

Women Mental Health Consumers and Their Children Multi-Site Outcome Study

CASE FILE EXTRACTION PROTOCOL

Name of Abstracter: _____

Client ID #: _____

Date of Chart Review: __/__/____
Month Day Year

Actual Intake Date	Study Intake Date	6 Month Date	12 Month Date
--/--/--	--/--/--	--/--/--	--/--/--
	-2weeks	+2weeks	-2weeks
	+2weeks	-2weeks	+2weeks
A	B	C	D
	E	F	G
	H	I	J
	--/--/--	--/--/--	--/--/--

Intake Review

Note: DO NOT record the client's name, children's names, or the names of any other individual related to the client anywhere on this form.

Background Information

1. Client's date of birth: ____/____/____
Month Day Year

2. Ethnicity

- 1 - White 9
- 2 - Black 9
- 3 - Hispanic 9
- 4 - Asian 9
- 5 - Other 9 *please specify "other":* _____

3. Marital Status at intake: (note: current status, please check only one box)

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

Education

4. Education at intake:

Highest grade completed: _____

Type of degrees received, if any: (check all that apply)

- 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
- Specify: _____

5. Is there any evidence in the chart that client was enrolled in any academic/vocational classes at intake?

Yes - 9 No - 9

5a. If yes, what type of classes? _____

5b. Is there any evidence in the chart that the client was enrolled in any non-academic, structured classes at intake?

Yes - 9 No - 9

5c. If yes, what type of classes?

Occupational

6. Occupational Status at intake: (check all that apply)

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

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

7. Describe the type of work that client was involved with at intake (i.e, job title, description of duties). **DO NOT record the name of company/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**

Income

9. Check all of the following sources of cash or non-cash income the respondent was receiving at intake and list the total dollar amount received each month for each source.

	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	_____	\$ _____
_____	_____	\$ _____

10. Total Monthly Income: \$ _____

(Be sure that answer to question 10 corresponds to total of 9a through 9g).

11. Is there any evidence in the chart that someone handled the client's money for her (payee or guardian) at intake?

Yes 9 No 9

11a. If yes, what was the relationship (to the client) of the person who was handling her money at intake. **DO NOT record name(s) of individual(s) handling client's money. Record only the relationship of this person to the client.**

12. Is there any evidence in the chart that at intake 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

13. Is there any evidence in the chart that at intake 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

14. Is there any evidence in the chart that at intake 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

15. Is there any evidence in the chart that at intake 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

16. Which of the following best describes client's living situation at the time of intake?
(Check only one box)

- 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 house, apartment, 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

17. Is there any evidence in the chart that the client had ever been homeless?

Yes - 9 No - 9

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

17a. If yes, for how many nights in her lifetime before intake was the client homeless?

of nights: _____ Not in Chart - 9

18. Is there any evidence in the chart that the client had been homeless in the 6 months prior to intake?

Yes - 9 No - 9

18a. If yes, for how many nights was client homeless in the 6 months prior to intake?

of nights: _____ Not in Chart 9

19. Who was the client living with at intake? (*check all that apply; record #'s where requested, underline the category if applicable*)

- a. Children (own/adopted/step) 9
(If yes, how many? ___)
- b. Children (foster/friend's) 9
(If yes, how many? _____)
- c. Husband/Partner 9
- d. Mother 9
- e. Father 9
- f. Siblings (how many? _____) 9
- g. Friends (how many? _____) 9
- h. Other family members 9

(Specify: _____)

Do not name individual, only specify relationship to client

- i. Alone 9
- j. Total # of people client was living with: _____
(mark "0" if client was living alone)

Background on Children

20. Is there any evidence in the chart that the client was pregnant at the time of intake?
Yes - 9 No - 9

21. If yes, when was client's due date? ___/___/_____

22. How many children were ever born to the client? _____
(*include any children who were deceased before intake*)

22a. ***For all children living at the time of intake, starting with the oldest, please complete the following information for each child (child #1 = oldest child): In the spaces below, please record the gender and date of birth for each child. DO NOT record any names.***

	Gender (1=m; 2=f)	DOB		Gender (1=m; 2=f)	DOB
Child #1:	_____	___/___/___	Child #4:	_____	___/___/___
Child #2:	_____	___/___/___	Child #5:	_____	___/___/___
Child #3:	_____	___/___/___	Child #6:	_____	___/___/___

22b. Please indicate which of the client's children were enrolled in the program **with the client...**

	<u>Enrolled in Program</u>	<u>Dates of Enrollment</u>
Child #1:	Yes - 9 No - 9	___/___/___ to ___/___/___
Child #2:	Yes - 9 No - 9	___/___/___ to ___/___/___
Child #3:	Yes - 9 No - 9	___/___/___ to ___/___/___
Child #4:	Yes - 9 No - 9	___/___/___ to ___/___/___
Child #5:	Yes - 9 No - 9	___/___/___ to ___/___/___
Child #6:	Yes - 9 No - 9	___/___/___ to ___/___/___

23. Is there any evidence in the chart that the client did not have parental rights of any of her children at intake (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	___

24. Is there any evidence in the chart that the client did not have legal custody of any of her children at intake? 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	___	___

25. 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 intake? 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	___	___

26. Is there any evidence in the chart that, at intake, 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	_____	_____

27. If any of the client's children were not living with client at intake, who were the children living with? ***(Record each child (#1-6) who was living with the relatives listed below.) If "no" to Q23,24,25 or 26, skip to Q.31 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.....	_____

28. When did the children live with this person?

Child #1: _____

Child #2: _____

Child #3: _____

Child #4: _____

Child #5: _____

Child #6: _____

29. Which of the following are reasons why the children were not living with the client at intake?
(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

30. At intake, how many days had the child(ren) not been living with client?

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

31. Is there any evidence in the chart that at intake 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

32. Using the codes below, describe the frequency with which client had contact with each of her children at intake, 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: _____

33. Is there any evidence in the chart that before intake 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	_____

34. Is there any evidence in the chart that the client did not have legal custody of any of her children before intake? 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	_____	_____

35. 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), before intake? Also, indicate whether the removal was temporary or permanent ("T" or "P"), and how many times the children were removed from client's care before intake.

		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: _____

36. Is there any evidence in the chart that, before intake, 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	_____	_____

36a. Is there any evidence in the chart that before intake 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

Social Support

37. Is there any evidence in the chart that the client's family had contact with her at the time of intake?

Yes 9 No 9

37a. If yes, list family members and frequency of contact using codes below:
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

DO NOT RECORD THE NAMES OF ANY INDIVIDUALS. RECORD ONLY THE RELATIONSHIP OF THE INDIVIDUAL TO THE CLIENT.

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

38. Is there any evidence in the chart that the client had a support network consisting of friends, neighbors, or significant others at the time of intake?

Yes 9 No 9

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

40. Is there any evidence in the chart that the program involved any of the family or friends in the intake process?

Yes 9 No 9

41. What was the relationship to the client of the person(s) listed as the emergency contact at the time of intake?

DO NOT record any names. Record only the relationship of the individual(s) to the client.

Legal History

42. Is there any evidence in the chart that the client had any involvement with the criminal justice system before intake?

Yes - 9 No - 9

If yes, complete following...

	Arrest (month/year)	Offense	Conviction	Time period of Incarceration	
42a.	__/__/__	_____	Yes 9 No 9	__/__/__ to __/__/__	—

42b.	__/__/__	_____	Yes 9 No 9	__/__/__ to __/__/__	

42c.	__/__/__	_____	Yes 9 No 9	__/__/__ to __/__/__	

42d. Total # of arrests before intake? _____

42e. Total # of convictions before intake? _____

43. Is there any evidence in the chart that the client was on probation at intake?

Yes - 9 No - 9

44. Is there any evidence in the chart that the client was on parole at intake?

Yes - 9 No - 9

45. Is there any evidence in the chart that the client had ever been on parole or probation before intake?

Yes - 9 No - 9

Substance Use

46. Is there any evidence in the chart that the client was using drugs and/or alcohol at intake?

- 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

47. If yes to any of the above, indicate substances client was using at intake...

- a. Alcohol Yes - 9 No - 9
- b. Marijuana Yes - 9 No - 9
- c. Cocaine/crack 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 _____

48. Is there evidence in the chart that client used drugs and/or alcohol before program intake?

- 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

49. If yes, indicate substances used by the client before intake...

- 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: _____

50. Is there any evidence in the chart that the client was enrolled in a drug or alcohol treatment program at the time of intake?

Yes - 9 No - 9

51. If no, is there evidence in the chart that the client had ever been in a drug or alcohol treatment program before intake?

Yes - 9 No - 9

52. Is there evidence in the chart that the client was living with someone at the time of intake who had an alcohol problem?

Yes 9 No 9

53. Is there evidence in the chart that the client was living with someone who was using non-prescribed drugs (street drugs) at intake?

Yes 9 No 9

54. Is there evidence in the chart that the client's child(ren) was living with someone, other than his/her mother, who had an alcohol problem at intake?

Yes 9 No 9

55. Is there evidence in the chart that the client's child(ren) was living with someone, other than his/her mother, who was using street drugs at intake?

Yes 9 No 9

55a. Is there evidence in the chart that the client's child(ren) was not living with, but was **exposed** to someone who had an alcohol problem at intake (other than the client)?

