Now I would like to ask you some questions about treatments or help [CHILD] may have received for emotional, behavioral, or drug or alcohol problems. For the rest of this interview, when I talk about emotional or behavioral problems, I will also mean any problems with drugs and alcohol.

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'll try to explain.

<table>
<thead>
<tr>
<th>Has [CHILD] ever stayed overnight at an inpatient facility such as a (READ EACH AND CODE):</th>
<th>COL. B</th>
<th>COL. C</th>
<th>COL. D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AGE</td>
<td>USED</td>
<td>PAST YEAR</td>
</tr>
<tr>
<td>SV1. Psychiatric hospital</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>SV2. Psychiatric unit in a general hospital</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>SV3. Drug or alcohol treatment unit</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>SV4. Residential treatment center</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>SV5. Group home</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>SV6. Foster home</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>SV7. Detention center or Training school</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>SV8. Prison or jail</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>SV9. Summer treatment program</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>SV10. Inpatient medical or pediatric unit for emotional or behavioral problems</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>SV11. Emergency shelter for emotional or behavioral problems</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>SV12. Boarding school for emotional or behavioral problems</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

HAND R CARD B. Has [CHILD] ever received outpatient help or treatment (not overnight) from a (READ EACH AND CODE):  

| SV13. Community mental health center or other outpatient mental health clinic | 0 | 1 | 9 | ____ | 0 | 1 | ____ | ____ |
| SV14. Partial hospitalization or day treatment program | 0 | 1 | 9 | ____ | 0 | 1 | ____ | ____ |
| SV15. Drug or alcohol clinic | 0 | 1 | 9 | ____ | 0 | 1 | ____ | ____ |
| SV16. In-home therapist or counselor or family preservation worker | 0 | 1 | 9 | ____ | 0 | 1 | ____ | ____ |
| SV17. Emergency room for emotional or behavioral problems | 0 | 1 | 9 | ____ | 0 | 1 | ____ | ____ |
| SV18. Pediatrician or family doctor for emotional or behavioral problems | 0 | 1 | 9 | ____ | 0 | 1 | ____ | ____ |
| SV19. Probation or juvenile corrections officer or a court counselor | 0 | 1 | 9 | ____ | 0 | 1 | ____ | ____ |
| SV20. Priest, Minister or Rabbi for emotional or behavioral problems | 0 | 1 | 9 | ____ | 0 | 1 | ____ | ____ |
SV21. Professional like a psychologist, psychiatrist, social worker, or marriage or family counselor not as part of services already mentioned

SV22. Healer/Shaman/Curandero

SV23. Acupuncturist or Chiropractor

SV24. Crisis hotline

SV25. Self-help group like Alcoholic Anonymous or peer help or counseling

SV26. Respite Care Provider

HAND R CARD C. Has [CHILD] ever received any services at school such as

SV27. Services in a special school for students with emotional or behavioral problems

SV28. Services in a special classroom in a regular school for emotional, behavioral, or drug or alcohol problems

SV29. Special help in the regular classroom for emotional, behavioral, or drug or alcohol problems

SV30. Counseling in school, related to emotional, behavioral or alcohol or drug problems

SV31. IF ANY QS IN SV1-30 CODED 1, GO TO SV32. CORRECT, NEVER HAS...GO TO SECTION FS

IF NO SERVICE, CONTINUE. So, [CHILD] has never received any service for an emotional, behavioral, or drug or alcohol problem?

SV32. Let's talk about the services just mentioned.

A. How old was [CHILD] when (he/she) first received services from (NAME SERVICE)? CODE AGE IN COL. B IN SV1-30

B. Did (he/she) 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)?

GO TO SECTION FS

0

1-31

4+ 2
You mentioned [CHILD] received services in the past 12 months. I want to know when in the past 12 months [CHILD] received each of these services, so please take a minute to look at this timeline. PULL OUT CHART TL WITH INTERVIEW DATE, 12 MONTHS PRIOR TO THE INTERVIEW, AND JAN. 1 PREVIOUSLY MARKED ON THE LINE.

SV35. Beginning 12 months ago, when did [CHILD] first receive services from [SERVICE]? CODE START MONTH IN COL. D. IF CURRENT TX EPISODE STARTED MORE THAN 12 MONTHS AGO, CODE 13 IN START MONTH COL.

A. Is [CHILD] still using this service?
   IF YES, CODE 00 IN STOP MONTH, COL. D.
   IF NO, ASK: In what month did [CHILD] last use this service?

B. REPEAT SV35 AND SV35A UNTIL ALL SERVICES ARE ASKED.

SV36. LEFT BLANK.

SV37. Before [CHILD] ever used any services, who did you talk to about (his/her) problems? Did you discuss them with: (READ LIST AND CODE FOR EACH IN COL. 1.)

<table>
<thead>
<tr>
<th>COL. 1</th>
<th>COL. 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>a. your (spouse or partner)?</td>
<td>01</td>
</tr>
<tr>
<td>b. [CHILD] (him or herself)?</td>
<td>01</td>
</tr>
<tr>
<td>c. other family member?</td>
<td>01</td>
</tr>
<tr>
<td>d. your friends or neighbors?</td>
<td>01</td>
</tr>
<tr>
<td>e. [CHILD'S] friends?</td>
<td>01</td>
</tr>
<tr>
<td>f. a school social worker, counselor, psychologist or nurse?</td>
<td>01</td>
</tr>
<tr>
<td>g. a teacher?</td>
<td>01</td>
</tr>
<tr>
<td>h. a principal, vice-principal, or administrator?</td>
<td>01</td>
</tr>
<tr>
<td>i. a minister, priest, or rabbi?</td>
<td>01</td>
</tr>
<tr>
<td>j. a pediatrician, medical doctor, family doctor or nurse?</td>
<td>01</td>
</tr>
<tr>
<td>k. a counselor, therapist, social worker or psychologist not at school?</td>
<td>01</td>
</tr>
<tr>
<td>l. a Probation Officer, Judge or Lawyer?</td>
<td>01</td>
</tr>
<tr>
<td>m. Case manager?</td>
<td>01</td>
</tr>
<tr>
<td>n. Any other person, not mentioned?</td>
<td>01</td>
</tr>
</tbody>
</table>

Specify: ____________________________

SV38. IF SV37a-n COL. 1 ALL CODED NO, GO TO BOX.
Did [PERSON NAMED IN SV37] suggest [CHILD] needed services? CODE IN COL. 2. REPEAT FOR EACH.

GO TO FIRST SERVICE MODULE USED IN PAST 12 MONTHS.
RESPONDENT ID #: ___ ___ ___ ___ ___ ___ ___

INPATIENT SERVICE SETTING: Psychiatric Hospital

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

UA1. During the past 12 months, how many different times was [CHILD] admitted to a psychiatric hospital where (he/she) stayed overnight?

ADMISSIONS: ___ ___

IF ADMISSION = 02+, ASK A WITH PARENS.

A. What was the name and address of the psychiatric hospital [CHILD] was in during the past 12 months (starting with the most recent)?

<table>
<thead>
<tr>
<th>HOSPITAL NAME</th>
<th>ADDRESS</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 MOST RECENT</td>
<td>__________________________</td>
<td>___ ___ ___</td>
</tr>
<tr>
<td>#2</td>
<td>__________________________</td>
<td>___ ___ ___</td>
</tr>
<tr>
<td>#3</td>
<td>__________________________</td>
<td>___ ___ ___</td>
</tr>
</tbody>
</table>

UA2. How many nights all together has [CHILD] stayed overnight in any psychiatric hospital since [DATE 12 MONTHS AGO]?

NIGHTS: ___ ___ ___

UA3. What were the most important behavioral or emotional reasons [CHILD] was admitted to [PLACE IN UA1A1]? (IF ANSWER NOT SPECIFIC, ASK: What was there about [CHILD'S] behavior or emotions that caused you to use [PLACE IN UA1A1]?) RECORD UP TO THREE.

<table>
<thead>
<tr>
<th>CODE</th>
</tr>
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<tbody>
<tr>
<td>#1</td>
</tr>
<tr>
<td>#2</td>
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<tr>
<td>#3</td>
</tr>
</tbody>
</table>
UA4. Who referred [CHILD] or told you to take (him/her) to [PLACE IN UA1A1]? CIRCLE CLASSIFICATION OF ALL PERSONS WHO REFERRED CHILD.

[CHILD'S] SCHOOL OR TEACHER 1
FRIEND/NEIGHBOR 2
JUDGE/COURT/POLICE 3
SOCIAL WORKER/CASE MANAGER 4
PSYCHIATRIST/PSYCHOLOGIST/COUNSELOR 5
PEDIATRICIAN/FAMILY DOCTOR 6
PRIEST/RABBI/CLERGY 7
NO ONE 8
OTHER: SPECIFY:________________ 9

UA5. Now I am going to read a list of the types of treatments, services, and counseling programs that might be provided in a psychiatric hospital. We realize that you may not know whether [CHILD] received some of these. In those cases, it is fine to say you don't know. In (his/her) most recent admission to a psychiatric hospital, did [CHILD]:

a. Receive therapy or counseling? NOYES DK 0 1 9
b. Have case management or a contact person who coordinated (his/her) services? 0 1 9
c. Receive medications? 0 1 9
d. Receive evaluations or testing? 0 1 9

did you or your family receive:

e. Counseling, training or education in how to deal with [CHILD]? 0 1 9
f. Counseling or therapy for your relationships with other family members? 0 1 9
g. Counseling or therapy for your own problems, worries, or stresses? 0 1 9
h. Help with rent, money, food, clothing, or shelter? 0 1 9
i. Any other service? Specify:__________________________ 0 1 9

UA6. A. How many days were there between the time the hospital was first contacted about [CHILD'S] problem and when (he/she) was admitted? IF 000, GO TO UA7. # DAYS: ___ ___ ___

B. During this waiting period did anyone from the hospital speak with you or [CHILD] to determine (his/her) need for services? NO ...0 YES..1

UA7. Was a set of treatment goals outlined at the start of [CHILD's] treatment? NO ...0 YES..1
**UA8.** Who was the person in charge of [CHILD’S] treatment at [PLACE IN UA1A1]?  

