:		
P4.	Experienced serious anxiety/ tension - uptight, unreasonably worried, inability to feel relaxed?			1-Relaxed 2-Rigid	3-Tense 4-Erect	
P5.	Experienced hallucinations - saw things or heard voices that others did not see or hear?		P16.	Speech:		
P6.	Experienced trouble understanding,			1-None 2-Very Little	3-Disorganized 4-Rambling	
	concentrating or remembering?		P17.	Quality of speech (Check approp	riate boxes):	
P7.	Experienced trouble controlling violent behavior including episodes of rage or violence?			Average		
P8.	Experienced serious thoughts of suicide?			Halting		
P9.	Attempted suicide?			Stuttering		
P10.	Been prescribed medication for any			Clear		
	psychological/emotional problems?			Monosyllabic		
NOTE	For questions 7-9, include incidents that occurred when the	ne person was under		Logical		
	the influence of substances.			Precise		
	TAL HEALTH STATUS EXAM			Incoherent		
P11.	Appearance:			Slow Response		
	1-Neat 3-Disordered 2-Average 4-Bizarre			Slurred		
P12.	Motor behavior:			Loud		
	1-None 4-Hyper			Soft		
	2-Slow 5-Restless 3-Average			Rapid		
P13.	Orientation (Y/N):		P18.	Memory Impairments:		
	Time			1-None	4-Preoccupation	
	Place			2-Recent Events 3-Remote events	5-Organic damage	
	Person		P19.	Intellectual functioning:		
	Situation			1-Average		
P14.	Mood (Check appropriate boxes):		DOO	2-Impaired		
	Detached		P20.	Affect:		
	Sociable			1-Flat 2-Average		
	Нарру			3-Exaggerated		
	Seductive					

P21.	Self Care (Y/N)?		COMMENTS FOR PSYCHIATRIC AREA:
P22.	Attitude (Check appropriate boxes):		
	Cooperative		
	Negativistic		
	Guarded		
	Hostile		
	Suspicious	H	
	Superficial	H	
	Demanding		
	Frightened	H	
P23.	Thought content (Check appropriate boxes):		
	Delusions		
	Obsessions	H	
	Compulsions		
	Phobias	H	
P24.	Suicidal intent:		
	1-None 3-Threat 2-Ideas 4-Attempt		
P25.	Dangerousness to others:		
	1-None 3-Threat 2-Ideas 4-Attempt		
D26	Judgment:		
1 20.	1-Appropriate		
	2-Inappropriate		
P27.	Select all that apply (check boxes):		
	Afraid of being harmed		
	Poor self-esteem		
	Cries often		
	Sleep disturbances		
	Lost or gained weight		
	Runs away		
	Memory poor		
	Drug abuse or dependency		
	Drinks excessively		
	Poor impulse control		
	Sees imaginary things		
	Hears imaginary voices		
	Laughs inappropriately		
	Seems suspicious		

		1			
	Fits, convulsions, seizures		THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY		
	Uncontrolled rages		At the time of the interview, is the patient (Y/N)?		
	Concentration impaired	P35.	Obviously depressed/withdrawn?	Г	_
	Olfactory		Obviously hostile?	F	_
DΩΩ	Insight (awareness of psychological problem):		Obviously anxious/nervous?	┝	\neg
- 20.			Having trouble with reality testing, thought disorders,		ᆜ
	1-Adequate 2-Inadequate	1 30.	paranoid thinking?		
	3-Distorted	P39.	Having trouble comprehending, concentrating.		
	Describe:	D.40	remembering?		_
		P40.	Having suicidal thoughts?		
P29.	Substance abuse:		INTERVIEWER SEVERITY RATING	_	_
	1-Under the influence	P41.	How would you rate the patient's need for psychiatric/psychological treatment (0-9)?		
	2-History of DTs 3-Withdrawal symptoms				
200	Last substance abuse:		CONFIDENCE RATINGS		
P30.			Is the Psychiatric Status information significantly distorted by:	_	_
	Date:	P42.	Patient's misrepresentation (Y/N)?	L	╝
	Time: (Record time using 24-hour military clock)	P43.	Patient's inability to understand (Y/N)?		
P31.	List substance abuse in last three months:	٨٥٥	ITIONAL COMMENTS FOR REVOLUATRIC AREA.		
	A	ADD	ITIONAL COMMENTS FOR PSYCHIATRIC AREA:		_
					_
	B				
					_
	C				
P32.	How many days in the past 30 have you experienced these psychological or emotional problems?				
۸ ۵۱۷	THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO				
	QUESTIONS:				
	0-NOT AT ALL 3-CONSIDERABLY				
	1-SLIGHTLY 4-EXTREMELY 2-MODERATELY				
P33.	How much have you been troubled or bothered by				_
	these psychological or emotional problems in the past 30 days?				_
P34.	How important to you now is treatment for these psychological or emotional problems?				

