

Instructions for Patient Characteristics Survey 2001

<p>ITEM 5a&b 5a. First initial, client's first name 5b. First initial, client's last name</p>	<p>ITEM 17a Diagnostic System (circle one) 0. No Diagnosis Available 2. DSM III-R 3. DSM IV 4. ICD-9-CM 5. Other 9. Unknown</p>																																																																															
<p>ITEM 6 Date of Birth Format <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> </p>									M	M	D	D	Y	Y	Y	Y	<p>ITEM 17b Principal Psychiatric Diagnosis (enter 5 Digit Diagnostic Code)</p> <p>ITEM 17c Additional Psychiatric Diagnosis (enter 5 Digit Diagnostic Code) <i>The 2nd most important to the focus of treatment.</i></p>																																																															
M	M	D	D	Y	Y	Y	Y																																																																									
<p>ITEM 7 Gender 1 = Male, 2 = Female, 9 = Unknown</p>	<p>ITEM 18 SSI Enrollment (circle one) 0. No 1. Yes 2. Application pending 9. Unknown</p>																																																																															
<p>ITEM 8 Ethnicity (circle all that apply) 1. White 5. Native American/Alaska Native 2. Black/African American 6. Native Hawaiian/Pacific Islander 3. Hispanic/Latino 7. Other 4. Asian 9. Unknown</p>	<p>ITEM 19 SSDI Enrollment (circle one) 0. No 1. Yes 2. Application pending 9. Unknown</p>																																																																															
<p>ITEM 9a Client's Residence (Type) <i>Residential programs, code client's living situation prior to admission. For persons currently in jails/lockups, code living situation prior to incarceration. Non-residential programs, code client's current living situation.</i> 01. Own residence/rooming house, hotel, SRO. 02. Psychiatric inpatient care. 03. RTF for C&Y. 04. Mental health noninpatient residential program. 05. DOH licensed residential program for adults (adult care facilities). 06. NYS Children and Family Services foster care for C&Y. 07. Other NYS Children and Family Services or Educ. Dept. residential program for C&Y. 08. 24-hour medical. 09. Homeless (whether in shelter or not). 10. Other. 99. Unknown.</p>	<p>ITEM 20 Other Income Program (circle all that apply) 0. None 3. Safety Net 1. VA Pension 4. Temp. Disability 2. Temp. Assist. to Needy Families (TANF) 5. Other 9. Unknown</p>																																																																															
<p>ITEM 9b Client's Residence (Zip Code) <i>5 Digit Zip Code for Client's Residence Type</i> 88888 = Homeless 99999 = Unknown</p>	<p>ITEM 21 Medicaid Enrollment (circle one) 0. No 1. Yes 2. Pending 9. Unknown</p>																																																																															
<p>ITEM 9c Client's County of Residence <i>County Code for Client's Residence Type</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">01 Albany</td> <td style="width: 15%;">19 Genesee</td> <td style="width: 15%;">37 Orleans</td> <td style="width: 15%;">55 Tompkins</td> </tr> <tr> <td>02 Allegany</td> <td>20 Greene</td> <td>38 Oswego</td> <td>56 Ulster</td> </tr> <tr> <td>03 Bronx</td> <td>21 Hamilton</td> <td>39 Otsego</td> <td>57 Warren</td> </tr> <tr> <td>04 Broome</td> <td>22 Herkimer</td> <td>40 Putnam</td> <td>58 Washington</td> </tr> <tr> <td>05 Cattaraugus</td> <td>23 Jefferson</td> <td>41 Queens</td> <td>59 Wayne</td> </tr> <tr> <td>06 Cayuga</td> <td>24 Kings</td> <td>42 Rensselaer</td> <td>60 Westchester</td> </tr> <tr> <td>07 Chautauqua</td> <td>25 Lewis</td> <td>43 Richmond</td> <td>61 Wyoming</td> </tr> <tr> <td>08 Chemung</td> <td>26 Livingston</td> <td>44 Rockland</td> <td>62 Yates</td> </tr> <tr> <td>09 Chenango</td> <td>27 Madison</td> <td>45 St. Lawrence</td> <td rowspan="10" style="vertical-align: top;">Miscellaneous 70 New York State, County Unknown 80 Other State 90 Other Country 