

EMPLOYMENT/SUPPORT STATUS

Client ID # \_\_\_\_\_

\*1. Education completed (GED = 12 years)      
Years Months

How much money did you receive from the following sources in the past 30 days? Questions 12-17

\*2. Training or technical education completed    
Months

12. Employment (net income)

3. Do you have a profession, trade or skill?   
0 - No 1 - Yes, specify: \_\_\_\_\_

13. Unemployment compensation

4. Do you have a valid driver's license? 0 - No 1 - Yes

14. DPA

5. Do you have an automobile available for use?   
(Answer No if no valid driver's license) 0 - No 1 - Yes

15. Pension, benefits or social security

6. How long was your longest full-time job?      
Years Months

16. Mate, family or friends (money for personal expenses)

\*7. Usual (or last) occupation. (Specify in detail)   
\_\_\_\_\_

17. Illegal

8. Does someone contribute to your support in any way?   
0 - No 1 - Yes

18. How many people depend on you for the majority of their food, shelter, etc.?

9. (ONLY IF ITEM 8 IS YES) Does this constitute the majority of your support? 0 - No 1 - Yes

19. How many days have you experienced employment problems in the past 30?

10. Usual employment pattern (past 3 years)   
1 - full time (40 hrs/wk) 5 - service  
2 - part time (reg hours) 6 - retired/disability  
3 - part time (irreg, daywork) 7 - unemployed  
4 - student 8 - in controlled envmnt.

FOR QUESTIONS 20 & 21 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

20. How troubled or bothered have you been by these employment problems in the past 30 days?

21. How important to you *now* is counseling for these employment problems?

INTERVIEWER SEVERITY RATING

11. How many days were you paid for working in the past 30? (include "under the table" work)

22. How would you rate the patient's need for employment counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

23. Patient's misrepresentation 0 - No 1 - Yes

24. Patient's inability to understand? 0 - No 1 - Yes

Comments: