NATIVE AMERICAN ADULT 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.
### GENERAL INFORMATION

**G1. Client ID:**

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**G2. Social Security #:**

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**G3. Provider #:**

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**G4. Date of Admission:**

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**G5. Date of Interview:**

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**G6. Time Begun:**

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**G51. Who referred you for an evaluation?**

1. Attorney  
2. Probation/Parole Officer  
3. Presentence Investigator  
4. Self  
5. Judge or Court  
6. Other

**G52. Referral source’s name** ________________

**Address** _____________________________________________

**Address** _____________________________________________

**City, State, Zip** ________________________________________

**Phone #:** (______) _____ - __________

**G53. By when do you need this assessment?**

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**G54. Why are you receiving this assessment (1-6)?**

1. OWI or DWI  
2. Court ordered  
3. Attorney recommended  
4. Other criminal arrest  
5. Self interest  
6. Other

**G55. BAC:**

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</table>

**G56. By whom was it ordered (1-4)?**

1. Judge  
2. Probation  
3. Presentence  
4. Parole  
5. Other

**Specify other** ________________________________

**G8. Class:**

1. Intake  
2. Follow-up

**G9. Contact Code:**

1. In person  
2. Phone  
3. Mail

**G57. Interviewer’s initials:**

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G10. Gender:  
M-Male   F-Female

G12. Special:  
1-Terminated  3-Unable to respond  
2-Refused     X-Not applicable

Client first name: ______________________________________________________
Client middle name: ____________________________________________________
Client last name: ______________________________________________________
Client's address: ______________________________________________________
Client's address: ______________________________________________________
City, State, Zip: ______________________________________________________
Phone number: ________________________________________________________

G14. How long have you lived at this address?  
Years □□ Months □□

G15. Is this address owned by you or your family (Y/N)? □

G16. Date of birth: □□/□□/□□

G17. Of what race do you consider yourself?  
1-White   6-Hispanic-Mexican  
2-Black   7-Hispanic-Puerto Rican  
3-American Indian  8-Hispanic-Cuban  
4-Alaskan Native  9-Other Hispanic  
5-Asian or Pacific Islander

G17a. What tribe do you consider yourself part of?  
Specify: ____________________________________________________________

G18. Religious preference:  
1-Protestant  7-Traditional (Specify)  
2-Catholic  8-Native American Church  
3-Jewish  9-Mormon  
4-Islamic  10-Pentecostal  
5-Other  11-Baptist  
6-None

G58. Specify other religion: ____________________________________________

G19. Have you been in a controlled environment in the past 30 days? □

1-No   4-Medical treatment  
2-Jail  5-Psychiatric treatment  
3-Alcohol or drug treatment  6-Other

Specify other controlled environment: ________________________________

G20. How many days? □□
MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems? *(Include ODs, DTs, exclude detox)*

M2. How long ago was your last hospitalization for a physical problem?
   Years  [ ]  Months  [ ]

M51. What was it for? _______________________________________

M3. Do you have any chronic medical problems which continue to interfere with your life (Y/N)?
   Specify: ______________________________________________

M4. Are you taking any prescribed medication on a regular basis for a physical problem (Y/N)?

M52. What is it? ____________________________________________

M53. What is it for? _________________________________________

M5. Do you receive financial compensation (pension, disability, etc.) for a physical disability (Y/N)?
   Specify: ______________________________________________

M6. How many days have you experienced medical problems in the past 30 days?

M7. How troubled or bothered have you been by these medical problems in the past 30 days?
   0-Not at all 3-Considerably
   1-Slightly 4-Extremely
   2-Moderately

M8. How important to you now is treatment for these medical problems?
   0-Not at all 3-Considerably
   1-Slightly 4-Extremely
   2-Moderately

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

M9. 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 RATINGS

Is the Medical Status information significantly distorted by:

M10. Patient’s misrepresentation (Y/N)?

M11. Patient’s inability to understand (Y/N)?
EMPLOYMENT/SUPPORT STATUS

E1. Education completed (GED = 12 years):
   Years □ Months □

E2. Training or technical education completed
   Months □

E3. Do you have a profession, trade or skill (Y/N)?
   Specify: _____________________________________________

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)

E6. How long was your longest full-time job?
   Years □ Months □

E7. Usual (or last) occupation:
   1a. Higher Executives
   1b. Large Proprietor (Value over $180,000)
   1c. Major Professionals
   2a. Business Managers
   2b. Proprietors of Medium-Sized Businesses
   3a. Administrative Personnel
   3b. Proprietors of Small Businesses (<$55,000)
   3c. Minor Professionals
   3d. Farmers (Owners $41,000-$60,000)
   4a. Clerical and Sales Workers
   4b. Technicians
   4c. Proprietors of Little Business (<$10,000)
   4d. Farmers (Owners $21,000-$40,000)
   5a. Skilled Manual Employees and Small Farmers
   5b. Small Farmers (Owners <$20,000)
   6a. Machine Operators and Semi-Skilled Employees
   6b. Small Farm Tenants
   7. Unskilled Employees
   Specify: _____________________________________________

E8. Does someone contribute to your support in any way? (Y/N)?
   □
   Specify: ______________________________________________

E9. Does this constitute the majority of your support (Y/N)?
   □

E10. Employment status:
    1-Full-time (35+ hrs/wk)  5-Service
    2-Part-time (reg. hrs.)  6-Retired/Disability
    3-Part-time (irreg., daywork)  7-Unemployed
    4-Student  8-In controlled environment

E11. How many days were you paid for working in the last 30?
    □ □
    How much money did you receive from the following sources in
    the past 30 days?

E12. Employment (net income):
    □ □ □

E13. Unemployment compensation:
    □ □ □

E14. Welfare:
    □ □ □

E15. Pension, benefits or social security:
    □ □ □

COMMENTS FOR EMPLOYMENT/SUPPORT STATUS: ___________
_________________________________________________________________________
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_________________________________________________________________________
E16. Mate, family or friends:  

E17. Illegal

E51. What was your gross income last year? $

E18. How many people depend on you for the majority of their food, shelter, etc.?

E19. 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

E20. How troubled or bothered have you been by these employment problems in the past 30 days?

E21. 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

E22. 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:

E23. Patient’s misrepresentation (Y/N)?

E24. Patient’s inability to understand (Y/N)?
### DRUG/ALCOHOL USE

**D51. What age did you first try alcohol or drugs?**

**D52. What was it?**

<table>
<thead>
<tr>
<th>Substance</th>
<th># Days Past 30</th>
<th># Days Lifetime</th>
<th>Route of Admin</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D1. Alcohol (any use at all)</strong></td>
<td></td>
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<tr>
<td><strong>D2. Alcohol (to intoxication)</strong></td>
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<tr>
<td><strong>D3. Heroin</strong></td>
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<td><strong>D4. Methadone</strong></td>
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<td><strong>D5. Other opiates/analgesics</strong></td>
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<tr>
<td><strong>D6. Barbiturates</strong></td>
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<tr>
<td><strong>D7. Other sedatives/hypnotics/transquilizers</strong></td>
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<tr>
<td><strong>D8. Cocaine</strong></td>
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<tr>
<td><strong>D9. Amphetamines</strong></td>
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<tr>
<td><strong>D10. Cannabis</strong></td>
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<tr>
<td><strong>D11. Hallucinogens</strong></td>
<td></td>
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<tr>
<td><strong>D12. Inhalants</strong></td>
<td></td>
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<tr>
<td><strong>D13. More than 1 substance per day (including alcohol)</strong></td>
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</tbody>
</table>

**Route of Administration**

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

**D53. Have you ever used a needle to administer any of these drugs (Y/N)?**

**D54. Are you an I.V. drug user (Y/N)?**

**D14. According to the interviewer, which substance(s) are the major problem (00-16)?**

When not clear, ask patient.

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

**COMMENTS FOR DRUG/ALCOHOL AREA:**

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D15. How long was your last period of voluntary abstinence from this major substance (substance identified in D-17)?

(00-never abstinent)  Months

D16. How many months ago did this abstinence end?

(00-never abstinent)  

How many times have you:

D17. Had alcohol DTs?

D18. Overdosed on drugs?

D19. Alcohol abuse?

D20. Drug abuse?

How many of these were for detox only:

D21. Alcohol?

D22. Drug?

D55. How long ago were you last in treatment?

Years  Months

D56. Name of Center ________________________________

D57. Address ________________________________

D58. Type of treatment:

1-Inpatient
2-Outpatient

D59. How long did it last?

Days

D60. Did you complete it successfully (Y/N)?

D61. Have you been evaluated for alcohol or drugs before today (Y/N)?

D62. Where: ________________________________

When:     /     /     

How much money would you say you spent during the past 30 days on:

D23. Alcohol?  

D24. Drugs?  

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days (include NA & AA)?

D26. Alcohol problems

D27. 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

D28. Alcohol problems?  
D29. Drug problems?

How important to you now is treatment for these:

0-Not at all   3-Considerably
1-Slightly   4-Extremely
2-Moderately

D30. Alcohol problems?  
D31. 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 treatment for (0-9):

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

D32. Alcohol Problems?  
D33. Drug Problems?

**CONFIDENCE RATINGS**

Is the DRUG/ALCOHOL STATUS information significantly distorted by:

D34. Patient’s misrepresentation (Y/N)?  
D35. Patient’s inability to understand (Y/N)?
### LEGAL STATUS

1. **Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.) (Y/N)?**

   - [ ] Y
   - [ ] N

2. **Are you on probation or parole?**

   - [ ] 0-Neither
   - [ ] 1-Probation
   - [ ] 2-Parole

3. **How many times in your life have you been arrested and charged with the following?**

   - [ ] Under the influence at the time (Y/N)?

<table>
<thead>
<tr>
<th>Charge</th>
<th>Y</th>
<th>N</th>
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<tbody>
<tr>
<td>Shoplifting/vandalism</td>
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<tr>
<td>Parole/probation violations</td>
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<tr>
<td>Drug charges</td>
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<tr>
<td>Forgery</td>
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<tr>
<td>Weapons offense</td>
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<tr>
<td>Burglary/larceny/B &amp; E</td>
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<tr>
<td>Robbery</td>
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<td>Assault</td>
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<tr>
<td>Arson</td>
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<tr>
<td>Rape/sex related crimes</td>
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<tr>
<td>Homicide/manslaughter</td>
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<td>Prostitution</td>
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<tr>
<td>Contempt of court</td>
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<tr>
<td>Other</td>
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</table>

4. **How many of these charges resulted in convictions?**

   - [ ] Y
   - [ ] N

5. **How many times in your life have you been charged with the following:**

   - [ ] Disorderly conduct
   - [ ] Vagrancy
   - [ ] Public intoxication

6. **Driving while intoxicated?**

7. **Major driving violations?**

8. **MIP (minor in possession)?**

9. **How many month(s) were you incarcerated in your life?**

10. **How long was your last incarceration? Months**

   - [ ] 03-Shoplifting/vandalism/theft
   - [ ] 04-Parole/probation violation
   - [ ] 05-Drug charges
   - [ ] 06-Forgery
   - [ ] 07-Weapons offense
   - [ ] 08-Burglary/larceny/B & E
   - [ ] 09-Robbery
   - [ ] 10-Assault
   - [ ] 11-Arson
   - [ ] 12-Rape/sex related crimes
   - [ ] 13-Homicide/manslaughter
   - [ ] 14-Prostitution
   - [ ] 15-Contempt of court
   - [ ] 16-Other
   - [ ] 18-Disorderly conduct, vagrancy
   - [ ] 19-Driving while intoxicated
   - [ ] 20-Major driving violations

### COMMENTS FOR LEGAL AREA:

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L24. Are you presently awaiting charges, trial or sentencing (Y/N)?
L25. For what? 
L26. How many days in the past 30 were you detained or incarcerated?
L27. How many days in the past 30 have you engaged in illegal activities for profit?
L28. How serious do you feel your present legal problems are? (exclude civil problems)
   0-Not at all  3-Considerably
   1-Slightly   4-Extremely
   2-Moderately
L29. How important to you now is counseling or referral for these legal problems?
   0-Not at all  3-Considerably
   1-Slightly   4-Extremely
   2-Moderately

THE QUESTIONS BELOW ARE BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING
L30. How would you rate the patient's need for legal services or counseling (0-9)?
   0-None necessary to 9-Treatment to intervene in life-threatening situation.

CONFIDENCE RATINGS
Is the LEGAL STATUS information significantly distorted by:
L31. Patient's misrepresentation (Y/N)?
L32. Patient's inability to understand (Y/N)?
FAMILY HISTORY

Have any of your relatives had what you would call a significant drinking, drug use or psychological problem – one that did or should have led to treatment?

<table>
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<tr>
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<th>Y-Yes</th>
<th>N-No</th>
<th>X-Not applicable</th>
<th>Z-Not answered</th>
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<tr>
<td></td>
<td>Alcohol</td>
<td>Drug</td>
<td>Psychological</td>
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<tr>
<td><strong>Mother's Side</strong></td>
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<td>H1. Grandmother</td>
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<td>H2. Grandfather</td>
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<td>H3. Mother</td>
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<td>H4. Aunt</td>
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<td>H5. Uncle</td>
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<th>Alcohol</th>
<th>Drugs</th>
<th>Psychological</th>
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<tbody>
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<td><strong>Father's Side</strong></td>
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<td>H6. Grandmother</td>
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<td>H7. Grandfather</td>
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<tr>
<td>H8. Father</td>
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<tr>
<td>H9. Aunt</td>
<td>□</td>
<td>□</td>
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<tr>
<td>H10. Uncle</td>
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How many siblings do you have?

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<tr>
<td>H53. Brothers:</td>
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<td>□</td>
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<tr>
<td>H54. Sisters:</td>
<td>□</td>
<td>□</td>
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</tbody>
</table>

Have any of your siblings had what you would call a significant drinking, drug use or psychological problem - one that did or should have led to treatment?

<table>
<thead>
<tr>
<th></th>
<th>Y-Yes</th>
<th>N-No</th>
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<tbody>
<tr>
<td></td>
<td>Alcohol</td>
<td>Drug</td>
<td>Psychological</td>
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<tr>
<td>H11. Brother #1</td>
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<tr>
<td>H51. Brother #2</td>
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<td>H12. Sister #1</td>
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<td>H52. Sister #2</td>
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COMMENTS FOR FAMILY HISTORY AREA:

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FAMILY/SOCIAL RELATIONSHIPS

F1. Marital Status:  
1-Married   2-Remarried   3-Widowed   4-Separated   5-Divorced   6-Never married

F2. How long have you been in this marital status (If never married, then since age 18)?

Years  [ ]  Months  [ ]

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

0-No  1-Indifferent  2-Yes

F4. 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

F5. How long have you lived in these arrangements (If with family or parents, since age 18)?

Years  [ ]  Months  [ ]

F6. Are you satisfied with these arrangements?

0-No  1-Indifferent  2-Yes

Do you live with anyone who:

F7. Has a current alcohol problem (Y/N)?

F8. Uses non-prescribed drugs (Y/N)?

F51. How many children do you have?

F52. What do you consider to be your first language? ______________

F53. Do you speak and understand your native language (Y/N)?

Understand:  [ ]  Speak:  [ ]

F54. Have you been given your Indian name?

Specify:  ______________

F55. Why were you given this name?

Specify:  ______________

F56. Who gave you your name?

Specify:  ______________

F57. Were you raised on the reservation (Y/N)?

COMMENTS FOR FAMILY/SOCIAL RELATIONSHIPS AREA:

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________________ biomedical / genetics errors occur, please contact the assigned clinician.

Native American Adult Questionnaire

Page 13 of 20

Client Name: ___________________________________
F58. Has this been a positive experience for you (Y/N)?
   Explain why? _______________________________________

F59. Did you or a family member attend a boarding school (Y/N)?

F60. Was this a positive experience for you (Y/N)?
   Explain why? __________________________________________

F9. With whom do you spend most of your free time?
   1-Family
   2-Friends
   3-Alone

F10. Are you satisfied spending your free time this way?
   0-No
   1-Indifferent
   3-Yes

F11. How many close friends do you have?

Would you say you have had close, reciprocal relationships with any of the following people in your life?

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

F12. Mother

F13. Father

F14. Brothers/Sisters

F15. Sexual partner/Spouse

F16. Children

F17. Friends

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 or Drugs

F18. Mother

F19. Father

F20. Brothers/Sisters

F21. Sexual partner/Spouse

F22. Children

F23. *Other significant family

F24. Close friends

F25. Neighbors

F26. Co-workers

F23. *Specify other relative: __________________________________
Did any of these people abuse you:

- 00-None
- 18-Mother
- 19-Father
- 20-Brother/Sister
- 21-Sexual partner
- 22-Children
- 23-Other family
- 24-Close friends
- 25-Neighbors
- 26-Co-Workers
- 27-Yes, but does not know or chooses not to identify the person
- 28-Children
- 29-Other family

Past 30 Days  In Your Life

F27. Emotionally (make you feel bad through harsh words)?

F28. Physically (cause you physical harm)?

F29. Sexually (force sexual advances or sexual acts)?

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

F30. With your family?

F31. With other people (excluding family)?

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

- 0-Not at all
- 1-Slightly
- 2-Moderately
- 3-Considerably
- 4-Extremely

F32. Family problems?

F33. Social problems?

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

- 0-Not at all
- 1-Slightly
- 2-Moderately
- 3-Considerably
- 4-Extremely

F34. Family problems?

F35. Social problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

F36. 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:

F37. Patient’s misrepresentation (Y/N)?

F38. 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 things 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.

P11. 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

P12. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? □

P13. 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)? □ □

P14. Obviously depressed/withdrawn? □

P15. Obviously hostile? □

P16. Obviously anxious/nervous? □

P17. Having trouble with reality testing, thought disorders, paranoid thinking? □

P18. Having trouble comprehending, concentrating, remembering? □

Native American Adult Questionnaire
P19. Having suicidal thoughts?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

P20. 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:

P21. Patient’s misrepresentation (Y/N)?

P22. Patient’s inability to understand (Y/N)?

COMMENTS FOR PSYCHIATRIC AREA:

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SPIRITUALITY

S1. Do you believe in the Creator (Y/N)?

S2. What is your relationship with your Creator now? ______________

S3. Have you been given any spiritual teachings (Y/N)?
   Specify: ______________________________________________

S4. How have these influenced your life in the past and today?
   _______________________________________________________
   _______________________________________________________

S5. Do you attend:
   Church (Y/N)?
   Traditional ceremonies (Y/N)?

S6. When was the last time you attended? ______________________

S7. Do you participate in any of the following:
   Sweatlodge Ceremony (Y/N)?
   Pipe Ceremony (Y/N)?
   Talking Circle (Y/N)?
   Mentoring (Y/N)?
   Other (Y/N)?
   Specify: ______________________________________________

S8. Why are they important to you? ___________________________
   _______________________________________________________
   _______________________________________________________

S9. Whom do you seek out for help?
   Medicine People (Y/N)?
   Traditional Practitioners (Y/N)?

S10. Are you comfortable with your spirituality and beliefs (Y/N)?

S11. How has the use of alcohol and/or drugs affected any of these
     important life areas? __________________________________
     ______________________________________________________
     ______________________________________________________

COMMENTS FOR SPIRITUALITY AREA: ________________________
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INTERVIEWER’S ASSESSMENT

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RECOMMENDATION FOR TREATMENT

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LEVEL OF CARE RECOMMENDATION

(Check one):

1. Not applicable

2. Level I – (Outpatient treatment)

3. Level II – (Intensive outpatient/partial hospitalization)

4. Level III – (Medically monitored intensive inpatient)

5. Level IV – (Medically managed intensive inpatient)