

**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 for problems with behaviors, feelings or drugs or alcohol? NO GO TO SV13 0
YES 1

Please look at this list of services.
HAND R CARD A. If you don't know what some of these mean, ask me and I will try to explain. Have you ever stayed overnight in a (READ EACH AND CODE):

	NO YES DK			COL. B AGE FIRST USED	COL. C USED PAST YEAR NO YES	COL. D PAST YEAR USE START MOS YEAR STOP 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	___	___	___	___
SV4. Residential treatment center	0	1	9	___	01	___	___	___	___
SV5. Group home	0	1	9	___	01	___	___	___	___
SV6. Foster home	0	1	9	___	01	___	___	___	___
SV7. Detention center/Prison or jail	0	1	9	___	01	___	___	___	___
SV8. LEFT BLANK.									
SV9. LEFT BLANK.									
SV10. LEFT BLANK.									
SV11. Emergency shelter for problems with behaviors or feelings	0	1	9	___	01	___	___	___	___
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 clinic	0	1	9	___	01	___	___	___	___
SV21. Professional like a psychologist, psychiatrist, social worker, or family counselor not part of a service or clinic already mentioned	0	1	9	___	01	___	___	___	___

				COL. B	COL. C	COL. D					
	NO	YES	DK	AGE FIRST USED	USED PAST YEAR	PAST YEAR USE		START	STOP		
						NO	YES	MOS	YEAR	MOS	YEAR
SV14. Partial hospitalization or day treatment program	0	1	9	---	01	---	---	---	---	---	---
SV15. Drug or alcohol clinic	0	1	9	---	01	---	---	---	---	---	---
SV16. Therapist or counselor or family preservation worker who came to your home	0	1	9	---	01	---	---	---	---	---	---
SV17. 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	0	1	9	---	01	---	---	---	---	---	---
SV20. Priest, Minister or Rabbi for problems with behaviors or feelings	0	1	9	---	01	---	---	---	---	---	---
SV22. Healer/Shaman/Spiritualist	0	1	9	---	01	---	---	---	---	---	---
SV23. Acupuncturist/Chiropractor	0	1	9	---	01	---	---	---	---	---	---
SV24. Crisis hotline	0	1	9	---	01	---	---	---	---	---	---
SV25. Any self-help group like Alcoholics Anonymous or peer counseling	0	1	9	---	01	---	---	---	---	---	---
SV26. Respite Care Provider	0	1	9	---	01	---	---	---	---	---	---
	0	1	9	---	01	---	---	---	---	---	---

IF AT1A3 IS NO, GO TO SV31.
 HAND R CARD C. Have you ever received any school services such as (READ EACH AND CODE):

SV27. 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 alcohol	0	1	9	---	01	---	---	---	---	---	---
SV29. Getting special help (such as tutoring or training) in the regular classroom for problems with behaviors or feelings	0	1	9	---	01	---	---	---	---	---	---
SV30. Other counseling or therapy in school, related to problems with behaviors, feelings, or drugs or alcohol	0	1	9	---	01	---	---	---	---	---	---

SV31. IF ANY QS IN SV1-30 CODED 1, GO TO SV32. CORRECT, NEVER
 IF NO SERVICE, CONTINUE. So, you have never HAS. .GO TO SECTION FS 0
 received any service for your behaviors, feelings, or a NOT CORRECT,
 drug or alcohol problem? 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.

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 have some questions about the hospital for problems with behaviors, feelings or drugs 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? ADMISSIONS: ____

IF CHILD IS IRP SAMPLE AND 12-17 YEARS OLD AND 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)?

	ADDRESS	
HOSPITAL NAME	CITY, STATE, ZIP CODE	CODE
#1 _____ MOST RECENT	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____

UA2. How many nights all together did you stay overnight in (a/all) hospital(s) since [DATE 12 MONTHS AGO] for problems with your behavior or feelings? NIGHTS: ____

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

#1 _____

#2 _____

#3 _____

UA4. Who told you you should go to the hospital? CODE ALL THAT APPLY.

- PARENTS1
- FRIEND/NEIGHBOR 2
- PRIEST/RABBI/CLERGY 3
- PEDIATRICIAN/FAMILY DOCTOR 4
- [CHILD'S] SCHOOL OR TEACHER 5
- PSYCHIATRIST/PSYCHOLOGIST/
COUNSELOR 6
- SOCIAL WORKER/
CASE MANAGER 7
- JUDGE/COURT/POLICE 8
- NO ONE9
- OTHER: SPECIFY:_____ 10

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:

	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
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 <u>their</u> own problems, worries, or stresses or how they go 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

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.

NAME: _____

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

- 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
- l. Your family wanted you to leave? 0 1 9

UA8. A. Did you leave the hospital against your doctor's advice? NO0
 YES.....1

B. DELETED.

UA9. Thinking about (this most recent/your) hospitalization overall:

A. How well did the treatment chosen for you match your needs? Not well0
 Okay.....1
 Very well.....2

B. How well did the staff explain your problems and treatments to you? Not well0
 Okay.....1
 Very well.....2

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? NO0
 YES.....1

D. DELETED.

UA10. How much has your treatment at the hospital helped you? Not at all0
 Some1
 A lot2

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



CHILD VERSION

INPATIENT SERVICE SETTING: Drug/Alcohol Treatment Unit

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

Now I have some questions about the drug/alcohol treatment unit.

UC1. During the past 12 months, how many different times were you admitted to a drug or alcohol treatment unit where you stayed overnight? ADMISSIONS: ____

IF CHILD IS IRP SAMPLE AND 12-17 YEARS OLD AND NO ADULT WILL BE INTERVIEWED, GO TO A.
 IF CHILD IS EMANCIPATED MINOR (CHECK PRELOAD), GO TO A.
 OTHERS, GO TO UC2.

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)?

UNIT NAME	ADDRESS CITY, STATE, ZIP CODE	CODE
#1 _____ MOST RECENT	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____

UC2. How many nights all together have you stayed overnight in (a/all) drug or alcohol treatment unit(s) since [DATE 12 MONTHS AGO]? NIGHTS: ____

UC3. OMITTED.

UC4. Who told you you should go to a drug or alcohol treatment unit? CODE ALL THAT APPLY.

PARENTS	1
FRIEND/NEIGHBOR	2
PRIEST/RABBI/CLERGY	3
PEDIATRICIAN/FAMILY DOCTOR	4
[CHILD'S] SCHOOL OR TEACHER	5

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

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 <u>their</u> 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

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:_____

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):

	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	0	1	9

- or lack of transportation?
- j. You moved? 0 1 9
- k. Treatment was too expensive? 0 1 9
- l. Your family wanted you to leave? 0 1 9

UC8. A. Did you leave the drug or alcohol treatment unit against your doctor's advice? NO0
YES.....1

B. DELETED.

UC9. Thinking about (this most recent/your) stay in the drug or alcohol treatment unit overall:

A. How well did the treatment chosen for you match your needs? Not well.....0
Okay.....1
Very well.....2

B. How well did the staff explain your problems and treatments to you? Not well.....0
Okay.....1
Very well.....2

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? NO0
YES.....1

D. DELETED. NO0
YES.....1

UC10. How much has your treatment at the drug or alcohol treatment unit helped you? Not at all.....0
Some1
A lot2

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

CHILD VERSION

INPATIENT SERVICE SETTING: Residential Treatment Center

(SECTION UD)

USE IF SV4 COL. C = YES

Now I have some questions about the residential treatment center.

UD1. During the past 12 months, how many different times were you admitted to a residential treatment center where you stayed overnight? ADMISSIONS: ____ ____

IF CHILD IS IRP SAMPLE AND 12-17 YEARS OLD AND NO ADULT WILL BE INTERVIEWED, GO TO A.
 IF CHILD IS EMANCIPATED MINOR (CHECK PRELOAD), GO TO A.
 OTHERS, GO TO UD2.

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)?

SETTING NAME	ADDRESS CITY, STATE, ZIP CODE	CODE
#1 _____ MOST RECENT	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____

UD2. How many nights all together have you stayed overnight in (a/all) residential treatment center(s) since [DATE 12 MONTHS AGO]? NIGHTS: ____ ____ ____

UD3. What problems with your behavior or feelings caused you to go to the residential treatment center in the past 12 months?
 RECORD UP TO THREE.

CODE

#1 _____

#2 _____

#3 _____

UD4. Who told you you should go to the residential treatment center? CODE ALL THAT APPLY.

- PARENTS1
- FRIEND/NEIGHBOR 2
- PRIEST/RABBI/CLERGY 3
- PEDIATRICIAN/FAMILY DOCTOR 4
- [CHILD'S] SCHOOL OR TEACHER 5
- PSYCHIATRIST/PSYCHOLOGIST/
COUNSELOR 6
- SOCIAL WORKER/
CASE MANAGER 7
- JUDGE/COURT/POLICE 8
- NO ONE9
- OTHER: SPECIFY: _____ 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:

	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
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 <u>their</u> 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

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

NAME: _____

FOR MOST RECENT.

UD7. IF SV4 COL. D STOP MONTH CODED 00, GO TO UD9.
 You are no longer in the residential treatment center. 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
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
l. 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? NO0
 YES.....1

B. DELETED.

UD9. Thinking about (this most recent/your) stay in the residential treatment center overall:

A. How well did the treatment chosen for you match your needs? Not well0
 Okay.....1
 Very well.....2

B. How well did the staff explain your problems and treatments to you? Not well0
 Okay.....1
 Very well.....2

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? NO0
 YES.....1

D. DELETED.

UD10. How much has your treatment at the residential treatment center helped you? Not at all0
 Some1
 A lot2

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

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 AND 12-17 YEARS OLD AND 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 (a/all) group home(s) since [DATE 12 MONTHS AGO]? NIGHTS: ____

UE3. What problems with your behavior or feelings caused you to go to the group home? RECORD UP TO THREE.

	CODE
#1 _____	_____
#2 _____	_____
#3 _____	_____

UE4. Who told you you should go to the group home? CODE ALL THAT APPLY.

- PARENTS1
- FRIEND/NEIGHBOR 2
- PRIEST/RABBI/CLERGY 3
- PEDIATRICIAN/FAMILY DOCTOR 4
- [CHILD'S] SCHOOL OR TEACHER 5
- PSYCHIATRIST/PSYCHOLOGIST/
COUNSELOR 6
- SOCIAL WORKER/
CASE MANAGER 7
- JUDGE/COURT/POLICE 8
- NO ONE9
- OTHER: SPECIFY:_____ 10

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 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 <u>their</u> 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

UE6. IF PAPER & PENCIL VERSION USED, ASK NOW: Who was the person in charge of your treatment at the group home? IF MORE THAN ONE, ASK FOR MOST RECENT.

NAME:_____

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

- 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
- l. Your family wanted you to leave? 0 1 9

UE8. A. Did you leave the group home against the therapist's advice? NO0
YES.....1

B. DELETED.

UE9. Thinking about (this most recent/your) stay in the group home overall:

A. How well did the treatment chosen for you match your needs? Not well0
Okay.....1
Very well.....2

B. How well did the staff explain your problems and treatments to you? Not well0
Okay.....1
Very well.....2

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? NO0
YES.....1

D.

UE10. How much has your treatment at the group home helped you? Not at all0
Some1
A lot2

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



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

(SECTION UG)

USE IF SV7 COL. C = YES

Now I have some questions about the Detention Center, Prison, and Jail.

UG1. 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.

**CHILD VERSION
INPATIENT SERVICE SETTING:
Emergency Shelter**

(SECTION UL)

USE IF SV11 COL. C = YES

Now I have some questions about the emergency shelter for problems with your feelings or behavior.

UL1. During the past 12 months, how many different times were you admitted to an Emergency Shelter for problems with your feelings or behavior? ADMISSIONS: ____ ____

UL2. How many nights all together did you stay overnight in (an/all) Emergency Shelter(s) since [DATE 12 MONTHS AGO]? NIGHTS: ____ ____ ____

UL3. What problems caused you to be admitted to an Emergency Shelter 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.

CHILD VERSION

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

(SECTION VA)

USE IF SV13 COL. C = YES

Now I have some questions about the mental health center.

VA1. During the past 12 months, how many visits for services did you have to a mental health center or clinic? IF DK, CODE 999. # TIMES _____

VA2. How many different mental health centers or clinics have you gone to in the past 12 months? # DIFFERENT PLACES _____

IF CHILD IS IRP SAMPLE AND 12-17 YEARS OLD AND NO ADULT WILL BE INTERVIEWED, GO TO A.

IF CHILD IS EMANCIPATED MINOR (CHECK PRELOAD), GO TO A.

OTHERS, GO TO VA3.

A. What was the name [and address; IF PAPER & PENCIL VERSION] of the mental health center or clinic you were seen at during the past 12 months (starting with the most recent)?

	ADDRESS	
NAME	CITY, STATE, ZIP CODE	CODE
#1 _____ MOST RECENT	_____	_____

#2 _____	_____	_____

#3 _____	_____	_____

VA3. What problems with your behavior or feelings caused you to go to a mental health center? RECORD UP TO THREE.

	CODE
#1 _____	_____
#2 _____	_____

VA4. Who told you you should go to a mental health center? CODE ALL THAT APPLY.

- PARENTS1
- FRIEND/NEIGHBOR 2
- PRIEST/RABBI/CLERGY 3
- PEDIATRICIAN/FAMILY DOCTOR 4
- [CHILD'S] SCHOOL OR TEACHER 5
- PSYCHIATRIST/PSYCHOLOGIST/
COUNSELOR 6
- SOCIAL WORKER/
CASE MANAGER 7
- JUDGE/COURT/POLICE 8
- NO ONE.....9
- OTHER: SPECIFY:_____ 10

VA5. 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

VA6. 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.

NAME:_____

VA7. 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. 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? 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
- l. Your family wanted you to stop? 0 1 9

VA8. A. Did you stop going to treatment against your counselor's or therapist's advice? NO0
YES1

B. DELETED.

VA9. Thinking about (this most recent/your) treatment overall:

A. How well did the treatment chosen for you match your needs? Not well0
Somewhat1
Very well2

B. How well did the staff explain your problems and treatments to you? Not well0
Somewhat1
Very well2

C. IF PRIMARILY ENGLISH SPEAKING, GO TO VA10.
IF NOT PRIMARILY ENGLISH SPEAKING, CONTINUE.

Did the staff speak to you in the language that you are most comfortable with? NO0
YES1

D. DELETED.

VA10. How much has your treatment at a mental health center helped you? Not at all0
Some1
A lot2

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



CHILD VERSION

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

(SECTION VZ)

USE IF SV21 COL. C = YES

Now I have some questions about the counselors and therapists.

VZ1. During the past 12 months, how many visits did you make to a professional like a psychologist, psychiatrist, or social worker? # TIMES ____ ____
IF DK, CODE 999.

VZ2. How many different professionals like these have you gone to in the past 12 months? # PROFESSIONALS ____ ____

IF CHILD IS IRP SAMPLE AND 12-17 YEARS OLD AND NO ADULT WILL BE INTERVIEWED, GO TO A.

IF CHILD IS EMANCIPATED MINOR (CHECK PRELOAD), GO TO A.

OTHERS, GO TO VZ3.

A. We're interested in getting the names, [addresses, and phone numbers; IF PAPER & PENCIL VERSION] of the professionals you visited in the past 12 months (starting with the most recent).

HOSPITAL NAME	ADDRESS CITY, STATE, ZIP CODE	CODE
#1 _____ MOST RECENT	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____

VZ3. What problems with your behavior or feelings caused you to see a psychologist, psychiatrist, or social worker? RECORD UP TO THREE.

#1 _____	CODE _____
#2 _____	_____

VZ4. Who told you you should go to a psychologist, psychiatrist, or social worker? CODE ALL THAT APPLY.

- PARENTS1
- FRIEND/NEIGHBOR 2
- PRIEST/RABBI/CLERGY 3
- PEDIATRICIAN/FAMILY DOCTOR 4
- [CHILD'S] SCHOOL OR TEACHER 5
- PSYCHIATRIST/PSYCHOLOGIST/
COUNSELOR 6
- SOCIAL WORKER/
CASE MANAGER 7
- JUDGE/COURT/POLICE 8
- NO ONE9
- OTHER: SPECIFY: _____ 10

VZ5. Now I am going to read a list of the types of treatments, services, and counseling programs that might be provided by one of these professionals. 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 visit to a psychologist, psychiatrist, or social 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
	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

VZ6. IF SV21 COL. D STOP MONTH CODED 00, GO TO VZ8. OTHERS CONTINUE.

You mentioned that you are no longer receiving services from one of these professionals. 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? 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
- l. Your family wanted you to stop? 0 1 9

VZ7. A. Did you stop going to treatment against your counselor's or therapist's advice? NO0
YES.....1

B. DELETED.

VZ8. Thinking about (this most recent/your) visit to the professional overall:

A. How well did the treatment chosen for you match your needs? Not well0
Somewhat.....1
Very well.....2

B. How well did the therapist explain your problems and treatments to you? Not well0
Somewhat.....1
Very well.....2

C. IF PRIMARILY ENGLISH SPEAKING, GO TO VZ9.
IF NOT PRIMARILY ENGLISH SPEAKING, CONTINUE.

Did the therapist speak to you in the language that you are most comfortable with? NO0
YES.....1

D. DELETED.

VZ9. How much has your treatment from a psychologist, psychiatrist, or social worker helped you? Not at all0
Some1
A lot2

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

CHILD VERSION

OUTPATIENT SERVICE SETTING: Partial Hospitalization/Day Treatment Program

(SECTION VB)

USE IF SV14 COL. C = YES

Now I have some questions about the day treatment.

VB1. During the past 12 months, how many visits did you have to a partial hospitalization or day treatment program? IF DK, CODE 999. # TIMES _____

VB2. How many different partial hospitalization or day treatment program have you gone to in the past 12 months? # DIFFERENT PROGRAMS _____

IF CHILD IS IRP SAMPLE AND 12-17 YEARS OLD AND NO ADULT WILL BE INTERVIEWED, GO TO A.

IF CHILD IS EMANCIPATED MINOR (CHECK PRELOAD), GO TO A. OTHERS, GO TO VB3.

A. What was the name [and address; IF PAPER & PENCIL VERSION] of the partial hospitalization/day treatment program you were in during the past 12 months (starting with the most recent)?

	ADDRESS	
HOSPITAL NAME	CITY, STATE, ZIP CODE	CODE
#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.

RECORD UP TO THREE.	CODE
#1 _____	_____
#2 _____	_____
#3 _____	_____

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 4
- [CHILD'S] SCHOOL OR TEACHER 5
- PSYCHIATRIST/PSYCHOLOGIST/
COUNSELOR 6
- SOCIAL WORKER/
CASE MANAGER 7
- JUDGE/COURT/POLICE 8
- NO ONE9
- OTHER: SPECIFY:_____ 10

VB5. Now I am going to read a list of the types of treatments, services, and counseling programs that might be provided in a partial hospitalization/day treatment program. 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 partial hospitalization or day treatment program, 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
	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

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.

NAME:_____

VB7. IF SV14 COL. D STOP MONTH CODED 00, GO TO VB9. OTHERS CONTINUE.

You mentioned that you are no longer receiving services from a partial hospitalization or day treatment program. Is this because: (READ ALL AND CODE)

	NO	YES	DK
a. You got better?	0	1	9
b. Your program was completed?			

c.	You weren't getting better?	0	1	9
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
l.	Your family wanted you to stop?	0	1	9
		0	1	9
VB8.	A.	Did you stop going to treatment against your counselor's or therapist's advice?	NO	0
			YES.....	1
	B.	DELETED.		
VB9.	Thinking about (this most recent/your) treatment overall:			
	A.	How well did the treatment chosen for you match your needs?	Not well	0
			Somewhat.....	1
			Very well.....	2
	B.	How well did the staff explain your problems and treatments to you?	Not well	0
			Somewhat.....	1
			Very well.....	2
	C.	IF PRIMARILY ENGLISH SPEAKING, GO TO VB10. 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.		
VB10.	How much has your treatment at the partial hospitalization or day treatment program helped you?		Not at all	0
			Some	1
			A lot	2

<p>GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.</p>
--

CHILD VERSION OUTPATIENT SERVICE SETTING: Drug/Alcohol Clinic

(SECTION VC)

USE IF SV15 COL. C = YES

Now I have some questions about the drug/alcohol clinic.

VC1. During the past 12 months, how many visits did you have to a drug or alcohol clinic? IF DK, CODE 999. # TIMES _____

VC2. How many different drug or alcohol clinic have you gone to in the past 12 months? # DIFFERENT PLACES _____

IF CHILD IS IRP SAMPLE AND 12-17 YEARS OLD AND NO ADULT WILL BE INTERVIEWED, GO TO A.

IF CHILD IS EMANCIPATED MINOR (CHECK PRELOAD), GO TO A.

OTHERS, GO TO VC3.

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 for treatment at the drug or PARENTS1

alcohol clinic? CODE ALL THAT APPLY.

- FRIEND/NEIGHBOR 2
- PRIEST/RABBI/CLERGY 3
- PEDIATRICIAN/FAMILY DOCTOR 4
- [CHILD'S] SCHOOL OR TEACHER 5
- PSYCHIATRIST/PSYCHOLOGIST/
COUNSELOR 6
- SOCIAL WORKER/
CASE MANAGER 7
- JUDGE/COURT/POLICE 8
- NO ONE9
- OTHER: SPECIFY:_____ 10

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, behavioral, or drug or alcohol problems?	0	1	9
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.

NAME:_____

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			

	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
l.	Your family wanted you to stop?	0	1	9

VC8. A. Did you stop going to treatment against your counselor's or therapist's advice? NO0
YES.....1

B. DELETED.

VC9. Thinking about (this most recent/your) treatment overall:

A. How well did the treatment chosen for you match your needs? Not well0
Somewhat.....1
Very well.....2

B. How well did the staff explain your problems and treatments to you? Not well0
Somewhat.....1
Very well.....2

C. IF PRIMARILY ENGLISH SPEAKING, GO TO VC10.
IF NOT PRIMARILY ENGLISH SPEAKING, CONTINUE.

Did the staff speak to you in the language that you are most comfortable with? NO0
YES.....1

D. DELETED.

VC10. How much has your treatment at the drug or alcohol clinic helped you? Not at all0
Some1
A lot2

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

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

(SECTION VD)

USE IF SV16 COL. C = YES

Now I have some questions about in-home therapists.

VD1. During the past 12 months, how many visits to your home were made by a therapist, # TIMES: _____
 counselor or preservation worker? IF DK, CODE 999.

IF CHILD IS IRP SAMPLE AND 12-17 YEARS OLD AND NO ADULT WILL BE INTERVIEWED, GO TO A.

IF CHILD IS EMANCIPATED MINOR (CHECK PRELOAD), GO TO A.
 OTHERS, GO TO VD2.

A. For each in-home organization that has been involved with you the past 12 months, please tell me the name [and address; IF PAPER & PENCIL VERSION] of the organization (starting with the most recent).

ORGANIZATION NAME	ADDRESS CITY, STATE, ZIP CODE	CODE
#1 _____ MOST RECENT	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____

VD2. What problems with your behavior or feelings caused you to have these home visits? CODE

#1 _____	_____
#2 _____	_____
#3 _____	_____

VD3. Who was your most recent main home counselor, therapist or preservation worker?

NAME: _____

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

OUTPATIENT SERVICE SETTING: Emergency Room

(SECTION VE)

USE IF SV17 COL. C = YES

VE1. During the past 12 months, how many different times did you use an emergency room for behavioral, emotional, drug or alcohol problems? TIMES: _____

IF TIMES = 02+, ASK A WITH PARENS.

VE2. What was the name and address of the emergency room you were in during the past 12 months for these kinds of problems (starting with the most recent)?

ORGANIZATION NAME	ADDRESS CITY, STATE	CODE
#1 _____ MOST RECENT	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____

VE3. What were the most important behavioral or emotional reasons you used the emergency room (most recently)? (IF ANSWER NOT SPECIFIC, ASK: What was there about your behavior or emotions that caused you to use [PLACE IN VE2.1]?)
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.

CHILD VERSION: OUTPATIENT SERVICE SETTING: Pediatrician/Family Doctor

(SECTION VF)

USE IF SV18 COL. C = YES

Now I have some questions about the pediatrician or family doctor.

VF1. During the past 12 months, how many different times have you received treatment from a pediatrician or family doctor for problems with your behavior or feelings? TIMES: ____

IF CHILD IS IRP SAMPLE AND 12-17 YEARS OLD AND NO ADULT WILL BE INTERVIEWED, GO TO A.

IF CHILD IS EMANCIPATED MINOR (CHECK PRELOAD), GO TO A. OTHERS, GO TO VF2.

A. What was the name [and address; IF PAPER & PENCIL VERSION] of the [SPECIFIC PROVIDERS] you have visited for these problems during the past 12 months (starting with the most recent)?

	ADDRESS CITY, STATE, ZIP CODE	CODE
#1 _____ MOST RECENT	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____

VF2. What problems with your behavior or feelings caused you to go to a pediatrician or family doctor? RECORD UP TO THREE. CODE

#1 _____

#2 _____

#3 _____



CHILD VERSION
OUTPATIENT SERVICE SETTING:
Probation, Juvenile Corrections Officer or a Court Counselor

(SECTION VG)

USE IF 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? TIMES: _____

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.

CHILD VERSION
OUTPATIENT SERVICE SETTING:
Priest / Minister/Rabbi

(SECTION VJ)

USE 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? TIMES: _____

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 FS.

CHILD VERSION
OUTPATIENT SERVICE SETTING:
Healer/Shaman/Spiritualist

(SECTION VJ)

USE 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? TIMES: _____

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.

CHILD VERSION
OUTPATIENT SERVICE SETTING:
Acupuncturist/Chiropractor

(SECTION VK)

USE 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? TIMES: _____

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.

CHILD VERSION

OUTPATIENT SERVICE SETTING: Crisis Hotline

(SECTION VL)
USE IF 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? TIMES: ____ ____ ____

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.

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

(SECTION VM)

USE IF SV25 COL. C = YES

Now I have some questions about the self help groups.

VM1. During the past 12 months, how many times did you use a self help group like Alcoholics Anonymous or peer counseling? TIMES: _____

VM2. What problems caused you to use a self help group group 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.

CHILD VERSION
OUTPATIENT SERVICE SETTING:
Respite Care

(SECTION VN)
USE 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? TIMES: ____ ____

VN2. What problems with your behavior or feelings caused you to go to respite care 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.

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 special school.

KA1. How many different special schools did you go to in the past 12 months? # DIFFERENT SCHOOLS: ____

A. How many days a weeks were you in a special school for students with emotional or behavioral problems this past year? # DAYS: ____

B. DELETED.

IF CHILD IS IRP SAMPLE AND 12-17 YEARS OLD AND NO ADULT WILL BE INTERVIEWED, GO TO C.

IF CHILD IS EMANCIPATED MINOR (CHECK PRELOAD), GO TO C.

OTHERS, GO TO KA2.

C. What was the name [and address; IF PAPER & PENCIL VERSION] of the special school you went to in the past 12 months (starting with the most recent)?

NAME	ADDRESS CITY, STATE, ZIP CODE	CODE
#1 _____ MOST RECENT	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____

KA2. What were the most important reasons you were enrolled in the special school? RECORD UP TO THREE. CODE

#1 _____	_____
#2 _____	_____
#3 _____	_____

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 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?
IF MORE THAN ONE, ASK FOR MOST RECENT.

NAME: _____
CODE: ___ ___ ___

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 school's advice?

NO0
YES.....1

B. DELETED.

KA7. Thinking about this most recent service overall:

A. How well did the special school match your needs? Not well0
Somewhat1
Very well.....2

B. How well did the staff explain your problems and special school program to you? Not well0
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 most comfortable with? NO0
YES.....1

D. DELETED. NO0
YES.....1

KA8. How much has the school helped you? Not at all0
Some1
A lot2

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

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

(SECTION KB)

USE IF SV28 COL. C = YES

Now I have some questions about the special classroom.

KB1. How many different schools did you go to in the past 12 months where you were assigned to a special classroom for problems with behaviors or feelings? # DIFFERENT SCHOOLS ____

IF CHILD IS IRP SAMPLE AND 12-17 YEARS OLD AND NO ADULT WILL BE INTERVIEWED, GO TO 1.1.

IF CHILD IS EMANCIPATED MINOR (CHECK PRELOAD), GO TO 1.1.

OTHERS, GO TO A.

1.1. What was the name [and address; IF PAPER & PENCIL VERSION] of the school where you attended the special classrooms in the past 12 months (starting with the most recent)?

NAME	ADDRESS CITY, STATE, ZIP CODE	CODE
#1 _____ MOST RECENT	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____

A. How many days a week were you in any special classroom for problems with behaviors or feelings this past year? # DAYS: ____

B. How many minutes a day did you spend in the class? # MINUTES: ____

KB2. What were the most important reasons you were enrolled in the special classroom? RECORD UP TO THREE.

CODE

#1 _____

#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	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
	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?
IF MORE THAN ONE, ASK FOR MOST RECENT.

NAME: _____
CODE: _____

KB5. IF SV28 COL. D STOP MONTH CODED 00, GO TO KB7.
OTHERS CONTINUE.

You mentioned that you stopped going to the special 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
l. Your family wanted you to stop?	0	1	9

KB6.A. Did you stop attending the special classroom against the

NO..... 0

school's advice?

YES 1

B. DELETED.

KB7.Thinking about this most recent service overall:

A. How well did the special classroom matched your needs?

Not well..... 0

Somewhat..... 1

Very well..... 2

B. 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.

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

(SECTION KC)

USE IF SV29 COL. C = YES

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

IF CHILD IS IRP SAMPLE AND 12-17 YEARS OLD 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 _____ MOST 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: ____

B. 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 or tutoring in the classroom? # MINUTES: ____

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



CHILD VERSION SCHOOL-BASED SERVICES: Counseling in School

(SECTION KD)

USE IF SV30 COL. C = YES

Now I have some questions about counseling in school.

KD1. How many different school counselors, social workers, or psychologists in the past 12 months? # DIFFERENT PEOPLE ____

IF KD1 = NO, ASK WITHOUT PARENS.

A. What were the names [and addresses; IF PAPER & PENCIL VERSION] of the schools where you received counseling in the past 12 months (starting with the most recent)?

NAME	ADDRESS CITY, STATE, ZIP CODE	CODE
#1 _____ MOST RECENT	_____	_____
#2 _____	_____	_____
#3 _____	_____	_____

B. Over the past 12 months, how many weeks in all did you receive counseling at school? # 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 the average did you spend with the counselor at school? # MINUTES: ____

KD2. What problems with your behavior or feelings caused you to go

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 whether you or your family received some of these. In those cases, it is fine to say you don't know. Did you:

NO YES DK

- a. Have a contact person who coordinated your services? 0 1 9
- b. Receive special testing? 0 1 9

Did your family receive:

- c. Counseling, training or education in how to deal with your problems? 0 1 9
- d. DELETED.
- e. Counseling or therapy for their own problems, worries, or stresses or how they got along with others? 0 1 9
- f. Any other service? Specify: _____ 0 1 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 KD7. OTHERS CONTINUE.

You mentioned that you are no longer receiving counseling at 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 counselors? 0 1 9
- e. You were treated unfairly or badly? 0 1 9
- f. The 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. You couldn't afford it? 0 1 9
- l. Your family wanted you to stop? 0 1 9

KD6. A. Did you stop attending counseling against the school's advice?

NO..... 0
YES..... 1

CHILD VERSION FINAL SERVICES MODULE

(SECTION FS)

- FS1. DID R USE ANY SERVICE IN PAST 12 MONTHS? (I.E., WERE ANY IN-PATIENT, OUT-PATIENT, OR SCHOOL-SERVICE 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
ASSESSMENT 0
YES1
- | | NO | YES |
|---|----|-----|
| A. Did you feel you needed: | | |
| a. school-based services? | 0 | 1 |
| b. hospital services? | 0 | 1 |
| c. out-patient services? | 0 | 1 |
| d. services through your church or temple? | | |
| e. juvenile justice services? | 0 | 1 |
| f. drug or alcohol treatment? | 0 | 1 |
| g. something else or perhaps something more specific? | 0 | 1 |
| Specify: _____ | 0 | 1 |
- FS5. You said that you thought you needed additional services. Please tell me if any of these reasons kept you from getting that additional care in the past 12 months: NO YES
- | | | |
|--|---|---|
| a. You thought your problems were not so serious? | 0 | 1 |
| b. You decided you could handle your problems on your own? | 0 | 1 |
| c. Help cost too much money? | 0 | 1 |
| d. 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 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
- l. 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
- o. You did not want to go? 0 1
- p. IF FS5o = 1 CONTINUE.
OTHERS GO TO FS5q.
Could you explain why you didn't want to go--what 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. I'm going to read a statement. Tell me if it is very true, somewhat true, or not at all true.

"During the past year, you needed help for problems with behaviors, emotions or feelings, drugs or alcohol, but you were not able to get that help." Very true 1
Somewhat true 2
Not at all true 3

GO TO NEXT ASSESSMENT.

FS7. You said you have not been admitted to a hospital, seen a professional, or received school services for behavioral, emotional, drug or alcohol or learning problems in the past 12 months. During the past 12 months, has there been a time when you thought you might need help for these problems? NOGO TO NEXT ASSESSMENT 0
YES....1

FS8. When was the first time you thought this in the past 12 months? _____
MO YR

A. Do you still feel this way? NO.....0
YESGO TO FS9 1

B. When was the last time you felt this way? _____
MO YR

FS9. What were the most important reasons you thought you needed help? CODE UP TO THREE.

#1 _____

____ _

#2 _____

____ _

#3 _____

____ _

FS10. What were the main reasons that you did not go to a hospital, a mental health specialist, or some other place or person outside the home for help? READ EACH AND CODE.

	NO	YES
a. You thought your problems were not so serious?	0	1
b. You decided you could handle your problems on your own?	0	1
c. Help cost too much money?	0	1
d. 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 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
l. 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
o. You did not want to go?	0	1
p. IF FS10o = 1 CONTINUE. OTHERS GO TO FS10q. Could you explain why you didn't want to go--what made you feel that way? SPECIFY: _____		
q. Was there any other reason that kept you from getting additional care in the past 12 months? SPECIFY: _____	0	1

FS11. I'm going to read a statement. Tell me if it is very true, somewhat true, or not at all true.

"During the past year, you needed help for problems with behaviors, emotions or feelings, drugs or alcohol, but you were not able to get that help."	Very true	1
	Somewhat true	2
	Not at all true	3

