

Interviewer: _____
 Company Name: _____
 Address: _____
 Phone Number: _____ Fax: _____
 Email: _____
 Date of Interview: _____

TREATMENT EPISODE DATA SET (TEDS)

ADMISSION QUESTIONNAIRE

Client's Name: First _____
 Middle _____
 Last _____

Social Security #: - -

Date of Birth: / /

Gender (M/F):

Client ID:

INSTRUCTIONS

1. Leave no blanks. Where appropriate code items:
 Y-Yes
 N-No
 X-Question not applicable
 Z-Question not answered
 Use only one character per item.

2. Space is provided after sections for additional comments.

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 (treatment needed to intervene in life-threatening situations). Each rating is based upon the patient's history of problem symptoms, present condition and subjective assessment of the patient's treatment needs in a given area.

Orion Healthcare Technology is the U.S. leader in providing automated practice management solutions to the behavioral health and substance abuse fields. Our products include adult, adolescent, criminal justice and co-occurring assessments; treatment plans, patient placement, progress notes, discharge summaries, outcome research software, MIS, office scheduling and billing applications. If you would like information about the automated version of this questionnaire or others, please feel free to call our toll-free number 800-324-7966 or visit www.MyAccuCare.com. Orion allows the photocopying of this questionnaire for clinical use, but reserves the software rights for this product.

TREATMENT EPISODE DATA SET (TEDS)

ADMISSION QUESTIONNAIRE

GENERAL INFORMATION

1. Provider ID #

2. Client ID:

3. Date of Admission: / /

4. Date of Interview: / /

Interviewer's initials:

Type of facility:

1-Early intervention
2-Outpatient treatment
3-Intensive outpatient
4-Partial hospitalization
5-Clinically managed/Residential (Social)
6-Hospital (Medically managed Inpatient)
7-Detoxification* _____
8-Opioid maintenance* _____

*Specify in-patient or outpatient

5. Type of Admission:

a. No substance abuse treatment services other than detox in the past 30 days.

b. Prior substance abuse treatment services other than detox in the past 30 days.

6. Gender:

1- Male
2- Female

7. Highest school grade completed:

12 - GED
13 - and up for post high school

8. Date of birth (Month/Day/Full Year) / /

9. Of what ethnic group do you consider yourself?

1-Hispanic or Latino
2-Not Hispanic or Latino

10. Of what race do you consider yourself?

1-American Indian or Alaska Native
2-Asian
3-Black or African American
4-Native Hawaiian or other Pacific Islander
5-White
6-Other

11. Have you been in a controlled environment in the past:

30 days

6 months

1-No
2-Jail
3-Alcohol or drug treatment
4-Medical treatment
5-Psychiatric treatment
6-Other: _____

12. How many days?

(NA is Question 11 is "No". Refers to total number of days detained in the past 30 days)

13. How many days have you stayed overnight in a hospital for medical problems in the past:

30 days

6 months

(Include O.D.'s and D.T.'s. Exclude detox, alcohol/drug and psychiatric hospitalization, and childbirth (if no complications) Enter the number of overnight hospitalization for medical problems)

14. How many days have you stayed overnight in a hospital for psychiatric problems in the past:

30 days

6 months

15. How many days have you attended self-help groups (AA/NA/CA) in the past 30 days?

16. How many times have you visited an Emergency Room in the past:

30 days

6 months

17. Pregnant at the time of admission?

N-Male 0-No
1-Yes X-Not sure, don't know

18. If Item #17 is "yes", in what month of your pregnancy did you begin pre-natal care?

N- did NOT begin pre-natal care

19. How many children do you have, aged 17 or less (birth or adopted)- whether they live with you or not?

20. If you indicated having children in Item 19, how many of these children spent the majority of the past:

30 days living with you?

6 months living with you?

