

Alabama Department of Mental Health
Substance Abuse Division
UNCOPE SCREENING - Electronic Version
(AGE 18 AND ABOVE)

Completed By: SASD Worker

Date of Screening: 02/08/2011

Date of Entry: / /

ASAIS ID: 01234 Provider ID: 21212

Name: Unknown Cindy

Last

First

Middle

Maiden

Alias 1: None Alias 2: None

What is the most important thing you want that made you decide to call for help:

Presenting Problems: (check all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Abuse Victim | <input checked="" type="checkbox"/> Depressive/Mood Disorder | <input type="checkbox"/> Marital | <input type="checkbox"/> Somatic |
| <input checked="" type="checkbox"/> Alcohol | <input checked="" type="checkbox"/> Drug | <input type="checkbox"/> Medical | <input type="checkbox"/> Suicidal |
| <input type="checkbox"/> Assault Victim | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Rape Victim | <input type="checkbox"/> Thought Disorder |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Family | <input type="checkbox"/> Runaway Behavior | <input type="checkbox"/> None |
| <input type="checkbox"/> Daily Coping | <input type="checkbox"/> Interpersonal | <input type="checkbox"/> Social | <input checked="" type="checkbox"/> Other: <u>Job</u> |

Date of Birth: Jan. 1, 1964 Age: 47

SSN#: 123-45-6789 Medicaid #: N/A

Address: 123 A. Street

City: Montgomery State: AL Zip Code: 36104

County of Residence: Montgomery Emergency Contact: Juan Carlos

Home Phone: 334-123-4567 Work Phone: 334-123-4568

Sex: Female - F Male - M Race: (Check one box)

- | | |
|---|---|
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hispanic-Specific Origin not Specified |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Black / African American | <input checked="" type="checkbox"/> Not of Hispanic Origin |
| <input checked="" type="checkbox"/> Caucasian / White | <input type="checkbox"/> Other Specific Hispanic |
| <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Native Hawaiian / Other Pac Island | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other _____ | |

Veteran:
 Yes
 No

Marital Status: yr(s) mo(s)

- | |
|---|
| <input type="checkbox"/> Common Law |
| <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married |
| <input checked="" type="checkbox"/> Never Married |
| <input type="checkbox"/> Separated |
| <input type="checkbox"/> Divorced |
| Number of Marriages: <u> </u> |

Language Preference: If other than English, please specify: English

Linguistic Status: Cognitive Disability Low Literacy Level
 English Proficiency Not Literate
 Limited English Proficiency Other Disability:

Hearing Status: Hearing Hard of Hearing Deaf

Referral Source:

- | | | |
|---|---|--|
| <input type="checkbox"/> AOD Treatment, Inpatient/Residential | <input type="checkbox"/> Guardian | <input type="checkbox"/> Private Psychiatrist |
| <input type="checkbox"/> AOD Treatment, Not Inpatient | <input type="checkbox"/> ID 310 Program | <input type="checkbox"/> Probation/Parole |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> ID ARC | <input type="checkbox"/> Recognized Legal Entity |
| <input type="checkbox"/> Court / Correctional Agency | <input type="checkbox"/> ID Regional Office | <input type="checkbox"/> School System |
| <input type="checkbox"/> DHR | <input type="checkbox"/> Multi-Service MH Agency | <input type="checkbox"/> Self |
| <input type="checkbox"/> Diversionary Program/TASC | <input type="checkbox"/> Outpatient Psych Services/Clinic | <input type="checkbox"/> Shelter for the Abused |
| <input type="checkbox"/> DUI / DWI | <input type="checkbox"/> Nursing Home/Extended Care | <input type="checkbox"/> Shelter for the Homeless |
| <input type="checkbox"/> Educational Agency | <input type="checkbox"/> Parent | <input type="checkbox"/> Spouse |
| <input checked="" type="checkbox"/> Employer / EAP | <input type="checkbox"/> Partial Day Organization | <input type="checkbox"/> State/County Psych Hospital |
| <input type="checkbox"/> Family | <input type="checkbox"/> Personal Care/Boarding Home | <input type="checkbox"/> State/Federal Court |
| <input type="checkbox"/> Formal Adjudication Process | <input type="checkbox"/> Physician | <input type="checkbox"/> Voc Rehab Services |
| <input checked="" type="checkbox"/> Friend | <input type="checkbox"/> Police | <input type="checkbox"/> Other: <u> </u> |
| <input type="checkbox"/> General / Psychiatric Hospital | <input type="checkbox"/> Prison | |

Which is the primary referral source? Friend Secondary? Employer

Reason for Referral: Tested positive at work 8 months ago & refused current drug screen

ASAS ID: 01234	LAST NAME: Unknown	FIRST NAME: Cindy	MI: _____
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Financial I receive my principal source of income from:

Disability
 Public Assistance
 Retirement/Pension
 Wages/Salary
 None
 Other: _____

Annual Income: _____

Source of Payment:

Blue Cross/Blue Shield
 Medicare
 Personal Resources (Self/Family)
 DMH
 No Charge (free, charity, special research or teaching)
 Service Contract (EAP, HMO, public mental health authority)
 Health Insurance Companies (Not BCBS)
 Other Government Payments: _____
 Worker's Compensation
 Medicaid

Insurance Do you have:

Blue Cross/Blue Shield
 Other (e.g. Tricare, Champus): _____
 Health Maintenance Organization (HMO)
 Private Insurance
 Medicaid
 Unknown
 Medicare
 None

Name of Company: _____

Policy Number: _____

Group Number: _____

Special

Population:
 IV Drug User
 Pregnant Women
 Women w/dependent child
 Not applicable

UNCOPE – Age 18 and Above

In the past year, have you ever drank or used drugs more than you meant to^{1,2}:

YES NO

Have you ever neglected some of your usual responsibilities because of alcohol or drugs²:

YES NO

Have you felt you wanted or needed to cut down on your drinking or drug use in the last year^{1,2}:

YES NO

Has anyone objected to your drinking or drug use^{3,1} OR has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use²:

YES NO

Have you ever found yourself preoccupied with wanting to use alcohol or drugs² OR Have you found yourself thinking a lot about drinking or using:

YES NO

Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger or boredom^{2,1}:

YES NO

Number of Positive Responses: 3 (Two or more positive responses indicate possible abuse or dependence. Four or more positive responses strongly indicate dependence.)

1. Brown, R. L., Leonard, T., Saunders, L. A., & Papasouliotis, O. (1997). A two-item screening test for alcohol and other drug problems. *Journal of Family Practice*, 44, (2), 151-160.

2. Hoffmann, N. G. & Harrison, P. A. (1995). *SUDDS-IV: Substance Use Disorders Diagnostic Schedule*. Smithfield, RI: Evince Clinical Assessments.

3. Hoffmann, N. G. (1995). *TAAD: Triage Assessment for Addictive Disorders*. Smithfield, RI: Evince Clinical Assessments.