

FY2018 INTAKE PACKET (revision in progress)

DEMOGRAPHIC INTERVIEW			
1)	Gender [Interviewer, please code without asking]	01 – Male	02- Female
1a)	Sex	01 – Male 02 – Female 03 – Other 05 – Transgender 04 – Missing/unknown	
2)	What is your date of birth? ____ / ____ / ____ MO DAY YEAR	Age at intake: ____ 01 – Known 02 – Estimated by client 03 – Estimated by staff 999- Missing/unknown	
3)	How did you find out about this program?	01 - Self 02 - Social Service Source 03 - Legal Source 04 - Medical Source 05 - Mental Health Source 06 - Human Rights Source 07 - Family / Friend 08 - Client 77 - Don't Know 88 - Refused 09 - Other [Specify] _____	
4a)	What is your country of origin?	_____ [REFER TO CODEBOOK]	
5a)	When did you first leave your home country to seek refuge/asylum in another country?	____ / ____ MO YR	

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4b)	With whom did you leave? (Choose all that apply)	Alone...01 Friend...02 Smuggler ...03 Spouse...04 Children...05 Siblings...06 Parents...07 Other family member(s)...07 Colleague...08 Other [Specify]..._____09
7)	In what other countries have you resided? For how long? [Please refer to codebook for countries] For # of days: 66666666= N/A 77777777= Don't know 88888888= Refused 99999999= Missing	_____ / _____ [COUNTRY] [# OF DAYS] _____ / _____ [COUNTRY] [# OF DAYS] _____ / _____ [COUNTRY] [# OF DAYS]
4b)	In what countries were you persecuted?	_____ REFER TO CODEBOOK] _____ [REFER TO CODEBOOK] _____ [REFER TO CODEBOOK]
6)	When did you first arrive in the United States? 77777777= Don't know 88888888= Refused 99999999= Missing	____ / ____ / ____ MO DAY YR _____ [CALCULATE # OF DAYS SINCE ARRIVAL] # months pre intake: _____
23)	Which of the following best describes your current immigration status?	

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8)	<p>Do you have a religious affiliation? Yes [IF YES, what is it?] No.....[record/code n/a]</p>	<p>ORR categories (circle one):</p> <ol style="list-style-type: none"> 1. Buddhists 2. Jains 3. Confucianists 4. Hindus 5. Sikhs 6. Bahais 7. Shintoists 8. Taoists 9. Zoroastrians 10. Christians 11. Jews 12. Muslims 13. Nonbelievers/Agnostics 14. Other 15. Missing/Unknown
9)	<p>Do you belong to a specific ethnic group? Yes [IF YES, what is it?] No.....[record/code n/a]</p>	<p>[Use HURIDOCs CODEBOOK], RADS classification: _____</p>

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10)	<p>What is the highest grade or year of school you completed?</p> <p>Degree (Please specify): _____</p> <p>Vocational Apprenticeship or Professional Certificate (please specify): _____</p>	<p>00 01 02 03 04 05</p> <p>06 07 08 09 10 11</p> <p>12 13 14 15 16 17+</p>
10a)	<p>What kinds of educational programs or classes are you involved in currently?</p> <p>CIRCLE ALL THAT APPLY</p>	<p>01 - GED class</p> <p>02 - High School</p> <p>03 - Undergraduate degree class(es)</p> <p>04 - Graduate degree class(es)</p> <p>05 - ESL class(es)</p> <p>06 - Job training class(es)</p> <p>07 - Community college class (non-degree)</p> <p>08 - Personal development class(es)</p> <p>10 - Professional/Vocational Certificate Program</p> <p>11 - Apprenticeship</p> <p>09 - Other [Specify] _____</p> <p>66 - N/A</p>
11)	<p>Are you <u>currently</u> married or living with someone as though you were married? Or, are you widowed, separated, divorced or have you never been married?</p>	<p>01 - Married</p> <p>02 - Widowed</p> <p>03 - Separated</p> <p>04 - Divorced</p> <p>05 - Never Married</p>
12)	<p>Do you live with any family members now?</p> <p>Yes [IF YES, who?]</p> <p>No.....[record 00]</p> <p>[Please give the number of each type of relative]</p>	<p>A) Children ___</p> <p>B) Spouse ___</p> <p>C) Siblings ___</p> <p>D) Parents ___</p> <p>E) Other Family ___</p>
13)	<p>Do you have any other family members who live in the United States?</p> <p>Yes [IF YES, who?]</p> <p>No.....[record 00]</p> <p>[Please give the number of each type of relative]</p>	<p>A) Children ___</p> <p>B) Spouse ___</p> <p>C) Siblings ___</p> <p>D) Parents ___</p> <p>E) Other ___</p>
14)	<p>Do you have any family members who are living outside of the United States now?</p> <p>Yes [IF YES, who?]</p> <p>No.....[record 00]</p> <p>[Please give the number of each type of relative]</p>	<p>A) Children ___</p> <p>B) Spouse ___</p> <p>C) Siblings ___</p> <p>D) Parents ___</p> <p>E) Other ___</p>

