FOLLOW-UP QUESTIONNAIRE

Client's Name: First ________________________________
                     Middle ________________________________
                     Last ________________________________

Social Security #: ___________ - ___________ - ___________

Date of Birth: _________ / _________ / _________

Gender (M/F): __________

Client ID: ___________ 

INSTRUCTIONS
1. Leave no blanks. Where appropriate code items:
   Y-Yes
   N-No
   X-Question not applicable
   Z-Question not answered
Use only one character per item.

2. Space is provided after sections for additional comments.

SEVERITY RATINGS
The severity ratings are interview estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situations). Each rating is based upon the patient's history of problem symptoms, present condition and subjective assessment of the patient's treatment needs in a given area.

Orion Healthcare Technology is the U.S. leader in providing automated practice management solutions to the behavioral health and substance abuse fields. Our products include adult, adolescent, criminal justice and co-occurring assessments; treatment plans, patient placement, progress notes, discharge summaries, outcome research software, MIS, office scheduling and billing applications. If you would like information about the automated version of this questionnaire or others, please feel free to call our toll-free number 800-324-7966 or visit www.MyAccuCare.com. Orion allows the photocopying of this questionnaire for clinical use, but reserves the software rights for this product.
FOLLOW-UP QUESTIONNAIRE

GENERAL INFORMATION

G1. Client ID: ____________________________________________

G2. Social Security #: ______________________

G3. Provider #: __________________________________________

G9. Date of interview: ______________________

G10. Time Begun: ______________________

G20. Interviewer's initials: ______________________

G23. Client's:

First name ____________________________

Middle name ____________________________

Last name ____________________________

Address ______________________________________________

City ____________________________ State ____________________________ Zip ____________________________

Phone number: ______________________

G30. Have you been in a controlled environment in the past 30 days? Yes/No

Specify other controlled environment: ______________________

How many days?

MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems? (Include ODs, DTs, exclude detox) Yes/No

M6. Are you taking any prescribed medication on a regular basis for a physical problem (Y/N)?

M6b. What is it for? ______________________________________________

M7. Do you receive financial compensation (pension, disability, etc.) for a physical disability (Y/N)?

M7a. Specify: ______________________________________________

M8. How many days have you experienced medical problems in the past 30 days?

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0 - NOT AT ALL   3 - CONSIDERABLY
1 - SLIGHTLY     4 - EXTREMELY
2 - MODERATELY

M9. How troubled or bothered have you been by these medical problems in the past 30 days?

M10. How important to you now is treatment for these medical problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

M11. How would you rate the patient's need for medical treatment (0-9)?

0 - None necessary to 9 - Treatment needed to intervene in life-threatening situation.

CONFIDENCE RATING

Is the MEDICAL STATUS information significantly distorted by:

M12. Patient's misrepresentation (Y/N)?

M13. Patient's inability to understand (Y/N)?

EMPLOYMENT/SUPPORT STATUS

E1. Education completed (GED = 12 years):

Years _______________________ Months ______________________

E2. Training or technical education completed: ______________________

E4. Do you have a valid driver's license (Y/N)?

E5. Do you have an automobile available (Y/N)?

(Answer "no" if no valid driver's license)

E7. Usual (or last) occupation:

1 1a. Higher Executives
   1b. Large Proprietor (Value over $180,000)
   1c. Major Professionals
   2a. Business Managers
   2b. Proprietors of Medium-Sized Businesses
   2c. Minor Professionals
   3a. Administrative Personnel
   3b. Proprietors of Small Businesses (< $65,000)
   3c. Farmers (owners $41,000-$60,000)
   4a. Clerical and Sales Workers
   5a. Skilled Manual Employees and Small Farmers
   6a. Machine Operators and Semi-Skilled Employees
   7. Unskilled Employees

Follow-Up Questionnaire  Page 1 of 5  Client Name: ______________________
E8. Does someone contribute to your support in any way (Y/N)? [ ]
E8a Specify: _________________________________________________
E8b. Does this constitute the majority of your support (Y/N)? [ ]

E12. How many days were you paid for working in the last 30? [ ]
E13. How much money did you receive from the following sources in the past 30 days?

E13a. Employment (net income): [ ]
E13b. Unemployment compensation: [ ]
E13c. Welfare: [ ]
E13d. Pension, benefits or social security: [ ]
E13e. Mate, family or friends: [ ]
E13f. Illegal: [ ]

E15. How many people depend on you for the majority of their food, shelter, etc.? [ ]
E16. How many days have you experienced employment problems in the past 30?

