

SOR Intake and Follow-Up Form

Date of Intake: _____

Individual ID # _____

Date of Birth (Month/Day): _____

Gender: Male Female Transgender

Race/Ethnicity: _____

Marital Status: Married Never Married Separated Divorced

Insurance: No Medicaid Private Insurance: Name: _____

Referral Source: BPA Recovery Coach Treatment Agency Self-Referral Other _____

Type of Referral Contact: Phone Face to Face Email Text

SOR Initial Type of Service:

On-Call BPA RC Connection Jail/Prison Reentry Crisis or Health Facility Detox Companion Support or Recreation

Drug and Alcohol Use:

History of Opiate Use: Heroin Prescription Opiates (against prescription) Opiates (non-prescribed) Both Heroin & Opiates

Type of Opiate last used _____ Date of last use: (mm/yy) _____ Age of First Use: _____

Methods of use: IV Oral Smoking Snorting Other _____

Frequency of use: Last 48 hours Daily 1-3 times weekly 1-4 times monthly Past 90 days More than a year ago

IROC Questionnaire Tracking

Intake Questionnaire

Did the client complete the intake questionnaire? Yes No

If no, attempts should be made during future interactions to complete the questionnaire. After four (4) separate attempts if the client still wishes to not complete the questionnaire this should be documented with reason for refusal and submitted for tracking purposes.

Notes:

Follow Up Questionnaire

*If follow up questionnaire is completed a copy of this form with corresponding completed questionnaire should be submitted.

6 Month Due: _____

Completed: Yes No (if no please complete the following)

Attempt # 1 Date: _____ Method of Attempt _____ Result of Attempt _____

Attempt # 2 Date: _____ Method of Attempt _____ Result of Attempt _____

Attempt # 3 Date: _____ Method of Attempt _____ Result of Attempt _____

Attempt # 4 Date: _____ Method of Attempt _____ Result of Attempt _____

Notes:

Discharge Date: _____

Completed: Yes No (if no please complete the following)

Attempt # 1 Date: _____ Method of Attempt _____ Result of Attempt _____

Attempt # 2 Date: _____ Method of Attempt _____ Result of Attempt _____

Attempt # 3 Date: _____ Method of Attempt _____ Result of Attempt _____

Attempt # 4 Date: _____ Method of Attempt _____ Result of Attempt _____

Notes:

Client ID: _____

Site ID: _____

Recovery Center IROC Intake Questionnaire

Date: _____

Client ID: _____

Site ID: _____

“The purpose of this questionnaire is to fulfill federal requirements for the funding Idaho is receiving to address the opioid epidemic. The completion of these questions will help ensure Idaho continues to get federal support in treatment and recovery support services.”

Questions are answered by either:

- a) yes or no (Y/N);
- b) refused or don't know (RF/DK);
- c) answered on a scale of 1 to 4 or 1 to 5 (1 being less and 5 being more);
- d) Or in a written response.

“The first few questions will address your basis background information.”

1. Are you active, or have you ever served, in the Military? Y/N or DK /RF
If yes, which branch and where were you deployed?
2. Has anyone in your family been in the military? Y/N or DK/RF
 - a. If yes, can you give a brief description of their relationship to you and their experience in the military (ex: father deployed and was injured)
3. (Women only) Are you currently pregnant? Y/N or DK /RF
4. Do you have children? Y/N or DK/RF
 - a. If yes, how many and what is their current living situation?
5. Are you currently employed (Y/N or DK/RF);
 - a. If yes, are you full time or part time? _____ (Y/N or DK/RF)
 - b. If no, are you working in a job training program (Y/N or DK/RF)?
 - i. If yes, are you full time or part time?
 - c. If no, are you looking for work (Y/N or DK/RF)?
6. What was the last level of education you completed? _____

“Questions 7 to 40 are relevant to the last 30 days only.”

7. Where are you currently living? (circle one)
 - house (rent/own/staying at someone else's)
 - shelter
 - street
 - halfway house
 - Other: _____
 - a. On a scale of 1 to 5 how satisfied are you with where you live? 1 2 3 4 5 RF/DK
8. Do you know how much money you received from any of the following?

Wages _____	Non-legal income _____
Public assistance _____	Family/Friends _____
Retirement _____	Other _____
Disability _____	

Client ID: _____

Site ID: _____

9. On a scale of 1 to 5 Do you have enough money to meet your needs? 1 2 3 4 5 DK/RF
10. Have you been diagnosed with any substance use disorder and if yes what were you diagnosed with? (example: alcohol use disorder, opioid use disorder)

If no move to question # 11 – If yes, ask the following question(s).

- a. (Opioid Use Disorder) have you received Medication-Assisted Treatment for opioid use? Y/N or DK/RF
- i. If yes, which medication?
(circle one) Methadone, Buprenorphine, Naltrexone, Suboxone
- ii. How many days did you receive this medication _____?
- b. (Alcohol Use Disorder) have you received Medication-Assisted Treatment for alcohol use? Y/N or DK/RF
- i. If yes, which medication?
(circle one) Naltrexone, Extended-release naltrexone, Disulfiram, Acamprosate
- ii. How many days did you receive this medication _____?

