

**Caregiver**

## **Caregiver—Instruments**

**Attachment B: System of Care Assessment**

System/Program \_\_\_\_\_

Interviewer \_\_\_\_\_

Site ID# \_\_\_\_\_

Date \_\_\_\_\_

Respondent Data Entry# \_\_\_\_\_

Assessment # \_\_\_\_\_

## I. Caregiver of Child or Youth Served by the Program

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

To be conducted with the caregiver of a child or youth who has been served by the grant program in the assessment period for at least 3 months but no longer than 12 months. Informants **cannot** include therapeutic foster parents, caregivers who serve as program staff, or family representatives or advocates responding on behalf of the selected caregiver respondent.

### Introduction

Hello, my name is \_\_\_\_\_. Thank you for taking time out of your busy day to help us. Today I'll be asking you questions about your family's experience with the services provided through *(name of grant program)*. That information will help us understand what works best for children and families. Before we start, I want to make sure that you know that the information you give me today will be kept private and will not be shared with the *(name of grant program)*. In our report, everybody's answers will be combined and the people who gave us the information will not be identified. While answering these questions, remember that you should concentrate on things that have happened since you came to *(name of grant program)*.

**[Note to interviewer: Review Consent form with respondent and obtain signature before proceeding with the interview]**

**(NOTE TO INTERVIEWER: Question 1 skipped)**

2. Can you tell me why you become involved with *(name of grant program)*? **[Probe for reasons the child or youth entered treatment.]**

*How did you learn about the (name of grant program)? Who referred you?*

*How long has your child and family been receiving services through the program?*

3. What services do your **child and family currently receive** through *(name of grant program)*?

4. In addition to the services received through (name of grant program), has your child and family received **services or treatments from any other providers, organizations, programs or agencies? If yes, what were they?**

### Entry into Services

5. When you first tried to get services, how **complicated or difficult was it to get into** (name of grant program)? (E.7.b.)

*Did you **have to go through a lot of steps, fill out a lot of forms, talk to a lot of different people, etc.?***

*Thinking back at **all you had to do**, rate on a scale of 1 to 5 (with 5 being the easiest), how complicated or difficult it was to enter/enroll in (name of grant program)?*

#### Respondent's rating

5=Entry process was not at all complicated/difficult. Very few steps were involved.  
4=Entry process was slightly complicated/difficult.  
3=Entry process was somewhat complicated/difficult. Several steps were involved.  
2=Entry process was moderately complicated/difficult. Many steps involved.  
1=Entry process was extremely complicated/difficult. Very many steps involved.

#### Interviewer's rating

5=Entry process was not at all complicated/difficult. Very few steps were involved.  
4=Entry process was slightly complicated/difficult.  
3=Entry process was somewhat complicated/difficult. Several steps were involved.  
2=Entry process was moderately complicated/difficult. Many steps involved.  
1=Entry process was extremely complicated/difficult. Very many steps involved.

6. How much **time passed** between when your child and family first tried to get into (name of grant program) **until you actually started receiving services through the program?** Was this a good timeframe for you, or did you need to receive services sooner? (E.7.c.)

*On a scale of 1 to 5, with 5 being the best, how would you **rate the length of time** it took for the your child or family's first service to begin?*

#### Respondent's rating

5=Timeframe was perfect, no changes needed  
4=Timeframe was very fast, could use minor improvement  
3=Timeframe pretty fast, could use some improvement  
2=Timeframe pretty slow, could use quite a bit of improvement  
1=Timeframe entirely too slow, needs a great deal of improvement

#### Interviewer's rating

5=Timeframe was perfect, no changes needed  
4=Timeframe was very fast, could use minor improvement  
3=Timeframe pretty fast, could use some improvement  
2=Timeframe pretty slow, could use quite a bit of improvement  
1=Timeframe entirely too slow, needs a great deal of improvement

7. Did you feel that **you and your family were treated with respect and made to feel comfortable** throughout the enrollment process? (E.1.a.)

*Did you feel that the staff **paid attention to and respected** what you had to say?*

*On a scale from 1 to 5, with 5 being the best, how **respected and comfortable** did you feel during the process for entering (name of grant program)?*

#### Respondent's rating

5=Family felt extremely respected and comfortable  
4=Family felt very respected and comfortable  
3=Family felt moderately respected and comfortable  
2=Family felt somewhat respected and comfortable  
1=Family felt extremely disrespected and uncomfortable

#### Interviewer's rating

5=Family felt extremely respected and comfortable  
4=Family felt very respected and comfortable  
3=Family felt moderately respected and comfortable  
2=Family felt somewhat respected and comfortable  
1=Family felt extremely disrespected and uncomfortable

## Service Planning

8. **Is there a main person at (name of grant program) who helps to decide what services your child and family should receive? [Probe for the first name and function (e.g., case manager/care coordinator or therapist) who works with the family to plan services. Use that name where you see (name of case manager/therapist).]**
9. Since entering (name of grant program), has your child or family been involved with staff from other agencies such as **child welfare, juvenile justice, education**, etc.? **If yes**, which agencies? (F.5.a.)

***If yes, did anyone from any of these agencies work with you and (name of case manager/therapist) to plan services for your child and family? If so, who?***

***Was there any other agency that you thought should have helped to plan services but did not?***

- 5=All involved agencies were present  
4=Most involved agencies were present  
3=Some involved agencies were present  
2=Few of the involved agencies were present  
1=One involved agency was present (but family involved with more than one)  
666=Family involved with only one agency

10. **Considering all of the people who have worked with your child and family since entering (name of grant program), including the staff at (name of grant program), the agencies you just mentioned (if any), and other providers or organizations, how well do you think that all of these different people worked with each other to plan services for your child and family? (F.6.b.)**

***Do you think they could have done a better job working together so that the service planning process would have been better coordinated?***

***On a scale from 1 to 5, with 5 being the best, how well do you think they all coordinated the service planning process?***

Respondent's rating  
5=Extremely coordinated  
4=Very coordinated  
3=Moderately coordinated  
2=Somewhat coordinated  
1=Not at all coordinated  
666=Only one party involved

Interviewer's rating  
5=Extremely coordinated  
4=Very coordinated  
3=Moderately coordinated  
2=Somewhat coordinated  
1=Not at all coordinated  
666=Only one party involved

11. **How well did the people who were working with your child and family **involve you** in the service planning process? (F.1.a.)**

***Did they encourage you to bring someone to the meeting with you, perhaps for support?***

*Did they ask you whether there was anyone you **did not want to be present** in the meeting?*

*Did they ask you to talk about **what you thought were the most important concerns** for your child and family?*

*Did they encourage you to help **develop** your child's and family's **goals and objectives**?*

*Did they give you a **choice of services** that you thought would be most helpful for your child and family?*

*Were you able to **turn down services** that **you did not want** your child and family to receive?*

*Overall, were you as **involved in the service planning** process as you think you should have been?*

- 5=Caregiver was involved in service planning in at least 6 ways AND respondent reported that involvement has been sufficient
- 4=Caregiver was involved in service planning in 5 ways OR involved in 6 ways but respondent reported that it could have been better
- 3=Caregiver was involved in service planning in 4 ways
- 2=Caregiver was involved in service planning in 3 ways
- 1=Caregiver was involved in service planning in fewer than 3 ways

12. What about **your child**? How have the people working with your child and family involved your child in **planning his/her services**? (F.2.a.)

***If your child was not involved**, do you think that it would have been helpful for your child to be more involved? [Probe for whether it was appropriate for the child to be involved given his/her challenges, age, or caregiver's preference.]*

***If yes**, how did they involve your child?*

*Did they encourage your child to **bring someone** to the meeting with you, perhaps **for support**?*

*Did they ask your child whether there was anyone he/she **did not want to be present** in the meeting?*

*Did they ask your child about what he/she **thought were the most important concerns**?*

*Did they encourage him/her to participate in **developing his/her goals and objectives**?*

*Did they give him/her a choice of which **services he/she wanted**?*

*Was he/she able to **turn down any services** he/she didn't want?*

***Overall, was your child as involved as you would have liked, or could there have been more involvement?***

- 5=Child was involved in service planning in at least 6 ways AND respondent reported that involvement has been sufficient
- 4=Child was involved in service planning in 5 ways OR involved in 6 ways but respondent reported that it could have been better
- 3=Child was involved in service planning in 4 ways
- 2=Child was involved in service planning in 3 ways
- 1=Child was involved in service planning in fewer than 3 ways
- 666=Caregiver reported it was not appropriate for child/youth to participate

13. When you were working with (name of case manager/therapist) to plan services, did she/he talk with you about **your child's strengths** (his/her competencies /skills /interests and/ or aspirations)? Would you mind giving me some examples of things you talked about? (F.3.b.)

***How were your child's strengths used in planning his/her services? What could have been done better?***

- 5=Strengths explicitly discussed and at least three examples given of how strengths were incorporated into the service plan AND respondent reported it could not have been better
- 4=Strengths explicitly discussed and two examples given of how strengths were incorporated into the service plan but respondent reported it could have been better
- 3=Strengths explicitly discussed and one example given of how strengths were incorporated into the service plan
- 2=Strengths explicitly discussed but not (or very, very minimally) incorporated into the service plan
- 1=No discussion of strengths

14. What services were planned for your child during the planning process? **[List all services planned.]**
15. How well **did the services planned for your child meet his/her individual or specific needs?** (F.3.c.)

*Were there any services that you thought your child needed but were not included in the service plan? If yes, what were they?*

*Were there services included in your child's service plan that you think he/she didn't really need? If yes, please explain.*

***On a scale from 1 to 5, with 5 being the best, how well would you say the service plan developed for your child matched what your child really needed?***

Respondent's rating

- 5=Child's needs matched extremely well
- 4=Child's needs matched very well
- 3=Child's needs matched moderately well
- 2=Child's needs matched somewhat well
- 1=Child's needs not matched well

Interviewer's rating

- 5=Child's needs matched extremely well
- 4=Child's needs matched very well
- 3=Child's needs matched moderately well
- 2=Child's needs matched somewhat well
- 1=Child's needs not matched well

16. Did (name of case manager/therapist) talk with you about **your family's strengths**? Would you mind giving me some examples of things you talked about? (F.1.c.)

**How did he/she use your family's strengths in planning services for your family? What could have been done better?**



- 5=Strengths explicitly discussed and at least three examples given of how strengths were incorporated into the service plan AND respondent reported it could not have been better
- 4=Strengths explicitly discussed and two examples given of how strengths were incorporated into the service plan but respondent reported it could have been better
- 3=Strengths explicitly discussed and one example given of how strengths were incorporated into the service plan
- 2=Strengths explicitly discussed but not (or very, very minimally) incorporated into the service plan
- 1=No discussion of strengths

17. When you were working with (name of case manager/therapist) to plan services, did he/she ever talk with you about your **family's needs** and the **services or other kinds of supports** that you or other people in **your family could use** (for example, respite care, support groups, family advocacy, sibling support, behavior management training)? (F.1.b.)

*If yes, did (name of case manager/therapist) try to identify or put into place any services to meet those needs? Please describe.*

**[List all services planned for the family.]**

***Were there any other services or supports that you and your family needed but were not a part of your service plan?***

- 5=Family needs were explicitly considered and services were planned that would fully meet their needs
- 4=Family needs were explicitly considered and services were planned that would meet most of their needs
- 3=Family needs were explicitly considered and services were planned that would meet some of their needs
- 2=Family needs considered, but no services were planned AND family reporting having need(s)
- 1=Family needs were not discussed (regardless of whether family reported having needs)
- 666=Family reporting having had no needs

18. Did (name of case manager/therapist) ever ask you about your **family's culture and background**, for example, your family's beliefs, (your tribe's beliefs), values, religious preferences, ideas about parenting, recreational activities, etc.? (F.4.a.)

*If yes, would you mind giving me an example of some of the kinds of things you talked about?*

*How do you think (name of case manager/therapist) used this information to plan services for your child and family?*

***Overall, do you think that he/she did a good job planning services that fit with your family's background and culture? If no, what could have been done better?***

- 5=Culture explicitly discussed and at least three examples given of how culture was incorporated into the service plan AND respondent reported it could not have been better
- 4=Culture explicitly discussed and two examples given of how culture was incorporated into the service plan but respondent reported it could have been better
- 3=Culture explicitly discussed and one example given of how culture was incorporated into the service plan
- 2=Culture explicitly discussed but not (or very, very minimally) incorporated into the service plan
- 1=No discussion of culture

19.a. Does your family speak a **language other than English**? If yes, is this the language you are most comfortable speaking? (F.4.c.)

***If yes, was (name of case manager/therapist) able to speak to you in this language when you were working with him/her to plan services?***

***If no, was someone there who could speak your language and interpret? Who?***

- 5=Service planning process was conducted entirely in family's preferred language
- 4=Service planning process was conducted in English but formal interpretation was provided by the grant
- 3=Service planning process was conducted in English but informal interpretation services provided by grant
- 2=Service planning process was conducted in English and family brought interpreter because no other option was available
- 1=Service planning process was conducted in English and no interpretation was conducted or any interpretation had to be done by a child in the family
- 666=Not applicable. Family's primary language is English

- b. **[If family's language preference is not English, ask:]** What about when your child and family were actually receiving the services? Were you able to get **any services in the language you are most comfortable with?** (G.4.b)

***If yes, which services were provided in your language and which were not? Were there any services that you would have preferred were available in your language?***

***Were interpretation services provided to you? Who provided interpretation?***

- 5=Key services were provided entirely in family's preferred language
- 4=Key services were provided in English but formal interpretation was provided by the program
- 3=Key services were provided in English but informal interpretation services provided by program
- 2=Key services were provided conducted in English and family brought interpreter because no other option was available
- 1=Key services were provided in English and no interpretation was conducted or any interpretation had to be done by a child in the family
- 666=Not applicable. Family's primary language is English

20. Were any of the things you talked about with (name of case manager/therapist) ever **written down as in a service plan** (such as the services you wanted, goals, strengths, needs, etc.)?

1=No, 2=Yes

***If yes, did you get a copy of the service plan? Did you have to ask for it or did you automatically receive it?***

***If no copy received, were you able to see a copy of the service plan?***

**(NOTE TO INTERVIEWER: Questions 21-22 skipped)**

## **Service Provision**

23. Has your child received **all of the services** that you and (name of case manager/therapist) decided that s/he should have or that were written in the service plan? (G.3.a.)

**[Refer back to Question 14 and check whether all services listed there were received.]**

***If not, were services planned that you thought were important for your child to have that he/she never received? Why do you think he/she has not received those services?***

- 5=Child received all of the services that were planned
- 4=Child received most of the services that were planned including those that the caregiver said were most important
- 3=Child received many of the services that were planned OR received most of the planned services but has not yet received services the caregiver identified as important
- 2=Child received a few of the services that were planned (importance of services not important here)
- 1=Child received no services outlined in the plan

24. What about **services planned for you or for other members of your family** — have you received **all** these services? (G.1.b.)

**[Refer back to question 17 and check whether all services listed there were received.]**

***If not, were there services planned that you thought were important for your family to have that were never received? Why do you think your family has not received those services?***

- 5=Family received all of the services that were planned
- 4=Family received most of the services that were planned including all those that the caregiver said were most important
- 3=Family received many of the services that were planned OR received most of the planned services but has not yet received services the caregiver identified as important
- 2=Family received a few of the services that were planned (importance of services not relevant)
- 1=Family received no services outlined in the plan
- 666=No services were planned for the family

25. **Were services scheduled** at convenient times for your child and family? **If no**, please explain. (G.7.b.)

***What times would have worked better for you? Have you been able to get any services in the evenings or on weekends if that were more convenient for you?***

***On a scale from 1 to 5, with 5 being the best, how convenient and/or flexible would you say the scheduling of services has been?***

Respondent's rating

- 5=Extremely convenient
- 4=Very convenient
- 3=Moderately convenient
- 2=Somewhat convenient
- 1=Not at all convenient

Interviewer's rating

- 5=Extremely convenient
- 4=Very convenient
- 3=Moderately convenient
- 2=Somewhat convenient
- 1=Not at all convenient

26. Have the **places or locations where your child and family received services** been convenient for you? (G.7.c.)

***If not, what would have worked better? Have you ever had a choice or say in where you wanted to receive services?***

***On a scale from 1 to 5, with 5 being the best, how convenient and/or flexible would you say the location of services has been?***

Respondent's rating  
5=Extremely convenient  
4=Very convenient  
3=Moderately convenient  
2=Somewhat convenient  
1=Not at all convenient

Interviewer's rating  
5=Extremely convenient  
4=Very convenient  
3=Moderately convenient  
2=Somewhat convenient  
1=Not at all convenient

27. Have you ever had to **pay out of pocket for any of the services** that your child and family received through (name of grant program)? (G.7.e.)

*If yes, which services? Has part of the cost of the services ever been covered by private insurance, Medicaid, or other healthcare program?*

*Have there been any **services that you thought were important** for your child and family but that you **did not receive because of the cost**?*

*On a scale from 1 to 5, (with 5 indicating that cost is not a barrier), how much of a **barrier to services has cost been**?*

Respondent's rating  
5=Not at all a barrier  
4=Slightly a barrier  
3=Somewhat a barrier  
2=Moderately of a barrier  
1=Largely a barrier

Interviewer's rating  
5=Not at all a barrier  
4=Slightly a barrier  
3=Somewhat a barrier  
2=Moderately of a barrier  
1=Largely a barrier

28. After deciding which services your child and family would receive, **how long has it usually taken** (in calendar days) **to actually receive** those services? [**Probe for shortest, longest, and average wait for services received since entering** (name of grant program)] (G.7.f.)

*What about the services that you considered most important? How long have you had to wait for those services?*

*In general, what have you thought about the length of time it took to get the services once they were planned?*

5=No or almost no wait for non-emergent services. Services received in 7 days or fewer.  
4=Some wait for non-emergent services. Services received between 8 to 14 days.  
3=Moderate wait for non-emergent services. Services received between 15 to 21 days.  
2=Long wait for non-emergent services. Services received between 22 and 28 days  
1=Very long wait for non-emergent services. Services received in more than 28 days.

**(NOTE TO INTERVIEWER: Questions 28b skipped)**

29. Have you ever received any kind of **transportation assistance** (taxi fare, bus tokens, shuttle bus, a ride, etc.) from (name of grant program)? Who helped you with this? (G.7.d.)

*Have you been able to get help with transportation **when you needed it** — was it easy to ask for, easy to get?*

*Have you had **any problems** with the assistance?*

5=Transportation assistance was always or almost always available when the family needed it. Family had no trouble accessing this service and reported little or no problems.  
4=Transportation assistance was most often available when the family needed it. Family reported having some trouble with transportation assistance.

3=Family used transportation assistance, but reported having moderate trouble with transportation assistance.  
2=Family used transportation assistance, but reported considerable difficulties accessing the service.  
1=Family reported needing transportation assistance, but could not access it.  
666=Family reported never needing or wanting to use transportation services.

30. How well do you think that all the **staff and people serving your child and family have worked with each other** to make sure that your child's and family's services have been **coordinated?** (G.6.a.)

*Do you think that they **all have known who has been involved** with your child and family and **what their different roles/jobs have been?***

*Have they worked together to make sure there have been **no scheduling problems** with your child and family's appointments?*

*Have they **shared information** with each other or have you often thought that you have to **repeat everything to everybody** because the providers and staff have not communicated well with each other?*

*Overall, do you feel that your child's and family's **services have been coordinated well**, or could they have done a better job? Can you give me some examples of problems?*

5=Extremely well coordinated. No problems reported.  
4=Very well coordinated. Minor problems reported.  
3=Moderately well coordinated. Some problems reported.  
2=Somewhat coordinated. Considerable problems reported.  
1=Poorly coordinated. Major problems reported.  
666=Only one party involved.

**(NOTE TO INTERVIEWER: Question 31 skipped)**

32. What have the different service providers who work with your child and family done to include you **in your child's services and treatment planning?** (G.1.a.)

*For example, have they usually encouraged you to **offer your ideas about your child's treatment and other services?***

*Have they considered you to be the **primary decisionmaker** about your child's **treatment and other services?***

*Have they encouraged you to let them know when **something was not working well** for your child and family?*

*Have they asked you for **suggestions about changes** that could be made to improve your child's or family's care?*

*Have the providers often asked you to **participate in services** for your child and family? **If yes, please describe.***

*Have the different providers usually **kept you informed about what was going on** in services and keep you updated about your child's and family's progress, such as how things were going, what was working, what wasn't?*

***Overall, could the staff have done a better job keeping you involved in your child's and family's services?***

- 5=Caregiver was involved in service provision in at least 4 ways AND respondent reported that involvement has been sufficient
- 4=Caregiver was involved in service provision in 3 ways OR involved in 4 ways but respondent reported that it could have been better
- 3=Caregiver was involved in service provision in 2 ways
- 2=Caregiver was involved in service provision in 1 way
- 1=Caregiver was not involved in service provision

**(NOTE TO INTERVIEWER: Questions 33-39 skipped)**

**Summary**

40. On a scale from 1 to 5, with 5 being the best, how much would you say (name of grant program) has **helped your child?**

- 5=Very much
- 4=A lot
- 3=Moderately
- 2=Somewhat
- 1=Not at all

*How much would you say (name of grant program) has **helped your family?***

- 5=Very much
- 4=A lot
- 3=Moderately
- 2=Somewhat
- 1=Not at all

41. What has been the best thing about receiving services through (name of grant program)?
42. Do you have any **suggestions or recommendations** for how (name of grant program) could **improve** the way that it serves children and families?
43. On a scale from 1 to 5, with 5 being the best, how well do you think (name of grant program) is **meeting the needs of children and families?**

- 5=Extremely well
- 4=Very well
- 3=Moderately well
- 2=Somewhat well
- 1=Not well at all

Those are all of the questions I have for you. Is there anything that I did not cover that you think is important for us to know about (name of grant program)?

Thank you for taking the time to answer my questions. Do you have any questions for me?

**Attachment D: Longitudinal Child and Family Outcome Study and Service  
Experience Study**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 22 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## CAREGIVER INFORMATION QUESTIONNAIRE, Revised: Caregiver—Intake (CIQ-RC-I)

<b>CIQDATE</b> (Today's date)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Month      Day      Year
<b>CHILDID</b> (National evaluation ID)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>TIMEFRAM</b> (Assessment period)	1 = Intake
<b>CIQRESP</b> (Respondent for interview)	1 = Caregiver (child's caregiver in a family, household environment)
<b>CIQINTV</b> (Who administered interview)	1 = Person providing services to child 2 = Data collector
<b>CIQMETH</b> (Method of administering interview)	1 = In person, hard copy 2 = Telephone, hard copy 3 = In person, computer assisted 4 = Telephone, computer assisted
<b>CIQLANG</b> (Language version of interview)	1 = English 2 = Spanish 3 = Other



CHILD ID: 

--	--	--	--	--	--	--	--	--	--

I am going to ask you some questions about (*child's name*)'s background and family and about services that (*child's name*) has received. Please answer these questions as best you can, and try to be as complete as possible in your answers. To begin, I'd like to ask you a few general questions about you and (*child's name*)'s family.

1. What is your relationship to (*child's name*)?

- 1 = Biological parent
- 2 = Adoptive/step-parent
- 3 = Foster parent
- 4 = A live-in partner of parent
- 5 = Sibling (biological, step, etc.)
- 6 = Aunt or uncle
- 7 = Grandparent
- 8 = Cousin
- 9 = Other family relative
- 10 = Friend (adult friend)
- 11 = Other—please specify \_\_\_\_\_

1a. What is your gender?

- 1 = Male
- 2 = Female

2. What is your age?

\_\_\_\_\_ years

3. Are you of Hispanic or Latino ***cultural/ethnic*** background?

- 1 = No [*GO TO QUESTION #4*]
- 2 = Yes

3a. Which group(s) describes your Hispanic or Latino ***cultural/ethnic*** background? Are you . . .  
[*Select one or more*]

- 1 = Mexican, Mexican American, or Chicano
- 2 = Puerto Rican
- 3 = Cuban
- 4 = Dominican
- 5 = Central American
- 6 = South American
- 7 = Other—please specify \_\_\_\_\_

4. Which group(s) describes you? Are you . . . [Select one or more]

- 1 = American Indian or Alaska Native
- 2 = Asian
- 3 = Black or African American
- 4 = Native Hawaiian or Other Pacific Islander
- 5 = White

[NOTE TO INTERVIEWER: Do **not** ask if there is another group that describes the respondent. If the respondent is unable to select from options 1–5 and he/she provides an alternate group, record that answer on the line by option 6.]

6 = Other—please specify \_\_\_\_\_

[NOTE TO INTERVIEWER: For Questions #5–5c, do **not** read the response options to the caregiver.]

5. What language or languages do you and (*child's name*) speak? [Select all that apply]

- 1 = English
- 2 = Spanish
- 3 = Other—please specify \_\_\_\_\_

5a. When you are at home, or with your family, what language do you usually speak with your child?

- 1 = English
- 2 = Spanish
- 3 = Other—please specify \_\_\_\_\_

5b. When you are at home, or with your family, what language does your child usually speak with you?

- 1 = English
- 2 = Spanish
- 3 = Other—please specify \_\_\_\_\_

5c. Which is (*child's name*)'s **most** preferred language?

- 1 = English
- 2 = Spanish
- 3 = Other—please specify \_\_\_\_\_

6. What is the highest level of education you have completed?

\_\_\_\_\_

[IF FROM KINDERGARTEN TO 11TH GRADE, enter 0–11] 0–11 = Kindergarten–11th grade

[IF FINISHED HIGH SCHOOL, select the appropriate category below]

- 12 = High school diploma or GED
- 13 = Associate degree
- 14 = Some college, no degree
- 15 = Bachelor's degree
- 16 = Master's degree
- 17 = Professional school degree
- 18 = Doctoral degree

7. Other than a primary caregiver, does (*child's name*) currently have a close relationship with an adult who provides advice and support?

- 1 = No
- 2 = Yes

8. Who has legal custody of (*child's name*)?

- 1 = Two biological parents *or* one biological and one step or adoptive parent
- 2 = Biological mother only
- 3 = Biological father only
- 4 = Adoptive parent(s)
- 5 = Sibling(s)
- 6 = Aunt and/or uncle
- 7 = Grandparent(s)
- 8 = Friend (adult friend)
- 9 = Ward of the State
- 10 = Other—please specify \_\_\_\_\_

9. Including (*child's name*), what is the total number of children (under age 18) in the household where (*child's name*) is currently living?

\_\_\_\_\_ [RECORD 0, IF NONE]

10. What is the total number of adults (age 18 or older) in the household where (*child's name*) is currently living? Include (*child's name*) in this total if (*child's name*) is age 18 or older.

\_\_\_\_\_ [RECORD 0, IF NONE]

11. Approximately how many days in the past 6 months did (*child's name*) live in your household?

\_\_\_\_\_ days [6 months = 180 days]

**[CARD 1]**

12. What is the annual household income of (*child's name*)'s family?  
For this question, (*child's name*)'s family should be considered to be the family with whom he/she has lived for the majority of the past 6 months. For example, if (*child's name*) has lived with a foster family for most of the past 6 months, we are interested in knowing the foster family's income.

*[NOTE TO INTERVIEWER: Prompt respondent to consider all sources of pre-tax (gross) income, including wages, child support, alimony, and public assistance. The family household income should include the pre-tax incomes of all individuals who live with the child and contribute financially to the child's care.]*

- 1 = Less than \$5,000
- 2 = \$5,000–\$9,999
- 3 = \$10,000–\$14,999
- 4 = \$15,000–\$19,999
- 5 = \$20,000–\$24,999
- 6 = \$25,000–\$34,999
- 7 = \$35,000–\$49,999
- 8 = \$50,000–\$74,999
- 9 = \$75,000–\$99,999
- 10 = \$100,000 and over

13. At any time in the past 6 months, did you have a paid job (formal or informal), including self-employment?

- 1 = No *[GO TO QUESTION #13g]*
- 2 = Yes

- 13a. In the past 6 months, how many months did you work?

\_\_\_\_\_ months

- 13b. In an average month, about how many weeks do you work?

\_\_\_\_\_ weeks

- 13c. In an average week, about how many days do you work?

\_\_\_\_\_ days

- 13d. In an average day, about how many hours do you work?

\_\_\_\_\_ hours

- 13e. About how much money do you make per week?

\$ \_\_\_\_\_

- 13f. In the past 6 months, how many days did you miss work due to (*child's name*)'s emotional and behavioral problems, if any?

\_\_\_\_\_ days *[GO TO QUESTION #14]*

13g. What was the primary barrier that prevented you from working for pay during the past 6 months?

- 1 = I was not interested in employment during that period
- 2 = In school or other training
- 3 = Could not find any work at the desired pay
- 4 = Transportation problems
- 5 = Childcare problems
- 6 = My health problems/disability
- 7 = (*Child's name*)'s behavioral and emotional problems
- 8 = Other family responsibilities
- 9 = Other—please specify \_\_\_\_\_

13h. Were there other barriers that prevented you from working for pay during the past 6 months?

- 1 = No [*GO TO QUESTION #14*]
- 2 = Yes

13i. What were the other barriers that prevented you from working for pay during the past 6 months? [*Select all that apply*]

- 1 = I was not interested in employment during that period
- 2 = In school or other training
- 3 = Could not find any work at the desired pay
- 4 = Transportation problems
- 5 = Childcare problems
- 6 = My health problems/disability
- 7 = (*Child's name*)'s behavioral and emotional problems
- 8 = Other family responsibilities
- 9 = Other—please specify \_\_\_\_\_

[CARD 2]

	Never	Sometimes	About half the time	Most of the time	Always
14. How often do you have the following?					
14a. Time to spend with your family	1	2	3	4	5
14b. Money to pay for basic needs like housing, food, or clothing	1	2	3	4	5
14c. Money to pay for special things like toys, entertainment, or vacations	1	2	3	4	5
14d. Time to spend alone or with friends	1	2	3	4	5

Now I need to ask some questions concerning (*child's name*)'s history.

--	--	--	--	--	--	--	--	--	--

15. Has (*child's name*) ever experienced or witnessed an event that caused, or threatened to cause, serious harm to him or herself or to someone else? [*Select all that apply*]

- 1 = Car accident  
 2 = Other accident  
 3 = Fire  
 4 = Storm  
 5 = Physical illness  
 6 = Physical assault  
 7 = Sexual assault  
 8 = Any other event—please specify \_\_\_\_\_  
 9 = Has not experienced or witnessed a traumatic event [*GO TO QUESTION #17*]

I'm going to read to you a list of behaviors that describe children. After I read each behavior, tell me which description best describes (*child's name*) **now** or **within the past 6 months**. Rate each statement by the following criteria: the statement is *very true or often true*, *somewhat or sometimes true*, or *not true* of (*child's name*). Please answer all items as well as you can even if some do not seem to apply to (*child's name*). The term "event" refers to the most stressful experience that you have described above.

[CARD 3]

	Not true	Somewhat or sometimes true	Very true or often true
15a. Child gets very upset if reminded of the event.	0	1	2
15b. Child reports more physical complaints when reminded of the event. For example, headaches, stomachaches, nausea, difficulty breathing.	0	1	2
15c. Child reports that he or she does not want to talk about the event.	0	1	2
15d. Child startles easily. For example, he or she jumps when hears sudden or loud noises.	0	1	2
16. [ <i>If Physical assault selected in #15</i> ] In the past 6 months, has ( <i>child's name</i> ) been physically abused?			
1 = No 2 = Yes			
16a. [ <i>If Sexual assault selected in #15</i> ] In the past 6 months, has ( <i>child's name</i> ) been sexually abused?			
1 = No 2 = Yes			
17. Has ( <i>child's name</i> ) ever run away <b>without his/her caregiver knowing where he/she was</b> ?			
[NOTE TO INTERVIEWER: This could be the current caregiver or a past caregiver.]			
1 = No [ <i>GO TO QUESTION #18</i> ] 2 = Yes			

--	--	--	--	--	--	--	--	--	--

17a. In the past 6 months, has (*child's name*) run away **without his/her caregiver knowing where he/she was?**

[NOTE TO INTERVIEWER: This could be the current caregiver or a past caregiver.]

1 = No

2 = Yes

18. Has (*child's name*) ever had a problem with substance abuse, including alcohol and/or drugs?

1 = No [GO TO QUESTION #19]

2 = Yes

18a. In the past 6 months, has (*child's name*) had a problem with substance abuse, including alcohol and drugs?

1 = No

2 = Yes

19. Has (*child's name*) ever talked about committing suicide?

1 = No [GO TO QUESTION #20]

2 = Yes

19a. In the past 6 months, has (*child's name*) talked about committing suicide?

1 = No

2 = Yes

20. Has (*child's name*) ever attempted suicide?

1 = No [GO TO QUESTION #21]

2 = Yes

20a. How many times has (*child's name*) attempted suicide?

\_\_\_\_\_ times

20b. In the past 6 months, has (*child's name*) attempted suicide?

1 = No [GO TO QUESTION #21]

2 = Yes

20c. In the past 6 months, how many times has (*child's name*) attempted suicide?

\_\_\_\_\_ times

Now I need to ask some questions concerning (*child's name*)'s family and household history. These questions are about (*child's name*)'s biological family and the people who live, or lived, in (*child's name*)'s household. For these questions, when you think about (*child's name*)'s households, do not include residential treatment centers or group homes in which (*child's name*) may have lived.

21. Has (*child's name*) ever been exposed to domestic violence or spousal abuse, of which (*child's name*) was not the direct target?

