



## Data collected at enrollment into RPG

### Case Enrollment

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1. **Case ID:** *[enter 6-digit alpha-numeric id]*
2. **RPG Enrollment Date:** *[enter date]*
3. **Referral Source:** *Select one.*

|                                                                   |                                                                                  |                                          |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Child welfare agency (public or private) | <input type="checkbox"/> Family support service agency                           | <input type="checkbox"/> Court           |
| <input type="checkbox"/> Substance use treatment provider         | <input type="checkbox"/> Indian/Native American Tribally Designated Organization | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Mental or behavioral health provider     | <input type="checkbox"/> Self-referral/walk-in                                   | <input type="checkbox"/> Don't know      |
| <input type="checkbox"/> Hospital or clinic                       |                                                                                  |                                          |
- 3a. **Was the grantee the referring organization?** *Select one.*

|                              |                             |                                     |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|
4. **Study assignment:** *Select one.*

|                                          |                                           |
|------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Treatment group | <input type="checkbox"/> Comparison group |
|------------------------------------------|-------------------------------------------|
5. **Have any members of this case been previously enrolled in your RPG Project?** *Select one.*

|                              |                             |                                     |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

### Individual enrollment

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#### Ask of each individual enrolled

6. **Individual ID:** *[enter 6-digit alpha-numeric id]*
7. **RPG Enrollment Date:** *[enter date]*  
*Provide only for those added after initial case enrollment*
8. **Sex:** *Select one.*

|                               |                                 |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|
9. **Person Type:** *Select one.*

|                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Child |
|--------------------------------|--------------------------------|
10. **Date of Birth (or due date for unborn child):** *[enter date]*
- 10a. **Is this a due date for an unborn child?** *Select one.*

|                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
11. **Race:** *Select all that apply.*

|                                                           |                                                    |                                                                    |
|-----------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                     |                                                                    |
12. **Ethnicity:** *Select one.*

|                                             |                                                 |
|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino |
|---------------------------------------------|-------------------------------------------------|
13. **Primary language spoken at home:** *Select all that apply.*

|                                  |                                  |                                          |
|----------------------------------|----------------------------------|------------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other (specify) |
|----------------------------------|----------------------------------|------------------------------------------|

#### Ask of each child enrolled

14. **What is the child's current primary type of residence?** *Select one.*

|                                                       |                                           |                                          |
|-------------------------------------------------------|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Private residence            | <input type="checkbox"/> Homeless/shelter | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Treatment facility           | <input type="checkbox"/> Group home       | <input type="checkbox"/> Don't know      |
| <input type="checkbox"/> Correctional facility/prison |                                           |                                          |
15. **Who are the primary adults in the household that the child lives with?** *Select all that apply.*  
*Skip Q15 if answer to Q14 is "Group home"*

|                                            |                                                     |                                          |
|--------------------------------------------|-----------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Biological mother | <input type="checkbox"/> Other relative             | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Biological father | <input type="checkbox"/> Non-relative foster parent | <input type="checkbox"/> Don't know      |

**16. Has the child lived in the same residence for the past 30 days?** *Select one.*

- ☐ Yes ☐ No ☐ Don't know

**17. Is the child receiving Medicaid?** *Select one.*

- ☐ Yes ☐ No ☐ Don't know

**Ask of each adult enrolled**

**18. Highest Education Level:** *Select one.*

- ☐ Up to 8th grade ☐ Some vocational/technical education ☐ Associate's degree  
☐ Some high school ☐ Vocational/technical diploma ☐ Bachelor's degree  
☐ High school diploma/GED ☐ Some college ☐ Graduate-level schooling or degree

**19. Employment Status:** *Select one.*

- ☐ Full-time employment ☐ Self-employed ☐ Not employed and not looking for work, or unable to work  
☐ Part-time employment ☐ Not employed but looking for work

