

# NEW YORK STATE

Office of Mental Health  
Office of Alcoholism and  
Substance Abuse Services

# Eligibility Assessment

## SECTION A: IDENTIFICATION INFORMATION

Name (First, Middle Initial, Last)

Health Home where person is enrolled

Date of Birth

/  /   
Month Day Year

Is person on HARP-eligible list?

- On HARP list  
 Not on HARP list

What was individual's sex at birth?  
(on original birth certificate)

- Male  
 Female  
 Other

Medicaid ID (CIN)

Gender Identity

- Male  
 Female  
 Other  
 Could not (would not) answer

Health Home Local Case

Sexual Orientation

- Heterosexual or straight  
 Homosexual, gay, or lesbian  
 Bisexual  
 Other  
 Not sure  
 Could not (would not) respond

What is person's religion?

- Roman Catholic  
 Mainline Protestant  
 Evangelical Protestant  
 Non-denominational Protestant  
 Historically Black Protestant  
 Eastern Orthodox  
 Latter-Day Saints (Mormon)  
 Unknown  
 Unspecified Christian  
 Jewish  
 Muslim  
 Buddhist  
 Hindu  
 Other  
 No religion

Date of Assessment

/  /

Residential/Living status at time of assessment

- Private home/apartment/rented room  
 DOH adult home  
 Homeless - shelter  
 Homeless - street  
 Mental Health supported/supportive housing (all types)  
 OASAS/SUD community residence  
 OCFS/ACS/DSS community residence program  
(Family foster care group home, Therapeutic foster care)  
 OPWDD community residence  
 Long-term care facility (nursing home)  
 Rehabilitation hospital/unit  
 Hospice facility/palliative care unit  
 Acute care hospital/unit  
 Correctional facility  
 Other

Living Arrangement

- Alone  
 With spouse/partner only  
 With spouse/partner and other(s)  
 With child (not spouse/partner)  
 With parent(s) or guardian(s)  
 With sibling(s)  
 With other relatives  
 With non-relative(s)

Individual receives housing supports

- No  Yes

Residential Instability

Residential stability over LAST 2 YEARS  
(e.g., 3 or more moves, no permanent  
address, homeless, living in shelter)

- No  Yes

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### Cultural/Ethnic Information

- Hispanic**  No  Yes
- If Hispanic is "Yes":
- Cuban  No  Yes
- Mexican  No  Yes
- Puerto Rican  No  Yes
- Dominican  No  Yes
- Ecuadorian  No  Yes
- Other Hispanic  No  Yes
- Unknown  No  Yes

### Self-Identified Race/Ethnicity

(Check two most important racial/ethnic group identities)

- White
- Eastern European
- Other European
- Middle Eastern
- Other white
- Black
- African-American
- Afro-Caribbean
- African Continent
- Other black
- Unknown black
- American Indian or Alaska Native
- Unknown American Indian or Alaska Native tribe
- Asian
- Chinese
- Japanese
- Asian Indian
- Pakastani
- Filipino
- Vietnamese
- Korean
- Other Asian
- Native Hawaiian
- Other Pacific islander
- Unknown Native Hawaiian or Other Pacific Islander
- Other
- Unknown

### Preferred Language

- English  Hebrew
- Spanish  Hindi
- American Sign language  Italian
- Arabic  Japanese
- Cantonese  Korean
- Fujianese  Polish
- Mandarin  Russian
- Other Chinese  Tagalog
- French  Urdu
- German  Vietnamese
- Greek  Yiddish
- Haitian/ French Creole  Unknown
- Other language not listed:

### Mental Health Services

- Time since last contact with community mental health agency or professional in PAST YEAR** (e.g., psychiatrist, social worker)  No contact in past year
- 31 days or more
- 30 days or less
- EXCLUDE THIS CONTACT

### Time since last psychiatric hospital discharge

- Code for most recent instance in LAST 90 DAYS
- No hospitalization within last 90 days
- More than 30 days ago
- 15 to 30 days ago
- 8 to 14 days ago
- Within in last 7 days
- Now in hospital