99 Unascertained</td> </tr> <tr> <td>10 Clinton</td> <td>28 Monroe</td> <td>46 Saratoga</td> </tr> <tr> <td>11 Columbia</td> <td>29 Montgomery</td> <td>47 Schenectady</td> </tr> <tr> <td>12 Cortland</td> <td>30 Nassau</td> <td>48 Schoharie</td> </tr> <tr> <td>13 Delaware</td> <td>31 New York</td> <td>49 Schuyler</td> </tr> <tr> <td>14 Dutchess</td> <td>32 Niagara</td> <td>50 Seneca</td> </tr> <tr> <td>15 Erie</td> <td>33 Oneida</td> <td>51 Steuben</td> </tr> <tr> <td>16 Essex</td> <td>34 Onondaga</td> <td>52 Suffolk</td> </tr> <tr> <td>17 Franklin</td> <td>35 Ontario</td> <td>53 Sullivan</td> </tr> <tr> <td>18 Fulton</td> <td>36 Orange</td> <td>54 Tioga</td> </tr> </table>	01 Albany	19 Genesee	37 Orleans	55 Tompkins	02 Allegany	20 Greene	38 Oswego	56 Ulster	03 Bronx	21 Hamilton	39 Otsego	57 Warren	04 Broome	22 Herkimer	40 Putnam	58 Washington	05 Cattaraugus	23 Jefferson	41 Queens	59 Wayne	06 Cayuga	24 Kings	42 Rensselaer	60 Westchester	07 Chautauqua	25 Lewis	43 Richmond	61 Wyoming	08 Chemung	26 Livingston	44 Rockland	62 Yates	09 Chenango	27 Madison	45 St. Lawrence	Miscellaneous 70 New York State, County Unknown 80 Other State 90 Other Country 99 Unascertained	10 Clinton	28 Monroe	46 Saratoga	11 Columbia	29 Montgomery	47 Schenectady	12 Cortland	30 Nassau	48 Schoharie	13 Delaware	31 New York	49 Schuyler	14 Dutchess	32 Niagara	50 Seneca	15 Erie	33 Oneida	51 Steuben	16 Essex	34 Onondaga	52 Suffolk	17 Franklin	35 Ontario	53 Sullivan	18 Fulton	36 Orange	54 Tioga	<p>ITEM 22 Admission Date, Current Episode <i>If program does formal admission paperwork. OR If program does not do formal admission paperwork.</i></p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> <p style="text-align: right; font-weight: bold;">77777777</p>									M	M	D	D	Y	Y	Y	Y
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<p>ITEM 10 Primary Language 01. English 07. Italian 13. Albanian 02. Spanish 08. Japanese 14. German 03. Chinese 09. Russian 15. Sign Language 04. Creole 10. Vietnamese 16. Other 05. French 11. Korean 99. Unknown 06. Greek 12. Hindi</p>	<p>ITEM 23 Source of Referral (enter one code only) 01. Self, family, or friend. 15. Alcoholism/alcohol abuse program. 02. State psychiatric center inpatient unit. 16. Drug/substance abuse program. 03. General or certified hospital psych. inpt. 17. Police. 04. RTF for C&Y. 18. Family court. 05. Local AOT Coordinator 19. Criminal court. 06. Single Point of Entry (SPOE) 20. Jail, lockup, penitentiary, NYS DOCS. 07. Mental health noninpatient residential program. 21. Probation agency 08. Mental health outpatient program. 22. Parole agency 09. Emergency nonresidential program. 23. Shelter for homeless. 10. CSP nonresidential program. 24. Other non-mental health community service provider. 11. Local mental health practitioner. 25. Other. 12. General hospital emergency room. 99. Unknown. 13. Other medical care provider. 14. Facility for the mentally retarded/developmentally disabled.</p>																																																																															
<p>ITEM 11 Veteran Status (circle all that apply) 0. Not a Veteran 3. Yes- Active Duty Post-Vietnam Era 1. Yes- Active Duty Pre-Vietnam Era 4. Yes- Era unknown 2. Yes- Active Duty Vietnam Era 9. Unknown</p>	<p>ITEM 24 Inpatient Legal Status (Inpatient Only) (circle one) 0. Not Inpatient 3. Involuntary, Part 57 Transfer (State PC only) 1. Voluntary or Informal 4. Corrections Law, Criminal Procedure Law 2. Involuntary, Civil (non-Part 57)</p>																																																																															
<p>ITEM 12 Current Employment Status (circle one) 0. No employment of any kind. 1. Competitive employment (employer-paid position) with no formal supports. 2. Competitive employment (employer-paid position) with ongoing supports. 3. Community-integrated employment run by a state or local agency (agency-funded positions only). 4. Works in a sheltered (non-integrated) workshop run by state or agency. 5. Sporadic or casual employment for pay (includes odd jobs) 6. Non-paid work experience (includes volunteer positions). 7. Other employment situation. 9. Unknown.</p>	<p>ITEM 25 Assisted Outpatient Treatment Status (circle one) 0. Not under Assisted Outpatient Treatment Court Order nor Assisted Outpatient Treatment Voluntary Agreement nor Service Enhancement 1. Currently under Assisted Outpatient Treatment Court Order 2. Currently receiving services under an Assisted Outpatient Treatment Voluntary Agreement or Service Enhancement 9. Unknown.</p>																																																																															
<p>ITEM 13 Current Disabilities (circle all that apply) 0. None 3. Alcoholism/Alcohol Abuse 1. Mental Illness 4. Drug/Substance Abuse 2. Mental Retardation/Developmental Disability 5. Physical Disability 9. Unknown</p>	<p>ITEM 26 Criminal Justice Status <i>Clients referred for OMH Family Court evaluations are not criminal justice clients.</i> 00. Client is not a criminal justice client</p> <p>Incarcerated Clients 01. Police lockup prisoner 02. County/City Jail or Court Detention Prisoner 03. NYS Dept. of Correctional Services Prisoner</p> <p>Community Based Clients 04. Probationer 05. Parolee 06. CPL 330.20 Order of Cond. & Order of Release 07. On bail, released on own recognizance (ROR) or conditional discharge, or other ATI status 08. Under arrest 99. Unknown whether or not client has a criminal justice status</p>																																																																															
<p>ITEM 14 Severe and Persistent Mental Illness/Serious Emotional Disturbance (circle one) 0. No 1. Yes 9. Unknown</p>	<p>ITEM 27 Date Last Served Before 10/22/01 (This Program) 00000000 = Never 99999999 = Unknown</p>																																																																															
<p>ITEM 15 Prior Mental Health Services Received (circle all that apply) <i>Prior to admission/entry to this unit, mental health services received from any mental health provider.</i> 00. No prior service. 06. Emergency mental health nonresidential program 01. State psychiatric center inpatient unit. 07. CSP mental health nonresidential program. 02. General or certified hospital psychiatric inpatient. 08. Local mental health practitioner. 03. RTF for C&Y. 09. Prison/jail/court mental health services. 04. Mental health noninpatient residential program. 99. Unknown. 05. Mental health outpatient program.</p>	<p>ITEM 28 Date of Client Service (circle all that apply) <i>Circle the dates the client was seen during the survey week.</i></p> <p>ITEM 29 Disposition (enter one code only) 00. Not terminated 10. Emergency residential mental health program. Terminated - Not Referred Elsewhere 01. No further treatment needed. 11. Mental health noninpatient residential program, other than Emergency. 02. Client rejected treatment and/or referral. 03. Client unavailable or lost to contact. 04. Client died. 05. Other reasons. Terminated - Referred To: 06. General or certified hospital psych. inpatient. 14. Local mental health practitioner. 07. RTF for C&Y. 15. Non-mental health community service provider. 08. State psychiatric center psych. inpatient. 16. Court. 09. Mental health outpatient program. 17. Other. 99. Unknown.</p>																																																																															
<p>ITEM 16 Global Assessment of Functioning (GAF) Rating (enter 3 Digit Rating)</p>	<p>ITEM 30 Source of Payment (circle all that apply) 0. No charge made or no payment expected. 2. Medicare. 5. Court. 1. Medicaid. 3. Private Insurance. 6. Other. 4. Self pay. 9. Unknown</p>																																																																															