

Substance Abuse and Mental Health Services Administration (SAMHSA) Unified Performance Reporting Tool (SUPRT) - C

CLIENT OR CAREGIVER FORM

Version: September 2024

Age Range	Respondent Type	Assessment	Link
Adult (18 years+)	Client (or proxy)	Baseline	Adult Client Baseline
Adult (18 years+)	Client (or proxy)	Reassessment	Adult Client Reassessment
Adult (18 years+)	Client (or proxy)	Annual	Adult Client Annual
Youth (12-17 years)	Client (or proxy)	Baseline	Youth Client Baseline
Youth (12-17 years)	Client (or proxy)	Reassessment	Youth Client Reassessment
Child (5-17 years)	Caregiver/Parent	Baseline	Child Caregiver Baseline
Child (5-17 years)	Caregiver/Parent	Reassessment	Child Caregiver Reassessment
Young Child (0-4 years)	Caregiver/Parent	Baseline	YoungChild Caregiver Baseline
Young Child (0-4 years)	Caregiver/Parent	Reassessment	YoungChild Caregiver Reassessment

SUPRT-C FORM VERSION: Adult / Client / Baseline

CLIENT CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for Adults (persons 18 years or older) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/Family Members or for youth (12-17 years old).

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

How is my information used?

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 15 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

A. DEMOGRAPHICS

1. What is your race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group

White – Provide details below.

German

Italian

Irish

Polish

English

French

Enter, for example, Scottish, Norwegian, Dutch, etc. _____

Hispanic or Latino – Provide details below.

Mexican or Mexican American

Salvadoran

Puerto Rican

Dominican

Cuban

Colombian

Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. _____

Black or African American – Provide details below.

African American

Nigerian

Jamaican

Ethiopian

Haitian

Somali

Enter, for example, Ghanaian, South African, Barbadian, etc. _____

Asian – Provide details below.

Chinese

Vietnamese

Filipino

Korean

Asian Indian

Japanese

Enter, for example, Pakistani, Cambodian, Hmong, etc. _____

American Indian or Alaska Native – Provide details below.

Specify, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. _____

Middle Eastern or North African – Provide details below.

Lebanese

Syrian

Iranian

Moroccan

Egyptian

Israeli

Enter, for example, Algerian, Iraqi, Kurdish, etc. _____

Native Hawaiian or Pacific Islander – Provide details below.

Native Hawaiian

Tongan

Samoan

Fijian

Chamorro

Marshallese

Enter, for example, Palauan, Tahitian, Chuukese etc. _____

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: ADULT

Respondent: CLIENT

Assessment: BASELINE

2. What is your sex?

- Female Male

3. Which of the following best represents how you think of yourself?

- Lesbian or gay Bisexual
 Straight or Heterosexual

4. Do you speak a language other than English at home? (If no, please skip to question 6)

- Yes No Prefer not to answer

**5a. For persons speaking a language other than English (answering yes to the question above):
What is this language(s)? (Check all that apply)**

- American Sign Language (ASL) French
 Arabic Portuguese
 Chinese Spanish
 Other Language (Identify): _____ Prefer not to answer

5. Have you ever served in the Armed Forces, the Reserves, the National Guard or other Uniformed Services?

- Yes, currently serving No
 Yes, served in the past Prefer not to answer

6. Please respond to the following questions about your physical health.

	Yes	No	Prefer not to answer
a. Are you deaf or do you have serious difficulty hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: ADULT

Respondent: CLIENT

Assessment: BASELINE

d. Do you have serious difficulty walking or climbing stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you have difficulty dressing or bathing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. SOCIAL DRIVERS OF HEALTH

7. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

- Very hard
- Somewhat hard
- Not hard at all
- Prefer not to answer

8. What is your living situation today?

- I have a steady place to live
- I have a place to live today but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- Prefer not to answer

9. Which of the following best describes your current living situation?

- House or apartment
- Your partner's place
- A friend or relative's and paying rent
- A friend or relative's and not paying rent
- Permanent housing program
- Transitional housing program
- Domestic violence shelter
- Emergency shelter
- Voucher hotel or motel
- Hotel or motel you pay for
- Residential drug or alcohol program
- Jail or prison
- Car or other vehicle
- Abandoned building
- Anywhere outside

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: ADULT

Respondent: CLIENT

Assessment: BASELINE

Somewhere else [where]: _____

Prefer not to answer

10. Are you currently employed?

Employed, full time or part time (includes temporary, seasonal, hours change each week)

Not employed, seeking employment

Not employed, not seeking employment (includes if you are in school and not seeking a job, retired, not looking for work because of a disability, a homemaker, etc.)

Other – specify: _____

Prefer not to answer

11. What is the highest level of education you have finished?

Less than high school diploma

High school degree or GED

Some vocational, technical, college, or university credit(s)

Associate's degree or

technical/vocational certificate

4-year degree or higher

Prefer not to answer

12. In the last 3 months, have you attended school/college, homeschool, or vocational training regularly?

Enrolled, attending regularly

Enrolled, not attending regularly

Not enrolled

Prefer not to answer

13. In the last 3 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

Yes, it has kept me from medical appointments or from getting my medications.

Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need

No

Prefer not to answer

C. CLIENT-REPORTED CORE OUTCOMES

14. Please choose the option that best applies to you right now:

I consider myself to be in recovery from substance use issues

I consider myself to be in recovery from mental health issues

I consider myself to be in recovery from substance use **and** mental health issues

I do **not** consider myself to be in recovery for substance use or mental health issues

I Prefer not to answer

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: ADULT

Respondent: CLIENT

Assessment: BASELINE

15. As of right now, please select whether you strongly agree, agree, somewhat agree, somewhat disagree, disagree, or strongly disagree with each statement in the table below.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Prefer not to answer
a. I am physically fine most days.	<input type="checkbox"/>						
b. My mental health is fine most days.	<input type="checkbox"/>						
c. My substance use does not cause problems in my life.	<input type="checkbox"/>						
d. I have stable housing.	<input type="checkbox"/>						
e. I have a steady job or am involved in things like school, training, or volunteering.	<input type="checkbox"/>						
f. My life has purpose and meaning.	<input type="checkbox"/>						
g. I have enough money to meet my needs.	<input type="checkbox"/>						
h. I am proud of the community I live in and feel a part of it.	<input type="checkbox"/>						
i. I am supported by the people around me.	<input type="checkbox"/>						
j. The future appears bright to me.	<input type="checkbox"/>						
k. I am in control of my life.	<input type="checkbox"/>						
l. I bounce back quickly after hard times.	<input type="checkbox"/>						

16. On a scale of 0 to 100, if 0 represents no quality of life and 100 is perfect quality of life, how would you rate your quality of life? _____

17. Which goals do you have for participating in this program? Check all that apply.

- Improve the symptoms that led me to services (for example distress, anxiety)
- Reduce my drug and/or alcohol use
- Gain access to medical services I need
- Enroll in or finish education (for example GED, degree, vocational training)

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: ADULT

Respondent: CLIENT

Assessment: BASELINE

health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

How is my information used?

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SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 10 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

A. SOCIAL DRIVERS OF HEALTH

1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

- | | |
|-------------------------------------|--|
| <input type="radio"/> Very hard | <input type="radio"/> Not hard at all |
| <input type="radio"/> Somewhat hard | <input type="radio"/> Prefer not to answer |

2. What is your living situation today?

- I have a steady place to live
- I have a place to live today but I am worried about losing it in the future
- I do not have a steady place to live
- Prefer not to answer

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: ADULT

Respondent: CLIENT

Assessment: BASELINE

3. Which of the following best describes your current living situation?

- House or apartment
- Your partner's place
- A friend or relative's and paying rent
- A friend or relative's and not paying rent
- Permanent housing program
- Transitional housing program
- Domestic violence shelter
- Emergency shelter
- Voucher hotel or motel
- Hotel or motel you pay for
- Residential drug or alcohol program
- Jail or prison
- Car or other vehicle
- Abandoned building
- Anywhere outside
- Somewhere else [where]: _____
- Prefer not to answer

4. Are you currently employed?

- Employed, full time or part time (includes temporary, seasonal, hours change each week)
- Not employed, seeking employment
- Not employed, not seeking employment (includes in school not seeking, retired, due to disability, homemaker, etc)
- Other – specify: _____
- Prefer not to answer

5. What is the highest level of education you have finished?

- Less than high school diploma
- High school degree or GED
- Some vocational, technical, college, or university credit(s)
- Associate's degree or technical/vocational Certificate
- 4-year degree or higher
- Prefer not to answer

6. In the last 3 months, have you attended school/college, homeschool, or vocational training regularly?

- Enrolled, attending regularly
- Enrolled, not attending regularly
- Not enrolled
- Prefer not to answer

7. In the last 3 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

- Yes, it has kept me from medical appointments or from getting my medications.
- Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
- No

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: ADULT

Respondent: CLIENT

Assessment: BASELINE

Prefer not to answer

B. CLIENT-REPORTED CORE OUTCOMES

8. Please choose the option that best applies to you right now:

- I consider myself to be in recovery from substance use issues
- I consider myself to be in recovery from mental health issues
- I consider myself to be in recovery from substance use **and** mental health issues
- I do **not** consider myself to be in recovery for substance use or mental health issues
- I Prefer not to answer

9. As of right now, please select whether you strongly agree, agree, somewhat agree, somewhat disagree, disagree, or strongly disagree with each statement in the table below.

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: ADULT

Respondent: CLIENT

Assessment: BASELINE

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree	Prefer not to answer
a. I am physically fine most days.	<input type="checkbox"/>						
b. My mental health is fine most days.	<input type="checkbox"/>						
c. My substance use does not cause problems in my life.	<input type="checkbox"/>						
d. I have stable housing.	<input type="checkbox"/>						
e. I have a steady job or am involved in things like school, training, or volunteering.	<input type="checkbox"/>						
f. My life has purpose and meaning.	<input type="checkbox"/>						
g. I have enough money to meet my needs.	<input type="checkbox"/>						
h. I am proud of the community I live in and feel a part of it.	<input type="checkbox"/>						
i. I am supported by the people around me.	<input type="checkbox"/>						
j. The future appears bright to me.	<input type="checkbox"/>						
k. I am in control of my life.	<input type="checkbox"/>						
l. I bounce back quickly after hard times.	<input type="checkbox"/>						

10. On a scale of 0 to 100, if 0 represents no quality of life and 100 is perfect quality of life, how would you rate your quality of life? _____

11. As a result of the services you received, which goals did you make progress on? Check all that apply.

- Improve the symptoms that led me to services (for example distress, anxiety)
- Reduce my drug and/or alcohol use
- Gain access to medical services I need

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: ADULT

Respondent: CLIENT

Assessment: BASELINE

- Enroll in or finish education (for example GED, degree, vocational training)
- Get or maintain a job
- Live in stable housing
- Be a better parent or caregiver
- Improve my friendships and relationships
- Comply with court order or avoid contact with the police and/or justice system
- Other goal - Please describe: _____
- Prefer not to answer

Thank you for completing this reassessment form.

Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. 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 Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT - ADULT / CLIENT / REASSESSMENT

Client ID |__|__|__|__|__|__|__|__|__|__|

Site ID |__|__|__|__|__|__|__|__|__|__| **Grant ID** |__|__|__|__|__|__|

1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No

1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? |__|__|__|__|__|__|

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

0 Client/Caregiver was unable to provide consent 0 Client was not reached for assessment 0 Client no longer in care

SUPRT-C FORM VERSION: Adult / Client / Annual

CLIENT CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for Adults (persons 18 years or older) responding for themselves. If that’s not you, please ask your provider for the form for Caregivers/Family Members or for youth (12-17 years old).

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

How is my information used?

SAMHSA does not collect your name or information that can identify you. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 7 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

SUPRT-C FORM VERSION: Youth (12 to 17) / Client / Baseline

CLIENT CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for Youth (persons 12 to 17 years old) responding for themselves. If that's not you, please ask your provider for the form for Caregivers/Family Members or for Adults (18+ years old).

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your provider.

How is my information used?

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SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 10 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

A. DEMOGRAPHICS

1. **What is your race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group**

White – Provide details below.

- | | |
|---|----------------------------------|
| <input type="checkbox"/> German | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Polish |
| <input type="checkbox"/> English | <input type="checkbox"/> French |
| <input type="checkbox"/> Enter, for example, Scottish, Norwegian, Dutch, etc. _____ | |

Hispanic or Latino – Provide details below.

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Mexican or Mexican American | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Dominican |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Colombian |
| <input type="checkbox"/> Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. _____ | |

Black or African American – Provide details below.

- | | |
|---|------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Nigerian |
| <input type="checkbox"/> Jamaican | <input type="checkbox"/> Ethiopian |
| <input type="checkbox"/> Haitian | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Enter, for example, Ghanaian, South African, Barbadian, etc. _____ | |

Asian – Provide details below.

