

Data Entry Initials: _____
 Date: _____
 Second Entry: _____
 Date: _____

Interviewer's ID #: _____
 Subject's ID #: _____
 Date: _____
 Assessment: _____ Session: _____

Reviewed and Checked by: _____ Date: _____

03204a

**UNIVERSITY OF WASHINGTON
 BEHAVIORAL RESEARCH & THERAPY CLINICS
 TREATMENT HISTORY INTERVIEW (THI-4)**

Linehan, 1996

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).**

<u>Psychotherapy</u>	<u>Emergency Room Visits</u>	<u>Hospitalizations (psych. & med)</u>	<u>Ambulance (company & date)</u>	<u>M.D. Visits</u>	<u>Medications</u>	<u>Date</u>
						____/____/____ (Start date for previous assmt.)
						____/____/____ (yesterday's date)

THI Part 1: Psychotherapy & Other Counseling

(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. 2a Name (Person) _____
 Name (Program) _____
 Address _____
 Street _____
 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. |
| 13 'mos' ago | 12 mos ago | 11 mos ago | 10 mos ago | 9 mos ago | 8 mos ago | 7 mos ago |
| _____ | 10g. | 10h. | 10i. | 10j. | 10k. | 10l. |
| | 6 mos ago | 5 mos ago | 4 mos ago | 3 mos ago | 2 mos ago | 1 mo 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 enlists 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. ___ Self

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- b _____ Family member
- c _____ Private insurance/managed care
- d _____ Medicare/Medicaid
- e _____ Other Describe 25eo (TH125eo) _____
- f _____ BRTC

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: 27o(TH127o) _____) **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 tpy., 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 31o(TH131o) _____, -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: 32a) _____

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.**)

- a _____ Self
- b _____ Family member
- c _____ Private insurance/managed care
- d _____ Medicare/Medicaid
- e _____ Other Describe 25eo _____
- f _____ BRTC

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

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Para-Suicide Substance Abuse Suicide Ideation Alcohol Abuse Other Psychiatric Psychotropic Medical Problem Medical Problem Code Times

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) _____ 8a_(TH208a) ___ 8b_(TH208b) ___
9a_(TH209a) ___ 9b_(TH209b) ___
Last 12 months 1a_(TH201a) _____ 2a_(TH202a) _____ 3a_(TH203a) _____ 4a_(TH204a) _____ 5a_(TH205a) _____ 6a_(TH206a) _____ 7a_(TH207a) _____ 8c_(TH208c) ___ 8d_(TH208d) ___
9c_(TH209c) ___ 9d_(TH209d) ___
Dates _____

Describe 10a_(TH210a) _____ 10_(TH210)ROI's _____ (**number obtained**)
(Interviewer, code "0" if they did not have any visits for 1-7. If 7 = 0, code -8 for 8a-9b, 10.

11. Who paid for the emergency room visit(s)? (**1=yes, 0=no.**)
a_(TH211a) _____ Self b_(TH211b) _____ Family member c_(TH211c) _____ Private insurance/managed care
d_(TH211d) _____ Medicare/Medicaid e_(TH211e) _____ Other Describe 11e_(TH211eo) _____
f_(TH211f) _____ Copay (record dollar amount, NOT percentage)

Medical Floor

Admissions (Last 4 months) 12a_(TH212a) _____ 13a_(TH213a) _____ 14a_(TH214a) _____ 15a_(TH215a) _____ 16a_(TH216a) _____ 17a_(TH217a) _____ 18a_(TH218a) _____ | 19a_(TH219a) ___ 19b_(TH219b) ___
Total Days 12b_(TH212b) _____ 13b_(TH213b) _____ 14b_(TH214b) _____ 15b_(TH215b) _____ 16b_(TH216b) _____ 17b_(TH217b) _____ 18b_(TH218b) _____ | 20a_(TH220a) ___ 20b_(TH220b) ___
Admissions (Last 12 months) 12c_(TH212c) _____ 13c_(TH213c) _____ 14c_(TH214c) _____ 15c_(TH215c) _____ 16c_(TH216c) _____ 17c_(TH217c) _____ 18c_(TH218c) _____ 19c_(TH219c) ___ 19dc_(TH219d) ___
Total Days 12d_(TH212d) _____ 13d_(TH213d) _____ 14d_(TH214d) _____ 15d_(TH215d) _____ 16d_(TH216d) _____ 17d_(TH217d) _____ 18d_(TH218d) _____ 20c_(TH220c) ___ 20d_(TH220d) ___
Dates _____

Describe 21a_(TH221a) _____ 21_(TH221)ROI's _____ (**number obtained**)
(Interviewer, code "0" if they did not have any admissions for 12a-18a, then code 12b-18b "-8". If 18a = 0, code -8 for 19a-20b, & 21. If TH214a>0 or TH214c>0, then must be explanation in TH221a.)

22. Who paid for the hospitalization(s)? (**Interviewer, 1=yes, 0=no.**)
a_(TH222a) _____ Self b_(TH222b) _____ Family member c_(TH222c) _____ Private insurance/managed care
d_(TH222d) _____ Medicare/Medicaid e_(TH222e) _____ Other Describe 22e_(TH222eo) _____
f_(TH222f) _____ Copay (**record dollar amount, NOT percentage**)

Psychiatric Hospital/Floor - Voluntary

Admissions (Last 4 months) 23a_(TH223a) _____ 24a_(TH224a) _____ 25a_(TH225a) _____ 26a_(TH226a) _____ 27a_(TH227s) _____ 28a_(TH228a) _____
Total Days 23b_(TH223b) _____ 24b_(TH224b) _____ 25b_(TH225b) _____ 26b_(TH226b) _____ 27b_(TH227b) _____ 28b_(TH228b) _____
Admissions (Last 12 months) 23c_(TH223c) _____ 24c_(TH224c) _____ 25c_(TH225c) _____ 26c_(TH226c) _____ 27c_(TH227c) _____ 28c_(TH228c) _____

Subject ID _____ Date: _____ NIMH/NIDA/BPDRF1 _____ 2005-2008

	Para-suicide	Substance Abuse	Suicide Ideation	Alcohol Abuse Only	Other Psychiatric	Psychotropic Medications	Medical Problem	Medical Problem Code	Medical Problem Times
Total Days	23d _(TH223d) _____	24d _(TH224d) _____	25d _(TH225d) _____	26d _(TH226d) _____	27d _(TH227d) _____	28d _(TH228d) _____			

Dates _____

Describe 30a_(TH230a) _____ 30_(TH230) ROI's _____ (*number obtained*)

(Interviewer, code "0" if they did not have any admissions for 23a-29a, then code 23b-29b "-8". If TH229a>0, then must be explanation in TH230a.)

31. Who paid for the hospitalization(s)? (*Interviewer 1=yes, 0=no*)

a_(TH231a) _____ Self b_(TH231b) _____ Family member c_(TH231c) _____ Private insurance/managed care
 d_(TH231d) _____ Medicare/Medicaid e_(TH231e) _____ Other Describe 31eo_(TH231eo) _____
 f_(TH231f) _____ Copay (record dollar amount, NOT percentage)

Psychiatric Hospital/Floor - Court Ordered

Admissions (Last 4 months)	32a _(TH232a) _____	33a _(TH233a) _____	34a _(TH234a) _____	35a _(TH235a) _____	36a _(TH236a) _____	37a _(TH237a) _____
Total Days	32b _(TH232b) _____	33b _(TH233b) _____	34b _(TH234b) _____	35b _(TH235b) _____	36b _(TH236b) _____	37b _(TH237b) _____
Admissions (Last 12 months)	32c _(TH232c) _____	33c _(TH233c) _____	34c _(TH234c) _____	35c _(TH235c) _____	36c _(TH236c) _____	37c _(TH237c) _____
Total Days	32d _(TH232d) _____	33d _(TH233d) _____	34d _(TH234d) _____	35d _(TH235d) _____	36d _(TH236d) _____	37d _(TH237d) _____

Dates _____

Describe 39a_(TH239a) _____ 39_(TH239) ROI's _____ (*number obtained*)

(Interviewer, code "0" if they did not have any admissions for 32a-38a, then code 32b-38b "-8". If TH238a>0, then must be explanation in TH239a)

40. Who paid for the hospitalization(s)? (*Interviewer, 1=yes, 0=no*)

a_(TH240a) _____ Self b_(TH240b) _____ Family member c_(TH240c) _____ Private insurance/managed care
 d_(TH240d) _____ Medicare/Medicaid e_(TH240e) _____ Other Describe 40eo_(TH240eo) _____
 f_(TH240f) _____ Copay (record dollar amount, NOT percentage)

Inpatient/Residential Recovery for Drug and Alcohol Treatment

Admissions (Last 4 months)	41a _(TH241a) _____	42a _(TH242a) _____
Total Days	41b _(TH241b) _____	42b _(TH242b) _____
Admissions (Last 12 months)	41c _(TH241c) _____	42c _(TH242c) _____
Total Days	41d _(TH241d) _____	42d _(TH242d) _____

Describe 43a_(TH243a) _____ 43_(TH243) ROI's _____ (*number obtained*)

(Interviewer, code "0" if they did not have any admissions for 41a & 42a, then code 41b, 42b, 43 "-8")

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

Subject ID _____ Date: _____ NIMH/NIDA/BPDRF1 _____ 2005-2008

Para-suicide	Substance Abuse	Suicide Ideation	Alcohol Abuse Only	Other Psychiatric	Psychotropic Medications	Medical Problem	Medical Problem Code	Medical Problem Times
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a _(TH244a) _____	Self	b _(TH244b) _____	Family member	c _(TH244c) _____	Private insurance/managed care			
d _(TH244d) _____	Medicare/Medicaid	e _(TH244e) _____	Other Describe 44eo _(TH244eo) _____					
f _(TH244f) _____	Copay (record dollar amount, NOT percentage)							

Detox Center Days	(Last 4 months)	45 _(TH245) _____	46 _(TH246) _____	47 _(TH247) ROI's _____
	Last 12 months	45a _(TH245a) _____	46a _(TH246a) _____	

(Interviewer, if they did not have any detox center days code "0" for 45 or 46, and -8 for 47.

48. Who paid for the detox center? *(Interviewer, 1=yes, 0=no)*

a _(TH248a) _____	Self	b _(TH248b) _____	Family member	c _(TH248c) _____	Private insurance/managed care			
d _(TH248d) _____	Medicare/Medicaid	e _(TH248e) _____	Other Describe 48eo _(TH248eo) _____					
f _(TH248f) _____	Copay (record dollar amount, NOT percentage)							

Physicians Visits (Last 4)	49 _(TH249) _____	50 _(TH250) _____	50a _(TH250a) _____	50b _(TH250b) _____	51 _(TH251) _____	52 _(TH252) _____	53 _(TH253) _____	54a _(TH254a) _____	54b _(TH254b) _____
								55a _(TH255a) _____	55b _(TH255b) _____
Last 12 months	49a _(TH249a) _____	50c _(TH250c) _____	50d _(TH250d) _____	50e _(TH250e) _____	51a _(TH251a) _____	52a _(TH252a) _____	53a _(TH253a) _____	54c _(TH254c) _____	54d _(TH254d) _____
								55c _(TH255c) _____	55d _(TH255d) _____

Describe 56a _(TH256a) _____	56 _(TH256) ROI's _____	<i>(number obtained)</i>
	<i>(-8 if no Med. visits)</i>	

(Interviewer, code "0" if they did not have any visits for 49-53. If 53 = 0, code -8 for 54a-55b.

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

a _(TH257a) _____	Self	b _(TH257b) _____	Family member	c _(TH257c) _____	Private insurance/managed care			
d _(TH257d) _____	Medicare/Medicaid	e _(TH257e) _____	Other Describe 57eo _(TH257eo) _____					
f _(TH257f) _____	Copay (record dollar amount, NOT percentage)							

Nurse Visits (Last 4 months)	58 _(TH258) _____	59 _(TH259) _____	59a _(TH259a) _____	59b _(TH259b) _____	60 _(TH260) _____	61 _(TH261) _____	62 _(TH262) _____	63a _(TH263a) _____	63b _(TH263b) _____
								64a _(TH264a) _____	64b _(TH264b) _____
Last 12 months	58a _(TH258a) _____	59c _(TH259c) _____	59d _(TH259d) _____	59e _(TH259e) _____	60a _(TH260a) _____	61a _(TH261a) _____	62 _(TH262a) _____	63c _(TH263c) _____	63d _(TH263d) _____
								64c _(TH264c) _____	64d _(TH264d) _____

Describe 65a _(TH265a) _____	65 _(TH265) ROI's _____	<i>(number obtained)</i>
	<i>(-8 if no nurse visits)</i>	

(Interviewer, code "0" if they did not have any visits for 58-62. If 62 = 0, code -8 for 63a-64b.

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

a _(TH266a) _____	Self	b _(TH266b) _____	Family member	c _(TH29966c) _____	Private insurance/managed care			
d _(TH266d) _____	Medicare/Medicaid	e _(TH266e) _____	Other Describe 66eo _(TH266eo) _____					
f _(TH266f) _____	Copay (record dollar amount, NOT percentage)							

Subject ID _____ Date: _____ NIMH/NIDA/BPDRF1 _____ 2005-2008

	Para- suicide	Substance Abuse	Suicide Ideation	Alcohol Abuse Only	Other Psychiatric	Psychotropic Medications	Medical Problem	Medical Problem Code	Medical Problem Times
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Paramedics/Ambulance Visits

Last 4 months	67 _(TH267) _____	68 _(TH268) _____	69 _(TH269) _____	70 _(TH270) _____	71 _(TH271) _____	72 _(TH272) _____	73 _(TH273) _____	74a _(TH274a) _____	74b _(TH274b) _____
								75a _(TH275a) _____	75b _(TH275b) _____
Last 12 months	67a _(TH267a) _____	68a _(TH268a) _____	69a _(TH269a) _____	70a _(TH270a) _____	71a _(TH271a) _____	72a _(TH272a) _____	73a _(TH273a) _____	74c _(TH274c) _____	74d _(TH274d) _____
								75c _(TH275c) _____	75d _(TH275d) _____

Dates _____

Describe 76a_(TH276a) _____ 76_(TH276) ROI's _____ (number obtained)
(Interviewer, code "0" if they did not have any ambulance rides for 67-73. If 73 = 0, code -8 for 74a-75b. (-8 if no ambulance)

77. Who paid for the paramedic/ ambulance? (Interviewer, 1=yes, 0=no)

a _(TH277a) _____	Self	b _(TH277b) _____	Family member	c _(TH277c) _____	Private insurance/managed care
d _(TH277d) _____	Medicare/Medicaid	e _(TH277e) _____	Other Describe 77e _(TH277eo) _____		
f _(TH277f) _____	Copay (record dollar amount, NOT percentage)				

CDMHP's Visits

Last 4 months	78 _(TH278) _____	79 _(TH279) _____	80 _(TH280) _____	81 _(TH281) _____	82 _(TH282) _____	83 _(TH283) _____	84a _(TH284a) ROI's _____
Last 12 months	78a _(TH278a) _____	79a _(TH279a) _____	80a _(TH280a) _____	81a _(TH281a) _____	82a _(TH282a) _____	83a _(TH283a) _____	
<i>Dates</i>	_____	_____	_____	_____	_____	_____	

Police Wellness Visits

Last 4 months	85 _(TH285) _____	86 _(TH286) _____	87 _(TH287) _____	88 _(TH288) _____	89 _(TH289) _____	90 _(TH290) _____	91a _(TH291a) ROI's _____
Last 12 months	85a _(TH285a) _____	86a _(TH286a) _____	87a _(TH287a) _____	88a _(TH288a) _____	89a _(TH289a) _____	90a _(TH290a) _____	
<i>Dates</i>	_____	_____	_____	_____	_____	_____	

Crisis Clinic/After hours Team Calls

Last 4 months	92 _(TH292) _____	93 _(TH293) _____	94 _(TH294) _____	95 _(TH295) _____	96 _(TH296) _____	97 _(TH297) _____	98a _(TH298a) ROI's _____
Last 12 months	92a _(TH292a) _____	93a _(TH293a) _____	94a _(TH294a) _____	95a _(TH295a) _____	96a _(TH296a) _____	97a _(TH297a) _____	

Other Last 4 months	99 _(TH299) _____	100 _(TH2100) _____	101 _(TH2101) _____	102 _(TH2102) _____	103 _(TH2103) _____	104 _(TH2104) _____	105 _(TH2105) _____	106a _(TH2106a) _____	106b _(TH2106b) _____
								107a _(TH2107a) _____	107b _(TH2107b) _____
Other Last 12 months	99a _(TH299a) _____	100a _(TH2100a) _____	101a _(TH2101a) _____	102a _(TH2102a) _____	103a _(TH2103a) _____	104a _(TH2104a) _____	105a _(TH2105a) _____	106c _(TH2106c) _____	106d _(TH2106d) _____
								107c _(TH2107c) _____	107d _(TH2107d) _____

Describe 108a_(TH2108a) _____ 108_(TH2108) ROI's _____

Who paid for the other? 109_(TH2109) _____

Subject ID _____ Date: _____ NIMH/NIDA/BPDRF1 _____ 2005-2008

Para-suicide	Substance Abuse	Suicide Ideation	Alcohol Abuse Only	Other Psychiatric	Psychotropic Medications	Medical Problem	Medical Problem Code	Medical Problem Times
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Methadone Clinic Days (Last 4 months) 110_(TH2110) _____ 111_(TH2111) ROI's _____
 Last 12 months 110_(TH2110) _____

(Interviewer: code only days subject went to pick up medication/ dose)

112. Who paid for the methadone clinic? *(Interviewer, 1=yes, 0=no)*

a_(TH2112a) _____ Self b_(TH2112b) _____ Family member c_(TH2112c) _____ Private insurance/managed care
 d_(TH2112d) _____ Medicare/Medicaid e_(TH2112e) _____ Other Describe 48e_(TH2112eo) _____
 f_(TH2112f) _____ Copay (record dollar amount, NOT percentage)

113. **Number of AA/ Al-anon Meetings:** (Last 4 months) _(TH2113a) _____
 (Last 12 months) _(TH2113ay) _____

Number of NA Meetings: (Last 4 months) _(TH2113b) _____
 (Last 12 months) _(TH2113by) _____

Number of other 12-step program meetings (overeaters, gambling, etc): (Last 4 months) _____(TH2113c) _____
 (Last 12 months) _____(TH2113c y) _____

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 (Not answered at Diagnostic)

0	1	2	3	4	5	6
Carries out 90-100% of treatment recommendations	90-80%	80-70%	70-60%	60-40%	40-20%	Carries out only 20-0% of treatment recommendations

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 S1o_(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)**

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" ago <small>(TH308z)</small>	8a 12 mos. ago <small>(TH308a)</small>	8b 11 mos. ago <small>(TH308b)</small>	8c 10 mos. ago <small>(TH308c)</small>	8d 9 mos. ago <small>(TH308d)</small>	8e 8 mos. ago <small>(TH308e)</small>	8f 7 mos. ago <small>(TH308f)</small>
	8g 6 mos. ago <small>(TH308g)</small>	8h 5 mos. ago <small>(TH308h)</small>	8i 4 mos. ago <small>(TH308i)</small>	8j 3 mos. ago <small>(TH308j)</small>	8k 2 mos. ago <small>(TH308k)</small>	8l 1 mo. ago <small>(TH308l)</small>

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 10e0_(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=Pharmacotheapist [e.g., if taking course of antibiotics and client finishes the entire Rx, then code 1], 2=Self, 3=Both Pharmacotheapist & 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)