Patient Characteristics Survey for the week ending 10/27/2019

Sheet Number: ____________

1. Unit Code: ____________ 2. Site Code: ____________

3a. Client’s First Name: ____________ 3b. Client’s Last Name: ____________

4. Date of Birth (MMDDYYYY format)

5. Assigned Sex at Birth or Sex on Birth Certificate (check one)
   ☐ Male  ☐ Female  ☐ Unknown

6. Does client self-identify as transgender? (check one)
   ☐ No
   ☐ Yes, transgender female to male
   ☐ Yes, transgender male to female
   ☐ Yes, transgender, gender non-conforming
   ☐ Client didn’t answer
   ☐ Unknown

7. Sexual Orientation (check one)
   ☐ Straight or heterosexual  ☐ Bisexual  ☐ Client didn’t answer
   ☐ Lesbian or gay  ☐ Other  ☐ Unknown

8a. Hispanic Ethnicity (check one)
   ☐ No, not Hispanic/Latino  ☐ Yes  ☐ Unknown

   8b. If Yes to Question 8a, select one of the following (check one)
      ☐ Cuban  ☐ Puerto Rican  ☐ Ecuadorian  ☐ Unknown
      ☐ Mexican  ☐ Dominican  ☐ Other  ☐ Not Applicable

9. Race (select all that apply)
   ☐ a. White  ☐ d. American Indian/Alaska Native  ☐ g. Unknown
   ☐ b. Black/African American  ☐ e. Native Hawaiian/Other Pacific Islander
   ☐ c. Asian  ☐ f. Other

   9h. If 9b. Black/African American is selected, select one of the following (check one)
      ☐ African-American  ☐ African Continent  ☐ Unknown
      ☐ Afro-Caribbean  ☐ Other Black  ☐ Not Applicable
10. Living Situation (check one)
(Inpatient programs and Residential Treatment Facilities should report residence **before** admission)
- Private residence (home, apartment, rooming house, hotel, motel, supported housing, supported Single Room Occupancy (SRO), permanent housing programs, transient housing programs, and shelter plus care housing)
- Inpatient setting or children’s Residential Treatment Facility (RTF)
- OMH Residential Care, LICENSED programs, community residence (child or adult), crisis residence, family care, teaching family home, apartment treatment, congregate treatment, apartment support, congregate support, community residence – SRO
- Adult home (Department of Health (DOH) licensed residential program for adults)
- Agency-operated Boarding Home through Department of Social Services/Administration for Children’s Services (DSS/ACS) (Foster Home)
- Institutional setting for youth: Office of Children and Family Services (OCFS) Juvenile Justice Facility
- Institutional setting for youth: OCFS Residential Treatment Center
- Youth community-based residence (OCFS, DSS/ACS)
- Nursing or health-related facility (nursing home, skilled nursing facility)
- Homeless (shelter, street, transitional living center)
- Incarcerated
- Other (e.g., non-OMH residential care such as group home or halfway house)
- Unknown

11. If living in private residence, what is the household composition (select all that apply – Inpatient programs and Residential Treatment Facilities should report household composition **before** admission)
- Client lives alone
- Client’s child, stepchild, foster child, grandchild
- Client’s parent (biological, adoptive, stepparent)
- Client’s sibling(s)
- Client’s spouse or domestic partner
- Other relatives of client not specified above
- Foster parent
- Other people unrelated to client
- Unknown
- Not Applicable

12. Parental Status (select all that apply)
- No children
- Has children over 18 years old
- Has minor children, in client’s custody
- Has minor children, NOT in client’s custody
- Expectant parent
- Unknown

13. Was client homeless in shelter or on the street at any time within the past 6 months?
- No
- Yes
- Unknown

14. County of Residence

15. Residence Zip Code
(Inpatient programs and Residential Treatment Facilities should report residence **before** admission)
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### 16. Preferred Language (check one)
- English
- Spanish/Spanish Creole
- Russian
- Mandarin
- Cantonese
- Fujianese
- Other Chinese
- French
- French/Haitian Creole
- Portuguese/Creole
- Italian
- Polish
- Yiddish, Pennsylvania Dutch/other West Germanic
- Hebrew
- Arabic
- Hindi
- Urdu
- Other Indo-European
- Other Asian
- Mandarin
- Yiddish, Pennsylvania Dutch/other West Germanic
- Russian
- Polish
- Tagalog
- Korean
- Vietnamese
- African Languages
- Italian
- African Languages
- Other Indo-European
- African Languages
- Other Asian
- Sign Language
- Other
- Unknown

