



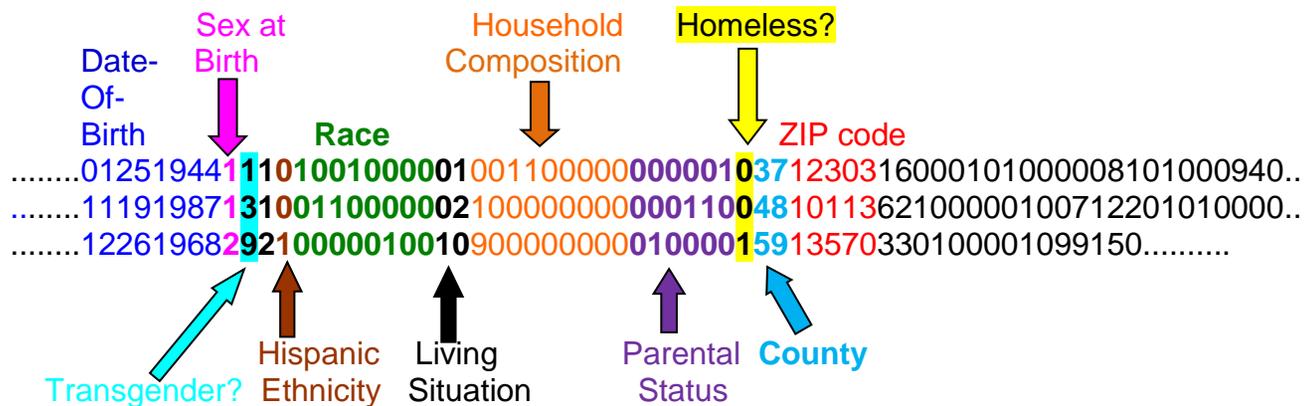
The 2015 Patient Characteristics Survey

File Layout for Using the PCS Upload Feature

For facilities that maintain computerized client records, the PCS Application’s **Upload feature** can replace the task of manual data-entry. It allows a facility to manufacture a text file containing the answers to the PCS questions and upload it to the PCS application. The only PCS application users that will have access to **Upload** are those with **the role of PCS Supervisor**. Facility staff must have the programming expertise to extract data from their computerized system and carefully manufacture the text file.

The following pages outline how to prepare the text file (also known as “flat file” or “ASCII file”) for upload to the PCS application. For those unfamiliar with a text file, an example is given in Figure 1 below. The PCS application will only accept a text file that adheres to the column formatting presented below. **Your file must have each “survey form” on its own row**, and all rows must be the same length, identically 207 characters. This may require “padding” some fields with leading zeroes, such as the “month” portion of “Date of Birth” for January (code as “01”), February (code as “02”). **Finally, when completing each of Client’s First Name, Client’s Last Name, Primary Diagnosis, and Additional Diagnosis (questions 3a, 3b, 30 and 32, respectively) please left justify each response and pad the remaining characters with trailing spaces.**

Figure 1: Example of a plain-text file.



2015 PCS: File Layout for the Upload Feature

Question Number	Question Name	Length	Begin Column	End Column	Possible Outcomes
1	Unit Code	3	1	3	
2	Site Code	4	4	7	(Note: Left justify, pad with trailing blanks.)
3a	First Name	30	8	37	(Note: Left justify, pad with trailing blanks.)
3b	Last Name	30	38	67	(Note: Left justify, pad with trailing blanks.)
4a	Month of Birth	2	68	69	99 Unknown (Note: pad with leading zeroes)
4b	Day of Birth	2	70	71	99 Unknown (Note: pad with leading zeroes)
4c	Year of Birth	4	72	75	
5	Assigned Sex at Birth or Sex on Birth Certificate	1	76	76	1. Male 2. Female 9. Unknown
6	Client Self-Identifies as Transgender	1	77	77	0. No 1. Yes, Transgender female to male 2. Yes, Transgender male to female 3. Yes, transgender does not identify as male or female 4. Client didn't answer 9.Unknown
7	Sexual Orientation	1	78	78	1. Straight or heterosexual 2. Lesbian or gay 3. Bisexual 4. Other 5. Client didn't answer 9. Unknown
8a	Hispanic Ethnicity	1	79	79	0 No 1 Yes 9 Unknown
8b	--If Hispanic Yes	1	80	80	0. Not Applicable 1.Cuban 2.Mexican 3. Puerto Rican 4.Dominican 5.Ecuadorian 6.Other 9.Unknown
9a	Race=White?	1	81	81	0 No 1 Yes
9b	Race=Black?/African American	1	82	82	0 No 1 Yes
9h	--If Black/African American Yes	1	83	83	0. Not Applicable 1. African-American 2. Afro-Caribbean 3. African Continent 4. Other Black 9. Unknown
9c	Race=Asian?	1	84	84	0 No 1 Yes
9d	Race=American Indian/Alaska Native?	1	85	85	0 No 1 Yes
9e	Race=Native Hawaiian/Other Pacific Islander?	1	86	86	0 No 1 Yes
9f	Race=Other?	1	87	87	0 No 1 Yes
9g	Race=Unknown?	1	88	88	0 No 1 Yes

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Question Number	Question Name	Length	Begin Column	End Column	Possible Outcomes
10	Living Situation (Inpatient, Residential Treatment Facilities (RTF) and prison-based programs report residence before admission)	2	89	90	<p>01. Private residence (home, apartment, rooming house, hotel, motel, supported housing, supported SRO, permanent housing programs, transient housing programs, and shelter plus care housing)</p> <p>02. Inpatient setting or children’s Residential Treatment Facility (RTF)</p> <p>03. OMH Residential Care, LICENSED programs, community residence (child or adult), crisis residence, family based treatment, family care, teaching family home, apartment treatment, congregate treatment, apartment support, congregate support, community residence – SRO</p> <p>04. Adult home (DOH licensed residential program for adults)</p> <p>05. Agency-operated Boarding Home through DSS/ACS (Foster Home)</p> <p>06. Institutional setting for youth: OCFS Juvenile Justice Facility</p> <p>07. Institutional setting for youth: OCFS Residential Treatment Center</p> <p>08. Youth community-based residence (OCFS, DSS)</p> <p>09. Nursing or health-related facility (nursing home, skilled nursing facility)</p> <p>10. Homeless (e.g., shelter, street, transitional living center)</p> <p>11. Incarcerated</p> <p>12. Other (e.g., non-OMH residential care such as group home or halfway house)</p> <p>99. Unknown</p>

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Question Number	Question Name	Length	Begin Column	End Column	Possible Outcomes
11a	Household Composition=Not applicable, client is not in a private residence	1	91	91	0 No 1 Yes
11b	Household Composition= Client lives alone	1	92	92	0 No 1 Yes
11c	Household Composition=Client's child, stepchild, foster child or grandchild	1	93	93	0 No 1 Yes
11d	Household Composition=Client's parent (biological, adoptive, stepparent)	1	94	94	0 No 1 Yes
11e	Household Composition=Client's sibling(s)	1	95	95	0 No 1 Yes
11f	Household Composition=Client's spouse or domestic partner	1	96	96	0 No 1 Yes
11g	Household Composition=Other relatives of client not specified above	1	97	97	0 No 1 Yes
11h	Household Composition=Foster Parent	1	98	98	0 No 1 Yes
11i	Household Composition=Other people unrelated to client	1	99	99	0 No 1 Yes
11j	Household Composition=Unknown	1	100	100	0 No 1 Yes
12a	Parental Status=No children	1	101	101	0 No 1 Yes
12b	Parental Status=Client has children over 18 yrs old	1	102	102	0 No 1 Yes
12c	Parental Status=Has minor children, in client's custody	1	103	103	0 No 1 Yes
12d	Parental Status=Has minor children, NOT in client's custody	1	104	104	0 No 1 Yes
12e	Parental Status=Expectant Parent	1	105	105	0 No 1 Yes
12f	Parental Status=Unknown	1	106	106	0 No 1 Yes

