Write in significant events occurring in subject’s psychiatric and medical treatment during each segment of the vertical calendar below. The segments can be modified to represent different time periods. For example, to assess for a 4-month time period, the bottom four segments can be used to represent one month each. To assess for a year, each segment can represent a two-month time period. Explore areas of psychotherapy, emergency room visits, hospitalizations, ambulance rides, physician visits, medications, etc. Use only as a general outline; record details in the body of the THI. **Circle primary therapist, (only one on any given day).**

<table>
<thead>
<tr>
<th>Psychotherapy</th>
<th>Emergency Room Visits</th>
<th>Hospitalizations (psych. &amp; med)</th>
<th>Ambulance (company &amp; date)</th>
<th>M.D. Visits</th>
<th>Medications</th>
<th>Date</th>
</tr>
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*THI Part 1: Psychotherapy & Other Counseling*

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(Part 1 of 3 Parts)
(For describing Treatments Without Components AND for Components Of Larger Programs)

S1_____ TIME FRAME COVERED BY INTERVIEW (1 = Lifetime, 2 = Last Year (for Pre-Treatment), 3 = Since last assessment, S1a #(THP01a)_____ months ago, 4 = Other S1o(THP01o)_______________), 5 = Since pre-tx(at 1st session BPI)

S2_____ (GIVE CARD "A" TO SUBJECT.) Have you received help from any kind of therapist, counselor, group, case manager or program during the past year/since your last assessment? For example, have you seen or been in any of the treatments or social services on this list. (0 = No, 1 = Yes).

S3_____ With how many different programs have you been involved during the past year/ since your last assessment?

S4____ Interviewer: How reliable is this number? (0 = Unreliable, 1 = Somewhat reliable, 2 = Reliable (e.g., clt. either has calendar or day-timer listing appointments or she gives impression of clearly recalling # of visits).

S5_____ How many programs were counted? (Answer at the end of the interview)

S6_____ How many INDIVIDUAL COMPONENTS were counted?

S7_____ How many intakes (i.e., one visit or assessment) did you attend where you didn’t return for further appointments? (For example, clt. goes for intake at a community mental health clinic, and doesn’t return for treatment). Interviewer: Do not count these in section 1.

Guidelines for determining who is Primary Therapist/clinician:
If they give multiple providers try “rank ordering” in the following way: (it’s not always going to be cut & dry). Try to Determine who has clinical responsibility for the client—this is the primary therapist or clinician. If there is a question as to who is primary then just go ahead and answer #20 as a default.
Therapist
Case Manager (if no therapist)
Psychiatrist (if meeting longer than 15-20 minute medication only and therapy is part of Tx).
1a. Sequence number (ENTER “1” IF FIRST DESCRIBED, “2” IF SECOND DESCRIBED, “3” IF THIRD, ETC.)

1b. Program number (ENTER “1” IF FIRST DESCRIBED, “2” IF SECOND DESCRIBED, “3” IF THIRD, ETC.) Get at least 2a or 2b from the client; if you can get the provider's address or phone, please do so.

2. Name (Person) ________________________________________________
   Name (Program) ________________________________________________
   Address _________________________________________________________

2d. ______________________________________________________________________
   City State Zip

2e1. Phone (_____)__________________/ 2e2. (_____)_______________________

3. Exact description of component/ provider/program (CODE FROM APPENDIX A #’s 1-11).
   3a. Describe: _______________________________________________________

4. Gender (1=Male, 2=Female; 3=Both, e.g., group co-leaders; or alternating leaders).

5. Highest degree (1=Ph.D./PsyD, 2=MD, 3=EdD, 4=RN, ARNP 5=MSW, 6=MA, MS, 7=BA, 8=Other, -7=Don’t know, -8=12-step, N/A) (Interviewer: call therapist & code after interview if necessary).

6. Is this treatment part of a more comprehensive program? (0=No, 1=Day treatment, 2=Group home 5=Other, e.g., MICA program/ dual diagnosis, Name of program: 6o_____________________, 6=Formal Drug and Alcohol Treatment Program e.g., Evergreen Treatment Services, 7 = Formal (Borderline) Personality Disorder Program
   If Formal BPD Program(7), what is the name of that program? 6a _______________________, 8=BRTC research study participant (therapy offered through BRTC).

7. Was this person your primary therapist at the time that you received the help? (0=No, 1=Yes, 2=Temporary back-up for someone else - Who? 7o ________________)
   (If 3+ visits with temporary therapist, then ask #20)

8. / / / What is the date of the first visit (lifetime) with component/ provider/program?

9. Interviewer: Did the first visit to this component/ provider/program occur within the last year/since the last assessment? (0=No, 1=Yes)

10. Total number of in-office visits with component/ provider/program during the past year/since last assessment (Months are calculated in 28-day increments: for months outside the assess. period code -8; otherwise code the # of visits per month in the spaces below. Be sure to write the dates underneath the space, e.g., 8/1 to 8/28, 8/29 to 9/25, etc.). Do not count phone sessions here or visits coded in 10m

   10z 10a. 10b. 10c. 10d. 10e. 10f. 10g. 10h. 10i. 10j. 10k. 10l.
   13 ‘mos’ ago 12 mos ago 11 mos ago 10 mos ago 9 mos ago 8 mos ago 7 mos ago
   — — — — — — — — —
   6 mos ago 5 mos ago 4 mos ago 3 mos ago 2 mos ago 1 mos ago

10m. Total number of visits with component/ provider/program held outside of office (e.g., home visit, in vivo)

10n. Total number of phone sessions (in place of an in person therapy session, not phone contacts for crisis calls)
11. _____ How reliable is the Subject’s recollection of the number of visits in question 10?  
   (0 = Unreliable, 1 = Somewhat reliable, 2 = Reliable)

12. _____ Number of visits missed or cancelled within 24 hours?  (Clt. no show without notifying in some way within 24 hours; -8 for 
   12-step group)

13. _____ Modal (usual # of visits per week) number of visits per week (e.g., during most months, does the subject see the 
   provider 1x/wk, 2x/wk, 4x/wk?  If the subject saw the provider 2x/mo., enter .5; if 1x mo., enter .25). Remember that 
   the mode = the number that occurs the most often, it is not the mean or the average.

14a. _____ What was the average length of the office visits (Minutes) (If this is psychiatrist & clt. only sees him/her for 15 minute appts. 
   this is considered medication management and should be counted in section 2 rather than section 1)

14b. _____ What was the average length of the non-office visits (Minutes) (For example: in-home, hospital, or car visits)

15. _____ Total number of phone contacts with provider (not including phone calls for rescheduling only, or leaving messages) 
   during the past year/ since the last assessment) (e.g., if any therapy contact over the phone).

15a._____ Have you had e-mail contact with your therapist?  (0=no, 1=yes)  
   If yes, approximately how many times?  15b____

16. _____ What was the average duration of phone contacts (Minutes) If part of a program, with whom did you have phone 
   contact 16a (TH116a) (need to add code) (This refers to #15—actual voice contact—not phone tag or leaving 
   messages for each other.)

17. _____ Were most calls to your therapist/counselor/group/program during work hours, after work hours or to providers home, 
   or about equally during and after work hours?  (1= Mostly during work hours,  2=Equally, 3=After work hours). [this 
   is when clt. called therapist, not necessarily when she spoke to her therapist]

18. _____ What rules did your therapist/counselor/group/program have about phone contact? Describe:  
   18a(TH118a)_______________________________________________________________________
   (0=No rules; 1=no after hours; 2=no calling when feeling suicidal; 3=no calls after self-harm; 4=can call anytime; 5=Other; 
   -7=clt. doesn’t know.)

19. _____ What provisions does your therapist/counselor/group/program make for you when he/she/they are on vacation/on 
   holidays/closed, etc.?  Describe:  
   19a._______________________________________________________________________________________
   (0=No Provisions; 1=back-up therapist; 2=reschedule appt.s; 3=Other; -7=clt. doesn’t know)
Answer QUESTION 20 only if Component/ Provider/ is/was Primary therapist, otherwise proceed to QUESTION 21.

20.  (GIVE CARD TO SUBJECT.)

Please tell me if your therapist/counselor/group does/did the following things:

1 = My therapist did not do this at all.
2 = My therapist did this occasionally.
3 = My therapist did this frequently.
4 = My therapist did this most of the time.
5 = My therapist did this all of the time.

1a. makes connections between my automatic thoughts (thoughts that come to you unexpectedly and/or instantly), faulty beliefs, & emotional problems
2b. confronts me and won’t let me avoid anything.
3c. sets limits and observes firm boundaries.
4d. is self-disclosing about himself/herself.
5e. is warm, supportive, and provides encouragement.
6f. actively validates my thoughts, feelings, and what I do.
7g. is very specific in explaining what the treatment is at each point and why it will be effective.
8h. talks to me about how to get distance from my thoughts and feelings.
9i. teaches me how to tolerate distress and accept life as it is.
10j. lets me talk about whatever I feel like discussing.
11k. makes sure that we talk about my most serious problematic behaviors.
12l. makes phone calls for me and enlist[s/ the help of others (i.e., to obtain medications, find housing, find employment, etc.).
13m. gives me extra time and takes phone calls.
14n. teaches me new skills and how to solve my problems effectively.
15o. gives me information and advice and will make practical suggestions about what I should do.
16p. gives me homework assignments, such as recording feelings, activities, or events that occur between sessions or to do a certain number of pleasant things for myself or family members.
17q. helps me to identify the immediate events prior to my problematic behaviors that may be causing them and to identify the consequences of my behaviors.
18r. discusses the meaning of my behaviors or dreams and fantasies with me.
19s. makes connections between my problems in relationships and my emotional problems.
20t. talks to me about how to reach out for help and to ask effectively for help when I need it.
21u. discusses our relationship and helps me interact more effectively with him/her and will help me solve problems going on in therapy
22v. talks to me about traumatic events in my childhood, such as sexual abuse.
23w. discusses connections between my current problems and childhood experiences, for instance my early relationships with my parents.
24x. advocates for me with government agencies (e.g., DSHS)
25y. discusses the use of support groups, 12 step or other.
26z. explores how spirituality can enhance my recovery
27aa. discusses any personal qualities that get in the way of my recovery
28bb. works on issues relating to gaining/maintaining employment or managing money

21. New wording: How critical do you think your therapist is of you or has been of you, e.g., making critical remarks, pointing out mistakes or problems in your behavior, saying your acting inappropriately, or challenging your thinking, on a scale from 1 to 10 with 1=not at all critical and 10=very critical?

22. When your therapist/counselor/group program is critical of you or has been critical of you, how upset do/did you get? Rate your degree of upset on a scale of 1 to 10 with 1=not at all upset and 10=very upset. (If 21=1, then ask: If they were to be critical how upset would you get?)

23. How helpful was this therapist/counselor/group/program on a scale of 1-5 with 1 being “not at all helpful” and 5 being “very helpful”.

24. What was the fee per session? – According to instructions this is only what client pd-what is copay is all they pd? (Code “-8” if Subject paid for components as a “bundle”) (-7=clt. doesn’t know).

24a. If copay, what was copay per session? (Interviewer: record $ amount, not percentage).

25. Who paid the fee? (1=yes, 0=no, Code “-8” if #24 = -8)

a a Self
26. Were you court ordered into this treatment (0=No, 1=Initially court ordered, but not now, 2=Yes). NOTE: Only code 1 or 2 if Subject court-ordered into this specific component or into this program.

27. Was this treatment /component required for other gain? (i.e., Are you required to be in this Tx in order to receive SSI?) (0=No, 1=Public Assistance, 2=SSI or SSDI, 3=Part of a larger treatment program*, 4=Other, describe: ____________________________________________________________________). NOTE: Probe carefully if Ss received SSI at time of treatment. *If clt. in DBT & they have to go to group in order to stay in individual thrp., code “3” & note this to side

28. / / / What was the most recent session date with component/ provider/program.

29. Are you currently in treatment with this therapist/counselor/group/program? (0-No, 1=Yes, 2= Currently a temporary backup therapist for regular therapist)(If 29=0 then answer 30 & 31; if 29=1 or 2, 30 & 31=-8)

30. What was the primary reason for termination? (If more than one, have them pick the most influential. (Complete Reasons For Termination Interview (RT-C) with subject and code this question from the RT-C) Attach RT-C

31. Interviewer, based on responses to RT-C Code, who terminated treatment? ( 1=Self, 2=Provider/program, 3=Mutual, 4=End of treatment program, 5= Other ____________________________________________________________________, -8=Continuing or Back-up therapist)

32. RELEASE OF INFORMATION SIGNED? (0=No, clt. refused; 1=Yes; 2= No because of administrative reasons) If refused, describe reason: ____________________________________________________________________

Ask 33-35 for the program as a whole only if this is the last provider within a program otherwise, Enter -8. (e.g., if individual therapist in private practice enter -8

33. How helpful was this program as a whole on a scale of 1-5 with 1 being “not at all helpful” and 5 being “very helpful”.

34. What was the fee per session? Code “-8” if components were paid for separately.)

34a. If copay, what was copay per session/ appointment? Interviewer: record $ amount, not percentage)

35. Who paid the fee? (1=yes, 0=no.)

36. IS THIS THE VERY LAST COMPONENT (PROVIDER)? (0=No, 1=Yes)

If therapy has terminated and the therapist was a primary therapist, inform the Therapist Interviewer
### THI Part 2: Medical treatment (Counts)

#### E.R. Visits

**Last 4 months**
- 1\(_{(TH201)}\)
- 2\(_{(TH202)}\)
- 3\(_{(TH203)}\)
- 4\(_{(TH204)}\)
- 5\(_{(TH205)}\)
- 6\(_{(TH206)}\)
- 7\(_{(TH207)}\)

**Last 12 months**
- 1\(_{(TH208a)}\)
- 2\(_{(TH208b)}\)
- 3\(_{(TH209a)}\)
- 4\(_{(TH209b)}\)
- 5\(_{(TH209c)}\)
- 6\(_{(TH209d)}\)

**Dates**

10\(_{(TH210)}\) ROI’s (number obtained)

#### Who paid for the emergency room visit(s)?

*Note: If 7 = 0, code –8 for 8a-9b, 10.*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>a(_{(TH211a)})</td>
<td>Self</td>
</tr>
<tr>
<td>b(_{(TH211b)})</td>
<td>Family member</td>
</tr>
<tr>
<td>c(_{(TH211c)})</td>
<td>Private insurance/managed care</td>
</tr>
<tr>
<td>d(_{(TH211d)})</td>
<td>Medicare/Medicaid</td>
</tr>
<tr>
<td>e(_{(TH211e)})</td>
<td>Other</td>
</tr>
</tbody>
</table>

#### Medical Floor

**Admissions**

**Last 4 months**
- 12\(_{(TH212a)}\)
- 13\(_{(TH213a)}\)
- 14\(_{(TH214a)}\)
- 15\(_{(TH215a)}\)
- 16\(_{(TH216a)}\)
- 17\(_{(TH217a)}\)

**Total Days**
- 12\(_{(TH212b)}\)
- 13\(_{(TH213b)}\)
- 14\(_{(TH214b)}\)
- 15\(_{(TH215b)}\)
- 16\(_{(TH216b)}\)
- 17\(_{(TH217b)}\)

**Admissions**

**Last 12 months**
- 12\(_{(TH212c)}\)
- 13\(_{(TH213c)}\)
- 14\(_{(TH214c)}\)
- 15\(_{(TH215c)}\)
- 16\(_{(TH216c)}\)
- 17\(_{(TH217c)}\)

**Total Days**
- 12\(_{(TH212d)}\)
- 13\(_{(TH213d)}\)
- 14\(_{(TH214d)}\)
- 15\(_{(TH215d)}\)
- 16\(_{(TH216d)}\)
- 17\(_{(TH217d)}\)

**Dates**

21\(_{(TH221)}\) ROI’s (number obtained)

**Who paid for the hospitalization(s)?**

*Note: If 18a = 0, code –8 for 19a-20b, & 21. If TH214a>0 or TH214c>0, then must be explanation in TH221a.*

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>a(_{(TH222a)})</td>
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<td>b(_{(TH222b)})</td>
<td>Family member</td>
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<td>d(_{(TH222d)})</td>
<td>Medicare/Medicaid</td>
</tr>
<tr>
<td>e(_{(TH222e)})</td>
<td>Other</td>
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<tr>
<td>f(_{(TH222f)})</td>
<td>Copay (record dollar amount, NOT percentage)</td>
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</table>

### Psychiatric Hospital/Floor - Voluntary

**Admissions**

**Last 4 months**
- 23\(_{(TH225a)}\)
- 24\(_{(TH226a)}\)
- 25\(_{(TH227a)}\)
- 26\(_{(TH228a)}\)
- 27\(_{(TH229a)}\)
- 28\(_{(TH229a)}\)

**Total Days**
- 23\(_{(TH225b)}\)
- 24\(_{(TH226b)}\)
- 25\(_{(TH227b)}\)
- 26\(_{(TH228b)}\)
- 27\(_{(TH229b)}\)
- 28\(_{(TH229b)}\)

**Admissions**

**Last 12 months**
- 23\(_{(TH225c)}\)
- 24\(_{(TH226c)}\)
- 25\(_{(TH227c)}\)
- 26\(_{(TH228c)}\)
- 27\(_{(TH229c)}\)
- 28\(_{(TH229c)}\)

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1 of 5 (Part 2 of 3 Parts)
Subject ID____________________________ Date: ___________ NIMH/NIDA/BPDRF1________2005-2008

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<th>Total Days</th>
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<th>25d (TH225d)</th>
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<th>27d (TH227d)</th>
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Describe 30d (TH230d) _______________________________________________________________________________________________ 30d (TH230) ROI’s____ (number obtained)

Psychotherapy Hospital/Floor - Court Ordered

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<tr>
<th>Admissions (Last 4 months)</th>
<th>32a (TH232a)</th>
<th>33a (TH233a)</th>
<th>34a (TH234a)</th>
<th>35a (TH235a)</th>
<th>36a (TH236a)</th>
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<tr>
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<td>35b (TH235b)</td>
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<td>37b (TH237b)</td>
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<tr>
<td>Admissions (Last 12 months)</td>
<td>32c (TH232c)</td>
<td>33c (TH233c)</td>
<td>34c (TH234c)</td>
<td>35c (TH235c)</td>
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<tr>
<td>Total Days</td>
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Describe 39d (TH239d) _______________________________________________________________________________________________ 39d (TH239) ROI’s____ (number obtained)

Inpatient/Residential Recovery for Drug and Alcohol Treatment

<table>
<thead>
<tr>
<th>Admissions (Last 4 months)</th>
<th>41a (TH241a)</th>
<th>42a (TH242a)</th>
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<tbody>
<tr>
<td>Total Days</td>
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<tr>
<td>Admissions (Last 12 months)</td>
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<tr>
<td>Total Days</td>
<td>41d (TH241d)</td>
<td>42d (TH242d)</td>
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</table>

Describe 43a (TH243a) _______________________________________________________________________________________________ 43a (TH243) ROI’s____ (number obtained)

44. Who paid for the treatment? (Interviewer, 1=yes, 0=no.)

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Copyright 1996 M. M. Linehan 2 of 5 (Part 2 of 3 Parts)
1. **Para-suicide**
   - Self
   - Medicare/Medicaid
   - Copay

2. **Substance Abuse**
   - Self
   - Medicare/Medicaid
   - Copay

3. **Suicide Ideation**
   - Self
   - Medicare/Medicaid
   - Copay

4. **Alcohol Abuse Only**
   - Self
   - Medicare/Medicaid
   - Copay

5. **Other Psychiatric**
   - Self
   - Medicare/Medicaid
   - Copay

6. **Psychotropic Medications**
   - Self
   - Medicare/Medicaid
   - Copay

7. **Medical Problem**
   - Self
   - Medicare/Medicaid
   - Copay

8. **Medical Problem Code**
   - Self
   - Medicare/Medicaid
   - Copay

9. **Times**
   - Self
   - Medicare/Medicaid
   - Copay

---

**Detox Center Days**

- Last 4 months: 45 (TH245), 46 (TH246)
- Last 12 months: 45a (TH245a), 46a (TH246a)

**Physicians Visits**

- Last 4: 49 (TH249), 50 (TH250), 50a (TH250a), 50b (TH250b), 51 (TH251), 52 (TH252), 53 (TH253), 54a (TH254a), 54b (TH254b)
- Last 12 months: 49a (TH249a), 50a (TH250a), 50b (TH250b), 50c (TH250c), 51a (TH251a), 52a (TH252a), 53a (TH253a), 54a (TH254a), 54b (TH254b)

**Nurse Visits**

- Last 4 months: 58a (TH258), 59a (TH259), 59b (TH259b), 60 (TH260), 61 (TH261), 62 (TH262), 63a (TH263a), 63b (TH263b)
- Last 12 months: 58a (TH258a), 59a (TH259a), 59b (TH259b), 60a (TH260a), 61a (TH261a), 62a (TH262a), 63a (TH263a), 63b (TH263b)

---

**Who paid for the detox center?** *(Interviewer, I=Yes, 0=No)*

- Self
- Family member
- Medicare/Medicaid
- Other
- Copay

**Who paid for the treatment?** *(Interviewer, I=Yes, 0=No)*

- Self
- Family member
- Medicare/Medicaid
- Other
- Copay

**Who paid for the treatment?** *(Interviewer, I=Yes, 0=No)* *(void, no?)*

---

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<table>
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<th>Para-suicide</th>
<th>Substance Abuse</th>
<th>Suicide Ideation</th>
<th>Alcohol Abuse Only</th>
<th>Other Psychiatric</th>
<th>Psychotropic Medications</th>
<th>Medical Problem Code</th>
<th>Medical Problem Times</th>
</tr>
</thead>
</table>

**Paramedics/Ambulance Visits**

<table>
<thead>
<tr>
<th>Last 4 months</th>
<th>Last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>67 (T267)____</td>
<td>67a (T267a)___</td>
</tr>
<tr>
<td>68 (T268)____</td>
<td>68a (T268a)___</td>
</tr>
<tr>
<td>69 (T269)____</td>
<td>69a (T269a)___</td>
</tr>
<tr>
<td>70 (T270)____</td>
<td>70a (T270a)___</td>
</tr>
<tr>
<td>71 (T271)____</td>
<td>71a (T271a)___</td>
</tr>
<tr>
<td>72 (T272)____</td>
<td>72a (T272a)___</td>
</tr>
<tr>
<td>73 (T273)____</td>
<td>73a (T273a)___</td>
</tr>
<tr>
<td>74a (T274a)___</td>
<td>74b (T274b)___</td>
</tr>
<tr>
<td>74c (T274c)___</td>
<td>74d (T274d)___</td>
</tr>
<tr>
<td>75a (T275a)___</td>
<td>75b (T275b)___</td>
</tr>
<tr>
<td>75c (T275c)___</td>
<td>75d (T275d)___</td>
</tr>
</tbody>
</table>

**CDMHP's Visits**

<table>
<thead>
<tr>
<th>Last 4 months</th>
<th>Last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>78 (T278)____</td>
<td>78a (T278a)___</td>
</tr>
<tr>
<td>79 (T279)____</td>
<td>79a (T279a)___</td>
</tr>
<tr>
<td>80 (T280)____</td>
<td>80a (T280a)___</td>
</tr>
<tr>
<td>81 (T281)____</td>
<td>81a (T281a)___</td>
</tr>
<tr>
<td>82 (T282)____</td>
<td>82a (T282a)___</td>
</tr>
<tr>
<td>83 (T283)____</td>
<td>83a (T283a)___</td>
</tr>
<tr>
<td>84a (T284a)___</td>
<td>84b (T284b)___</td>
</tr>
</tbody>
</table>

**Police Wellness Visits**

<table>
<thead>
<tr>
<th>Last 4 months</th>
<th>Last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>85 (T285)____</td>
<td>85a (T285a)___</td>
</tr>
<tr>
<td>86 (T286)____</td>
<td>86a (T286a)___</td>
</tr>
<tr>
<td>87 (T287)____</td>
<td>87a (T287a)___</td>
</tr>
<tr>
<td>88 (T288)____</td>
<td>88a (T288a)___</td>
</tr>
<tr>
<td>89 (T289)____</td>
<td>89a (T289a)___</td>
</tr>
<tr>
<td>90 (T290)____</td>
<td>90a (T290a)___</td>
</tr>
<tr>
<td>91a (T291a)___</td>
<td>91b (T291b)___</td>
</tr>
</tbody>
</table>

**Crisis Clinic/After hours Team Calls**

<table>
<thead>
<tr>
<th>Last 4 months</th>
<th>Last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>92 (T292)____</td>
<td>92a (T292a)___</td>
</tr>
<tr>
<td>93 (T293)____</td>
<td>93a (T293a)___</td>
</tr>
<tr>
<td>94 (T294)____</td>
<td>94a (T294a)___</td>
</tr>
<tr>
<td>95 (T295)____</td>
<td>95a (T295a)___</td>
</tr>
<tr>
<td>96 (T296)____</td>
<td>96a (T296a)___</td>
</tr>
<tr>
<td>97 (T297)____</td>
<td>97a (T297a)___</td>
</tr>
<tr>
<td>98a (T298a)___</td>
<td>98b (T298b)___</td>
</tr>
</tbody>
</table>

**Other**

<table>
<thead>
<tr>
<th>Last 4 months</th>
<th>Last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>99 (T299)____</td>
<td>99a (T299a)___</td>
</tr>
<tr>
<td>100 (T300)___</td>
<td>100a (T300a)___</td>
</tr>
<tr>
<td>101 (T301)___</td>
<td>101a (T301a)___</td>
</tr>
<tr>
<td>102 (T302)___</td>
<td>102a (T302a)___</td>
</tr>
<tr>
<td>103 (T303)___</td>
<td>103a (T303a)___</td>
</tr>
<tr>
<td>104 (T304)___</td>
<td>104a (T304a)___</td>
</tr>
<tr>
<td>105 (T305)___</td>
<td>105a (T305a)___</td>
</tr>
<tr>
<td>106 (T306)___</td>
<td>106a (T306a)___</td>
</tr>
<tr>
<td>107 (T307)___</td>
<td>107a (T307a)___</td>
</tr>
<tr>
<td>108 (T308)___</td>
<td>108a (T308a)___</td>
</tr>
</tbody>
</table>

Describe 108a (T308a)_____________________________________________________________________________________ 108 (T308) ROI’s _____

Who paid for the other? 109 (T309)__________________________________________________________________________
<table>
<thead>
<tr>
<th>Para-s</th>
<th>Substance Abuse</th>
<th>Suicide Ideation</th>
<th>Alcohol Abuse Only</th>
<th>Other Psychiatric Medications</th>
<th>Medical Problem Code</th>
<th>Times</th>
</tr>
</thead>
</table>

**Methadone Clinic Days** (Last 4 months) 110\(\text{TH2110}\)  
(12 months) 110\(\text{TH2110}\)  

(\textbf{Interviewer: code only days subject went to pick up medication/dose})

112. Who paid for the methadone clinic?  
\textbf{(Interviewer, 1=yes, 0=no)}  
\text{a (TH2112a) }\text{Self}  
\text{b (TH2112b) }\text{Family member}  
\text{c (TH2112c) }\text{Private insurance/managed care}  
\text{d (TH2112d) }\text{Medicare/Medicaid}  
\text{e (TH2112e) }\text{Other}  
\text{f (TH2112f) }\text{Copay (record dollar amount, NOT percentage)}

113. Number of AA/Al-anon Meetings:  
\text{(Last 4 months) }\text{(TH2113a)}  
\text{(Last 12 months) }\text{(TH2113a)}  

Number of NA Meetings:  
\text{(Last 4 months) }\text{(TH2113b)}  
\text{(Last 12 months) }\text{(TH2113b)}  

Number of other 12-step program meetings (overeaters, gambling, etc):  
\text{(Last 4 months) }\text{(TH2113c)}  
\text{(Last 12 months) }\text{(TH2113c)}

THE SUBJECT SHOULD SIGN A RELEASE OF INFORMATION FOR ALL PROVIDERS WHO HAVE “ROI” ITEMS

**TCS Question** (Not a TRUE THI question it is a question from the Treatment Change Scale)  
(The non-blind assessor needs to score the following question on all outcome assessments taking into consideration the information collected from section one of the THI)

3. **TREATMENT FOLLOW-THROUGH** (\textbf{Not answered at Diagnostic})

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carries out 90-100% of treatment recommendations</td>
<td>90-80%</td>
<td>80-70%</td>
<td>70-60%</td>
<td>60-40%</td>
<td>40-20%</td>
<td>Carries out only 20-0% of treatment recommendations</td>
</tr>
</tbody>
</table>
RATINGS OF STATUS FROM THE ASI INTERVIEW

ASIM1(ASIM1) How many times have you been hospitalized for medical problems (reasons)? (Include o.d.’s, d.t.’s, exclude detox) [Lifetime (if Pre-tx) OR Since last assessment]

ASIM2(ASIM2) years & months How long ago was your last hospitalization for a physical problem?

ASIM3(ASIM3) Do you have any chronic medical problems which continue to interfere with your life?

(0=No, 1=Yes)

ASIM6(ASIM6) How many days have you experienced medical problems in the past 30 days?

For questions ASIM7 and ASIM8, please ask subject to use the patient’s rating scale in ASI Appendix.

ASIM7(ASIM7) How troubled or bothered have you been by these medical problems in the past 30 days?

ASIM8(ASIM8) How important to you now is treatment for these medical problems? (Above and beyond what you’re already getting******)
THI Part 3: Medications

S1(TH3S1) _______ TIME FRAME COVERED BY INTERVIEW (1 = Lifetime, 2 = Last Year, 3 = Since last assessment, S1a(TH3S1a) _______________ months ago, 4 = Other S10(TH3S1o) ________________________________, 5 = Since Pre-Tx

S2(TH3S2) _______ Have you been prescribed any type of psychotropic medications during the past year/since your last assessment? (0 = No, 1 = Yes). (psychotropics are mood altering, e.g., antidepressants, antipsychotics, antianxiety, etc.)

S3(TH3S3) _______ How many times during the past year/since your last assessment have you been prescribed a psychotropic medication and never filled that prescription?

S4(TH3S4) _______ How many psychotropic drug trials (drug taken for limited time, then stopped due to ineffectiveness or side effects) have you had during the past year/ since your last assessment?

S5(TH3S5) _______ How many different psychotropic medications have you been prescribed during the past year/ since your last assessment? Do not count any drug trials. List psychotropic medications: S5a(TH3S5a) ____________________________________________________________

S6(TH3S6) _______ Interviewer, how reliable is this number? (0 = Unreliable, 1 = Somewhat reliable, 2 = Reliable)****

S7(TH3S7) _______ How many PSYCHOTROPIC MEDICATIONS were counted, not including drug trials? (Answer at the end of the interview)

S8(TH3S8) _______ Have you received any type of non-psychotropic medications during the past year/since your last assessment? (0 = No, 1 = Yes) [Interviewer: ask about birth control, antibiotics, or any other prescribed medication, do not include over-the-counter meds]

S9(TH3S9) _______ How many times during the past year/since your last assessment have you been prescribed a non-psychotropic medication and never filled that prescription?

S10(TH3S10) ________ How many non-psychotropic drug trials (drug taken for limited time, then stopped due to ineffectiveness or side effects) have you had during the past year/ since your last assessment?

S11(TH3S11) ________ How many different non-psychotropic medications have you been prescribed during the past year/ since your last assessment? Do not count any drug trials. List non-psychotropic medications: S11a(TH3S11a) ____________________________________________________________

S12(TH3S12) ________ How many NON-PSYCHOTROPIC MEDICATIONS were counted, not including drug trials? (Answer at the end of the interview)
Subject ID____________________________ Date: ___________ NIMH/NIDA/BPDRF1________2005-2008

1(med)____ Medication number (ENTER “1” IF FIRST MEDICATION DESCRIBED, “2” IF SECOND DESCRIBED, “3” IF THIRD, ETC.)

2(TH302)___ Medication (Code number, MEDICATION APPENDIX)
Medication name (or description if name not known) 20(TH302a)___________________________

3(TH303)_____ Reason for Medication (Code number, APPENDIX C)
Describe reason 3a(TH303a)________________________________________

4 (TH304)_____ Is this a psychotropic medication? (1=Psychotropic, 2=Non-psychotropic).

5(TH305)______mg/g Average dose (Milligrams/grams per day; CIRCLE MG or G)
Dose description (if dose unknown) 50(TH305a)________________________________________

6 (TH306)__/__/__ Exact date started 7.(TH307)__/__/__ Last date taken

8(TH308)____ Total number of weeks taken during assessment period
  8z 13 “mos” 8a 12 mos. 8b 11 mos. 8c 10 mos. 8d 9 mos. 8e 8 mos. 8f 7 mos. 
    ago ago ago ago ago ago ago

9(TH309)____ Compliance (1=very sporadic, 2=periods of over a week of good compliance, 3=most times good, 4=very good/complete compliance) Interviewer: to assess this ask client if she takes meds exactly as they are prescribed.

10. Who paid for the medication? (Interviewer, 1=yes, 0=no)
   a (TH310a)______ Self
   b (TH310b)_____ Family member
   c (TH310c) ____ Private insurance/Managed care
   d (TH310d) _____ Medicare/Medicaid
   e (TH310e) ____ Other Describe 10eo (TH310eo) _____________________________________________

10f (TH310f)_____ If copay, record $ amount of copay

11(TH311)____ Currently using the prescription (0=No, 1=Yes)

12.(TH312)___ Who terminated prescription (1=Pharmacotherapist [e.g., if taking course of antibiotics and client finishes the entire Rx, then code 1], 2=Self, 3=Both Pharmacotherapist & Self, -8=Currently taking/not applicable.)

13. Last prescribed by 13a(TH313a)__________________________________Degree 13b(TH313b)______
    Address 13c(TH313c)________________________________________Phone 13d(TH313d)_______

14.(TH314)____ What type of health professional prescribed (1=Psychiatrist, 2=Other MD 3=ARNP, 4=Other, describe 14o(TH314o)________________________)

15.(TH315)___ Release of Information Signed? (0=No, clt. refused; 1=Yes; 2= No because of administrative reasons)
   If refused, describe reason: 15a(TH315a)________________________

16.(TH316)____ Is this the last medication? (0=No, 1=Yes)

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