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Enter, for example, Pakistani, Cambodian, Hmong, etc. _____ | |

American Indian or Alaska Native – Provide details below.

- Specify, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. _____

Middle Eastern or North African – Provide details below.

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Lebanese | <input type="checkbox"/> Syrian |
| <input type="checkbox"/> Iranian | <input type="checkbox"/> Moroccan |
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Israeli |
| <input type="checkbox"/> Enter, for example, Algerian, Iraqi, Kurdish, etc. _____ | |

Native Hawaiian or Pacific Islander – Provide details below.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Fijian |
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Marshallese |
| <input type="checkbox"/> Enter, for example, Palauan, Tahitian, Chuukese etc. _____ | |

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: YOUTH (12 to 17)

Respondent: CLIENT

Assessment: BASELINE

2. What is your sex?

- Female Male

3. Which of the following best represents how you think of yourself?

- Lesbian or gay Bisexual
 Straight or Heterosexual

4. Do you speak a language other than English at home? (If no, please skip to question 6)

- Yes No Prefer not to answer

**5a. For persons speaking a language other than English (answering yes to the question above):
What is this language(s)? (Check all that apply)**

- American Sign Language (ASL) French
 Arabic Portuguese
 Chinese Spanish
 Other Language (Identify): _____ Prefer not to answer

5. Please respond to the following questions about your physical health.

	Yes	No	Prefer not to answer
a. Are you deaf or do you have serious difficulty hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you have serious difficulty walking or climbing stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you have difficulty dressing or bathing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. SOCIAL DRIVERS OF HEALTH

6. What is your living situation today?

- I have a steady place to live
- I have a place to live today but I am worried about losing it in the future
- I do not have a steady place to live
- Prefer not to answer

7. Which of the following best describes your current living situation?

- My parent/guardian's house or apartment;
- Your partner's place;
- A friend or relative's and paying rent;
- A friend or relative's and not paying rent;
- Permanent housing program;
- Transitional housing program;
- Domestic violence shelter;
- Emergency shelter;
- Voucher hotel or motel;
- Hotel or motel you pay for;
- Residential drug or alcohol program;
- Jail or prison;
- Car or other vehicle;
- Abandoned building;
- Anywhere outside;
- Somewhere else [where]: _____
- Prefer not to answer

SUPRT-C FORM VERSION: Youth (12 to 17) / Client / Reassessment

CLIENT CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for Youth (persons 12 to 17 years old) responding for themselves. If that’s not you, please ask your provider for the form for Caregivers/Family Members or for Adults (18+ years old).

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How is my information used?

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SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 5 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

A. SOCIAL DRIVERS OF HEALTH

1. What is your living situation today?

- I have a steady place to live
- I have a place to live today but I am worried about losing it in the future
- I do not have a steady place to live
- Prefer not to answer

2. Which of the following best describes your current living situation?

- My parent/guardian's house or apartment
- Your partner's place
- A friend or relative's and paying rent
- A friend or relative's and not paying rent
- Permanent housing program
- Transitional housing program
- Domestic violence shelter
- Emergency shelter
- Voucher hotel or motel
- Hotel or motel you pay for
- Residential drug or alcohol program
- Jail or prison
- Car or other vehicle
- Abandoned building
- Anywhere outside
- Somewhere else [where]: _____
- Prefer not to answer

3. What is the highest level of education you have finished?

- Preschool-Kindergarten
- Grade 1 – Grade 5
- Grade 6 – Grade 8
- Grade 9 - 12
- High school degree or GED
- Prefer not to answer

4. In the last 3 months, have you attended school/college, homeschool, or vocational training regularly?

- Enrolled, attending regularly
- Enrolled, not attending regularly
- Not enrolled
- Prefer not to answer

Thank you for completing this reassessment form.

Public reporting burden for this collection of information is estimated to average 5 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. 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 Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

SAMHSA Unified Performance Reporting Tool – Client Form (SUPRT-C)

Age: YOUTH (12 to 17)

Respondent: CLIENT

Assessment: REASSESSMENT

[OFFICE USE ONLY] RECORD MANAGEMENT – YOUTH / CLIENT / REASSESSMENT

Client ID |__|__|__|__|__|__|__|__|__|__|__|__|

Site ID |__|__|__|__|__|__|__|__|__|__|__|__| **Grant ID** |__|__|__|__|__|__|__|__|

1. Was this assessment conducted with the client/caregiver? Yes - Client Yes - Caregiver/Proxy No

1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? |__|__|__|__|__|__|

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

Client/Caregiver was unable to provide consent Client was not reached for assessment Client no longer in care

SUPRT-C FORM VERSION: Child (5 to 17) / Caregiver / Baseline

CAREGIVER/FAMILY MEMBER CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for caregivers or family members responding for their child. If that's not you, please ask your provider for the form for Youth (12 to 17) responding for themselves or for Adults (18+ years old).