Yes - 9 No - 9

55b. Is there evidence in the chart that the client's child(ren) was not living with, but was **exposed** to someone who had abused street drugs at intake (other than the client)?

Yes - 9 No - 9

Diagnosis

56. List the client's DSM-IV diagnosis at time of intake. Date of diagnosis: __/__/__

Axis 1: 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 (GAS/GAF)

Score: ____ Date of GAS/GAF: __/__/__

Psychiatric Medication

57. Is there evidence in the chart that the client was prescribed psychotropic medications prior to intake?

Yes - 9 No - 9

58. Is there evidence in the chart that the client was prescribed psychotropic medications at the time of intake?

Yes - 9 No - 9

(If no, skip to Inpatient History - Q. 60)

59. If yes to 57 and/or 58, please list medications and doses. If yes to only one, list medications and doses followed by "B" (before intake) or "C" (current time at intake).
(For dose, include unit and number taken per day)

Medication	Dose (unit/# per day)	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

59a. Is there evidence in the chart that the client was compliant with taking her medications at intake?

Yes - 9 No - 9

Inpatient History

60. Number of inpatient hospitalizations prior to intake: _____

Starting with most recent hospitalization, indicate the hospital name, the date of admission, date of discharge, and reason for hospitalization (i.e., psychiatric or medical).

60a. Most recent hospitalization
 Name/Place: _____
 Admission Date: __/__/__
 Discharge Date: __/__/__
 Reason: _____

60b. Second most recent hospitalization:
 Name/Place: _____
 Admission Date: __/__/__
 Discharge Date: __/__/__
 Reason: _____

60c. Third most recent hospitalization:
 Name/Place: _____
 Admission Date: __/__/__
 Discharge Date: __/__/__
 Reason: _____

60d. Fourth most recent hospitalization:
 Name/Place: _____
 Admission Date: __/__/__
 Discharge Date: __/__/__
 Reason: _____

60e. Fifth most recent hospitalization:
Name/Place: _____
Admission Date: __/__/__
Discharge Date: __/__/__
Reason: _____

60f. Sixth most recent hospitalization:
Name/Place: _____
Admission Date: __/__/__
Discharge Date: __/__/__
Reason: _____

60g. Seventh most recent hospitalization:
Name/Place: _____
Admission Date: __/__/__
Discharge Date: __/__/__
Reason: _____

60h. Eighth most recent hospitalization:
Name/Place: _____
Admission Date: __/__/__
Discharge Date: __/__/__
Reason: _____

60i. Ninth most recent hospitalization:
Name/Place: _____
Admission Date: __/__/__
Discharge Date: __/__/__
Reason: _____

60j. Tenth most recent hospitalization:
Name/Place: _____
Admission Date: __/__/__
Discharge Date: __/__/__
Reason: _____

Family History

61. Is there evidence in the chart that there was a family history of psychiatric disorders and/or substance abuse at time of or prior to intake:

Yes - 9 No - 9

61a. If yes, who: (check all that apply) **DO NOT record any names.**

Mother: 9 Diagnosis _____

Father: 9 Diagnosis _____

Sibling: 9 Diagnosis _____
How many siblings? _____

Grandmother: 9 Diagnosis _____

Grandfather: 9 Diagnosis _____

Aunt/Uncle 9 Diagnosis _____
How many Aunts/Uncles? _____

Other 9 Diagnosis _____

Specify relationship: _____

Traumatic Events

Is there evidence in the chart that any of the following occurred before intake...

- | | | | |
|-----|-----------------------------------------------------|---------|--------|
| 62. | Childhood sexual abuse of client? | Yes - 9 | No - 9 |
| 63. | Childhood physical abuse of client? | Yes - 9 | No - 9 |
| 64. | Childhood neglect of client? | Yes - 9 | No - 9 |
| 65. | Childhood emotional/verbal abuse of client? | Yes - 9 | No - 9 |
| 66. | Adult sexual abuse of client? | Yes - 9 | No - 9 |
| 67. | Adult physical abuse of client? | Yes - 9 | No - 9 |
| 68. | Adult emotional/verbal abuse of client? | Yes - 9 | No - 9 |
| 69. | Sexual abuse of any of client's children? | Yes - 9 | No - 9 |
| 70. | Physical abuse of any of client's children? | Yes - 9 | No - 9 |
| 71. | Emotional/verbal abuse of any of client's children? | Yes - 9 | No - 9 |
| 72. | Neglect of any of client's children? | Yes - 9 | No - 9 |

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

- 73. Sexual abuse? Yes - 9 No - 9
- 74. Physical abuse? Yes - 9 No - 9
- 75. 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 time of intake...

