

Data Entry Initials: ____ (Print Legibly)

Client Number: _____

Reporting Unit Number: _____

INCLUDE UPDATED CLIENT REGISTRATION DATA WHEN SUBMITTING ANNUAL EPISODE SUMMARY

Screen 1

1. (!*) Admit Date: ____ Month ____ Day ____ Year
5. (!*) Annual Update Date: ____ Month ____ Day ____ Year Type: ~~Field not used~~
2. (!*) Staff #: ____ Staff Name: _____
3. (!*) Admission Employment Status: ____
6. (!*) Client Pregnant During TX (Y/N/Z1): ____
4. (!*) Client Homeless: ____/____

REFER TO CODES ON THE BACK

Screen 2

7. (!*) No. of Prior Admits (0-99/Z0/Z1/Z4): ____
8. (!*) Medication Prescribed: ____
9. (!*) Needles Used Past Yr. (Y/N/Z4): ____

	Primary	Secondary	
10. (!*) Problem:	____/____	____/____	
11. (!*) Route of Administration:	____/____	____/____	
12. (!*) Frequency of Use (0-30):	____/____	____/____	
13. (!*) Age of First Use (Yrs/Z4):	____/____	____/____	

Enter Primary/ Secondary Drug Name if Problem Code = (3, 4, 6, 7, 11, 13, 15, 16, 17, 20, Z3)

*Primary Drug Name Adm: _____

*Primary Drug Name Dis: _____

Secondary Drug Name Adm: _____

Secondary Drug Name Dis: _____

Testing Schedule: ~~Field Not Used~~

Screen 3

In last 30 days, # of:

14. (!*) Alcohol Frequency (#/Z2): ____/____
15. (!*) IV User (#/Z0/Z4): ____/____
16. (!*) Paid Days Worked (#/Z0/Z4): ____/____
17. (!*) Number of Arrests (#/Z4): ____/____
18. (!*) Days in Jail: (#/Z4): ____/____
19. (!*) Days in Prison (#/Z4): ____/____
20. (!*) Days of 12 Step/Other (#): ____/____
21. (!*) Days Living with Substance User (#/Z0/Z4): ____/____
22. (!*) Conflict Days with Family (#/Z0/Z4): ____/____
23. Physical Health Problem:
 (!*) Emergency Room Visits (#/Z4): ____/____
 (!*) Hospital Overnights (#/Z4): ____/____
 (!*) Physical Problem (#/Z4): ____/____
24. Mental Health Problem:
 (!*) Outpatient Emergency Services (#/Z4): ____/____
 (!*) Hospital/Psychiatric Facility Visits (#/Z4): ____/____
 (!*) Prescribed Medication Taken (Y/N/Z4): ____/____

Screen 4

25. (!*) Consent for Future Contact (Y/N): ____/____
26. (!*) Treatment Waiting Days (#/Z1/Z4): ____/____
27. (!*) Enrolled in Job Training (Y/N/Z0/Z4): ____/____
28. (!*) Enrolled in School (Y/N/Z0/Z4): ____/____
29. (!*) Diagnosed With Tuberculosis (Y/N/Z0/Z4): ____/____
30. (!*) Diagnosed With Hepatitis C (Y/N/Z0/Z4): ____/____
31. (!*) Diagnosed With Sexually Transmitted Disease (Y/N/Z0/Z4): ____/____
32. (!*) HIV/AIDS Tested (Y/N/Z0/Z4): ____/____
33. (!*) HIV/AIDS Result (Y/N/Z0/Z4): ____/____
34. (!*) Prior MH Diagnosis (Y/N/Z1): ____/____
35. (!*) Number of Children Aged 17 or Less (#/Z4): ____/____
36. (!*) Number of Children Aged 5 or Less (#/Z4): ____/____
37. (!*) Number of Children in CPS Placement (#/Z4): ____/____
38. (!*) Number of Children in Placement with No Parental Rights (#/Z4): ____/____
39. (!*) CDC# (#/Z0/Z1/Z2/Z4) _____
40. (!*) Veteran (Y/N/Z0/Z4) _____
41. (!*) Medi-Cal Eligible (Y/N/Z4) _____
42. (!*) CalWORKs Recipient: (Y/N/Z1): _____
43. (!*) CalWORKs Sub Abuse Trmt (Y/N/Z1): _____
44. Parolee Services network (Y/N): _____
 BASN Client ("Y" ONLY WHEN ENROLLED IN BASN RU)
45. (!*) FOTP Parolee: **(Default)** **N**
46. (!*) FOTP Priority Status: **(Default)** **Z2**

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

(!) Fields are mandatory

(*) Fields are required for CalOMS annual data collection (These are the only fields that are required for an annual update)

Note: Annual updates are required for those clients in treatment for twelve months or more, continuously in the same RU #. Annual update information can be collected as early as 60 days prior to the client's admission anniversary date.

ANNUAL EPISODE UPDATE

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 3 - 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 4 – Client Homeless at Admission

1 Homeless	2 Dependent Living	3 Independent Living
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Item 10 - Substance Problem – Primary & Secondary

Heroin	06	Other Amphetamines	11	Other Hallucinogens	16	Inhalants	Z1	Unknown
Alcohol	07	Other Stimulants	12	Benzodazephine	17	Over the Counter	Z3	Other (specify)
Barbiturates	08	Cocaine/Crack	13	Other Tranquilizers	18	OcyCodone/OcyContin	22	None (Secondary Only)
Other Seds/Hypnotics	09	Marijuana/Hashish	14	Non-Prescription Methadone	19	Ecstasy		
Methamphetamines	10	PCP	15	Other Opiates and Synthetics	20	Other Club Drugs		

Item 11 - 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 13 - Frequency of Use in the Last 30 days - Primary & Secondary

Enter the number of days	Z2 None or not applicable
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