

**TLP YOUNG ADULT 3-MONTH
FOLLOW UP SURVEY**

STARS [insert logo]

Young Adult 3-Month Survey

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Programming Notes

- Display “back” “next” “or ” buttons and on each screen.
- Display a reminder not to use the forward and back buttons in the internet browser but to use the survey forward and back buttons.
- Display a progress bar on each screen.
- Time out after 7 minutes of inactivity. Display a one- minute timeout warning enabling user to extent time out period another 7 minutes.
- Unless otherwise specified (by “select all that apply”), only one answer is permitted per item.
- Participants may skip any item.
- For each question, if a response/answer is not provided, after respondent clicks “continue,” the following pop-up warning should appear confirming that they want to skip. It should read: “Oops - we didn’t get an answer to one or more of the last questions. Are you sure you want to move forward?” and provide two options: “Yes - next question” and “No - go back to last question.”
- Code a legitimate (planned) skip as -101
- Item-specific programming notes appear in **Blue Font** throughout the survey.
- Notations regarding the construct being measured and/or its source are shown in **Red Font**. These must NOT be displayed on the programmed survey.
- Section headings (in black font) may be displayed if desired.

Welcome

WELCOME TO THE STARS 3-MONTH SURVEY!

[insert study logo]

You are part of an important study called STARS (Successful Transitions to Adulthood Research Study). You signed up for it at [insert TLP name].

What's the study about?

The study is learning about how communities can help young adults like you develop the skills they need to build strong futures,

What will happen?

When you joined STARS, you were asked to take part in several surveys over 12 months. **Now, we're asking you to take the next survey. You will get a [\$xx] electronic gift card to Amazon.com for completing it.**

The questions in this survey take about 30 to 45 minutes to answer. You will be asked to check and update your contact information. You will be asked about programs or services you have received in the last few months. Like last time, you will also be asked some questions about the places you've stayed, your experiences, thoughts and feelings. You may skip questions or stop answering questions at any time.

What happens to my answers?

Only the research team will be able to see your answers. Your name will not be attached to your answers. Your answers will be combined and reported with the answers of over 1,200 other young adults.

Who should I contact if I have any questions about the study?

If you have any questions about the [insert informal study name], you can call the people who are doing the study at (XXX) XXX-XXXX. This is a free call.

Continue

Tracking and Verification

To help us make sure we are giving you the right survey, please enter your name and date of birth below.

Name. : First Name: _____ Middle Initial: _____ Last Name: _____

Date of birth: __/__/____ [MM/DD/YYYY format, provide dropdown]

Where were you born?

City State Country

[Continue](#)

[Use name and DOB or birthplace to confirm respondent's identity, check for match in sample file, and confirm ID match with prior wave(s) of data.]

The Paperwork Reduction Act Burden Statement: 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 collection is xxx-xxxx, and it expires xx/xx/xxxx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [Contact Name]; [Contact Address]; Attn: OMB-PRA (xxxx-xxxx).

Gift Card Information

First, we want to make sure we know where to send your electronic gift card after you complete this survey and future surveys.

Gift1. After you finish and submit your survey, we will email or text you an electronic gift card to Amazon.com. How would you like us to send you the gift card?

(Select only one answer)

Email it to me [] 01

Text it to my cell phone [] 02

I do not have an email address or cell phone you can text to [] 00

[If Gift1 = 0, present Gift1b. Else skip to Contact1]

Gift1b. Instead of emailing or texting you your electronic gift card, we can send the information by mail. We will ask for the address to send it to a little later in the survey.

[Display Contact1 and Contact2 on the same screen]

Contact1. Is your contact information shown below correct?

Yes [] 01

No [] 00

[Insert current contact info from sample file.]

First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Cell Phone Number _____ Other Phone Number _____

Email _____

Twitter Handle _____

Facebook Screen Name _____

Follow us on Twitter: [insert study Twitter handle]

[If Contact1=0, allow to correct contact info [Change Information](#) : [Continue](#)]

Contact Info Check: If missing any piece of contact information across Contact1 and Contact2, present a pop-up that reads: We do not seem to have a <contact info item> for you. Would you like to go back and provide that information so we can be sure to reach you for future surveys and to provide you with your electronic gift card from completing this survey? [Go Back](#) [Continue](#)]

[Check that email in standard form, containing @ and .com, .net, .biz, .edu, etc. If not, present error message that reads: “The email address you entered is not in standard form. Please re-enter you email address.”]

[If Gift1 = 0, ask Gift3.]

[If Gift1 = 1 or 2, ask Gift2]

Gift2. Earlier you told us to send your electronic gift card to you by [if Gift1 = 1 insert “email” if Gift1 = 2 insert “text”]. Please confirm where to send your electronic gift card

Yes	No
(01)	(00)

[if Gift1 = 1 present:

a. Is this the address we should email it to?

[Insert email address from above.]

[if Gift1 = 2 present:

b. Is this the number we should text it to?

[Insert cell # from above.]

[If Gift2a or gift 2b = 0, ask Gift2c, else skip to Contact 3]

Gift2c. If not, please tell us how to send you your electronic gift card:

(Select only one answer)

Enter the [email address/ cell phone number] we should use here:

- Email it to me:
- Text it to my cell phone:

[If Gift1 = 0, ask Gift3, else skip to Contact 3]

Gift3. Earlier you told us that you do not have an email address or a cell phone where we can text your electronic gift card. We can mail it to you instead.

[If has address in Contact1 or Contact 2, present Gift3a]

Gift3a. Is the address below where we should send it?

[Insert contact info from above.]

