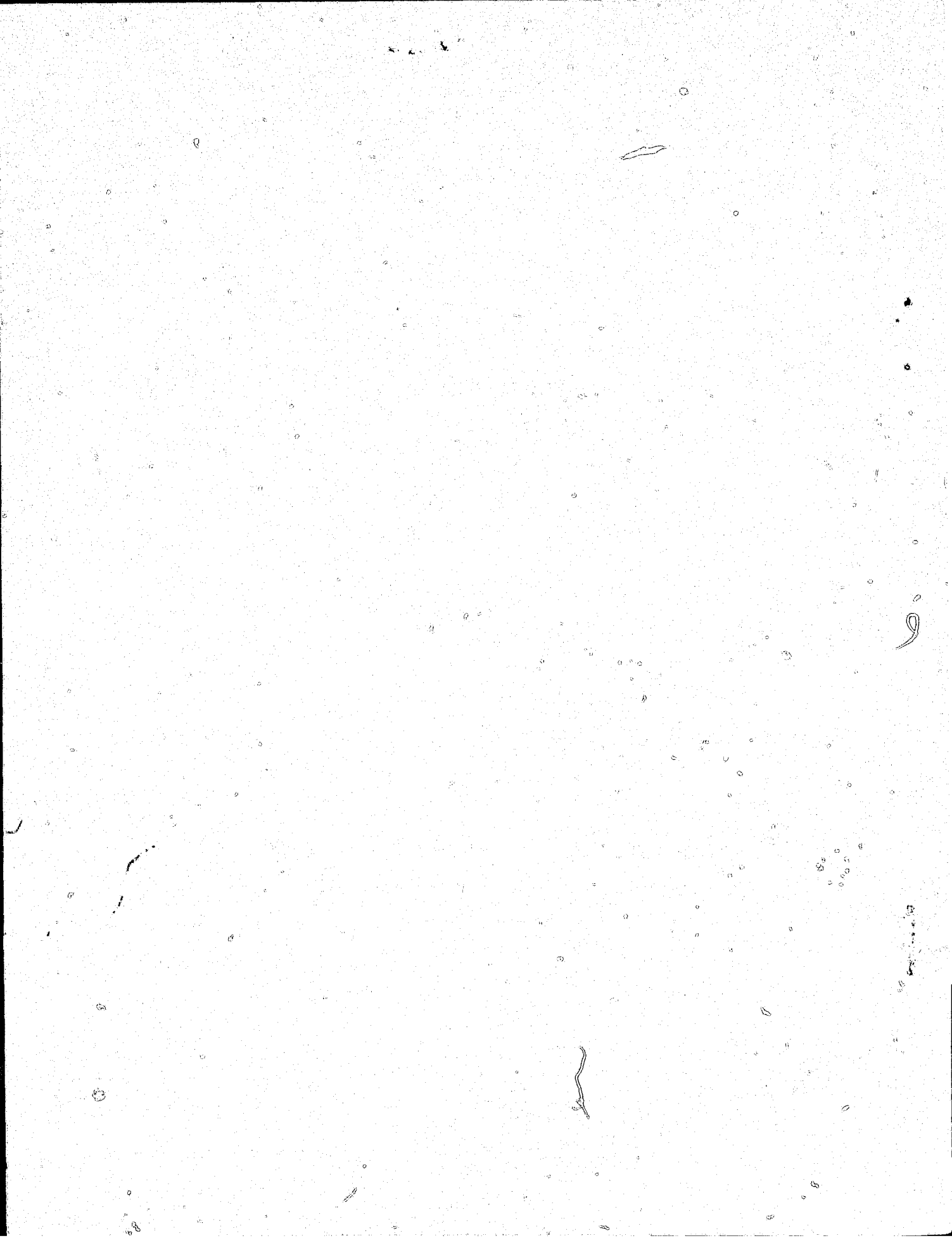


The Pilot Alcohol and Drug Abuse
Treatment (PADAT) Project
1975—1976

**HANDBOOK
ON
EVALUATION OF TREATMENT OF DRUG
AND ALCOHOL DEPENDENT PATIENTS**

54593

VETERANS ADMINISTRATION • DEPARTMENT OF MEDICINE AND SURGERY
Alcohol and Drug Dependence Division -
Mental Health and Behavioral Sciences Service
Direct Care Delivery Division -
Health Services Research and Development Service



CONTENTS

	PAGE
SECTION I. PROJECT OVERVIEW	
A. Purpose of Project	1
B. Evaluation Plan	1
C. Schedule	2
SECTION II. GENERAL PROCEDURES	
A. Evaluation Tasks	2-3
1. Population Identification	
2. Sample Identification	
3. Description of Patient's Status at Admission	
4. Determination of Patient's Targets for Concentrated Effort	
5. Treatment Record	
6. Description of Follow-up Sample	
7. Determining Patient's Satisfaction	
B. Program Guidelines	3
1. Inpatient Treatment	
2. Outpatient Treatment	
3. Admissions Policy	
4. PADATU Patient Mix	
5. ATU and DDTC Patient Population	
6. Project Explanation for Patients	
7. Confidentiality Assurance	
C. General Evaluation Procedures	4-5
1. Screening Procedures	
a. Screening Interview	
b. Disposition Action Required	
c. Assigning the Serial I.D. Number	
d. Re-Screening or Readmissions	
2. Continuing Treatment Procedures	
a. Obtaining Participant Consent	
b. Timing the Description of Entry Status	
c. Identifying Patient Goals	
d. Ongoing Treatment Record	
3. Follow-up Procedures (Introduction)	
a. Sample Selection	
b. Handling Repeat Admissions	
c. Contact to Enhance Follow-up	
d. Interview Timing	

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ACQUISITIONS

SECTION III. EVALUATION FORMS USAGE

A. Forms Supply 6

B. Data Submission and Questions 6

 1. Quality Control

 2. Forms Submission Address

 3. Inpatient Census Count

 4. Questions and Problem Resolution

C. Data Management 6-10

 1. Master Register

 2. Managing Locator Information

 3. Form Completion Time Limits

 4. Form Submission or Retention Requirements

 5. Managing Treatment Data Records

 6. Maintaining the Consent Form

D. Forms--Individual Discussion 11-31

 1. 10-7984a Agreement to Participate in Evaluation Follow-up

 2. 10-7984b Intake Screening Record

 3. 10-7984c Background and Status Information Record

 4. 10-7984d Patients Goals for Treatment

 5. 10-7984e VA Treatment Progression Record

 6. 10-7984f Six-month Follow-up Form

 7. 10-7984g Patient's Opinions About Treatment

SECTION IV. APPENDIX

Appendix A. VA Hospitals Participating App. A-1

Appendix B. VA Goals for Treatment of Alcohol and Drug Dependent Patients App. B-1

Appendix C. A Note Concerning Follow-up Procedures with Alcoholics App. C-1

Appendix D. Follow-up Letter Prototype App. D-1

EVALUATION OF TREATMENT OF DRUG AND ALCOHOL DEPENDENT PATIENTS

SECTION I - PROJECT OVERVIEW

A. PURPOSE OF PROJECT

Traditionally, patients with primary alcohol abuse problems have been treated in settings separate from those with patients who have primary drug abuse problems. However, because of the many similarities in abuse of such substances, some authorities propose that similar causal mechanisms underly some of those problems. If true, it should be possible to treat individuals with either or both abuse problems in a combined setting. In addition to a conceptual justification for integrated treatment settings, the use of such settings could also be more cost effective in terms of personnel and resources. Better utilization of single-setting programs might be achieved if admission were open to both types of patients, providing it were not detrimental to patient recovery. Also, communities without sufficient client population to support the establishment of separate treatment facilities could still address both problem areas with a smaller combined treatment approach.

The VA Pilot Alcohol/Drug Abuse Treatment Project (PADAT) is designed to determine the feasibility and to assess the effectiveness of treating drug and alcohol dependent patients in the same setting. Results of this project could have great implications for planning the treatment of these two groups of patients which contribute large populations to VA hospitals.

B. EVALUATION PLAN

The outcome or effectiveness of treatment in combined settings with patients who have either a primary alcohol or drug problem will be compared with the outcome of treatment for patients treated in single settings. Effectiveness is defined in terms of patient progress toward the eight revised treatment goals accepted for use in treating both alcohol and drug dependent patients in the Veterans Administration. (See appendix B of this manual for a listing of those goals.)

Ten Drug Dependence Treatment Centers (DDTC's) are participating as combined treatment programs and are referred to as Pilot Alcohol/Drug Abuse Treatment Units (PADATU's). PADATU's will thus treat both alcohol and drug dependent patients in the same facility with the same modalities and approaches to treatment.

The comparison groups are selected VA Alcoholism Treatment Units (ATU's) which will treat patients with just primary alcoholism as the problem and Drug Dependent Treatment Centers (DDTC's) which will treat patients with just primary drug abuse as the problem. ATU's and DDTC's participating as comparison groups will continue their treatment programs in their usual manner. (See appendix A of this manual for a listing of the participating hospitals.)

Staff are asked to provide data on each patient at the time of admission. A sample of these patients will be interviewed again six months after admission, whether or not they are still in treatment, to determine progress toward the eight treatment objectives. This group will consist of those patients who remained in inpatient treatment approximately 30 days or graduated from an established inpatient treatment program (which may be slightly shorter at certain facilities). Patients who drop out of treatment prematurely will be interviewed on their departure to record their reasons for leaving. Forms provided will enable staff to record this information in a standardized manner.

While statistically controlling for the variables which are believed to influence patient outcome, such as age, length of treatment, number of prior treatment attempts, etc., comparisons will be made between the outcomes

of (a) alcohol dependent patients treated in the combined setting and those treated in the ATU setting, and (b) drug dependent patients treated in the combined setting and those treated in the DDTC setting.

C. SCHEDULE

PADATU's started treating patients in combined settings, July 1, 1974. A pilot test of the evaluation instrument was conducted in both combined and single settings. Intake data collection for final evaluation is to start July 1, 1975. Follow-up data will be collected six months following admission to the program.

SECTION II - GENERAL PROCEDURES

A. EVALUATION TASKS

In order to fulfill the demands of the overall evaluation design for this project, a number of specific tasks must be accomplished. The information to be collected on the evaluation forms created for this project will meet these specific needs.

1. **Population Identification.** The population of veterans seeking treatment from VA drug or alcohol dependence treatment facilities must be described or characterized to ensure that the group of veterans who do receive treatment in a VA hospital is representative of the entire group seeking treatment. At the conclusion of the study which looks at only a sample of patients, we want to be able to say that the results that were true for the sample would also be true of the larger population. If the results can be generalized, the impact of this study will be greater in effecting policy decisions in this area. The information on the *Intake Screening Record* will be used for this purpose.

2. **Sample Identification.** Of all the patients being treated in combined alcohol and drug abuse treatment units and drug or alcohol dependence treatment programs, an identified group must be observed more closely in order to answer the questions of this project. This group must have spent sufficient time in an inpatient treatment setting so that the effect of the type of setting they experienced can be measured. Further, this should be a relatively "fresh" treatment experience for them so that the effects of recent treatment will not confound the results. Since the evaluation design calls for looking at the change or progress these patients have made from inpatient admission to their six month anniversary, patients who have lived in institutional settings for a considerable period prior to admission must be identified. Since they experienced an artificial living environment during the four weeks before admission, data on their functioning will be affected and change scores for this group will not be appropriate. Rather, data on their status at the six-month point alone will be used. Thus, information on the *Intake Screening Record* will be used for these purposes.

3. **Description of Patient's Status at Admission.** For patients who are eligible to be followed-up for the purposes of this project, information must be collected on the status of their functioning at the time of admission as it relates to the eight VA treatment goals for alcohol and drug dependent patients. This information will then be compared with that obtained at the time of follow-up to see if progress has been made. These data are recorded on the *Background and Status Information Record*.

4. **Determination of Patient's Targets for Concentrated Effort.** To look more closely at the individual's progress as a result of treatment, one must ask: "If the patient has a specific problem area, did the program help resolve the problem, and in what ways?" To accomplish this, clinical staff are asked to identify which problem areas they intend to target for each individual patient. Further, each patient is asked to identify for himself and the clinical staff which problem areas he wants help with. Clinical staff will indicate targets for treatment on the *Background and Status Information Record* and patients will identify their targets for change on the *Patient Goals for Treatment* form.

5. **Treatment Record.** The type and amount of treatment patients receive must be recorded so that any differences in the degree of progress made between the combined and single setting groups can be attributed to the effects of the settings and not merely reflect the amount of treatment received. VA treatment may be recorded on the *Treatment Progression Record*. A summary of the treatment received will be included on the *Six-Month Follow-up Form* for every patient selected for the follow-up sample.

6. **Description of Follow-up Sample.** Six months after inpatient admission a random sample of patients chosen by VA Central Office will be interviewed and their current status described regarding the eight treatment goals. This information will be recorded on the *Six-month Follow-up Form*. Subsequent data analysis will determine if the change in patients' functioning improved significantly more in either the single or combined settings.

7. **Determining Patient's Satisfaction.** At the time of the six month interview, patients will have an opportunity to express their degree of satisfaction with the treatment they experienced. They will also have an opportunity to express their opinions about the value and desirability of treating alcohol and drug dependent patients together. Satisfaction with treatment will be one of the factors compared between patients treated in single settings and those treated in combined settings. This information will be supplied by the patient on the *Patient's Opinions About Treatment* form.

B. PROGRAM GUIDELINES

Treatment programs participating in this project as combined treatment centers or comparison programs have agreed to follow these general guidelines for program operation. These are basic to the project design in order to properly evaluate the results of treatment and accomplish the evaluation tasks highlighted above.

1. **Inpatient Treatment.** All participating programs will provide incoming patients entering inpatient treatment with an initial treatment regimen of at least 30 days duration. An exception may be made for programs having established, structured, inpatient treatment plans which are slightly shorter but a minimum duration of three weeks.

2. **Outpatient Treatment.** Outpatient treatment offered as a continuation of the inpatient treatment plan will be extended to all patients for whom it would be therapeutically beneficial after their participation as inpatients.

3. **Admission Policy.** No program will practice an exclusive admissions policy, but will accept a broad range of patients with varying background characteristics, treatment histories, and prognoses. Conclusions from the study will thus have broader application for all potential VA patients. Exception: Applicants for admission will *not* be accepted who cannot participate in the therapeutic activities offered because of incapacitating illness or disability, or severe psychiatric disorder. Such persons shall be admitted to the hospital and properly referred for appropriate treatment with later consideration for transfer to the program if their conditions change. Program personnel may be of considerable help in monitoring these patients' progress with regard to the drug or alcohol problem while they are being treated elsewhere in the hospital.

4. **PADATU Patient Mix.** Combined treatment centers (PADATU's) should strive to attain a balanced inpatient population of alcohol and drug dependent persons. At no time should the number of patients in either the alcohol or drug dependent group fall below 33% or exceed 67% of the total inpatient population. This plan, in most cases, will permit the PADATU to accept all applications to treatment. However, if this ratio range does not permit treatment in the PADATU, all eligible veterans will be assured of treatment in another setting within the hospital under the care of the PADATU treatment staff.

5. **ATU and DDTC Patient Population.** Comparison programs must strive toward maintaining a single category type population of primary drug dependent patients or primary alcohol dependent patients. Valid conclusions could not be drawn from the project if comparison programs were to mix primary alcohol and primary drug dependent patients.

6. **Project Explanation for Patients.** Appropriate staff will explain to all patients on admission that they are participating in a project that will look at the effectiveness of the treatment provided. To do so, careful records will be made of the treatment they receive. They will also be asked to participate in interviews six months after admission to see how they are doing and to ask their opinions about the treatment received.

7. **Confidentiality Assurance.** All programs will assure confidentiality to patients entering treatment. The Veterans Administration will protect the rights of the patient. All information will be handled in strict confidence and will not be released for unauthorized purposes.

C. GENERAL EVALUATION PROCEDURES

1. Screening Procedures

a. *Screening Interview.* All veterans interviewed for admission by the program beginning July 1, 1975 until the end of the intake period are classified in the project regardless of whether or not they eventually do enter treatment or how long they remain. This screening interview may take place before the veteran has been admitted to the program or may occur shortly after admission if the veteran was admitted on an emergency basis before program staff had an opportunity to interview. If possible, the PADAT Evaluation Coordinator should take part in the screening interview. Much of the information given at this time is required on the evaluation forms. The patient and staff can save considerable time and irritation if the same questions do not have to be repeated. When the veteran is capable of making a responsible decision (either before admission or within five days of admission), the treatment program should be explained. The patient should be advised that he will benefit most by completing the program, remaining a minimum of 30 days. The role of evaluation in improving the treatment offered should be explained. As part of the evaluation, the patient, and perhaps another designated person, will be contacted six months later to discuss progress achieved.

b. *Disposition Action Required.* The result of this screening will be entered on the *Intake Screening Record*. Depending on the disposition given to a particular case, the applicant may or may not be included in the evaluation portion of this project. If the veteran decides not to enter a continuing inpatient treatment regimen, complete the *Intake Screening Record* and submit the original copy of the form to VA Central Office. If the veteran does decide to enter a continuing inpatient treatment regimen, the *Agreement to Participate in Evaluation Follow-up* (VA Form 10-7984a) must be signed as a record of understanding and agreement to participate in follow-up. The *Background and Status Information Record* will generally be completed on all those admitted to a continuing inpatient treatment regimen within seven days of this entry. (For further discussion of timing and classifications, see instructions for the *Intake Screening Record* and the *Background and Status Information Record*.)

c. *Assigning the Serial I.D. Number.* As each veteran is interviewed for admission to the program a Serial I.D. number will be assigned starting from 0001 through 9999. This will protect the confidentiality of the veteran's application for treatment and yet assure orderly management of data by Central Office and program personnel throughout the project.

d. *Re-screenings or Readmissions.* If an applicant who has previously been screened for admission reappears at a later date, repeat the intake procedures as though a new applicant. Likewise, if a patient already assigned a Serial I.D. number drops out of treatment and is readmitted before the intake period has ended or if a patient is transferred from one VA treatment facility to another, the intake and admission procedures should be repeated. For the period of this project, *only one* serial I.D. number will be assigned to an individual within a particular program, *regardless* of the number of applications made, admissions or readmissions. A new serial I.D. would be assigned only if the patient moves from one VA program to another.

2. Continuing Treatment Procedures

a. *Obtaining Participant Consent.* With the decision to enter a continuing inpatient treatment regimen, the patient will sign the *Agreement to Participate in Evaluation Follow-up* (VA Form 10-7984a). This record will indicate willingness to participate in the plan for follow-up as described and to provide location information. For follow-up to be successful, recording accurate and sufficient location information is essential. The importance of the patient's participation in the follow-up interview should be stressed. The patient should be asked to provide the names of two relatives preferably (or friends) who might be able to locate him if he is unable to be reached at the address provided. As a separate request, ask the veteran if these relatives or close friends could be contacted by a follow-up interviewer as part of the evaluation to discuss their impression of progress made since treatment. **IMPORTANT:** If the veteran does not give written permission for these discussions, none will take place as part of the evaluation process. Consent does not have to be given at the time of entry into the program. If agreement is given later in treatment, patients may add their consent. Similarly if a patient changes his mind, he may withdraw his consent. One copy of Agreement Form should be *filed in the medical record* and none are to be sent to VA Central Office.

b. *Timing the Description of Entry Status.* Once the patient has entered into a continuing inpatient treatment regimen, the Evaluation Coordinator should continue to talk with the patient, other staff members who have worked with him, and family members, if available, and to review pertinent records. Description of his status at the time of admission should be accomplished within *seven days* of his entry into the continuing inpatient treatment regimen. Though many questions on the *Background and Status Information Record* can be answered soon after the intake screening interview, the judgmental questions pertaining to the severity of the patient's problem in goal-relevant areas may require the additional time to get to know the individual. Determination of which problem areas will be targets for program treatment should be made by the clinical staff.

c. *Identifying Patient Goals.* Within the same seven days after entry into the continuing inpatient treatment regimen, the patient should complete the *Patient Goals Form* (VA Form 10-7984d). The patient should be asked to identify which problematic areas he wants to work on during VA treatment, starting with the inpatient phase and extending into outpatient care. Guidance in determining the patient's goals for treatment should not be provided by staff members. Clarification may be offered if requested; however, these must reflect the patient's own thoughts regarding need for treatment.

d. *Ongoing Treatment Record.* An ongoing record of each patient's treatment, both as an inpatient and as an outpatient, must be kept until the time of follow-up. For ease in recording the necessary information, the *Treatment Progression Record* (VA Form 10-7984e) has been provided for optional use. The treatment provided daily for an individual patient in terms of environment, modality, individual and group counseling, and medication received can be recorded here. Each program should devise its own system to ensure that all treatment provided is recorded in a timely manner. Validity of the treatment data would be severely jeopardized if personnel try to recall and then record the treatment they *think* they provided to patients during the previous weeks. It is the responsibility of the PADAT Evaluation Coordinator to assure that records are maintained.

