



TEDS

NAME: _____ **DATE:** _____

(PLEASE CIRCLE YOUR SELECTIONS AND PRINT LEGIBLY WHEN REQUIRED)

HAVE YOU EVER FELT THE NEED TO BET MORE & MORE MONEY? YES / NO

HAVE YOU HAD TO LIE TO PEOPLE IMPORTANT TO YOU ABOUT HOW MUCH YOU GAMBLE? YES / NO

HOW IMPORTANT TO YOU NOW IS TREATMENT FOR ALCOHOL PROBLEMS?

NOT AT ALL / SLIGHTLY / MODERATELY / CONSIDERABLY / EXTREMELY

HOW IMPORTANT TO YOU NOW IS TREATMENT FOR DRUG PROBLEMS?

NOT AT ALL / SLIGHTLY / MODERATELY / CONSIDERABLY / EXTREMELY

HOW IMPORTANT TO YOU IS TREATMENT FOR PSYCHOLOGICAL PROBLEMS?

NOT AT ALL / SLIGHTLY / MODERATELY / CONSIDERABLY / EXTREMELY

ARE YOU A VETERAN? YES / NO

PLEASE WRITE OUT THE RACE/ETHNICITY WITH WHICH YOU IDENTIFY:

LIVING ARRANGMENT

ALONE / WITH FAMILY / WITH UNRELATED PERSON / IN TRANSITIONAL /
WITH PARENT OR SIBLINGS / WITH SPOUSE ONLY / OTHER: _____

MARITAL STATUS

NEVER MARRIED / MARRIED / WIDOWED / DIVORCED / SEPARATED /
REMARRIED / COMMON LAW / LIVING AS MARRIED

NUMBER OF MINOR CHILDREN IN YOUR CARE: _____

WHO CARES FOR THEM WHILE YOU'RE IN TREATMENT? _____

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NUMBER OF CHILDREN REMOVED FROM CUSTODY / IN DFS CUSTODY:

LEGAL STATUS

NONE / PROBATION / PAROLE / AWAITING DISPOSITION / INCARCERATED

CURRENTLY PREGNANT (if applicable): YES / NO

NUMBER OF ARRESTS IN THE PAST 30 DAYS: _____

NUMBER OF LIFETIME DUI ARRESTS: _____

HIGHEST LEVEL OF EDUCATION COMPLETED: (MARK YOUR ANSWER)

- | | | |
|--|---|---|
| <input type="checkbox"/> KINDERGARTEN | <input type="checkbox"/> 10 TH GRADE | <input type="checkbox"/> 2 ND YEAR COLLEGE |
| <input type="checkbox"/> 1 ST GRADE | <input type="checkbox"/> 11 TH GRADE | <input type="checkbox"/> 3 RD YEAR COLLEGE |
| <input type="checkbox"/> 2 ND GRADE | <input type="checkbox"/> 12 TH GRADE | <input type="checkbox"/> 4 TH YEAR COLLEGE |
| <input type="checkbox"/> 3 RD GRADE | <input type="checkbox"/> TECH EDUCATION | <input type="checkbox"/> GRADUATE |
| <input type="checkbox"/> 4 TH GRADE | INSTEAD OF HIGH | COLLEGE |
| <input type="checkbox"/> 5 TH GRADE | SCHOOL | <input type="checkbox"/> 1 ST YEAR |
| <input type="checkbox"/> 6 TH GRADE | <input type="checkbox"/> G.E.D. | GRADUATE |
| <input type="checkbox"/> 7 TH GRADE | <input type="checkbox"/> TECH EDUCATION | <input type="checkbox"/> MASTER'S DEGREE |
| <input type="checkbox"/> 8 TH GRADE | PLUS HIGH SCHOOL | <input type="checkbox"/> 3 RD YEAR |
| <input type="checkbox"/> 9 TH GRADE | <input type="checkbox"/> 1 ST YEAR COLLEGE | GRADUATE |

ARE YOU ENROLLED IN SCHOOL OR A JOB TRAINING PROGRAM?