Street Address _____

City _____ State _____ Zip Code _____

Yes [] 01

No [] 00

[If Gift3a =0, allow to correct contact info [Change Information](#) : [Continue](#)

[If NO address in Contact1 or Contact2, present Gift3b]

Gift3b. Please tell us where to mail your electronic gift card:

Street Address _____

City _____

State _____

Zip Code _____

[Ensure that address is complete and in valid format]

[If cell phone provided in Contact1 or Contact2, ask Contact3 and Contact4, else skip to Contact5]

Contact3. Is it OK for us to text your cell phone about [insert informal study name]?

(Please keep in mind that your cell phone carrier may charge a fee to receive or send text messages, depending on your plan.)

Yes [] 01

No [] 00

Contact4. Is it OK for us to leave a message on your cell phone about [insert informal study name]?

Yes [] 01

No [] 00

[If other phone provided in Contact1 or Contact2, ask Contact5, else skip to Contact6]

Contact5. Is it OK for us to leave a message on your other phone about [insert informal study name]?

- Yes [] 01
No [] 00

[If Twitter handle provided in Contact1 or Contact2, ask Contact6a-6b, else skip to Contact7]

Contact6a. Is it OK for us to contact you about [insert informal study name] on Twitter? We would only contact you on Twitter with a private message and never Tweet at you publicly.

- Yes [] 01
No [] 00

Contact6b. If you would like us to contact you on Twitter, you will need to follow us. Now's a great time to do that! Our Twitter Handle is: [insert study Twitter handle]

[If Facebook screen name provided in Contact1 or Contact2, ask Contact6, else skip to Contact7a]

Contact7. Is it OK for us to contact you about [insert informal study name] on Facebook? We would only contact you on Facebook with a private message and never post anything to your wall.

- Yes [] 01
No [] 00

To be sure we can reach you about future surveys, we ask you to provide contact information for people who will always know where you are and how to reach you. We will NOT discuss or share any of your personal information or survey answers with anyone you list as a contact. Your personal information and answers are strictly confidential.

Contact8. Below is the information you gave us for a trusted friend, family member, or other person who will always know where you are and how to reach you in the future in case we have difficulty. Is the contact information we have correct?

- Yes [] 01
No [] 00

[Insert current contact info from sample file.]

First name of parent/legal guardian _____
Last name of parent/legal guardian _____
Email address of parent/legal guardian _____

Home address of parent/legal guardian _____

Cell phone number of parent/legal guardian _____

Home phone number of parent/legal guardian _____

[If Contact8=0, allow to correct contact info [Change Information](#) : [Continue](#)]

Contact9. Below is the information you gave us for another trusted friend, family member, or other person who will always know where you are and how to reach you in the future in case we have difficulty. Is the contact information we have correct?

Yes [] 01

No [] 00

[Insert current contact info from sample file.]

First name of family member _____

Last name of family member _____

Relationship to you _____

Email address of family member _____

Home address of family member _____

Cell phone number of family member _____

Home phone number of family member _____

[If Contact9=0, allow to correct contact info [Change Information](#) : [Continue](#)]

Section A: Where You Stay

Housing History Series

The next questions ask about the places you have stayed from [insert RA date] to today. This includes times when you were in a shelter or residential program for homeless people or homeless in an unsheltered location (for example outside, on the street, in a car, bus terminal or abandoned building).

For each place that you have stayed, we will ask you about when you started and stopped staying there and what kind of a place it was.

We will ask you to think backwards in time – from last night until [insert RA date].

A1a. Where did you stay last night? If the place has a name please tell us the name.

_____ [open ended, tag response as: name situation #a, used in later items]

A2a. When did you start staying at [name situation #a]?

Click here to see a calendar of the past few months. [Calendar](#)

[\[Present calendar for reference\]](#)

Month	Day	Year
-------	-----	------

[Items A3a – A4a intentionally removed]

A5a. How would you describe [name situation #a]?

(Select only one answer.)

The [insert TLP name] Transitional Living Program (TLP) [] 01

Another Transitional Living Program (TLP) [] 02

Another residential program for homeless people that provides a long-term
place to stay and services [] 03

In a shelter (for example, emergency shelter or basic center program) [] 04

In an unsheltered location (for example, staying outside, on the street,
in a car, bus terminal or abandoned building) [] 05

Foster home or group home..... [] 06

Room, apartment or house (not as part of a homeless program) [] 07

Institution (for example, hospital, mental health facility, drug or alcohol treatment facility,
prison, jail, detention center) [] 08

School or college dormitory (or dorm) [] 09

Military setting (for example, base camp, deployment, combat zone) [] 10

Other (please specify) [] 94

A6a. When you started staying at [name situation #a], did you think it would be temporary? By temporary, we mean it would only last a short time (for example, couch surfing, crashing, or just passing through).

Yes, I thought it would be temporary [] 01

No, I thought I would be there a while [] 00

I was not sure..... [] 02

I don't remember..... [] -98

[If A5a = 07 (room/apt/house), present A7a – A8a, else skip to A9a]

A7a. At [name situation #a], are you staying...

(Select all that apply.)

Alone [] 01

With one or more family members..... [] 02

With one or more friends [] 03

Other (please specify) [] 94

[Logic check: If A7a = 1 (alone), R cannot also select 2 (friends) or 3 (family)]

A8a. At [name situation #a], are you paying rent or part of the rent?

(Select only one answer.)

Yes, I always pay rent or part of the rent..... [] 02

Yes, I sometimes pay rent or part of the rent [] 01

No, I never pay rent or part of the rent [] 00

A9a. Do you feel safe in [name situation #a]?

Yes [] 01

No [] 00

Don't know [] -98

[Item A10a intentionally removed]

A11a. Did you stay anywhere else from [insert RA date] to today?

