

Youth

Youth—Instruments

Attachment B: System of Care Assessment

System/Program _____

Interviewer _____

Site ID# _____

Date _____

Respondent Data Entry# _____

Assessment # _____

P. Youth 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 45 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.

Introduction

Hello, my name is _____. Thank you for taking time today to help us. I'll be asking you questions about your experience with the services provided through (name of grant program) or about your involvement in program governance and management. This information will help us understand what works best for young people and their 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 Assent or Consent form with respondent. Ascertain age of respondent again to determine consent to participate with or without parental permission. Obtain respondent signature before proceeding with the interview]

Introduction

1. Do you receive services through the (name of grant program)?

1=No ***If no, go to Question 20***

2=Yes ***If yes, continue***

(NOTE TO INTERVIEWER: Question 2 skipped)

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

How did you learn about (name of grant program)?

Who referred you?

How long have you been receiving services through the program?

4. What services do you **currently** receive through *(name of grant program)*? [Probe for examples such as counseling or therapy, mentoring, tutoring, support group, respite care, transportation to appointments, etc.]

*In addition to these, have you ever received any **other** services through *(name of grant program)*?*

5. In addition to the services received through *(name of grant program)*, have you received **services from or participated in activities sponsored by other providers, organizations, programs or agencies? If yes, what were they?** [Probe for examples such as Boys and Girls Club, Big Brothers/Big Sisters, YMCA/YWCA, child welfare or foster care caseworker, juvenile probation officer, school counselor or social worker, drug treatment counselor, peer support program, etc.]

Entry into Services

Now I'd like for you to think back to when you first came to *(name of grant program)*.

6. How did you get started with *(name of grant program)*? [Probe for details about the entry process]

Was it **difficult to get enrolled or started in** *(name of grant program)*? (E.7.b.)

*On a scale of 1 to 5, with 5 being the easiest and 1 being the hardest or most difficult, how would you **rate how easy or difficult** it was for you or your family to get started in the 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.

7. How much **time passed** between when you first tried to get into *(name of grant program)* **until you actually started receiving services or participating in activities?** Was this a good timeframe for you, or did you want to receive services sooner? (E.7.c.)

*On a scale of 1 to 5, with 5 being the least amount of time and 1 being the most amount of time, how would you **rate the length of time** it took for your services to start?*

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

8. Were **you treated with respect and made to feel comfortable** throughout the enrollment process? (E.2.a.)

*Did the staff **pay attention to and respect** 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=Youth felt extremely respected and comfortable
4= Youth felt very respected and comfortable
3= Youth felt moderately respected and comfortable
2= Youth felt somewhat respected and comfortable
1= Youth felt extremely disrespected and uncomfortable

Interviewer's rating

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

Service Planning

Now I'd like to ask you some questions about what happened when you and the staff at (name of grant program) were deciding what services or activities would be best for you. We call this the **service planning process**.

9. **Is there a main person at (name of grant program) who helps to decide what services or activities you should receive or participate in? [Probe for the first name and function (e.g., case manager/care coordinator or therapist) who worked with the youth to plan services. Use that name where you see (name of case manager/therapist)]**
10. Since entering (name of grant program), have you 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 you? If so, who?

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

11. How well did the people who were working with you **involve you** in the **service planning process?** (F.2.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 yourself?*

*Did they encourage you to help **develop** you own **goals and objectives**?*

Did they give you a **choice of services** that you thought would be most helpful for yourself?

Were you able to **turn down services** that you did not want to receive?

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

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

12. Was the **service plan** (plan of care) **written down**? Did you sign it? Did you receive a copy of it?

13. When you were working with (name of case manager/therapist) to plan services, did she/he talk with you about **your strengths** (things you like to do, your interests, things you are good at)? Would you mind giving me some examples of things you talked about? (F.3.b.)

How were your strengths used in planning your 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

Service Provision

14. Have you received **all** the services that were listed in your service or care plan? (G.3.a.)

If no, do you know why you did not receive all the services that were planned for you?
[Probe for reasons: lack of funds, no openings, waiting list, not in community, etc.]

- 5=Child/youth received all of the services that were planned
- 4=Child/youth received most of the services that were planned
- 3=Child/youth received many of the services that were planned
- 2=Child/youth received a few of the services that were planned
- 1=Child/youth received no services outlined in the plan

Now I am going to ask you about the different people or service providers who work with you.

15. What have the different service providers you have worked with done to include you in **your services and treatment planning**? (G.2.a.)

For example, have they usually encouraged you to offer your ideas about services and treatments?

*Have they considered your **ideas or input** about your services and treatments?*

*Have they encouraged you to let them know when **something was not working well**?*

*Have they asked you for **suggestions about changes** that could be made to improve your services or treatments?*

*Overall, could your service providers have done a better job in **getting or using your suggestions about the services and the treatments they are providing to you**?*

5=Youth was involved in service provision in 4 ways AND respondent reported that involvement has been sufficient

4= Youth was involved in service provision in 3 ways OR involved in 4 ways but respondent reported that it could have been better

3= Youth was involved in service provision in 2 ways

2= Youth was involved in service provision in 1 way

1= Youth was not involved in service provision

(NOTE TO INTERVIEWER: Questions 16-17 skipped)

Service Array

Now let's talk about services that are available in your community.

18. Is there a **person** you can talk to or a **place** you can go if you need **support or help**?
[Probe for advocacy organizations, support group, or mentoring relationship]

Who is this person or what group do you go to?

19. Are you aware of any **youth groups that support young people** in your community?

Are you involved in such a youth group? Is it a part of the (name of grant program)?

How did you become aware of this youth group?

What kinds of activities does this group do?

Governance

Now let's talk about youth involvement in the governance of (name of grant program).

20. Do you now or have you ever **participated** on the *(governing body)* to talk about the *(name of grant program)*?

1=No **If no, go to Question 25**

2=Yes **If yes, continue**

How did you become involved and why?

21. To what extent do you think **youth, including yourself, have been actively involved in the *(governing body)***? (A.2.a.)

- a. Which activities are **youth generally involved in**? **[Probe for examples of participation in the *(governing body)*'s functions such as committee**

membership, strategic planning, budget discussions, service array development]

- 5=Involved in all activities of the governing body
- 4=Involved in most activities of the governing body
- 3=Involved in some activities of the governing body
- 2=Involved in few activities of the governing body
- 1=Involved in no activities of the governing body

b. How have **youth been regarded and treated** by other participants of the *(governing body)*? (A.2.a.)

Has that been the **same for all participants**, or have some participants demonstrated respect, acceptance, and value for youth input more than others?

- 5=All participants were very respectful, accepted, and highly valued family input
- 4=Most participants were very respectful and valued family input and the rest were moderately respectful
- 3=Some participants were very respectful and valued family input and the rest were moderately respectful
- 2=Few participants were very respectful and valued family input and most others were at least somewhat respectful
- 1=No or almost no participants were respectful or valued family input

c. What **percentage of (governing body) meetings** have youth attended? (A.2.a.)

- 5=Attended 90% to 100% of meetings
- 4=Attended 75% to 89% of meetings
- 3=Attended 50% to 74% of meetings
- 2=Attended 25% to 49% of meetings
- 1=Attended less than 25% of meetings

22. Are youth given information necessary to fulfill their role on the governing body? If yes, is the information accurate, understandable, and complete? *(governing body)*? (A.2.b.)

- 5=Adequately informed all of the time
- 4=Adequately informed most of the time
- 3=Adequately informed some of the time
- 2=Adequately informed a few times
- 1=Adequately informed none of the time

23. **When and where** have *(governing body)* meetings typically been held? **How** were these times and locations **determined**? (A.2.c.)

*Have the times and location been **convenient** for you and other youth? Why or why not?*

*Has the location or time of meetings ever **prevented you or other youth from attending**?*

*On a scale of 1 to 5, with 5 being the most convenient, **how would you rate the convenience of the meetings**?*

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

24. Since the last assessment in _____(mo/yr), has the *(governing body)* provided anything to youth to make it easier for them to participate in the *(governing*

body)? Please provide examples. **[Probe for whether transportation, stipends/compensation, food, childcare, training, written/oral language interpretation or translation were provided].** (A.2.d.)

If yes, have these made a difference for youth?

If no, would it be helpful to youth if there were?

*Is there **anything else** that could be done to **make it easier for youth to participate?***

- 5=Efforts made have been very effective and sufficient to accomplish larger goals; no or only minor additional efforts needed
- 4=Efforts made have been moderately effective but not sufficient to accomplish larger goal; some additional efforts needed
- 3=Efforts made have been somewhat effective but not sufficient to accomplish larger goal; considerable additional efforts needed
- 2=Efforts have been made **BUT** have not been effective or have been minimally effective
- 1=No or almost no effort has been made toward accomplishing larger goal

Finally, let's talk about management of the (name of grant program).

25. Have efforts been made to **involve youth in program operations** such as providing staff training, serving as volunteer or paid program staff, peer mentors, youth group leaders, attending management meetings, etc? (B.2.a.)

1=No *If no, go to Question 28*

2=Yes *If yes, continue*

*If yes, please **describe all** of the different ways youth have been involved.*

[Note: Do not count involvement in governing body, evaluation, or conducting outreach activities.]

[Continue to probe for examples until the respondent reports no more.]

[Data entry: code ways]

- 5=Four examples of youth involvement in program operations
- 4=Three examples of youth involvement in program operations
- 3=Two examples of youth involvement in program operations
- 2=One example of youth involvement in program operations
- 1=No examples of youth involvement in program operations

26. Has the (name of grant program) used youth to provide training to other youth or adults about youth concerns/issues or how to work with youth?

What type of training was it and to whom was it given?

27. Has the (name of grant program) provided any training to youth about the service system? **[Probe for training on how the system operates, its purpose, youth involvement and development opportunities, and youth rights]**

Summary

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

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

29. What is been the **best thing** about receiving services through (name of grant program)?
30. Do you have any **suggestions or recommendations** for how (name of grant program) could **improve** the way that it serves **children, youth and families**?
31. 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, youth 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**

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DELINQUENCY SURVEY, REVISED (DS-R)

DSRDATE (Today's date) / /
Month Day Year

CHILID (National evaluation ID)

TIMEFRAM (Assessment period)

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

DSRINTV (Who administered interview)

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

DSRMETH (Method of administering interview)

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

DSRLANG (Language version of interview)

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

Now I'd like to ask you about some things you may have done in the past 6 months. Some will not apply to you, but these are standard questions we ask everyone. I'd like to repeat that your answers are confidential and will not be connected to your name.

[CARD] [TIMELINE]

	No times	1 time	2-5 times	6-10 times	More than 10 times
In the past 6 months, how many times have you . . .					
1. been in trouble with the police for skipping school?	1	2	3	4	5
2. been in trouble with the police for running away?	1	2	3	4	5
3. taken something from a store without paying for it?	1	2	3	4	5
4. been a bully or threatened other people without use of a weapon?	1	2	3	4	5
5. participated in gang activities that involved doing things that are against the law?	1	2	3	4	5
6. been so loud or rowdy in public that you got in trouble with the law?	1	2	3	4	5
7. been so out of your parents'/caregivers' control that the police needed to get involved?	1	2	3	4	5
8. purposely damaged or destroyed (other than with fire) property that did not belong to you?	1	2	3	4	5
8a. <i>[IF DAMAGED PROPERTY]</i> Please describe what kind of damage you did:	<hr/> <hr/>				
9. hit someone or got into a physical fight?	1	2	3	4	5
10. broken into a house or building to steal something or just to look around?	1	2	3	4	5
11. bought, received, possessed, or sold any stolen goods?	1	2	3	4	5
12. had sex with someone in exchange for favors, gifts, or money?	1	2	3	4	5
13. carried a weapon such as a knife or gun, or an object that could be used as a weapon?	1	2	3	4	5
13a. <i>[IF CARRIED A WEAPON]</i> What type of weapon did you carry and what was the reason you carried it?	<hr/> <hr/>				

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	No times	1 time	2-5 times	6-10 times	More than 10 times
In the past 6 months, how many times have you . . .					
14. intentionally set a building, car, or other property on fire?	1	2	3	4	5
15. taken a car, truck, or motorcycle that didn't belong to you?	1	2	3	4	5
16. sold, distributed, or helped make illegal drugs?	1	2	3	4	5
17. threatened someone with a weapon or used a weapon in a fight?	1	2	3	4	5
18. hurt someone badly enough they needed bandages or a doctor?	1	2	3	4	5
19. taken a purse, money, or other things from someone by force or threat?	1	2	3	4	5
20. been physically cruel to animals?	1	2	3	4	5
21. forced someone to have sex with you when they did not want to?	1	2	3	4	5

22. In the past 6 months, have you driven a motor vehicle (e.g., car, truck, or motorcycle)?

1 = No [GO TO QUESTION #23]

2 = Yes

	No times	1 time	2-5 times	6-10 times	More than 10 times
In the past 6 months, how many times have you . . .					
22a. gotten a ticket or citation for a traffic violation (driving too fast, driving through a red light, etc.)?	1	2	3	4	5
22b. driven a car or motorcycle while under the influence of alcohol or illegal drugs?	1	2	3	4	5
22c. had a motor vehicle accident?	1	2	3	4	5

23. Have you *ever* been stopped or questioned by the police or legal authority because you were suspected of committing a crime?

1 = No [GO TO QUESTION #24]

2 = Yes

23a. How many times in the past 6 months have you been stopped or questioned by the police or a legal authority?

_____ times

24. Have you *ever* been arrested? By arrested, I mean that you were taken or held by a legal authority because you were suspected of committing a criminal act.

1 = No [GO TO QUESTION #25]

2 = Yes

24a. How old were you the first time you were arrested?

_____ age

[NOTE TO INTERVIEWER: Prompt if age seems unreasonable, e.g., 1 year old.]

24b. In the past 6 months, how many times have you been arrested?

_____ times [IF ZERO, GO TO QUESTION #25]

24c. What were the offenses for which you were arrested in the past 6 months? [Describe all offenses]

[NOTE TO INTERVIEWER: Record subject's response verbatim, then code based on arrest categories provided. Prompt if more information is needed to code the arrest charges correctly.]

Arrest codes

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25. Have you *ever* been told to appear in court for something you were suspected of doing?

1 = No [GO TO QUESTION #26]

2 = Yes

25a. How many times in the past 6 months did you appear in court for something you were suspected of doing?

_____ times [IF ZERO, GO TO QUESTION #26]

25b. What were the offenses for which you appeared in court in the past 6 months? [Describe all offenses]

[NOTE TO INTERVIEWER: Record subject's response verbatim, then immediately code the offenses based on categories provided. Prompt if more information is needed to code the offenses correctly.]

Offense codes

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26. Have you *ever* been convicted (found guilty or adjudicated) of a crime or offense in court? By convicted, I mean found to be responsible for a crime by a jury or judge.

1 = No [GO TO QUESTION #27]

2 = Yes

26a. How old were you the first time you were found guilty or adjudicated of a crime or offense in court?

_____ age

[NOTE TO INTERVIEWER: Prompt if age seems unreasonable, e.g., 1 year old.]

26b. In the past 6 months, have you been found guilty or adjudicated of a crime or offense in court?

1 = No [GO TO QUESTION #27]

2 = Yes

26c. What were the offenses you were found guilty or adjudicated of in the past 6 months?
[Describe all offenses]

[NOTE TO INTERVIEWER: Record subject's response verbatim, then immediately code the offenses based on categories provided. Prompt if more information is needed to code the offenses correctly.]

Offense codes

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27. Have you been on probation in the past 6 months?

1 = No [GO TO QUESTION #28]

2 = Yes

27a. Have you successfully followed your probation agreement?

1 = No

2 = Yes

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28. [IF GREATER THAN ZERO TO #24b OR #25a, OR YES TO #26b OR #27] During the past 6 months, as a result of your contact with law enforcement (e.g., police, truant officers, court, judge), which of the following did you do? [Select all that apply]

1 = Met with a probation officer or other person representing the juvenile justice system

2 = Met with or talked to a mentor

3 = Attended crime prevention class or program

4 = Received mental health services

5 = Received substance abuse treatment

6 = Provided community service

7 = Returned property or paid money for stolen or damaged property

8 = Wore an electronic monitor

9 = Other—please specify _____

[Probe for other outcomes]

10 = None of the above [END OF QUESTIONNAIRE]

28a. [IF ANY OF 1–9 SELECTED IN QUESTION #28] As a result of doing this activity/these activities, did you avoid further involvement in the juvenile justice system? For example, were you able to avoid going to court, being adjudicated in court (found guilty of a crime), or being sent to juvenile jail?

1 = No

2 = Yes

28b. At what point during your involvement with the juvenile justice system did you do this activity/these activities?

1 = After being arrested

2 = After meeting with a probation officer or other juvenile justice system representative

3 = After appearing in court

4 = After being adjudicated or found guilty of a crime

Offense/Arrest List

- 01 Vandalism, graffiti, or property destruction
- 02 Receiving, possessing, or selling stolen goods
- 03 Passing bad checks, forgery, or fraud
- 04 Shoplifting
- 05 Larceny or theft
- 06 Motor vehicle theft
- 07 Robbery
- 08 Simple assault or battery
- 09 Aggravated assault
- 10 Forcible rape
- 11 Murder, homicide, or non-negligent manslaughter
- 12 Arson
- 13 Driving under the influence
- 14 Drunkenness or other liquor law violation
- 15 Possession, dealing, distribution, or sale of drugs
- 16 Possession or use of drug paraphernalia
- 17 Possession or use of weapons
- 18 Prostitution, pimping, or commercialized sex
- 19 Probation or parole violations
- 20 Illegal gambling
- 21 Burglary or breaking and entering
- 22 Curfew violation
- 23 Truancy
- 24 Running away
- 25 Disorderly conduct
- 26 Gang involvement/activity
- 27 Domestic violence
- 28 Disturbing the peace
- 29 Other

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BEHAVIORAL AND EMOTIONAL RATING SCALE—Second Edition, Youth Rating Scale (BERS-2Y)

BRYDATE (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

BRYINTV (Who administered interview)

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

BRYMETH (Method of administering interview)

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

BRYLANG (Language version of interview)

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

Instructions to respondent: I am going to read you a list of statements that describe you in a positive way. Some of the items will describe you very well. Other items will not describe you at all. After I read each statement, tell me which description best describes you now or in the past 6 months. You must answer all 57 items. If you do not know the meaning of some of the words, ask me. Rate all 57 items by the following criteria: *the statement is very much like you, like you, not much like you, or not at all like you.*
[CARD]

BERS-2

Behavioral and Emotional Rating Scale—Second Edition Youth 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	_____	_____	<input type="text"/>
BERS-2 Strength Index	_____	_____	<input type="text"/>
Supplemental			
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

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Section 5. Youth Rating Items

Directions: Below is a list of items that describe you in a positive way. Some of the items will describe you very well. Other items will not describe you at all. Read each item and mark the number that corresponds to the rating that best describes you now or in the past 3 months. You must answer all 57 items. If you do not know the meaning of some of the words, ask the person who is giving you this form.

3 = If the statement is very much like you

2 = If the statement is like you

1 = If the statement is not much like you

0 = If the statement is not at all like you

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Statement		IS	FI	IaS	SF	AS
1. My family makes me feel wanted	3 2 1 0		_____			
2. I trust at least one person very much	3 2 1 0		_____			
3. It's okay when people hug me	3 2 1 0					_____
4. I join in community activities	3 2 1 0		_____			
5. I believe in myself	3 2 1 0			_____		
6. I let someone know when my feelings are hurt	3 2 1 0					_____
7. I get along well with my family	3 2 1 0		_____			
8. I have a sense of humor	3 2 1 0			_____		
9. I ask for help when I need it	3 2 1 0					_____
10. I can express my anger in the right way	3 2 1 0	_____				
11. My parents and I talk about how I act at home	3 2 1 0		_____			
12. If I hurt or upset others, I tell them I am sorry	3 2 1 0	_____				
13. I care about how others feel	3 2 1 0					_____
14. I complete tasks when asked	3 2 1 0				_____	
15. I get along well with my parents	3 2 1 0		_____			
16. When my feelings are hurt, I stay calm	3 2 1 0	_____				
17. I think about what could happen before I decide to do something	3 2 1 0	_____				
18. I accept criticism	3 2 1 0	_____				
19. I go to religious activities	3 2 1 0		_____			
20. I keep myself clean	3 2 1 0			_____		
21. I ask my friends for help	3 2 1 0			_____		
22. I have a hobby I enjoy	3 2 1 0			_____		
23. When I have a problem, I talk with others about it	3 2 1 0					_____
24. I do my schoolwork on time	3 2 1 0				_____	
25. I feel close to others	3 2 1 0					_____
26. I know when I am happy and when I am sad	3 2 1 0			_____		
27. I know what I do well	3 2 1 0			_____		
28. I accept responsibility for my actions	3 2 1 0	_____				
29. I get along with my brothers and sisters	3 2 1 0		_____			
30. When I lose a game, I accept it	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 you
- 2 = If the statement is like you
- 1 = If the statement is not much like you
- 0 = If the statement is not at all like you

Statement		IS	FI	IaS	SF	AS
31. I complete my homework	3 2 1 0					
32. I am liked by others my age	3 2 1 0					
33. I am a good listener	3 2 1 0					
34. I let people know when I like them	3 2 1 0					
35. When I make a mistake, I admit it	3 2 1 0					
36. I do things with my family	3 2 1 0					
37. I can deal with being told "no"	3 2 1 0					
38. I smile a lot	3 2 1 0					
39. I pay attention in class	3 2 1 0					
40. I am good at math	3 2 1 0					
41. I am good at reading	3 2 1 0					
42. I enjoy many of the things I do	3 2 1 0					
43. I respect the rights of others	3 2 1 0					
44. I share things with others	3 2 1 0					
45. I follow the rules at home	3 2 1 0					
46. When I do something wrong, I say I am sorry	3 2 1 0					
47. I study for tests	3 2 1 0					
48. When good things happen to me, I tell others	3 2 1 0					
49. I am nice to others	3 2 1 0					
50. I use appropriate language	3 2 1 0					
51. I attend school daily	3 2 1 0					
52. I listen during class and write things down to help me remember later	3 2 1 0					
Column Subtotals						
Previous Page Column Subtotals						
Total Raw Score for YRS						

Supplemental Career Strength (CS) Subscale

53. I can name at least one thing that I want to do in my life	3 2 1 0					
54. My future looks good	3 2 1 0					
55. I have a plan for my future career	3 2 1 0					
56. I have a skill that will help me succeed in a good job	3 2 1 0					
57. I know what I want to do for a career	3 2 1 0					

Totals

1. My favorite hobbies or activities are _____

2. My favorite sport(s) is (are) _____

3. My best school subject(s) is (are) _____

4. My best friend(s) is (are) _____

5. My favorite teacher(s) is (are) _____

6. In the community, I have worked or volunteered at _____

7. The most important people in my life are _____

8. The best thing about me 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.

GAIN QUICK-R: SUBSTANCE PROBLEM SCALE (GAIN)

GQDATE (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"/>
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TIMEFRAM (Assessment period)

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

GQINTV (Who administered interview)

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

GQMETH (Method of administering interview)

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

GQLANG (Language version of interview)

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

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Now I'm going to ask you some questions about things that you may have done, felt, or had happen to you in the past 6 months as a result of using drugs or alcohol. We realize that this information is personal. Please remember that the answers you give will be kept private *[insert local confidentiality rules here]* and will never be linked to your name. For each question, answer "yes" or "no." As I'm reading a question, if I say something that applies to you, interrupt me and say "yes." You don't need to wait until I've read the whole question. I'll pause after each part of the question to give you a chance to answer. Some of the questions are long or have difficult words. Please let me know if you want me to repeat a question or explain what any of the words mean.

1. During the past 6 months, have you used any alcohol, marijuana, cocaine, heroin, or other substances?

0 = No *[END OF QUESTIONNAIRE]*

1 = Yes

During the past 6 months . . .

- 1a. have you tried to hide that you were using alcohol, marijuana, or other drugs?

0 = No

1 = Yes

- 1b. have your parents, family, partner, coworkers, classmates, or friends complained about your alcohol, marijuana, or other drug use?

0 = No

1 = Yes

- 1c. have you used alcohol, marijuana, or other drugs weekly?

0 = No

1 = Yes

- 1d. has alcohol, marijuana, or other drug use caused you to feel depressed, nervous, suspicious, uninterested in things, reduced your sexual desire, or caused other psychological problems?

0 = No

1 = Yes

- 1e. has alcohol, marijuana, or other drug use caused you to have numbness, tingling, shakes, blackouts, hepatitis, TB, sexually transmitted disease, or any other health problems?

0 = No

1 = Yes

2. During the past 6 months . . .

- 2a. have you kept using alcohol, marijuana, or other drugs even though you knew it was keeping you from meeting your responsibilities at work, school, or home?

