

MEDICAL PROBLEM AREA:How many **days** in the past 14 have you:

1. Experienced significant physical medical problems?
2. Been hospitalized for physical medical problems?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Targeted Services/Meetings - group or individual - focused specifically on **medical problem(s)**.

	# On-Site	# Off-Site Ref	# Off-Site Not Ref.
How many times in the past 14 DAYS have you:			
3. Had a physical examination or a follow-up medical care visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Received medication for your physical medical problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Had your blood drawn for lab tests for a medical problem or diagnosis? a) If yes, for HIV? 0=no, 1=yes, X=don't know/won't say, N=not app. ____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Had a session devoted to medical education - (AIDS or other disease prevention, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Counseling Section - can be group or individual sessions focused on a range of problems or topics - typically sessions that do not have a special agenda or title.How many **times** in the past 14 DAYS have you attended general group or individual counseling sessions where you discussed:

	# On-Site	# Off-Site Ref	Off-Site Not Ref.
7. Your medical problems? (code only those not counted in questions 3-6 above.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

EMPLOYMENT AND SUPPORT PROBLEM AREA:How many **days** in the past 14 have you:

1. been paid for working?
2. attended school or a training program?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Targeted Services/Meetings - group or individual - focused specifically on **employment/training/support issues**.

	# On-Site	# Off-Site Ref	# Off-Site Not Ref.
How many times in the past 14 DAYS have you had a services/meetings or sessions			
3. focused on helping you get housing, food, clothing or shelter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. focused on helping you get SSI, welfare, disability/other benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. for literacy, reading or GED testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. focused on helping you get schooling or training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. focused on helping you get employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Counseling Section - can be group or individual sessions focused on a range of problems or topics - typically sessions that do **not** have a special agenda or title.How many **times** in the past 14 DAYS have you attended general **group or individual counseling** sessions where you discussed:

	# On-Site	# Off-Site Ref	# Off-Site Not Ref.
(code only those not counted in questions 3-7 above)			
8. food, clothing or shelter problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. schooling, training or unemployment problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

ALCOHOL AND DRUG PROBLEM AREA:

How many **days** in the past 14 have you:

- 1. Had at least one drink of alcohol?
- 2. How many of these days did you have more than 3 drinks?
- 3. Used any illegal drugs or prescribed drugs in a non-prescribed manner?

Targeted Services/Meetings - group or individual - focused specifically on **Alcohol or Drug Problems**

How many **times** in the past 14 DAYS have you :

	# On-Site	# Off-Site Ref	# Off-Site Not Ref.
5. Taken medication (Librium, Methadone, etc) for detox purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Taken medication (Antabuse, Naltrexone, etc) to prevent drinking/drugging?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Attended sessions devoted to relapse prevention or "triggers"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Attended an AA/NA/CA or any other 12 step meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Counseling Section -

How many **times** in the past 14 DAYS have you attended general **group or individual counseling** sessions where you discussed:

	# On-Site	# Off-Site Ref	# Off-Site Not Ref.
10. Alcohol/drug problems? (code only those not counted in questions 5-9 above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

LEGAL PROBLEM AREA:

How many **days** in the past 14 have you :

- 1. been incarcerated?
- 2. engaged in any type of illegal activity for profit?

Targeted Services/Meetings - group or individual - focused specifically on **legal problem(s)**.

How many **times** in the past 14 DAYS have you had a service, meeting, session, or contact with a representative of the legal or CJ system focused on your:

	# On-Site	# Off-Site Ref	# Off-Site Not Ref.
3. criminal charges or criminal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. civil charges or civil legal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Counseling Section -

How many **times** in the past 14 DAYS have you attended general **group or individual** sessions where you discussed:

	# On-Site	# Off-Site Ref	# Off-Site Not Ref.
5. Criminal or civil legal problems? (code only those not counted in questions 3-4 above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

FAMILY RELATIONSHIPS PROBLEM AREA:

How many **days** in the past 14 have you:

1. had a **significant** argument/problem with any adult?
2. had a **significant** argument/problem with a **child/adolescent**?
3. had **any type** of physical conflict or fight with any adult?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Targeted Services/Meetings - group or individual - focused specifically on **family problem(s)**.

How many **times** in the past 14 DAYS have you had a:

4. meeting or session focused on helping you with **problems or resolving conflict** with others?
5. meeting or session focused on helping you with any problems **regaining contact** or **having visits** with important others?
6. session or visit focused on **child care, parenting** etc.?

	# On-Site	# Off-Site Ref	# Off-Site Not Ref.
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Counseling Section -

How many **times** in the past 14 DAYS have you attended general **group or individual counseling** sessions where you discussed:

7. difficulties or **interpersonal problems** with adults, including family, friends neighbors, etc.?
8. difficulties or **interpersonal problems** with children, childcare, parenting, etc.?
(code only those not counted in questions 3 - 6 above)

	# On-Site	# Off-Site Ref	# Off-Site Not Ref.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

PSYCHOLOGICAL PROBLEM AREA:

How many **days** in the past 14 have you:

1. experienced **significant** emotional problems (e.g. depression, anxiety, etc.)?
2. been hospitalized for an emotional or psychological problem?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Targeted Services/Meetings - group or individual - focused specifically on **psychological problem(s)**.

How many **times** in the past 14 DAYS have you:

3. Had evaluation or testing for psychological or emotional problems ?
4. Taken medication for any psych/emotional problems?
5. Had a session of relaxation training, biofeedback or meditation?
6. Attended **individual** therapy session for any psych/emotional problems?
7. Attended **group** therapy session for any psych/emotional problems?

	# On-Site	# Off-Site Ref	# Off-Site Not Ref.
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Counseling Section -

How many **times** in the past 14 DAYS have you attended general **group or individual counseling** sessions where you discussed:

8. your psychological/emotional problems?
(code only those not counted in questions 3-7 above)

	# On-Site	# Off-Site Ref	# Off-Site Not Ref.
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: