TREATMENT DATA SYSTEM (TDS)

http://portalx.bisoex.state.me.us/pls/osa/tdsdev.main_menu_2.show

A-1 (Rev. 6-09)

AGENCY NAME / LOCATION

ADMISSION

CLIENT CODE

A. DATE OF BIRTH (MO / DAY / YEAR)

B. LAST FOUR SS#

C. GENDER — Check ONE box only
- ❑ 01 MALE
- ❑ 02 FEMALE

D. COUNTY OF RESIDENCE

E. FEDERAL IDENTIFIER CODE

F. CONTRACT NUMBER (Funded Agencies ONLY)

G. PRIMARY SERVICE CODE — LIST G ON BACK

H. DATE OF FIRST PHONE CALL (MO / DAY / YEAR)

I. DATE OF FIRST FACE TO FACE CONTACT (MO / DAY / YEAR)

J. DATE OF FIRST TREATMENT SESSION (MO / DAY / YEAR)

K. PAYOR CODE — LIST K ON BACK

1. HEALTH INSURANCE

MAY OR MAY NOT COVER ALCOHOL AND/OR DRUG TREATMENT
- ❑ 01 PRIVATE INSURANCE
- ❑ 02 BLUE CROSS/BLUE SHIELD
- ❑ 03 MEDICARE
- ❑ 04 MAINECARE (Medicaid)
- ❑ 05 HEALTH MAINTENANCE ORGANIZATION (HMO)
- ❑ 20 OTHER (e.g. Tricare, Champus)
- ❑ 21 NONE

2. REFERRAL

LIST 2 ON BACK

3. PRIOR TREATMENT EPISODES

NUMBER OF PRIOR TREATMENT EPISODES IN ANY DRUG OR ALCOHOL TREATMENT PROGRAM

Check ONE box only
- ❑ 00 NONE
- ❑ 01 ONE
- ❑ 02 TWO
- ❑ 03 THREE
- ❑ 04 FOUR
- ❑ 05 FIVE OR MORE

4. ARE SPECIAL ACCOMMODATIONS NEEDED TO PROVIDE SERVICES?

Check ONE box only

YES	NO	
❑ 01	❑ 02	(A) HEARING
❑ 01	❑ 02	(B) VISUAL
❑ 01	❑ 02	(C) PHYSICAL
❑ 01	❑ 02	(D) LANGUAGE
❑ 01	❑ 02	(E) OTHER

5. RACE

Check ONE box only
- ❑ 01 WHITE
- ❑ 02 BLACK OR AFRICAN AMERICAN
- ❑ 03 AMERICAN INDIAN OR ALASKAN NATIVE
- ❑ 04 ASIAN
- ❑ 05 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- ❑ 99 OTHER

6. ETHNICITY

Check ONE box only
- ❑ 01 NOT OF HISPANIC ORIGIN
- ❑ 02 PUERTO RICAN
- ❑ 03 MEXICAN
- ❑ 04 CUBAN
- ❑ 05 OTHER SPECIFIC HISPANIC
- ❑ 06 HISPANIC SPECIFIC ORIGIN NOT SPECIFIED

7. VETERAN

Check ONE box only
- ❑ 01 YES
- ❑ 02 NO

8. EDUCATION COMPLETED

HIGHEST GRADE COMPLETED

9. CURRENT MARITAL STATUS

Check ONE box only
- ❑ 01 NEVER MARRIED
- ❑ 02 NOW MARRIED/ COHAB
- ❑ 03 SEPARATED
- ❑ 04 DIVORCED
- ❑ 05 WIDOWED

10-14. DEPENDENTS

ENTER THE NUMBER OF DEPENDENT CHILDREN THE CLIENT HAS IN EACH AGE GROUP LISTED BELOW.

