

(Print Legibly)

Data Entry Initials

**CLIENT QUARTERLY EPISODE  
UPDATE SUMMARY**

Confidential Patient Information  
See Welfare & Institution Code 5328

1 Client Number:

2 Reporting Unit #:

**INCLUDE AN UPDATED CLIENT REGISTRATION WHEN SUBMITTING AN QUARTERLY EPISODE UPDATE SUMMARY!!!**

Client Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI: \_\_\_\_\_

**Screen 1**

3 Admit Date:  /  /   
Month Day Year

4 Quarterly / Annual Update Date:  /  /   
ANNUAL UPDATE  Month Day Year

5 Staff #:  Staff Name: \_\_\_\_\_

6 Client Pregnant During Treatment (Y/N/Z1):

7 Admission Employment Status:

8 Current Living Situation:

**Screen 2**

	Primary	Secondary	
9 Problem (IN THE LAST 30 DAYS):	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
10 Usual Route of Administration:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Primary Drug Name _____
11 Frequency of Use:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Secondary Drug Name _____
12 Age of First Use (Yrs/Z4):	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

**Screen 3**

**In last 30 days, # of:**

13 Alcohol Frequency (#/Z2):	<input type="text"/> <input type="text"/>	21 Physical Health Problem:	
14 IV User (#/Z0/Z4):	<input type="text"/> <input type="text"/>	Emergency Room Visits (#/Z4):	<input type="text"/> <input type="text"/>
15 Paid Days Worked (#/Z0/Z4):	<input type="text"/> <input type="text"/>	Hospital Overnights (#/Z4):	<input type="text"/> <input type="text"/>
16 Days in Jail: (#/Z4):	<input type="text"/> <input type="text"/>	Physical Problem (#/Z4):	<input type="text"/> <input type="text"/>
17 Days in Prison (#/Z4):	<input type="text"/> <input type="text"/>	22 Mental Health Problem:	
18 Days of 12 Step/Other (#):	<input type="text"/> <input type="text"/>	Outpatient Emergency Services (#/Z4):	<input type="text"/> <input type="text"/>
19 Days Living with Substance User (#/Z0/Z4):	<input type="text"/> <input type="text"/>	Hospital/Psychiatric Facility Visits (#/Z4):	<input type="text"/> <input type="text"/>
20 Conflict Days with Family (#/Z0/Z4):	<input type="text"/> <input type="text"/>	Prescribed Medication Taken (Y/N/Z4):	<input type="text"/> <input type="text"/>

**Screen 4**

23 Consent for Future Contact (Y/N):	<input type="text"/>	27 Prior Mental Health Diagnosis (Y/N/Z1):	<input type="text"/> <input type="text"/>
24 Enrolled in Job Training (Y/N/Z0/Z4):	<input type="text"/> <input type="text"/>	28 Children Aged 17 or Less (#/Z4):	<input type="text"/> <input type="text"/>
25 Enrolled in School (Y/N/Z0/Z4):	<input type="text"/> <input type="text"/>	29 Children Aged 5 or Less (#/Z4):	<input type="text"/> <input type="text"/>
26 Diagnosed With:		30 Children in CPS Placement (#/Z4):	<input type="text"/> <input type="text"/>
HIV/AIDS Tested (Y/N/Z0/Z4):	<input type="text"/> <input type="text"/>	31 Children in Placement with No Parental Rights(#/Z4):	<input type="text"/> <input type="text"/>
HIV/AIDS Result (Y/N/Z0/Z4):	<input type="text"/> <input type="text"/>		

Z0 = Client Declines to State    Z1 = Not Sure/Don't Know    Z2 = Not Applicable    Z3 = Other    Z4 = Client Unable to Answer

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**CLIENT EPISODE**

**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 7 - Admission Employment Status**

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

**Item 8 – Current Living Situation**

1 Homeless	2 Dependent Living	3 Independent Living
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**Item 9 - Substance Problem - Primary, Secondary, Tertiary**

01 Heroin	06 Other Amphetamines	11 Other Hallucinogens	16 Inhalants	Z1 Unknown
02 Alcohol	07 Other Stimulants	12 Benzodazepine	17 Over the Counter	Z3 Other (specify)
03 Barbiturates	08 Cocaine/Crack	13 Other Tranquilizers	18 OcyCodone/OcyContin	
04 Other Seds/Hypnotics	09 Marijuana/Hashish	14 Non-Prescription Methadone	19 Ecstasy	
05 Methamphetamines	10 PCP	15 Other Opiates and Synthetics	20 Other Club Drugs	

**Item 10 - Usual Route of Administration - Primary & Secondary**

1 Oral	3 Inhalant	Z2 None or not applicable
2 Smoking	4 Injection (IV or intramuscular)	Z3 Other

**Item 11 - Frequency of Use - Primary & Secondary**

Enter the number of days	Z2 None or not applicable
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