

CLIENT STATUS REVIEW

Case Number:

Type of CSR: Initial 90-135 Day Follow-Up Discharge Administered by: _____

Date Completed: ____/____/____ Name: _____

Are you completing this survey for? (Please check one) I filled this out by myself (age 12 and older)
 I filled this out for a child/youth (Under age 12) Someone helped me fill this out

What best describes the reason you came in for services today? Select all that apply...
 I decided on my own I was encouraged by others (like family, friends, etc.)
 I was required to come (including court order, Office of Children’s Services, etc.)








Health and Quality of Life	# of Days
1. How many days during the past 30 days was your physical health (including physical illness and/or injury) not good?	<input type="text"/>
2. How many days during the past 30 days was your mental health (including depression and/or problems with emotions, behavior, or thinking) not good? -----	<input type="text"/>
3. How many days during the past 30 days did poor physical or mental health keep you from doing your usual activities, such as taking care of yourself, work, or recreation?-----	<input type="text"/>
4. How many days during the past 30 days have you had thoughts about suicide or hurting yourself? -----	<input type="text"/>
	# of Times
5. In the past 30 days, how many times have you used emergency medical services such as the hospital, emergency room, or emergency medical technicians/health aides? -----	<input type="text"/>
6. In the past 30 days, have you had an intimate partner slap, punch, shove, kick, choke, hurt, or threaten you? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Substance Use	# of Days
7. How many days during the past 30 days have you had at least one alcoholic beverage? -----	<input type="text"/>
8. How many days during the past 30 days have you had 4 or more alcoholic beverages? -----	<input type="text"/>
9. How many days during the past 30 days have you used marijuana or illegal drugs (including medications not as prescribed or directed)?-----	<input type="text"/>

Legal Involvement	# of Times
10. In the past 30 days, have you had any legal involvement (legal charges, court appearance, arrests, probation or parole) <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. In the past 30 days, how many times have you been arrested? -----	<input type="text"/>
12. In the past 12 months, how many times have you been arrested? -----	<input type="text"/>








Health Behavior	# of Days
13. How many days during the past 30 days have you smoked cigarettes, pipes, or cigars AND/OR used chewing tobacco, snuff, or snus? -----	<input type="text"/>
14. How many days during the past 30 days have you smoked 20 or more cigarettes per day? -----	<input type="text"/>
15. How many days during the past 7 days did you participate in any physical activities or exercise such as running, sports (basketball, baseball etc.), swimming, bicycling or walking for exercise? -----	<input type="text"/>
	# of Times
16. During the past 7 days, how many times did you drink 100% fruit juice or eat fruit? -----	<input type="text"/>
17. During the past 7 days, how many times did you eat vegetables? -----	<input type="text"/>

18. Please answer each question by putting an **X** in the space that best describes how you feel about each item. Please use only one **X** for each question

How do you (or your child) feel about:	Terrible 	Unhappy 	Dissatisfied 	Mixed 	Satisfied 	Pleased 	Delighted 
Your housing?							
Your ability to support your basic needs of food, housing, etc.?							
Your safety in your home or where you sleep?							
Your safety outside your home?							
How much people in your life support you?							
Your friendships?							
Your family situation?							
Your sense of spirituality, relationship with a higher power, or meaningfulness of life?							
Your life in general?							

Please Answer Questions 19 – 21 if you have received services from this agency.

19. Please answer each question by putting an **X** in the space that best describes how you feel about each item. Please use only one **X** for each question.

How do you feel about the services you (or your child) received?	Terrible 	Unhappy 	Dissatisfied 	Mixed 	Satisfied 	Pleased 	Delighted 
I was treated with respect.							
I was given information about my rights.							
I helped to choose my treatment goals.							
I felt comfortable asking questions about my treatment.							
I was able to get all the services I needed.							
Because of the services I received:							
I am better able to handle daily life.							
I am getting along better with other people.							
I am better able to cope when things go wrong.							
The quality of my life has improved.							

20. What did you like about the services you received? _____

21. What did you dislike about the services you received? _____

Please Answer Questions 22 – 25 with the assistance of agency staff.

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22. Which one of the following best describes your housing situation/living arrangement? (In the past 30 days, where have you been living most of the time?) (please check one)

- | | |
|---|---|
| <input type="checkbox"/> Adult in private residence – <u>independent living</u>
(may live with others, but capable of self-care) | <input type="checkbox"/> Crisis residence (short term stabilization) |
| <input type="checkbox"/> Adult in private residence – <u>dependent living</u> (heavily dependent on others for daily living assistance) | <input type="checkbox"/> Residential care facility (assisted living, halfway house, group homes, board & care) |
| <input type="checkbox"/> Child living in private residence (not in foster home) | <input type="checkbox"/> Residential treatment facility for: |
| <input type="checkbox"/> Foster home/foster care | <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Co-occurring Disorder |
| <input type="checkbox"/> Homeless or shelter | <input type="checkbox"/> Institutional care facility (care provided 24 hours, 7 days/week)
(hospital, other inpatient psychiatric facility, nursing facility/home) |
| <input type="checkbox"/> Jail or correctional facility | <input type="checkbox"/> Other (please describe) _____ |

23. Did you attend school at any time in the past three months? Yes No

If you checked 'Yes,' please indicate below the grade/educational level you attended in the past three months.

If you checked 'No,' please indicate below the highest grade/educational level you have completed.

- | | |
|---|---|
| ____ Grade Level (Write in Grade Level 1-12 or GED) | <input type="checkbox"/> College Undergraduate Freshman (1 st year) |
| <input type="checkbox"/> No years of schooling | <input type="checkbox"/> College Undergraduate Sophomore (2 nd year) |
| <input type="checkbox"/> Nursery School/Pre-School (Including Head Start) | <input type="checkbox"/> College Undergraduate Junior (3 rd year) |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> College Undergraduate Senior (4 th year) |
| <input type="checkbox"/> Self-Contained Special Education Class (No equivalent grade level) | <input type="checkbox"/> Graduate or Professional School |
| <input type="checkbox"/> Vocational School | (Master's, Doctoral, Medical, Law) |

24. Which one of the following best describes your employment status during most of the previous **week?** (please check one)

- | | | |
|--|--|---|
| <input type="checkbox"/> Employed full time working for money (30 or more hours per week); includes Supported Employment and Armed Forces | | |
| <input type="checkbox"/> Employed part time working for money (less than 30 hours per week); includes Supported Employment and Armed Forces | | |
| <input type="checkbox"/> Unemployed - actively looking for employment or laid off from job (and awaiting to be recalled) in the past 30 days | | |
| <input type="checkbox"/> Not in labor/work force (not employed and not actively looking for employment during the past 30 days); if you checked this box, please check one of the following: | | |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Not Yet School Age | <input type="checkbox"/> In Residential Care Facility |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Student | <input type="checkbox"/> In Residential Treatment Facility |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Job training program | <input type="checkbox"/> Inpatient of Institutional Care Facility |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Engaged in subsistence activities | <input type="checkbox"/> Inmate of Jail or Correctional Facility |
| <input type="checkbox"/> Sheltered/Non-competitive employment | <input type="checkbox"/> Other (please describe) _____ | |

25. Over the past 7 days, which one of the following best describes the number of hours you engaged in productive activities (e.g., school, employment, volunteering in community service, subsistence activities, etc.)? (Please check one of the boxes below)

- less than 10 hours 10-20 hours 21-30 hours 31-40 hours 41-50 hours More than 50 hours