1 = No [GO TO QUESTION #22]

2 = Yes

- 21a. In the past 6 months, has (*child's name*) been exposed to domestic violence or spousal abuse, of which (*child's name*) was not the direct target?
- 1 = No  
2 = Yes
22. Has anyone in (*child's name*)'s biological family ever been diagnosed with depression or shown signs of depression? By biological family, I mean (*child's name*)'s biological parents, grandparents, and siblings.
- 1 = No  
2 = Yes
- 22a. Has (*child's name*) ever lived in a household in which someone showed signs of being depressed?
- 1 = No [GO TO QUESTION #23]  
2 = Yes
- 22b. In the past 6 months, has (*child's name*) lived in a household in which one of the household members showed signs of being depressed?
- 1 = No [GO TO QUESTION #23]  
2 = Yes
- 22c. Was the person who showed signs of being depressed involved in providing care and supervision to (*child's name*)?
- 1 = No  
2 = Yes
23. Has anyone in (*child's name*)'s biological family had a mental illness, other than depression? By biological family, I mean (*child's name*)'s biological parents, grandparents, and siblings.
- 1 = No  
2 = Yes
- 23a. Other than depression, has (*child's name*) ever lived in a household in which someone had a mental illness?
- 1 = No [GO TO QUESTION #24]  
2 = Yes
- 23b. In the past 6 months, has (*child's name*) lived in a household in which one of the household members had a mental illness other than depression?
- 1 = No [GO TO QUESTION #24]  
2 = Yes
- 23c. Was the person with a mental illness involved in providing care and supervision to (*child's name*)?
- 1 = No  
2 = Yes



24. Has (*child's name*) ever lived in a household in which someone had been convicted of a crime?  
1 = No [GO TO QUESTION #25]  
2 = Yes
- 24a. In the past 6 months, have any members of (*child's name*)'s household been convicted of a crime?  
1 = No  
2 = Yes
25. Has anyone in (*child's name*)'s biological family had a drinking or drug problem? By biological family, I mean (*child's name*)'s biological parents, grandparents, and siblings.  
1 = No  
2 = Yes
- 25a. Has (*child's name*) ever lived in a household in which someone had a drinking or drug problem?  
1 = No [GO TO QUESTION #26]  
2 = Yes
- 25b. In the past 6 months, has (*child's name*) lived in a household in which one of the household members had a drinking or drug problem?  
1 = No [GO TO QUESTION #26]  
2 = Yes
- 25c. Was the person with a drinking or drug problem involved in providing care and supervision to (*child's name*)?  
1 = No  
2 = Yes

I will now read you several statements. For each of the statements, please tell me whether each statement is True or False in describing your experience.

	True	False
26. I felt free to do what I wanted about getting mental health treatment for ( <i>child's name</i> ).	1	2
27. I chose to get mental health treatment for ( <i>child's name</i> ).	1	2
28. It was my idea to get mental health treatment for ( <i>child's name</i> ).	1	2
29. I had a lot of control over whether ( <i>child's name</i> ) got mental health treatment.	1	2
30. I had more influence than anyone else on whether ( <i>child's name</i> ) got mental health treatment.	1	2

Now I'm going to ask you some questions related to (*child's name*)'s health.

31. Does (*child's name*) have recurring or chronic physical health problems such as allergies, asthma, migraine headaches, diabetes, epilepsy, cancer, etc.?

- 1 = No [GO TO QUESTION #33]  
2 = Yes

32. What recurring or chronic physical health problems does (*child's name*) have? [Select all that apply]

- 1 = Allergies  
2 = Asthma  
3 = Cancer  
4 = Cerebral palsy  
5 = Diabetes  
6 = Epilepsy  
7 = Migraine headaches  
8 = Heart condition  
9 = High blood pressure  
10 = Overweight  
11 = Sickle cell anemia  
12 = Spina bifida  
13 = Thyroid problems  
14 = Other—please specify \_\_\_\_\_

32a. Now or in the past 6 months, has (*child's name*) taken medication related to his/her (*name of child's physical health problems*)?

- 1 = No  
2 = Yes

32b. During the past 6 months, have the regular activities (*child's name*) participates in (such as school, social activities, participation in treatment for emotional or behavioral problems, etc.) been disrupted because of problems related to his/her recurring or chronic physical health problems?

- 1 = No  
2 = Yes

33. In the past 6 months, how many times did (*child's name*) see a doctor or other primary health care provider for a physical health problem, not during an emergency room visit?

\_\_\_\_\_ times [RECORD 0, IF NONE]

34. During the past 6 months, how many times did (*child's name*) have to go to the emergency room to seek treatment for a physical health problem?

\_\_\_\_\_ times [RECORD 0, IF NONE]

34a. During the past 6 months, how many times did (*child's name*) have to go to the emergency room to seek treatment as a result of his/her behavioral or emotional problem?

\_\_\_\_\_ times [RECORD 0, IF NONE]

35. During the past 6 months, how many times was (*child's name*) hospitalized for a physical health problem?

\_\_\_\_\_ times [RECORD 0, IF NONE]

35a. [IF 1 OR MORE] What is the total number of days that (*child's name*) was hospitalized for a physical problem in the past 6 months?

\_\_\_\_\_ days

36. Has (*child's name*) had a routine physical health exam in the past 6 months?

1 = No

2 = Yes

37. Does (*child's name*) have a primary health care provider?

1 = No [GO TO QUESTION #38]

2 = Yes

37a. What type of provider is (*child's name*)'s primary health care provider?

1 = Pediatrician

2 = Physician other than a pediatrician

3 = Physician's assistant

4 = Nurse practitioner

5 = No consistent primary health care provider

6 = Tribal healer/alternative health practitioner

7 = Other—please specify \_\_\_\_\_

38. Do you, or any other member of your household other than (*child's name*), have recurring or chronic physical health problems such as allergies, asthma, migraine headaches, diabetes, epilepsy, cancer, etc.?

1 = No [GO TO QUESTION #39]

2 = Yes

[CARD 4]

38a. In the past 6 months, how much has your ability to care for (*child's name*) been affected by the chronic health problems of these household members?

1 = Not at all

2 = A little bit

3 = A moderate amount

4 = Quite a bit

5 = A great deal

Sometimes a doctor or psychiatrist prescribes medication for children to help reduce their emotional or behavioral symptoms. For example, Adderall may be prescribed for Attention-Deficit Disorder.

CHILD ID: 

--	--	--	--	--	--	--	--	--	--

39. Now or in the past 6 months, has (*child's name*) taken any medication related to his/her emotional or behavioral symptoms?

- 1 = No [GO TO QUESTION #40]  
2 = Yes

[CARD 5]

39a. Who prescribed these medications for (*child's name*)? [Select all that apply]      39b. In the past 6 months, how many times did you/(*child's name*) see this doctor for follow-up on these prescribed medications?

	Not at all	1 time	2 times	3–5 times	6 times	More than 6 times
1 = Primary care physician/family physician	1	2	3	4	5	6
2 = Child psychiatrist	1	2	3	4	5	6
3 = General psychiatrist	1	2	3	4	5	6
4 = Pediatrician	1	2	3	4	5	6
5 = Other—please specify _____	1	2	3	4	5	6
6 = Other—please specify _____	1	2	3	4	5	6

[NOTE TO INTERVIEWER: Do not read the medications in the medication table to the caregiver. Record the caregiver's response and then circle the appropriate responses in the table.]

39c. [IF YES TO #39] Please tell me the medication(s) that (*child's name*) is currently taking or has taken in the past 6 months.

[Select all that apply]

Medication Category	Taking currently or in the past 6 months	
	No	Yes
Abilify (aripiprazole)	1	2
Adderall (amphetamine mixed salts)	1	2
Catapres (clonidine)	1	2
Celexa (citalopram)	1	2
Concerta (methylphenidate)	1	2
Daytrana (methylphenidate transdermal system)	1	2

CHILD ID:

--	--	--	--	--	--	--	--	--	--

Caregiver Information Questionnaire,  
Revised: Caregiver—Intake (CIQ-RC-I)

Medication Category	Taking currently or in the past 6 months	
	No	Yes
Depakote (valproic acid and derivatives)	1	2
Desyrel (trazodone)	1	2
Dexedrine (dextroamphetamine)	1	2
Effexor (venlafaxine)	1	2
Eskalith (lithium)	1	2
Focalin (dexmethylphenidate)	1	2
Geodon (ziprasidone)	1	2
Haldol (haloperidol)	1	2
Klonopin (clonazepam)	1	2
Lamictal (lamotrigine)	1	2
Lexapro (escitalopram)	1	2
Lithobid (lithium)	1	2
Lithonate (lithium)	1	2
Metadate (methylphenidate)	1	2
Neurontin (gabapentin)	1	2
Orap (pimozide)	1	2
Paxil (paroxetine)	1	2
Prozac (fluoxetine)	1	2
Remeron (mirtazapine)	1	2
Risperdal (risperidone)	1	2
Ritalin (methylphenidate)	1	2
Seroquel (quetiapine)	1	2
Strattera (atomoxetine)	1	2
Symbyax (olanzapine and fluoxetine)	1	2
Tegretol (carbamazepine)	1	2
Tenex (guanfacine)	1	2
Topamax (topiramate)	1	2
Trileptal (oxcarbazepine)	1	2
Vyvanse (lisdexamfetamine dimesylate)	1	2
Wellbutrin (bupropion)	1	2
Xanax (alprazolam)	1	2
Zoloft (sertraline)	1	2

For all variables and data elements:

666 = Not Applicable  
777 = Refused888 = Don't Know  
999 = Missing

Date last modified: September 2012

13

Medication Category	Taking currently or in the past 6 months	
	No	Yes
Zyprexa (olanzapine)	1	2
Other—please specify _____	1	2

I will now read you several statements. These statements are about any medications that (*child's name*) is currently taking, or has taken in the past 6 months, for his/her emotional or behavioral symptoms. For each of the statements, please tell me how strongly you agree that the statement reflects your experience.

[CARD 6]

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
39d. I see benefits from ( <i>child's name</i> ) taking his/her medication.	1	2	3	4	5
39e. I understand why ( <i>child's name</i> ) takes his/her medication.	1	2	3	4	5
39f. I know what ( <i>child's name</i> )'s medication is supposed to do for him/her.	1	2	3	4	5
39g. I had a choice in the medication that ( <i>child's name</i> ) takes.	1	2	3	4	5
39h. ( <i>Child's name</i> ) takes his/her medication the way he/she is supposed to.	1	2	3	4	5
39i. I feel comfortable about ( <i>child's name</i> ) taking medication.	1	2	3	4	5

Now I am going to ask you some questions about your family and about peer support that you may be receiving from a family advocate, parent partner, or family liaison. This type of support is typically received from another family member who is trained to work with families.

40. Do you have a family advocate/parent partner/family liaison/other name?

- 1 = No [GO TO QUESTION #45]  
2 = Yes

[CARD 7]

41. In the past 6 months, how often did you meet with your (*title of family advocate*)?

- 1 = Never  
2 = Not very often  
3 = Sometimes  
4 = Often  
5 = Very often

	No	Yes
42. In the past 6 months, did the ( <i>title of family advocate</i> ) participate or assist you in any of the following activities:		
42a. Assistance with finances (e.g., budgeting, obtaining flex funds)	1	2
42b. Assistance with transportation	1	2
42c. Assistance with obtaining basic needs (e.g., housing, clothes, food)	1	2
42d. Dealing with agencies or getting services (e.g., child welfare, court, schools/IEP, medical care, legal assistance)	1	2
42e. Obtaining employment or education services for you (e.g., resume assistance, job training)	1	2
42f. Obtaining employment or education services for your child	1	2
42g. Provided you with social or emotional support	1	2
42h. Parenting skills/assistance	1	2
42i. Other—please specify _____	1	2

[CARD 8]

43. In the past 6 months, how well did the (*title of family advocate*) address the issues brought to his/her attention?

- 1 = Not at all well
- 2 = Somewhat well
- 3 = Moderately well
- 4 = Very well
- 5 = Extremely well

[CARD 9]

44. In the past 6 months, how available was your (*title of family advocate*) when you needed him/her?

- 1 = Not at all
- 2 = Somewhat
- 3 = Moderately
- 4 = Very much
- 5 = Extremely

[CARD 7]

45. In the past 6 months, how often did your family do things together outside of your home?

- 1 = Never
- 2 = Not very often
- 3 = Sometimes
- 4 = Often
- 5 = Very often

CHILD ID: 

--	--	--	--	--	--	--	--	--	--

46. In the past 6 months, how often did your family spend time together as a family?

- 1 = Never
- 2 = Not very often
- 3 = Sometimes
- 4 = Often
- 5 = Very often



An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 17 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## CAREGIVER INFORMATION QUESTIONNAIRE, Revised: Caregiver—Follow-Up (CIQ-RC-F)

<b>CIQDATE</b> (Today's date)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Month          Day          Year
<b>CHILDDID</b> (National evaluation ID)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>TIMEFRAM</b> (Assessment period)	2 = 6 months 3 = 12 months 4 = 18 months 5 = 24 months
<b>CIQRESP</b> (Respondent for interview)	1 = Caregiver (child's caregiver in a family, household environment)
<b>CIQINTV</b> (Who administered interview)	1 = Person providing services to child 2 = Data collector
<b>CIQMETH</b> (Method of administering interview)	1 = In person, hard copy 2 = Telephone, hard copy 3 = In person, computer assisted 4 = Telephone, computer assisted
<b>CIQLANG</b> (Language version of interview)	1 = English 2 = Spanish 3 = Other

I am going to ask you some questions about (*child's name*)'s background and family and about services that (*child's name*) has received. Please answer these questions as best you can, and try to be as complete as possible in your answers.

0. Have you ever answered questions about (*child's name*) and/or your family for this study before?

- 1 = No [GO TO QUESTION #1]
- 2 = Yes

[CARD 1]

0a. When did you answer these questions?

[NOTE TO INTERVIEWER: Circle all that apply. To prompt the respondent, identify the actual time period for each of the answer choices. For example, "About 6 months ago would have been March 15."]

- 1 = About 6 months ago
- 2 = About 12 months ago
- 3 = About 18 months ago
- 4 = About 24 months ago
- 5 = Other—please specify \_\_\_\_\_

[GO TO QUESTION #8]

To begin, I'd like to ask you a few general questions about (*child's name*)'s family.

1. What is your relationship to (*child's name*)?

- 1 = Biological parent
- 2 = Adoptive/step-parent
- 3 = Foster parent
- 4 = A live-in partner of parent
- 5 = Sibling (biological, step, etc.)
- 6 = Aunt or uncle
- 7 = Grandparent
- 8 = Cousin
- 9 = Other family relative
- 10 = Friend (adult friend)
- 11 = Other—please specify \_\_\_\_\_

1a. What is your gender?

- 1 = Male
- 2 = Female

2. What is your age?

\_\_\_\_\_ years

3. Are you of Hispanic or Latino **cultural/ethnic** background?

- 1 = No [GO TO QUESTION #4]
- 2 = Yes

--	--	--	--	--	--	--	--	--	--

3a. Which group(s) describes your Hispanic or Latino *cultural/ethnic* background? Are you . . .  
[Select one or more]

- 1 = Mexican, Mexican American, or Chicano
- 2 = Puerto Rican
- 3 = Cuban
- 4 = Dominican
- 5 = Central American
- 6 = South American
- 7 = Other—please specify \_\_\_\_\_

4. Which group(s) describes you? Are you . . . [Select one or more]

- 1 = American Indian or Alaska Native
- 2 = Asian
- 3 = Black or African American
- 4 = Native Hawaiian or Other Pacific Islander
- 5 = White

[NOTE TO INTERVIEWER: Do **not** ask if there is another group that describes the respondent. If the respondent is unable to select from options 1–5 and he/she provides an alternate group, record that answer on the line by option 6.]

- 6 = Other—please specify \_\_\_\_\_

[NOTE TO INTERVIEWER: Questions #5–5c are skipped, as they are not applicable at follow-up.]

6. What is the highest level of education you have completed?

\_\_\_\_\_

[IF FROM KINDERGARTEN TO 11TH GRADE, enter 0–11] 0–11 = Kindergarten–11th grade

[IF FINISHED HIGH SCHOOL, select the appropriate category below]

- 12 = High school diploma or GED
- 13 = Associate degree
- 14 = Some college, no degree
- 15 = Bachelor's degree
- 16 = Master's degree
- 17 = Professional school degree
- 18 = Doctoral degree

7. Other than a primary caregiver, does (*child's name*) currently have a close relationship with an adult who provides advice and support?

- 1 = No
- 2 = Yes

8. Who has legal custody of (*child's name*)?
- 1 = Two biological parents **or** one biological and one step or adoptive parent
  - 2 = Biological mother only
  - 3 = Biological father only
  - 4 = Adoptive parent(s)
  - 5 = Sibling(s)
  - 6 = Aunt and/or uncle
  - 7 = Grandparent(s)
  - 8 = Friend (adult friend)
  - 9 = Ward of the State
  - 10 = Other—please specify \_\_\_\_\_
9. Including (*child's name*), what is the total number of children (under age 18) in the household where (*child's name*) is currently living?
- \_\_\_\_\_ [RECORD 0, IF NONE]
10. What is the total number of adults (age 18 or older) in the household where (*child's name*) is currently living? Include (*child's name*) in this total if (*child's name*) is age 18 or older.
- \_\_\_\_\_ [RECORD 0, IF NONE]
11. Approximately how many days in the past 6 months did (*child's name*) live in your household?
- \_\_\_\_\_ days [6 months = 180 days]

[CARD 2]

12. What is the annual household income of (*child's name*)'s family?  
For this question, (*child's name*)'s family should be considered to be the family with whom he/she has lived for the majority of the past 6 months. For example, if (*child's name*) has lived with a foster family for most of the past 6 months, we are interested in knowing the foster family's income.
- [NOTE TO INTERVIEWER: Prompt respondent to consider all sources of pre-tax (gross) income, including wages, child support, alimony, and public assistance. The family household income should include the pre-tax incomes of all individuals who live with the child and contribute financially to the child's care.]
- 1 = Less than \$5,000
  - 2 = \$5,000–\$9,999
  - 3 = \$10,000–\$14,999
  - 4 = \$15,000–\$19,999
  - 5 = \$20,000–\$24,999
  - 6 = \$25,000–\$34,999
  - 7 = \$35,000–\$49,999
  - 8 = \$50,000–\$74,999
  - 9 = \$75,000–\$99,999
  - 10 = \$100,000 and over
13. At any time in the past 6 months, did you have a paid job (formal or informal), including self-employment?
- 1 = No [GO TO QUESTION #13g]
  - 2 = Yes

--	--	--	--	--	--	--	--	--	--

- 13a. In the past 6 months, how many months did you work?  
\_\_\_\_\_ months
- 13b. In an average month, about how many weeks do you work?  
\_\_\_\_\_ weeks
- 13c. In an average week, about how many days do you work?  
\_\_\_\_\_ days
- 13d. In an average day, about how many hours do you work?  
\_\_\_\_\_ hours
- 13e. About how much money do you make per week?  
\$ \_\_\_\_\_
- 13f. In the past 6 months, how many days did you miss work due to (*child's name*)'s emotional and behavioral problems, if any?  
\_\_\_\_\_ days [GO TO QUESTION #14]
- 13g. What was the primary barrier that prevented you from working for pay during the past 6 months?
- 1 = I was not interested in employment during that period
  - 2 = In school or other training
  - 3 = Could not find any work at the desired pay
  - 4 = Transportation problems
  - 5 = Childcare problems
  - 6 = My health problems/disability
  - 7 = (*Child's name*)'s behavioral and emotional problems
  - 8 = Other family responsibilities
  - 9 = Other—please specify \_\_\_\_\_
- 13h. Were there other barriers that prevented you from working for pay during the past 6 months?
- 1 = No [GO TO QUESTION #14]
  - 2 = Yes
- 13i. What were the other barriers that prevented you from working for pay during the past 6 months? [Select all that apply]
- 1 = I was not interested in employment during that period
  - 2 = In school or other training
  - 3 = Could not find any work at the desired pay
  - 4 = Transportation problems
  - 5 = Childcare problems
  - 6 = My health problems/disability
  - 7 = (*Child's name*)'s behavioral and emotional problems
  - 8 = Other family responsibilities
  - 9 = Other—please specify \_\_\_\_\_

**[CARD 3]**

	Never	Sometimes	About half the time	Most of the time	Always
14. How often do you have the following?					
14a. Time to spend with your family	1	2	3	4	5
14b. Money to pay for basic needs like housing, food, or clothing	1	2	3	4	5
14c. Money to pay for special things like toys, entertainment, or vacations	1	2	3	4	5
14d. Time to spend alone or with friends	1	2	3	4	5

Now I need to ask some questions concerning (*child's name*)'s history.

15. In the past 6 months, has (*child's name*) experienced or witnessed an event that caused, or threatened to cause, serious harm to him or herself or to someone else? [*Select all that apply*]

1 = Car accident

2 = Other accident

3 = Fire

4 = Storm

5 = Physical illness

6 = Physical assault

7 = Sexual assault

8 = Any other event—please specify \_\_\_\_\_

9 = Has not experienced or witnessed a traumatic event [*GO TO QUESTION #17a*]

I'm going to read to you a list of behaviors that describe children. After I read each behavior, tell me which description best describes (*child's name*) **now** or **within the past 6 months**. Rate each statement by the following criteria: the statement is *very true or often true*, *somewhat or sometimes true*, or *not true of (child's name)*. Please answer all items as well as you can even if some do not seem to apply to (*child's name*). The term "event" refers to the most stressful experience that you have described above.

**[CARD 4]**

	Not true	Somewhat or sometimes true	Very true or often true
15a. Child gets very upset if reminded of the event.	0	1	2
15b. Child reports more physical complaints when reminded of the event. For example, headaches, stomachaches, nausea, difficulty breathing.	0	1	2
15c. Child reports that he or she does not want to talk about the event.	0	1	2
15d. Child startles easily. For example, he or she jumps when hears sudden or loud noises.	0	1	2

[NOTE TO INTERVIEWER: Questions #16, #16a, and #17 are skipped, as they are not applicable at follow-up.]

- 17a. In the past 6 months, has (*child's name*) run away **without his/her caregiver knowing where he/she was?**

[NOTE TO INTERVIEWER: This could be the current caregiver or a past caregiver.]

- 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Question #18 is skipped, as it is not applicable at follow-up.]

- 18a. In the past 6 months, has (*child's name*) had a problem with substance abuse, including alcohol and drugs?

- 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Question #19 is skipped, as it is not applicable at follow-up.]

- 19a. In the past 6 months, has (*child's name*) talked about committing suicide?

- 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Questions #20 and #20a are skipped, as they are not applicable at follow-up.]

- 20b. In the past 6 months, has (*child's name*) attempted suicide?

- 1 = No [GO TO QUESTION #21a]  
2 = Yes

- 20c. In the past 6 months, how many times has (*child's name*) attempted suicide?

\_\_\_\_\_ times

Now I need to ask some questions concerning (*child's name*)'s family and household history. These questions are about (*child's name*)'s biological family and the people who live, or lived, in (*child's name*)'s household. For these questions, when you think about (*child's name*)'s households, do not include residential treatment centers or group homes in which (*child's name*) may have lived.

[NOTE TO INTERVIEWER: Question #21 is skipped, as it is not applicable at follow-up.]

- 21a. In the past 6 months, has (*child's name*) been exposed to domestic violence or spousal abuse, of which (*child's name*) was not the direct target?

- 1 = No  
2 = Yes

22. Has anyone in (*child's name*)'s biological family ever been diagnosed with depression or shown signs of depression? By biological family, I mean (*child's name*)'s biological parents, grandparents, and siblings.

- 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Question #22a is skipped, as it is not applicable at follow-up.]

22b. In the past 6 months, has (*child's name*) lived in a household in which one of the household members showed signs of being depressed?

- 1 = No [GO TO QUESTION #23]  
2 = Yes

22c. Was the person who showed signs of being depressed involved in providing care and supervision to (*child's name*)?

- 1 = No  
2 = Yes

23. Has anyone in (*child's name*)'s biological family had a mental illness, other than depression? By biological family, I mean (*child's name*)'s biological parents, grandparents, and siblings.

- 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Question #23a is skipped, as it is not applicable at follow-up.]

23b. In the past 6 months, has (*child's name*) lived in a household in which one of the household members had a mental illness other than depression?

- 1 = No [GO TO QUESTION #24a]  
2 = Yes

23c. Was the person with a mental illness involved in providing care and supervision to (*child's name*)?

- 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Question #24 is skipped, as it is not applicable at follow-up.]

24a. In the past 6 months, have any members of (*child's name*)'s household been convicted of a crime?

- 1 = No  
2 = Yes



25. Has anyone in (*child's name*)'s biological family had a drinking or drug problem? By biological family, I mean (*child's name*)'s biological parents, grandparents, and siblings.

- 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Question #25a is skipped, as it is not applicable at follow-up.]

25b. In the past 6 months, has (*child's name*) lived in a household in which one of the household members had a drinking or drug problem?

- 1 = No [GO TO QUESTION #31]  
2 = Yes

25c. Was the person with a drinking or drug problem involved in providing care and supervision to (*child's name*)?

- 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Questions #26–30 are skipped, as they are not applicable at follow-up.]

Now I'm going to ask you some questions related to (*child's name*)'s health.

31. Does (*child's name*) have recurring or chronic physical health problems such as allergies, asthma, migraine headaches, diabetes, epilepsy, cancer, etc.?

- 1 = No [GO TO QUESTION #33]  
2 = Yes

32. What recurring or chronic physical health problems does (*child's name*) have? [Select all that apply]

- 1 = Allergies  
2 = Asthma  
3 = Cancer  
4 = Cerebral palsy  
5 = Diabetes  
6 = Epilepsy  
7 = Migraine headaches  
8 = Heart condition  
9 = High blood pressure  
10 = Overweight  
11 = Sickle cell anemia  
12 = Spina bifida  
13 = Thyroid problems  
14 = Other—please specify \_\_\_\_\_

32a. Now or in the past 6 months, has (*child's name*) taken medication related to his/her (*name of child's physical health problems*)?

- 1 = No  
2 = Yes

- 32b. During the past 6 months, have the regular activities (*child's name*) participates in (such as school, social activities, participation in treatment for emotional or behavioral problems, etc.) been disrupted because of problems related to his/her recurring or chronic physical health problems?
- 1 = No  
2 = Yes
33. In the past 6 months, how many times did (*child's name*) see a doctor or other primary health care provider for a physical health problem, not during an emergency room visit?
- \_\_\_\_\_ times [RECORD 0, IF NONE]
34. During the past 6 months, how many times did (*child's name*) have to go to the emergency room to seek treatment for a physical health problem?
- \_\_\_\_\_ times [RECORD 0, IF NONE]
- 34a. During the past 6 months, how many times did (*child's name*) have to go to the emergency room to seek treatment as a result of his/her behavioral or emotional problem?
- \_\_\_\_\_ times [RECORD 0, IF NONE]
35. During the past 6 months, how many times was (*child's name*) hospitalized for a physical health problem?
- \_\_\_\_\_ times [RECORD 0, IF NONE]
- 35a. [IF 1 OR MORE] What is the total number of days that (*child's name*) was hospitalized for a physical problem in the past 6 months?
- \_\_\_\_\_ days
36. Has (*child's name*) had a routine physical health exam in the past 6 months?
- 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Questions #37 and #37a are skipped, as they are not applicable at follow-up.]

38. Do you, or any other member of your household other than (*child's name*), have recurring or chronic physical health problems such as allergies, asthma, migraine headaches, diabetes, epilepsy, cancer, etc.?
- 1 = No [GO TO QUESTION #39]  
2 = Yes

**[CARD 5]**

38a. In the past 6 months, how much has your ability to care for (*child's name*) been affected by the chronic health problems of these household members?

- 1 = Not at all
- 2 = A little bit
- 3 = A moderate amount
- 4 = Quite a bit
- 5 = A great deal

Sometimes a doctor or psychiatrist prescribes medication for children to help reduce their emotional or behavioral symptoms. For example, Adderall may be prescribed for Attention-Deficit Disorder.

39. Now or in the past 6 months, has (*child's name*) taken any medication related to his/her emotional or behavioral symptoms?

- 1 = No [GO TO QUESTION #40]
- 2 = Yes

**[CARD 6]**

39a. Who prescribed these medications for (*child's name*)? [Select all that apply]

39b. In the past 6 months, how many times did you/(*child's name*) see this doctor for follow-up on these prescribed medications?

	Not at all	1 time	2 times	3–5 times	6 times	More than 6 times
1 = Primary care physician/family physician	1	2	3	4	5	6
2 = Child psychiatrist	1	2	3	4	5	6
3 = General psychiatrist	1	2	3	4	5	6
4 = Pediatrician	1	2	3	4	5	6
5 = Other—please specify _____	1	2	3	4	5	6
6 = Other—please specify _____	1	2	3	4	5	6

[NOTE TO INTERVIEWER: Do not read the medications in the medication table to the caregiver. Record the caregiver's response and then circle the appropriate responses in the table.]

39c. [IF YES TO #39] Please tell me the medication(s) that (*child's name*) is currently taking or has taken in the past 6 months.

\_\_\_\_\_

--	--	--	--	--	--	--	--	--	--

*[Select all that apply]*

Medication Category	Taking currently or in the past 6 months	
	No	Yes
Abilify (aripiprazole)	1	2
Adderall (amphetamine mixed salts)	1	2
Catapres (clonidine)	1	2
Celexa (citalopram)	1	2
Concerta (methylphenidate)	1	2
Daytrana (methylphenidate transdermal system)	1	2
Depakote (valproic acid and derivatives)	1	2
Desyrel (trazodone)	1	2
Dexedrine (dextroamphetamine)	1	2
Effexor (venlafaxine)	1	2
Eskalith (lithium)	1	2
Focalin (dexmethylphenidate)	1	2
Geodon (ziprasidone)	1	2
Haldol (haloperidol)	1	2
Klonopin (clonazepam)	1	2
Lamictal (lamotrigine)	1	2
Lexapro (escitalopram)	1	2
Lithobid (lithium)	1	2
Lithonate (lithium)	1	2
Metadate (methylphenidate)	1	2
Neurontin (gabapentin)	1	2
Orap (pimozide)	1	2
Paxil (paroxetine)	1	2
Prozac (fluoxetine)	1	2
Remeron (mirtazapine)	1	2
Risperdal (risperidone)	1	2
Ritalin (methylphenidate)	1	2
Seroquel (quetiapine)	1	2
Strattera (atomoxetine)	1	2
Symbyax (olanzapine and fluoxetine)	1	2
Tegretol (carbamazepine)	1	2

CHILD ID: 

--	--	--	--	--	--	--	--	--	--

Medication Category	Taking currently or in the past 6 months	
	No	Yes
Tenex (guanfacine)	1	2
Topamax (topiramate)	1	2
Trileptal (oxcarbazepine)	1	2
Vyvanse (lisdexamfetamine dimesylate)	1	2
Wellbutrin (bupropion)	1	2
Xanax (alprazolam)	1	2
Zoloft (sertraline)	1	2
Zyprexa (olanzapine)	1	2
Other—please specify _____	1	2

I will now read you several statements. These statements are about any medications that (*child's name*) is currently taking, or has taken in the past 6 months, for his/her emotional or behavioral symptoms. For each of the statements, please tell me how strongly you agree that the statement reflects your experience.

[CARD 7]

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
39d. I see benefits from ( <i>child's name</i> ) taking his/her medication.	1	2	3	4	5
39e. I understand why ( <i>child's name</i> ) takes his/her medication.	1	2	3	4	5
39f. I know what ( <i>child's name</i> )'s medication is supposed to do for him/her.	1	2	3	4	5
39g. I had a choice in the medication that ( <i>child's name</i> ) takes.	1	2	3	4	5
39h. ( <i>Child's name</i> ) takes his/her medication the way he/she is supposed to.	1	2	3	4	5
39i. I feel comfortable about ( <i>child's name</i> ) taking medication.	1	2	3	4	5

Now I am going to ask you some questions about your family and about peer support that you may be receiving from a family advocate, parent partner, or family liaison. This type of support is typically received from another family member who is trained to work with families.

40. Do you have a family advocate/parent partner/family liaison/other name?

- 1 = No [GO TO QUESTION #45]
- 2 = Yes

**[CARD 8]**

41. In the past 6 months, how often did you meet with your (*title of family advocate*)?

- 1 = Never
- 2 = Not very often
- 3 = Sometimes
- 4 = Often
- 5 = Very often

	No	Yes
42. In the past 6 months, did the ( <i>title of family advocate</i> ) participate or assist you in any of the following activities:		
42a. Assistance with finances (e.g., budgeting, obtaining flex funds)	1	2
42b. Assistance with transportation	1	2
42c. Assistance with obtaining basic needs (e.g., housing, clothes, food)	1	2
42d. Dealing with agencies or getting services (e.g., child welfare, court, schools/IEP, medical care, legal assistance)	1	2
42e. Obtaining employment or education services for you (e.g., resume assistance, job training)	1	2
42f. Obtaining employment or education services for your child	1	2
42g. Provided you with social or emotional support	1	2
42h. Parenting skills/assistance	1	2
42i. Other—please specify _____	1	2

**[CARD 9]**

43. In the past 6 months, how well did the (*title of family advocate*) address the issues brought to his/her attention?

- 1 = Not at all well
- 2 = Somewhat well
- 3 = Moderately well
- 4 = Very well
- 5 = Extremely well

**[CARD 10]**

44. In the past 6 months, how available was your (*title of family advocate*) when you needed him/her?

- 1 = Not at all
- 2 = Somewhat
- 3 = Moderately
- 4 = Very much
- 5 = Extremely

CHILD ID: 

--	--	--	--	--	--	--	--	--	--

*[CARD 8]*

45. In the past 6 months, how often did your family do things together outside of your home?

- 1 = Never
- 2 = Not very often
- 3 = Sometimes
- 4 = Often
- 5 = Very often

46. In the past 6 months, how often did your family spend time together as a family?

- 1 = Never
- 2 = Not very often
- 3 = Sometimes
- 4 = Often
- 5 = Very often

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 17 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## CAREGIVER INFORMATION QUESTIONNAIRE, Revised: Staff as Caregiver—Intake (CIQ-RS-I)

<b>CIQDATE</b> (Today's date)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Month          Day          Year
<b>CHILDID</b> (National evaluation ID)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>TIMEFRAM</b> (Assessment period)	1 = Intake
<b>CIQRESP</b> (Respondent for interview)	2 = Staff as Caregiver (staffperson who has acted as the child's day-to-day caregiver for the majority of the past 6 months)
<b>CIQINTV</b> (Who administered interview)	1 = Person providing services to child 2 = Data collector
<b>CIQMETH</b> (Method of administering interview)	1 = In person, hard copy 2 = Telephone, hard copy 3 = In person, computer assisted 4 = Telephone, computer assisted
<b>CIQLANG</b> (Language version of interview)	1 = English 2 = Spanish 3 = Other



I am going to ask you some questions about (*child's name*)'s background and family and about services that (*child's name*) has received. Please answer these questions as best you can, and try to be as complete as possible in your answers. To begin, I'd like to ask a couple of questions about you, and then I'll ask you a few general questions about (*child's name*)'s background and family.

[NOTE TO INTERVIEWER: Question #1 is skipped for "staff as caregiver," as it is not applicable for this respondent.]

1a. What is your gender?

- 1 = Male
- 2 = Female

2. What is your age?

\_\_\_\_\_ years

3. Are you of Hispanic or Latino **cultural/ethnic** background?

- 1 = No [GO TO QUESTION #4]
- 2 = Yes

3a. Which group(s) describes your Hispanic or Latino **cultural/ethnic** background? Are you . . .  
[Select one or more]

- 1 = Mexican, Mexican American, or Chicano
- 2 = Puerto Rican
- 3 = Cuban
- 4 = Dominican
- 5 = Central American
- 6 = South American
- 7 = Other—please specify \_\_\_\_\_

4. Which group(s) describes you? Are you . . . [Select one or more]

- 1 = American Indian or Alaska Native
- 2 = Asian
- 3 = Black or African American
- 4 = Native Hawaiian or Other Pacific Islander
- 5 = White

[NOTE TO INTERVIEWER: Do **not** ask if there is another group that describes the respondent. If the respondent is unable to select from options 1–5 and he/she provides an alternate group, record that answer on the line by option 6.]

