

CLINICAL BASELINE FORM

CODAP# _____ Program: _____ Staff: _____

Name: _____ Admit Date: ____/____/____

Address: _____ SSN# ____-____-____

City/State: _____ Phone # () _____

GENERAL DEMOGRAPHICS:

A. Age _____ B. Gender (1) _____ (2) _____
Male Female

C. Race: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ (7) _____
Caucasian African American Hispanic American Indian Asian Arabic Other

D. Martial Status: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____
Single Married Separated Divorced Widowed Living w/S.O.

E. High School Diploma: (1) _____ (2) _____ Year _____
Yes No

F. Highest Level (grade) of Education Completed: (K-12) _____

G. Were you in Special Education? (1) _____ (2) _____
Yes No

H. GED: (1) _____ (2) _____ Year _____
Yes No

I. College Degree: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____
Associates Bachelors Graduate Tech/Voc N/A

J. Public Assistance: (1) _____ (2) _____ J1. If so what type?: (1) _____ (2) _____
Yes No TANF WIC
(3) _____ (4) _____ (5) _____
FS SSI Other

K. Employment Status (prior to admission): (1) _____ (2) _____ (3) _____ (4) _____
Employed Unemployed Laid Off Disabled
(5) _____ (6) _____
Terminated Self-employment

L. Other income: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____
SSD SSI Unemployment Other Workmen's Comp

M. Type of disability: (1) _____ (2) _____ (3) _____ (4) _____
Physical Mental LD/ADHD N/A

N. Religion: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____
Protestant Catholic Muslim Jewish Other None

*Most Christian Churches i.e. Baptist, Methodist, Pentecostal, Lutheran are Protestant

N1. Do you worship regularly?: (1) _____ (2) _____
Yes No

O. Housing: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____
Single family Apartment Living w/ someone Homeless Other

O1. Housing Ownership: (1) _____ (2) _____ (3) _____
Own home Renting Other

P. Are you a Veteran?: (1) _____ (2) _____ (3) _____
Yes No N/A

P1. Did you receive an honorable discharge?: (1) _____ (2) _____ (3) _____
Yes No N/A

LEGAL HISTORY:

Q. CPS case: (1) _____ (2) _____ Q1. Valid driver's license: (1) _____ (2) _____
Yes No Yes No

Q2. Number of Felony Convictions _____
Number

Q3. Number of prior incarcerations (Local/County): _____ Q4. Number of months: _____
Number Number

Q5. Number of prior incarcerations (State/Federal): _____ Q6. Number of years: _____
Number Number

Q7. Legal case pending?: (1) _____ (2) _____ Q8. Warrants? (1) _____ (2) _____
Yes No Yes No

Q9. Probation?: (1) _____ (2) _____ Q10. Parole?: (1) _____ (2) _____
Yes No Yes No

SUBSTANCE ABUSE HISTORY:

R. Age of first use: _____
Age

R1. First drug of choice (Select one): (1) _____ (2) _____ (3) _____ (4) _____ (5) _____
Alcohol Cannabis Cocaine Crack-cocaine Sedatives

(6) _____ (7) _____ (8) _____ (9) _____
Hallucinogens Opiates Amphetamines Inhalants

R2. Current Drug of Choice (Select one): (1) _____ (2) _____ (3) _____ (4) _____
Alcohol Cannabis Cocaine Crack-cocaine

(5) _____ (6) _____ (7) _____ (8) _____ (9) _____
Sedatives Hallucinogens Opiates Amphetamines Inhalants

R3. Polysubstance use (Use of 3 or more drugs): (1) _____ (2) _____
Yes No

R4. Number of prior treatments for substance abuse?: _____
Number

R5. Number of prior admissions to Odyssey House?: _____
Number

R6. Current length of sobriety (months): _____
Number

R7. Longest length of sobriety (months): _____
Number

R8. Was alcohol involved in relapse?: (1) _____ (2) _____ (3) _____
Yes No N/A

R9. Attended 12-Step program prior to admission?: (1) _____ (2) _____
Yes No

MENTAL HEALTH:

S. Have you ever been diagnosed with a psychiatric illness? (1) _____ (2) _____
Yes No

S1. Have you ever been hospitalized for mental health reasons?: (1) _____ (2) _____
Yes No

S2. Have you received services from Community Mental Health/Crisis Center? (1) _____ (2) _____
Yes No

- S3. Have anyone suggested that you should see a psychiatrist/counselor?: (1) _____ (2) _____
Yes No
- S4. Have you been prescribed medications for a mental health condition?: (1) _____ (2) _____
Yes No
- S5. Have you seen a psychiatrist within the last year? (1) _____ (2) _____
Yes No
- S6. Are you currently taking any psychotropic medications?: (1) _____ (2) _____
Yes No
- S7. How would you rate your health overall?: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____
Excellent Very Good Good Fair Poor

FAMILY:

- T. Number of dependent children?: _____ T1. Are any children being admitted with you? _____
Number Number
- T2. Are any children in Foster Care? (1) _____ (2) _____ T3. Number of children in foster care? _____
Yes No Number
- T4. Does anyone else have custody of any children? _____
Number
- T5. Do you have any adult children? (biological parent or other): _____
Number
- T6. Are any children deceased?: _____
Number
- T7. Have you had any abortions/miscarriages?: _____
Number
- T8. Are you pregnant?: (1) _____ (2) _____ (3) _____
Yes No N/A
- T9. Have you lost parental rights to any children?: (1) _____ (2) _____
Yes No
- T10. Do any children have SA history?: (1) _____ (2) _____ (3) _____
Yes No Unknown
- T11. Do any siblings have SA history?: (1) _____ (2) _____ (3) _____
Yes No Unknown
- T12. Have any siblings been involved in treatment?: (1) _____ (2) _____ (3) _____
Yes No Unknown
- T13. Does your mother have SA history?: (1) _____ (2) _____ (3) _____
Yes No Unknown
- T14. Does you father have SA history?: (1) _____ (2) _____ (3) _____
Yes No Unknown
- T15. Does any maternal grandparents have SA history? (1) _____ (2) _____ (3) _____
Yes No Unknown
- T16. Do any paternal grandparents have SA history?: (1) _____ (2) _____ (3) _____
Yes No Unknown