0 = No

1 = Yes

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

- 2b. have you used alcohol, marijuana, or other drugs where it made the situation unsafe or dangerous for you, such as when you were driving a car, using a machine, or where you might have been forced into sex or hurt?
- 0 = No
1 = Yes
- 2c. has alcohol, marijuana, or other drug use caused you to have repeated problems with the law?
- 0 = No
1 = Yes
- 2d. have you kept using alcohol, marijuana, or other drugs even after you knew it could get you into fights or other kinds of legal trouble?
- 0 = No
1 = Yes
3. During the past 6 months . . .
- 3a. have you needed more alcohol, marijuana, or other drugs to get the same high or found that the same amount did not get you as high as it used to?
- 0 = No
1 = Yes
- 3b. have you had withdrawal problems from alcohol, marijuana, or other drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or have you used any alcohol, marijuana, or other drugs to stop being sick or avoid withdrawal problems?
- 0 = No
1 = Yes
- 3c. have you used alcohol, marijuana, or other drugs in larger amounts, more often, or for a longer time than you meant to?
- 0 = No
1 = Yes
- 3d. have you been unable to cut down or stop using alcohol, marijuana, or other drugs?
- 0 = No
1 = Yes
- 3e. have you spent a lot of time either getting alcohol, marijuana, or other drugs, using them, or feeling the effects of them (high, sick)?
- 0 = No
1 = Yes
- 3f. has alcohol, marijuana, or other drugs caused you to give up, reduce, or have problems at important activities at work, school, home, or social events?
- 0 = No
1 = Yes

CHILD ID:

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GAIN Quick-R: Substance Problem Scale (GAIN)

3g. have you kept using alcohol, marijuana, or other drugs even after you knew it was causing or adding to medical, psychological, or emotional problems you were having?

0 = No

1 = Yes

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SUBSTANCE USE SURVEY, REVISED (SUS-R)

SSRDATE (Today's date) / /
Month Day Year

CHILID (National evaluation ID)

TIMEFRAM (Assessment period)

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

SSRINTV (Who administered interview)

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

SSRMETH (Method of administering interview)

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

SSRLANG (Language version of interview)

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

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

This set of questions deals with the use of alcohol, cigarettes, and other drugs. The information respondents provide about their use of these substances is very important to the success of this study. We recognize that this information is personal. Please remember that the answers you give will be kept private *[insert local confidentiality rules here]* and will never be linked to your name.

Let's talk about alcoholic beverages first. By an alcoholic beverage, we mean a can or bottle of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink. We are not talking about little sips you may have taken from another person's beverage or wine you may have drunk in a religious ceremony.

1. Have you ever had an alcoholic beverage?

1 = No *[GO TO QUESTION #2]*

2 = Yes

1a. How old were you when you had your first alcoholic beverage? Please do not include any times when you only had a sip or two from a drink.

_____ age

1b. Have you ever been drunk?

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

2 = Yes

1c. How old were you when you first got drunk?

_____ age

1d. How long has it been since you last drank an alcoholic beverage?

_____ days/weeks/months *[IF MORE THAN 6 MONTHS, GO TO QUESTION #2]*
(circle one)

[CARD] [TIMELINE]

1e. In the past 6 months, how often did you drink an alcoholic beverage?

1 = Not at all *[GO TO QUESTION #2]*

2 = Less than once per month

3 = 1–3 times per month *(for example, every other weekend)*

4 = 1–2 times per week *(for example, every weekend)*

5 = 3–6 times per week

6 = Daily

1f. During the past 30 days, that is, since *[fill in date]*, on how many days did you drink one or more alcoholic beverages?

_____ day(s) *[IF 0, GO TO QUESTION #2]*

1g. During the past 30 days, that is, since *[fill in date]*, on how many days did you have 5 or more drinks on the same occasion? By "occasion," we mean at the same time or within a couple of hours of each other.

_____ day(s)

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2. Have you ever smoked cigarettes?
- 1 = No [GO TO QUESTION #3]
2 = Yes
- 2a. How old were you when you first smoked part or all of a cigarette?
_____ age
- 2b. In the past 6 months, have you smoked part or all of a cigarette?
1 = No [GO TO QUESTION #3]
2 = Yes
- 2c. During the past 30 days, that is, since [fill in date], on how many days did you smoke part or all of a cigarette?
_____ day(s) [IF 0, GO TO QUESTION #3]
- 2d. On the days you smoked cigarettes during the past 30 days, how many cigarettes did you usually smoke per day?
_____ number
3. Have you ever used chewing tobacco or snuff (sometimes called dip)?
- 1 = No [GO TO QUESTION #4]
2 = Yes
- 3a. How old were you when you first used chewing tobacco or snuff?
_____ age
- 3b. In the past 6 months, have you used chewing tobacco or snuff?
1 = No [GO TO QUESTION #4]
2 = Yes
- 3c. In the past 30 days, on how many days did you use chewing tobacco or snuff?
_____ day(s)
4. Have you ever, even once, used marijuana or hashish? Marijuana is also called “pot” or “weed.” Hashish is also called “hash.”
- 1 = No [GO TO QUESTION #5]
2 = Yes
- 4a. How old were you when you first used marijuana or hashish?
_____ age
- 4b. In the past 6 months, have you used marijuana or hashish?
1 = No [GO TO QUESTION #5]
2 = Yes
- 4c. In the past 30 days, on how many days did you use marijuana or hashish?
_____ day(s)

Now I'm going to ask you some questions about drugs you may have used. For each drug I say, please tell me if you've ever used it, even if you only used it one time.

[NOTE TO INTERVIEWER: For each drug or drug class listed in the table, ask (a). For those that the youth has used, ask (b) and (c). If they have used the drug in the past 6 months, ask (d).]

Substance	a. Have you ever, even once, used [drug name]?		b. How old were you when you first used [drug name]?	c. In the past 6 months, have you used [drug name]?		d. In the past 30 days, on how many days did you use [drug name]?
	No	Yes	#	No	Yes	#
5. Cocaine, including all the different forms of cocaine sometimes called coke, crack, or rock	1	2	_____	1	2	_____
6. Hallucinogens (<i>These drugs often cause people to see or experience things that are not real. Ex., LSD, mescaline, peyote, "shrooms," or psilocybin</i>)	1	2	_____	1	2	_____
7. PCP	1	2	_____	1	2	_____
8. Ketamine, or Special K	1	2	_____	1	2	_____
9. MDMA, often called "Ecstasy" or "X"	1	2	_____	1	2	_____
10. GHB	1	2	_____	1	2	_____
11. Inhalants	1	2	_____	1	2	_____
12. Heroin	1	2	_____	1	2	_____
13. Methamphetamine, crystal, ice, glass, or other form of methedrine	1	2	_____	1	2	_____

For these next drugs, please tell me if you've ever used them without a doctor's prescription or if you used more than was prescribed for you.

13a. Amphetamines or stimulants (<i>Also called "uppers." Ex., Bensedrine, Biphedamine, Fastin, or Phentermine</i>)	1	2	_____	1	2	_____
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DRUG IDENTIFICATION LIST

NOTE TO INTERVIEWER: For your purposes only, here are some additional formal and slang names for the drugs you ask youth about in the Substance Use Survey. Before beginning to administer this questionnaire, please identify local names for the drugs and use these local names in addition to, or instead of, the names provided here. Useful Web sites for helping to expand the list provided below include

<http://www.whitehousedrugpolicy.gov/streetterms/>
<http://www.erowid.org/psychoactives/slang/slang3.shtml>

Marijuana

Marijuana, hashish, weed, pot or dope, hash oil, grass, blunts

Cocaine

Powder, Crack, Free Base, Coca paste, rock

Heroin

Hallucinogens

LSD (also called 'acid'), PCP (also called 'angel dust' or phencyclidine), Peyote, Mescaline, Psilocybin

Ecstasy (MDMA)

E, X, XTC

Inhalants

Amyl nitrite, "poppers," "rush," correction fluid, degreaser, cleaning fluid, gasoline, lighter fluid, glue, shoe polish, toluene, Halothane, ether, other anesthetics, lacquer thinner, other paint solvents, lighter gases (such as butane or propane), nitrous oxide, "whippets," spray paints, other aerosol sprays

Pain relievers

Darvocet, Darvon, Tylenol with codeine, Percocet, Percodan, Tylox, Vicodin, Lortab, Lorcet, Codeine, Demerol, Dilaudid, Fioricet, Fiorinal, Hydrocodone, Methadone, Morphine, OxyContin, Phenaphen with Codeine, Propoxyphene, Stadol, Talacen, Talwin, Talwin NX, Tramadol, Ultram

Tranquilizers

Klonopin, Clonazepam, Xanax, Alprazolam, Ativan, Lorazepam, Valium, Diazepam, Atarax, BuSpar, Equanil, Flexeril, Librium, Limbitrol, Meprobamate, Miltown, Rohypnol, Serax, Soma, Tranxene, Vistaril

Prescription stimulants

Desoxyn, Methedrine, Prescription diet pills (such as Amphetamines, Bensedrine, Biphedamine, Fastin, or Phentermine), Ritalin, Methylphenidate, Cylert, Dexedrine, Dextroamphetamine, Didrex, Eskatrol, Ionamin, Mazanor, Obedrin - L.A., Plegine, Preludin, Sanorex, Tenuate

Nonprescription stimulants

Uppers, ups, speed, bennies, dexies, pep pills, diet pills, Methamphetamine, meth or crystal meth

Ketamine

Special K, Cat Valium, Vitamin K, Kit kat

Sedatives or barbiturates

(downs, downers, goofballs, yellows, reds, blues, rainbows or sleeping pills) Methaqualone, Sopor, Quaalude, Barbiturates (such as Nembutal, Pentobarbital, Seconal, Secobarbital, or Butalbital), Restoril, Temazepam, Amytal, Butisol, Chloral Hydrate, Dalmane, Halcion, Phenobarbital, Placidyl, Tuinal, Luminal, Debutal

Nonprescription drugs

Prolamine, Wake, Caffeine, imitation speed, look-alikes, Dextromethorphan, or DXM (says DM or Tuss on the bottle)

Steroids**Gamma hydroxybutyrate**

GHB, Georgia Home Boy, Grievous bodily harm

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REVISED CHILDREN'S MANIFEST ANXIETY SCALE, Second Edition (RCMAS-2)

RCDATE (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"/>
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TIMEFRAM (Assessment period)

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

RCINTV (Who administered interview)

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

RCMETH (Method of administering interview)

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

RCLANG (Language version of interview)

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

Instructions to respondent: I am going to read you some sentences that tell how some people think and feel about themselves. Listen to each sentence carefully. Tell me "yes" if you think the sentence is true about you. Tell me "no" if you think it is not true about you. Tell me an answer for every sentence, even if it is hard to choose one that fits you. There are no right or wrong answers. Only you can tell us how you think and feel about yourself. Remember, after I read each sentence, ask yourself, "Is it true about me?" If it is, say "yes." If it is not, say "no."

Circle one answer for each sentence.
Please press hard when marking your responses.

1. Often I feel sick in my stomach. Yes No
2. I am nervous. Yes No
3. I often worry about something bad happening to me. Yes No
4. I fear other kids will laugh at me in class. Yes No
5. I have too many headaches. Yes No
6. I worry that others do not like me. Yes No
7. I wake up scared sometimes. Yes No
8. I get nervous around people. Yes No
9. I feel someone will tell me I do things the wrong way. Yes No
10. I fear other people will laugh at me. Yes No

Continue with Item 11 unless you have been told to stop here.

11. I have trouble making up my mind. Yes No
12. I get nervous when things do not go the right way for me. Yes No
13. Others seem to do things easier than I can. Yes No
14. I like everyone I know. Yes No
15. Often I have trouble getting my breath. Yes No
16. I worry a lot of the time. Yes No
17. I feel bad if people laugh at me. Yes No
18. I am afraid of a lot of things. Yes No
19. I am always kind. Yes No
20. I get mad easily. Yes No
21. I worry about what my parents will say to me. Yes No
22. I feel that others do not like the way I do things. Yes No
23. I am afraid to give a talk to my class. Yes No
24. I always have good manners. Yes No

continue on back page

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W-467A

What I Think and Feel (RCMAS-2)

AutoScore™ Form

Cecil R. Reynolds, Ph.D., and Bert O. Richmond, Ed.D.

Directions

First fill in the background information. If you don't know your ID number, ask your examiner.

The sentences on this form tell how some people think and feel about themselves. Read each sentence carefully, then circle the word that shows your answer. Circle *Yes* if you think the sentence is *true* about you. Circle *No* if you think it is *not true* about you. Give an answer for every sentence, even if it is hard to choose one that fits you. Do not circle both *Yes* and *No* for the same sentence. If you want to change an answer, draw an X through your first answer and then circle your new choice.

There are no right or wrong answers. Only you can tell us how you think and feel about yourself. Remember, after you read each sentence, ask yourself, "Is it true about me?" If it is, circle *Yes*. If it is not, circle *No*.

Date: SAMPLE

Name or ID number: SAMPLE

Age: 11 Grade: 6 Gender: Girl Boy

Race/Ethnicity: American Indian/Alaska Native
 Asian
 Black/African American
 Hispanic/Latino
 Native Hawaiian/Pacific Islander
 White
 Other

School: SAMPLE

Examiner: SAMPLE

Figure 1
Completed RCMAS-2 AutoScore™ Form

25. It is hard for me to get to sleep at night. Yes No
26. I worry about what other people think about me. Yes No
27. I feel alone even when there are people with me. Yes No
28. I get teased at school. Yes No
29. I am always good. Yes No
30. My feelings get hurt easily. Yes No
31. My hands feel sweaty. Yes No
32. I worry about making mistakes in front of people. Yes No
33. I am always nice to everyone. Yes No
34. I am tired a lot. Yes No
35. I worry about what is going to happen. Yes No
36. Other people are happier than I am. Yes No
37. I am afraid to speak up in a group. Yes No
38. I tell the truth every single time. Yes No
39. I have bad dreams. Yes No
40. I get angry sometimes. Yes No
41. I worry about being called on in class. Yes No
42. I worry when I go to bed at night. Yes No
43. It is hard for me to keep my mind on my schoolwork. Yes No
44. I sometimes say things I should not say. Yes No
45. I worry about someone beating me up. Yes No
46. I wiggle in my seat a lot. Yes No
47. A lot of people are against me. Yes No
48. I have told a lie. Yes No
49. I worry about saying something dumb. Yes No

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**Figure 1 (continued)
Completed RCMAS-2 AutoScore™ Form**

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 3 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.

REYNOLDS ADOLESCENT DEPRESSION SCALE, Second Edition (RADS-2)

RADSDATE (Today's date)

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Month			Day			Year			

CHILDDID (National evaluation ID)

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TIMEFRAM (Assessment period)

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

RADSINTV (Who administered interview)

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

RADSMETH (Method of administering interview)

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

RADSLANG (Language version of interview)

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

Instructions to respondent: This questionnaire is about how you feel. I'm going to read you some sentences and you'll decide how often you feel this way. Decide if you feel this way *almost never, hardly ever, sometimes, or most of the time*. For each sentence, tell me the answer that best describes how you really feel. Remember, there are no right or wrong answers. Just choose the answer that tells how you usually feel. [CARD]

About Myself

Directions:

On the back of this questionnaire are a number of sentences that people use to describe their feelings. You will be reading each sentence and deciding how often you feel the way the sentence describes.

There are no right or wrong answers. Just choose the answer that tells how you really feel.

If you need to change an answer, DO NOT ERASE! Make an X through the incorrect answer and circle the correct answer.

Now please turn the questionnaire over and fill out the information section at the top of the page. Be sure to answer all items.

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RADS-2 Test Booklet

by William M. Reynolds, PhD

Name _____ Age _____ Sex: Male Female Today's Date: ____/____/____
Mo. Day Yr.

Grade in School: _____ Ethnicity/Race: _____ School/Agency _____

Directions: Listed below are some sentences about how you feel. Read each sentence and decide how often you feel this way. Decide if you feel this way almost never, hardly ever, sometimes, or most of the time. To answer each item, circle the number under the answer that best describes how you really feel. Remember, there are no right or wrong answers. Just choose the answer that tells how you usually feel.

