

12 MONTH REVIEW

Background Information

Marital Status

1. Is there evidence in the chart that the client's marital status changed during the interval between the 6 month and 12 month time points?

Yes - **9** No - **9**

- 1a. Please indicate marital status at the 12 month time point:

1 - Married	9
2 - Separated	9
3 - Divorced	9
4 - Widowed	9
5 - Single	9
6 - Living with Partner, unmarried	9

- 1b. What was the marital status during the interval between the 6 month and 12 month time points? (Check all that apply)

1 - Married	9
2 - Separated	9
3 - Divorced	9
4 - Widowed	9
5 - Single	9
6 - Living with Partner, unmarried	9

Education

2. Is there any evidence in the chart that the client enrolled in any academic classes during the interval between the 6 month and 12 month time points?

Yes - **9** No - **9**

- 2a. If yes, what type of classes?

3. Is there any evidence in the chart that the client enrolled in any non-academic structured classes during the interval between the 6 month and 12 month time points?

Yes - **9** No - **9**

3a. If yes, what type of classes?

4. Is there any evidence in the chart that at the 12 month time point the client's educational status changed?

Yes - 9 No - 9

5. If yes, please indicate the type of degree held at the 12 month time point:

- 1 - High School Diploma/GED 9
 - 2 - Associates Degree (A.A.) 9
 - 3 - Bachelors Degree (B.A., B.S.) 9
 - 4 - Masters Degree (M.A., M.S.) 9
 - 5 - Doctoral Degree (Ph.D., M.D., J.D.) 9
 - 6 - Other (e.g., vocational) 9
- Sp. _____

Occupational Status

6. At the 12 month time point, was the client... (check all that apply)

- 1 - Working for pay 9
- 2 - Employed, but not at work 9
- (leave of absence, suspension)
- 3 - Looking for work 9
- 4 - Doing volunteer work 9
- 5 - Enrolled in academic program 9
- (e.g., GED, college, university)
- 6 - Enrolled in vocational program 9
- 7 - Not working 9

6a. If 1 or 2 is checked, what was the start date of the job? ___/___/___

Not in Chart - 9

If client was working at 6 months, please complete questions 7-8. If client was not working, please skip to question 9b.

7. Describe the type of work that client was involved with at the 12 month time point. (i.e., job title, responsibilities) **DO NOT list name of company or employer.**

8. Number of hours client worked in a typical week: _____ Not in Chart - **9**

8a. Hourly salary in a typical week: _____ Not in Chart - **9**

9a. Is there any evidence in the chart that during the interval between the 6 month and 12 month time points the client held any other job(s) other than the job held at the 12 month date?
(If no, skip to Q. 11; if yes, skip to Q. 10)

Yes - **9** No - **9**

9b. Is there any evidence in the chart that the client held any job(s) at all during the interval between the 6 month and 12 month time points? **(If no, skip to 11).**

Yes - **9** No - **9**

10. If yes, please complete the following...

1st job during interval between 6 month and 12 month time points (please describe job title/duties):

Start date: __ __ / __ __ / __ __

End date: __ __ / __ __ / __ __

Number of hours worked in a typical week: _____

Hourly salary in a typical week: _____

2nd job between 6 month and 12 month time points (please describe job title/duties):

Start date: __ __ / __ __ / __ __

End date: __ __ / __ __ / __ __

Number of hours worked in a typical week: _____

Hourly salary in a typical week: _____

3rd job between 6 month and 12 month time points (please describe job title/duties):

Start date: __ __ / __ __ / __ __

End date: __ __ / __ __ / __ __

Number of hours worked in a typical week: _____

Hourly salary in a typical week: _____

Income

11. Check all of the following sources of cash or non-cash income the respondent was receiving and list the dollar amount received for each source at the 12 month date.
(Check all that apply.)

	Receiving (T)	Amount per month
a. Employment	_____	\$ _____
b. Public Aid	_____	\$ _____
c. SSI (Supplemental Security Income)	_____	\$ _____
d. SSDI (Social Security Disability Income)	_____	\$ _____

- e. TANF (Temporary Aid to Needy Families) _____ \$ _____
- f. Money from family/friends _____ \$ _____
- g. Food stamps/link card _____ \$ _____
- h. WIC _____ \$ _____
- i. Housing Subsidy _____ \$ _____
- (Section 8/Public Housing)
- j. Utility Subsidy _____ \$ _____
- g. Other _____ \$ _____
- (Sp. _____)

12. Total Monthly Income: \$ _____

(Be sure that answer to Q.12 corresponds to total of Q11a-Q11g.)

13. Is there any evidence in the chart that anyone was handling the client's money for her (payee or guardian) at the 12 month time point?

Yes **9** No **9**

13a. If yes, what was the relationship (to the client) of the person who was handling the client's money at the 12 month time point. **DO NOT record name(s). Record only the relationship of the individual to the client.**

14. Is there any evidence in the chart that at the 12 month time point the client's medical health care was covered by...

