Form OMH 296.1 (08-05)

New York State
Office of Mental Health

Patient Characteristics Survey 2005

Survey for the week ending 11/6/05

26. Sheet ☐☐☐☐ **of** ____

1a. Facility Code		1b. Facility Name
2a. Unit Code	2b. Site Code	3. Unit Site Name
4a. Program Code		4b. Program Name

For Codes Not Labeled Below, Please See Back of Form.

5a. First Initial, First Name ☐

5b. First Initial, Last Name ☐

6. Date of Birth ☐☐ ☐☐ ☐☐☐☐
M M D D Y Y Y Y

7. Gender *(circle one)*
1 M · 2 F · 9 Unknown

8. Hispanic Ethnicity *(circle one)*
0 No, not Hispanic/Latino · 1 Yes, Hispanic/Latino · 9 Unknown

9. Race *(circle all that apply)*
1 White · 2 Black/African Amer · 3 Asian · 4 Amer Indian Alaska Native · 5 Native Hawaiian/Other Pacific Islander · 6 Other · 9 Unknown

10a. Residence Type
Own Home/Apt = 01
Unknown = 99
☐☐

10b. Residence Zip Code
Unknown = 99999
Homeless = 88888
☐☐☐☐☐

10c. County of Residence
NYS County Unknown = 70
Unascertained = 99
☐☐

10d. Household Composition *(circle all that apply)*
0 Not Applicable · 1 Lives Alone · 2 With Child · 3 With Parent · 4 Spouse, Partner · 5 Other Relatives · 6 Others Unrelated · 9 Unknown

10e. Does Client Have Minor Children? *(circle one)*
0 No · 1 [illegible] · 9 Unknown

11. Primary Language
Unknown = 99
☐☐

12. Does Client Have Prior Active U.S. Military Service? *(circle one)*
0 No · 1 Yes · 9 Unknown

13. Current Employment Status
Unknown = 99
☐☐

14. Education
Unknown = 99
☐☐

15. Does Client Receive Special Education Services? *(circle one)*
0 Not Applicable · 1 [illegible] · 2 [illegible] · 9 Unknown

16. Current Disabilities/Disorders *(circle all that apply)*
0 None · 1 MI · 2 [illegible] · 3 Developmental Disability · 4 Alcohol Related Disorder · 5 Drug/Subst Related Disorder · 6 Physical Disability · 9 Unknown

17. SPMI or SED *(circle one)*
0 No · 1 Yes · 9 Unknown

18. Global Assessment of Functioning (GAF) Rating
Unknown = 00
☐☐

19a. Principal Psychiatric Diagnosis
☐☐☐ . ☐☐

19b. Additional Diagnosis
☐☐☐ . ☐☐

20a. Cash Assistance Benefits *(circle all that apply)*
0 None · 1 SSI · 2 SSDI · 3 Public Assistance · 4 Veterans · 5 Other · 9 Unknown

20b. Health Insurance Coverage *(circle all that apply)*
0 None · 1 Medicaid · 2 Medicare · 3 Private Insurance · 4 Child Health Plus · 5 Family Health Plus · 6 Other · 9 Unknown

20c. Is Client Enrolled in an HMO or Managed Care?
0 No · 1 Yes · 9 Unknown

21. Date of Admission, Current Episode:
If program does formal admission paperwork, enter admission date for current episode of treatment, or, if program does not do formal admission paperwork, enter 7777777.
☐☐ ☐☐ ☐☐☐☐
M M D D Y Y Y Y

22. Source of Referral
Unknown = 99
☐☐

23. Criminal Justice or Juvenile Justice Status
Not CJ/JJ Client = 00
Unknown = 99
☐☐

24. Date Last Served Before 10/31/2005 by THIS Program
Never = 00000000
Unknown= 99999999
☐☐ ☐☐ ☐☐☐☐
M M D D Y Y Y Y

25. Circle Date(s) of Client Service During Survey Week *(circle all that apply)*

Oct	Nov	Nov	Nov	Nov	Nov	Nov
31	1	2	3	4	5	6

Contact Name

Phone
( )

Client Name

Facility/Unit/Site Code

Sheet ☐☐☐☐ **of** ____

SAMPLE

Instructions for Patient Characteristics Survey 2005

ITEM 5a & b

5a. First initial, client's **first** name 5b. First initial, client's **last** name

ITEM 6. Date of Birth

M M D D Y Y Y Y

ITEM 7. Gender

1 = Male, 2 = Female, 9 = Unknown

ITEM 8. Hispanic Ethnicity *(circle one response only)*

0. No, not Hispanic/Latino
1. Yes, Hispanic/Latino
9. Unknown

ITEM 9. Race *(circle all that apply)*

1. White
2. Black/African American
3. Asian
4. American Indian/Alaska Native
5. Native Hawaiian/Other Pacific Islander
6. Other
9. Unknown

ITEM 10a. Residence Type *(choose one response only)*

*If client is either **an inpatient, in an RTF, or incarcerated** then provide residence type **PRIOR** to incarceration/admission.*

01. Private residence (home/apartment), rooming house, hotel, SRO
02. Licensed mental health housing program (e.g., community residence, crisis residence, family based treatment, family care)
03. Adult home (DOH licensed residential program for adults)
04. NYS Office of Children & Family Services (OCFS) foster care
05. Institutional setting for youth (OCFS, DSS, or Juvenile Justice Facility)
06. Youth community-based residence (OCFS, DSS, NYSED).
07. Nursing or health-related facility (nursing home, skilled nursing facility)
08. Homeless (e.g., shelter, street, transitional living center)
09. Other
99. Unknown

ITEM 10b. Residence Zip Code

5 Digit Zip Code for Client's Residence Type

88888 = Homeless 99999 = Unknown

ITEM 10c. County of Residence *(choose one response only)*

County Code for Client's Residence Type

01	Albany	19	Genesee	37	Orleans	55	Tompkins
02	Allegany	20	Greene	38	Oswego	56	Ulster
03	Bronx	21	Hamilton	39	Otsego	57	Warren
04	Broome	22	Herkimer	40	Putnam	58	Washington
05	Cattaraugus	23	Jefferson	41	Queens	59	Wayne
06	Cayuga	24	Kings	42	Rensselaer	60	Westchester
07	Chautauqua	25	Lewis	43	Richmond	61	Wyoming
08	Chemung	26	Livingston	44	Rockland	62	Yates
09	Chenango	27	Madison	45	St. Lawrence		
10	Clinton	28	Monroe	46	Saratoga		
11	Columbia	29	Montgomery	47	Schenectady		
12	Cortland	30	Nassau	48	Schoharie		
13	Delaware	31	New York	49	Schuyler		
14	Dutchess	32	Niagara	50	Seneca		
15	Erie	33	Oneida	51	Steuben		
16	Essex	34	Onondaga	52	Suffolk		
17	Franklin	35	Ontario	53	Sullivan		
18	Fulton	36	Orange	54	Tioga		

Miscellaneous

70 New York State, County Unknown
80 Other State
90 Other Country
99 Unascertained

ITEM 10d. Household composition *(circle all that apply)*

0. Not applicable, client is not in a private residence (i.e., client has not chosen outcome #1 for Residence Type question.)
1. Client lives alone
2. Client's child, stepchild, foster child or grandchild
3. Client's parent
4. Client's spouse or domestic partner
5. Other relatives of client not specified above
6. Other people unrelated to client
9. Unknown

ITEM 10e. Does client have minor children? *(circle one response only)*

0. No
1. Yes
9. Unknown

ITEM 11. Primary Language *(choose one response only)*

01.	English	07.	Italian	13.	Yiddish
02.	Spanish	08.	Japanese	14.	German
03.	Chinese	09.	Russian	15.	Polish
04.	Creole	10.	Vietnamese	16.	Sign Language
05.	French	11.	Korean	17.	Other
06.	Greek	12.	Indic (e.g., Hindi, Urdu, Sindi)	99.	Unknown

ITEM 12. Does client have prior active U.S. military service? *(circle one response only)*

0. No 1. Yes 9. Unknown

ITEM 13. Current Employment Status *(choose one response only)*

01. Competitive employment (employer-paid position) with no formal supports
02. Competitive employment (employer-paid position) with ongoing supports
03. Community-integrated employment run by a state or local agency (agency-funded positions only)
04. Non-integrated employment run by state or local agency (Sheltered Workshop, Affirmative Businesses, Enclaves, Mobile Work Crews)
05. Sporadic or casual employment for pay (includes odd jobs)
06. Non-paid work position (volunteer)
07. Unemployed, looking for work
08. Not In Labor Force : retired, homemaker, student, incarcerated
09. Not In Labor Force : disabled, psychiatric inpatient
99. Unknown

ITEM 14. Education *Please report current grade for persons currently enrolled in an academic program, and highest grade completed for persons not currently enrolled in an academic program. (choose one response only)*

