

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
HOSPITAL INTERVENTION MONTHLY ACTIVITY REPORT

MO.	YR.	PRUNUMBER	PROG. CODE 1710	FACILITY NAME	AGENCY CONTACT PERSON	TELEPHONE NO. ()
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SEQUENTIAL INTERVENTION PROCESS PATIENT ACTIVITY		TOTAL	PATIENT CHARACTERISTICS											
			GENDER		RACE/ETHNICITY				AGE					
			MALE	FEMALE	WHITE	BLACK	HISPANIC	OTHER	19 And Under	20 - 34	35 - 44	45 - 54	55 - 64	65 And Over
		A	B	C	D	E	F	G	H	I	J	K	L	M
I. Screening	1. Admissions- Total													
	2. Screens	a. Total												
		b. Positive Screens												
II. Assessment	3. Assessments- Total													
	4. No Problem													
III. Intervention	5. Brief Interventions													
	6. Full Interventions	a. # Identified												
		b. # Conducted												
	7. Alcohol Treatment Referrals	a. Total												
		b. Outpatient												
		c. Detox												
		d. Inpatient												
		e. Other												
	8. Substance Abuse Treatment Referrals	a. Total												
		b. Ambulatory												
		c. Detox												
		d. Residential/Rehab.												
		e. Other												
9. Self-Help Only Referrals														
10. Other Professional Help														
11. Refused Referrals	a. Total													
	b. Education Provided													
V. Follow-Up	12. Follow-Up (Alc. Treatment)													
	13. Appeared for Intake (Alc.)													
	14. Follow-Up (Sub Treatment)													
	15. Appeared for Intake (Sub)													