### 17a. What best describes the client’s religious preferences? (check one)
- I belong to a formal religious group
- I do not have a formal religion, nor am I a spiritual person
- I consider myself spiritual, but not religious
- Data not available

### 17b. If the client belongs to a formal religious group in Question 17a, select one of the following (check one)
- Protestant (Baptist, Methodist, Non-denominational, Lutheran, Presbyterian, Pentecostal, Episcopalian, Reformed, Church of Christ, etc.)
- Roman Catholic (Catholic)
- Orthodox (Greek, Russian, or some other orthodox church)
- Mormon (Church of Jesus Christ of Latter-day Saints/LDS)
- Other Christian
- Judaism (Jewish)
- Islam (Muslim)
- Buddhism
- Hinduism
- Agnosticism
- Atheism
- Other
- Unknown
- Not Applicable

### 18. Does client have prior or current active U.S. military service?
- No
- Yes
- Unknown

### 19. Employment Status (check one - select the first outcome that applies)
- Competitive and integrated employment
- Other employment
- Non-paid work position (volunteer)
- Unemployed and looking for work
- Not In Labor Force: unemployed but not looking for work, retired, homemaker, student, incarcerated, or psychiatric inpatient
- Unknown

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Sheet Number: ____________  Client's Name: ______________________

20. If employed, what are the client's usual hours worked per week? (check one)
   O 1-14 hours  O 35 hours or more  O Not Applicable
   O 15-34 hours  O Unknown

21. Has client attended school, home tutoring, or received education instruction at any time in the past three months?
   O No  O Yes  O Unknown

22. Education Level (check one)
   O No formal education  O Sixth grade  O Vocational and/or trade school
   O Pre-Kindergarten  O Seventh grade  O Some college, no degree
   O Kindergarten  O Eighth grade  O Associate's degree
   O First grade  O Ninth grade  O Bachelor's degree
   O Second grade  O 10th grade  O Graduate degree
   O Third grade  O 11th grade  O Other
   O Fourth grade  O 12th grade, no diploma  O Unknown
   O Fifth grade  O High school diploma or GED

23. Does the child have an IEP for special education services through the school district's Committee on Special Education?
   O No  O Yes  O Unknown  O Not applicable

24. Disability or Disorder
   a. Mental Illness or Emotional Disturbance  O No  O Yes  O Unknown
   b. Intellectual Disability  O No  O Yes  O Unknown
   c. Autism Spectrum  O No  O Yes  O Unknown
   d. Other Developmental Disability (Epilepsy, Cerebral Palsy, Neurological Impairment)  O No  O Yes  O Unknown
   e. Alcohol Related Disorder  O No  O Yes  O Unknown
   f. Drug/Substance Related Disorder  O No  O Yes  O Unknown
   g. Opioid Related Disorder  O No  O Yes  O Unknown
   h. Mobility Impairment  O No  O Yes  O Unknown
   i. Hearing Impairment  O No  O Yes  O Unknown
   j. Visual Impairment  O No  O Yes  O Unknown
   k. Speech Impairment  O No  O Yes  O Unknown

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25. Chronic Medical Condition
   a. Hyperlipidemia (High blood fat/High cholesterol) ☐ No ☐ Yes ☐ Unknown
   b. High Blood Pressure ☐ No ☐ Yes ☐ Unknown
   c. Diabetes ☐ No ☐ Yes ☐ Unknown
   d. Obesity [based on BMI*, if not then subjective judgment] ☐ No ☐ Yes ☐ Unknown
   e. Heart attack ☐ No ☐ Yes ☐ Unknown
   f. Stroke ☐ No ☐ Yes ☐ Unknown
   g. Other Cardiac Condition ☐ No ☐ Yes ☐ Unknown
   h. Pulmonary (Emphysema, Chronic Obstructive Pulmonary Disease, Asthma) ☐ No ☐ Yes ☐ Unknown
   i. Alzheimer's Disease or Dementia ☐ No ☐ Yes ☐ Unknown
   j. Kidney Disease ☐ No ☐ Yes ☐ Unknown
   k. Liver Disease (Cirrhosis, Hepatitis A/B/C) ☐ No ☐ Yes ☐ Unknown
   l. Endocrine Condition (High or Low thyroid, Pituitary disease, Adrenal disease) ☐ No ☐ Yes ☐ Unknown
   m. Progressive neurological condition (Multiple Sclerosis, Cerebral palsy, Amyotrophic lateral sclerosis (ALS)) ☐ No ☐ Yes ☐ Unknown
   n. Traumatic Brain Injury ☐ No ☐ Yes ☐ Unknown
   o. Joint and connective tissue disease (Lupus, Rheumatoid arthritis, Osteoporosis, Osteoarthritis) ☐ No ☐ Yes ☐ Unknown
   p. Cancer ☐ No ☐ Yes ☐ Unknown
   q. Other chronic medical condition(s) not listed above ☐ No ☐ Yes ☐ Unknown