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15)	<p>Which of the following best describes your current living situation?</p> <p>[Please describe with whom the client lives]</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>ORR categories (circle one):</p> <p>1. Stable housing: living in own room, apartment, house, etc., for six months or more.</p> <p>2. Unstable housing: moves frequently (more than twice per year), living in a common area (e.g., living room), living in an area not generally considered housing (e.g., work storeroom), or living in a motel.</p> <p>3. Homeless: no stable housing, living in a shelter, etc.</p> <p>4. In ICE detention</p> <p>5. Other</p> <p>6. Missing/unknown</p>	<p><i>Client is living:</i></p> <p>01 - In her/his own house /apt</p> <p>02 - In someone else's house / apt</p> <p>03 - In a hotel</p> <p>04 - Homeless*</p> <p>05 – ICE (Immigration detention)</p> <p>(*Homeless: no regular place to live, <u>but instead</u> stays in a shelter, a hotel paid for with a voucher, an abandoned building, all-night theater, car, outdoors, or other such places)</p> <p>[HOTEL PAID BY VOUCHER IS HOMELESS, HOTEL PAID BY OWN FUNDS IS <u>NOT</u>]</p>
15a)	<p>If living in someone else's house/apartment, do you pay rent?</p>	<p>00 - No</p> <p>01 – Yes</p>
15b)	<p>In what county do you live?</p>	<p>01 – Los Angeles</p> <p>02 – Orange</p> <p>03 – Riverside</p> <p>04 - San Bernardino</p> <p>05 - Ventura</p> <p>06 – Other</p>
16)	<p>Do you consider your housing and neighborhood safe?</p> <p>* If NO, please specify:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>00 – No*</p> <p>01 – Yes</p>
17)	<p>In general, would you say that your ability to <u>speak</u> English is:</p>	<p>02 - Very Good</p> <p>03 - Good</p> <p>04 - Fair</p> <p>05 - Poor</p> <p>06 – None</p>

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17a)	In general, would you say that your ability to <u>comprehend</u> or understand English is:	02 - Very Good 03 - Good 04 - Fair 05 - Poor 06 - None
18)	In general, would you say that your ability to <u>read</u> English is:	02- Very Good 03 - Good 04 - Fair 05 - Poor 06 - None
19)	In general, would you say that your ability to <u>write</u> English is:	02 - Very Good 03 - Good 04 - Fair 05 - Poor 06 - None
19a)	How did you learn English? CIRCLE ALL THAT APPLY	01 - School in home country 02 - ESL classes 03 - TV/radio 04 - Tutor/conversation partner 05 - Self-taught 06 - Other [specify]... _____
20)	What is/are your native languages? [REFER TO CODEBOOK]	1) 2) 3) 4)
21)	Can you read in one of your native languages?	00 - No 01 - Yes
22)	Can you write in one of your native languages?	00 - No 01 - Yes

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24)	<p>What is your current work status?</p> <p><u>ORR CODES for STATUS @ INTAKE: (circle one)</u></p> <p>1. No work authorization [Note: this includes those who work under the table or are not working] 2. Unemployed, work authorized, and not seeking 3. Unemployed, work authorized, and seeking 4. Employed (FT/PT) with work authorization 5. Unable to work (due to current physical or mental disability or condition) 6. Student 7. Primary caregiver not employed outside the house 8. Other 9. Missing/Unknown</p>	<p>01 - Full-time...01 02 - Part-time...02 03 - More than one part time job...03 04 - Unemployed...04 11 - Homemaker ...11 12 - In-kind work...12 06 - Retired...06 07 - Permanently Disabled...07 08 - Current work impairment...08 77 - Don't Know...77 88 - Refused...88 10 - Student [Specify] _____ 09 - Other [Specify] _____</p>
25)	<p>What was your primary occupation in your native country?</p>	<p>_____ [REFER TO CODEBOOK]</p>
26)	<p>What is your current occupation?</p>	<p>_____ [REFER TO CODEBOOK]</p>
26a)	<p>Are you currently involved in any community activities or volunteer services (i.e., sports team, religious organization, caregiving, volunteer work)?</p>	<p>00 - No 01 - Yes If yes, specify: _____</p>