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Question Number	Question Name	Length	Begin Column	End Column	Possible Outcomes
13	Was Client Homeless in Shelter or on Street at any time within the past 6 months?	1	107	107	0 No 1 Yes 9 Unknown
14	County of Residence (Inpatient programs report county before admission)	2	108	109	01. Albany
					18. Fulton
					35. Ontario
					52. Suffolk
					02. Allegany
					19. Genesee
					36. Orange
					53. Sullivan
					03. Bronx
					20. Greene
					37. Orleans
					54. Tioga
					04. Broome
					21. Hamilton
					38. Oswego
					55. Tompkins
					05. Cattaraugus
22. Herkimer					
39. Otsego					
56. Ulster					
06. Cayuga					
23. Jefferson					
40. Putnam					
57. Warren					
07. Chautauqua					
24. Kings (Brooklyn)					
41. Queens					
58. Washington					
08. Chemung					
25. Lewis					
42. Rensselaer					
59. Wayne					
09. Chenango					
26. Livingston					
43. Richmond (Staten Island)					
60. Westchester					
10. Clinton					
27. Madison					
44. Rockland					
61. Wyoming					
11. Columbia					
28. Monroe					
45. Saint Lawrence					
62. Yates					
12. Cortland					
29. Montgomery					
46. Saratoga					
70. New York State, County Unknown					
13. Delaware					
30. Nassau					
47. Schenectady					
80. Other State in United States					
14. Dutchess					
31. New York (Manhattan)					
48. Schoharie					
90. Other Country					
15. Erie					
32. Niagara					
49. Schuyler					
99. Unknown					
16. Essex					
33. Oneida					
50. Seneca					
17. Franklin					
34. Onondaga					
51. Steuben					

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Question Number	Question Name	Length	Begin Column	End Column	Possible Outcomes
15	Residence Zip Code (Inpatient and RTF programs report Zip Code before admission)	5	110	114	99999=Unknown 88888=Homeless
16	Preferred Language	2	115	116	01. English
					02. Spanish/Spanish Creole
					03. Russian
					04. Mandarin
					05. Cantonese
					06. Fujianese
					07. Other Chinese
					08. French
					09. French Creole
					10. Portuguese/Creole
					11. Italian
					12. Polish
					13. Yiddish
					14. Hebrew
					15. Arabic
					16. Hindi
					17. Urdu
					18. Other Indic (e.g., Sindhi)
					19. Other Indo-European
					20. African Language
					21. Tagalog
					22. Korean
					23. Vietnamese
					24. Other Asian
					25. Sign Language
					26. Other
99. Unknown					

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Question Number	Question Name	Length	Begin Column	End Column	Possible Outcomes
17	Prior or Current U.S. military service?	1	117	117	0 No 1 Yes 9 Unknown
18	Employment Status	1	118	118	1. Competitive and integrated employment
					2. Other employment
					3. Non-paid work position (volunteer)
					4. Unemployed and looking for work
					5. Not In Labor Force: unemployed but not looking for work, retired, homemaker, student, incarcerated, or psychiatric inpatient
					9. Unknown
19	Usual hours worked per week	1	119	119	1. Not Applicable
					2. 1-14 hours
					3. 15-34 hours
					4. 35 hours or more
					9. Unknown
20	Client has attended school, home tutoring or received education instruction at any time in the past three months.	1	120	120	0 No 1 Yes 9 Unknown

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Question Number	Question Name	Length	Begin Column	End Column	Possible Outcomes
21	Education Level	2	121	122	00. No formal education
					01. Pre-Kindergarten
					02. Kindergarten
					03. First grade
					04. Second grade
					05. Third grade
					06. Fourth grade
					07. Fifth grade
					08. Sixth grade
					09. Seventh grade
					10. Eighth grade
					11. Ninth grade
					12. 10th grade
					13. 11th grade
					14. 12th grade, no diploma
					15. High school diploma or GED
					16. Business, technical training
					17. Some college, no degree
					18. Associate's degree
					19. Bachelor's degree
					20. Graduate degree
21. Other					
99. Unknown					
22	Special education services?	1	123	123	0 Not Applicable 1 Yes 2 No 9 Unknown