11. In the last thirty (30) days:

- a. What drugs have you used (ex. Heroin, cocaine, marijuana) please list:

- b. How many days did you use them: _____

- c. What was your usual method to administering (ex. IV, Smoking, Oral, Nasal) circle and/or list:

- i. If your usual method to administer is IV, do you every share materials (ex: syringe)? If yes, On a scale of 1 to 5 how frequently do you share?

1 2 3 4 5 DK/RF

- d. Have you misused prescription drugs or inhalants? If known which? _____

- e. How many days did you use both alcohol and drugs? _____

- f. If you've used alcohol, how many drinks do you typically have in one sitting? _____

12. On a scale of 1 to 4 how stressful have things been for you because of your use of alcohol or drugs?

1 2 3 4 DK/RF

13. On a scale of 1 to 4 has your use of alcohol or other drugs caused you to have emotional problems?

1 2 3 4 DK/RF

14. On a scale of 1 to 4 how has your use of alcohol or drugs caused you to give up important activities?

1 2 3 4 DK/RF

15. How many times have you been arrested? _____

- a. How many arrests were drug related? _____

16. How many nights did you spend in jail/prison? _____

17. How many times have you committed a crime? _____

18. Are you currently awaiting charges, trial, or sentencing? Y/N or DK/RF

19. Are you currently on parole or probation? Y/N or DK/RF

20. On a scale of 1 to 5 how would you rate your overall health right now? 1 2 3 4 5 DK/RF

21. Did you receive *Inpatient* treatment for:
- a. Physical Complaint: Y/N or DK/RF If yes, how many days? _____
 - b. Mental or emotional difficulties: Y/N or DK/RF if yes, how many days? _____
 - c. Alcohol or substance use: Y/N or DK/RF if yes, how many days? _____

22. Did you receive *Outpatient* treatment for:
- a. Physical Complaint: Y/N or DK/RF if yes, how many days? _____
 - b. Mental or emotional difficulties: Y/N or DK/RF if yes, how many days? _____
 - c. Alcohol or substance use: Y/N or DK/RF if yes, how many days? _____

23. Did you go to the *Emergency Room* for:
- a. Physical Complaint: Y/N or DK/RF if yes, how many days? _____
 - b. Mental or emotional difficulties: Y/N or DK/RF if yes, how many days? _____
 - c. Alcohol or substance use: Y/N or DK/RF if yes, how many days? _____

24. Have you engaged in sexual activity? Y/N or DK/RF

If yes,

- a. Number of Sexual contacts _____
- b. Number of Unprotected sexual contacts were an individual who is or was:
 - i. HIV positive or has AIDS _____
 - ii. An IV drug user _____
 - iii. High on a substance _____

25. Have you ever been tested for HIV? Y/N or DK/RF

- a. If yes, do you know the results of your testing? Y/N or DK/RF

26. On a scale of 1 to 5 how would you rate your quality of life? 1 2 3 4 5 DK/RF

27. On a scale of 1 to 5 how satisfied are you with your health? 1 2 3 4 5 DK/RF

28. On a scale of 1 to 5 do you have enough energy for everyday life? 1 2 3 4 5 DK/RF

29. On a scale of 1 to 5 how satisfied are you with your ability to perform your daily activities?

1 2 3 4 5 DK/RF

30. On a scale of 1 to 5 how satisfied are you with yourself? 1 2 3 4 5 DK/RF

31. Not due to your use of alcohol or drugs, how many days have you experienced or have:

- a. serious depression _____
- b. serious anxiety or tension _____
- c. hallucinations _____
- d. trouble understanding, concentration, or remembering _____
- e. trouble controlling violent behavioral _____
- f. attempted suicide _____
- g. been prescribed medication for psychological/emotional problem _____

32. On a scale of 1 to 5 how much have you been bothered by these emotional problems?

1 2 3 4 5 DK/RF

“The following questions may bring up PTSD or negative feelings. Know you do not need to answer them and if you do not wish to please just shake your head and we will move on.”

33. Have you ever experienced violence or trauma in any setting? Y/N or DK/RF

If yes,

- a. Did any of these experiences cause you to have nightmares or think about it when you did not want to? Y/N or DK/RF
- b. Have you tried not to think about it or went out of your way to avoid situations? Y/N or DK/RF
- c. Were you constantly on guard, watchful, or easily started? Y/N or DK/RF
- d. Have you felt numb and detached from others or activities? Y/N or DK/RF

34. On a scale of 1 to 5 how frequently have you been hit, kicked, or otherwise physically hurt?

1 2 3 4 5 DK/RF

“We are onto the last 6 questions! They cover your social activities within the last 30 days.

35. Did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? Y/N or DK/RF

- a. If yes, how many times? _____

36. Did you attend any religious/faith-affiliated recovery self-help groups? Y/N or DK/RF

- a. If yes, how many times? _____

37. Did you attend meetings of organizations that support recovery other than the organizations described above?

Y/N or DK/RF

- a. If yes, how many times? _____

38. Did you have interaction with family and/or friends that are supportive of your recovery?

Y/N or DK/RF

- a. If yes, how many times? _____

39. Who do you turn to when you are having trouble? (Circle One)

- a. No one
- b. Clergy member
- c. Family member
- d. Friends
- e. Other

40. On a scale from 1 to 5 how satisfied are you with your personal relationships?

1 2 3 4 5 DK/RF

Done!!!