**20. Relationship Status:** *Select one.*

- ☐ Never married ☐ Married ☐ Divorced/widowed/separated

**20a. Do you have a romantic partner that you live with all or most of the time?** *Select one.*

*Only respond to Q20a if answer to Q20 is "Never married" or "Divorced/widowed/separated"*

- ☐ Yes ☐ No ☐ Don't know

**20b. Do you live with your spouse all or most of the time?** *Select one.*

*Only respond to Q20b if answer to Q20 is "Married"*

- ☐ Yes ☐ No ☐ Don't know

**21. In the past month, which sources of income have you had?** *Select all that apply.*

- ☐ Wages/salary ☐ Disability/SSI ☐ Child's benefits (SSI, survivor's benefits)  
☐ Public assistance (TANF, WIC, Food stamps/SNAP) ☐ Unemployment benefits ☐ Other (specify)  
☐ Retirement/pension/spousal survivor's benefits ☐ Child support ☐ None  
☐ Support from other individuals

**21a. In the past month, which income source was the largest?** *Select one.*

- ☐ Wages/salary ☐ Disability/SSI ☐ Child's benefits (SSI, survivor's benefits)  
☐ Public assistance (TANF, WIC, Food stamps/SNAP) ☐ Unemployment benefits ☐ Other (specify)  
☐ Retirement/pension/spousal survivor's benefits ☐ Child support ☐ None  
☐ Support from other individuals

**Family Member Relationships**

**22. Select Focal Child:** *Select one from list of children in case.*

**23. Relationship to Focal Child:** *Select one.*

- ☐ Self ☐ Grandparent ☐ Adopted sibling  
☐ Biological parent ☐ Aunt/uncle ☐ Step-sibling by marriage  
☐ Adoptive/pre-adoptive parent ☐ Parent's partner ☐ Cousin  
☐ Step-parent by marriage ☐ Biological sibling (including half sibling) ☐ Other (specify)  
☐ Non-relative foster parent

**24. Does the Focal Child live with other children in the RPG Case?** *Select one.*

- ☐ All of the children ☐ Some of the children ☐ None of the children

**25. Select Child Well-Being Reporter:** *Select one.*

*[List of adults in case]*

☐ Not in case

☐ No one has had care of child for 30 days

**26. Select Recovery Domain Adult:** *Select one.*

*[List of adults in case]*

☐ Not in case/don't know

**27. Select Family Functioning Adult:** *Select one from list of adults in case.*

**Data collection at exit from RPG**

## Case Closure

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**28. RPG Case Closure Date:** *[enter date]*

**29. Primary reason for case closure:** *Select one.*

- |                                                                     |                                                                  |                                                              |
|---------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Successfully completed RPG program         | <input type="checkbox"/> Family declined further participation   | <input type="checkbox"/> Child entered out-of-home placement |
| <input type="checkbox"/> Family moved out of area                   | <input type="checkbox"/> Transferred to another service provider | <input type="checkbox"/> Incarceration                       |
| <input type="checkbox"/> Unable to locate                           | <input type="checkbox"/> Miscarriage or fetal/child death        | <input type="checkbox"/> Drug use (ongoing or relapse)       |
| <input type="checkbox"/> Excessive missed appointments/unresponsive | <input type="checkbox"/> Parental death                          | <input type="checkbox"/> Other program noncompliance         |
|                                                                     |                                                                  | <input type="checkbox"/> Other (specify)                     |

## Closure Residence Update

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*This section updates information collected at enrollment from Questions 14, 15, 16, 17, and 24.*

**30. Primary reason for case closure:** *Select one.*

- |                                                       |                                           |                                          |
|-------------------------------------------------------|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Private residence            | <input type="checkbox"/> Homeless/shelter | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Treatment facility           | <input type="checkbox"/> Group home       | <input type="checkbox"/> Don't know      |
| <input type="checkbox"/> Correctional facility/prison |                                           |                                          |

