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

TREATMENT EPISODE DATA SET (TEDS)

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.

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) FOLLOW-UP QUESTIONNAIRE

GE	ENERAL INFORMATION	10			1
	Provider ID #	12.	How many days? (NA in Question 11 is "No". Refers to total number of		
1.			days detained in the past 30 days)		
	Type of facility:	13.	How many days have you stayed overnight in a hospital for medical problems in the past:		
	1-Early intervention 2-Outpatient treatment 3-Intensive outpatient		30 days		
	4-Partial hospitalization		6 months		
	5-Clinically managed/Residential (Social) 6-Hospital (Medically managed Inpatient) 7-Detoxification*		(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))	
	Interviewer's initials:	14.	How many days have you stayed overnight in a hospital for		
2.	Client ID:	• ••	psychiatric problems in the past:		
3.	Date of Admission:		30 days		
4.	Date of Interview:		6 months		
		15.	How many days have you attended self-help groups (AA/NA/CA) in the past 30 days?		
	*Specify in-patient or outpatient	16.	How many times have you visited an Emergency Room in the	past:	:
5.	Type of Admission:		30 days		
	 No substance abuse treatment services other than detox in the past 30 days. 		6 months		
	 Prior substance abuse treatment services other than detox in the past 30 days. 	17.	Pregnant at the time of admission?]
6.	Gender:		N-Male 0-No		
	1- Male 2- Female		1-Yes X-Not sure, don't know	—	ר_
7.	Highest school grade completed:	18.	If Item #17 is "yes", in what month of your pregnancy did you begin pre-natal care?		
	12 - GED 13 - and up for post high school		N- did NOT begin pre-natal care		
8.	Date of birth (Month/Day/Full Year)	19.	How many children do you have, aged 17 or less (birth or adopted)- whether they live with you or not?		
9.	Of what ethnic group do you consider yourself?	20.	If you indicated having children in Item 19, how many of these children spent the majority of the past:		
	1-Hispanic or Latino 2-Not Hispanic or Latino		30 days living with you?		<u> </u>
10.	Of what race do you consider yourself?		6 months living with you?		╞
	1-American Indian or Alaska Native				
	2-Asian 3-Black or African American 4-Native Hawaiian or other Pacific Islander	21.	Are any of your children living with someone else because of a child protection order*?		
	5-White 6-Other		1-Yes 2-No		
11. Have you been in a controlled environment in the past:					
	30 days		*Note- This refers to child protection order, not divorce court		
	6 months	22.	If you have children living with someone else because of a child protection order, for how many of		
	1-No 4-Medical treatment 2-Jail 5-Psychiatric treatment 3-Alcohol or drug treatment 6-Other:		these children have your parental rights' been terminated?		

23.	Employment status:		Drug code:
	1-Full-time (35+ hrs/wk, includes Armed Forces) 2-Part-time (less than 35 hours a week)		a. No b. Ale c. Co
	3-Unemployed, looking for work in the past 30 days, or lay off from job		d. Mar oti
	4-Not in the Labor Force		e. Her f. Nor g. Oth
24.	Have you ever been enrolled in a vocational, training or educatio programs in the past:	nal	h. PC i. Othe
	0-No 1-Yes		j. Met
	30 days 6 months		k. Oth Rita
	Must be a program where satisfactory completion results in a diploma, certificate, license or credential.		m. Ben Clor Pra
25.	How many times have you been arrested in the past:		n. Oth o. Barl p. Oth
	30 days:		Dor q. Inha
	6 months		pair r. Ove
	Arrested means taken into police station and fingerprinted.		othe s. Othe
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:		Age a admis
	Drug code:		admis
	Frequency of Use Past 30 Days:		
	Age of First Use: (This data is collected at admission only)		
	Route of Administration:		Marij prepa
	Route of Administration		Othe
	1-Oral 4-Non-IV injection 2-Nasal 5-IV injection		Dem
00	3-Smoking		Over other
28.	Secondary Drug Problem: Drug Code:		Othe peyo
	Frequency of Use Past 30 Days		Inhal
	Age of First Use (This data is collected at admission only)		paint Benz
	Route of Administration		Chol Oxaz
29.	Tertiary Drug Problem:		Hala
-	Drug Code:		Othe Ritali
	Frequency of Use Past 30 Days	\square	Barb
	Age of First Use (This data is collected at admission only)		Othe Doric
	Route of Administration		
			1

b.	Alcohol
C.	Cocaine
4 1	Mariiuan

a. None

- ne/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 (phencylidine)
- i. Other hallucinogens (this includes LSD, DMT, STP, mescaline, psilocybin, peyote, etc.)
- Methamphetamine
- k. Other amphetamines (this includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs)
- I. Other stimulants
- m. Benzodiazepine (this includes Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Triazolam, Cloriazepam, and Halazpam.
- n. Other tranquilizers
- o. Barbiturates (this includes Phenobarbital, Seconal, Nerabutal, 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

- d. Inhalation a. Oral
- 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, Cholordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Ternazepam, Prazepamn, Triazoiam, 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, Doriden, etc.