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL  3-CONSIDERABLY
1-SLIGHTLY  4-EXTREMELY
2-MODERATELY

E17. How troubled or bothered have you been by these employment problems in the past 30 days? [ ]
E18. How important to you now is counseling for these employment problems? [ ]

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

E19. How would you rate the patient’s need for employment counseling (0-9)? [ ]

0-None necessary to 9-Treatment needed to intervene in life-threatening situation.

CONFIDENCE RATINGS

Is the Employment/Support Status information significantly distorted by:

E20. Patient’s misrepresentation (Y/N)? [ ]
E21. Patient’s inability to understand (Y/N)? [ ]

DRUG/ALCOHOL USE

<table>
<thead>
<tr>
<th>Age at 1st use</th>
<th># Days Past 30</th>
<th># Years in Lifetime</th>
<th>Route of Admin.</th>
<th>Date of Last Use Month/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2. Alcohol (any use at all)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D3. Alcohol (to intoxication)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D4. Heroin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D5. Methadone</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>D6. Other opiates/analgesics</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>D7. Barbiturates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D8. Other sedatives/hypnotics/tranquilizers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D9. Cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D10. Amphetamines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D11. Cannabis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D12. Hallucinogens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D13. Inhalants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D14. More than 1 substance per day (including alcohol)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Route of Administration

1-Oral  4-Non-IV injection
2-Nasal  5-IV injection
3-Smoking

D17. According to the interviewer, which substance(s) are the major problem (0-16)? [ ]

00-No problem  08-Cocaine
01-Alcohol  09-Amphetamines
02-Alcohol to intox.  10-Cannabis
03-Heroin  11-Hallucinogens
04-Methadone  12-Inhalants
05-Opiates/analgesics  15-Alcohol & one or more drugs
06-Barbiturates  16-More than one drug
07-Other sed/hyp/tranq

How many times have you:

D20. Had alcohol DT’s? [ ]
D21. Overdosed on drugs? [ ]
How many times in your life have you been treated for:
D22. Alcohol abuse?
D23. Drug abuse?

How many of these were for detox only:
D24. Alcohol?
D25. Drug?

How much money would you say you spent during the past 30 days on:
D34. Alcohol?
D35. Drugs?

How many days have you been treated as an outpatient for alcohol or drugs in the past 30 days (include NA, AA)?
D37 Days

How many days in the past 30 have you experienced:
D39. Alcohol problems?
D40. Drug problems?

How troubled or bothered have you been in the past 30 days by these:
0-NOT AT ALL  3-CONSIDERABLY  1-SLIGHTLY  4-EXTREMELY  2-MODERATELY
D41 Alcohol problems?
D42. Drug problems?

How important to you now is treatment for these:
D43. Alcohol problems?
D44. Drug problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING
How would you rate the patient’s need for: 0-None necessary to 9-Treatment needed to intervene in life-threatening situation.
D45. Alcohol problems?
D46. Drug problems?

CONFIDENCE RATINGS
Is the Drug/Alcohol Status information significantly distorted by:
D47. Patient’s misrepresentation (Y/N)?
D48. Patient’s inability to understand (Y/N)?

LEGAL STATUS
L2. Are you on probation or parole?
  0-Neither
  1-Probation
  2-Parole

How many times in your life have you been arrested and charged with the following?
Under the influence at the time (Y/N)?
L3. Shoplifting/vandalism/theft?
L4. Parole/probation violations?
L5. Drug charges?
L6. Forgery?
L7. Weapons offense?
L8. Burglary/larceny/B&E?
L9. Robbery?
L10. Assault?
L11. Arson?
L12. Rape?
L13. Homicide/manslaughter?
L14. Prostitution?
L15. Contempt of court?
L16. Other?

How many of these charges resulted in convictions?
L17

How many times in your life have you been charged with the following:
L18. Disorderly conduct?
Vagrancy?
Public intoxication?
L19. Driving while intoxicated?
L20. Major driving violations?
L21. MIP (minor in possession)?
L22. How many month(s) were you incarcerated in your life?
L24. Are you presently awaiting charges, trial or sentencing (Y/N)?
For what? 
L26. How many days in the past 30 were you detained or incarcerated
L28. How many days in the past 30 have you engaged in illegal activities for profit?
ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>NOT AT ALL</td>
</tr>
<tr>
<td>1</td>
<td>SLIGHTLY</td>
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<tr>
<td>2</td>
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</tr>
<tr>
<td>3</td>
<td>CONSIDERABLY</td>
</tr>
<tr>
<td>4</td>
<td>EXTREMELY</td>
</tr>
</tbody>
</table>

L29. How serious do you feel your present legal problems are? (exclude civil problems)

L30. How important to you now is counseling or referral for these legal problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

L31. How would you rate the patient’s need for legal services or counseling (0-9)?