- a. Medicaid? Yes - **9** No - **9**
- b. Medicare? Yes - **9** No - **9**
- c. Private Insurance? Yes - **9** No - **9**
- d. VA or other armed services benefits? Yes - **9** No - **9**

15. Is there any evidence in the chart that at the 12 month time point the client's mental health services were covered by...

- a. Medicaid? Yes - **9** No - **9**
- b. Medicare? Yes - **9** No - **9**
- c. Private Insurance? Yes - **9** No - **9**
- d. VA or other armed services benefits? Yes - **9** No - **9**

16. Is there any evidence in the chart that at the 12 month time point the client's prescriptions were covered by...

- a. Medicaid? Yes - **9** No - **9**
- b. Medicare? Yes - **9** No - **9**
- c. Private Insurance? Yes - **9** No - **9**
- d. VA or other armed services benefits? Yes - **9** No - **9**

Housing/Household Composition

17. Is there evidence in the chart that at the 12 month time point the client had a regular place to live?
(Regular place to live = place where client spends at least 5 out of 7 nights per week)

Yes - 9 No - 9

18. Which of the following best describes client's living situation at the 12 month time point? (Check only one)

- a. Supervised group home (generally long term) 9
- b. Transitional group home (time limited) 9
- c. Agency-owned apartment, supervised 9
- d. Agency-owned apartment, unsupervised 9
- e. Boarding house (includes meals, no supervision) 9
- f. Rooming house or hotel (includes single room occupancy
no meals are provided) 9
- g. Own living space, such as apartment, house, etc. 9
- h. Someone else's apartment/home 9
- i. Shelter 9
- j. Jail 9
- k. No current regular residence 9
- l. No information 9
- m. Other (specify: _____) 9

19. Is there evidence in the chart that during the interval between the 6 month and 12 month time points the client was ever homeless?

Yes - 9 No - 9

(Homeless = client had nowhere to stay for at least one night)

20. How many nights was the client homeless between the 6 month and 12 month time points?
of nights: _____

Not in Chart - 9

21. Is there evidence in the chart that during the interval between the 6 month and 12 month time points program personnel observed the quality of the client's housing (not including agency owned housing)?

Yes - 9 No - 9

22. If yes, please indicate if client experienced any of the following problems with her housing during the interval between the 6 month and 12 month time points. (Check all that apply).

- a. Unsafe or unsanitary housing conditions, like exposed wiring, lead paint, holes in the ceiling or floors, cockroaches, rats or other rodents. 9

- b. Plumbing problems - some or all of the plumbing was not working. 9
- c. Did not have adequate heat or hot water. 9
- d. Other housing problems 9
(Specify) _____

23. Is there evidence in the chart that by the 12 month time point, efforts had been made to remediate the problems with the client's housing?

Yes - 9 No - 9 No problems listed - 9

23a. If yes, please describe:

24. Who was the client living with at the 12 month date? (Check all that apply)

- a. Children (own/adopted/step) Yes - 9 No - 9
(If yes, how many? ____)
 - b. Children (foster/friend's) Yes - 9 No - 9
(If yes, how many?____)
 - c. Husband/Partner Yes - 9 No - 9
 - d. Mother Yes - 9 No - 9
 - e. Father Yes - 9 No - 9
 - f. Siblings (If yes, how many? ____) Yes - 9 No - 9
 - g. Friends Yes - 9 No - 9
(If yes, how many?____)
 - h. Other family members Yes - 9 No - 9
(Specify _____)
- DO NOT name individual, only specify relationship to client.**
- i. Alone Yes - 9 No - 9

Background on Children

25. Is there evidence in the chart that client was pregnant at the 12 month date?

Yes - 9 No - 9

25a. If yes, please indicate due date: ___/___/___

26. Is there evidence in the chart that client give birth during the past 6 months?

Yes - 9 No - 9

If no to Q.26, skip to Q30. If yes to Q.26, please complete the following...

27. Newborn's date of birth: ___/___/___

28. Gender of newborn: Male 9 Female 9

29. Health status of newborn:

If no to Q.25 or no to Q.26, skip to Q.35

30. If client was pregnant during the interval between the 6 month and 12 month time points, is there evidence in the chart that the client experienced any significant psychiatric symptoms during her pregnancy?

Yes 9 No 9

31. If yes, was client hospitalized? Yes 9 No 9

32. If client was pregnant during the interval between the 6 month and 12 month time points, is there evidence in the chart that the client was taking any street drugs, prescription medications, and/or alcohol while she was pregnant?

Street drugs	Yes - 9	No - 9
Prescription medications	Yes - 9	No - 9
Alcohol	Yes - 9	No - 9

33. If yes, please list street drugs and/or prescribed medications:

34. If client gave birth during the interval between the 6 month and 12 month time points, is there evidence in the chart that the client experienced any significant psychiatric symptoms after the birth (i.e., post-partum depression)?

