



Delaware Health and Social Services
Division of Substance Abuse and Mental Health
Consumer Status Survey
Survey Information Effective as of June 30, 2004

Confine answer to line, box or circle provided

Consumer's Name: _____			Treatment Unit ID Number			
_____			[][][][][][] - [][]			
Last Name		First Name		M.I.		
MCI Number			Month		Day	
[0][0][0][][][][][][][]			[0][6]		[3][0]	
					Year	
					[2][0][0][4]	
Person Completing Form: _____						
Supervisor Verification: _____						
A. Does the Consumer have a regular place to live where he/she spends at least 5 out of 7 nights on average?			YES		NO	
			O 1.		O 2.	
B. How many places has the Consumer lived in the past 90 days?						
O 1. O 2. O 3. O 4. O 5. O 6. O 7. O 8. O \geq 9.						
C. Was the Consumer active in an Assertive Community Treatment (ACT) program on June 30, 2004?						
O 1. YES O 2. NO						
D. What was the Consumer's residential arrangement on June 30, 2004?						
Mark only one answer.						
Private Residence / Unsupervised			O 1.			
Private Residence / Supervised			O 1.			
Licensed Adult Foster Care			O 1.			
Unlicensed Adult Foster Care			O 1.			
Boarding Home			O 1.			
Group Home Setting / Unsupervised			O 1.			
Group Home Setting / Supervised			O 1.			
Nursing Home, ICF / SNF			O 1.			
Corrections Facility / Jail			O 1.			
Psychiatric Hospital > 180 days			O 1.			
Psychiatric Ward / General Hospital > 180 Days			O 1.			
Other Institution			O 1.			
No Domicile / Homeless			O 1.			
Emergency Housing, Shelter < 30 Days			O 1.			
Transitional Housing \geq 30 Days			O 1.			
Crisis Residence			O 1.			
Other			O 1.			
Unknown			O 1.			

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Fill in circle for selected answer

E. Has the consumer been homeless in the past 12 months? Yes O 1. No O 2.		
F. This list refers to the facilities and appliances available to the consumer where he / she lives.		
Are they available in working condition?	YES	NO
Bathroom Facilities	O 1.	O 2.
Room where he / she can go to be alone	O 1.	O 2.
Range / Cooking Stove – not hot plate	O 1.	O 2.
Refrigerator	O 1.	O 2.
Telephone	O 1.	O 2.
Washer / Dryer	O 1.	O 2.
G. Consumer's Housing Subsidy on June 30, 2004. Select only one answer.		
(Note: Consumers residing in Mental Health group homes should check item #3.)	O	1. State / Federal Subsidized Housing
	O	2. Subsidized with Client Assistance Funds
	O	3. No Rental Subsidy
H. How safe is the consumer's Neighborhood from crime? Select only one answer.		
	O	1. Very Safe – Crime is minor and rare
	O	2. Safe if careful – Crime is minor and infrequent
	O	3. Not Safe – Crime is minor and major, but infrequent
	O	4. Very Unsafe – Crime is minor and major and frequent
I. Does the consumer have enough money each month to cover the following?		
	YES	NO
Food	O 1.	O 2.
Clothing	O 1.	O 2.
Rent	O 1.	O 2.
Necessary Travel (work, shopping, medical appointments, etc.)	O 1.	O 2.
Medical Care	O 1.	O 2.
Traveling to visit friends	O 1.	O 2.
Social Activities (movies, eating in restaurants, etc.)	O 1.	O 2.

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Fill in circle or box for each selected answer

<p>J. Consumer's Primary Activity on June 30, 2004. Select only one answer.</p> <p> <input type="radio"/> 1. Full Time (Paid) \geq37.5 hrs per week <input type="radio"/> 8. Student <input type="radio"/> 2. Part Time (Paid) <37.5 hrs per week <input type="radio"/> 9. Retired <input type="radio"/> 3. Military / Armed Forces <input type="radio"/> 10. Inmate / Resident of Institution <input type="radio"/> 4. Unemployed / Looking for Work <input type="radio"/> 11. Volunteer <input type="radio"/> 5. Unemployed/Not Looking for Work <input type="radio"/> 12. Other <input type="radio"/> 6. Disabled / Unable to Work <input type="radio"/> 13. Unknown <input type="radio"/> 7. Homemaker </p>	
<p>K. Consumer's Primary Paid Employment Type on June 30, 2004. Select only one.</p> <p> <input type="radio"/> 1. Sheltered <input type="radio"/> 3. Competitive / Supported <input type="radio"/> 2. Competitive / <u>Not</u> Supported <input type="radio"/> 4. Not working </p>	
<p>L. On average how many hours per week has the consumer spent on their primary activity during the past 90 days?</p>	<p><input type="text"/> <input type="text"/> Hours Per</p>
<p>M. On June 30, 2004, was the consumer receiving treatment on an inpatient basis at a psychiatric facility? – Select one answer.</p> <p> <input type="radio"/> 1. Yes, Psychiatric Hospital (e.g. DPC, Rockford, Meadowood) <input type="radio"/> 2. Yes, Psychiatric Ward / General Hospital (e.g. BayHealth, Christiana Hospital) <input type="radio"/> 3. No </p>	
<p>N. Has the Consumer Received the any of the following services in the past year?</p> <p> <input type="radio"/> 1. Supported Housing <input type="radio"/> 2. Supported Employment <input type="radio"/> 3. Assertive Community Treatment <input type="radio"/> 4. Family Psychoeducational <input type="radio"/> 5. Integrated Treatment for Co-Occurring Disorders <input type="radio"/> 6. Illness Management / Recovery </p>	
<p>O. How many times in the past twelve months has the consumer been arrested?</p> <p><input type="text"/> <input type="text"/></p>	
<p>P. Raters confidence in the information.</p> <p> <input type="radio"/> 1. This information is known about the consumer <input type="radio"/> 2. This is a guesstimate, please indicate confidence level (0 – 100%) </p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	