### Number Psychiatric Admissions in LAST 2 YEARS

- None
- 1 to 2
- 3 or more

### Number Lifetime Psychiatric Admissions

- None
- 1 to 3
- 4 to 5
- 6 or more

### Addiction Treatment History

Code for time since last discharge from addiction treatment program or service

- 30 days or less (from this program)
- 30 days or less (from another program)
- 31 - 90 days
- 91 days to 1 year
- More than 1 year
- Not applicable (no prior admission or service)

### Inpatient stay for substance use disorder

#### Number of inpatient rehabilitation admissions for substance use disorder in the past 6 months

- None
- 1 - 2
- 3 or more

#### Number of inpatient detoxification admissions for substance use disorder in the past 6 months

- None
- 1 - 2
- 3 or more

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## SECTION D: SUBSTANCE USE OR EXCESSIVE BEHAVIOR

<p><b>Alcohol</b> Highest number of drinks in any "single sitting" in LAST 14 DAYS <input type="radio"/> None <input type="radio"/> 1 <input type="radio"/> 2 - 4 <input type="radio"/> 5 or more</p> <p><b>Number of days in last 30 days consumed alcohol to point of intoxication</b> <input type="radio"/> None <input type="radio"/> 1 day <input type="radio"/> 2 to 8 days <input type="radio"/> 9 or more days, but not daily <input type="radio"/> Daily</p> <p><b>Time since use of the following substances</b> <b>0</b> = Never <b>1</b> = More than 1 year ago <b>2</b> = 31 days to 1 year ago <b>3</b> = 8 to 30 days ago <b>4</b> = 4 to 7 days ago <b>5</b> = In last 3 days</p> <table border="1"> <tr> <td></td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td><b>Inhalants</b> (e.g., glue, gasoline, paint thinners, solvents)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><b>Hallucinogens</b> (e.g., phencyclidine or "angel dust", LSD or "acid", "magic mushrooms", "ecstasy")</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><b>Cocaine or crack</b></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><b>Stimulants</b> (e.g., amphetamines, "uppers", "speed", methamphetamine, prescription stimulant not prescribed)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><b>Heroin</b></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><b>Other opiates (including synthetics)</b> (e.g., oxycodone, hydrocodone, or methadone not prescribed)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><b>Marijuana</b> not prescribed</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><b>Sedatives or anti-anxiety</b> not prescribed</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>		0	1	2	3	4	5	<b>Inhalants</b> (e.g., glue, gasoline, paint thinners, solvents)	<input type="radio"/>	<b>Hallucinogens</b> (e.g., phencyclidine or "angel dust", LSD or "acid", "magic mushrooms", "ecstasy")	<input type="radio"/>	<b>Cocaine or crack</b>	<input type="radio"/>	<b>Stimulants</b> (e.g., amphetamines, "uppers", "speed", methamphetamine, prescription stimulant not prescribed)	<input type="radio"/>	<b>Heroin</b>	<input type="radio"/>	<b>Other opiates (including synthetics)</b> (e.g., oxycodone, hydrocodone, or methadone not prescribed)	<input type="radio"/>	<b>Marijuana</b> not prescribed	<input type="radio"/>	<b>Sedatives or anti-anxiety</b> not prescribed	<input type="radio"/>	<p><b>Self-injurious ideation or attempt</b> Code for most recent instance</p> <p><b>Considered performing self-injurious act</b> <input type="radio"/> Never <input type="radio"/> More than 1 year ago <input type="radio"/> 31 days - 1 year ago <input type="radio"/> 8 - 30 days ago <input type="radio"/> 4 - 7 days ago <input type="radio"/> In last 3 days</p> <p><b>Most recent self-injurious attempt</b> <input type="radio"/> Never <input type="radio"/> More than 1 year ago <input type="radio"/> 31 days - 1 year ago <input type="radio"/> 8 - 30 days ago <input type="radio"/> 4 - 7 days ago <input type="radio"/> In last 3 days</p> <p><b>Intent of any self-injurious attempt was to kill him/herself</b> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No attempt</p> <p><b>Other indicators of self-injurious behavior</b></p> <p><b>Family, caregiver, friend, or staff expresses concern that the person is at risk for self-injury</b> <input type="radio"/> No <input type="radio"/> Yes</p> <p><b>Suicide plan</b> - in LAST 30 DAYS, formulated a scheme to end own life <input type="radio"/> No <input type="radio"/> Yes</p> <p><b>Violence:</b> Code for most recent instance</p> <p><b>Violent ideation</b> - (e.g., reports of pre-meditated thoughts, statements, plans to commit violence) <input type="radio"/> Never <input type="radio"/> More than 1 year ago <input type="radio"/> 31 days - 1 year ago <input type="radio"/> 8 - 30 days ago <input type="radio"/> 4 - 7 days ago <input type="radio"/> In last 3 days</p> <p><b>Intimidation of others or threatened violence</b> - (e.g., threatening gestures or stance with no physical contact, shouting angrily, throwing furniture, explicit threats of violence) <input type="radio"/> Never <input type="radio"/> More than 1 year ago <input type="radio"/> 31 days - 1 year ago <input type="radio"/> 8 - 30 days ago <input type="radio"/> 4 - 7 days ago <input type="radio"/> In last 3 days</p> <p><b>Violence to others</b> - Acts with purposeful, malicious, or vicious intent, resulting in physical harm to another (e.g., stabbing, choking, beating) <input type="radio"/> Never <input type="radio"/> More than 1 year ago <input type="radio"/> 31 days - 1 year ago <input type="radio"/> 8 - 30 days ago <input type="radio"/> 4 - 7 days ago <input type="radio"/> In last 3 days</p>																																								
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<p><b>Intentional misuse of prescription or over-the-counter medication in LAST 90 DAYS</b> (e.g., used medication such as benzodiazapines or analgesics for purpose other than intended) <input type="radio"/> No <input type="radio"/> Yes</p> <p><b>Injection drug use</b> (Exclude prescription medications) <input type="radio"/> Never used injection drugs <input type="radio"/> Used injection drugs more than 30 days ago <input type="radio"/> Used injection drugs in last 30 days; did not share needles <input type="radio"/> Used injection drugs in last 30 days; did share needles</p> <p><b>Overdose</b> (ingestion of drugs or alcohol in an amount exceeding what the body can metabolize or excrete before toxicity) <input type="radio"/> Never <input type="radio"/> More than 1 year ago <input type="radio"/> 31 days - 1 year ago <input type="radio"/> 8 - 30 days ago <input type="radio"/> 4 - 7 days ago <input type="radio"/> In last 3 days</p> <p>Code for most recent time of event <input type="radio"/> In last 3 days</p>																																																																

