

Patient Characteristics Survey 2009

for the week of 10/26/09 – 11/01/09

This form is for informational purposes only. Please do not submit paper forms to OMH. All data must be submitted through the PCS web application.

(8/11/2009)

1a. Facility Code		1b. Facility Name	
2. Unit Code	3a. Site Code	3b. Unit Site Name	
4a. Program Code		4b. Program Name	
5a. First Initial, First Name		5b. First Initial, Last Name	6. Date of Birth <i>mm dd yyyy</i>
		7. Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown	
8. Hispanic Ethnicity (<i>Select one</i>) <input type="checkbox"/> 0. No, not Hispanic/Latino <input type="checkbox"/> 1. Yes, Hispanic/Latino <input type="checkbox"/> 9. Unknown		9 Race (<i>Select all that apply</i>) <input type="checkbox"/> a. White <input type="checkbox"/> d. American Indian/Alaska Native <input type="checkbox"/> b. Black/African American <input type="checkbox"/> e. Native Hawaiian/Other Pacific Islander <input type="checkbox"/> c. Asian <input type="checkbox"/> f. Other <input type="checkbox"/> g. Unknown	
10a Current Living Situation (<i>Select the living situation where client is currently located</i>) <input type="checkbox"/> 01. Private residence (home, apartment, rooming house, hotel, motel, supported housing, supported Single Room Occupancy (SRO), permanent/transient housing programs, and shelter plus care housing) <input type="checkbox"/> 02. Inpatient setting or Children's Residential Treatment Facility (RTF) <input type="checkbox"/> 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 <input type="checkbox"/> 04. Adult home (DOH licensed residential program for adults) <input type="checkbox"/> 05. NYS Office of Children & Families (OCFS) foster home <input type="checkbox"/> 06. Institutional setting for youth (OCFS, local Dept. of Social Services (DSS), or Juvenile Justice Facility) <input type="checkbox"/> 07. Youth community-based residence (OCFS, local DSS NYS Education Dept. (NYSED)) <input type="checkbox"/> 08. Nursing or health-related facility (nursing home, skilled nursing facility) <input type="checkbox"/> 09. Homeless (e.g., shelter, street, transitional living center) <input type="checkbox"/> 10. Incarcerated <input type="checkbox"/> 11. Other (e.g., non-OMH residential care such as group home or halfway house) <input type="checkbox"/> 99. Unknown			
10b. Was Client Homeless in Shelter or on Street at any time within the past 6 months? (<i>Select one</i>) <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 9. Unknown			
10c. County of Residence (<i>Enter County for Client's Current Living Situation</i>)		10d. Residence Zip Code (<i>Enter 5 Digit Zip Code for Client's Current Living Situation</i>) Homeless=88888 Unknown=99999	
10e. Household Composition (<i>Select all that apply</i>) <input type="checkbox"/> 1. Not applicable, client is not in a private residence <input type="checkbox"/> 2. Client lives alone <input type="checkbox"/> 3. Client's child, stepchild, foster child or grandchild <input type="checkbox"/> 4. Client's parent <input type="checkbox"/> 5. Client's sibling(s) <input type="checkbox"/> 6. Client's spouse or domestic partner <input type="checkbox"/> 7. Other relatives of client not specified above <input type="checkbox"/> 8. Other people unrelated to client <input type="checkbox"/> 9. Unknown		10f. Parental Status (<i>Select one</i>) <input type="checkbox"/> 0. No children <input type="checkbox"/> 2. Has minor children, in client's custody <input type="checkbox"/> 1. Client has children, but all children are over 18 yrs old <input type="checkbox"/> 3. Has minor children, not in client's custody <input type="checkbox"/> 9. Unknown	
		11. Primary Language (<i>Select one</i>) <input type="checkbox"/> 01. English <input type="checkbox"/> 06. Greek <input type="checkbox"/> 11. Korean <input type="checkbox"/> 15. Polish <input type="checkbox"/> 02. Spanish <input type="checkbox"/> 07. Italian <input type="checkbox"/> 12. Indic (e.g., Hindi, Urdu, Sindhi) <input type="checkbox"/> 16. Hebrew <input type="checkbox"/> 03. Chinese <input type="checkbox"/> 08. Japanese <input type="checkbox"/> 13. Yiddish <input type="checkbox"/> 17. Arabic <input type="checkbox"/> 04. Creole <input type="checkbox"/> 09. Russian <input type="checkbox"/> 14. German <input type="checkbox"/> 18. Sign Language <input type="checkbox"/> 05. French <input type="checkbox"/> 10. Vietnamese <input type="checkbox"/> 19. Other	
		12. Does client have prior active U.S. military service? (<i>Select one</i>) <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes <input type="checkbox"/> 9. Unknown	
13. Current Employment Status (<i>Select one</i>) <input type="checkbox"/> 01. Competitive employment (employer-paid position) with no formal supports <input type="checkbox"/> 06. Non-paid work position (volunteer) <input type="checkbox"/> 02. Competitive employment (employer-paid position) with ongoing supports <input type="checkbox"/> 07. Unemployed, looking for work <input type="checkbox"/> 03. Community-integrated employment run by a state or local agency (agency-funded positions only) <input type="checkbox"/> 08. Not In Labor Force: retired, homemaker, student, incarcerated <input type="checkbox"/> 04. Non-integrated employment run by state or local agency (Sheltered Workshop, Affirmative Businesses, Enclaves, Mobile Work Crews) <input type="checkbox"/> 09. Not In Labor Force: disabled, psychiatric inpatient <input type="checkbox"/> 05. Sporadic or casual employment for pay (includes odd jobs) <input type="checkbox"/> 99. Unknown			
14. Education (<i>Select current grade level for persons currently enrolled in an academic program, and highest grade completed for persons not currently enrolled in an academic program.</i>) <input type="checkbox"/> 00. No formal education <input type="checkbox"/> 06. Sixth grade (grammar school graduate) <input type="checkbox"/> 12. 12th grade, no diploma <input type="checkbox"/> 18. Graduate degree <input type="checkbox"/> 01. First grade <input type="checkbox"/> 07. Seventh grade <input type="checkbox"/> 13. High school diploma or GED <input type="checkbox"/> 19. Other <input type="checkbox"/> 02. Second grade <input type="checkbox"/> 08. Eighth grade <input type="checkbox"/> 14. Business, technical training <input type="checkbox"/> 99. Unknown <input type="checkbox"/> 03. Third grade <input type="checkbox"/> 09. Ninth grade <input type="checkbox"/> 15. Some college, no degree <input type="checkbox"/> 04. Fourth grade <input type="checkbox"/> 10. Tenth grade <input type="checkbox"/> 16. Associate's degree <input type="checkbox"/> 05. Fifth grade <input type="checkbox"/> 11. 11th grade <input type="checkbox"/> 17. Bachelor's degree			

