CalOMS Assessment - Questions to Ask and Answer "Key"

Staff Name: **Indicate the interviewing staff's name**   Staff Number**: Indicate the staff's ID number**

1   Assessment Date**: The date the client or other source was interviewed. Time to be entered as 0.**

2   Event: **State whether it is an Admission, Annual Update, or Discharge assessment.**

3   Update Date: **If this assessment is for an Annual update, indicate what that date should be**.

4   Information Source: 1 Child   2 Friend
                         3 Parent   4 Referral Out
                         5 Self

5   Number of Prior Admits: *__Ask - What is the number of prior episodes in any alcohol or drug treatment/recovery program in which you have participated?__*
    Indicate a number between 00 and 99 (0 meaning the individual did not have any prior treatment episodes)
    Z0 - Declined to state
    Z1 - Not sure/don't know
    Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicates client is developmentally disabled.

6   Treatment Waiting Days: *__Ask - How many days were you on a waiting list before being admitted to this treatment program?__*
    Indicate a number between 000 and 999
    Z1 - Not sure/don't know
    Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicates client is developmentally disabled.

7   Consent for Future Contact: Is there a consent form allowing future possible contact signed by the client on file within your agency?   Y - Yes   N - No

8   Number of Children Aged Five Years or Younger: *__Ask - How many children do you have aged five or younger?__*
    Indicate number between 00 and 30   Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicated client is developmentally disabled.

9   Number of Children Aged Seventeen or Younger: *__Ask - How many children do you have aged 17 or younger?__*
    Indicate number between 00 and 30   Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicated client is developmentally disabled.

10 Children in CPS Placement: *__Ask - How many of your children are living with someone else due to a child protection order?__*
    Indicate number between 00 and 30   Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicated client is developmentally disabled.

11 Children in Placement With No Parental Rights: *__Ask - If you have children living with someone else because of a child protection order, for how many of these children have your parental rights been terminated?__*
    Indicate number between 00 and 30   Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicated client is developmentally disabled.

12 Conflict Days with Family: *__Ask - How many days in the past 30 days have you had serious conflicts with members of your family?__*
    Indicate a number between 0 and 30   Z0 - Declined to state

Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicated client is developmentally disabled

13 Days Living With Substance Abuser: ***Ask - How many days in the past 30 days have you lived with someone who uses alcohol or other drugs?***
    Indicate a number between 0 and 30   Z0 - Declined to state
                                     Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicated client is developmentally disabled

14 Days of 12-step/Other: ***Ask - How many days in the past 30 days have you participated in any social support recovery activities such as: 12-step meetings; other self help meetings; religious/faith recovery or self-help meetings; meetings of organizations other than those previously listed; interactions with family members and/or friends support of recovery?***
    Indicate a number between 0 and 30

15 CalWORKs: ***Ask - Are you a CalWORKs recipient?***
    Y - Yes   N - No   Z1 - Not sure/don't know

16 Substance Abuse Treatment Under CalWORKS: ***Ask - Are you receiving substance abuse treatment services under the CalWORKs welfare-to-work plan?***
    Y - Yes   N - No   Z1 - Not sure/don't know

17 Medi-Cal: ***Ask - Are you a Medi-Cal beneficiary?***
    Y - Yes   Z4 - Unable to answer (use only if type of service field indicates detox or if
     N - No   the disability field indicated client is developmentally disabled

18 Communicable Disease-TB: ***Ask - Have you been diagnosed with Tuberculosis?***
    Y - Yes   Z0 - Declined to state
    N - No   Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicated client is developmentally disabled.

19 Communicable Disease-Hepatitis C: ***Ask - Have you been diagnosed with Hepatitis C?***
    Y - Yes   Z0 - Declined to state
    N - No   Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicated client is developmentally disabled.

20 Communicable Disease-STD: ***Ask - Have you been diagnosed with any sexually transmitted disease?***
    Y - Yes   Z0 - Declined to state
    N - No   Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicated client is developmentally disabled.

21 HIV/AIDS Tested: ***Ask - Have you been tested for HIV/AIDS?***
    Y - Yes   Z0 - Declined to state
    N - No   Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicated client is developmentally disabled.