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Question Number	Question Name	Length	Begin Column	End Column	Possible Outcomes
23a	Disability or Disorder=Mental Illness or Emotional Disturbance	1	124	124	0 No 1 Yes 9 Unknown
23b	Disability or Disorder=Intellectual Disability/Mental Retardation	1	125	125	0 No 1 Yes 9 Unknown
23c	Disability or Disorder=Autism Spectrum	1	126	126	0 No 1 Yes 9 Unknown
23d	Disability or Disorder=Other Developmental Disability	1	127	127	0 No 1 Yes 9 Unknown
23e	Disability or Disorder=Alcohol Disorder	1	128	128	0 No 1 Yes 9 Unknown
23f	Disability or Disorder=Drug/Substance Related Disorder	1	129	129	0 No 1 Yes 9 Unknown
23g	Disability or Disorder=Mobility Impairment	1	130	130	0 No 1 Yes 9 Unknown
23h	Disability or Disorder=Hearing or Visual Impairment	1	131	131	0 No 1 Yes 9 Unknown

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Question Number	Question Name	Length	Begin Column	End Column	Possible Outcomes
24a	Chronic Medical Condition ("CMC")=Hyperlipidemia (high blood fat/High Cholesterol)	1	132	132	0 No 1 Yes
24b	CMC=High Blood Pressure	1	133	133	0 No 1 Yes
24c	CMC=Diabetes	1	134	134	0 No 1 Yes
24d	CMC=Obesity [based on BMI*, if not then subjective judgment]	1	135	135	0 No 1 Yes
24e	CMC=Heart Attack	1	136	136	0 No 1 Yes
24f	CMC=Stroke	1	137	137	0 No 1 Yes
24g	CMC=Other Cardiac Condition	1	138	138	0 No 1 Yes
24h	CMC=Pulmonary (Emphysema (COPD), Asthma)	1	139	139	0 No 1 Yes
24i	CMC=Alzheimer's Disease or Dementia	1	140	140	0 No 1 Yes
24j	CMC=Kidney Disease	1	141	141	0 No 1 Yes
24k	CMC=Liver Disease (Cirrhosis, Hepatitis A/B/C)	1	142	142	0 No 1 Yes
24l	CMC=Endocrine Condition (High or Low thyroid, Pituitary disease, Adrenal Disease)	1	143	143	0 No 1 Yes
24m	CMC=Progressive neurological condition (M.S., Cerebral Palsy, ALS)	1	144	144	0 No 1 Yes
24n	CMC=Traumatic Brain Injury	1	145	145	0 No 1 Yes
24o	CMC=Joint and connective tissue disease (Lupus, Rheumatoid arthritis, Osteoporosis, Osteoarthritis)	1	146	146	0 No 1 Yes
24p	CMC=Cancer	1	147	147	0 No 1 Yes
24q	CMC=Other	1	148	148	0 No 1 Yes
24r	CMC=None	1	149	149	0 No 1 Yes
24s	CMC=Unknown whether client has any of the above chronic medical conditions	1	150	150	0 No 1 Yes
25	Smokes cigarettes or uses tobacco products?	1	151	151	0 No 1 Yes 9 Unknown

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Question Number	Question Name	Length	Begin Column	End Column	Possible Outcomes
26	Received a medication or a prescription for medication for smoking cessation from this program in the past year?	1	152	152	0 No 1 Yes 9 Unknown
27	Received counseling for smoking cessation from this program in the past year?	1	153	153	0 No 1 Yes 9 Unknown
28	Serious Mental Illness/Serious Emotional Disturbance	1	154	154	0 No 1 Yes 9 Unknown
29	Diagnostic System used for primary psychiatric diagnosis	1	155	155	1. DSM IV / ICD-9
					2. DSM5 / ICD-10
30	Primary Psychiatric Diagnosis	7	156	162	(Note: Left justify, omit decimal, pad with trailing blanks.)
31	Diagnostic System used for additional psychiatric diagnosis	1	163	163	1. DSM IV / ICD-9
					2. DSM5 / ICD-10
32	Additional Diagnosis	7	164	170	(Note: Left justify, omit decimal, pad with trailing blanks.)

