CASE MONITORING II
HEALTH CARE DATA FORM

For baseline:
1a.) 1 year before 1st day of baseline detox (Date A): ___-___-___

1b.) Discharge (check one): (1)estimated (2)known

1c.) Date of expected/known discharge: ___-___-___

For follow-up:
1a.) Date of prior Health Care interview (Date A): ___-___-___

For baseline and follow-ups:
2. Since (Date A) up through yesterday have you been to any (at baseline insert: "other") inpatient detox programs? (do not include the detox from which the subject was recruited) (Y or N)

3. Since (Date A) have you spent at least one night in a hospital for medical reasons?

4. Since (Date A) have you spent at least one night in a hospital for mental health reasons?

5. Since (Date A) did you go to a hospital emergency room (not a walk-in clinic) for medical care?

6. Since (Date A) have you been transported by ambulance?

7. Since (Date A) have you been in a day treatment program?

7a. If YES, was it for:
(1) alcohol and/or drugs
(2) mental health
(3) Or both (or not sure which)

8. Since (Date A) have you been in a halfway house or other residential facility for alcohol, drug, or mental health reasons?

8a. If YES, was it for:
(1) alcohol and/or drugs
(2) mental health
(3) Or both (or not sure which)
9. Since (Date A) up through yesterday have you received any somewhat expensive medical services that were covered by your health care plan like MRI's, X-rays, CAT scans, etc.?  

10. Since (Date A) have you received less expensive medical services that were covered by your health care plan like blood tests, other lab work, a physical, a flu shot, etc.?  

11. Since (Date A) have you received any somewhat expensive medical services that were not covered by your health care plan like MRI's, X-rays, CAT scans, etc.?  

12. Since (Date A) have you received less expensive medical services that were not covered by your health care plan like blood tests, other lab work, a physical, a flu shot, etc.?  

13. Since (Date A) have you attended individual outpatient treatment?  

13a. If YES, was it for:  

- (1) alcohol and/or drugs  
- (2) mental health  
- (3) Or both (or not sure which)  

14. Since (Date A) have you attended group therapy lead by a professional?  

14a. If YES, was it for:  

- (1) alcohol and/or drugs  
- (2) mental health  
- (3) Or both (or not sure which)  

15. Since (Date A) have you been to an oral surgeon?  

16. Since (Date A) have you been to a dentist?  
(do not complete grid for exams or cleanings)  

17. Since (Date A) have you received treatment from a physical therapist, occupational therapist, or chiropractor?
Do not complete grid for any of the following questions:

18. Does your health care policy cover pharmacy costs? 18. _______

19. Since (Date A) up through yesterday have you been prescribed any medication for drinking, like Antabuse, naltrexone, Revia, etc. If YES, write down:
   Medication schedule onset condition compliant?
   19. _______

20. Since (Date A) have you been prescribed any medication for any other reasons? detox meds go here:
   If YES, write down:
   Medication schedule onset condition compliant?
   20. _______

21. Since (Date A) have you attended any AA meetings? 21. _______
   (If Yes) How many? 21a. _______

22. What about other self-help groups for alcohol and drugs like NA, Rational Recovery, SMART, or Women for Sobriety.
   22. _______
   23a:group: _______ 23b: (#) _______
   24a:group: _______ 24b: (#) _______
   25a:group: _______ 25b: (#) _______

26. What about any other type of self-help group (not alcohol nor drug-related)? 26. _______
   27a:group: _______ 27b: (#) _______
   28a:group: _______ 28b: (#) _______
   29a:group: _______ 29b: (#) _______

30. Since (Date A) have you gone to an Employment Assistance Program? 30. _______

31. Since (Date A) have you been a patient in a nursing home or hospice, overnight or longer? 31. _______

Name and Clinic for Primary Care Provider: ______________________________

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