Yes 9 No 9

For each child, starting with the oldest, please complete the following information: (if client gave birth in the past 6 months, remember to include information on newborn)

35. Is there any evidence in the chart that the client did not have parental rights of any of her children at the 12 month time point (client has no legal rights to contact with child(ren))? Using a "V" for voluntary and "I" for involuntary, indicate in the space below whether the loss of parental rights was voluntary or involuntary.

		V/I			V/I
Child #1: Yes - 9	No - 9	_____	Child #4: Yes - 9	No - 9	_____
Child #2: Yes - 9	No - 9	_____	Child #5: Yes - 9	No - 9	_____
Child #3: Yes - 9	No - 9	_____	Child #6: Yes - 9	No - 9	_____

36. Is there any evidence in the chart that the client did not have legal custody of any of her children at the 12 month time point? Using a "V" for voluntary and "I" for involuntary, indicate in the space below whether the loss of custody was voluntarily or involuntarily. Also, indicate whether custody loss was temporary or permanent, ("T" or "P", respectively).

		V/I	T/P			V/I	T/P
Child #1: Y - 9	N - 9	_____	_____	Child #4: Y - 9	N - 9	_____	_____
Child #2: Y - 9	N - 9	_____	_____	Child #5: Y - 9	N - 9	_____	_____
Child #3: Y - 9	N - 9	_____	_____	Child #6: Y - 9	N - 9	_____	_____

37. Is there any evidence in the chart that any of the client's children were removed from her care (through action by Department of Family Services), either voluntarily or involuntarily (indicate below), at the 12 month time point? Also, indicate whether the removal was temporary or permanent ("T" or "P").

		V/I	T/P			V/I	T/P
Child #1: Y - 9	N - 9	_____	_____	Child #4: Y - 9	N - 9	_____	_____
Child #2: Y - 9	N - 9	_____	_____	Child #5: Y - 9	N - 9	_____	_____
Child #3: Y - 9	N - 9	_____	_____	Child #6: Y - 9	N - 9	_____	_____

38. Is there any evidence in the chart that, at the 12 month time point, an informal care taking arrangement (where child was "informally" living with someone else) was in place for any of the client's children? Again, indicate whether the arrangement was voluntary or involuntary, and if the situation was temporary or permanent.

		V/I	T/P			V/I	T/P
Child #1: Y - 9	N - 9	_____	_____	Child #4: Y - 9	N - 9	_____	_____
Child #2: Y - 9	N - 9	_____	_____	Child #5: Y - 9	N - 9	_____	_____
Child #3: Y - 9	N - 9	_____	_____	Child #6: Y - 9	N - 9	_____	_____

39. If any of the client's children were not living with client at the 12 month time point, who were the children living with? **(Record each child (#1-6) who was living with the relatives listed below.)** If "no" to Q35,36,37 or 38, skip to Q.42
DO NOT record the names of any children - refer to the child using the number designated for each child.

Child's...	Child #(s)
Father.....	_____
Grandmother/grandfather (paternal/maternal?).....	_____
Aunt/Uncle.....	_____
Other relative.....	_____
Specify _____	
Client's friend.....	_____
Specify _____	
Foster parents, temporarily.....	_____
Foster parents, permanently.....	_____
Living independently.....	_____
Other.....	_____
Specify _____	
Unknown.....	_____

40. When did the children live with this person?

Child #1: _____

Child #2: _____

Child #3: _____

Child #4: _____

Child #5: _____

Child #6: _____

41. Which of the following are reasons why the children were not living with the client at the 12 month time point?
(check all that apply)

- a. Because it was too crowded? 9
- b. Because of a lack of money to support child? 9
- c. Because client had a difficult time managing her child? 9
- d. Because of a domestic conflict? 9
- e. Because of physical violence? 9
- f. Because client was unable to care for child? 9

- g. Because client was using drugs or alcohol? 9
- h. Because family/child protective services removed child? 9
- i. Because client was homeless? 9
- j. Because of mental health related problems? 9
- k. Other (Specify _____) 9
- l. Unknown 9

42. Is there any evidence in the chart that at the 12 month time point the Department of Family Services was monitoring the client and her children, while children were in the care of the client (living with her)?

Yes - 9 No - 9

43. Is there any evidence in the chart that during the interval between the 6 month and 12 month time points the client did not have parental rights of any of her children (client has no legal rights to contact with child(ren))? Using a "V" for voluntary and "I" for involuntary, indicate in the space below whether the loss of parental rights was voluntary or involuntary.

		V/I			V/I
Child #1: Yes - 9	No - 9	_____	Child #4: Yes - 9	No - 9	_____
Child #2: Yes - 9	No - 9	_____	Child #5: Yes - 9	No - 9	_____
Child #3: Yes - 9	No - 9	_____	Child #6: Yes - 9	No - 9	_____

44. Is there any evidence in the chart that the client did not have legal custody of any of her children during the interval between the 6 month and 12 month time points? Using a "V" for voluntary and "I" for involuntary, indicate in the space below whether the loss of custody was voluntarily or involuntarily. Also, indicate whether custody loss was temporary or permanent, ("T" or "P", respectively).