21. Are any of your children living with someone else because of a child protection order*?

1-Yes
2-No

Note- This refers to child protection order, not divorce court

22. If you have children living with someone else because of a child protection order, for how many of these children have your parental rights' been terminated?

23. Employment status:

1-Full-time (35+ hrs/wk, includes Armed Forces)
2-Part-time (less than 35 hours a week)
3-Unemployed, looking for work in the past 30 days, or lay off from job
4-Not in the Labor Force

24. Have you ever been enrolled in a vocational, training or educational programs in the past:

0-No 1-Yes

30 days

6 months

Must be a program where satisfactory completion results in a diploma, certificate, license or credential.

25. How many times have you been arrested in the past:

30 days:

6 months

Arrested means taken into police station and fingerprinted.

26. Living arrangements:

- 1-Homeless (no fixed address, includes shelters)
- 2-Dependent living (includes dependent children and adults living in a supervised setting: e.g. halfway houses, group homes)
- 3-Independent living

27. Primary Drug Problem:

Drug code:

Frequency of Use Past 30 Days:

Age of First Use: (This data is collected at admission only)

Route of Administration:

Route of Administration

- 1-Oral 4-Non-IV injection
- 2-Nasal 5-IV injection
- 3-Smoking

28. Secondary Drug Problem:

Drug Code:

Frequency of Use Past 30 Days

Age of First Use (This data is collected at admission only)

Route of Administration

29. Tertiary Drug Problem:

Drug Code:

Frequency of Use Past 30 Days

Age of First Use (This data is collected at admission only)

Route of Administration

Drug code:

- a. None
- b. Alcohol
- c. Cocaine/crack
- d. Marijuana/hashish (this includes THC and any other cannabis other sativa preparations)
- e. Heroin
- f. Non-prescription methadone
- g. Other opiates and synthetics (this includes codeine, Dilaudid, morphine, Demerol, opium, and any other drug with morphine-like effects)
- h. PCP (phencyclidine)
- i. Other hallucinogens (this includes LSD, DMT, STP, mescaline, psilocybin, peyote, etc.)
- j. Methamphetamine

- k. Other amphetamines (this includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs)
- l. Other stimulants
- m. Benzodiazepine (this includes Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Triazolam, Clorazepam, and Halazepam.
- n. Other tranquilizers
- o. Barbiturates (this includes Phenobarbital, Seconal, Nembutal, etc.)
- p. Other sedatives or hypnotics (this includes chloral hydrate, Placidyl, Doridan, etc.)
- q. Inhalants (this includes ether, glue, chloroform, nitrous oxide, gasoline, paint thinner, etc.)
- r. Over-the-counter (this includes aspirin, cough syrup, Sominex, and any other legally obtained, nonprescription medication)
- s. Other

Frequency of Use Codes

- a. No use past month
- b. 1-3 times past month
- c. 1-2 times/week
- d. 3-6 times/week
- e. Daily

Age at first use: Code age in years (This data is collected at admission only)

Route of Administration Codes

- a. Oral d. Inhalation
- b. Smoking e. Other
- c. Injection (IV or intramuscular)

Marijuana/hashish includes THC and any other cannabis sativa preparations

Other opiates and synthetics include codeine, Dilaudid, morphine, Demerol, opium, and any other drug with morphine-like effects

Over-the-counter includes aspirin, cough syrup, Sominex, and any other legally obtained nonprescription medication

Other hallucinogens include LSD, DMT, STP, mescaline, psilocybin, peyote, etc.

Inhalants include ether, glue, chloroform, nitrous oxide, gasoline, paint thinner, etc.

Benzodiazepine includes Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Ternazepam, Prazepam, Triazoiom, Clonazepam, and Halazepam

Other amphetamines include Benzedrine, Dexadrine, Preludin, Ritalin, and any other amines and related drugs

Barbiturates include Phenobarbital, Seconal, Nembutal, etc.

Other sedatives or hypnotics include chloral hydrate, Placidyl, Doridan, etc.