

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

TREATMENT EPISODE DATA SET (TEDS)

DISCHARGE 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)

DISCHARGE QUESTIONNAIRE

GENERAL INFORMATION

1. Provider ID #

2. Client ID:

3. Date of Discharge: / /

a. Date of last contact (service) received: / /

b. Type of Discharge:

- a-Treatment completed
- b-Left against professional advise
- c-Terminated by facility
- d-Transferred to another substance abuse treatment program or facility
- e-Incarcerated
- f-Death
- g-Other
- h-Unknown

*Specify in-patient or outpatient

23. Employment status:

- a. Employed full-time (35 hours or more a week, including Armed Forces)
- b. Employed part-time (less than 35 hours a week)
- c. Unemployed, looking for wok in the past 30 days, or on lay-off from job
- d. Not in labor force

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:

Route of Administration:

28. Secondary Drug Problem:

Drug Code:

Frequency of Use Past 30 Days:

Route of Administration:

29. Tertiary Drug Problem:

Drug Code:

Frequency of Use Past 30 Days:

Route of Administration:

Drug code:

- a. None
- b. Alcohol
- c. Cocaine/crack
- d. Marijuana/hashish (this includes THC and any other cannabis 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 (phencylidine)
- 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, Chordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Triazolam, Cloriazepam, and Halazepam.
- n. Other tranquilizers
- o. Barbiturates (this includes Phenobarbital, Seconal, Nerabotal, 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

Route of Administration Codes

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

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, Choloriazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Ternazepam, Prazepamn, Triazioiam, 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.