Yes [] 01

No [] 00

[If A11a = 1, continue to housing history loop. If A11a = 0, skip to next section]

Housing History Loop:

Note the questions asked in the loop are (nearly) identical to A1a – A11a

[A1b begins Housing History Loop: First turn through loop is A1b – A11b and occurs if A11a = 1 (stayed somewhere else since RA). The loop is repeated again (A1c-A11c) if A11b = 1 (stayed somewhere else since RA). The loop continues to be repeated until A11# = 0 with a maximum of 3 times through the loop (ending with A11d). This allows us to capture up to a total of four living situations in the housing history series]

A1b. What is the name of the place you stayed just before [name situation #a]? If this is a program, please use its official name.

Remember you can include times when you were in a shelter or residential program for homeless people or homeless in an unsheltered location (for example outside, on the street, in a car, bus terminal or abandoned building).

_____ [open ended, tag response as: name situation #b, used in later items]

A2b. When did you start staying at [name situation #b]?

Click here to see a calendar of the past few months. [Calendar](#)

[Present calendar for reference]

Month Day Year

A3b. Are you still staying there?

- Yes [] 01
- No [] 00

[If A3b = 1 skip to A5b, else continue to A4b]

A4b. When did you stop staying there? Your best guess is fine.

Month Day Year

A5b. How would you describe [name situation #b]?

(Select only one answer.)

- The [insert TLP name] Transitional Living Program (TLP) [] 01
- Another Transitional Living Program (TLP) [] 02
- Another residential program for homeless people that provides a long-term
place to stay and services [] 03
- Homeless in a shelter (for example, emergency shelter or basic center program) [] 04
- Homeless in an unsheltered location (for example, staying outside, on the street,
in a car, bus terminal or abandoned building) [] 05
- Foster home or group home [] 06
- Room, apartment or house (not as part of a homeless program) [] 07
- Institution (for example, hospital, mental health facility, drug or alcohol treatment facility,
prison, jail, detention center) [] 08
- School or college dormitory (or dorm) [] 09
- Military setting (for example, base camp, deployment, combat zone) [] 10
- Other (please specify) [] 94

A6b. When you started staying at [name situation #b], did you think it would be temporary? By temporary, we mean it would only last a short time (for example, couch surfing, crashing, or just passing through).

- Yes, I thought it would be temporary [] 01
- No, I thought I would be there a while [] 00
- I was not sure..... [] 02
- I don't remember..... [] -98

[If A5b = 7 (room/apt/house), present A7b – A8b, else skip to A9b]

A7b. In [name situation #b], were you staying...

(Select all that apply.)

- Alone [] 01
- With one or more family members..... [] 02
- With one or more friends [] 03
- Other (please specify) [] 94

[Logic check: If A7b = 1 (alone), R cannot also select 2 (friends) or 3 (family)]

A8b. In [name situation #b], were you paying rent or part of the rent?

(Select only one answer.)

- Yes, I always paid rent or part of the rent..... [] 02
- Yes, I sometimes paid the rent [] 01
- No, I never paid the rent..... [] 00

A9b. Did you feel safe in [name situation #b]?

- Yes [] 01
- No [] 00
- Don't know [] -98

[Item A10b intentionally removed]

A11b. So far, you have told us about [insert previously identified situation(s) – i.e., name situation #a, name situation #b, etc.].

Did you stay anywhere else from [insert RA date] to today?

Yes [] 01

No [] 00

[End of Loop. If A11b = 1, loop back and begin with A1c. If A11b = 0, exit loop and continue to next section. Looping continues until A11# = 0 with a maximum of 3 times through the loop, ending with A11d. After 3 times through the loop, if A11d = 1 then, present A12 - A13.]

[If A11d = 1 then present A12, Else if A11d=0 skip to next section]

A12. How many other places have you stayed from [insert RA date] to today?

_____ # places

A13. What types of places were they?

(Select all that apply)

[Randomly order/rotate all options presented for A13]

	Yes (01)
a. The [insert TLP name] Transitional Living Program (TLP)	
b. Another Transitional Living Program (TLP)	
c. Another residential program for homeless people that provides a long-term place to stay and services	
d. Homeless in a shelter (for example, emergency shelter or basic center program)	
e. Homeless in an unsheltered location (for example, staying outside, on the street, in a car, bus terminal or abandoned building)	
f. Foster home or group home	
g. Room, apartment or house (not as part of a homeless program)	

h. Institution (for example, hospital, mental health facility, drug or alcohol treatment facility, prison, jail, detention center)	
i. School or college dormitory (or dorm)	
j. Military setting (for example, base camp, deployment, combat zone)	
k. Other (please specify)	

Section B: Work & Employment

B1. At any time from [insert RA date] to today, have you worked at a job or business for pay?

By worked at a job or business for pay, we mean working at a job where you get paid money for the work you do or working for someone besides yourself and getting paid for it. It does not include odd jobs, informal work, illegal or “off-the-books” work, or work where you did not get paid.

Yes [] 01

No [] 00

Employment Services

B2. At any time from [insert RA date] to today, did you receive information about or help with any of the following in a class, workshop, program, or from a professional? (Do not include help from friends and relatives.)

