

Patient Characteristics Survey 2005

Survey for the week ending 11/6/05

26. Sheet

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 of _____

1a. Facility Code		1b. Facility Name					
2a. Unit Code	2b. Site Code	3. Unit Site Name					
4a. Program Code		4b. Program Name					

For Codes Not Labeled Below, Please See Back of Form.

5a. First Initial, First Name <input style="width: 20px; height: 20px;" type="text"/>	5b. First Initial, Last Name <input style="width: 20px; height: 20px;" type="text"/>	6. Date of Birth <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>									M	M	D	D	Y	Y	Y	Y	7. Gender (circle one) 1 2 9 M F Unknown
M	M	D	D	Y	Y	Y	Y												

8. Hispanic Ethnicity (circle one) 0 No, not Hispanic/Latino 1 Yes, Hispanic/Latino 9 Unknown	9. Race (circle all that apply) 1 White 2 Black/African Amer 3 Asian 4 Amer Indian Alaska Native 5 Native Hawaiian/Other Pacific Islander 6 Other 9 Unknown
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10a. Residence Type Own Home/Apt = 01 Unknown = 99 <input style="width: 20px; height: 20px;" type="text"/>	10b. Residence Zip Code Unknown = 99999 Homeless = 88888 <input style="width: 20px; height: 20px;" type="text"/>	10c. County of Residence NYS County Unknown = 70 Unascertained = 99 <input style="width: 20px; height: 20px;" type="text"/>
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10d. Household Composition (circle all that apply) 0 Not Applicable 1 Lives Alone 2 With Child 3 With Parent 4 Spouse, Partner 5 Other Relatives 6 Others Unrelated 9 Unknown	10e. Does Client Have Minor Children? (circle one) 0 No 1 9 Unknown
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11. Primary Language Unknown = 99 <input style="width: 20px; height: 20px;" type="text"/>	12. Does Client Have Prior Active U.S. Military Service? (circle one) 0 No 1 Yes 9 Unknown	13. Current Employment Status Unknown = 99 <input style="width: 20px; height: 20px;" type="text"/>
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14. Education Unknown = 99 <input style="width: 20px; height: 20px;" type="text"/>	15. Does Client Receive Special Education Services? (circle one) 0 Not Applicable 1 2 9 Unknown
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16. Current Disabilities/Disorders (circle all that apply) 0 None 1 MI 2 3 Developmental Disability 4 Alcohol Related Disorder 5 Drug/Subst Related Disorder 6 Physical Disability 9 Unknown	17. SPMI or SED (circle one) 0 No 1 Yes 9 Unknown
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18. Global Assessment of Functioning (GAF) Rating Unknown = 00 <input style="width: 20px; height: 20px;" type="text"/>	19a. Principal Psychiatric Diagnosis <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	19b. Additional Diagnosis <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>
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20a. Cash Assistance Benefits (circle all that apply) None 1 SSI 2 SSDI 3 Public Assistance 4 Veterans 5 Other 9 Unknown
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20b. Health Insurance Coverage (circle all that apply) 0 None 1 Medicaid 2 Medicare 3 Private Insurance 4 Child Health Plus 5 Family Health Plus 6 Other 9 Unknown	20c. Is Client Enrolled in an HMO or Managed Care? 0 No 1 Yes 9 Unknown
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21. Date of Admission, Current Episode: If program does formal admission paperwork, enter admission date for current episode of treatment, or, if program does not do formal admission paperwork, enter 7777777. <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>									M	M	D	D	Y	Y	Y	Y
M	M	D	D	Y	Y	Y	Y									

22. Source of Referral Unknown = 99 <input style="width: 20px; height: 20px;" type="text"/>	23. Criminal Justice or Juvenile Justice Status Not CJ/JJ Client = 00 Unknown = 99 <input style="width: 20px; height: 20px;" type="text"/>
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24. Date Last Served Before 10/31/2005 by THIS Program Never = 00000000 Unknown = 99999999 <table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>									M	M	D	D	Y	Y	Y	Y	25. Circle Date(s) of Client Service During Survey Week (circle all that apply) Oct 31 Nov 1 Nov 2 Nov 3 Nov 4 Nov 5 Nov 6
M	M	D	D	Y	Y	Y	Y										

Contact Name	Phone ()
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Client Name	Facility/Unit/Site Code	Sheet <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> of _____				