3. Follow-up Procedures (Introduction)¹

a. *Sample Selection.* Veterans to be included in the group to be followed-up will be randomly selected by Central Office staff from the intake forms submitted. Patients included in this group will have received sustained treatment as inpatients (approximately 30 days or graduated from an established inpatient treatment program of not less than three weeks duration). Patients not to be followed up include:

- (1) Those who left inpatient treatment without receiving a sustained period of inpatient treatment.
- (2) Those who received treatment for drug or alcohol dependence within a month prior to this admission.

b. *Handling Repeat Admissions.* Some veterans may be admitted more than once to a particular treatment program during the PADAT Intake Period. Intake procedures should be followed each time as previously discussed. VA Central Office will advise on which admission, if any, follow-up will be based.

c. *Contact to Enhance Follow-up.* Evaluation Coordinators should make periodic contact with each of the patients entered in the project to enhance cooperation in the evaluation effort and improve the likelihood of locating the patient at the time of follow-up. The interaction between program staff and the patient at these times and at the time of the six-month follow-up can be considered an integral part of the patient's continuing treatment. Attention is called to a discussion of a model for therapeutic follow-up contained in Melvin Gallen's "A Note Concerning Follow-up Procedures with Alcoholics," *VA Mental Health and Behavioral Sciences Newsletter for Research*, February 1974 (Appendix C).

d. *Interview Timing.* Patients are to be interviewed during the four-week period, two weeks before or two weeks after their anniversary dates. To contact a patient at the time of follow-up, if not in active treatment, a reminder letter should be sent (see Sample—Appendix D). When the patient calls the program, an appointment can be made at a mutually convenient location for the interview. If no response is received to the letter, further steps should be taken to locate him as will be discussed in the forthcoming Follow-up Supplement to this handbook.

¹ Guidelines for follow-up and location effort will be included as a supplement to this handbook.

SECTION III - EVALUATION FORMS USAGE

A. FORMS SUPPLY

The following list identifies all forms associated with the PADAT Project Evaluation.

Form Title	VA Form Number
1. Agreement to Participate in Evaluation Follow-up	10-7984a
2. Intake Screening Record	10-7984b
3. Background and Status Information Record	10-7984c
4. Patient Goals for Treatment	10-7984d
5. VA Treatment Progression Record	10-7984e
6. Six-month Follow-up Form	10-7984f
7. Patient's Opinions About Treatment	10-7984g

An initial distribution will be made of all necessary forms and instructions, before the evaluation period begins. Each program will receive sufficient forms for a six-month period and should carefully store them until needed. If additional copies are needed, they will be available on request from the VA Forms and Publications Depot and may be ordered through the Publications Control Officer for the Hospital or Clinic. Replenishment supplies must be ordered *considerably in advance* of the date required. It will be the responsibility of the Evaluation Coordinator to see that a sufficient supply of forms is maintained so that timely data submission is not hampered.

B. DATA SUBMISSION AND QUESTIONS

1. **Quality Control.** These forms have been designed so that the data provided can be punched directly on tabulating cards without re-coding. To do this, the forms must be completed exactly according to instructions. The PADAT Evaluation Coordinator is responsible to assure that the forms are filled in correctly and completely before being submitted.

2. **Forms Submission Address.** Edited forms should be submitted to Health Services Research and Development Service (152C2), Veterans Administration Central Office, 810 Vermont Avenue, N.W., Washington, D.C. 20420. They must be postmarked by the 21st of the month.

3. **Inpatient Census Count.** On the 21st of the month, each Evaluation Coordinator should call the Program Evaluation Section of the Alcohol and Drug Dependence Division (202-389-5024) to report the number of inpatients in the program that day by primary dependence category: drug, alcohol, or unable to be determined. Assistance will be offered to combined facilities having difficulty retaining sufficient patients of each type in treatment or to comparison facilities having difficulty treating essentially one type of patient.

4. **Question and Problem Resolution.** To resolve problems related specifically to the evaluation procedures of the PADAT Project not covered by these instructions or to make changes in data already submitted, staff should consult the Direct Care Delivery Section of Health Services Research and Development Service (152C2), 202-389-3618. Other questions or problems pertaining to progress of the project should be referred to the Program Evaluation Section, Alcohol and Drug Dependence Division of Mental Health and Behavioral Sciences Service (112F3), 202-389-5024.

C. DATA MANAGEMENT

In order to insure the successful conclusion of this project, PADAT Evaluation Coordinators must pay particular attention to the management of data throughout. The following suggestions may assist in this process.

1. **Master Register.** A register of all four-digit, serial I.D. numbers assigned will be kept at each program until June 30, 1977 when it should be disposed of in accordance with RCS 10-1. Cross referencing these numbers locally (as illustrated below) by the patient's name or full Social Security Number will facilitate program use.

Main
PADAT
Register

PADAT Project Register			Page 2
SERIAL I.D. NO.	APPLICANT'S NAME	ALTERNATE I.D. NUMBER	DATE SCREENED
0015	Joseph SHMOE	(Not Admitted)	6/10/75
0016	John DOE	VA-D-000-0000	6/10/75
0017	Robert E. Lee DIX	VA-E-111-1111	6/11/75
0018	Clark KENT	VA-F-101-1001	6/12/75
0019	Jack FROST	(Not Admitted)	6/12/75
0020	Goofus DUFUS	VA-G-020-2000	6/13/75

Cross referenced:

DUFUS, Goofus SERIAL I.D.#0020
200-20-2000

Alphabetically

DOE, John SERIAL I.D.#0016
000-00-0000

DIX, Robert E. Lee SERIAL I.D.#0017
111-11-1111

or by Social
Security Numbers

111-11-1111 Serial I.D.#0017
DIX, Robert E. Lee

101-01-1001 Serial I.D.#0018
KENT, Clark

000-00-000 Serial I.D.#0016
DOE, John

In this manner, a patient's serial I.D. number can be easily located if he leaves treatment and seeks readmission several weeks or months later. Remember only *one* serial I.D. number is to be assigned by a program to any applicant or patient for the entire course of the project.

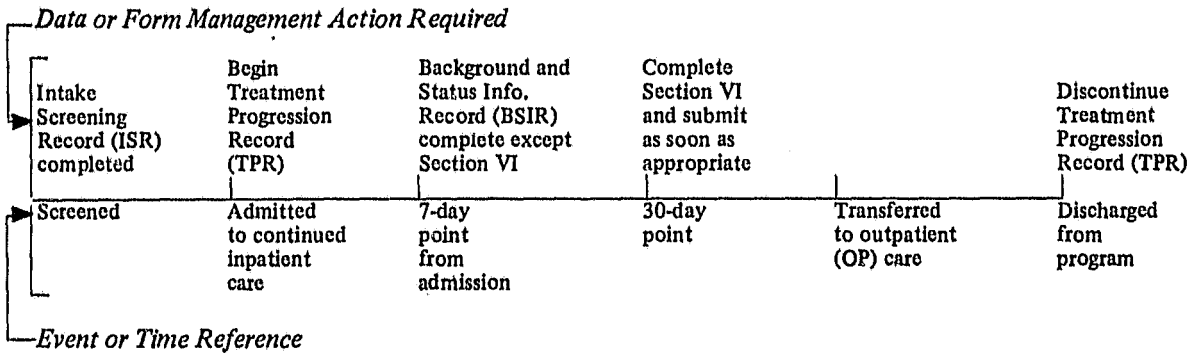
2. Managing Locator Information. Location information is extremely important to obtain at the time of admission and to update periodically over the course of the patient's treatment. The *Agreement to Participate in Evaluation Follow-up* form provides space for recording the patient's current address and telephone number. Also, record a second address if use of a different mailing address is indicated or a change of address is anticipated within the six months. Ask the patient to inform treatment staff of any address or phone number changes that occur during the following months (even though the patient may no longer be in active treatment).

Record the name, address, and telephone number of at least one relative or close friend who could help locate the patient if other means are unsuccessful. The name and address of a female relative is preferred because they have proven to be most helpful during follow-up.

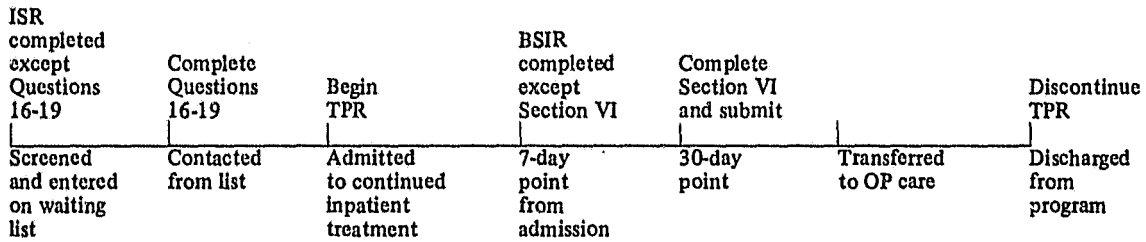
3. Form Completion Time Limits. Form completion time limits are established to provide sufficient time for the information to be collected and recorded and yet, be completed in a timely manner so that the information will be easily and accurately recalled. Examples are provided below of data and form management situations which may be encountered for patients who have entered a continued inpatient treatment regimen and are eligible for follow-up. The data or forms management action required is indicated above the time line and the corresponding event or time reference is shown below the line.

For patients who are screened *before* admission:

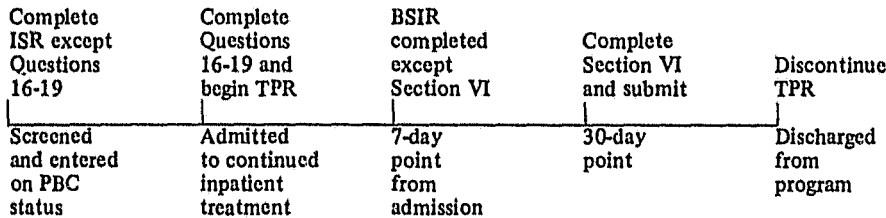
Pattern A - Screened, admitted without wait, completes continued inpatient treatment regimen, outpatient care, discharged from program.



Pattern B - Screened, waiting list (no treatment to be provided by program while on waiting list), admitted to continued inpatient treatment regimen, outpatient care, discharged from program.

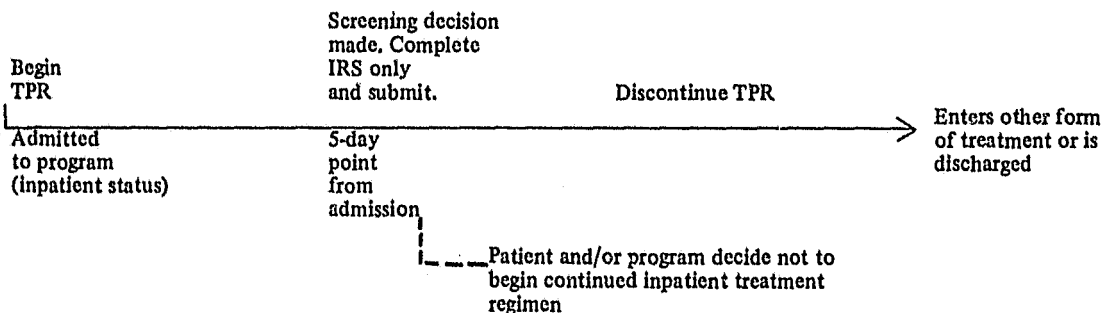


Pattern C - Screened, pre-bed care (PBC) status (or other status where some treatment for alcohol or drug dependence will be provided prior to entering continued inpatient treatment regimen), admitted to inpatient, discharged from program.

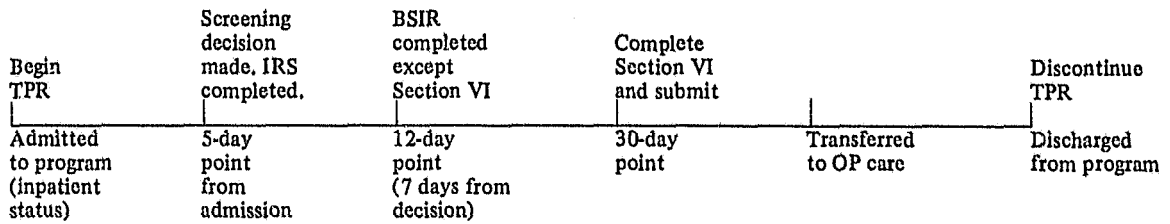


For patients who are screened *after* admission (which may have been on emergency basis) to the program:

Pattern D - Admitted, screened, not entered into continued inpatient treatment regimen.

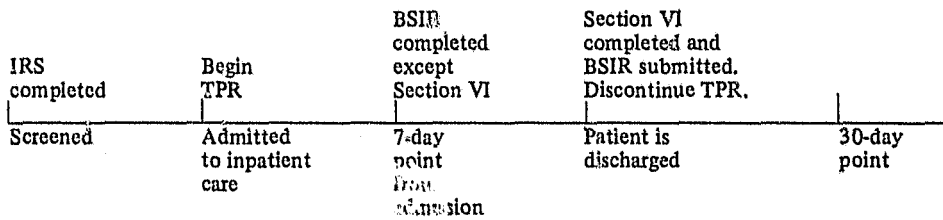


Pattern E - Admitted, screened, enters continued inpatient treatment regimen, outpatient care, discharged from program.



For patients admitted to continued treatment who leave before 30 days of care has been provided:

Pattern F - Screened, admitted to continued inpatient treatment regimen, patient leaves or program discharges before 30 days of care have been provided.



4. Form Submission or Retention Requirements. Forms should be completed and the originals submitted or retained as follows for the various categories of veterans contacting the programs:

Submitted to VACO

<u>Applicants never admitted</u>	<u>Patients not admitted to continued inpatient treatment or ineligible for follow-up</u>	<u>Patients in continued inpatient treatment who do not remain long enough for sustained treatment</u>	<u>Patients in continued treatment who are not selected for follow-up</u>	<u>Patients in continued inpatient treatment who are selected for follow-up</u>
<u>Intake Screening Record</u>	<u>Intake Screening Record</u>	<u>Intake Screening Record</u> <u>Background and Status Info. Record</u> <u>Patient Goals</u>	<u>Intake Screening Record</u> <u>Background and Status Info. Record</u> <u>Patient Goals</u>	<u>Intake Screening Record</u> <u>Background and Status Info. Record</u> <u>Patient Goals</u> <u>Six-month Follow-up</u> <u>Patient Opinions About Treatment</u>

Retained at Program

<u>Agreement to Participate in Evaluation Follow-up</u>	<u>Agreement to Participate in Evaluation Follow-up</u>	<u>Agreement to Participate in Evaluation Follow-up</u>
<u>Treatment Progression Record</u>	<u>Treatment Progression Record</u>	<u>Treatment Progression Record</u>

5. **Managing Treatment Data Records.** The *VA Treatment Progression Record* has been provided to programs for use on an optional basis to keep an ongoing record of the treatment each patient receives. This sheet has been cleared by Medical Administration Service and may be kept in the patient's medical record if this is convenient and accessible to all clinical staff members who record the treatment they have provided each day. At the time of the six-month follow-up, the needed information can easily be summarized from these sheets and entered in Section II of the Six-Month Follow-up form.

6. **Maintaining the Consent Form.** The *Agreement to Participate in Evaluation Follow-up* form has been cleared by Medical Administration Service. The original of this form, when completed, *must be placed in the patient's medical record* to officially document his consent to be followed-up and to have his relatives or friends contacted. The other copy should be kept in a safe place where the locator information can be easily updated when necessary.

D. FORMS - INDIVIDUAL DISCUSSION

Each form to be used in the evaluation portion of the PADAT Project will now be reviewed individually with notes provided on its use.

1. Agreement to Participate in Evaluation Follow-up (VA Form 10-7984a)

Use: To be used by all patients entering a continued inpatient treatment regimen to show understanding and consent to the follow-up if selected.

Submission: Do *not* submit to VA Central Office. Original to be filed in the patient's medical record. Copy to be kept in safe but convenient place to update locator information if necessary.

Item Notations:

- ① Serial I.D. Number assigned to patient by program for purposes of this project must be entered.
- ② Complete with patient's CODAP Client Number if program is participating in the voluntary comparison and validation project for CODAP data.
- ③ Basic statement of follow-up procedure with stipulation that not all those who sign this form will eventually be followed-up.
- ④ Address where patient expects to be able to be located in six months time even if different from current address.
- ⑤ Space for information on two individuals to help locate the patient six months from now.
- ⑥ Separate permission required to be able to discuss patient's progress or status with these individuals.
- ⑦ Block must be completed in order for consent to be filed in medical record.
- ⑧ Required disclaimer.

SERIAL I.D. NO.		ALTERNATE I.D. NO.	
	①		②
<p>I have decided to enter treatment at the Veterans Administration Hospital and agree to participate in follow-up interviews periodically after my admission to let the Veterans Administration staff know how I am getting along. I understand that I may withdraw from this treatment program at any time; however, I will still cooperate in providing information on how I am doing, whether or not I am in treatment at that time. I further understand that not all of the patients signing this agreement form will be followed up; but if I am among those to be interviewed; the first interview will be scheduled six months from my admission date. I know that my consent to provide or not to provide follow-up information will not affect my eligibility for treatment. ③</p> <p>I am providing an address and telephone number where I believe I can be located six months from now. I will let the staff in this program know of any change in my address or phone number during this period so that someone either from the Veterans Administration or representing the VA can contact me.</p>			
PATIENT'S NAME (Print or type)		PATIENT'S SIGNATURE	
PHONE NO. (include area code)		ADDRESS (Street, city, state, zip code)	
LOCATOR ASSISTANCE			
<p>I am providing the name of a relative or friend that the VA may contact to help locate me at the time of my follow-up if I cannot be reached at my address. I understand that during the course of my treatment I may substitute the name of a different person to be this contact.</p>		<p>I am providing the name of a relative or friend that the VA may contact to help locate me at the time of my follow-up if I cannot be reached at my address. I understand that during the course of my treatment I may substitute the name of a different person to be this contact. ⑤</p>	
NAME OF RELATIVE OR FRIEND TO CONTACT		NAME OF RELATIVE OR FRIEND TO CONTACT	
ADDRESS (Street, city, state, zip code)		ADDRESS (Street, city, state, zip code)	
PHONE NO. (include area code)		PHONE NO. (include area code)	
<p>May this person be interviewed at the time of your follow-up about how you are getting along? (Please check one)</p> <p><input type="checkbox"/> Yes, you may talk with this person about how I am doing.</p> <p><input type="checkbox"/> No, I prefer that you NOT interview this person about how I am getting along.</p>		<p>May this person also be interviewed at the time of your follow-up about how you are getting along? (Please check one)</p> <p><input type="checkbox"/> Yes, you may talk with this person about how I am doing.</p> <p><input type="checkbox"/> No, I prefer that you NOT interview this person about how I am getting along.</p>	
VA FORM 10-7984a MAY 1975		PATIENT'S NAME, SOC. SEC. NO. AND FACILITY NAME	
		⑦	
		<p>The social security number solicited on this form will be used for identification of records and administration of veterans' benefits. Although disclosure is voluntary, failure to furnish this number may delay processing and action required by Title 38, United States Code. ⑧</p>	

2. Intake Screening Record (VA Form 10-7984b)

Use: To be used for all persons applying for or entering into treatment for a drug or alcohol dependence problem at a participating VA program.

Submission: One copy should be sent to VA Central Office for each person applying for entry into the program each time the applicant is re-screened or re-admitted.