**NAME:** _______________________

**UA9.** IF SV1 COL. D STOP MONTH CODED 00, GO TO UA11.  
You mentioned that [CHILD] is no longer in a psychiatric hospital. Is this because (READ ALL AND CODE):  

<p>| | | | |</p>
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</tbody>
</table>

**UA10.** Who decided that [CHILD] should leave [PLACE IN UA1A1]? Was it:  

<p>| | | | |</p>
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<td>9</td>
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</tr>
</tbody>
</table>

**UNIVERSITY OF MICHIGAN**  

**UA11.** Thinking about this most recent hospitalization:
A. How well do you think the treatment chosen for [CHILD] matched (his/her) needs?
Not well 0
Okay. 1
Very well 2

B. How well did the staff explain [CHILD'S] problems and treatments to you?
Not well 0
Okay. 1
Very well 2

C. IF R IS PRIMARILY ENGLISH SPEAKING, GO TO UA12.
IF R IS NOT PRIMARILY ENGLISH SPEAKING, CONTINUE.

Did the staff speak to [CHILD] in the language that (he/she) is most comfortable with?
NO ...0
YES..1

D. Did the staff speak to you and your family in the language that you were most comfortable with?
NO ...0
YES..1

UA12. How much has [CHILD] benefited from treatment at [PLACE IN UA1A1] in your opinion?
Not at all 0
Some 1
A lot .2

UA13. IF CHILD STILL IN FACILITY (SV1 COL. D STOP MONTH CODED 00), GO TO INSTRUCTION BOX. What is the total charge for [CHILD'S] most recent stay in [PLACE IN UA1A1]. CODE AND GO TO UA14. IF DK, CONTINUE.

A. Is this because (CODE FIRST YES):
The bill has not come yet? 1
You are unsure? 2
The bill (will be/was) paid by another source? 3

UA14. Did you or anyone else in [CHILD'S] household pay anything out of pocket for this most recent stay or visit?
NO ............GO TO UA15 ...............0
YES..........................1

A. How much was paid out of pocket? IF DK, GO TO UA14B. OTHERS GO TO UA15.

B. What percent of the bill was paid out of pocket?

UA15. Will you or anyone else in [CHILD'S] household pay anything (more) out of pocket for (his/her) stay in [PLACE IN UA1A1]?  

A. How much will your household pay out of pocket for [CHILD'S] stay in [PLACE IN UA1A1]? IF DK, GO TO

$ ___ ___ ___ ___

UA 4 8/21/18
UA15B. OTHERS GO TO UA15C.

B. What percent of the bill will be paid out of pocket? ___ ___ ___%

C. IF UA14 OR UA15 = 1, CONTINUE.
   Will you be reimbursed for all of these expenses, some of these expenses, or none of these expenses?
   NONE .............................................................. 0
   SOME ............................................................. 1
   ALL ................................................................. 2

UA16. Which other sources will cover the charges?

   NO YES

a. Will private insurance? 0 1
b. Will an HMO or other prepaid plan? 0 1
c. Will the Veterans Administration (VA)? 0 1
d. Will welfare or Medicaid? 0 1
e. Will the Indian Health Service? 0 1
f. Will the service be provided free of charge? 0 1
g. Any other sources? 0 1

Specify ________________________________

GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.
RESPONDENT ID #: ___ ___ ___ ___ ___ ___ ___

INPATIENT SERVICE SETTING: 
Psychiatric Unit in a General Hospital

(SECTION UB)
USE IF SV2 COL. C = YES

UB1. During the past 12 months, how many different times was [CHILD] admitted to a psychiatric unit in a general hospital where (he/she) stayed overnight?

ADMISSIONS: ___ ___

IF ADMISSION = 02+, ASK A WITH PARENS.

A. What was the name and address of the general hospital [CHILD] was in during the past 12 months (starting with the most recent)?

<table>
<thead>
<tr>
<th>HOSPITAL NAME</th>
<th>ADDRESS</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>__________________________</td>
<td></td>
</tr>
<tr>
<td>MOST RECENT</td>
<td>__________________________</td>
<td></td>
</tr>
<tr>
<td>#2</td>
<td>__________________________</td>
<td></td>
</tr>
<tr>
<td>#3</td>
<td>__________________________</td>
<td></td>
</tr>
</tbody>
</table>

UB2. How many nights all together has [CHILD] stayed overnight in any psychiatric unit in a general hospital since [DATE 12 MONTHS AGO]?

NIGHTS: ___ ___ ___

UB3. What were the most important behavioral or emotional reasons [CHILD] was admitted to [PLACE IN UB1A1]? (IF ANSWER NOT SPECIFIC, ASK: What was there about [CHILD’S] behavior or emotions that caused you to use [PLACE IN UB1A1]? RECORD UP TO THREE.

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<td>#2</td>
</tr>
</tbody>
</table>
UB4. Who referred [CHILD] or told you to take (him/her) to [PLACE IN UB1A1]? CIRCLE CLASSIFICATION OF ALL PERSONS WHO REFERRED CHILD.

- [CHILD'S] SCHOOL OR TEACHER 1
- FRIEND/NEIGHBOR 2
- JUDGE/COURT/POLICE 3
- SOCIAL WORKER/CASE MANAGER 4
- PSYCHIATRIST/PSYCHOLOGIST/COUNSELOR 5
- PEDIATRICIAN/FAMILY DOCTOR 6
- PRIEST/RABBI/CLERGY 7
- NO ONE 8
- OTHER: SPECIFY: __________________________ 9

UB5. Now I am going to read a list of the types of treatments, services, and counseling programs that might be provided in a psychiatric unit in a general hospital. We realize that you may not know whether [CHILD] received some of these. In those cases, it is fine to say you don't know. In the most recent admission, did [CHILD]:

- a. Receive therapy or counseling? NO YES DK 0 1 9
- b. Have case management or a contact person who coordinated (his/her) services? 0 1 9
- c. Receive medications? 0 1 9
- d. Receive evaluations or testing? 0 1 9

Did you or your family receive:
- e. Counseling, training or education in how to deal with [CHILD]? 0 1 9
- f. Counseling or therapy for your relationships with other family members? 0 1 9
- g. Counseling or therapy for your own problems, worries, or stresses? 0 1 9
- h. Help with rent, money, food, clothing, or shelter? 0 1 9
- i. Any other service? Specify: __________________________ 0 1 9

UB6. A. How many days were there between the time the hospital was first contacted about [CHILD'S] problem and when (he/she) was admitted? IF 000, GO TO UB7.

# DAYS: ___ ___ ___

B. During this waiting period did anyone from the hospital speak with you or [CHILD] to determine (his/her) need for services?

NO ...0
YES..1
UB7. Was a set of treatment goals outlined at the start of [CHILD's] treatment? NO ...0 YES .1

UB8. Who was the person in charge of [CHILD'S] treatment at [PLACE IN UB1A1]? NAME: ________________________

UB9. IF SV2 COL. D STOP MONTH CODED 00, GO TO UB11. You mentioned that [CHILD] is no longer in a psychiatric unit. Is this because (READ ALL AND CODE): NOYES DK

- [CHILD] improved? (IF YES, GO TO UB10.) 0 1 9
- the program was complete (IF YES, GO TO UB10.) 0 1 9
- [CHILD] showed little improvement? (IF YES, GO TO UB10.) 0 1 9
- there were negative experiences with the treatment providers? 0 1 9
- [CHILD] was treated unfairly or badly on purpose? 0 1 9
- the therapist left or moved away? 0 1 9
- [CHILD] felt out of place in the treatment setting? 0 1 9
- the policies of agencies hassled you? 0 1 9
- there were problems with a lack of time, schedule change or lack of transportation? 0 1 9
- you or your child moved? 0 1 9
- you couldn't pay for services? 0 1 9
- insurance or managed care company limited the treatment? 0 1 9
- there were negative reactions of family and friends to treatment? 0 1 9

UB10. Who decided that [CHILD] should leave [PLACE IN UB1A1]? Was it: NO

- Your child's therapist? 0 1 1
- You? 0 1 1
- [CHILD]? 0 1 1
- Someone else? 0 1 1
Specify: ________________________

A. Did [CHILD] get any mental health services within 30 days after leaving the hospital? NOGO TO UB11 0 YES .1

B. Were these services arranged by the hospital staff? NO ...0 YES .1

C. How well did the staff follow-up with [CHILD] after (he/she) left the facility? Not well 0 Okay. 1
UB11. Thinking about this most recent hospitalization:

A. How well do you think the treatment chosen for [CHILD] matched (his/her) needs?  
   Not well 0  
   Okay 1  
   Very well 2

B. How well did the staff explain [CHILD’S] problems and treatments to you?  
   Not well 0  
   Okay 1  
   Very well 2

C. IF R IS PRIMARILY ENGLISH SPEAKING, GO TO UB12.  
   IF R IS NOT PRIMARILY ENGLISH SPEAKING, CONTINUE.

   Did the staff speak to [CHILD] in the language that (he/she) is most comfortable with?  
   NO ...0  
   YES ...1

   D. Did the staff speak to you and your family in the language that you were most comfortable with?  
   NO ...0  
   YES ...1

UB12. How much has [CHILD] benefited from treatment at [PLACE IN UB1A1] in your opinion?  
   Not at all 0  
   Some 1  
   A lot 2

UB13. IF CHILD STILL IN FACILITY (SV2 COL. D STOP MONTH CODED 00), GO TO INSTRUCTION BOX.  
   What is the total charge for [CHILD’S] most recent stay in [PLACE IN UB1A1]. CODE AND GO TO UB14.  
   IF DK, CONTINUE.

   A. Is this because (CODE FIRST YES):  
      The bill has not come yet? 1  
      You are unsure? 2  
      The bill (will be/was) paid by another source? 3

UB14. Did you or anyone else in [CHILD’S] household pay anything out of pocket for this most recent stay or visit?  
   NO ............GO TO UB15 .............0  
   YES ................................1

   A. How much was paid out of pocket? IF DK, GO TO UB14B. OTHERS GO TO UB15.  
      $ ____ ____ ____

   B. What percent of the bill was paid out of pocket?  
      ____ ____ %

UB15. Will you or anyone else in [CHILD’S] household pay anything (more) out of pocket for (his/her) stay in [PLACE IN

UB 4  

8/21/18
A. How much will your household pay out of pocket for [CHILD'S] stay in [PLACE IN UB1A1]? IF DK, GO TO UB15B. OTHERS GO TO UB1C.

