

Connecticut Department of Mental Health and Addiction Services

DDaP – PERIODIC ASSESSMENT 6 MONTH UPDATE FORM



PERIODIC ASSESSMENT

ASSESSMENT DATE: ____ / ____ / ____

*This is date that the 6 month update was done and should be based on the client's information at the time of Assessment. *Required*

EMPLOYMENT STATUS: (check one box only)

30	☐	EMPLOYMENT FULL TIME (in competitive employment)	46	☐	NOT IN LABOR FORCE; retired
32	☐	EMPLOYMENT PART TIME (in competitive employment)	48	☐	NOT IN LABOR FORCE; SSI SSDI
34	☐	UNEMPLOYMENT (looking for work in the past 30 days, or on a layoff)	50	☐	NOT IN LABOR FORCE; Inmate of institution
36	☐	PAID BUT NON-COMPETITIVE WORK (transitional employment programs)	52	☐	NOT IN LABOR FORCE; other reason
38	☐	PAID BUT NON-COMPETITIVE WORK (work inside the clubhouse or treatment agency, mobile work crews and consumer-run businesses)	96	☐	OTHER
42	☐	NOT IN LABOR FORCE; student enrolled in a school or job training program)	97	☐	UNKNOWN
44	☐	NOT IN LABOR FORCE; homemaker			

*Required

HIGHEST GRADE COMPLETED: Highest grade completed by the Client at the time of Assessment.

(Enter 0 – 32)

☐ UNKNOWN

*Required

PERSONS DEPENDENT ON INCOME: This includes the client and any dependents.

(Enter 1 – 15)

*Required

MINORS DEPENDENT ON INCOME:

(Enter 0 – 14)

PRINCIPAL SOURCE OF SUPPORT: (check one box only)

0	☐	NONE	4	☐	DISABILITY
1	☐	PUBLIC ASSISTANCE	96	☐	OTHER
2	☐	RETIREMENT	97	☐	UNKNOWN
3	☐	SALARY			

*Required

LIVING SITUATION: (check one box only)			
30	☐	PRIVATE RESIDENCE, client owns or holds lease	46 ☐ PSYCHIATRIC/SA/MEDICAL INPATIENT
32	☐	PRIVATE RESIDENCE, friend or relative owns the residence or holds lease.	47 ☐ TEMPORARILY HOUSED (temporarily with friends/family sleeping on couch, no designated space of their own)
34	☐	SINGLE ROOM OCCUPANCY (Hotel, YMCA, Rooming House)	48 ☐ CORRECTIONAL INSTITUTE
36	☐	PRIVATE RESIDENCE, Community agency owns or holds lease	50 ☐ DOMESTIC VIOLENCE SHELTER
38	☐	RESIDENTIAL CARE HOME / BOARD AND CARE	52 ☐ HOMELESS SHELTER
40	☐	CONGREGATE RESIDENTIAL CARE (24-hour supervision, group setting, services focus on MH, SA, &/or MR issues, Recovery House.)	54 ☐ HOMELESS (including on street)
42	☐	CRISIS / RESPITE BED	96 ☐ OTHER
44	☐	SKILLED NURSING FACILITY/ INTERMEDIATE CARE FACILITY/ NURSING HOME	97 ☐ UNKNOWN

*Required

Was Client Homeless in the Last Six Months?

☐ YES ☐ NO ☐ UNKNOWN

Number of Days in the Last 30 that client lived in a Controlled Environment?

(Enter 0 – 30)

Number of Arrests in the Last 30 Days?

(Enter 0 – 30)

☐ UNKNOWN

*Required

SOCIAL SUPPORT VOLUNTARY: Number of Self-Help programs/meetings attended in last 30 days

(Enter 0 – 90)

☐ UNKNOWN

SOCIAL SUPPORT FAMILY/FRIENDS: Indicate whether or not Client interacted with Family/Friends supportive of recovery in the thirty days preceding assessment.

☐ YES ☐ NO ☐ UNKNOWN

SUBSTANCE ABUSE

(Select client's lifetime number of prior Admissions to Inpatient/Residential Substance Abuse treatment.)

SA IP.RES. ADMISSIONS: LIFETIME

0 ☐	NO PRIOR ADMISSIONS	04 ☐	4 PRIOR ADMISSIONS
01 ☐	1 PRIOR ADMISSION	05 ☐	5 PRIOR ADMISSIONS
02 ☐	2 PRIOR ADMISSIONS	06 ☐	GREATER THAN 5 PRIOR ADMISSIONS
03 ☐	3 PRIOR ADMISSIONS		

(Select client's lifetime number of prior Admissions to Outpatient Substance Abuse treatment.)

SA OP.RES. ADMISSIONS: LIFETIME

0 ☐	NO PRIOR ADMISSIONS	04 ☐	4 PRIOR ADMISSIONS
01 ☐	1 PRIOR ADMISSION	05 ☐	5 PRIOR ADMISSIONS
02 ☐	2 PRIOR ADMISSIONS	06 ☐	GREATER THAN 5 PRIOR ADMISSIONS
03 ☐	3 PRIOR ADMISSIONS		

*Required if PA required for SUD programs or SUD primary dx

PERIODIC ASSESSMENT – SUBSTANCE USE

(Select Drug Type 1 - 5, as applicable – Update based on the client's use at the time of Assessment)

DRUG TYPE(S) used by clients		DRUG TYPE 1	DRUG TYPE 2	DRUG TYPE 3	DRUG TYPE 4	DRUG TYPE 5
0	NONE	☐				
01	AMPHETAMINES	☐	☐	☐	☐	☐
02	ALCOHOL	☐	☐	☐	☐	☐
03	BARBITUATES	☐	☐	☐	☐	☐
04	BENZODIAZEPINES	☐	☐	☐	☐	☐
05	COCAINE	☐	☐	☐	☐	☐
06	CRACK	☐	☐	☐	☐	☐
07	HALLUCINOGENS: LSD, DMS, STP, etc.	☐	☐	☐	☐	☐
08	HEROIN	☐	☐	☐	☐	☐
09	INHALANTS	☐	☐	☐	☐	☐
10	MARIJUANA, HASHISH, THC	☐	☐	☐	☐	☐
11	METHAMPHETAMINES	☐	☐	☐	☐	☐
12	NON-PRESCRIPTIVE METHADONE	☐	☐	☐	☐	☐
13	OTHER OPIATES AND SYNTHETICS	☐	☐	☐	☐	☐
14	OTHER SEDATIVES OR HYPNOTICS	☐	☐	☐	☐	☐
15	OTHER STIMULANTS	☐	☐	☐	☐	☐
16	OVER-THE-COUNTER	☐	☐	☐	☐	☐
17	PCP	☐	☐	☐	☐	☐
18	TRANQUILIZERS	☐	☐	☐	☐	☐
19	TOBACCO	☐	☐	☐	☐	☐
96	OTHER	☐	☐	☐	☐	☐
97	UNKNOWN	☐				

*DRUG TYPE 1: Required if PA required for SUD programs or SUD primary dx

DRUG METHOD USE FIELD 1: *(Complete based on corresponding DRUG TYPE 1 selected, except 0 & 97.)*

01	☐	ORAL	04	☐	INJECTION
02	☐	SMOKING	96	☐	OTHER
03	☐	INHALATION	97	☐	UNKNOWN

DAYS USED FIELD 1:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 1 field?

(Enter 0 – 30)

AGE FIRST USED FIELD 1:

Age at which the client used the Drug specified in the Drug Type 1 field?

(Enter Age)

DRUG METHOD USE FIELD 2: (Complete based on corresponding DRUG TYPE 2 selected, except 0 & 97.)

01	☐	ORAL	04	☐	INJECTION
02	☐	SMOKING	96	☐	OTHER
03	☐	INHALATION	97	☐	UNKNOWN

DAYS USED FIELD 2:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 2 field? (Enter 0 – 30)

AGE FIRST USED FIELD 2:

Age at which the client used the Drug specified in the Drug Type 2 field? (Enter Age)

DRUG METHOD USE FIELD 3: (Complete based on corresponding DRUG TYPE 3 selected, except 0 & 97.)

01	☐	ORAL	04	☐	INJECTION
02	☐	SMOKING	96	☐	OTHER
03	☐	INHALATION	97	☐	UNKNOWN

DAYS USED FIELD 3:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 3 field? (Enter 0 – 30)

AGE FIRST USED FIELD 3:

Age at which the client used the Drug specified in the Drug Type 3 field? (Enter Age)

DRUG METHOD USE FIELD 4: (Complete based on corresponding DRUG TYPE 4 selected, except 0, 97.)

01	☐	ORAL	04	☐	INJECTION
02	☐	SMOKING	96	☐	OTHER
03	☐	INHALATION	97	☐	UNKNOWN

DAYS USED FIELD 4:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 4 field? (Enter 0 – 30)

AGE FIRST USED FIELD 4:

Age at which the client used the Drug specified in the Drug Type 4 field? (Enter Age)

DRUG METHOD USE FIELD 5: (Complete based on corresponding DRUG TYPE 5 selected, except 0 & 97.)

01	☐	ORAL	04	☐	INJECTION
02	☐	SMOKING	96	☐	OTHER
03	☐	INHALATION	97	☐	UNKNOWN

DAYS USED FIELD 5:

Number of Days in the Last 30 in which the client used the Drug specified in the Drug Type 5 field? (Enter 0 – 30)

AGE FIRST USED FIELD 5:

Age at which the client used the Drug specified in the Drug Type 5 field? (Enter Age)