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<p><b>Arrested with charges</b></p> <p><input type="radio"/> Never  <input type="radio"/> More than 1 year ago  <input type="radio"/> 31 days - 1 year ago  <input type="radio"/> 8 - 30 days ago  <input type="radio"/> 4 - 7 days ago  <input type="radio"/> In last 3 days</p> <p><b>Incarcerated</b> (i.e., jail or prison with overnight stay)</p> <p><input type="radio"/> Never  <input type="radio"/> More than 1 year ago  <input type="radio"/> 31 days - 1 year ago  <input type="radio"/> 8 - 30 days ago  <input type="radio"/> 4 - 7 days ago  <input type="radio"/> In last 3 days</p>	<p><b>Currently on probation or parole</b> <input type="radio"/> No <input type="radio"/> Yes</p> <p><b>Currently on court diversion/support program</b> <input type="radio"/> No <input type="radio"/> Yes</p> <p><b>Restraining order(s)</b> <input type="radio"/> Never present  <input type="radio"/> Previous order(s), but none present now  <input type="radio"/> Order(s) present</p> <p><b>Community treatment order(s) (AOT)</b> <input type="radio"/> Not present  <input type="radio"/> Present</p>
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### Cognitive Skills for Daily Decision Making

Making decisions regarding tasks of daily life (e.g., when to get up or have meals, which clothes to wear or activities to do)

- Independent - decisions consistent, reasonable and safe
- Modified independence - some difficulty in new situations only
- Minimally impaired - in specific recurring situations, decisions become poor or unsafe; cues/supervision necessary at those times
- Moderately impaired - decisions consistently poor or unsafe; cues/supervision required at all times
- Severely impaired - never or rarely makes decisions
- No discernible consciousness, coma

### Acute Change in Mental Status from Person's Usual Functioning

(e.g., restlessness, lethargy, difficult to arouse, altered environmental perception)

- No  Yes

### Independent Living Skills (IADLs)

**Code for PERFORMANCE** in routine activities around the home or in the community during the LAST 3 DAYS

**Code for CAPACITY** based on presumed ability to carry out activity as independently as possible. This will require "speculation" by the assessor.

