

**HSRS ALCOHOL AND OTHER DRUG ABUSE MODULE**

**REGISTRATION - Screen A3 N, U or I (Module Key: ) MODULE TYPE 6**

1 Worker ID		2 MA Number			3 Client ID			
4a Last Name		4b First Name	4c Middle Name		4d Suffix	5 Birthdate (mm/dd/yyyy)		6 Sex <input type="checkbox"/> F <input type="checkbox"/> M
7a Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	7b Race (Check up to 5) <input type="checkbox"/> A = Asian <input type="checkbox"/> B = Black or African American <input type="checkbox"/> P = Native Hawaiian or Pacific Islander <input type="checkbox"/> I = American Indian or Alaska Native <input type="checkbox"/> W = White		8 Client Characteristics	9 Start Date System Calculated		10 Closing Date	11 Co-dependent <input type="checkbox"/> Yes <input type="checkbox"/> No	12 Referral Source
13 Education at Time of Admission	14 Support Group Attendance 30 Days Prior to Admission	15 Number of Arrests 30 Days Prior to Admission	16 Living Arrangement at Admission	17 Brief Service <input type="checkbox"/> Yes <input type="checkbox"/> No	18 Employment Status	19 Pregnant at Time of Admission <input type="checkbox"/> Yes <input type="checkbox"/> No		
20 Diagnosis	21 Case Review Date		22 Family ID	23 Local Data		24 Special Project Reporting		
If "Yes" in fields 11 or 17, skip fields 25-29 Substance Problem		25a Primary		25b Secondary		25c Tertiary		26 At Discharge
Usual Route of Administration		27a Primary		27b Secondary		27c Tertiary		
Use Frequency		28a Primary		28b Secondary		28c Tertiary		
Age of First Drug Use or Alcohol Intoxication		29a Primary		29b Secondary		29c Tertiary		

**SERVICES - Screen A4 (Module Key: ) UNITS - Screen A7**

Prog. No.	30 SPC Sub Prog	31 SPC Start Date	32 Provider Number	33 SPC End Date	34 SPC End Reason	35 Closing Status					36 Target Group	37 SPC Review Date		38 Days of Care	39 Other Units	40 Delivery Date	
						A	SG	E	AR	LA		mm	yyyy			mm	yyyy

**OPTIONAL DATA - Screen 18 (Module Key: )**

Street Address			City		State	Zip Code		County		Telephone Number ( )	
----------------	--	--	------	--	-------	----------	--	--------	--	-------------------------	--

Shaded areas are optional.

**HSRS ALCOHOL AND OTHER DRUG ABUSE MODULE  
 CO-DEPENDENT OR BRIEF SERVICES**

<b>REGISTRATION - Screen A3 N, U or I</b>							
1 Worker ID		2 MA Number		3 Client ID			
4a Last Name		4b First Name	4c Middle Name		4d Suffix	5 Birthdate (mm/dd/yyyy)	6 Sex <input type="checkbox"/> F <input type="checkbox"/> M
7a Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	7b Race (Check up to 5) <input type="checkbox"/> A = Asian <input type="checkbox"/> B = Black or African American <input type="checkbox"/> P = Native Hawaiian or Pacific Islander <input type="checkbox"/> I = American Indian or Alaska Native <input type="checkbox"/> W= White		8 Client Characteristics	9. Start Date System Calculated		10 Closing Date	11 Co-dependent <input type="checkbox"/> Yes <input type="checkbox"/> No
12 Referral Source	17 Brief Service <input type="checkbox"/> Yes <input type="checkbox"/> No	20 Diagnosis	21 Case Review Date	22 Family ID		23 Local Data	

SERVICES - Screen A4 (Module Key: )							UNITS - Screen A7		
Prog. No.	30 SPC	Sub Prog	31 SPC Start Date	32 Provider Number	33 SPC End Date	36 Target Group	37 SPC Review Date mm   yyyy	39 Other Units	40 Delivery Date mm   yyyy

<b>OPTIONAL DATA - Screen 18 (Module Key: )</b>							
Street Address			City	State	Zip Code	County	Telephone Number ( )

Shaded areas are optional.