|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1. Type of Discharge** |  | ***(cont’d Primary Language)*** |  | ***(cont’d Education)*** |
| 1 | Client Died | 19 | Other Non-English | 9 | 09 Years |
| 2 | Client Dischrged/Program Unilateral Decision | 20 | Other Sign Language | 10 | 10 Years |
| 3 | Client Incarcerated | 21 | Polish | 11 | 11 Years |
| 4 | Client Moved Out of Service Area | 22 | Portuguese | 12 | 12 Years |
| 5 | Client Withdrew:AWOL,AMA/No Improvement | 23 | Russian | 13 | 13 Years |
| 6 | Client Withdrew:AWOL,AMA/Treat Partially Completed | 24 | Samoan | 14 | 14 Years |
| 7 | Discharge/Administrative Reasons | 25 | Spanish | 15 | 15 Years |
| 8 | Lost - No Follow Up | 26 | Tagalog | 16 | 16 Years |
| 9 | Mutual Agreement/Treatment Goals Reached | 27 | Thai | 17 | 17 Years |
| 10 | Mutual Agreemnt/Treat Goals Not Reached | 28 | Turkish | 18 | 18 Years |
| 11 | Mutual Agreemnt/Treat Goals Partially Reached | 29 | Unknown/Not Reported | 19 | 19 Years |
| 12 | Other | 30 | Vietnamese | 20 | 20 + Years |
|  |  |  |  | 21 | 1 Yr Vocational /Technical |
|  | **2. Birth Name (Last)** |  | **8. Ethnic Origin** | 22 | 2 Yrs Vocational/Technical |
|  | Enter Last name only | 1 | Cuban | 23 | 1 Yr Special Education |
|  |  | 2 | Mexican/Mexican American | 24 | 2 Yrs Or More Special Education |
|  | **3. Mothers First Name** | 3 | Not Hispanic | 25 | 1 Yr Preschool |
|  | If not known enter Unknown | 4 | Other Hispanic/Latino | 26 | 2 Yrs Or More Preschool |
|  |  | 5 | Puerto Rican | 27 | None |
|  | **4. Alias** | 6 | Unknown | 28 | Unknown |
|  | Enter Last Name, First Name |  |  |  |  |
|  |  |  | **9. Place of Birth (County Code, State, Country)** |  | **12. Smoker** |
|  | **5. Birth Name (First)** |  | Ex. 49 CA US | 1 | Current Every Day Smoker |
|  | Only enter first name |  |  | 2 | Current Some Day Smoker |
|  |  |  | **10. Client Race** | 3 | Current Status Unknown |
|  | **6. Marital Status** | 1 | Alaska Native | 4 | Former Smoker |
| 1 | Divorced/Dissolved/Annulled | 2 | American Indian | 5 | Heavy Tobacco Smoker |
| 2 | Never Married | 3 | Asian Native | 6 | Light Tobacco Smoker |
| 3 | Now Married/Remarried/Living together | 4 | Black/African-American | 7 | Never Smoked |
| 4 | Separated | 5 | Cambodian | 8 | Smoker |
| 5 | Unknown | 6 | Chinese | 9 | Unknown If Ever Smoked |
| 6 | Widowed | 7 | Filipino |  |  |
|  |  | 8 | Guamanian |  | **13. Other Race(s)** |
|  | **7. Primary Language** | 9 | Hawaiian | 1 | Alaskan Native |
| 1 | American Sign Language (ASL) | 10 | Japanese | 2 | American Indian |
| 2 | Arabic | 11 | Korean | 3 | Asian Native |
| 3 | Armenian | 12 | Laotian | 4 | Black/African-American |
| 4 | Cambodian | 13 | Other Asian | 5 | Cambodian |
| 5 | Cantonese | 14 | Other Race | 6 | Chinese |
| 6 | English | 15 | Samoan | 7 | Filipino |
| 7 | Farsi | 16 | Vietnamese | 8 | Guamanian |
| 8 | French | 17 | White | 9 | Hawaiian |