		V/I	T/P			V/I	T/P
Child #1: Y - 9	N - 9	_____	_____	Child #4: Y - 9	N - 9	_____	_____
Child #2: Y - 9	N - 9	_____	_____	Child #5: Y - 9	N - 9	_____	_____
Child #3: Y - 9	N - 9	_____	_____	Child #6: Y - 9	N - 9	_____	_____

45. Is there any evidence in the chart that any of the client's children were removed from her care (through action by Department of Family Services), either voluntarily or involuntarily (indicate below), during the interval between the 6 month and 12 month time points? Also, indicate whether the removal was temporary or permanent ("T" or "P"), and how many times the children were removed from client's care during the interval between the 6 month and 12 month time points.

		V/I	T/P	
Child #1: Y - 9	N - 9	_____	_____	# of times: _____
Child #2: Y - 9	N - 9	_____	_____	# of times: _____
Child #3: Y - 9	N - 9	_____	_____	# of times: _____
Child #4: Y - 9	N - 9	_____	_____	# of times: _____

Child #5: Y - **9** N - **9** _____ _____ # of times: _____
 Child #6: Y - **9** N - **9** _____ _____ # of times: _____

46. Is there any evidence in the chart that, during the interval between the 6 month and 12 month time points, an informal care taking arrangement (where child was “informally” living with someone else) was in place for any of the client’s children? Again, indicate whether the arrangement was voluntary or involuntary, and if the situation was temporary or permanent.

	V/I	T/P		V/I	T/P
Child #1: Y - 9 N - 9	_____	_____	Child #4: Y - 9	N - 9	_____
Child #2: Y - 9 N - 9	_____	_____	Child #5: Y - 9	N - 9	_____
Child #3: Y - 9 N - 9	_____	_____	Child #6: Y - 9	N - 9	_____

47. If any of the client’s children were not living with her at any time during the interval between the 6 month and 12 month time points, who were the children living with? (Record for each child (#1-6) who was living with the relatives listed below.)

DO NOT record the names of any children - refer to the child using the number designated for each child.

Child’s...	Child #(s)
Father.....	_____
Grandmother/grandfather..... (paternal/maternal?)	_____
Aunt/Uncle.....	_____
Other relative.....	_____
Specify relationship: _____	
Client’s friend	_____
Foster parents, temporarily.....	_____
Foster parents, permanently.....	_____
Living independently.....	_____
Other.....	_____
Specify: relationship: _____	
Unknown.....	_____

48. Which of the following are reasons why client’s children were not living with her during the interval between the 6 month and 12 month time points? (Check all that apply)

- a. Because it was too crowded? **9**
- b. Because of a lack of money to support child? **9**
- c. Because client had a difficult time managing her child? **9**
- d. Because of a domestic conflict? **9**
- e. Because of physical violence? **9**
- f. Because client was unable to care for child? **9**
- g. Because client was using drugs or alcohol? **9**
- h. Because family/child protective services removed child? **9**

- i. Because client was homeless? 9
- j. Because of mental health related problems? 9
- k. Other (Specify _____) 9
- l. Unknown 9

49. During the interval between the 6 month and 12 month time points, how many days did the child not reside with the client?

Child #1: _____	Child #4: _____
Child #2: _____	Child #5: _____
Child #3: _____	Child #6: _____

50. Using the codes below, describe the frequency with which client had contact with each of her children during the interval between the 6 month and 12 month time points, regardless of the child's custody or residential status.

**1 = daily; 2 = less than daily, but more than once a week; 3 = once a week;
 4 = less than once a week, but more than once a month; 5 = once a month;
 6 = less than once a month; 7 = once every few months**

Child #1: _____	Child #4: _____
Child #2: _____	Child #5: _____
Child #3: _____	Child #6: _____

Social Support

51. Is there evidence in the chart that the client was in contact with her family at the 12 month time point?

Yes 9 No 9

51a. If yes, list family members and frequency of contact using codes from #50 above.
DO NOT record name(s). Record only the relationship(s) of the family member(s) to the client.

Relationship of family member to client	Frequency of contact (record code)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

52. Is there evidence in the chart that at the 12 month date, the client had a support network consisting of friends, neighbors, and/or significant others?

Yes **9** No **9**

53. If yes, list the relationship of each individual in the support network to the client. **DO NOT record any names. Record only the relationship of the individual to the client.**

54. Is there evidence in the chart that anyone in the client's support network was contacted by the program at the 12 month time point?

Yes - **9** No - **9**

55. Is there evidence in the chart that anyone in the client's support network was involved in the client's care at the 12 month time point?

Yes - **9** No - **9**

56. What was the relationship to the client of the person(s) listed as the emergency contact person at the 12 month time point? **DO NOT record name(s). Record only the relationship of the person to the client.**

57. Is there evidence in the chart that the client's family had contact with her during the interval between the 6 month and 12 month time points?

Yes **9** No **9**

58. Is there evidence in the chart that the client had a support network consisting of family and/or friends during the interval between the 6 month and 12 month time points that was different than the support network listed at the 12 month date?

Yes **9** No **9**

59. If yes, who are they (i.e., relationship to the client)? **DO NOT record the name(s) of any individual(s).**
Record only the relationship to the client.

60. Is there evidence in the chart that the client's support network was contacted by the program during the interval between the 6 month and 12 month time points?

Yes - 9 No - 9

61. Is there evidence in the chart that the client's support network was involved in the client's care during the interval between the 6 month and 12 month time points?

Yes - 9 No - 9

Legal History

62. Is there evidence in the chart that the client was involved with the criminal justice system during the interval between the 6 month and 12 month time points?

Yes - 9 No - 9

63. If yes, complete following...

Date of Arrest	Offense	Conviction (Y/N)	Time Period of Incarceration (if applicable)
__/__/__	_____	_____	__/__/__ to __/__/__
__/__/__	_____	_____	__/__/__ to __/__/__
__/__/__	_____	_____	__/__/__ to __/__/__

64. Total # of arrests between the 6 month and 12 month dates? _____

65. Is there evidence in the chart that the client was put on parole/probation during the interval between the 6 month and 12 month time points?

Yes - 9 No - 9

66. Is there evidence in the chart that, if client had been on parole or probation at intake, the client violated parole/probation during the interval between the 6 month and 12 month time points?

Yes - 9 No - 9

Substance Use

67. Is there evidence in the chart that at the 12 month time point, the client was using drugs and/or alcohol?

- | | | | |
|----|-------------------------------------------------|---------|--------|
| a. | Street drugs | Yes - 9 | No - 9 |
| b. | Alcohol | Yes - 9 | No - 9 |
| c. | Abuse of over the counter or prescription drugs | Yes - 9 | No - 9 |

68. If yes to any of the above, please indicate substances used by the client at the 12 month time point:

- | | | | |
|----|---------------------|---------|--------|
| A. | Alcohol | Yes - 9 | No - 9 |
| B. | Marijuana | Yes - 9 | No - 9 |
| C. | Cocaine | Yes - 9 | No - 9 |
| D. | Hallucinogens | Yes - 9 | No - 9 |
| E. | Stimulants | Yes - 9 | No - 9 |
| F. | Narcotics/sedatives | Yes - 9 | No - 9 |
| G. | Heroin | Yes - 9 | No - 9 |
| H. | Tobacco | Yes - 9 | No - 9 |
| I. | Other_____ | | |

69. Is there evidence in the chart that at the 12 month time point the client was enrolled in a drug or alcohol treatment program?

Yes - 9 No - 9

70. Is there evidence in the chart that at the 12 month time point, the client was living with someone who had an alcohol problem?

Yes 9 No 9

71. Is there evidence in the chart that at the 12 month time point, the client was living with someone who used non-prescribed drugs (street drugs)?

Yes 9 No 9

72. Is there evidence in the chart that at the 12 month time point, the client's child(ren) was living with someone, other than the client, who had an alcohol problem?

Yes 9 No 9

72a. Is there evidence in the chart that at the 12 month time point, the client's child(ren) was living with someone, other than the client, who used street drugs?

Yes 9 No 9

73. Is there evidence in the chart that at the 12 month time point, the client's child(ren) was not living with, but was **exposed** to someone other than the client who had an alcohol problem?

Yes **9** No **9**

73a. Is there evidence in the chart that at the 12 month time point, the client's child(ren) was not living with, but was **exposed** to someone other than the client who used street drugs?

Yes **9** No **9**

74. Is there evidence in the chart that the client was using any substances (alcohol or drugs) aside from substances used at the 12 month date, during the interval between the 6 month and 12 month time points?

A. Street drugs	Yes - 9	No - 9
B. Alcohol	Yes - 9	No - 9
C. Abuse of over the counter or prescription drugs	Yes - 9	No - 9

75. If yes, please indicate substances used by the client during the interval between the 6 month and 12 month time points:

A. Alcohol	Yes - 9	No - 9
B. Marijuana	Yes - 9	No - 9
C. Cocaine	Yes - 9	No - 9
D. Hallucinogens	Yes - 9	No - 9
E. Stimulants	Yes - 9	No - 9
F. Narcotics/sedatives	Yes - 9	No - 9
G. Heroin	Yes - 9	No - 9
H. Tobacco	Yes - 9	No - 9
I. Other_____		

76. Aside from enrollment in treatment program that may have occurred at the 12 month date, is there evidence in the chart that the client was enrolled in a drug or alcohol treatment program during the interval between the 6 month and 12 month time points?

Yes - **9** No - **9**

77. Is there evidence in the chart that the client was living with someone who had an alcohol problem at any time between the 6 month and 12 month time points?

Yes - **9** No - **9**

78. Is there evidence in the chart that the client was living with someone who used non-prescribed drugs (street drugs) at any time between the 6 month and 12 month time points?

Yes - **9** No - **9**

79. Is there evidence in the chart that the client's child(ren) were living with someone, other than the client, who had an alcohol problem at any time between the 6 month and 12 month time points?

Yes - 9 No - 9

79a. Is there evidence in the chart that the client's child(ren) were living with someone, other than the client, who used street drugs at any time between 6 month and 12 month time points?

Yes - 9 No - 9

80. Is there evidence in the chart that the client's child(ren) were not living with, but were **exposed** to someone other than the client who had an alcohol problem at any time between the 6 month and 12 month time points?

Yes - 9 No - 9

80a. Is there evidence in the chart that the client's child(ren) were not living with, but were **exposed** to someone other than the client who used street drugs at any time between 6 month and 12 month time points?

Yes - 9 No - 9

Diagnosis

81. Is there evidence in the chart that the client's DSM-IV diagnosis changed in the past 6 months?

Yes - 9 No - 9

If yes, list the client's diagnoses at the 12 month time point.

Axis I: Clinical Disorders

Diagnostic code	DSM-IV name
_____.____	_____
_____.____	_____
_____.____	_____

Axis II: Personality Disorders/Mental Retardation

Diagnostic code	DSM-IV name
_____.____	_____
_____.____	_____

Axis III: General Medical Conditions

Diagnostic code	DSM-IV name
_____.____	_____
_____.____	_____
_____.____	_____

Axis IV: Psychosocial and Environmental Problems

Check all that apply:

- 9 Problems with primary support group *Specify:* _____
- 9 Problems related to the social environment *Specify:* _____
- 9 Educational problems *Specify:* _____
- 9 Occupational problems *Specify:* _____
- 9 Housing problems *Specify:* _____
- 9 Economic problems *Specify:* _____
- 9 Problems with access to health care services
Specify: _____
- 9 Problems related to interaction with the legal system/crime
Specify: _____
- 9 Other psychosocial and environmental problems
Specify: _____

Axis V: Global Assessment of Functioning Scale (GAF/GAS)

Score: ____

Date of GAF/GAS: __/__/__

Psychiatric Medication

82. Is there any evidence in the chart that the client was prescribed any medication, including psychotropics, at the 12 month time point? **(If no, skip to Q.85)**

Yes - 9 No - 9

83. If yes, please list all medications and doses at the 12 month date:

Medications	Dose (unit/number per day)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

84. Is there evidence in the chart that the client was compliant with taking her medications at the 12 month time point?

Yes - 9 No - 9

85. Is there evidence in the chart that the client was taking any other medications between the 6 month and 12 month time points that were not included in the medications listed at the 12 month date?

Yes - 9 No - 9

86. If yes, please list medications that were taken between the 6 month and 12 month time points, and that were not listed above.

Medications	Dose (unit/number per day)
_____	_____
_____	_____
_____	_____

Inpatient Hospitalizations

87. Number of inpatient hospitalizations between the 6 month and 12 month time points:
_____ hospitalizations

During the interval between the 6 month and 12 month time point, starting with most recent hospitalization, indicate the hospital, the date of admission, date of discharge, and reason (psychiatric or medical) for hospitalization. If client was in hospital at 12 month time point, list current hospitalization first, leaving "discharge date" blank.

87a. Most recent hospitalization between the 6 month and 12 month time points:
Name/Place: _____
Admission Date: __/__/__
Discharge Date: __/__/__
Reason: _____

87b. Second most recent hospitalization:
Name/Place: _____
Admission Date: __/__/__
Discharge Date: __/__/__
Reason: _____

87c. Third most recent hospitalization:
Name/Place: _____
Admission Date: __/__/__
Discharge Date: __/__/__
Reason: _____

87d. Fourth most recent hospitalization:
Name/Place: _____
Admission Date: __/__/__
Discharge Date: __/__/__
Reason: _____

87e. Fifth most recent hospitalization:
Name/Place: _____
Admission Date: __/__/__

Discharge Date: __/__/__

Reason: _____

87f. Sixth most recent hospitalization:

Name/Place: _____

Admission Date: __/__/__

Discharge Date: __/__/__

Reason: _____

87g. Seventh most recent hospitalization:

Name/Place: _____

Admission Date: __/__/__

Discharge Date: __/__/__

Reason: _____

87h. Eighth most recent hospitalization:

Name/Place: _____

Admission Date: __/__/__

Discharge Date: __/__/__

Reason: _____

87i. Ninth most recent hospitalization:

Name/Place: _____

Admission Date: __/__/__

Discharge Date: __/__/__

Reason: _____

87J. Tenth most recent hospitalization:

Name/Place: _____

Admission Date: __/__/__

Discharge Date: __/__/__

Reason: _____

Traumatic Events

Is there evidence in the chart that the client was experiencing any of the following at the 12 month time point..

