



**COMMONWEALTH OF PENNSYLVANIA**  
**BUREAU OF DRUG and ALCOHOL PROGRAMS**  
**Division of Treatment**

<b>CASE MANAGEMENT INVENTORY OF SUPPORT SERVICES</b> <b>For Adults</b>
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**NAME :** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
 (Street)

\_\_\_\_\_ **CIS #:** \_\_\_\_\_  
 (City, State, Zip) (optional)

***ISS Interval Scores***

	Initial	60 Day	120 Day	180 Day	240 Day	300 Day	360 Day	Discharge
Date								
Domain								
Housing								
Child Care								
Educational/Vocational								
Employment								
Basic Needs								
Transportation								
Alcohol & Other Drug Treatment								
Legal								
Mental Health								
Physical Health								
Family / Social								
Life Skills								

**Levels of Self Sufficiency:**    0 - 1 Self-Sufficient  
    2 - 4 Stable / Safe

5 - 7 At Risk  
 8 - 10 Unstable

**10+ In crisis/Not Self sufficient**

1. Gender    M            F

2. Date of birth? \_\_\_\_\_  
(month / Day / Year)

3. Age \_\_\_\_\_

4. Ethnicity (MARK ONE)    ☐ Hispanic/Latino/Latina                      ☐ White or Caucasian  
    ☐ Native American                                      ☐ Asian or Pacific Islander  
    ☐ Black or African American                      ☐ Other

5. Marital Status:            ☐ Legally Married                      ☐ Living With Partner  
    ☐ Divorced                                      ☐ Separated  
    ☐ Widowed                                      ☐ Never Married

5a. What healthcare benefits do you have?

☐ None                                      ☐ Commercial  
☐ Medical Assistance, Managed                      ☐ Other government coverage (such as Medicare or Veteran's  
☐ Medical Assistance, Unmanaged                      Administration)  
☐ Other, explain: \_\_\_\_\_

6. What are/were your primary drugs of choice (MARK ALL THAT APPLY):

☐ Alcohol                                      ☐ Other Narcotics  
☐ Marijuana                                      ☐ Other Stimulants  
☐ Cocaine                                      ☐ Inhalants  
☐ Crack/Cocaine                                      ☐ Other Specify, \_\_\_\_\_  
☐ Heroin                                      ☐ Other Specify, \_\_\_\_\_

6a. **Client Profile** (Mark Only the one which is the predominant reason the client is on the case load)

☐ Dual Diagnosis                                      ☐ Domestic Violence Victim                      ☐ Child Welfare  
☐ Criminal Justice                                      ☐ Homeless                                      ☐ Pregnant Woman  
☐ IVDU                                      ☐ Parenting Woman                                      ☐ Recurrent User of Tx System  
☐ Medical Complications                                      ☐ Adolescent                                      ☐ Other, explain: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Start Time: \_\_\_\_\_

	Question	Response (Value)	Score
7.	<u>In the past 30 days</u> , has your current living situation made it difficult for you to participate in AOD treatment, school, jobs, training programs, or seeing a doctor?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <b>[Go to 8]</b>	
7a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
8.	Where have you lived in the last 30 days? <b>(MARK ONE)</b>  <input type="checkbox"/> In your own apartment or house (This includes living with a parent or guardian)? <input type="checkbox"/> In someone else's apartment or house? <input type="checkbox"/> In a room in a hotel or motel, in a rooming or boarding house, or in a school dormitory? <input type="checkbox"/> In a homeless shelter or on the street? <input type="checkbox"/> In another type of facility shelter (such as a shelter for runaways or battered women)? <input type="checkbox"/> Stayed at various places briefly and temporarily? <input type="checkbox"/> In a hospital (include detox)? <input type="checkbox"/> In a jail, prison or detention center, Community correction center, or work release? <input type="checkbox"/> In a group home or residence (such as a residential treatment center, halfway house, or recovery house)?		
8a.	Were any of your living environments owned by the government or did the government help pay the rent or make the payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8b.	Is your current living situation stable?	<input type="checkbox"/> Yes (0) <b>[Go to 10]</b> <input type="checkbox"/> No (1)	
9.	Do you feel you are at risk of losing your housing?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0)	
10.	Are you interested in improving your current living situation?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <b>[Go to NEXT DOMAIN]</b>	
11.	<u>In the past 30 days</u> , did any of the following people try to help you find or keep housing?  <input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> <b>OTHER, specify</b> (1): _____  <input type="checkbox"/> No one helped me (2) <b>[GO TO QUESTION 12]</b>	1 = Received help         2 = Wanted help but no one helped me	

11a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
12.	<p>What was the outcome or what is the current situation?  <b>(MARK ALL THAT APPLY)</b></p> <p> <input type="checkbox"/> I still need the services  <input type="checkbox"/> Got the permanent housing I needed  <input type="checkbox"/> Got temporary housing  <input type="checkbox"/> Got emergency housing  <input type="checkbox"/> Kept the housing I had  <input type="checkbox"/> Referred to the services  <input type="checkbox"/> On a waiting list  <input type="checkbox"/> I did not meet the requirements  <input type="checkbox"/> I did not receive housing  <input type="checkbox"/> Housing is not available  <input type="checkbox"/> I did not want the services  <input type="checkbox"/> I did not follow through with the referral  <input type="checkbox"/> I never asked for help </p> <p><input type="checkbox"/> <b>OTHER, Explain:</b> _____</p>		

NOTES:

HOUSING TOTAL

	Question	Response (Value)	Score
13.	How many dependent/minor children do you have? _____ Children		

\*\*\* If the client does not have any dependent/Minor Children, GO to the Next Domain

14.	In the past 30 days, has the lack of child care interfered with your participation in AOD treatment, school, jobs, training programs, or seeing a doctor?		<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 15 ]	
14a.	If yes, how much?		<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
15.	<div style="display: flex; justify-content: space-between;"> <div> <p>Children's ages?</p> <p>1. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <div> <p>Currently living with you?</p> <p>6. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> </div> <p style="text-align: right;">[ If yes, go to 15b ]</p>			
15a.	<p>For the children that don't live with you, with whom do they live? (MARK ALL THAT APPLY)</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Grandparent (s)  <input type="checkbox"/> Father  <input type="checkbox"/> Mother  <input type="checkbox"/> OTHER, explain:         </div> <div> <input type="checkbox"/> Aunt  <input type="checkbox"/> Uncle  <input type="checkbox"/> Other Family Member         </div> <div> <input type="checkbox"/> Boyfriend  <input type="checkbox"/> Girlfriend  <input type="checkbox"/> Foster Family         </div> </div>			
15b.	Do any of the children for whom you are responsible require assistance in living or special supervision?		<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
15c.	In the past year, have any of your children been removed by Children & Youth, Juvenile Probation, other authorities <u>or</u> for any other reason?		<p>(CHECK ONE)</p> <input type="checkbox"/> Yes, Temporarily <input type="checkbox"/> Yes, Permanently [Go to 16 ] <input type="checkbox"/> No [Go to 16 ]	
15d.	Do you have visitation rights?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
15e.	Are you interested in receiving help in getting your child(ren) back?		<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
16.	Do you <u>currently</u> have child care arrangements for the children you are responsible for while you are attending AOD treatment, going to school, jobs or training programs?		<input type="checkbox"/> Yes, all the time (0) <input type="checkbox"/> Yes, some of the time (1) <input type="checkbox"/> No (2) [Go to 17 ]	
16a.	<p>Who usually watches the child(ren) you are normally responsible for? (MARK ONE)</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Child(ren)'s Mother/Father  <input type="checkbox"/> Boyfriend/Girlfriend  <input type="checkbox"/> Spouse  <input type="checkbox"/> Child Care Center  <input type="checkbox"/> Close Friend  <input type="checkbox"/> OTHER, explain:         </div> <div> <input type="checkbox"/> Family Member, Identify relationship: _____  <input type="checkbox"/> Baby Sitter  <input type="checkbox"/> No one--kids take care of themselves         </div> </div>			

16b.	Are you concerned that any of the people who watch your children may be using alcohol or drugs?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
16c.	How satisfied are you with your current childcare arrangements?	<input type="checkbox"/> Very satisfied (0) <input type="checkbox"/> Somewhat satisfied (1) <input type="checkbox"/> Not satisfied at all (2)	
17.	Are you interested in improving your childcare arrangements?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <b>[Go NEXT DOMAIN]</b>	
18.	<p><u>In the past 30 days</u>, did any of the following people try to help you find child care?</p> <p> <input type="checkbox"/> Drug and Alcohol counselor (1)  <input type="checkbox"/> CYS/OCY/CAO case manager (1)  <input type="checkbox"/> Probation/Parole officer (1)  <input type="checkbox"/> Mental Health case manager (1)  <input type="checkbox"/> SCA case manager (1)  <input type="checkbox"/> Managed Care Service Provider (1)  <input type="checkbox"/> Area Agency on Aging (1)  <input type="checkbox"/> <b>OTHER, specify (1):</b> _____ </p> <p><input type="checkbox"/> No one helped me (2) <b>[GO TO QUESTION 19]</b></p>	<p><b>MARK ALL THAT APPLY,</b> but only award one point</p> <p>1 = Received Help</p> <p>2 = Wanted help but no one helped me</p>	
18a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
19.	<p>What was the outcome or what is the current situation?  <b>(MARK ALL THAT APPLY)</b></p> <p> <input type="checkbox"/> I still need the services  <input type="checkbox"/> Received the child care I needed  <input type="checkbox"/> Referred to the services  <input type="checkbox"/> On a waiting list  <input type="checkbox"/> I did not meet the requirements  <input type="checkbox"/> It's too expensive  <input type="checkbox"/> It's too hard to get there  <input type="checkbox"/> Child care is unavailable  <input type="checkbox"/> I did not want the services  <input type="checkbox"/> I did not follow through with the referral  <input type="checkbox"/> I never asked for help  <input type="checkbox"/> <b>OTHER, explain:</b> _____ </p>		

NOTES:

CHILD CARE TOTAL

	Question	Response (Value)	Score
20.	What is the highest grade of school you have <u>attended</u> ? 00 - 08 Grade School      17 - 18 Graduate School 09 - 12 High School      19 - 20+ Post-Graduate School 13 - 16 College	Enter a two digit number _____	
21.	What diplomas, degrees, certificates, or licenses have you received? <b>(MARK ALL THAT APPLY)</b> <input type="checkbox"/> None (2) <input type="checkbox"/> GED (0) <input type="checkbox"/> High School Diploma (0) <input type="checkbox"/> Junior College or associate degree program (0) <input type="checkbox"/> Certificate from a vocation or trade school, <b>specify (0):</b> _____ <input type="checkbox"/> License to practice a trade, <b>specify (0):</b> _____ <input type="checkbox"/> College Degree, <b>specify (0):</b> _____ <input type="checkbox"/> Other license, etc., <b>specify (0):</b> _____		
22.	<u>In the past 30 days</u> , has the lack of having a GED, college degree, technical degree (certification) or education interfered with your ability to achieve your goals?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 23 ]	
22a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
23.	Are you currently in school or a training program? <b>Specify:</b>	<input type="checkbox"/> Yes [ Go NEXT DOMAIN ] <input type="checkbox"/> No	
24.	Are you interested in getting a GED, college degree, technical (certification) degree or education in general? <b>Specify:</b>	<input type="checkbox"/> Yes (3) [ Go to 25 ] <input type="checkbox"/> No (0)	
24a.	If no, why not? <b>(MARK ONE)</b> <input type="checkbox"/> Don't want to pursue it <input type="checkbox"/> I didn't do well when I was in school <input type="checkbox"/> Had difficulty in school <input type="checkbox"/> Not ready to discuss it <input type="checkbox"/> I didn't like school <input type="checkbox"/> <b>OTHER, specify:</b> _____	[ Go to NEXT DOMAIN ]	

25.	<p><u>In the past 30 days</u>, did any of the following people try to help you obtain schooling or education?</p> <p> <input type="checkbox"/> Drug and Alcohol counselor (1)  <input type="checkbox"/> CYS/OCY/CAO case manager (1)  <input type="checkbox"/> Probation/Parole officer (1)  <input type="checkbox"/> Mental Health case manager (1)  <input type="checkbox"/> SCA case manager (1)  <input type="checkbox"/> Managed Care Service Provider (1)  <input type="checkbox"/> Area Agency on Aging (1)  <input type="checkbox"/> <b>OTHER, specify (1):</b> _____  <input type="checkbox"/> No one helped me (2)      <b>[GO TO QUESTION 27]</b> </p> <p style="text-align: center;"><b>MARK ALL THAT APPLY,</b> but only award one point</p>	<p>1 = Received Help</p> <p>2 = Wanted help but no one helped me</p>	
26.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
27.	<p>What was the outcome or what is the current situation? <b>(MARK ALL THAT APPLY)</b></p> <p> <input type="checkbox"/> I still need the services  <input type="checkbox"/> Attending school or training  <input type="checkbox"/> Enrolled in an education program  <input type="checkbox"/> Evaluated for a program  <input type="checkbox"/> On a waiting list  <input type="checkbox"/> Referred to the services  <input type="checkbox"/> I don't meet the requirements  <input type="checkbox"/> Dropped out of the program  <input type="checkbox"/> I did not want the services  <input type="checkbox"/> There isn't any educational help available where I live  <input type="checkbox"/> Too hard to get transportation to the educational program  <input type="checkbox"/> The services are too expensive  <input type="checkbox"/> I did not follow through with the referral  <input type="checkbox"/> I never asked for help  <input type="checkbox"/> <b>OTHER, explain:</b> _____         </p>		

NOTES:

EDUCATIONAL / VOCATIONAL TOTAL

	Question	Response (Value)	Score
28.	In the <u>past 30 days</u> , has your employment situation made it hard for you to participate in AOD treatment, training, or seeing a doctor?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 29 ]	
28a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
29.	Are you currently employed?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1) [Go to 30]	
29a.	What is the level of your employment? <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time (> 30 hr/wk) <input type="checkbox"/> Seasonal		
29b.	What is your current job title? _____ Job Description: _____ _____		
29c.	Length of time you have held this job? _____ (years) _____ (months)		
29d.	Do you feel you are at risk of losing your current job? If yes, explain: _____ _____	<input type="checkbox"/> Yes (1) <input type="checkbox"/> Unsure(1) <input type="checkbox"/> No (0)	[for all responses, Go to 31]
30.	How long have you been unemployed? _____ (years) _____ (months)	[ if longer than 30 days, Go to 31 ]	
30a.	In the last 30 days, have you lost a job due to substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No [ Go to 31 ]	
30b.	Will you be able to return to that job once you complete treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31.	What are your primary sources of income? (MARK ALL THAT APPLY) <input type="checkbox"/> No Income <input type="checkbox"/> Wages or salary from a legitimate job or business <input type="checkbox"/> Contributions from spouse, family member(s) or friends (including alimony and child support, loans and gifts) <input type="checkbox"/> Contributions from other household members <input type="checkbox"/> SSI--Supplemental Security Income <input type="checkbox"/> Disability pay, including SSDI or compensation for a work related injury <input type="checkbox"/> Unemployment compensation <input type="checkbox"/> Public Assistance <input type="checkbox"/> Illegal sources <input type="checkbox"/> OTHER, explain:		

32.	Are you interested in improving your employment situation?	<input type="checkbox"/> Yes, as it is unstable (2) <input type="checkbox"/> Yes, I want a better one (1) <input type="checkbox"/> No (0) <b>[Go to NEXT DOMAIN]</b>	
33.	<p><u>In the past 30 days</u>, did any of the following people try to help you find or keep your job?</p> <p> <input type="checkbox"/> Drug and Alcohol counselor (1)  <input type="checkbox"/> CYS/OCY/CAO case manager (1)  <input type="checkbox"/> Probation/Parole officer (1)  <input type="checkbox"/> Mental Health case manager (1)  <input type="checkbox"/> SCA case manager (1)  <input type="checkbox"/> Managed Care Service Provider (1)  <input type="checkbox"/> Area Agency on Aging (1)  <input type="checkbox"/> <b>OTHER, specify (1):</b> _____         </p> <p><input type="checkbox"/> No one helped me (2) <b>[GO TO QUESTION 35]</b></p>	<p><b>MARK ALL THAT APPLY</b>, but only award one point</p> <p>1 = Received Help</p> <p>2 = Wanted help but no one helped me</p>	
34.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
35.	<p>What was the outcome or what is the current situation?  <b>(MARK ALL THAT APPLY)</b></p> <p> <input type="checkbox"/> I still need the services  <input type="checkbox"/> Got the job I needed, or kept the job I have  <input type="checkbox"/> Started the process of getting a job or making progress in keeping my job  <input type="checkbox"/> Waiting to start  <input type="checkbox"/> Referred to the services  <input type="checkbox"/> I did not meet the requirements  <input type="checkbox"/> Not able to find or keep my job  <input type="checkbox"/> Jobs are not available  <input type="checkbox"/> Unable to obtain transportation to get the job  <input type="checkbox"/> I did not want the services  <input type="checkbox"/> I did not follow through with referral  <input type="checkbox"/> I never asked for the help  <input type="checkbox"/> <b>Other, explain:</b> _____         </p>		

**NOTES:****EMPLOYMENT SERVICES TOTAL**

	Question	Response (Value)	Score
36.	<u>In the past 30 days</u> , has the lack of food, health insurance, clothing, utilities, or difficulty paying bills made it hard for you to participate in AOD treatment, school, jobs, training programs, or seeing a doctor?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 37 ]	
36a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
37.	Are you interested in receiving help with your food, health insurance, clothing, or utilities?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) [ Go to NEXT DOMAIN ]	
37a.	In which of the following areas would you like to receive help? <b>(MARK ALL THAT APPLY)</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Gas  <input type="checkbox"/> Electricity  <input type="checkbox"/> Heat  <input type="checkbox"/> Food  <input type="checkbox"/> <b>Other, explain:</b> _____  <input type="checkbox"/> None of the above           </div> <div> <input type="checkbox"/> Water  <input type="checkbox"/> Telephone  <input type="checkbox"/> Clothing  <input type="checkbox"/> Health Insurance           </div> </div>	<b>None = 0</b> <b>1 - 2 Needs = 1</b> <b>3 - 4 Needs = 2</b> <b>5 + Needs = 3</b>	
38.	<u>In the past 30 days</u> , did any of the following people try to help you find food, health insurance, clothing, or utilities?  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Drug and Alcohol counselor (1)  <input type="checkbox"/> CYS/OCY/CAO case manager (1)  <input type="checkbox"/> Probation/Parole officer (1)  <input type="checkbox"/> Mental Health case manager (1)  <input type="checkbox"/> SCA case manager (1)  <input type="checkbox"/> Managed Care Service Provider (1)  <input type="checkbox"/> Area Agency on Aging (1)  <input type="checkbox"/> <b>OTHER, specify (1):</b> _____  <input type="checkbox"/> No one helped me (2)           </div> <div> <b>MARK ALL THAT APPLY,</b>  <b>but only award one point</b>   <b>[GO TO QUESTION 39]</b> </div> </div>	1 = Received help          2 = Wanted help but no one helped me	
38a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	

39.	<p>What was the outcome or what is the current situation?  <b>(MARK ALL THAT APPLY)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I still need the services</li> <li><input type="checkbox"/> Got the help I needed to find food</li> <li><input type="checkbox"/> Got the help I needed to find clothing</li> <li><input type="checkbox"/> Got the help I needed for my utilities</li> <li><input type="checkbox"/> Referred to the services</li> <li><input type="checkbox"/> On a waiting list</li> <li><input type="checkbox"/> Services are not available</li> <li><input type="checkbox"/> I didn't meet the requirements</li> <li><input type="checkbox"/> Services are too expensive</li> <li><input type="checkbox"/> I did not want the services</li> <li><input type="checkbox"/> I did not follow through with the referral</li> <li><input type="checkbox"/> I never asked for help</li> <li> </li> <li><input type="checkbox"/> <b>Other, explain:</b> _____</li> </ul>	
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**NOTES:**

**BASIC NEEDS TOTAL**

## TRANSPORTATION

	Question	Response (Value)	Score								
40.	<u>In the past 30 days</u> have your transportation needs made it hard for you to participate in AOD treatment, school, jobs, training programs, or seeing a doctor?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <b>[Go to 41]</b>									
40a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)									
41.	Do you have a way to get to things like schooling, jobs, training programs, AOD treatment or seeing a doctor?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (2)									
42.	What types of transportation do you have or use? <b>(MARK ALL THAT APPLY)</b> <div style="display: flex; flex-direction: column; align-items: flex-start;"> <input type="checkbox"/> Own a Car  <input type="checkbox"/> Program / Van  <input type="checkbox"/> Friend / Family Car  <input type="checkbox"/> Cab / Taxi / Jitney  <input type="checkbox"/> Bus  <input type="checkbox"/> Walk  <input type="checkbox"/> Bicycle  <input type="checkbox"/> Motorcycle  <input type="checkbox"/> Other, <b>specify:</b> </div>										
42a.	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No										
42b.	If you own a car, do you have: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td></td><td style="text-align: center;"><b><u>Yes</u></b></td><td style="text-align: center;"><b><u>No</u></b></td></tr> <tr> <td>A valid car registration?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td>Insurance?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>			<b><u>Yes</u></b>	<b><u>No</u></b>	A valid car registration?	<input type="checkbox"/>	<input type="checkbox"/>	Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
	<b><u>Yes</u></b>	<b><u>No</u></b>									
A valid car registration?	<input type="checkbox"/>	<input type="checkbox"/>									
Insurance?	<input type="checkbox"/>	<input type="checkbox"/>									
43.	Are you interested in receiving help with transportation needs?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) <b>[Go to NEXT DOMAIN]</b>									
44.	<u>In the past 30 days</u> , did any of the following people try to help you find transportation needs?  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Drug and Alcohol counselor (1)  <input type="checkbox"/> CYS/OCY/CAO case manager (1)  <input type="checkbox"/> Probation/Parole officer (1)  <input type="checkbox"/> Mental Health case manager (1)  <input type="checkbox"/> SCA case manager (1)  <input type="checkbox"/> Managed Care Service Provider (1)  <input type="checkbox"/> Area Agency on Aging (1)  <input type="checkbox"/> <b>OTHER, specify (1):</b> _____  <input type="checkbox"/> No one helped me (2)               </div> <div style="text-align: center;"> <b>MARK ALL THAT APPLY,</b>  <b>but only award one point</b> </div> <div> <b>[GO TO QUESTION 45]</b> </div> </div>	1 = Received help          2 = Wanted help but no one helped me									
44a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)									

