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| **Record Management** | |
| Client ID: | &CLTCAS& |
| Grant ID: | SM83212 |
| Site ID: | HS-DS |
| Assessment Type: | &CLTASM13810& |
| Enter the month and year when the consumer first received services under the grant for THIS Episode of Care: | &CLTASM13811& |
| Which 6-month reassessment is this (06 for 6-month, 12 for 12-month, 18 for 18-month, etc.): | &CLTASM13812& |
| When was the interview conducted? | &CLTASM13814& |
| Why was the interview not conducted? | &CLTASM13815& |
| Diagnoses: | &CLTDGNDS5& |
| **Section A: Demographic Data** | |
| What is your gender? | &CLTASM13816& |
| Specify the 'Other' gender: | &CLTASM13817& |
| Are you Hispanic or Latino? | &CLTASM13818& |
| Which ethnic group(s) do you consider yourself? | &CLTASM13819& |
| Specify the 'Other' Hispanic/Latino ethnic Group: | &CLTASM13820& |
| American Indian (or Alaska Native) | &CLTASM937& |
| * American Indian/Alaska Native Specifier | &CLTASM13992& |
| Asian | &CLTASM938& |
| Black or African-American | &CLTASM939& |
| Native Hawaiian or other Pacific Islander | &CLTASM940& |
| White | &CLTASM941& |
| Birth Month/Year | &CLTBMM&/&CLTBYR& |
| Which of the following do you consider yourself to be? | &CLTASM13821& |
| Specify 'Other' orientation: | &CLTASM13822& |
| **Section B: Functioning** | |
| How would you rate your overall health right now? | &CLTASM13823& |
| Please select the one answer that most closely matches your situation. I feel capable of managing my health care needs: | &CLTASM13824& |
| **Over the past 30 days:** | |
| * I deal effectively with daily problems. | &CLTASM13826& |
| * I am able to control my life. | &CLTASM13827& |
| * I am able to deal with crisis. | &CLTASM13828& |
| * I am getting along with my family. | &CLTASM13829& |
| * I do well in social situations. | &CLTASM13830& |
| * I do well in school and/or work. | &CLTASM13831& |
| * My housing situation is satisfactory. | &CLTASM13832& |
| * My symptoms are not bothering me. | &CLTASM13833& |
| **Over the past 30 days, how often did you feel . . .** | |
| * Nervous? | &CLTASM13835& |
| * Hopeless? | &CLTASM13836& |
| * Restless or fidgety? | &CLTASM13837& |
| * So depressed that nothing could cheer you up? | &CLTASM13838& |
| * That everything was an effort? | &CLTASM13839& |
| * Worthless? | &CLTASM13840& |
| How much have you been bothered by these psychological or emotional problems? | &CLTASM13841& |
| **In the last 4 weeks:** | |
| * How would you rate your quality of life? | &CLTASM13843& |
| * Do you have enough energy for everyday life? | &CLTASM13844& |
| * How satisfied are you with your ability to perform your daily living activities? | &CLTASM13845& |
| * How satisfied are you with your health? | &CLTASM13846& |
| * How satisfied are you with yourself? | &CLTASM13847& |
| * How satisfied are you with your personal relationships? | &CLTASM13848& |
| **In the past 30 days, how often have you used:** | |
| * Tobacco products (cigarettes, chewing tobacco, cigars, etc.)? | &CLTASM13850& |
| * Alcoholic beverages (beer, wine, liquor, etc.)? | &CLTASM13851& |
| * 5 or more drinks if male OR 4 or more drinks if not male? [Clarify if needed: a standard alcoholic beverage, e.g. 12 oz beer, 5 oz wine, 1.5 oz liquor.] | &CLTASM13852& |
| * Cannabis (marijuana, pot, grass, hash, etc.)? | &CLTASM13853& |
| * Cocaine (coke, crack, etc.)? | &CLTASM13854& |
| * Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)? | &CLTASM13855& |
| * Methamphetamine (speed, crystal meth, ice, etc.)? | &CLTASM13856& |
| * Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)? | &CLTASM13857& |
| * Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)? | &CLTASM13858& |
| * Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)? | &CLTASM13859& |
| * Street opioids (heroin, opium, etc.)? | &CLTASM13860& |
| * Prescription opioids (fentanyl, oxycodone, [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)? | &CLTASM13861& |
| * Other (e-cigarettes, etc.)? | &CLTASM13862& |
| * Specify 'Other' substance used: | &CLTASM13863& |
| **Section B: Military Family and Deployment** | |
| Have you ever served in the Armed forces, Reserves, or National Guard? | &CLTASM13864& |
| In which of the following have you served? [Multiple branches may be selected] | &CLTASM13865& |