- 6 = Other—please specify \_\_\_\_\_

[NOTE TO INTERVIEWER: For Questions #5 and #5c, do **not** read the response options to the respondent.]

5. What language or languages does (*child's name*) speak? [Select all that apply]

- 1 = English
- 2 = Spanish
- 3 = Other—please specify \_\_\_\_\_

[NOTE TO INTERVIEWER: Questions #5a and #5b are skipped for “staff as caregiver,” as they are not applicable for this respondent.]

5c. Which is (*child’s name*)’s **most** preferred language?

- 1 = English
- 2 = Spanish
- 3 = Other—please specify \_\_\_\_\_

6. What is the highest level of education that (*child’s name*)’s primary family caregiver has completed?

\_\_\_\_\_

[IF FROM KINDERGARTEN TO 11TH GRADE, enter 0–11] 0–11 = Kindergarten–11th grade

[IF FINISHED HIGH SCHOOL, select the appropriate category below]

- 12 = High school diploma or GED
- 13 = Associate degree
- 14 = Some college, no degree
- 15 = Bachelor’s degree
- 16 = Master’s degree
- 17 = Professional school degree
- 18 = Doctoral degree

7. Other than a primary caregiver, does (*child’s name*) currently have a close relationship with an adult who provides advice and support?

- 1 = No
- 2 = Yes

8. Who has legal custody of (*child’s name*)?

- 1 = Two biological parents **or** one biological and one step or adoptive parent
- 2 = Biological mother only
- 3 = Biological father only
- 4 = Adoptive parent(s)
- 5 = Sibling(s)
- 6 = Aunt and/or uncle
- 7 = Grandparent(s)
- 8 = Friend (adult friend)
- 9 = Ward of the State
- 10 = Other—please specify \_\_\_\_\_

[NOTE TO INTERVIEWER: Questions #9 and #10 are skipped for “staff as caregiver,” as they are not applicable for this respondent.]

11. For approximately how many days in the past 6 months did you interact with (*child’s name*) on a daily basis?

\_\_\_\_\_ days [6 months = 180 days]

**[CARD 1]**

12. What is the annual household income of (*child's name*)'s family?

For this question, (*child's name*)'s family should be considered to be the family with whom he/she has lived for the majority of the past 6 months. For example, if (*child's name*) has lived with a foster family for most of the past 6 months, we are interested in knowing the foster family's income.

*[NOTE TO INTERVIEWER: Prompt respondent to consider all sources of pre-tax (gross) income, including wages, child support, alimony, and public assistance. The family household income should include the pre-tax incomes of all individuals who live with the child and contribute financially to the child's care.]*

- 1 = Less than \$5,000
- 2 = \$5,000–\$9,999
- 3 = \$10,000–\$14,999
- 4 = \$15,000–\$19,999
- 5 = \$20,000–\$24,999
- 6 = \$25,000–\$34,999
- 7 = \$35,000–\$49,999
- 8 = \$50,000–\$74,999
- 9 = \$75,000–\$99,999
- 10 = \$100,000 and over

*[NOTE TO INTERVIEWER: Questions #13 and #14 are skipped for “staff as caregiver,” as they are not applicable for this respondent.]*

Now I need to ask some questions concerning (*child's name*)'s history.

15. Has (*child's name*) ever experienced or witnessed an event that caused, or threatened to cause, serious harm to him or herself or to someone else? *[Select all that apply]*

- 1 = Car accident
- 2 = Other accident
- 3 = Fire
- 4 = Storm
- 5 = Physical illness
- 6 = Physical assault
- 7 = Sexual assault
- 8 = Any other event—please specify \_\_\_\_\_
- 9 = Has not experienced or witnessed a traumatic event *[GO TO QUESTION #17]*

I'm going to read to you a list of behaviors that describe children. After I read each behavior, tell me which description best describes (*child's name*) **now** or **within the past 6 months**. Rate each statement by the following criteria: the statement is *very true* or *often true*, *somewhat* or *sometimes true*, or *not true* of (*child's name*). Please answer all items as well as you can even if some do not seem to apply to (*child's name*). The term “event” refers to the most stressful experience that you have described above.

**[CARD 2]**

	Not true	Somewhat or sometimes true	Very true or often true
15a. Child gets very upset if reminded of the event.	0	1	2
15b. Child reports more physical complaints when reminded of the event. For example, headaches, stomachaches, nausea, difficulty breathing.	0	1	2
15c. Child reports that he or she does not want to talk about the event.	0	1	2
15d. Child startles easily. For example, he or she jumps when hears sudden or loud noises.	0	1	2
16. <i>[If Physical assault selected in #15]</i> In the past 6 months, has ( <i>child's name</i> ) been physically abused?			
1 = No			
2 = Yes			
16a. <i>[If Sexual assault selected in #15]</i> In the past 6 months, has ( <i>child's name</i> ) been sexually abused?			
1 = No			
2 = Yes			
17. Has ( <i>child's name</i> ) ever run away <b>without his/her caregiver knowing where he/she was?</b>			
<i>[NOTE TO INTERVIEWER: This could be the current caregiver or a past caregiver.]</i>			
1 = No <i>[GO TO QUESTION #18]</i>			
2 = Yes			
17a. In the past 6 months, has ( <i>child's name</i> ) run away <b>without his/her caregiver knowing where he/she was?</b>			
<i>[NOTE TO INTERVIEWER: This could be the current caregiver or a past caregiver.]</i>			
1 = No			
2 = Yes			
18. Has ( <i>child's name</i> ) ever had a problem with substance abuse, including alcohol and/or drugs?			
1 = No <i>[GO TO QUESTION #19]</i>			
2 = Yes			
18a. In the past 6 months, has ( <i>child's name</i> ) had a problem with substance abuse, including alcohol and drugs?			
1 = No			
2 = Yes			

19. Has (*child's name*) ever talked about committing suicide?
- 1 = No [GO TO QUESTION #20]  
2 = Yes
- 19a. In the past 6 months, has (*child's name*) talked about committing suicide?
- 1 = No  
2 = Yes
20. Has (*child's name*) ever attempted suicide?
- 1 = No [GO TO QUESTION #21]  
2 = Yes
- 20a. How many times has (*child's name*) attempted suicide?
- \_\_\_\_\_ times
- 20b. In the past 6 months, has (*child's name*) attempted suicide?
- 1 = No [GO TO QUESTION #21]  
2 = Yes
- 20c. In the past 6 months, how many times has (*child's name*) attempted suicide?
- \_\_\_\_\_ times

Now I need to ask some questions concerning (*child's name*)'s family and household history. These questions are about (*child's name*)'s biological family and the people who live, or lived, in (*child's name*)'s household. For these questions, when you think about (*child's name*)'s households, do not include residential treatment centers or group homes in which (*child's name*) may have lived.

21. Has (*child's name*) ever been exposed to domestic violence or spousal abuse, of which (*child's name*) was not the direct target?
- 1 = No [GO TO QUESTION #22]  
2 = Yes
- 21a. In the past 6 months, has (*child's name*) been exposed to domestic violence or spousal abuse, of which (*child's name*) was not the direct target?
- 1 = No  
2 = Yes
22. Has anyone in (*child's name*)'s biological family ever been diagnosed with depression or shown signs of depression? By biological family, I mean (*child's name*)'s biological parents, grandparents, and siblings.
- 1 = No  
2 = Yes
- 22a. Has (*child's name*) ever lived in a household in which someone showed signs of being depressed?
- 1 = No [GO TO QUESTION #23]  
2 = Yes

--	--	--	--	--	--	--	--	--	--

- 22b. In the past 6 months, has (*child's name*) lived in a household in which one of the household members showed signs of being depressed?
- 1 = No [GO TO QUESTION #23]  
2 = Yes
- 22c. Was the person who showed signs of being depressed involved in providing care and supervision to (*child's name*)?
- 1 = No  
2 = Yes
23. Has anyone in (*child's name*)'s biological family had a mental illness, other than depression? By biological family, I mean (*child's name*)'s biological parents, grandparents, and siblings.
- 1 = No  
2 = Yes
- 23a. Other than depression, has (*child's name*) ever lived in a household in which someone had a mental illness?
- 1 = No [GO TO QUESTION #24]  
2 = Yes
- 23b. In the past 6 months, has (*child's name*) lived in a household in which one of the household members had a mental illness other than depression?
- 1 = No [GO TO QUESTION #24]  
2 = Yes
- 23c. Was the person with a mental illness involved in providing care and supervision to (*child's name*)?
- 1 = No  
2 = Yes
24. Has (*child's name*) ever lived in a household in which someone had been convicted of a crime?
- 1 = No [GO TO QUESTION #25]  
2 = Yes
- 24a. In the past 6 months, have any members of (*child's name*)'s household been convicted of a crime?
- 1 = No  
2 = Yes
25. Has anyone in (*child's name*)'s biological family had a drinking or drug problem? By biological family, I mean (*child's name*)'s biological parents, grandparents, and siblings.
- 1 = No  
2 = Yes
- 25a. Has (*child's name*) ever lived in a household in which one of the household members had a drinking or drug problem?
- 1 = No [GO TO QUESTION #31]  
2 = Yes

--	--	--	--	--	--	--	--	--	--

25b. In the past 6 months, has (*child's name*) lived in a household in which one of the household members had a drinking or drug problem?

- 1 = No [GO TO QUESTION #31]  
2 = Yes

25c. Was the person with a drinking or drug problem involved in providing care and supervision to (*child's name*)?

- 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Questions #26–30 are skipped for “staff as caregiver,” as they are not applicable for this respondent.]

Now I'm going to ask you some questions related to (*child's name*)'s health.

31. Does (*child's name*) have recurring or chronic physical health problems such as allergies, asthma, migraine headaches, diabetes, epilepsy, cancer, etc.?

- 1 = No [GO TO QUESTION #33]  
2 = Yes

32. What recurring or chronic physical health problems does (*child's name*) have? [Select all that apply]

- 1 = Allergies  
2 = Asthma  
3 = Cancer  
4 = Cerebral palsy  
5 = Diabetes  
6 = Epilepsy  
7 = Migraine headaches  
8 = Heart condition  
9 = High blood pressure  
10 = Overweight  
11 = Sickle cell anemia  
12 = Spina bifida  
13 = Thyroid problems  
14 = Other—please specify \_\_\_\_\_

32a. Now or in the past 6 months, has (*child's name*) taken medication related to his/her (*name of child's physical health problems*)?

- 1 = No  
2 = Yes

32b. During the past 6 months, have the regular activities (*child's name*) participates in (such as school, social activities, participation in treatment for emotional or behavioral problems, etc.) been disrupted because of problems related to his/her recurring or chronic physical health problems?

- 1 = No  
2 = Yes

33. In the past 6 months, how many times did (*child's name*) see a doctor or other primary health care provider for a physical health problem, not during an emergency room visit?  
\_\_\_\_\_ times [RECORD 0, IF NONE]
34. During the past 6 months, how many times did (*child's name*) have to go to the emergency room to seek treatment for a physical health problem?  
\_\_\_\_\_ times [RECORD 0, IF NONE]
- 34a. During the past 6 months, how many times did (*child's name*) have to go to the emergency room to seek treatment as a result of his/her behavioral or emotional problem?  
\_\_\_\_\_ times [RECORD 0, IF NONE]
35. During the past 6 months, how many times was (*child's name*) hospitalized for a physical health problem?  
\_\_\_\_\_ times [RECORD 0, IF NONE]
- 35a. [IF 1 OR MORE] What is the total number of days that (*child's name*) was hospitalized for a physical problem in the past 6 months?  
\_\_\_\_\_ days
36. Has (*child's name*) had a routine physical health exam in the past 6 months?  
1 = No  
2 = Yes
37. Does (*child's name*) have a primary health care provider?  
1 = No [GO TO QUESTION #38]  
2 = Yes
- 37a. What type of provider is (*child's name*)'s primary health care provider?  
1 = Pediatrician  
2 = Physician other than a pediatrician  
3 = Physician's assistant  
4 = Nurse practitioner  
5 = No consistent primary health care provider  
6 = Tribal healer/alternative health practitioner  
7 = Other—please specify \_\_\_\_\_
38. Do any members of (*child's name*)'s family have recurring or chronic physical health problems such as allergies, asthma, migraine headaches, diabetes, epilepsy, cancer, etc.?  
1 = No [GO TO QUESTION #39]  
2 = Yes



**[CARD 3]**

38a. In the past 6 months, how much has (*child's name*)'s family's ability to care for him/her been affected by the chronic health problems of these family members?

- 1 = Not at all
- 2 = A little bit
- 3 = A moderate amount
- 4 = Quite a bit
- 5 = A great deal

Sometimes a doctor or psychiatrist prescribes medication for children to help reduce their emotional or behavioral symptoms. For example, Adderall may be prescribed for Attention-Deficit Disorder.

39. Now or in the past 6 months, has (*child's name*) taken any medication related to his/her emotional or behavioral symptoms?

- 1 = No [END OF QUESTIONNAIRE]
- 2 = Yes

**[CARD 4]**

39a. Who prescribed these medications for (*child's name*)? [Select all that apply]

39b. In the past 6 months, how many times did (*child's name*) see this doctor for follow-up on these prescribed medications?

	Not at all	1 time	2 times	3–5 times	6 times	More than 6 times
1 = Primary care physician/family physician	1	2	3	4	5	6
2 = Child psychiatrist	1	2	3	4	5	6
3 = General psychiatrist	1	2	3	4	5	6
4 = Pediatrician	1	2	3	4	5	6
5 = Other—please specify _____	1	2	3	4	5	6
6 = Other—please specify _____	1	2	3	4	5	6

[NOTE TO INTERVIEWER: Do not read the medications in the medication table to the caregiver. Record the caregiver's response and then circle the appropriate responses in the table.]

39c. [IF YES TO #39] Please tell me the medication(s) that (*child's name*) is currently taking or has taken in the past 6 months.

\_\_\_\_\_

--	--	--	--	--	--	--	--	--	--

*[Select all that apply]*

Medication Category	Taking currently or in the past 6 months	
	No	Yes
Abilify (aripiprazole)	1	2
Adderall (amphetamine mixed salts)	1	2
Catapres (clonidine)	1	2
Celexa (citalopram)	1	2
Concerta (methylphenidate)	1	2
Daytrana (methylphenidate transdermal system)	1	2
Depakote (valproic acid and derivatives)	1	2
Desyrel (trazodone)	1	2
Dexedrine (dextroamphetamine)	1	2
Effexor (venlafaxine)	1	2
Eskalith (lithium)	1	2
Focalin (dexmethylphenidate)	1	2
Geodon (ziprasidone)	1	2
Haldol (haloperidol)	1	2
Klonopin (clonazepam)	1	2
Lamictal (lamotrigine)	1	2
Lexapro (escitalopram)	1	2
Lithobid (lithium)	1	2
Lithonate (lithium)	1	2
Metadate (methylphenidate)	1	2
Neurontin (gabapentin)	1	2
Orap (pimozide)	1	2
Paxil (paroxetine)	1	2
Prozac (fluoxetine)	1	2
Remeron (mirtazapine)	1	2
Risperdal (risperidone)	1	2
Ritalin (methylphenidate)	1	2
Seroquel (quetiapine)	1	2
Strattera (atomoxetine)	1	2
Symbyax (olanzapine and fluoxetine)	1	2
Tegretol (carbamazepine)	1	2

CHILD ID: 

--	--	--	--	--	--	--	--	--	--

Medication Category	Taking currently or in the past 6 months	
	No	Yes
Tenex (guanfacine)	1	2
Topamax (topiramate)	1	2
Trileptal (oxcarbazepine)	1	2
Vyvanse (lisdexamfetamine dimesylate)	1	2
Wellbutrin (bupropion)	1	2
Xanax (alprazolam)	1	2
Zoloft (sertraline)	1	2
Zyprexa (olanzapine)	1	2
Other—please specify _____	1	2

[NOTE TO INTERVIEWER: Questions #39d–g and #39i are skipped for “staff as caregiver,” as they are not applicable for this respondent.]

I will now read you a statement about any medications that (*child’s name*) is currently taking, or has taken in the past 6 months, for his/her emotional or behavioral symptoms. Please tell me how strongly you agree that the statement reflects your experience.

[CARD 5]

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
39h. ( <i>Child’s name</i> ) takes his/her medication the way he/she is supposed to.	1	2	3	4	5

[NOTE TO INTERVIEWER: Questions #40–46 are skipped for “staff as caregiver,” as they are not applicable for this respondent.]

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## CAREGIVER INFORMATION QUESTIONNAIRE, Revised: Staff as Caregiver—Follow-Up (CIQ-RS-F)

<b>CIQDATE</b> (Today's date)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Month          Day          Year
<b>CHILDDID</b> (National evaluation ID)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>TIMEFRAM</b> (Assessment period)	2 = 6 months 3 = 12 months 4 = 18 months 5 = 24 months
<b>CIQRESP</b> (Respondent for interview)	2 = Staff as Caregiver (staffperson who has acted as the child's day-to-day caregiver for the majority of the past 6 months)
<b>CIQINTV</b> (Who administered interview)	1 = Person providing services to child 2 = Data collector
<b>CIQMETH</b> (Method of administering interview)	1 = In person, hard copy 2 = Telephone, hard copy 3 = In person, computer assisted 4 = Telephone, computer assisted
<b>CIQLANG</b> (Language version of interview)	1 = English 2 = Spanish 3 = Other

I am going to ask you some questions about (*child's name*)'s background and family and about services that (*child's name*) has received. Please answer these questions as best you can, and try to be as complete as possible in your answers.

0. Have you ever answered questions about (*child's name*) and his/her family for this study before?

- 1 = No [GO TO QUESTION #1]
- 2 = Yes

[CARD 1]

0a. When did you answer these questions?

[NOTE TO INTERVIEWER: Circle all that apply. To prompt the respondent, identify the actual time period for each of the answer choices. For example, "About 6 months ago would have been March 15."]

- 1 = About 6 months ago
- 2 = About 12 months ago
- 3 = About 18 months ago
- 4 = About 24 months ago
- 5 = Other—please specify \_\_\_\_\_

[GO TO QUESTION #6]

To begin, I'd like to ask a couple of questions about you, and then I'll ask you a few general questions about (*child's name*)'s background and family.

[NOTE TO INTERVIEWER: Question #1 is skipped for "staff as caregiver," as it is not applicable for this respondent.]

1a. What is your gender?

- 1 = Male
- 2 = Female

2. What is your age?

\_\_\_\_\_ years

3. Are you of Hispanic or Latino **cultural/ethnic** background?

- 1 = No [GO TO QUESTION #4]
- 2 = Yes

3a. Which group(s) describes your Hispanic or Latino **cultural/ethnic** background? Are you . . .  
[Select one or more]

- 1 = Mexican, Mexican American, or Chicano
- 2 = Puerto Rican
- 3 = Cuban
- 4 = Dominican
- 5 = Central American
- 6 = South American
- 7 = Other—please specify \_\_\_\_\_

4. Which group(s) describes you? Are you . . . [Select one or more]

- 1 = American Indian or Alaska Native
- 2 = Asian
- 3 = Black or African American
- 4 = Native Hawaiian or Other Pacific Islander
- 5 = White

[NOTE TO INTERVIEWER: Do **not** ask if there is another group that describes the respondent. If the respondent is unable to select from options 1–5 and he/she provides an alternate group, record that answer on the line by option 6.]

6 = Other—please specify \_\_\_\_\_

[NOTE TO INTERVIEWER: Questions #5–5c are skipped for “staff as caregiver,” as they are not applicable for this respondent.]

6. What is the highest level of education that (*child’s name*)’s primary family caregiver has completed?

\_\_\_\_\_

[IF FROM KINDERGARTEN TO 11TH GRADE, enter 0–11] 0–11 = Kindergarten–11th grade

[IF FINISHED HIGH SCHOOL, select the appropriate category below]

- 12 = High school diploma or GED
- 13 = Associate degree
- 14 = Some college, no degree
- 15 = Bachelor’s degree
- 16 = Master’s degree
- 17 = Professional school degree
- 18 = Doctoral degree

7. Other than a primary caregiver, does (*child’s name*) currently have a close relationship with an adult who provides advice and support?

- 1 = No
- 2 = Yes

8. Who has legal custody of (*child’s name*)?

- 1 = Two biological parents **or** one biological and one step or adoptive parent
- 2 = Biological mother only
- 3 = Biological father only
- 4 = Adoptive parent(s)
- 5 = Sibling(s)
- 6 = Aunt and/or uncle
- 7 = Grandparent(s)
- 8 = Friend (adult friend)
- 9 = Ward of the State
- 10 = Other—please specify \_\_\_\_\_

[NOTE TO INTERVIEWER: Questions #9 and #10 are skipped for “staff as caregiver,” as they are not applicable for this respondent.]

11. For approximately how many days in the past 6 months did you interact with (*child's name*) on a daily basis?

\_\_\_\_\_ days [6 months = 180 days]

[CARD 2]

12. What is the annual household income of (*child's name*)'s family?

For this question, (*child's name*)'s family should be considered to be the family with whom he/she has lived for the majority of the past 6 months. For example, if (*child's name*) has lived with a foster family for most of the past 6 months, we are interested in knowing the foster family's income.

[NOTE TO INTERVIEWER: Prompt respondent to consider all sources of pre-tax (gross) income, including wages, child support, alimony, and public assistance. The family household income should include the pre-tax incomes of all individuals who live with the child and contribute financially to the child's care.]

- 1 = Less than \$5,000
- 2 = \$5,000–\$9,999
- 3 = \$10,000–\$14,999
- 4 = \$15,000–\$19,999
- 5 = \$20,000–\$24,999
- 6 = \$25,000–\$34,999
- 7 = \$35,000–\$49,999
- 8 = \$50,000–\$74,999
- 9 = \$75,000–\$99,999
- 10 = \$100,000 and over

[NOTE TO INTERVIEWER: Questions #13 and #14 are skipped for “staff as caregiver,” as they are not applicable for this respondent.]

Now I need to ask some questions concerning (*child's name*)'s history.

15. In the past 6 months, has (*child's name*) experienced or witnessed an event that caused, or threatened to cause, serious harm to him or herself or to someone else? [Select all that apply]

- 1 = Car accident
- 2 = Other accident
- 3 = Fire
- 4 = Storm
- 5 = Physical illness
- 6 = Physical assault
- 7 = Sexual assault
- 8 = Any other event—please specify \_\_\_\_\_
- 9 = Has not experienced or witnessed a traumatic event [GO TO QUESTION #17a]

I'm going to read to you a list of behaviors that describe children. After I read each behavior, tell me which description best describes (*child's name*) **now** or **within the past 6 months**. Rate each statement by the following criteria: the statement is *very true* or *often true*, *somewhat* or *sometimes true*, or *not true* of (*child's name*). Please answer all items as well as you can even if some do not seem to apply to (*child's name*). The term “event” refers to the most stressful experience that you have described above.

**[CARD 3]**

	Not true	Somewhat or sometimes true	Very true or often true
15a. Child gets very upset if reminded of the event.	0	1	2
15b. Child reports more physical complaints when reminded of the event. For example, headaches, stomachaches, nausea, difficulty breathing.	0	1	2
15c. Child reports that he or she does not want to talk about the event.	0	1	2
15d. Child startles easily. For example, he or she jumps when hears sudden or loud noises.	0	1	2

*[NOTE TO INTERVIEWER: Questions #16, #16a, and #17 are skipped, as they are not applicable at follow-up.]*

17a. In the past 6 months, has (*child's name*) run away **without his/her caregiver knowing where he/she was?**

*[NOTE TO INTERVIEWER: This could be the current caregiver or a past caregiver.]*

- 1 = No
- 2 = Yes

*[NOTE TO INTERVIEWER: Question #18 is skipped, as it is not applicable at follow-up.]*

18a. In the past 6 months, has (*child's name*) had a problem with substance abuse, including alcohol and drugs?

- 1 = No
- 2 = Yes

*[NOTE TO INTERVIEWER: Question #19 is skipped, as it is not applicable at follow-up.]*

19a. In the past 6 months, has (*child's name*) talked about committing suicide?

- 1 = No
- 2 = Yes

*[NOTE TO INTERVIEWER: Questions #20 and #20a are skipped, as they are not applicable at follow-up.]*

20b. In the past 6 months, has (*child's name*) attempted suicide?

- 1 = No *[GO TO QUESTION #21a]*
- 2 = Yes



20c. In the past 6 months, how many times has (*child's name*) attempted suicide?  
\_\_\_\_\_ times

Now I need to ask some questions concerning (*child's name*)'s family and household history. These questions are about (*child's name*)'s biological family and the people who live, or lived, in (*child's name*)'s household. For these questions, when you think about (*child's name*)'s households, do not include residential treatment centers or group homes in which (*child's name*) may have lived.

[NOTE TO INTERVIEWER: Question #21 is skipped, as it is not applicable at follow-up.]

21a. In the past 6 months, has (*child's name*) been exposed to domestic violence or spousal abuse, of which (*child's name*) was not the direct target?

- 1 = No
- 2 = Yes

22. Has anyone in (*child's name*)'s biological family ever been diagnosed with depression or shown signs of depression? By biological family, I mean (*child's name*)'s biological parents, grandparents, and siblings.

- 1 = No
- 2 = Yes

[NOTE TO INTERVIEWER: Question #22a is skipped, as it is not applicable at follow-up.]

22b. In the past 6 months, has (*child's name*) lived in a household in which one of the household members showed signs of being depressed?

- 1 = No [GO TO QUESTION #23]
- 2 = Yes

22c. Was the person who showed signs of being depressed involved in providing care and supervision to (*child's name*)?

- 1 = No
- 2 = Yes

23. Has anyone in (*child's name*)'s biological family had a mental illness, other than depression? By biological family, I mean (*child's name*)'s biological parents, grandparents, and siblings.

- 1 = No
- 2 = Yes

[NOTE TO INTERVIEWER: Question #23a is skipped, as it is not applicable at follow-up.]

23b. In the past 6 months, has (*child's name*) lived in a household in which one of the household members had a mental illness other than depression?

- 1 = No [GO TO QUESTION #24a]
- 2 = Yes

23c. Was the person with a mental illness involved in providing care and supervision to (*child's name*)?

- 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Question #24 is skipped, as it is not applicable at follow-up.]

24a. In the past 6 months, have any members of (*child's name*)'s household been convicted of a crime?

- 1 = No  
2 = Yes

25. Has anyone in (*child's name*)'s biological family had a drinking or drug problem? By biological family, I mean (*child's name*)'s biological parents, grandparents, and siblings.

- 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Question #25a is skipped, as it is not applicable at follow-up.]

25b. In the past 6 months, has (*child's name*) lived in a household in which one of the household members had a drinking or drug problem?

- 1 = No [GO TO QUESTION #31]  
2 = Yes

25c. Was the person with a drinking or drug problem involved in providing care and supervision to (*child's name*)?

- 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Questions #26–30 are skipped for “staff as caregiver,” as they are not applicable for this respondent.]

Now I'm going to ask you some questions related to (*child's name*)'s health.

31. Does (*child's name*) have recurring or chronic physical health problems such as allergies, asthma, migraine headaches, diabetes, epilepsy, cancer, etc.?

- 1 = No [GO TO QUESTION #33]  
2 = Yes

32. What recurring or chronic physical health problems does (*child's name*) have? [Select all that apply]

- 1 = Allergies
- 2 = Asthma
- 3 = Cancer
- 4 = Cerebral palsy
- 5 = Diabetes
- 6 = Epilepsy
- 7 = Migraine headaches
- 8 = Heart condition
- 9 = High blood pressure
- 10 = Overweight
- 11 = Sickle cell anemia
- 12 = Spina bifida
- 13 = Thyroid problems
- 14 = Other—please specify \_\_\_\_\_

32a. Now or in the past 6 months, has (*child's name*) taken medication related to his/her (*name of child's physical health problems*)?

- 1 = No
- 2 = Yes

32b. During the past 6 months, have the regular activities (*child's name*) participates in (such as school, social activities, participation in treatment for emotional or behavioral problems, etc.) been disrupted because of problems related to his/her recurring or chronic physical health problems?

- 1 = No
- 2 = Yes

33. In the past 6 months, how many times did (*child's name*) see a doctor or other primary health care provider for a physical health problem, not during an emergency room visit?

\_\_\_\_\_ times [RECORD 0, IF NONE]

34. During the past 6 months, how many times did (*child's name*) have to go to the emergency room to seek treatment for a physical health problem?

\_\_\_\_\_ times [RECORD 0, IF NONE]

34a. During the past 6 months, how many times did (*child's name*) have to go to the emergency room to seek treatment as a result of his/her behavioral or emotional problem?

\_\_\_\_\_ times [RECORD 0, IF NONE]

35. During the past 6 months, how many times was (*child's name*) hospitalized for a physical health problem?

\_\_\_\_\_ times [RECORD 0, IF NONE]

35a. [IF 1 OR MORE] What is the total number of days that (*child's name*) was hospitalized for a physical problem in the past 6 months?

\_\_\_\_\_ days

36. Has (*child's name*) had a routine physical health exam in the past 6 months?

- 1 = No
- 2 = Yes

[NOTE TO INTERVIEWER: Questions #37 and #37a are skipped, as they are not applicable at follow-up.]

38. Do any members of (*child's name*)'s family have recurring or chronic physical health problems such as allergies, asthma, migraine headaches, diabetes, epilepsy, cancer, etc.?

- 1 = No [GO TO QUESTION #39]
- 2 = Yes

[CARD 4]

38a. In the past 6 months, how much has (*child's name*)'s family's ability to care for him/her been affected by the chronic health problems of these family members?

- 1 = Not at all
- 2 = A little bit
- 3 = A moderate amount
- 4 = Quite a bit
- 5 = A great deal

Sometimes a doctor or psychiatrist prescribes medication for children to help reduce their emotional or behavioral symptoms. For example, Adderall may be prescribed for Attention-Deficit Disorder.

39. Now or in the past 6 months, has (*child's name*) taken any medication related to his/her emotional or behavioral symptoms?

- 1 = No [END OF QUESTIONNAIRE]
- 2 = Yes

[CARD 5]

39a. Who prescribed these medications for (*child's name*)? [Select all that apply]

39b. In the past 6 months, how many times did (*child's name*) see this doctor for follow-up on these prescribed medications?

		Not at all	1 time	2 times	3-5 times	6 times	More than 6 times
1 = Primary care physician/family physician	1	2	3	4	5	6	
2 = Child psychiatrist	1	2	3	4	5	6	
3 = General psychiatrist	1	2	3	4	5	6	
4 = Pediatrician	1	2	3	4	5	6	

CHILD ID: 

--	--	--	--	--	--	--	--	--	--

39a. Who prescribed these medications for (*child's name*)? [*Select all that apply*]

39b. In the past 6 months, how many times did (*child's name*) see this doctor for follow-up on these prescribed medications?

	Not at all	1 time	2 times	3–5 times	6 times	More than 6 times
5 = Other—please specify _____	1	2	3	4	5	6
6 = Other—please specify _____	1	2	3	4	5	6

*[NOTE TO INTERVIEWER: Do not read the medications in the medication table to the caregiver. Record the caregiver's response and then circle the appropriate responses in the table.]*

39c. *[IF YES TO #39]* Please tell me the medication(s) that (*child's name*) is currently taking or has taken in the past 6 months.

*[Select all that apply]*

Medication Category	Taking currently or in the past 6 months	
	No	Yes
Abilify (aripiprazole)	1	2
Adderall (amphetamine mixed salts)	1	2
Catapres (clonidine)	1	2
Celexa (citalopram)	1	2
Concerta (methylphenidate)	1	2
Daytrana (methylphenidate transdermal system)	1	2
Depakote (valproic acid and derivatives)	1	2
Desyrel (trazodone)	1	2
Dexedrine (dextroamphetamine)	1	2
Effexor (venlafaxine)	1	2
Eskalith (lithium)	1	2
Focalin (dexmethylphenidate)	1	2
Geodon (ziprasidone)	1	2
Haldol (haloperidol)	1	2
Klonopin (clonazepam)	1	2
Lamictal (lamotrigine)	1	2

For all variables and data elements:

666 = Not Applicable  
777 = Refused

888 = Don't Know  
999 = Missing

CHILD ID: 

--	--	--	--	--	--	--	--	--	--

Medication Category	Taking currently or in the past 6 months	
	No	Yes
Lexapro (escitalopram)	1	2
Lithobid (lithium)	1	2
Lithonate (lithium)	1	2
Metadate (methylphenidate)	1	2
Neurontin (gabapentin)	1	2
Orap (pimozide)	1	2
Paxil (paroxetine)	1	2
Prozac (fluoxetine)	1	2
Remeron (mirtazapine)	1	2
Risperdal (risperidone)	1	2
Ritalin (methylphenidate)	1	2
Seroquel (quetiapine)	1	2
Strattera (atomoxetine)	1	2
Symbyax (olanzapine and fluoxetine)	1	2
Tegretol (carbamazepine)	1	2
Tenex (guanfacine)	1	2
Topamax (topiramate)	1	2
Trileptal (oxcarbazepine)	1	2
Vyvanse (lisdexamfetamine dimesylate)	1	2
Wellbutrin (bupropion)	1	2
Xanax (alprazolam)	1	2
Zoloft (sertraline)	1	2
Zyprexa (olanzapine)	1	2
Other—please specify _____	1	2

*[NOTE TO INTERVIEWER: Questions #39d–g and #39i are skipped for “staff as caregiver,” as they are not applicable for this respondent.]*

CHILD ID: 

--	--	--	--	--	--	--	--	--	--

I will now read you a statement about any medications that (*child's name*) is currently taking, or has taken in the past 6 months, for his/her emotional or behavioral symptoms. Please tell me how strongly you agree that the statement reflects your experience.

[CARD 6]

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
39h. ( <i>Child's name</i> ) takes his/her medication the way he/she is supposed to.	1	2	3	4	5

[NOTE TO INTERVIEWER: Questions #40–46 are skipped for “staff as caregiver,” as they are not applicable for this respondent.]

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## CAREGIVER STRAIN QUESTIONNAIRE (CGSQ)

<b>CGSDATE</b> (Today's date)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Month          Day          Year
<b>CHILID</b> (National evaluation ID)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>TIMEFRAM</b> (Assessment period)	1 = Intake 2 = 6 months 3 = 12 months 4 = 18 months 5 = 24 months
<b>CGSRESP</b> (Respondent for interview)	1 = Caregiver (child's caregiver in a family, household environment)
<b>CGSINTV</b> (Who administered interview)	1 = Person providing services to child 2 = Data collector
<b>CGSMETH</b> (Method of administering interview)	1 = In person, hard copy 2 = Telephone, hard copy 3 = In person, computer assisted 4 = Telephone, computer assisted
<b>CGSLANG</b> (Language version of interview)	1 = English 2 = Spanish 3 = Other



Please think back over the *past 6 months* and try to remember how things have been for *your family*. We are trying to get a picture of how life has been in your household over that time.

For each question, please tell me which response (which number) fits best.

[CARD]

	Not at all	A little	Somewhat	Quite a bit	Very much
In the past 6 months, how much of a problem was the following:					
1. Interruption of personal time resulting from your child's emotional or behavioral problem?	1	2	3	4	5
2. Your missing work or neglecting other duties because of your child's emotional or behavioral problem?	1	2	3	4	5
3. Disruption of family routines due to your child's emotional or behavioral problem?	1	2	3	4	5
4. Any family member having to do without things because of your child's emotional or behavioral problem?	1	2	3	4	5
5. Any family member suffering negative mental or physical health effects as a result of your child's emotional or behavioral problem?	1	2	3	4	5
6. Your child getting into trouble with the neighbors, the school, the community, or law enforcement?	1	2	3	4	5
7. Financial strain for your family as a result of your child's emotional or behavioral problem?	1	2	3	4	5
8. Less attention paid to other family members because of your child's emotional or behavioral problem?	1	2	3	4	5
9. Disruption or upset of relationships within the family due to your child's emotional or behavioral problem?	1	2	3	4	5
10. Disruption of your family's social activities resulting from your child's emotional or behavioral problem?	1	2	3	4	5

In this section, please continue to look back and try to remember how **you** have felt during the **past 6 months**.

For each question, please tell me which response (which number) fits best.

[CARD]

	Not at all	A little	Somewhat	Quite a bit	Very much
In the past 6 months:					
11. How isolated did you feel as a result of your child's emotional or behavioral problem?	1	2	3	4	5
12. How sad or unhappy did you feel as a result of your child's emotional or behavioral problem?	1	2	3	4	5
13. How embarrassed did you feel about your child's emotional or behavioral problem?	1	2	3	4	5
14. How well did you relate to your child?	1	2	3	4	5
15. How angry did you feel toward your child?	1	2	3	4	5
16. How worried did you feel about your child's future?	1	2	3	4	5
17. How worried did you feel about your family's future?	1	2	3	4	5
18. How guilty did you feel about your child's emotional or behavioral problem?	1	2	3	4	5
19. How resentful did you feel toward your child?	1	2	3	4	5
20. How tired or strained did you feel as a result of your child's emotional or behavioral problem?	1	2	3	4	5
21. In general, how much of a toll has your child's emotional or behavioral problem taken on your family?	1	2	3	4	5

\*Developed by Brannan, Heflinger, & Bickman (1990)

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## CHILD BEHAVIOR CHECKLIST (CBCL 1½-5)

- CCBDATE** (Today's date)       /  /   
Month      Day      Year
- CHILIDID** (National evaluation ID)
- CCBAGE** (Child's age in years and months)      \_\_\_\_\_ year(s) and \_\_\_\_\_ month(s)
- TIMEFRAM** (Assessment period)
- 1 = Intake
  - 2 = 6 months
  - 3 = 12 months
  - 4 = 18 months
  - 5 = 24 months
- CCBRESP** (Respondent for interview)
- 1 = Caregiver (child's caregiver in a family, household environment)
  - 2 = Staff as Caregiver (staffperson who has acted as the child's day-to-day caregiver for the majority of the past 6 months)
- CCBINTV** (Who administered interview)
- 1 = Person providing services to child
  - 2 = Data collector
- CCBMETH** (Method of administering interview)
- 1 = In person, hard copy
  - 2 = Telephone, hard copy
  - 3 = In person, computer assisted
  - 4 = Telephone, computer assisted
- CCBLANG** (Language version of interview)
- 1 = English
  - 2 = Spanish
  - 3 = Other

*Instructions to respondent:* I am going to read you a list of items that describe children. For each item that describes your child *now or within the past 6 months*, please tell me if the item is *very true or often true* of your child, *somewhat or sometimes true* of your child, or *not true* of your child. Please answer all items as well as you can, even if some do not seem to apply to your child. [CARD]

Please print. Be sure to answer all items.

# CHILD BEHAVIOR CHECKLIST FOR AGES 1½ - 5

For office use only  
ID # \_\_\_\_\_

CHILD'S FULL NAME	First _____ Middle _____ Last _____
CHILD'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl	CHILD'S AGE _____
CHILD'S ETHNIC GROUP OR RACE _____	
TODAY'S DATE Mo. _____ Date _____ Yr. _____	CHILD'S BIRTHDATE Mo. _____ Date _____ Yr. _____

PARENTS' USUAL TYPE OF WORK, even if not working now. Please be specific—for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.

FATHER'S TYPE OF WORK: \_\_\_\_\_

MOTHER'S TYPE OF WORK: \_\_\_\_\_

THIS FORM FILLED OUT BY: (print your full name) \_\_\_\_\_

Please fill out this form to reflect *your* view of the child's behavior even if other people might not agree. Feel free to write additional comments beside each item and in the space provided on page 2. **Be sure to answer all items.**

Your relationship to child:

Mother  Father  Other (specify): \_\_\_\_\_

Below is a list of items that describe children. For each item that describes the child *now or within the past 2 months*, please circle the **2** if the item is **very true** or **often true** of the child. Circle the **1** if the item is **somewhat or sometimes true** of the child. If the item is **not true** of the child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to the child.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- |   |   |   |   |
|---|---|---|---|
| 0 | 1 | 2 | 1. Aches or pains (without medical cause; <b>do not</b> include stomach or headaches) |
| 0 | 1 | 2 | 2. Acts too young for age   |
| 0 | 1 | 2 | 3. Afraid to try new things   |
| 0 | 1 | 2 | 4. Avoids looking others in the eye   |
| 0 | 1 | 2 | 5. Can't concentrate, can't pay attention for long                                    |
| 0 | 1 | 2 | 6. Can't sit still, restless, or hyperactive  |
| 0 | 1 | 2 | 7. Can't stand having things out of place   |
| 0 | 1 | 2 | 8. Can't stand waiting; wants everything now  |
| 0 | 1 | 2 | 9. Chews on things that aren't edible   |
| 0 | 1 | 2 | 10. Clings to adults or too dependent   |
| 0 | 1 | 2 | 11. Constantly seeks help   |
| 0 | 1 | 2 | 12. Constipated, doesn't move bowels (when not sick)                                  |
| 0 | 1 | 2 | 13. Cries a lot   |
| 0 | 1 | 2 | 14. Cruel to animals  |
| 0 | 1 | 2 | 15. Defiant   |
| 0 | 1 | 2 | 16. Demands must be met immediately   |
| 0 | 1 | 2 | 17. Destroys his/her own things   |
| 0 | 1 | 2 | 18. Destroys things belonging to his/her family or other children                     |
| 0 | 1 | 2 | 19. Diarrhea or loose bowels (when not sick)  |
| 0 | 1 | 2 | 20. Disobedient   |
| 0 | 1 | 2 | 21. Disturbed by any change in routine  |
| 0 | 1 | 2 | 22. Doesn't want to sleep alone   |
| 0 | 1 | 2 | 23. Doesn't answer when people talk to him/her  |
| 0 | 1 | 2 | 24. Doesn't eat well (describe): _____  |
| 0 | 1 | 2 | 25. Doesn't get along with other children   |
| 0 | 1 | 2 | 26. Doesn't know how to have fun; acts like a little adult                            |
| 0 | 1 | 2 | 27. Doesn't seem to feel guilty after misbehaving                                     |
| 0 | 1 | 2 | 28. Doesn't want to go out of home  |
| 0 | 1 | 2 | 29. Easily frustrated   |

- |   |   |   |  |
|---|---|---|--|
| 0 | 1 | 2 | 30. Easily jealous   |
| 0 | 1 | 2 | 31. Eats or drinks things that are not food— <b>don't</b> include sweets (describe): _____ |
| 0 | 1 | 2 | 32. Fears certain animals, situations, or places (describe): _____                         |
| 0 | 1 | 2 | 33. Feelings are easily hurt   |
| 0 | 1 | 2 | 34. Gets hurt a lot, accident-prone  |
| 0 | 1 | 2 | 35. Gets in many fights  |
| 0 | 1 | 2 | 36. Gets into everything   |
| 0 | 1 | 2 | 37. Gets too upset when separated from parents   |
| 0 | 1 | 2 | 38. Has trouble getting to sleep   |
| 0 | 1 | 2 | 39. Headaches (without medical cause)  |
| 0 | 1 | 2 | 40. Hits others  |
| 0 | 1 | 2 | 41. Holds his/her breath   |
| 0 | 1 | 2 | 42. Hurts animals or people without meaning to   |
| 0 | 1 | 2 | 43. Looks unhappy without good reason  |
| 0 | 1 | 2 | 44. Angry moods  |
| 0 | 1 | 2 | 45. Nausea, feels sick (without medical cause)   |
| 0 | 1 | 2 | 46. Nervous movements or twitching (describe): _____                                       |
| 0 | 1 | 2 | 47. Nervous, highstrung, or tense  |
| 0 | 1 | 2 | 48. Nightmares   |
| 0 | 1 | 2 | 49. Overeating   |
| 0 | 1 | 2 | 50. Overtired  |
| 0 | 1 | 2 | 51. Shows panic for no good reason   |
| 0 | 1 | 2 | 52. Painful bowel movements (without medical cause)  |
| 0 | 1 | 2 | 53. Physically attacks people  |
| 0 | 1 | 2 | 54. Picks nose, skin, or other parts of body (describe): _____                             |

**Be sure you have answered all items. Then see other side.**

Please print your answers. Be sure to answer all items.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 55. Plays with own sex parts too much
- 0 1 2 56. Poorly coordinated or clumsy
- 0 1 2 57. Problems with eyes (without medical cause)  
(describe): \_\_\_\_\_
- 0 1 2 58. Punishment doesn't change his/her behavior
- 0 1 2 59. Quickly shifts from one activity to another
- 0 1 2 60. Rashes or other skin problems (without medical cause)
- 0 1 2 61. Refuses to eat
- 0 1 2 62. Refuses to play active games
- 0 1 2 63. Repeatedly rocks head or body
- 0 1 2 64. Resists going to bed at night
- 0 1 2 65. Resists toilet training (describe): \_\_\_\_\_
- 0 1 2 66. Screams a lot
- 0 1 2 67. Seems unresponsive to affection
- 0 1 2 68. Self-conscious or easily embarrassed
- 0 1 2 69. Selfish or won't share
- 0 1 2 70. Shows little affection toward people
- 0 1 2 71. Shows little interest in things around him/her
- 0 1 2 72. Shows too little fear of getting hurt
- 0 1 2 73. Too shy or timid
- 0 1 2 74. Sleeps less than most children during day and/or night (describe): \_\_\_\_\_
- 0 1 2 75. Smears or plays with bowel movements
- 0 1 2 76. Speech problem (describe): \_\_\_\_\_
- 0 1 2 77. Stares into space or seems preoccupied
- 0 1 2 78. Stomachaches or cramps (without medical cause)

- 0 1 2 79. Rapid shifts between sadness and excitement
- 0 1 2 80. Strange behavior (describe): \_\_\_\_\_
- 0 1 2 81. Stubborn, sullen, or irritable
- 0 1 2 82. Sudden changes in mood or feelings
- 0 1 2 83. Sulks a lot
- 0 1 2 84. Talks or cries out in sleep
- 0 1 2 85. Temper tantrums or hot temper
- 0 1 2 86. Too concerned with neatness or cleanliness
- 0 1 2 87. Too fearful or anxious
- 0 1 2 88. Uncooperative
- 0 1 2 89. Underactive, slow moving, or lacks energy
- 0 1 2 90. Unhappy, sad, or depressed
- 0 1 2 91. Unusually loud
- 0 1 2 92. Upset by new people or situations  
(describe): \_\_\_\_\_
- 0 1 2 93. Vomiting, throwing up (without medical cause)
- 0 1 2 94. Wakes up often at night
- 0 1 2 95. Wanders away
- 0 1 2 96. Wants a lot of attention
- 0 1 2 97. Whining
- 0 1 2 98. Withdrawn, doesn't get involved with others
- 0 1 2 99. Worries
- 100. Please write in any problems the child has that were not listed above.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please be sure you have answered all items.  
Underline any you are concerned about.*

Does the child have any illness or disability (either physical or mental)?  No  Yes—Please describe:

What concerns you most about the child?

Please describe the best things about the child:

# LANGUAGE DEVELOPMENT SURVEY FOR AGES 18-35 MONTHS

For office use only  
ID #

The Language Development Survey assesses children's word combinations and vocabulary. By carefully completing the Language Development Survey, you can help us obtain an accurate picture of your child's developing language. *Please print your answers. Be sure to answer all items.*

- I. Was your child born earlier than the usual 9 months after conception?  
 No       Yes—how many weeks early? \_\_\_\_\_ weeks early.
- II. How much did your child weigh at birth? \_\_\_\_\_ pounds \_\_\_\_\_ ounces or \_\_\_\_\_ grams.
- III. How many ear infections did your child have before age 24 months?  
 0-2       3-5       6-8       9 or more
- IV. Is any language beside English spoken in your home?  
 No       Yes—please list the languages: \_\_\_\_\_  
\_\_\_\_\_
- V. Has anyone in your family been slow in learning to talk?  
 No       Yes—please list their relationships to your child; for example, brother, father:  
\_\_\_\_\_
- VI. Are you worried about your child's language development?  
 No       Yes—why? \_\_\_\_\_
- VII. Does your child spontaneously say words in any language? (not just imitates or understands words)?  
 No       Yes—if yes, please complete item VIII and page 4.
- VIII. Does your child combine 2 or more words into phrases? For example: "more cookie," "car bye-bye."  
 No       Yes—please print 5 of your child's longest and best phrases or sentences.  
For each phrase that is not in English, print the name of the language.
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_

*Be sure you have answered all items. Then see other side.*

Please circle each word that your child says SPONTANEOUSLY (not just imitates or understands). If your child says non-English versions of words on the list, circle the English word and write the first letter of the language (e.g., S for Spanish). Please include words even if they are not pronounced clearly or are in "baby talk" (for example: "baba" for bottle).

FOODS	ANIMALS	ACTIONS	HOUSEHOLD	MODIFIERS	OTHER
1. apple	55. bear	107. bath	163. bathtub	216. all gone	264. any letter
2. banana	56. bee	108. breakfast	164. bed	217. all right	265. away
3. bread	57. bird	109. bring	165. blanket	218. bad	266. booboo
4. butter	58. bug	110. catch	166. bottle	219. big	267. byebye
5. cake	59. bunny	111. clap	167. bowl	220. black	268. excuse me
6. candy	60. cat	112. close	168. chair	221. blue	269. here
7. cereal	61. chicken	113. come	169. clock	222. broken	270. hi, hello
8. cheese	62. cow	114. cough	170. crib	223. clean	271. in
9. coffee	63. dog	115. cut	171. cup	224. cold	272. me
10. cookie	64. duck	116. dance	172. door	225. dark	273. meow
11. crackers	65. elephant	117. dinner	173. floor	226. dirty	274. my
12. drink	66. fish	118. doodoo	174. fork	227. dry	275. myself
13. egg	67. frog	119. down	175. glass	228. good	276. nighttime
14. food	68. horse	120. eat	176. knife	229. happy	277. no
15. grapes	69. monkey	121. feed	177. light	230. heavy	278. off
16. gum	70. pig	122. finish	178. mirror	231. hot	279. on
17. hamburger	71. puppy	123. fix	179. pillow	232. hungry	280. out
18. hotdog	72. snake	124. get	180. plate	233. little	281. please
19. ice cream	73. tiger	125. give	181. potty	234. mine	282. Sesame St.
20. juice	74. turkey	126. go	182. radio	235. more	283. shut up
21. meat	75. turtle	127. have	183. room	236. nice	284. thank you
22. milk		128. help	184. sink	237. pretty	285. there
23. orange	<b>BODY PARTS</b>	129. hit	185. soap	238. red	286. under
24. pizza	76. arm	130. hug	186. spoon	239. stinky	287. welcome
25. pretzel	77. belly button	131. jump	187. stairs	240. that	288. what
26. raisins	78. bottom	132. kick	188. table	241. this	289. where
27. soda	79. chin	133. kiss	189. telephone	242. tired	290. why
28. soup	80. ear	134. knock	190. towel	243. wet	291. woofwoof
29. spaghetti	81. elbow	135. look	191. trash	244. white	292. yes
30. tea	82. eye	136. love	192. T.V.	245. yellow	293. you
31. toast	83. face	137. lunch	193. window	246. yucky	294. yumyum
32. water	84. finger	138. make			295. any number
	85. foot	139. nap	<b>PERSONAL</b>	<b>CLOTHES</b>	<b>PEOPLE</b>
<b>TOYS</b>	86. hair	140. open	194. brush	247. belt	296. aunt
33. ball	87. hand	141. outside	195. comb	248. boots	297. baby
34. balloon	88. knee	142. patty cake	196. glasses	249. coat	298. boy
35. blocks	89. leg	143. peekaboo	197. key	250. diaper	299. daddy
36. book	90. mouth	144. peepee	198. money	251. dress	300. doctor
37. crayons	91. neck	145. push	199. paper	252. gloves	301. girl
38. doll	92. nose	146. read	200. pen	253. hat	302. grandma
39. picture	93. teeth	147. ride	201. pencil	254. jacket	303. grandpa
40. present	94. thumb	148. run	202. penny	255. mittens	304. lady
41. slide	95. toe	149. see	203. pocketbook	256. pajamas	305. man
42. swing	96. tummy	150. show	204. tissue	257. pants	306. mommy
43. teddy bear		151. shut	205. tooth brush	258. shirt	307. own name
	<b>VEHICLES</b>	152. sing	206. umbrella	259. shoes	308. pet name
<b>OUTDOORS</b>	97. bike	153. sit	207. watch	260. slippers	309. uncle
44. flower	98. boat	154. sleep		261. sneakers	310. name of TV
45. house	99. bus	155. stop	<b>PLACES</b>	262. socks	or story
46. moon	100. car	156. take	208. church	263. sweater	character
47. rain	101. motorcycle	157. throw	209. home		
48. sidewalk	102. plane	158. tickle	210. hospital		
49. sky	103. stroller	159. up	211. library		
50. snow	104. train	160. walk	212. park		
51. star	105. trolley	161. want	213. school		
52. street	106. truck	162. wash	214. store		
53. sun			215. zoo		
54. tree					

Other words your child says, including non-English words:

---



---



---



---

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## CHILD BEHAVIOR CHECKLIST (CBCL 6-18)

- CCBDATE** (Today's date)       /  /   
Month      Day      Year
- CHILIDID** (National evaluation ID)
- CCBAGE** (Child's age in years and months)      \_\_\_\_\_ years and \_\_\_\_\_ month(s)
- TIMEFRAM** (Assessment period)
- 1 = Intake
  - 2 = 6 months
  - 3 = 12 months
  - 4 = 18 months
  - 5 = 24 months
- CCBRESP** (Respondent for interview)
- 1 = Caregiver (child's caregiver in a family, household environment)
  - 2 = Staff as Caregiver (staffperson who has acted as the child's day-to-day caregiver for the majority of the past 6 months)
- CCBINTV** (Who administered interview)
- 1 = Person providing services to child
  - 2 = Data collector
- CCBMETH** (Method of administering interview)
- 1 = In person, hard copy
  - 2 = Telephone, hard copy
  - 3 = In person, computer assisted
  - 4 = Telephone, computer assisted
- CCBLANG** (Language version of interview)
- 1 = English
  - 2 = Spanish
  - 3 = Other

*Instructions to respondent:* I am going to read you a list of items that describe children and youth. For each item that describes your child *now or within the past 6 months*, please tell me if the item is *very true or often true* of your child, *somewhat or sometimes true* of your child, or *not true* of your child. Please answer all items as well as you can, even if some do not seem to apply to your child. [CARD]





# Please print CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only  
ID # \_\_\_\_\_

CHILD'S FULL NAME  
First Middle Last

CHILD'S GENDER:  Boy  Girl  
CHILD'S AGE: \_\_\_\_\_  
CHILD'S ETHNIC GROUP OR RACE: \_\_\_\_\_

TODAY'S DATE: Mo. \_\_\_\_\_ Date \_\_\_\_\_ Yr. \_\_\_\_\_  
CHILD'S BIRTHDATE: Mo. \_\_\_\_\_ Date \_\_\_\_\_ Yr. \_\_\_\_\_

GRADE IN SCHOOL: \_\_\_\_\_  
NOT ATTENDING SCHOOL:   
Please fill out this form to reflect *your* view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. **Be sure to answer all items.**

PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)  
FATHER'S TYPE OF WORK: \_\_\_\_\_  
MOTHER'S TYPE OF WORK: \_\_\_\_\_

THIS FORM FILLED OUT BY: (print your full name) \_\_\_\_\_

Your gender:  Male  Female  
Your relation to the child:  
 Biological Parent  Step Parent  Grandparent  
 Adoptive Parent  Foster Parent  Other (specify) \_\_\_\_\_

**I. Please list the sports your child most likes to take part in.** For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

None

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Compared to others of the same age, about how much time does he/she spend in each?

Less Than Average    Average    More Than Average    Don't Know

- a.
- b.
- c.

Compared to others of the same age, how well does he/she do each one?

Below Average    Average    Above Average    Don't Know

- a.
- b.
- c.

**II. Please list your child's favorite hobbies, activities, and games, other than sports.** For example: stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do *not* include listening to radio or TV.)

None

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Compared to others of the same age, about how much time does he/she spend in each?

Less Than Average    Average    More Than Average    Don't Know

- a.
- b.
- c.

Compared to others of the same age, how well does he/she do each one?

Below Average    Average    Above Average    Don't Know

- a.
- b.
- c.

**III. Please list any organizations, clubs, teams, or groups your child belongs to.**

None

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Compared to others of the same age, how active is he/she in each?

Less Active    Average    More Active    Don't Know

- a.
- b.
- c.

**IV. Please list any jobs or chores your child has.** For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

None

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Compared to others of the same age, how well does he/she carry them out?

Below Average    Average    Above Average    Don't Know

- a.
- b.
- c.

**Be sure you answered all items. Then see other side.**

V. 1. About how many close friends does your child have? (Do not include brothers & sisters)

- None     1     2 or 3     4 or more

2. About how many times a week does your child do things with any friends outside of regular school hours?

(Do not include brothers & sisters)

- Less than 1     1 or 2     3 or more

VI. Compared to others of his/her age, how well does your child:

- |   | Worse                    | Average                  | Better                   |   |
|---|--------------------------|--------------------------|--------------------------|---|
| a. Get along with his/her brothers & sisters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has no brothers or sisters |
| b. Get along with other kids?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| c. Behave with his/her parents?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| d. Play and work alone?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |

VII. 1. Performance in academic subjects.

Does not attend school because \_\_\_\_\_

Check a box for each subject that child takes	Other academic subjects—for example: computer courses, foreign language, business. Do <i>not</i> include gym, shop, driver's ed., or other nonacademic subjects.			
	Failing	Below Average	Average	Above Average
a. Reading, English, or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Does your child receive special education or remedial services or attend a special class or special school?

- No     Yes—kind of services, class, or school:

3. Has your child repeated any grades?  No     Yes—grades and reasons:

4. Has your child had any academic or other problems in school?  No     Yes—please describe:

When did these problems start? \_\_\_\_\_

Have these problems ended?  No     Yes—when?

Does your child have any illness or disability (either physical or mental)?  No     Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child.

Below is a list of items that describe children and youths. For each item that describes your child **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True			2 = Very True or Often True		
0	1	2	1. Acts too young for his/her age	0	1	2	32. Feels he/she has to be perfect	
0	1	2	2. Drinks alcohol without parents' approval (describe): _____	0	1	2	33. Feels or complains that no one loves him/her	
0	1	2	3. Argues a lot	0	1	2	34. Feels others are out to get him/her	
0	1	2	4. Fails to finish things he/she starts	0	1	2	35. Feels worthless or inferior	
0	1	2	5. There is very little he/she enjoys	0	1	2	36. Gets hurt a lot, accident-prone	
0	1	2	6. Bowel movements outside toilet	0	1	2	37. Gets in many fights	
0	1	2	7. Bragging, boasting	0	1	2	38. Gets teased a lot	
0	1	2	8. Can't concentrate, can't pay attention for long	0	1	2	39. Hangs around with others who get in trouble	
0	1	2	9. Can't get his/her mind off certain thoughts; obsessions (describe): _____	0	1	2	40. Hears sounds or voices that aren't there (describe): _____	
0	1	2	10. Can't sit still, restless, or hyperactive	0	1	2	41. Impulsive or acts without thinking	
0	1	2	11. Clings to adults or too dependent	0	1	2	42. Would rather be alone than with others	
0	1	2	12. Complains of loneliness	0	1	2	43. Lying or cheating	
0	1	2	13. Confused or seems to be in a fog	0	1	2	44. Bites fingernails	
0	1	2	14. Cries a lot	0	1	2	45. Nervous, highstrung, or tense	
0	1	2	15. Cruel to animals	0	1	2	46. Nervous movements or twitching (describe): _____	
0	1	2	16. Cruelty, bullying, or meanness to others	0	1	2	47. Nightmares	
0	1	2	17. Daydreams or gets lost in his/her thoughts	0	1	2	48. Not liked by other kids	
0	1	2	18. Deliberately harms self or attempts suicide	0	1	2	49. Constipated, doesn't move bowels	
0	1	2	19. Demands a lot of attention	0	1	2	50. Too fearful or anxious	
0	1	2	20. Destroys his/her own things	0	1	2	51. Feels dizzy or lightheaded	
0	1	2	21. Destroys things belonging to his/her family or others	0	1	2	52. Feels too guilty	
0	1	2	22. Disobedient at home	0	1	2	53. Overeating	
0	1	2	23. Disobedient at school	0	1	2	54. Overtired without good reason	
0	1	2	24. Doesn't eat well	0	1	2	55. Overweight	
0	1	2	25. Doesn't get along with other kids	56. Physical problems <b>without known medical cause:</b>				
0	1	2	26. Doesn't seem to feel guilty after misbehaving	0	1	2	a. Aches or pains ( <b>not</b> stomach or headaches)	
0	1	2	27. Easily jealous	0	1	2	b. Headaches	
0	1	2	28. Breaks rules at home, school, or elsewhere	0	1	2	c. Nausea, feels sick	
0	1	2	29. Fears certain animals, situations, or places, other than school (describe): _____	0	1	2	d. Problems with eyes ( <b>not</b> if corrected by glasses) (describe): _____	
0	1	2	30. Fears going to school	0	1	2	e. Rashes or other skin problems	
0	1	2	31. Fears he/she might think or do something bad	0	1	2	f. Stomachaches	
				0	1	2	g. Vomiting, throwing up	
				0	1	2	h. Other (describe): _____	

Please print. Be sure to answer all items.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 57. Physically attacks people
- 0 1 2 58. Picks nose, skin, or other parts of body  
(describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 59. Plays with own sex parts in public
- 0 1 2 60. Plays with own sex parts too much
- 0 1 2 61. Poor school work
- 0 1 2 62. Poorly coordinated or clumsy
- 0 1 2 63. Prefers being with older kids
- 0 1 2 64. Prefers being with younger kids
- 0 1 2 65. Refuses to talk
- 0 1 2 66. Repeats certain acts over and over;  
compulsions (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 67. Runs away from home
- 0 1 2 68. Screams a lot
- 0 1 2 69. Secretive, keeps things to self
- 0 1 2 70. Sees things that aren't there (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 71. Self-conscious or easily embarrassed
- 0 1 2 72. Sets fires
- 0 1 2 73. Sexual problems (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 74. Showing off or clowning
- 0 1 2 75. Too shy or timid
- 0 1 2 76. Sleeps less than most kids
- 0 1 2 77. Sleeps more than most kids during day and/or  
night (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 78. Inattentive or easily distracted
- 0 1 2 79. Speech problem (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 80. Stares blankly
- 0 1 2 81. Steals at home
- 0 1 2 82. Steals outside the home
- 0 1 2 83. Stores up too many things he/she doesn't need  
(describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 0 1 2 84. Strange behavior (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 85. Strange ideas (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 86. Stubborn, sullen, or irritable
- 0 1 2 87. Sudden changes in mood or feelings
- 0 1 2 88. Sulks a lot
- 0 1 2 89. Suspicious
- 0 1 2 90. Swearing or obscene language
- 0 1 2 91. Talks about killing self
- 0 1 2 92. Talks or walks in sleep (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 93. Talks too much
- 0 1 2 94. Teases a lot
- 0 1 2 95. Temper tantrums or hot temper
- 0 1 2 96. Thinks about sex too much
- 0 1 2 97. Threatens people
- 0 1 2 98. Thumb-sucking
- 0 1 2 99. Smokes, chews, or sniffs tobacco
- 0 1 2 100. Trouble sleeping (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 101. Truancy, skips school
- 0 1 2 102. Underactive, slow moving, or lacks energy
- 0 1 2 103. Unhappy, sad, or depressed
- 0 1 2 104. Unusually loud
- 0 1 2 105. Uses drugs for nonmedical purposes (*don't*  
include alcohol or tobacco) (describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 106. Vandalism
- 0 1 2 107. Wets self during the day
- 0 1 2 108. Wets the bed
- 0 1 2 109. Whining
- 0 1 2 110. Wishes to be of opposite sex
- 0 1 2 111. Withdrawn, doesn't get involved with others
- 0 1 2 112. Worries
113. Please write in any problems your child has that  
were not listed above:
- 0 1 2 \_\_\_\_\_
- 0 1 2 \_\_\_\_\_
- 0 1 2 \_\_\_\_\_

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## EDUCATION QUESTIONNAIRE, REVISION 2 (EQ-R2)

**EQRDATE** (Today's date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

**CHILDDID** (National evaluation ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**TIMEFRAM** (Assessment period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months

**EQRRESP** (Respondent for interview)

- 1 = Caregiver (child's caregiver in a family, household environment)
- 2 = Staff as Caregiver (staffperson who has acted as the child's day-to-day caregiver for the majority of the past 6 months)
- 3 = Youth without caregiver (independent youth)

**EQRINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**EQRMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**EQRLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

--	--	--	--	--	--	--	--	--	--

This set of questions deals with (*child's name*)'s experiences in school. Some questions may not apply to him/her, but we ask these questions of everyone.

[NOTE TO INTERVIEWER: "School" means preschool through post-secondary education (pre-K through post-high school education, e.g., college, university, vocational/trade school.) "Preschool" refers to a beginning group or class enrolling children 3 years or older that is organized to provide educational experience under professionally qualified teachers during the year or years immediately preceding kindergarten.]

1. Has (*child's name*) been in school **at any time** in the past 6 months? This includes preschool, prekindergarten, kindergarten, home schooling, and post-secondary schools such as college, university, or vocational or trade schools.

- 1 = No  
2 = Yes [GO TO QUESTION #2]

- 1a. Why was he/she not in school?

- 1 = Has never been in any type of school or received any schooling [GO TO QUESTION #13]  
2 = Dropped out of school before reaching legal age to drop out [GO TO QUESTION #2c]  
3 = Dropped out after reaching the legal age [GO TO QUESTION #2c]  
4 = Expelled [GO TO QUESTION #2c]  
5 = Suspended [GO TO QUESTION #2c]  
6 = Graduated from high school/got GED [GO TO QUESTION #2c]  
7 = Physical illness and/or injury [GO TO QUESTION #2c]  
8 = Refused to go to school [GO TO QUESTION #2c]  
9 = In juvenile detention or jail (and schooling was not provided) [GO TO QUESTION #2c]  
10 = Asked to leave school (e.g., due to behavior) [GO TO QUESTION #2c]  
11 = No instruction provided while waiting for another placement [GO TO QUESTION #2c]  
12 = Other—please specify \_\_\_\_\_  
\_\_\_\_\_ [GO TO QUESTION #2c]

2. Is (*child's name*) in school **now**?

- 1 = No [GO TO QUESTION #2b]  
2 = Yes

--	--	--	--	--	--	--	--	--	--

- 2a. Which grade is (*child's name*) in now? If (*child's name*)'s school does not use grade levels, please estimate as best you can which grade he/she is in.

- 1 = Preschool program
- 2 = Kindergarten
- 3 = First grade
- 4 = Second grade
- 5 = Third grade
- 6 = Fourth grade
- 7 = Fifth grade
- 8 = Sixth grade
- 9 = Seventh grade
- 10 = Eighth grade
- 11 = Ninth grade
- 12 = Tenth grade
- 13 = Eleventh grade
- 14 = Twelfth grade
- 15 = Receiving adult education to get a GED
- 16 = Attending vocational or trade school
- 17 = Attending 2-year college
- 18 = Attending 4-year college or university
- 19 = Other—please specify \_\_\_\_\_

*[GO TO QUESTION #2d]*

- 2b. Why is he/she not in school now?

- 2 = Dropped out of school before reaching legal age to drop out
- 3 = Dropped out after reaching the legal age
- 4 = Expelled
- 5 = Suspended
- 6 = Graduated from high school/got GED
- 7 = Physical illness and/or injury
- 8 = Refuses to go to school
- 9 = In juvenile detention or jail (and schooling is not provided)
- 10 = Asked to leave school (e.g., due to behavior)
- 11 = No instruction provided while waiting for another placement
- 12 = Other—please specify \_\_\_\_\_

--	--	--	--	--	--	--	--	--	--

- 2c. Which grade did (*child's name*) most recently complete? If (*child's name*)'s school does not use grade levels, please estimate as best you can which grade he/she completed.

- 1 = Preschool program [*GO TO QUESTION #13*]
- 2 = Kindergarten
- 3 = First grade
- 4 = Second grade
- 5 = Third grade
- 6 = Fourth grade
- 7 = Fifth grade
- 8 = Sixth grade
- 9 = Seventh grade
- 10 = Eighth grade
- 11 = Ninth grade
- 12 = Tenth grade
- 13 = Eleventh grade
- 14 = Twelfth grade
- 15 = Received a GED [*END OF QUESTIONNAIRE*]
- 16 = Some vocational or trade school [*END OF QUESTIONNAIRE*]
- 17 = Vocational or trade school [*END OF QUESTIONNAIRE*]
- 18 = Some college [*END OF QUESTIONNAIRE*]
- 19 = 2-year college degree [*END OF QUESTIONNAIRE*]
- 20 = 4-year college or university degree [*END OF QUESTIONNAIRE*]
- 21 = Other—please specify \_\_\_\_\_ [*GO TO QUESTION #13*]

*[IF RESPONDENT ANSWERED YES TO QUESTION #1 AND CHILD IS IN KINDERGARDEN TO TWELFTH GRADE, GO TO QUESTION #2d.]*

*[IF RESPONDENT ANSWERED NO TO QUESTION #1 AND CHILD IS IN KINDERGARDEN TO TWELFTH GRADE, GO TO QUESTION #13.]*

- 2d. In the past 6 months, has (*child's name*) repeated a grade in school?

