

A. Record Management [OFFICE USE ONLY]

Client ID: _____

Staff Name: _____

Staff's Email: _____

Agency Name: _____

Region/PIHP (If applicable: Region 1 – 10): _____

1. Was this assessment conducted with the client/caregiver?

- Yes - Client
- Yes – Caregiver/Proxy
- No

1a. If YES, what is the date of the assessment? (MM/DD/YYYY)?

____/____/____

1b. If NO, why not? Choose the primary reason.

- Client/Caregiver was unable to provide consent
- Client was not reached for assessment
- Client no longer in care

2. Which assessment type?

- Baseline**

CLIENT CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for adults (persons 18 years or older) responding for themselves. If that's not you, please ask your provider for the form for caregivers/family members or for youth (12-17 years old).

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

How is my information used?

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C. § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits. If you choose to participate you may:

- Skip questions you do not want to answer.
- Stop filling in the form at any time.

How long does it take to fill in the form?

It should take about 15 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

Public reporting burden for this collection of information is estimated to average 15 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0400.

B. Demographics

B1. What is your race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group.

Refuse

White – Provide details below.

German

Irish

English

Italian

Polish

French

Enter, for example, Scottish, Norwegian, Dutch, etc.

Hispanic or Latino – Provide details below.

Mexican or Mexican American

Puerto Rican

Cuban

Salvadoran

Dominican

Colombian

Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc.

O Black or African American – Provide details below.

- African American
 - Jamaican
 - Haitian
 - Nigerian
 - Ethiopian
 - Somali
 - Enter, for example, Ghanaian, South African, Barbadian, etc.
-

O Asian – Provide details below.

- Chinese
 - Filipino
 - Asian Indian
 - Vietnamese
 - Korean
 - Japanese
 - Enter, for example, Pakistani, Cambodian, Hmong, etc.
-

O American Indian or Alaska Native – Provide details below.

- Specify, for example. Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc.
-

O Middle Eastern or North African – Provide details below.

- Lebanese
 - Iranian
 - Egyptian
 - Syrian
 - Moroccan
 - Israeli
 - Enter, for example, Algerian, Iraqi, Kurdish, etc.
-

O Native Hawaiian or Pacific Islander – Provide details below.

- Native Hawaiian
 - Samoan
 - Chamorro
 - Tongan
 - Fijian
 - Marshallese
 - Enter, for example, Palauan, Tahitian, Chuukese etc.
-

B2. What is your sex?

- Female
- Male
- Refused

B3. Do you speak a language other than English at home?

- Yes
- No
- Prefer not to answer
- Refused

[If yes, answer B3a; all other answers skip to B4.]

B3a. For persons speaking a language other than English: What is this language?

CHECK ALL THAT APPLY:

- American Sign Language (ASL)
- Arabic
- Chinese
- French
- Portuguese
- Spanish
- Other Language – specify: _____
- Prefer not to answer
- Refused

B4. Have you ever served in the Armed Forces, the Reserves, the National Guard or other Uniformed Services?

- Yes, currently serving
- Yes, served in the past
- No
- Prefer not to answer
- Refused

B5. Please respond to the following questions about your physical health.

		Yes	No	Prefer not to answer
a.	Are you deaf or do you have serious difficulty hearing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Do you have serious difficulty walking or climbing stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Do you have difficulty dressing or bathing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Social Drivers of Health

C1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

- Very Hard
- Somewhat hard
- Not hard at all
- Prefer not to answer
- Refused

C2. What is your living situation today?

- I have a steady place to live
- I have a place to live today but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- Prefer not to answer
- Refused

C3. Which of the following best describes your current living situation?

- House or apartment
- Your partner's place
- A friend or relative's and paying rent
- A friend or relative's and not paying rent
- Permanent housing program
- Transitional housing program
- Domestic violence shelter
- Emergency shelter
- Voucher hotel or motel
- Residential drug or alcohol program
- Jail or prison
- Car or other vehicle
- Abandoned building
- Anywhere outside
- Somewhere else [Where]:

- Prefer not to answer
- Refused

C4. Are you currently employed?

- Employed, full-time or part-time (includes temporary, seasonal, hours change each week)
- Not employed, seeking employment
- Not employed, not seeking employment (includes if you are in school and not seeking a job, retired, not looking for work because of a disability, a homemaker, etc.)
- Other – specify:

- Prefer not to answer
- Refused

C5. What is the highest level of education you have finished?

- Less than high school diploma
- High school degree or GED
- Some vocational, technical, college, or university credit(s)
- Associate's degree or technical/vocational certificate
- 4-year degree or higher
- Prefer not to answer
- Refused

C6. In the last 3 months, have you attended school/college, homeschool, or vocational training regularly?

- Enrolled, attending regularly
- Enrolled, not attending regularly
- Not enrolled
- Prefer not to answer
- Refused

C7. In the last 3 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

CHECK ALL THAT APPLY

- Yes, it has kept me from medical appointments or from getting my medication
- Yes, it has kept me from non-medical meetings, appointments, work, or from getting things I need
- No
- Prefer not to answer
- Refused

D. Client-Reported Core Outcomes

D1. Please choose the option that best applies to you right now:

- I consider myself to be in recovery from substance use issues
- I consider myself to be in recovery from mental health issues
- I consider myself to be in recovery from substance use **and** mental health issues
- I do **not** consider myself to be in recovery from substance use or mental health issues
- I prefer not to answer
- Refused

D3. On a scale of 0 to 100, if 0 represents no quality of life and 100 is perfect quality of life, how would you rate your quality of life?

- _____
- Refused

D4. Which goals do you have for participating in this program?

CHECK ALL THAT APPLY

- Improve the symptoms that led me to services (for example distress, anxiety)
- Reduce my drug and/or alcohol use
- Gain access to medical services I need
- Enroll in or finish education (for example GED, degree, vocational training)
- Get or maintain a job
- Live in stable housing
- Be a better parent or caregiver
- Improve my friendships and relationships
- Comply with court order or avoid contact with the police and/or justice system
- Other goal – please describe: _____
- Prefer not to answer
- Refused

Thank you for completing this baseline form.

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