Item Notations:

- ① Serial I.D. Number assigned by program to this applicant for the purposes and length of this project.
- ② CODAP Client Number entered for all patients admitted to treatment in programs participating in auxiliary project. Leave blank if program is not participating or if applicant is not admitted as a result of this screening and has never been a patient in this program before. (In this case, applicant would never have received a CODAP Client Number from this program and so there would be none to enter).
- ③ Use patient self-report in answer to this item unless there is an obvious discrepancy between his report and your perception.
- ④ Best clinical judgment at time of initial screening.
- ⑤ Armed Services Medical Regulating Office (ASMRO). ASMRO referral refers to transfer of active duty serviceman with drug or alcohol dependence problem to a VA program before he is due to be discharged from service.
- ⑥ In the past, did applicant ever come to any VA drug or alcohol dependence program as an ASMRO referral?

INTAKE SCREENING RECORD											OMB No. 076-5-74006 Approval expires 12-31-76 RCS 11-144-S												
EVALUATION OF TREATMENT OF DRUG AND ALCOHOL DEPENDENT PATIENTS																							
To: Health Services Research & Development (152C2) Veterans Administration Central Office Washington, D. C. 20420							FORM PREPARED BY		DATE														
<p>This form is for clinical staff use in describing the population of applicants seeking treatment at VA drug and alcohol dependence treatment programs and in recording the disposition of their applications. Complete this form at the time of screening or shortly after inpatient admission when necessary. The entire page should be completed for all applicants to the program.</p> <p>To eliminate the need for intermediate editing or coding, please be sure that all numbers are entered correctly. Enter numbers to the extreme right in the boxes provided and precede by an appropriate number of zeros. For example, July 1, 1975 would be entered as [07][01][75] in item 15. For all multiple choice items (item 9 for example) enter the code number of the correct alternative in the box.</p> <p>CONFIDENTIAL INFORMATION: The information entered on this form will be handled in strict confidence and will not be released to unauthorized personnel. PL 92-255.</p>																							
ITEM - INSTRUCTION - CODE BOXES (Card columns shown in boxes)																							
1. HOSPITAL NUMBER (3 digits)											(1)	(2)	(3)										
2. TYPE OF PROGRAM (Enter Code No.)											1. Combined Alcohol/Drug Abuse Treatment Unit		(4)										
											2. Drug Dependence Treatment Center												
											3. Alcoholism Treatment Unit												
3. APPLICANT'S SERIAL I.D. NUMBER ①											(5)	(6)	(7)	(8)									
4. APPLICANT'S ALTERNATE I.D. NUMBER (Leave blank if not applicable) ②											(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)			
											5. CARD NO.		(19)	(20)									
											0	1											
DEMOGRAPHIC AND TREATMENT GROUP DATA																							
6. SEX											1 - Male		2 - Female		(21)								
											(22)	(23)											
7. APPLICANT'S AGE (Record age in years at last birthday)											(24)	(25)											
8. RACE OR NATIONAL ORIGIN ③											1 - American Indian (Include Alaska & Eskimos)		2 - Oriental		3 - Black (Non-Spanish)		4 - Spanish		5 - White (Non-Spanish)		6 - Other		(26)
9. APPLICANT'S PRIMARY PROBLEM APPEARS TO BE: ④											1. Alcohol Abuse		2. Drug Abuse		3. Impossible to classify as either 1 or 2 at this time.		(27)						
10. HOW MANY TIMES HAS THIS APPLICANT BEEN ADMITTED OR SCREENED FOR ADMISSION AT THIS UNIT DURING THE PADAT PROJECT INTAKE PERIOD? (Include this screening in the count. For example, enter 02 if this is the second screening.)											(28)	(29)											
11. IS THIS APPLICANT NOW A DIRECT ASMRO REFERRAL? ⑤											1 - NO		2 - YES		(30)								
12. WAS THIS APPLICANT EVER A DIRECT ASMRO REFERRAL TO A VA DRUG OR ALCOHOL DEPENDENCE TREATMENT PROGRAM? ⑥											1 - NO		2 - YES		(31)								
13. IF THIS APPLICANT WAS EVER A DIRECT ASMRO REFERRAL, HOW MANY MONTHS HAS IT BEEN SINCE THAT FIRST REFERRAL? (Code 99 if ASMRO referral was more than 99 months ago. Code 00 if the applicant is now a direct ASMRO referral. Leave blank if applicant has never been an ASMRO referral.)											(32)	(33)											

VA FORM 10-7984b
MAY 1978

PAGE 1

2. Intake Screening Record Cont'd.

- 1 Indicate decision made at time of screening on the disposition of this application. Intent of the patient and the program at the time of screening is to be indicated even if circumstances change later. For example, if at screening an applicant is put on PBC status, 03 would be coded even though the patient may fail to be admitted later to inpatient status when a bed does become available.
- 2 Includes detoxification patients. If, while receiving inpatient care, the patient changes his mind and decides to remain for continuing treatment, complete the Background and Status Information Record indicating at the 30-day point how many days of inpatient treatment the patient received. Do not change this code. Call HSR&D in VA Central Office if this form has already been submitted in order to answer questions 16-19.
- 3 Indicates intention to enter program inpatient treatment at future date but to be treated by program staff in another setting in the interim.
- 4 Indicates placement on a waiting list to enter program inpatient treatment when a bed is available and who will *not* receive treatment by program staff in the meantime.
- 5 Complete at the time the patient enters continued inpatient treatment regimen. Information to be recorded covers the four weeks prior to the inpatient admission date recorded in 16.
- 6 Not including military service.
- 7 This refers to active treatment, not the situation where a patient is carried on the rolls of a program for several weeks without actually receiving treatment services.
- 8 Enter the applicant's serial I.D. number to insure that both pages of the Intake Screening Record for the same individual are kept together.

14. SCREENING DISPOSITION, (Enter the appropriate disposition code number in boxes 32 & 33.) ①	
CATEGORY	EXPLANATION
PATIENT WILL ENTER OR HAS ENTERED INPATIENT ALCOHOL OR DRUG ABUSE TREATMENT	01 Patient is entering a <u>continued inpatient treatment</u> regimen. (Complete the Preliminary Follow-up Eligibility Determination Section below and proceed to Background Status Information Record unless instructed otherwise below.)
	02 Patient admitted for <u>short-term inpatient care only</u> . ②
	03 No bed available. Patient will be treated on <u>Pre-Bed Care</u> status until bed available. (Complete Preliminary Follow-up Eligibility Determination Section at time of admission. If patient is not admitted later, leave items 16 thru 19 blank and submit form.) ③
	04 No bed available. Patient's name will be entered on <u>waiting list</u> . (Complete Preliminary Follow-up Eligibility Determination Section at time of admission. If patient is not admitted later, leave items 16 thru 19 blank and submit form.) ④
PATIENT TO BE TREATED IN ANOTHER SETTING (VA or Non VA FOR ALCOHOL OR DRUG ABUSE)	05 Applicant admitted to program <u>outpatient or day program setting</u> .
	06 Program decided not to accept and referred applicant elsewhere for treatment.
	07 Although acceptable to the program, applicant decided not to enter continued treatment because he did not want treatment in a combined setting and was referred elsewhere.
	08 Applicant decided not to enter continued treatment either inpatient or outpatient for other reasons and was referred elsewhere.
OTHER	09 No treatment recommended for alcohol or drug abuse.
	10 Program did not start patient on a treatment regimen under circumstances other than the above. (Specify.....) (32) (33)
15. DATE SCREENING ACTION TAKEN OR DECISION MADE	
	MONTH DAY YEAR (34) (35) (36) (37) (38) (39)
PRELIMINARY FOLLOW-UP ELIGIBILITY DETERMINATION (Items 16-19 to be completed <u>only</u> for those patients who enter <u>continued inpatient treatment</u> . For all others leave blank.) ①	
16. INPATIENT ADMISSION DATE FOR DRUG OR ALCOHOL DEPENDENCE TREATMENT.	
	MONTH DAY YEAR (40) (41) (42) (43) (44) (45)
17. HOW MANY DAYS OUT OF THE 28 (4 weeks) BEFORE THE DATE IN ITEM 16, ABOVE, DID THE PATIENT SPEND IN AN INSTITUTIONAL SETTING WHICH CONTROLLED HIS ACTIVITIES AND PROVIDED FOOD, CLOTHING, SHELTER AND OTHER BASIC NECESSITIES? (If none, enter 00) ②	
	(46) (47)
18. IF THE PATIENT WAS IN AN INSTITUTION, WHAT KIND OF SETTING WAS IT? (Enter code no. of setting in which the patient spent the most days out of the last 4 weeks. Leave blank if patient was not in institution.)	
	(48)
19. DID THE PATIENT RECEIVE TREATMENT FROM A DRUG OR ALCOHOL DEPENDENCE TREATMENT PROGRAM DURING THE FOUR WEEKS PRIOR TO THE DATE IN ITEM 16—OTHER THAN THIS PROGRAM'S PRE-BED CARE? (If yes, do NOT complete Background and Status Information Record as patient is not eligible for follow-up.) ③	
	(49)
VA FORM MAY 1978 10-7984b APPLICANT'S SERIAL I.D. NO. (From Item 3, page 1) ④ PAGE 2	

3. Background and Status Information Record (VA Form 10-7984c)

Use: To record data on the patient's status at the time treatment started by the program. In most cases, the reference point will be the *time of inpatient admission or shortly before*. However, for those treated on PBC or a similar status by the program prior to inpatient program admission, this form should be completed, applying the time reference for the various questions (4 weeks, 6 months, etc.) *prior to the beginning of PBC status*. Complete and submit this form for all patients beginning a continued inpatient treatment regimen, regardless of whether or not they have signed the Agreement to Evaluation Follow-up before the submission date arrives. Except for Section VI this form should be completed within *seven days* of the patient's decision to enter a continued inpatient treatment regimen or his admission to the Inpatient Unit, whichever is longer. (See Section III C-Data Management, Part 3-Form time limits). Remember that the goal is to best describe the patient's condition at the time of admission to treatment. Section VI will be completed *30 days after inpatient admission*, or before if the patient is discharged earlier.

Submission: The original copy of this form is to be submitted on the next regular submission date following completion of Section VI. In no case should this form be submitted until Section VI is completed.

- ① See explanation provided on the Intake Screening Record.
- ② See explanation provided on the Intake Screening Record.
- ③ Complete any time before submission to VA Central Office. Does not need to be completed within the initial seven days.
- ④ Necessary in order to match this form with the appropriate Intake Screening Record. A patient may have been screened or admitted for treatment earlier in the PADAT intake period and thus have had more than one Intake Screening Record or Background and Status Information Record submitted to VA Central Office.

OMB No. 078-01406, Approval Expires 12/31/76, RCR 11-114-5

BACKGROUND AND STATUS INFORMATION RECORD EVALUATION OF TREATMENT OF DRUG AND ALCOHOL DEPENDENT PATIENTS																	
TO: Health Services Research and Development (152C2) Veterans Administration Central Office Washington, D.C. 20420						FORM PREPARED BY (Name and title)											
General Directions																	
This form is designed for clinical staff to use in describing patients continuing treatment for drug or alcohol related problems. It consists of six sections for recording:																	
I. Economic and Personal Management II. Interpersonal and Social Adjustment III. Physical and Mental Status IV. Treatment History V. Dependence Problems VI. Thirty-Day Summary																	
Usually the primary source of data will be one or more interviews with the patient and with "significant others" if they are available and willing to help at the time of the patient's intake. All additional information available from records, informal observations of staff, or other sources should be taken into account when completing this form.																	
This form should be seen as a device for recording only that data useful for evaluation purposes from the wealth of clinical information gained at the time of intake. As such, the order of items in this form sometimes may not parallel the order in which you may want to develop the information. You may depart from the order of the questions listed to the extent necessary to maximize the validity of the patient's report.																	
Sections I-VI ask for two types of information to be recorded regarding the patient's status prior to inpatient treatment. Certain factual pieces of information gained from records or interview should be recorded. Overall judgments as to the severity of the patient's problems in each area should be recorded after making other relevant inquiries during the interview and reviewing information gained from discussions with significant others and staff. Examples of additional inquiries which might be made before reaching a judgment in any problem area have been included in the Evaluation Instructions Handbook.																	
The entire form should be completed for all patients continuing treatment and eligible for follow-up. To eliminate the need for intermediate editing or coding, please be sure that all numbers are entered correctly. Enter numbers to the extreme right in the boxes provided and precede by an appropriate number of zeros. For example, July 1, 1975 would be entered as																	
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>												0	7	0	1	7	5
0	7	0	1	7	5												
For all multiple choice items (Item 2, for example) enter the code number of the correct alternative in the box. All blocks must be filled in unless there are instructions given to leave a particular box blank under special circumstances. Additional instructions are given as needed.																	
CONFIDENTIAL INFORMATION: The information entered on this form will be handled in strict confidence and will not be released to unauthorized personnel.																	
ITEM DESCRIPTION - CODE BOXES - CARD COLUMNS																	
1. HOSPITAL NO.										(1)	(2)	(3)					
2. TYPE OF PROGRAM										(4)		(5)					
1. Combined Alcohol/Drug Abuse Treatment Unit 2. Drug Dependence Treatment Center 3. Alcoholism Treatment Unit										(6)		(7)					
3. PATIENT'S SERIAL I.D. NUMBER ①										(8)	(9)	(10)					
4. ALTERNATE I.D. NUMBER ② (If not applicable, leave blank.)										(11)	(12)	(13)					
5. CARD NO.										(14)	(15)						
6. DATE ON WHICH PATIENT SIGNED AGREEMENT TO FOLLOW-UP FORM ③ (If patient has not signed prior to submission of this form, leave blank.)										(16)	(17)	(18)					
7. NO. OF TIMES PATIENT ADMITTED OR SCREENED ④ (Insert here the answer to Item 10, cols. 26 & 27, from the Intake Screening Record submitted for this admission.)										(19)	(20)						

VA FORM 10-7984c PAGE 1

Background and Status Information Record Cont'd. - SECTION I

- 1 A G.E.D. is a high school equivalency degree. When figuring equivalent years of college coursework, consider 30 semester credit hours or 45 quarter credit hours as equal to one year of college work.
- 2 Indicate the amount of specialized training the patient has received to present, apart from learning gained on-the-job or as part of a regular school degree program, such as a high school diploma or bachelor's degree. If patient on job, however, where the employer sent him to training school for 2 months before starting his regular work, this could be counted here. This does *not* include training received as a regular part of military service.
- 3 Do *not* count volunteer work time here. This covers paid employment only. Include self employment.
- 4 Number of hours the patient actually worked including paid vacation but *not* paid sick leave. *Do* include volunteer work time here. Estimate the number of hours worked if the patient was self-employed even if no compensation yet received for his work (such as an artist, a writer, etc.).
- 5 Do not include money from illegal sources, unemployment compensation, etc.; but do include income from self employment.
- 6 Does *not* include on-the-job training but would include training programs provided by an employer apart from the job to improve the patient's skills.
- 7 Social Security benefits are more specifically defined by the title of Old Age, Survivors, Disability and Hospital Insurance Program (OASDHI). Categories of income covered in Questions 14 and 15 are not intended to be exhaustive.
- 8 Clinical staff determination of what behavior will be targets for change as a result of treatment.
- 9 Complete to prevent mix-up in case pages get separated.
- 10 Examples of questions which might be considered in exploring the area of Economic and Personal Management with the patient before formulating an overall judgment are:

SECTION I - ECONOMIC AND PERSONAL MANAGEMENT (From 8 thru 17)		(19)	(20)
ITEM DESCRIPTION - CODE BOXES - CARE COLUMNS			
PATIENT'S BIRTH LIFETIME	8. HOW MANY YEARS OF FORMAL SCHOOLING HAVE BEEN COMPLETED? (Example: A G.E.D. would be coded as 12; a year of college coded 13)	(1)	(2)
	9. HOW MANY MONTHS OF VOCATIONAL OR TECHNICAL TRAINING HAS THE PATIENT RECEIVED? (Do not include training received as part of the patient's regular school curriculum reported in Item 8.)	(3)	(4)
YEAR BEFORE IMPATIENT ADMISSION	10. HOW MANY WEEKS WAS THE PATIENT EMPLOYED 30 OR MORE HOURS PER WEEK? (Include paid vacations and sick leave.)	(5)	(6)
	11. WHAT WERE THE TOTAL NUMBER OF HOURS THE PATIENT WORKED?	(7)	(8)
	12. WHAT WAS THE PATIENT'S TOTAL NET EARNINGS FROM EMPLOYMENT? (This should be his annual income after deductions - Cash 500 if none. Do NOT include 8 (tips or discounts).)	(9)	(10)
	13. HAS THE PATIENT ATTENDED SCHOOL OR BEEN IN A JOB TRAINING PROGRAM THAT LASTED AT LEAST ONE WEEK?	(11)	(12)
14. A-F DID THE PATIENT OR HIS DEPENDENTS RECEIVE BENEFITS FROM THE FOLLOWING SOURCES? (If dependent is an individual for whom the patient is legally responsible.)	A. VETERANS COMPENSATION OR PENSION	(13)	(14)
	B. SOCIAL SECURITY BENEFITS	(15)	(16)
	C. RETIREMENT BENEFITS OTHER THAN THOSE THROUGH SOCIAL SECURITY	(17)	(18)
	D. OTHER EMPLOYMENT-RELATED BENEFITS	(19)	(20)
	E. UNEMPLOYMENT COMPENSATION BENEFITS	(21)	(22)
	F. WELFARE AND RELATED PROGRAMS (Includes aid to the aged, blind, disabled, families with dependent children, and similar, etc.)	(23)	(24)
	TOTAL DOLLAR VALUE OF ALL BENEFITS RECEIVED (A-F)	(25)	(26)
15. DID THE PATIENT OR HIS DEPENDENTS RECEIVE BENEFITS OR MONEY FROM:	A. FRIENDS OR RELATIVES (including spouse)	(27)	(28)
	B. ILLEGAL ACTIVITIES	(29)	(30)
16. OVERALL JUDGMENT QUESTIONS IN THE AREA OF ECONOMIC AND PERSONAL MANAGEMENT			
In addition to the above information, you should make other relevant inquiries about the patient's ECONOMIC AND PERSONAL MANAGEMENT areas (during the <u>interview</u> prior to inpatient admission) before formulating your overall judgment and rating the severity of his problem. Among considerations in this area are: work history (sheltered vs. nonsheltered work experience) school or training program performance (adequacy) income management (adequacy) basic necessities (secured) and other (noted on appropriate pages).			
	16. TO WHAT EXTENT HAS THE PATIENT HAD A PROBLEM IN OBTAINING A HOME IN THE COMMUNITY TO THE EXTENT THAT AGE AND PHYSICAL HEALTH PERMIT DURING THE FOUR WEEKS BEFORE IMPATIENT ADMISSION?	(31)	(32)
	17. IS THIS A PROBLEM AREA DESIGNATED AS A TARGET FOR CHANGE BY THE TREATMENT STAFF?	(33)	(34)
	18. TO WHAT EXTENT HAS THE PATIENT HAD PROBLEMS MATCHING HIS OWN AFFAIRS, THAT IS, MEETING HIS OWN NEEDS FOR FOOD, CLOTHING, HOUSING, TRANSPORTATION, AND MEDICAL CARE DURING THE FOUR WEEKS BEFORE IMPATIENT ADMISSION?	(35)	(36)
	19. IS THIS A PROBLEM AREA DESIGNATED AS A TARGET FOR CHANGE BY THE TREATMENT STAFF?	(37)	(38)

- Did the patient budget his income (regardless of source) so that he was able to secure basic necessities?
- Did he use his money in a planned rather than an impulsive manner? Did he avoid needless debt?
- Has he avoided financial exploitation by others?
- If he needed financial help, did he make appropriate attempts to obtain it, for example, by applying for loans or public welfare?
- Has he arranged for the transportation he needed?
- Has he taken care of his health and sought medical and dental care when needed?
- Has he maintained an acceptable personal appearance?
- If the patient worked, was the work in a nonsheltered setting?
- Did he work regularly without excessive tardiness or absenteeism?
- Was his work or school performance of satisfactory quality?
- Was his job at an appropriate skill level, considering his past achievements?
- If retired or physically disabled, did he do what he could to engage in activities that contribute to his physical and mental well-being (gardening for example) or to others?