- 1 = No
- 2 = Yes

For the following questions, please think about what happened while (*child's name*) was in school **during the past 6 months**.

3. When school was in session, did (*child's name*) ever miss school for **any reason** in the past 6 months? This includes excused **as well as** unexcused absences.

- 1 = No [*GO TO QUESTION #4*]
- 2 = Yes



--	--	--	--	--	--	--	--	--	--

**[CARD 1]**

- 3a. How often was he/she usually absent in the past 6 months? This includes excused **and** unexcused absences.

0 = Less than 1 day per month [GO TO QUESTION #4]  
1 = About 1 day a month [GO TO QUESTION #3b]  
2 = About 1 day every 2 weeks [GO TO QUESTION #3b]  
3 = About 1 day a week [GO TO QUESTION #3b]  
4 = 2 days per week [GO TO QUESTION #3b]  
5 = 3 or more days per week [GO TO QUESTION #3b]

**[CARD 2]**

- 3b. In the past 6 months, to what extent do you think (*child's name*)'s school attendance was affected by his/her behavioral or emotional problems?

1 = Not at all  
2 = A little bit  
3 = A moderate amount  
4 = Quite a bit  
5 = Extremely

- 3c. In the past 6 months, to what extent did (*child's name*)'s school provide support to help improve (*child's name*)'s attendance?

1 = Not at all  
2 = A little bit  
3 = A moderate amount  
4 = Quite a bit  
5 = Extremely

4. In the past 6 months, how many different schools did (*child's name*) attend?

\_\_\_\_\_ schools

--	--	--	--	--	--	--	--	--	--

**[CARD 3]**

4a1. In the past 6 months, what kinds of *schools* and *school settings* was he/she in? *[Select all that apply]*

- 1 = Regular public day school
- 2 = Regular private day or boarding school/academy (e.g., private preparatory school, parochial or religious school)
- 3 = Home schooling (e.g., caregiver or other family member provides schooling in the home)
- 4 = Home-based instruction (e.g., teacher comes to home and educates child there, and/or teacher teaches child through distance learning by Internet video-conferencing, or by sending assignments and feedback on work completed through the mail)
- 5 = Alternative program or special education day school, not based in a regular public or private school building (e.g., instruction is provided as part of a day treatment program OR entire school is devoted to meeting the needs of special education students and/or students with emotional or behavioral problems OR Interim Alternative Education Setting or IAES—this kind of setting is often used because of a severe discipline problem such as bringing a weapon or drugs to school or making severe threats against others)
- 6 = Receiving schooling in 24-hour psychiatric and/or medical hospital setting
- 7 = Receiving schooling in 24-hour juvenile justice facility/detention center/jail
- 8 = Receiving schooling in 24-hour residential treatment center/group home/shelter
- 9 = Post-secondary school *[IF YOUTH ATTENDED ONLY ONE POST-SECONDARY SCHOOL, GO TO QUESTION #5c]*
- 10 = Preschool
- 11 = Head Start
- 12 = Other—please specify \_\_\_\_\_

*[NOTE TO INTERVIEWER: If more than one school or setting indicated, ask #4a2 and #4b.]*

--	--	--	--	--	--	--	--	--	--

4a2. In which of these schools or school settings did (*child's name*) spend the most time during the past 6 months?

- 1 = Regular public day school
- 2 = Regular private day or boarding school/academy (e.g., private preparatory school, parochial or religious school)
- 3 = Home schooling (e.g., caregiver or other family member provides schooling in the home)
- 4 = Home-based instruction (e.g., teacher comes to home and educates child there, and/or teacher teaches child through distance learning by Internet video-conferencing, or by sending assignments and feedback on work completed through the mail)
- 5 = Alternative program or special education day school, not based in a regular public or private school building (e.g., instruction is provided as part of a day treatment program OR entire school is devoted to meeting the needs of special education students and/or students with emotional or behavioral problems OR Interim Alternative Education Setting or IAES—this kind of setting is often used because of a severe discipline problem such as bringing a weapon or drugs to school or making severe threats against others)
- 6 = Receiving schooling in 24-hour psychiatric and/or medical hospital setting
- 7 = Receiving schooling in 24-hour juvenile justice facility/detention center/jail
- 8 = Receiving schooling in 24-hour residential treatment center/group home/shelter
- 9 = Post-secondary school
- 10 = Preschool
- 11 = Head Start
- 12 = Other—please specify \_\_\_\_\_

4b. Did (*child's name*) attend more than one school because of his/her behavioral or emotional problems?

- 1 = No
- 2 = Yes

5. In the past 6 months, did (*child's name*) have an Individualized Education Program?

- 1 = No
- 2 = Yes [*GO TO QUESTION #5b1*]

*[NOTE TO INTERVIEWER: If necessary, clarify that special education may be provided to many different children for many different reasons. For example, children with developmental disabilities; mental retardation; hearing, vision, or speech difficulties; other physical disabilities; learning disabilities; emotional problems; and/or behavioral problems may receive special education.]*

--	--	--	--	--	--	--	--	--	--

5a. What was the reason that (*child's name*) did **not** have an IEP?

- 1 = Doing well and did not need an IEP
- 2 = Never referred, but needs to be
- 3 = Eligibility was under review
- 4 = Was assessed and found ineligible
- 5 = Was never assessed for special education
- 6 = Other special education plan (e.g., 504, behavior management, vocational training, or transition plans)
- 7 = Other—please specify \_\_\_\_\_

*[IF CHILD HAS NOT ATTENDED POST-SECONDARY SCHOOL IN THE PAST 6 MONTHS, GO TO QUESTION #6]*

*[IF CHILD HAS ATTENDED POST-SECONDARY SCHOOL IN THE PAST 6 MONTHS, GO TO QUESTION #5c]*

**[CARD 4]**

5b1. What was the main reason that (*child's name*) had an IEP?

- 1 = Behavioral and/or emotional problems
- 2 = Learning disability
- 3 = Physical disability (for example, an orthopedic disability such as a missing limb)
- 4 = Developmental disability and/or mental retardation
- 5 = Vision and/or hearing impairment
- 6 = Speech impairment
- 7 = Other—please specify \_\_\_\_\_

5b2. Were there other reasons that (*child's name*) had an IEP?

- 1 = No *[GO TO QUESTION #6]*
- 2 = Yes

5b3. What were the other reasons that (*child's name*) had an IEP? *[Select all that apply]*

- 1 = Behavioral and/or emotional problems
- 2 = Learning disability
- 3 = Physical disability (for example, an orthopedic disability such as a missing limb)
- 4 = Developmental disability and/or mental retardation
- 5 = Vision and/or hearing impairment
- 6 = Speech impairment
- 7 = Other—please specify \_\_\_\_\_

*[IF CHILD HAS NOT ATTENDED POST-SECONDARY SCHOOL IN THE PAST 6 MONTHS, GO TO QUESTION #6]*

5c. In the past 6 months, did (*child's name*)'s post-secondary school provide any educational support, such as extra time for tests or tutoring to assist with academic achievement?

- 1 = No
- 2 = Yes *[GO TO QUESTION #5e1]*

--	--	--	--	--	--	--	--	--	--

5d. What was the reason that (*child's name*) did **not** receive educational support?

1 = Doing well and did not need any educational support

2 = Post-secondary school does not provide any educational support

3 = Educational support had not been requested

4 = Other—please specify \_\_\_\_\_

**[IF CHILD ONLY ATTENDED POST-SECONDARY SCHOOL IN THE PAST 6 MONTHS,  
GO TO QUESTION #9]**

5e1. What was the main reason that (*child's name*) received educational support?

1 = Behavioral and/or emotional problems

2 = Learning disability

3 = Physical disability (for example, an orthopedic disability such as a missing limb)

4 = Developmental disability and/or mental retardation

5 = Vision and/or hearing impairment

6 = Speech impairment

7 = Other—please specify \_\_\_\_\_

5e2. Were there other reasons that (*child's name*) received educational support?

1 = No [GO TO QUESTION #6]

2 = Yes

5e3. What were the other reasons that (*child's name*) received educational support? [Select all that apply]

1 = Behavioral and/or emotional problems

2 = Learning disability

3 = Physical disability (for example, an orthopedic disability such as a missing limb)

4 = Developmental disability and/or mental retardation

5 = Vision and/or hearing impairment

6 = Speech impairment

7 = Other—please specify \_\_\_\_\_

**[IF CHILD ONLY ATTENDED POST-SECONDARY SCHOOL IN THE PAST 6 MONTHS,  
GO TO QUESTION #9]**

6. Did (*child's name*) receive special education?

1 = No [GO TO QUESTION #7]

2 = Yes

--	--	--	--	--	--	--	--	--	--

6a. Which best describes the special education classes that (*child's name*) took?

- 1 = Special education classes where all the children in the class are receiving special education for all or most of the day, often referred to as self-contained. Children in these classes may spend a portion of their day in general education classes, such as art, music, and P.E.
- 2 = Special education classes where all the children leave their general education class to receive special education instruction, in specific subjects, for a portion of the day. This is sometimes referred to as resource services or a pullout program.
- 3 = Special education provided in the general education class, where some children receive special education and others do not. This is sometimes referred to as inclusion.
- 4 = Special education provided on as-needed basis. Children do not receive support on a regular basis, can get support of they want it.

*[NOTE TO INTERVIEWER: If necessary, please clarify for respondent that these classes may be co-taught by a regular education instructor and special education teacher, or by a teacher and an aide. A special education teacher may come to the class for part of the day to provide specialized instruction.]*

7. In the past 6 months, did (*child's name*) have a one-on-one classroom aide for **any** reason, for any part of the school day? For example, a child might have an aide to help him/her with schoolwork, to help manage the child's behavior, and/or to help the child develop behavioral and social skills.  
*[This does not include out-of-class visits to a counselor.]*

- 1 = No
- 2 = Yes

8. In the past 6 months, were any of the following disciplinary actions taken toward (*child's name*)?

- 1 = Suspended (in-school and out-of-school) *[GO TO QUESTION #8a]*
- 2 = Expelled *[GO TO QUESTION #8a]*
- 3 = Suspended AND expelled *[GO TO QUESTION #8a]*
- 4 = Neither suspended nor expelled *[GO TO QUESTION #9]*
- 5 = Other—please specify \_\_\_\_\_

8a. Did (*child's name*) have a school disciplinary hearing or tribunal?

- 1 = No
- 2 = Yes

8b. As a result of the suspension and/or expulsion, was a plan developed to manage or improve (*child's name*)'s behavior, or was an existing plan revised or changed?

- 1 = No
- 2 = Yes

8c. *[IF SUSPENDED]* During the past 6 months, approximately how many days was (*child's name*) in in-school suspension?

\_\_\_\_\_ days

--	--	--	--	--	--	--	--	--	--

*[NOTE TO INTERVIEWER: If necessary, clarify for the respondent that **in-school suspension** is when children are sent to a suspension room for all or part of the day. A teacher or monitor is assigned to the room, and children may be required to do assignments provided by their regular classroom teachers. The length of suspension may vary widely but **usually** it is for a minimum of a day and a maximum of 10 days. The child is expected to return to his/her regular classes after the suspension. In-school suspension is generally considered to be a less severe punishment than out-of-school suspension.]*

- 8d. *[IF SUSPENDED]* During the past 6 months, approximately how many days was (*child's name*) in out-of-school suspension?

\_\_\_\_\_ days

*[NOTE TO INTERVIEWER: If necessary, clarify for the respondent that **out-of-school suspension** is a temporary period during which a child is forbidden to go to school. The child is generally not required to continue with schoolwork during this time. The length of a suspension may vary widely but **usually** it is for a minimum of a day and a maximum of 10 days. The child is expected to return to his/her school after the suspension. Out-of-school suspension is generally considered to be a more severe punishment than in-school suspension.]*

- 8e. *[IF EXPELLED]* During the past 6 months, approximately how many times was (*child's name*) expelled?

\_\_\_\_\_ times

*[NOTE TO INTERVIEWER: This is when a child is removed from a school and is not expected to ever return. The child may be sent to an alternative school or a teacher may visit the child to teach him/her at home. It is also possible for a child to have multiple school expulsions. For example, if a child is expelled from one school system and transferred to another system, he/she can be expelled from the second system, resulting in multiple school expulsions. **Some** school systems may allow a child to return to his/her regular home school later, if the child's behavior or problems have improved.]*

- 8f. *[IF EXPELLED]* Was any kind of education provided to (*child's name*) while he/she was expelled? This might include a transfer to another school, home schooling, or home visits by a teacher.

1 = No

2 = Yes

9. Does (*child's name*) participate in any extracurricular activities at school (such as sports, clubs, band, etc.)?

1 = No *[GO TO QUESTION #10]*

2 = Yes

--	--	--	--	--	--	--	--	--	--

**[CARD 1]**

9a. How often does (*child's name*) participate in these extracurricular activities at school?

- 0 = Less than 1 day per month
- 1 = About 1 day a month
- 2 = About 1 day every 2 weeks
- 3 = About 1 day a week
- 4 = 2 days per week
- 5 = 3 or more days per week

10. In general, does (*child's name*) get along with his/her friends at school?

- 1 = No
- 2 = Yes

11. Does (*child's name*) have a favorite teacher or another favorite adult at school?

- 1 = No
- 2 = Yes

12. Now I would like to ask you about (*child's name*)'s grades during this school year. Did he/she get grades?

- 1 = No [GO TO QUESTION #12b]
- 2 = Yes

12a. Overall, across all subjects, has he/she mostly gotten . . . [READ CATEGORIES, CODE ONE]

- 1 = A's [GO TO QUESTION #12c]
- 2 = A's and B's [GO TO QUESTION #12c]
- 3 = B's [GO TO QUESTION #12c]
- 4 = B's and C's [GO TO QUESTION #12c]
- 5 = C's [GO TO QUESTION #12c]
- 6 = C's and D's [GO TO QUESTION #12c]
- 7 = D's [GO TO QUESTION #12c]
- 8 = D's and F's [GO TO QUESTION #12c]
- 9 = F's [GO TO QUESTION #12c]
- 10 = School does not give *these* grades [GO TO QUESTION #12b]

[IF RESPONSE DOES NOT FIT CATEGORIES, e.g., A's AND F's, SPECIFY RESPONSE = 11]

- 11 = Other—please specify \_\_\_\_\_ [GO TO QUESTION #12c]

**[CARD 5]**

12b. Overall, would you describe his/her work at school as . . .

- 1 = Excellent
- 2 = Above average
- 3 = Average
- 4 = Below average
- 5 = Failing



--	--	--	--	--	--	--	--	--	--

**[CARD 2]**

12c. In the past 6 months, to what extent do you think (*child's name*)'s grades or school performance were affected by his/her behavioral or emotional problems?

- 1 = Not at all
- 2 = A little bit
- 3 = A moderate amount
- 4 = Quite a bit
- 5 = Extremely

**[IF YOUTH ATTENDS POST-SECONDARY EDUCATION, THEN END OF QUESTIONNAIRE]**

13. Has (*child's name*) attended childcare or an afterschool care program **at any time** in the past 6 months?

- 1 = No
- 2 = Yes [GO TO QUESTION #14]

13b. Were any of the reasons that (*child's name*) was not in childcare or an afterschool care program related to his/her behavioral or emotional problems?

- 1 = No [END OF QUESTIONNAIRE]
- 2 = Yes [END OF QUESTIONNAIRE]

14. During the past 6 months, on average, how many hours per week did (*child's name*) attend childcare or an afterschool care program?

\_\_\_\_\_ hours

14a. Was (*child's name*)'s childcare or afterschool care program attendance affected by his/her behavioral or emotional problems?

- 1 = No [GO TO QUESTION #15]
- 2 = Yes

14b. Did (*child's name*)'s childcare or afterschool care program(s) provide any support to help improve (*child's name*)'s attendance?

- 1 = No
- 2 = Yes

15. During the past 6 months, did (*child's name*) attend more than one childcare center or afterschool care program because of his/her behavioral or emotional problems?

- 1 = No
- 2 = Yes

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## LIVING SITUATIONS QUESTIONNAIRE (LSQ)

<b>LSQDATE</b> (Today's date)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Month          Day          Year
<b>CHILIDID</b> (National evaluation ID)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>TIMEFRAM</b> (Assessment period)	1 = Intake 2 = 6 months 3 = 12 months 4 = 18 months 5 = 24 months
<b>LSQRESP</b> (Respondent for interview)	1 = Caregiver (child's caregiver in a family, household environment) 2 = Staff as Caregiver (staffperson who has acted as the child's day-to-day caregiver for the majority of the past 6 months) 3 = Youth without caregiver (independent youth)
<b>LSQINTV</b> (Who administered interview)	1 = Person providing services to child 2 = Data collector
<b>LSQMETH</b> (Method of administering interview)	1 = In person, hard copy 2 = Telephone, hard copy 3 = In person, computer assisted 4 = Telephone, computer assisted
<b>LSQLANG</b> (Language version of interview)	1 = English 2 = Spanish 3 = Other

--	--	--	--	--	--	--	--	--	--

[NOTE TO INTERVIEWER: For each question, you must code the **place** that the caregiver describes using the 14 “Living Situation” codes, and the **adults who have primary responsibility** for the child using the 22 “Lives With” codes below. If necessary, two “Lives With” codes may be selected for each living situation. Please see the pages at the end of the questionnaire for a more detailed description of the codes, including site-specific names of placements.]

**Living Situation:**

- 1 Homeless
- 2 Home (house/apartment/trailer)
- 3 School dormitory
- 4 Camp (recreational)
- 5 Emergency shelter
- 6 Foster home
- 7 Therapeutic/specialized foster home
- 8 Group home
- 9 Hospital—medical
- 10 Residential treatment center/therapeutic camp
- 11 Hospital—psychiatric or psychiatric unit
- 12 Youth justice related (juvenile detention, youth correctional facility)
- 13 Adult justice related (jail, prison)
- 14 Other

**Lives With:** (*Adults[s] with primary caregiving responsibility for child or youth*)

**Biological Family**

- 1 Biological parents
- 2 Biological mother, adoptive father
- 3 Biological mother, with partner
- 4 Biological mother, no partner
- 5 Biological father, adoptive mother
- 6 Biological father, with partner
- 7 Biological father, no partner
- 8 Split parenting

**Adoptive Family**

- 9 2 adoptive parents
- 10 1 adoptive parent, with partner
- 11 1 adoptive parent, no partner

**Relative (non-parent)**

- 12 2 grandparents
- 13 1 grandparent, with partner
- 14 1 grandparent, no partner
- 15 Other relative, with partner
- 16 Other relative, no partner

**Non-Relative**

- 17 Foster parent(s)
- 18 Staff
- 19 Other caregiving adult

**Independent Living**

- 20 Alone
- 21 With friend
- 22 Supervised

[NOTE TO INTERVIEWER: Please indicate all the places the child has lived or stayed during the past 6 months, starting with the current living situation. Prompt respondent to think about all the places the child may have lived or stayed, including brief stays (e.g., overnight stays) at a hospital, a treatment center, a crisis shelter, etc. The only exception is brief stays (of less than 2 weeks) for leisure reasons (e.g., child visited grandparents for spring break). Do not code these leisure stays using a new or different code but simply code these stays the same as the child's primary family living situation (e.g., mother's home). If there is no primary family living situation (e.g., the child lives primarily in an out-of-home placement setting), code the living situation the child will return to after the leisure stay. Each day of the 6-month period must be accounted for (i.e., total of all living situations should be 180 days) and each time period noted should be associated with only one living situation.]

I'd like to ask you about where (*child's name*) has lived or stayed in the past 6 months and who have been his/her caregivers in those places. Let's talk about where he/she lives or stays now and then about other places he/she may have lived or stayed.

[USE TIMELINE CARD TO PROMPT RESPONDENT]

	a. Living Situation code	b1. Lives With code	b2. Lives With code	c. Number of days in living situation in past 6 months
1a. Where does ( <i>child's name</i> ) live now?				
1b. Who does ( <i>child's name</i> ) live with now?				
1c. For how many days has he/she lived here?				
[Probe for name of place, description of place, and who lives there.]				
2a. Where did he/she live before this place?				
2b. Who did he/she live with before this place?				
2c. For how many days did he/she live there?				
[Probe for name of place, description of place, and who lives there.]				
3a. Where did he/she live before this place?				
3b. Who did he/she live with before this place?				
3c. For how many days did he/she live there?				
[Probe for name of place, description of place, and who lives there.]				

CHILD ID: 

--	--	--	--	--	--	--	--	--	--

*[USE TIMELINE CARD TO PROMPT RESPONDENT]*

	a. Living Situation code	b1. Lives With code	b2. Lives With code	c. Number of days in living situation in past 6 months
4a. Where did he/she live before this place?				
4b. Who did he/she live with before this place?				
4c. For how many days did he/she live there?				
<i>[Probe for name of place, description of place, and who lives there.]</i>				
5a. Where did he/she live before this place?				
5b. Who did he/she live with before this place?				
5c. For how many days did he/she live there?				
<i>[Probe for name of place, description of place, and who lives there.]</i>				
6a. Where did he/she live before this place?				
6b. Who did he/she live with before this place?				
6c. For how many days did he/she live there?				
<i>[Probe for name of place, description of place, and who lives there.]</i>				
7a. Where did he/she live before this place?				
7b. Who did he/she live with before this place?				
7c. For how many days did he/she live there?				
<i>[Probe for name of place, description of place, and who lives there.]</i>				

CHILD ID: 

--	--	--	--	--	--	--	--	--	--

*[USE TIMELINE CARD TO PROMPT RESPONDENT]*

	a. Living Situation code	b1. Lives With code	b2. Lives With code	c. Number of days in living situation in past 6 months
8a. Where did he/she live before this place?				
8b. Who did he/she live with before this place?				
8c. For how many days did he/she live there?				
<i>[Probe for name of place, description of place, and who lives there.]</i>				
9a. Where did he/she live before this place?				
9b. Who did he/she live with before this place?				
9c. For how many days did he/she live there?				
<i>[Probe for name of place, description of place, and who lives there.]</i>				
10a. Where did he/she live before this place?				
10b. Who did he/she live with before this place?				
10c. For how many days did he/she live there?				
<i>[Probe for name of place, description of place, and who lives there.]</i>				
11a. Where did he/she live before this place?				
11b. Who did he/she live with before this place?				
11c. For how many days did he/she live there?				
<i>[Probe for name of place, description of place, and who lives there.]</i>				

CHILD ID: 

--	--	--	--	--	--	--	--	--	--


*[USE TIMELINE CARD TO PROMPT RESPONDENT]*

	a. Living Situation code	b1. Lives With code	b2. Lives With code	c. Number of days in living situation in past 6 months
12a. Where did he/she live before this place?				
12b. Who did he/she live with before this place?				
12c. For how many days did he/she live there?				
<i>[Probe for name of place, description of place, and who lives there.]</i>				
13a. Where did he/she live before this place?				
13b. Who did he/she live with before this place?				
13c. For how many days did he/she live there?				
<i>[Probe for name of place, description of place, and who lives there.]</i>				
14a. Where did he/she live before this place?				
14b. Who did he/she live with before this place?				
14c. For how many days did he/she live there?				
<i>[Probe for name of place, description of place, and who lives there.]</i>				
15a. Where did he/she live before this place?				
15b. Who did he/she live with before this place?				
15c. For how many days did he/she live there?				
<i>[Probe for name of place, description of place, and who lives there.]</i>				

\*Adapted from Fabry, Hawkins, Luster, & Almeida (1990) and Hawkins, Almeida, Fabry, & Reitz (1992)


*[NOTE TO INTERVIEWER: Please use these categories to code the different places where the child has lived. If you are unsure of how a placement should be coded, write a detailed description of the situation in the box provided after each question and bring this item to the attention of your site evaluator.]*

**Living Situation Categories:**

- 1 No place to stay  
Homeless, staying anywhere available from night to night.
- 2 Home  
Living in a house, apartment, or trailer (i.e., living alone, with biological or adoptive parents, relatives, or friend[s]).
- 3 School dormitory  
Living out of the home in boarding school arrangement (i.e., private school or academy, without a treatment component).
- 4 Camp  
i.e., recreational, religious, summer camp       site-specific names  


---

---

---
- 5 Emergency shelter  
Living temporarily in a private home or group living arrangement during a crisis situation.  
Extensive support and supervision provided.       site-specific names  


---

---

---
- 6 Foster home  
Living in standard foster care arrangement without added support or in-house treatment component.       site-specific names  


---

---

---
- 7 Therapeutic/specialized foster care  
Living in a private home with care provided by foster parents who are trained to care for children with special needs and has an identifiable treatment or support component (e.g., intensive in-home intervention, case management, physical therapy, etc.).       site-specific names  

---

---




---
- 8 Group home  
Alternative living arrangement in which child lives with a small number of other children (e.g., 3–9) with special needs. 24-hour supervision is provided along with long-term treatment and supports.       site-specific names  

---

---

---



- 9 Hospital (medical)  site-specific names  
Living in inpatient unit of medical hospital for treatment of non-mental health-related problems. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 10 Residential treatment center/therapeutic camp  site-specific names  
Alternative group living arrangement for children with intensive mental health needs with 10 or more children. Lengths of stay are generally longer than in hospitals, may be for alcohol/drug or non-substance use treatment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 11 Hospital (psychiatric)  site-specific names  
Inpatient unit of psychiatric or medical hospital with 24-hour supervision. Intensive mental health treatment component. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 12 Juvenile justice related  
Juvenile detention center or incarceration in a “youth only” correctional facility with high structure and supervision.
- 13 Adult justice related  
An adult locked correctional facility with high structure and high supervision (i.e., jail or prison).
- 14 Other—please specify \_\_\_\_\_  
\_\_\_\_\_

## **Lives With Categories:**

### **Biological Family**

- 1 Biological parents  
Living with two biological caregivers
- 2 Biological mother, adoptive father  
Living with biological mother and adoptive father
- 3 Biological mother, with partner  
Living with biological mother and mother's partner, who is neither the child's biological nor adoptive parent. The partner may be the child's step-parent.
- 4 Biological mother, no partner  
Living with biological mother
- 5 Biological father, adoptive mother  
Living with biological father and adoptive mother
- 6 Biological father, with partner  
Living with biological father and father's partner, who is neither the child's biological nor adoptive parent. The partner may be the child's step-parent.
- 7 Biological father, no partner  
Living with biological father
- 8 Split parenting  
Living about half with mother and half with father (usually joint custody situation)

### **Adoptive Family**

- 9 2 adoptive parents  
Living with two adoptive parents
- 10 1 adoptive parent, with partner  
Living with one adoptive parent and the parent's partner. The partner may be the child's step-parent.
- 11 1 adoptive parent, no partner  
Living with one adoptive parent

### **Relative (non-parent)**

- 12 2 grandparents  
Living with two grandparents
- 13 1 grandparent, with partner  
Living with one grandparent and the grandparent's partner
- 14 1 grandparent, no partner  
Living with one grandparent
- 15 Other relative, with partner  
Living with a relative other than a parent or grandparent (e.g., sibling, aunt, uncle, cousin) and the relative's partner. The relative's partner may also be a relative (e.g., caregivers are child's aunt and uncle).
- 16 Other relative, no partner  
Living with a relative other than a parent or grandparent (e.g., sibling, aunt, uncle, cousin)

**Non-Relative**

- 17 Foster parent(s)  
Living with one or two foster parents
- 18 Staff  
Living in a situation in which care is provided by trained professionals or other staff (e.g., doctors and nurses in a hospital, juvenile detention staff, emergency shelter staff)
- 19 Other caregiving adult  
Living with a non-relative, non-paid adult who acts as a caregiver to the child (e.g., family friend)

**Independent Living**

- 20 Alone  
Living alone and unsupervised
- 21 With friend  
Living unsupervised with one or more “unpaid” friends or roommates
- 22 Supervised  
Living independently but with a person who provides minimal supervision (i.e., with recruited mentor, professional housemate, or other “paid” roommate)

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## BEHAVIORAL AND EMOTIONAL RATING SCALE—Second Edition, Parent Rating Scale (BERS-2C)

**BRCDATE** (Today's date)       /  /   
Month                      Day                      Year

**CHILDD** (National evaluation ID)     

**TIMEFRAM** (Assessment period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months

**BRCRESP** (Respondent for interview)

- 1 = Caregiver (child's caregiver in a family, household environment)
- 2 = Staff as Caregiver (staffperson who has acted as the child's day-to-day caregiver for the majority of the past 6 months)

**BRCINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**BRCMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**BRCLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

*Instructions to respondent:* This scale contains a series of statements that are used to rate your child's behaviors and emotions in a positive way. After I read each statement, tell me which description best describes your child's status over the past 6 months. Rate each statement to the best of your knowledge of your child. Rate all 57 items by the following criteria: *the statement is very much like your child, like your child, not much like your child, or not at all like your child.* [CARD]

# BERS-2

## Behavioral and Emotional Rating Scale—Second Edition Parent Rating Scale

### Section 1. Identifying Information

Name \_\_\_\_\_ Female  Male  Grade \_\_\_\_\_  
Date Rated \_\_\_\_\_ School \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Rater's Name \_\_\_\_\_  
Age \_\_\_\_\_ Rater's Relationship to Individual \_\_\_\_\_

### Section 2. Score Summary

	Raw Score	%ile Rank	Scaled Score
I. Interpersonal Strength (IS)	_____	_____	<input type="text"/>
II. Family Involvement (FI)	_____	_____	<input type="text"/>
III. Intrapersonal Strength (IaS)	_____	_____	<input type="text"/>
IV. School Functioning (SF)	_____	_____	<input type="text"/>
V. Affective Strength (AS)	_____	_____	<input type="text"/>
Sum of Scaled Scores			_____
<b>BERS-2 Strength Index</b>		_____	<input type="text"/>
<b>Supplemental</b>			
VI. Career Strength (CS)	_____	_____	<input type="text"/>

### Section 3. Interpretation and Recommendations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 4. Other Pertinent Information

Who referred the student? \_\_\_\_\_  
What was the reason for the referral? \_\_\_\_\_  
Parental permission obtained on (date) \_\_\_\_\_  
BERS-2 results included in staffing or planning conference?  Yes  No

**COPYRIGHTED MATERIAL. DO NOT DUPLICATE.**

## Section 5. Parent Rating Items

**Directions:** This scale contains a series of statements that are used to rate your child's behaviors and emotions in a positive way. Read each statement and mark the number that corresponds to the rating that best describes your child's status over the past 3 months. Rate each statement to the best of your knowledge of your child. Rate all 57 items by the following criteria:

- 3 = If the statement is very much like your child
- 2 = If the statement is like your child
- 1 = If the statement is not much like your child
- 0 = If the statement is not at all like your child

Statement		IS	FI	IaS	SF	AS
1. Demonstrates a sense of belonging to family	3 2 1 0		_____			
2. Trusts a significant person with his or her life	3 2 1 0		_____			
3. Accepts a hug	3 2 1 0					_____
4. Participates in community activities	3 2 1 0		_____			
5. Is self-confident	3 2 1 0			_____		
6. Acknowledges painful feelings	3 2 1 0					_____
7. Maintains positive family relationships	3 2 1 0		_____			
8. Demonstrates a sense of humor	3 2 1 0			_____		
9. Asks for help	3 2 1 0					_____
10. Uses anger management skills	3 2 1 0	_____				
11. Communicates with parents about behavior at home	3 2 1 0		_____			
12. Expresses remorse for behavior that hurts or upsets others	3 2 1 0	_____				
13. Shows concern for the feelings of others	3 2 1 0					_____
14. Completes a task on first request	3 2 1 0				_____	
15. Interacts positively with parents	3 2 1 0		_____			
16. Reacts to disappointments in a calm manner	3 2 1 0	_____				
17. Considers consequences of own behavior	3 2 1 0	_____				
18. Accepts criticism	3 2 1 0	_____				
19. Participates in religious activities	3 2 1 0		_____			
20. Demonstrates age-appropriate hygiene skills	3 2 1 0			_____		
21. Requests support from peers and friends	3 2 1 0			_____		
22. Enjoys a hobby	3 2 1 0			_____		
23. Discusses problems with others	3 2 1 0					_____
24. Completes school tasks on time	3 2 1 0				_____	
25. Accepts the closeness and intimacy of others	3 2 1 0					_____
26. Identifies own feelings	3 2 1 0			_____		
27. Identifies personal strengths	3 2 1 0			_____		
28. Accepts responsibility for own actions	3 2 1 0	_____				
29. Interacts positively with siblings	3 2 1 0		_____			
30. Loses a game gracefully	3 2 1 0	_____				
	Column Subtotals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 3 = If the statement is very much like your child  
 2 = If the statement is like your child  
 1 = If the statement is not much like your child  
 0 = If the statement is not at all like your child

Statement		IS	FI	IaS	SF	AS
31. Completes homework regularly	3 2 1 0				_____	
32. Is popular with peers	3 2 1 0			_____		
33. Listens to others	3 2 1 0	_____				
34. Expresses affection for others	3 2 1 0					_____
35. Admits mistakes	3 2 1 0	_____				
36. Participates in family activities	3 2 1 0		_____			
37. Accepts "no" for an answer	3 2 1 0	_____				
38. Smiles often	3 2 1 0			_____		
39. Pays attention in class	3 2 1 0				_____	
40. Computes math problems at or above grade level	3 2 1 0				_____	
41. Reads at or above grade level	3 2 1 0				_____	
42. Is enthusiastic about life	3 2 1 0			_____		
43. Respects the rights of others	3 2 1 0	_____				
44. Shares with others	3 2 1 0	_____				
45. Complies with rules at home	3 2 1 0		_____			
46. Apologizes to others when wrong	3 2 1 0	_____				
47. Studies for tests	3 2 1 0				_____	
48. Talks about the positive aspects of life	3 2 1 0			_____		
49. Is kind toward others	3 2 1 0	_____				
50. Uses appropriate language	3 2 1 0	_____				
51. Attends school regularly	3 2 1 0				_____	
52. Uses note-taking and listening skills in school	3 2 1 0				_____	
Column Subtotals		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Page Column Subtotals		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Raw Score for PRS		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Supplemental Career Strength (CS) Subscale

53. Can name one career or life goal	3 2 1 0	_____
54. Is optimistic about future	3 2 1 0	_____
55. Actively plans for his or her future	3 2 1 0	_____
56. Has a specific vocational skill	3 2 1 0	_____
57. Has identified career goals	3 2 1 0	_____

Totals

**COPYRIGHTED MATERIAL. DO NOT DUPLICATE.**

1. My child's favorite hobbies or activities are \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. My child's favorite sport(s) is (are) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. My child's favorite school subject(s) is (are) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. My child's best friend(s) is (are) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. My child's favorite teacher(s) is (are) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. In the community, my child has worked or volunteered at \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. The most important people in my child's life are \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. The best thing about my child is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## COLUMBIA IMPAIRMENT SCALE (CIS)

<b>CISDATE</b> (Today's date)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Month      Day      Year
<b>CHILID</b> (National evaluation ID)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>TIMEFRAM</b> (Assessment period)	1 = Intake 2 = 6 months 3 = 12 months 4 = 18 months 5 = 24 months
<b>CISRESP</b> (Respondent for interview)	1 = Caregiver (child's caregiver in a family, household environment) 2 = Staff as Caregiver (staffperson who has acted as the child's day-to-day caregiver for the majority of the past 6 months)
<b>CISINTV</b> (Who administered interview)	1 = Person providing services to child 2 = Data collector
<b>CISMETH</b> (Method of administering interview)	1 = In person, hard copy 2 = Telephone, hard copy 3 = In person, computer assisted 4 = Telephone, computer assisted
<b>CISLANG</b> (Language version of interview)	1 = English 2 = Spanish 3 = Other

This set of questions is about problems that some children have in different areas of their life. For each potential problem, please think about (*child's name*) and tell me how much of a problem you think it has been for him/her during the past 6 months. Then, describe the extent of the problem on a scale from 0 to 4, with 0 being *no problem*, 1–3 being *some problem*, and 4 being *a very big problem*.

[CARD]

	No problem	Some problem			A very big problem
In general, how much of a problem do you think ( <i>child's name</i> ) has with:					
1. Getting into trouble?	0	1	2	3	4
2. Getting along with his/her mother or his/her female caregiver?	0	1	2	3	4
3. Getting along with his/her father or his/her male caregiver?	0	1	2	3	4
4. Feeling unhappy or sad?	0	1	2	3	4
How much of a problem would you say he/she has:					
5. With his/her behavior at school (or job)?	0	1	2	3	4
6. With having fun?	0	1	2	3	4
7. Getting along with adults other than you or his/her father/mother?	0	1	2	3	4
How much of a problem does he/she have:					
8. With feeling nervous or worried?	0	1	2	3	4
9. Getting along with his/her brother(s)/sister(s)?	0	1	2	3	4
10. Getting along with other kids his/her age?	0	1	2	3	4
How much of a problem would you say he/she has:					
11. Getting involved in activities like sports or hobbies?	0	1	2	3	4
12. With his/her schoolwork (doing his/her job)?	0	1	2	3	4
13. With his/her behavior at home?	0	1	2	3	4

\*Developed by Bird et al. (1993)

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## PARENTING STRESS INDEX (PSI)

<b>PSIDATE</b> (Today's date)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Month          Day          Year
<b>CHILIDID</b> (National evaluation ID)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>TIMEFRAM</b> (Assessment period)	1 = Intake 2 = 6 months 3 = 12 months 4 = 18 months 5 = 24 months
<b>PSIRESP</b> (Respondent for interview)	1 = Caregiver (child's caregiver in a family, household environment)
<b>PSIINTV</b> (Who administered interview)	1 = Person providing services to child 2 = Data collector
<b>PSIMETH</b> (Method of administering interview)	1 = In person, hard copy 2 = Telephone, hard copy 3 = In person, computer assisted 4 = Telephone, computer assisted
<b>PSILANG</b> (Language version of interview)	1 = English 2 = Spanish 3 = Other

*Instructions to respondent:* This questionnaire contains 36 statements. For each statement, please focus on (*child's name*) and tell me whether you *strongly agree* with the statement, *agree* with the statement, are *not sure*, *disagree* with the statement, or *strongly disagree* with the statement. While you may not find a response that exactly states your feelings, please tell me the response that comes closest to describing how you feel now or within the past 6 months. [CARD]

**Instructions**

This questionnaire contains 36 statements. Read each statement carefully. For each statement, please focus on the child you are most concerned about, and circle the response that best represents your opinion.

Circle the SA if you strongly agree with the statement.

Circle the A if you agree with the statement.

Circle the NS if you are not sure.

Circle the D if you disagree with the statement.

Circle the SD if you strongly disagree with the statement.

For example, if you sometimes enjoy going to the movies, you would circle A in response to the following statement:

I enjoy going to the movies. SA **(A)** NS D SD

While you may not find a response that exactly states your feelings, please circle the response that comes closest to describing how you feel. **YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER.**

Circle only one response for each statement, and respond to all statements. **DO NOT ERASE!** If you need to change an answer, make an "X" through the incorrect answer and circle the correct response. For example:

I enjoy going to the movies. SA A NS ~~(A)~~ **(SD)**

Before responding to the statements, write your name, gender, date of birth, ethnic group, marital status, child's name, child's gender, child's date of birth, and today's date in the spaces at the top of the questionnaire.

**COPYRIGHTED MATERIAL. DO NOT DUPLICATE.**

Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ Ethnic group \_\_\_\_\_ Marital status \_\_\_\_\_

Child's name \_\_\_\_\_ Child's gender \_\_\_\_\_ Child's date of birth \_\_\_\_\_ Today's date \_\_\_\_\_

SA = Strongly Agree	A = Agree	NS = Not Sure	D = Disagree	SD = Strongly Disagree
---------------------	-----------	---------------	--------------	------------------------

- |   |    |   |    |   |    |
|---|----|---|----|---|----|
| 1. I often have the feeling that I cannot handle things very well.  | SA | A | NS | D | SD |
| 2. I find myself giving up more of my life to meet my children's needs than I ever expected.                          | SA | A | NS | D | SD |
| 3. I feel trapped by my responsibilities as a parent.   | SA | A | NS | D | SD |
| 4. Since having this child, I have been unable to do new and different things.  | SA | A | NS | D | SD |
| 5. Since having a child, I feel that I am almost never able to do things that I like to do.                           | SA | A | NS | D | SD |
| 6. I am unhappy with the last purchase of clothing I made for myself.   | SA | A | NS | D | SD |
| 7. There are quite a few things that bother me about my life.   | SA | A | NS | D | SD |
| 8. Having a child has caused more problems than I expected in my relationship with my spouse (or male/female friend). | SA | A | NS | D | SD |
| 9. I feel alone and without friends.  | SA | A | NS | D | SD |
| 10. When I go to a party, I usually expect not to enjoy myself.   | SA | A | NS | D | SD |
| 11. I am not as interested in people as I used to be.   | SA | A | NS | D | SD |
| 12. I don't enjoy things as I used to.  | SA | A | NS | D | SD |
| 13. My child rarely does things for me that make me feel good.  | SA | A | NS | D | SD |
| 14. Sometimes I feel my child doesn't like me and doesn't want to be close to me.                                     | SA | A | NS | D | SD |
| 15. My child smiles at me much less than I expected.  | SA | A | NS | D | SD |
| 16. When I do things for my child, I get the feeling that my efforts are not appreciated very much.                   | SA | A | NS | D | SD |
| 17. When playing, my child doesn't often giggle or laugh.   | SA | A | NS | D | SD |
| 18. My child doesn't seem to learn as quickly as most children.   | SA | A | NS | D | SD |
| 19. My child doesn't seem to smile as much as most children.  | SA | A | NS | D | SD |
| 20. My child is not able to do as much as I expected.   | SA | A | NS | D | SD |
| 21. It takes a long time and it is very hard for my child to get used to new things.                                  | SA | A | NS | D | SD |

For the next statement, choose your response from the choices "1" to "5" below.

- |   |   |   |    |   |    |   |
|---|---|---|----|---|----|---|
| 22. I feel that I am:   | 1. not very good at being a parent              | 1 | 2  | 3 | 4  | 5 |
|   | 2. a person who has some trouble being a parent |   |    |   |    |   |
|   | 3. an average parent                            |   |    |   |    |   |
|   | 4. a better than average parent                 |   |    |   |    |   |
|   | 5. a very good parent                           |   |    |   |    |   |
| 23. I expected to have closer and warmer feelings for my child than I do and this bothers me. | SA  | A | NS | D | SD |   |
| 24. Sometimes my child does things that bother me just to be mean.                            | SA  | A | NS | D | SD |   |
| 25. My child seems to cry or fuss more often than most children.                              | SA  | A | NS | D | SD |   |
| 26. My child generally wakes up in a bad mood.  | SA  | A | NS | D | SD |   |
| 27. I feel that my child is very moody and easily upset.                                      | SA  | A | NS | D | SD |   |
| 28. My child does a few things which bother me a great deal.                                  | SA  | A | NS | D | SD |   |
| 29. My child reacts very strongly when something happens that my child doesn't like.          | SA  | A | NS | D | SD |   |
| 30. My child gets upset easily over the smallest thing.                                       | SA  | A | NS | D | SD |   |
| 31. My child's sleeping or eating schedule was much harder to establish than I expected.      | SA  | A | NS | D | SD |   |

For the next statement, choose your response from the choices "1" to "5" below.

- |  |                                    |   |   |   |   |   |
|--|------------------------------------|---|---|---|---|---|
| 32. I have found that getting my child to do something or stop doing something is: | 1. much harder than I expected     | 1 | 2 | 3 | 4 | 5 |
|  | 2. somewhat harder than I expected |   |   |   |   |   |
|  | 3. about as hard as I expected     |   |   |   |   |   |
|  | 4. somewhat easier than I expected |   |   |   |   |   |
|  | 5. much easier than I expected     |   |   |   |   |   |

For the next statement, choose your response from the choices "10+" to "1-3."

- |   |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|
| 33. Think carefully and count the number of things which your child does that bother you.<br>For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc. | 10+ | 8-9 | 6-7 | 4-5 | 1-3 |
| 34. There are some things my child does that really bother me a lot.  | SA  | A   | NS  | D   | SD  |
| 35. My child turned out to be more of a problem than I had expected.  | SA  | A   | NS  | D   | SD  |
| 36. My child makes more demands on me than most children.   | SA  | A   | NS  | D   | SD  |

**PAR Psychological Assessment Resources, Inc.** • 16204 N. Florida Avenue • Lutz, FL 33549 • 1.800.331.8378 • www.parinc.com

Copyright © 1990, 1995 by Psychological Assessment Resources, Inc. All rights reserved. May not be reproduced in whole or in part in any form or by any means without written permission of Psychological Assessment Resources, Inc. This form is printed in blue ink on carbonless paper. Any other version is unauthorized.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## DEVEREUX EARLY CHILDHOOD ASSESSMENT—INFANTS (DECA 1–18M)

**DECDATE** (Today's date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

**CHILDDID** (National evaluation ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**DECAGE** (Child's age in months)

\_\_\_\_\_ month(s)

**TIMEFRAM** (Assessment period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months

**DECRESP** (Respondent for interview)

- 1 = Caregiver (child's caregiver in a family, household environment)
- 2 = Staff as Caregiver (staffperson who has acted as the child's day-to-day caregiver for the majority of the past 6 months)

**DECINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**DECMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**DECLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

*Instructions to respondent:* I am going to read you a list of behaviors seen in some infants. For each behavior, please tell me how often you saw the behavior during the past 6 months: *never, rarely, occasionally, frequently, or very frequently*. Answer each question carefully. There are no right or wrong answers. Please answer every item. [CARD]



# Devereux Early Childhood Assessment for Infants Record Form (1 month up to 18 months)

Mary Mackrain, Paul LeBuffe and Gregg Powell

Infant's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Person Completing this Form \_\_\_\_\_ Relationship to Infant \_\_\_\_\_ (In Months)

Date of Rating \_\_\_\_\_ Site/Program \_\_\_\_\_ Room \_\_\_\_\_

This form describes a number of behaviors seen in some infants. Read the statements that follow the phrase: *During the past 4 weeks, how often did the infant...* and place a check mark in the box underneath the word that tells how often you saw the behavior. Answer each question carefully. There are no right or wrong answers. Please answer every item. If you wish to change your answer, put an X through it and fill in your new choice as shown to the right.

Never	Rarely	Occasionally	Frequently	Very Frequently
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item #	<i>During the past 4 weeks, how often did the infant...</i>	Never	Rarely	Occasionally	Frequently	Very Frequently
1	try to do new things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	respond when spoken to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	imitate actions of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	enjoy interacting with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	keep trying when unsuccessful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	enjoy being cuddled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	show interest in what others were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	show affection for a familiar adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	notice changes in surroundings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	seek comfort from familiar adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	adjust her/his energy level to the type of play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	act in a good mood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	act happy when praised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	make eye contact with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	explore surroundings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	calm down with help from a familiar adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	express her/his dislikes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	smile back at a familiar adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	reach for a familiar adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	respond to her/his name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	keep trying to obtain a toy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	react to another child's cry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	smile at familiar adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	respond positively to adult attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	act happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	act in a way that make others smile or show interest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	easily go from one activity to another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	seek attention when a familiar adult was with another child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	look to a familiar adult when exploring her/his surroundings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	enjoy being around other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	show pleasure when interacting with adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	act happy with familiar adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	accept comfort from a familiar adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COPYRIGHTED MATERIAL. DO NOT DUPLICATE.**

Copyright © 2007 by The Devereux Foundation  
All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical including photocopying, recording, or any information storage or retrieval system, without permission in writing from the publisher.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## DEVEREUX EARLY CHILDHOOD ASSESSMENT—TODDLERS (DECA 18–36M)

**DECDATE** (Today's date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

**CHILDDID** (National evaluation ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**DECAGE** (Child's age)

\_\_\_\_\_ month(s)

**TIMEFRAM** (Assessment period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months

**DECRESP** (Respondent for interview)

- 1 = Caregiver (child's caregiver in a family, household environment)
- 2 = Staff as Caregiver (staffperson who has acted as the child's day-to-day caregiver for the majority of the past 6 months)

**DECINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**DECMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**DECLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

*Instructions to respondent:* I am going to read you a list of behaviors seen in some infants. For each behavior, please tell me how often you saw the behavior during the past 6 months: *never, rarely, occasionally, frequently, or very frequently*. Answer each question carefully. There are no right or wrong answers. Please answer every item. [CARD]





# Devereux Early Childhood Assessment for Toddlers Record Form (18 months up to 36 months)

Mary Mackrain, Paul LeBuffe and Gregg Powell

Toddler's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
 Person Completing this Form \_\_\_\_\_ Relationship to Toddler \_\_\_\_\_ (In Months)  
 Date of Rating \_\_\_\_\_ Site/Program \_\_\_\_\_ Room \_\_\_\_\_

This form describes a number of behaviors seen in some toddlers. Read the statements that follow the phrase: *During the past 4 weeks, how often did the toddler...* and place a check mark in the box underneath the word that tells how often you saw the behavior. Answer each question carefully. There are no right or wrong answers. Please answer every item. If you wish to change your answer, put an X through it and fill in your new choice as shown to the right.

Never	Rarely	Occasionally	Frequently	Very Frequently
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item #	During the past 4 weeks, how often did the toddler...	Never	Rarely	Occasionally	Frequently	Very Frequently
1	enjoy interacting with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	show affection for a familiar adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	adjust to changes in routine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	seek comfort from familiar adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	makes needs known to a familiar adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	act happy with familiar adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	show interest in her/his surroundings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	respond when spoken to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	show concern for other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	try to comfort others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	act happy when praised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	participate in group activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	make eye contact with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	enjoy being cuddled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	smile back at a familiar adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	ask to do new things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	reach for a familiar adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	respond to her/his name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	react to another child's cry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	smile at familiar adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	easily go from one activity to another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	show pleasure when interacting with adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	handle frustration well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	makes others aware of her/his needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	accept comfort from a familiar adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	play make-believe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	follow simple directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	show preference for a particular playmate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	try to clean up after herself/himself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	easily follow a daily routine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	play with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	try to do things for herself/himself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	calm herself/himself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	accept another choice when the first choice was not available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	have regular sleeping patterns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	express a variety of emotions (e.g. happy, sad, mad)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## DEVEREUX EARLY CHILDHOOD ASSESSMENT—PRESCHOOL (DECA 2-5Y)

**DECDATE** (Today's date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

**CHILDDID** (National evaluation ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**DECAGE** (Child's age)

\_\_\_\_\_ year(s)

**TIMEFRAM** (Assessment period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months

**DECRESP** (Respondent for interview)

- 1 = Caregiver (child's caregiver in a family, household environment)
- 2 = Staff as Caregiver (staffperson who has acted as the child's day-to-day caregiver for the majority of the past 6 months)

**DECINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**DECMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**DECLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

*Instructions to respondent:* I am going to read you a list of behaviors seen in some infants. For each behavior, please tell me how often you saw the behavior during the past 6 months: *never, rarely, occasionally, frequently, or very frequently*. Answer each question carefully. There are no right or wrong answers. Please answer every item. [CARD]



# The Devereux Early Childhood Assessment

(for children ages 2 through 5 years)

Paul A. LeBuffe ■ Jack A. Naglieri

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
 Site/Program \_\_\_\_\_ Classroom \_\_\_\_\_  
 Person Completing this Form \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Date of Rating \_\_\_\_\_

This form describes a number of behaviors seen in some young children. Read the statements that follow the phrase: *During the past 4 weeks, how often did the child...* and place a check mark in the box underneath the word that tells how often you saw the behavior. Please answer each question carefully. There are no right or wrong answers. If you wish to change your answer, put an  through it and fill in your new choice as shown to the right. Please do not skip any items.

Never <input checked="" type="checkbox"/>	Rarely <input checked="" type="checkbox"/>	Occasionally <input type="checkbox"/>	Frequently <input type="checkbox"/>	Very Frequently <input type="checkbox"/>
--	---	--	--	---

Item #	During the past 4 weeks, how often did the child...	Never <input checked="" type="checkbox"/>	Rarely <input checked="" type="checkbox"/>	Occasionally <input checked="" type="checkbox"/>	Frequently <input checked="" type="checkbox"/>	Very Frequently <input checked="" type="checkbox"/>
1	act in a way that made adults smile or show interest in her/him?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	do things for himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	choose to do a task that was challenging for her/him?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	listen to or respect others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	control her/his anger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	respond positively to adult comforting when upset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	participate actively in make-believe play with others (dress-up, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	fail to show joy or gladness at a happy occasion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	touch children/adults inappropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	show affection for familiar adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	have temper tantrums?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	keep trying when unsuccessful (act persistent)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	handle frustration well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	have no reaction to children/adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	use obscene gestures or offensive language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	try different ways to solve a problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	act happy or excited when parent/guardian returned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	destroy or damage property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	try or ask to try new things or activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	start or organize play with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	show patience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	ask adults to play with or read to him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	have a short attention span (difficulty concentrating)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	focus his/her attention or concentrate on a task or activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	share with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	fight with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	become upset or cry easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	say positive things about the future (act optimistic)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	trust familiar adults and believe what they say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	accept another choice when her/his first choice was unavailable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	seek help from children/adults when necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	ask other children to play with him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	cooperate with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	calm herself/himself down when upset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	get easily distracted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	make decisions for himself/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	show an interest in what children/adults are doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## PRESCHOOL BEHAVIORAL AND EMOTIONAL RATING SCALE (PreBERS)

**PBRDATE** (Today's date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

**CHILDDID** (National evaluation ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**TIMEFRAM** (Assessment period)

- 1 = Intake
- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months

**PBRRESP** (Respondent for interview)

- 1 = Caregiver (child's caregiver in a family, household environment)
- 2 = Staff as Caregiver (staffperson who has acted as the child's day-to-day caregiver for the majority of the past 6 months)

**PBRINTV** (Who administered interview)

- 1 = Person providing services to child
- 2 = Data collector

**PBRMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**PBRLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

*Instructions to respondent:* This scale contains a series of statements that are used to rate your child's behaviors and emotions in a positive way. After I read each statement, tell me which description best describes your child's status over the past 6 months. Rate each statement to the best of your knowledge of your child. Rate all 42 items by the following criteria: *the statement is very much like the child, like the child, not much like the child, or not at all like the child.* [CARD]

- Preschool Norms
- Head Start Norms
- ECSE Norms

# PreBERS

## Summary/Response Form

Michael H. Epstein   Lori Synhorst

### Section 1. Identifying Information

Name \_\_\_\_\_

Female  Male  Age \_\_\_\_\_

Year      Month      Day

Parent/Guardian \_\_\_\_\_

Date of Rating      \_\_\_\_\_

School \_\_\_\_\_

Date of Birth      \_\_\_\_\_

Rater's Name \_\_\_\_\_

Examiner's Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Examiner's Title \_\_\_\_\_

### Section 2. Results of the PreBERS

Subscale	Raw Score	%ile Rank	Scaled Score	SEM	Descriptive Term
1. Emotional Regulation (ER)	_____	_____	<input type="text"/>	1	_____
2. School Readiness (SR)	_____	_____	<input type="text"/>	1	_____
3. Social Confidence (SC)	_____	_____	<input type="text"/>	1	_____
4. Family Involvement (FI)	_____	_____	<input type="text"/>	1	_____

### Section 3. Composite Performance

Composite	Subscale Scaled Scores				Sum of Scaled Scores	%ile Rank	Descriptive Term	Strength Index
	ER	SR	SC	FI				
PreBERS Strength Index	_____	_____	_____	_____	<input type="text"/>	_____	_____	<input type="text"/>

### Section 4. Other Pertinent Information

Who referred the student? \_\_\_\_\_

What was the reason for the referral? \_\_\_\_\_

Parental permission obtained on (date) \_\_\_\_\_

PreBERS results included in staffing or planning conference?  Yes  No

### Section 5. Descriptive Terms

Scaled Score	1–3	4–5	6–7	8–12	13–14	15–16	17–20
Descriptive Term	Very Poor	Poor	Below Average	Average	Above Average	Superior	Very Superior
Strength Index Score	<70	70–79	80–89	90–110	111–120	121–130	>130

## Section 6. Response Form

Directions: The *Preschool Behavioral and Emotional Rating Scale* (PreBERS) contains a series of statements that are used to rate a preschool child's behaviors and emotions in a positive way. Read each statement and circle the number that corresponds to the rating that best describes the child's status over the past 2 months. If the statement is very much like the child, circle the 3; if the statement is like the child, circle the 2; if the statement is not much like the child, circle the 1; if the statement is not at all like the child, circle the 0. In making your rating, it is important that you consider this child's behavior in relation to other preschool children of similar age and gender. Rate each statement to the best of your knowledge of the child.

Statement	very much like the child	like the child	not much like the child	not at all like the child	ER	SR	SC	FI
1. Demonstrates a sense of belonging to family	3	2	1	0				___
2. Trusts a significant person in his or her life	3	2	1	0				___
3. Understands the meaning of words similar to same-age peers	3	2	1	0		___		
4. Is self-confident	3	2	1	0			___	
5. Acknowledges painful feelings	3	2	1	0			___	
6. Maintains positive family relationships	3	2	1	0				___
7. Asks for help	3	2	1	0			___	
8. Controls anger toward others	3	2	1	0	___			
9. Carries on conversations	3	2	1	0		___		
10. Expresses remorse for behavior that hurts others	3	2	1	0	___			
11. Shows concern for the feelings of others	3	2	1	0	___			
12. Interacts positively with parents	3	2	1	0				___
13. Reacts to disappointment calmly	3	2	1	0	___			
14. Persists with tasks until completed	3	2	1	0		___		
15. Stands up for self	3	2	1	0			___	
16. Handles frustration with challenging tasks	3	2	1	0	___			
17. Demonstrates age-appropriate hygiene skills	3	2	1	0		___		
Column subtotals					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Statement	very much like the child	like the child	not much like the child	not at all like the child	ER	SR	SC	FI
18. Takes turns in play situations	3	2	1	0	___			
19. Is involved in family discussions	3	2	1	0				___
20. Accepts closeness and intimacy of others	3	2	1	0			___	
21. Identifies own feelings	3	2	1	0			___	
22. Makes friends	3	2	1	0			___	
23. Accepts responsibility for own actions	3	2	1	0	___			
24. Interacts positively with siblings	3	2	1	0				___
25. Loses a game gracefully	3	2	1	0	___			
26. Asks others to play	3	2	1	0			___	
27. Understands complex sentences	3	2	1	0		___		
28. Listens to the conversation of others	3	2	1	0		___		
29. Participates in family activities	3	2	1	0				___
30. Accepts “no” for an answer	3	2	1	0	___			
31. Pays attention to tasks	3	2	1	0		___		
32. Listens attentively when stories are read	3	2	1	0		___		
33. Follows multistep directions	3	2	1	0		___		
34. Is enthusiastic about life	3	2	1	0			___	
35. Respects the rights of others	3	2	1	0	___			
36. Shares with others	3	2	1	0	___			
37. Apologizes to others when wrong	3	2	1	0	___			
38. Retells stories or recent events	3	2	1	0		___		
39. Is kind toward others	3	2	1	0	___			
40. Uses details in talking with others	3	2	1	0		___		
41. Works independently	3	2	1	0		___		
42. Uses numbers and color words correctly	3	2	1	0		___		

Column subtotals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous page column subtotals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Raw Score	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>





An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## MULTI-SECTOR SERVICE CONTACTS, REVISED: Caregiver—Intake (MSSC-RC-I)

**MSRDATE** (Today's date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

**CHILDID** (National evaluation ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**TIMEFRAM** (Assessment period)

1 = Intake

**MSRRESP** (Respondent for interview)

1 = Caregiver (child's caregiver in a family, household environment)  
3 = Youth without caregiver (independent youth)

**MSRINTV** (Who administered interview)

2 = Data collector

**MSRMETH** (Method of administering interview)

1 = In person, hard copy  
2 = Telephone, hard copy  
3 = In person, computer assisted  
4 = Telephone, computer assisted

**MSRLANG** (Language version of interview)

1 = English  
2 = Spanish  
3 = Other

The next set of questions is about specific types of services (*child's name*) and/or your family may have received in the past 6 months. Some of the questions are about services that (*child's name*) may have received, while others are about services your family may have received related to (*child's name*)'s care, or services that (*child's name*) **and** your family may both have received. These services may include **treatment** received from a therapist or clinician such as individual therapy, or **support** such as respite care, case management, or transportation.

Please keep in mind the various services your child and family have received from all the people, organizations, and agencies involved with your child during the past 6 months. Services may include those received through your child's school, a child welfare agency, the police, or the courts. All of these services and agencies are part of the service system in your community that works with children and families.

1. Within the past 6 months, has (*child's name*) or your family received **any** services related to the emotional or behavioral problems (*child's name*) might have had? *[NOTE TO INTERVIEWER: Please show respondent the full list of services and the description of each service.]*

- 1 = No  
2 = Yes *[GO TO QUESTION #7]*

- 1a. What was the reason that (*child's name*) and/or your family did not receive any services?

- 1 = Completed services/discharged  
2 = Decided not to continue services  
3 = Did not need services  
4 = Was not aware of any services or no services were offered  
5 = Was not evaluated  
6 = Problems with case managers (e.g., case managers not showing up or contacting family)  
7 = Ineligible for services  
8 = Moved out of area **and** not received any services in the new area  
9 = Child placed out of area (hospital, residential center, detention) **and** not received any services in the new area  
10 = Scheduling challenges  
11 = Was evaluated, but waiting for assessment results  
12 = Other—please specify \_\_\_\_\_

- 1b. What was the last date (*child's name*) and your family received any services?

\_\_\_\_\_  
*(mm/dd/yyyy)*

*[IF QUESTION #1a = 2, GO TO QUESTION #1c. OTHERWISE, END OF QUESTIONNAIRE.]*

- 1c. Why did your family decide not to continue services?

\_\_\_\_\_  
\_\_\_\_\_

*[IF NO SERVICES WERE RECEIVED IN THE PAST 6 MONTHS, END OF QUESTIONNAIRE.]*

[NOTE TO INTERVIEWER: Questions #2–6 are skipped, as they are not applicable at intake.]

[CARD 1]

7. What agencies were involved in providing services to (*child's name*) and your family? [Select all that apply]

- 1 = Mental health
- 2 = Education
- 3 = Social services/child welfare
- 4 = Juvenile justice
- 5 = Health
- 6 = Family court
- 7 = Other—please specify \_\_\_\_\_

[CARD 2]

8. Please tell me if (*child's name*) or your family received services in any of the following locations in the past 6 months and whether these locations were convenient. [Select all that apply]

Service Location	In the past 6 months, did you receive services in this location?			a. Was the location convenient?	
	No	Yes		No	Yes
1 = Mental health clinic or private practice	1	2		1	2
2 = School	1	2		1	2
3 = Juvenile court/probation	1	2		1	2
4 = Social services or child welfare offices	1	2		1	2
5 = Community location or service center (i.e., Boys'/Girls' Clubs, YMCA, place of worship)	1	2	[IF YES]	1	2
6 = Psychiatric hospital/psychiatric unit	1	2	→	1	2
7 = Medical hospital	1	2		1	2
8 = Home	1	2		1	2
9 = Non-hospital residential setting	1	2		1	2
10 = Jail/youth detention	1	2		1	2
11 = Other—please specify _____	1	2		1	2

Now I'm going to ask you some questions about the specific services that (*child's name*) or your family received in the past 6 months. First, I'll briefly describe a type of service to you, then I'll ask whether or not (*child's name*) or your family received the service. If you received the service, I will ask you how

often the service was received. Please try to estimate, to the best of your ability, the number of **days** you received that service over the entire 6-month period. Remember that all of your answers will be kept confidential.

Before we begin this set of questions, let’s review the 6-month timeline that we’ll be using. It is similar to the one we have used with the other questionnaires.

**[TIMELINE]**

Since some of the following questions only apply to children who have had a problem with substance abuse, I need to ask you about this again.

9. In the past 6 months, has (*child’s name*) had a problem with substance abuse, including alcohol and drugs?

- 1 = No [For Questions #10–35, do **not** ask questions in column “c”]
- 2 = Yes [For Questions #10–35, ask questions in **all** columns]

*[NOTE TO INTERVIEWER: For each of the following questions (#10–35), read the brief description of the service and site-specific names of the service. Then ask the respondent if this service was received in the past 6 months. If it was received, continue with additional follow-up questions about this service. If the service was not received, circle No and continue with the next service description. Only ask “c” if caregiver answered “yes” to Question #9 (i.e., child had a problem with alcohol and drugs in the past 6 months), otherwise proceed to “d.”]*

**[CARD 3] [Service Definitions and Descriptions List]**

Service	In the past 6 months, did your child and/or your family receive this service?	[IF YES] →	b. How well did the service meet the needs of your child and/or family?					c. Was this service related to your child’s alcohol or substance abuse problem?	d. Did you pay at least part of the costs of this service?	
			a. On how many days?	Not at all well	Somewhat well	Moderately well	Very well			Extremely well
10. Assessment or evaluation	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
11. Crisis stabilization	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
11a. Mobile crisis outreach	1 = No 2 = Yes	[IF YES] →	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
11b. Family advocacy and peer support provided by trained advocate	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
12. Family preservation	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes

CHILD ID: 

--	--	--	--	--	--	--	--	--	--

Service	In the past 6 months, did your child and/or your family receive this service? 1 = No 2 = Yes	[IF YES] →	a. On how many days?	b. How well did the service meet the needs of your child and/or family?					c. Was this service related to your child's alcohol or substance abuse problem? 1 = No 2 = Yes	d. Did you pay at least part of the costs of this service? 1 = No 2 = Yes
				Not at all well	Somewhat well	Moderately well	Very well	Extremely well		
13. Medication treatment monitoring	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
14. Group therapy	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
15. Individual therapy	1 = No 2 = Yes	[IF YES] →	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
16. Case management	1 = No 2 = Yes	[IF YES] →	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
17. Family therapy	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
18. Day treatment	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
19. Behavioral/therapeutic aide	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
20. Independent living	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
21. Youth transition	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
22. Caregiver or family support	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
23. Vocational training	1 = No 2 = Yes	[IF YES] →	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
24. Recreational activities	1 = No 2 = Yes	[IF YES] →	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
25. Afterschool programs or child care	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
26. Transportation	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
27. Respite care	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
28. Residential therapeutic camp or wilderness program	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
29. Inpatient hospitalization	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes

For all variables and data elements:

666 = Not Applicable  
777 = Refused

888 = Don't Know  
999 = Missing

Service	In the past 6 months, did your child and/or your family receive this service? 1 = No 2 = Yes	[IF YES] →	a. On how many days?	b. How well did the service meet the needs of your child and/or family?					c. Was this service related to your child's alcohol or substance abuse problem? 1 = No 2 = Yes	d. Did you pay at least part of the costs of this service? 1 = No 2 = Yes
				Not at all well	Somewhat well	Moderately well	Very well	Extremely well		
30. Residential treatment center	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
31. Therapeutic group home	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
32. Therapeutic foster care	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
33. Flexible funds	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	_____
34. Informal support	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	_____
35. School-based services	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes

16e. [IF YES to Case management] How many case managers did you and your family have in the past 6 months?

\_\_\_\_\_

[CARD 4]

33e. [IF YES to Flexible funds] What were the flexible funds used for? [Select all that apply]

- 1 = Housing
- 2 = Activities
- 3 = Utilities
- 4 = Supplies/groceries
- 5 = Clothing
- 6 = Furnishings/appliances
- 7 = Automobiles
- 8 = Transportation (contracted)
- 9 = Transportation (reimbursed)
- 10 = Incentive
- 11 = Medical
- 12 = Legal
- 13 = Other—please specify \_\_\_\_\_

34e. [IF YES to Informal support] What types of informal support did you receive? [Select all that apply]

- 1 = Emotional support (e.g., someone to listen to you, someone who knows what you are going through)
- 2 = Physical support with caregiving tasks (e.g., babysitting, etc.)
- 3 = Financial support
- 4 = Transportation
- 5 = Informational support
- 6 = Other—please specify \_\_\_\_\_

36. [IF YES to any of 10d–35d] Thinking about the past 6 months, for all the services you indicated above, what were your total out-of-pocket expenses in a typical month?

- 1 = < \$50
- 2 = \$51–\$250
- 3 = \$251–\$500
- 4 = \$501–\$1,000
- 5 = > \$1,000

The following questions ask things you might think are important in talking with your provider and about what your provider actually talked about when you were first offered services for your child and you. Please rate each statement indicating how important it is to you in your child's and family's service experience.

[CARD 5]

	Not at all important	Somewhat important	Moderately important	Very important	Extremely important
How important is it to you					
37. have the services your child and you receive explained to you before you begin receiving them?	1	2	3	4	5
38. be informed about what improvements to expect as a result of services?	1	2	3	4	5
39. be told about the research evidence that shows that the services are effective?	1	2	3	4	5
40. be told about your provider's experience that shows how effective the services are when used with families of children with problems similar to your child's?	1	2	3	4	5
41. Did you and your child experience any of the following:					
41a. Were the services explained to you before you received them?					
1 = No					
2 = Yes					

- 41b. Were you informed about what improvements to expect?  
1 = No  
2 = Yes
- 41c. Were you told about the research evidence that shows that the services are effective?  
1 = No  
2 = Yes
- 41d. Were you told about your provider's own experience with providing the services that has shown how effective they are with families of children with problems similar to your child's?  
1 = No  
2 = Yes
42. At any time in the past 6 months, did you have a paid job (formal or informal), including self-employment?  
1 = No [END OF QUESTIONNAIRE]  
2 = Yes

The next set of questions I am going to ask are about work during the *past 6 months*.

[CARD 6]

	Not at all	A little bit	A moderate amount	Quite a bit	A great deal
43. To what extent have the services ( <i>child's name</i> ) or your family received helped you increase your ability to do your job?	1	2	3	4	5
44. To what extent have the services ( <i>child's name</i> ) or your family received helped increase the hours you are able to work?	1	2	3	4	5
45. To what extent have the services ( <i>child's name</i> ) or your family received helped increase the money you have earned or increase your income?	1	2	3	4	5
46. To what extent have the services ( <i>child's name</i> ) or your family received given you the opportunity to develop more job-related skills?	1	2	3	4	5
47. To what extent do you think the services your family has received have allowed you to gain additional education or vocational skills?	1	2	3	4	5



**Service Definitions and Descriptions**  
(To be used with the MSSC–RC questionnaire)

Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
10. Assessment or evaluation		Assessment and evaluation services are used to determine a child’s psychological, social, and behavioral strengths and challenges. These are typically performed by a psychologist or psychiatrist. Types of assessment may include neurological, psychosocial, educational, and vocational.
11. Crisis stabilization		Crisis stabilization services are designed to stabilize a child experiencing acute emotional or behavioral difficulties. These services may include the development of crisis plans, 24-hour telephone support, mobile outreach, intensive in-home support during crisis, and short-term emergency residential services.
11a. Mobile crisis outreach		Mobile crisis outreach services are provided by team members (usually trained professionals holding either a master’s level or bachelor’s level degree in the social services field) who undergo intensive training in counseling and crisis intervention skills and their application. Teams respond rapidly to emergency requests for services (usually within one hour of receiving a request) wherever they are needed (like a person’s home, schools, businesses or hospitals). Upon arrival, team members will assess the situation, attempt to stabilize and diffuse the crisis, provide counseling as needed, and provide referrals to other resources. Typically, within 24 hours a team member will make a follow-up call with the child and family to check on the child’s well-being.
11b. Family advocacy and peer support provided by trained advocate		Family advocacy services include speaking, acting or writing with minimal conflict of interest on behalf of the interests of child and family, in order to promote, protect and defend the welfare of and justice for the child and family by being on their side and no-one else’s, being primarily concerned with their fundamental needs, and remaining loyal and accountable to them in a way which is empathic and vigorous. Peer support services include caregivers who have coped with children with a variety of problems (e.g., mental health and chronic illness) sharing their experiences and offering support in various forms to and caregivers who are coping with similar problems. Those providing these services should be trained in their roles as advocates and peer supports.
12. Family preservation		Family preservation services are designed to keep the family together during difficult or stressful times. These services may include 24-hour access to support services, intensive in-home support during crisis when a child is at risk of out-of-home placement or when the child is returning from out-of-home placement. These are distinct from crisis stabilization services as they may continue for several months during transition or crisis.

Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
13. Medication treatment monitoring		Medication treatment and monitoring services typically include the prescription of psychoactive medications by a physician (e.g., psychiatrist) that are designed to alleviate symptoms and promote psychological growth. Treatment includes periodic assessment and monitoring of the child's reaction(s) to the drug.
14. Group therapy		Group therapy relies on interaction among a group of individuals, which could include children or children and adults. Groups are typically facilitated by a therapist to promote psychological and behavior change. Groups typically meet together on a regular basis.
15. Individual therapy		Individual therapy relies on interaction between therapist/clinician and child to promote psychological and behavior change.
16. Case management		Case management or service coordination involves finding and organizing multiple treatment and support services, and may also include preparing, monitoring, and revising service plans; and advocating on behalf of the child and family. Case managers may also provide supportive counseling.
17. Family therapy		Family therapy involves a variety of family members such as caregivers and/or siblings with or without the child present. Interaction among family members is typically facilitated by a therapist or counselor.
18. Day treatment		Day treatment consists of intensive, nonresidential services that include an array of counseling, education, and/or vocational training. These services involve a child or youth for at least 5 hours a day, for at least 3 days a week, and are offered in a variety of settings, including schools, mental health centers, hospitals, or other community locations.
19. Behavioral/therapeutic aide		Behavioral or therapeutic aide services are the supervision of a child by trained adults in the home, the school, or other community locations. The aide might provide support and may assist with tutoring or recreational activities.
20. Independent living		Independent living services are designed to prepare older adolescents to live independently and reduce their reliance on the family or service system. These services may include social and community living skills development and peer support (e.g., look for job, pay bills, job skill training, etc.).
21. Youth transition		Transition services are designed to help older adolescents to move from the child system to the adult mental health system.

Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
22. Caregiver or family support		Caregiver or family support services are provided to caregivers or siblings (e.g., family activities, behavior management training, parent classes, support groups, individual therapy for caregiver or other family members). <b>Do not include</b> recreational activities, behavioral/therapeutic aide, transportation services, respite care, afterschool activities or child care, which are described in other questions.
23. Vocational training		Vocational training refers to the development life skills and job skills designed to assist young adults with the transition to independent living. (Parenting classes, managing money, holding a job etc.)
24. Recreational activities		Recreational activities are the use of community recreation resources by the child that may include YMCA or other physical fitness activities, youth sports programs, karate classes, club memberships, summer camps, arts activities, etc.
25. Afterschool programs or child care		Regular afterschool programs and/or other types of child care are commonly arranged so that the caregiver(s) can work and/or attend school. Child care includes day care as well as care during afterschool hours, evenings and/or weekends. Afterschool programs <i>may</i> be recreational and/or educational (e.g., supervised sports, tutoring, help with homework) but their primary purpose is to provide supervision of youths so that caregivers may work, attend school, etc. <b>Do not include</b> respite, recreational activities, behavioral or therapeutic aide, or caregiver/family support services that are described in other questions.
26. Transportation		Transportation services are transportation to appointments (e.g., therapy sessions) and other scheduled mental health services and activities, or reimbursement for public transportation, van rentals, etc.
27. Respite care		Respite care is a planned break for families wherein trained parents or counselors assume the duties of caregiving to allow the parent/caregivers a break. The service may be provided in the child's home or in other community locations or in residential settings.
28. Residential therapeutic camp or wilderness program		A residential therapeutic camp or wilderness program involves children/youth and staff living together in a wilderness or other camp environment often located outside of the community. Treatment often focuses on group process, and social skills development.
29. Inpatient hospitalization		Inpatient hospitalization is the placement of child/youth in a hospital for observation, evaluation, and/or treatment. Services are usually medically oriented and may include 24-hour supervision; services may be used for short-term treatment and crisis stabilization.

Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
30. Residential treatment center		A residential treatment center is a secure residential facility that typically serves 10 or more children and youth and provides 24-hour staff supervision, and may include individual therapy, group therapy, family therapy, behavior modification, skills development, education, and recreational services. Lengths of stay tend to be longer in residential treatment centers than in hospitals.
31. Therapeutic group home		A therapeutic group home is a 24-hour residential placement in a home-like setting with a relatively small group of children with emotional and/or behavior problems. Therapeutic care employs a variety of treatment approaches and includes counseling, crisis support, behavior management, and social and independent living skills development.
32. Therapeutic foster care		A therapeutic foster home is a 24-hour residential placement in a home with caregivers who are trained in behavior management and social and independent living skills development for children and youth with emotional and behavioral problems.
33. Flexible funds		Flexible funds are money for non-mental health service items such as rent, utilities, or temporary living expenses (e.g., clothes, food, bills, a special item, car repairs, etc.).
34. Informal support		Informal support is defined as assistance from persons who provide support to the child and family <b><i>without compensation from any formal service system</i></b> . This type of support includes asking a relative or friends to babysit a child, support received from someone's church, etc.
35. School-based services		School-based services related to child's emotional and behavioral problems often include educational assessment or testing; a self-contained special education classroom; a resource room; a one-to-one classroom aide; and/or an Individualized Education Plan (IEP).

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## MULTI-SECTOR SERVICE CONTACTS, REVISED: Caregiver—Follow-Up (MSSC-RC-F)

**MSRDATE** (Today's date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

**CHILDDID** (National evaluation ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**TIMEFRAM** (Assessment period)

- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months

**MSRRESP** (Respondent for interview)

- 1 = Caregiver (child's caregiver in a family, household environment)
- 3 = Youth without caregiver (independent youth)

**MSRINTV** (Who administered interview)

- 2 = Data collector

**MSRMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**MSRLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

The next set of questions is about specific types of services (*child's name*) and/or your family may have received in the past 6 months. Some of the questions are about services that (*child's name*) may have received, while others are about services your family may have received related to (*child's name*)'s care, or services that (*child's name*) **and** your family may both have received. These services may include **treatment** received from a therapist or clinician such as individual therapy, or **support** such as respite care, case management, or transportation.

Please keep in mind the various services your child and family have received from all the people, organizations, and agencies involved with your child during the past 6 months. Services may include those received through your child's school, a child welfare agency, the police, or the courts. All of these services and agencies are part of the service system in your community that works with children and families.

1. Within the past 6 months, has (*child's name*) or your family received **any** services related to the emotional or behavioral problems (*child's name*) might have had? *[NOTE TO INTERVIEWER: Please show respondent the full list of services and the description of each service.]*

- 1 = No  
2 = Yes *[GO TO QUESTION #2]*

- 1a. What was the reason that (*child's name*) and/or your family did not receive any services?

- 1 = Completed services/discharged  
2 = Decided not to continue services  
3 = Did not need services  
4 = Was not aware of any services or no services were offered  
5 = Was not evaluated  
6 = Problems with case managers (e.g., case managers not showing up or contacting family)  
7 = Ineligible for services  
8 = Moved out of area **and** not received any services in the new area  
9 = Child placed out of area (hospital, residential center, detention) **and** not received any services in the new area  
10 = Scheduling challenges  
11 = Was evaluated, but waiting for assessment results  
12 = Other—please specify \_\_\_\_\_

- 1b. What was the last date (*child's name*) and your family received any services?

\_\_\_\_\_  
*(mm/dd/yyyy)*

*[IF QUESTION #1a = 2, GO TO QUESTION #1c. OTHERWISE, END OF QUESTIONNAIRE.]*

- 1c. Why did your family decide not to continue services?

\_\_\_\_\_  
\_\_\_\_\_

*[IF NO SERVICES WERE RECEIVED IN THE PAST 6 MONTHS, END OF QUESTIONNAIRE.]*

2. In the past 6 months, did (*child's name*) or your family receive services under (*site's specific name for the system of care*)?

- 1 = No [GO TO QUESTION #5]  
2 = Yes

2a. Did (*child's name*) and your family receive wraparound services? By wraparound, we mean a process through which providers collaborate with your family to develop an integrated and creative service plan tailored to the strengths and specific needs of your child and family using a team that includes your family, teachers, clinicians, friends, and a facilitator to coordinate the process. Services are “wrapped around” your child and family in your home, school, and community rather than less accessible or more restrictive places (like the provider’s office or a residential treatment center).

- 1 = No  
2 = Yes

2b. Did (*child's name*) and your family have a youth and family team?

- 1 = No  
2 = Yes

[CARD 1]

	Absolutely not	Probably not	Not sure	Probably	Absolutely
3. Based on your experience with ( <i>site's specific name for the system of care</i> ) in the past 6 months, if your child and family needed help again, would you come back to the program?	1	2	3	4	5
4. Based on your experience with ( <i>site's specific name for the system of care</i> ) in the past 6 months, if you have friends whose family or child needed similar help, would you recommend the program to them?	1	2	3	4	5
5. In the past 6 months, did ( <i>child's name</i> ) or your family receive services provided in your community under <b>any other</b> programs, for example, ( <i>site's specific name[s] for programs other than the system of care</i> )?					
	1 = No	2 = Yes			

[NOTE TO INTERVIEWER: Clarify that these are services asked about in MSSC–RC.]

6. In the past 6 months, did (*child's name*) or your family receive services provided outside your community under **any other** programs, for example, (*site's specific name[s] for programs other than the system of care*)?

- 1 = No  
2 = Yes

**[CARD 2]**

7. What agencies were involved in providing services to (*child's name*) and your family? *[Select all that apply]*

- 1 = Mental health
- 2 = Education
- 3 = Social services/child welfare
- 4 = Juvenile justice
- 5 = Health
- 6 = Family court
- 7 = Other—please specify \_\_\_\_\_

**[CARD 3]**

8. Please tell me if (*child's name*) or your family received services in any of the following locations in the past 6 months and whether these locations were convenient. *[Select all that apply]*

Service Location	In the past 6 months, did you receive services in this location?			a. Was the location convenient?	
	No	Yes		No	Yes
1 = Mental health clinic or private practice	1	2		1	2
2 = School	1	2		1	2
3 = Juvenile court/probation	1	2		1	2
4 = Social services or child welfare offices	1	2		1	2
5 = Community location or service center (i.e., Boys'/Girls' Clubs, YMCA, place of worship)	1	2	[IF YES]	1	2
6 = Psychiatric hospital/psychiatric unit	1	2	➔	1	2
7 = Medical hospital	1	2		1	2
8 = Home	1	2		1	2
9 = Non-hospital residential setting	1	2		1	2
10 = Jail/youth detention	1	2		1	2
11 = Other—please specify _____	1	2		1	2

Now I'm going to ask you some questions about the specific services that (*child's name*) or your family received in the past 6 months. First, I'll briefly describe a type of service to you, then I'll ask whether or not (*child's name*) or your family received the service. If you received the service, I will ask you how often the service was received. Please try to estimate, to the best of your ability, the number of **days** you



received that service over the entire 6-month period. Remember that all of your answers will be kept confidential.

Before we begin this set of questions, let’s review the 6-month timeline that we’ll be using. It is similar to the one we have used with the other questionnaires.

**[TIMELINE]**

Since some of the following questions only apply to children who have had a problem with substance abuse, I need to ask you about this again.

9. In the past 6 months, has (*child’s name*) had a problem with substance abuse, including alcohol and drugs?

1 = No [For Questions #10–35, do **not** ask questions in column “c”]  
2 = Yes [For Questions #10–35, ask questions in **all** columns]

*[NOTE TO INTERVIEWER: For each of the following questions (#10–35), read the brief description of the service and site-specific names of the service. Then ask the respondent if this service was received in the past 6 months. If it was received, continue with additional follow-up questions about this service. If the service was not received, circle No and continue with the next service description. Only ask “c” if caregiver answered “yes” to Question #9 (i.e., child had a problem with alcohol and drugs in the past 6 months), otherwise proceed to “d.”]*

**[CARD 4] [Service Definitions and Descriptions List]**

Service	In the past 6 months, did your child and/or your family receive this service?	[IF YES] →	b. How well did the service meet the needs of your child and/or family?					c. Was this service related to your child’s alcohol or substance abuse problem?	d. Did you pay at least part of the costs of this service?	
			a. On how many days?	Not at all well	Somewhat well	Moderately well	Very well			Extremely well
10. Assessment or evaluation	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
11. Crisis stabilization	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
11a. Mobile crisis outreach	1 = No 2 = Yes	[IF YES] →	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
11b. Family advocacy and peer support provided by trained advocate	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
12. Family preservation	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes

CHILD ID: 

--	--	--	--	--	--	--	--	--	--

Service	In the past 6 months, did your child and/or your family receive this service? 1 = No 2 = Yes	[IF YES] →	a. On how many days?	b. How well did the service meet the needs of your child and/or family?					c. Was this service related to your child's alcohol or substance abuse problem? 1 = No 2 = Yes	d. Did you pay at least part of the costs of this service? 1 = No 2 = Yes
				Not at all well	Somewhat well	Moderately well	Very well	Extremely well		
13. Medication treatment monitoring	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
14. Group therapy	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
15. Individual therapy	1 = No 2 = Yes	[IF YES] →	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
16. Case management	1 = No 2 = Yes	[IF YES] →	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
17. Family therapy	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
18. Day treatment	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
19. Behavioral/therapeutic aide	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
20. Independent living	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
21. Youth transition	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
22. Caregiver or family support	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
23. Vocational training	1 = No 2 = Yes	[IF YES] →	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
24. Recreational activities	1 = No 2 = Yes	[IF YES] →	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
25. Afterschool programs or child care	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
26. Transportation	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
27. Respite care	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
28. Residential therapeutic camp or wilderness program	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
29. Inpatient hospitalization	1 = No 2 = Yes		_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes

For all variables and data elements:

666 = Not Applicable  
777 = Refused

888 = Don't Know  
999 = Missing

Service	In the past 6 months, did your child and/or your family receive this service? 1 = No 2 = Yes	[IF YES] →	a. On how many days?	b. How well did the service meet the needs of your child and/or family?					c. Was this service related to your child's alcohol or substance abuse problem? 1 = No 2 = Yes	d. Did you pay at least part of the costs of this service? 1 = No 2 = Yes
				Not at all well	Somewhat well	Moderately well	Very well	Extremely well		
30. Residential treatment center	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
31. Therapeutic group home	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
32. Therapeutic foster care	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
33. Flexible funds	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	_____
34. Informal support	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	_____
35. School-based services	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes

16e. [IF YES to Case management] How many case managers did you and your family have in the past 6 months?

\_\_\_\_\_

[CARD 5]

33e. [IF YES to Flexible funds] What were the flexible funds used for? [Select all that apply]

- 1 = Housing
- 2 = Activities
- 3 = Utilities
- 4 = Supplies/groceries
- 5 = Clothing
- 6 = Furnishings/appliances
- 7 = Automobiles
- 8 = Transportation (contracted)
- 9 = Transportation (reimbursed)
- 10 = Incentive
- 11 = Medical
- 12 = Legal
- 13 = Other—please specify \_\_\_\_\_

34e. [IF YES to Informal support] What types of informal support did you receive? [Select all that apply]

- 1 = Emotional support (e.g., someone to listen to you, someone who knows what you are going through)
- 2 = Physical support with caregiving tasks (e.g., babysitting, etc.)
- 3 = Financial support
- 4 = Transportation
- 5 = Informational support
- 6 = Other—please specify \_\_\_\_\_

36. [IF YES to any of 10d–35d] Thinking about the past 6 months, for all the services you indicated above, what were your total out-of-pocket expenses in a typical month?

- 1 = < \$50
- 2 = \$51–\$250
- 3 = \$251–\$500
- 4 = \$501–\$1,000
- 5 = > \$1,000

The following questions ask things you might think are important in talking with your provider and about what your provider actually talked about when you were first offered services for your child and you. Please rate each statement indicating how important it is to you in your child's and family's service experience.

[CARD 6]

	Not at all important	Somewhat important	Moderately important	Very important	Extremely important
How important is it to you to . . .					
37. have the services your child and you receive explained to you before you begin receiving them?	1	2	3	4	5
38. be informed about what improvements to expect as a result of services?	1	2	3	4	5
39. be told about the research evidence that shows that the services are effective?	1	2	3	4	5
40. be told about your provider's experience that shows how effective the services are when used with families of children with problems similar to your child's?	1	2	3	4	5
41. Did you and your child experience any of the following:					
41a. Were the services explained to you before you received them?					
1 = No					
2 = Yes					

- 41b. Were you informed about what improvements to expect?  
1 = No  
2 = Yes
- 41c. Were you told about the research evidence that shows that the services are effective?  
1 = No  
2 = Yes
- 41d. Were you told about your provider's own experience with providing the services that has shown how effective they are with families of children with problems similar to your child's?  
1 = No  
2 = Yes
42. At any time in the past 6 months, did you have a paid job (formal or informal), including self-employment?  
1 = No [END OF QUESTIONNAIRE]  
2 = Yes

The next set of questions I am going to ask are about work during the *past 6 months*.

[CARD 7]

	Not at all	A little bit	A moderate amount	Quite a bit	A great deal
43. To what extent have the services ( <i>child's name</i> ) or your family received helped you increase your ability to do your job?	1	2	3	4	5
44. To what extent have the services ( <i>child's name</i> ) or your family received helped increase the hours you are able to work?	1	2	3	4	5
45. To what extent have the services ( <i>child's name</i> ) or your family received helped increase the money you have earned or increase your income?	1	2	3	4	5
46. To what extent have the services ( <i>child's name</i> ) or your family received given you the opportunity to develop more job-related skills?	1	2	3	4	5
47. To what extent do you think the services your family has received have allowed you to gain additional education or vocational skills?	1	2	3	4	5

**Service Definitions and Descriptions**  
(To be used with the MSSC–RC questionnaire)

Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
10. Assessment or evaluation		Assessment and evaluation services are used to determine a child’s psychological, social, and behavioral strengths and challenges. These are typically performed by a psychologist or psychiatrist. Types of assessment may include neurological, psychosocial, educational, and vocational.
11. Crisis stabilization		Crisis stabilization services are designed to stabilize a child experiencing acute emotional or behavioral difficulties. These services may include the development of crisis plans, 24-hour telephone support, mobile outreach, intensive in-home support during crisis, and short-term emergency residential services.
11a. Mobile crisis outreach		Mobile crisis outreach services are provided by team members (usually trained professionals holding either a master’s level or bachelor’s level degree in the social services field) who undergo intensive training in counseling and crisis intervention skills and their application. Teams respond rapidly to emergency requests for services (usually within one hour of receiving a request) wherever they are needed (like a person’s home, schools, businesses or hospitals). Upon arrival, team members will assess the situation, attempt to stabilize and diffuse the crisis, provide counseling as needed, and provide referrals to other resources. Typically, within 24 hours a team member will make a follow-up call with the child and family to check on the child’s well-being.
11b. Family advocacy and peer support provided by trained advocate		Family advocacy services include speaking, acting or writing with minimal conflict of interest on behalf of the interests of child and family, in order to promote, protect and defend the welfare of and justice for the child and family by being on their side and no-one else’s, being primarily concerned with their fundamental needs, and remaining loyal and accountable to them in a way which is empathic and vigorous. Peer support services include caregivers who have coped with children with a variety of problems (e.g., mental health and chronic illness) sharing their experiences and offering support in various forms to and caregivers who are coping with similar problems. Those providing these services should be trained in their roles as advocates and peer supports.
12. Family preservation		Family preservation services are designed to keep the family together during difficult or stressful times. These services may include 24-hour access to support services, intensive in-home support during crisis when a child is at risk of out-of-home placement or when the child is returning from out-of-home placement. These are distinct from crisis stabilization services as they may continue for several months during transition or crisis.

Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
13. Medication treatment monitoring		Medication treatment and monitoring services typically include the prescription of psychoactive medications by a physician (e.g., psychiatrist) that are designed to alleviate symptoms and promote psychological growth. Treatment includes periodic assessment and monitoring of the child's reaction(s) to the drug.
14. Group therapy		Group therapy relies on interaction among a group of individuals, which could include children or children and adults. Groups are typically facilitated by a therapist to promote psychological and behavior change. Groups typically meet together on a regular basis.
15. Individual therapy		Individual therapy relies on interaction between therapist/clinician and child to promote psychological and behavior change.
16. Case management		Case management or service coordination involves finding and organizing multiple treatment and support services, and may also include preparing, monitoring, and revising service plans; and advocating on behalf of the child and family. Case managers may also provide supportive counseling.
17. Family therapy		Family therapy involves a variety of family members such as caregivers and/or siblings with or without the child present. Interaction among family members is typically facilitated by a therapist or counselor.
18. Day treatment		Day treatment consists of intensive, nonresidential services that include an array of counseling, education, and/or vocational training. These services involve a child or youth for at least 5 hours a day, for at least 3 days a week, and are offered in a variety of settings, including schools, mental health centers, hospitals, or other community locations.
19. Behavioral/therapeutic aide		Behavioral or therapeutic aide services are the supervision of a child by trained adults in the home, the school, or other community locations. The aide might provide support and may assist with tutoring or recreational activities.
20. Independent living		Independent living services are designed to prepare older adolescents to live independently and reduce their reliance on the family or service system. These services may include social and community living skills development and peer support (e.g., look for job, pay bills, job skill training, etc.).
21. Youth transition		Transition services are designed to help older adolescents to move from the child system to the adult mental health system.

Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
22. Caregiver or family support		Caregiver or family support services are provided to caregivers or siblings (e.g., family activities, behavior management training, parent classes, support groups, individual therapy for caregiver or other family members). <b>Do not include</b> recreational activities, behavioral/therapeutic aide, transportation services, respite care, afterschool activities or child care, which are described in other questions.
23. Vocational training		Vocational training refers to the development life skills and job skills designed to assist young adults with the transition to independent living. (Parenting classes, managing money, holding a job etc.)
24. Recreational activities		Recreational activities are the use of community recreation resources by the child that may include YMCA or other physical fitness activities, youth sports programs, karate classes, club memberships, summer camps, arts activities, etc.
25. Afterschool programs or child care		Regular afterschool programs and/or other types of child care are commonly arranged so that the caregiver(s) can work and/or attend school. Child care includes day care as well as care during afterschool hours, evenings and/or weekends. Afterschool programs <i>may</i> be recreational and/or educational (e.g., supervised sports, tutoring, help with homework) but their primary purpose is to provide supervision of youths so that caregivers may work, attend school, etc. <b>Do not include</b> respite, recreational activities, behavioral or therapeutic aide, or caregiver/family support services that are described in other questions.
26. Transportation		Transportation services are transportation to appointments (e.g., therapy sessions) and other scheduled mental health services and activities, or reimbursement for public transportation, van rentals, etc.
27. Respite care		Respite care is a planned break for families wherein trained parents or counselors assume the duties of caregiving to allow the parent/caregivers a break. The service may be provided in the child's home or in other community locations or in residential settings.
28. Residential therapeutic camp or wilderness program		A residential therapeutic camp or wilderness program involves children/youth and staff living together in a wilderness or other camp environment often located outside of the community. Treatment often focuses on group process, and social skills development.
29. Inpatient hospitalization		Inpatient hospitalization is the placement of child/youth in a hospital for observation, evaluation, and/or treatment. Services are usually medically oriented and may include 24-hour supervision; services may be used for short-term treatment and crisis stabilization.



Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
30. Residential treatment center		A residential treatment center is a secure residential facility that typically serves 10 or more children and youth and provides 24-hour staff supervision, and may include individual therapy, group therapy, family therapy, behavior modification, skills development, education, and recreational services. Lengths of stay tend to be longer in residential treatment centers than in hospitals.
31. Therapeutic group home		A therapeutic group home is a 24-hour residential placement in a home-like setting with a relatively small group of children with emotional and/or behavior problems. Therapeutic care employs a variety of treatment approaches and includes counseling, crisis support, behavior management, and social and independent living skills development.
32. Therapeutic foster care		A therapeutic foster home is a 24-hour residential placement in a home with caregivers who are trained in behavior management and social and independent living skills development for children and youth with emotional and behavioral problems.
33. Flexible funds		Flexible funds are money for non-mental health service items such as rent, utilities, or temporary living expenses (e.g., clothes, food, bills, a special item, car repairs, etc.).
34. Informal support		Informal support is defined as assistance from persons who provide support to the child and family <b><i>without compensation from any formal service system</i></b> . This type of support includes asking a relative or friends to babysit a child, support received from someone's church, etc.
35. School-based services		School-based services related to child's emotional and behavioral problems often include educational assessment or testing; a self-contained special education classroom; a resource room; a one-to-one classroom aide; and/or an Individualized Education Plan (IEP).

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## MULTI-SECTOR SERVICE CONTACTS, REVISED: Staff as Caregiver—Intake (MSSC-RS-I)

<b>MSRDATE</b> (Today's date)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Month          Day          Year
<b>CHILDD</b> (National evaluation ID)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>TIMEFRAM</b> (Assessment period)	1 = Intake
<b>MSRRESP</b> (Respondent for interview)	2 = Staff as Caregiver (staffperson who has acted as the child's day-to-day caregiver for the majority of the past 6 months)
<b>MSRINTV</b> (Who administered interview)	2 = Data collector
<b>MSRMETH</b> (Method of administering interview)	1 = In person, hard copy 2 = Telephone, hard copy 3 = In person, computer assisted 4 = Telephone, computer assisted
<b>MSRLANG</b> (Language version of interview)	1 = English 2 = Spanish 3 = Other

The next set of questions is about specific types of services (*child's name*) and/or his/her family may have received in the past 6 months. Some of the questions are about services that (*child's name*) may have received, while others are about services his/her family may have received related to (*child's name*)'s care, or services that (*child's name*) **and** his/her family may both have received. These services may include **treatment** received from a therapist or clinician such as individual therapy, or **support** such as respite care, case management, or transportation.

Please keep in mind the various services (*child's name*) and his/her family have received from all the people, organizations, and agencies involved with (*child's name*) during the past 6 months. Services may include those received through (*child's name*)'s school, a child welfare agency, the police, or the courts. All of these services and agencies are part of the service system in your community that works with children and families.

1. Within the past 6 months, has (*child's name*) or his/her family received **any** services related to the emotional or behavioral problems (*child's name*) might have had? [NOTE TO INTERVIEWER: Please show respondent the full list of services and the description of each service.]

- 1 = No  
2 = Yes [GO TO QUESTION #7]

- 1a. What was the reason that (*child's name*) and/or his/her family did not receive any services?

- 1 = Completed services/discharged  
2 = Decided not to continue services  
3 = Did not need services  
4 = Was not aware of any services or no services were offered  
5 = Was not evaluated  
6 = Problems with case managers (e.g., case managers not showing up or contacting family)  
7 = Ineligible for services  
8 = Moved out of area **and** not received any services in the new area  
9 = Child placed out of area (hospital, residential center, detention) **and** not received any services in the new area  
10 = Scheduling challenges  
11 = Was evaluated, but waiting for assessment results  
12 = Other—please specify \_\_\_\_\_

- 1b. What was the last date (*child's name*) and his/her family received any services?

\_\_\_\_\_  
(mm/dd/yyyy)

[IF QUESTION #1a = 2, GO TO QUESTION #1c. OTHERWISE, END OF QUESTIONNAIRE.]

- 1c. Why did (*child's name*)'s family decide not to continue services?

\_\_\_\_\_  
\_\_\_\_\_

[IF NO SERVICES WERE RECEIVED IN THE PAST 6 MONTHS, END OF QUESTIONNAIRE.]

[NOTE TO INTERVIEWER: Questions #2–6 are skipped, as they are not applicable at intake.]

[CARD 1]

7. What agencies were involved in providing services to (*child's name*) and his/her family? [Select all that apply]

- 1 = Mental health
- 2 = Education
- 3 = Social services/child welfare
- 4 = Juvenile justice
- 5 = Health
- 6 = Family court
- 7 = Other—please specify \_\_\_\_\_

[CARD 2]

8. Please tell me if (*child's name*) or his/her family received services in any of the following locations in the past 6 months and whether these locations were convenient. [Select all that apply]

Service Location	In the past 6 months, did ( <i>child's name</i> ) or his/her family receive services in this location?			a. Was the location convenient?	
	No	Yes		No	Yes
1 = Mental health clinic or private practice	1	2		1	2
2 = School	1	2		1	2
3 = Juvenile court/probation	1	2		1	2
4 = Social services or child welfare offices	1	2		1	2
5 = Community location or service center (i.e., Boys'/Girls' Clubs, YMCA, place of worship)	1	2	[IF YES]	1	2
6 = Psychiatric hospital/psychiatric unit	1	2	→	1	2
7 = Medical hospital	1	2		1	2
8 = Home	1	2		1	2
9 = Non-hospital residential setting	1	2		1	2
10 = Jail/youth detention	1	2		1	2
11 = Other—please specify _____	1	2		1	2

Now I'm going to ask you some questions about the specific services that (*child's name*) or his/her family received in the past 6 months. First, I'll briefly describe a type of service to you, then I'll ask whether or not (*child's name*) or his/her family received the service. If they received the service, I will ask you how often the service was received. Please try to estimate, to the best of your ability, the number of **days** they received that service over the entire 6-month period. Remember that all of your answers will be kept confidential.

Before we begin this set of questions, let's review the 6-month timeline that we'll be using. It is similar to the one we have used with the other questionnaires.

**[TIMELINE]**

Since some of the following questions only apply to children who have had a problem with substance abuse, I need to ask you about this again.

9. In the past 6 months, has (*child's name*) had a problem with substance abuse, including alcohol and drugs?

1 = No [For Questions #10–35, do **not** ask questions in column "c"]  
2 = Yes [For Questions #10–35, ask questions in **all** columns]

*[NOTE TO INTERVIEWER: For each of the following questions (#10–35), read the brief description of the service and site-specific names of the service. Then ask the respondent if this service was received in the past 6 months. If it was received, continue with additional follow-up questions about this service. If the service was not received, circle No and continue with the next service description. Only ask "c" if respondent answered "yes" to Question #9 (i.e., child had a problem with alcohol and drugs in the past 6 months), otherwise proceed to "d."]*

**[CARD 3] [Service Definitions and Descriptions List]**

Service	In the past 6 months, did ( <i>child's name</i> ) and/or his/her family receive this service?	[IF YES] →	b. How well did the service meet the needs of ( <i>child's name</i> ) and/or his/her family?					c. Was this service related to ( <i>child's name</i> )'s alcohol or substance abuse problem?	d. Did ( <i>child's name</i> )'s family pay at least part of the costs of this service?	
			a. On how many days?	Not at all well	Somewhat well	Moderately well	Very well			Extremely well
10. Assessment or evaluation	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
11. Crisis stabilization	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
11a. Mobile crisis outreach	1 = No 2 = Yes	[IF YES] →	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes

CHILD ID: 

--	--	--	--	--	--	--	--	--	--

Service	In the past 6 months, did (child's name) and/or his/her family receive this service?  1 = No 2 = Yes	[IF YES] →	a. On how many days?	b. How well did the service meet the needs of (child's name) and/or his/her family?					c. Was this service related to (child's name)'s alcohol or substance abuse problem?  1 = No 2 = Yes	d. Did (child's name)'s family pay at least part of the costs of this service?  1 = No 2 = Yes
				Not at all well	Somewhat well	Moderately well	Very well	Extremely well		
11b. Family advocacy and peer support provided by trained advocate	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
12. Family preservation	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
13. Medication treatment monitoring	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
14. Group therapy	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
15. Individual therapy	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
16. Case management	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
17. Family therapy	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
18. Day treatment	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
19. Behavioral/therapeutic aide	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
20. Independent living	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
21. Youth transition	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
22. Caregiver or family support	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
23. Vocational training	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
24. Recreational activities	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
25. Afterschool programs or child care	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
26. Transportation	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes

For all variables and data elements:

666 = Not Applicable  
777 = Refused

888 = Don't Know  
999 = Missing

CHILD ID: 

--	--	--	--	--	--	--	--	--	--

Service	In the past 6 months, did (child's name) and/or his/her family receive this service? 1 = No 2 = Yes	[IF YES] →	b. How well did the service meet the needs of (child's name) and/or his/her family?					c. Was this service related to (child's name)'s alcohol or substance abuse problem? 1 = No 2 = Yes	d. Did (child's name)'s family pay at least part of the costs of this service? 1 = No 2 = Yes	
			a. On how many days?	Not at all well	Somewhat well	Moderately well	Very well			Extremely well
27. Respite care	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
28. Residential therapeutic camp or wilderness program	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
29. Inpatient hospitalization	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
30. Residential treatment center	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
31. Therapeutic group home	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
32. Therapeutic foster care	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
33. Flexible funds	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
34. Informal support	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
35. School-based services	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes

16e. [IF YES to Case management] How many case managers did (child's name) and his/her family have in the past 6 months?