26. In the last 12 months, did client use cannabis (marijuana, weed, pot or hashish) for recreational purposes (not prescribed)?
   ☐ No ☐ Yes ☐ Unknown

27. In the last 12 months, did client use cannabis (marijuana, weed, pot or hashish) for medical purposes?
   ☐ No ☐ Yes ☐ Unknown

28a. In the last 12 months, did client smoke cigarettes, vape or use tobacco products?
   ☐ No ☐ Yes ☐ Unknown

28b. Did client receive a medication or a prescription for medication for smoking cessation from this program in the past year?
   ☐ No ☐ Yes ☐ Unknown

28c. Did client receive counseling for smoking cessation from this program in the past year?
   ☐ No ☐ Yes ☐ Unknown
29. In the last 12 months, did client receive any treatment, counseling or medication for Alcohol Use from this program?
   ○ No  ○ Yes  ○ Unknown

30. In the last 12 months, did client receive any treatment, counseling or medication for any Opiate Related use from this program?
   ○ No  ○ Yes  ○ Unknown

31. In the last 12 months, did client receive any treatment, counseling or medication for any other Drug/Substance Use from this program?
   ○ No  ○ Yes  ○ Unknown

32. Does client have a Serious Mental Illness/Serious Emotional Disturbance?
   ○ No  ○ Yes  ○ Unknown

33. Primary Psychiatric Diagnosis

34. Additional Diagnosis

35. Cash Assistance Benefits
   a. SSI (Supplemental Security Income)  ○ No  ○ Yes  ○ Unknown
   b. SSDI (Social Security Disability Insurance)  ○ No  ○ Yes  ○ Unknown
   c. Veteran’s disability benefits  ○ No  ○ Yes  ○ Unknown
   d. Veteran’s Cash Assistance  ○ No  ○ Yes  ○ Unknown
   e. Public Assistance Cash Program (TANF, Safety Net, etc.)  ○ No  ○ Yes  ○ Unknown
   f. Other cash benefits (pension, SSA retirement, other)  ○ No  ○ Yes  ○ Unknown

36. Health Insurance Coverage
   a. Medicaid  ○ No  ○ Yes  ○ Unknown
      b. If Yes to 36a, is it Managed Care?
         ○ No  ○ Yes  ○ Unknown  ○ Not applicable
   c. Medicare  ○ No  ○ Yes  ○ Unknown
   d. Private Insurance  ○ No  ○ Yes  ○ Unknown
   e. Child Health Plus  ○ No  ○ Yes  ○ Unknown
   f. Other Health Insurance  ○ No  ○ Yes  ○ Unknown

37. Admission Date, Current Episode (If the program does not have an admission date, then Date of Intake is acceptable) (MMDDYYYY format)

   Date:  
   ○ Check here if program does not do formal admission paperwork.
   ○ Check here if unknown admission date.
38. Criminal Justice or Juvenile Justice Status (check one - select the current status that applies).
- None
- Criminal Procedure Law (CPL) 330.20
- Article 10-Sex Offender Management & Treatment (SOMTA)
- NYS Dept. of Correctional Services Prisoner
- County/City Jail, Court Detention or Police Lockup Prisoner (including CPL 730 and CL 508 referrals)
- Parolee (adults)
- Probationer (adults)
- PINS (Person in Need of Supervision)
- Adjudicated Juvenile Delinquent or Offender
- Alternative to Incarceration (ATI) status, Mental Health Court, Court Diversion, Drug Court Treatment
- Other criminal justice status
- Unknown whether or not client has a criminal justice or juvenile justice status

39. Date Last Served Before 10/21/2019 by this Program (MMDDYYYY format)
Date: ____________
- Check here if client was never before served by this program.
- Check here if client’s date last served is unknown.

40. Date of Client Service (select all that apply)
- Oct 21
- Oct 22
- Oct 23
- Oct 24
- Oct 25
- Oct 26
- Oct 27