



**PRE-TX SSI**

99 = Missing

DATE COMPLETED

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TOTAL SCORE

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**PRE-TX ASUS**

99 = Missing

DATE COMPLETED

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INVOLVEMENT

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MOOD

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DISRUPTION

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DEFENSIVE

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SOCIAL

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**PRE-TX LSI**

9/99 = Missing

DATE COMPLETED

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LSI ASSESSOR:

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CRIM HISTORY

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LEISURE/REC

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EDUC/EMPLOY

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COMPANIONS

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QUESTION 12

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0 = No  
1 = Yes  
9 = Miss

ALC/DRUG

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QUESTION 13

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0 = No  
1 = Yes  
9 = Miss

EMOTION/PERS

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FINANCIAL

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ATTITUDE/ORIENT

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FAM/MARITAL

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TOTAL RISK

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ACCOM

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TOTAL RATER

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**TX AGENCY LSI**

99 = Missing

DATE COMPLETED

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LSI ASSESSOR:

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CRIM HISTORY

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COMPANIONS

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EDUC/EMPLOY

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ALC/DRUG

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FINANCIAL

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EMOTION/PERS

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FAM/MARITAL

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ATTITUDE/ORIENT

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ACCOM

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TOTAL RISK

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LEISURE/REC

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TOTAL RATER

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**CLINICAL RATING OF MOTIVATION LEVEL**

9 = Missing

ENTERING TX

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- 1 = Precontemplative
- 2 = Contemplative
- 3 = Determination
- 4 = Action
- 5 = Maintenance
- 6 = Relapse

EXITING TX

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**SUHM**

9/99 = Missing

DATE COMPLETED

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SUHM ASSESSOR:

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SUHM LOCATION:

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OVERRIDE REASONS:

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INSTRU LEVEL

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CLINICAL LEVEL

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# MONTHS TREATMENT:

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LEVEL 2

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LEVEL 3

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LEVEL 4

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LEVEL 5

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LEVEL 6

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MENTAL HEALTH HISTORY

DIAGNOSED WITH MENTAL DISORDER

0 = No  
 1 = Yes  
 9 = Missing

PRESCRIBED MEDICATION FOR MENTAL DISORDER

0 = No  
 1 = Yes  
 9 = Missing

CLIENT CURRENTLY ON THIS MEDICATION(S)

0 = No  
 1 = Yes  
 9 = Missing

CLIENT HAS EXPRESSED SUICIDAL IDEATION

0 = No  
 1 = Yes  
 9 = Missing

MENTAL HEALTH:

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IF YES, WHICH DIAGNOSIS

01 = Borderline  
 02 = Manic/depressive  
 99 = Missing

IF YES, MEDICATION CATEGORY

01 = Antidepressants  
 02 = Psychotropic  
 99 = Missing

CLIENT HAS EXPRESSED HOMICIDAL FEELINGS

0 = No  
 1 = Yes  
 9 = Missing

CLIENT HAS EXPRESSED FEELINGS OF DEPRESSION

0 = No  
 1 = Yes  
 9 = Missing

PHYSICAL ABUSE HISTORY

EXPERIENCED PHYSICAL ABUSE

0 = No  
 1 = Yes  
 9 = Missing

EXPERIENCED SEXUAL ABUSE

0 = No  
 1 = Yes  
 9 = Missing

EVER SAW A DOCTOR OR HOSPITALIZED FOR PHYSICAL ABUSE

0 = No  
 1 = Yes  
 9 = Missing

ABUSE HISTORY:

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IF YES, ABUSED BY WHOM

1 = Parent  
 2 = Sibling  
 3 = Other family member  
 4 = Friend/acquaintance  
 5 = Spouse  
 6 = Intimate partner  
 7 = Other  
 \_\_\_\_\_  
 9 = Missing

IF YES, ABUSED BY WHOM

1 = Parent  
 2 = Sibling  
 3 = Other family member  
 4 = Friend/acquaintance  
 5 = Spouse  
 6 = Intimate partner  
 7 = Other  
 \_\_\_\_\_  
 9 = Missing

DRUG USE HISTORY

AGE FIRST USED ANY DRUG

DRUGS USED (Mark all that apply)

0 = No  
 1 = Yes  
 9 = Missing

DRUG OF CHOICE

01 = Alcohol  
 02 = Marijuana  
 03 = Cocaine  
 04 = Amphetamines  
 05 = Hallucinogens  
 06 = Inhalants  
 07 = Opiates  
 08 = Sedatives  
 09 = Tranquilizers  
 10 = Other  
 \_\_\_\_\_  
 99 = Missing

ALCOHOL

MARIJUANA

COCAINE

AMPHETAMINES

HALLUCINOGENS

INHALANTS

OPIATES

SEDATIVES

TRANQUILIZERS

OTHER

( \_\_\_\_\_ )

PHYSICAL HEALTH:

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