PHYSICAL HEALTH NEEDS

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27)	How do you rate your physical health? (i.e., How do you rate your general health status?)	01 - Excellent 02 - Very Good 03 - Good 04 - Fair 05 - Poor
27a)	If you could rate your physical health on a scale from 1 to 10, with 1 being very poor physical health and 10 being the very best physical health, how would you rate your physical health?	01 02 03 04 05 06 07 08 09 10
28)	Is physical pain currently a problem for you? * If yes, please specify (i.e., type, length):	00 - No 01 - Yes*
29)	During the past 4 weeks, has your physical health limited the kind of work or other activities that you did? * If yes, please specify:	00 - No 01 - Yes*
30)	Do you have any permanent physical, injuries or scars as a result of the persecution you experienced? * If yes, please specify:	00 - No 01 - Yes
31)	Do you have any permanent physical injuries or scars as a result of something other than the persecution you experienced, such as an accident or surgery? * If yes, please specify:	00 - No 01 - Yes

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32)	Have you ever experienced a loss of consciousness due to injuries to the head?	00 – No 01 – Yes
33)	Do you currently have any medical conditions or problems? * If yes, please specify: _____ _____ _____	00 – No 01 – Yes
34)	Are you currently receiving any medical treatment? * If yes, please specify providers: _____ _____	No...00 Yes*...01 [IF YES, ASK 34a; OTHERWISE SKIP TO Q35]
34a)	If yes, who provides this medical treatment? CIRCLE ALL THAT APPLY	01 - Primary Care Physician 02 - Other physician (specialist) 03 - Nurse/Nurse practitioner 04 – Midwife 05 - Spiritual/folk healer 06 - Herbalist 07 - Acupuncturist 08 - Community health worker 09 - Other [specify] 66 – N/A
35)	Do you currently have health insurance? * If yes, please specify coverage: _____ _____	00 – No 01 – Yes
36)	Are you currently taking any medications? * If yes, please specify medications and dosages:	00 – No 01 – Yes

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37)	During the past 12 mos., how many visits did you have with a health professional in office/ clinic, not counting overnight stays in a hospital?	Number of visits: ____
38)	Over the past 12 mos., did you want medical care you felt was necessary (e.g., seeing a doctor) but were unable to do so or had to delay it? If yes, please specify:	00 – No 01 – Yes
39)	During the past four weeks, have you used any other treatments, such as herbal medications, traditional remedies, acupuncture, or chiropractic care? If yes, please specify:	00 – No 01 – Yes
40)	In the past 12 mos., were you a patient in a hospital overnight or longer?	00 – No 01 – Yes
41)	In the past 12 mos. how many dental visits did you have?	Number of visits:
42)	During the past 12 months, did you want or need dental care but were not able to or had to delay it? If yes, please list reasons:	00 – No 01 – Yes
43)	Do you smoke cigarettes currently?	00 – No [ASK Q44] 01 – Yes [RECORD “YES” for Q44]
44)	Have you ever smoked cigarettes?	00 – No 01 – Yes
45)	Do you currently drink alcohol?	00 – No [ASK Q46] 01 – Yes RECORD “YES” for Q46]
46)	Have you ever drunk alcohol?	00 – No 01 – Yes

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47)	Are you currently pregnant? (*If yes, how many months _____)	00 – No [SKIP TO Q48] 01 – Yes [ASK Q47a] 66 – N/A [SKIP TO Q48]
	* 47a) Are you receiving pre-natal care?	00 – No 01 – Yes 66 – N/A

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PRIMARY COMPLAINT/PRESENTING PROBLEM

ORR's Definition: primary complaint stated by client as the *main reason given* (from list below) for coming to PTV. Client can have only one primary complaint (even though survivors often have simultaneous needs).

