

Instructions for Patient Characteristics Survey 2005

<p>ITEM 5a & b 5a. First initial, client's first name 5b. First initial, client's last name</p>	<p>ITEM 14. Education Please report <u>current grade</u> for persons currently enrolled in an academic program, and <u>highest grade completed</u> for persons not currently enrolled in an academic program. (choose one response only)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">00. No formal education</td> <td style="width: 50%;">10. Tenth grade</td> </tr> <tr> <td>01. First grade</td> <td>11. 11th grade</td> </tr> <tr> <td>02. Second grade</td> <td>12. 12th grade, no diploma</td> </tr> <tr> <td>03. Third grade</td> <td>13. High school diploma or GED</td> </tr> <tr> <td>04. Fourth grade</td> <td>14. Business, technical training</td> </tr> <tr> <td>05. Fifth grade</td> <td>15. Some college, no degree</td> </tr> <tr> <td>06. Sixth grade</td> <td>16. Associate's degree</td> </tr> <tr> <td> (grammar school graduate)</td> <td>17. Bachelor's degree</td> </tr> <tr> <td>07. Seventh grade</td> <td>18. Graduate degree</td> </tr> <tr> <td>08. Eighth grade</td> <td>19. Other</td> </tr> <tr> <td>09. Ninth grade</td> <td>99. Unknown</td> </tr> </table>	00. No formal education	10. Tenth grade	01. First grade	11. 11th grade	02. Second grade	12. 12th grade, no diploma	03. Third grade	13. High school diploma or GED	04. Fourth grade	14. Business, technical training	05. Fifth grade	15. Some college, no degree	06. Sixth grade	16. Associate's degree	(grammar school graduate)	17. Bachelor's degree	07. Seventh grade	18. Graduate degree	08. Eighth grade	19. Other	09. Ninth grade	99. Unknown																																																										
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<p>ITEM 7. Gender 1 = Male, 2 = Female, 9 = Unknown</p>	<p>ITEM 16. Current Disabilities/Disorders (circle all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">0. None</td> <td style="width: 50%;">4. Alcohol Related Disorder</td> </tr> <tr> <td>1. Mental Illness</td> <td>5. Drug/Substance Related Disorder</td> </tr> <tr> <td>2. Mental Retardation</td> <td>6. Physical Disability</td> </tr> <tr> <td>3. Developmental Disability</td> <td>9. Unknown</td> </tr> </table>	0. None	4. Alcohol Related Disorder	1. Mental Illness	5. Drug/Substance Related Disorder	2. Mental Retardation	6. Physical Disability	3. Developmental Disability	9. Unknown																																																																								
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<p>ITEM 8. Hispanic Ethnicity (circle one response only)</p> <p>0. No, not Hispanic/Latino 1. Yes, Hispanic/Latino 9. Unknown</p>	<p>ITEM 17. Severe and Persistent Mental Illness/ Serious Emotional Disturbance (circle one)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">0. No</td> <td style="width: 33%;">1. Yes</td> <td style="width: 33%;">9. Unknown</td> </tr> </table>	0. No	1. Yes	9. Unknown																																																																													
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<p>ITEM 10a. Residence Type (choose one response only) If client is either an inpatient, in an RTF, or incarcerated then provide residence type PRIOR to incarceration/admission.</p> <p>01. Private residence (home/apartment), rooming house, hotel, SRO 02. Licensed mental health housing program (e.g., community residence, crisis residence, family based treatment, family care) 03. Adult home (DOH licensed residential program for adults) 04. NYS Office of Children & Family Services (OCFS) foster care 05. Institutional setting for youth (OCFS, DSS, or Juvenile Justice Facility) 06. Youth community-based residence (OCFS, DSS, NYSED). 07. Nursing or health-related facility (nursing home, skilled nursing facility) 08. Homeless (e.g., shelter, street, transitional living center) 09. Other 99. Unknown</p>	<p>ITEM 19a. Principal Psychiatric Diagnosis (enter 5 Digit Diagnostic Code)</p> <p>ITEM 19b. Additional Diagnosis (enter 5 Digit Diagnostic Code) The 2nd most important to the focus of treatment.</p>																																																																																