45.	<p>What was the outcome or what is the current situation?  <b>(MARK ALL THAT APPLY)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I still need the services</li> <li><input type="checkbox"/> Received the transportation services</li> <li><input type="checkbox"/> Referred to the services</li> <li><input type="checkbox"/> On a waiting list for services</li> <li><input type="checkbox"/> Services are not available</li> <li><input type="checkbox"/> Services are too expensive</li> <li><input type="checkbox"/> I didn't meet the requirements</li> <li><input type="checkbox"/> I did not want the services</li> <li><input type="checkbox"/> I did not follow through with the referral</li> <li><input type="checkbox"/> I never asked for help</li> <li> </li> <li><input type="checkbox"/> <b>OTHER, explain:</b> _____</li> </ul>	
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**NOTES:**

**TRANSPORTATION TOTAL**

## ALCOHOL AND OTHER DRUG TREATMENT

	Question	Response (Value)	Score
46.	In the past 30 days, has the use of alcohol and other drugs made it hard for you to participate in AOD treatment, school, job, training programs, or seeing a doctor?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 47]	
46a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
47.	<u>In the past 30 days</u> , has anyone expressed concern about your use of alcohol and other drugs?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) [Go to 48]	
47a.	If yes, who? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Spouse  <input type="checkbox"/> Partner  <input type="checkbox"/> Family Member             </div> <div> <input type="checkbox"/> Friend  <input type="checkbox"/> Employer  <input type="checkbox"/> Courts             </div> </div> <input type="checkbox"/> Other, specify: _____		
48.	Are you currently involved in alcohol and other drug treatment?	<input type="checkbox"/> Yes (0) [Go to 48a] <input type="checkbox"/> No (2) [Go to 49] <input type="checkbox"/> Completed alcohol and other drug treatment (0) [Go to 49]	
48a.	If yes, what type of treatment program? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Outpatient (Level 1A)  <input type="checkbox"/> Intensive Outpatient (Level 1B)  <input type="checkbox"/> Partial Hospitalization (Level 2A)  <input type="checkbox"/> Halfway House (Level 2B)  <input type="checkbox"/> Medically Monitored Inpatient Detox (Level 3A)  <input type="checkbox"/> Medically Monitored Short Term (3B)  <input type="checkbox"/> Medically Monitored Long Term (3C)             </div> <div> <input type="checkbox"/> Medically Managed Detox (4A)  <input type="checkbox"/> Medically Managed Residential (4B)  <input type="checkbox"/> Methadone Maintenance  <input type="checkbox"/> Other: _____             </div> </div>		
48b.	Are you attending treatment on a regular basis?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (2)	
48c.	Is your current treatment program meeting your needs? <b>Explain:</b> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
49.	Are you involved with any support groups like AA/NA or church group?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
50.	Are you interested in receiving a referral for an assessment to see if you need treatment or if you are in the right type of treatment?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN]	
50a.	Would you be willing to go to treatment or try a different kind of treatment?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	

## ALCOHOL AND OTHER DRUG TREATMENT

51.	<p><u>In the past 30 days</u>, did any of the following people try to refer you to alcohol and other drug treatment?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Drug and Alcohol counselor (1)  <input type="checkbox"/> CYS/OCY/CAO case manager (1)  <input type="checkbox"/> Probation/Parole officer (1)  <input type="checkbox"/> Mental Health case manager (1)  <input type="checkbox"/> SCA case manager (1)  <input type="checkbox"/> Managed Care Service Provider (1)  <input type="checkbox"/> Area Agency on Aging (1)  <input type="checkbox"/> <b>OTHER, specify (1):</b> _____  <input type="checkbox"/> No one helped me (2) </div> <div style="width: 35%; text-align: center;"> <b>MARK ALL THAT APPLY</b>, but only award one point   <b>[GO TO QUESTION 52]</b> </div> </div>	1 = Received help       2 = Wanted help but no one helped me	
51a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
52.	<p>What was the outcome or what is the current situation? <b>(MARK ALL THAT APPLY)</b></p> <div style="display: flex;"> <div style="width: 60%;"> <input type="checkbox"/> Referred to the services  <input type="checkbox"/> Currently enrolled in treatment  <input type="checkbox"/> Completed treatment  <input type="checkbox"/> Dropped out of treatment  <input type="checkbox"/> On a waiting list  <input type="checkbox"/> I did not meet the requirements  <input type="checkbox"/> Don't have insurance  <input type="checkbox"/> Treatment not authorized by insurance company  <input type="checkbox"/> Inadequate insurance coverage  <input type="checkbox"/> Alcohol and drug treatment services are not available  <input type="checkbox"/> I did not want the services  <input type="checkbox"/> I did not follow through with the referral  <input type="checkbox"/> I never asked for help   <input type="checkbox"/> <b>Other, explain:</b> _____ </div> <div style="width: 40%; background-color: #cccccc;"></div> </div>		

**Notes:**

**ALCOHOL & DRUG TREATMENT TOTAL**

	Question	Response (Value)	Score
53.	In the past 30 days, have legal problems made it hard for you to participate in school, jobs, training programs, AOD treatment, relationships, or seeing a doctor?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 54]	
53a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
54.	Are you currently involved in the criminal justice system in any way?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 55]	
54a.	What is the status of your criminal justice system involvement? (MARK ALL THAT APPLY)  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Case Resolved, <i>and on</i> </div> <div style="width: 50%;"> <input type="checkbox"/> Probation  <input type="checkbox"/> Parole  <input type="checkbox"/> Work Release           </div> <div style="width: 50%;"> <input type="checkbox"/> In Jail, <i>and</i> </div> <div style="width: 50%;"> <input type="checkbox"/> Awaiting Trial  <input type="checkbox"/> Awaiting Sentence  <input type="checkbox"/> Serving a Sentence           </div> <div style="width: 50%;"> <input type="checkbox"/> Pending,           </div> <div style="width: 50%;"> <input type="checkbox"/> On bail, Awaiting Trial  <input type="checkbox"/> On bail, Awaiting Sentence  <input type="checkbox"/> Released, on Own Recognizance           </div> <div style="width: 50%;"> <input type="checkbox"/> House Arrest  <input type="checkbox"/> Owe/Paying Fines           </div> <div style="width: 50%;"> <input type="checkbox"/> Other Status, explain: _____           </div> </div>		
55.	Are you interested in receiving help with any legal problems?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN]	
55a.	What kind of legal help do you need? (MARK ALL THAT APPLY)  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Divorce  <input type="checkbox"/> Bill Collector  <input type="checkbox"/> Pending Civil Charges  <input type="checkbox"/> Want to file for bankruptcy  <input type="checkbox"/> Child Support  <input type="checkbox"/> Spousal support  <input type="checkbox"/> Custody issues  <input type="checkbox"/> Other, specify: _____           </div> <div style="width: 50%;"> <input type="checkbox"/> Eviction  <input type="checkbox"/> Pending Criminal charges  <input type="checkbox"/> Want to file charges myself  <input type="checkbox"/> Need to obtain a protection from abuse order or restraining order  <input type="checkbox"/> Explain need for AOD treatment to parole officer or judge           </div> </div>		

56.	<p><u>In the past 30 days</u>, did any of the following people try to help you find legal services?</p> <p> <input type="checkbox"/> Drug and Alcohol counselor (1)  <input type="checkbox"/> CYS/OCY/CAO case manager (1)  <input type="checkbox"/> Probation/Parole officer (1)  <input type="checkbox"/> Mental Health case manager (1)  <input type="checkbox"/> SCA case manager (1)  <input type="checkbox"/> Managed Care Service Provider (1)  <input type="checkbox"/> Area Agency on Aging (1)  <input type="checkbox"/> <b>OTHER, specify (1):</b> _____  <input type="checkbox"/> No one helped me (2) </p> <p style="text-align: center;"><b>MARK ALL THAT APPLY</b>, but only award one point</p> <p style="text-align: center;"><b>[GO TO QUESTION 57]</b></p>	<p>1 = Received help</p> <p>2 = Wanted help but no one helped me</p>	
56a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
57.	<p>What was the outcome or what is the current situation? <b>(MARK ALL THAT APPLY)</b></p> <p> <input type="checkbox"/> I still need the services  <input type="checkbox"/> Accessed legal services  <input type="checkbox"/> Referred to legal services  <input type="checkbox"/> I am on a waiting list for services  <input type="checkbox"/> I did not meet the requirements  <input type="checkbox"/> Services are not available  <input type="checkbox"/> I did not want the services  <input type="checkbox"/> I did not follow through with the referral  <input type="checkbox"/> I never asked for help  <input type="checkbox"/> <b>OTHER, explain:</b> _____ </p>		

Notes:

LEGAL SERVICES TOTAL

	Question	Response (Value)	Score																								
58.	<u>In the past 30 days</u> , have your feelings, thoughts or emotions interfered with your personal life, school, jobs, training programs or AOD treatment?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <b>[Go to 59]</b>																									
58a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)																									
59.	<u>In the past 30 days</u> , has anyone expressed concern about your behavior, your feelings, thoughts, or emotions?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (0)																									
60.	Have you ever been prescribed medications for an emotional or psychological problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>[Go to 61]</b>																									
60a.	What medications are you currently taking? <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">#</th> <th style="width: 35%;">Medication</th> <th style="width: 20%;">When Prescribed</th> <th style="width: 40%;">Reason / Condition / Diagnosis</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td></tr> </tbody> </table>		#	Medication	When Prescribed	Reason / Condition / Diagnosis	1.				2.				3.				4.				5.				
#	Medication	When Prescribed	Reason / Condition / Diagnosis																								
1.																											
2.																											
3.																											
4.																											
5.																											
60b.	Are there any medications that you are <u>supposed</u> to be taking?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)																									
60c.	<u>If yes</u> , list Medication(s) and ask "Why aren't you taking them?" <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Medication</th> <th style="width: 10%;">Code</th> <th style="width: 50%;"></th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td></tr> <tr><td>6.</td><td></td><td></td></tr> </tbody> </table> <div style="margin-top: 5px;"> <b>Code Key</b>                      a. I don't like the way it makes me feel                      b. I don't know why I have to take it                      c. I don't have the money to buy it                      d. Insurance won't cover it                      e. Insurance isn't adequate                      f. I forget to take it                      g. Don't want to take it                      h. Other, <b>Specify:</b> _____                 </div>		Medication	Code		1.			2.			3.			4.			5.			6.						
Medication	Code																										
1.																											
2.																											
3.																											
4.																											
5.																											
6.																											
61.	Are you currently involved in mental health treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>[Go to 62]</b>																									
61a.	What service are you receiving? _____																										
61b.	How Often? _____																										
61c.	Are the services meeting your needs? (if no explain)	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)																									
62.	Are you interested in receiving a referral for mental health services?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) <b>[Go to NEXT DOMAIN]</b>																									