		Age group
10		0-12 MONTHS
11		13-35 MONTHS
12		3-5 YEARS
13		6-12 YEARS
14		13-17 YEARS

15. IF THE CLIENT HAS DEPENDENT CHILDREN, WHERE ARE THE CHILDREN WHILE THE CLIENT WAS IN TREATMENT?

IF NO DEPENDENTS GO TO #16

Check ONE box only
- ❑ 01 WITH THE CLIENT
- ❑ 02 SPOUSE/OTHER PARENT
- ❑ 03 GRANDPARENTS/RELATIVES
- ❑ 04 FRIEND(S)
- ❑ 05 BABYSITTER/CAREGIVER
- ❑ 06 TEMPORARY FOSTER CARE
- ❑ 99 OTHER

16. PREGNANT AT ADMISSION

Check ONE box only
- ❑ 01 YES
- ❑ 02 NO

IF NO, GO TO #18

17. IF PREGNANT, IS CLIENT RECEIVING PRE-NATAL CARE?

Check ONE box only
- ❑ 01 YES
- ❑ 02 NO

18. LIVING ARRANGEMENTS AT ADMISSION

Check ONE box only
- ❑ 01 INDEPENDENT LIVING ALONE
- ❑ 02 INDEPENDENT LIVING WITH OTHERS
- ❑ 03 DEPENDENT LIVING
- ❑ 04 HOMELESS

19. EMPLOYMENT STATUS

LIST ON BACK

20. EMPLOYABILITY FACTOR

LIST ON BACK

21. HOUSEHOLD INCOME (LAST 30 DAYS)

ENTER AN AMOUNT BETWEEN 0003-9998 THAT REFLECTS HOUSEHOLD INCOME IN THE LAST 30 DAYS

- 0001 REFUSED
- 0002 UNKNOWN
- 9999 MORE THAN $9999

$

22. PRIMARY SOURCE OF HOUSEHOLD INCOME/ SUPPORT

LIST ON BACK

23. SECONDARY SOURCE OF HOUSEHOLD INCOME/ SUPPORT IF DIFFERENT FROM PRIMARY

LIST ON BACK

24. IS THE CLIENT NOW, OR HAS HE/SHE EVER BEEN A DOMESTIC VIOLENCE SURVIVOR?

Check ONE box only
- ❑ 01 YES
- ❑ 02 NO

25-28. TREATED FOR MEDICAL REASONS AT THE FOLLOWING LOCATIONS

NUMBER OF TIMES TREATED FOR MEDICAL REASONS AT THESE LOCATIONS
- 25 PHYSICIANS OFFICE/CLINIC (LAST 12 MONTHS)
- 26 HOSPITAL EMERGENCY ROOM (LAST 12 MONTHS)
- 27 HOSPITAL INPATIENT (LAST 12 MONTHS)
- 28 OTHER (LAST 12 MONTHS)

29. MH/MR ISSUES DIAGNOSIS BASED ON DSM-IV

Check ONE box only
- ❑ 01 DIAGNOSED MENTAL ILLNESS/ DISORDER
- ❑ 02 MENTAL RETARDATION
- ❑ 00 NONE

30-31. TREATED FOR MENTAL HEALTH ISSUES AT THE FOLLOWING LOCATIONS

NUMBER OF TREATMENT EPISODES AT THESE LOCATIONS
- 30 OUTPATIENT MENTAL HEALTH SERVICES (LAST 12 MO)
- 31 PSYCHIATRIC ADMISSIONS TO A HOSPITAL (LAST 2 YEARS)

32. CONSENT DECREE 1/1/89

Check ONE box only
- ❑ 01 YES
- ❑ 02 NO

33. PRIMARY PRESENTING PROBLEM

Check ONE box only
- ❑ 01 SUBSTANCE USE ABUSE
- ❑ 02 AFFECTED/ CO-DEPENDENT
- ❑ 03 EVALUATION ONLY

IF AFFECTED CO-DEPENDENT ANSWER TOBACCO RELATED QUESTIONS (37, 41, 45, 49) THEN SKIP TO #52

34-37. DRUGS USED INAPPROPRIATELY OR ABUSED BY CLIENT THAT LED TO ADMISSION
- 34 PRIMARY
- 35 SECONDARY
- 36 TERTIARY
- 37 TOBACCO: ❑ 01 YES ❑ 02 NO — Check ONE box only

38-41. FREQUENCY OF USE OF DRUGS BY CLIENT IN LAST 30 DAYS
- 38 PRIMARY
- 39 SECONDARY
- 40 TERTIARY
- 41 TOBACCO

42-45. ROUTE OF ADMINISTRATION
- 42 PRIMARY
- 43 SECONDARY
- 44 TERTIARY
- 45 TOBACCO

46-49. AGE OF FIRST USE
- 46 PRIMARY
- 47 SECONDARY
- 48 TERTIARY
- 49 TOBACCO

IF PRIMARY FREQUENCY (38) IS O2 COMPLETE #50 & #51, OTHERWISE, SKIP TO #52

50. INDICATE REASONS BEST DESCRIBING CLIENTS NON-USE IN THE 30 DAYS PRIOR TO ADMISSION

Check ONE box only
- ❑ 01 RECOVERY WITH RISK OF RELAPSE
- ❑ 02 CLIENT REPORTS NO PROBLEM
- ❑ 03 SELF-INITIATING DETOXIFICATION
- ❑ 04 INCARCERATED/INSTITUTIONALIZED
- ❑ 05 INPATIENT TREATMENT PROGRAM
- ❑ 06 OUI CLIENT
- ❑ 07 MEDICATION
- ❑ 08 OTHER

51. WHEN DID CLIENT LAST USE ALCOHOL AND/OR OTHER DRUGS?

Check ONE box only
- ❑ 01 IN LAST 3 MOS.
- ❑ 02 IN LAST 6 MOS.
- ❑ 03 IN LAST 12 MOS.
- ❑ 04 IN LAST 24 MOS.
- ❑ 05 IN LAST 5 YRS.
- ❑ 06 MORE THAN 5 YEARS

52. INJECTION DRUG USE

Check ONE box only
- ❑ 01 NEVER
- ❑ 02 IN LAST 6 MONTHS
- ❑ 03 IN LAST 5 YEARS
- ❑ 04 PRIOR TO LAST 5 YEARS

IF NEVER, GO TO QUESTION #54

53. IF CLIENT HAS USED NEEDLES, DID HE/SHE SHARE NEEDLES IN THE PAST YEAR?

Check ONE box only
- ❑ 01 YES
- ❑ 02 NO

54. MEDICATION ASSISTED TREATMENT

Check ONE box only
- ❑ 01 NO
- ❑ 02 METHADONE
- ❑ 03 LAAM
- ❑ 04 BUPRENORPHINE/ SUBOXONE/ SUBUTEX
- ❑ 05 CAMPRAL
- ❑ 06 NALTRAXONE
- ❑ 07 VIVITROL
- ❑ 08 ANTABUSE

55. IN YOUR LIFETIME, HOW MANY TIMES HAVE YOU GAMBLED (BET) WITH MONEY OR POSSESSIONS (i.e., casino, race track or online, lottery tickets or sporting events)?

Check ONE box only
- ❑ 00 0 TIMES
- ❑ 01 1-2 TIMES
- ❑ 02 3-9 TIMES
- ❑ 03 10-19 TIMES
- ❑ 04 20-39 TIMES
- ❑ 05 40 OR MORE TIMES

56. HAS THE MONEY OR TIME THAT YOU SPENT ON GAMBLING LED TO FINANCIAL PROBLEMS OR PROBLEMS IN YOUR FAMILY, WORK, SCHOOL OR PERSONAL LIFE?