<p>ITEM 10b. Residence Zip Code 5 Digit Zip Code for Client's Residence Type</p> <p>88888 = Homeless 99999 = Unknown</p>	<p>ITEM 20a. Cash Assistance Benefits (circle all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">0. No Cash Assistance</td> <td style="width: 50%;">4. Veterans' Cash Assistance</td> </tr> <tr> <td>1. SSI (Supplemental Security Income)</td> <td>5. Other</td> </tr> <tr> <td>2. SSDI (Social Security Disability Insurance)</td> <td>9. Unknown</td> </tr> <tr> <td>3. Public assistance cash program (TANF, Safety Net, etc)</td> <td></td> </tr> </table>	0. No Cash Assistance	4. Veterans' Cash Assistance	1. SSI (Supplemental Security Income)	5. Other	2. SSDI (Social Security Disability Insurance)	9. Unknown	3. Public assistance cash program (TANF, Safety Net, etc)																																																																									
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<p>ITEM 10d. Household composition (circle all that apply)</p> <p>0. Not applicable, client is not in a private residence (i.e., client has not chosen outcome #1 for Residence Type question.)</p> <p>1. Client lives alone 2. Client's child, stepchild, foster child or grandchild 3. Client's parent 4. Client's spouse or domestic partner 5. Other relatives of client not specified above 6. Other people unrelated to client 9. Unknown</p>	<p>ITEM 20c. Is client enrolled in an HMO or Managed Care? (circle one response only)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">0. No</td> <td style="width: 33%;">1. Yes</td> <td style="width: 33%;">9. Unknown</td> </tr> </table>	0. No	1. Yes	9. Unknown																																																																													
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<p>ITEM 10e. Does client have minor children? (circle one response only)</p> <p>0. No 1. Yes 9. Unknown</p>	<p>ITEM 21. Admission Date, Current Episode If program does formal admission paperwork. OR If program does not do formal admission paperwork</p> <table style="margin-left: 100px; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table> <p style="text-align: right;">enter 77777777</p>									M	M	D	D	Y	Y	Y	Y																																																																
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<p>ITEM 11. Primary Language (choose one response only)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">01. English</td> <td style="width: 33%;">07. Italian</td> <td style="width: 33%;">13. Yiddish</td> </tr> <tr> <td>02. Spanish</td> <td>08. Japanese</td> <td>14. German</td> </tr> <tr> <td>03. Chinese</td> <td>09. Russian</td> <td>15. Polish</td> </tr> <tr> <td>04. Creole</td> <td>10. Vietnamese</td> <td>16. Sign Language</td> </tr> <tr> <td>05. French</td> <td>11. Korean</td> <td>17. Other</td> </tr> <tr> <td>06. Greek</td> <td>12. Indic (e.g., Hindi, Urdu, Sindi)</td> <td>99. Unknown</td> </tr> </table>	01. English	07. Italian	13. Yiddish	02. Spanish	08. Japanese	14. German	03. Chinese	09. Russian	15. Polish	04. Creole	10. Vietnamese	16. Sign Language	05. French	11. Korean	17. Other	06. Greek	12. Indic (e.g., Hindi, Urdu, Sindi)	99. Unknown	<p>ITEM 22. Source of Referral (choose one response only)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">01. Self, family, or friend</td> <td style="width: 50%;">12. Other medical care provider</td> </tr> <tr> <td>02. State psychiatric center inpatient unit</td> <td>13. Facility for the mentally retarded/developmentally disabled</td> </tr> <tr> <td>03. General or certified hospital psychiatric inpatient</td> <td>14. Alcohol or substance abuse program</td> </tr> <tr> <td>04. Residential treatment facility for children & youth</td> <td>15. School/educational system</td> </tr> <tr> <td>05. Local AOT Coordinator</td> <td>16. Juvenile justice system</td> </tr> <tr> <td>06. Single