

CLIENT STATUS REVIEW

Case Number:

Date completed: ____ / ____ / ____

Name _____

If you are filling this out for someone else, please answer from their view.

of Days








1. How many days during the past 30 days was your physical health (including physical illness and/or injury) **not** good? _____
2. How many days during the past 30 days was your mental health (including depression and/or problems with emotions, behavior, or thinking) **not** good? _____
3. How many days during the past 30 days did poor physical or mental health keep you from doing your usual activities, such as taking care of yourself, work, or recreation? _____
4. How many days during the past 30 days have you had thoughts about suicide or hurting yourself? _____
5. How many days during the past 30 days have you used alcohol? _____
6. How many days during the past 30 days have you used illegal drugs (including medications not as prescribed/directed)? _____
7. In the past 30 days, how many times have you used emergency medical services such as the hospital, emergency room, emergency medical technicians or health aides for physical, substance abuse, or mental health problems? _____
8. Which one of the following best describes your housing situation? (please check one)
 - Adult in private residence – independent living (house, apartment, trailer, hotel, room, etc.)
 - Adult in private residence – dependent living (house, apartment, trailer, hotel, room, etc.)
 - Child living with family/extended family or with non-relative
 - Foster home/foster care
 - Homeless or shelter
 - Jail or correctional facility
 - Crisis residence (short term stabilization)
 - Residential care facility (assisted living, halfway house, group homes, board & care)
 - Residential treatment facility for:
 - Mental health
 - Substance abuse
 - Co-occurring disorder
 - Institutional care facility – 24 hour, 7 days/week (nursing facilities/homes, psychiatric health facilities, hospitals)
 - Other (please describe) _____
9. If you are a student (attending elementary through high school), which one of the following best describes your school?
 - Public/private school
 - Home schooledIf you attend a public/private school, how many days have you been absent during the past 30 school days? _____
10. Which one of the following best describes your employment status? (please check one)
 - Employed full time working for money (30 or more hours per week including supported employment)
 - Employed part time working for money (less than 30 hours per week including supported employment)
 - Unemployed (looking for employment during the past 30 days or on layoff from a job)
 - Not in labor/work force (not looking for employment during the past 30 days); if you checked this box, please check one of the following:
 - Homemaker
 - Retired
 - Engaged in subsistence activities
 - Other (please describe) _____
 - Student
 - Disabled
 - Inpatient/inmate (otherwise unable to enter labor force)
 - Job training program
 - Volunteer
11. In a typical **week** over the past 30 days, how many hours were you engaged in productive activities (e.g., school, employment, volunteering in community service, subsistence activities, etc.)? Total hours: _____
12. In the past 30 days, have you had any legal involvement? (Legal charges, court appearance, arrests, probation, parole) Yes No

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13. In the past 30 days, have you been arrested?..... Yes No
14. In the past 30 days, have you had an intimate partner slap, punch, shove, kick, choke, hurt, or threaten you? Yes No
15. In the past 12 months, have you been arrested?..... Yes No

16. Below are questions about your life. Please answer each question by putting an **X** in the space that best describes how you feel about each issue. Please use only **one X** for each question.

How do you feel about:	Terrible 	Unhappy 	Dissatisfied 	Mixed 	Satisfied 	Pleased 	Delighted 
Your housing?							
Your ability to support your basic needs of food, housing, etc.?							
Your safety in your home or where you sleep?							
Your safety outside your home?							
How much people in your life support you?							
Your friendships?							
Your family situation?							
Your sense of spirituality, relationship with a higher power, or meaningfulness of life?							
Your life in general?							








17. Who filled out this survey? (please check one)

- I filled this out by myself I filled this out for a child
- Someone helped me fill this out (Person's name) _____

18. Please respond to these statements if you have received services from this agency.

How do you feel about the services you received?

(Place an **X** in the space that best describes your level of agreement with each statement)

	Terrible 	Unhappy 	Dissatisfied 	Mixed 	Satisfied 	Pleased 	Delighted 
I was treated with respect.							
I was able to get all the services I needed.							
The services improved the quality of my life.							

19. What did you like about the services you received? _____

20. What did you dislike about the services you received? _____