YES / NO

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SPECIAL EDUCATION: (CIRCLE ALL THAT APPLY)

NO SPECIAL EDUCATION / BEHAVIOR DISORDERED CLASSROOM / EDUCABLE
MENTAL RETARDATION / ELEMENTARY AND SECONDARY SPECIAL EDUCATION
LEARNING DISABLED CLASSROOM / REMEDIAL READING / RESOURCE ROOM /
SPECIAL EDUCATION (UNSPECIFIED) / SPECIAL EDUCATION TESTING
SUGGESTED / SPECIAL SCHOOL / SPEECH THERAPY / TRAINABLE MENTAL
RETARDATION

EMPLOYMENT STATUS: (CIRCLE THE APPROPRIATE ANSWER)

EMPLOYED-FULL TIME (35+ HOURS) / EMPLOYED-PART TIME (< 35 HOURS) /
SHELTERED WORKSHOP / SUPPORTED EMPLOYMENT / UNEMPLOYED-SOUGHT
LAST 30 OR ON LAYOFF / HOMEMAKER / STUDENT / RETIRED / DISABLED /
OTHER: _____

OCCUPATION: (CIRCLE THE APPROPRIATE ANSWER)

CLERICAL WORKER / CRAFTSMEN / LABORERS / MANAGERS, OFFICIALS,
PROPRIETORS / MILITARY SERVICE / OPERATIVE (MECHANICAL INDUSTRY) /
PROFESSIONAL / SALES / SERVICES & HOUSEHOLD / OTHER: _____

INCOME SOURCE: (CIRCLE THE APPROPRIATE ANSWER)

ALIMONY / CHILD SUPPORT / DISABILITY / EMPLOYMENT / FAMILY OR
FRIENDS / ILLEGAL / MILITARY / NONE / PUBLIC ASSISTANCE / RETIREMENT
/ SSA / DISABILITY / SSF / UNEARNED INCOME / UNEMPLOYMENT / VA COMP
/ WORK COMP / OTHER: _____

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WEEKLY INCOME:

- \$0 \$100 - \$149 \$300 - \$499
 \$1 - \$49 \$150 - \$199 \$500 AND OVER
 \$50 - \$99 \$200 - \$299

HOUSEHOLD MONTHLY INCOME: \$ _____

PUBLIC ASSISTANCE: (CIRCLE ALL THAT APPLY)

- FOOD STAMPS / JOB OPPORTUNITIES & BASIC SKILLS TRAINING /
 LEGAL SERVICE FOR THE POOR / MEDICAID / MEDICARE / PSYCHIATRIC
 SERVICES / PUBLIC HOUSING / SOCIAL SECURITY DISABILITY BENEFITS /
 SUBSTANCE ABUSE TREATMENT ASSISTANCE / UNEMPLOYMENT /
 VETERAN COMPENSATION / VETERAN PENSIONS / WORKER'S COMPENSATION

	SUBSTANCE USED: (i.e.: HEROIN, COCAINE, MARIJUANA, ETC.)	HOW DO YOU USE IT? (i.e.: IV, SNORTING, ORAL, ETC.)	HOW MANY DAYS OUT OF THE LAST 30 DAYS HAVE YOU USED THIS SUBSTANCE?	HOW OLD WERE YOU WHEN YOU FIRST USED THIS SUBSTANCE?
1				
2				
3				

HAVE YOU EVER ATTENDED A DETOX PROGRAM? YES / NO

- IF YES, HOW MANY TIMES? _____

HAVE YOU EVER ATTENDED A RESIDENTIAL/INPATIENT PROGRAM? YES / NO

-IF YES, HOW MANY TIMES? _____

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HAVE YOU EVER ATTENDED AN OUTPATIENT PROGRAM? YES / NO

- IF YES, HOW MANY TIMES? _____

PRIMARY SOURCE OF PAYMENT:

SELF PAY / BLUE CROSS BLUE SHIELD / MEDICAID / OTHER GOVERNMENT /

WORKERS COMPENSATION / OTHER INSURANCE / NO CHARGE / OTHER

**HOW MANY DAYS HAVE YOU ATTENDED A SELF-HELP PROGRAM IN THE
LAST 30 DAYS? _____**

**ARE YOU CURRENTLY TAKING ANY MEDICATIONS FOR TREATMENT OF
ADDICTION?**

IF YES, SELECT ANY/ALL FROM THE FOLLOWING LIST:

NONE / NALTREXONE / BUPRENORPHINE / DISULFIRAM / NALOXONE /

SUBOXONE / TRANQUILIZERS (VALIUM, LIBRIUM, ETC.) / VIVITROL / CAMPRAL

/ ANTI-DEPRESSANTS / METHADONE

CIRCLE YOUR PRIMARY HEALTH INSURANCE PROVIDER:

NONE / BLUE CROSS BLUE SHIELD / MEDICAID / MEDICARE /

HEALTH MAINTENANCE ORGANIZATION (HMO) / OTHER PRIVATE INSURANCE /

OTHER (TRICARE, CHAMPUS)

DO YOU HAVE A DEVELOPMENTAL PROBLEM? YES / NO

DO YOU HAVE A MENTAL HEALTH PROBLEM? YES / NO

HAVE YOU USED TOBACCO IN THE LAST 30 DAYS? YES / NO