[CIRCLE ONLY ONE]

1. **Psychiatric/Psychological Problems** - signs or symptoms of conditions such as psychosis, depression, acute anxiety, post-traumatic stress disorder, etc.
2. **Psychosocial and Environmental Problems**
 - a. Problems w/community, family, or social support (e.g., family separation; other personal relationship problems)
 - b. Educational and/or language problems (e.g., illiteracy, ESL)
 - c. Occupational problems (e.g., unemployment, no work authorization)
 - d. Housing problems (e.g. homelessness, unsafe neighborhood)
 - e. Economic problems (e.g., lack of financial resources to meet basic human needs)
 - f. Access to health care problems (e.g. healthcare not available)
 - g. Problems with childcare
 - h. Other – NOS (e.g. discord with other providers/unavailability of social service agencies)
3. **Health or Medical Problems**
 - a. Acute (client required or requested immediate referral to a hospital/ medical care provider)
 - b. Non-Acute (Chief complaint is medical/health-related, did not require immediate eval or tx referral.
4. **Legal Problems** (unavailability of legal counsel, assistance w/asylum application, needs expert testimony, etc.)
5. **Other**
6. **Missing/Unknown**

WORKING DIAGNOSIS

AXIS I (CIRCLE ONE):

- 1) MDD
- 2) PTSD
- 3) MDD & PTSD
- 4) MDD & OTHER
- 5) PTSD & OTHER
- 6) MDD, PTSD, & OTHER
- 7) OTHER
- 999) Missing/unknown

IF YOU CHOSE OTHER, SPECIFY DXs:

ORIGIN OF DX (CIRCLE ONE):

- 1) CLINICIAN INTERVIEW
- 2) DIAGNOSTIC SCALE
- 3) OTHER PROGRAM DX

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PRIMARY COMPLAINT/PRESENTING PROBLEM

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47b) What brings you to PTV, and how do you hope we can help you? **[Write what client says]**

[illegible]

OBSERVATIONS:

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EMOTIONAL HEALTH NEEDS		
48)	In general, you would say that your emotional well-being is:	01 – Excellent 02 – Very Good 03 – Good 04 – Fair 05 – Poor
48a)	If you could rate your emotional well-being on a scale from 1 to 10, with 1 being very poor emotional well-being and 10 being the very best emotional well-being, how would you rate your emotional well-being?	01 02 03 04 05 06 07 08 09 10
49)	During the past 4 weeks, did you have difficulty doing your work or other activities as well as usual because of emotional problems such as feeling depressed or anxious? * If yes, please specify: _____ _____	00 – No 01 – Yes
50)	In the past 12 months, have you spoken with any professional other than PTV staff about your feelings? (For example, a professional like the people who work in our office: a psychiatrist, psychologist, psychiatric social worker, psychiatric nurse, or marriage or family counselor?)	00 – No [SKIP TO Q51] 01 – Yes [ASK Q50a & 50b]
50a)	During the past 12 mos. how many visits did you make to a professional for emotional problems? # of visits: _____	Not applicable.....66
50b)	From whom did you receive treatment or counseling for an emotional, personal, or family problem? * If applicable, please specify providers: _____ _____ _____	[CIRCLE ALL THAT APPLY] 01 - Mental Health Professional 02 - Minister/Priest 03 – Traditional/spiritual healer 09 - Other [Specify] 66 – N/A
51)	During the past 12 months, did you want to talk to a professional about a psychological or emotional health problem (such as seeing a psychologist, psychiatrist, counselor, or therapist), but were unable to or had to delay it? * If yes, please list reasons: _____	00 – No 02 – Yes

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52) What are some of the things you do to make yourself feel better now, or when you were experiencing difficulty in your country? [PROBE] [PLEASE DO NOT READ LIST OF CATEGORIES TO CLIENT. LIST IS FOR CODING PURPOSES ONLY.]		I Please circle ALL that apply	
		Currently?	In Home Country?
	Religious belief/spirituality	01	02
	Seeking support from family/friends	01	02
	Political beliefs or commitment to a cause	01	02
	Will to survive	01	02
	Luck/chance/fate	01	02
	Anger/desire for revenge	01	02
	Humor/irony	01	02
	Emotional distancing/numbing	01	02
	Fantasy/escapism	01	02
	Dissociation	01	02
	Cooperation with torturers	N/A	02
	Deception of torturers (tricks, mind games)	N/A	02
	Support from other prisoners/victims	01	02
	Activities/physical exercise	01	02
	Avoidance of trauma reminders	01	02
	Listening to music	01	02
	Art	01	02
	Prescribed medication	01	02
	Alcohol or other drugs	01	02