| Are you currently serving on active duty in the Armed Forces, Reserves, or National Guard? | &CLTASM13866& |
| In which of the following are you currently serving? [Multiple branches may be selected] | &CLTASM13867& |
| Have you ever been deployed in a combat zone? | &CLTASM13868& |
| To which of the following combat zones have you been deployed? [Multiple combat zones may be selected] | &CLTASM13869& |
| Is anyone in your family or someone close to you currently serving on active duty or retired/separated from the Armed Forces, Reserves, or National Guard? | &CLTASM13870& |
| **Section B: Violence and Trauma** | |
| Have you ever experienced violence or trauma in any setting (including community or school violence. domestic violence. physical, psychological, or sexual maltreatment/assault within or outside of the family. natural disaster. terrorism. neglect. or traumatic grief)? | &CLTASM13871& |
| Did any of these experiences feel so frightening, horrible, or upsetting that in the past and/or present you: | &CLTASM13872& |
| Have had nightmares about it or thought about it when you did not want to? | &CLTASM13873& |
| Tried hard not to think about it or went out of your way to avoid situations that remind you of it? | &CLTASM13874& |
| Were constantly on guard, watchful, or easily startled? | &CLTASM13875& |
| Felt numb and detached from others, activities, or your surroundings? | &CLTASM13876& |
| In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt? | &CLTASM13877& |
| **Section C: Stability in Housing** | |
| **In the past 30 days, have you been:** | |
| * Homeless? | &CLTASM13879& |
| How many of the past 30 nights have you been homeless? | &CLTASM13880& |
| * Hospitalized for mental health care? | &CLTASM13881& |
| How many of the past 30 nights have you spent in a hospital for mental health care? | &CLTASM13882& |
| * In a facility for detox/inpatient or residential substance abuse treatment? | &CLTASM13883& |
| How many of the past 30 nights have you spent in a facility for detox/inpatient or residential substance abuse treatment? | &CLTASM13884& |
| * In a correctional facility including jail or prison? | &CLTASM13885& |
| How many of the past 30 nights have you spent in a correctional facility? | &CLTASM13886& |
| Add together the number of nights the client has been homeless, hospitalized for mental health care, in a facility for detox/inpatient or residential substance abuse treatment, and in a correctional facility in the past 30 days. [This number cannot exceed 30] | &CLTASM13887& |
| Did the client report spending 16 or more nights in any ONE (not total) of the following categories: homeless. hospitalized for mental health. in a facility for substance abuse. OR in a correctional facility? | &CLTASM13890& |
| In the past 30 days, have you gone to an emergency room for a psychiatric or emotional problem? | &CLTASM13888& |
| How many times have you gone to an emergency room for a psychiatric or emotional problem in the past 30 days? | &CLTASM13889& |
| In the past 30 days, where have you been living most of the time? [Do not read the response options to the consumer] | &CLTASM13891& |
| Specify the 'Other' housing: | &CLTASM13892& |
| In the last 4 weeks, how satisfied are you with the conditions of your living place? | &CLTASM13893& |
| **Section D: Education and Employment** | |
| Are you currently enrolled in school or in a job training program? | &CLTASM13900& |
| Specify the 'Other' school/job training enrollment. | &CLTASM13901& |
| What is the highest level of education you have finished, whether or not you received a degree? | &CLTASM13902& |
| Are you currently employed? [Clarify by focusing on status during most of the previous week, determining whether consumer worked at all or had a regular job but was off work.] | &CLTASM13903& |
| Specify 'Other' employment: | &CLTASM13904& |
| Are you paid at or above the minimum wage? | &CLTASM13905& |
| Are your wages paid directly to you by your employer? | &CLTASM13906& |
| Could anyone have applied for this job? | &CLTASM13907& |
| In the last 4 weeks, have you had enough money to meet your needs? | &CLTASM13908& |
| **Section E: Crime and Criminal Justice Status** | |
| In the past 30 days, have you been arrested? | &CLTASM13910& |
| How many times have you been arrested in the past 30 days? | &CLTASM13911& |