Check ONE box only
- ❑ 01 YES
- ❑ 02 NO

57. IS CLIENT CURRENTLY ATTENDING A SELF-HELP GROUP?

Check ONE box only
- ❑ 01 YES
- ❑ 02 NO

58. CURRENT LEGAL STATUS

LIST ON BACK

59. DOMESTIC VIOLENCE OFFENDER

Check ONE box only
- ❑ 01 YES
- ❑ 02 NO

60. TOTAL NUMBER OF ARRESTS IN THE LAST 12 MONTHS

61. ARRESTS IN THE PRIOR 30 DAYS

62. OUI ARRESTS IN THE LAST 12 MONTHS

63. WILL CLIENT USE TREATMENT/ EVALUATION TO SATISFY DEEP REQUIREMENTS

Check ONE box only
- ❑ 01 YES
- ❑ 02 NO
- ❑ 99 AFFECTED/OTHER

IF NO OR AFFECTED/OTHER GO TO QUESTION #65

64. DEEP STATUS

Check ONE box only
- ❑ 01 FIRST OFFENDER
- ❑ 02 MULTIPLE OFFENDER
- ❑ 03 00 YOUTHFUL OFFENDER

65. GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCALE

ENTER THE APPROPRIATE LEVEL OF THE FUNCTIONING BASED ON THE GAF SCALE

66. CLIENT AGREE TO A FOLLOW-UP

Check ONE box only
- ❑ 01 YES
- ❑ 02 NO

DATE FORM COMPLETE (MO / DAY / YEAR)

FORM COMPLETED BY ______________________ LAST NAME / FIRST

FORM EDITED BY ______________________ LAST NAME / FIRST

D. COUNTY CODES

Code	County	Code	County
AN	Androscoggin	PT	Penobscot
AK	Aroostook	PS	Piscataquis
CD	Cumberland	SC	Sagadahoc
FN	Franklin	ST	Somerset
HK	Hancock	WO	Waldo
KC	Kennebec	WN	Washington
KX	Knox	YK	York
LN	Lincoln	OS	Out of State
OD	Oxford	OC	Out of Country

G. PRIMARY SERVICE CODES

SUBSTANCE ABUSE/AFFECTED CLIENTS

REHABILITATION / RESIDENTIAL

03 Hospital (Other than Detoxification)
04 Short Term (30 Days or Less)
05 Extended Care
06 Halfway House
07 Extended Shelter
15 Adolescent Res. Rehab. Transitional
44 Consumer Run Residence

AMBULATORY

08 Non-Intensive Outpatient
11 Intensive Outpatient
12 Detoxification
13 Evaluation
18 Adolescent Outpatient
38 Adolescent Intensive Outpatient
40 Opioid Replacement Therapy

K. PAYOR CODES

01 OSA
02 Human Services (other than child, adult protective)
03 Corrections
04 Human Services (child, adult protective)
05 Self-Pay
06 MaineCare (Medicaid)
07 Medicare
08 Blue Cross/Blue Shield
09 Health Maintenance Organization (HMO)
10 Other Private Health Insurance
11 Town Assistance
12 Workers' Compensation
13 Veterans' Administration
99 Other

2. PRIMARY REFERRAL SOURCE RESPONSIBLE FOR CLIENT BEING HERE

01 Self
02 Family Member
03 Employer
04 Substance Abuse Agency (Private Practice)
05 Substance Abuse Agency
06 Physician (Non-Substance Abuse Specialist)
07 Other Professional (Non-Substance Abuse Specialist)
08 DEEP (Driver Education/Evaluation Program)
09 Adult Protective Services, DHHS
10 Child Protective Services, DHHS
11 Substitute Care Services, DHHS
12 Probation/Parole, State of Maine
13 Correctional Facility, State of Maine
14 County Jails
15 Riverview Psychiatric Center/Bangor Mental Health Institute
16 Mental Health Agency
17 Friend
18 EAP
19 SAP
20 State/Federal Court
21 Formal Adjudication Process/Maine Pre-Trial
22 Self-Help Group
23 Hospital
24 School
25 AIDS Outreach Worker

(Continued in next column)

26 Community Probation, DSAT
27 Drug Court, DSAT
28 Network/JASAE
29 Juvenile Drug Court
99 Other

19. EMPLOYMENT STATUS

01 Full-Time (35 hours or more)
02 Part-Time (17-34 hours)
03 Irregular (less than 17 hours)
04 Unemployed (has sought work)
05 Unemployed (has not sought work)
06 Not in Labor Force
07 Full-Time Volunteer
08 Part-Time Volunteer
09 Irregular Volunteer