(Select yes or no for each)

	Yes (01)	No (00)
a. Advice about your career goals or help deciding what kind of work you want to do		
b. Referrals to jobs or help findings jobs that you might apply for		
c. Filling out job applications		
d. Writing a resume or cover letter for a job application		
e. Interviewing for a job		
f. Other (please specify)		

Section C: Education & Training

C1. **At any time from [\[insert RA date\]](#) to today, have you been enrolled in any of the following?**

(Select yes or no for each)

	Yes (01)	No (00)
<p>a. Adult basic education (ABE) classes. By adult basic education (ABE), we mean classes to improve basic reading and math skills. This is not high school or college classes.</p>		
<p>b. English as a Second Language (ESL) classes</p>		
<p>c. GED classes or another alternate diploma program By GED classes, we mean classes to prepare for the GED test</p>		
<p>d. High school</p>		
<p>e. College or classes toward an Associates degree or Bachelors degree at a 2-year or 4-y college</p>		
<p>f. Vocational, career, or technical training at a community or private college. By vocational, career, or technical training, we mean training for a specific job, trade, or occupation. This is <u>not</u> training you get in college courses. It is also <u>not</u> on-the-job training or unpaid work experience</p>		

Education Services

C2. At any time from [insert RA date] to today, did you receive any of the following in a class, workshop, program, or from a professional? (Do not include help from friends and relatives.)

(Select yes or no for each)

	Yes (01)	No (00)
<p>a. Academic advising</p> <p>For example:</p> <ul style="list-style-type: none"> • Advice about your education goals or plans • Help finding education services or classes • Help enrolling in education services or classes • Help applying to education services, or classes 		
<p>b. Advising on vocational or technical training</p> <p>(By vocational, career, or technical training, we mean training for a specific job, trade, or occupation.)</p> <p>For example:</p> <ul style="list-style-type: none"> • Advice about vocational or technical training goals or plans • Help finding vocational or technical training or classes • Help enrolling in vocational or technical training or classes • Help applying to vocational or technical training or classes 		
<p>c. College awareness or preparation</p> <p>For example:</p> <ul style="list-style-type: none"> • Information about colleges • Information about going to college • Information on how to prepare for college • Help with college applications 		
d. Tutoring		
e. Help with a learning disability or special education needs		
<p>g. Financial help for education or training</p> <p>For example:</p> <ul style="list-style-type: none"> • Help paying for supplies for school or training • Help paying for tuition for school or training 		
i. Other (please specify)		

Section D. Alcohol or Drug Treatment and Self-Help Groups

The next questions are about services you may have received to help you with your use of alcohol or any drug.

D1a. At any time from [\[insert RA date\]](#) to today, did you **THINK YOU SHOULD GET** treatment or counseling for your use of alcohol or any drug, (not counting cigarettes and other tobacco products)?

By **THINK YOU SHOULD GET**, we mean you thought about, needed or wanted to get treatment or counseling – even if you never actually got it.

By drug, we mean illegal drugs such as cocaine, heroin, marijuana, and also prescription medications, over the counter medications, inhalants, and other substances not prescribed to you by a doctor.

Yes [] 01

No [] 00

D1b. At any time from [\[insert RA date\]](#) to today, did you **RECEIVE** treatment or counseling for your use of alcohol or any drug (not counting cigarettes and other tobacco products)?

Yes [] 01

No [] 00

[\[If D1b = 1, ask D2, else skip to next section\]](#)

Now we're going to ask about a few different kinds of drug or alcohol treatment. We'll ask about

- Whether you stayed overnight or longer in a hospital to get treatment
- Whether you stayed overnight or longer in a place that was not a hospital to get treatment
- Whether you got treatment as an outpatient, which means without staying overnight

In-Patient Alcohol or Drug Treatment

D2. At any time from [insert RA date] to today, did you stay overnight or longer at any type of hospital to receive treatment or counseling for your use of alcohol or any drug?

Yes [] 01

No [] 00

[If D2 = 1, ask D3, else skip to D4]

D3. In the time from [insert RA date] to today, about how many nights in total did you stay in any type of hospital to receive treatment or counseling for your use of alcohol or any drug?

_____ # nights

Residential Alcohol or Drug Treatment

D4. At any time from [insert RA date] to today, did you stay overnight or longer in any residential drug or alcohol rehabilitation facility to receive treatment or counseling for your use of alcohol or any drug?

By residential drug or alcohol rehabilitation facility, we mean a place that was not a hospital where you stayed overnight or longer for rehab or detox.

Yes [] 01

No [] 00

[If D4 = 1, ask D5a – D5c, else skip to D6]

D5. Please think about the time from [insert RA date] to today and the alcohol or drug treatment or counseling you received in any residential drug or alcohol rehabilitation facility.

By residential drug or alcohol rehabilitation facility, we mean a place that was not a hospital where you stayed overnight or longer for drug or alcohol rehab or detox.

D5a. About how many nights in total did you stay in a residential drug or alcohol rehabilitation facility to receive treatment or counseling for your use of alcohol or any drug?

_____ # nights

D5b. While there, did you receive any of the following treatment or counseling services for your use of alcohol or any drug?

(Select all that apply.)

	Yes (01)
a. Individual counseling or individual therapy By this we mean, you met one-on-one with a psychologist, therapist, or counselor to talk about problems or things that were bothering you	<input type="checkbox"/>
b. Family counseling By this we mean, you and members of your family met with a psychologist, therapist, or counselor to talk about problems or things that were bothering you and your family	<input type="checkbox"/>
c. Group counseling (not with family members) By this we mean, you met in a group with a psychologist, therapist, or counselor to talk about problems or things that were bothering you and other people in the group	<input type="checkbox"/>
d. Peer-to-peer counseling By this we mean, you met with a peer (a friend or someone your age) to talk about problems or things that were bothering you	<input type="checkbox"/>
e. Medical attention from a doctor or psychiatrist By this we mean, you met with a doctor or psychiatrist to get medication	<input type="checkbox"/>
f. Other (please specify)	<input type="checkbox"/>

Out-Patient Alcohol or Drug Treatment

D6. At any time from [insert RA date] to today, did you receive outpatient treatment or counseling for your alcohol or drug use from any of the following?