**31. Who are the primary adults in the household that the child lives with?** *Select all that apply.*

*Skip Q31 if answer to Q30 is "Group home"*

- |                                            |                                                     |                                          |
|--------------------------------------------|-----------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Biological mother | <input type="checkbox"/> Other relative             | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Biological father | <input type="checkbox"/> Non-relative foster parent | <input type="checkbox"/> Don't know      |

**32. Has the child lived in the same residence for the past 30 days?** *Select one.*

- |                              |                             |                                     |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

**33. Does the focal child live with other children in the case?** *Select one.*

- |                              |                             |                                     |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

## Revisit Child Well-Being Reporter

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*This section updates who will be reporting on the child well-being instruments at exit.*

**34. Select Child Well-Being Reporter:** *Select one.*

*[List of adults in case]*

☐ Not applicable

☐ No one has had care of child for 30 days

## Unborn Child Update

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**35. Has [individual ID of unborn child] been born?** *Select one.*

- |                              |                             |                                     |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

**35a. Is the mother still pregnant with [individual ID of unborn child]?** *Select one.*

*Only respond to 35a if answer to 35 is "No"*

- |                              |                             |                                     |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

*Only ask the remaining questions if the child has been born (Q35 = Yes).*

**35b. Child's date of birth:** *[enter date]*

**35c. Child's sex:** *Select one.*

- |                               |                                 |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

**35d. Child's birth weight:** *Select one.*

- |                                                                          |                                                                                                    |                                                                              |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Normal (5 pounds 8 ounces [2500 grams] or more) | <input type="checkbox"/> Low (3 pounds 5 ounces [1500 grams] to 5 pounds 7.99 ounces [2499 grams]) | <input type="checkbox"/> Very low (less than 3 pounds 5 ounces [1500 grams]) |
| <input type="checkbox"/> Don't know                                      |                                                                                                    |                                                                              |

**35e. Was the child born prematurely (less than 37 weeks gestation)?** *Select one.*

- |                              |                             |                                     |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

**35f. Did the child spend time in the Neonatal Intensive Care Unit (NICU)?** *Select one.*

☐ Yes

☐ No

☐ Don't know

**35g. Has the child been given a diagnosis of one or more of the following conditions related to substance exposure?** *Select all that apply.*

☐ Neonatal abstinence  
syndrome

☐ Fetal alcohol syndrome  
disorder

☐ Neither

☐ Don't know

**35h. Was the child exposed prenatally to opiates?** *Select one.*

*Only respond to Q35h if answer to Q35g is "Neonatal abstinence syndrome"*

☐ Yes

☐ No

☐ Don't know

**35i. Was the mother receiving supervised MAT during her pregnancy?** *Select one.*

*Only respond to Q35i if answer to Q35h is "Yes"*

☐ Yes

☐ No

☐ Don't know

1. **Date of Service** *[enter date]*
2. **Length of service interaction** *[enter length in minutes]*
3. **Case members in attendance** *[Select all that apply from list of members in the case]*
4. **Location of service:** *Select one.*
  - ☐ Client's place of residence
  - ☐ Residential treatment facility
  - ☐ Phone
  - ☐ Other location
5. **Service provider** *[Select from list of grantee's individuals providing services to families enrolled in RPG]*
6. **Service Approach:** *Select one.*
  - ☐ Service with individual family
  - ☐ Service with multiple families
7. **Service Type:** *Select one.*
  - ☐ Case management or service coordination
  - ☐ Support group or workshop
  - ☐ Therapy or counseling
  - ☐ Parenting training/home visiting program
  - ☐ Mentoring
  - ☐ Screening or assessment
  - ☐ Medication assisted treatment
  - ☐ Medical care or appointment
  - ☐ Employment training
  - ☐ Academic education (child or adult)
  - ☐ Housing
  - ☐ Transportation
  - ☐ Court or legal
  - ☐ Financial or material supports (such as vouchers or stipends)
  - ☐ Child care
  - ☐ Other services
8. **Model or Program Name** *[Select all that apply from list of grantee's program models, if applicable]*
9. **Service Focus** *Select all that apply.*