22 HIV/AIDS Result: ***Ask - Did you receive the results of your HIV/AIDS test?***
    Y - Yes   Z0 - Declined to state
    N - No   Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicated client is developmentally disabled.

23 Prior MH Diagnosis: ***Ask - Have you ever been diagnosed with a mental illness?***
    Y - Yes   Z1 Not sure/Don't know
     N – No

24 Disabilities: *__Ask – Do you have any disabilities?__*

1. None	4. Speech	7. Developmentally Disabled	10. Client Unable to answer
2. Visual	5. Mobility	8. Other Disability _____	
3. Hearing	6. Mental	9. Client Declined to State	

25 Medication Prescribed As Part of Treatment: **This information should be provided by the treatment provider.**
   1 - None
   2 - Methadone   Z3 - Other

26 Physical Health-Emergency Room Visits: *__Ask - How many times have you visited an emergency room in the past 30 days for physical health problems?__*

   Indicate a number between 0 and 30   Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicated client is developmentally disabled.

27 Physical Health-Hospital Overnights: *__Ask - How many days in the past 30 days have you stayed overnight in a hospital for physical health problems?__*

   Indicate a number between 0 and 30   Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicated client is developmentally disabled.

28 Physical Health-Days of Physical Problem: *__Ask - How many days have you experienced physical health problems in the past 30 days?__*

   Indicate a number between 0 and 30   Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicated client is developmentally disabled.

29 Mental Health-Outpatient Emergency Services: *__Ask - How many times in the past 30 days have you received outpatient emergency services for mental health needs?__*

    Indicate a number between 0 and 30   Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicated client is developmentally disabled.

30 Mental Health-Hospital/Psychiatric Facility Visits: *__Ask - How many days in the past 30 days have you stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?__*

   Indicate a number between 0 and 30   Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicated client is developmentally disabled.

31 Mental Health-Prescribed Medication Taken: *__Ask - Have you taken prescribed medication for mental health needs in the past 30 days?__*

   Y - Yes   N - No   Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicated client is developmentally disabled.

32 Client Pregnant: **At admission:** *__Ask-Are you pregnant? (If male, must answer "NO".)__*
   Y - Yes   N - No   Z1 - Not sure/don't know

33 Client Pregnant: **If annual update:** *__Ask-Were you pregnant at any time during treatment?__*
   Y - Yes   N - No   Z1 - Not sure/don't know

34 Paid Days Work: *__Ask - How many days were you paid for working in the past 30 days?__*
    Indicate a number between 0 and 30   Z0 - Declined to state
                                                Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicated client is developmentally disabled

35 Enrolled in School: *__Ask - Are you currently enrolled in school?__*
   Y - Yes   Z0 - Declined to state
   N - No   Z4 - Unable to answer (use only if type of service field indicates detox or if the

disability field indicated client is developmentally disabled.

36 Enrolled in Job Training: ***Ask - Are you currently enrolled in a job training program?***
   Y - Yes   Z0 - Declined to state
   N - No   Z4 - Unable to answer (use only if type of service field indicates detox or if the
                                        disability field indicated client is developmentally disabled.

37 Veteran: ***Ask - Are you a U.S. veteran?***
   Y - Yes   Z0 - Declined to state
   N - No   Z4 - Unable to answer (use only if type of service field indicates detox or if
                                        the disability field indicated client is developmentally disabled

38 Department of Corrections: ***Ask - What is your CDC number?***
   Indicate the six-character alpha-numeric CDC number
   Z0 - Decline to state
   Z1 - Don't know/not sure
   Z2 - None or not applicable
   Z4 - Unable to answer (use only if type of service field indicates detox or if the disability field indicates client is
        developmentally disabled.

39 Number of Arrests: ***Ask - How many times have you been arrested in the last 30 days?***
   Indicate a number between 0 and 30   Z4 - Unable to answer (use only if type of service field indicates detox or if
                                              the disability field indicated client is developmentally disabled

40 Days in Jail: ***Ask - How many days in the past 30 days were you in jail?***
   Indicate a number between 0 and 30   Z4 - Unable to answer (use only if type of service field indicates detox or if
                                              the disability field indicated client is developmentally disabled

41 Days in Prison: ***Ask - How many days in the past 30 days were you in prison?***
   Indicate a number between 0 and 30   Z4 - Unable to answer (use only if type of service field indicates detox or if
                                              the disability field indicated client is developmentally disabled

42. Parolee Services network: Default answer **N** - no question needed

43. FOTP Parolee: Default answer **N** - no question needed

44. FOTP Priority Status: Default answer **Z2** - no question needed

45. Primary Alcohol/Drug Problem: ***Ask - What is your primary drug problem? You MUST indicate the name of the drug
    next to the choices that have a line drawn.***

1 Heroin	12 Tranquilizers (Benzodiazepine)_____
2 Alcohol	13 Other Tranquilizers_____
3 Barbiturates _____	14 Non-Prescription Methadone
4 Other Sedatives or Hypnotics_____	15 Other Opiates_____
5 Methamphetamine	16 Inhalants_____
6 Other Amphetamines_____	17 Over the Counter_____
7 Other Stimulants_____	23 Ecstasy
8 Cocaine/Crack	24 Other Club Drugs_____
9 Marijuana/Hashish	25 OxyCodone/OxyContin
10 Phencyclidine (PCP)	Z3 Other/Specify_____
11 Other Hallucinogens_____	

46 Primary Drug Frequency of Use: *Ask - How many days in the past 30 days have you used your primary drug of abuse?*

   Indicate a number between 0 and 30

47. Primary Drug Route of Administration: *Ask - What route of administration do you use most often for your primary drug of abuse?*
   1 Oral   3 Inhalation
   2 Smoking   4 Injection (IV or intramuscular)
                                                    Z3 Other

48 Primary Drug Age of First Use: *Ask - At what age did you first use your primary drug of abuse?*
   Indicate a number between 5 and 105   Z4 - Unable to answer (use only if type of service field indicates detox or if
                                                 the disability field indicated client is developmentally disabled

49 Secondary Alcohol/Drug Problem: *Ask - What is your secondary drug problem? You MUST indicate the name of the drug next to the choices that have a line drawn.*

   22 None (only allowable at discharge or for secondary drug)
    1 Heroin   12 Tranquilizers (Benzodiazepine)_____
    2 Alcohol   13 Other Tranquilizers_____
    3 Barbiturates _____ 14 Non-Prescription Methadone
    4 Other Sedatives or Hypnotics_____ 15 Other Opiates_____
    5 Methamphetamine   16 Inhalants_____
    6 Other Amphetamines_____ 17 Over the Counter_____
    7 Other Stimulants_____ 23 Ecstasy
    8 Cocaine/Crack   24 Other Club Drugs_____
    9 Marijuana/Hashish   25 OxyCodone/OxyContin
   10 Phencyclidine (PCP)   Z3 Other/Specify_____
      11 Other Hallucinogens_____

50 Secondary Drug Frequency of Use: *Ask - How many days in the past 30 days have you used your secondary drug of abuse?*
      Indicate a number between 00 and 30

51 Secondary Drug Route of Administration: *Ask - What route of administration do you use most often for your secondary drug of abuse?*

   1 Oral   3 Inhalation   Z3 Other
     2 Smoking   4 Injection (IV or intramuscular)

52 Secondary Drug Age of First Use: *Ask - At what age did you first use your secondary drug of abuse?*
   Indicate a number between 005 and 105   Z4 - Unable to answer (use only if type of service field indicates detox or if
                                                 the disability field indicated client is developmentally disabled

53 Alcohol Use Frequency: *Ask - How many days in the past 30 days have you used alcohol?*
    Indicate a number between 0 and 30   Z2 - Not applicable (This is to be used if the individual reported alcohol
                                                 for primary or secondary drug.)

54 IV Use: *Ask - How many days have you injected drugs in the past 30 days?*
   Indicate a number between 00 and 30   Z0 - Declined to state
                                                Z4 - Unable to answer (use only if type of service field indicates detox or if

the disability field indicated client is developmentally disabled

55 Needles Used Past Year: ***Ask: Have you used needles during the past twelve months?***
    Y - Yes   Z4 - Unable to answer (use only if type of service field indicates detox or if
      N - No   the disability field indicated client is developmentally disabled

56 Special Contract County: Default answer **Z2** - no question needed

57 Special Contract Number: Default answer **Z2** - no question needed