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	Internet usage	01	02
	Gambling	01	02
	Other [specify: _____]	01	02

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Hopkins Symptom Checklist-25 (HSCL-25)

I am going to read you a list of symptoms or problems that people sometimes have. Please listen carefully as I read each one and decide how much the symptoms bothered or distressed you in the last week, including today. **[PLEASE SHOW THE CLIENT THE CUE CARD MARKED “HSCL-25” AS YOU POINT TO AND ILLUSTRATE EACH POSSIBLE RESPONSE CATEGORY.]** Was it, “Not at all,” “A little bit,” “Quite a bit,” or “Extremely”?

[PLEASE CIRCLE THE NUMBER IN THE APPROPRIATE COLUMN FOR EACH OF THE CLIENT'S RESPONSES.]

Part I: Anxiety

How much did the following symptoms bother you in the past week?	Not at All	A little	Quite a bit	Extremely
53) Suddenly scared for no reason	01	02	03	04
54) Feeling fearful	01	02	03	04
55) Faintness, dizziness, or weakness	01	02	03	04
56) Nervousness or shakiness inside	01	02	03	04
57) Heart pounding or racing	01	02	03	04
58) Trembling	01	02	03	04
59) Feeling tense or keyed up	01	02	03	04
60) Headaches	01	02	03	04

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61) Spells of terror or panic	01	02	03	04
62) Feeling restless, can't sit still	01	02	03	04

Anxiety Score = $\frac{\text{ITEMS 53-62}}{10}$ = _____

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Part II: Depression

How much did the following symptoms bother you <u>in the past week?</u>	Not at all	A little	Quite a bit	Extremely
63) Feeling low in energy, slowed down	01	02	03	04
64) Blaming yourself for things	01	02	03	04
65) Crying easily	01	02	03	04
66) Loss of sexual interest or pleasure	01	02	03	04
67) Poor appetite	01	02	03	04
68) Difficulty falling asleep, staying asleep	01	02	03	04
69) Feeling hopeless about the future	01	02	03	04
70) Feeling blue	01	02	03	04
71) Feeling lonely	01	02	03	04
72) Thoughts of ending your life	01	02	03	04
73) Feeling of being trapped or caught	01	02	03	04
74) Worrying too much about things	01	02	03	04
75) Feeling no interest in things	01	02	03	04

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76) Feeling everything is an effort	01	02	03	04
77) Feelings of worthlessness	01	02	03	04

Depression Score = $\frac{\text{ITEMS 63-77}}{15}$ = _____ **Total Score** = $\frac{\text{ITEMS 53-77}}{25}$ = _____

Individuals with scores on anxiety and/or depression and/or total > 1.75 are considered symptomatic. See HSCL-25 Manual for additional information.

PTSD Checklist National Center for PTSD

I am going to read a list of problems and complaints people sometimes have after being tortured or experiencing other hurtful or terrifying events. As I read each one, please tell me how much you've been bothered by these things in the past month. **[PLEASE SHOW THE CLIENT THE CUE CARD MARKED "CHECKLIST" AS YOU POINT TO AND ILLUSTRATE EACH POSSIBLE RESPONSE CATEGORY.]** Was it, "Not at all," "A little bit," "Moderately," "Quite a bit," or "Extremely"?

[PLEASE CIRCLE NUMBER IN APPROPRIATE COLUMN FOR EACH OF CLIENT'S RESPONSES.]

In the past month, how much have you been bothered by _____?	Not at all	A Little bit	Moderately	Quite a bit	Extremely
78) Repeated, disturbing memories, thoughts, or images of these events?	01	02	03	04	05
79) Repeated, disturbing dreams of these events?	01	02	03	04	05
80) Suddenly acting or feeling as if these events were happening again (as if you were reliving it)?	01	02	03	04	05
81) Feeling very upset (worried or distressed) when something reminded you of these events?	01	02	03	04	05

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82) Having physical reactions (like your heart pounding, trouble breathing, sweating) when something reminded you of these events?	01	02	03	04	05
83) Avoiding thinking about or talking about these events or avoiding having feelings related to them?	01	02	03	04	05
84) Avoiding activities or situations because they reminded you of these events?	01	02	03	04	05
85) Trouble remembering what happened during these events (don't count things you couldn't remember because you were unconscious)?	01	02	03	04	05
86) Loss of interest in activities that you used to enjoy?	01	02	03	04	05
87) Feeling distant or cut off from other people?	01	02	03	04	05

