***AKAIMS Minimal Data Set Forms –***

***Client LIFE DOMAIN fORM***

**Instructions: The Client Life Domain Form is to be completed at admission into a program at the beginning of a treatment episode, updated each time there is a change or after a period of time has passed, and updated at discharge. Fill in or select answers for each question. Do not leave anything blank. These are all required fields (“minimal data set”) for the State of Alaska and continued funding is contingent upon compliance with this state requirement.**

## Client Status

1. Date: \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_
2. Is Mental Health Update (if applicable): \_\_\_\_ Yes \_\_\_\_ No
3. Domains: \_\_\_\_ Substance Abuse \_\_\_\_ Mental Health (can select both)
4. Client Type: \_\_\_Adult non-SMI no COD \_\_\_Adult non-SMI with COD \_\_\_Adult SMI no COD \_\_\_Adult SMI with COD

\_\_\_ Youth non-SED no COD \_\_\_Youth non-SED with COD \_\_\_Youth SED no COD \_\_\_Youth SED with COD

\_\_\_Youth/Adult SUD no COD (COD = Co-occurring Disorders)

1. Medication Assisted TX: \_\_\_ Yes, or \_\_\_\_ No
2. # of Prior SA TX Episodes: \_\_\_\_\_\_\_
3. # of Non-TX SA Related Hospitalizations in Past 6 Months: \_\_\_\_\_\_\_
4. # of times the client has attended a self-help program in the 30 days preceding the date of admission to treatment services. Includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance abuse and dependence: ***Check One***

|  |  |
| --- | --- |
| * No attendance in the past month
* 1-3 times in past month
* 4-7 times in past month
* 8-15 times in past month
 | * 16-30 times in past month
* Some attendance in past month, but frequency unknown
* Unknown
* Not Collected
 |
|

## Education

|  |  |
| --- | --- |
| Education Status: ***Check one*** | School Attendance Status (if applicable): ***Check one*** |
| * No Schooling
 | * Unknown
 |
| If K-11, how many years \_\_\_\_ | * Not Collected (SA Clients only)
 |
| * General Education Degree (GED)
 | * Not applicable – MH client age less than 3 or
 |
| * High School Diploma (not GED)
 | greater than 17 (except for young adults 18-21 |
| * Vocational Training beyond High School
 |  protected by IDEA) |
| * Special Ed Ungraded Classes
 | * Attending School
 |
| * Baccalaureate Degree (BA, BS)
 | * Not in School
 |
| * Graduate Work (no degree)
 |  |
| * Post-Secondary 1 year
 |  |
| * Post-Secondary 2 years
 |  |
| * Post-Secondary 3 years
 |  |
| * Post-Secondary 4+ years (no degree)
 |  |
| * Other
 |  |
| * Unknown
 |  |
| * Not Collected
 |  |
|  |  |

## Financial/Household Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Source of Income: ***Check one***

|  |
| --- |
| * Disabled
 |
| * Employed Full Time
 |
| * Employed Part Time
 |
| * Homemaker
 |
| * Armed Forces
 |
| * No Response
 |
| * Not Collected
 |
| * Not in Labor Force/Other
 |
| * Not Seeking Work
 |
| * Other
 |
| * Resident/Inmate
 |
| * Retired
 |
| * Seasonal Employee/in season
 |
| * Seasonal Employee/out season
 |
| * Student
 |
| * Unemployed/Not seeking work
 |
| * Unemployed/Subsistence
 |
| * Unemployed/Looking for work
 |
| * Unknown
 |

 | Source of Income: ***Check one***

|  |
| --- |
| * Alaska Native Corp Dividends
 |
| * Alimony
 |
| * Alaska PFD
 |
| * Child Support
 |
| * Employment
 |
| * Interest and Other
 |
| * None
 |
| * Other
 |
| * Public Assistance/Welfare Pay
 |
| * Parent's Income
 |
| * Railroad Retirement
 |
| * Retirement, Survivor, Disability Pension
 |
| * Social Security Disability (SSDI)
 |
| * Self-Employment
 |
| * Supplemental Security Ins (SSI)
 |
| * SSI/SSDI Never
 |
| * SSI/SSDI Previous
 |
| * Spouse's or Significant Other's Income
 |
| * Social Security
 |
| * Tribal Assistance Programs
 |
| * Unemployment Compensation
 |
| * Unknown
 |
| * Not Collected
 |

 | Annual Household Income: *Approximate or exact numeric amount, and include Alaska PFDs if applicable*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Primary Payment Source: ***Check One***

|  |
| --- |
| * Aetna
 |
| * AK Native Health Care
 |
| * Blue Cross/Blue Shield
 |
| * CIGNA
 |
| * Client Self Pay
 |
| * HMO
 |
| * Indian Health Services
 |
| * Medicaid
 |
| * Medicare
 |
| * No Charge
 |
| * Not Collected
 |
| * Other Government Grant
 |
| * Other Native Health Care
 |
| * Other Private
 |
| * Other Public
 |
| * Sliding Scale; client partial payment
 |
| * Sliding Scale, No Charge
 |
| * Unknown
 |

 | Health Insurance Type: ***Check One***

|  |
| --- |
| * Commercial
 |
| * Group Policy
 |
| * Health Maint. Org. (HMO)
 |
| * Individual Policy
 |
| * Indian Health Service
 |
| * Litigation
 |
| * Long Term Policy
 |
| * Medicare Primary
 |
| * Medicare Part B
 |
| * Medicaid
 |
| * Medigap Part B
 |
| * None
 |
| * Other Public Insurance
 |
| * Other Private Insurance
 |
| * Other
 |
| * Personal payment (cash- no ins)
 |
| * Supplemental Policy
 |
| * VA insurance
 |
| * Unknown
 |
| * Not Collected
 |

 |
| Living Situation: ***Check One***

|  |
| --- |
| * Assisted Living Facility
 |
| * Correction/Detention Facility
 |
| * Crisis Residence
 |
| * Foster Care
 |
| * Group Home
 |
| * Halfway House
 |
| * Homeless
 |
| * Hospital for Non-psychiatric purposes
 |
| * Hospital for psychiatric purposes
 |
| * Nursing home
 |
| * Private Residence w/o supportive services
 |
| * Private Residence with supportive services
 |
| * Residential Treatment
 |
| * Shelter
 |
| * Therapeutic Foster Care
 |
| * Transitional Housing
 |
| * No Response
 |
| * Other
 |
| * Unknown
 |

 | Marital Status: ***Check one***

|  |
| --- |
| * Never Married-single
 |
| * Married
 |
| * Cohabitating
 |
| * Separated
 |
| * Divorced
 |
| * Widowed
 |
| * No Response
 |
| * Not Collected
 |
| * Unknown
 |

 |
| # of Children Living with Client: \_\_\_\_\_\_\_ |

## Substance Use Information

|  |  |  |
| --- | --- | --- |
| *PRIMARY Drug of Choice:** Alcohol
* Barbiturates
* Benzodiazepines
* Cannabis
* Cocaine/Crack
* Designer Drugs
* Heroin
* Inhalants
* Methamphetamines
* Nicotine
* Non-prescription methadone
* Other Amphetamines
* Other Hallucinogens
* Other Opiates/Hypnotics
* Other Tranquilizers
* Other Stimulants
* Over the Counter Meds
* PCP
* Steroids
* None
 | Frequency of Use:* More than 3 times daily
* 2-3 times daily
* Daily
* 3-6 times per week
 | * 1-2 times per week
* 1-3 times per month
* Sporadic
* No use in past month
* Unknown
 |
| Method of Use:* Inhalation
* IV injection
* Nasal
* Non-IV Injection
* Oral
 | * Other
* Smoking
* N/A
* Unknown
 |
| Primary Drug:1) Age of FIRST use? #\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| *SECONDARY Drug of Choice:** Alcohol
* Barbiturates
* Benzodiazepines
* Cannabis
* Cocaine/Crack
* Designer Drugs
* Heroin
* Inhalants
* Methamphetamines
* Nicotine
* Non-prescription methadone
* Other Amphetamines
* Other Hallucinogens
* Other Opiates/Hypnotics
* Other Tranquilizers
* Other Stimulants
* Over the Counter Meds
* PCP
* Steroids
* None
 | Frequency of Use:* More than 3 times daily
* 2-3 times daily
* Daily
* 3-6 times per week
 | * 1-2 times per week
* 1-3 times per month
* Sporadic
* No use in past month
* Unknown
 |
| Method of Use:* Inhalation
* IV injection
* Nasal
* Non-IV Injection
* Oral
 | * Other
* Smoking
* N/A
* Unknown
 |
| Secondary Drug:1) Age of FIRST use? #\_\_\_\_\_\_\_\_ |
| *TERTIARY Drug of Choice:** Alcohol
* Barbiturates
* Benzodiazepines
* Cannabis
* Cocaine/Crack
* Designer Drugs
* Heroin
* Inhalants
* Methamphetamines
* Nicotine
* Non-prescription methadone
* Other Amphetamines
* Other Hallucinogens
* Other Opiates/Hypnotics
* Other Tranquilizers
* Other Stimulants
* Over the Counter Meds
* PCP
* Steroids
* None
 | Frequency of Use:* More than 3 times daily
* 2-3 times daily
* Daily
* 3-6 times per week
 | * 1-2 times per week
* 1-3 times per month
* Sporadic
* No use in past month
* Unknown
 |
| Method of Use:* Inhalation
* IV injection
* Nasal
* Non-IV Injection
* Oral
 | * Other
* Smoking
* N/A
* Unknown
 |
| Tertiary Drug:1) Age of FIRST use? #\_\_\_\_\_\_\_\_ |

## Legal Status

1. Number of Arrests in ***past 30*** days: #\_\_\_\_\_\_\_\_

## Client Diagnosis - need to have at least Primary Diagnosis to complete Life Domain

Primary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tertiary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Behavioral (One Behavioral Diagnosis must be designated as “Principal”, making it the Primary diagnosis.)

Diagnosis Code Description

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

**Medical**

Diagnostic Code Description

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

**Psychosocial**

Diagnostic Code Description

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_