88. Sexual abuse? Yes - 9 No - 9

89. Physical abuse? Yes - 9 No - 9

90. Emotional/verbal abuse? Yes - 9 No - 9

Is there evidence in the chart that any of the client's children were experiencing any of the following at the 12 month time point..

91. Sexual abuse? Yes - 9 No - 9

92. Physical abuse? Yes - 9 No - 9

93. Emotional/verbal abuse? Yes - 9 No - 9
94. Neglect? Yes - 9 No - 9

Is there evidence in the chart that the client experienced any of the following during the interval between the 6 month and 12 month time points...

95. Sexual abuse? Yes - 9 No - 9
96. Physical abuse? Yes - 9 No - 9
97. Emotional/verbal abuse? Yes - 9 No - 9
98. Victim of a crime other than abuse? Yes - 9 No - 9

Is there evidence in the chart that the client's children experienced any of the following during the interval between the 6 month and 12 month time points...

99. Sexual abuse? Yes - 9 No - 9
100. Physical abuse? Yes - 9 No - 9
101. Emotional/verbal abuse? Yes - 9 No - 9
102. Neglect? Yes - 9 No - 9
103. Victim of a crime other than abuse? Yes - 9 No - 9

Diagnostic Information

104. Since intake, was there evidence in the chart that any of the following occurred?
- A. Mention of client being of borderline or subnormal intelligence Yes - 9 No - 9
 - B. Head injury Yes - 9 No - 9
 - C. Spinal cord injury Yes - 9 No - 9
 - D. Seizure disorder Yes - 9 No - 9
 - E. Hearing impairment Yes - 9 No - 9
 - F. Visual impairment Yes - 9 No - 9
 - G. Specific learning disability Yes - 9 No - 9

H. Speech/language impairment	Yes - 9	No - 9
I. HIV positive	Yes - 9	No - 9
J. Attention deficit disorder	Yes - 9	No - 9
K. Other disability (specify _____)	Yes - 9	No - 9

Medical

105. Were there any client medical problems described in the chart between the 6 month and 12 month time points?

Yes 9 No 9

If yes, please describe.

106. Is there any evidence in the chart that at the 12 month date, any of the client's medical problems were active?

Yes 9 No 9

107. If yes, please list active medical problems the client was experiencing at the 12 month date.

Child(ren)'s Health

108. Is there any evidence in the chart that the client's child(ren) had any medical problems during the interval between the 6 month and 12 month time points?

Child #1: Medical problems: Yes No If yes, please describe.

Child #2: Medical problems: Yes No If yes, please describe

Child #3: Medical problems: Yes No If yes, please describe

Child #4: Medical problems: Yes No If yes, please describe

Child #5: Medical problems: Yes No If yes, please describe

Child #6: Medical problems: Yes No If yes, please describe

109. Is there any evidence in the chart that at the 12 month date any of the children's medical problems active?

Child #1: Medical problems: Yes **9** No **9** If yes, please describe.

Child #2: Medical problems: Yes **9** No **9** If yes, please describe

Child #3: Medical problems: Yes **9** No **9** If yes, please describe

Child #4: Medical problems: Yes **9** No **9** If yes, please describe

Child #5: Medical problems: Yes **9** No **9** If yes, please describe

Child #6: Medical problems: Yes **9** No **9** If yes, please describe

110. Is there any evidence in the chart that any of client's children been hospitalized since the 6 month time point?

	Hospitalized (Y/N)	Number of Times	Reasons
Child #1	Yes 9	_____	_____
	No 9		_____
Child #2	Yes 9	_____	_____
	No 9		_____

Child #3	Yes	9	_____	_____
	No	9		_____
Child #4	Yes	9	_____	_____
	No	9		_____
Child #5	Yes	9	_____	_____
	No	9		_____
Child #6	Yes	9	_____	_____
	No	9		_____

111. Please describe any of the children's mental health problems mentioned in the chart between the 6 month and the 12 month time points (include diagnoses, symptoms, etc.)

Child #1: _____

Child #2: _____

Child #3: _____

Child #4: _____

Child #5: _____

Child #6: _____

112. Is there any evidence in the chart that any of the children's mental health problems were active at the 12 month date?

Child #1: Yes No If yes, please describe

Child #2: Yes No If yes, please describe

Child #3: Yes No If yes, please describe

Child #4: Yes No If yes, please describe

Child #5: Yes No If yes, please describe

Child #6: Yes No If yes, please describe

113. Is there any evidence in the chart that any of client's children were taking any medications, including psychotropic meds, at the 12 month time point?