63.	<p><u>In the past 30 days</u>, did any of the following people try to help you find mental health services?</p> <p> <input type="checkbox"/> Drug and Alcohol counselor (1)  <input type="checkbox"/> CYS/OCY/CAO case manager (1)  <input type="checkbox"/> Probation/Parole officer (1)  <input type="checkbox"/> Mental Health case manager (1)  <input type="checkbox"/> SCA case manager (1)  <input type="checkbox"/> Managed Care Service Provider (1)  <input type="checkbox"/> Area Agency on Aging (1)         </p> <p><input type="checkbox"/> <b>OTHER, specify (1):</b> _____</p> <p><input type="checkbox"/> No one helped me (2)      <b>[GO TO QUESTION 64]</b></p>	<p><b>MARK ALL THAT APPLY</b>, but only award one point</p> <p>1 = Received help</p> <p>2 = Wanted help but no one helped me</p>	
63a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
64.	<p>What was the outcome or what is the current situation?  <b>(MARK ALL THAT APPLY)</b></p> <p> <input type="checkbox"/> I still need the services  <input type="checkbox"/> Referred to mental health services  <input type="checkbox"/> Enrolled in mental health services  <input type="checkbox"/> Completed Treatment  <input type="checkbox"/> Dropped out  <input type="checkbox"/> On a waiting list  <input type="checkbox"/> Ineligible  <input type="checkbox"/> Don't have insurance  <input type="checkbox"/> Services not authorized by insurance company  <input type="checkbox"/> Inadequate insurance coverage  <input type="checkbox"/> Services are not available  <input type="checkbox"/> I did not want the services  <input type="checkbox"/> I did not follow through with the referral  <input type="checkbox"/> I never asked for help         </p> <p><input type="checkbox"/> <b>OTHER, explain:</b> _____</p>		

**Notes:**

**MENTAL HEALTH TOTAL**

	Question	Response (Value)	Score																								
65.	In the past 30 days, have your health problems or pregnancy made it hard for you to participate in school, jobs, training programs or AOD treatment?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 66]																									
65a.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)																									
66.	In the past 30 days, have others expressed concern about your health?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)																									
67.	Have you recently been prescribed medication for a physical health problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No [ <b>Males, Go to 69,</b> <b>Females Go to 68]</b>																									
67a.	What medications are you currently taking?																										
	<table border="1"> <thead> <tr> <th>#</th><th>Medication</th><th>When Prescribed</th><th>Reason / Condition / Diagnosis</th></tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td></tr> </tbody> </table>	#	Medication	When Prescribed	Reason / Condition / Diagnosis	1.				2.				3.				4.				5.					
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1.																											
2.																											
3.																											
4.																											
5.																											
67b.	Are there any medications you are supposed to be taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No [ <b>Males, Go to 69,</b> <b>Females Go to 68]</b>																									
67c.	<p>If Yes, list Medication(s) and ask "Why aren't you taking them?"</p> <table border="1"> <thead> <tr> <th>Medication</th><th>Code</th></tr> </thead> <tbody> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> <tr><td>5.</td><td></td></tr> <tr><td>6.</td><td></td></tr> </tbody> </table> <p><b>Code Key</b>            a. I don't like the way it makes me feel            b. I don't know why I have to take it            c. I don't have the money to buy it            d. Insurance won't cover it            e. Insurance isn't adequate            f. I forget to take it            g. Don't want to take it            h. Other, Specify: _____</p>	Medication	Code	1.		2.		3.		4.		5.		6.													
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2.																											
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*Females Only, for Males go to 69*

68.	Are you currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No [Go to 69] <input type="checkbox"/> Don't know [Go to 69]	
68a.	Has a doctor or other medical professional verified your pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
68b.	How long have you been pregnant? _____ months _____ weeks		
68c.	Are you currently receiving prenatal care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
68d.	If not, are you interested in receiving help with accessing prenatal services?	<input type="checkbox"/> Yes (2) <input type="checkbox"/> No (1)	

69.	Are you experiencing difficulties related to any of the following?	<input type="checkbox"/> Medical Services (1) <input type="checkbox"/> Dental Services (1) <input type="checkbox"/> Vision Services (1) <input type="checkbox"/> No (0) [ Go to 71 ] <b>(Mark all that apply but only award one point)</b>	
70.	If yes, are you currently receiving any of the following?	<input type="checkbox"/> Medical care <input type="checkbox"/> Dental care <input type="checkbox"/> Vision care	
71.	Are you interested in receiving help in any of the following?	<input type="checkbox"/> Medical Services (1) <input type="checkbox"/> Dental Services (1) <input type="checkbox"/> Vision Services (1) <input type="checkbox"/> No (0) [ Go to NEXT DOMAIN ] <b>(Mark all that apply but only award one point)</b>	
72.	<p><u>In the past 30 days</u>, did any of the following people try to help you find medical/prenatal services?</p> <input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> <b>OTHER, specify (1):</b> _____ <input type="checkbox"/> No one helped me (2)	<p><b>MARK ALL THAT APPLY</b>, but only award one point</p> <p>1 = Received help</p> <p>2 = Wanted help but no one helped me</p> <p><b>[GO TO QUESTION 73]</b></p>	

72a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
73.	What was the outcome or what is the current situation? <b>(MARK ALL THAT APPLY)</b>  <input type="checkbox"/> I still need the services <input type="checkbox"/> Received the medical/prenatal services I needed <input type="checkbox"/> Referred to medical/prenatal services <input type="checkbox"/> On a waiting list <input type="checkbox"/> Ineligible <input type="checkbox"/> Inadequate insurance coverage <input type="checkbox"/> Medical/prenatal services are not available <input type="checkbox"/> I did not want the services <input type="checkbox"/> I did not follow through with the referral <input type="checkbox"/> I never asked for help  <input type="checkbox"/> Other, explain: _____		

Notes:

PHYSICAL HEALTH TOTAL

	Question	Response (Value)	Score
74.	<u>In the past 30 days</u> , have problems with your relationships made it hard for you to participate in school, jobs, AOD treatment, or training programs?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) [Go to 76]	
75.	If yes, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
76.	<u>In the past 30 days</u> , has anyone expressed concern about your relationships with family members, friends or significant others?	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)	
77.	Are you interested in receiving help with your relationships?	<input type="checkbox"/> Yes (3) <input type="checkbox"/> No (0) [Go to NEXT DOMAIN]	
78.	<u>In the past 30 days</u> , did any of the following people try to help you find family services? <input type="checkbox"/> Drug and Alcohol counselor (1) <input type="checkbox"/> CYS/OCY/CAO case manager (1) <input type="checkbox"/> Probation/Parole officer (1) <input type="checkbox"/> Mental Health case manager (1) <input type="checkbox"/> SCA case manager (1) <input type="checkbox"/> Managed Care Service Provider (1) <input type="checkbox"/> Area Agency on Aging (1) <input type="checkbox"/> <b>OTHER, specify (1):</b> _____ <input type="checkbox"/> No one helped me (2) [GO TO QUESTION 79]	MARK ALL THAT APPLY, but only award one point  1 = Received Help  2 = Wanted help but no one helped me	
78a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	
79.	What was the outcome or what is the current situation? (MARK ALL THAT APPLY) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> I still need the services  <input type="checkbox"/> Received the family services  <input type="checkbox"/> Referred to the family services  <input type="checkbox"/> On a waiting list  <input type="checkbox"/> Ineligible  <input type="checkbox"/> Other, explain: _____             </div> <div> <input type="checkbox"/> Services are not available  <input type="checkbox"/> I did not want the services  <input type="checkbox"/> I did not follow through with the referral  <input type="checkbox"/> I never asked for help             </div> </div>		

## NOTES:

FAMILY / SOCIAL TOTAL

	Question	Response (Value)	Score
80.	<p><u>In the past 30 days</u>, has difficulty in any of the following areas made it hard for you to participate in school, jobs, AOD treatment, training programs, or seeing a doctor? <b>(MARK ALL THAT APPLY, only award one point)</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Constructive use of leisure time  <input type="checkbox"/> Nutrition  <input type="checkbox"/> Job interviewing  <input type="checkbox"/> Resume building  <input type="checkbox"/> Budgeting  <input type="checkbox"/> Language barriers  <input type="checkbox"/> Other, specify: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Household management  <input type="checkbox"/> Self care  <input type="checkbox"/> Parenting  <input type="checkbox"/> Basic reading, writing, and math skills  <input type="checkbox"/> Learning Disabilities </div> </div> <p><input type="checkbox"/> Other, Specify: _____</p>	<p>Yes (1) No (0) [ <b>Go to 81</b> ]</p>	
80a.	Of those, how much?	<input type="checkbox"/> A great deal (3) <input type="checkbox"/> Somewhat (2) <input type="checkbox"/> A little (1)	
81.	<p>Would you like to receive help in any of the following areas? <b>(MARK ALL THAT APPLY)</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Constructive use of leisure time (1)  <input type="checkbox"/> Nutrition (1)  <input type="checkbox"/> Job interviewing (1)  <input type="checkbox"/> Resume building (1)  <input type="checkbox"/> Budgeting (1)  <input type="checkbox"/> Language barriers (1) </div> <div style="width: 45%;"> <input type="checkbox"/> Household management (1)  <input type="checkbox"/> Self care (1)  <input type="checkbox"/> Parenting (1)  <input type="checkbox"/> Basic reading, writing, and math skills (1)  <input type="checkbox"/> Learning Disabilities (1) </div> </div> <p><input type="checkbox"/> <b>NONE (0) [ STOP, ISS COMPLETE ]</b></p>	<p><b>0 = 0</b>  <b>1- 3 areas = 1</b>  <b>4+ areas = 2</b></p>	
82.	<p><u>In the past 30 days</u>, did any of the following people help you find services for nutrition, budgeting, household management, job interviewing, resume building, self care, use of leisure time or parenting?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Drug and Alcohol counselor (1)  <input type="checkbox"/> CYS/OCY/CAO case manager (1)  <input type="checkbox"/> Probation/Parole officer (1)  <input type="checkbox"/> Mental Health case manager (1)  <input type="checkbox"/> SCA case manager (1)  <input type="checkbox"/> Managed Care Service Provider (1)  <input type="checkbox"/> Area Agency on Aging (1)  <input type="checkbox"/> <b>OTHER, specify (1):</b> _____  <input type="checkbox"/> No one helped me (2) </div> <div style="width: 45%;"> <p><b>MARK ALL THAT APPLY, but only award one point</b></p> <p align="center"><b>[GO TO QUESTION 83]</b></p> </div> </div>	<p>1 = Received help</p> <p>2 = Wanted help but no one helped me</p>	
82a.	Are you still working with that person?	<input type="checkbox"/> Yes (0) <input type="checkbox"/> No (1)	

83.	<p>What was the outcome or what is the current situation? <b>(Mark all that apply)</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> I still need the services</li><li><input type="checkbox"/> Accepted the services</li><li><input type="checkbox"/> Received the services</li><li><input type="checkbox"/> Referred to the services</li><li><input type="checkbox"/> Dropped out of the services</li><li><input type="checkbox"/> Ineligible for the services</li><li><input type="checkbox"/> Services are not available</li><li><input type="checkbox"/> I did not want the services</li><li><input type="checkbox"/> I did not follow through with the referral</li><li><input type="checkbox"/> I never asked for help</li> <li><input type="checkbox"/> Other, explain: _____</li></ul>	
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**NOTES:**

**Time Completed:** \_\_\_\_\_

\_\_\_\_\_  
**Case Manager' s Signature**

**LIFE SKILLS TOTAL**

\_\_\_\_\_  
**Client Signature**