



Data collected at enrollment into RPG

Case Enrollment

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
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4. **Study assignment:** *Select one.*

<input type="checkbox"/> Treatment group	<input type="checkbox"/> Comparison group
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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
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Individual enrollment

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
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9. **Person Type:** *Select one.*

<input type="checkbox"/> Adult	<input type="checkbox"/> Child
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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
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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
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13. **Primary language spoken at home:** *Select all that apply.*

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other (specify)
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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.*

- | | | |
|--|--|---|
| <input type="checkbox"/> Up to 8th grade | <input type="checkbox"/> Some vocational/technical education | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Vocational/technical diploma | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Some college | <input type="checkbox"/> Graduate-level schooling or degree |

19. Employment Status: *Select one.*

- | | | |
|---|--|---|
| <input type="checkbox"/> Full-time employment | <input type="checkbox"/> Self-employed | <input type="checkbox"/> Not employed and not looking for work, or unable to work |
| <input type="checkbox"/> Part-time employment | <input type="checkbox"/> 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.*

- | | | |
|--|---|--|
| <input type="checkbox"/> Wages/salary | <input type="checkbox"/> Disability/SSI | <input type="checkbox"/> Child's benefits (SSI, survivor's benefits) |
| <input type="checkbox"/> Public assistance (TANF, WIC, Food stamps/SNAP) | <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Retirement/pension/spousal survivor's benefits | <input type="checkbox"/> Child support | <input type="checkbox"/> None |
| | <input type="checkbox"/> Support from other individuals | |

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Wages/salary | <input type="checkbox"/> Disability/SSI | <input type="checkbox"/> Child's benefits (SSI, survivor's benefits) |
| <input type="checkbox"/> Public assistance (TANF, WIC, Food stamps/SNAP) | <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Retirement/pension/spousal survivor's benefits | <input type="checkbox"/> Child support | <input type="checkbox"/> None |
| | <input type="checkbox"/> 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.*

- | | | |
|---|--|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Adopted sibling |
| <input type="checkbox"/> Biological parent | <input type="checkbox"/> Aunt/uncle | <input type="checkbox"/> Step-sibling by marriage |
| <input type="checkbox"/> Adoptive/pre-adoptive parent | <input type="checkbox"/> Parent's partner | <input type="checkbox"/> Cousin |
| <input type="checkbox"/> Step-parent by marriage | <input type="checkbox"/> Biological sibling (including half sibling) | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> 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

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

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

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]

- | | |
|---|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> No one has had care of child for 30 days |
|---|---|

Unborn Child Update

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