| 9 | Hebrew |  |  | 10 | Japanese |
| 10 | Hmong |  | **11. Education** | 11 | Korean |
| 11 | Ilacano | 1 | 01 Years | 12 | Laotian |
| 12 | Italian | 2 | 02 Years | 13 | Other Asian |
| 13 | Japanese | 3 | 03 Years | 14 | Other Race |
| 14 | Korean | 4 | 04 Years | 15 | Samoan |
| 15 | Lao | 5 | 05 Years | 16 | Vietnamese |
| 16 | Mandarin | 6 | 06 Years | 17 | White |
| 17 | Mien | 7 | 07 Years |  |  |
| 18 | Other Chinese Languages | 8 | 08 Years |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **14. Employment Status** | \*\*\* | **If Sonoma County did not contract with you to complete Assessments, leave boxes 15 through 19 blank.** |  | **19. General Medical Condition Summary Code** |
| 1 | Compet job market 20-35 hrs a week |  | **15. Diagnosis: ICD-9 and ICD-10 Codes (P) Primary or (S) Secondary** | 1 | Allergies |
| 2 | Compet job market 35 hrs or more a week |  |  | 2 | Anemia |
| 3 | Compet job market less thn 20 hrs a week |  | **16. Trauma (Y) Yes (N) No** | 3 | Arterial Sclerotic Disease |
| 4 | Full-time homemaking responsibility | 1 | Yes | 4 | Arthritis |
| 5 | Job Training, Full-Time | 2 | No | 5 | Asthma |
| 6 | Not in the labor force | 3 | Unknown | 6 | Birth Defects |
| 7 | Part-time school/job training |  |  | 7 | Blind / Visually Impaired |
| 8 | Rehabilitative work, 20 to 35 hrs a week |  | **17. Substance Abuse/Dependence** | 8 | Cancer |
| 9 | Rehabilitative work, 35 hrs or more a week | 1 | Yes | 9 | Carpal Tunnel Syndrome |
| 10 | Rehabilitative work, less 20 hrs a week | 2 | No | 10 | Chronic Pain |
| 11 | Resident/Inmate | 3 | Unknown/Not Reported | 11 | Cirrhosis |
| 12 | Retired |  |  | 12 | Cystic Fibrosis |
| 13 | School, full-time |  | **18. Diagnosing Practitioner** | 13 | Deaf / Hearing Impaired |
| 14 | Unemployed, actively seeking work |  | Enter Practitioner staff number assigned by Sonoma County | 14 | Diabetes |
| 15 | Unemployed, not actively seeking work |  |  | 15 | Digestive Disorders (Reflux, Irritable Bowel Syndrome) |
| 16 | Unknown |  |  | 16 | Ear Infections |
| 17 | Volunteer Work |  |  | 17 | Epilepsy / Seizures |
|  |  |  |  | 18 | Heart Disease |
|  |  |  |  | 19 | Hepatitis |
|  |  |  |  | 20 | Hypercholesterolemia |
|  |  |  |  | 21 | Hyperlipidemia |
|  |  |  |  | 22 | Hypertension |
|  |  |  |  | 23 | Hyperthyroid |
|  |  |  |  | 24 | Infertility |
|  |  |  |  | 25 | Migraines |
|  |  |  |  | 26 | Multiple Sclerosis |
|  |  |  |  | 27 | Muscular Dystrophy |
|  |  |  |  | 28 | No General Medical Condition |
|  |  |  |  | 29 | Obesity |
|  |  |  |  | 30 | Osteoporosis |
|  |  |  |  | 31 | Other |
|  |  |  |  | 32 | Parkinson's Disease |
|  |  |  |  | 33 | Physical Disability |
|  |  |  |  | 34 | Psoriasis |
|  |  |  |  | 35 | Sexually Transmitted Disease (STD) |
|  |  |  |  | 36 | Stroke |
|  |  |  |  | 37 | Tinnitus |
|  |  |  |  | 38 | Ulcers |
|  |  |  |  | 39 | Unknown / Not Reported General Medical Condition |