B. What percent of the bill will be paid out of pocket?

C. IF UB14 OR UB15 = 1, CONTINUE.
   Will you be reimbursed for all of these expenses, some of these expenses, or none of these expenses?

   NONE ........................................ 0
   SOME ........................................ 1
   ALL .......................................... 2

UB16. Which other sources will cover the charges?

a. Will private insurance? 0 1
b. Will an HMO or other prepaid plan? 0 1
c. Will the Veterans Administration (VA)? 0 1
d. Will welfare or Medicaid? 0 1
e. Will the Indian Health Service? 0 1
f. Will the service be provided free of charge? 0 1
g. Any other sources?
   Specify __________________________________________

GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.
**RESPONDENT ID #: ___ ___ ___ ___ ___ ___ ___**

**INPATIENT SERVICE SETTING:**

**Drug/Alcohol Treatment Unit**

(SECTION UC)

USE IF SV3 COL. C = YES

---

UC1. During the past 12 months, how many different times was [CHILD] admitted to a drug or alcohol treatment unit where (he/she) stayed overnight?

ADMISSIONS: ____ ___

IF ADMISSION = 02+, ASK A WITH PARENS.

A. What was the name and address of the treatment unit [CHILD] was in during the past 12 months (starting with the most recent)?

<table>
<thead>
<tr>
<th>SETTING NAME</th>
<th>ADDRESS</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 MOST RECENT</td>
<td>______________________________</td>
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<tr>
<td>#3</td>
<td>______________________________</td>
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</tbody>
</table>

UC2. How many nights all together has [CHILD] stayed overnight in any drug or alcohol treatment unit since [DATE 12 MONTHS AGO]?

NIGHTS: ____ ___ ___

UC3. PURPOSELY LEFT BLANK.

UC4. Who referred [CHILD] or told you to take (him/her) to [PLACE IN UC1A1]? CIRCLE CLASSIFICATION OF ALL PERSONS WHO REFERRED CHILD.

| [CHILD'S] SCHOOL OR TEACHER | 1 |
| FRIEND/NEIGHBOR | 2 |
| JUDGE/COURT/POLICE | 3 |
| SOCIAL WORKER/ CASE MANAGER | 4 |
| PSYCHIATRIST/PSYCHOLOGIST/ COUNSELOR | 5 |
| PEDIATRICIAN/FAMILY DOCTOR | 6 |

---

UC 1

8/21/18
PRIEST/RABBI/CLERGY 7
NO ONE ..........8
OTHER: SPECIFY:________________ 9

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. We realize that you may not know whether [CHILD] received some of these. In those cases, it is fine to say you don't know. In (his/her) most recent admission to a drug or alcohol treatment unit, did [CHILD]:

a. Receive therapy or counseling? 0 1 9
b. Have case management or a contact person who coordinated (his/her) services? 0 1 9
c. Receive medications? 0 1 9
d. Receive evaluation or testing? 0 1 9

Did you or your family receive:
e. Counseling, training or education in how to deal with [CHILD]? 0 1 9
f. Counseling or therapy for your relationships with other family members? 0 1 9
g. Counseling or therapy for your own problems, worries, or stresses? 0 1 9
h. Help with rent, money, food, clothing, or shelter? 0 1 9
i. Any other service? Specify:________________

How many days were there between the time the unit was first contacted about [CHILD'S] problem and when (he/she) was admitted? IF 000, GO TO UC7.

A. # DAYS: ___ ___ ___

B. During this waiting period did anyone from the unit speak with you or [CHILD] to determine (his/her) need for services?
   NO ...............0
   YES..............1

Was a set of treatment goals outlined at the start of [CHILD'S] treatment?
   NO ...............0
   YES..............1

Who was the person in charge of [CHILD'S] treatment at [PLACE IN UC1A1]?

You mentioned that [CHILD] is no longer in the unit. Is this because (READ ALL AND CODE):

   a. [CHILD] improved? (IF YES, GO TO UC10.) 0 1 9
   b. the program was complete (IF YES, GO TO UC10.) 0 1 9
c. [CHILD] showed little improvement? (IF YES, GO TO UC10.)  
   0 1 9

d. there were negative experiences with the treatment providers?  
   0 1 9

e. [CHILD] was treated unfairly or badly on purpose?  
   0 1 9

f. the therapist left or moved away?  
   0 1 9

g. [CHILD] felt out of place in the treatment setting?  
   0 1 9

h. the policies of agencies hassled you?  
   0 1 9

i. there were problems with a lack of time, schedule change or lack of transportation?  
   0 1 9

j. you or [CHILD] moved?  
   0 1 9

k. you couldn't pay for services?  
   0 1 9

l. insurance or managed care company limited the treatment?  
   0 1 9

m. there were negative reactions of family and friends to treatment?  
   0 1 9

UC10. Who decided that [CHILD] should leave [PLACE IN UC1A1]? Was it:  

   NO

   YES

   YE  

   1. [CHILD'S] therapist?  
      0 1

   2. You?  
      0 1

   3. [CHILD]?  
      0 1

   4. Someone else?  
      0 1

      Specify: ___________________

A. Did [CHILD] get any mental health services within 30 days after leaving the treatment unit?  
   NOGO TO UC110

   YES..................1

B. Were these services arranged by the unit staff?  
   NO ..............0

   YES..............1

C. How well did the staff follow-up with [CHILD] after (he/she) left the facility?  
   Not well ..........0

   Okay...............1

   Very well..........2

UC11. Thinking about this most recent stay in the drug or alcohol treatment unit:

A. How well do you think the treatment chosen for [CHILD] matched (his/her) needs?  
   Not very ...........0

   Okay...............1

   Very well..........2

B. How well did the staff explain [CHILD'S] problems and Not well ..........0
treatments to you?  
Okay...............1  
Very well.........2

C. IF R IS PRIMARILY ENGLISH SPEAKING, GO TO UC12.  
   IF R IS NOT PRIMARILY ENGLISH SPEAKING, CONTINUE.

Did the staff speak to [CHILD] in the language that (he/she) is most comfortable with?  
NO ...............0  
YES...............1

D. Did the staff speak to you and your family in the language that you were most comfortable with?  
NO ...............0  
YES...............1

UC12. How much has [CHILD] benefited from treatment at [PLACE IN UC1A1] in your opinion?  
Not at all ..........0  
Some .............1  
A lot ............2

UC13. IF CHILD STILL IN FACILITY (SV3 COL. D STOP MONTH CODED 00), GO TO INSTRUCTION BOX.  
What is the total charge for [CHILD'S] most recent stay in [PLACE IN UC1A1]? CODE AND GO TO UC14. IF DK, CONTINUE.

$____ ____ ____ ____

A. Is this because (CODE FIRST YES):

The bill has not come yet?  1  
You are unsure?  2  
The bill (will be/was) paid by another source?  3

UC14. Did you or anyone else in [CHILD'S] household pay anything out of pocket for this most recent stay or visit?  
NO ...............GO TO UC15 ...............0  
YES.................................1

A. How much was paid out of pocket? IF DK, GO TO UC14B. OTHERS GO TO UC15.  
$____ ____ ____

B. What percent of the bill was paid out of pocket?  
____ ____ __%

UC15. Will you or anyone else in [CHILD'S] household pay anything (more) out of pocket for (his/her) stay in [PLACE IN UC1A1]?  
NO ...............GO TO UC15C ...............0  
YES.................GO TO UC15A ...............1

A. How much will your household pay out of pocket for [CHILD'S] stay in [PLACE IN UC1A1]? IF DK, GO TO UC15B. OTHERS GO TO UC15C.  
$____ ____ ____

B. What percent of the bill will be paid out of pocket?  
____ ____ __%

C. IF UC14 OR UC15 = 1, CONTINUE.  
Will you be reimbursed for all of these expenses, some of NONE ..............................................0  
SOME ..............................................1
these expenses, or none of these expenses? ALL .......................................................... 2

UC16. Which other sources will cover the charges? NOYES

a. Will private insurance? 0 1
b. Will an HMO or other prepaid plan? 0 1
c. Will the Veterans Administration (VA)? 0 1
d. Will welfare or Medicaid? 0 1
e. Will the Indian Health Service? 0 1
f. Will the service be provided free of charge? 0 1
g. Any other sources?
   Specify ________________________________

GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE
USED, GO TO SECTION FS.
INPATIENT SERVICE SETTING:
Residential Treatment Center

(SECTION UD)
USE IF SV4 COL. C = YES

UD1. During the past 12 months, how many different times was [CHILD] admitted to a residential treatment center where (he/she) stayed overnight?

ADMISSIONS: ___ ___

IF ADMISSION = 02+, ASK A WITH PARENS.

A. What was the name and address of the residential treatment center [CHILD] was in during the past 12 months (starting with the most recent)?

<table>
<thead>
<tr>
<th>HOSPITAL NAME</th>
<th>ADDRESS</th>
<th>CODE</th>
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<tbody>
<tr>
<td>#1______________</td>
<td>________________</td>
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<tr>
<td>MOST RECENT</td>
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<td>#2______________</td>
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<td>___ ___ ___ ___</td>
</tr>
<tr>
<td>#3______________</td>
<td>________________</td>
<td>___ ___ ___ ___</td>
</tr>
</tbody>
</table>

UD2. How many nights all together has [CHILD] stayed overnight in any residential treatment center since [DATE 12 MONTHS AGO]?

NIGHTS: ___ ___ ___

UD3. What were the most important behavioral or emotional reasons [CHILD] was admitted to [PLACE IN UD1A1]? (IF ANSWER NOT SPECIFIC, ASK: What was there about [CHILD’S] behavior or emotions that caused you to use [PLACE IN UD1A1]?) RECORD UP TO THREE.

<table>
<thead>
<tr>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1___________________________________________________________ ___ ___ ___ ___</td>
</tr>
<tr>
<td>#2___________________________________________________________ ___ ___ ___ ___</td>
</tr>
</tbody>
</table>
UD4. Who referred [CHILD] or told you to take (him/her) to [PLACE IN UD1A1]? CIRCLE CLASSIFICATION OF ALL PERSONS WHO REFERRED CHILD.

[CILD'S] SCHOOL OR TEACHER 1
FRIEND/NEIGHBOR 2
JUDGE/COURT/PolICE 3
SOCIAL WORKER/ CASE MANAGER 4
PSYCHIATRIST/PSYCHOLOGIST/ COUNSELOR 5
PEDIATRICIAN/FAMILY DOCTOR 6
PRIEST/RABBI/CLERGY 7
NO ONE 8
OTHER: SPECIFY: __________________ 9

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. We realize that you may not know whether [CHILD] received some of these. In those cases, it is fine to say you don't know. In (his/her) most recent admission to a residential treatment center, did [CHILD]:

a. Receive therapy or counseling? 0 1 9
b. Have case management or a contact person who coordinated (his/her) services? 0 1 9
c. Receive medications? 0 1 9
d. Receive evaluations or testing? 0 1 9

did you or your family receive:
e. Counseling, training or education in how to deal with [CHILD]? 0 1 9
f. Counseling or therapy for your relationships with other family members? 0 1 9
g. Counseling or therapy for your own problems, worries, or stresses? 0 1 9
h. Help with rent, money, food, clothing, or shelter? 0 1 9
i. Any other service? Specify:________________________ 0 1 9

UD6. A. How many days were there between the time the hospital was first contacted about [CHILD'S] problem and when (he/she) was admitted? IF 000, GO TO UD7. # DAYS: ____ ____ __

B. During this waiting period did anyone from the hospital speak with you or [CHILD] to determine (his/her) need for services? NO ...0 YES.. 1
UD7. Was a set of treatment goals outlined at the start of [CHILD's] treatment?  
   NO ...0  
   YES..1

UD8. Who was the person in charge of [CHILD'S] treatment at [PLACE IN UD1A1]?  
   NAME: _______________________

UD9. IF SV4 COL. D STOP MONTH CODED 00, GO TO UD11.  
   You mentioned that [CHILD] is no longer in the residential treatment center. Is this because (READ ALL AND CODE):  
   NO YES DK
   a. [CHILD] improved? (IF YES, GO TO UD10.)  
      0 1 9
   b. the program was complete (IF YES, GO TO UD10.)  
      0 1 9
   c. [CHILD] showed little improvement? (IF YES, GO TO UD10.)  
      0 1 9
   d. there were negative experiences with the treatment providers?  
      0 1 9
   e. [CHILD] was treated unfairly or badly on purpose?  
      0 1 9
   f. the therapist left or moved away?  
      0 1 9
   g. [CHILD] felt out of place in the treatment setting?  
      0 1 9
   h. the policies of agencies hassled you?  
      0 1 9
   i. there were problems with a lack of time, schedule change or lack of transportation?  
      0 1 9
   j. you or your child moved?  
      0 1 9
   k. you couldn't pay for services?  
      0 1 9
   l. insurance or managed care company limited the treatment?  
      0 1 9
   m. there were negative reactions of family and friends to treatment?  
      0 1 9

UD10. Who decided that [CHILD] should leave [PLACE IN UD1A1]? Was it:  
   NO
   YF S
   1. Your child's therapist?  
      0 1
   2. You?  
      0 1
   3. [CHILD]?  
      0 1
   4. Someone else?  
      0 1
   Specify: ___________________________

A. Did [CHILD] get any mental health services within 30 days after leaving the residential treatment center?  
   NOGO TO UD11  
   0  
   YES..1

B. Were these services arranged by the center staff?  
   NO ...0  
   YES..1

C. How well did the staff follow-up with [CHILD] after (he/she) left the facility?  
   Not well  
   0
   Okay. 1
Thinking about this most recent stay in the residential treatment center:

A. How well do you think the treatment chosen for [CHILD] matched (his/her) needs?
   - Not well 0
   - Okay 1
   - Very well 2

B. How well did the staff explain [CHILD'S] problems and treatments to you?
   - Not well 0
   - Okay 1
   - Very well 2

C. IF R IS PRIMARILY ENGLISH SPEAKING, GO TO UD12.
   IF R IS NOT PRIMARILY ENGLISH SPEAKING, CONTINUE.
   Did the staff speak to [CHILD] in the language that (he/she) is most comfortable with?
   - NO ...0
   - YES ...1

D. Did the staff speak to you and your family in the language that you were most comfortable with?
   - NO ...0
   - YES ...1

How much has [CHILD] benefited from treatment at [PLACE IN UD1A1] in your opinion?
   - Not at all 0
   - Some 1
   - A lot 2

How much is the total charge for [CHILD'S] most recent stay in [PLACE IN UD1A1]. CODE AND GO TO UD14. IF DK, CONTINUE.

Is this because (CODE FIRST YES):
   - The bill has not come yet? 1
   - You are unsure? 2
   - The bill (will be/was) paid by another source? 3

Did you or anyone else in [CHILD'S] household pay anything out of pocket for this most recent stay or visit?

How much was paid out of pocket? IF DK, GO TO UD14B. OTHERS GO TO UD15.

What percent of the bill was paid out of pocket?

Will you or anyone else in [CHILD'S] household pay anything...
(more) out of pocket for (his/her) stay in [PLACE IN UD1A1]?  
YES.............. GO TO UD15A...............1

A. How much will your household pay out of pocket for [CHILD'S] stay in [PLACE IN UD1A1]? IF DK, GO TO UD15B. OTHERS GO TO UD15C.

B. What percent of the bill will be paid out of pocket?

C. IF UD14 OR UD15 = 1, CONTINUE.

Will you be reimbursed for all of these expenses, some of these expenses, or none of these expenses?

UD16. Which other sources will cover the charges?

<table>
<thead>
<tr>
<th>Source</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will private insurance?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Will an HMO or other prepaid plan?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Will the Veterans Administration (VA)?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Will welfare or Medicaid?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Will the Indian Health Service?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Will the service be provided free of charge?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Any other sources?</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Specify ________________________________

GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.
RESPONDENT ID #: ___ ___ ___ ___ ___ ___

INPATIENT SERVICE SETTING:
Group Home

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

UE1. During the past 12 months, how many different times was [CHILD] admitted to a group home where (he/she) stayed overnight?

ADMISSIONS: ___ ___

IF ADMISSION = 02+, ASK A WITH PARENS.

A. What was the name and address of the group home [CHILD] was in during the past 12 months (starting with the most recent)?

<table>
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<th>HOSPITAL NAME</th>
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<td>_____ _____</td>
</tr>
<tr>
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<td>__________________________</td>
<td>_____ _____</td>
</tr>
<tr>
<td>#3</td>
<td>__________________________</td>
<td>_____ _____</td>
</tr>
</tbody>
</table>

UE2. How many nights all together has [CHILD] stayed overnight in any group home since [DATE 12 MONTHS AGO]?

NIGHTS: ___ ___ ___

UE3. What were the most important behavioral or emotional reasons [CHILD] was admitted to [PLACE IN UE1A1]? (IF ANSWER NOT SPECIFIC, ASK: What was there about [CHILD'S] behavior or emotions that caused you to use [PLACE IN UE1A1]?) RECORD UP TO THREE.

CODE

| #1 | __________________________ | _____ _____ |
| #2 | __________________________ | _____ _____ |
| #3 | __________________________ | _____ _____ |
UE4. Who referred [CHILD] or told you to take (him/her) to [PLACE IN UE1A1]? CIRCLE CLASSIFICATION OF ALL PERSONS WHO REFERRED CHILD.

[CHILD'S] SCHOOL OR TEACHER 1
FRIEND/NEIGHBOR 2
JUEGE/COURT/POLICE 3
SOCIAL WORKER/CASE MANAGER 4
PSYCHIATRIST/PSYCHOLOGIST/COUNSELOR 5
PEDIATRICIAN/FAMILY DOCTOR 6
PRIEST/RABBI/CLERGY 7
NO ONE 8
OTHER: SPECIFY:________________ 9

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. We realize that you may not know whether [CHILD] received some of these. In those cases, it is fine to say you don't know. In (his/her) most recent admission to a group home, did [CHILD]:

a. Receive therapy or counseling? NO YES DK 0 1 9
b. Have case management or a contact person who coordinated (his/her) services? 0 1 9
c. Receive medications? 0 1 9
d. Receive evaluations or testing? 0 1 9

did you or your family receive:

  e. Counseling, training or education in how to deal with [CHILD]? 0 1 9
  f. Counseling or therapy for your relationships with other family members? 0 1 9
  g. Counseling or therapy for your own problems, worries, or stresses? 0 1 9
  h. Help with rent, money, food, clothing, or shelter? 0 1 9
  i. Any other service? Specify:________________________ 0 1 9

UE6. A. How many days were there between the time the hospital was first contacted about [CHILD'S] problem and when (he/she) was admitted? IF 000, GO TO UE7. # DAYS: ___ ___ ___

B. During this waiting period did anyone from the hospital speak with you or [CHILD] to determine (his/her) need for services? NO ...0 YES ..1

UE7. Was a set of treatment goals outlined at the start of [CHILD's] treatment? NO ...0
treatment?

YES..1

UE8. Who was the person in charge of [CHILD’S] treatment at [PLACE IN UE1A1]?

NAME:_________________________

UE9. IF SV5 COL. D STOP MONTH CODED 00, GO TO UE11.
You mentioned that [CHILD] is no longer in the group home. Is this because (READ ALL AND CODE):

NO YES DK

a. [CHILD] improved? (IF YES, GO TO UE10.) 0 1 9
b. the program was complete (IF YES, GO TO UE10.) 0 1 9
c. [CHILD] showed little improvement? (IF YES, GO TO UE10.) 0 1 9
d. there were negative experiences with the treatment providers? 0 1 9
e. [CHILD] was treated unfairly or badly on purpose? 0 1 9
f. the therapist left or moved away? 0 1 9
g. [CHILD] felt out of place in the treatment setting? 0 1 9
h. the policies of agencies hassled you? 0 1 9
i. there were problems with a lack of time, schedule change or lack of transportation? 0 1 9
j. you or your child moved? 0 1 9
k. you couldn't pay for services? 0 1 9
l. insurance or managed care company limited the treatment? 0 1 9
m. there were negative reactions of family and friends to treatment? 0 1 9

UE10. Who decided that [CHILD] should leave [PLACE IN UE1A1]? Was it:

NO

YES

1. Your child's therapist? 0 1
2. You? 0 1
3. [CHILD]? 0 1
4. Someone else? 0 1

Specify:___________________

A. Did [CHILD] get any mental health services within 30 days after leaving the group home?

NOGO TO UE11 0

YES..1

B. Were these services arranged by the center staff?

NO ...0

YES..1

C. How well did the staff follow-up with [CHILD] after (he/she) left the facility?

Not well 0
Okay.1
Very well 2
Thinking about this most recent stay in the group home:

A. How well do you think the treatment chosen for [CHILD] matched (his/her) needs?
   - Not well 0
   - Okay 1
   - Very well 2

B. How well did the staff explain [CHILD'S] problems and treatments to you?
   - Not well 0
   - Okay 1
   - Very well 2

C. IF R IS PRIMARILY ENGLISH SPEAKING, GO TO UE12.
   IF R IS NOT PRIMARILY ENGLISH SPEAKING, CONTINUE.

   Did the staff speak to [CHILD] in the language that (he/she) is most comfortable with?
   - NO ...0
   - YES ...1

D. Did the staff speak to you and your family in the language that you were most comfortable with?
   - NO ...0
   - YES ...1

How much has [CHILD] benefited from treatment at [PLACE IN UE1A1] in your opinion?

   - Not at all 0
   - Some 1
   - A lot 2

How much has [CHILD] benefited from treatment at [PLACE IN UE1A1] in your opinion?

   $ __ __ __ __ __

If Child still in facility (SV5 col. D stop month coded 00), go to instruction box. What is the total charge for [CHILD'S] most recent stay in [PLACE IN UE1A1]. Code and go to UE14. If DK, continue.

A. Is this because (code first yes):
   - The bill has not come yet? 1
   - You are unsure? 2
   - The bill (will be/was) paid by another source? 3

Did you or anyone else in [CHILD'S] household pay anything out of pocket for this most recent stay or visit?

   - NO ............... GO TO UE15 ............... 0
   - YES .............................................. 1

A. How much was paid out of pocket? If DK, go to UE14B. Others go to UE15.
   - $ __ __ __ __

B. What percent of the bill was paid out of pocket?
   - ___ ___ ___%

Will you or anyone else in [CHILD'S] household pay anything (more) out of pocket for (his/her) stay in [PLACE IN UE1A1]?

   - NO ............... GO TO UE15C ............... 0
   - YES ............... GO TO UE15A ............... 1
A. How much will your household pay out of pocket for [CHILD'S] stay in [PLACE IN UE1A1]? IF DK, GO TO UE15B. OTHERS GO TO UE15C. $___ ___ ___ ___

B. What percent of the bill will be paid out of pocket? ___ ___ ___%

C. IF UE14 OR UE15 = 1, CONTINUE. NONE .............................................0
Will you be reimbursed for all of these expenses, some of these expenses, or none of these expenses?
SOME .............................................1
ALL .............................................2

UE16. Which other sources will cover the charges?

a. Will private insurance? 0 1
b. Will an HMO or other prepaid plan? 0 1
c. Will the Veterans Administration (VA)? 0 1
d. Will welfare or Medicaid? 0 1
e. Will the Indian Health Service? 0 1
f. Will the service be provided free of charge? 0 1
g. Any other sources?
   Specify ________________________________ 0 1

GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.
RESPONDENT ID #: __ __ __ __ __ __ __

INPATIENT SERVICE SETTING: Foster Home

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

UF1. During the past 12 months, how many different times was [CHILD] placed in a foster home where (he/she) stayed overnight?

ADMISSIONS: ___ ___

UF2. How many nights has [CHILD] stayed overnight in a foster home in the past 12 months?

NIGHTS: ___ ___ ___

A. (Was/Is) the foster parent a relative?
   NO .................0
   YES..................1

B. (Did/Does) the foster parent have any special training to help children with behavioral, emotional, drug or alcohol problems?
   NO .................0
   YES..................1

UF3. What were the reasons [CHILD] was placed in the (most recent) foster home 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.
**RESPONDENT ID #: ___ ___ ___ ___ ___ ___ ___**

**INPATIENT SERVICE SETTING:**
Detention Center or Training School

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

UG1. During the past 12 months, how many different times was [CHILD] admitted to a Detention Center or Training School where (he/she) stayed overnight?  
ADMISSIONS: ___ ___

UG2. How many nights has [CHILD] stayed in a Detention Center or Training School during the past 12 months?  
NIGHTS: ___ ___ ___

UG3. What were the reasons [CHILD] was admitted to the (most recent) Detention Center or Training School in the past 12 months? RECORD UP TO THREE.

<table>
<thead>
<tr>
<th>CODE</th>
<th>Reason 1</th>
<th>Reason 2</th>
<th>Reason 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__ __</td>
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</table>

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

UG 1  
8/21/18
RESPONDENT ID #: ___ ___ ___ ___ ___ ___ ___

INPATIENT SERVICE SETTING:
Prison or Jail

(SECTION UH)
USE IF SV8 COL. C = YES

UH1. During the past 12 months, how many different times was [CHILD] placed in a Prison or Jail where (he/she) stayed overnight?  
ADMISSIONS: ___ ___

UH2. How many nights all together has [CHILD] stayed in a Prison or Jail during the past 12 months?  
NIGHTS: ___ ___ ___

UH3. Why was [CHILD] placed in the (most recent) 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.
INPATIENT SERVICE SETTING:
Summer Treatment Program

(SECTION UZ)
USE IF SV9 COL. C = YES

UZ1. During the past 12 months, how many different times was [CHILD] admitted to a Summer Treatment Program where (he/she) stayed overnight? ADMISSIONS: ___ ___

UZ2. How many nights has [CHILD] stayed in a Summer Treatment Program during the past 12 months? NIGHTS: ___ ___ ___

UZ3. What were the reasons [CHILD] was admitted to the (most recent) Summer Treatment Program 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.
RESPONDENT ID #: __ __ __ __ __ __ __ __

INPATIENT SERVICE SETTING:
Inpatient Medical or Pediatric Unit

(SECTION UK)
USE IF SV10 COL. C = YES

UK1. During the past 12 months, how many different times was [CHILD] admitted to an inpatient medical or pediatric unit for emotional, behavioral, or alcohol or drug problems where (he/she) stayed overnight?

ADMISSIONS: ___ ___

IF ADMISSION = 01, ASK A WITHOUT PARENS.

UK2. What were the names and addresses of the inpatient medical or pediatric units (he/she) was in during the past 12 months for these kinds of problems (starting with the most recent)?

<table>
<thead>
<tr>
<th>SETTING NAME</th>
<th>ADDRESS</th>
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<tbody>
<tr>
<td></td>
<td>CITY, STATE</td>
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<tr>
<td>#1</td>
<td>____________</td>
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<tr>
<td>MOST RECENT</td>
<td>____________</td>
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<td>#2</td>
<td>____________</td>
</tr>
<tr>
<td>#3</td>
<td>____________</td>
</tr>
</tbody>
</table>

UK3. How many nights has [CHILD] stayed in an inpatient medical or pediatric unit for emotional, behavioral, or alcohol or drug problems during the past 12 months?

NIGHTS: ___ ___ ___

UK4. What were the most important behavioral or emotional reasons [CHILD] was admitted to [PLACE IN UK1A1] 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.
RESPONDENT ID #: ___ ___ ___ ___ ___ ___ ___

INPATIENT SERVICE SETTING:
Emergency Shelter

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

UL1. During the past 12 months, how many different times was [CHILD] admitted to an Emergency Shelter because of emotional, behavioral, or alcohol or drug problems where (he/she) stayed overnight?
ADMISSIONS: ___ ___

UL2. How many nights has [CHILD] stayed in an Emergency Shelter because of these problems during the past 12 months?
NIGHTS: ____ ____

UL3. What were the reasons [CHILD] was admitted to the (most recent) 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.
RESPONDENT ID #: ___ ___ ___ ___ ___ ___ ___

INPATIENT SERVICE SETTING:
Boarding School

(SECTION UM)
USE IF SV12 COL. C = YES

UM1. During the past 12 months, how many different times was [CHILD] admitted to a Boarding School for emotional, behavioral, or alcohol or drug problems where (he/she) stayed overnight? ADMISSIONS: ___ ___

UM2. How many nights has [CHILD] stayed in a Boarding School for these kinds of problems during the past 12 months? NIGHTS: ___ ___ ___

UM3. What were the reasons [CHILD] was admitted to the (most recent) Boarding School 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.
RESPONDENT ID #: ___ ___ ___ ___ ___ ___ ___

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

(SECTION VA)
USE SV13 COL. C = YES

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

VA2. Has [CHILD] gone to more than one mental health center or clinic the past 12 months? NO .................0
YES.................1

A. What was the name and address of the mental health center or clinic (he/she) was in during the past 12 months (starting with the most recent)?

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOST RECENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF ONLY ONE MENTAL HEALTH CENTER, GO TO VA3.

B. How many visits did [CHILD] make to [PLACE IN VA2A1]? VISITS: ___ ___

VA3. What were the most important behavioral or emotional reasons [CHILD] went to [PLACE IN VA2A1]? (IF ANSWER NOT SPECIFIC, ASK: What was there about [CHILD’S] behavior or emotions that caused you to use [PLACE IN VA2A1]?) RECORD UP TO THREE.

<table>
<thead>
<tr>
<th>#1</th>
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<th></th>
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<th>#2</th>
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</table>

<table>
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<tr>
<th>#3</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VA4. Who referred [CHILD] or told you to take (him/her) to [PLACE IN VA2A1]? CIRCLE ALL THAT APPLY.

- SCHOOL OR TEACHER 1
- FRIEND/NEIGHBOR 2
- JUDGE/COURT/POLICE 3
- SOCIAL WORKER/CASE MANAGER 4
- PSYCHIATRIST/PSYCHOLOGIST/COUNSELOR 5
- PEDIATRICIAN/FAMILY DOCTOR 6
- PRIEST/RABBI/CLERGY 7
- NO ONE ............8
- OTHER: SPECIFY:________________ 9

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. We realize that you may not know whether [CHILD] received some of these. In those cases, it is fine to say you don't know. At [PLACE IN VA2A1], did (he/she):

- Receive therapy or counseling? 0 1 9
- Have case management or a contact person who coordinated (his/her) services? 0 1 9
- Receive a prescription for medications? 0 1 9
- Receive evaluation or testing? 0 1 9

Did you or your family receive:

- Counseling, training or education in how to deal with [CHILD]? 0 1 9
- Counseling or therapy for your relationships with other family members? 0 1 9
- Counseling or therapy for your own problems, worries, or stresses? 0 1 9
- Help with rent, money, food, clothing, or shelter? 0 1 9
- Any other service? Specify:__________________ 0 1 9

VA6. How many days were there between the time [PLACE IN VA2A1] was first contacted about [CHILD’S] problem and when (he/she) was seen? IF 000, GO TO VA7.

# DAYS: ___ ___ ___

B. During this waiting period did anyone speak with you or [CHILD] to determine (his/her) need for services?

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

VA7. Was a set of treatment goals outlined at the start of [CHILD’S] treatment?

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

VA8. Who was the person in charge of [CHILD’S] treatment at

NAME:_______________________
[PLACE IN VA2A1]?

VA9. IF SV13 COL. D STOP MONTH CODED 00, GO TO VA11. OTHERS CONTINUE.
You mentioned that [CHILD] is no longer receiving services from [PLACE IN VA2A1]. Is this because: (READ ALL AND CODE)

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>[CHILD] improved? (IF YES, GO TO VA10.)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>b.</td>
<td>the program was complete (IF YES, GO TO VA10.)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>c.</td>
<td>[CHILD] showed little improvement? (IF YES, GO TO VA10.)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>d.</td>
<td>there were negative experiences with the treatment providers?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>e.</td>
<td>[CHILD] was treated unfairly or badly on purpose?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>f.</td>
<td>the therapist left or moved away?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>g.</td>
<td>[CHILD] felt out of place in the treatment setting?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>h.</td>
<td>the policies of agencies harassed you?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>i.</td>
<td>there were problems with a lack of time, schedule change or lack of transportation?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>j.</td>
<td>you or [CHILD] moved?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>k.</td>
<td>you couldn't pay for services?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>l.</td>
<td>insurance or managed care company limited the treatment?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>m.</td>
<td>there were negative reactions of family and friends to treatment?</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

VA10. Who decided that treatment should end? Was it:

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
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<tbody>
<tr>
<td>YE</td>
<td>S</td>
</tr>
</tbody>
</table>

1. [CHILD'S] therapist? | 0 | 1 |
2. You? | 0 | 1 |
3. [CHILD]? | 0 | 1 |
4. Someone else? | 0 | 1 |
Specify: _______________________

A. Did [CHILD] get any mental health services within 30 days after leaving the treatment center? NOGO TO VA110

<table>
<thead>
<tr>
<th></th>
<th>YES ..............1</th>
</tr>
</thead>
</table>

B. Were these services arranged by the center staff? NO ...............0

<table>
<thead>
<tr>
<th></th>
<th>YES ..............1</th>
</tr>
</thead>
</table>

C. How well did the staff follow-up with [CHILD] after (he/she) left the center? Not well ............0

<table>
<thead>
<tr>
<th></th>
<th>Somewhat........1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very well.........2</td>
</tr>
</tbody>
</table>

VA11. Thinking about this most recent treatment:
A. How well do you think the treatment chosen for [CHILD] matched (his/her) needs?
   Not well ..........0
   Somewhat.........1
   Very well.........2

B. How well did the staff explain [CHILD’S] problems and treatments to you?
   Not well ..........0
   Somewhat.........1
   Very well.........2

C. IF R IS PRIMARILY ENGLISH SPEAKING, GO TO VA12.
   IF R IS NOT PRIMARILY ENGLISH SPEAKING, CONTINUE.

   Did the staff speak to [CHILD] in the language that (he/she) is most comfortable with?
   NO ...............0
   YES...............1

D. Did the staff speak to you and your family in the language that you were most comfortable with?
   NO ...............0
   YES...............1

VA12. How much has [CHILD] benefited from treatment at [PLACE IN VA2A1] in your opinion?
   Not at all ........0
   Some .............1
   A lot ............2

VA13. I want to ask you some questions about the most recent visit [CHILD] made to [PLACE IN Q2A1].

A. Who took [CHILD] the last time? NO

   YES
   1. You 0 1
   2. Spouse/partner 0 1
   3. Other adult in [CHILD’S] household 0 1
   4. Other: ________________ 0 1

B. About how long did it take to travel one way to [PLACE IN VA2A1]?
   MINUTES: ___ ___ ___

C. On the average, how long did an appointment take from the time you arrived until the time you left [PLACE IN VA2A1]?
   MINUTES: ___ ___ ___
VA14. IF CHILD STILL IN FACILITY, SV13 COL. D STOP MONTH CODED 00, GO TO INSTRUCTION BOX. What is the total charge for [CHILD'S] most recent visit to [PLACE IN VA2A1]. CODE AND GO TO VA15. IF DK, CONTINUE.

A. Is this because (CODE FIRST YES):

   The bill has not come yet?  1
   You are unsure?  2
   The bill (will be/was) paid by another source?  3

VA15. Did you or anyone else in [CHILD'S] household pay anything out of pocket for this most recent visit?

   NO ..............GO TO VA16 .................0
   YES..............................1

   A. How much was paid out of pocket? IF DK, GO TO VA15B. OTHERS GO TO VA16. $___ ___ ___ ___

   B. What percent of the bill was paid out of pocket? ___ ___ ___% 

VA16. Will you or anyone else in [CHILD'S] household pay anything (more) out of pocket for (his/her) visit to [PLACE IN VA2A1]?

   NO ..............GO TO VA16C .................0
   YES............. GO TO VA16A ...............1

   A. How much will your household pay out of pocket for [CHILD'S] visit to [PLACE IN VA2A1]? IF DK, GO TO VA16B. OTHERS GO TO VA16C. $___ ___ ___ ___

   B. What percent of the bill will be paid out of pocket? ___ ___ ___%

   C. IF VA15 OR VA16 = 1, CONTINUE. OTHERS GO TO VA17.

   Will you be reimbursed for all of these expenses, some of these expenses, or none of these expenses?

   NONE ....................................0
   SOME ..................................1
   ALL ......................................2

VA17. Which sources cover the charges?

   a. Will private insurance?  0  1
   b. Will an HMO or other prepaid plan?  0  1
   c. Will the Veterans Administration (VA)?  0  1
   d. Will welfare or Medicaid?  0  1
   e. Will the Indian Health Service?  0  1
   f. Will the service be provided free of charge?  0  1
   g. Any other sources?  0  1

   Specify__________________________________

   GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE
USED, GO TO SECTION FS.
RESPONDENT ID #: ___ ___ ___ ___ ___ ___ ___

OUTPATIENT SERVICE SETTING:
Partial Hospitalization/Day Treatment Program

(SECTION VB)
USE SV14 COL. C = YES

VB1. During the past 12 months, how many visits for services did [CHILD] have to a partial hospitalization/day treatment program? IF DK, CODE 999. # TIMES ___ ___ ___

VB2. Has [CHILD] gone to more than one partial hospitalization/day treatment program the past 12 months? NO ...............0

NO ...............0

YES ...............1

A. What was the name and address of the partial hospitalization/day treatment program (he/she) was in during the past 12 months (starting with the most recent)?

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>CITY, STATE</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>MOST RECENT</td>
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<td>#2</td>
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<td></td>
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<tr>
<td>#3</td>
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</tbody>
</table>

IF ONLY ONE PARTIAL HOSPITALIZATION/DAY TREATMENT PROGRAM, GO TO VB3.

B. How many visits did [CHILD] make to [PLACE IN VB2A1]? VISITS: ___ ___

VB3. What were the most important behavioral or emotional reasons [CHILD] went to [PLACE IN VB2A1]? (IF ANSWER NOT SPECIFIC, ASK: What was there about [CHILD'S] behavior or emotions that caused you to use [PLACE IN VB2A1]?) RECORD UP TO THREE.

<table>
<thead>
<tr>
<th>CODE</th>
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<td>#2</td>
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<td>#3</td>
</tr>
</tbody>
</table>

VB 1

8/21/18
VB4. Who referred [CHILD] or told you to take (him/her) to [PLACE IN VB2A1]? CIRCLE ALL THAT APPLY.

- [CHILD'S] SCHOOL OR TEACHER
- FRIEND/NEIGHBOR
- JUDGE/COURT/POLICE
- SOCIAL WORKER/CASE MANAGER
- PSYCHIATRIST/PSYCHOLOGIST/COUNSELOR
- PEDIATRICIAN/FAMILY DOCTOR
- PRIEST/RABBI/CLERGY
- NO ONE
- OTHER: SPECIFY:__________________

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. We realize that you may not know whether [CHILD] received some of these. In those cases, it is fine to say you don't know. At [PLACE IN VB2A1], did (he/she):

a. Receive therapy or counseling?  
   a. NO 0  YES 1  DK 9

b. Have case management or a contact person who coordinated (his/her) services?  
   b. NO 0  YES 1  DK 9

c. Receive a prescription for medications?  
   c. NO 0  YES 1  DK 9

d. Receive evaluation or testing?  
   d. NO 0  YES 1  DK 9

Did you or your family receive:

e. Counseling, training or education in how to deal with [CHILD]?  
   e. NO 0  YES 1  DK 9

f. Counseling or therapy for your relationships with other family members?  
   f. NO 0  YES 1  DK 9

g. Counseling or therapy for your own problems, worries, or stresses?  
   g. NO 0  YES 1  DK 9

h. Help with rent, money, food, clothing, or shelter?  
   h. NO 0  YES 1  DK 9

i. Any other service? Specify:__________________  
   i. NO 0  YES 1  DK 9

VB6. A. How many days were there between the time [PLACE IN VB2A1] was first contacted about [CHILD'S] problem and when (he/she) was seen? IF 000, GO TO VB7.  
   # DAYS: ___ ___ ___

B. During this waiting period did anyone speak with you or [CHILD] to determine (his/her) need for services?  
   a. NO ..............0  
   b. YES ..............1

VB7. Was a set of treatment goals outlined at the start of [CHILD'S] treatment?  
   a. NO ..............0  
   b. YES ..............1

VB8. Who was the person in charge of [CHILD'S] treatment at NAME:___________________
If SV14 COL. D STOP MONTH CODED 00, GO TO VB11.

You mentioned that [CHILD] is no longer receiving services from [PLACE IN VB2A1]. Is this because: (READ ALL AND CODE)

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. [CHILD] improved? (IF YES, GO TO VB10.)</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>b. the program was complete (IF YES, GO TO VB10.)</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>c. [CHILD] showed little improvement? (IF YES, GO TO VB10.)</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>d. there were negative experiences with the treatment providers?</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>e. [CHILD] was treated unfairly or badly on purpose?</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>f. the therapist left or moved away?</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>g. [CHILD] felt out of place in the treatment setting?</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>h. the policies of agencies hassled you?</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>i. there were problems with a lack of time, schedule change or lack of transportation?</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>j. you or [CHILD] moved?</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>k. you couldn't pay for services?</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>l. insurance or managed care company limited the treatment?</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>m. there were negative reactions of family and friends to treatment?</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>

Who decided that treatment should end? Was it:

- 1. [CHILD'S] therapist? 0 1
- 2. You? 0 1
- 3. [CHILD]? 0 1
- 4. Someone else? 0 1

Specify: _____________________

Did [CHILD] get any mental health services within 30 days after leaving the partial hospitalization/day treatment program?

NOGO TO VB110

YES..................1

Were these services arranged by the program staff?

NO .................0

YES.................1

How well did the staff follow-up with [CHILD] after (he/she) left the program?

Not well ..........0

Somewhat.........1

Very well.........2
VB11. Thinking about this most recent treatment:

A. How well do you think the treatment chosen for [CHILD] matched (his/her) needs?  
   Not well ............0  
   Somewhat............1  
   Very well..........2

B. How well did the staff explain [CHILD'S] problems and treatments to you?  
   Not well ............0  
   Somewhat............1  
   Very well..........2

C. IF R IS PRIMARILY ENGLISH SPEAKING, GO TO VB12.  
   IF R IS NOT PRIMARILY ENGLISH SPEAKING, CONTINUE.  
   Did the staff speak to [CHILD] in the language that (he/she) is most comfortable with?  
   NO .....................0  
   YES ...................1

D. Did the staff speak to you and your family in the language that you were most comfortable with?  
   NO .....................0  
   YES ...................1

VB12. How much has [CHILD] benefited from treatment at [PLACE IN VB2A1] in your opinion?  
   Not at all ............0  
   Some ...............1  
   A lot ...............2

VB13. I want to ask you some questions about the most recent visit [CHILD] made to [PLACE IN Q2A1].

A. Who took [CHILD] the last time?  
   NO

   YE
   S

1. You  
   0 1

2. Spouse/partner  
   0 1

3. Other adult in [CHILD'S] household  
   0 1

4. Other:___________________  
   0 1

B. About how long did it take to travel one way to [PLACE IN VB2A1]?  
   MINUTES: ________ ______

C. On the average, how long did an appointment take from the time you arrived until the time you left [PLACE IN VB2A1]?  
   MINUTES: ________ ______
VB14. IF CHILD STILL IN FACILITY, SV14 COL. D STOP MONTH CODED 00, GO TO INSTRUCTION BOX. What is the total charge for [CHILD’S] most recent visit to [PLACE IN VB2A1]. CODE AND GO TO VB15. IF DK, CONTINUE.

A. Is this because (CODE FIRST YES): 

   The bill has not come yet?  
   You are unsure?  
   The bill (will be/was) paid by another source?  

VB15. Did you or anyone else in [CHILD’S] household pay anything out of pocket for this most recent visit?  

A. How much was paid out of pocket? IF DK, GO TO VB15B. OTHERS GO TO VB16.  

B. What percent of the bill was paid out of pocket?  

VB16. Will you or anyone else in [CHILD’S] household pay anything (more) out of pocket for (his/her) visit to [PLACE IN VB2A1]?  

A. How much will your household pay out of pocket for [CHILD’S] visit to [PLACE IN VB2A1]? IF DK, GO TO VB16B. OTHERS GO TO VB16C.  

B. What percent of the bill will be paid out of pocket?  

C. IF VB15 OR VB16 = 1, CONTINUE. OTHERS GO TO VB17.  

Will you be reimbursed for all of these expenses, some of these expenses, or none of these expenses?  

VB17. Which sources cover the charges?  

a. Will private insurance?  
b. Will an HMO or other prepaid plan?  
c. Will the Veterans Administration (VA)?  
d. Will welfare or Medicaid?  
e. Will the Indian Health Service?  
f. Will the service be provided free of charge?  
g. Any other sources?  

Specify_______________________________

GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE
OUTPATIENT SERVICE SETTING:
Drug/Alcohol Clinic

(SECTION VC)
USE SV15 COL. C = YES

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>CODE</th>
</tr>
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<tbody>
<tr>
<td>#1</td>
<td>MOST RECENT</td>
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<td>#3</td>
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</tbody>
</table>

IF ONLY ONE DRUG/ALCOHOL CLINIC, GO TO VC3.

B. How many visits did [CHILD] make to [PLACE IN VC2A1]? VISITS: ___ ___

VC3. Who referred [CHILD] or told you to take (him/her) to [PLACE IN VC2A1]? CIRCLE ALL THAT APPLY.

- [CHILD'S] SCHOOL OR TEACHER 1
- FRIEND/NEIGHBOR 2
- JUDGE/COURT/POLICE 3
- SOCIAL WORKER/CASE MANAGER 4
- PSYCHIATRIST/PSYCHOLOGIST/COUNSELOR 5
- PEDIATRICIAN/FAMILY DOCTOR 6
- PRIEST/RABBI/CLERGY 7
- NO ONE 8
- OTHER: SPECIFY: ______________ 9
Now I am going to read a list of the types of treatments, services, and counseling programs that might be provided in a drug/alcohol clinic. We realize that you may not know whether [CHILD] received some of these. In those cases, it is fine to say you don't know. At [PLACE IN VC2A1], did (he/she):

a. Receive therapy or counseling? NO YES DK
b. Have case management or a contact person who coordinated (his/her) services? NO YES DK
c. Receive a prescription for medications? NO YES DK
d. Receive evaluation or testing? NO YES DK

did you or your family receive:

e. Counseling, training or education in how to deal with [CHILD]? NO YES DK
f. Counseling or therapy for your relationships with other family members? NO YES DK
g. Counseling or therapy for your own problems, worries, or stresses? NO YES DK
h. Help with rent, money, food, clothing, or shelter? NO YES DK
i. Any other service? Specify:__________________

A. How many days were there between the time [PLACE IN VC2A1] was first contacted about [CHILD'S] problem and when (he/she) was seen? IF 000, GO TO VC6.

B. During this waiting period did anyone speak with you or [CHILD] to determine (his/her) need for services? NO YES

Was a set of treatment goals outlined at the start of [CHILD'S] treatment? NO YES

Who was the person in charge of [CHILD'S] treatment at [PLACE IN VC2A1]? NAME:_______________________

If SV15 COL. D STOP MONTH CODED 00, GO TO VC10. OTHERS CONTINUE.
You mentioned that [CHILD] is no longer receiving services from [PLACE IN VC2A1]. Is this because: (READ ALL AND CODE) NO YES DK

a. [CHILD] improved? (IF YES, GO TO VC9.) b. the program was complete (IF YES, GO TO VC9.) c. [CHILD] showed little improvement? (IF YES, GO
d. there were negative experiences with the treatment providers? 0 1 9

e. [CHILD] was treated unfairly or badly on purpose? 0 1 9

f. the therapist left or moved away? 0 1 9

g. [CHILD] felt out of place in the treatment setting? 0 1 9

h. the policies of agencies hassled you? 0 1 9

i. there were problems with a lack of time, schedule change or lack of transportation? 0 1 9

j. you or [CHILD] moved? 0 1 9

k. you couldn't pay for services? 0 1 9

l. insurance or managed care company limited the treatment? 0 1 9

m. there were negative reactions of family and friends to treatment? 0 1 9

VC9. Who decided that treatment should end? Was it: NO

<table>
<thead>
<tr>
<th>YES</th>
<th>YE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [CHILD'S] therapist?</td>
<td>0 1</td>
</tr>
<tr>
<td>2. You?</td>
<td>0 1</td>
</tr>
<tr>
<td>3. [CHILD]?</td>
<td>0 1</td>
</tr>
<tr>
<td>4. Someone else?</td>
<td>0 1</td>
</tr>
</tbody>
</table>

Specify:_________________

A. Did [CHILD] get any mental health services within 30 days after leaving the drug/alcohol clinic? NOGO TO VC10

B. Were these services arranged by the program staff? NO ..............0

C. How well did the staff follow-up with [CHILD] after (he/she) left the program? Not well ............0

VC10. Thinking about this most recent treatment:

A. How well do you think the treatment chosen for [CHILD] matched (his/her) needs? Not well ............0

B. How well did the staff explain [CHILD'S] problems and treatments to you? Not well ............0

C. IF R IS PRIMARILY ENGLISH SPEAKING, GO TO VC11.

VC 3 8/21/18
IF R IS NOT PRIMARILY ENGLISH SPEAKING, CONTINUE.

Did the staff speak to [CHILD] in the language that (he/she) is most comfortable with? NO .................. 0

YES .................. 1

D. Did the staff speak to you and your family in the language that you were most comfortable with? NO .................. 0

YES .................. 1

VC11. How much has [CHILD] benefited from treatment at [PLACE IN VC2A1] in your opinion? Not at all ........0

Some ..........1

A lot ..........2

VC12. I want to ask you some questions about the most recent visit [CHILD] made to [PLACE IN Q2A1].