By outpatient, we mean that you did NOT spend the night.

(Select all that apply.)

	Yes (01)
a. A partial day hospital or day treatment program	<input type="checkbox"/>
b. A therapist, psychologist, social worker, counselor, psychiatrist, doctor, or nurse (NOT in a partial day hospital or day treatment program)	<input type="checkbox"/>

[If D6a = 1, ask D7a – D7b]

D7. Please think about the time from [insert RA date] to today and the alcohol or drug treatment or counseling you received in a partial day hospital or day treatment program

D7a. About how many times in total did you go to a partial day hospital or day treatment program to receive alcohol or drug treatment or counseling?

_____ # times

D7b. When you went to a partial day hospital or day treatment program to receive alcohol or drug treatment or counseling, how long did your visit usually last?

_____ # minutes/hours

[If D6b = 1, ask D8a – D8b]

D8. Please think about the time from [insert RA date] to today and the alcohol or drug treatment or counseling you received from a therapist, psychologist, social worker, counselor, psychiatrist, doctor, or nurse (NOT in a partial day hospital or day treatment program).

D8a. About how many times in total did you go to a therapist, psychologist, social worker, counselor, psychiatrist, doctor, or nurse (NOT in a partial day

hospital or day treatment program) to receive alcohol or drug treatment or counseling?

_____ # times

D8b. When you went to a therapist, psychologist, social worker, counselor, psychiatrist, doctor, or nurse (NOT in a partial day hospital or day treatment program) to receive alcohol or drug treatment or counseling, how long did your visit usually last?

_____ # minutes/hours

D9. Please think about the time from **[insert RA date]** to today and the alcohol or drug treatment or counseling you received in:

[\[Present only the settings selected in D6\]](#)

- A partial day hospital or day treatment program
- A therapist, psychologist, social worker, counselor, psychiatrist, doctor, or nurse (not in a partial day hospital or day treatment program)

D9a. Did you receive any of the following treatment or counseling services for your use of alcohol or any drug?

(Select all that apply.)

	Yes (01)
<p>a. Individual counseling or individual therapy By this we mean, you met one-on-one with a psychologist, therapist, or counselor to talk about problems or things that were bothering you</p>	<input type="checkbox"/>
<p>b. Family counseling By this we mean, you and members of your family met with a psychologist, therapist, or counselor to talk about problems or things that were bothering you and your family</p>	<input type="checkbox"/>
<p>c. Group counseling (not with family members) By this we mean, you met in a group with a psychologist, therapist, or counselor to talk about problems or things that were bothering you and other people in the group</p>	<input type="checkbox"/>

<p>d. Peer-to-peer counseling By this we mean, you met with a peer (a friend or someone your age) to talk about problems or things that were bothering you</p>	<input type="checkbox"/>
<p>e. Medical attention from a doctor or psychiatrist By this we mean, you met with a doctor or psychiatrist to get medication</p>	<input type="checkbox"/>
<p>f. Other (please specify)</p>	<input type="checkbox"/>

Self-Help or Online Groups

D10. At any time from [insert RA date] to today, did you participate in a self-help group (such as Alcoholics Anonymous (Alanon), Alateen, or Narcotics Anonymous) for your use of alcohol or any drug?

By participate, we mean go to meetings in person or receive support online.

Yes [] 01

No [] 00

[If D10 = 0 (no self-help group), skip to next section]

D11. Please think about the time from [insert RA date] to today and your in-person or online participation in a self-help group (such as Alcoholics Anonymous (Alanon), Alateen, or Narcotics Anonymous) for your use of alcohol or any drug.

D11a. About how many times in total did you participate in person in self-help group meetings?

_____ # times

D11b. When you participated in person in a self-help group, how long did your in-person meetings or sessions usually last?

_____ # minutes/hours

D11c. About how many times in total did you participate online in a self-help group?

_____ # times

D11d. When you participated online in a self-help group, how long did your online meetings or sessions usually last?

_____ # minutes/hours

Section E. Mental Health Treatment and Counseling`

The next questions are about services you may have received to help you with your feelings, thoughts, or behaviors.

E1a. At any time from [insert RA date] to today, did you THINK YOU SHOULD GET treatment or counseling for any of the following problems with your behaviors or emotions?

By THINK YOU SHOULD GET, we mean you thought about, needed or wanted to get treatment or counseling – even if you never actually got it.

(Select all that apply)

	Yes (01)	No (00)
a. Emotional problems	<input type="checkbox"/>	<input type="checkbox"/>
b. Nerves, anxiety, or fears	<input type="checkbox"/>	<input type="checkbox"/>
c. Mental health issues	<input type="checkbox"/>	<input type="checkbox"/>
d. Problems paying attention, concentrating, or remaining still and calm	<input type="checkbox"/>	<input type="checkbox"/>
e. Depression or long periods of feeling sad or down	<input type="checkbox"/>	<input type="checkbox"/>
f. Trauma or something very upsetting	<input type="checkbox"/>	<input type="checkbox"/>
g. Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>
h. Behavior problems (anger, violence, aggression)	<input type="checkbox"/>	<input type="checkbox"/>
i. Problems with family, friends, or getting along with other people	<input type="checkbox"/>	<input type="checkbox"/>
j. Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>

E1b. At any time from [insert RA date] to today, did you RECEIVE treatment or counseling for any of the following problems with your behaviors or emotions?

(Select all that apply)

	Yes (01)	No (00)
a. Emotional problems	<input type="checkbox"/>	<input type="checkbox"/>
b. Nerves, anxiety, or fears	<input type="checkbox"/>	<input type="checkbox"/>

c. Mental health issues	<input type="checkbox"/>	<input type="checkbox"/>
d. Problems paying attention, concentrating, or remaining still and calm	<input type="checkbox"/>	<input type="checkbox"/>
e. Depression or long periods of feeling sad or down	<input type="checkbox"/>	<input type="checkbox"/>
f. Trauma or something very upsetting	<input type="checkbox"/>	<input type="checkbox"/>
g. Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>
h. Behavior problems (anger, violence, aggression)	<input type="checkbox"/>	<input type="checkbox"/>
i. Problems with family, friends, or getting along with other people	<input type="checkbox"/>	<input type="checkbox"/>
j. [Other auto-fill from E1aj]	<input type="checkbox"/>	<input type="checkbox"/>
k. Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>

[If any in E1ba-E1b = 1 (received), continue to E2, else skip to next section]

Now we're going to ask about a few different kinds of treatment or counseling for problems with your behaviors or emotions. We'll ask about

- Whether you stayed overnight or longer in a hospital to get treatment
- Whether you stayed overnight or longer in a place that was not a hospital to get treatment
- Whether you got treatment as an outpatient, which means without staying overnight

In-Patient Mental Health Care

E2. At any time from [insert RA date] to today, have you stayed overnight or longer at any type of hospital or psychiatric facility to receive treatment or counseling for problems with your behaviors or emotions?

Yes [] 01
 No [] 00

[If E2 = 1, ask E3, else skip to E4]

E3. In the time from [insert RA date] to today, about how many nights in total did you stay in any type of hospital or psychiatric facility to receive treatment or counseling for problems with your behaviors or emotions?

_____ # nights

Residential Mental Health Care

E4. At any time from **[insert RA date]** to today, did you stay overnight or longer in any residential treatment center or program to receive treatment or counseling for problems with your behaviors or emotions?

By residential treatment center or program, we mean a place (other than a hospital or psychiatric facility) where you stayed overnight or longer.

Yes [] 01

No [] 00

[If E4 = 1, ask E5a – E5c, else skip to E6]

E5. Please think about the time from **[insert RA date]** to today and the treatment or counseling you have received in a residential treatment center for problems with your behaviors or emotions.

By residential treatment center or program, we mean a place (other than a hospital or psychiatric facility) where you stayed overnight or longer.

E5a. About how many nights in total did you stay in a residential treatment center to receive treatment or counseling for problems with your behaviors or emotions?

_____ # nights

E5b. While there, did you receive any of the following treatment or counseling services for problems with your behaviors or emotions?

(Select all that apply.)

	Yes (01)	No (00)
a. Individual counseling or individual therapy By this we mean, you met one-on-one with a psychologist, therapist, or counselor to talk about problems or things that were bothering you	<input type="checkbox"/>	<input type="checkbox"/>

<p>b. Family counseling By this we mean, you and members of your family met with a psychologist, therapist, or counselor to talk about problems or things that were bothering you and your family</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>c. Group counseling (not with family members) By this we mean, you met in a group with a psychologist, therapist, or counselor to talk about problems or things that were bothering you and other people in the group</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>d. Peer-to-peer counseling By this we mean, you met with a peer (a friend or someone your age) to talk about problems or things that were bothering you</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>e. Medical attention from a doctor or psychiatrist By this we mean, you met with a doctor or psychiatrist to get medication</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>f. Other (please specify)</p>	<input type="checkbox"/>	<input type="checkbox"/>

Out-Patient Mental Health Care

E6. At any time from [insert RA date] to today, did you receive outpatient treatment or counseling for problems with your behaviors or emotions from any of the following?

By outpatient we mean that you did NOT spend the night.

(Select all that apply)

	Yes (01)	No (00)
a. A partial day hospital or day treatment program	<input type="checkbox"/>	<input type="checkbox"/>
b. A therapist, psychologist, social worker, counselor, psychiatrist, doctor or nurse (NOT in a partial day hospital or day treatment center)	<input type="checkbox"/>	<input type="checkbox"/>

[If E6a = 1, ask E7a – E7b]

E7. Please think about the time from **[insert RA date]** to today and treatment or counseling for problems with your behaviors or emotions you received in a **partial day hospital or day treatment program**.

E7a. About how many times **in total** did you go to a **partial day hospital or day treatment program** to receive treatment or counseling for problems with your behaviors or emotions?

_____ # times

E7b. When you went to a **partial day hospital or day treatment program** to receive treatment or counseling for problems with your behaviors or emotions, how long did your visit usually last?

_____ # minutes/hours

[If E6b = 1, ask E8a – E8b]

E8. Please think about the time from **[insert RA date]** to today and treatment or counseling for problems with your behaviors or emotions you received from a **therapist, psychologist, social worker, counselor, psychiatrist, doctor, or nurse** (NOT in a partial day hospital or day treatment program).

E8a. About how many times **in total** did you go to a **therapist, psychologist, social worker, counselor, psychiatrist, doctor, or nurse** (NOT in a partial day hospital or day treatment program) treatment or counseling for problems with your behaviors or emotions?

_____ # times

E8b. When you went to a **therapist, psychologist, social worker, counselor, psychiatrist, doctor, or nurse** (NOT in a partial day hospital or day treatment program) to receive treatment or counseling for problems with your behaviors or emotions, how long did your visit usually last?

_____ # minutes/hours

E9. Please think about the time from [insert RA date] to today and the treatment or counseling for problems with your behaviors or emotions you received in:

[Present only the settings selected in E6]

- A partial day hospital or day treatment program
- A therapist, psychologist, social worker, counselor, psychiatrist, doctor, or nurse (not in a partial day hospital or day treatment program)

E9a. Did you receive any of the following treatment or counseling services for problems with your behaviors or emotions?

(Select all that apply.)

	Yes (01)	No (00)
a. Individual counseling or individual therapy By this we mean, you met one-on-one with a psychologist, therapist, or counselor to talk about problems or things that were bothering you	<input type="checkbox"/>	<input type="checkbox"/>
b. Family counseling By this we mean, you and members of your family met with a psychologist, therapist, or counselor to talk about problems or things that were bothering you and your family	<input type="checkbox"/>	<input type="checkbox"/>
c. Group counseling (not with family members) By this we mean, you met in a group with a psychologist, therapist, or counselor to talk about problems or things that were bothering you and other people in the group	<input type="checkbox"/>	<input type="checkbox"/>
d. Peer-to-peer counseling By this we mean, you met with a peer (a friend or someone your age) to talk about problems or things that were bothering you	<input type="checkbox"/>	<input type="checkbox"/>
e. Medical attention from a doctor or psychiatrist By this we mean, you met with a doctor or psychiatrist to get medication	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

Section F: Mentoring or Coaching

F1. At any time from **[insert RA date]** to today, has a program or organization **MATCHED** you with a mentor, coach, or “buddy” who provides you support, advice or guidance?

Yes [] 01

No [] 00

F2. Are you still talking to or meeting with your mentor, coach, or “buddy?”

Yes [] 01

No [] 00

Section G. Physical Health Care

G1. At any time from [\[insert RA date\]](#) to today, did you THINK YOU SHOULD SEE a doctor, nurse, or other health professional for any of the following reasons?

By THINK YOU SHOULD SEE, we mean you thought about, needed or wanted to see a doctor, nurse, or other health professional – even if you never actually went.

(Select yes or no for each).

	Yes (01)	No (00)
a. I was physically sick		
b. I was physically injured		
c. I had a chronic or on-going health problem (for example, asthma or diabetes)		
d. I needed dental care		
e. I needed prescription medicines		
f. I needed regular check-ups with a doctor		
g. I needed medical services related to my pregnancy [present only if female based on sample file]		
h. I had other healthcare need(s)		

G2. At any time from [insert RA date] to today, did you RECEIVE care from a doctor, nurse, or other health professional for any of the following reasons?

(Select yes or no for each.)

	Yes (01)	No (00)
a. I was physically sick		
b. I was physically injured		
c. I had a chronic (on-going) health problem (such as asthma or diabetes)		
d. I needed dental care		
e. I needed prescription medicines		
f. I needed regular check-ups with a doctor		
g. I needed medical services related to my pregnancy. [present only if female based on sample file]		
h. I had other healthcare need(s)		

Section H: Life and Interpersonal Skill-Building Services

H1. At any time from [insert RA date] to today, did you receive information about any of the following things from a class, program, workshop, or from your case manager?
(Select yes or no for each)

	Yes (01)	No (00)
a. Daily living skills For example: <ul style="list-style-type: none"> • Food and nutrition • Home cleanliness • Home safety • Home repairs • Handling emergencies • Using a computer • Using the Internet to find resources or information you need 		
b. Self-care skills For example: <ul style="list-style-type: none"> • Health care • Personal hygiene (personal cleanliness) • Personal safety 		
c. Housing and money management For example: <ul style="list-style-type: none"> • Budgeting, spending, and saving money • Banking and credit • Income taxes • Transportation 		
d. Personal Development For example: <ul style="list-style-type: none"> • Knowing and respecting yourself • Knowing and respecting your goals • Knowing and respecting your responsibilities 		

	Yes (01)	No (00)
<p>e. Relationships and communication skills</p> <p>For example:</p> <ul style="list-style-type: none"> • Managing your anger • Resolving conflicts • Caring about and respecting others • Starting friendships • Keeping healthy relationships • Communicating with family • Communicating with friends • Communicating at school or at work 		
<p>f. Cultural competency</p> <p>For example:</p> <ul style="list-style-type: none"> • Understanding your cultural identity • Understanding different cultural groups 		
<p>g. Domestic violence</p> <p>For example:</p> <ul style="list-style-type: none"> • Knowing the signs of physical and verbal abuse • Knowing how to avoid abusive relationships 		
<p>h. Parenting</p> <p>For example:</p> <ul style="list-style-type: none"> • Pregnancy and pre-natal care • Parenting or being a good parent 		
<p>i. Sexual Health</p> <p>For example:</p> <ul style="list-style-type: none"> • Protecting yourself from sexually transmitted diseases (STDs) • Preventing pregnancy • Abstinence (not having sex) 		

	Yes (01)	No (00)
j. Work skills and study skills For example: <ul style="list-style-type: none">• Managing your time• Studying for a test• Doing homework• How to behave at school• Filling out a job application• Writing a resume or cover letter for a job application• Interviewing for a job• How to behave at work		

Section I. Case Management

- I1. Sometimes people get help from professionals called case managers or care coordinators who help to find or organize services or treatment for problems or difficulties they are experiencing. This type of help is sometimes called case management or care coordination.

A case manager might work with you to:

- Assess your needs and set goals
- Create a service plan for you
- Contact different organizations and programs to get you the services you need
- Coordinate your services in different organizations and program
- Provide support to you in getting the help you need
- Check on your progress

At any time from [\[insert RA date\]](#) to today, did you receive case management?

- Yes [] 01
 No [] 00
 Don't Know [] -98

[\[If I1 = 1, ask I2, else skip to next section\]](#)

- I2. Thinking about the time from [\[insert RA date\]](#) to today, did your case manager...?
 (Select yes or no for each)

	Yes (01)	No (00)
a. Assess your needs and set goals		
b. Create a service plan for you		
c. Contact providers or get you the services you need		
d. Provide support to you in getting the help you need		
e. Check on your progress		

13. Sometimes people get their case management from one (1) case manager who helps them get all their services. Other times people work with a few different case managers at the same time who each help them with different services.

