

Follow Up

Client Name _____

1. Follow up demographics:

Contact date: _____

Completion date: _____

Counselor: _____

2. Follow up interview completed:

- Interview completed-----Complete All
- Unable to locate client-----1-2
- Client refused interview-----1-2
- Other person refused-----1-2
- Client incarcerated-----1-2
- Other-----1-2

3. County of residence: _____

4. Pregnant: Yes No

5. Living Arrangement:

- Alone
- With parents
- With significant others
- With significant other & children
- With children alone
- Other adults
- Other adult(s) and children
- Jail/Correctional Facility
- Homeless
- Correctional Halfway House
- Substance Abuse Halfway House
- Group Home
- Hospital
- Transitional Housing
- Shelter
- Child/Adolescent
- Juvenile Detention

6. Marital Status

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

7. Education (# of years): _____

8. Employment Status:

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

9. Occupation

- None
- Professional/Managerial
- Sales
- Crafts/Operatives

- Laborers, Not Farm
- Farm Owners/Laborers
- Service/Household

10. Primary Income Source

- None
- Wages/Salary
- Family/Friends
- Public Assistance
- Retirement/Pension
- Disability
- Other
- SSI/SSDI Never
- SSI/SSDI Previous
- SSI/SSDI Current
- SSI/SSDI Current and Previous

11. Months employed since discharge from Treatment: _____

12. Days of work or school missed since discharge from TX due to SA related problems: _____

13. Client's Monthly Gross: _____

14. Times hospitalized since discharge from treatment (due to a SA related problem): _____

15. Times arrested since your discharge from treatment:

- # of OWI since discharge from treatment?
- # of non-drug or alcohol-related crime while under the influence since discharge from treatment
- # of non-drug or alcohol-related crime while not under the influence since discharge from treatment
- # of drug or alcohol-related crimes since discharge from treatment

16. # of arrests in the last 30 days: _____

17. # of days attended AA/NA or similar meetings per month since discharge from treatment: _____

18. Substances Used

- Primary:
- N/A
 - Alcohol
 - Cocaine/Crack
 - Marijuana/Hashish
 - Heroin
 - Non Prescribed Methadone
 - Other Opiates/Synthetics
 - PCP
 - Other Hallucinogens
 - Methamphetamines

18. Primary (continued)

- Other Amphetamines
- Other Stimulants
- Benzodiazepines
- Other Tranquilizers
- Barbiturates
- Other Sedatives/Hypnotics
- Inhalants
- Over-the-counter Meds
- Steroids
- Ecstasy
- Other
- Oxycontin
- Other Prescribed Analgesics

Primary Frequency of Use:

- N/A
- No Use in the past 6 months
- No Use in the past month
- 1-3 times in the past month
- 1-2 times per week
- 3-6 times per week
- Once daily
- 2-3 times daily
- More than 3 times daily
- Unknown

Secondary Substance Used:

- N/A
- Alcohol
- Cocaine/Crack
- Marijuana/Hashish
- Heroin
- Non Prescribed Methadone
- Other Opiates/Synthetics
- PCP
- Other Hallucinogens
- Methamphetamines
- Other Amphetamines
- Other Stimulants
- Benzodiazepines
- Other Tranquilizers
- Barbiturates
- Other Sedatives/Hypnotics
- Inhalants
- Over-the-counter Meds
- Steroids
- Ecstasy
- Other
- Oxycontin
- Other Prescribed Analgesics

Secondary Frequency of Use:

- N/A
- No Use in the past 6 months
- No Use in the past month
- 1-3 times in the past month
- 1-2 times per week
- 3-6 times per week
- Once daily
- 2-3 times daily
- More than 3 times daily
- Unknown

Tertiary Substance Used:

- N/A
- Alcohol
- Cocaine/Crack
- Marijuana/Hashish
- Heroin
- Non Prescribed Methadone
- Other Opiates/Synthetics
- PCP
- Other Hallucinogens
- Methamphetamines
- Other Amphetamines
- Other Stimulants
- Benzodiazepines
- Other Tranquilizers
- Barbiturates
- Other Sedatives/Hypnotics

- Inhalants
- Over-the-counter Meds
- Steroids
- Ecstasy
- Other
- Oxycontin
- Other Prescribed Analgesics

Tertiary Frequency of Use:

- N/A
- No Use in the past 6 months
- No Use in the past month
- 1-3 times in the past month
- 1-2 times per week
- 3-6 times per week
- Once daily
- 2-3 times daily
- More than 3 times daily
- Unknown

19. In the client's opinion, how beneficial was our counseling?

Overall:

- Beneficial
- Do Not Know
- Not Beneficial
- Very Beneficial

Individual:

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

Family:

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

Group:

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

Educational:

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

20. Follow up interview completed with:

- Client
- Significant other
- Other household member
- Other

21. Have you been admitted to another alcohol/drug agency since discharge from our agency?

- Yes No

22. Follow up type of interview

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

23. Last substance abuse environment

- Not Applicable (no tx 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

23. (continued)

- Clinically managed low-intensity residential
- Continuing care
- Extended outpatient
- Intensive outpatient
- Outpatient detox
- Medically monitored intensive inpatient
- PMIC
- Assessment

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

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