

Questionnaire: Substance Use Treatment Admission

Client Profile (Atrezzo)

First Name			Last Name			For Office Use		
Date of Birth			Social Security Number			MaineCare Number		
MM	DD	YYYY	### - ## - ####					

Client Information

Primary Presenting Problem				Notes			
Substance Abuse Only		Affected Other/Co-Dependent					
Co-occurring SA and MH Problem				Yes/ No / Unknown / Not Collected			
Is this an (Initial) Admission or Evaluation (only)?				Admission / Evaluation only			
Number of prior Treatment Episodes				Number/ Unknown / Not Collected			

Race	Ethnicity	Gender
White	Not Hispanic or Latino	Male
Black/African American	Puerto Rican	Female
American Indian/Alaskan Native	Mexican	Transgender - Male
Asian	Cuban	Transgender - Female
Native Hawaiian/Pacific Islander	Other Specific Hispanic	Unknown
Other	Unknown	Hispanic - Not Specified

Education

Last Grade attended (K-12 / College (F/S/J/S) / Masters 1 / Masters 2 / Post Grad / Special Ed Class	

Financial/Household

Employment Status	Employment Status cont.	Living Arrangments
Full Time (35 hours or more)	Unknown	Independent Living - Alone
Irregular / Part Time	Not Collected	Independent Living - With Others
Unemployed has sought work		Dependent Living - With Others
Unemployed has not sought work		Homeless
Not in Labor Force	Veteran Status	Not Collected
Full Time Volunteer	Veteran Status	
Part Time Volunteer	Not a veteran	
Irregular Volunteer	Unknown	

Financial/Household continued

Primary Source of Household Income	Health Insurance	Expected / Actual Payment Source
Wages / Salary	Private Insurance	DHSS - Office of Behavioral Health
Public Assistance / Welfare	Blue Cross / Blue Shield	DHSS - Child/Adult Protective
Retirement Pension	Medicare	Self Pay
Disability	MaineCare (Medicaid)	Corrections
Other	HMO (Health Maint. Org.)	MaineCare (Medicaid)
Unknown	Other (e.g. TRICARE)	Other Government payments
Not Collected	None Unknown	Veteran's Administration
	Not Collected	Worker's Compensation
		Blue Cross / Blue Shield
		Other Private Health Insurance
		Other None

Financial/Household continued							
Detailed "Not in Labor Force"				Detailed Criminal Justice Referral			
Homemaker				State/Federal Court			
Student				Maine Pre-Trial/Formal Adjudication			
Retired				Probation/Parole, State of Maine			
Unable to Work (Physical or Psychological)				Community Probation, DSAT			
Inmate of an Institution				Juvenile Treatment Network			
Seasonal Worker				Drug Court, DSAT			
Temporary Layoff				Correction Facility, State of Maine			
Unable.....				County Jails			
Unable due to Program Requirements				DEEP (Driver Education & Evaluation Program)			
Not applicable				Other			
Unknown				Not applicable			
Not Collected				Unknown			
				Not Collected			
Financial/Household continued							
Marital Status				Arrests in 30 Days Prior to Admission			
Never Married				Number of Arrests		Unknown / Not Collected	
Now Married/Cohabiting				Attendance at Self-Help Groups in the Past 30 days			
Separated				No attendance in the past month			
Divorced				1-3 times in past month (less than 1 per week)			
Widowed				4-7 times in past month (about 1 per week)			
Unknown				8-15 times in past month (2-3 times a week)			
Not Collected				16-30 times in past month (4+ times a week)			
				Some attendance but frequency unknown			
				Unknown			
				Not Collected			
Referral Source							
Self				State or Federal Prison or Correctional Facility			
Family Member				County Jail or Correctional Facility			
Friend				DEEP (Driver Education & Evaluation Program)			
Employer / Employee Assistance (EAP)				DHHS - Adult Protective Services			
School (Education)				DHHS - Child Protective Services			
Mental Health Provider				DHHS - Substitute Care Services			
Medical Provider				Other - Specify			
Substance Abuse Provider (not DEEP)				Unknown			
Other Provider							
County, State or Federal Court							
Probation or Parole							
Days Waiting to Enter Treatment (#)				or Unknown		or Not Collected	
Treatment Data							
Admission Date							
MM	DD	YYYY	Use the new Drug type codes				
Substance Abuse							
Primary Substance	Code:		Route		Freq.		Age of First Use (97 Unknown)
Secondary Substance	Code:		Route		Freq.		Age of First Use (97 Unknown)
Tertiary Substance	Code:		Route:		Freq.		Age of First Use (97 Unknown)

Treatment Age Group												
Adult			Adolescent									
Type of Treatment / Treatment Setting												
Non-Intensive Outpatient						Halfway House (Short-term <=30 days)						
Intensive Outpatient						Shelter (Short-term 30 days or fewer)						
Detoxification (Outpatient)						Consumer Run Residence (Short-term)						
24-Hour Detoxification (Inpatient)						Halfway house (Long-term > 30 days)						
Inpatient						Shelter (Long-term more than 30 days)						
Methadone (Inpatient)						Consumer Run Residence (Long-term)						
24-hour Detox, free standing residential												
Use of Methodone Planned as part of Treatment												
No						Naltraxone						
Methadone						Vivtrol						
Buprenorphine, Suboxone, Subutex						Antabuse						
Campral						Not Collected						
Detailed 4 Digit Drug Codes												
Primary Detailed Drug Code						Notes:						
Secondary Detailed Drug Code						Enter 9996 for Not applicable or						
Tertiary Detailed Drug Code						Enter 9997 for Unknown						
Pregnant at Time of Admission												
Yes						Unknown						
No - Female clients						Not Collected						
N/A - Male clients or Prepuberty children												
Intake Case Information												
Initial Contact Date						Intake Date			Prenatal Treatment			
MM	DD	YYYY				MM	DD	YYYY		Yes		
										No		
HIV Positive						Hep C Positive						
Yes						Yes						
No						No						
Unknown						Unknown						
Injection Drug User						Shared Needles			Shelter and Detoxification			
Never						Yes			Yes			
In Last 6 Months						No			No			
In Last 5 Years												
Prior to Last 5 Yrs												
Other Questions												
Number of Prior Admissions in the past 12 months												
Dependents 17 years of age or under? (Yes/No)												
Number of Arrests in past 12 Months												
Domestic Violence Offender (Yes/No)												
Legal History (Check all that apply)												
No Legal Involvement						Driver's license revocation (Not DEEP)						
Probation / Parole						Deferred Disposition						
Furloughed						Specialiity Court						
Awaiting Court						Other						
Serving Sentence (Jail/Prison)												

Tobacco/Nicotine

Has the Client ever used Tobacco/Nicotine products?	Yes	No	Unknown	Age of First Use	
Product used most frequently in the past 30 days					
Frequency of use in the past 30 Days	1-3 times		Once a week	3 - 6 times	Daily
	More than 6 times a day			NA	Unknown
Route of Administration:					
Inhalation (Vaping) / Oral / Other /Patch / Smoking					