

Co-Occurring Disorders: Integrated Dual Disorders Treatment

Client Outcomes-Quarterly Report Form

Client ID: _____	Reported by: _____
Date: _____	Quarter: _____

Indicate the client's status during the *past 3 months*. Check all that apply:

Evidence-Based Practice	Eligible	Enrolled
Integrated Dual Disorders Treatment		
Supported Employment		
Assertive Community Treatment		
Illness Management & Recovery		
Family Psychoeducation		

In the *past 3 months*, how many weeks has the client:

Held a competitive job?	
Been homeless?	
Been incarcerated?	
Been hospitalized for psychiatric reasons?	
Been hospitalized for substance use reasons?	

What has been the client's stage of substance abuse treatment during the *past 3 months*? Circle one.

N/A	Engagement	Persuasion	Active treatment	Relapse prevention
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What is the client's current living arrangement? Circle one.

1. Psychiatric hospital	8. Boarding house
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<ul style="list-style-type: none"> 2. Substance use hospitalization 3. General hospital psychiatric ward 4. Nursing home or IC-MH 5. Family care home 6. Lives with relatives (heavily dependent for personal care) 7. Group home 	<ul style="list-style-type: none"> 9. Lives with relatives (but is largely independent) 10. Supervised apartment program 11. Independent living 12. Other (specify) 13. Emergency shelter 14. Homeless
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What is the client's current educational status? Circle one.

<ul style="list-style-type: none"> 1. No educational participation 2. Avocational/educational involvement 3. Pre-educational explorations 4. Working on GED 5. Working on English as second language 6. Basic educational skills 	<ul style="list-style-type: none"> 7. Attending vocational school or apprenticeship, vocational program (CNA training) or attending high school 8. Attending college-1-6 hours 9. Attending college -7 or more hours 10. Other (specify)
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