

## CalOMS Admission

The paper version should only be used as a supporting document during urgent occasions such as a power outage or Sage system down, and the data must be submitted electronically. SAPC does not accept paper or scanned versions of CalOMS submissions.

Client Identification and Demographic Data			
Cal OMS Submission Details			
<b>1.1. Admission Date</b> <input style="width: 100%;" type="text"/>		<b>Unique Participant ID:</b> <i>(Skip this question)</i>	
<b>1.2. Location of Admission</b> <i>Please specify your location</i>		<b>Flag for Cal-OMS Submission</b> <i>(Default: Yes)</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Yes ▼</div>	
<b>1.3. Level Of Care Admitted</b> * <ul style="list-style-type: none"> <li>ASAM 0.5 (Youth and Young Adults 12-20 Only)</li> <li>Outpatient Services</li> <li>Intensive Outpatient</li> <li>Residential-3.1 (Clinically Managed Low Intensity Residential)</li> <li>Residential-3.3 (Clinically Managed Population-Specific High Intensity Residential)</li> <li>Residential-3.5 (Clinically Managed High Intensity Residential)</li> <li>Inpatient 3.7-(Medically Monitored Intensive Inpatient Services)</li> <li>Inpatient 4.0-(Medically Managed Intensive Inpatient Service)</li> <li>Opioid Treatment Program</li> <li>Withdraw Management-1 (Ambulatory Withdrawal Management without Extended On-Site Monitoring)</li> <li>Withdraw Management-2 (Ambulatory Withdrawal Management with Extended On-Site Monitoring)</li> <li>Withdraw Management-3.2 (Clinically Managed Residential Withdrawal Management)</li> <li>Inpatient Withdraw Management-3.7 (Medically Monitored Intensive Inpatient Services)</li> <li>Inpatient Withdraw Management-4.0 (Medically Managed Intensive Inpatient Service)</li> <li>Recovery Support Services</li> <li><del>RBH</del> <i>(do not choose this one)</i></li> </ul>		<b>Flag for Resubmission</b> <i>(Default: No)</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;">No ▼</div>	
<b>Cal-OMS Type of Service</b> <i>(Skip this question)</i>			
<b>1.4. Record to be Submitted:</b> <ul style="list-style-type: none"> <li><del>Admission Delete</del> <i>(do not select)</i></li> <li><del>Admission Update</del> <i>(do not select)</i></li> <li>Admission</li> <li><del>Correction to Admission</del> <i>(do not select)</i></li> <li><del>None</del> <i>(do not select)</i></li> </ul>		<b>Form Serial Number</b> <i>(Skip this question)</i>	
Client Identification			
<b>1.5. Birth Last Name</b> <i>(Auto-populated from "Admission (Outpatient)" Form)</i>  <i>Any corrections should be made in the "Admission (Outpatient)" form BEFORE completing the CalOMS Admission form.</i>	<b>1.6. Birth First Name</b> <i>(Auto-populated from "Admission (Outpatient)" Form)</i>  <i>Any corrections should be made in the "Admission (Outpatient)" form BEFORE completing the CalOMS Admission form.</i>	<b>1.7. Place of Birth – State</b> <i>(Write down a state name) OR CHOOSE:</i> <ul style="list-style-type: none"> <li>Other (born outside of U.S.)</li> </ul>	<b>1.8. Place of Birth – County</b> <i>(Write down a California county name) OR CHOOSE:</i> <ul style="list-style-type: none"> <li>Other (born outside of CA)</li> </ul>

<b>1.9. Current Last Name</b> <input style="width: 100%;" type="text"/>	<b>1.10. Current First Name</b> <input style="width: 100%;" type="text"/>	<b>1.11. Driver's License State</b> <i>(Write down the state name) OR CHOOSE:</i> <ul style="list-style-type: none"> <li>None or not applicable</li> <li>Client declined to state</li> <li>Client unable to answer (only applicable when client is in detox or developmentally disabled)</li> </ul>	<b>1.12. Driver's License Number</b> <input style="width: 100%;" type="text"/>																									
<b>1.13. Social Security Number</b> <i>(nine-digit number with dash)</i> <input style="width: 100%;" type="text"/>	<b>1.14. Zip Code At Current Residence</b> <i>(five-digit number. 00000 for homeless client)</i> <input style="width: 100%;" type="text"/>	<b>1.15. Mother's First Name</b> <input style="width: 100%;" type="text"/>																										
Race																												
<b>1.16. What is your race?</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%;">Alaskan Native</td> <td style="width: 33%;">Guamanian</td> <td style="width: 33%;">Mixed Race → <i>(Go to Q1.16a &amp; Q1.16b)</i></td> </tr> <tr> <td>American Indian</td> <td>Hawaiian</td> <td>Other Asian</td> </tr> <tr> <td>Armenian</td> <td>Filipino</td> <td rowspan="2">Other Race (Specify) → <i>(Go to Q1.16f)</i></td> </tr> <tr> <td>Asian Indian</td> <td>Japanese</td> </tr> <tr> <td>Black/African American</td> <td>Korean</td> <td>Samoan</td> </tr> <tr> <td>Cambodian</td> <td>Iranian</td> <td>Thai</td> </tr> <tr> <td>Chinese</td> <td>Laotian</td> <td>Vietnamese</td> </tr> <tr> <td></td> <td>Middle Eastern</td> <td>White/Caucasian</td> </tr> </table> <p><i>If "Mixed Race" is chosen, must fill out Race 1 and Race 2. If there are more than 2, 3, or 4 races, must fill out Race 3-Race 5, as applicable.</i></p>			Alaskan Native	Guamanian	Mixed Race → <i>(Go to Q1.16a &amp; Q1.16b)</i>	American Indian	Hawaiian	Other Asian	Armenian	Filipino	Other Race (Specify) → <i>(Go to Q1.16f)</i>	Asian Indian	Japanese	Black/African American	Korean	Samoan	Cambodian	Iranian	Thai	Chinese	Laotian	Vietnamese		Middle Eastern	White/Caucasian	<b>1.16a. Race 1</b> <i>(Specify a race)</i> <input style="width: 100%;" type="text"/>		
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			<b>1.16b. Race 2</b> <i>(Specify a race that is not chosen in Race 1)</i> <input style="width: 100%;" type="text"/>																									
			<b>1.16c. Race 3</b> <i>(If more than 2 races, specify a race that is not chosen in Race 1 or 2)</i> <input style="width: 100%;" type="text"/>																									
			<b>1.16d. Race 4</b> <i>(If more than 3 races, specify a race that is not chosen in Race 1,2,3)</i> <input style="width: 100%;" type="text"/>																									
			<b>1.16e. Race 5</b> <i>(If more than 4 races, specify a race that is not chosen in Race 1,2,3,4)</i> <input style="width: 100%;" type="text"/>																									
<b>1.16f. Other Race (Specify)</b> <input style="width: 100%;" type="text"/>																												
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<b>1.17. Ethnicity</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 16.6%;">Belizean</td> <td style="width: 16.6%;">Mexican /</td> <td style="width: 16.6%;">Other</td> <td style="width: 16.6%;">South</td> </tr> <tr> <td>Costa Rican</td> <td>Mexican</td> <td>Hispanic/</td> <td>American</td> </tr> <tr> <td>Cuban</td> <td>American</td> <td>Latino</td> <td>(Specify)</td> </tr> <tr> <td>Dominican</td> <td>Nicaraguan</td> <td>Panamanian</td> <td>→ <i>(Go to Q1.17a)</i></td> </tr> <tr> <td>Guatemalan</td> <td>Not Hispanic</td> <td>Puerto Rican</td> <td></td> </tr> <tr> <td>Honduran</td> <td></td> <td>Salvadoran</td> <td></td> </tr> </table>				Belizean	Mexican /	Other	South	Costa Rican	Mexican	Hispanic/	American	Cuban	American	Latino	(Specify)	Dominican	Nicaraguan	Panamanian	→ <i>(Go to Q1.17a)</i>	Guatemalan	Not Hispanic	Puerto Rican		Honduran		Salvadoran		<b>1.17a. South American (Specify)</b> <input style="width: 100%;" type="text"/>
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<b>1.18. What is your marital status?</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%;">Divorced</td> <td style="width: 33%;">Separated</td> <td style="width: 33%;">Widowed</td> </tr> <tr> <td>Married</td> <td>Single (Never Married)</td> <td></td> </tr> </table>				Divorced	Separated	Widowed	Married	Single (Never Married)																				
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Married	Single (Never Married)																											
<b>1.19. What is the primary language you speak at home?</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 16.6%;">Arabic</td> <td style="width: 16.6%;">Farsi</td> <td style="width: 16.6%;">Other Primary</td> <td style="width: 16.6%;">Russian</td> </tr> <tr> <td>Armenian</td> <td>Hmong</td> <td>Language</td> <td>Spanish</td> </tr> <tr> <td>Cantonese</td> <td>Khmer</td> <td>(Specify)</td> <td>Tagalog</td> </tr> <tr> <td>Chinese</td> <td>Korean</td> <td>→ <i>(Go to Q1.19a)</i></td> <td>Vietnamese</td> </tr> <tr> <td>English</td> <td>Mandarin</td> <td></td> <td></td> </tr> </table>			Arabic	Farsi	Other Primary	Russian	Armenian	Hmong	Language	Spanish	Cantonese	Khmer	(Specify)	Tagalog	Chinese	Korean	→ <i>(Go to Q1.19a)</i>	Vietnamese	English	Mandarin			<b>1.19a. Other Primary Language (Specify)</b> <input style="width: 100%;" type="text"/>					
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Cantonese	Khmer	(Specify)	Tagalog																									
Chinese	Korean	→ <i>(Go to Q1.19a)</i>	Vietnamese																									
English	Mandarin																											
<b>1.20. How well do you speak English?</b> <ol style="list-style-type: none"> <li>1. Very well</li> <li>2. Well</li> <li>3. Somewhat well</li> <li>4. Not well</li> <li>5. Not at all</li> </ol>																												

<b>1.21. What language do you prefer to receive treatment services in?</b>				<b>1.21a. Other Preferred Language (Specify)</b>											
Arabic	Farsi	Other Preferred Language (Specify) → (Go to Q1.21a)	Russian												
Armenian	Hmong		Spanish												
Cantonese	Khmer		Tagalog												
Chinese	Korean		Vietnamese												
English	Mandarin														
<b>Veteran Consent and Disability Data</b>															
<b>1.22. Veteran</b>			<b>1.24. Disability</b> (Choose all that apply. If “None” is selected, no other values can be selected)												
<ul style="list-style-type: none"> <li>No</li> <li>Client declined to state</li> </ul>			<ul style="list-style-type: none"> <li>Yes</li> <li>Client unable to answer</li> </ul>												
<b>1.23. Consent</b> (Default: No)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">None</td> <td style="width: 50%;">Mental</td> </tr> <tr> <td>Visual</td> <td>Developmentally Disabled</td> </tr> <tr> <td>Hearing</td> <td>Other</td> </tr> <tr> <td>Speech</td> <td>Client declined to state</td> </tr> <tr> <td>Mobility</td> <td>Client unable to answer</td> </tr> </table>			None	Mental	Visual	Developmentally Disabled	Hearing	Other	Speech	Client declined to state	Mobility	Client unable to answer
None	Mental														
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Hearing	Other														
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<ul style="list-style-type: none"> <li>No</li> <li>Yes</li> </ul>															
<b>Sexual History</b>															
<b>1.25. When you have sex, do you wear condoms? )</b>															
1. Always															
2. Often															
3. Sometimes															
4. Rarely															
5. Never															
Client Declined to Answer															
<b>Transaction Data</b>															
<b>2.1. Admission Transaction Type</b> (Skip this question)															
<b>Admission Data</b>															
<b>3.1. Proposition 36 Participant?</b>			<b>3.5. Is the client a Medi-Cal beneficiary (eligibility determined)?</b>												
<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>			<ul style="list-style-type: none"> <li>No → (Go to Q3.8)</li> <li>Pending → (Go to Q3.7)</li> <li>Yes → (Go to Q3.7)</li> </ul>												
<b>3.2. What is your Principal Source of Referral?</b> (Choose one)			<b>3.6. CIN</b> (Write Pending if Q3.5 was answered “Pending”) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>												
12 Step Mutual Aid		Individual includes self-referral													
2nd Chance Women’s Court		Misdemeanor Drug Treatment Program													
Adult Felon Drug Court		<del>My Health LA</del>													
Alcohol/Drug Abuse Program (Including previous level of care)		Non-SACPA Court/Criminal Justice													
Child Protective Services		Other Community Referral													
Client Engagement Navigation Services (CENS)		Other Health Care Provider													
Co-occurring Drug Court		PC1210													
Community Collaborative Court		Post-release Community Supervision (AB 109)													
DCFS		SACPA/Prop 36/OTP/Probation or Parole													
Dependency Drug Court		School/Educational													
DMH		Sentence Offender Drug Court													
DPSS		Substance Abuse Service Helpline (SASH)													
DUI/DWI		Superior Court													
Employer/EAP		Title IV-E Substance Abuse Demonstration Project													
Family Dependency Drug Court		Whole Person Care (WPC)													
Harm Reduction Agency/Syringe Services															
<b>3.3. Days Waited to Enter Treatment</b>		<b>3.4. Number of Prior Episodes</b>													
<div style="border: 1px solid black; width: 50px; height: 20px;"></div>		<div style="border: 1px solid black; width: 50px; height: 20px;"></div>													

### 3.7. Other Funding Programs (Choose all that apply)

Choose all programs that apply.

- AB109
- Adult Drug Court
- CalWORKs (API)
- CalWORKs Detox
- CalWORKs Family Solution Center
- CalWORKs
- DCFS-PSSF (TLFRG)
- Family Dependency Drug Court
- General Relief
- Juvenile In Custody Probation Camp
- My Health LA
- None
- Perinatal Service
- Private Pay
- Probation / Day Reporting Center
- Probation JJCPA
- Probation Title IV E
- Prop 47
- Prop 57
- Women Children's Residential Treatment

### 3.8. CalWORKs Recipient (System provides default answer based on response to Q3.7)

### 3.9. Substance Abuse Treatment Under CalWORKs (System provides default answer based on response to Q3.7)

**3.10. Is the client in or being admitted to Recovery Bridge Housing?**

- No
- Yes

**3.11. Field Based Services** (“Yes” is only for Outpatient, Intensive Outpatient, and Recovery Support Service; and can only be delivered in designated and SAPC approved sites).

- No  $\rightarrow$  (Go to Q3.14)
- Yes  $\rightarrow$  (Go to Q3.12 & Q3.13)

**3.12. Type of Field Based Services (choose all that apply)**

Alcohol Drug Testing
Assessment (Triage, Continuum)
Case Management
Collateral Services
Crisis Intervention
Discharge services
Family Therapy
Group counseling
Individual counseling
Medication services
Patient education
Physical exam
Treatment plan

**3.13. Field Based Services Location, please specify:**

**3.13a. Other Field Based Location (Specify)**

\_\_\_\_\_

### 3.14. JJCPA/Schiff-Cardenas (Youth only)

- No
- Yes

**3.15. How good are you at taking care of personal responsibilities (e.g., paying bills, following through on personal or professional commitments)? (from 1 --> not good at all to 10 --> very good)**

	( )	8	18
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Alcohol And Drug Use																																																					
Primary and Secondary Drug Use																																																					
<b>4.1. Primary Drug (Code)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Alcohol → (Go to Q4.3)</td> <td style="width: 33%;">Non-Prescription Methadone → (Go to Q4.3)</td> <td style="width: 33%;">Other Tranquilizers</td> </tr> <tr> <td>Barbiturates</td> <td>Other (specify)</td> <td>Over-the-Counter</td> </tr> <tr> <td>Cocaine / Crack → (Go to Q4.3)</td> <td>Other Amphetamines</td> <td>OxyCodone / OxyContin → (Go to Q4.3)</td> </tr> <tr> <td>Ecstasy → (Go to Q4.3)</td> <td>Other Club Drugs</td> <td>PCP → (Go to Q4.3)</td> </tr> <tr> <td>Heroin → (Go to Q4.3)</td> <td>Other Hallucinogens</td> <td>Tranquilizers (Benzodiazepine)</td> </tr> <tr> <td>Inhalants</td> <td>Other Opiates and Synthetics</td> <td>Unknown → (Go to Q4.3)</td> </tr> <tr> <td>Marijuana / Hashish → (Go to Q4.3)</td> <td>Other Sedatives or Hypnotics</td> <td></td> </tr> <tr> <td>Methamphetamines → (Go to Q4.3)</td> <td>Other Stimulants</td> <td></td> </tr> </table>			Alcohol → (Go to Q4.3)	Non-Prescription Methadone → (Go to Q4.3)	Other Tranquilizers	Barbiturates	Other (specify)	Over-the-Counter	Cocaine / Crack → (Go to Q4.3)	Other Amphetamines	OxyCodone / OxyContin → (Go to Q4.3)	Ecstasy → (Go to Q4.3)	Other Club Drugs	PCP → (Go to Q4.3)	Heroin → (Go to Q4.3)	Other Hallucinogens	Tranquilizers (Benzodiazepine)	Inhalants	Other Opiates and Synthetics	Unknown → (Go to Q4.3)	Marijuana / Hashish → (Go to Q4.3)	Other Sedatives or Hypnotics		Methamphetamines → (Go to Q4.3)	Other Stimulants		<b>4.6. Secondary Drug (Code) (If "None", go to Q4.11)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Alcohol → (Go to Q4.8)</td> <td style="width: 33%;">Non-Prescription Methadone → (Go to Q4.8)</td> <td style="width: 33%;">Other Stimulants</td> </tr> <tr> <td>Barbiturates</td> <td>None → (Go to Q4.11)</td> <td>Other Tranquilizers</td> </tr> <tr> <td>Cocaine / Crack → (Go to Q4.8)</td> <td>Other (specify)</td> <td>Over-the-Counter</td> </tr> <tr> <td>Ecstasy → (Go to Q4.8)</td> <td>Other Amphetamines</td> <td>OxyCodone / OxyContin → (Go to Q4.8)</td> </tr> <tr> <td>Heroin → (Go to Q4.8)</td> <td>Other Club Drugs</td> <td>PCP → (Go to Q4.8)</td> </tr> <tr> <td>Inhalants</td> <td>Other Hallucinogens</td> <td>Tranquilizers (Benzodiazepine)</td> </tr> <tr> <td>Marijuana / Hashish → (Go to Q4.8)</td> <td>Other Opiates and Synthetics</td> <td>Unknown → (Go to Q4.8)</td> </tr> <tr> <td>Methamphetamines → (Go to Q4.8)</td> <td>Other Sedatives or Hypnotics</td> <td></td> </tr> </table>			Alcohol → (Go to Q4.8)	Non-Prescription Methadone → (Go to Q4.8)	Other Stimulants	Barbiturates	None → (Go to Q4.11)	Other Tranquilizers	Cocaine / Crack → (Go to Q4.8)	Other (specify)	Over-the-Counter	Ecstasy → (Go to Q4.8)	Other Amphetamines	OxyCodone / OxyContin → (Go to Q4.8)	Heroin → (Go to Q4.8)	Other Club Drugs	PCP → (Go to Q4.8)	Inhalants	Other Hallucinogens	Tranquilizers (Benzodiazepine)	Marijuana / Hashish → (Go to Q4.8)	Other Opiates and Synthetics	Unknown → (Go to Q4.8)	Methamphetamines → (Go to Q4.8)	Other Sedatives or Hypnotics	
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<b>4.2. Primary Drug Name</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Enter 999 if you don't know the name</p>			<b>4.7. Secondary Drug Name</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Enter 000 if you don't know the name</p>																																																		
<b>4.3. Days of Primary Drug Use In The Last 30 Days</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>			<b>4.8. Days of Secondary Drug Use In The Last 30 Days</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>																																																		
<b>4.4. Primary Drug Route of Administration</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Oral - ingested by mouth</td> <td style="width: 25%;">Inhalation</td> <td style="width: 25%;">Vaping</td> <td style="width: 25%;">Other</td> </tr> <tr> <td>Smoking</td> <td>Injection</td> <td>None or not applicable</td> <td></td> </tr> </table>				Oral - ingested by mouth	Inhalation	Vaping	Other	Smoking	Injection	None or not applicable		<b>4.9. Secondary Drug Route of Administration</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Oral - ingested by mouth</td> <td style="width: 25%;">Inhalation</td> <td style="width: 25%;">Vaping</td> <td style="width: 25%;">Other</td> </tr> <tr> <td>Smoking</td> <td>Injection</td> <td>None or not applicable</td> <td></td> </tr> </table>		Oral - ingested by mouth	Inhalation	Vaping	Other	Smoking	Injection	None or not applicable																																	
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Oral - ingested by mouth	Inhalation	Vaping	Other																																																		
Smoking	Injection	None or not applicable																																																			
<b>4.5. Primary Drug Age of First Use</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>			<b>4.10. Secondary Drug Age of First Use</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>																																																		
Additional Alcohol and Drug Use																																																					
<b>4.11. Days of Alcohol Use In The Last 30 Days (If Primary or Secondary Drug is "Alcohol," skip this question. System will auto-populate to "99902")</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>																																																					
<b>4.12. Days of IV Use (Needle Use) In The Last 30 Days</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>																																																					
<b>4.13. Needle Use in the Last 12 Months</b> <div style="display: flex; justify-content: space-between;"> <span>• No</span> <span>• Yes</span> </div> <div>• Client unable to answer</div>																																																					
<b>4.14. In addition to your primary and secondary drugs, did you use any of the following drugs in the last 30 days? (Check all drugs that are not selected as Primary or Secondary Drug):</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">Alcohol</td> <td style="width: 16.6%;">Heroin</td> <td style="width: 16.6%;">Non-Prescription Methadone</td> <td style="width: 16.6%;">Other Club Drugs</td> <td style="width: 16.6%;">Other Stimulants</td> <td style="width: 16.6%;">PCP</td> </tr> <tr> <td>Barbiturates</td> <td>Inhalants</td> <td>None</td> <td>Other Hallucinogens</td> <td>Other Tranquilizers</td> <td>Tranquilizers (Benzodiazepine)</td> </tr> <tr> <td>Cocaine / Crack</td> <td>Marijuana / Hashish</td> <td>Other (specify) → (Go to Q4.14a)</td> <td>Other Opiates and Synthetics</td> <td>Over-the-Counter</td> <td></td> </tr> <tr> <td>Ecstasy</td> <td>Methamphetamines</td> <td>Other Amphetamines</td> <td>Other Sedatives or Hypnotics</td> <td>OxyCodone / OxyContin</td> <td></td> </tr> </table>						Alcohol	Heroin	Non-Prescription Methadone	Other Club Drugs	Other Stimulants	PCP	Barbiturates	Inhalants	None	Other Hallucinogens	Other Tranquilizers	Tranquilizers (Benzodiazepine)	Cocaine / Crack	Marijuana / Hashish	Other (specify) → (Go to Q4.14a)	Other Opiates and Synthetics	Over-the-Counter		Ecstasy	Methamphetamines	Other Amphetamines	Other Sedatives or Hypnotics	OxyCodone / OxyContin																									
Alcohol	Heroin	Non-Prescription Methadone	Other Club Drugs	Other Stimulants	PCP																																																
Barbiturates	Inhalants	None	Other Hallucinogens	Other Tranquilizers	Tranquilizers (Benzodiazepine)																																																
Cocaine / Crack	Marijuana / Hashish	Other (specify) → (Go to Q4.14a)	Other Opiates and Synthetics	Over-the-Counter																																																	
Ecstasy	Methamphetamines	Other Amphetamines	Other Sedatives or Hypnotics	OxyCodone / OxyContin																																																	

<b>4.14a. Other Drugs (Specify)</b> <input type="text"/>		
Personal Drug and Alcohol Assessment		
<b>4.15. How many of your friends use alcohol and/or drugs?</b> 0 None 1 A Few of them 2 Some of them 3 Most of them 4 All of them	<b>4.18. Codependent/Significant Other</b> • Yes • No	
<b>4.16. If I wanted to, I could easily reduce my substance use. It is up to me whether I reduce my substance use:</b> 1 Strongly Agree 2 Somewhat Agree 3 Neither Agree or disagree 4 Somewhat Disagree 5 Strongly Disagree		
<b>4.17. How good/competent are you in handling issues/problems with drug and alcohol use (e.g., the frequency and amount of use, money spent on drugs, amount of drug craving, being sick, etc.)? (from 1 --&gt; not good at all to 10 --&gt; very good)</b> <input type="text"/>		
Employment Data		
Education Data		
<b>5.1. Enrolled in School</b> • No → (Go to Q5.2 then Q5.4) • Yes → (Go to Q5.2 then Q5.3) • Client declined to state → (Go to Q5.2 then Q5.4) • Client unable to answer → (Go to Q5.2 then Q5.4)		
<b>5.2. Highest School Grade Completed</b> • Specify a number from 0 to 30 or 30+: • Client declined to state • Client unable to answer		
<b>5.3. Type of School Enrollment</b> • Alternative / continuation school • Home-Schooled • Mainstream School • Other (Specify)	<b>5.3a. Other (Specify)</b> (Skip this question)	
Employment Data		
<b>5.4. Employment Status</b> • Employed Full time (35 hours or more) • Employed Part time (less than 35 hours) • Unemployed, looking for work • Unemployed – (not seeking) • Not in the labor force (Not seeking)		
<b>5.5. Days of Paid Work In The Last 30 Days</b> <input type="text"/>		
<b>5.6. Enrolled in Job Training</b> • No • Yes • Client declined to state • Client unable to answer		
Criminal Justice Data		
<b>6.1. Criminal Justice Status</b> • No criminal justice involvement • Under parole supervision by CDC • On parole from any other jurisdiction • Post-release Community Service (AB 109) or on probation from any federal, state, or local jurisdiction • Admitted under other diversion from any court under CA Penal Code, Section 1000 • Incarcerated • Awaiting trial, charges or sentencing • Client unable to answer		

<b>6.2. Number of Arrests Last 30 Days</b> <input style="width: 100px; height: 20px;" type="text"/>	<b>6.6. FOTP Parolee</b> ("No" must be selected for male clients.) <ul style="list-style-type: none"> <li>No → (Go to Q6.8)</li> <li>Yes → (Go to Q6.7)</li> <li>Client unable to answer → (Go to Q6.8)</li> </ul>												
<b>6.3. Number of Jail Days Last 30 Days</b> <input style="width: 100px; height: 20px;" type="text"/>	<b>6.7. FOTP Priority Status</b> <ul style="list-style-type: none"> <li>Completed "Forever Free" and released and enrolled in treatment program</li> <li>Any woman paroling from California Institute for Women (CIW)</li> <li>Completed "Forever Free" and goes directly to FOTP facility</li> <li>None or not applicable</li> <li>Client unable to answer</li> </ul>												
<b>6.4. Number of Prison Days Last 30 Days</b> <input style="width: 100px; height: 20px;" type="text"/>													
<b>6.5. Parolee Services Network (PSN)</b> <ul style="list-style-type: none"> <li>No</li> <li>Yes</li> <li>Client unable to answer</li> </ul>	<b>6.8. CDC Identification Number</b> (Must only be answered when Q6.1. is "Under parole supervision by CDC") <input style="width: 100px; height: 20px;" type="text"/>												
Medical/Physical Health Data													
<b>7.1. Number of Emergency Room Visits In The Last 30 Days</b> <input style="width: 100px; height: 20px;" type="text"/>	<b>Medi-Cal Beneficiary</b> (System provides default answer based on response to Q3.5)												
<b>7.2. Days of Hospital Overnight Stay In The Last 30 Days</b> <input style="width: 100px; height: 20px;" type="text"/>	<b>7.5. Are you currently pregnant?</b> ("No" must be selected for male clients.) <ul style="list-style-type: none"> <li>No</li> <li>Yes</li> <li>Not Sure/Don't Know</li> </ul>												
<b>7.3. Days With Medical Problems In The Last 30 Days</b> <input style="width: 100px; height: 20px;" type="text"/>													
<b>7.4. How good is your physical health?</b> (e.g., are you eating and sleeping properly, exercising, taking care of health or dental problems) (from 1 --> not good at all to 10 --> very good) <input style="width: 100px; height: 20px;" type="text"/>													
Medication Information													
<b>7.6. Which of the following medication is prescribed as part of treatment?</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">Acamprosate (Campral)</td> <td style="width: 50%;">Naloxone</td> </tr> <tr> <td>Buprenorphine (Suboxone)</td> <td>Naltrexone (Injectable)</td> </tr> <tr> <td>Buprenorphine (Subutex)</td> <td>Naltrexone (Oral)</td> </tr> <tr> <td>Disulfiram (Antabuse)</td> <td>None</td> </tr> <tr> <td>LAAM</td> <td>Other medications for SUD</td> </tr> <tr> <td>Methadone</td> <td>treatment (Specify) → (Go to Q7.6a)</td> </tr> </table>	Acamprosate (Campral)	Naloxone	Buprenorphine (Suboxone)	Naltrexone (Injectable)	Buprenorphine (Subutex)	Naltrexone (Oral)	Disulfiram (Antabuse)	None	LAAM	Other medications for SUD	Methadone	treatment (Specify) → (Go to Q7.6a)	<b>7.7. Have you ever received education about Naloxone use for drug overdose?</b> <ul style="list-style-type: none"> <li>No</li> <li>Yes</li> <li>Declined to state</li> </ul>
Acamprosate (Campral)	Naloxone												
Buprenorphine (Suboxone)	Naltrexone (Injectable)												
Buprenorphine (Subutex)	Naltrexone (Oral)												
Disulfiram (Antabuse)	None												
LAAM	Other medications for SUD												
Methadone	treatment (Specify) → (Go to Q7.6a)												
<b>7.6a. Other medications for SUD treatment (Specify)</b> <input style="width: 200px; height: 20px;" type="text"/>	<b>7.8. Have you ever used Naloxone for drug overdose reversal for yourself or others?</b> <ul style="list-style-type: none"> <li>No</li> <li>Yes</li> <li>Declined to state</li> </ul>												
Communicable Diseases													
<b>7.9. Communicable Diseases: Tuberculosis</b> <ul style="list-style-type: none"> <li>No</li> <li>Yes</li> <li>Client declined to state</li> <li>Client unable to answer</li> </ul>	<b>7.13. Have you been diagnosed with any other communicable diseases?</b> <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>												
<b>7.10. Communicable Diseases: Hepatitis C</b> <ul style="list-style-type: none"> <li>No</li> <li>Yes</li> <li>Client declined to state</li> <li>Client unable to answer</li> </ul>	<b>7.14. HIV Tested</b> <ul style="list-style-type: none"> <li>No</li> <li>Yes</li> <li>Client declined to state</li> <li>Client unable to answer</li> </ul>												
<b>7.11. Communicable Diseases: Sexually Transmitted Diseases</b> <ul style="list-style-type: none"> <li>No → (Go to 7.13)</li> <li>Yes → (Go to 7.12)</li> <li>Client declined to state → (Go to 7.13)</li> <li>Client unable to answer → (Go to 7.13)</li> </ul>	<b>7.15. HIV Test Results</b> <ul style="list-style-type: none"> <li>No</li> <li>Yes</li> <li>Client declined to state</li> <li>Client unable to answer</li> </ul>												
<b>7.12. If yes, which of the following STDs?</b> (Choose all that apply) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%;">Chlamydia</td> <td style="width: 33%;">Gonorrhea</td> <td style="width: 33%;">Herpes</td> </tr> <tr> <td>Syphilis</td> <td>Other</td> <td></td> </tr> </table>	Chlamydia	Gonorrhea	Herpes	Syphilis	Other								
Chlamydia	Gonorrhea	Herpes											
Syphilis	Other												

<b>Mental Illness</b>									
<b>8.1. Have you ever been diagnosed with a mental illness?</b> <ul style="list-style-type: none"> <li>No</li> <li>Yes</li> <li>Not Sure/Don't Know</li> </ul>	<b>8.3. Number of Emergency Room Visits In The Last 30 Days (Mental Health)</b> <input type="text"/>								
<b>8.2. Mental Health Medication In The Last 30 Days</b> <ul style="list-style-type: none"> <li>No</li> <li>Yes</li> <li>Client unable to answer</li> </ul>	<b>8.4. Days of Psychiatric Facility Use In The Last 30 Days</b> <input type="text"/>								
	<b>8.5. How good is your mental health? (e.g., are you feeling good about yourself?) (from 1 --&gt; not good at all to 10 --&gt; very good)</b> <input type="text"/>								
<b>Family/Social Data</b>									
<b>Social Support</b>									
<b>9.1. How many days have you participated in any social support recovery activities in the past 30 days such as 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery?</b> <input type="text"/>	<b>9.2. Are any family members or guardians included as part of the treatment/recovery plan? (Youth only)</b> <ul style="list-style-type: none"> <li>No</li> <li>Yes</li> </ul>								
<b>Living Arrangements</b>									
<b>9.3. Current Living Arrangements <i>Please answer any linked questions</i></b> <ul style="list-style-type: none"> <li>At imminent risk of being homeless (losing housing within 14 days) → (Answer Q9.6 through Q9.9)</li> <li>Dependent Living / Supervised Setting → (Answer Q9.4 then go to Q9.9)</li> <li>Homeless → (Answer Q9.6 through Q9.9)</li> <li>Independent Living (Own or rent a home alone or with roommates with no supervision) → (Answer Q9.5 then go to Q9.9)</li> </ul>	<b>Is this participant homeless? (System provides default answer based on response to Q9.3)</b>								
<b>9.4. What is your current dependent living arrangement?</b> <ul style="list-style-type: none"> <li>Halfway house or group home (sober living / alcohol and drug-free living center)</li> <li>Other dependent living (Specify) → (Go to Q9.4a)</li> <li>Prison or jail</li> <li>Recovery Bridging Housing</li> <li>Youth living in group home or in foster care</li> <li>Youth living with parents, relatives, legal or non-legal guardians</li> </ul>	<b>9.6. Current homeless living arrangement?</b> <ul style="list-style-type: none"> <li>Doubling up or living with others temporarily</li> <li>Hotel/motel voucher</li> <li>Living outside (sleeping outdoors)</li> <li>Motels due to lack of alternative</li> <li>Other (Specify) → (Go to Q9.6a)</li> <li>Prefer not to answer</li> <li>Sleeping in car/van</li> <li>Staying at a shelter</li> <li>Staying with family/friends ('couch moving/surfing')</li> <li>Temporary indoor situation (like abandoned building) with additional services</li> </ul>								
<b>9.4a. Other dependent living (Specify)</b> <input type="text"/>	<b>9.6a. Specify Other Homeless Living Arrangement</b> <input type="text"/>								
<b>9.5. What is your current independent living arrangement?</b> <ul style="list-style-type: none"> <li>Adult child living with parents</li> <li>Other independent living (Specify) → (Go to Q9.5a)</li> <li>Own a home alone or with roommates</li> <li>Rent alone or with roommates</li> </ul>	<b>9.7. How long have you been homeless?</b> <table border="1"> <tr> <td>1 – Less than a month</td> <td>5 - 1-2 years</td> </tr> <tr> <td>2 – 1-3 Months</td> <td>6 - 3-5 years</td> </tr> <tr> <td>3 – 4-6 Months</td> <td>7 - More than 5 years</td> </tr> <tr> <td>4 – 7-12 Months</td> <td>8 - Homeless on at least 4 occasions in the last 3 years totaling more than 12 months</td> </tr> </table>	1 – Less than a month	5 - 1-2 years	2 – 1-3 Months	6 - 3-5 years	3 – 4-6 Months	7 - More than 5 years	4 – 7-12 Months	8 - Homeless on at least 4 occasions in the last 3 years totaling more than 12 months
1 – Less than a month	5 - 1-2 years								
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3 – 4-6 Months	7 - More than 5 years								
4 – 7-12 Months	8 - Homeless on at least 4 occasions in the last 3 years totaling more than 12 months								
<b>9.5a. Other independent living (Specify)</b> <input type="text"/>	<b>9.8. Are you interested in improving your current living situation?</b> <ul style="list-style-type: none"> <li>No</li> <li>Yes</li> </ul>								
	<b>9.9. Are you exiting institution (e.g., hospital, residential treatment, jail/prison)?</b> <ul style="list-style-type: none"> <li>No</li> <li>Yes</li> </ul>								



Family and Social	
<b>9.10. Prior to your 18th birthday, did you live with anyone who was a problem drinker or alcoholic, or drug user?</b> <ul style="list-style-type: none"> <li>No</li> <li>Yes</li> </ul>	<b>9.14. How many children do you have aged 17 or less (birth or adopted) - whether they live with you or not?</b> <input type="text"/>
<b>9.11. Days Living With Someone Who Uses Alcohol or Drugs In The Last 30 Days</b> <input type="text"/>	<b>9.15. Number Of Children Aged 5 Years Or Younger</b> <input type="text"/>
<b>9.12. Days With Family Conflict In The Last 30 Days</b> <input type="text"/>	<b>9.16. How many children are living with someone else because of a child protection court order?</b> <input type="text"/>
<b>9.13. How good of a community member are you? (e.g., obeying laws, meeting your responsibilities to society, positive impact on others) (from 1 --&gt; not good at all to 10 --&gt; very good)</b> <input type="text"/>	<b>9.17. If you have children living with someone else because of a child protection order, for how many of these children have your parental rights been terminated?</b> <input type="text"/>
Abuse	
<b>9.18. Have you been physically abused during the past 30 days?</b> <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Client Declined to Answer</li> </ul>	<b>9.19. Have you been sexually abused during the past 30 days?</b> <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Client Declined to Answer</li> </ul>