### PATIENT ACTIVITY

#### I. Identification
1. VESID Intakes
   - a. Total HHF
   - b. Positive HHF
2. Screenings
   - a. Staff
   - b. Vendor
3. Observations
   - a. Total
4. Self

#### II. Assessment
5. Assessments - Total
6. No Problem

#### III. Intervention
7. Relapse Prevention
8. Brief Interventions
9. Full Interventions

#### IV. Referral
10. Drug Abuse Treatment Referrals
   - a. Total
   - b. Ambulatory
   - c. Detoxification
   - d. Residential/Rehab.
   - e. Other
11. Other Chemical Dependency (C.D.) Treatment Referrals
   - a. Total
   - b. Outpatient
   - c. Detoxification
   - d. Inpatient
   - e. Other
12. Self-Help Only Referrals
13. Other Professional Help
14. Refused
   - a. Total
   - b. Education Provided

#### V. Follow-Up
15. Follow-Up (Drug Treatment)
16. Appeared for Intake (Drug Treatment)
17. Follow-Up (Other C.D. Treatment)
18. Appeared for Intake (Other C.D. Treatment)