SERVICE USE INITIAL MODULE (SECTION SV)

Now I would like to ask you some questions about any treatment or help you may have received for problems you were having with your behavior, feelings, or drugs or alcohol. For the rest of this interview, when I talk about problems with behaviors or feelings, I also mean any problems with drugs or alcohol.

SVA. Have you ever stayed overnight in a hospital, treatment center,

group or foster home, juvenile justice facility, or emergency shelter YES 1 for problems with behaviors, feelings or drugs or alcohol? Please look at this list of services. HAND R CARD A. If you don't know COL. B COL. C COL. D **USED** PAST YEAR USE what some of these mean, ask me and I **AGE** will try to explain. Have you ever stayed **FIRST PAST** overnight in a (READ EACH AND **USED YEAR START** STOP CODE): NO YES DK NO YES MOS YEAR MOS YEAR SV1. Hospital for problems with behaviors, feelings, drugs or alcohol 0 1 9 01 SV2. LEFT BLANK. SV3. Drug or alcohol treatment unit 0 1 9 01 9 SV4. Residential treatment center 0 1 01 9 SV5. Group home 0 1 01 9 SV6. Foster home 0 1 01 SV7. Detention center/Prison or jail 01 0 1 SV8. LEFT BLANK. SV9. LEFT BLANK. SV10. LEFT BLANK. 9 SV11. Emergency shelter for problems 0 1 01 with behaviors or feelings SV12. DELETED. 0 1 9 01 HAND R CARD B. Have you ever received outpatient help (not overnight) from a (READ EACH AND CODE): SV13. Community mental health center or other outpatient mental health 1 01 clinic 0 9 SV21. Professional like a psychologist, psychiatrist, social worker, or family counselor not part of a service or clinic already mentioned 0 1 01

SV 1 8/21/18

NO GO TO SV13

0

					COL. B AGE FIRST USED	COL. C USED PAST YEAR	COL. D PAST YEAR USE
		NO	YES I	ΟK		NO YES	START STOP MOS YEAR MOS YEAR
SV14.	Partial hospitalization or day treatment program	0	1	9		01	
	Drug or alcohol clinic Therapist or counselor or family preservation worker who came	0	1	9		01	
CW17	to your home	0	1	9		01	
	Emergency room for problems with behaviors or feelings	0	1	9		01	
SV18.	Pediatrician or family doctor for problems with behaviors or feelings	0	1	9		01	
SV19.	Probation or juvenile corrections officer or a court counselor	Ü	-			01	
SV20.	Priest, Minister or Rabbi for problems with behaviors or feelings	0	1	9		01	
	Healer/Shaman/Spiritualist	0	1	9		01	
SV23.		0	1	9		01	
SV24. SV25.	Any self-help group like Alcoholics Anonymous or peer	0	1 1	9		01 01	
SV26.	counseling Respite Care Provider	0 0	1 1	9 9		01 01	
HAND receive	A3 IS NO, GO TO SV31. R CARD C. Have you ever d any school services such as D EACH AND CODE):						
	Being placed in a special school for students with problems with behaviors or feelings	0	1	9		01	
SV28.	Being placed in a special classroom for problems with behaviors, feelings, or drugs or						
SV29.	tutoring or training) in the	0	1	9		01	
SV30.	school, related to problems with	0	1	9		01	
	behaviors, feelings, or drugs or alcohol	0	1	9		01	

SV 2 8/21/18

SV31. IF ANY QS IN SV1-30 CODED 1, GO TO SV32. IF NO SERVICE, CONTINUE. So, you have never received any service for your behaviors, feelings, or a drug or alcohol problem?

CORRECT, NEVER
HAS...GO TO SECTION FS 0
NOT CORRECT,
HAS RECEIVED ..CHANGE QS 1

SV32 Let's talk about the services just mentioned.

- A. How old were you when you first received services from (NAME SERVICE)? CODE AGE IN COL. B IN SV1-30
- B. Did you use this service within the last year, that is since (DATE 12 MONTHS AGO)? CODE IN COL. C IN SV1-30
- SV33. REPEAT SV32A AND SV32B FOR EACH SERVICE CODED 1 IN SV1-30.
- SV34. HOW MANY SERVICES WERE USED IN PAST 12

 MONTHS (COL. C)?

 0GO TO SECTION FS 0

 1-3 1

 4+ 2

You mentioned you received services in the past 12 months. I want to know when in the past 12 months you received each of these services.

- SV35. Beginning 12 months ago, when did you first receive services from [SERVICE]? CODE START MONTH AND YEAR IN COL. D.
 - A. Are you still using this service?

 IF YES, CODE 00 00 IN STOP MONTH AND YEAR, COL. D.

 IF NO, ASK: When did you last use this service? CODE IN COL. D.
 - B. REPEAT SV35 AND SV35A UNTIL ALL SERVICES ARE ASKED.
- SV36. LEFT BLANK.
- SV37. LEFT BLANK.
- SV38. LEFT BLANK.

GO TO FIRST SERVICE MODULE USED IN PAST 12 MONTHS.

SV 3 8/21/18

RESPONDENT	ID #:	 	 	 	

CHILD VERSION

INPATIENT SERVICE SETTING: Hospital for Problems With Behaviors, Feelings or Drugs or Alcohol

(SECTION UA) USE IF SV1 COL. C = YES

Now I	I have some questions about the hospital for problems with behaviors, feelings or drug	gs or alcohol.
UA1.	During the past 12 months, how many different times were you admitted to a hospital where you stayed overnight for problems with your behavior or feelings?	
	IF CHILD IS IRP SAMPLE <u>AND</u> 12-17 YEARS OLD <u>AND</u> NO ADULT WILL BE INTERVIEWED, GO TO A. IF CHILD IS EMANCIPATED MINOR (CHECK PRELOAD), GO TO A. OTHERS, GO TO UA2.	
	A What was the name [and address; IF PAPER & PENCIL VERSION] of the [SPECIFIC PROVIDERS] you were in during the past 12 months (starting with the most recent)?	th
	ADDRESS HOSPITAL NAME CITY, STATE, ZIP CODE	CODE
	#1MOST RECENT	
	#2	
	#3	
UA2.	How many nights all together did you stay overnight in (a/all) NIGHTS: hospital(s) since [DATE 12 MONTHS AGO] for problems with your behavior or feelings?	
UA3.	What problems with your behavior or feelings caused you to go to the hospital in the past 12 months? RECORD UP TO THREE.	
		CODE

UA 4 8/21/18

	#1					
	#2					
	#3					
UA4.	Who told you you should go to the hospital? CODE ALL THAT APPLY.	FRIE PRIE PEDI [CHI PSYC SOC:	EST/RA IATRIC LD'S] S CHIATI COU IAL WO CAS GE/COU	EIGHBOR BBI/CLER(CIAN/FAMI SCHOOL O RIST/PSYC JNSELOR ORKER/ SE MANAC URT/POLIC9	GY 3 ILY DOCTOR OR TEACHER CHOLOGIST 6 GER 7	5
UA5.	Now I am going to read a list of the types of treatments, services, and counseling programs that might be provided in a hospital. If you do not know whether you or your family received some of these, it is fine to say you don't know. In your most recent admission to a hospital for problems with behaviors, feelings, or drugs or alcohol, did you:					
	a. Receive therapy or counseling?b. Have a contact person who coordinated your services?c. Receive medications for emotional, behavioral, or drug or	NO 0 0	YES 1 1	DK 9 9		
	alcohol problems? d. Have any evaluation or testing?	$0 \\ 0$	1 1	9 9		
	Did your family receive:e. Counseling, training or education in how to deal with your problems?f. DELETED.	0	1	9		
	 g. Counseling or therapy for their own problems, worries, or stresses or how they go along with others? h. Help with rent, money, food, clothing, or shelter? i. Any other service? Specify: 	0 0 0	1 1 1	9 9 9		
UA6.	IF PAPER & PENCIL VERSION USED, ASK NOW: Who was the person in charge of your treatment at the hospital? IF MORE THAN ONE, ASK FOR MOST RECENT.	NAM	ИЕ:			
UA7.	IF SV1 COL. D STOP MONTH CODED 00, GO TO UA9. You are no longer in a hospital. Is this because (READ ALL AND CODE):	NO	YES	DK		

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	a.b.c.d.	You got better? Your program was completed? You weren't getting better? There were bad experiences with the treatment providers?	0 0 0	1 1 1	9 9 9
	e. f. g.	You were treated unfairly or badly? The therapist left or moved away? You felt out of place?	0 0 0	1 1 1	9 9 9
	h. i.	The policies were a hassle? There were problems with a lack of time, schedule change or lack of transportation?	0	1	9
	j. k. l.	You moved? Treatment was too expensive? Your family wanted you to leave?	0 0 0 0	1 1 1 1	9 9 9 9
UA8.	A.	Did you leave the hospital against your doctor's advice?			
	B.	DELETED.			
UA9.	Thi	nking about (this most recent/your) hospitalization overall:			
	A.	How well did the treatment chosen for you match your needs?	Okay	ell vell	1
	В.	How well did the staff explain your problems and treatments to you?	Okay	ell	1
	C.	IF PRIMARILY ENGLISH SPEAKING, GO TO UA10. IF NOT PRIMARILY ENGLISH SPEAKING, CONTINUE.			
		Did the staff speak to you in the language that you are most comfortable with?			
	D.	DELETED.			
UA10.	Hov	w much has your treatment at the hospital helped you?	Some.	all	1

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UA 7 8/21/18

RESPONDENT II) #:		

CHILD VERSION INPATIENT SERVICE SETTING: Drug/Alcohol Treatment Unit

(SECTION UC)
USE IF SV3 COL. C = YES

DE II	SV3 COL. C = TES		-	
Now I	have some questions about the	ne drug/alcohol treatment unit.		
UC1.		how many different times were cohol treatment unit where you	ADMISSIONS:	
	INTERVIEWED, GO TO	E <u>AND</u> 12-17 YEARS OLD <u>AND</u> I A. FED MINOR (CHECK PRELOAD		
	VERSION] of the [SPI	d address; IF PAPER & PENCIL ECIFIC PROVIDERS] you were in ths (starting with the most recent)?		
UNIT	NAME	ADDRESS CITY, STATE, ZIP CODE		CODE
	#1 MOST RECENT			
	#2			
	#3			
UC2.		er have you stayed overnight in nent unit(s) since [DATE 12	NIGHTS:	
UC3.	OMITTED.			
UC4.	Who told you you should gunit? CODE ALL THAT A	o to a drug or alcohol treatment APPLY.	PARENTS1 FRIEND/NEIGHBOR 2 PRIEST/RABBI/CLERGY PEDIATRICIAN/FAMILY [CHILD'S] SCHOOL OR T	DOCTOR 4

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PSYCHIATRIST/PSYCHOLOGIST/ COUNSELOR 6 SOCIAL WORKER/ CASE MANAGER 7 JUDGE/COURT/POLICE 8 NO ONE9

OTHER: SPECIFY:______10

UC5. Now I am going to read a list of the types of treatments, services, and counseling programs that might be provided in a drug or alcohol treatment unit. If you don't know whether you or your family received some of these, it is fine to say you don't know. In your most recent admission to a drug or alcohol treatment unit, did you:

		NO	YES	DK
a.	Receive therapy or counseling?	0	1	9
b.	Have a contact person who coordinated your			
	services?	0	1	9
c.	Receive medications for emotional, behavioral, or drug or			
	alcohol problems?	0	1	9
d.	Have any evaluation or testing?	0	1	9
Dia	l your family receive:			
e.	problems?	0	1	9
f.	DELETED.	U	1	9
	Counseling or therapy for their own problems, worries, or			
g.	stresses or how they got along with others?	0	1	9
h	Help with rent, money, food, clothing, or shelter?	0	1	9
h.		0	1	-
1.	Any other service? Specify:	0	1	9

UC6. IF PAPER & PENCIL VERSION USED, ASK NOW: Who was the person in charge of your treatment at a drug or alcohol treatment unit? IF MORE THAN ONE, ASK FOR MOST RECENT.

NAME:_____

DK

UC7. IF SV3 COL. D STOP MONTH CODED 00, GO TO UC9. You are no longer in a drug or alcohol treatment unit. Is this because (READ ALL AND CODE):

a.	You got better?	0	1	9
b.	Your program was completed?	0	1	9
c.	You weren't getting better?	0	1	9
d.	There were bad experiences with the treatment providers?			
e.	You were treated unfairly or badly?	0	1	9
f.	The therapist left or moved away?	0	1	9
g.	You felt out of place?	0	1	9
h.	The policies were a hassle?	0	1	9
i.	There were problems with a lack of time, schedule change	0	1	9

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YES

NO

		or lack of transportation?			
	j.	You moved?	0	1	9
	k.	Treatment was too expensive?	0	1	9
	1.	Your family wanted you to leave?	0	1	9
		, ,	0	1	9
UC8.	A.	Did you leave the drug or alcohol treatment unit against	NO		0
		your doctor's advice?	YES		1
	B.	DELETED.			
UC9.		nking about (this most recent/your) stay in the drug or ohol treatment unit overall:			
	A.	How well did the treatment chosen for you match your needs?	Okay	11	1
	В.	How well did the staff explain your problems and treatments to you?	Okay	 11	1
	C.	IF PRIMARILY ENGLISH SPEAKING, GO TO UC10. IF NOT PRIMARILY ENGLISH SPEAKING, CONTINUE	. .		
		Did the staff speak to you in the language that you are most comfortable with?			
	D.	DELETED.			
UC10.		w much has your treatment at the drug or alcohol treatment t helped you?	Some	1	1

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RESPONDENT ID	#:			

CHILD VERSION

INPATIENT SERVICE SETTING: Residential Treatment Center

	ON UD) SV4 COL. C = YES			
Now I	have some questions about th	e residential treatment center.		
UD1.	•	how many different times were	ADMISSIONS:	
	TO A.	AND 12-17 YEARS OLD AND NOTED MINOR (CHECK PRELOAD)		NTERVIEWED, GO
	VERSION] of the [SPE	d address; IF PAPER & PENCIL CIFIC PROVIDERS] you were in hs (starting with the most recent)?		
	SETTING NAME	ADDRESS CITY, STATE, ZIP CODE		CODE
	#1 MOST RECENT			
	#2			
	#3			
UD2.	How many nights all togethe (a/all) residential treatment of MONTHS AGO]?	er have you stayed overnight in center(s) since [DATE 12	NIGHTS:	_
UD3.		chavior or feelings caused you to nt center in the past 12 months?		

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	#1						
	#2						
	#3						
UD4.	Who told you you should go to the residential treatment center? CODE ALL THAT APPLY.	FRIE PRIE PED [CHI PSY	ST/RA IATRIC LD'S] S CHIATI COU	1 EIGHBOF BBI/CLE CIAN/FAI SCHOOL RIST/PSY JNSELOI ORKER/	RGY MILY DO OR TEA YCHOLO	CHER	4 5
		JUD(CAS GE/CO ONE	SE MANA URT/POL	LICE	7 8	10
UD5.	Now I am going to read a list of the types of treatments, services, and counseling programs that might be provided in a residential treatment center. If you not know whether you or your family received some of these, it is fine to say you don't know. In your most recent admission to a residential treatment						
	center, did you:						
	a. Receive therapy or counseling?b. Have a contact person who coordinated your	NO 0	YES 1	DK 9			
	services? c. Receive medications for emotional, behavioral, or drug or	0	1	9			
	alcohol problems? d. Have any evaluation or testing?	$0 \\ 0$	1 1	9 9			
	Did your family receive: e. Counseling, training or education in how to deal with your problems?	0	1	9			
	f. DELETED.g. Counseling or therapy for their own problems, worries, or						
	stresses or how they got along with others? h. Help with rent, money, food, clothing, or shelter? i. Any other service? Specify:	0 0 0	1 1 1	9 9 9			
UD6.	IF PAPER & PENCIL VERSION USED, ASKED NOW: Who was the person in charge of your treatment at the residential treatment center? IF MORE THAN ONE, ASK	NAM	1E:				-

FOR MOST RECENT.

UD7.	You	SV4 COL. D STOP MONTH CODED 00, GO TO UD9. u are no longer in the residential treatment center. Is this ause (READ ALL AND CODE):	NO	YES	DK
	a.	You got better?	0	1	9
	b.	Your program was completed?	0	1	9
	c.	You weren't getting better?	0	1	9
	d.	There were bad experiences with the treatment providers?			
	e.	You were treated unfairly or badly?	0	1	9
	f.	The therapist left or moved away?	0	1	9
	g.	You felt out of place?	0	1	9
	h.	The policies were a hassle?	0	1	9
	i.	There were problems with a lack of time, schedule change or lack of transportation?	0	1	9
	j.	You moved?	0	1	9
	k.	Treatment was too expensive?	0	1	9
	1.	Your family wanted you to leave?	0	1	9
			0	1	9
UD8.	A.	Did you leave the residential treatment center against your doctor's advice?			
	B.	DELETED.			
UD9.		nking about (this most recent/your) stay in the residential atment center overall:			
	A.	How well did the treatment chosen for you match your needs?	Okay	vell well	1
	В.	How well did the staff explain your problems and treatments to you?	Okay	vell well	1
	C.	IF PRIMARILY ENGLISH SPEAKING, GO TO UD10. IF NOT PRIMARILY ENGLISH SPEAKING, CONTINUE			
		Did the staff speak to you in the language that you are most comfortable with?			
	D.	DELETED.			
UD10.		w much has your treatment at the residential treatment ter helped you?	Some	t all	1

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UD 14 8/21/18

RESPONDENT ID	#:		

CHILD VERSION INPATIENT SERVICE SETTING: Group Home

(SECTION UE)
USE IF SV5 COL. C = YES

Now I	have some questions about the group home.	
UE1.	During the past 12 months, how many different times were you admitted to a group home where you stayed overnight? ADMISSIONS:	-
	IF CHILD IS IRP SAMPLE <u>AND</u> 12-17 YEARS OLD <u>AND</u> NO ADULT WILL BE INTERVIEWED, GO TO A. IF CHILD IS EMANCIPATED MINOR (CHECK PRELOAD), GO TO A. OTHERS, GO TO UE2.	
	A. What was the name [and address; IF PAPER & PENCIL VERSION] of the [SPECIFIC PROVIDERS] you were in during the past 12 months (starting with the most recent)?	
	ADDRESS	
	SETTING NAME CITY, STATE, ZIP CODE	CODE
	#1 MOST RECENT	
	#2	
	#3	
UE2.	How many nights all together have you stayed overnight in NIGHTS:	
	(a/all) group home(s) since [DATE 12 MONTHS AGO]?	
UE3.	What problems with your behavior or feelings caused you to go to the group home? RECORD UP TO THREE.	
		CODE
	#1	
	#2	
	#3	

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UE4.	Who told you you should go to the group home? CODE ALL THAT APPLY.	FRIE PRIE PEDI [CHI PSYC SOC:	ST/RA IATRIC LD'S] S CHIAT] COU IAL WO CAS GE/COU	EIGHBOR 2 BBI/CLERGY EIAN/FAMILY E SCHOOL OR TE RIST/PSYCHOL JNSELOR 6 DRKER/ SE MANAGER URT/POLICE	ACHER LOGIST/ 7 8	4 5
UE5.	Now I am going to read a list of the types of treatments, services, and counseling programs that might be provided in a group home. If you do not know whether you or your family received some of these, it is fine to say you don't know. In your most recent admission to a group home, did you:					
		NO	YES	DK		
	a. Receive therapy or counseling?	0	1	9		
	b. Have a contact person who coordinated your					
	services?	0	1	9		
	c. Receive medications for emotional, behavioral, or drug or	0	1	0		
	alcohol problems? d. Have any evaluation or testing?	$0 \\ 0$	1 1	9 9		
UE6.	 Did your family receive: e. Counseling, training or education in how to deal with your problems? f. DELETED. g. Counseling or therapy for their own problems, worries, or stresses or how they got along with others? h. Help with rent, money, food, clothing, or shelter? i. Any other service? Specify:	0 0 0 0	1 1 1 1	9 9 9 9		
CLO.	was the person in charge of your treatment at the group home? IF MORE THAN ONE, ASK FOR MOST RECENT.	11711	IL			•
UE7.	IF SV5 COL. D STOP MONTH CODED 00, GO TO UE9.					
	You are no longer in the group home. Is this because (READ ALL AND CODE):	NO	YES	DK		
	a. You got better?	0	1	9		
	b. Your program was completed?	0	1	9		
	c. You weren't getting better?	0	1	9		
	d. There were bad experiences with the treatment providers?	•	-			
	e. You were treated unfairly or badly?	0	1	9		
	f. The therapist left or moved away?	0	1	9		

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	g.	You felt out of place?	0	1	9
	h.	The policies were a hassle?	0	1	9
	i.	There were problems with a lack of time, schedule change or lack of transportation?	0	1	9
	j.	You moved?	0	1	9
	k.	Treatment was too expensive?	0	1	9
	1.	Your family wanted you to leave?	0	1	9
			0	1	9
UE8.	A.	Did you leave the group home against the therapist's advice?			
	B.	DELETED.			
UE9.		nking about (this most recent/your) stay in the group home rall:			
	A.	How well did the treatment chosen for you match your needs?	Okay	ell	1
	B.	How well did the staff explain your problems and treatments to you?	Okay	ell	1
	C.	IF PRIMARILY ENGLISH SPEAKING, GO TO UE10. IF NOT PRIMARILY ENGLISH SPEAKING, CONTINUE.			
		Did the staff speak to you in the language that you are most comfortable with?			
	D.				
UE10.	Hov	w much has your treatment at the group home helped you?	Some	all	1

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RESPONDENT ID	#:		

CHILD VERSION INPATIENT SERVICE SETTING: Foster Home

(SECTION UF) USE IF SV6 COL. C = YES

Now I	have so	me questions about the foster home.			
UF1.	During	g the past 12 months, how many different foster he ou placed in?	omes	ADMISSIONS:	
2.	How n	sin [D. 12 MC	ter ne(s)	NIGHTS:	
	A.	(Was/Is) the foster parent a relative?		NO0 YES1	
	В.	(Did/Does) the foster parent have any special trate to help children with behavioral, emotional, dru alcohol problems?		NO0 YES1	
UF3.		were the reasons you were placed in foster care in 2 months? RECORD UP TO THREE.	the		
					CODE
	#1				
	#2				
	#3				
		GO TO NEXT SERVICE MODULE USED I PAST 12 MONTHS. IF NO OTHER SERVI USED, GO TO SECTION FS			

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UF 19 8/21/18

RESPONDENT	ID #:					

CHILD VERSION INPATIENT SERVICE SETTING: Detention Center, Prison or Jail

(SECTION UG) USE IF SV7 COL. C = YES

UG1.	have some questions about the Detention Center, Prison, and Jail. During the past 12 months, how many different times were you admitted to a Detention Center, Prison or Jail where you stayed overnight?	ADMISSIONS:	
UG2.	How many nights all together have you stayed in (a/all) Detention Center(s), Prison(s) or Jail(s) since [DATE 12 MONTHS AGO]?	NIGHTS:	
UG3.	What were the reasons you were admitted to a Detention Center, Prison or Jail in the past 12 months? RECORD UP TO THREE.	CODE	
	#1		
	#2		
	#3		
	GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.		

UG 20 8/21/18

RESPONDENT ID #:

CHILD VERSION INPATIENT SERVICE SETTING: Emergency Shelter

(SECTION UL) USE IF SV11 COL. C = YES

UL2. How many nights all together did you stay overnight in (an/all) Emergency Shelter(s) since [DATE 12 MONTHS AGO]? UL3. What problems caused you to be admitted to an Emergency Shelter in the past 12 months? RECORD UP TO THREE. COI #1		NIGHTS:		feelings or behavior?	
Shelter in the past 12 months? RECORD UP TO THREE.			•	(an/all) Emergency Shelter(s)	JL2.
#1	CODE				ЛL3.
				#1	
#2				#2	
#3				#3	

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CHILD VERSION

OUTPATIENT SERVICE SETTING: Community Mental Health Center or Other Mental Health Center

	have some questions about the			
'A1.		how many visits for services did center or clinic? IF DK, CODE	# TIMES	
A2.	How many different mental gone to in the past 12 month	health centers or clinics have you as?	# DIFFERENT PLACES	
	BE INTERVIEWED, GO T	E <u>AND</u> 12-17 YEARS OLD <u>AND</u> N O A. FED MINOR (CHECK PRELOAD)		
	PENCIL VERSION	[and address; IF PAPER & V] of the mental health center or n at during the past 12 months ost recent)?		
	NAME	ADDRESS CITY, STATE, ZIP CODE		CODE
	#1 MOST RECENT			
	#2			
	#3			
				
A3.		ehavior or feelings caused you to go		

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	#3						
ALL THAT APPLY. ALL THAT APPLY. FRIEND/NEIGHBOR 2 PRIEST/RABBI/CLERGY 3 PEDIATRICIAN/FAMILY DOCT [CHILD'S] SCHOOL OR TEACH PSYCHIATRIST/PSYCHOLOGIS COUNSELOR 6 SOCIAL WORKER/ CASE MANAGER 7 JUDGE/COURT/POLICE 8 NO ONE9 OTHER: SPECIFY:				CTOR HER HIST/	4 5		
5.	Now I am going to read a list of the types of treatments, services, and counseling programs that might be provided in a mental health center. If you do not know whether you or your family received some of these, it is fine to say you don't know. At the mental health center, did you:						
		NO	YES	DK			
	a. Receive therapy or counseling?	0	1	9			
	b. Have a contact person who coordinated your services?	0	1	9			
	c. Receive a prescription for medications for emotional,						
	behavioral, or drug or alcohol problems?	0	1	9			
	d. Have any evaluation or testing?	0	1	9			
	Did your family receive:						
	e. Counseling, training or education in how to deal with						
	your problems?	0	1	9			
	f. DELETED.						
	g. Counseling or therapy for their own problems, worries,						
	or stresses or how they got along with others?	0	1	9			
	h. Help with rent, money, food, clothing, or shelter?	0	1	9			
	i. Any other service? Specify:	0	1	9			
5.	IF PAPER & PENCIL VERSION USED, ASK NOW: Who was the person in charge of your treatment at the mental health center? IF MORE THAN ONE, ASK FOR MOST RECENT.	NAN	ME:				-
7.	IF SV13 COL. D STOP MONTH CODED 00, GO TO VA9. OTHERS CONTINUE. You mentioned that you are no longer receiving services from a mental health center. Is this because: (READ ALL AND CODE)	NO	YES	DK			
	a Vou got better?	Ω	1	0			
	a. You got better? b. Your program was completed?	0	1	9			
	b. Your program was completed?	0	1	9			
	c. You weren't getting better?	0	1	9			

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	d.	There were bad experiences with the treatment						
		providers?	0	1	9			
	e.	You were treated unfairly or badly?	0	1	9			
	f.	The therapist or counselor left or moved away?	0	1	9			
	g.	You felt out of place?	0	1	9			
	h.	The policies were a hassle?	0	1	9			
	i.	There were problems with a lack of time, schedule						
		change or lack of transportation?	0	1	9			
	j.	You moved?	0	1	9			
	k.	Treatment was too expensive?	0	1	9			
	1.	Your family wanted you to stop?	0	1	9			
VA8.	A.	Did you stop going to treatment against your	NO		0			
		counselor's or therapist's advice?	YES.		1			
	B.	DELETED.						
VA9.	Thinking about (this most recent/your) treatment overall:							
	A.	How well did the treatment chosen for you match your needs?	Not well Somewhat Very well					
	В.	How well did the staff explain your problems and treatments to you?	Not well Somewhat Very well		1			
	C.	IF PRIMARILY ENGLISH SPEAKING, GO TO VA10. IF NOT PRIMARILY ENGLISH SPEAKING, CONTIN						
		Did the staff speak to you in the language that you are most comfortable with?						
	D.	DELETED.						
VA10.	How m you?	nuch has your treatment at a mental health center helped	Some	t all	1			

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VA 25 8/21/18

RESPONDENT ID #:	

CHILD VERSION OUTPATIENT SERVICE SETTING: Professional like a Psychologist, Psychiatrist, or Social Worker

(SEC	TION V	Z)		
USE I	FSV21	COL	$C = \mathbf{V}$	YES

Now I	have some questions about the c	ounselors and theranists		
VZ1.	During the past 12 months, how	w many visits did you make to a t, psychiatrist, or social worker?	# TIMES	
VZ2.	How many different profession in the past 12 months?	als like these have you gone to	# PROFESSIONALS	-
	TO A.	ND 12-17 YEARS OLD <u>AND</u> NO D MINOR (CHECK PRELOAD),		EWED, GO
		ting the names, [addresses, and phe ERSION] of the professionals you the the most recent).		
	HOSPITAL NAME	ADDRESS CITY, STATE, ZIP CODE		CODE
	#1 MOST RECENT			
	#3			
VZ3.		, or social worker? RECORD		CODE
, 20.	see a psychologist, psychiatrist. UP TO THREE. #1	, or social worker? RECORD		CODE

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:	#3						
		old you you should go to a psychologist, psychiatrist, or worker? CODE ALL THAT APPLY.	PARENTS1 FRIEND/NEIGHBOR 2 PRIEST/RABBI/CLERGY 3 PEDIATRICIAN/FAMILY DOCTOR [CHILD'S] SCHOOL OR TEACHER PSYCHIATRIST/PSYCHOLOGIST/ COUNSELOR 6 SOCIAL WORKER/ CASE MANAGER 7 JUDGE/COURT/POLICE 8 NO ONE9 OTHER: SPECIFY:				
	service one of your fa know.	am going to read a list of the types of treatments, es, and counseling programs that might be provided by these professionals. If you do not know whether you or amily received some of these, it is fine to say you don't In your most recent visit to a psychologist, psychiatrist, ial worker, did you:					
			NO	YES	DK		
	a.	Receive therapy or counseling?	0	1	9		
	b.	Have a contact person who coordinated your services?					
	c.	Receive a prescription for medications for emotional, behavioral, or drug or alcohol problems?	0	1	9		
	d.	Have any evaluation or testing?	0	1	9		
	D: 1	6 11	0	1	9		
	Did yo	our family receive: Counseling, training or education in how to deal with your problems?					
	f. g. h.	DELETED. Counseling or therapy for their own problems, worries, or stresses or how they got along with others? Help with rent, money, food, clothing, or shelter?	0	1	9		
	i.	Any other service? Specify:	0	1	9		
			0	1	9		
			0	1	9		
	OTHE You n	21 COL. D STOP MONTH CODED 00, GO TO VZ8. ERS CONTINUE. nentioned that you are no longer receiving services from 5 these professionals. Is this because: (READ ALL AND E)	NO	YES	DK		
	a.	You got better?	0	1	9		
	b.	Your program was completed?	0	1	9		
	c.	You weren't getting better?	0	1	9		

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	d.	There were bad experiences with the treatment					
		providers?	0	1	9		
	e.	You were treated unfairly or badly on purpose?	0	1	9		
	f.	The therapist or counselor left or moved away?	0	1	9		
	g.	You felt out of place?	0	1	9		
	h.	The policies were a hassle?	0	1	9		
	i.	There were problems with a lack of time, schedule					
		change or lack of transportation?	0	1	9		
	j.	You moved?	0	1	9		
	k.	Treatment was too expensive?	0	1	9		
	1.	Your family wanted you to stop?	0	1	9		
VZ7.	A.	Did you stop going to treatment against your	NO		0		
		counselor's or therapist's advice?	YES		1		
	B.	DELETED.					
VZ8.	Thinkin overall:	ng about (this most recent/your) visit to the professional					
	A.	How well did the treatment chosen for you match your needs?	Not well0 Somewhat1 Very well2				
	B. How well did the therapist explain your problems and treatments to you?			Not well0 Somewhat1 Very well2			
	C.	IF PRIMARILY ENGLISH SPEAKING, GO TO VZ9. IF NOT PRIMARILY ENGLISH SPEAKING, CONTIN	IUE.				
		Did the therapist speak to you in the language that you are most comfortable with?					
	D.	DELETED.					
VZ9.		uch has your treatment from a psychologist, trist, or social worker helped you?	Some.	all	1		

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RESPONDENT ID	#:	

CHILD VERSION OUTPATIENT SERVICE SETTING: Partial Hospitalization/Day Treatment Program

(SECTION VB) USE IF SV14 COL. C = YES

NI I	1		1			
		ne questions about the	•			
VB1.		hospitalization or day	ow many visits did you have to a treatment program? IF DK,	# TIMES		
VB2.		nany different partial h m have you gone to in	ospitalization or day treatment the past 12 months?	# DIFFERENT PROGRAMS		
	IF CHILD IS IRP SAMPLE <u>AND</u> 12-17 YEARS OLD <u>AND</u> NO ADULT WILL BE INTERVIEWED, GO TO A. IF CHILD IS EMANCIPATED MINOR (CHECK PRELOAD), GO TO A. OTHERS, GO TO VB3.					
	A.		and address; IF PAPER & PENCIL n/day treatment program you were in the most recent)?			
	HOSPIT	TAL NAME	ADDRESS CITY, STATE, ZIP CODE	CC)DE	
	#1	MOST RECENT				
	#2					
	#3	·				
VB3.	What problems with your behavior or feelings caused you to go to a partial hospitalization or day treatment program? RECORD UP TO THREE.			СО	DE	
	#3					

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VB4.	Who told you you should go to a partial hospitalization or day treatment program? CODE ALL THAT APPLY.		PARENTS1 FRIEND/NEIGHBOR 2 PRIEST/RABBI/CLERGY 3 PEDIATRICIAN/FAMILY DOCTOR [CHILD'S] SCHOOL OR TEACHER PSYCHIATRIST/PSYCHOLOGIST/ COUNSELOR 6 SOCIAL WORKER/ CASE MANAGER 7 JUDGE/COURT/POLICE 8 NO ONE9 OTHER: SPECIFY:				
VB5.	service partian know fine to	I am going to read a list of the types of treatments, ees, and counseling programs that might be provided in a l hospitalization/day treatment program. If you do not whether you or your family received some of these, it is a say you don't know. At the partial hospitalization or reatment program, did you:					
			NO	YES	DK		
	a.	Receive therapy or counseling?	0	1	9		
	b.	Have a contact person who coordinated your services?	0	1	0		
	c.	Receive a prescription for medications for emotional, behavioral, or drug or alcohol problems?	0	1	9		
	d.	Have any evaluation or testing?	0	1	9		
	D:1	con Comittee and cities	0	1	9		
	e.	our family receive: Counseling, training or education in how to deal with your problems?	0	1	0		
	f. g. h.	DELETED. Counseling or therapy for their own problems, worries, or stresses or how they got along with others? Help with rent, money, food, clothing, or shelter?	0	1	9		
	i.	Any other service? Specify:	0	1	9		
			0	1	9		
			0	1	9		
VB6.	IF PAPER & PENCIL VERSION USED, ASK NOW: Who was the person in charge of your treatment at the partial hospitalization or day treatment program? IF MORE THAN ONE, ASK FOR MOST RECENT.		NAM	ИЕ:			
VB7.	OTH You n a part	714 COL. D STOP MONTH CODED 00, GO TO VB9. ERS CONTINUE. mentioned that you are no longer receiving services from ial hospitalization or day treatment program. Is this use: (READ ALL AND CODE)	NO	YES	DK		
	a. b.	You got better? Your program was completed?	0	1	9		

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	c.	You weren't getting better?	0	1	9
	d.	There were bad experiences with the treatment	0	1	9
		providers?	0		0
	e.	You were treated unfairly or badly?	0	1	9
	f.	The therapist or counselor left or moved away?	0	1	9
	g.	You felt out of place?	0	1	9
	h. i.	The policies were a hassle?	0	1 1	9 9
		There were problems with a lack of time, schedule change or lack of transportation?			
	j.	You moved?	0	1	9
	k.	Treatment was too expensive?	0	1	9
	1.	Your family wanted you to stop?	0	1	9
			0	1	9
VB8.	A.	Did you stop going to treatment against your	NO		0
V D 0.	11.	counselor's or therapist's advice?			
		counselor s of therapist s daylee.	ı Lo	•••••	
	B.	DELETED.			
VB9.	Thinki	ag about (this most recent/your) treatment averally			
V D 9.	HIIIIKII	ng about (this most recent/your) treatment overall:			
	A.	How well did the treatment chosen for you match your needs?	Some	ell what	1
	В.	How well did the staff explain your problems and treatments to you?	Not w	ell	0
	C.	IF PRIMARILY ENGLISH SPEAKING, GO TO VB10. IF NOT PRIMARILY ENGLISH SPEAKING, CONTIN		well	2
		Did the staff speak to you in the language that you are most comfortable with?			
	D.	DELETED.			
VB10.		auch has your treatment at the partial hospitalization or atment program helped you?	Some	all	1

VA 31 8/21/18

RESPONDENT ID) #:	

CHILD VERSION OUTPATIENT SERVICE SETTING: Drug/Alcohol Clinic

(SECTION VC) USE IF SV15 COL. C = YES

Now I	have some questions about th	ne drug/alcohol clinic.								
VC1.	During the past 12 months, how many visits did you have to a # TIMES drug or alcohol clinic? IF DK, CODE 999.									
VC2.	How many different drug of the past 12 months?	# DIFFERENT PLACES								
	TO A.	E <u>AND</u> 12-17 YEARS OLD <u>AND</u> NO	O ADULT WILL BE INTERVIEWED, GO GO TO A.							
	A. What were the names [and addresses; IF PAPER & PENCIL VERSION] of the drug/alcohol clinic you were in during the past 12 months (starting with the most recent)?									
	NAME	ADDRESS CITY, STATE, ZIP CODE	CODE							
	#1 MOST RECENT									
	#2									
	#3									
VC3.	OMITTED									
VC4.	Who told you you should go	o for treatment at the drug or	PARENTS1							

VA 32 8/21/18

	alcohol chine: CODE ALL THAT AFFLT.	PRIES PEDI. [CHII PSYC SOCI JUDG NO O	ATRICIA LD'S] SCI CHIATRIS COUN AL WOR CASE	BI/CLERGY AN/FAMILY HOOL OR T ST/PSYCHO SELOR 6 KER/ MANAGER AT/POLICE	EACHER LOGIST/	4 5
VC5.	Now I am going to read a list of the types of treatments, services, and counseling programs that might be provided in a drug or alcohol clinic. If you do not know whether you or your family received some of these, it is fine to say you don't know. At the drug or alcohol clinic, did you:					
		NO	YES	DK		
	a. Receive therapy or counseling?	0	1	9		
	b. Have a contact person who coordinated your services?					
	c. Receive a prescription for medications for emotional,	0	1	9		
	behavioral, or drug or alcohol problems?					
	d. Have any evaluation or testing?	0	1	9		
		0	1	9		
	Did your family receive:					
	e. Counseling, training or education in how to deal with your problems?					
	f. DELETED.	0	1	9		
	g. Counseling or therapy for their own problems, worries, or stresses or how they got along with others?					
	h. Help with rent, money, food, clothing, or shelter?					
	i. Any other service? Specify:	0	1	9		
		0	1	9		
		0	1	9		
VC6.	IF PAPER & PENCIL VERSION USED, ASK NOW: Who was the person in charge of your treatment at the drug or alcohol clinic? IF MORE THAN ONE, ASK FOR MOST RECENT.	NAM	E:			
VC7.	IF SV15 COL. D STOP MONTH CODED 00, GO TO VC9. OTHERS CONTINUE. You mentioned that you are no longer receiving services from the drug or alcohol clinic. Is this because: (READ ALL AND CODE)	NO	YES	DK		
	a. You got better?	0	1	9		
	b. Your program was completed?	0	1	9		
	c. You weren't getting better?	0	1	9		
	d. There were bad experiences with the treatment					
	•					

alcohol clinic? CODE ALL THAT APPLY.

VA 33 8/21/18

FRIEND/NEIGHBOR 2

		providers?	0	1	9
	e.	You were treated unfairly or badly?	0	1	9
	f.	The therapist or counselor left or moved away?	0	1	9
	g.	You felt out of place?	0	1	9
	h.	The policies were a hassle?	0	1	9
	i.	There were problems with a lack of time, schedule			
		change or lack of transportation?	0	1	9
	j.	You moved?	0	1	9
	k.	Treatment was too expensive?	0	1	9
	1.	Your family wanted you to stop?	0	1	9
VC8.	A.	Did you stop going to treatment against your	NO		0
		counselor's or therapist's advice?			
	В.	DELETED.			
VC9.	Thinki	ng about (this most recent/your) treatment overall:			
		•			
	A.	How well did the treatment chosen for you match your needs?	Some	ell what well	1
	В.	How well did the staff explain your problems and treatments to you?	Some	ell what well	1
	C.	IF PRIMARILY ENGLISH SPEAKING, GO TO VC10 IF NOT PRIMARILY ENGLISH SPEAKING, CONTIN			
		Did the staff speak to you in the language that you are most comfortable with?			
	D.	DELETED.			
VC10.	How m	nuch has your treatment at the drug or alcohol clinic you?	Some	all	1
			i		

VA 34 8/21/18

RESPONDENT ID	#:				

CHILD VERSION:

OUTPATIENT SERVICE SETTING: In-Home Therapist/ Counselor or Family Preservation Worker

	(ON VD) SV16 COL. C = YES		
Now I	have some questions about in	-home therapists.	
VD1.	During the past 12 months, counselor or preservation we	now many visits to your home were made by a therapist, orker? IF DK, CODE 999.	# TIMES:
	TO A.	AND 12-17 YEARS OLD AND NO ADULT WILL BE SED MINOR (CHECK PRELOAD), GO TO A.	INTERVIEWED, GO
	months, please tell i	rganization that has been involved with you the past 12 me the name [and address; IF PAPER & PENCIL rganization (starting with the most recent).	
ORGA	ANIZATION NAME	ADDRESS CITY, STATE, ZIP CODE	CODE
	#1 MOST RECENT		
	#2		
	#3		
VD2.	What problems with your be visits?	chavior or feelings caused you to have these home	CODE
	#1		
	#2		
	#3		
VD3.	•	nain home counselor, therapist or preservation worker?	
		MODULE USED IN PAST 12 MONTHS. USED, GO TO SECTION FS.	

VD 35 8/21/18

RESPONDENT I	D	#:				

OUTPATIENT SERVICE SETTING: Emergency Room

(SECTION VE)
USE IF SV17 COL. C = YES

VE1.	During the past 12 months, how use an emergency room for behalcohol problems?		TIMES:	
	IF TIMES = 02+, ASK A WITH	H PARENS.		
VE2.	What was the name and address were in during the past 12 mont (starting with the most recent)?			
		ADDRESS		
ORGA	NIZATION NAME	CITY, STATE		CODE
	#1MOST RECENT			
	#2			
	#3			
VE3.	What were the most important by you used the emergency room (NOT SPECIFIC, ASK: What wor emotions that caused you to a RECORD UP TO THREE.	most recently)? (IF ANSWER was there about your behavior use [PLACE IN VE2.1]?)		CODE
	#1			
	#2			
	#3			

VD 36 8/21/18

GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.

VD 37 8/21/18

RESPONDENT II) #:		

CHILD VERSION: OUTPATIENT SERVICE SETTING: Pediatrician/Family Doctor

(SECTION VF)
USE IF SV18 COL. C = YES

JSE IF	SV18 COL. C = YES			
Now I	have some questions about the pe	ediatrician or family doctor.		
VF1.	During the past 12 months, how you received treatment from a problems with your behavior or	pediatrician or family doctor for	TIMES:	
	TO A.	ND 12-17 YEARS OLD <u>AND</u> NO MINOR (CHECK PRELOAD), (VIEWED, GO
	PENCIL VERSION] of PROVIDERS] you hav	nd address; IF PAPER & f the [SPECIFIC re visited for these problems ths (starting with the most		
	NAME	ADDRESS CITY, STATE, ZIP CODE		CODE
	#1 MOST RECENT			
	#2			
	#3			
VF2.	What problems with your behave go to a pediatrician or family do THREE.			CODE
	#1			
	#2			
	#3			

VD 38 8/21/18

VD 39 8/21/18

RESPONDENT ID	#:				

CHILD VERSION OUTPATIENT SERVICE SETTING:

Probation, Juvenile Corrections Officer or a Court Counselor

(SECTION VG)
USE IF SV19 COL. C = YES

	SV19 COL. C = YES	
Now I	have some question about probation, juvenile corrections officers and court counselors.	
VG1.	During the past 12 months, how many different times have you been assigned to a probation or juvenile corrections officer or court counselor?	
VG2.	What problems caused you to be assigned to one of these people in the past 12 months? RECORD UP TO THREE.	
		CODE
	#1	
	#2	
	#3	
	GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.	

VG 40 8/21/18

RESPONDENT ID	#:				

CHILD VERSION OUTPATIENT SERVICE SETTING: Priest / Minister/Rabbi

(SECTION VJ)	
LISE IE SV20 COL	C - VES

SE IF	SV20 COL. C = YES	
Now I	have some questions about the Priest, Minister or Rabbi.	
VJ1.	During the past 12 months, how many different times did you receive treatment from a Priest, Minister or Rabbi for problems with your feelings or behavior?	
VJ2.	What problems caused you to receive treatment from a Priest, Minister or Rabbi in the past 12 months? RECORD UP TO THREE.	CODE
	#1	
	#2	
	#3	
	GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION ES	

VJ 41 8/21/18

RESPONDENT ID	#·		
ILLUI ONDLINI ID	11 •		

CHILD VERSION OUTPATIENT SERVICE SETTING: Healer/Shaman/Spiritualist

(SECTION VJ)	
LISE IE SV22 COL	C - VES

SE IF	SV22 COL. C = YES	
Now I	have some questions about the healer, shaman, or spiritualist.	
VJ1.	During the past 12 months, how many different times did you receive treatment from a healer, shaman, or spiritualist for problems with your feelings or behavior?	
VJ2.	What problems caused you to receive treatment from a healer, shaman, or spiritualist in the past 12 months? RECORD UP TO THREE.	CODE
	#1	
	#2	
	#3	
	GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.	

VJ 42 8/21/18

RESPONDENT ID #:

CHILD VERSION OUTPATIENT SERVICE SETTING: Acupuncturist/Chiropractor

(SECTION VK)	
LISE IE SV23 COL	C - VES

SE IF	SV23 COL. C = YES	
Now I	have some questions about the acupuncturist or chiropractor.	
VK1.	During the past 12 months, how many different times did you receive treatment from an acupuncturist or chiropractor for problems with your feelings or behavior?	
VK2.	What problems caused you to receive treatment from an acupuncturist or chiropractor in the past 12 months? RECORD UP TO THREE.	CODE
	#1	
	#2	
	#3	
	GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.	

VK 43 8/21/18

RESPONDENT ID	#:				

CHILD VERSION OUTPATIENT SERVICE SETTING: Crisis Hotline

(SECTION VL)	
LISE IE SV24 COL	C - YES

SE II	SV24 COL. C = YES	
Now I	have some questions about the crisis hotline.	
VL1.	During the past 12 months, how many times did you use a crisis hotline?	
VL2.	What problems caused you to use the crisis hotline in the past 12 months? RECORD UP TO THREE.	
		CODE
	#1	
	#2	
	#3	
	GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.	

VL 44 8/21/18

RESPONDENT	ID #:				

CHILD VERSION OUTPATIENT SERVICE SETTING: Self Help Group like Alcoholics Anonymous or Peer Counseling

(SECTION VM)		
USE IF SV25 COL	C =	YES

CODE

VM 45 8/21/18

RESPONDENT ID	#·		
ILLUI ONDLINI ID	11 •		

CHILD VERSION OUTPATIENT SERVICE SETTING: Respite Care

(SECTION VN)	
LISE IF SV26 COL.	C = YES

JSE IF	SV26 COL. C = YES	
Now I	have some questions about respite care.	
VN1.	During the past 12 months, how many different times did you use respite care for problems with your feelings or behavior?	
VN2.	What problems with your behavior or feelings caused you to go to respite care in the past 12 months? RECORD UP TO THREE.	
	TIRLE.	CODE
	#1	
	#2	
	#3	
	GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION ES	

VN 46 8/21/18

RESPONDENT ID	#:			

CHILD VERSION SCHOOL-BASED SERVICES: Special School for Students with Problems

(SECTION KA) USE IF SV27 COL. C = YES

Now I	have some questions about the s	pecial school.		
KA1.	How many different special scl 12 months?	hools did you go to in the past	# DIFFERENT SCHOOLS:	
	A. How many days a weeks w students with emotional or year?	vere you in a special school for behavioral problems this past	# DAYS:	
	B. DELETED.			
	GO TO C.	<u>ND</u> 12-17 YEARS OLD <u>AND</u> N D MINOR (CHECK PRELOAD)		/IEWED,
		ddress; IF PAPER & PENCIL VI in the past 12 months (starting w		
NA	AME	ADDRESS CITY, STATE, ZIP CODE		CODE
	#1 MOST RECENT			
	#2			
	#3			
KA2.	What were the most important the special school? RECORD	UP TO THREE.		CODE
	#3			

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	you received some of these. In those cases, it is fine to say you don't know. At this school, did you:				
		NO	YES	DK	
	a. Receive therapy or counseling?	0	1	9	
	b. Have a contact person who coordinated your services?	0	1	9	
	c. Receive special testing?	0	1	9	
	Did your family receive:				
	d. Counseling, training or education in how to deal with your				
	problems?	0	1	9	
	e. DELETED.				
	f. Counseling or therapy for their own problems, worries, or				
	stresses or how they got along with others?	0	1	9	
	g. Any other service? Specify:	0	1	9	
KA4.	IF PAPER & PENCIL VERSION, ASK NOW:				
	Who was the person in charge of your school program?	NAM	⁄ΙΕ:_		
	IF MORE THAN ONE, ASK FOR MOST RECENT.	COD)E:		
KA5.	IF SV27 COL. D STOP MONTH CODED 00, GO TO KA7. OTHERS CONTINUE. You mentioned that you stopped attending special school. Is this because (READ ALL AND CODE):	NO	YES	DK	
	a. You got better?	0	1	9	
	b. Your program was completed?	0	1	9	
	c. You weren't getting better?	0	1	9	
	d. There were bad experiences with the teachers?	0	1	9	
	e. You were treated unfairly or badly?	0	1	9	
	f. The teachers left or moved away?	0	1	9	
	g. You felt out of place?	0	1	9	
	h. The policies were a hassle?	0	1	9	
	i. There were problems with a lack of time, schedule				
	change or lack of transportation?	0	1	9	
	j. You moved?	0	1	9	
	k. You couldn't afford it?	0	1	9	
	l. Your family wanted you to stop?	0	1	9	
KA6.	A. Did you stop attending the special school against the	NO		0	
	school's advice?	YES		1	

KA3.

Now I am going to read a list of the types of treatments, services, and counseling programs that might be provided in a special school. We realize that you may not know whether

KA 48 8/21/18

Not well0 A. How well did the special school match your needs? Somewhat1 Very well.....2 Not well0 B. How well did the staff explain your problems and special school program to you? Somewhat1 Very well.....2 C. IF PRIMARILY ENGLISH SPEAKING, GO TO KA8. IF NOT PRIMARILY ENGLISH SPEAKING, CONTINUE. Did the staff speak to you in the language that you are NO0 most comfortable with? YES.....1 NO0 D. DELETED. YES.....1 Not at all0 KA8. How much has the school helped you? Some1 A lot2

Thinking about this most recent service overall:

KA7.

GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.

KA 49 8/21/18

RESPONDENT ID #:

CHILD VERSION SCHOOL-BASED SERVICES: Special Classroom in a Regular School

(SECTION KB)	
LISE IE SV28 COL	C - VE

SECTION KB) JSE IF SV28 COL. C = YES			
Now I have some questions about the	e special classroom.		
KB1.How many different schools did where you were assigned to a with behaviors or feelings?	l you go to in the past 12 months a special classroom for problems	# DIFFERENT S	CHOOLS
GO TO 1.1.	ND 12-17 YEARS OLD <u>AND</u> NO AND AND NO AND N		NTERVIEWED,
VERSION] of the so	address; IF PAPER & PENCIL shool where you attended the in the past 12 months (starting with		
NAME	ADDRESS CITY, STATE, ZIP CODE		CODE
#1 MOST RECENT			
#2			
#3			
	were you in any special classroom iors or feelings this past year?	# DAYS:	
B. How many minutes a day	y did you spend in the class?	# MINUTES:	
KB2. What were the most important is special classroom? RECOR			CODE

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#1				 	
#2					
#2				 	
#3				 	
KB3.Now I am going to read a list of the types of treatments, services, and counseling programs that might be provided in a school.					
We realize that you may not know whether you or your family					
received some of these. In those cases, it is fine to say you					
don't know. At this special classroom, did you:					
	NO	MEG	DV		
a Dagging thereny or acounciling?	NO 0	YES 1	DK 9		
a. Receive therapy or counseling?b. Have a contact person who coordinated your services?	0	1	9		
c. Receive special testing?	0	1	9		
c. Receive special testing:	U	1			
Did your family receive:					
d. Counseling, training or education in how to deal with your					
problems?	0	1	9		
e. DELETED.					
f. Counseling or therapy for their own problems, worries, or	0	1	9		
stresses or how they got along with others?	0	1	9		
g. Any other service? Specify:	0	1	9		
KB4.IF PAPER & PENCIL VERSION USED, ASKED NOW:					
Who was the person in charge of your school program?	NAN	ИE:			
IF MORE THAN ONE, ASK FOR MOST RECENT.					
KB5.IF SV28 COL. D STOP MONTH CODED 00, GO TO KB7.					
OTHERS CONTINUE.					
You mentioned that you stopped going to the special	NO	VEC	DIZ		
classroom. Is this because (READ ALL AND CODE):	NO	YES	DK		
a. You got better?	0	1	9		
b. Your program was completed?	0	1	9		
c. You weren't getting better?	0	1	9		
d. There were bad experiences with the teachers?	0	1	9		
e. You were treated unfairly or badly?	0	1	9		
f. The teacher left or moved away?	0	1	9		
g. You felt out of place?	0	1	9		
h. The policies were a hassle?	0	1	9		
i. There were problems with a lack of time, schedule change					
or lack of transportation?	0	1	9		
j. You moved?	0	1	9		
k. You couldn't afford it?	0	1	9		
1. Your family wanted you to stop?	0	1	9		
KB6.A. Did you stop attending the special classroom against the	NO.		0		

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	school's advice?	YES1
В.	DELETED.	
KB7.Think	cing about this most recent service overall:	
A.	How well did the special classroom matched your needs?	Not well 0 Somewhat 1 Very well 2
В.	How well did the staff explain your problems and special classroom to you?	Not well 0 Somewhat 1 Very well 2
C.	IF PRIMARILY ENGLISH SPEAKING, GO TO KB8. IF NOT PRIMARILY ENGLISH SPEAKING, CONTINUE.	
	Did the staff speak to you in the language that you are most comfortable with?	NO 0 YES 1
D.	DELETED.	
KB8.How	much has the special classroom helped you?	Not at all 0 Some 1 A lot 2

GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.

KB 52 8/21/18

RESPONDENT ID #:

CHILD VERSION SCHOOL-BASED SERVICES: Special Help or Tutoring in the Regular Classroom

(SECTION KC)	
USE IF SV29 COL. $C = Y$	ZES

Now I have some questions about special help or tutoring in the classroom.

IF CHILD IS IRP SAMPLE \underline{AND} 12-17 YEARS OLD \underline{AND} NO ADULT WILL BE INTERVIEWED, GO TO KC1. IF CHILD IS EMANCIPATED MINOR (CHECK PRELOAD), GO TO KC1. OTHERS, GO TO A.

KC1. What were the names [and addresses; IF PAPER & PENCIL VERSION] of the schools where you received special help or tutoring in the regular classroom in the past 12 months, starting with the most recent?

NAME	ADDRESS CITY, STATE, ZIP CODE	CODE
#1 MO	ST RECENT	
#2		
#3		
A.	In the past 12 months, how many weeks in all did you receive special help or tutoring in the classroom?	# WEEKS:
В.	In the past 12 months, how many days a week did you receive special help or tutoring in the classroom?	# DAYS:
C.	How many minutes a day did you receive special help # MINUTES: or tutoring in the classroom?	

KC2. What were the most important reasons you received special help or tutoring in the classroom? RECORD UP TO THREE.

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	CODE
#1	
#2	
#3	
CO TO NEVT CEDVICE MODULE LICED IN DACT 12	

GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.

KC 54 8/21/18

RESPONDENT ID #:

CHILD VERSION SCHOOL-BASED SERVICES: Counseling in School

(SECTION KD) USE IF SV30 COL. C = YES

Now I	have some questions about counse	eling in school.		
KD1.	How many different school coun psychologists in the past 12 mon	# DIFFERENT PEOPLE		
	IF KD1 = NO, ASK WITHOUT			
	A. What were the names [and a PENCIL VERSION] of the scounseling in the past 12 morecent)?	schools where you received		
		1 DDDE44		
N	AME	ADDRESS CITY, STATE, ZIP CODE		CODE
11	AWIE	CITT, STATE, ZIF CODE		CODE
#	1 MOST RECENT			
#:	2			
#	3			
	B. Over the past 12 months, hor receive counseling at school	w many weeks in all did you?	# WEEKS:	
	C. In the past 12 months, how many days a week were you in counseling at school for emotional or behavioral problems?		# DAYS:	
	D. How many minutes a day on with the counselor at school		# MINUTES:	_
KD2.	What problems with your behavi	for or feelings caused you to go		

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	to the school counselor? RECORD UP TO THREE.		CODE		
#	1				
#	2				
#	3				
KD3.	Now I am going to read a list of the types of treatments, services, and counseling programs that might be provided during counseling. We realize that you may not know whet you or your family received some of these. In those cases, it fine to say you don't know. Did you:		YES	DK	
	a. Have a contact person who coordinated your services?b. Receive special testing?	0 0	1 1	9 9	
	 Did your family receive: c. Counseling, training or education in how to deal with your problems? d. DELETED. e. Counseling or therapy for their own problems, worries, stresses or how they got along with others? f. Any other service? Specify:	0	1 1 1	9 9 9	
KD4.	IF PAPER & PENCIL VERSION, ASK NOW: Who was the person in charge of your counseling? IF MORE THAN ONE, ASK FOR MOST RECENT.		NAME: CODE:		
KD5.	IF SV30 COL. D STOP MONTH CODED 00, GO TO KD OTHERS CONTINUE. You mentioned that you are no longer receiving counseling school. Is this because (READ ALL AND CODE):		YES	DK	
	 a. You got better? b. Your program was completed? c. You weren't getting better? d. There were bad experiences with the counselors? e. You were treated unfairly or badly? f. The counselor left or moved away? g. You felt out of place? h. The policies were a hassle? i. There were problems with a lack of time, schedule chan or lack of transportation? j. You moved? k. You couldn't afford it? l. Your family wanted you to stop? 	0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1	9 9 9 9 9 9 9	
KD6.	A. Did you stop attending counseling against the school's advice?				

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B. DELETED.

KD7. Thinking about this most recent service overall:

	A.	How well do you think the school counseling matched your needs?	Not well 0 Somewhat 1 Very well 2
	В.	How well did the school counselor explain your problems to you?	Not well 0 Somewhat 1 Very well 2
	C.	IF PRIMARILY ENGLISH SPEAKING, GO TO KD8. IF NOT PRIMARILY ENGLISH SPEAKING, CONTINUE.	
		Did the counselor speak to you in the language that you are most comfortable with?	NO 0 YES 1
	D.	DELETED.	
KD8.		ow much have you benefited from your school counselor in or opinion?	Not at all 0 Some 1

GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.

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A lot 2

CHILD VERSION FINAL SERVICES MODULE

(SECTION FS)

FS1.	WERE	USE ANY SERVICE IN PAST 12 MONTHS? (I.E., ANY IN-PATIENT, OUT-PATIENT, OR SCHOOL- CE MODULES FILLED IN?)	NOGO TO FS7 0 YES1			
FS2.	IF [CHILD] USED ONLY ONE SERVICE, GO TO FS4. You said you have been seen by [REVIEW SERVICES USED IN PAST 12 MONTHS FROM FS1]. Of these, which has been the most helpful for your problems?		NAME:CODE:			
FS3.	Which	has helped the least?	NAME: CODE:			
FS4.	Were there any other services, besides the ones you used, that you thought you needed?		NOGO TO NEXT ASSESSMEN' YES1	Γ0		
	A.	Did you feel you needed:	NO	YES		
FS5.	Please	 a. school-based services? b. hospital services? c. out-patient services? d. services through your church or temple? e. juvenile justice services? f. drug or alcohol treatment? g. something else or perhaps something more specific?	0 0 0 0 0 0 0	1 1 1 1 1 1 1 YES		
	a. b. c. d. e. f.	You thought your problems were not so serious? You decided you could handle your problems on your own? Help cost too much money? Services were too inconvenient to use? The services were too far away? You had a bad experience with the professionals?	0 0 0 0 0	1 1 1 1 1		
	g.	You were afraid of what your family or friends would say?	0	1		

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	h.	You were afraid you would be taken away from your			
		family?		0	1
	i.	You thought treatment would not help?		0	1
	j.	The people you trusted most did not recommend			
		professional help?		0	1
	k.	You did not know who to trust for advice?		0	1
	1.	You didn't know where to go?		0	1
	m.	You had no way to get there?		0	1
	n.	You had to wait a long time for an appointment?		0	1
	ο.	You did not want to go?		0	1
	p.	IF $FS50 = 1$ CONTINUE.			
	-	OTHERS GO TO FS5q.			
		Could you explain why you didn't want to gowhat			
		made you feel that way?			
		SPECIFY:			
				_	
	q.	Was there any other reason that kept you from getting additional care in the past 12 months?		0	1
		SPECIFY:			
FS6.		ing to read a statement. Tell me if it is very true, what true, or not at all true.			
	"Durin	g the past year, you needed help for problems with	Very true	1	
	behavi	ors, emotions or feelings, drugs or alcohol, but you were	Somewhat true	2	
	not abl	le to get that help."	Not at all true	3	
		GO TO NEXT ASSESSMENT.			
			J		
FS7.	You sa	aid you have not been admitted to a hospital, seen a	NOGO TO NE	XT	
	professional, or received school services for behavioral,			SMENT 0	
		onal, drug or alcohol or learning problems in the past 12	YES1		
		s. During the past 12 months, has there been a time when			
	you th	ought you might need help for these problems?			
FS8.	When	was the first time you thought this in the past 12 months?			
		, , ,	MO YR		
		5			
	A.	Do you still feel this way?	NO0 YESGO TO FS	9 1	
			12.550 10 10	1	
	B.	When was the last time you felt this way?			
			MO YR		
FS9.	What v	were the most important reasons you thought you needed			
- 67.		CODE UP TO THREE.			

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	#1					
	#2					
	#3					
FS10.		were the main reasons that you did not go to a hospital, a al health specialist, or some other place or person outside				
	the h	ome for help? READ EACH AND CODE.	1	VO	YES	
	a.	You thought your problems were not so serious?		0	1	
	b.	You decided you could handle your problems on your		0	1	
	0	own?		0	1 1	
	c. d.	Help cost too much money? Services were too inconvenient to use?		0	1	
	e.	The services were too far away?		0	1	
	f.	You had a bad experience with the professionals?		0	1	
	g.	You were afraid of what your family or friends would		•	_	
	U	say?		0	1	
	h.	You were afraid you would be taken away from your				
		family?		0	1	
	i.	You thought treatment would not help?		0	1	
	j.	The people you trusted most did not recommend				
		professional help?		0	1	
	k.	You did not know who to trust for advice?		0	1	
	1.	You didn't know where to go?		0	1	
	m.	You had no way to get there?		0	1	
	n.	You had to wait a long time for an appointment? You did not want to go?		0	1 1	
	0.	IF FS10o = 1 CONTINUE.		U	1	
	p.	OTHERS GO TO FS10q.				
		Could you explain why you didn't want to gowhat				
		made you feel that way?				
		SPECIFY:				
	q.	Was there any other reason that kept you from getting additional care in the past 12 months?		0	1	
		SPECIFY:				
S11.	_	oing to read a statement. Tell me if it is very true, what true, or not at all true.				
	behav	ing the past year, you needed help for problems with viors, emotions or feelings, drugs or alcohol, but you were ble to get that help."	Very true Somewhat true Not at all true	1 2 3		

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CODE

FS 4 8/21/18