10-7984c

PATIENT'S SERIAL, L.S. NO. 17 (From Form 2, Page 17)

1

PAGE 2

Background and Status Information Record Cont'd. - SECTION II

- ① Does not imply conviction. Indicate number of times *arrested and charged*, not merely arrested.
- ② Space provided for convenience of clinical staff and completion is optional.
- ③ Complete to prevent mix-up of pages.
- ④ Examples of questions which might be considered in exploring the area of Interpersonal and Social Adjustment with the patient before formulating an overall judgment are:

Did the patient have a sustained and mutually satisfying relationship with at least one person?

Did he think that other people generally liked him?

Did he avoid other people?

Did he alienate others by his temper, quarrelsomeness, demanding manner, or criticism?

Did he provoke or initiate physical fights?

Did he alienate others by being unduly dependent, unreliable, or unpredictable?

Did he feel he could not trust or believe in others?

Did he have trouble getting along with his boss or other authority figures?

Did he enjoy relationships with family and friends (who were not drug or alcohol dependent)?

Did he manage his leisure time activities adequately so that they did not revolve around drinking or drug taking?

Did the patient have a "philosophy of life" or religion which was a source of satisfaction and direction to him?

Did he commit crimes "against property" whether detected by the police or not (e.g., burglary, arson)?

Did he commit crimes "against person" (e.g., homicide robbery, assault, selling drugs)?

Did he drive while under the influence of liquor or drugs?

Did he cause others to be afraid of him?

Did he make a public nuisance of himself?

Did he give indications of being prone to violence when he could not get what he wanted?

Did the patient engage in sexually deviant acts that threatened the well-being of others?

Did the patient enjoy (taken satisfaction from) work, school, or leisure time activities?

SECTION II - INTERPERSONAL AND SOCIAL ADJUSTMENT		ITEM DESCRIPTION - CODE BOXES - CARG COLUMNS		
SIX MONTHS BEFORE INPATIENT ADMISSION	①	A. VIOLATION OF DRUG LAWS: SIMPLE POSSESSION	(19)	
		B. VIOLATION OF DRUG LAWS: ALL OTHER VIOLATIONS INCLUDING POSSESSION WITH INTENT TO DISTRIBUTE.	(19)	
		C. PUBLIC INTOXICATION	(21)	
		D. DISORDERLY CONDUCT OR VAGRANCY	(22)	
		E. DRIVING WHILE INTOXICATED	(23)	
		F. VIOLATION OF ROAD AND DRIVING LAWS, PARKING VIOLATIONS, OTHER VIOLATIONS OF TRAFFIC AND MOTOR VEHICLE LAWS.	(24)	
		G. HOMICIDE, MANSLAUGHTER, FORCIBLE RAPE	(25)	
		H. ASSAULTS	(26)	
		I. ROBBERY	(27)	
		J. BURGLARY, LARCENY, AUTO THEFT	(28)	
		K. ALL OTHER OFFENSES	(29)	
	L. TOTAL ARRESTS	(30) (31)		
A TIME PERIOD BEFORE INPATIENT ADMISSION	21.	21. WAS THE PATIENT ON PROBATION, PAROLE, OR AWAITING TRIAL? 1 - NO 2 - YES	(32)	
	22.	22. WHAT WAS THE PATIENT'S LEGAL MARITAL STATUS? 1 - Never married 2 - Married 3 - Widowed 4 - Divorced/Annulled 5 - Separated	(33)	
	23.	23. IN THE PATIENT'S VIEW, DID HE HAVE A RELATIONSHIP WITH AT LEAST ONE OTHER PERSON WHO SUPPORTS AND ENCOURAGES HIM IN HIS EFFORTS TO OVERCOME ALCOHOL OR DRUG ABUSE? 1 - NO 2 - YES (Relationship of this person: _____)	(34)	
FOUR WEEKS BEFORE INPATIENT ADMISSION	② OVERALL JUDGMENT QUESTIONS IN THE AREA OF INTERPERSONAL AND SOCIAL ADJUSTMENT			
	In addition to the above information you should make other relevant inquiries about the patient's INTERPERSONAL AND SOCIAL ADJUSTMENT status (during the four weeks prior to inpatient admission) before formulating your overall judgment and rating the severity of his problem. Among considerations in this area are: interpersonal relations in general; relations with relatives, close friends, and authority figures; detected or undetected crimes committed; public nuisance or danger; satisfaction derived from work, school, or leisure activities; and other topics as appropriate.			
	24.	24. TO WHAT EXTENT HAS THE PATIENT HAD A PROBLEM INTERACTING WITH PEOPLE IN A WAY THAT IS HOSTILE OR UNPLEASANT TO HIMSELF OR TO OTHERS DURING THE FOUR WEEKS BEFORE INPATIENT ADMISSION?	(35)	
		No Problem Minimal Problem Mild Problem Moderate Problem Marked Problem		
	25.	25. IS THIS A PROBLEM AREA DESIGNATED AS A TARGET FOR CHANGE BY THE TREATMENT STAFF?	1 - NO 2 - YES	(36)
	26.	26. TO WHAT EXTENT HAS THE PATIENT HAD A PROBLEM OF ENGAGING IN ACTIVITIES THAT ENDANGEROED THE SAFETY, WELL-BEING, OR PROPERTY OF OTHERS DURING THE FOUR WEEKS BEFORE INPATIENT ADMISSION? (Even though such behavior may be the result of the excessive use of drugs or alcohol, it should be rated here)	(37)	
		No Problem Minimal Problem Mild Problem Moderate Problem Marked Problem		
27.	27. IS THIS A PROBLEM AREA DESIGNATED AS A TARGET FOR CHANGE BY THE TREATMENT STAFF?	1 - NO 2 - YES	(38)	
28.	28. TO WHAT EXTENT HAS THE PATIENT HAD A PROBLEM OBTAINING SATISFACTION FROM SOCIALLY ACCEPTABLE SOURCES (as opposed to alcohol or drug) SUCH AS WORK, RELATIONSHIPS WITH FAMILY AND FRIENDS, AND LEISURE TIME ACTIVITIES DURING THE FOUR WEEKS BEFORE INPATIENT ADMISSION?	(39)		
	No Problem Minimal Problem Mild Problem Moderate Problem Marked Problem			
29.	29. IS THIS A PROBLEM AREA DESIGNATED AS A TARGET FOR CHANGE BY THE TREATMENT STAFF?	1 - NO 2 - YES	(40)	

VA FORM 10-7984c

PATIENT'S SERIAL I.D. NO. (From Form 1, Page 1)

③

PAGE 2

Background and Status Information Record Cont'd. - SECTION III and SECTION IV

1 Examples of questions which might be considered in exploring the area of Physical and Mental Status with the patient before formulating an overall judgment are:

How often did the patient feel ill?

How serious were his complaints?

Did his physical examination reveal illness with poor prognosis?

Was he unable to do the things normal for his age?

Did he require medical treatment?

Did the patient have problems functioning sexually?

How frequently did the patient experience or vacillate between extreme rage, anxiety, inferiority feelings, depression or elation?

Did he experience an exaggerated feeling of physical or emotional well being not justified by reality?

Was he chronically worried or blue?

Did he think about harming himself? Did he think about suicide? Did he attempt suicide or make suicidal gestures?

Did he compare himself unfavorably with others?

Did he doubt his abilities to overcome obstacles or to solve problems?

Was the patient's conversation so strange or disorganized that almost anyone would agree that he was mentally ill?

Did he experience hallucinations, either auditory or visual?

Do psychological tests show psychotic thinking (as interpreted by a psychologist or psychiatrist)?

Was he seriously confused or did he experience severe memory problems?

Did he have delusions (holding false beliefs, for example, that others were plotting against him?)

2 If patient transferred from one program to another as a continuation of treatment, this is not considered a brand-new treatment attempt.

3 Number of days patient spent in Pre-bed care or similar status in which some treatment provided to the patient by the program before entering the program's continued inpatient treatment regimen. See Question 14, Disposition code 03 on the Intake Screening Record.

4 Enter the patient's serial I.D. to prevent mix-up if pages become separated.

KEYPUNCHER: BEGIN CARD 03-DUPLICATE COLS. 1-18 FROM CARD 02		CARD NO.	(19)	(20)											
SECTION III - PHYSICAL AND MENTAL STATUS															
ITEM DESCRIPTION - CODE BOXES - CARD COLUMNS															
OVERALL JUDGMENT QUESTIONS IN THE AREA OF PHYSICAL AND MENTAL STATUS															
You will want to make relevant inquiries about the patient's PHYSICAL AND MENTAL status during the four weeks prior to inpatient admission before formulating your overall judgment and rating the severity of his problem. Among considerations in this area are: the frequency and gravity of the patient's physical complaints; the results of recent physical and mental examinations; ability to participate in activities appropriate for age; emotional equilibrium; suicidal attempts or gestures; self esteem; attention and memory; hallucinations or delusions; and other topics as appropriate.															
FOUR WEEKS BEFORE INPATIENT ADMISSION	30. TO WHAT EXTENT HAS THE PATIENT HAD A PROBLEM WITH PHYSICAL PAIN, ILLNESS, OR DISABILITY DURING THE FOUR WEEKS BEFORE INPATIENT ADMISSION? This may refer to both episodic conditions such as those related to intoxication or to more enduring problems which may or may not be related to the use of drugs or alcohol. Relative prognosis for such conditions should be included in the estimate of the overall seriousness of the patient's physical health.	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>No Problem</td> <td>Minimal Problem</td> <td>Mild Problem</td> <td>Moderate Problem</td> <td>Marked Problem</td> </tr> </table>			1	2	3	4	5	No Problem	Minimal Problem	Mild Problem	Moderate Problem	Marked Problem	(21)
	1	2	3	4	5										
	No Problem	Minimal Problem	Mild Problem	Moderate Problem	Marked Problem										
	31. IS THIS A PROBLEM AREA DESIGNATED AS A TARGET FOR CHANGE BY THE TREATMENT STAFF?	1 - NO 2 - YES			(22)										
	32. TO WHAT EXTENT HAS THE PATIENT HAD A PROBLEM WITH DISORDERS OF MOOD AND SELF ESTEEM DURING THE FOUR WEEKS BEFORE INPATIENT ADMISSION?	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>No Problem</td> <td>Minimal Problem</td> <td>Mild Problem</td> <td>Moderate Problem</td> <td>Marked Problem</td> </tr> </table>			1	2	3	4	5	No Problem	Minimal Problem	Mild Problem	Moderate Problem	Marked Problem	(23)
1	2	3	4	5											
No Problem	Minimal Problem	Mild Problem	Moderate Problem	Marked Problem											
33. IS THIS A PROBLEM AREA DESIGNATED AS A TARGET FOR CHANGE BY THE TREATMENT STAFF?	1 - NO 2 - YES			(24)											
34. TO WHAT EXTENT HAS THE PATIENT HAD A PROBLEM WITH DISORDERS OF PERCEPTION AND THINKING DURING THE FOUR WEEKS BEFORE INPATIENT ADMISSION? (Even though such states result exclusively from the excessive use of drugs or alcohol, they should be rated here.)	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>No Problem</td> <td>Minimal Problem</td> <td>Mild Problem</td> <td>Moderate Problem</td> <td>Marked Problem</td> </tr> </table>			1	2	3	4	5	No Problem	Minimal Problem	Mild Problem	Moderate Problem	Marked Problem	(25)	
1	2	3	4	5											
No Problem	Minimal Problem	Mild Problem	Moderate Problem	Marked Problem											
35. IS THIS A PROBLEM AREA DESIGNATED AS A TARGET FOR CHANGE BY THE TREATMENT STAFF?	1 - NO 2 - YES			(26)											
SECTION IV - TREATMENT HISTORY															
PATIENT'S ENTIRE LIFETIME	36. NUMBER OF SEPARATE, UNINTERRUPTED, TREATMENT ATTEMPTS PRIOR TO PRESENT ADMISSION. (For example, consecutive inpatient-outpatient treatment periods should be counted as one episode. Indicate first the total attempts including VA, non-VA, and military treatment and regular attendance of AA meetings. Second, indicate the number of treatment attempts within the VA.)	A. FOR DRUG ABUSE?	TOTAL (27)	ONLY VA (28)	(29)	(30)									
		B. FOR ALCOHOL ABUSE?	(31)	(32)	(33)	(34)									
		C. FOR PSYCHIATRIC DISORDERS? (Not including the above)	(35)	(36)	(37)	(38)									
	37. OF THE ABOVE TOTAL NUMBER OF TREATMENT ATTEMPTS, HOW MANY WERE FOR DETOXIFICATION ONLY? (First the total detox attempts; then those within VA.)		(39)	(40)	(41)	(42)									
FOUR WEEKS BEFORE INPATIENT ADMISSION	38. HOW MANY WEEKS DID THE PATIENT SPEND IN INPATIENT OR ACTIVE OUTPATIENT TREATMENT FOR ALCOHOL OR DRUG ABUSE OR PSYCHIATRIC PROBLEMS?			(43)	(44)										
	39. HOW MANY DAYS DID THE PATIENT RECEIVE PRE-BED CARE FROM THIS PROGRAM? (Code 00 if none)			(45)	(46)										

VA FORM MAY 1971 10-7984c

PATIENT'S SERIAL I.D. NO. (From Item 3, Page 1)

6

PAGE 4

Background and Status Information Record Cont'd. - SECTION V

① Measures the extent to which the patient has abused drugs over past four weeks. Does not attempt to measure the extent to which a physician might be over prescribing as long as the patient follows prescription directions. However, if the patient abuses a drug legitimately prescribed by not following the directions or by obtaining prescriptions from several doctors, then this abuse will be included here.

② Code 10 indicates "Alcohol" as a drug problem which may be entered in Item 41.

③ The major drug problem is not necessarily based on frequency of use at admission as the patient's drug abuse may have been interrupted prior to entry due to the unavailability of a drug or from such events as incarceration, hospitalization, etc.

④ Do not include alcohol even if tested for.

⑤ Enter the patient's Serial I.D. number to prevent mix-up if pages become separated.

⑥ Examples of questions which might be considered in exploring the area of Dependence Problems with the patient before formulating an overall judgment are:

SECTION V - DEPENDENCE PROBLEMS													
CATEGORY	CODE	ITEM	COLS.										
① ON HOW MANY DAYS DID THE PATIENT USE THE FOLLOWING DRUGS WITHOUT A PRESCRIPTION (or if prescribed, in a manner not in compliance with the directions of his physician)?	01	METHADONE	(11) (12)										
	02	HEROIN	(11) (12)										
	03	OTHER OPIATES, OPIUM, OTHER THAN HEROIN OR METHADONE	(11) (12)										
	04	COCAINE	(11) (12)										
	05	BARBITURATES	(11) (12)										
	06	OTHER SEDATIVES, HYPNOTICS, OR TRANQUILIZERS	(11) (12)										
	07	AMPHETAMINES	(11) (12)										
	08	CANNABIS SATIVA (marijuana or hashish)	(11) (12)										
	09	HALLUCINOGENS SUCH AS LSD	(11) (12)										
	② 10	ALCOHOL (Any use at all, no matter how little, should be recorded here.) ALCOHOL TO THE POINT OF INTOXICATION (That is, to the point where his coordination or speech was definitely impaired or his behavior clearly altered.)	(11) (12)										
	11	OTHER DRUGS (Specify below)	(11) (12)										
41. WHICH OF THE DRUGS LISTED IN ITEM 40 (including alcohol) WAS THE PATIENT'S MAJOR DRUG PROBLEM FOR WHICH TREATMENT WILL BE PROVIDED, IN THAT IT HAS CAUSED THE MOST PHYSICAL, MENTAL, AND SOCIAL DYSFUNCTION? (Enter the drug code from the item above. If it is possible to determine which is the major drug problem, enter code 99.)			(11) (12)										
③ 42. DID THE PATIENT'S INITIAL URINALYSIS SCREENING SHOW POSITIVE FOR A, B, OR C? (Insert code number in appropriate box, leave blank if no analysis performed.)	A, NON-PRESCRIPTION OPIATES		(13)										
	B, NON-PRESCRIPTION STIMULANTS		(14)										
	C, NON-PRESCRIPTION DEPRESSANTS		(15)										
④ OVERALL JUDGMENT QUESTIONS IN THE AREA OF DEPENDENCE PROBLEMS													
In addition to the above information you should make other relevant inquiries about the patient's DEPENDENCE PROBLEM status (during the four weeks prior to inpatient admission) before formulating your overall judgment and rating the severity of his problem. Among considerations in this area are: extent of physical and psychological dependency; effect of drug and alcohol consumption on daily functioning; extent daily activities are organized to obtain and maintain a supply of drugs or alcohol; reasons for reliance on drugs or alcohol; or other such topics as may be appropriate.													
43. TO WHAT EXTENT HAS THE PATIENT HAD A PROBLEM USING ALCOHOL, IN A MANNER THAT IS DAMAGING TO PHYSICAL HEALTH, FAMILY OR JOB ADJUSTMENT OR THAT THREATENS PERSONAL SAFETY DURING THE FOUR WEEKS BEFORE INPATIENT ADMISSION?			(16)										
<table border="0"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> <tr> <td>No Problem</td><td>Minimal Problem</td><td>Mild Problem</td><td>Moderate Problem</td><td>Marked Problem</td> </tr> </table>			1	2	3	4	5	No Problem	Minimal Problem	Mild Problem	Moderate Problem	Marked Problem	
1	2	3	4	5									
No Problem	Minimal Problem	Mild Problem	Moderate Problem	Marked Problem									
44. IS THIS A PROBLEM AREA DESIGNATED AS A TARGET FOR CHANGE BY THE TREATMENT STAFF?			(17)										
<table border="0"> <tr> <td>1</td><td>2</td> </tr> <tr> <td>No</td><td>Yes</td> </tr> </table>			1	2	No	Yes							
1	2												
No	Yes												
45. TO WHAT EXTENT HAS THE PATIENT HAD A PROBLEM USING DRUGS IN A MANNER THAT IS ILLEGAL, THAT IS DAMAGING TO PHYSICAL HEALTH, FAMILY OR JOB ADJUSTMENT, OR THAT THREATENS PERSONAL SAFETY DURING THE FOUR WEEKS BEFORE INPATIENT ADMISSION?			(18)										
<table border="0"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> <tr> <td>No Problem</td><td>Minimal Problem</td><td>Mild Problem</td><td>Moderate Problem</td><td>Marked Problem</td> </tr> </table>			1	2	3	4	5	No Problem	Minimal Problem	Mild Problem	Moderate Problem	Marked Problem	
1	2	3	4	5									
No Problem	Minimal Problem	Mild Problem	Moderate Problem	Marked Problem									
46. IS THIS A PROBLEM AREA DESIGNATED AS A TARGET FOR CHANGE BY THE TREATMENT STAFF?			(19)										
<table border="0"> <tr> <td>1</td><td>2</td> </tr> <tr> <td>No</td><td>Yes</td> </tr> </table>			1	2	No	Yes							
1	2												
No	Yes												

Was the patient physically dependent on alcohol; was his tolerance greatly increased?

Was he psychologically dependent on drinking, showing preoccupation with alcohol or the next opportunity to drink?

Did he rely on alcohol as self medication to cope with problems or to achieve relief from stressful situations?

Did the patient's use of alcohol harm his physical, mental, vocational, or social functioning?

Did the patient organize his daily activities around drinking and having a supply available?

Was the patient psychologically dependent on drug taking?

Was he physically dependent on drugs?

Did he use drugs on an experimental or social-recreational basis only, such that use did not tend to escalate in either frequency or intensity?

Did the patient rely on drugs as self medication to cope with problems or to achieve relief from stressful situations?

Did his drug use harm his physical, mental, vocational, or social functioning?

Did he prefer being in social situations and with people where drug taking is an accepted and frequent activity?

Did the patient organize his daily activities in order to obtain a supply of drugs?

Background and Status Information Record Cont'd. - SECTION VI

- ① To be evaluated after the information necessary to complete Sections I-V has been obtained.
- ② The maximum number of days which can be entered here is 30. Include the time a patient may have had to have been transferred to a medical or surgical ward to take care of an auxiliary problem as long as he was provided with continuing care for his alcohol or drug dependence problem by program staff.
- ③ An established, continued inpatient treatment regimen may be less than 30 days in some programs.
- ④ With the perspective of thirty days, what was (or is) the patient's primary dependence problem? Use code 3 only as a last resort.
- ⑤ Was #52 above answered differently than Item 9 on the Intake Screening Record?
- ⑥ Enter the patient's serial I.D. number to prevent mix-up in case pages become separated.

KEY/PUNCHER: BEGIN CARD 04-DUPLICATE COLL. 1-18 FROM CARD 03		CARD NO.	(17)	(18)
		0	0	4
47. HOW COOPERATIVE WAS THE PATIENT IN RESPONDING TO THE INTAKE INTERVIEW? ① 1 - Not at all cooperative (but did submit to the interview) 2 - Somewhat (Veteran was reluctant to reveal information; may have displayed hostility; attempted to shorten interview.) 3 - Moderately (Veteran was more cooperative than uncooperative; infrequently volunteered information; however, passively complied with most of the interview requirements.) 4 - Very cooperative (Veteran was decidedly friendly and put himself at the interviewer's disposal. He discussed all questions freely and volunteered information.)				
48. DO YOU BELIEVE THAT THE INFORMATION RECORDED ON THIS DOCUMENT FROM PATIENT REPORT, REZONOS, AND SIGNIFICANT OTHERS IS ACCURATE? 1 - No, very little of it 2 - Most of it 3 - Yes, all of it				
SECTION VI - THIRTY DAY SUMMARY (To be completed THIRTY DAYS AFTER INPATIENT ADMISSION for drug or alcohol dependence treatment or at Discharge or DEBARMENT if it occurs prior to the 30 day completion date.)				
49. HOW MANY DAYS HAS THE PATIENT BEEN AN INPATIENT SINCE ADMISSION FOR DRUG OR ALCOHOL DEPENDENCE TREATMENT?				
48. IF THE PATIENT HAS BEEN DISCHARGED FROM INPATIENT TREATMENT, WHAT WERE THE REASONS FOR HIS LEAVING FROM THE POINTS OF VIEW OF THE PATIENT AND OF THE PROGRAM STAFF? (Leave blank if patient has not left inpatient treatment.) 1 - No, this was not a reason. 2 - Yes, this was a reason.		PATIENT'S STATED REASONS (Code)	STAFF JUDGMENT ABOUT REASONS (Code)	
A. COMPLETED INPATIENT TREATMENT REGIMEN ③		(3)	(3)	
B. RECEIVED ALL INPATIENT CARE NEEDED AT THAT TIME THOUGH DID NOT FINISH ESTABLISHED PROGRAM.		(2)	(2)	
C. DISSATISFACTION WITH CARE PROVIDED.		(2)	(2)	
D. DISSATISFACTION WITH COMBINED TREATMENT SETTING.		(2)	(2)	
E. COULD NOT ABIDE BY PROGRAM RULES OR STRUCTURE.		(2)	(2)	
F. DIFFICULTIES WITH OR ANXIETY ABOUT PERSONAL BUSINESS ON OUTSIDE. (Home, work, school, legal, etc.)		(2)	(2)	
G. MEDICAL OR PSYCHIATRIC ILLNESS SO SEVERE AS TO REQUIRE TRANSFER FOR EXTENDED PERIOD OF TIME.		(2)	(2)	
H. UNKNOWN, PATIENT WOULD NOT SAY, DID NOT RETURN FROM PASS, OR WENT AWOL WITHOUT STATING REASON.		(2)	(2)	
I. OTHER (Specify below)		(1)	(1)	
49. IF THE PATIENT HAS BEEN DISCHARGED FROM INPATIENT TREATMENT, WHAT TYPE OF VA DISCHARGE DID HE RECEIVE? (Leave blank if patient has not been discharged.) 1 - Regular 2 - Irregular 3 - Outpatient 4 - Non-bed case				
50. AFTER WORKING WITH THIS PATIENT IT WAS DETERMINED THAT THE PRIMARY PROBLEM WAS: ④ 1 - Alcohol abuse 2 - Drug abuse 3 - Impossible to classify as either 1 or 2				
51. IS THIS A DIFFERENT PRIMARY PROBLEM THAN WAS RECORDED ON THE INTAKE SCREENING RECORD? ⑤ 1 - NO 2 - YES				
VA FORM 10-7984c		PATIENT'S SERIAL I.D. NO. (From Item 2, Page 1)		PAGE 4

4. Patient Goals For Treatment (VA Form 10-7984d)

Use: Completed by patient soon after inpatient admission. Patient should be asked to identify which problem areas he/she wants to work on during treatment in the VA, starting with the inpatient phase and extending into outpatient care. Guidance in determining the patient's goals for treatment should not be provided by staff members. Clarification may be offered if requested; however, the results must be the patient's own thoughts regarding need for treatment.

Submission: Submit original copy of this form with earliest regular submission following its completion. After the patient finishes it, *review for completeness* so that every question has one and only one answer checked.

Item Notation:

- ① Insert the Program Type, code from Item 2 on the Background and Status Information Record (1=combined setting; 2=DDTC; and 3=ATU)
- ② See explanation provided on the Intake Screening Record.
- ③ Patient may indicate any personal goal that has not been included above.

PATIENT GOALS FOR TREATMENT																		OMB No. 076-571006 Approval expires 12/31/76 RCS 11-144-S			
FOR COMPLETION BY PROGRAM STAFF																					
HOSPITAL NO.			PROG. TYPE	SERIAL I.D. NO. ②				ALTERNATE I.D. NO. ②							CAND NO.						
(1)	(2)	(3)	(4) ①	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		
																		0	5		
<p>As you begin treatment, it is important that you think carefully about what you want from it. In addition to getting the medical care you need, you may want to change some of your behavior or solve some of your personal problems. To help you get your treatment goals clearly in mind, and to help us work with you toward achieving those goals, please answer this short questionnaire.</p> <p>Please read each question listed below and place an "X" in the box under one of the three possible answers. <u>Be sure to answer every question!</u> You may be assured that your answers will be held in complete confidence by the Veterans Administration.</p>																					
DO YOU WANT US TO HELP YOU WITH . . .																		YES	NO	NOT APPLICABLE (this is not a problem for me)	COLS.
																		(1)	(2)	(3)	
1. Finding or holding a job?																					21
2. Getting into school or job training?																					22
3. Getting along with people?																					23
4. Improving relationships with your family?																					24
5. Overcoming your dependence on alcohol?																					25
6. Overcoming your dependence on drugs?																					26
7. Learning how to manage your money?																					27
8. Applying for financial assistance or welfare?																					28
9. Maintaining a better personal appearance?																					29
10. Using your leisure time better?																					30
11. Learning how to make and keep friends?																					31
12. Controlling your temper?																					32
13. Getting rid of strange thoughts?																					33
14. Getting rid of imaginary voices or visions?																					34
15. Learning to concentrate better?																					35
16. Getting rid of angry feelings?																					36
17. Learning to worry less?																					37
18. Feeling more cheerful and optimistic?																					38
19. Feeling better physically?																					39
20. Overcoming problems with sexual functioning.																					40
21. Feeling more self confident?																					41
22. Increasing your self respect?																					42
23. Avoiding the company of alcohol or drug abusing friends?																					43
24. Learning how to control your behavior to avoid future trouble with the police?																					44
25. Learning how to avoid behavior that hurts others physically?																					45
26. Avoiding behavior that violates the property rights of others, for example, burglary or forging checks?																					46
27. Other (Full-4s) ③																					47

VA FORM 10-7984d

5. VA Treatment Progression Record (VA Form 10-7984e)

Use: Use of this form is optional. It is an aid to Evaluation Coordinators and program staff in keeping track of the treatment provided by the VA program to patients on a daily basis. It has been approved for use in the patient's medical record by Medical Administration Service. In Drug Dependence Treatment Centers it may also assist in keeping track of the services to be reported under the Client Oriented Data Acquisition Process (CODAP).

Submission: This form is *not* to be submitted to VA Central Office and is to be retained at the hospital.

Item Notation:

- ① Indicate the month and year this form covers and the patient's I.D. numbers.
- ② Day of the month a particular treatment was given; on the 1st, the 5th, the 20th, etc.
- ③ To promote comparability of data between the VA and other federally sponsored programs, definitions for the various treatment approaches have been adapted as follows:

a. Detoxification is the period, during which *medication is prescribed* for patients detoxifying from their presenting dependence problem. Withdrawal without use of medication is Abstinence/Drug Free (code 3). If methadone is being used, detoxification cannot exceed 21 days.

b. The maintenance treatment approach is limited for use in drug dependence treatment only and is defined as the modality assigned a patient which exceeds 21 days and during which only *Methadone* or *L-Alpha Acetylmethadol (LAAM)* is prescribed to achieve stabilization. Detoxification from maintenance or slow methadone withdrawal is included in this category.

c. Abstinence/Drug Free is defined as the treatment regimen that does *not include any chemical agent or medication* as the *primary* part of the treatment. Temporary medication may be prescribed in a drug free modality (i.e. short term use of tranquilizers). The primary treatment method is extensive counseling.

d. The "other" treatment approach can be cited when the primary treatment modality assigned is other than those specified above. It includes chemotherapy using a primary medication such as the antagonists or Dilsulfiram (Antabuse) and other primary modalities such as acupuncture.

- ④ See discussion of Medication classification included in Item Notation for Six-Month Follow-up Form, Section II Treatment Experiences.

OMB No. 070-AT0028, Approval #16/31/76, HCS 11-111-B

DATE		SERIAL I.D. NO.				ALTERNATE I.D. NO.				TREATMENT PROGRESSION RECORD									
MONTH	YEAR	1	2	3	4	1	2	3	4	1	2	3	4						
<small>Settings: 1 - PADATU - Inpatient 2 - PADATU - Outpatient 3 - DDTC - Inpatient (companion hospital) 4 - DDTC - Outpatient (companion hospital) 5 - ATU - Inpatient (companion hospital) 6 - ATU - Outpatient (companion hospital) 7 - VA Treatment Setting (other than 1-6)</small>																			
<small>Treatment Approach (Treat. App.) (3)</small> 1 - Detoxification 2 - Medication (drug dependence only) 3 - Abstinence/Drug Free 4 - Other <small>Individual and Group Sessions - Interactions between staff and patients or members of their families for therapeutic purposes. Types: Therapeutic Counseling; Family Therapy; Vocational and Job Development; Educational Lectures; Alcoholics Anonymous Meetings; Other: Manual Arts Therapy; Art Therapy; Psychodrama, etc.</small>																			
<small>Physician Contacts: No. of physician services provided by program staff including referrals requested by program clinicians.</small>																			
INSERT CODE NO.		NO. OF INDIVIDUAL SESSIONS				NO. OF GROUP SESSIONS				Check if patient received medication									
DATE	SER. TIME	TREAT. APP.	THERAP.	GRM.	VAID.	OTM.	THERAP.	PAU.	VAID.	ED.	GR.	AA.	OTM.	PHYSICIAN CONTACTS	ANY/ NONE	HOW/ OTHER	PHYSICIAN CONTACTS	ANY/ NONE	
1																			
2																			
3																			
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VA FORM 10-7984e PATIENT'S NAME, SOCIAL SEC. NO. AND FACILITY NAME TREATMENT PROGRESSION RECORD

- ⑤ The name of the hospital, patient, and patient's social security number must be indicated in order to include form in the medical record.

6. Follow-up Interview Record (VA Form 10-7984f)

Use: Completed by PADAT Evaluation Coordinator or a designated and trained alternate for all patients identified by VA Central Office as part of the follow-up sample for a program. Sections I and II are completed on the entire sample whether or not an interview is possible. Sections III-VI should be completed only for patients with whom an interview was conducted. The summary of VA Treatment in Section II should be completed before interviewing the patient so that he/she may easily provide information on any supplementary or subsequent treatment received.

Submission: Submit the completed form with the first submission after the form is finished. Coordinators have approximately six weeks in which to locate and interview a patient. If, after this time, the patient still cannot be located, sections I and II may be submitted.

Item Notation:

- ① It is important that these directions are read carefully before beginning follow-up interviewing.
- ② As noted for the same items on the Intake Screening Record.

DMR No. 078-571008, Approval expires 12/31/76, RCS 11-144-B

FOLLOW-UP INTERVIEW RECORD EVALUATION OF TREATMENT OF DRUG AND ALCOHOL DEPENDENT PATIENTS																	
TO: Health Services Research and Development (152C2) Veterans Administration Central Office Washington, D.C. 20420						FORM PREPARED BY (Name and date)											
General Directions ①																	
<p>This form is designed for clinical staff to describe patient status after receiving drug or alcohol dependence treatment. It consists of six sections for recording:</p> <ol style="list-style-type: none"> I. Location and Interview Response II. Treatment Experiences since Inpatient Admission III. Economic and Personal Management IV. Interpersonal and Social Adjustment V. Physical and Mental Status VI. Dependence Problems <p>An interview with the patient is required in order to complete all six sections. If possible, a relative or significant other should also be interviewed with the permission of the patient. All additional information available from records, observations of staff or other sources should be taken into account when completing the form. This form should be seen as a device for recording only that data useful for evaluation purposes from the more extensive information usually gained at the time of clinical follow-up. As such, the order of items in this form sometimes may not parallel the order in which you may want to develop the information. You may depart from the order of the questions listed to the extent necessary to maximize the validity of the patient's report.</p> <p>Sections I and II must be completed on all patients included in the follow-up sample whether or not an interview is possible. Sections III-VI should be completed on all patients with whom an interview was conducted. These sections ask for two types of information to be recorded regarding the patient's status at the time of the follow-up. Certain factual pieces of information gained from records or interview should be recorded. Overall judgments as to the severity of the patient's problems in each area should be recorded after making other relevant inquiries during the interview and reviewing information gained from discussions with significant others and staff. Examples of additional inquiries which might be made before reaching a judgment in any problem area have been included in the Handbook on Evaluation of Treatment of Drug and Alcohol Dependent Patients.</p> <p>To eliminate the need for intermediate editing or coding, please be sure that all numbers are entered correctly. Enter numbers to the extreme right in the boxes provided and precede by an appropriate number of zeros. For example, January 9, 1976 would be entered as</p> <table style="margin: 10px auto; border: 1px solid black; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">9</td> <td style="border: 1px solid black; width: 20px;">7</td> <td style="border: 1px solid black; width: 20px;">6</td> </tr> </table> <p style="font-size: x-small;">in item 6. For all multiple choice items (2, for example) enter the code</p> <p>number of the correct alternative in the box at the right. All blocks must be filled in unless there are instructions given to leave a particular box blank under special circumstances. Additional instructions are provided as needed.</p>												0	1	0	9	7	6
0	1	0	9	7	6												
CONFIDENTIAL INFORMATION: The information entered on this form will be handled in strict confidence and will not be released to unauthorized personnel.																	
ITEM DESCRIPTION - CODE BOXES - CARD COLUMNS																	
1. HOSPITAL NO.						(1)	(2)	(3)									
2. TYPE OF PROGRAM						(4)											
1. Combined Alcohol/Drug Abuse Treatment Unit 2. Drug Dependence Treatment Center 3. Alcoholism Treatment Unit																	
3. PATIENT'S SERIAL I.D. NUMBER ②						(5)	(6)	(7)	(8)								
4. ALTERNATE I.D. NUMBER (If not applicable, leave blank) ③						(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)		
B. CARD NO.											(19)	(20)					
											0	6					

VA FORM 10-7984f JUL 1972 PAGE 1

Follow-up Interview Record Cont'd. - SECTION I

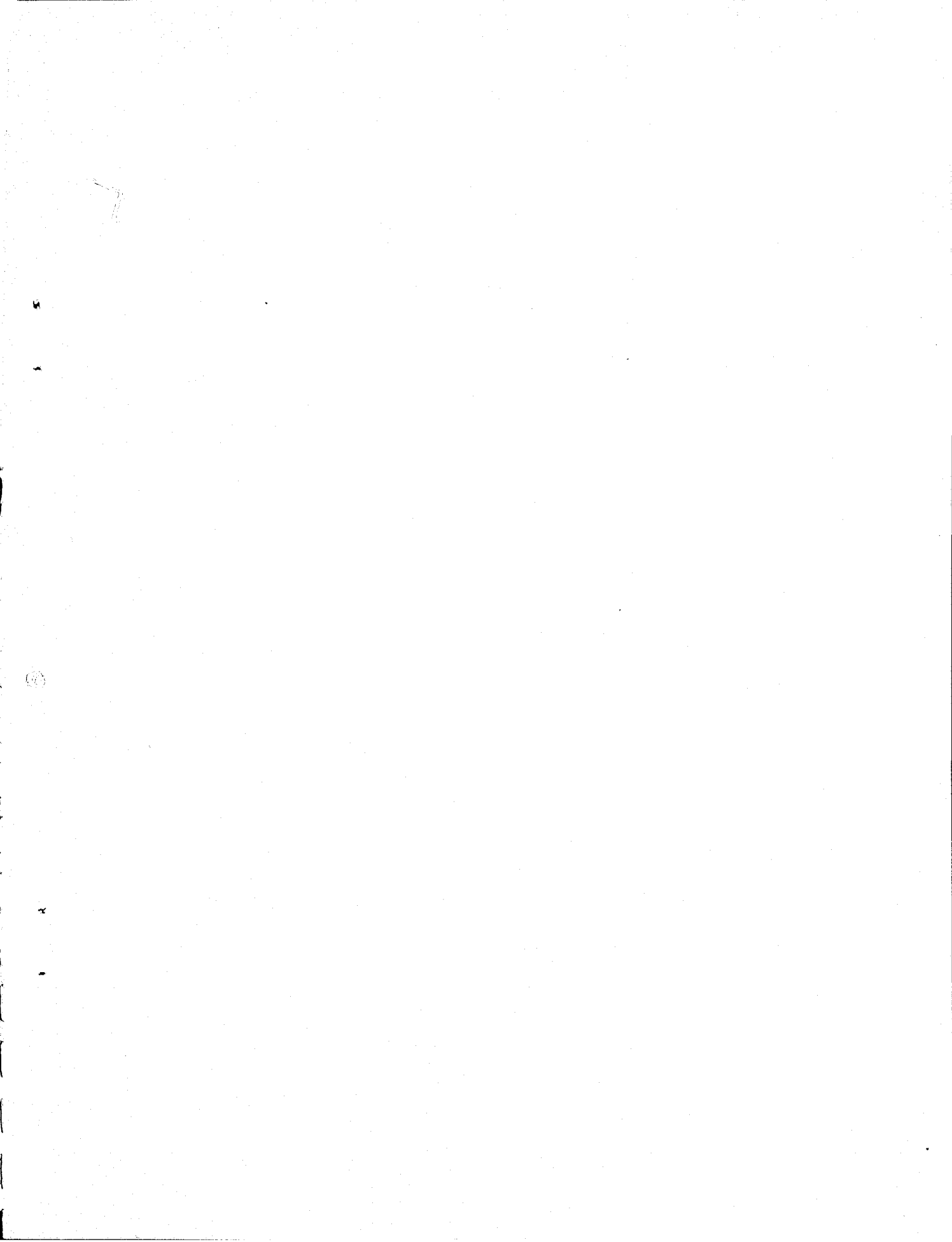
- ① The six-month anniversary date for the PADAT Project is figured as six months after the patient's inpatient admission date to the ATU, DDTC or PADATU. A patient with the admission date of July 15, 1975 would have his anniversary January 15, 1976.
- ② Interviews by phone are acceptable only as a last resort for patients who cannot be interviewed in person.
- ③ Do not classify patients as unable to be located until every means of location has been exhausted and the time limits for interviewing that patient have passed.
- ④ Verification must be obtained for patients presumed to be dead. Do not accept merely word of mouth reports.
- ⑤ If VA Central Office has included in the sample a patient who had not signed the Agreement to Participate in Evaluation Follow-up, use code 6 and complete only Section II. No patient will be followed up for evaluation purposes without his written consent.
- ⑥ "Letters" includes all other forms of written correspondence including mailgrams, telegrams etc.
- ⑦ Include visits made to the persons listed to provide assistance in the patient's location for interview.
- ⑧ Significant other refers to a relative or other person important in the patient's life.

- ⑨ Use the VA Hospital address as the point from which to approximate the distance even if the patient most recently continued his care in an outpatient clinic located away from the hospital. This item will be used in making decisions about how to support future follow-up efforts.
- ⑩ The person responsible for completing this form should sign in case questions arise for clarification at a later date.
- ⑪ Enter patient's serial I.D. number for identification to avoid mix-up in case the papers become separated.

SECTION I - LOCATION AND INTERVIEW RESPONSE										
ITEM DESCRIPTION - CODE BOXES - CARD COLUMNS										
6. PATIENT'S ANNIVERSARY DATE ①							MONTH (101) (111) (121)	DAY (10) (11) (12)	YEAR (197) (198) (199)	
7. PATIENT'S AVAILABILITY FOR EVALUATION										
1. Interviewed in person (Complete Sections I-VI)										
2. Interviewed by phone - only if impossible in person. (Complete Sections I-VI) ②										
3. Located but refused to be interviewed. (Complete only Sections I and II)										
4. Could not be located. (Complete only Sections I and II) ③										
5. Deceased. (Complete only Sections I and II)										
6. Did not sign Agreement to Follow-up and could not be followed up for evaluation purposes. (Leave the rest of Section I blank) ④										
7. Located but could not be interviewed because of reasons other than patient refusal. (Complete only Sections I and II) Specify reason: _____										
8. HOW MANY FOLLOW-UP ATTEMPTS WERE MADE BEFORE THE INTERVIEW WAS OBTAINED OR BEFORE EFFORTS TO LOCATE THE PATIENT WERE ENDED?										
a. Letters ⑤							(10)			
b. Phone calls							(11)			
c. Visits ⑦							(12)			
d. Other							(13)			
9. DATE OF INTERVIEW FOR THIS FORM (Code all zeros if no interview was conducted.)							MONTH (10) (11) (12)	DAY (10) (11) (12)	YEAR (197) (198) (199)	
10. WAS A RELATIVE OR SIGNIFICANT OTHER INTERVIEWED? ⑧							1 = NO 2 = YES			(14)
11. LENGTH IN MINUTES OF INTERVIEW WITH PATIENT. (Code 000 if no interview was conducted.)							(15) (16) (17)			(18)
12. HOW MANY MILES AWAY FROM THE VA HOSPITAL IN WHICH THE PATIENT RECEIVED DRUGS OR ALCOHOL DEPENDENCE TREATMENT WAS THE SITE OF THE INTERVIEW? (If the interview took place by phone, approximately how far away was the patient? Code 999 if 1000 miles away or more. Leave blank if no interview was conducted.) ⑨							(19) (20) (21)			(22)
13. HOW COOPERATIVE WAS THE PATIENT IN RESPONDING TO THE INTERVIEW? (Leave blank if no interview was conducted.)										(23)
1. Not at all cooperative. (But did submit to the interview.)										
2. Somewhat. (Veteran was reluctant to reveal information, may have displayed hostility, attempted to shorten interview.)										
3. Moderately. (Veteran was more cooperative than uncooperative, infrequently volunteered information, however, passively complied with most of the interviewer's requirements.)										
4. Very cooperative. (Veteran was decidedly friendly and put himself at the interviewer's disposal. He answered all questions freely and volunteered information.)										
14. DO YOU BELIEVE THAT THE INFORMATION RECORDED ON THIS DOCUMENT FROM PATIENT REPORT AND RECORD IS ACCURATE? ⑩							1-No, very little of it 2-Most of it 3-Yes, all of it			(24)
FORM PREPARED BY ⑪										

VA FORM 10-7984f

PATIENT'S SERIAL I.D. NO. (FROM I-106 & PAGE 1)



Follow-up Interview Record Cont'd. - SECTION II

- 1 Record here any days of treatment provided by another program in addition to and not part of the treatment VA provided either directly or by contract.
- 2 If there are any questions concerning the diagnoses listed on the Hospital Summary, consult the Medical Records Librarian.
- 3 May be completed at the time of discharge rather than waiting until the time of follow-up. Even if this information was provided for certain individuals on the Thirty-Day Summary Section of the Background and Status Information Record, the same responses should be repeated here.
- 4 An "institutional setting" is a facility which provides a sheltered environment with order and direction for the individual's daily activities as well as providing basic necessities such as food, shelter, and clothing.
- 5 Treatment from the VA or any other agency.
- 6 Enter patient's Serial I.D. number to prevent mix-up if pages become separated.

KEYPUNCHER: BEGIN CARD 11-DUPLICATE COLS. 1-18 FROM CARD 10.		CARD NO.	(1)	(2)	(3)
SECTION II - (CONTINUED) TREATMENT EXPERIENCES					
ITEM DESCRIPTION - CODE BOXES - CARD COLUMNS					
ENTER PATIENT'S FIRST SINGLE INPATIENT ADMISSION	18. ON HOW MANY DAYS HAS THE PATIENT BEEN IN SOME DRUG OR ALCOHOL DEPENDENCE TREATMENT CONCURRENTLY TO ANY OF THE TREATMENT DESCRIBED IN ITEM 18. (Do not consider this, for example, as separate, concurrent treatment if it is an established part of your treatment plan.)	(18)	(19)	(20)	(21)
		(22)	(23)	(24)	(25)
17. ENTER IN THE SPACES PROVIDED THE AMERICAN PSYCHIATRIC ASSOCIATION'S DIAGNOSTIC AND STATISTICAL MANUAL II, OR ICD-A CODES FOR THE FIRST FIVE DIAGNOSES LISTED IN THE DIAGNOSES SECTION OF VA FORM 10-1000, HOSPITAL SUMMARY. (Record ICD-A Codes in order listed on VA Form 10-1000. ICD-A Codes may be 3, 4, or 5 digits. Enter codes from left to right. Example: (Antisocial Personality, Code 301.2) would be entered 3012; Schizophrenia, Code 295 would be entered 29500. If the patient had fewer than five diagnoses, leave the remaining spaces blank.)		(26)	(27)	(28)	(29)
		(30)	(31)	(32)	(33)
		(34)	(35)	(36)	(37)
		(38)	(39)	(40)	(41)
		(42)	(43)	(44)	(45)
19. WHAT TYPE OF DISCHARGE DID THE PATIENT RECEIVE? (Leave blank if the patient has not been discharged from inpatient treatment.)		1-REGULAR 2-IRREGULAR 3-OUTPATIENT 4-NON-BED CARE			
20. WHICH OF THE FOLLOWING WERE REASONS THE PATIENT LEFT YOUR INPATIENT PROGRAM? (Leave blank if patient has not left inpatient treatment.)		1-NO, THIS WAS NOT A REASON		2-YES, THIS WAS A REASON	
a. Completed inpatient treatment regimen.		(46)		(47)	
b. Received all inpatient care needed at that time though did not finish established program.		(48)		(49)	
c. Dissatisfaction with care provided.		(50)		(51)	
d. Dissatisfaction with combined treatment setting.		(52)		(53)	
e. Could not abide by program rules or structure.		(54)		(55)	
f. Difficulties with or anxiety about personal business on outside (home, work, school, legal, etc.)		(56)		(57)	
g. Medical or psychiatric illness so severe as to require transfer for extended period of time.		(58)		(59)	
h. Unknowns. Patient would not say, did not return from pass, or went AWOL without stating reason.		(60)		(61)	
i. Other (Specify below)		(62)		(63)	
21. HOW MANY DAYS DID THE PATIENT SPEND IN AN INSTITUTIONAL SETTING WHICH CONTROLLED HIS ACTIVITIES AND PROVIDED FOOD, CLOTHING, SHELTER AND OTHER BASIC NECESSITIES? (Code 00 if none. Leave blank if unknown.)		(64)		(65)	
22. IF THE PATIENT WAS IN AN INSTITUTION, WHAT KIND OF SETTING WAS IT? (Enter the code number of the institutional setting in which the patient spent the most days. Enter 0 if the patient was not in an institution. Leave blank if unknown.)		(66)			
		1-Psychiatric ward or hospital as an inpatient. 2-Medical ward or hospital as an inpatient. 3-Inn or prison. 4-Other institution controlling the activities of the patient and providing food, clothing, and shelter.			
23. WHICH OF THE INSTITUTIONAL SETTINGS LISTED IN ITEM 22 WAS THE PATIENT IN, IF ANY, AT THE TIME OF HIS FOLLOW-UP INTERVIEW? (Enter the appropriate code number but item 22. Enter 0 if the patient was not in an institution. Leave blank if unknown.)		(67)			
24. IS THIS PATIENT CURRENTLY IN TREATMENT FOR HIS ALCOHOL OR DRUG ABUSE PROBLEM? (Leave blank if unknown.)		1-NO 2-YES			
		(68)			
TIME OF THE FOLLOW-UP INTERVIEW		(69)			
TIME OF DISCHARGE FROM INPATIENT TREATMENT		(70)			
FOUR WEEKS PRIOR TO THE FOLLOW-UP INTERVIEW		(71)			
TIME OF THE FOLLOW-UP INTERVIEW		(72)			
25. IS THIS PATIENT CURRENTLY IN TREATMENT FOR HIS ALCOHOL OR DRUG ABUSE PROBLEM? (Leave blank if unknown.)		1-NO 2-YES			
		(73)			
VA FORM 10-7984f		PATIENT'S SERIAL I.D. NO. (From Item 2, page 1.)		PAGE 4	

Follow-up Interview Record Cont'd. - SECTION III

- 1 Review the discussion provided as Item Notation for Section I - Economic and Personal Management of the *Background and Status Information Record*.
- 2 Enter Patient's Serial I.D. number to prevent mix-up in case the pages of this form become separated.

KEYPUNCHER: BEGIN CARD 12-DUPLICATE COLS. 1-18 FROM CARD 11.

CARD NO.	(19)	(20)
	1	2

SECTION III - ECONOMIC AND PERSONAL MANAGEMENT ①											
ITEM DESCRIPTION - CODE BOXES - CARD COLUMNS											
ENTIRE PERIOD SINCE INPATIENT ADMISSION		24. HOW MANY MONTHS OF VOCATIONAL OR TECHNICAL TRAINING HAS THE PATIENT COMPLETED? (Do not include training received as part of the patient's regular school curriculum.)						(21)	(22)		
		25. WHAT WERE THE TOTAL NUMBER OF HOURS THE PATIENT WORKED?						(23)	(24)	(25)	
26. WHAT WAS THE PATIENT'S TOTAL NET EARNINGS FROM EMPLOYMENT? (This should be his earned income after deductions. Code 0000 if none. Do not include \$ or decimals.)						\$	(26)	(27)	(28)	(29)	
27. HAS THE PATIENT ATTENDED SCHOOL OR BEEN IN A JOB TRAINING PROGRAM THAT LASTED AT LEAST ONE WEEK?						1-NO 2-YES		(30)			
FOUR WEEKS BEFORE FOLLOW-UP INTERVIEW	28. A-F DID THE PATIENT OR HIS DEPENDENTS RECEIVE BENEFITS FROM THE FOLLOWING SOURCES? (A dependent is an individual for whom the patient is legally responsible.) 1 - NO 2 - YES		A. VETERANS COMPENSATION OR PENSION						(31)		
			B. SOCIAL SECURITY BENEFITS						(32)		
			C. RETIREMENT BENEFITS OTHER THAN THOSE THRU SOCIAL SECURITY?						(33)		
			D. OTHER EMPLOYMENT-RELATED BENEFITS						(34)		
			E. UNEMPLOYMENT COMPENSATION BENEFITS						(35)		
			F. WELFARE AND RELATED PROGRAMS (Includes aid to the aged, blind, disabled, families with dependent children, food stamps, etc.)						(36)		
	TOTAL DOLLAR VALUE OF ALL BENEFITS RECEIVED (A-F)						\$	(37)	(38)	(39)	(40)
29. DID THE PATIENT OR HIS DEPENDENTS RECEIVE BENEFITS OR MONEY FROM:		A. FRIENDS OR RELATIVES (Including spouse)						1-NO 2-YES		(41)	
		B. ILLEGAL ACTIVITIES						1-NO 2-YES		(42)	
OVERALL JUDGMENT QUESTIONS IN THE AREA OF ECONOMIC AND PERSONAL MANAGEMENT											
In addition to the above information, you should make other relevant inquiries about the patient's ECONOMIC AND PERSONAL MANAGEMENT status (during the <u>four weeks</u> prior to follow-up interview) before formulating your overall judgment and rating the severity of his problem. Among considerations in this area are: work status; sheltered vs. non-sheltered work environment; school or training pursued; performance satisfactory; income managed adequately; basic necessities secured; and other topics as appropriate.											
30. TO WHAT EXTENT HAS THE PATIENT HAD A PROBLEM SUPPORTING HIMSELF IN THE COMMUNITY TO THE EXTENT THAT AGE AND PHYSICAL HEALTH PERMIT DURING THE <u>FOUR WEEKS</u> BEFORE FOLLOW-UP INTERVIEW?									(43)		
1 2 3 4 5 No Problem Minimal Problem Mild Problem Moderate Problem Marked Problem											
31. TO WHAT EXTENT HAS THE PATIENT HAD PROBLEMS MANAGING HIS OWN AFFAIRS, THAT IS, MEETING IMMEDIATE NEEDS FOR FOOD, CLOTHING, SHELTER, TRANSPORTATION, AND MEDICAL CARE DURING THE <u>FOUR WEEKS</u> BEFORE FOLLOW-UP INTERVIEW?									(44)		
1 2 3 4 5 No Problem Minimal Problem Mild Problem Moderate Problem Marked Problem											

Follow-up Interview Record Cont'd. - SECTION IV

- ① Review the discussion provided as Item Notation for Section II - Interpersonal and Social Adjustment of the *Background and Status Information Record*.
- ② Enter Patient's Serial I.D. number to prevent mix-up in case the pages of this form become separated.

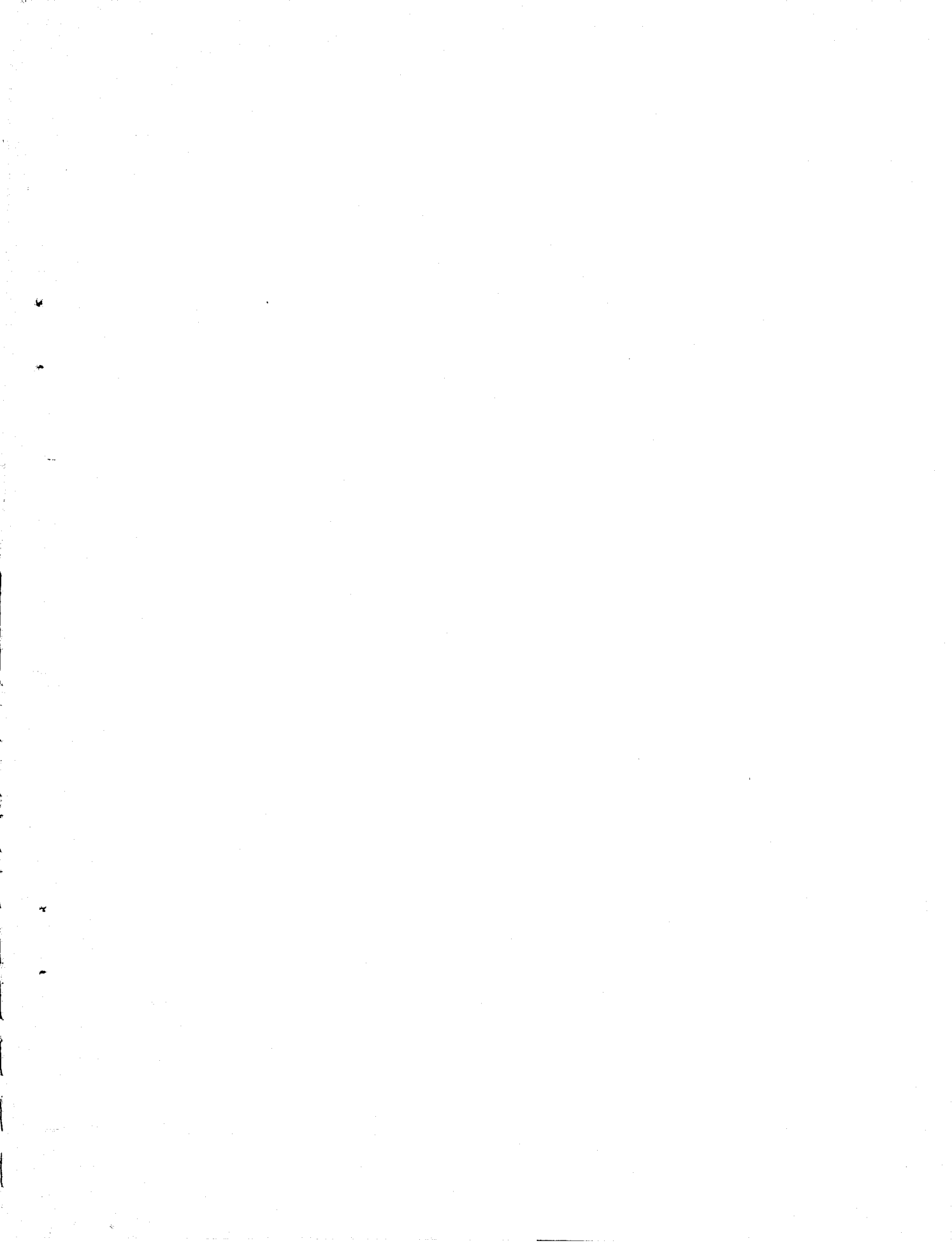
SECTION IV. INTERPERSONAL AND SOCIAL ADJUSTMENT ①											
ITEM DESCRIPTION - CODE BOXES-CARD COLUMNS											
<p>32. HOW MANY TIMES HAS THE PATIENT BEEN ARRESTED AND CHARGED FOR THE FOLLOWING? (Code '0' if none. Enter '9' if the patient was arrested 10 or more times in any single category. Do not count arrests for which charges were later dropped. Include arrests while in the military.)</p>	A. VIOLATION OF DRUG LAWS: SIMPLE POSSESSION (45)										
	B. VIOLATION OF DRUG LAWS; ALL OTHER VIOLATIONS INCLUDING POSSESSION WITH INTENT TO DISTRIBUTE. (46)										
	C. PUBLIC INTOXICATION (47)										
	D. DISORDERLY CONDUCT OR VAGRANCY (48)										
	E. DRIVING WHILE INTOXICATED (49)										
	F. VIOLATION OF ROAD AND DRIVING LAWS/PARKING VIOLATIONS, OTHER VIOLATIONS OF TRAFFIC AND MOTOR VEHICLE LAWS. (50)										
	G. HOMICIDE, MANSLAUGHTER, FORCIBLE RAPE (51)										
	H. ASSAULTS (52)										
	I. ROBBERY (53)										
	J. BURGLARY, LARCENY, AUTO THEFT (54)										
	K. ALL OTHER OFFENSES (55)										
L. TOTAL ARRESTS (56) (57)											
OVERALL JUDGMENT QUESTIONS IN THE AREA OF INTERPERSONAL AND SOCIAL ADJUSTMENT											
<p>In addition to the above information you should make other relevant inquiries about the patient's INTERPERSONAL AND SOCIAL ADJUSTMENT status (during the <u>four weeks</u> prior to follow-up interview) before formulating your overall judgment and rating the severity of his problem. Among considerations in this area are: interpersonal relations in general; relations with relatives, close friends, and authority figures; detected or undetected crimes committed, public nuisance or danger; satisfaction derived from work, school, or leisure activities; and other topics as appropriate.</p>											
33. TO WHAT EXTENT HAS THE PATIENT HAD A PROBLEM INTERACTING WITH PEOPLE IN A WAY THAT IS NOT STRESSFUL TO HIMSELF DURING THE <u>FOUR WEEKS</u> BEFORE FOLLOW-UP INTERVIEW? (58)											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 20%;">1</td> <td style="text-align: center; width: 20%;">2</td> <td style="text-align: center; width: 20%;">3</td> <td style="text-align: center; width: 20%;">4</td> <td style="text-align: center; width: 20%;">5</td> </tr> <tr> <td style="text-align: center;">No Problem</td> <td style="text-align: center;">Minimal Problem</td> <td style="text-align: center;">Mild Problem</td> <td style="text-align: center;">Moderate Problem</td> <td style="text-align: center;">Marked Problem</td> </tr> </table>	1	2	3	4	5	No Problem	Minimal Problem	Mild Problem	Moderate Problem	Marked Problem	
1	2	3	4	5							
No Problem	Minimal Problem	Mild Problem	Moderate Problem	Marked Problem							
34. TO WHAT EXTENT HAS THE PATIENT HAD A PROBLEM OF ENGAGING IN ACTIVITIES THAT ENDANGERED THE SAFETY, WELFARE, OR PROPERTY OF OTHERS DURING THE <u>FOUR WEEKS</u> BEFORE FOLLOW-UP INTERVIEW? (Even though such behavior may be the result of the excessive use of drugs or alcohol, it should be rated here.) (59)											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 20%;">1</td> <td style="text-align: center; width: 20%;">2</td> <td style="text-align: center; width: 20%;">3</td> <td style="text-align: center; width: 20%;">4</td> <td style="text-align: center; width: 20%;">5</td> </tr> <tr> <td style="text-align: center;">No Problem</td> <td style="text-align: center;">Minimal Problem</td> <td style="text-align: center;">Mild Problem</td> <td style="text-align: center;">Moderate Problem</td> <td style="text-align: center;">Marked Problem</td> </tr> </table>	1	2	3	4	5	No Problem	Minimal Problem	Mild Problem	Moderate Problem	Marked Problem	
1	2	3	4	5							
No Problem	Minimal Problem	Mild Problem	Moderate Problem	Marked Problem							
35. TO WHAT EXTENT HAS THE PATIENT HAD A PROBLEM WITH OBTAINING SATISFACTION FROM SOCIALLY ACCEPTABLE SOURCES (as opposed to alcohol or drug abuse) SUCH AS WORK, RELATIONSHIPS WITH FAMILY AND FRIENDS, AND LEISURE TIME ACTIVITIES DURING THE <u>FOUR WEEKS</u> BEFORE FOLLOW-UP INTERVIEW? (60)											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 20%;">1</td> <td style="text-align: center; width: 20%;">2</td> <td style="text-align: center; width: 20%;">3</td> <td style="text-align: center; width: 20%;">4</td> <td style="text-align: center; width: 20%;">5</td> </tr> <tr> <td style="text-align: center;">No Problem</td> <td style="text-align: center;">Minimal Problem</td> <td style="text-align: center;">Mild Problem</td> <td style="text-align: center;">Moderate Problem</td> <td style="text-align: center;">Marked Problem</td> </tr> </table>	1	2	3	4	5	No Problem	Minimal Problem	Mild Problem	Moderate Problem	Marked Problem	
1	2	3	4	5							
No Problem	Minimal Problem	Mild Problem	Moderate Problem	Marked Problem							

- 1 Was a physical completed by the VA for this patient?
- 2 On the Patient's Goals for Treatment form it asks if the patient wants help in overcoming a dependence on alcohol. But beyond that, did the patient have as his goal (with the support of the program) abstinence from the use of alcohol? If so, a second measure of progress regarding the dependence problem is requested, that of recording the longest period of time (in days) that the patient has gone without a drink *since discharge from inpatient status*.
- 3 Enter the patient's serial I.D.#.
- 4 For both sections, review the discussions provided as Item Notation for Section III - Physical and Mental Status and Section V - Dependence Problems of the *Background and Status Information Record*.

SECTION V - PHYSICAL AND MENTAL STATUS ①	
ITEM DESCRIPTION - CODE BOXES - CARD COLUMNS	
36. WAS A FOLLOW-UP MEDICAL EXAMINATION COMPLETED ON THIS PATIENT?	(21)
①	1-NO 2-YES
OVERALL JUDGMENT QUESTIONS IN THE AREA OF PHYSICAL AND MENTAL STATUS	
<p>You will want to make relevant inquiries about the patient's PHYSICAL AND MENTAL status (during the four weeks prior to follow-up interview) before formulating your overall judgment and rating, the severity of his problem. Among considerations in this area are: the frequency and gravity of the patient's physical complaints; the results of recent physical and mental examinations; ability to participate in activities appropriate for age; emotional equilibrium; suicidal attempts or gestures; self esteem; attention and memory; hallucinations or delusions; and other topics as appropriate.</p>	
37. TO WHAT EXTENT HAS THE PATIENT HAD A PROBLEM WITH PHYSICAL PAIN, ILLNESS, OR DISABILITY DURING THE FOUR WEEKS BEFORE FOLLOW-UP INTERVIEW? (This may refer to both episodic conditions such as those related to intoxication or to more enduring problems which may or may not be related to the use of drugs or alcohol. Relative prognosis for such conditions should be included in the estimate of the overall seriousness of that patient's physical health.)	(22)
①	1 2 3 4 5 No Problem Minimal Problem Mild Problem Moderate Problem Marked Problem
38. TO WHAT EXTENT HAS THE PATIENT HAD A PROBLEM WITH DISORDERS OF MOOD AND SELF ESTEEM DURING THE FOUR WEEKS BEFORE FOLLOW-UP INTERVIEW?	(23)
①	1 2 3 4 5 No Problem Minimal Problem Mild Problem Moderate Problem Marked Problem
39. TO WHAT EXTENT HAS THE PATIENT HAD A PROBLEM WITH DISORDERS OF PERCEPTION AND THINKING DURING THE FOUR WEEKS BEFORE FOLLOW-UP INTERVIEW? (Even if such states result exclusively from the excessive use of drugs or alcohol, they should be noted here.)	(24)
①	1 2 3 4 5 No Problem Minimal Problem Mild Problem Moderate Problem Marked Problem

③

SECTION VI - DEPENDENCE PROBLEMS ④	
ITEM DESCRIPTION - CODE BOXES - CARD COLUMNS	
40. WAS ONE OF THE PATIENT'S PERSONAL GOALS ABSTINENCE FROM THE USE OF ALCOHOL?	(25)
②	1 - NO 2 - YES
41. IF YES, HOW MANY DAYS WAS THE PATIENT'S LONGEST CONTINUOUS PERIOD OF ABSTINENCE FROM ALCOHOL SINCE DISCHARGE? (Leave blank if answer above was "no" or if patient has not yet left inpatient treatment.)	(22) (23) (24)
②	(22) (23) (24)
ON HOW MANY DAYS DID THE PATIENT USE THE FOLLOWING DRUGS WITHOUT A PRESCRIPTION (or if prescribed in a manner not in compliance with the directions of his physician)?	
CATEGORY	CODE
01 METHADONE	(25) (26)
02 HEROIN	(27) (28)
03 OTHER OPIATES, OPIUM, OTHER THAN HEROIN OR METHADONE	(29) (30)
04 COCAINE	(31) (32)
05 BARBITURATES	(33) (34)
06 OTHER SEDATIVES, HYPNOTICS, OR TRANQUILIZERS	(35) (36)
07 AMPHETAMINES	(37) (38)
08 CANNABIS SATIVA (<i>marijuana or hashish</i>)	(39) (40)
09 HALLUCINOGENS SUCH AS LSD	(41) (42)
10 ALCOHOL	(43) (44)
	(45) (46)
11 OTHER DRUGS (Specify below)	(47) (48)
42. WHICH OF THE DRUGS LISTED IN ITEM 41 (including alcohol) WAS THE PATIENT'S MAJOR DRUG PROBLEM, IN THAT IT HAS CAUSED THE MOST PHYSICAL, MENTAL, AND SOCIAL DYSFUNCTION? (Enter the Drug Code from the item above. If none, code 00. If it is impossible to determine which is the major drug problem, enter code 99.)	(49) (50)
OVERALL JUDGMENT QUESTIONS IN THE AREA OF DEPENDENCE PROBLEMS	
<p>In addition to the above information you should make other relevant inquiries about the patient's DEPENDENCE PROBLEM status (during the four weeks prior to follow-up interview) before formulating your overall judgment and rating the severity of his problem. Among considerations in this area are: extent of physical and psychological dependence; effect of drug and alcohol consumption on daily functioning; extent daily activities are organized to obtain and maintain a supply of drugs or alcohol; reasons for reliance on drugs or alcohol; and other topics as appropriate.</p>	
44. TO WHAT EXTENT HAS THE PATIENT HAD A PROBLEM USING ALCOHOL IN A MANNER THAT IS DAMAGING TO PHYSICAL HEALTH, FAMILY OR JOB ADJUSTMENT OR THAT THREATENS PERSONAL SAFETY DURING THE FOUR WEEKS BEFORE FOLLOW-UP INTERVIEW.	(51)
①	1 2 3 4 5 No Problem Minimal Problem Mild Problem Moderate Problem Marked Problem
45. TO WHAT EXTENT HAS THE PATIENT HAD A PROBLEM USING DRUGS IN A MANNER THAT IS ILLEGAL, THAT IS DAMAGING TO PHYSICAL HEALTH, FAMILY OR JOB ADJUSTMENT, OR THAT THREATENS PERSONAL SAFETY DURING THE FOUR WEEKS BEFORE FOLLOW-UP INTERVIEW?	(52)
①	1 2 3 4 5 No Problem Minimal Problem Mild Problem Moderate Problem Marked Problem



7. Patient's Opinions About Treatment (VA Form 10-7984g)

Use: Given to the patient to answer following the follow-up interview. The interviewer should review it quickly after the patient completes it before terminating the interview to insure its completeness. In those cases where the follow-up interview must be completed by phone, ask the patient if there is an address to which you might mail a form to him on which he can indicate his opinions about the treatment he received. If so, send a copy of the form with a self-addressed (to the hospital), postage-paid envelope enclosed.

Submission: After completion, submit the original copy of this form with the next regular monthly submission. If it was mailed to the veteran and never returned, simply enclose a note in the submission package that there will be no Patient's Opinions About Treatment form on patient with serial I.D.# _____ and why.

Item Notation:

- ① Section 1. Review the discussion under Item Notation for the Patient Goals for Treatment form.

PATIENT'S OPINIONS ABOUT TREATMENT																OMB NO. 076-S74006 Approval expires 12/31/76 RCS 11-14-S			
FOR COMPLETION BY PROGRAM STAFF																			
HOSPITAL NO.			PROG. TYPE	SERIAL I.D. NO.				ALTERNATE I.D. NO.								CARD NO.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
																		1	4
SECTION I																			
<p>When you began VA treatment for alcohol or drug dependence, we asked you to set some goals for your treatment that we could work toward together. Now we would like to see what progress was made toward reaching these goals.</p> <p>① Please read each question listed below and place an 'X' in the box under one of the three possible answers. Be sure to answer every question! You may be assured that your answers will be held in complete confidence by the Veterans Administration.</p>																			
DO YOU FEEL THAT YOU HAVE MADE PROGRESS TOWARD THE FOLLOWING GOALS?				CARD COLUMN	YES	NO	NOT APPLICABLE, THIS WAS NOT A PROBLEM FOR ME	DO YOU FEEL THAT YOU HAVE MADE PROGRESS TOWARD THE FOLLOWING GOALS?				CARD COLUMN	YES	NO	NOT APPLICABLE, THIS WAS NOT A PROBLEM FOR ME				
					(1)	(2)	(3)						(1)	(2)	(3)				
1. Finding or holding a job.				(21)				15. Learning to concentrate better.				(33)							
2. Getting into school or job training.				(22)				16. Getting rid of angry feelings.				(34)							
3. Getting along with people.				(23)				17. Learning to worry less.				(37)							
4. Improving relationships with your family.				(24)				18. Feeling more cheerful and optimistic.				(38)							
5. Overcoming your dependence on alcohol.				(25)				19. Feeling better physically.				(39)							
6. Overcoming your dependence on drugs.				(26)				20. Overcoming problems with sexual functioning.				(40)							
7. Learning how to manage your money.				(27)				21. Feeling more self confident.				(41)							
8. Applying for financial assistance or welfare.				(28)				22. Increasing your self respect.				(42)							
9. Maintaining a better personal appearance.				(29)				23. Avoiding the company of alcohol or drug abusing friends.				(43)							
10. Using your leisure time better.				(30)				24. Learning how to control your behavior to avoid future trouble with the police.				(44)							
11. Learning how to make and keep friends.				(31)				25. Learning how to avoid behavior that hurts others physically.				(45)							
12. Controlling your temper.				(32)				26. Avoiding behavior that violates the property rights of others, for example, burglary or forging checks.				(46)							
13. Getting rid of strange thoughts.				(33)				27. Other (P#1-14)				(47)							
14. Getting rid of imaginary voices or visions.				(34)															

Patient's Opinions About Treatment Cont'd. - SECTION II

- ① PART A asks the patient to review the *inpatient phase* of his treatment.
- ② PART B asks patient to review the *outpatient phase* of his treatment or to leave it blank if he was never treated as an outpatient.
- ③ Enter the patient's Serial I.D. Number.

SECTION II											
① PART A— Consider the time you spent in the hospital as part of the treatment plan that was designated for you. If you did not participate in this kind of treatment, you may leave this part blank.					② PART B— Now consider the time after you left the hospital when you visited the program for treatment as an outpatient. If you did not participate in this kind of treatment after leaving the hospital, you may leave this part blank.						
HOW SATISFIED WERE YOU WITH	CARD COLUMN	NOT AT ALL SATISFIED	SOMEWHAT SATISFIED	MODERATELY SATISFIED	VERY SATISFIED	HOW SATISFIED WERE YOU WITH	CARD COLUMN	NOT AT ALL SATISFIED	SOMEWHAT SATISFIED	MODERATELY SATISFIED	VERY SATISFIED
		(1)	(2)	(3)	(4)			(1)	(2)	(3)	(4)
28. The cleanliness and attractiveness of the ward?	(48)					37. The cleanliness and attractiveness of the program area provided for outpatient visits and meetings?	(37)				
29. The comfort of ward accommodations, that is, the amount of space provided, the noise level, room temperature, your bed and so forth?	(49)					38. The comfort of the area provided for outpatient meetings and treatment, that is, the amount of space provided, the noise level, the temperature of the rooms and so forth?	(38)				
30. The security of yourself and your belongings while in the hospital?	(50)					39. The consideration and respect with which the staff treated you?	(39)				
31. The consideration and respect with which the program staff treated you?	(51)					40. The ease with which you could see staff members when you wanted to?	(40)				
32. The ease with which you could see staff members when you wanted to?	(52)					41. The interest of the staff in helping you?	(41)				
33. The effort of the program staff to ease any discomfort you may have felt?	(53)										
34. The interest of the program staff in helping you?	(54)										
35. The consideration and friendliness of hospital staff in general, outside of the treatment program staff?	(55)										
36. The ease and time it took to complete general hospital procedures such as the admission process, the x-ray process, etc?	(56)										

VA FORM 10-7984g
JUL 1975

PATIENT'S SERIAL I.D. NO. (From col's. 5-8, Page 1)

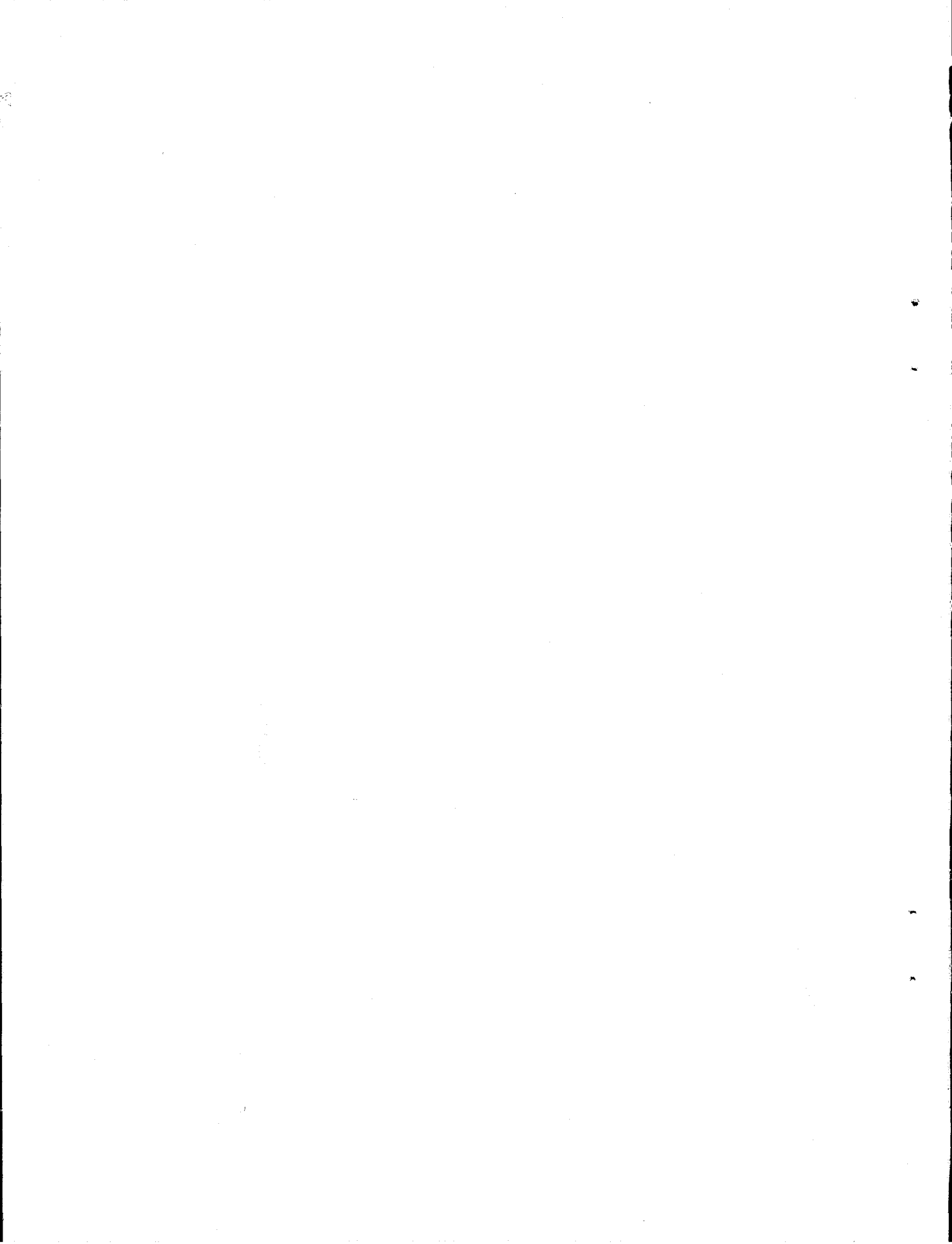
③

PAGE 2

Patient's Opinions About Treatment Cont'd. - SECTION II

- ① PART C asks the patient to consider as a whole, the treatment plan he experienced. The patient may also make any additional comments he would like here.
- ② PART D asks each patient to comment on the idea of treating drug and alcohol patients together in the same setting.
- ③ Enter the number of the answer chosen by the patient in the box provided before submitting this form.
- ④ Enter the patient's Serial I.D. Number.