- 0 = Independent** - no help, setup, or supervision
- 1 = Setup help only**
- 2 = Supervision** - oversight/cuing
- 3 = Limited assistance** - help on some occasions
- 4 = Extensive assistance** - help throughout task, but performs 50% or more of task on own
- 5 = Maximal assistance** - help throughout task, but performs less than 50% of task on own
- 6 = Total dependence** - full performance by others during entire period
- 8 = Activity did not occur** - during entire period (DO NOT USE THIS CODE IN SCORING CAPACITY)

PERFORMANCE								CAPACITY						
0	1	2	3	4	5	6	8	0	1	2	3	4	5	6

**Meal preparation** - How meals are prepared (e.g., planning meals, assembling ingredients, cooking, setting out food and utensils) ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

**Managing finances** - How bills are paid, checkbook is balanced, household expenses are budgeted, credit card account is monitored ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

**Managing medications** - How medications are managed (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments) ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

**Phone use** - How telephone calls are made or received (with assistive devices such as large numbers on telephone, amplification as needed) ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

**Transportation** - How travels by public transportation (navigating system, paying fare) or driving self (including getting out of house, in and out of vehicles) ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

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<p><b>Life Events</b></p> <p>Code for most recent time of event</p> <p>Codes:  <b>0</b> = Never - no event of that type was experienced  <b>1</b> = More than 1 year ago  <b>2</b> = 31 days - 1 year ago  <b>3</b> = 8 - 30 days ago  <b>4</b> = 4 - 7 days ago  <b>5</b> = In last 3 days</p>	<p><b>Social Relationships</b> [Note: Whenever possible, ask person]</p> <p>Codes:  <b>0</b> = Never  <b>1</b> = More than 30 days ago  <b>2</b> = 8 to 30 days ago  <b>3</b> = 4 to 7 days ago  <b>4</b> = In last 3 days  <b>8</b> = Unable to determine</p>																																																																																																																																																			
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<p>Person prefers change (when asked)</p> <p>Peer supports (e.g., programs, staff ) <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Could/would not respond</p> <p><b>Treatment Modalities</b></p> <p>Code for treatment modalities used in LAST 30 DAYS (or since admission if less than 30 days ago)</p> <p><b>0</b> = Not offered and not received  <b>1</b> = Offered, but refused  <b>2</b> = Not received, but scheduled to start within next 30 days  <b>3</b> = Received 8 - 30 days ago  <b>4</b> = Received in last 7 days</p> <table border="1"> <thead> <tr> <th></th> <th>0</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Group</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Family or couple</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Self-help/consumer group (e.g., Double Trouble, Alcoholics Anonymous)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Complementary therapy or treatment</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>		0	1	2	3	4	Individual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family or couple	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Self-help/consumer group (e.g., Double Trouble, Alcoholics Anonymous)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Complementary therapy or treatment	<input type="radio"/>	<p><b>Employment Status</b></p> <p><input type="radio"/> Employed</p> <p><input type="radio"/> Unemployed, seeking employment</p> <p><input type="radio"/> Unemployed, not seeking employment</p> <p><b>Employment Arrangements - Exclude volunteering</b></p> <p><input type="radio"/> Integrated (competitive) without supports</p> <p><input type="radio"/> Integrated (competitive) with supports (e.g., Transitional employment, intensive supportive employment, ongoing supported employment)</p> <p><input type="radio"/> Non-integrated (non-competitive)</p> <p><input type="radio"/> Not employed</p> <p><b>Average hours worked per week in the past month - Exclude volunteer work</b></p> <p><input type="radio"/> At least 35 hours</p> <p><input type="radio"/> 10 - 34 hours</p> <p><input type="radio"/> 1 - 9 hours</p> <p><input type="radio"/> None</p> <p><input type="radio"/> Not employed</p>																																																																																																																			
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# NEW YORK STATE

Office of Mental Health  
Office of Alcoholism and  
Substance Abuse Services

# Eligibility Assessment

<p><b>Compensation for work - Exclude volunteer work</b></p> <p><input type="radio"/> At or above minimum wage  <input type="radio"/> Below minimum wage  <input type="radio"/> No pay  <input type="radio"/> Not employed</p> <p><b>Volunteers</b> Works as a volunteer (e.g., for community services) <span style="float: right;"><input type="radio"/> No <input type="radio"/> Yes</span></p> <p><b>Highest level of education completed</b></p> <p><input type="radio"/> No schooling  <input type="radio"/> 8th grade or less  <input type="radio"/> 9-11 grades  <input type="radio"/> High school  <input type="radio"/> Business or technical school  <input type="radio"/> Some college  <input type="radio"/> Associate's degree  <input type="radio"/> Bachelor's degree  <input type="radio"/> Graduate degree</p> <p><b>Enrolled in formal education program</b></p> <p><input type="radio"/> No  <input type="radio"/> Part-time  <input type="radio"/> Full-time</p> <p><b>Risk of unemployment or disrupted education</b></p> <p><b>Increase in lateness or absenteeism over LAST 6 MONTHS</b> <span style="float: right;"><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not applicable</span></p> <p><b>Poor productivity or disruptiveness at work or school</b> <span style="float: right;"><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not applicable</span></p> <p><b>Expresses intent to quit work or school</b> <span style="float: right;"><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not applicable</span></p> <p><b>Persistent unemployment or fluctuating work history over LAST 2 YEARS</b> <span style="float: right;"><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not applicable</span></p> <p><b>Person prefers change (when asked)</b></p> <p><b>Paid employment</b> (e.g., type, hours, pay) <span style="float: right;"><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Could/would not respond</span></p> <p><b>Employment support services</b> (e.g., pre-vocational services, transitional employment, Intensive supported employment, ongoing supported employment) <span style="float: right;"><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Could/would not respond</span></p> <p><b>Education/training</b> <span style="float: right;"><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Could/would not respond</span></p> <p><b>Educational support services</b> <span style="float: right;"><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Could/would not respond</span></p>	<p><b>Finances</b> Because of limited funds, during the LAST 30 DAYS made trade offs among purchasing any of the following: <span style="float: right;"><input type="radio"/> No <input type="radio"/> Yes</span> adequate food, shelter, clothing; prescribed medications; sufficient home heat or cooling; necessary health care</p> <hr/> <p><b>Psychiatric Diagnoses (Mental Health and Substance Use Disorder)</b> Enter Axis I and Axis II DSM-IV diagnoses, if known. Must be completed on program discharge, but also complete with earlier assessments if specific psychiatric diagnosis already determined.</p> <p><b>Axis I - DSM-IV code</b></p> <p>_____</p> <p>_____</p> <p><b>Axis II - DSM-IV code</b></p> <p>_____</p> <p><b>Intellectual Disability</b> (e.g., Down Syndrome) <span style="float: right;"><input type="radio"/> No <input type="radio"/> Yes</span></p> <p><b>Medical Diagnoses</b></p> <p><b>Disease code</b>  <b>0</b> = Not present  <b>2</b> = Diagnosis present, receiving active treatment  <b>3</b> = Diagnosis present, monitored but no active treatment</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%; text-align: center; border-bottom: 1px solid black;">0</th> <th style="width: 5%; text-align: center; border-bottom: 1px solid black;">2</th> <th style="width: 5%; text-align: center; border-bottom: 1px solid black;">3</th> </tr> </thead> <tbody> <tr><td>Asthma</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>Diabetes mellitus</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>Hypothyroidism</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>Migraine</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>Traumatic brain injury</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>Heart disease</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>HIV/AIDS</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>Chronic Obstructive Pulmonary Disease (COPD)</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>Hypertension</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>High cholesterol or triglycerides</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>Tuberculosis (either active or newly confirmed inactive infection)</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>Hepatitis C</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr> </tbody> </table>		0	2	3	Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diabetes mellitus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hypothyroidism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Migraine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Traumatic brain injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chronic Obstructive Pulmonary Disease (COPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High cholesterol or triglycerides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tuberculosis (either active or newly confirmed inactive infection)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hepatitis C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**Assessment Notes** Comment on additional information that is pertinent to this individual or contributors to the assessment process:

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