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your child's behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your child's provider.

How is my information used?

SAMHSA does not collect your child's name or information that can identify your child. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 10 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

A. DEMOGRAPHICS

1. What is your child’s race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group.

White – Provide details below.

German

Italian

Irish

Polish

English

French

Enter, for example, Scottish, Norwegian, Dutch, etc. _____

Hispanic or Latino – Provide details below.

Mexican or Mexican American

Salvadoran

Puerto Rican

Dominican

Cuban

Colombian

Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. _____

Black or African American – Provide details below.

African American

Nigerian

Jamaican

Ethiopian

Haitian

Somali

Enter, for example, Ghanaian, South African, Barbadian, etc. _____

Asian – Provide details below.

Chinese

Vietnamese

Filipino

Korean

Asian Indian

Japanese

Enter, for example, Pakistani, Cambodian, Hmong, etc. _____

American Indian or Alaska Native – Provide details below.

Specify, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. _____

Middle Eastern or North African – Provide details below.

Lebanese

Syrian

Iranian

Moroccan

Egyptian

Israeli

Enter, for example, Algerian, Iraqi, Kurdish, etc. _____

Native Hawaiian or Pacific Islander – Provide details below.

Native Hawaiian

Tongan

Samoan

Fijian

Chamorro

Marshallese

Enter, for example, Palauan, Tahitian, Chuukese etc. _____

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: CHILD (5 to 17)

Respondent: CAREGIVER

Assessment: BASELINE

2. What is your child’s sex?

- Female Male

3. Does your child speak a language other than English at home?

- Yes No Prefer not to answer

3a. For persons speaking a language other than English (answering yes to the question above): What is this language(s)? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> American Sign Language (ASL) | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Language (specify): _____ |
| <input type="checkbox"/> French | <input type="checkbox"/> Prefer not to answer |

4. Please respond to the following questions about your child’s physical health.

	Yes	No	Prefer not to answer
a. Is your child deaf or does your child have serious difficulty hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is your child blind or does your child have serious difficulty seeing, even when wearing glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Because of a physical, mental, or emotional condition, does your child have serious difficulty concentrating, remembering, or making decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Does your child have serious difficulty walking or climbing stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Does your child have difficulty dressing or bathing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Because of a physical, mental, or emotional condition, does your child have difficulty doing errands alone such as visiting a doctor’s office or shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. SOCIAL-DRIVERS OF HEALTH

5. **How hard is it for you to pay for the very basics like food, housing, medical care, and heating for your child?**

- Very hard
- Somewhat hard
- Not hard at all
- I am not the person responsible for paying for the basics for my child
- Prefer not to answer

6. **What is your child's living situation today?**

- My child has a steady place to live
- My child has a place to live today but I am worried they may lose it in the future
- My child does not have a steady place to live
- Prefer not to answer

7. **Which of the following best describes your child's current living situation?**

- Your house or apartment
- Your partner's place
- A friend or relative's and paying rent
- A friend or relative's and not paying rent
- Permanent housing program
- Transitional housing program
- Domestic violence shelter
- Emergency shelter
- Voucher hotel or motel
- Hotel or motel you pay for
- Residential drug or alcohol program
- Jail or prison
- Car or other vehicle
- Abandoned building
- Anywhere outside
- Somewhere else [where]: _____
- Prefer not to answer

8. **What is the highest level of education your child has finished?**

- Preschool-Kindergarten
- Grade 1 – Grade 5
- Grade 6 – Grade 8
- Grade 9 - 12
- High school degree or GED
- Prefer not to answer

9. **In the last 3 months, has your child attended school/college, homeschool, or vocational training regularly?**

- Enrolled, attending regularly
- Enrolled, not attending regularly
- Not enrolled
- Prefer not to answer

Thank you for completing this baseline form.