SECTION II (Continued)				
① PART C-			② PART D-	
Consider the entire treatment plan that you participated in, both the time you spent in the hospital and the times you returned for visits as an outpatient.			Please answer these last few questions on your opinion of treating alcohol and drug dependent patients together in the same program/unit. In these programs both alcohol and drug dependent patients participate in the same therapy groups; attend educational lectures, occupational therapy, and similar activities together; and room together while on the same inpatient ward.	
HOW SATISFIED WERE YOU WITH.....	CARD COLUMN	WOULD HAVE PREFERRED LESS	SATISFIED	WOULD HAVE PREFERRED MORE
		(1)	(2)	(3)
42. Your involvement in helping to decide matters connected with your treatment, such as the length of time you were treated, the type of medication used; the type and amount of group or individual therapy received, etc?	(62)			
43. The involvement of your family or friends in your treatment?	(63)			
44. The thoroughness and organization of the treatment plan you followed?	(64)			
45. HOW SATISFIED WERE YOU WITH YOUR OVERALL TREATMENT PLAN IN THE PROGRAM?	CARD COLUMN	NOT AT ALL SATISFIED	SOMEWHAT SATISFIED	MODERATELY SATISFIED
		(1)	(2)	(3)
	(65)			
DO YOU HAVE ANY OTHER COMMENTS ABOUT YOUR TREATMENT FOR ALCOHOL OR DRUG DEPENDENCE?				
DO YOU HAVE OTHER COMMENTS ABOUT TREATING ALCOHOL AND DRUG DEPENDENT PATIENTS TOGETHER?				
			46. Were you treated in a program/unit which took both alcohol and drug dependent patients? CARD COL. (66)	
			47. If you had to advise someone on whether or not to enter treatment in a program where alcoholics and drug addicts were being treated together, would you advise this person to enter such a program? CARD COL. (67)	
			48. If you were in a program where alcohol and drug dependent patients were being treated together, which statement below do you feel best describes the effect it had on your progress in treatment. (Choose one, place an 'X' on the line beside the statement you think is the best answer).	
			The combined treatment setting hurt my progress in treatment. (1) _____	
			The combined treatment setting helped my progress in treatment. (2) _____	
			The combined treatment setting did not affect my progress in treatment either way. (3) _____	
			I was NOT treated in a combined treatment setting for both alcohol and drug dependent people. (4) _____	
			I am not sure whether or not I was treated in a combined setting. (5) _____	
			③ CARD COL. (68)	



VA HOSPITALS PARTICIPATING

PADAT Hospitals

Brentwood, California
 Bronx, New York
 Brooklyn, New York
 Miami, Florida
 Minneapolis, Minnesota
 New York, New York
 Salt Lake City, Utah²
 St. Louis, Missouri
 Vancouver, Washington
 Washington, D. C.

ATU Comparison Hospitals

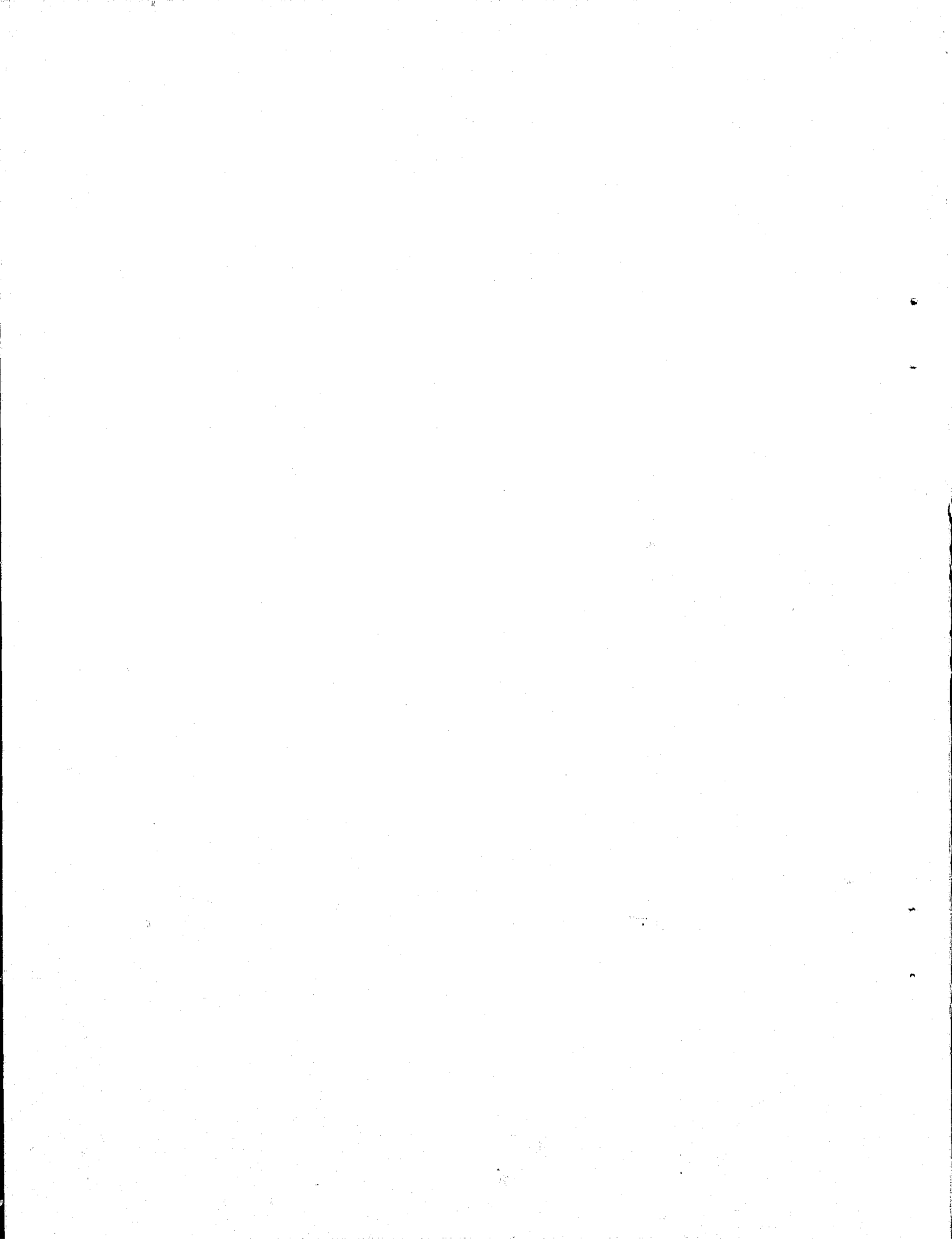
Brockton, Massachusetts
 Coatesville, Pennsylvania¹
 Houston, Texas
 Indianapolis, Indiana
 Lexington, Kentucky
 Palo Alto, California
 Salt Lake City, Utah²

DDTC Comparison Hospitals

Boston, Massachusetts
 Coatesville, Pennsylvania¹
 Cleveland, Ohio
 Dallas, Texas
 Martinez, California
 Memphis, Tennessee
 New Orleans, Louisiana

¹ Both ATU and DDTC are comparison programs

² Has DDTC which will be a combined setting and ATU which will be a comparison program.

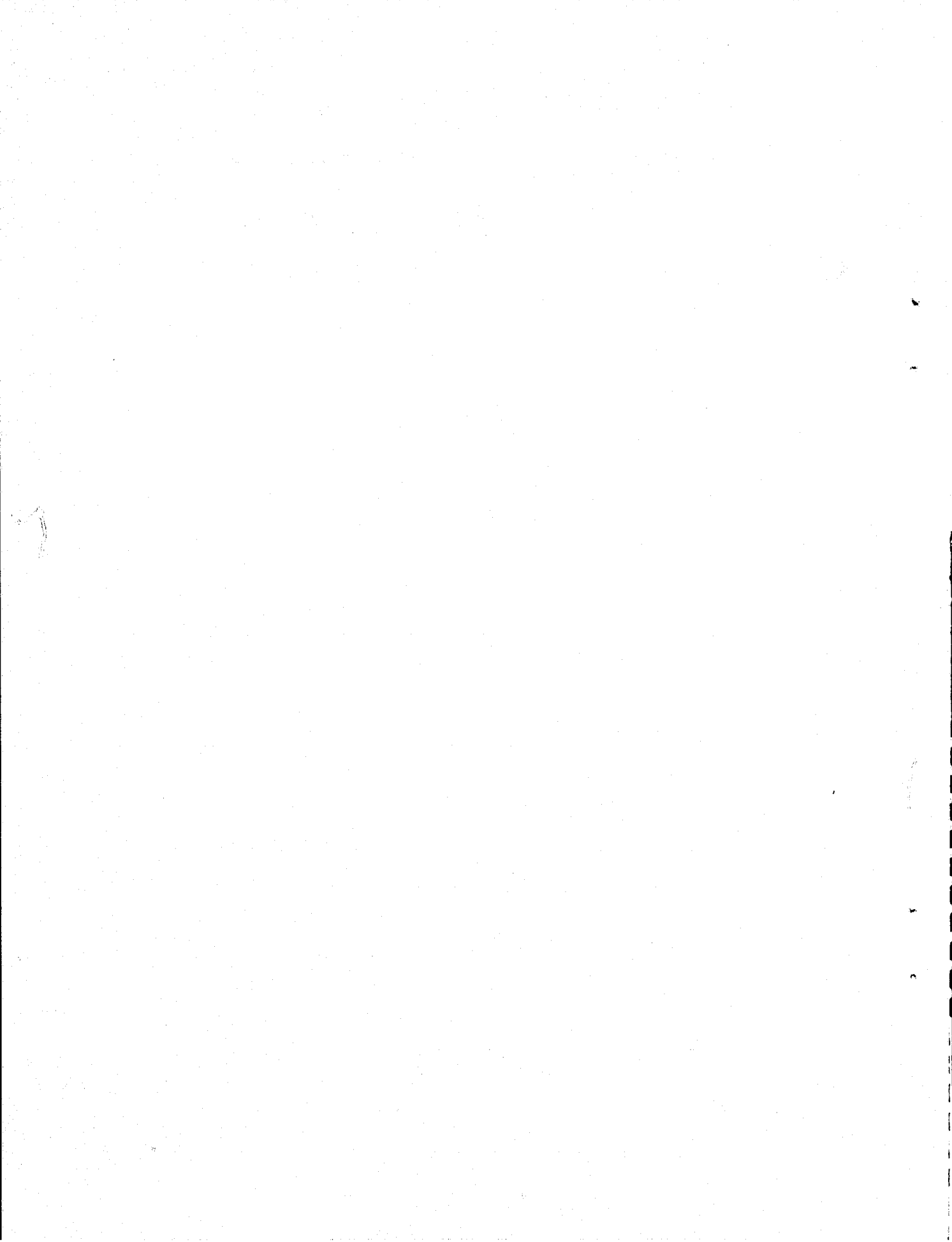


Veterans Administration

Goals for Treatment of Alcohol and Drug Dependent Patients

*It is expected that upon completion of treatment,
a patient will:*

1. Not use drugs or alcohol in a manner that is illegal; that is damaging to physical health, family or job adjustment; or that threatens personal safety.
2. Be free of pain, illness, and disability to the extent reasonable to expect from currently available medical practice.
3. Be free of serious disorders of perception, cognition, mood and self-esteem.
4. Interact with people in a way that is not seriously stressful to the patient himself or to others.
5. Support himself in the community to the extent that age and physical health permit.
6. Manage his affairs in such a way that his immediate needs for food, clothing, shelter, transportation, and medical care are met in a responsible manner.
7. Not assault others, steal, drive while impaired by drugs or alcohol, or engage in other activities that endanger the public safety or welfare.
8. Obtain satisfaction from socially acceptable sources such as work, relationships with family and friends, and leisure time activities.



A NOTE CONCERNING FOLLOW-UP PROCEDURES WITH ALCOHOLICS

Melvin Gallen
VA Hospital, Houston, TX

The numerous difficulties involved in follow-up studies with alcoholics have been well documented [1, 3]. Among these difficulties, a high attrition rate and problems in achieving reliable self reports are most often cited. It is the contention of this author that the major source of these two difficulties is directly attributable to an inadequate conceptualization and understanding of the follow-up procedure.

Typically, follow-up is viewed from an experimental frame of reference, and hence understood as the data collection component of research. As such, attempts are made to minimize confounding due to internal validity and to isolate treatment effects. Consistent with this understanding of follow-up, continued and frequent contact after treatment termination is precluded, for such contact must be viewed as "interference" or "noise" in attempts to isolate treatment effects. As a result, patients are "lost" at follow-up and information collected is often incomplete, unreliable, and of a socially desirable nature. In addition, such an understanding of follow-up fails to capitalize on the therapeutic possibilities follow-up affords.

An alternative conceptualization of follow-up is to view such research as a form of continuity of treatment. Such an understanding not only allows for and recognizes the possible therapeutic impact of continued post hospitalization contact, but views follow-up as an essential component of treatment. Rather than being seen as a possible factor jeopardizing internal validity (which is quite naive since numerous variables intervene between treatment termination and follow-up and offer plausible alternative explanations for treatment effects), such a conceptualization views follow-up as an important component of treatment. This approach capitalizes on the opportunity for continued contact, and, as such, maximizes treatment effects while at the same time affording researchers a low attrition rate and reliable data. Furthermore, such an approach lends personalization to the follow-up procedure, while providing patients a subjective goal to work towards.

Recently, Gallen et al. [2] implemented the latter conceptualization of follow-up. The results of this investigation clearly confirmed the authors' hypothesis. Forty-eight alcoholic patients were treated at VA Hospital, Houston. Initially, all Ss were provided an explanation of follow-up as a form of continuity of treatment. Patients were told that for one year after hospitalization they would be expected to keep in constant contact with the research and treatment team. It was explained that the purpose of such contact was both to assess and discuss their progress at periodic intervals, and to help the researchers better understand the hazards individuals with drinking problems encounter upon return to the community following treatment. On the last day of hospitalization, all Ss were given four pre-stamped envelopes, and provided a list of specific dates on which they were expected to return them. On each return date, patients were asked to write a letter including the following information: (1) how they were doing - what successes and problems they were experiencing; (2) current address and phone number; and (3) future plans.

In addition, approximately once every three weeks patients were contacted by phone or through a significant other. During each contact patients reporting positive adjustment were reinforced, and patients reporting problems in living were encouraged to discuss these problems, implement techniques of problem solving learned in treatment, and if desired, visit the therapy team at the hospital. At each contact, records were maintained. Patients' progress was hence well documented. All patients appeared to be very receptive and appreciative of this continued concern. As a result, all 48 patients, with the exception of three, returned at least 3 of the 4 letters within one week of the "due date." Sixty-eight percent of the Ss returned all four letters. Patients called frequently, and often visited the research team at the hospital.

Consequently, at the time of the three month follow-up interview, all patients were not only available, but anticipating the researchers' home visit. Each interview was preceeding by an informal discussion with the patient, followed by the interview which was explained as an opportunity for Ss to evaluate systematically their own adjustment with the researcher. During the interview, the researchers were able to draw on records maintained for each S. Discrepancies in self reports were hence both monitored and easily dealt with. In this manner, extremely specific, accurate data were obtained. This continued contact has been maintained by patients during the year subsequent to treatment.

APPENDIX C - Continued

Documenting the therapeutic effect of this continued contact and the home visit at three months, approximately 55 percent of the Ss explicitly acknowledged the important role such contact played in their post hospitalization adjustment. Moreover, 65 percent of the collateral informants interviewed (at least one collateral informant was interviewed for each patient) explicitly stated the importance such continued contact played in their significant others' adjustment.

In summary, such continued and frequent contact, which apparently leads to a low attrition rate, reliable data, and additional treatment effects, is not possible if follow-up is viewed from a traditional experimental frame of reference. Only when the alternative understanding of follow-up presented in this paper is adopted are treatment effects maximized and reliable self reports for all Ss obtained.

REFERENCES

- [1] Bowen, W. T. and Androes, L. Follow-up of treated alcoholics: From Antabuse to LSD. Unpublished. Veterans Administration Hospital, Topeka, Kansas, 1966.
- [2] Gallen, M., Williams, B., Cleveland, S. E., O'Connell, W. E., and Sands, P. A short term follow-up of two contrasting alcoholic treatment programs: A preliminary report. *VA Newsletter for Research in Mental Health and Behavioral Sciences*, Vol. XV, #4, November 1973, 36-37.
- [3] Wolff, S. and Holland L. A. A questionnaire follow-up of alcoholic patients. *Quart. J. Stud. Alc.*, 2964, 25, 108-118.

FOLLOW-UP CONTACT LETTER PROTOTYPE

VA Hospital Letterhead

(Inside Address)

Dear

Many veterans across the country are being contacted to learn how they feel about services they have received from the Veterans Administration. You may recall hearing about this project about six months ago. Now we are asking for your help.

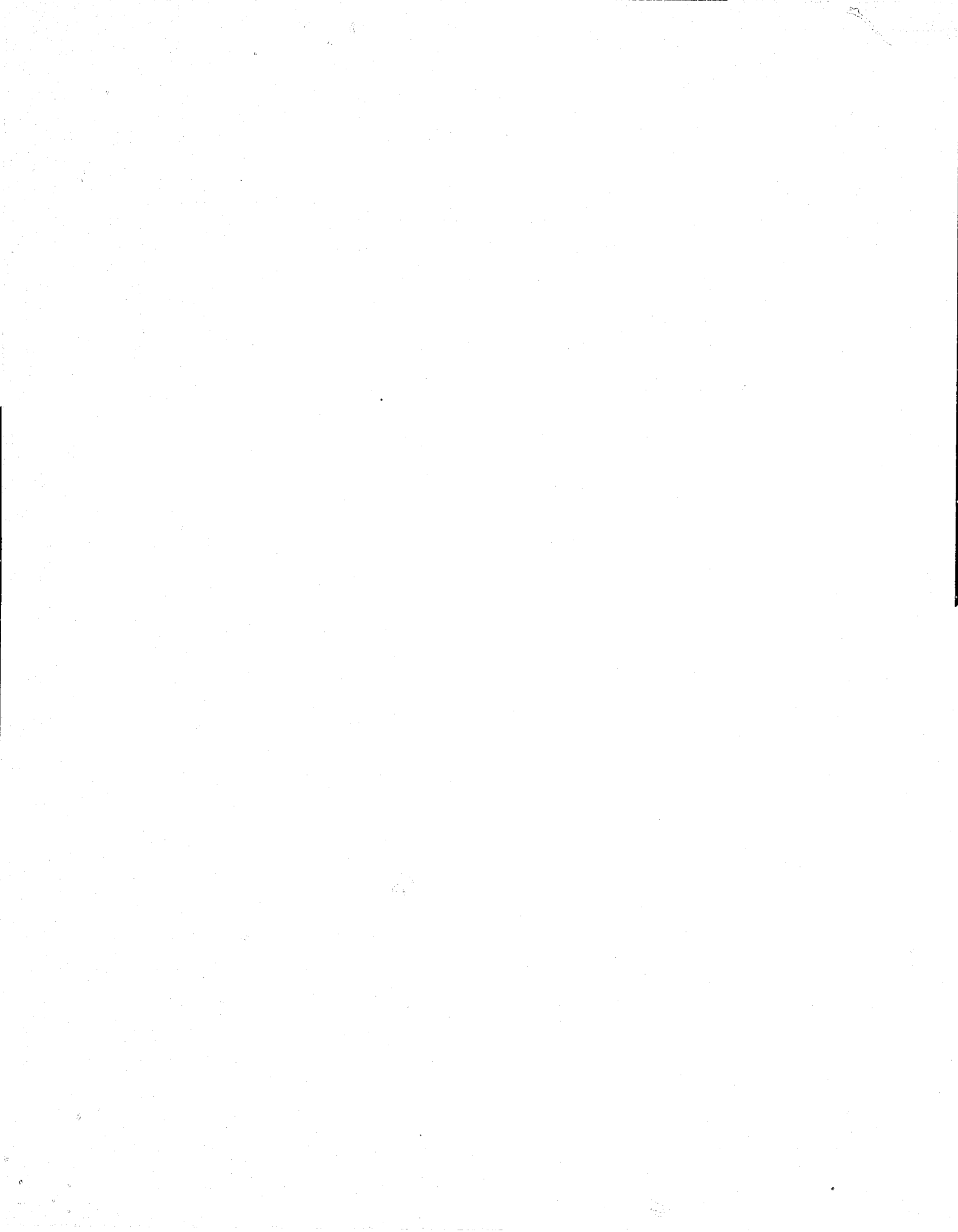
Please call us soon to arrange an interview on or about (day and date). The Interview takes only about 30 minutes to complete. Our phone number is (include area code). You may call collect. Ask for (Staff member) to schedule a time convenient for you. If you are unable to phone, drop by and an appointment will be made as soon as possible. Other arrangements might be made where necessary.

It is important that each person whose name was selected participates in this study. The information that you provide will be held in strict confidence and your name will not be included in any report resulting from this project. However, your decision to participate or not to participate in this interview will not affect your eligibility for treatment or other veterans benefits and entitlements.

Thank you for helping us in our work of continually improving Veterans Administration services. If we can be of further assistance in providing services to which you are entitled, please let us know.

Sincerely,

(Name)
Chief



END