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In the past month, how much have you been bothered by _____?	Not at all	A Little bit	Moderately	Quite a bit	Extremely
88) Feeling emotionally numb or being unable to have loving feelings for those close to you?	01	02	03	04	05
89) Feeling as if your future somehow will be cut short?	01	02	03	04	05
90) Trouble falling or staying asleep?	01	02	03	04	05
91) Feeling irritable or having angry outbursts?	01	02	03	04	05
92) Having difficulty concentrating?	01	02	03	04	05
93) Being "super alert" or watchful or on guard?	01	02	03	04	05
94) Feeling jumpy or easily startled?	01	02	03	04	05

Responses are summed to generate the following scores:

Total PTSD Symptom Severity Score = ITEMS 78-94 = _____

Individuals with scores ≥ 50 (possible scores = 17-85) merit a PTSD diagnosis.

Subscale scores for each of 3 symptom clusters = individual is classified as having PTSD if they report having been at least moderately bothered by
 1 or more re-experiencing symptoms (items 78-82),
 3 or more avoidance symptoms (items 83-89), and
 2 or more arousal symptoms (items 90-94) over the last month.

CLIENT ID: 3 - _____ - 12
 Client#

ADMINISTERED BY: _____

DATE: ____ - ____ - _____ 09=Other; 66=N/A; 77=Don't Know; 88=Refused; 99=Missing

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CASE MANAGEMENT NEEDS ASSESSMENT

(NOTE: Not a structured interview – to be used as an interview guide. Preface the conversation with something like: “PTV tries to understand client’s practical needs and tries to help them find solutions. We often help clients learn how to find bus routes, connect them with ESL or other classes, and help them see where to look online for jobs, housing, services, or other needs. While we wish we could provide more help, we are a small agency and our resources are very limited.”

116)° What is your means of financial support? (circle all that apply) a. self b. friends/relatives c. SSI/SSDI d. worker’s compensation e. TANF f. general assistance g. asylee/refugee benefits i. no means of financial support j. other (specify: _____)		
115) Do you have an Employment Authorization Document (work permit)? Yes No If so, when? r M____ D____ Yr _____		
122) Do you send financial support back to others in your country? Yes No <i>(Note: please indicate if client wishes to but cannot.)</i>		
112)° Daily living needs: How do you meet your daily living needs? Are there needs you have, that you are not able to meet? (Continue to probe. Check off items that express a currently unmet need)		
	Unmet need?	Explanations/Comments
a) food		
b) clothing		
c) housing		
d) household goods		
e) transportation (bus system, financial, public transportation)		
113)° Physical functioning needs: Do you need any of the following?		
f) wheelchair/cane		
g) vision exam or glasses		
h)° dental exam or services		
i) hearing exam or aid		
j) speech eval./therapy		
k) assistance attending medical appointments		
l) other (specify: _____)		

CLIENT ID: 3 - _____ **- 12**
Client#

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114) Legal advocacy: Do you have any of the following legal needs?		
	Need?	Explanations/Comments
a) asylum matters		
b) residence/citizenship		
c) family reunification		
d) criminal proceedings		
e) other (specify:_____)		
117)° Educational and Vocational Needs: (If and when you are eligible), do you have an interest in pursuing further education or vocational services?		
a) job placement		
b) job counseling		
c) job training		
d) career/educational counseling		
e) career/educational placement		
f) other (specify:_____)		
118)° Social Support System Needs: Do you need any of the following social support services?		
a) links to family members		
b) links to social/community groups		
c) links to ethnic organizations		
d) other (specify:_____)		
119)° Language needs: Do you need any of the following language support services?		
a) interpreter/translations (<i>check the box if client uses PTV interpreter OR needs interpreter</i>)		
b) ESL classes		
c) other (specify:_____)		
d) currently enrolled in ESL class? (<i>circle one</i>) Yes No		
OTHER SPECIAL NEEDS (Notes):		

CLIENT ID: 3 - _____ - 12
Client#

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CLIENT ID: 3 - _____ **- 12**
Client#

ADMINISTERED BY: _____

DATE: ____ - ____ - _____ 09=Other; 66=N/A; 77=Don't Know; 88=Refused; 99=Missing