0-None necessary to 9-Treatment needed to intervene in life-threatening situation.

CONFIDENCE RATINGS

Is the Legal Status information significantly distorted by:

L32. Patient’s misrepresentation (Y/N)?

L33. Patient’s inability to understand (Y/N)?

FAMILY/SOCIAL RELATIONSHIPS

F1. Marital status:

1-Married  
2-Remarried  
3-Widowed  
4-Seperated  
5-Divorced  
6-Never Married

F3. Are you satisfied with this situation (0-2)?

0-No  
1-Indifferent  
2-Yes

F6. Usual living arrangements for the past three years:

1-With sexual partner and children  
2-With sexual partner alone  
3-With children alone  
4-With parents  
5-With family  
6-With friends  
7-Alone  
8-Controlled environment  
9-No stable arrangements

F8. Are you satisfied with these arrangements?

0-No  
1-Indifferent  
2-Yes

F11. With whom do you spend most of your free time?

1-Family  
2-Friends  
3-Alone

F12. Are you satisfied spending your free time this way?

0-No  
1-Indifferent  
2-Yes

F15. How many close friends do you have?

Have you had significant periods in which you have experienced serious problems getting along with:

Y-Yes  
N-No  
X-Not applicable  
Z-Not answered

Past 30 Days  In Your Life  Affected By Alcohol/Drugs

F23. Mother

F24. Father

F25. Brothers/Sisters

F26. Sexual partner/Spouse

F27. Children

F28. *Other significant family

F29. Close friends

F30. Neighbors

F31. Co-workers

How many days in the past 30 have you had serious conflicts:

F35. With your family?

F36. With other people (excluding family)?

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

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<tr>
<td>4</td>
<td>EXTREMELY</td>
</tr>
</tbody>
</table>

How troubled or bothered have you been in the past 30 days by these:

F37. Family problems?

F38. Social problems?

How important to you now is treatment or counseling for these:

F39. Family problems?

F40. Social problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

F41. How would you rate the patient’s need for family and/or social counseling (0-9)?

0-None necessary to 9-Treatment needed to intervene in life-threatening situation.
CONFIDENCE RATINGS

Is the Family/Social Relationships information significantly distorted by:

F42. Patient’s misrepresentation (Y/N)?

F43. Patient’s inability to understand (Y/N)?

PSYCHIATRIC STATUS

P1. How many times have you been treated for any psychological or emotional problems:
   In a hospital or inpatient setting?
   As an outpatient or private patient?

P2. Do you receive financial compensation for a psychiatric or emotional disability (include pension, SSI, SSDI, etc.) (Y/N)?

Have you had a significant period (that was not a direct result of drug or alcohol use) in which you have:
   Y-Yes  N-No  X-Not applicable  Z-Not answered

Past 30 Days  Lifetime

P3. Experienced serious depression - sadness, hopelessness, loss of interest, difficulty with daily functioning?

P4. Experienced serious anxiety/ tension - uptight, unreasonably worried, inability to feel relaxed?

P5. Experienced hallucinations - saw thing or heard voices that others did not see or hear?

P6. Experienced trouble understanding, concentrating or remembering?

P7. Experienced trouble controlling violent behavior including episodes of rage or violence?

P8. Experienced serious thoughts of suicide?

P9. Attempted suicide?

P10. Been prescribed medication for any psychological/emotional problems?

NOTE: For questions 7-9, include incidents that occurred when the person was under the influence of substances.

P32. How many days in the past 30 have you experienced these psychological or emotional problems?

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL  1-SLIGHTLY  2-MODERATELY  3-CONSIDERABLY  4-EXTREMELY

P33. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

P34. How important to you now is treatment for these psychological or emotional problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

At the time of the interview, is the patient (Y/N)?

P35. Obviously depressed/withdrawn?

P36. Obviously hostile?

P37. Obviously anxious/nervous?

P38. Having trouble with reality testing, thought disorders, paranoid thinking?

P39. Having trouble comprehending, concentrating, remembering?

P40. Having suicidal thoughts?

INTERVIEWER SEVERITY RATING

P41. How would you rate the patient’s need for psychiatric/psychological treatment (0-9)?

0-None necessary to 9-Treatment needed to intervene in life-threatening situation.

CONFIDENCE RATINGS

Is the Psychiatric Status information significantly distorted by:

P42. Patient’s misrepresentation (Y/N)?

P43. Patient’s inability to understand (Y/N)?

Time Begun:

Time End: