



Grid for Unique I-SMART ID

Follow Up

Client Name: _____ Agency: _____ Facility: _____

Follow up

1. Follow up demographics:

Contact date: [][] [][] [][][][]
MM DD Y Y Y Y

Completion Date: [][] [][] [][][][]
MM DD Y Y Y Y

Staff: _____

2. Follow up interview completed:

- Interview Completed Complete all fields
- Unable to locate client..... Complete 1 and 2
- Client refused interview..... Complete 1 and 2
- Other Person refused interview Complete 1 and 2
- Client incarcerated..... Complete 1 and 2
- Other..... Complete 1 and 2

3. Pregnant: Yes No

4. County of residence: _____

6. Relationship Status:

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

5. Living arrangements:

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

7. Years of Education: [][]

8. Employment Status:

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



Grid for Unique I-SMART ID

9. Occupation:

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

10. Primary Source of Income:

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

11. Months employed since discharge: [][]

12. Number of missed Work/School Days since discharge from treatment due to SA related problems: [][]

13. Monthly Gross Income: \$ [][][][][][]

14. Times hospitalized since discharge from treatment due to SA related problems: [][]

15. Number of OWI since admission due to OWI: [][]

16. Number of arrests due to Non-drug or alcohol related crimes while under the influence since discharge: [][]

17. Number of arrests due to Non-drug or alcohol related crimes while NOT under the influence since discharge: [][]

18. Number of arrests due to Drug or alcohol related crimes since discharge: [][]

19. Total number of arrests since discharge: [][]

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? [][]

28. Substance (primary)

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

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



Grid for Unique I-SMART ID

Frequency of use (Secondary)

- Frequency of use (Secondary) options: 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)

- Method of Use (Secondary) options: Oral, Inhalation, Non IV Injection, Nasal, N/A, Smoking, IV Injection, Other

Substance (Tertiary)

- Substance (Tertiary) options: 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)

- Frequency of use (Tertiary) options: 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)

- Method of Use (Tertiary) options: Oral, Inhalation, Non IV Injection, Nasal, N/A, Smoking, IV Injection, Other

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

Overall:

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

Empty box for client response to question 23

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

Individual:

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

Empty box for client response to question 24

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

Family:

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

Empty box for client response to question 25



Grid for Unique I-SMART ID

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

Group:

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

Empty box for client response to question 26

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

Educational:

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

Empty box for client response to question 27

28. Follow up interview completed with:

- Client, Significant other, Other household member, Other

29. Have you been admitted to another alcohol/drug agency since discharge?

- Yes, No

30. Follow up type interview:

- Letter or questionnaire, Telephone, In person, IDPH, Other

31. Last substance abuse environment:

- No treatment recommended, Medically managed detox, Medically monitored detox, Medically managed intensive inpatient, Clinically managed high intensity residential, Clinically managed medium intensity residential, Day treatment/partial hospitalization, Clinically managed low intensity residential, Continuing care, Extended outpatient, Intensive outpatient, Outpatient detox, Medically monitored intensive inpatient, PMIC, Assessment

32. Number of substance abuse admissions to other agencies since discharge from our agency:

Two digit input box for question 32

33. Months since last discharge(if admitted to another treatment after discharge from our program):

Two digit input box for question 33