<u>SP</u>	<u>IRITUALITY</u>	COMMENTS FOR SPIRITUALITY AREA:
S1.	Do you have a belief in a "God" or a "Higher Power" (Y/N)?]
S2.	Concerning your spiritual life, what changes would you like help making (Y/N)?	
	Learning more about prayer?	
	Learning more about meditation?	
	Education about a particular religion?	
	Specify:	
	Changing attitude toward God?	
S3.	Are you comfortable with your spirituality and beliefs (Y/N)?	
JC.	AHO SUPPLEMENT	
	In the space below, indicate how you spent your time prior to enterin treatment with us. Answer "yes" to those time periods when you usually drank or got high (50% of the time or more).	COMMENTS FOR JCAHO SUPPLEMENT:
	A Typical Work Day	
	Y-Yes N-No X-Not applicable Z-Not answered	
	6-8 AM	7
	8-10 AM]
	10 AM-12 PM	Ţ
	12-2 PM	j
	2-4 PM	j
	4-6 PM	
	6-8 PM	أ
	8-10 PM	أ
	10 PM-12 AM	
	12-2 AM	i
	2-4 AM	i
	4-6 AM	i
		-
	Document regular events such as waking, meals and sleeping. Note if there is no fixed schedule.	
	In the space below, indicate how you spent your time prior to enterin treatment with us. Answer "yes" to those time periods when you usually drank or got high (50% of the time or more).	g
	A Typical Day Off	
	Y-Yes N-No X-Not applicable Z-Not answered	¬
	6-8 AM]
	8-10 AM	<u> </u>
	10 AM-12 PM	<u> </u>
	12-2 PM	<u> </u>
	2-4 PM	
	4-6 PM	

6-8 PM		Relapse Triggers Inventor to drink or use drugs? (chec	y: What types of situations make box)	e you want
8-10 PM		Family Situations	,	
10 PM-12 AM		After I have a problem with a	a family member	
12-2 AM		I drink/use with certain famil	·	
2-4 AM		Just thinking about my famil		
4-6 AM		When someone in my house		H
Document regular events such as wakin	a meals and sleeping. Note if	Family events include drinki		
there is no fixed schedule.	g, means and encoping. There is	•	y: What types of situations make	e vou want
Free Time: Read through the entire list five things that you like to do.	of activities and select at least	to drink or use drugs? (chec		- ,
Swim	Religious activities	Social Situations		
Listen to music Yoga	Go out to dinner Community work	Being at parties where peop		
Crafts Bird watch	Artwork Cook	Weekend/end of work week		
Go sailing Knit	Photography Golf	Free time		
Needlepoint Carpentry/furniture making	Play tennis Meditate	Special occasions (wedding	s, etc.)	
Return to school Exercise	Horseback riding Read	Dancing		
Hike in the woods Play with my kids	Chess Pinball	Someone I date drinks/uses	Ü	
Target shooting Travel (foreign)	Racquetball Go camping	I used to go to bars to social		
Martial arts (karate, etc) Volunteer work	Travel Singing/Choir	I play sports with people who		
Go to a museum Go to the movies	Computers Making clothes	Almost all my friends drink o	•	
Go fishing Go to theater productions	Other Help at school w/kids	Being in any group situation	is upsetting	
Learn magic tricks Play basketball	Play a musical instrument Aerobics	Any kind of gambling		
Go to arcades	Dance Archery	I get uptight whenever I go o	out of my house	
Values: From the list below, select the f important to you.	ive items that are most	Being alone bothers me		
Personal freedom	God	Relapse Triggers Inventor want to drink or use drugs?	y: What types of situations make (check one)	e you
Being sober Sex life	Cars Looking good	Moods, Mental and Ph		
Intelligence Wisdom	Being right Approval from others	Lonely	Bored	
Peace of mind	Family	, H		
Happiness Spouse Being a parent	Mother Father	Cannot sleep Guilt	Angry Hunger	H
Wealth Health	Being content Being safe Being loving	Uptight	Envious or jealous	
rieaitir	Being loved	Worried	Self-pity	
Relapse Triggers Inventory: What type to drink or use drugs? (Check box)	es of situations make you want	Depressed	Fear	
Work Situations		·		
		Sexually turned on	Feeling powerful	\mathbb{H}
Around people who drink/use Workers invite me to drink/use		Having a success Winning	Good news Loss of loved one	
I just got paid; I've got money		Tired	Drug/drinking dreams	
I'm away from my supervisor				
Hassle with a boss or coworker				
After working hard				

Relapse Triggers Inventory: What types of situations may want to drink or use drugs? (check one)	ke you	
People, Places and Things		ADDITIONAL COMMENTS FOR JCAHO SUF
People I've gotten high with in the past		
Seeing things that look like drugs		
News reports about drugs		
Watching certain TV programs		
Playing musical instruments		
Eating at restaurants	П	
Rock concerts		
Seeing drug-related things		
Seeing people drinking or using drugs	П	
Seeing a place where I used to drink/use		
Being in my car		
Driving through certain neighborhoods		
Seeing a drug deal take place		
Seeing or hearing a beer/alcohol ad		
Listening to certain music		
Going to casinos		
Relapse Triggers Inventory: What types of situations mawant to drink or use drugs? (check box)	ke you	
Romantic/Sexual Settings		
Trying to find a lover/romantic partner		
Thinking about sex/sexual fantasy		
Any kind of sexual activity		
Having certain kinds of sex		
Having sex with a prostitute		
Being in a new relationship		
Being rejected		
Asking for a date		
Time Begun:	:	
Time End:	: -	

INTERVIEWER'S ASSESSMENT		AXIS I:
		Description:
		AXIS II:
		Description:
		AXIS III:
		AXIS IV:
		AXIS V:
		COMMENTS FOR DIAGNOSTIC IMPRESSION:
DIAGNOSTIC IMPRESSION		
SASSI-3:		
RAP?		
FVA?		
FVOD?		
SYM?		
OAT?		
SAT?		
DEF?		
SAM?	H	
FAM?	H	
COR?		

Check one): 1. Not applicable 2. Level I – (Outpatient treatment)	ECOMMENDATION FOR TREATMENT	
Check one): 1. Not applicable 2. Level I – (Outpatient treatment)		
Check one): 1. Not applicable 2. Level I – (Outpatient treatment)		
2. Level I – (Outpatient treatment)		
Check one): 1. Not applicable 2. Level I – (Outpatient treatment)		
Check one): 1. Not applicable 2. Level I – (Outpatient treatment)		
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Check one): 1. Not applicable 2. Level I – (Outpatient treatment)		
Check one): 1. Not applicable 2. Level I – (Outpatient treatment)		
Check one): 1. Not applicable 2. Level I – (Outpatient treatment)	EVEL OF CARE RECOMMENDATION	
Not applicable 2. Level I – (Outpatient treatment)		
<u> </u>		
F	2. Level I – (Outpatient treatment)	
3. Level II – (Intensive outpatient/partial hospitalization)	3. Level II – (Intensive outpatient/partial hospitalization)	
Level III – (Medically monitored intensive inpatient)	4. Level III – (Medically monitored intensive inpatient)	
5. Level IV – (Medically managed intensive inpatient)	5. Level IV – (Medically managed intensive inpatient)	