

Screen 4

34 Consent for Future Contact (Y/N):	<input type="checkbox"/>		39 Prior Mental Health Diagnosis (Y/N/Z1):	<input type="checkbox"/>	<input type="checkbox"/>
35 Treatment Waiting Days (#/Z1/Z4):	<input type="checkbox"/>	<input type="checkbox"/>			
36 Enrolled in Job Training (Y/N/Z0/Z4):	<input type="checkbox"/>	<input type="checkbox"/>			
37 Enrolled in School (Y/N/Z0/Z4):	<input type="checkbox"/>	<input type="checkbox"/>	40 Number of Children Aged 17 or Less (#/Z4):	<input type="checkbox"/>	<input type="checkbox"/>
38 Diagnosed With:			41 Number of Children Aged 5 or Less (#/Z4):	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis (Y/N/Z0/Z4):	<input type="checkbox"/>	<input type="checkbox"/>	42 Number of Children in CPS Placement (#/Z4):	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C (Y/N/Z0/Z4):	<input type="checkbox"/>	<input type="checkbox"/>	43 Number of Children in Placement with No Parental Rights (#/Z4):	<input type="checkbox"/>	<input type="checkbox"/>
Sexually Transmitted Disease (Y/N/Z0/Z4):	<input type="checkbox"/>	<input type="checkbox"/>	44 BASN Client ("Y" ONLY WHEN ENROLLED IN BASN RU):	<input type="checkbox"/>	
HIV/AIDS Tested (Y/N/Z0/Z4):	<input type="checkbox"/>	<input type="checkbox"/>	45 FTOP Parolee:	<input type="checkbox"/>	N
HIV/AIDS Result (Y/N/Z0/Z4):	<input type="checkbox"/>	<input type="checkbox"/>	46 FTOP Priority Status:	<input type="checkbox"/>	Z 2

CLIENT EPISODE - OPENING

NOTE: The "Z4" (Client Unable to Answer) code is only allowable for certain questions and ONLY when the client is coded in the Client Registration screen as having a Physical Disability of "Developmentally Disabled" or enrolled in a detoxification program.

Item 5 - Diagnosis

303.90 Alcohol Dependence 305.00 Alcohol Abuse 304.40 Amphetamine Dependence 305.70 Amphetamine Abuse 304.10 Barbiturate or similarly acting sedative dependence 305.40 Barbiturate or similarly active sedative abuse 304.30 Cannabis Dependence	305.20 Cannabis Abuse 304.20 Cocaine Dependence 305.60 Cocaine Abuse 304.60 Inhalant Dependence 305.90 Inhalant Abuse 304.00 Opioid Dependence 305.50 Opioid Abuse	304.50 PCP/Hallucinogen Dependence 305.30 Hallucinogen Abuse 305.90 PCP Abuse/Psychoactive Substance Abuse NOS 304.90 Polysubstance Dependence/Psychoactive Substance Dependence 799.9 Deferred diagnosis
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Item 6 - Referred From

1 Fed/State Criminal Justice 2 Local/County Criminal Justice 3 Self 4 Family/Friend 5 Employer 6 School/College 7 Medical; hospital/clinic/physicians/nurse 8 Social Services 9 Community Agency	10 Mental Health 11 Public Guardian 12 Public Health/Public Health Nursing 13 Residential Care Facility 14 Drug Residential 15 Drug Outpatient 16 Alcohol Residential/Outpatient 17 Telephone Directory 18 Brochure/Flyer/Newspaper/Newsletter	19 Other 20 12 Step Program 21 SACPA Court Probation 22 SACPA Court Parole 23 DUI / DWI 24 State Drug Partnership (DCP) 25 Comprehensive Drug Court Implementation (CDCI) 26 Dependency Court / Child Protective Services
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Item 7 - Admission Status

1 Substance Abuser 2 Spouse of Substance Abuser	3 Adult Child of Substance Abuser 4 Minor Child of Substance Abuser	5 Parent of Substance Abuser 6 Other Co-dependent of Substance Abuser
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Item 9 - Admission Legal Status

1 Not Applicable 2 Under Parole Supervision by CDC 3 On parole from any other jurisdiction	4 On probation from any federal, state or local jurisdiction 5 Admitted under diversion from any court 6 Incarcerated	7 Awaiting Trial Z4 Unable to answer
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Item 10 - Admission Employment Status

01 Full time (35 hours or more per week) 02 Part time (less than 35 hours per week) 03 Unemployed looking for work	04 Unemployed not in the labor force (not seeking work) 05 Not in the labor force (not seeking work)
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Item 12 - Current Living Situation

1 Homeless	2 Dependent Living	3 Independent Living
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Item 15 - Coded Remarks

1-6	CDC Number (Only for clients in RU's ending in "2" BASN programs.			
10	Y - Yes a Veteran	N - No Not a Veteran	Z0 - Client declined to State	Z4 - Client unable to answer
17	Y - Medi-Cal Beneficiary	N - Not a Medi-Cal Beneficiary	Z4 - Client unable to answer	
22	Y - CalWORKs Recipient	N - Not a CalWORKs Recipient	Z1 - Not Sure / Don't Know	
23	Y - The Client is receiving substance abuse treatment under CalWORKs recipient's Welfare-To-Work plan.	N - The Client is not receiving substance abuse treatment under CalWORKs.	Z1 - Not Sure	

Item 17 - Medication Prescribed

1 None	2 Methadone	3 LAMM	4. Buprenorphine (Subutex)	5. Buprenorphine (Suboxone)	Z3. Other
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Item 19 - Substance Problem - Primary & Secondary

01 Heroin 02 Alcohol 03 Barbiturates 04 Other Seds/Hypnotics 05 Methamphetamines	06 Other Amphetamines 07 Other Stimulants 08 Cocaine/Crack 09 Marijuana/Hashish 10 PCP	11 Other Hallucinogens 12 Benzodazepine 13 Other Tranquilizers 14 Non-Prescription Methadone 15 Other Opiates and Synthetics	16 Inhalants 17 Over the Counter 18 OcyCodone/OcyContin 19 Ecstasy 20 Other Club Drugs	Z1 Unknown Z3 Other (specify) Z2 None (Secondary Only)
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Item 20 - Usual Route of Administration - Primary & Secondary

1 Oral 2 Smoking	3 Inhalant 4 Injection (IV or intramuscular)	Z2 None or not applicable Z3 Other
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Item 21 - Frequency of Use - Primary & Secondary

Enter the number of days	Z2 None or not applicable	
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