20. EMPLOYABILITY FACTOR

01 Employable or Working Now
02 Student
03 Homemaker
04 Retired
05 Unable for Physical/Psychological Reasons
06 Inmate of Institution
07 Seasonal Worker
08 Temporary Layoff
09 Unable Due to Skills/Resources
10 Unable Due to Program Requirements

22-23. SOURCE OF HOUSEHOLD INCOME

00 None
01 Wages/Salary
02 Retirement
03 Alimony
04 Food Stamps
05 TANF
06 SSI
07 Disability, Other
08 Town Welfare
09 Child Support
10 Unemployment Benefits
11 Social Security
12 Dealing Drugs
13 Workers' Compensation
99 Other/Investments

34-36. SUBSTANCE CODES

0000 None

Alcohol
0100 Alcohol

Marijuana
0200 Marijuana

Cocaine/Crack
0301 Cocaine
0302 Crack

Heroin/Morphine
0400 Heroin/Morphine

Methadone
0500 Methadone

Buprenorphine
0550 Buprenorphine

Other Opiates and Synthetics
0601 Codeine
0602 D-Propoxyphene
0603 Oxycodone (Percodan)
0604 Oxycontin
0605 Meperidine HCL
0606 Hydromorphone
0607 Other Narcotic Analgesics
0608 Pentazocine

PCP
0700 PCP or PCP Combination

Other Hallucinogens
0801 LSD
0802 Other Hallucinogens

Methamphetamine/Speed
0900 Methamphetamine/Speed

Other Amphetamines
1001 Amphetamine

(Continued in next column)

1002 Methylphenidate (Ritalin)
1003 Methylenedioxymethamphetamine (MDMA, Ecstasy)

Other Stimulants
1100 Other Stimulants

Benzodiazepines
1201 Alprazolam (Xanax)
1202 Chlordiazepoxide (Librium)
1203 Clorazpate (Tranzene)
1204 Diazepam (Valium)
1205 Flurazepam (Dalmaine)
1206 Lorazepam (Ativan)
1207 Triazolam (Halcoin)
1208 Other Benzodiazepine

Other Tranquilizers
1301 Meprobarnate (Miltown)
1302 Other Tranquilizers

Barbiturates
1401 Phenobarbital
1402 Secobarbital/Amobarbital (Tuinal)
1403 Secobarbital (Seconal)

Other Sedatives and Hypnotics
1501 Ethchlorvynol (Placidyl)
1502 Glutethimide (Doriden)
1503 Methaqualone
1504 Other Non-Barbiturate Sedatives
1505 Other Sedatives
1506 Flunitrazepam (Rohypnol)
1507 GHB/GBL
1508 Ketamine (Special K)
1509 Clonazepam (Klonopin, Rivotril)

Inhalants
1601 Aerosols
1602 Nitrites
1603 Other Inhalants
1604 Solvents
1605 Anesthetics

Over the Counter
1700 Over the counter, General
1701 Diphenhydramine (Benadryl)

Other
1801 Diphenylhydantoin Sodium (Phenytoin, Dilantin)
1802 Other Drugs

38-40. FREQUENCY OF USE

00 None (Cannot be used on #38)
02 No use past month
03 Once in last 30 days
04 2-3 days per/month
05 Once per week
06 2-3 days per/week
07 4-6 days per/week
08 Daily

41. TOBACCO PRODUCTS ONLY

(FOR USE WITH #41 ONLY)

00 None
10 About ½ pack/can/pouch a day
11 About 1 pack/can/pouch a day
12 About 1½ pack/can/pouch a day
13 About 2 packs/cans/pouches a day
14 More than 2 packs/cans/pouches a day

42-45. ROUTE OF ADMINISTRATION

00 Not Applicable (Cannot be used on #42)
01 Oral
02 Smoking
03 Inhalation
04 Injection
05 Other

58. CURRENT LEGAL STATUS CODES

00 No legal involvement
01 Probation/Parole
02 Furloughed
03 Awaiting Court
04 Serving Sentence (jail/prison)
05 Formal Adjudication
06 Driver's license revocation (NOT DEEP INVOLVED)
99 Other