\_\_\_\_\_

**[CARD 4]**

33e. *[IF YES to Flexible funds]* What were the flexible funds used for? *[Select all that apply]*

- 1 = Housing
- 2 = Activities
- 3 = Utilities
- 4 = Supplies/groceries
- 5 = Clothing
- 6 = Furnishings/appliances
- 7 = Automobiles
- 8 = Transportation (contracted)
- 9 = Transportation (reimbursed)
- 10 = Incentive
- 11 = Medical
- 12 = Legal
- 13 = Other—please specify \_\_\_\_\_

34e. *[IF YES to Informal support]* What types of informal support did *(child's name)*'s family receive? *[Select all that apply]*

- 1 = Emotional support (e.g., someone to listen to you, someone who knows what you are going through)
- 2 = Physical support with caregiving tasks (e.g., babysitting, etc.)
- 3 = Financial support
- 4 = Transportation
- 5 = Informational support
- 6 = Other—please specify \_\_\_\_\_

*[NOTE TO INTERVIEWER: Questions #36–47 are skipped for “staff as caregiver,” as they are not applicable for this respondent.]*



**Service Definitions and Descriptions**  
(To be used with the MSSC–RS questionnaire)

Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
10. Assessment or evaluation		Assessment and evaluation services are used to determine a child’s psychological, social, and behavioral strengths and challenges. These are typically performed by a psychologist or psychiatrist. Types of assessment may include neurological, psychosocial, educational, and vocational.
11. Crisis stabilization		Crisis stabilization services are designed to stabilize a child experiencing acute emotional or behavioral difficulties. These services may include the development of crisis plans, 24-hour telephone support, mobile outreach, intensive in-home support during crisis, and short-term emergency residential services.
11a. Mobile crisis outreach		Mobile crisis outreach services are provided by team members (usually trained professionals holding either a master’s level or bachelor’s level degree in the social services field) who undergo intensive training in counseling and crisis intervention skills and their application. Teams respond rapidly to emergency requests for services (usually within one hour of receiving a request) wherever they are needed (like a person’s home, schools, businesses or hospitals). Upon arrival, team members will assess the situation, attempt to stabilize and diffuse the crisis, provide counseling as needed, and provide referrals to other resources. Typically, within 24 hours a team member will make a follow-up call with the child and family to check on the child’s well-being.
11b. Family advocacy and peer support provided by trained advocate		Family advocacy services include speaking, acting or writing with minimal conflict of interest on behalf of the interests of child and family, in order to promote, protect and defend the welfare of and justice for the child and family by being on their side and no-one else’s, being primarily concerned with their fundamental needs, and remaining loyal and accountable to them in a way which is empathic and vigorous. Peer support services include caregivers who have coped with children with a variety of problems (e.g., mental health and chronic illness) sharing their experiences and offering support in various forms to and caregivers who are coping with similar problems. Those providing these services should be trained in their roles as advocates and peer supports.
12. Family preservation		Family preservation services are designed to keep the family together during difficult or stressful times. These services may include 24-hour access to support services, intensive in-home support during crisis when a child is at risk of out-of-home placement or when the child is returning from out-of-home placement. These are distinct from crisis stabilization services as they may continue for several months during transition or crisis.

Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
13. Medication treatment monitoring		Medication treatment and monitoring services typically include the prescription of psychoactive medications by a physician (e.g., psychiatrist) that are designed to alleviate symptoms and promote psychological growth. Treatment includes periodic assessment and monitoring of the child's reaction(s) to the drug.
14. Group therapy		Group therapy relies on interaction among a group of individuals, which could include children or children and adults. Groups are typically facilitated by a therapist to promote psychological and behavior change. Groups typically meet together on a regular basis.
15. Individual therapy		Individual therapy relies on interaction between therapist/clinician and child to promote psychological and behavior change.
16. Case management		Case management or service coordination involves finding and organizing multiple treatment and support services, and may also include preparing, monitoring, and revising service plans; and advocating on behalf of the child and family. Case managers may also provide supportive counseling.
17. Family therapy		Family therapy involves a variety of family members such as caregivers and/or siblings with or without the child present. Interaction among family members is typically facilitated by a therapist or counselor.
18. Day treatment		Day treatment consists of intensive, nonresidential services that include an array of counseling, education, and/or vocational training. These services involve a child or youth for at least 5 hours a day, for at least 3 days a week, and are offered in a variety of settings, including schools, mental health centers, hospitals, or other community locations.
19. Behavioral/therapeutic aide		Behavioral or therapeutic aide services are the supervision of a child by trained adults in the home, the school, or other community locations. The aide might provide support and may assist with tutoring or recreational activities.
20. Independent living		Independent living services are designed to prepare older adolescents to live independently and reduce their reliance on the family or service system. These services may include social and community living skills development and peer support (e.g., look for job, pay bills, job skill training, etc.).
21. Youth transition		Transition services are designed to help older adolescents to move from the child system to the adult mental health system.

Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
22. Caregiver or family support		Caregiver or family support services are provided to caregivers or siblings (e.g., family activities, behavior management training, parent classes, support groups, individual therapy for caregiver or other family members). <b>Do not include</b> recreational activities, behavioral/therapeutic aide, transportation services, respite care, afterschool activities or child care, which are described in other questions.
23. Vocational training		Vocational training refers to the development life skills and job skills designed to assist young adults with the transition to independent living. (Parenting classes, managing money, holding a job etc.)
24. Recreational activities		Recreational activities are the use of community recreation resources by the child that may include YMCA or other physical fitness activities, youth sports programs, karate classes, club memberships, summer camps, arts activities, etc.
25. Afterschool programs or child care		Regular afterschool programs and/or other types of child care are commonly arranged so that the caregiver(s) can work and/or attend school. Child care includes day care as well as care during afterschool hours, evenings and/or weekends. Afterschool programs <i>may</i> be recreational and/or educational (e.g., supervised sports, tutoring, help with homework) but their primary purpose is to provide supervision of youths so that caregivers may work, attend school, etc. <b>Do not include</b> respite, recreational activities, behavioral or therapeutic aide, or caregiver/family support services that are described in other questions.
26. Transportation		Transportation services are transportation to appointments (e.g., therapy sessions) and other scheduled mental health services and activities, or reimbursement for public transportation, van rentals, etc.
27. Respite care		Respite care is a planned break for families wherein trained parents or counselors assume the duties of caregiving to allow the parent/caregivers a break. The service may be provided in the child's home or in other community locations or in residential settings.
28. Residential therapeutic camp or wilderness program		A residential therapeutic camp or wilderness program involves children/youth and staff living together in a wilderness or other camp environment often located outside of the community. Treatment often focuses on group process, and social skills development.
29. Inpatient hospitalization		Inpatient hospitalization is the placement of child/youth in a hospital for observation, evaluation, and/or treatment. Services are usually medically oriented and may include 24-hour supervision; services may be used for short-term treatment and crisis stabilization.

Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
30. Residential treatment center		A residential treatment center is a secure residential facility that typically serves 10 or more children and youth and provides 24-hour staff supervision, and may include individual therapy, group therapy, family therapy, behavior modification, skills development, education, and recreational services. Lengths of stay tend to be longer in residential treatment centers than in hospitals.
31. Therapeutic group home		A therapeutic group home is a 24-hour residential placement in a home-like setting with a relatively small group of children with emotional and/or behavior problems. Therapeutic care employs a variety of treatment approaches and includes counseling, crisis support, behavior management, and social and independent living skills development.
32. Therapeutic foster care		A therapeutic foster home is a 24-hour residential placement in a home with caregivers who are trained in behavior management and social and independent living skills development for children and youth with emotional and behavioral problems.
33. Flexible funds		Flexible funds are money for non-mental health service items such as rent, utilities, or temporary living expenses (e.g., clothes, food, bills, a special item, car repairs, etc.).
34. Informal support		Informal support is defined as assistance from persons who provide support to the child and family <b><i>without compensation from any formal service system</i></b> . This type of support includes asking a relative or friends to babysit a child, support received from someone's church, etc.
35. School-based services		School-based services related to child's emotional and behavioral problems often include educational assessment or testing; a self-contained special education classroom; a resource room; a one-to-one classroom aide; and/or an Individualized Education Plan (IEP).

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## MULTI-SECTOR SERVICE CONTACTS, REVISED: Staff as Caregiver—Follow-Up (MSSC-RS-F)

<b>MSRDATE</b> (Today's date)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Month          Day          Year
<b>CHILDDID</b> (National evaluation ID)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>TIMEFRAM</b> (Assessment period)	2 = 6 months 3 = 12 months 4 = 18 months 5 = 24 months
<b>MSRRESP</b> (Respondent for interview)	2 = Staff as Caregiver (staffperson who has acted as the child's day-to-day caregiver for the majority of the past 6 months)
<b>MSRINTV</b> (Who administered interview)	2 = Data collector
<b>MSRMETH</b> (Method of administering interview)	1 = In person, hard copy 2 = Telephone, hard copy 3 = In person, computer assisted 4 = Telephone, computer assisted
<b>MSRLANG</b> (Language version of interview)	1 = English 2 = Spanish 3 = Other

The next set of questions is about specific types of services (*child's name*) and/or his/her family may have received in the past 6 months. Some of the questions are about services that (*child's name*) may have received, while others are about services his/her family may have received related to (*child's name*)'s care, or services that (*child's name*) **and** his/her family may both have received. These services may include **treatment** received from a therapist or clinician such as individual therapy, or **support** such as respite care, case management, or transportation.

Please keep in mind the various services (*child's name*) and his/her family have received from all the people, organizations, and agencies involved with (*child's name*) during the past 6 months. Services may include those received through (*child's name*)'s school, a child welfare agency, the police, or the courts. All of these services and agencies are part of the service system in your community that works with children and families.

1. Within the past 6 months, has (*child's name*) or his/her family received **any** services related to the emotional or behavioral problems (*child's name*) might have had? [NOTE TO INTERVIEWER: Please show respondent the full list of services and the description of each service.]

- 1 = No  
2 = Yes [GO TO QUESTION #2]

- 1a. What was the reason that (*child's name*) and/or his/her family did not receive any services?

- 1 = Completed services/discharged  
2 = Decided not to continue services  
3 = Did not need services  
4 = Was not aware of any services or no services were offered  
5 = Was not evaluated  
6 = Problems with case managers (e.g., case managers not showing up or contacting family)  
7 = Ineligible for services  
8 = Moved out of area **and** not received any services in the new area  
9 = Child placed out of area (hospital, residential center, detention) **and** not received any services in the new area  
10 = Scheduling challenges  
11 = Was evaluated, but waiting for assessment results  
12 = Other—please specify \_\_\_\_\_

- 1b. What was the last date (*child's name*) and his/her family received any services?

\_\_\_\_\_  
(mm/dd/yyyy)

[IF QUESTION #1a = 2, GO TO QUESTION #1c. OTHERWISE, END OF QUESTIONNAIRE.]

- 1c. Why did (*child's name*)'s family decide not to continue services?

\_\_\_\_\_  
\_\_\_\_\_

[IF NO SERVICES WERE RECEIVED IN THE PAST 6 MONTHS, END OF QUESTIONNAIRE.]

2. In the past 6 months, did (*child's name*) or his/her family receive services under (*site's specific name for the system of care*)?

- 1 = No [GO TO QUESTION #5]  
2 = Yes

2a. Did (*child's name*) and his/her family receive wraparound services? By wraparound, we mean a process through which providers collaborate with the family to develop an integrated and creative service plan tailored to the strengths and specific needs of the child and family using a team that includes the family, teachers, clinicians, friends, and a facilitator to coordinate the process. Services are “wrapped around” the child and family in their home, school, and community rather than less accessible or more restrictive places (like the provider’s office or a residential treatment center).

- 1 = No  
2 = Yes

2b. Did (*child's name*) and his/her family have a youth and family team?

- 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Questions #3 and #4 are skipped for “staff as caregiver” as they are not applicable for this respondent.]

5. In the past 6 months, did (*child's name*) or his/her family receive services provided in their community under **any other** programs, for example, (*site's specific name[s] for programs other than the system of care*)?

- 1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Clarify that these are services asked about in MSSC–RS.]

6. In the past 6 months, did (*child's name*) or his/her family receive services provided outside their community under **any other** programs, for example, (*site's specific name[s] for programs other than the system of care*)?

- 1 = No  
2 = Yes

[CARD 1]

7. What agencies were involved in providing services to (*child's name*) and his/her family? [Select all that apply]

- 1 = Mental health  
2 = Education  
3 = Social services/child welfare  
4 = Juvenile justice  
5 = Health  
6 = Family court  
7 = Other—please specify \_\_\_\_\_

**[CARD 2]**

8. Please tell me if (*child's name*) or his/her family received services in any of the following locations in the past 6 months and whether these locations were convenient. *[Select all that apply]*

Service Location	In the past 6 months, did ( <i>child's name</i> ) or his/her family receive services in this location?			a. Was the location convenient?	
	No	Yes		No	Yes
1 = Mental health clinic or private practice	1	2		1	2
2 = School	1	2		1	2
3 = Juvenile court/probation	1	2		1	2
4 = Social services or child welfare offices	1	2		1	2
5 = Community location or service center (i.e., Boys'/Girls' Clubs, YMCA, place of worship)	1	2	[IF YES]	1	2
6 = Psychiatric hospital/psychiatric unit	1	2	➔	1	2
7 = Medical hospital	1	2		1	2
8 = Home	1	2		1	2
9 = Non-hospital residential setting	1	2		1	2
10 = Jail/youth detention	1	2		1	2
11 = Other—please specify	1	2		1	2

Now I'm going to ask you some questions about the specific services that (*child's name*) or his/her family received in the past 6 months. First, I'll briefly describe a type of service to you, then I'll ask whether or not (*child's name*) or his/her family received the service. If they received the service, I will ask you how often the service was received. Please try to estimate, to the best of your ability, the number of *days* they received that service over the entire 6-month period. Remember that all of your answers will be kept confidential.

Before we begin this set of questions, let's review the 6-month timeline that we'll be using. It is similar to the one we have used with the other questionnaires.

**[TIMELINE]**

Since some of the following questions only apply to children who have had a problem with substance abuse, I need to ask you about this again.



9. In the past 6 months, has (*child's name*) had a problem with substance abuse, including alcohol and drugs?

1 = No [For Questions #10–35, do **not** ask questions in column “c”]  
2 = Yes [For Questions #10–35, ask questions in **all** columns]

[NOTE TO INTERVIEWER: For each of the following questions (#10–35), read the brief description of the service and site-specific names of the service. Then ask the respondent if this service was received in the past 6 months. If it was received, continue with additional follow-up questions about this service. If the service was not received, circle **No** and continue with the next service description. Only ask “c” if respondent answered “yes” to Question #9 (i.e., child had a problem with alcohol and drugs in the past 6 months), otherwise proceed to “d.”]

[CARD 3] [Service Definitions and Descriptions List]

Service	In the past 6 months, did ( <i>child's name</i> ) and/or his/her family receive this service?	[IF YES] →	b. How well did the service meet the needs of ( <i>child's name</i> ) and/or his/her family?					c. Was this service related to ( <i>child's name</i> )'s alcohol or substance abuse problem?	d. Did ( <i>child's name</i> )'s family pay at least part of the costs of this service?	
			a. On how many days?	Not at all well	Somewhat well	Moderately well	Very well			Extremely well
10. Assessment or evaluation	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
11. Crisis stabilization	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
11a. Mobile crisis outreach	1 = No 2 = Yes	[IF YES] →	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
11b. Family advocacy and peer support provided by trained advocate	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
12. Family preservation	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
13. Medication treatment monitoring	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
14. Group therapy	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
15. Individual therapy	1 = No 2 = Yes	[IF YES] →	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
16. Case management	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes

CHILD ID: 

--	--	--	--	--	--	--	--	--	--

Service	In the past 6 months, did (child's name) and/or his/her family receive this service? 1 = No 2 = Yes	[IF YES] →	a. On how many days?	b. How well did the service meet the needs of (child's name) and/or his/her family?					c. Was this service related to (child's name)'s alcohol or substance abuse problem? 1 = No 2 = Yes	d. Did (child's name)'s family pay at least part of the costs of this service? 1 = No 2 = Yes
				Not at all well	Somewhat well	Moderately well	Very well	Extremely well		
17. Family therapy	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
18. Day treatment	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
19. Behavioral/therapeutic aide	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
20. Independent living	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
21. Youth transition	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
22. Caregiver or family support	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
23. Vocational training	1 = No 2 = Yes	[IF YES] →	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
24. Recreational activities	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
25. Afterschool programs or child care	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
26. Transportation	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
27. Respite care	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
28. Residential therapeutic camp or wilderness program	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
29. Inpatient hospitalization	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
30. Residential treatment center	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
31. Therapeutic group home	1 = No 2 = Yes	[IF YES] →	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes
32. Therapeutic foster care	1 = No 2 = Yes	→	_____	1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes

For all variables and data elements:

666 = Not Applicable  
777 = Refused

888 = Don't Know  
999 = Missing

CHILD ID: 

--	--	--	--	--	--	--	--	--	--

Service	In the past 6 months, did (child's name) and/or his/her family receive this service? 1 = No 2 = Yes	[IF YES] →	a. On how many days?	b. How well did the service meet the needs of (child's name) and/or his/her family?					c. Was this service related to (child's name)'s alcohol or substance abuse problem? 1 = No 2 = Yes	d. Did (child's name)'s family pay at least part of the costs of this service? 1 = No 2 = Yes
				Not at all well	Somewhat well	Moderately well	Very well	Extremely well		
33. Flexible funds	1 = No 2 = Yes			1	2	3	4	5	1 = No 2 = Yes	
34. Informal support	1 = No 2 = Yes			1	2	3	4	5	1 = No 2 = Yes	
35. School-based services	1 = No 2 = Yes			1	2	3	4	5	1 = No 2 = Yes	1 = No 2 = Yes

16e. [IF YES to Case management] How many case managers did (child's name) and his/her family have in the past 6 months?

\_\_\_\_\_

[CARD 4]

33e. [IF YES to Flexible funds] What were the flexible funds used for? [Select all that apply]

- 1 = Housing
- 2 = Activities
- 3 = Utilities
- 4 = Supplies/groceries
- 5 = Clothing
- 6 = Furnishings/appliances
- 7 = Automobiles
- 8 = Transportation (contracted)
- 9 = Transportation (reimbursed)
- 10 = Incentive
- 11 = Medical
- 12 = Legal
- 13 = Other—please specify \_\_\_\_\_

CHILD ID: 

--	--	--	--	--	--	--	--	--	--

34e. *[IF YES to Informal support]* What types of informal support did (*child's name*)'s family receive? *[Select all that apply]*

- 1 = Emotional support (e.g., someone to listen to you, someone who knows what you are going through)
- 2 = Physical support with caregiving tasks (e.g., babysitting, etc.)
- 3 = Financial support
- 4 = Transportation
- 5 = Informational support
- 6 = Other—please specify \_\_\_\_\_

*[NOTE TO INTERVIEWER: Questions #36–47 are skipped for “staff as caregiver,” as they are not applicable for this respondent.]*

**Service Definitions and Descriptions**  
(To be used with the MSSC–RS questionnaire)

Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
10. Assessment or evaluation		Assessment and evaluation services are used to determine a child’s psychological, social, and behavioral strengths and challenges. These are typically performed by a psychologist or psychiatrist. Types of assessment may include neurological, psychosocial, educational, and vocational.
11. Crisis stabilization		Crisis stabilization services are designed to stabilize a child experiencing acute emotional or behavioral difficulties. These services may include the development of crisis plans, 24-hour telephone support, mobile outreach, intensive in-home support during crisis, and short-term emergency residential services.
11a. Mobile crisis outreach		Mobile crisis outreach services are provided by team members (usually trained professionals holding either a master’s level or bachelor’s level degree in the social services field) who undergo intensive training in counseling and crisis intervention skills and their application. Teams respond rapidly to emergency requests for services (usually within one hour of receiving a request) wherever they are needed (like a person’s home, schools, businesses or hospitals). Upon arrival, team members will assess the situation, attempt to stabilize and diffuse the crisis, provide counseling as needed, and provide referrals to other resources. Typically, within 24 hours a team member will make a follow-up call with the child and family to check on the child’s well-being.
11b. Family advocacy and peer support provided by trained advocate		Family advocacy services include speaking, acting or writing with minimal conflict of interest on behalf of the interests of child and family, in order to promote, protect and defend the welfare of and justice for the child and family by being on their side and no-one else’s, being primarily concerned with their fundamental needs, and remaining loyal and accountable to them in a way which is empathic and vigorous. Peer support services include caregivers who have coped with children with a variety of problems (e.g., mental health and chronic illness) sharing their experiences and offering support in various forms to and caregivers who are coping with similar problems. Those providing these services should be trained in their roles as advocates and peer supports.
12. Family preservation		Family preservation services are designed to keep the family together during difficult or stressful times. These services may include 24-hour access to support services, intensive in-home support during crisis when a child is at risk of out-of-home placement or when the child is returning from out-of-home placement. These are distinct from crisis stabilization services as they may continue for several months during transition or crisis.

Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
13. Medication treatment monitoring		Medication treatment and monitoring services typically include the prescription of psychoactive medications by a physician (e.g., psychiatrist) that are designed to alleviate symptoms and promote psychological growth. Treatment includes periodic assessment and monitoring of the child's reaction(s) to the drug.
14. Group therapy		Group therapy relies on interaction among a group of individuals, which could include children or children and adults. Groups are typically facilitated by a therapist to promote psychological and behavior change. Groups typically meet together on a regular basis.
15. Individual therapy		Individual therapy relies on interaction between therapist/clinician and child to promote psychological and behavior change.
16. Case management		Case management or service coordination involves finding and organizing multiple treatment and support services, and may also include preparing, monitoring, and revising service plans; and advocating on behalf of the child and family. Case managers may also provide supportive counseling.
17. Family therapy		Family therapy involves a variety of family members such as caregivers and/or siblings with or without the child present. Interaction among family members is typically facilitated by a therapist or counselor.
18. Day treatment		Day treatment consists of intensive, nonresidential services that include an array of counseling, education, and/or vocational training. These services involve a child or youth for at least 5 hours a day, for at least 3 days a week, and are offered in a variety of settings, including schools, mental health centers, hospitals, or other community locations.
19. Behavioral/therapeutic aide		Behavioral or therapeutic aide services are the supervision of a child by trained adults in the home, the school, or other community locations. The aide might provide support and may assist with tutoring or recreational activities.
20. Independent living		Independent living services are designed to prepare older adolescents to live independently and reduce their reliance on the family or service system. These services may include social and community living skills development and peer support (e.g., look for job, pay bills, job skill training, etc.).
21. Youth transition		Transition services are designed to help older adolescents to move from the child system to the adult mental health system.

Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
22. Caregiver or family support		Caregiver or family support services are provided to caregivers or siblings (e.g., family activities, behavior management training, parent classes, support groups, individual therapy for caregiver or other family members). <b>Do not include</b> recreational activities, behavioral/therapeutic aide, transportation services, respite care, afterschool activities or child care, which are described in other questions.
23. Vocational training		Vocational training refers to the development life skills and job skills designed to assist young adults with the transition to independent living. (Parenting classes, managing money, holding a job etc.)
24. Recreational activities		Recreational activities are the use of community recreation resources by the child that may include YMCA or other physical fitness activities, youth sports programs, karate classes, club memberships, summer camps, arts activities, etc.
25. Afterschool programs or child care		Regular afterschool programs and/or other types of child care are commonly arranged so that the caregiver(s) can work and/or attend school. Child care includes day care as well as care during afterschool hours, evenings and/or weekends. Afterschool programs <i>may</i> be recreational and/or educational (e.g., supervised sports, tutoring, help with homework) but their primary purpose is to provide supervision of youths so that caregivers may work, attend school, etc. <b>Do not include</b> respite, recreational activities, behavioral or therapeutic aide, or caregiver/family support services that are described in other questions.
26. Transportation		Transportation services are transportation to appointments (e.g., therapy sessions) and other scheduled mental health services and activities, or reimbursement for public transportation, van rentals, etc.
27. Respite care		Respite care is a planned break for families wherein trained parents or counselors assume the duties of caregiving to allow the parent/caregivers a break. The service may be provided in the child's home or in other community locations or in residential settings.
28. Residential therapeutic camp or wilderness program		A residential therapeutic camp or wilderness program involves children/youth and staff living together in a wilderness or other camp environment often located outside of the community. Treatment often focuses on group process, and social skills development.
29. Inpatient hospitalization		Inpatient hospitalization is the placement of child/youth in a hospital for observation, evaluation, and/or treatment. Services are usually medically oriented and may include 24-hour supervision; services may be used for short-term treatment and crisis stabilization.

Generic Service Name	Site-Specific Service Name	Definitions and Descriptions
30. Residential treatment center		A residential treatment center is a secure residential facility that typically serves 10 or more children and youth and provides 24-hour staff supervision, and may include individual therapy, group therapy, family therapy, behavior modification, skills development, education, and recreational services. Lengths of stay tend to be longer in residential treatment centers than in hospitals.
31. Therapeutic group home		A therapeutic group home is a 24-hour residential placement in a home-like setting with a relatively small group of children with emotional and/or behavior problems. Therapeutic care employs a variety of treatment approaches and includes counseling, crisis support, behavior management, and social and independent living skills development.
32. Therapeutic foster care		A therapeutic foster home is a 24-hour residential placement in a home with caregivers who are trained in behavior management and social and independent living skills development for children and youth with emotional and behavioral problems.
33. Flexible funds		Flexible funds are money for non-mental health service items such as rent, utilities, or temporary living expenses (e.g., clothes, food, bills, a special item, car repairs, etc.).
34. Informal support		Informal support is defined as assistance from persons who provide support to the child and family <b><i>without compensation from any formal service system</i></b> . This type of support includes asking a relative or friends to babysit a child, support received from someone's church, etc.
35. School-based services		School-based services related to child's emotional and behavioral problems often include educational assessment or testing; a self-contained special education classroom; a resource room; a one-to-one classroom aide; and/or an Individualized Education Plan (IEP).



An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## CULTURAL COMPETENCE AND SERVICE PROVISION QUESTIONNAIRE, REVISED (CCSP-R)

<b>CCSPDATE</b> (Today's date)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Month      Day      Year
<b>CHILDDID</b> (National evaluation ID)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>TIMEFRAM</b> (Assessment period)	2 = 6 months 3 = 12 months 4 = 18 months 5 = 24 months
<b>CCSPRESP</b> (Respondent for interview)	1 = Caregiver (child's caregiver in a family, household environment) 3 = Youth without caregiver (independent youth)
<b>CCSPINTV</b> (Who administered interview)	2 = Data collector
<b>CCSPMETH</b> (Method of administering interview)	1 = In person, hard copy 2 = Telephone, hard copy 3 = In person, computer assisted 4 = Telephone, computer assisted
<b>CCSPLANG</b> (Language version of interview)	1 = English 2 = Spanish 3 = Other

Some people feel that their cultural heritage, that is, their beliefs, traditions, values, and practices, is important to consider when working with people who provide services to their children. Others do not. This cultural heritage may be related to your race, ethnicity, religious affiliation, sexual orientation, income level, or geographic location.

I'm going to ask you a few questions about things that may or may not be important to you that have to do with cultural heritage, or "culture" for short. Please let me know if these things are *not at all important*, *somewhat important*, *moderately important*, *very important*, or *extremely important*.

[CARD 1]

	Not at all important	Somewhat important	Moderately important	Very important	Extremely important
1. How important is it that you and your child have a service provider who understands the customs, practices, and traditions of <i>(child's name)</i> 's cultural heritage?	1	2	3	4	5
2. How important is it that the beliefs, traditions, and practices of <i>(child's name)</i> 's cultural heritage be included in service planning and provision?	1	2	3	4	5
3. How important is it that the person you and your child have seen most often about the emotional or behavioral problems <i>(child's name)</i> has been having is of the same cultural heritage as <i>(child's name)</i> ?	1	2	3	4	5
4. In the past 6 months, has <i>(child's name)</i> or your family received any services related to the emotional or behavioral problems <i>(child's name)</i> might have had?					

1 = No [END OF QUESTIONNAIRE]  
2 = Yes

Now, I'd like you to think about the person you and your child have seen most often about the emotional or behavioral problems *(child's name)* has been having since [6-month date]. This person may be a care coordinator, case manager, therapist, or someone else.

5. Is this person of the same racial or ethnic group or culture as *(child's name)*?

1 = No  
2 = Yes

[NOTE TO INTERVIEWER: Remind the respondent to keep the same provider in mind for the next set of questions.]

Thinking about the provider that you and your child have seen most often in the past 6 months, please respond by indicating *never*, *not very often*, *sometimes*, *most of the time*, or *always* to the items that describe how often the statements are true for you and your child.

[CARD 2]

	Never	Not very often	Sometimes	Most of the time	Always
6. My child's provider understands my family's beliefs about mental health.	1	2	3	4	5
7. My child's provider speaks the same language(s) that I or ( <i>child's name</i> ) speaks.	1	2	3	4	5
8. I feel comfortable discussing with my child's provider alternative therapies (e.g., herbal medicines or traditional healers) or other ways to work with ( <i>child's name</i> ).	1	2	3	4	5
9. My child's provider asks about my family's traditions, beliefs, and values when planning or providing services.	1	2	3	4	5
10. I feel like other children have access to better services than ( <i>child's name</i> ).	1	2	3	4	5
11. Materials given to me (such as brochures or newsletters) about the program or available services are easy to understand.	1	2	3	4	5
12. My child's provider attends to my and ( <i>child's name</i> )'s cultural needs.	1	2	3	4	5
13. My child's provider is comfortable interacting with me and ( <i>child's name</i> ).	1	2	3	4	5

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

## YOUTH SERVICES SURVEY FOR FAMILIES Abbreviated Version (YSS-F)

**YSSFDATE** (Today's date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

**CHILDID** (National evaluation ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**TIMEFRAM** (Assessment period)

- 2 = 6 months
- 3 = 12 months
- 4 = 18 months
- 5 = 24 months

**YSSFRESP** (Respondent for interview)

- 1 = Caregiver (child's caregiver in a family, household environment)

**YSSFINTV** (Who administered interview)

- 2 = Data collector

**YSSFMETH** (Method of administering interview)

- 1 = In person, hard copy
- 2 = Telephone, hard copy
- 3 = In person, computer assisted
- 4 = Telephone, computer assisted

**YSSFLANG** (Language version of interview)

- 1 = English
- 2 = Spanish
- 3 = Other

Please think about all the services (*child's name*) and your family may have received over the past 6 months. These services may include **treatment** received from a therapist or clinician such as individual therapy, or **support** such as case management, or transportation. These services may also include help (*child's name*) and your family may have received through your school, a child welfare agency, the police, and the courts. All of these services are part of the service system in your community that works with children and families.

Has (*child's name*) or your family received any services like these in the past 6 months?

1 = No [END OF QUESTIONNAIRE]

2 = Yes

We are interested in knowing what you think about the services your child and family have received during the past 6 months.

Your opinions are important, so please be honest and tell us what you think. We want to know how you felt, good **or** bad! Remember that what you say will be kept confidential. People who provide services to (*child's name*) and your family will never find out what you have told us.

I will read you several statements. For each of the statements, please tell me the extent to which you disagree or agree that the statement describes your experience.

[CARD]

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1. Overall, I am satisfied with the services my child received.	1	2	3	4	5
2. I helped to choose my child's services.	1	2	3	4	5
3. I helped to choose my child's treatment goals.	1	2	3	4	5
4. The people helping my child stuck with us no matter what.	1	2	3	4	5
5. I felt my child had someone to talk to when he/she was troubled.	1	2	3	4	5
6. I participated in my child's treatment.	1	2	3	4	5
7. The services my child and/or family received were right for us.	1	2	3	4	5
8. The location of services was convenient for us.	1	2	3	4	5
9. Services were available at times that were convenient for us.	1	2	3	4	5
10. My family got the help we wanted for my child.	1	2	3	4	5
11. My family got as much help as we needed for my child.	1	2	3	4	5
12. Staff treated me with respect.	1	2	3	4	5

CHILD ID: 

--	--	--	--	--	--	--	--	--	--

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
13. Staff respected my family's religious and spiritual beliefs.	1	2	3	4	5
14. Staff spoke with me in a way that I understood.	1	2	3	4	5
15. Staff were sensitive to my cultural and ethnic background.	1	2	3	4	5
As a result of the services my child and/or family received:					
16. My child is better at handling daily life.	1	2	3	4	5
17. My child gets along better with family members.	1	2	3	4	5
18. My child gets along better with friends and other people.	1	2	3	4	5
19. My child is doing better in school and/or work.	1	2	3	4	5
20. My child is better able to cope when things go wrong.	1	2	3	4	5
21. I am satisfied with our family life right now.	1	2	3	4	5
22. My child is better able to do the things he/she wants to do.	1	2	3	4	5
As a result of the services my child and/or family received: <i>please answer for relationships with persons other than your mental health or other provider(s)</i>					
23. I know people who will listen and understand me when I need to talk.	1	2	3	4	5
24. I have people whom I am comfortable talking with about my child's problems.	1	2	3	4	5
25. In a crisis, I would have the support I need from family and friends.	1	2	3	4	5
26. I have people with whom I can do enjoyable things.	1	2	3	4	5
27. What has been the most helpful thing about the services your child received over the past 6 months?					
_____					
_____					
_____					

\*Developed by Brunk et al. (1999)