| **Section F: Perception of Care** | |
| **During the past 30 days:** | |
| * Staff here believe that I can grow, change, and recover. | &CLTASM13914& |
| * I felt free to complain. | &CLTASM13915& |
| * I was given information about my rights. | &CLTASM13916& |
| * Staff encouraged me to take responsibility for how I live my life. | &CLTASM13917& |
| * Staff told me what side effects to watch out for. | &CLTASM13918& |
| * Staff respected my wishes about who is and who is not to be given information about my treatment. | &CLTASM13919& |
| * Staff were sensitive to my cultural background (race, religion, language, etc.). | &CLTASM13920& |
| * Staff helped me obtain the information I needed so that I could take charge of managing my illness. | &CLTASM13921& |
| * I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone lines, etc.). | &CLTASM13922& |
| * I felt comfortable asking questions about my treatment and medication. | &CLTASM13923& |
| * I, not staff, decided my treatment goals. | &CLTASM13924& |
| * I like the services I received here. | &CLTASM13925& |
| * If I had other choices, I would still get services from this agency. | &CLTASM13926& |
| * I would recommend this agency to a friend or family member. | &CLTASM13927& |
| Indicate who administered Section F (Perception of Care) to the respondent for this interview? | &CLTASM13928& |
| Specify the 'Other' person who administered Section F (Perception of Care): | &CLTASM13929& |
| **Section G: Social Connectedness** | |
| **Indicate your level of agreement/disagreement with the following statements regarding interpersonal relationships over the past 30 days. [Excluding mental health provider(s)]** | |
| * I am happy with the friendships I have. | &CLTASM13932& |
| * I have people with whom I can do enjoyable things. | &CLTASM13933& |
| * I feel I belong in my community. | &CLTASM13934& |
| * In a crisis, I would have the support I need from family or friends. | &CLTASM13935& |
| * I have family or friends that are supportive of my recovery. | &CLTASM13936& |
| * I generally accomplish what I set out to do. | &CLTASM13937& |
| **Section H: Program-Specific Health Items** | |
| Client Vitals: | &CLTVITALS& |
| **Section I: Reassessment Status** | |
| Have you or other grant staff had contact with the consumer within 90 days of the last encounter? | &CLTASM13939& |
| Is the consumer still receiving services from your project? | &CLTASM13940& |
| **Section J: Clinical Discharge Status** | |
| Enter the month and year when the consumer was discharged: | &CLTASM13942& |
| What is the consumer's discharge status? | &CLTASM13943& |
| Specify the 'Other' discharge status: | &CLTASM13944& |
| **Section K: Services Received** | |
| Enter the month and year of the date the consumer last received services: | &CLTASM13946& |
| **Identify all of the CORE SERVICES your project provided to the consumer SINCE HIS/HER LAST NOMS INTERVIEW: [This includes CMHS-funded and non-CMHS-funded services]** | |
| * Screening | &CLTASM13948& |
| * Assessment | &CLTASM13949& |
| * Treatment Planning or Review | &CLTASM13950& |
| * Psychopharmacological Services | &CLTASM13951& |
| * Mental Health Services | &CLTASM13952& |
| Estimate how frequently Mental Health Services were delivered: | &CLTASM13953& |
| How many times Mental Health Services were delivered within that frequency? [Per day/week/month/year] | &CLTASM13954& |
| * Co-occurring Services | &CLTASM13955& |
| * Case Management | &CLTASM13956& |
| * Trauma-specific Services | &CLTASM13957& |
| Was the consumer referred to another provider for any of the above CORE SERVICES? | &CLTASM13958& |
| **Identify all of the SUPPORT SERVICES your project provided to the consumer SINCE HIS/HER LAST NOMS INTERVIEW: [This includes CMHS-funded and non-CMHS-funded services]** | |
| * Medical Care | &CLTASM13960& |
| * Employment Services | &CLTASM13961& |
| * Family Services | &CLTASM13962& |
| * Child Care | &CLTASM13963& |
| * Transportation | &CLTASM13964& |
| * Education Services | &CLTASM13965& |
| * Housing Support | &CLTASM13966& |
| * Social Recreational Activities | &CLTASM13967& |
| * Consumer-operated Services | &CLTASM13968& |
| * HIV Testing | &CLTASM13969& |
| Was the consumer referred to another provider for any of the above SUPPORT SERVICES? | &CLTASM13970& |
| **Provider’s Signature** | |
| &stfconsentx& | |