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FOLLOW-UP 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.

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FOLLOW-UP QUESTIONNAIRE

GENERAL INFORMATION

G1. Client ID:

G2. Social Security #: - -

G3. Provider #:

G9. Date of interview: / /

G10. Time Begun: :

G20. Interviewer's initials:

G23. Client's:

First name Middle name Last name

Address

Address

City State Zip

Phone number: - -

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 controlled environment: _____

How many days?

MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems? (Include ODs, DTs, exclude detox)

M6. Are you taking any prescribed medication on a regular basis for a physical problem (Y/N)?

M6b. What is it for? _____

M7. Do you receive financial compensation (pension, disability, etc.) for a physical disability (Y/N)?

M7a. 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 patient's need for medical treatment (0-9)?

0-None necessary to 9-Treatment needed to intervene in life-threatening situation.

CONFIDENCE RATINGS

Is the MEDICAL STATUS information significantly distorted by:

M12. Patient's misrepresentation (Y/N)?

M13. Patient's inability to understand (Y/N)?

EMPLOYMENT/SUPPORT STATUS

E1. Education completed (GED = 12 years):
Years Months

E2. Training or technical education completed: Months

E4. Do you have a valid driver's license (Y/N)?

E5. Do you have an automobile available (Y/N)?
(Answer "no" if no valid driver's license)

E7. Usual (or last) occupation:

- 1 1a. Higher Executives
- 2 1b. Large Proprietor (Value over \$180,000)
- 3 1c. Major Professionals
- 4 2a. Business Managers
- 5 2b. Proprietors of Medium-Sized Businesses
- 6 3a. Administrative Personnel
- 7 3b. Proprietors of Small Businesses (<\$55,000)
- 8 3c. Minor Professionals
- 9 3d. Farmers (owners \$41,000-\$60,000)
- 10 4a. Clerical and Sales Workers
- 11 4b. Technicians

- 12 4c. Proprietors of Little Business (<\$10,000)
- 13 4d. Farmers (Owners \$21,000-\$40,000)
- 14 5a. Skilled Manual Employees and Small Farmers
- 15 5b. Small Farmers (owners <\$20,000)
- 16 6a. Machine Operators and Semi-Skilled Employees
- 17 6b. Small Farm Tenants
- 18 7. Unskilled Employees

E8. Does someone contribute to your support in any way (Y/N)?

E8a Specify: _____

E8b. Does this constitute the majority of your support (Y/N)?

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:

E13c. Welfare:

E13d. Pension, benefits or social security:

E13e. Mate, family or friends:

E13f. Illegal:

E15. How many people depend on you for the majority of their food, shelter, etc.?

E16. How many days have you experienced employment problems in the past 30?

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

- 0-NOT AT ALL
- 1-SLIGHTLY
- 2-MODERATELY
- 3-CONSIDERABLY
- 4-EXTREMELY

E17. How troubled or bothered have you been by these employment problems in the past 30 days?

E18. How important to you now is counseling for these employment problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

E19. How would you rate the patient's need for employment counseling (0-9)?

0-None necessary to 9-Treatment needed to intervene in life-threatening situation.

CONFIDENCE RATINGS

Is the Employment/Support Status information significantly distorted by:

E20. Patient's misrepresentation (Y/N)?

E21. Patient's inability to understand (Y/N)?

DRUG/ALCOHOL USE

	Age at 1 st use	# Days Past 30	# Years in Lifetime	Route of Admin.	Date of Last Use Month/Year
D2. Alcohol (any use at all)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D3. Alcohol (to intoxication)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D4. Heroin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D5. Methadone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D6. Other opiates/analgesics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D7. Barbiturates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D8. Other sedatives/hypnotics/tranquilizers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D9. Cocaine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D10. Amphetamines	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D11. Cannabis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D12. Hallucinogens	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D13. Inhalants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D14. More than 1 substance per day (including alcohol)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Route of Administration

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

D17. According to the interviewer, which substance(s) are the major problem (0-16)?

- 00-No problem
- 01-Alcohol
- 02-Alcohol to intox.
- 03-Heroin
- 04-Methadone
- 05-Opiates/analgesics
- 06-Barbiturates
- 07-Other sed/hyp/tranq
- 08-Cocaine
- 09-Amphetamines
- 10-Cannabis
- 11-Hallucinogens
- 12-Inhalants
- 15-Alcohol & one or more drugs
- 16-More than one drug

How many times have you:

D20. Had alcohol DT's?

D21. Overdosed on drugs?

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

D22. Alcohol abuse?

D23. Drug abuse?

How many of these were for detox only:

D24. Alcohol?

D25. Drug?

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

D34. Alcohol?

D35. Drugs?

D37. How many days have you been treated as an outpatient for alcohol or drugs in the past 30 days (include NA, AA)?

Days

How many days in the past 30 have you experienced:

D39. Alcohol problems?

D40. Drug problems?

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

0-NOT AT ALL
1-SLIGHTLY
2-MODERATELY

3-CONSIDERABLY
4-EXTREMELY

D41. Alcohol problems?

D42. Drug problems?

How important to you now is treatment for these:

D43. Alcohol problems?

D44. Drug problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

How would you rate the patient's need for: 0-None necessary to 9-Treatment needed to intervene in life-threatening situation.

