CLIENT STATUS REVIEW

Case Number: ________________________________

Type of CSR:    ___Initial    ___90-135 Day Follow-Up    ___Discharge    Administered by:______________________

Date Completed: _____/______/______   Name: ___________________________________________

Are you completing this survey for? (Please check one)    ☐ I filled this out by myself (age 12 and older)    ☐ I filled this out for a child/youth (Under age 12)    ☐ Someone helped me fill this out

What best describes the reason you came in for services today? Select all that apply...
☐ I decided on my own    ☐ I was encouraged by others (like family, friends, etc.)    ☐ I was required to come (including court order, Office of Children’s Services, etc.)

Health and Quality of Life

1. How many days during the past 30 days was your physical health (including physical illness and/or injury) not good? __________________________

2. How many days during the past 30 days was your mental health (including depression and/or problems with emotions, behavior, or thinking) not good? __________________________

3. How many days during the past 30 days did poor physical or mental health keep you from doing your usual activities, such as taking care of yourself, work, or recreation? __________________________

4. How many days during the past 30 days have you had thoughts about suicide or hurting yourself? __________________________

5. In the past 30 days, how many times have you used emergency medical services such as the hospital, emergency room, or emergency medical technicians/health aides? __________________________

6. In the past 30 days, have you had an intimate partner slap, punch, shove, kick, choke, hurt, or threaten you? ☐ Yes ☐ No

Substance Use

7. How many days during the past 30 days have you had at least one alcoholic beverage? __________________________

8. How many days during the past 30 days have you had 4 or more alcoholic beverages? __________________________

9. How many days during the past 30 days have you used marijuana or illegal drugs (including medications not as prescribed or directed)? __________________________

Legal Involvement

10. In the past 30 days, have you had any legal involvement (legal charges, court appearance, arrests, probation or parole) ☐ Yes ☐ No

11. In the past 30 days, how many times have you been arrested? __________________________

12. In the past 12 months, how many times have you been arrested? __________________________

Health Behavior

13. How many days during the past 30 days have you smoked cigarettes, pipes, or cigars AND/OR used chewing tobacco, snuff, or snus? __________________________

14. How many days during the past 30 days have you smoked 20 or more cigarettes per day? __________________________

15. How many days during the past 7 days did you participate in any physical activities or exercise such as running, sports (basketball, baseball etc.), swimming, bicycling or walking for exercise? __________________________

16. During the past 7 days, how many times did you drink 100% fruit juice or eat fruit? __________________________

17. During the past 7 days, how many times did you eat vegetables? __________________________
18. Please answer each question by putting an X in the space that best describes how you feel about each item. Please use only one X for each question.

<table>
<thead>
<tr>
<th>How do you (or your child) feel about:</th>
<th>Terrible</th>
<th>Unhappy</th>
<th>Dissatisfied</th>
<th>Mixed</th>
<th>Satisfied</th>
<th>Pleased</th>
<th>Delighted</th>
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<tbody>
<tr>
<td>Your housing?</td>
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<td>Your ability to support your basic needs of food, housing, etc.?</td>
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<td>Your safety in your home or where you sleep?</td>
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<td>Your safety outside your home?</td>
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<td>How much people in your life support you?</td>
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<td>Your friendships?</td>
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<td>Your family situation?</td>
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<td>Your sense of spirituality, relationship with a higher power, or meaningfulness of life?</td>
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<td>Your life in general?</td>
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19. Please answer each question by putting an X in the space that best describes how you feel about each item. Please use only one X for each question.

<table>
<thead>
<tr>
<th>How do you feel about the services you (or your child) received?</th>
<th>Terrible</th>
<th>Unhappy</th>
<th>Dissatisfied</th>
<th>Mixed</th>
<th>Satisfied</th>
<th>Pleased</th>
<th>Delighted</th>
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<tr>
<td>I was treated with respect.</td>
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<td>I was given information about my rights.</td>
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<td>I helped to choose my treatment goals.</td>
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<td>I felt comfortable asking questions about my treatment.</td>
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<td>I was able to get all the services I needed.</td>
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<td>Because of the services I received:</td>
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<td>I am better able to handle daily life.</td>
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<td>I am getting along better with other people.</td>
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<td>I am better able to cope when things go wrong.</td>
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<td>The quality of my life has improved.</td>
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20. What did you like about the services you received? _______________________________________________________________

                                                                 _______________________________________________________________________

21. What did you dislike about the services you received? _______________________________________________________________

                                                                 _______________________________________________________________________

Please Answer Questions 22 – 25 with the assistance of agency staff.
22. Which one of the following best describes your housing situation/living arrangement? (In the past 30 days, where have you been living most of the time?) (please check one)

- [ ] Adult in private residence – independent living (may live with others, but capable of self-care)
- [ ] Adult in private residence – dependent living (heavily dependent on others for daily living assistance)
- [ ] Child living in private residence (not in foster home)
- [ ] Foster home/foster care
- [ ] Homeless or shelter
- [ ] Jail or correctional facility

- [ ] Crisis residence (short term stabilization)
- [ ] Residential care facility (assisted living, halfway house, group homes, board & care)
- [ ] Residential treatment facility for:
  - [ ] Mental Health
  - [ ] Substance Abuse
  - [ ] Co-occurring Disorder
- [ ] Institutional care facility (care provided 24 hours, 7 days/week) (hospital, other inpatient psychiatric facility, nursing facility/home)
- [ ] Other (please describe) __________________________________

23. Did you attend school at any time in the past three months?  

- [ ] Yes  [ ] No

If you checked ‘Yes,’ please indicate below the grade/educational level you attended in the past three months.

- [ ] Grade Level (Write in Grade Level 1-12 or GED)  [ ] College Undergraduate Freshman (1st year)
- [ ] No years of schooling  [ ] College Undergraduate Sophomore (2nd year)
- [ ] Nursery School/Pre-School (Including Head Start)  [ ] College Undergraduate Junior (3rd year)
- [ ] Kindergarten  [ ] College Undergraduate Senior (4th year)
- [ ] Self-Contained Special Education Class (No equivalent grade level)  [ ] Graduate or Professional School
- [ ] Vocational School  [ ] (Master’s, Doctoral, Medical, Law)

24. Which one of the following best describes your employment status during most of the previous week? (please check one)

- [ ] Employed full time working for money (30 or more hours per week); includes Supported Employment and Armed Forces
- [ ] Employed part time working for money (less than 30 hours per week); includes Supported Employment and Armed Forces
- [ ] Unemployed - actively looking for employment or laid off from job (and awaiting to be recalled) in the past 30 days
- [ ] Not in labor/work force (not employed and not actively looking for employment during the past 30 days); if you checked this box, please check one of the following:
  - [ ] Homemaker
  - [ ] Retired
  - [ ] Disabled
  - [ ] Volunteer
  - [ ] Sheltered/Non-competitive employment
  - [ ] Not Yet School Age
  - [ ] Student
  - [ ] Job training program
  - [ ] Engaged in subsistence activities
  - [ ] Other (please describe) __________________________________

25. Over the past 7 days, which one of the following best describes the number of hours you engaged in productive activities (e.g., school, employment, volunteering in community service, subsistence activities, etc.)? (Please check one of the boxes below)

- [ ] less than 10 hours
- [ ] 10-20 hours
- [ ] 21-30 hours
- [ ] 31-40 hours
- [ ] 41-50 hours
- [ ] More than 50 hours