	Almost never	Hardly ever	Some- times	Most of the time
1. I feel happy	1	2	3	4
2. I worry about school.....	1	2	3	4
3. I feel lonely.....	1	2	3	4
4. I feel my parents don't like me	1	2	3	4
5. I feel important	1	2	3	4
6. I feel like hiding from people.....	1	2	3	4
7. I feel sad	1	2	3	4
8. I feel like crying	1	2	3	4
9. I feel that no one cares about me	1	2	3	4
10. I feel like having fun with other students.....	1	2	3	4
11. I feel sick	1	2	3	4
12. I feel loved.....	1	2	3	4
13. I feel like running away.....	1	2	3	4
14. I feel like hurting myself.....	1	2	3	4
15. I feel that other students don't like me.....	1	2	3	4
16. I feel upset	1	2	3	4
17. I feel life is unfair.....	1	2	3	4
18. I feel tired	1	2	3	4
19. I feel I am bad.....	1	2	3	4
20. I feel I am no good	1	2	3	4
21. I feel sorry for myself.....	1	2	3	4
22. I feel mad about things.....	1	2	3	4
23. I feel like talking to other students.....	1	2	3	4
24. I have trouble sleeping.....	1	2	3	4
25. I feel like having fun	1	2	3	4
26. I feel worried	1	2	3	4
27. I get stomachaches.....	1	2	3	4
28. I feel bored.....	1	2	3	4
29. I like eating meals.....	1	2	3	4
30. I feel like nothing I do helps any more	1	2	3	4

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.

YOUTH INFORMATION QUESTIONNAIRE, REVISED—Intake (YIQ-R-I)

YIQDATE (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"/>
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TIMEFRAM (Assessment period)

1 = Intake

YIQINTV (Who administered interview)

1 = Person providing services to child
2 = Data collector

YIQMETH (Method of administering interview)

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

YIQLANG (Language version of interview)

1 = English
2 = Spanish
3 = Other

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I am going to be asking you questions on a range of topics, including things about your health, relationships, safety, and things you may do. It may seem like the questions are unrelated, but all of them are important for understanding youth and their problems. I will begin by asking you about languages you speak and then ask some questions about how you spend your time.

[NOTE TO INTERVIEWER: For Questions #1–1b, do **not** read the response options to the youth.]

1. What language or languages do you speak? [Select all that apply]

1 = English

2 = Spanish

3 = Other—please specify _____

1a. What language do you usually speak with your family?

1 = English

2 = Spanish

3 = Other—please specify _____

1b. What language do you usually speak with your friends?

1 = English

2 = Spanish

3 = Other—please specify _____

2. In the past 6 months, have you had a job, including formal jobs (e.g., working in a restaurant or store) or done other work for which you were paid (e.g., babysitting, mowing lawns)?

1 = No [GO TO QUESTION #2g]

2 = Yes

2a. In how many of the past 6 months have you worked?

_____ months

2b. In an average month, about how many weeks do you work?

_____ weeks

2c. In an average week, about how many days do you work?

_____ days

2d. In an average day, about how many hours do you work?

_____ hours

2e. About how much money do you make per week?

\$ _____

2f. How many days in the past 6 months did you miss work due to your emotional and behavioral problems, if any?

_____ days [GO TO QUESTION #3]

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2g. Are you at least 14 years old?

1 = No [GO TO QUESTION #3]

2 = Yes

2h. Which of the following best describes why you have not worked in the past 6 months?

1 = I was trying to find a job but could not find one.

2 = I do not have time to work.

3 = My caregivers do not want me to work.

4 = I do not want to work.

5 = I am attending school.

6 = I am not able to work for physical or emotional reasons.

7 = Other—please specify _____

2i. What are other reasons, if any, why you have not worked in the past 6 months? [Select all that apply]

1 = I was trying to find a job but could not find one.

2 = I do not have time to work.

3 = My caregivers do not want me to work.

4 = I do not want to work.

5 = I am attending school.

6 = I am not able to work for physical or emotional reasons.

7 = Other—please specify _____

3. In the past 6 months, have you done volunteer work?

1 = No [GO TO QUESTION #4]

2 = Yes

3a. In how many of the past 6 months did you do volunteer work?

_____ months

4. Do you have a Social Security number?

1 = No

2 = Yes

Now I would like to ask you about the people outside your family and relatives that you know. I'd like you to think about close friends and other people you know, including both kids your age and adults.

[CARD 1]

	Never	Rarely, almost never	Less than half the time	More than half the time	Usually, almost always	Always
5. How often can you depend on having someone your own age to talk to?	1	2	3	4	5	6
6. How often can you depend on having an adult to talk to?	1	2	3	4	5	6

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	Never	Rarely, almost never	Less than half the time	More than half the time	Usually, almost always	Always
7. If a problem or emergency arises, how often can you depend on having someone your own age to turn to for help and support?	1	2	3	4	5	6
8. If a problem or emergency arises, how often can you depend on having an adult to turn to for help and support?	1	2	3	4	5	6
9. How often do you have someone your own age to have fun or hang out with when you want to?	1	2	3	4	5	6
10. How often do you have an adult to have fun or hang out with when you want to?	1	2	3	4	5	6

Now I am going to read you some statements. For each of these statements, please tell me whether the statement is True or False in describing your experience.

	True	False
11. I felt free to do what I wanted about getting mental health treatment for myself.	1	2
12. I chose to get mental health treatment for myself.	1	2
13. It was my idea to get mental health treatment for myself.	1	2
14. I had a lot of control over whether I got mental health treatment.	1	2
15. I had more influence than anyone else on whether I got mental health treatment.	1	2

These next questions are about problems you may have experienced. I know it may be difficult or upsetting to answer some of these questions, but they provide information that is very important for understanding what youth like you are experiencing and for providing services that can help youth.

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16. What were the emotional or behavioral symptoms that led to you receiving services?

[NOTE TO INTERVIEWER: Write down all the problems that the youth says and then select all that apply. Do not read the response options.]

- 1 = Suicide-related problems (including suicide ideation, suicide attempt, self-injury)
- 2 = Depression-related problems (including major depression, dysthymia, sleep disorders, somatic complaints)
- 3 = Anxiety-related problems (including fears and phobias, generalized anxiety, social avoidance, obsessive-compulsive behavior, posttraumatic stress disorder)
- 4 = Hyperactive and attention-related problems (including hyperactive, impulsive, attentional difficulties)
- 5 = Conduct/delinquency-related problems (including physical aggression, extreme verbal abuse, noncompliance, sexual acting out, property damage, theft, running away, sexual assault, fire setting, cruelty to animals, truancy, police contact)
- 6 = Substance use, abuse, and dependence-related problems
- 7 = Adjustment-related problems (including changes in behaviors or emotions in reaction to a significant life stress)
- 8 = Psychotic behaviors (including hallucinations, delusions, strange or odd behaviors)
- 9 = Pervasive developmental disabilities (including autistic behaviors, extreme social avoidance, stereotypes, perseverative behavior)
- 10 = Specific developmental disabilities (including enuresis, encopresis, expressive or receptive speech and language delay)
- 11 = Learning disabilities
- 12 = School performance problems not related to learning disabilities
- 13 = Eating disorders (including anorexia, bulimia)
- 14 = Other problems—please specify problems _____

17. Have you ever intentionally harmed yourself?

- 1 = No *[GO TO QUESTION #18]*
- 2 = Yes

17a. In the past 6 months, have you intentionally harmed yourself?

- 1 = No *[GO TO QUESTION #18]*
- 2 = Yes

17b. In the past 6 months, did you receive treatment for harming yourself?

- 1 = No
- 2 = Yes

18. Have you ever thought about killing yourself?

- 1 = No *[GO TO QUESTION #19]*
- 2 = Yes

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18a. In the past 6 months, have you thought about killing yourself?

1 = No *[GO TO QUESTION #19]*

2 = Yes

18b. In the past 6 months, did you receive treatment for thinking about killing yourself?

1 = No

2 = Yes

19. Have you ever tried to kill yourself?

1 = No *[GO TO QUESTION #20]*

2 = Yes

19a. How many times have you tried to kill yourself?

_____ times

19b. In the past 6 months, have you tried to kill yourself?

1 = No *[GO TO QUESTION #20]*

2 = Yes

19c. In the past 6 months, did you receive treatment for trying to kill yourself?

1 = No

2 = Yes

Now I would like to ask you about safety and violence in your neighborhood and social groups.

20. When you're in your neighborhood, do you feel safe?

1 = No

2 = Yes

21. In the past 6 months, have you seen any non-violent crime in your neighborhood, such as someone selling drugs or stealing?

1 = No

2 = Yes

22. In the past 6 months, have you seen any violent crimes taking place in your neighborhood, such as someone getting beat up?

1 = No

2 = Yes

23. In the past 6 months, have you known someone other than yourself who was a victim of a violent crime in your neighborhood?

1 = No

2 = Yes

24. In the past 6 months, have you been a victim of a violent crime in your neighborhood?

1 = No

2 = Yes

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25. In the past 6 months, have you been bullied at school or in your neighborhood?

1 = No

2 = Yes

26. In the past 6 months, have you experienced online bullying or threats (cyber-bullying)?

1 = No

2 = Yes

Now I'm going to ask you some questions about medications that you may be taking for your emotional or behavioral symptoms.

27. Now or in the past 6 months, have you taken any prescribed medication for your emotional or behavioral symptoms?

1 = No [*GO TO QUESTION #28*]

2 = Yes

27a. In the past 6 months, have these medications helped you feel better?

1 = No [*GO TO QUESTION #27c*]

2 = Yes

27b. In what ways have they helped you feel better?

27c. In the past 6 months, have you had any bad side effects from these medications?

1 = No [*GO TO QUESTION #27e*]

2 = Yes

27d. What were the bad side effects?

I will now read you several statements. These statements are about any medications that you currently take, or have taken in the past 6 months, for your emotional or behavioral symptoms. For each of the statements, please tell me how strongly you agree that the statement reflects your experience.

[CARD 2]

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
27e. I understand why I take my medication.	1	2	3	4	5
27f. I know what my medication is supposed to do for me.	1	2	3	4	5
27g. I had a choice in the medication that I take.	1	2	3	4	5
27h. I take my medication the way I'm supposed to.	1	2	3	4	5
27i. I feel comfortable about taking medication.	1	2	3	4	5

I will now read you several statements. These statements are about things you know and can do in your daily living. For each of the statements, please indicate how well the statement describes you.

[CARD 3]

	Not like me	Somewhat like me	Very much like me
28. I can arrange for new telephone service and utilities (such as gas, water, electricity).	1	2	3
29. I can complete a rental agreement or lease.	1	2	3
30. I can calculate the start-up costs for new living arrangements (for instance, rental deposits, rent, utilities, furnishings).	1	2	3
31. I can explain how to prevent pregnancy.	1	2	3
32. I can explain two ways to prevent sexually transmitted diseases (STDs) such as HIV/AIDS and syphilis.	1	2	3
33. I can explain what happens to your body if you smoke or chew tobacco, drink alcohol, or use illegal drugs.	1	2	3
34. I can explain how I am feeling (like angry, happy, worried, or depressed).	1	2	3
35. I can get help if my feelings bother me.	1	2	3
36. I ask for help when I need it.	1	2	3
37. I am polite to others.	1	2	3
38. I show appreciation for things others do for me.	1	2	3
39. I respect other people's things.	1	2	3
40. I get my work done on time.	1	2	3
41. I get to school or work on time.	1	2	3
42. I prepare for exams and presentations.	1	2	3

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	Not like me	Somewhat like me	Very much like me
43. I use things in the kitchen, like the microwave, electric mixer, and oven.	1	2	3
44. I fix meals for myself on my own.	1	2	3
45. I store food so it doesn't spoil or go bad.	1	2	3
46. With which gender do you identify? <i>[Select only one]</i>			
1 = Male			
2 = Female			
3 = Transgender (male to female)			
4 = Transgender (female to male)			
5 = I don't know/I'm not sure			
6 = Other—please specify _____			
47. How would you describe your sexual orientation? <i>[Select only one]</i>			
1 = Heterosexual/straight (attracted only to persons of the opposite sex)			
2 = Mostly heterosexual/straight (attracted mostly to persons of the opposite sex)			
3 = Bisexual (attracted to both males and females)			
4 = Mostly homosexual/gay or lesbian (attracted mostly to persons of the same sex)			
5 = Homosexual/gay or lesbian (attracted only to persons of the same sex)			
6 = Other—please specify _____			
7 = I don't know/I am not sure			
8 = I don't understand this question			

I will now read you several statements. These statements are about how you manage your emotions and mental health, how you manage services and supports, and how you help change or improve service systems. For each of the statements, please indicate how true it is for you.

[CARD 4]

	Never or almost never	Rarely	Sometimes	Mostly	Always or almost always
48. When problems arise with my mental health or emotions, I handle them pretty well.	1	2	3	4	5
49. I make changes in my life so I can live successfully with my emotional or mental health challenges.	1	2	3	4	5
50. I know how to take care of my mental or emotional health.	1	2	3	4	5
51. I work with providers to adjust my services or supports so they fit my needs.	1	2	3	4	5
52. When a service or support is not working for me, I take steps to get it changed.	1	2	3	4	5
53. I tell service providers what I think about services I get from them.	1	2	3	4	5

For all variables and data elements:

666 = Not Applicable
777 = Refused

888 = Don't Know
999 = Missing

CHILD ID:

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	Never or almost never	Rarely	Sometimes	Mostly	Always or almost always
54. I help other young people learn about services or supports that might help them.	1	2	3	4	5
55. I tell people in agencies and schools how services for young people can be improved.	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 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.

YOUTH INFORMATION QUESTIONNAIRE, REVISED—Follow-Up (YIQ-R-F)

YIQDATE (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"/>
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TIMEFRAM (Assessment period)

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

YIQINTV (Who administered interview)

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

YIQMETH (Method of administering interview)

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

YIQLANG (Language version of interview)

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

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I am going to be asking you questions on a range of topics, including things about your health, relationships, safety, and things you may do. It may seem like the questions are unrelated, but all of them are important for understanding youth and their problems.

[NOTE TO INTERVIEWER: Questions #1–1b are skipped, as they are not applicable at follow-up.]

First, I would like to ask you some questions about how you spend your time.

2. In the past 6 months, have you had a job, including formal jobs (e.g., working in a restaurant or store) or done other work for which you were paid (e.g., babysitting, mowing lawns)?

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

2 = Yes

- 2a. In how many of the past 6 months have you worked?

_____ months

- 2b. In an average month, about how many weeks do you work?

_____ weeks

- 2c. In an average week, about how many days do you work?

_____ days

- 2d. In an average day, about how many hours do you work?

_____ hours

- 2e. About how much money do you make per week?

\$_____

- 2f. How many days in the past 6 months did you miss work due to your emotional and behavioral problems, if any?

_____ days *[GO TO QUESTION #3]*

- 2g. Are you at least 14 years old?

1 = No *[GO TO QUESTION #3]*

2 = Yes

- 2h. Which of the following best describes why you have not worked in the past 6 months?

1 = I was trying to find a job but could not find one.

2 = I do not have time to work.

3 = My caregivers do not want me to work.

4 = I do not want to work.

5 = I am attending school.

6 = I am not able to work for physical or emotional reasons.

7 = Other—please specify _____

2i. What are other reasons, if any, why you have not worked in the past 6 months? [*Select all that apply*]

1 = I was trying to find a job but could not find one.

2 = I do not have time to work.

3 = My caregivers do not want me to work.

4 = I do not want to work.

5 = I am attending school.

6 = I am not able to work for physical or emotional reasons.

7 = Other—please specify _____

3. In the past 6 months, have you done volunteer work?

1 = No [*GO TO QUESTION #5*]

2 = Yes

3a. In how many of the past 6 months did you do volunteer work?

_____ months

[*NOTE TO INTERVIEWER: Question #4 is skipped, as it is not applicable at follow-up.*]

Now I would like to ask you about the people outside your family and relatives that you know. I'd like you to think about close friends and other people you know, including both kids your age and adults.

[*CARD 1*]

	Never	Rarely, almost never	Less than half the time	More than half the time	Usually, almost always	Always
5. How often can you depend on having someone your own age to talk to?	1	2	3	4	5	6
6. How often can you depend on having an adult to talk to?	1	2	3	4	5	6
7. If a problem or emergency arises, how often can you depend on having someone your own age to turn to for help and support?	1	2	3	4	5	6
8. If a problem or emergency arises, how often can you depend on having an adult to turn to for help and support?	1	2	3	4	5	6
9. How often do you have someone your own age to have fun or hang out with when you want to?	1	2	3	4	5	6
10. How often do you have an adult to have fun or hang out with when you want to?	1	2	3	4	5	6

[*NOTE TO INTERVIEWER: Questions #11–14 are skipped, as they are not applicable at follow-up.*]

Now I would like to ask you some questions about the services you have received from *{insert system of care program name}* over the past 6 months. For each of these statements, please tell me whether the statement is True or False in describing your experience.

	True	False
14a. The services I received from <i>{insert system of care program name}</i> were due mostly to the requests I made and not anyone else.	1	2
14b. My involvement in <i>{insert system of care program name}</i> has benefitted me.	1	2

[NOTE TO INTERVIEWER: Questions #15–17 are skipped, as they are not applicable at follow-up.]

These next questions are about problems you may have experienced. I know it may be difficult or upsetting to answer some of these questions, but they provide information that is very important for understanding what youth like you are experiencing and for providing services that can help youth.

17a. In the past 6 months, have you intentionally harmed yourself?

- 1 = No *[GO TO QUESTION #18a]*
2 = Yes

17b. In the past 6 months, did you receive treatment for harming yourself?

- 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, have you thought about killing yourself?

- 1 = No *[GO TO QUESTION #19b]*
2 = Yes

18b. In the past 6 months, did you receive treatment for thinking about killing yourself?

- 1 = No
2 = Yes

[NOTE TO INTERVIEWER: Questions #19 and #19a are skipped, as they are not applicable at follow-up.]

19b. In the past 6 months, have you tried to kill yourself?

- 1 = No *[GO TO QUESTION #20]*
2 = Yes

19c. In the past 6 months, did you receive treatment for trying to kill yourself?

- 1 = No
2 = Yes

Now I would like to ask you about safety and violence in your neighborhood and social groups.

20. When you're in your neighborhood, do you feel safe?

- 1 = No
- 2 = Yes

21. In the past 6 months, have you seen any non-violent crime in your neighborhood, such as someone selling drugs or stealing?

- 1 = No
- 2 = Yes

22. In the past 6 months, have you seen any violent crimes taking place in your neighborhood, such as someone getting beat up?

- 1 = No
- 2 = Yes

23. In the past 6 months, have you known someone other than yourself who was a victim of a violent crime in your neighborhood?

- 1 = No
- 2 = Yes

24. In the past 6 months, have you been a victim of a violent crime in your neighborhood?

- 1 = No
- 2 = Yes

25. In the past 6 months, have you been bullied at school or in your neighborhood?

- 1 = No
- 2 = Yes

26. In the past 6 months, have you experienced online bullying or threats (cyber-bullying)?

- 1 = No
- 2 = Yes

Now I'm going to ask you some questions about medications that you may be taking for your emotional or behavioral symptoms.

27. Now or in the past 6 months, have you taken any prescribed medication for your emotional or behavioral symptoms?

- 1 = No [*GO TO QUESTION #28*]
- 2 = Yes

27a. In the past 6 months, have these medications helped you feel better?

- 1 = No [*GO TO QUESTION #27c*]
- 2 = Yes

27b. In what ways have they helped you feel better?

27c. In the past 6 months, have you had any bad side effects from these medications?

- 1 = No [GO TO QUESTION #27e]
2 = Yes

27d. What were the bad side effects?

I will now read you several statements. These statements are about any medications that you currently take, or have taken in the past 6 months, for your emotional or behavioral symptoms. For each of the statements, please tell me how strongly you agree that the statement reflects your experience.

[CARD 2]

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
27e. I understand why I take my medication.	1	2	3	4	5
27f. I know what my medication is supposed to do for me.	1	2	3	4	5
27g. I had a choice in the medication that I take.	1	2	3	4	5
27h. I take my medication the way I'm supposed to.	1	2	3	4	5
27i. I feel comfortable about taking medication.	1	2	3	4	5

I will now read you several statements. These statements are about things you know and can do in your daily living. For each of the statements, please indicate how well the statement describes you.

[CARD 3]

	Not like me	Somewhat like me	Very much like me
28. I can arrange for new telephone service and utilities (such as gas, water, electricity).	1	2	3
29. I can complete a rental agreement or lease.	1	2	3
30. I can calculate the start-up costs for new living arrangements (for instance, rental deposits, rent, utilities, furnishings).	1	2	3
31. I can explain how to prevent pregnancy.	1	2	3

	Not like me	Somewhat like me	Very much like me
32. I can explain two ways to prevent sexually transmitted diseases (STDs) such as HIV/AIDS and syphilis.	1	2	3
33. I can explain what happens to your body if you smoke or chew tobacco, drink alcohol, or use illegal drugs.	1	2	3
34. I can explain how I am feeling (like angry, happy, worried, or depressed).	1	2	3
35. I can get help if my feelings bother me.	1	2	3
36. I ask for help when I need it.	1	2	3
37. I am polite to others.	1	2	3
38. I show appreciation for things others do for me.	1	2	3
39. I respect other people's things.	1	2	3
40. I get my work done on time.	1	2	3
41. I get to school or work on time.	1	2	3
42. I prepare for exams and presentations.	1	2	3
43. I use things in the kitchen, like the microwave, electric mixer, and oven.	1	2	3
44. I fix meals for myself on my own.	1	2	3
45. I store food so it doesn't spoil or go bad.	1	2	3
46. With which gender do you identify? <i>[Select only one]</i>			
1 = Male			
2 = Female			
3 = Transgender (male to female)			
4 = Transgender (female to male)			
5 = I don't know/I'm not sure			
6 = Other—please specify _____			
47. How would you describe your sexual orientation? <i>[Select only one]</i>			
1 = Heterosexual/straight (attracted only to persons of the opposite sex)			
2 = Mostly heterosexual/straight (attracted mostly to persons of the opposite sex)			
3 = Bisexual (attracted to both males and females)			
4 = Mostly homosexual/gay or lesbian (attracted mostly to persons of the same sex)			
5 = Homosexual/gay or lesbian (attracted only to persons of the same sex)			
6 = Other—please specify _____			
7 = I don't know/I am not sure			
8 = I don't understand this question			

I will now read you several statements. These statements are about how you manage your emotions and mental health, how you manage services and supports, and how you help change or improve service systems. For each of the statements, please indicate how true it is for you.

[CARD 4]

	Never or almost never	Rarely	Sometimes	Mostly	Always or almost always
48. When problems arise with my mental health or emotions, I handle them pretty well.	1	2	3	4	5
49. I make changes in my life so I can live successfully with my emotional or mental health challenges.	1	2	3	4	5
50. I know how to take care of my mental or emotional health.	1	2	3	4	5
51. I work with providers to adjust my services or supports so they fit my needs.	1	2	3	4	5
52. When a service or support is not working for me, I take steps to get it changed.	1	2	3	4	5
53. I tell service providers what I think about services I get from them.	1	2	3	4	5
54. I help other young people learn about services or supports that might help them.	1	2	3	4	5
55. I tell people in agencies and schools how services for young people can be improved.	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 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.

YOUTH SERVICES SURVEY Abbreviated Version (YSS)

YSSDATE (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"/>
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TIMEFRAM (Assessment period)

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

YSSINTV (Who administered interview)

- 2 = Data collector

YSSMETH (Method of administering interview)

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

YSSLANG (Language version of interview)

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

Please think about all the services you and your family 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 you and your family 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.

Have you 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 you and your family 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 you 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 I received.	1	2	3	4	5
2. I helped to choose my services.	1	2	3	4	5
3. I helped to choose my treatment goals.	1	2	3	4	5
4. The people helping me stuck with me no matter what.	1	2	3	4	5
5. I felt I had someone to talk to when I was troubled.	1	2	3	4	5
6. I participated in my own treatment.	1	2	3	4	5
7. I received services that were right for me.	1	2	3	4	5
8. The location of services was convenient.	1	2	3	4	5
9. Services were available at times that were convenient for me.	1	2	3	4	5
10. I got the help I wanted.	1	2	3	4	5
11. I got as much help as I needed.	1	2	3	4	5
12. Staff treated me with respect.	1	2	3	4	5
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

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
15. Staff were sensitive to my cultural and ethnic background.	1	2	3	4	5
As a result of the services I received:					
16. I am better at handling daily life.	1	2	3	4	5
17. I get along better with family members.	1	2	3	4	5
18. I get along better with friends and other people.	1	2	3	4	5
19. I am doing better in school and/or work.	1	2	3	4	5
20. I am better able to cope when things go wrong.	1	2	3	4	5
21. I am satisfied with my family life right now.	1	2	3	4	5
22. I am better able to do the things I want to do.	1	2	3	4	5
As a result of the services I 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 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 you received over the past 6 months?					

*Developed by Brunk et al. (1999)