- 76. Sexual abuse? Yes - 9 No - 9
- 77. Physical abuse? Yes - 9 No - 9
- 78. Emotional/verbal abuse? Yes - 9 No - 9
- 79. Neglect? Yes - 9 No - 9

80. Is there evidence in the chart that the client had been a victim of a crime other than physical or sexual abuse within 6 months prior to intake?

Yes - 9 No - 9

81. Is there evidence in the chart that the client had ever been a victim of a crime other than physical or sexual abuse at any time in her life before intake?

Yes - 9 No - 9

82. Is there evidence in the chart that the client's children had been a victim of a crime other than physical or sexual abuse within 6 months prior to intake?

Yes - 9 No - 9

83. Is there evidence in the chart that any of client's children had been a victim of a crime other than physical or sexual abuse in their lifetimes before intake?

Yes - 9 No - 9

Diagnostic Information

84. In the client's record, is there evidence of the following?

- a. IQ below 70 Yes - 9 No - 9

b. Prior receipt of services for mental retardation	Yes - 9	No - 9
c. Mention of client being of borderline, mildly retarded or subnormal intelligence	Yes - 9	No - 9
d. Head injury	Yes - 9	No - 9
e. Spinal cord injury	Yes - 9	No - 9
f. Autism	Yes - 9	No - 9
g. Cerebral palsy	Yes - 9	No - 9
h. Seizure disorder	Yes - 9	No - 9
I. Hearing impairment	Yes - 9	No - 9
J. Visual impairment	Yes - 9	No - 9
K. Specific learning disability	Yes - 9	No - 9
L. Speech/language impairment	Yes - 9	No - 9
M. HIV positive	Yes - 9	No - 9
N. Attention deficit disorder	Yes - 9	No - 9
O. Other disability (specify _____)	Yes - 9	No - 9

Medical

85. Is there evidence in the chart that the client had any active medical problems at Intake?

Yes 9 No 9

86. If yes, please describe.

Developmental

87. Is there evidence in the chart that the client experienced any significant psychiatric symptoms during any of her pregnancies?

Yes 9 No 9

88. If yes, was client hospitalized?

Yes 9 No 9

89. Is there any evidence in the chart that the client took any street drugs and/or prescribed medications during any of her pregnancies?

Street drugs	9
Prescribed medications	9
No drugs/medications	9
Not in chart	9

90. If yes, please list below:

(For dose, include unit of measurement and amount taken per day)

Drugs/Medications	Dose (if applicable)
-------------------	----------------------

_____	_____
_____	_____
_____	_____
_____	_____

91. Is there evidence in the chart that the client experienced any significant psychiatric symptoms following the birth(s) of any of her children?

Yes 9 No 9

91a. If yes, please specify: _____

Child(ren)'s Health

92. Is there evidence in the chart that the client's child(ren) had any active medical problems at intake?

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

92b. Child #2: Medical problems: Yes 9 No 9 If yes, please describe.

92c. Child #3: Medical problems: Yes 9 No 9 If yes, please describe.

92d. Child #4: Medical problems: Yes 9 No 9 If yes, please describe.

93e. Child #5: Medical problems: Yes 9 No 9 If yes, please describe.

94f. Child #6: Medical problems: Yes 9 No 9 If yes, please describe.

95. Is there evidence in the chart that any of client's children had ever been hospitalized prior to intake? (Do not include hospitalization at birth unless hospital stay was extended due to complications.)

	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	_____	_____ _____ _____

96. Please describe mental health of client's children at time of intake. (i.e., diagnoses, symptoms, reports of behavior).

Child #1: _____

Child #2: _____

Child #3: _____

Child #4: _____

Child #5: _____

Child #6: _____

97. Is there evidence in the chart that any of client's children were taking any medications, including psychotropic medications, at time of intake?

	Meds (y/n)	If yes, list medications/doses (unit, amount taken per day)
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	_____ _____

98. Is there evidence in the chart that the any of the client's children were enrolled in any of the following programs...

		Yes	9	No	9	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	_____

99. Is there evidence in the chart that the client's children were attending school (kindergarten and above) at the time of intake? 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

100. Is there evidence in the chart that at the time of intake 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
c.	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

101. Is there evidence that the client had been educated about her illness by program staff (symptoms, treatment, prognosis) within one month following intake?

Yes - 9 No - 9

102. Is there a written treatment plan in the medical record within one month following intake?

Yes - 9 No - 9

103. If yes, what is the total number of primary treatment plan goals listed/identified?
Total # of treatment plan goals: _____

104. Please list and number the goals as they are stated in the chart. **If treatment plan includes any names, DO NOT record names. Rather, substitute "client", "child #1", "husband", or any other appropriate indicator of individual's relationship to client. If this is not discernable, substitute "XXX".**

105. Describe treatment plan to meet goals:

Goal #1:

Goal #2:

Goal #3

Goal #4

Goal #5
