Connecticut Department of Mental Health and Addiction Services

dmhas

DDaP – PERIODIC ASSESSMENT 6 MONTH UPDATE FORM

PERIODIC ASSESSMENT

ASSESSMENT DATE: _____ / _____ / _____   *This is date that the 6 month update was done and should be based on the client's information at the time of Assessment.*

EMPLOYMENT STATUS: *(check one box only)*

30 ☐	**EMPLOYMENT FULL TIME (in competitive employment)**	46 ☐	**NOT IN LABOR FORCE; retired**
32 ☐	**EMPLOYMENT PART TIME (in competitive employment)**	48 ☐	**NOT IN LABOR FORCE; SSI SSDI**
34 ☐	**UNEMPLOYMENT (looking for work in the past 30 days, or on a layoff)**	50 ☐	**NOT IN LABOR FORCE; Inmate of institution**
36 ☐	**PAID BUT NON-COMPETITIVE WORK (transitional employment programs)**	52 ☐	**NOT IN LABOR FORCE; other reason**
38 ☐	**PAID BUT NON-COMPETITIVE WORK (work inside the clubhouse or treatment agency, mobile work crews and consumer-run businesses)**	96 ☐	**OTHER**
42 ☐	**NOT IN LABOR FORCE; student enrolled in a school or job training program)**	97 ☐	**UNKNOWN**
44 ☐	**NOT IN LABOR FORCE; homemaker**		

HIGHEST GRADE COMPLETED: Highest grade completed by the Client at the time of Assessment.   *(Enter 0 – 32)* [ ] ☐ UNKNOWN

PERSONS DEPENDENT ON INCOME: This includes the client and any dependents.   *(Enter 1 – 15)* [ ]

MINORS DEPENDENT ON INCOME: *(Enter 0 – 14)* [ ]

PRINCIPAL SOURCE OF SUPPORT: *(check one box only)*

0 ☐	**NONE**	4 ☐	**DISABILITY**
1 ☐	**PUBLIC ASSISTANCE**	96 ☐	**OTHER**
2 ☐	**RETIREMENT**	97 ☐	**UNKNOWN**
3 ☐	**SALARY**		

LIVING SITUATION: *(check one box only)*				
30	☐	**PRIVATE RESIDENCE, client owns or holds lease**	46 ☐	**PSYCHIATRIC/SA/MEDICAL INPATIENT**
32	☐	**PRIVATE RESIDENCE, friend or relative owns the residence or holds lease.**	48 ☐	**CORRECTIONAL FACILITY**
34	☐	**SINGLE ROOM OCCUPANCY (Hotel, YMCA, Rooming House)**	50 ☐	**DOMESTIC VIOLENCE SHELTER**
36	☐	**PRIVATE RESIDENCE, Community agency owns or holds lease**	52 ☐	**HOMELESS SHELTER**
38	☐	**RESIDENTIAL CARE HOME / BOARD AND CARE**	54 ☐	**HOMELESS (including on street)**
40	☐	**CONGREGATE RESIDENTIAL CARE (24-hour supervision, group setting, services focus on MH, SA, &/or MR issues, Recovery House.)**	96 ☐	**OTHER**
42	☐	**CRISIS / RESPITE BED**	97 ☐	**UNKNOWN**
44	☐	**SKILLED NURSING FACILTY/ INTERMEDIATE CARE FACILTY/ NURSING HOME**		

Was Client Homeless in the Last Six Months?   ☐ YES   ☐ NO   ☐ UNKNOWN

Number of Days in the Last 30 that client lived in a Controlled Environment?   *(Enter 0 – 30)* ☐

Number of Arrests in the Last 30 Days?   *(Enter 0 – 30)* ☐ ☐ UNKNOWN

SOCIAL SUPPORT VOLUNTARY: Number of Self-Help programs/meetings attended in last 30 days   *(Enter 0 – 50)* ☐ ☐ UNKNOWN

SOCIAL SUPPORT FAMILY/FRIENDS: Indicate whether or not Client interacted with Family/Friends supportive of recovery in the thirty days preceding assessment.   ☐ YES   ☐ NO   ☐ UNKNOWN

SUBSTANCE ABUSE

(Select client's lifetime number of prior Admissions to Inpatient/Residential Substance Abuse treatment.)			
SA IP.RES. ADMISSIONS: LIFETIME			
0 ☐	**NO PRIOR ADMISSIONS**	04 ☐	**4 PRIOR ADMISSIONS**
01 ☐	**1 PRIOR ADMISSION**	05 ☐	**5 PRIOR ADMISSIONS**
02 ☐	**2 PRIOR ADMISSIONS**	06 ☐	**GREATER THAN 5 PRIOR ADMISSIONS**
03 ☐	**3 PRIOR ADMISSIONS**		