	Meds (y/n)	If yes, list medications/doses
Child #1:	Yes 9 No 9	_____ _____
Child #2:	Yes 9 No 9	_____ _____
Child #3:	Yes 9 No 9	_____ _____
Child #4:	Yes 9 No 9	_____ _____
Child #5:	Yes 9 No 9	_____ _____
Child #6:	Yes 9 No 9	_____ _____

114. Is there any evidence in the chart that the client's children were taking any other medications between the 6 month and 12 month time points that were not included in the medications listed at the 12 month date?

Yes - **9** No - **9**

115. If yes, please list medications that were taken during the interval between the 6 month and 12 month time points, and that were not listed above.

	Meds (y/n)	If yes, list medications/doses
Child #1:	Yes 9 No 9	_____ _____
Child #2:	Yes 9 No 9	_____ _____

Child #3: Yes 9
 No 9 _____

Child #4: Yes 9
 No 9 _____

Child #5: Yes 9
 No 9 _____

Child #6: Yes 9
 No 9 _____

116. Is there evidence in the chart that the any of the client's children were enrolled in any of the following programs at the 12 month time point...

		Yes	No	Child #:
a.	child care program	9	9	_____
b.	day care program	9	9	_____
c.	pre-school	9	9	_____
d.	nursery school	9	9	_____
e.	latch key/after school program	9	9	_____

117. Is there evidence in the chart that the client's children were attending school (kindergarten and above) at the 12 month time point? If yes, record grade level...

Child #1: Yes 9, Grade level? _____
 No 9

Child #2: Yes 9, Grade level? _____
 No 9

Child #3: Yes 9, Grade level? _____
 No 9

Child #4: Yes 9, Grade level? _____
 No 9

Child #5: Yes 9, Grade level? _____
 No 9

Child #6: Yes 9, Grade level? _____
 No 9

118. Is there evidence in the chart that the any of the client's children were enrolled in any of the following programs during the interval between the 6 month and 12 month time points that were different than at the 12 month date?...

						Child #:
a.	child care program	Yes	9	No	9	_____
b.	day care program	Yes	9	No	9	_____
c.	pre-school	Yes	9	No	9	_____
d.	nursery school	Yes	9	No	9	_____
e.	latch key/after school program	Yes	9	No	9	_____

119. Is there evidence in the chart that the client's children were attending school (kindergarten and above) during the interval between the the 6 month and 12 month time points that was different from the 12 month date? If yes, record grade level...

Child #1: Yes **9**, Grade level? _____
No **9**

Child #2: Yes **9**, Grade level? _____
No **9**

Child #3: Yes **9**, Grade level? _____
No **9**

Child #4: Yes **9**, Grade level? _____
No **9**

Child #5: Yes **9**, Grade level? _____
No **9**

Child #6: Yes **9**, Grade level? _____
No **9**

Services

120. Is there evidence in the chart that at the 12 month time point the client was...

a.	Receiving homemaker/child care assistance? (someone assists mother in caring for children for non-limited time period; mother is present to learn skills)	Yes	9	No	9
b.	Receiving respite? (temporary situation; someone cares for children while mother is out of home due to emergency/ problematic/stressful situation)	Yes	9	No	9
3.	Receiving babysitting services (arranged for by agency; does not include family acting as babysitter or mother obtaining a babysitter herself.)	Yes	9	No	9

121. Is there evidence in the chart that during the interval between the 6 month and 12 month time points the client was receiving any of the following services...

a.	Receiving homemaker/child care assistance? (someone assists mother in caring for children for non-limited time period; mother is present to learn skills)	Yes	9	No	9
b.	Receiving respite? (temporary situation; someone cares for children while mother is out of home due to emergency/problematic/stressful situation)	Yes	9	No	9
3.	Receiving babysitting services (arranged for by agency; does not include family acting as babysitter or mother obtaining a babysitter herself.)	Yes	9	No	9

Treatment Plan

122. What treatment goals were listed at the 6 month time point?

Goals	As of 12 month date, was goal fully, partially, or not at all attained?	
#1 _____ _____	Fully attained	9
	Partially attained	9
	Not at all attained	9
#2 _____ _____	Fully attained	9
	Partially attained	9
	Not at all attained	9
#3 _____ _____	Fully attained	9
	Partially attained	9
	Not at all attained	9
#4 _____ _____	Fully attained	9
	Partially attained	9
	Not at all attained	9
#5 _____ _____	Fully attained	9
	Partially attained	9
	Not at all attained	9
#6 _____ _____	Fully attained	9
	Partially attained	9
	Not at all attained	9

New goal #3:

New goal #4:

New goal #5:

125. On a scale of 1 - 10, with "1" being "not at all accurate" and "10" being "extremely accurate", how accurate do you think the CFEP is? _____

Comments: _____

**** Please make sure you have indicated in the margins which specific information is unreliable.**

126. Is there anything else that you think we should know about the client, her family or anything else? **DO NOT record the names of any individuals.**

Time line:

