



44043

# CMHEI - Socio-Demographic Information - F2

(Please print using BLOCK letters or numbers inside boxes)

STA (F2)  
CM  
pg 1/6

ID:

Date (mm/dd/yy):  /  /

Person Completing Form:

Indicate Period:  Baseline  Follow-up 3  
 Follow-up 1  Follow-up 4  
 Follow-up 2

GENDER:  Female  Male

DATE OF BIRTH (mm/dd/yy):  /  /

EDUCATION - years of school completed: (Please circle one.)

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
Primary									Secondary						Post-secondary					

MARITAL STATUS: (check one)

Single, Never Married  Separated

Married  Divorced

Cohabiting with Significant Other  Widowed

## ILLNESS INFORMATION:

Indicate consumer's diagnoses (given by licensed mental health professional) using the following categories. Select one or more:

- Mood disorder
- Anxiety disorder
- Schizophrenic disorder
- Personality disorder
- Developmental handicap
- Substance-related disorder
- Mental disorders due to a medical condition
- Delirium, dementia, amnesic, other cognitive disorders
- Specific disorder of childhood/ adolescence
- Other
- Unknown

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# CMHEI - Health, Education and Legal Issues - F2

(Please print using BLOCK letters or numbers inside boxes)

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ID:

Date (mm/dd/yy):  /  /

Person Completing Form:

Indicate Period:  Baseline  Follow-up 3  
 Follow-up 1  Follow-up 4  
 Follow-up 2

If no follow-up data collected, fill in circle and return form to CC:  No follow-up

### Health and Compliance (in the past 9 MONTHS):

Please use the following scale to rate the consumer's physical health problems in the past **9 MONTHS**:

- No physical health problem.
- Minor health problems (e.g. cold, non-serious fall, etc.).
- Physical health problem imposes mild restriction on mobility and activity.
- Moderate degree of restriction on activity due to physical health problem.
- Severe or complete incapacity due to physical health problem.

How often does the consumer attend scheduled/ planned contacts with his/

- Most of the time
- About half of the time
- Less than half of the time
- Not at all
- Unknown

How often does the consumer have any contact with his/ her primary worker (not completed at baseline)?

- Daily
- At least weekly
- At least monthly
- Less than monthly
- Not at all

Has the consumer been prescribed medications for emotions, nerves or alcohol/ drug abuse?  Yes  No

If yes, how often does he/she take these medications as prescribed?

- Most of the time
- About half of the time
- Less than half of the time
- Unknown

### Education:

Has the consumer currently been enrolled as a student (in the past week)?  Yes  No

Has the consumer been enrolled as a student during the past **9 MONTHS**?  Yes  No

Go to "Legal Issues" section

What is the most recent institution?:  Secondary (High School)  Vocational/Technical / Trade School  
 Adult Education  University  
 Community College  Other

Was the program:  Full-time  Part-time

How regularly did the consumer attend classes?  Most of the time  Less than half of the time  
 About half of the time  Unknown

### Legal Issues:

Please answer the following questions for the period beginning **9 MONTHS** ago and ending today. Has the consumer...

... been arrested?  No  Yes If yes, # of arrests:

... spent any nights in prison/ jail?  No  Yes If yes, # of nights:

# separate prison/ jail episodes:

# episodes for offences committed in **last 9 MONTHS**:

... been on parole/probation?  No  Yes If yes, # of episodes:

# episodes for offences committed in **last 9 MONTHS**:

... been violently victimized?  No  Yes If yes, # of times:

... been otherwise victimized?  No  Yes If yes, # of times:

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# CMHEI - Employment Log - F2

(Please print using BLOCK letters or numbers inside boxes)

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ID:

Date (mm/dd/yy):  /  /

Person Completing Form:

Indicate Period:  
 Baseline       Follow-up 3  
 Follow-up 1       Follow-up 4  
 Follow-up 2

Is the consumer **CURRENTLY** working, including volunteer work?     No     Yes

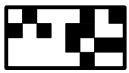
For the **9 MONTH** period ending today, total number of different jobs (paid & unpaid):  If none, go to next page

