



Grid for Unique I-SMART ID

Discharge

Client Name: _____ Agency: _____ Facility: _____

1. Date of Discharge: [][] [][] [][] [][] [][] [][] [][]
D D M M Y Y Y Y

2. Past IV user: Yes No

3. Discharge Staff: _____

4. Reason for Discharge:

- Completed Treatment-TX Plan completedComplete all fields
- Completed Treatment-TX Plan Substantially completed.....Complete all fields
- Referred outsideComplete all fields
- Program decision due to lack of progress-Program decisionComplete all fields
- Client left Complete fields 1-3, 7, 18, 30-31
- Incarcerated Complete fields 1-3, 7, 18, 30-31
- Client died Complete fields 1-3, 7, 18, 30-31
- OtherComplete all fields
- Managed Care DecisionComplete all fields
- Detox only-client's treatment consisted of Detox onlyComplete all fields

5. Number of Arrests in past 30 days:

[][]

6. Number of OWI since admission due to OWI:

[][]

7. Number of arrests due to Non-drug or alcohol related crimes while under the influence since admission:

[][]

8. Number of arrests due to Non-drug or alcohol related crimes while NOT under the influence since admission:

[][]

9. Number of arrests due to Drug or alcohol related crimes since admission:

[][]

10. Total number of arrests since admission:

[][]

11. Pregnant: Yes No

12. Relationship Status:

- Single Never Married Married
- Cohabiting Separated
- Divorced Widowed
- Unknown Not Collected

13. Living arrangements:

- Alone With Parents
- With significant other With significant other & children
- With children alone Other adult and children
- Other adult Hospital
- Jail/Correctional Facility Correctional Halfway House
- Homeless Shelter
- Child/Adolescent Foster Care Substance Abuse Halfway House
- Group Home Transitional Housing
- Juvenile Detention



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14. Employment Status:

- Employed Full Time, Unemployed Looking for Work, Homemaker, Person has a disability, Not in Labor Force Inmate, Not in Labor Force not Seeking Work, Employed Part Time, Student, Retired

15. Occupation:

- None, Sales/Clerical, Non-Farm Laborer, Service/Household, Professional/Managerial, Crafts/Operatives, Farm Owner/Laborer

16. Primary Source of Income:

- None, Family/Friends, Disability, SSI/SSDI, Wages/Salary, Public Assistance, Other, Retirement/Pension

17. Clients monthly Gross: \$ [] [] [] [] [] [] [] []

18. Number of months employed since admission to treatment: [] []

19. Number of missed Work/School Days since admission to treatment due to SA related problems:

[] []

20. Number of days Abstinent in last 30 days:

[] []

21. Number of days in support group in last 30 days:

[] []

22. Number of days attended AA/NA or similar meetings in last 30 days?

[] []

23. Number of days of work/school missed in last 6 months due to SA related Problems:

[] []

24. Times Hospitalized Due to SA related Problems:

[] []

25. County of residence: _____

26. Years of Education: [] []

27. Veteran Status:

- None, Armed Forces/On Active Duty/Combat History, Armed Forces/On Active Duty/No Combat History, Military Dependent, National Guard/Combat History, National Guard/No Combat History, National Guard/On Active Duty/Combat History, National Guard/On Active Duty/No Combat History, Retired from Military/Combat History, Retired from Military/No Combat History, Served in Armed Forces/Combat History, Served in Armed Forces/No Combat History, Unknown

28. Number of Children Under 17 living/not living with client: [] []

29. Number of Children spent last 6 months living with client: [] []

30. If #41 is a positive number are Children living with someone else because of Protection order?

- Yes, No

31. Substance (primary)

- None, Cocaine/Crack, Heroin, Other Opiates/Synthetics, PCP, Methamphetamines, Other Stimulants, Other Tranquilizers, Other Sedatives/Hypnotics, Inhalants, Steroids, Other, Alcohol, Marijuana/Hashish, Non Prescription Methadone, Other Hallucinogens, Other Amphetamines, Benzodiazepines, Barbiturates, Over-the-Counter Medication, Ecstasy, Oxycontin, Other Prescribed Analgesics



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Frequency of use (primary)

- N/A
No use in past six months
No use in the past month
1 to 3 times in the past month
1 to 2 times per week
3 to 6 times per week
Once daily
2 to 3 times daily
more than 3 times daily
Unknown

Method of Use (primary)

- Oral, Smoking, Inhalation, IV Injection, Non IV Injection, Nasal, Other, N/A

Substance (Secondary)

- None, Cocaine/Crack, Heroin, Other Opiates/Synthetics, PCP, Methamphetamines, Other Stimulants, Other Tranquilizers, Other Sedatives/Hypnotics, Inhalants, Steroids, Other, Other Prescribed Analgesics, Alcohol, Marijuana/Hashish, Non Prescription Methadone, Other Hallucinogens, Other Amphetamines, Benzodiazepines, Barbiturates, Over-the-Counter Medication, Ecstasy, Oxycontin

Frequency of use (Secondary)

- N/A
No use in past six months
No use in the past month
1 to 3 times in the past month
1 to 2 times per week
3 to 6 times per week
Once daily
2 to 3 times daily
more than 3 times daily
Unknown

Method of Use (Secondary)

- Oral, Smoking, Inhalation, IV Injection, Non IV Injection, Nasal, Other, N/A

Substance (Tertiary)

- None, Cocaine/Crack, Heroin, Other Opiates/Synthetics, PCP, Methamphetamines, Other Stimulants, Other Tranquilizers, Other Sedatives/Hypnotics, Inhalants, Steroids, Other, Other Prescribed Analgesics, Alcohol, Marijuana/Hashish, Non Prescription Methadone, Other Hallucinogens, Other Amphetamines, Benzodiazepines, Barbiturates, Over-the-Counter Medication, Ecstasy, Oxycontin

Frequency of use (Tertiary)

- N/A
No use in past six months
No use in the past month
1 to 3 times in the past month
1 to 2 times per week
3 to 6 times per week
Once daily
2 to 3 times daily
more than 3 times daily
Unknown

Method of Use (Tertiary)

- Oral, Smoking, Inhalation, IV Injection, Non IV Injection, Nasal, Other, N/A

32. Was the Substance prescribed to the client?

- Primary, Secondary, Tertiary
Yes, No, N/A

33. Other Addictions:

- Gambling, None, Other, Compulsive Disorder, Eating Disorder

34. Does the client currently use tobacco?

- No Tobacco Use, Cigarettes, Cigars or Pipes, Smokeless Tobacco, Combo/more than 1



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35. Daily Frequency of Cigarette use:

- No cigarette use, less than 1/2 pack, 1/2 to 1 pack, 1 to 2 packs, greater than 2 packs

36. Was concerned Person Involved:

- Yes, No

37. Did IDPH Pay for any portion of treatment:

- Yes, No

38. As a result of evaluation, was Psychiatric Problem determined:

- Yes, No

39. In clients opinion, how beneficial was our counseling:

Overall:

- Beneficial, Did Not Receive, Do Not Know, Not Beneficial, Very Beneficial

Empty box for client opinion on counseling (39)

40. In clients opinion, how beneficial was our counseling:

Individual:

- Beneficial, Did Not Receive, Do Not Know, Not Beneficial, Very Beneficial

Empty box for client opinion on counseling (40)

41. In clients opinion, how beneficial was our counseling:

Family:

- Beneficial, Did Not Receive, Do Not Know, Not Beneficial, Very Beneficial

Empty box for client opinion on counseling (41)

42. In clients opinion, how beneficial was our counseling:

Group:

- Beneficial, Did Not Receive, Do Not Know, Not Beneficial, Very Beneficial

Empty box for client opinion on counseling (42)

43. In clients opinion, how beneficial was our counseling:

Educational:

- Beneficial, Did Not Receive, Do Not Know, Not Beneficial, Very Beneficial

Empty box for client opinion on counseling (43)