|                                                               |                                                                   |                                                                                        |
|---------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Parenting skills                     | <input type="checkbox"/> Mental health treatment                  | <input type="checkbox"/> Transportation                                                |
| <input type="checkbox"/> Child care                           | <input type="checkbox"/> Trauma processing                        | <input type="checkbox"/> Financial or material supports (such as vouchers or stipends) |
| <input type="checkbox"/> Family activities                    | <input type="checkbox"/> Family group decision-making or planning | <input type="checkbox"/> Needs assessment                                              |
| <input type="checkbox"/> Visit facilitation                   | <input type="checkbox"/> Safety planning                          | <input type="checkbox"/> Child developmental screening                                 |
| <input type="checkbox"/> Adult SUD                            | <input type="checkbox"/> Financial planning                       | <input type="checkbox"/> Evaluation data collection                                    |
| <input type="checkbox"/> Discharge or recovery planning       | <input type="checkbox"/> Employment training                      | <input type="checkbox"/> Dealing with family crisis                                    |
| <input type="checkbox"/> Youth SUD prevention                 | <input type="checkbox"/> Academic education (child or adult)      | <input type="checkbox"/> Court or legal                                                |
| <input type="checkbox"/> Medication assisted treatment        | <input type="checkbox"/> Health education                         | <input type="checkbox"/> Referrals                                                     |
| <input type="checkbox"/> Personal development and life skills | <input type="checkbox"/> Medical care or appointment              | <input type="checkbox"/> Other                                                         |
| <input type="checkbox"/> Behavior management                  | <input type="checkbox"/> Housing                                  |                                                                                        |
10. **Referral Type** *Select all that apply.*  
*Only respond if "Referrals" is selected in Q9*

|                                                    |                                                      |                                                 |
|----------------------------------------------------|------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> SUD treatment             | <input type="checkbox"/> Academic education services | <input type="checkbox"/> Job placement services |
| <input type="checkbox"/> Therapy or counseling     | <input type="checkbox"/> Life skills development     | <input type="checkbox"/> Legal services         |
| <input type="checkbox"/> Parenting skills training | <input type="checkbox"/> Early intervention services | <input type="checkbox"/> Medical/health care    |
| <input type="checkbox"/> Home visiting program     | <input type="checkbox"/> Employment training         | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Housing                   |                                                      |                                                 |
11. **Did the client exhibit any of the following behaviors during the service interaction?** *Select all that apply.*

|                                                                                               |                                                                                |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Client arrived to the session on time                                | <input type="checkbox"/> Client took an active part in the setting of goals    |
| <input type="checkbox"/> Client demonstrated understanding of the information being presented | <input type="checkbox"/> Client demonstrated they trusted the service provider |
| <input type="checkbox"/> Client stayed focused during the service interaction                 | <input type="checkbox"/> Other (Specify)                                       |
| <input type="checkbox"/> Client participated in the session and asked questions if needed     | <input type="checkbox"/> None of the above                                     |



**12. Why do you think the client(s) was/were not fully engaged? Select all that apply.**

*Only respond to Q12 if answer to Q11 is "somewhat engaged" or "not engaged"*

- ☐ Client is distracted or upset about life events (i.e., a sick child, pending child welfare case, housing instability, etc.)
- ☐ Client is tired or not feeling well
- ☐ Client drug use or withdrawal
- ☐ Time constraints
- ☐ Client did not see the value in the content and/or activities presented in the session
- ☐ Presence of other individuals interfered with session activities
- ☐ Disagreement between group members
- ☐ Difficult for client to concentrate in service encounter space (i.e., outside noise, crowded space, frequent interruptions, etc.)
- ☐ Other (Specify)
- ☐ None of the above