Point of Access (SPOA)</td> <td>17. Adult criminal justice system</td> </tr> <tr> <td>07. Mental health noninpatient residential program</td> <td>18. Family court</td> </tr> <tr> <td>08. Mental health outpatient program</td> <td>19. Shelter for homeless</td> </tr> <tr> <td>09. Emergency program or general hospital emergency room</td> <td>20. Other non-mental health community service provider</td> </tr> <tr> <td>10. CSP nonresidential program</td> <td>21. Other</td> </tr> <tr> <td>11. Local mental health practitioner</td> <td>99. Unknown</td> </tr> </table>	01. Self, family, or friend	12. Other medical care provider	02. State psychiatric center inpatient unit	13. Facility for the mentally retarded/developmentally disabled	03. General or certified hospital psychiatric inpatient	14. Alcohol or substance abuse program	04. Residential treatment facility for children & youth	15. School/educational system	05. Local AOT Coordinator	16. Juvenile justice system	06. Single Point of Access (SPOA)	17. Adult criminal justice system	07. Mental health noninpatient residential program	18. Family court	08. Mental health outpatient program	19. Shelter for homeless	09. Emergency program or general hospital emergency room	20. Other non-mental health community service provider	10. CSP nonresidential program	21. Other	11. Local mental health practitioner	99. Unknown																																								
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<p>ITEM 12. Does client have prior active U.S. military service? (circle one response only)</p> <p>0. No 1. Yes 9. Unknown</p>	<p>ITEM 23. Criminal Justice or Juvenile Justice Status (choose one response only)</p> <p>Clients referred for OMH Family Court evaluations are not criminal justice clients.</p> <p>00. Not a criminal justice nor juvenile justice client 01. Police pickup prisoner 02. County/City Jail or Court Detention Prisoner 03. NYS Dept. of Correctional Services Prisoner 04. Adjudicated Juvenile Delinquent or Juvenile Offender in juvenile justice facility 05. Adjudicated PINS (Person in Need of Supervision) or Juvenile Delinquent in youth residential facility other than juvenile justice facility 06. Adjudicated Juvenile Delinquents or PINS on OCFS Aftercare 07. Probationer (adults, Juvenile Delinquents and PINS on probation) 08. Parolee (adults and Juvenile Offenders on parole) 09. Criminal Procedure Law (CPL) 330.20 Order of Conditions & Order of Release 10. On bail, released on own recognizance (ROR), conditional discharge 11. Alternative to incarceration (ATI) status, Mental Health Court, PINS Diversion 12. Under arrest 99. Unknown whether or not client has a criminal justice or juvenile justice status</p>																																																																																
<p>ITEM 13. Current Employment Status (choose one response only)</p> <p>01. Competitive employment (employer-paid position) with no formal supports 02. Competitive employment (employer-paid position) with ongoing supports 03. Community-integrated employment run by a state or local agency (agency-funded positions only) 04. Non-integrated employment run by state or local agency (Sheltered Workshop, Affirmative Businesses, Enclaves, Mobile Work Crews) 05. Sporadic or casual employment for pay (includes odd jobs) 06. Non-paid work position (volunteer) 07. Unemployed, looking for work 08. Not In Labor Force : retired, homemaker, student, incarcerated 09. Not In Labor Force : disabled, psychiatric inpatient 99. Unknown</p>	<p>ITEM 24. Date Last Served Before 10/31/05 by THIS Program</p> <p>00000000 = client has never been served before in this program 99999999 = unknown when this client was last served by this program</p>																																																																																
<p>ITEM 25. Date of Client Service (circle all that apply) Circle the date(s) the client was seen during the survey week.</p>																																																																																	