

## Interview for Adult Specialized Services

| Provider Number  | ovider Number Provider Name |  |   |  |  |  |  |
|--|-----------------------------|--|---|--|--|--|--|
| Employee Number  |                             | Employee Name _                                    |   |  |  |  |  |
| Recipient Number   |                             | Name of Hurric                                     | ane (s):  |  |  |  |  |
|  |                             |  | Date of Serv                                    | ice:                                   |  |  |  |
| LOCATION OF SERVICES: (CHECK ONE)  |                             |  |   |  |  |  |  |
| U WORKPLACE/ SCHOOL HOME   |                             |  |   |  |  |  |  |
|  |                             |  | SING D OTHER                                    |  |  |  |  |
|  |                             |  |   |  |  |  |  |
|  | Crisis Counseling           | C Services   |   | ZIP CODE OF                            |  |  |  |
| (Check One)  | 0                           | v  | ISIT NUMBER:                                    | SERVICE LOCATION                       |  |  |  |
|  |                             | · · · · ·  |   |  |  |  |  |
| Introduction:  |                             |  |   |  |  |  |  |
|  |                             |  |   | u are feeling now. May I ask you these |  |  |  |
| questions? My first questions are about various experiences you have had related to the disaster.<br>If the person is with someone else, add: Would you prefer to mark your answers on this form rather than saying them out-loud? |                             |  |   |  |  |  |  |
|  |                             |  | CK ALL THAT APPLY)                              |  |  |  |  |
|  |                             |  |   |  |  |  |  |
| (1) Injured or physic  | cally harmed                | [] (10   | 0) Witnessed community                          | destruction                            |  |  |  |
| ☐ (2) Life was threatened  |                             |  | (11) Disaster unemployed                        |  |  |  |  |
| (3) Family missing   | or dead                     | [] (12   | 2) Other financial loss                         |  |  |  |  |
| (4) Friend missing or dead   |                             |  | (13) Assisted with rescue / recovery            |  |  |  |  |
| (5) Witnessed death / injury   |                             |  | (14) Past substance use / mental health problem |  |  |  |  |
| (6) Prolonged separation from family   |                             |  | (15) Pre-existing physical disability           |  |  |  |  |
| ☐ (7) Home had damage  |                             |  | (16) Past trauma                                |  |  |  |  |
| (8) Displaced from home 1week or more  |                             |  | (17) Other                                      |  |  |  |  |
| (9) Evacuated quickly with no time to prepare       (18) Other   |                             |  |   |  |  |  |  |
| DEMOGRAPHIC INFORMATION  |                             |  |   |  |  |  |  |
|  |                             |  |   |  |  |  |  |
| AGE (Select one)   | ETHNICITY (Select one)      | RACE (select one                                   | -   | REFERRED LANGUAGE:                     |  |  |  |
| □ Adult (18-39)  | ☐ Hispanic or Latino        | American India                                     | an/ Alaska Native                               | English 🛛 Spanish                      |  |  |  |
| □ Adult (40-64)<br>□ Adult (65+)   | □ Not Hispanic or Latino    | <ul> <li>Asian</li> <li>Black or Africa</li> </ul> | n American                                      | Other (specify)                        |  |  |  |
|  |                             |  | an/ Pacific Islander                            |  |  |  |  |
| SEX:   |                             | □ White  | L   | ANGUAGE OF CONTACT                     |  |  |  |
| O MALE   |                             |  |   | English 🛛 Spanish                      |  |  |  |
| O FEMALE   |                             |  |   | Other (specify)                        |  |  |  |

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| ASSESSMENT of EVENT REACTIONS   |  |          |     |  |  |  |  |  |
|---|--|----------|-----|--|--|--|--|--|
| INTRODUCTION: (GIVE RESPONSE CARD TO RECIPIENT<br>These questions are about the reactions you have experienced IN THE PAST MONTH. By reactions, I mean your feelings or emotions or<br>thoughts about the events. For each question choose ONE of the following responses from this card. (Circle the number that applies). |  |          |     |  |  |  |  |  |
|   | ANSWER CHOICES: 1= Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = V  | ery much |     |  |  |  |  |  |
| ASSESSMENT QUESTIONS  |  |          |     |  |  |  |  |  |
| 1   | How much have you been bothered by unwanted memories, nightmares, or reminders of what happened?   | 123      | 45  |  |  |  |  |  |
| 2   | How much effort have you made to avoid thinking or talking about what happened or doing things that remind you of what happened?   | 123      | 45  |  |  |  |  |  |
| 3   | To what extent have you lost enjoyment in things, kept your distance from people, or found it difficult to experience feelings because of what_happened?   | 123      | 45  |  |  |  |  |  |
| 4   | How much have you been bothered by poor sleep, poor concentration, jumpiness, irritability or feeling watchful around you because of what happened?  | 123      | 45  |  |  |  |  |  |
| 5   | How down or depressed have you been because of what happened?  | 123      | 45  |  |  |  |  |  |
| 6   | Has your ability to handle other stressful events or situations been harmed  | 123      | 45  |  |  |  |  |  |
| 7   | Have your reactions interfered with how well you take care of you physical health? For example, are you eating poorly, not getting enough rest, smoking more, or finding that you have increased your use of alcohol or_other substances?, | 123      | 4 5 |  |  |  |  |  |
| 8   | How distressed or bothered are you about your reactions?   | 123      | 45  |  |  |  |  |  |
| 9   | How much have your reactions interfered with your ability to work or carry out your daily activities, such as housework or schoolwork?   | 123      | 45  |  |  |  |  |  |
| 10  | How much have your reactions affected your relationships with your family or friends or interfered with your social, recreational, or community activities?  | 123      | 45  |  |  |  |  |  |
| 11  | How concerned have you been about your ability to overcome problems you may face without further<br>assistance?  | 123      | 45  |  |  |  |  |  |

Count the number of entries in the last column of the above table that have a score of 4 or 5

NUMBER OF RESPONSES OF 4 OR 5 (this is recipient's score) >>>

If the recipient score is 3 or more, discuss referral options for specialized services.

| I also need to ask: is there any possibility that you might hurt or kill yourself? NO YES Someone else? NO YES<br>If YES, Consult with Supervisor  |                                     |                      |  |  |  |  |
|--|-------------------------------------|----------------------|--|--|--|--|
| Did you offer a referral for services?       INO       YES, based on the total score,         (Select one)       Image: Select one image: Select |                                     |                      |  |  |  |  |
| REFERRAL(s):   |                                     |                      |  |  |  |  |
| (Check all that apply)   | Did the individual accept referral? | Provider Agency Name |  |  |  |  |
| SCCS services  |                                     |                      |  |  |  |  |
| Mental health services   |                                     |                      |  |  |  |  |
| Substance abuse services   |                                     |                      |  |  |  |  |
| □ Other  |                                     |                      |  |  |  |  |
| IF REFERRAL IS NOT ACCEPTED, Discuss specific goals for counseling and consult with supervisor.  |                                     |                      |  |  |  |  |
| ACTION(s) TAKEN:  Additonal screening (specify)  |                                     |                      |  |  |  |  |
| NOTES:   |                                     |                      |  |  |  |  |