SAMHSA Unified Performance Reporting Tool - Client Form (SUPRT-C)

Age: CHILD (5 to 17)

Respondent: CAREGIVER

Assessment: BASELINE

Public reporting burden for this collection of information is estimated to average 10 minutes per response at baseline. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. 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 Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT - CHILD / CAREGIVER / BASELINE

Client ID |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

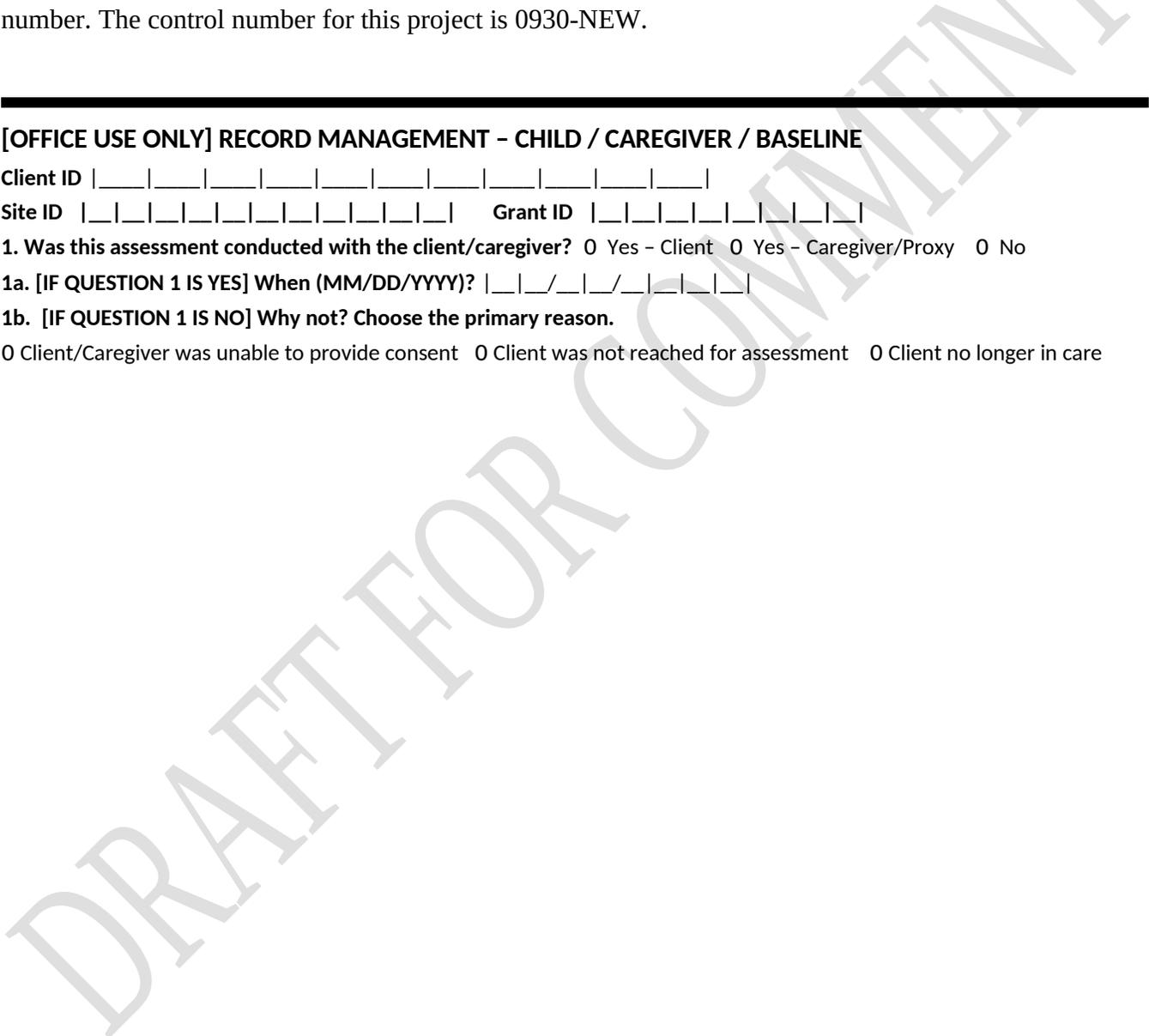
Site ID |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Grant ID |__|__|__|__|__|__|__|__|__|__|__|__|

1. Was this assessment conducted with the client/caregiver? Yes - Client Yes - Caregiver/Proxy No

1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? |__|__|__|__|__|__|__|__|__|__|__|__|

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

Client/Caregiver was unable to provide consent Client was not reached for assessment Client no longer in care



FORM VERSION: Child (5 to 17) / Caregiver / Reassessment

CAREGIVER/FAMILY MEMBER CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for caregivers or family members responding for their child. If that’s not you, please ask your provider for the form for Youth (12 to 17) responding for themselves or for Adults (18+ years old).

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your child’s behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your child’s provider.

How is my information used?

SAMHSA does not collect your child’s name or information that can identify your child. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 5 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

A. SOCIAL DRIVERS OF HEALTH

1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating for your child?

- Very hard
- Somewhat hard
- Not hard at all
- I am not the person responsible for paying for the basics for my child
- Prefer not to answer

2. What is your child’s living situation today?

- My child has a steady place to live
- My child has a place to live today but I am worried they may lose it in the future
- My child does not have a steady place to live
- Prefer not to answer

3. Which of the following best describes your child’s current living situation?

- Your house or apartment
- Your partner’s place
- A friend or relative’s and paying rent
- A friend or relative’s and not paying rent
- Permanent housing program
- Transitional housing program
- Domestic violence shelter
- Emergency shelter
- Voucher hotel or motel
- Hotel or motel you pay for
- Residential drug or alcohol program
- Jail or prison
- Car or other vehicle
- Abandoned building
- Anywhere outside
- Somewhere else [where]: _____
- Prefer not to answer

4. What is the highest level of education your child has finished?

- Preschool-Kindergarten
- Grade 1 – Grade 5
- Grade 6 – Grade 8
- Grade 9 - 12
- High school degree or GED
- Prefer not to answer

5. In the last 3 months, has your child attended school/college, homeschool, or vocational training regularly?

- Enrolled, attending regularly
- Enrolled, not attending regularly
- Not enrolled
- Prefer not to answer

SAMHSA Unified Performance Reporting Tool – Client Form (SUPRT-C)

Age: CHILD (5 to17)

Respondent: CAREGIVER

Assessment: REASSESSMENT

Thank you for completing this reassessment form.

Public reporting burden for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. 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 Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT – CHILD / CAREGIVER / BASELINE

Client ID |__|__|__|__|__|__|__|__|__|__|__|__|

Site ID |__|__|__|__|__|__|__|__|__|__|__|__| Grant ID |__|__|__|__|__|__|__|__|

1. Was this assessment conducted with the client/caregiver? 0 Yes - Client 0 Yes - Caregiver/Proxy 0 No

1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? |__|__|__|__|__|__|__|__|

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

0 Client/Caregiver was unable to provide consent 0 Client was not reached for assessment 0 Client no longer in care

SUPRT-C FORM VERSION: Young Child (0 to4) / Caregiver / Baseline

CAREGIVER/FAMILY MEMBER CONSENT

Are you answering for your child (aged 0 to 4) as a caregiver or family member? This form was designed for caregivers or family members responding for their young child. If that's not you, please ask your provider for the form for a Child (5 to 17) or Youth (12 to 17) responding for themselves.

What is this form about?

The Substance Abuse Mental Health Services Administration (SAMHSA) funds part of your child's behavioral health services. SAMHSA collects this information to monitor and improve services in your community and across the nation. Your response to these questions will help SAMHSA and your child's provider.

How is my information used?

SAMHSA does not collect your child's name or information that can identify your child. The Privacy Act of 1974, 5 U.S.C § 552a, also requires SAMHSA to protect the privacy of your information.

SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 6 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

A. DEMOGRAPHICS

1. What is your child’s race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group.

- White – Provide details below.
 - German Italian
 - Irish Polish
 - English French
 - Enter, for example, Scottish, Norwegian, Dutch, etc. _____
- Hispanic or Latino – Provide details below.
 - Mexican or Mexican American Salvadoran
 - Puerto Rican Dominican
 - Cuban Colombian
 - Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. _____
- Black or African American – Provide details below.
 - African American Nigerian
 - Jamaican Ethiopian
 - Haitian Somali
 - Enter, for example, Ghanaian, South African, Barbadian, etc. _____
- Asian – Provide details below.
 - Chinese Vietnamese
 - Filipino Korean
 - Asian Indian Japanese
 - Enter, for example, Pakistani, Cambodian, Hmong, etc. _____
- American Indian or Alaska Native
 - Specify, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. _____
- Middle Eastern or North African – Provide details below.
 - Lebanese Syrian
 - Iranian Moroccan
 - Egyptian Israeli
 - Enter, for example, Algerian, Iraqi, Kurdish, etc. _____
- Native Hawaiian or Pacific Islander – Provide details below.
 - Native Hawaiian Tongan
 - Samoan Fijian
 - Chamorro Marshallese
 - Enter, for example, Palauan, Tahitian, Chuukese etc. _____