In the time from **[insert RA date]** to today, did you work with just one (1) case manager or did you work with two (2) or more case managers at the same time?

1 case manager [] 01

2 or more case managers at the same time [] 02

[If I3= 1 (only 1 case manager), ask I4. If I3= 2 (more than 1 case manager) skip to I5]

14. In the time from **[insert RA date]** to today, did your case manager help you with only one (1) type of service or with many types of services?

Only 1 kind of service [] 01

A variety of different services [] 02

[If I3=2 (more than 1 case manager) ask I5, else skip to I7]

15. In the time from **[insert RA date]** to today, did each of your case managers help you with different services or did they all help you with the same services?

Yes, they each helped me with different services [] 01

No, they all helped me with the same services [] 00

[If I5=1 (each helped with different) ask I6, else skip to I7]

16. In the time from **[insert RA date]** to today, did your case managers talk to each other and work together as a team to help you get your services or did they work separately?

Talked to each other or worked together as a team [] 01

Worked separately [] 02

17. **When did you start receiving case management?**

Click here to see a calendar of the past few months. [Calendar](#)

[\[Present calendar for reference\]](#)

Month	Day	Year
-------	-----	------

18. **Are you still receiving case management?**

Yes [] 01

No [] 00

[\[If I8 = 0, ask I9, else skip to I10\]](#)

19. **When did you stop receiving case management?**

Click here to see a calendar of the past few months. [Calendar](#)

[\[Present calendar for reference\]](#)

Month	Day	Year
-------	-----	------

10. **Please think about ALL the case management you have received in the time from [\[insert RA date\]](#) to today..**

10a. **In an average week, how much time did you usually spend meeting or talking with your case manager?**

_____ # minutes/hours a week

Section J: Your Experiences & Feelings

Depressive Symptoms

J1. Below is a list of the ways you might have felt or behaved. How often you have felt this way during the past week?

During the past week...	Hardly ever or never (00)	Some of the time (01)	Much or most of the time (02)
1. I did not feel like eating; my appetite was poor.			
2. I felt depressed.			
3. I felt that everything I did was an effort			
4. My sleep was restless.			
5. I was happy.			
6. I felt lonely.			
7. People were unfriendly.			
8. I enjoyed life.			
9. I felt sad.			
10. I felt that people dislike me.			
11. I could not get "going."			

Exposure to Violence

J2. In the time from **[insert RA date]** to today, how often did each of the following things happen?

	Never (0)	Once (1)	More than Once (2)
a. You saw someone shoot or stab another person.			
b. Someone pulled a knife or gun on you.			
c. Someone shot you.			
d. Someone cut or stabbed you.			
e. You got into a physical fight.			

	Never (0)	Once (1)	More than Once (2)
f. You were jumped.			
g. You pulled a knife or gun on someone.			
h. You shot or stabbed someone.			

Traumatic Stress

J3. The next questions are about problems and complaints that people sometimes have in response to stressful life experiences. Please indicate how much you have been bothered by each problem in the past month. For these questions, the response options are: “not at all”, “a little bit”, “moderately”, “quite a bit”, or “extremely”.

	Not at all 1	A little bit 2	Moderately 3	Quite a bit 4	Extremely 5
1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?					
2. Feeling very upset when something reminded you of a stressful experience from the past?					
3. Avoiding activities or situations because they reminded you of a stressful experience from the past?					
4. Feeling distant or cut off from other people?					
5. Feeling irritable or having angry outbursts?					
6. Having difficulty concentrating?					

Self-Efficacy

J4. Thinking about yourself, how accurate is each of these statements?

To answer, please use a scale of 1 to 4, where 1 = *Not at All True* and 4 = *Exactly True*.

	Not at all true 1	Hardly true 2	Moderately true 3	Exactly true 4
a. I can always manage to solve difficult problems if I try hard enough.				
b. If someone opposes me, I can find the means and ways to get what I want.				
c. It is easy for me to stick to my aims and accomplish my goals.				
d. I am confident that I could deal efficiently with unexpected situations well.				
e. Thanks to my resourcefulness, I know how to handle unforeseen situations.				
f. I can solve most problems if I invest the necessary effort.				
g. I can remain calm when facing difficulties because I can rely on my coping abilities.				
h. When I am confronted with a problem, I can usually find several solutions.				
i. If I am in trouble, I can usually think of a solution.				
j. I can usually handle whatever comes my way.				

Supportive Relationships with Adults

J5. Currently, in your life, are there responsible adults or mentors who...?

(Select yes or no for each).

	Yes (01)	No (00)
a. Pay attention to what's going on in your life?		
b. Say something nice to you if you do something good?		
c. You can talk to about personal problems?		
d. You can go to if you are really upset about something?		
e. Care about what happens to you?		
f. Help you reach your goals?		

Closing Screen

[

Closing1.

Thank you for taking this survey and being part of **STARS!**

After you submit your survey, we will **[insert mode selected: email/text]** your electronic gift card to:

[insert gift card contact]

Closing1a. If this information is wrong, click here: **CHANGE INFORMATION**

Closing 1b. If this information is correct, click here to submit your survey: **SUBMIT**
(Once you submit your survey, you cannot go back and change your answers.)

Closing1c. You will receive your electronic gift card within **[xx]** days.

If you have any questions about **STARS**, you can call the people who are doing the research at **(XXX) XXX-XXXX**. This is a free call.

Thanks again!

You are a very important part of **STARS!**