For the **9 MONTH** period ending today, list details of each different job (paid & unpaid) starting with most recent (or current) job:

Job status	Paid?	Job support	Self-employed?	Employed by CSI?	# of weeks
<input type="radio"/> Full-time <input type="radio"/> Part-time regular <input type="radio"/> Part-time casual	<input type="radio"/> Volunteer <input type="radio"/> Paid (if so, give hourly wage) \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="radio"/> Sheltered workshop <input type="radio"/> Other supported approach <input type="radio"/> Independent	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/> <input type="text"/>
<input type="radio"/> Full-time <input type="radio"/> Part-time regular <input type="radio"/> Part-time casual	<input type="radio"/> Volunteer <input type="radio"/> Paid (if so, give hourly wage) \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="radio"/> Sheltered workshop <input type="radio"/> Other supported approach <input type="radio"/> Independent	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/> <input type="text"/>
<input type="radio"/> Full-time <input type="radio"/> Part-time regular <input type="radio"/> Part-time casual	<input type="radio"/> Volunteer <input type="radio"/> Paid (if so, give hourly wage) \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="radio"/> Sheltered workshop <input type="radio"/> Other supported approach <input type="radio"/> Independent	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/> <input type="text"/>
<input type="radio"/> Full-time <input type="radio"/> Part-time regular <input type="radio"/> Part-time casual	<input type="radio"/> Volunteer <input type="radio"/> Paid (if so, give hourly wage) \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="radio"/> Sheltered workshop <input type="radio"/> Other supported approach <input type="radio"/> Independent	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/> <input type="text"/>
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<input type="radio"/> Full-time <input type="radio"/> Part-time regular <input type="radio"/> Part-time casual	<input type="radio"/> Volunteer <input type="radio"/> Paid (if so, give hourly wage) \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="radio"/> Sheltered workshop <input type="radio"/> Other supported approach <input type="radio"/> Independent	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/> <input type="text"/>

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# CMHEI - Financial Log - F2

(Please print using BLOCK letters or numbers inside boxes)

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ID:

Date (mm/dd/yy):  /  /

Person Completing Form:

Indicate Period:  Baseline  Follow-up 3  
 Follow-up 1  Follow-up 4  
 Follow-up 2

Did the consumer have a regular source of income/ benefits during the past **9 MONTHS**?  Yes  No

If no, go to next page

If consumer did have a regular source of income/ benefits, indicate average monthly income during the past **9 MONTHS**? (Code 9999 if amount received is unknown.)

\$

For a **TYPICAL MONTH** in the past **9 MONTHS**, indicate sources of income/ benefits:

	Indicate whether source received	Indicate amount rec'd from EACH source (Code \$9999 if amount rec'd unknown)	Mark primary source (only one)
Ontario Works (General Welfare Assistance)	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
Ontario Disability Support Program (Family Benefits Allowance)	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
Disability Income (GAINS-D, CPP)	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
Gross Earnings (self)	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
Pension/ Insurance (Workman's Compensation, Old Age Supplement (OAS), GIS, SPA, Employment Insurance)	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
Contributions from family (including Spouse/ Partner) for living expenses ( e.g., rent, food, utilities, allowance)	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
Other Income, not Earnings or Benefits (e.g., alimony, child support, trust fund, inheritances) Specify:	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>

At any time in the past 9 months, was the consumer on Ontario Drug Benefits (ODB)?

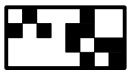
Yes  if so, how many months?  
 No

At any time in the past 9 months, has the consumer had a public trustee?

