Draft

OLDER ADULT PERFORMANCE OUTCOMES
Client Information

Section I: Identifying Information

Section I: Used to link to other departmental data sets.

1.

County Client Number (CCN)

0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

[CCN is the same number that is reported to the Client and Services Information System (CSIS). If CCN is less than nine digits, bottom-justify and add leading zeros.]

DRAFT

2.

County Code

0 1 2 3 4 5 6 7 8 9

3.

Administration Type (choose one):

- ○ Intake (New Client/New Episode)
- ○ Annual (Continuing/Mid-treatment Client)
- Discharge (Episode Closed)
  - ○ Planned Discharge
  - ○ Unplanned Discharge*

* If "Unplanned Discharge" and client is unavailable, complete all sections EXCEPT the Quality of Life Interview.

4.

Link Date
(yyyymmdd)

0 1 2 3 4 5 6 7 8 9

5.

Client's Current Zip Code
(Primary Residence)

0 1 2 3 4 5 6 7 8 9

Section II: Financial Benefits

6.

Client Financial Benefits (Use UMDAP data)

Type of Financial Benefit:	ENTITLED to: Yes	ENTITLED to: No	ENTITLED to: Unknown	RECEIVING: Yes	RECEIVING: No	RECEIVING: Unknown
Social Security	○	○	○	○	○	○
SSI	○	○	○	○	○	○
Private Pension	○	○	○	○	○	○
Other	○	○	○	○	○	○

DRAFT

CCN (Used for page linking and MUST be entered on each page)

OLDER ADULT PERFORMANCE OUTCOMES
Client Information

Section III: Health Information

7. *A. Does the client have an established place he/she can go for non-emergency medical care?*

○ Yes ○ No ○ Unknown

B. Did the client use this non-emergency medical service during the past year?

○ Yes ○ No ○ Not Applicable ○ Unknown

DRAFT

Section IV: Level of Functioning

8.

To what extent is the client impaired in the following areas?	No Impairment	Minimal Impairment	Moderate Impairment	Extreme Impairment	Unknown
A. Psychological Functioning	○	○	○	○	○
B. Cognitive Functioning	○	○	○	○	○
C. Physical Health	○	○	○	○	○
D. Social Functioning	○	○	○	○	○
E. Substance Abuse (Alcohol/Drug)	○	○	○	○	○

Section V: Client History

9.

Has the client:	Never	Yes, latest episode was: within the last year	more than 1 year ago	Unknown
A. attempted suicide?	○	○	○	○
B. had a psychiatric hospitalization?	○	○	○	○
C. experienced chronic health problems?	○	○	○	○
D. experienced a major depressive episode?	○	○	○	○
E. exhibited impaired memory functioning?	○	○	○	○
F. experienced a significant loss (e.g. death of spouse, family members, close friends, pet, etc.)?	○	○	○	○
G. been arrested?	○	○	○	○
H. been a victim of a property/financial crime?	○	○	○	○
I. been a victim of a violent crime/physical abuse?	○	○	○	○

DRAFT

CCN (Used for page linking and MUST be entered on each page)

OLDER ADULT PERFORMANCE OUTCOMES
Client Information

Section VI: Client Interview: Quality of Life*

10. **Missing Information**

If NO items are answered on the Quality of Life (QOL) section below, indicate the PRIMARY reason:

Quality of Life: ○ Refused ○ Unavailable ○ Language ○ Impairment ○ Not Applicable (client answered QOL)

DRAFT

Please ask the client the following questions regarding how they feel about their quality of life. Begin each question with the phrase "How do you feel about..." Fill in the bubble that best describes the client's feelings. Please fill in only ONE bubble for each question. If a question does not apply or the client declines to answer a question, leave the question blank.

How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. The living arrangements where you live?	○	○	○	○	○	○	○
2. The privacy you have where you live?	○	○	○	○	○	○	○
3. The prospect of staying on where you currently live for a long period of time?	○	○	○	○	○	○	○
4. The way you spend your spare time?	○	○	○	○	○	○	○
5. The chance you have to enjoy pleasant or beautiful things?	○	○	○	○	○	○	○
6. The amount of fun you have?	○	○	○	○	○	○	○
7. The amount of relaxation in your life?	○	○	○	○	○	○	○
8. The way you and your family act toward each other?	○	○	○	○	○	○	○
9. The way things are in general between you and your family?	○	○	○	○	○	○	○
10. The things you do with other people?	○	○	○	○	○	○	○
11. The amount of time you spend with other people?	○	○	○	○	○	○	○
12. The people you see socially?	○	○	○	○	○	○	○
13. The amount of friendship in your life?	○	○	○	○	○	○	○
14. How safe you are on the streets in your neighborhood?	○	○	○	○	○	○	○
15. How safe you are where you live?	○	○	○	○	○	○	○
16. The protection you have against being robbed or attacked?	○	○	○	○	○	○	○
17. Your health in general?	○	○	○	○	○	○	○
18. Your physical condition?	○	○	○	○	○	○	○
19. Your emotional well-being?	○	○	○	○	○	○	○
20. Your life in general?	○	○	○	○	○	○	○

DRAFT

* These questions were taken from Dr. Anthony Lehman's *Quality of Life Interview* (Full and Brief version). Used with author's permission.

CCN (Used for page linking and MUST be entered on each page)