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Question Number	Question Name	Length	Begin Column	End Column	Possible Outcomes
33a	Cash Assistance Benefits: SSI? (Supplemental Security Income)	1	171	171	0 No 1 Yes 9 Unknown
33b	Cash Assistance Benefits: SSDI? (Social Security Disability Insurance)	1	172	172	0 No 1 Yes 9 Unknown
33c	Cash Assistance Benefits: Veteran's disability benefits?	1	173	173	0 No 1 Yes 9 Unknown
33d	Cash Assistance Benefits: Veteran's Cash Assistance?	1	174	174	0 No 1 Yes 9 Unknown
33e	Cash Assistance Benefits: Public Assistance Cash Program? (TANF, Safety Net, etc.)	1	175	175	0 No 1 Yes 9 Unknown
33f	Cash Assistance Benefits: Other Cash Benefits? (pension, SSA retirement, other)	1	176	176	0 No 1 Yes 9 Unknown
34a	Health Insurance Coverage=Does client receive Medicaid?	1	177	177	0 No 1 Yes 9 Unknown
34b	-- If YES, is it Medicaid Managed Care?	1	178	178	0 Not Applicable 1 Yes 2 No 9 Unknown
34c	Health Insurance Coverage=Does client receive Medicare?	1	179	179	0 No 1 Yes 9 Unknown
34d	Health Insurance Coverage=Does client receive Private Insurance?	1	180	180	0 No 1 Yes 9 Unknown
34e	Health Insurance Coverage=Does client receive Child Health Plus?	1	181	181	0 No 1 Yes 9 Unknown
34f	Health Insurance Coverage=Does client receive other Health Insurance?	1	182	182	0 No 1 Yes 9 Unknown

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Question Number	Question Name	Length	Begin Column	End Column	Possible Outcomes
35	Admission Date, Current Episode	8	183	190	Don't formally admit=77777777 unknown=99999999 (Note: pad with leading zeroes)
36	Criminal Justice or Juvenile Justice Status	2	191	192	00. None 01. Criminal Procedure Law (CPL) 330.20 02. Article 10-Sex Offender Management & Treatment (SOMTA) 03. NYS Dept. of Correctional Services Prisoner 04. County/City Jail, Court Detention or Police lockup Prisoner (including CPL 730 and CL 508 referrals) 05. Parolee (adults) 06. Probationer (adults) 07. PINS (Person in Need of Supervision) 08. Adjudicated Juvenile Delinquent or Offender 09. Alternative to Incarceration (ATI) status, Mental Health Court, Court Diversion 10. Other criminal justice status 99. Unknown whether or not client has a criminal justice or juvenile justice status
37	Date Last Served Before 10/19/2015 by this Program	8	193	200	Never=00000000 unknown=99999999 (Note: pad with leading zeroes)
38a	Date of Client Service=Oct 19	1	201	201	0 No 1 Yes
38b	Date of Client Service=Oct 20	1	202	202	0 No 1 Yes
38c	Date of Client Service=Oct 21	1	203	203	0 No 1 Yes
38d	Date of Client Service=Oct 22	1	204	204	0 No 1 Yes
38e	Date of Client Service=Oct 23	1	205	205	0 No 1 Yes
38f	Date of Client Service=Oct 24	1	206	206	0 No 1 Yes
38g	Date of Client Service=Oct 25	1	207	207	0 No 1 Yes