D45. Alcohol problems?

D46. Drug problems?

CONFIDENCE RATINGS

Is the Drug/Alcohol Status information significantly distorted by:

Follow-Up Questionnaire

D47. Patient's misrepresentation (Y/N)?

D48. Patient's inability to understand (Y)?

LEGAL STATUS

L2. Are you on probation or parole?

0-Neither
1-Probation
2-Parole

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

Under the influence at the time (Y/N)?

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?

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 the following:

L18. Disorderly conduct?

Vagrancy?

Public intoxication?

L19. Driving while intoxicated?

L20. Major driving violations?

L21. MIP (minor in possession)?

L22. How many month(s) were you incarcerated in your life?

L24. Are you presently awaiting charges, trial or sentencing (Y/N)?

For what? _____

L27. How many days in the past 30 were you detained or incarcerated?

L28. How many days in the past 30 have you engaged in illegal activities for profit?

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL
1-SLIGHTLY
2-MODERATELY

3-CONSIDERABLY
4-EXTREMELY

L29. How serious do you feel your present legal problems are? (exclude civil problems)

L30. How important to you now is counseling or referral for these legal problems?

THE QUESTIONS BELOW ARE BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

L31. How would you rate the patient's need for legal services or counseling (0-9)?

0-None necessary to 9-Treatment needed to intervene in life-threatening situation.

CONFIDENCE RATINGS

Is the Legal Status information significantly distorted by:

L32. Patient's misrepresentation (Y/N)?

L33. Patient's inability to understand (Y/N)?

FAMILY/SOCIAL RELATIONSHIPS

F1. Marital status:

1-Married
2-Remarried
3-Widowed

4-Seperated
5-Divorced
6-Never Married

F3. Are you satisfied with this situation (0-2)?

0-No
1-Indifferent
2-Yes

F6. Usual living arrangements for the past three years:

1-With sexual partner and children
2-With sexual partner alone
3-With children alone
4-With parents
5-With family
6-With friends
7-Alone
8-Controlled environment
9-No stable arrangements

F8. Are you satisfied with these arrangements?

0-No
1-Indifferent
2-Yes

F11. With whom do you spend most of your free time?

1-Family
2-Friends
3-Alone

F12. Are you satisfied spending your free time this way?

0-No
1-Indifferent
2-Yes

F15. How many close friends do you have?

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

Y-Yes N-No X-Not applicable Z-Not answered

	Past 30 Days	In Your Life	Affected By Alcohol/Drugs
F23. Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F24. Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F25. Brothers/Sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F26. Sexual partner/Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F27. Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F28. *Other significant family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F29. Close friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F30. Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F31. Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

F35. With your family?

F36. With other people (excluding family)?

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL
1-SLIGHTLY
2-MODERATELY

3-CONSIDERABLY
4-EXTREMELY

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

F37. Family problems?

F38. Social problems?

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

F39. Family problems?

F40. Social problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

F41. How would you rate the patient's need for family and/or social counseling (0-9)?

0-None necessary to 9-Treatment needed to intervene in life-threatening situation.

CONFIDENCE RATINGS

Is the Family/Social Relationships information significantly distorted by:

- F42. Patient's misrepresentation (Y/N)?
- F43. Patient's inability to understand (Y/N)?

PSYCHIATRIC STATUS

P1. How many times have you been treated for any psychological or emotional problems:

In a hospital or inpatient setting?

As an outpatient or private patient?

P2. Do you receive financial compensation for a psychiatric or emotional disability (include pension, SSI, SSDI, etc.) (Y/N)?

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

Y-Yes N-No X-Not applicable Z-Not answered

Past 30 Days Lifetime

- P3. Experienced serious depression - sadness, hopelessness, loss of interest, difficulty with daily functioning?
- P4. Experienced serious anxiety/ tension - uptight, unreasonably worried, inability to feel relaxed?
- P5. Experienced hallucinations - saw thing or heard voices that others did not see or hear?
- P6. Experienced trouble understanding, concentrating or remembering?
- P7. Experienced trouble controlling violent behavior including episodes of rage or violence?
- P8. Experienced serious thoughts of suicide?
- P9. Attempted suicide?
- P10. Been prescribed medication for any psychological/emotional problems?

NOTE: For questions 7-9, include incidents that occurred when the person was under the influence of substances.

P32. How many days in the past 30 have you experienced these psychological or emotional problems?

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

- 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?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

At the time of the interview, is the patient (Y/N)?

- P35. Obviously depressed/withdrawn?
- P36. Obviously hostile?
- P37. Obviously anxious/nervous?
- P38. Having trouble with reality testing, thought disorders, paranoid thinking?
- P39. Having trouble comprehending, concentrating, remembering?
- P40. Having suicidal thoughts?

INTERVIEWER SEVERITY RATING

P41. How would you rate the patient's need for psychiatric/psychological treatment (0-9)?

0-None necessary to 9-Treatment needed to intervene in life-threatening situation.

CONFIDENCE RATINGS

Is the Psychiatric Status information significantly distorted by:

- P42. Patient's misrepresentation (Y/N)?
- P43. Patient's inability to understand (Y/N)?

Time Begun: :

Time End: :