Yes  if so, how many months?  
 No

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# CMHEI - Hospitalization Log - F2

(Please print using BLOCK letters or numbers inside boxes)

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ID:

Date (mm/dd/yy):  /  /

Person Completing Form:

Indicate Period:  
 Baseline       Follow-up 3  
 Follow-up 1       Follow-up 4  
 Follow-up 2

Has the consumer had any overnight stays during the past **9 MONTHS**?  
(e.x., for treatment, detox, safe bed)       Yes       No      **If no, go to next page**

If yes, please provide the following information for each separate stay:

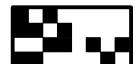
Facility (enter first 12 letters)	Province (if not ON)	Reason* (check all that apply)	Facility code**	Voluntary	Days in Facility (enter 9's if unknown)	Admission date also in last 9 months?
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> Psy <input type="radio"/> SA <input type="radio"/> Detox <input type="radio"/> Med	<input type="radio"/> PPH <input type="radio"/> Sp <input type="radio"/> GH1 <input type="radio"/> GH <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
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\*: Reason:    PSY: Psychiatric    SA: Substance Abuse treatment    DETOX: Detoxication    MED: Medical

\*\*: Facility Codes:

PPH: Provincial Psychiatric Hospital    SP: Specialty Hospital  
GH1: General hospital with psychiatric ward (schedule 1)  
GH: General hospital without psychiatric ward (non-schedule 1)  
Other: Non-hospital setting

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# CMHEI - Residential Log - F2

(Please print using BLOCK letters or numbers inside boxes)

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ID:

Date (mm/dd/yy):  /  /

Person Completing Form:

Indicate Period:  Baseline  Follow-up 3  
 Follow-up 1  Follow-up 4  
 Follow-up 2

### CURRENT SETTING:

Which setting best represents where the consumer is currently staying/ sleeping?

Private house/ apartment  
 Group home (Shared common space, varying levels of support.)  
 Hostel/ shelter  
 Boarding/ Foster home  
 Rooming house

How many people share this house/ apt/home (include consumer)?

How many people live under this roof (include consumer)?

Retirement/ Long term care facility  
 Correctional facility  
 Hospital  
 On the street  
 Other

If consumer is currently staying in a facility, hospital, or on the street go to "STABILITY".

For this current setting,

Who does the consumer CURRENTLY (in the past week) live with? (Indicate all that apply.)

Spouse/Partner  Parent(s)  Child(ren)  Other family  Alone  Friend(s)/Other non-family

Is the consumer sharing a bedroom (excluding spouse/ partner)?  Yes  No

Level of staff support LINKED to the residential setting (e.g., support is lost if consumer moves). Exclude support provided by family.

Indicate all that apply.  None  On call  Regular  On site (specify):  Night  Day  24 hour  
(e.g. Crisis) Visit

Does the consumer pay rent?  Yes  No

IF YES: Amount of monthly rent: (enter 9's if unknown) \$

Is the rent either geared to his/ her income or subsidized in some other way?  Yes  No  
Does this amount include board?  Yes  No

### STABILITY:

How many nights (consecutive or non-consecutive) has the consumer spent on the streets or in the shelters in the past 9 months?

None  <7 days  7-30 days  31-90 days  >90 days

Does the consumer expect to be staying where he/she is for less than 60 days in total (include # of days already there)?  Yes  No

How many times has the consumer moved during the past 9 months (excluding hospital and jail)?

If 0, go to NEXT PAGE

### MAIN SETTING:

Which setting best represents where the consumer stayed/slept most nights in the past 9 months?

Private house/ apartment  
 Group home (Shared common space, varying levels of support.)  
 Hostel/ shelter  
 Boarding/ Foster home  
 Rooming house

How many people shared this house/ apt/home (include consumer)?

How many people lived under this roof (include consumer)?

Retirement/ Long term care facility  
 Correctional facility  
 Hospital  
 On the street  
 Other

If consumer stayed most nights in a facility, hospital or on the street, go to NEXT PAGE.

For this main setting,

Who was the consumer living with? (Indicate all that apply.)

Spouse/Partner  Parent(s)  Child(ren)  Other family  Alone  Friend(s)/Other non-family

Was the consumer sharing a bedroom (excluding spouse/ partner)?  Yes  No

Level of staff support LINKED to the residential setting. Exclude support provided by family.

Indicate all that apply.  None  On call  Regular  On site (specify):  Night  Day  24 hour  
(e.g. Crisis) Visit

Did the consumer pay rent?  Yes  No

IF YES: Amount of monthly rent: (enter 9's if unknown) \$

Was the rent either geared to his/ her income or subsidized in some other way?  Yes  No  
Does this amount include board?  Yes  No

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