(Select client's lifetime number of prior Admissions to Outpatient Substance Abuse treatment.)			
SA OP.RES. ADMISSIONS: LIFETIME			
0 ☐	**NO PRIOR ADMISSIONS**	04 ☐	**4 PRIOR ADMISSIONS**
01 ☐	**1 PRIOR ADMISSION**	05 ☐	**5 PRIOR ADMISSIONS**
02 ☐	**2 PRIOR ADMISSIONS**	06 ☐	**GREATER THAN 5 PRIOR ADMISSIONS**
03 ☐	**3 PRIOR ADMISSIONS**		

PERIODIC ASSESSMENT – SUBSTANCE USE

(Select Drug Type 1 - 5, as applicable – Update based on the client's use at the time of Assessment)

DRUG TYPE(S) used by clients	DRUG TYPE 1	DRUG TYPE 2	DRUG TYPE 3	DRUG TYPE 4	DRUG TYPE 5
0 NONE	☐				
01 AMPHETAMINES	☐	☐	☐	☐	☐
02 ALCOHOL	☐	☐	☐	☐	☐
03 BARBITUATES	☐	☐	☐	☐	☐
04 BENZODIAZEPINES	☐	☐	☐	☐	☐
05 COCAINE	☐	☐	☐	☐	☐
06 CRACK	☐	☐	☐	☐	☐
07 HALLUCINOGENS: LSD, DMS, STP, etc.	☐	☐	☐	☐	☐
08 HEROIN	☐	☐	☐	☐	☐
09 INHALANTS	☐	☐	☐	☐	☐
10 MARIJUANA, HASHISH, THC	☐	☐	☐	☐	☐
11 METHAMPHETAMINES	☐	☐	☐	☐	☐
12 NON-PRESCRIPTIVE METHADONE	☐	☐	☐	☐	☐
13 OTHER OPIATES AND SYNTHETICS	☐	☐	☐	☐	☐
14 OTHER SEDATIVES OR HYPNOTICS	☐	☐	☐	☐	☐
15 OTHER STIMULANTS	☐	☐	☐	☐	☐
16 OVER-THE-COUNTER	☐	☐	☐	☐	☐
17 PCP	☐	☐	☐	☐	☐
18 TRANQUILIZERS	☐	☐	☐	☐	☐
96 OTHER	☐	☐	☐	☐	☐
97 UNKNOWN	☐				

DRUG METHOD USE FIELD 1: *(Complete based on corresponding DRUG TYPE 1 selected, except 0 & 97.)*					
01	☐	ORAL	04	☐	INJECTION
02	☐	SMOKING	96	☐	OTHER
03	☐	INHALATION	97	☐	UNKNOWN

DAYS USED FIELD 1:
Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 1 field? *(Enter 0 – 30)* [ ]

AGE FIRST USED FIELD 1:
Age at which the client used the Drug specified in the Drug Type 1 field? *(Enter Age)* [ ]

DRUG METHOD USE FIELD 2: *(Complete based on corresponding DRUG TYPE 2 selected, except 0 & 97.)*

01	☐	ORAL	04	☐	INJECTION
02	☐	SMOKING	96	☐	OTHER
03	☐	INHALATION	97	☐	UNKNOWN

DAYS USED FIELD 2:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 2 field?   *(Enter 0 – 30)*   ☐

AGE FIRST USED FIELD 2:

Age at which the client used the Drug specified in the Drug Type 2 field?   *(Enter Age)*   ☐

DRUG METHOD USE FIELD 3: *(Complete based on corresponding DRUG TYPE 3 selected, except 0 & 97.)*

01	☐	ORAL	04	☐	INJECTION
02	☐	SMOKING	96	☐	OTHER
03	☐	INHALATION	97	☐	UNKNOWN

DAYS USED FIELD 3:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 3 field?   *(Enter 0 – 30)*   ☐

AGE FIRST USED FIELD 3:

Age at which the client used the Drug specified in the Drug Type 3 field?   *(Enter Age)*   ☐

DRUG METHOD USE FIELD 4: *(Complete based on corresponding DRUG TYPE 4 selected, except 0, 97.)*

01	☐	ORAL	04	☐	INJECTION
02	☐	SMOKING	96	☐	OTHER
03	☐	INHALATION	97	☐	UNKNOWN

DAYS USED FIELD 4:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 4 field?   *(Enter 0 – 30)*   ☐

AGE FIRST USED FIELD 4:

Age at which the client used the Drug specified in the Drug Type 4 field?   *(Enter Age)*   ☐

DRUG METHOD USE FIELD 5: *(Complete based on corresponding DRUG TYPE 5 selected, except 0 & 97.)*

01	☐	ORAL	04	☐	INJECTION
02	☐	SMOKING	96	☐	OTHER
03	☐	INHALATION	97	☐	UNKNOWN

DAYS USED FIELD 5:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 5 field?   *(Enter 0 – 30)*   ☐

AGE FIRST USED FIELD 5:

Age at which the client used the Drug specified in the Drug Type 5 field?   *(Enter Age)*   ☐