00. No formal education
01. First grade
02. Second grade
03. Third grade
04. Fourth grade
05. Fifth grade
06. Sixth grade (grammar school graduate)
07. Seventh grade
08. Eighth grade
09. Ninth grade
10. Tenth grade
11. 11th grade
12. 12th grade, no diploma
13. High school diploma or GED
14. Business, technical training
15. Some college, no degree
16. Associate's degree
17. Bachelor's degree
18. Graduate degree
19. Other
99. Unknown

ITEM 15. Does client receive special education services? *(circle one)*

0. Not applicable (Client is 22 or older, or client is not enrolled in elementary or secondary education)
1. Yes
2. No
9. Unknown

ITEM 16. Current Disabilities/Disorders *(circle all that apply)*

0. None
1. Mental Illness
2. Mental Retardation
3. Developmental Disability
4. Alcohol Related Disorder
5. Drug/Substance Related Disorder
6. Physical Disability
9. Unknown

ITEM 17. Severe and Persistent Mental Illness/ Serious Emotional Disturbance *(circle one)*

0. No 1. Yes 9. Unknown

ITEM 18. Global Assessment of Functioning (GAF) Rating *(enter 2 Digit Rating) Use 00 for unknown*

ITEM 19a. Principal Psychiatric Diagnosis *(enter 5 Digit Diagnostic Code)*

ITEM 19b. Additional Diagnosis *(enter 5 Digit Diagnostic Code)*
The 2nd most important to the focus of treatment.

ITEM 20a. Cash Assistance Benefits *(circle all that apply)*

0. No Cash Assistance
1. SSI (Supplemental Security Income)
2. SSDI (Social Security Disability Insurance)
3. Public assistance cash program (TANF, Safety Net, etc)
4. Veterans' Cash Assistance
5. Other
9. Unknown

ITEM 20b. Health Insurance Coverage *(circle all that apply)*

0. No insurance coverage
1. Medicaid
2. Medicare
3. Private insurance
4. Child Health Plus
5. Family Health Plus
6. Other
9. Unknown

ITEM 20c. Is client enrolled in an HMO or Managed Care? *(circle one response only)*

0. No 1.Yes 9. Unknown

ITEM 21. Admission Date, Current Episode

*If program **does** formal admission paperwork.* ***OR*** *If program does **not do** formal admission paperwork*

M M D D Y Y Y Y

enter 77777777

ITEM 22. Source of Referral *(choose one response only)*

01. Self, family, or friend
02. State psychiatric center inpatient unit
03. General or certified hospital psychiatric inpatient
04. Residential treatment facility for children & youth
05. Local AOT Coordinator
06. Single Point of Access (SPOA)
07. Mental health noninpatient residential program
08. Mental health outpatient program
09. Emergency program or general hospital emergency room
10. CSP nonresidential program
11. Local mental health practitioner
12. Other medical care provider
13. Facility for the mentally retarded/ developmentally disabled
14. Alcohol or substance abuse program
15. School/educational system
16. Juvenile justice system
17. Adult criminal justice system
18. Family court
19. Shelter for homeless
20. Other non-mental health community service provider
21. Other
99. Unknown

ITEM 23. Criminal Justice or Juvenile Justice Status *(choose one response only)*

Clients referred for OMH Family Court evaluations are not criminal justice clients.

00. Not a criminal justice nor juvenile justice client
01. Police lockup prisoner
02. County/City Jail or Court Detention Prisoner
03. NYS Dept. of Correctional Services Prisoner
04. Adjudicated Juvenile Delinquent or Juvenile Offender in juvenile justice facility
05. Adjudicated PINS (Person in Need of Supervision) or Juvenile Delinquent in youth residential facility other than juvenile justice facility
06. Adjudicated Juvenile Delinquents or PINS on OCFS Aftercare
07. Probationer (adults, Juvenile Delinquents and PINS on probation)
08. Parolee (adults and Juvenile Offenders on parole)
09. Criminal Procedure Law (CPL) 330.20 Order of Conditions & Order of Release
10. On bail, released on own recognizance (ROR), conditional discharge
11. Alternative to incarceration (ATI) status, Mental Health Court,PINS Diversion
12. Under arrest
99. Unknown whether or not client has a criminal justice or juvenile justice status

ITEM 24. Date Last Served Before 10/31/05 by THIS Program

00000000 = client has **never** been served before in this program
99999999 = **unknown** when this client was last served by this program

ITEM 25. Date of Client Service *(circle all that apply)*

Circle the date(s) the client was seen during the survey week.