

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: _____ 6. (!*) Client Pregnant During TX (Y/N/Z1): ___
 3. (!*) Admission Employment Status: ___
 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) 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 4 - Client Homeless at Admission

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

01 Heroin	06 Other Amphetamines	11 Other Hallucinogens	16 Inhalants	Z1 Unknown
02 Heroin Alcohol	07 Other Stimulants	12 Benzodiazepine	17 Over the Counter	Z3 Other (specify)
03 Barbiturates	08 Cocaine/Crack	13 Other Tranquilizers	18 OxyCodone/OxyContin	Z2 None (Secondary Only)
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 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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