SAMHSA Unified Performance Reporting Tool-Client Form (SUPRT-C)

Age: YOUNG CHILD (0 to 4)

Respondent: CAREGIVER

Assessment: BASELINE

2. What is your child's sex?

Female

Male

3. Please respond to the following questions about your child's physical health.

	Yes	No	Prefer not to answer
a. Is your child deaf or does your child have serious difficulty hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is your child blind or does your child have serious difficulty seeing, even when wearing glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. SOCIAL DRIVERS OF HEALTH

4. How hard is it for you to pay for the very basics like food, housing, medical care, and heating for your child?

Very hard

Somewhat hard

Not hard at all

I am not the person responsible for paying for the basics for my child

Prefer not to answer

5. What is your child's living situation today?

My child has a steady place to live

My child has a place to live today but I am worried they may lose it in the future

My child does not have a steady place to live

Prefer not to answer

6. Which of the following best describes your child's current living situation?

Your house or apartment

Your partner's place

A friend or relative's and paying rent

A friend or relative's and not paying rent

Permanent housing program

Transitional housing program

Domestic violence shelter

Emergency shelter

Voucher hotel or motel

Hotel or motel you pay for

Residential drug or alcohol program

Jail or prison

Car or other vehicle

Abandoned building

Anywhere outside

Somewhere else [where]: _____

Prefer not to answer

Thank you for completing this baseline form.

SAMHSA Unified Performance Reporting Tool-Client Form (SUPRT-C)

Age: YOUNG CHILD (0 to 4)

Respondent: CAREGIVER

Assessment: BASELINE

Public reporting burden for this collection of information is estimated to average 6 minutes per response . Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. 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 Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT - YOUNG CHILD / CAREGIVER / BASELINE

Client ID |__|__|__|__|__|__|__|__|__|__|__|__|

Site ID |__|__|__|__|__|__|__|__|__|__|__|__| Grant ID |__|__|__|__|__|__|__|__|

1. Was this assessment conducted with the client/caregiver? Yes - Client Yes - Caregiver/Proxy No

1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? |__|__|__|__|__|__|

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

Client/Caregiver was unable to provide consent Client was not reached for assessment Client no longer in care

FORM VERSION: Young Child (0 to 4) / Caregiver / Reassessment

CAREGIVER/FAMILY MEMBER CONSENT

Are you answering for your child as a caregiver or family member? This form was designed for caregivers or family members responding for their young child. If that’s not you, please ask your provider for the form for Child (5 to 17) or Youth (12 to 17) responding for themselves.

What is this form about?

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How is my information used?

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SAMHSA collects this information from all persons served. SAMHSA looks for trends or patterns in the data. SAMHSA combines information collected to see if services need to be improved.

Do I have to fill in this form?

No. You do not have to fill in this form. This will not result in any loss of services or benefits.

If you choose to participate, you may:

- skip questions you do not want to answer.
- stop filling in the form at any time.

How long does it take to fill in the form?

It should take you about 3 minutes.

How do I agree to participate?

By answering the following questions, you are agreeing to participate.

A. SOCIAL DRIVERS OF HEALTH

1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating for your child?

- Very hard
- Somewhat hard
- Not hard at all
- I am not the person responsible for paying for the basics for my child
- Prefer not to answer

2. What is your child’s living situation today?

- My child has a steady place to live
- My child has a place to live today but I am worried they may lose it in the future
- My child does not have a steady place to live
- Prefer not to answer

3. Which of the following best describes your child’s current living situation?

- Your house or apartment
- Your partner’s place
- A friend or relative’s and paying rent
- A friend or relative’s and not paying rent
- Permanent housing program
- Transitional housing program
- Domestic violence shelter
- Emergency shelter
- Voucher hotel or motel
- Hotel or motel you pay for
- Residential drug or alcohol program
- Jail or prison
- Car or other vehicle
- Abandoned building
- Anywhere outside
- Somewhere else [where]: _____
- Prefer not to answer

Thank you for completing this reassessment form.

Public reporting burden for this collection of information is estimated to average 3 minutes per response. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. 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 Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