A. Who took [CHILD] the last time? NO

YES

1. You 0 1

2. Spouse/partner 0 1

3. Other adult in [CHILD’S] household 0 1

4. Other: ______________ 0 1

B. About how long did it take to travel one way to [PLACE IN VC2A1]? MINUTES: ___ ___ ___

C. On the average, how long did an appointment take from the time you arrived until the time you left [PLACE IN VC2A1]? MINUTES: ___ ___ ___
VC13. IF CHILD STILL IN FACILITY, SV15 COL. D STOP
MONTH CODED 00, GO TO INSTRUCTION BOX. What is the total charge for [CHILD'S] most recent visit to [PLACE IN VC2A1]. CODE AND GO TO VC14. IF DK, CONTINUE.

A. Is this because (CODE FIRST YES):

   The bill has not come yet?  1
   You are unsure?  2
   The bill (will be/was) paid by another source?  3

VC14. Did you or anyone else in [CHILD'S] household pay anything out of pocket for this most recent visit?

   NO ...............GO TO VC15 ...............0
   YES ........................................ 1

   A. How much was paid out of pocket? IF DK, GO TO VC14B. OTHERS GO TO VC15.
      $ __  __  __

   B. What percent of the bill was paid out of pocket?
      __  __  __%  

VC15. Will you or anyone else in [CHILD'S] household pay anything (more) out of pocket for (his/her) visit to [PLACE IN VC2A1]?

   NO ...............GO TO VC15C ...............0
   YES ...............GO TO VC15A ...............1

   A. How much will your household pay out of pocket for [CHILD'S] visit to [PLACE IN VC2A1]? IF DK, GO TO VC15B. OTHERS GO TO VC15C.
      $ __  __  __

   B. What percent of the bill will be paid out of pocket?
      __  __  __%  

   C. IF VC14 OR VC15 = 1, CONTINUE.
      NONE ....................................... 0
      SOME ...................................... 1
      ALL ....................................... 2

VC16. Which sources cover the charges?

   NO  YES
   a. Will private insurance?  0  1
   b. Will an HMO or other prepaid plan?  0  1
   c. Will the Veterans Administration (VA)?  0  1
   d. Will welfare or Medicaid?  0  1
   e. Will the Indian Health Service?  0  1
   f. Will the service be provided free of charge?  0  1
   g. Any other sources?  0  1

Specify ________________________________

GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE
USED, GO TO SECTION FS.
OUTPATIENT SERVICE SETTING: In-Home Therapist/ Counselor or Family Preservation Worker

(SECTION VD)
USE IF SV16 COL. C = YES

VD1. During the past 12 months, how many visits were made by an in-home therapist/counselor or preservation worker? IF DK, CODE 999. # TIMES: ___ ___ ___

VD2. For each in-home organization that has been involved with [CHILD] the past 12 months, please tell me the name and address of the organization (starting with the most recent).

<table>
<thead>
<tr>
<th>ORGANIZATION NAME</th>
<th>ADDRESS</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 MOST RECENT</td>
<td>________________________</td>
<td>___</td>
</tr>
<tr>
<td>#2</td>
<td>________________________</td>
<td>___</td>
</tr>
<tr>
<td>#3</td>
<td>________________________</td>
<td>___</td>
</tr>
</tbody>
</table>

VD3. What were the most important behavioral or emotional reasons [CHILD] was visited by the in-home therapist/counselor or preservation worker most recently? (IF ANSWER NOT SPECIFIC, ASK: What was there about [CHILD’S] behavior or emotions that caused you to use [PLACE IN VD2.1]?) RECORD UP TO THREE. CODE

#1 ________________________ ___ ___ ___
#2 ________________________ ___ ___ ___
#3 ________________________ ___ ___ ___

VD4. Who was [CHILD’S] main counselor or preservation worker at [PLACE IN VD2.1]?
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 V17 COL. C = YES

VE1. During the past 12 months, how many different times did [CHILD] 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 (he/she) was 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 [CHILD] used the emergency room (most recently)? (IF ANSWER NOT SPECIFIC, ASK: What was there about [CHILD'S] behavior or emotions that caused you to use [PLACE IN VE2.1]?) RECORD UP TO THREE.

CODE
#1__________________________________________ __ __ __ __
#2__________________________________________ __ __ __ __
#3__________________________________________ __ __ __ __

VE4. I want to ask you some questions about the most recent visit [CHILD] made to

VE 1 8/21/18
A. Who took [CHILD] the last time? NO

<table>
<thead>
<tr>
<th></th>
<th>YE</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. You</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2. Spouse/partner</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3. Other adult in [CHILD'S] household</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4. Other:_____________</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

B. About how long did it take to travel one way to [PLACE IN VE2.1]? MINUTES: ___ ___ ___

C. On the average, how long did an appointment take from the time you arrived until the time you left [PLACE IN VE2.1]? MINUTES: ___ ___ ___

GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.
RESPONDENT ID #: ___ ___ ___ ___ ___ ___ ___

OUTPATIENT SERVICE SETTING:
Pediatrician/Family Doctor

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

VF1. During the past 12 months, how many different times has [CHILD] received treatment for behavioral, emotional, drug or alcohol problems from a pediatrician or family doctor? TIMES: ___ ___

IF TIMES = 02+, ASK VF2 WITH PARENS.

VF2. What was the name and address of the pediatrician or family doctor (he/she) has visited for these problems during the past 12 months (starting with the most recent)?

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>CODE</th>
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<tbody>
<tr>
<td>#1</td>
<td>MOST RECENT</td>
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<td>#2</td>
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<tr>
<td>#3</td>
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</table>

VF3. What were the most important behavioral or emotional reasons [CHILD] visited a pediatrician/family doctor (most recently)? (IF ANSWER NOT SPECIFIC, ASK: What was there about [CHILD’S] behavior or emotions that caused you to use [PLACE IN VF2.1]? RECORD UP TO THREE.)

<table>
<thead>
<tr>
<th>CODE</th>
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</table>

VF4. I want to ask you some questions about the most recent visit [CHILD] made to
A. Who took [CHILD] the last time? NO

1. You 0 1
2. Spouse/partner 0 1
3. Other adult in [CHILD’S] household 0 1
4. Other: ____________ 0 1

B. About how long did it take to travel one way to [PLACE IN VF2.1]? MINUTES: ___ ___ ___

C. On the average, how long did an appointment take from the time you arrived until the time you left [PLACE IN VF2.1]? MINUTES: ___ ___ ___
OUTPATIENT SERVICE SETTING:
Probation, Juvenile Corrections Officer or a Court Counselor

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

VG1. During the past 12 months, how many different times has [CHILD] been assigned to a Probation Officer? TIMES: ___ ___ ___

VG2. What were the most important reasons [CHILD] was assigned to a Probation Officer (most recently)? RECORD UP TO THREE.

   #1______________________________________________________
   ___ ___ ___ ___
   #2______________________________________________________________
   ___ ___ ___ ___
   #3______________________________________________________________
   ___ ___ ___ ___

GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.
OUTPATIENT SERVICE SETTING: 
Priest/Minister/Rabbi

(SECTION VH) 
USE IF SV20 COL. C = YES

VH1. During the past 12 months, how many different times did [CHILD] receive counseling from a priest, minister or rabbi for a behavioral or emotional problem? TIMES: ___ ___ ___

VH2. What were the most important emotional or behavioral reasons [CHILD] received counseling from this person (most recently)? 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.
OUTPATIENT SERVICE SETTING: Professional like a Psychologist, Psychiatrist, or Social Worker

(SECTION VZ)
USE IF SV21 COL. C = YES

VZ1. During the past 12 months, how many visits did [CHILD] make to a professional like a psychologist, psychiatrist, or social worker? IF DK, CODE 999.

# TIMES ___ ___ ___

VZ2. Has [CHILD] gone to more than one professional in the past 12 months?

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

A. What was the name and address of the professional (he/she) visited in the past 12 months (starting with the most recent)?

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>CITY, STATE</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1___</td>
<td>___________________________</td>
<td>___________________</td>
<td>___ ___ ___</td>
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<tr>
<td>MOST RECENT</td>
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<tr>
<td>#2___</td>
<td>___________________________</td>
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<tr>
<td>#3___</td>
<td>___________________________</td>
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</table>

IF ONLY ONE PROFESSIONAL, GO TO VZ3.

B. How many visits did [CHILD] make to [PERSON IN VZ2A1]? VISITS: ___ ___

VZ3. What were the most important behavioral or emotional reasons [CHILD] went to [PLACE IN VZ2A1]? (IF ANSWER NOT SPECIFIC, ASK: What was there about [CHILD’S] behavior or emotions that caused you to use [PLACE IN VZ2A1]?) RECORD UP TO THREE.

| #1___ | ____________________________________________ | ___ ___ ___ |
| #2___ | ____________________________________________ | ___ ___ ___ |
| #3___ | ____________________________________________ | ___ ___ ___ |
VZ4. Who referred [CHILD] or told you to take (him/her) to [PLACE IN VZ2A1]? CIRCLE ALL THAT APPLY.

- [CHILD'S] SCHOOL OR TEACHER 1
- FRIEND/NEIGHBOR 2
- JUDGE/COURT/POLICE 3
- SOCIAL WORKER/CASE MANAGER 4
- PSYCHIATRIST/PSYCHOLOGIST/COUNSELOR 5
- PEDIATRICIAN/FAMILY DOCTOR 6
- PRIEST/RABBI/CLERGY 7
- NO ONE ...........8
- OTHER: SPECIFY:________________ 9

VZ5. Now I am going to read a list of the types of treatments, services, and counseling programs that might be provided by a professional like a psychologist, psychiatrist, or social worker. We realize that you may not know whether [CHILD] received some of these. In those cases, it is fine to say you don't know. In (his/her) most recent visit to [PLACE IN VZ2A1], did [CHILD]:

a. Receive therapy or counseling? NO 1 YES 0
b. Have case management or a contact person who coordinated (his/her) services? 0 1 9
c. Receive a prescription for medications? 0 1 9
d. Receive evaluation or testing? 0 1 9

Did you or your family receive:

e. Counseling, training or education in how to deal with [CHILD]? 0 1 9
f. Counseling or therapy for your relationships with other family members? 0 1 9
g. Counseling or therapy for your own problems, worries, or stresses? 0 1 9
h. Help with rent, money, food, clothing, or shelter? 0 1 9
i. Any other service? Specify:________________ 0 1 9

VZ6. A. How many days were there between the time [PLACE IN VZ2A1] was first contacted about [CHILD'S] problem and when (he/she) was seen? IF 000, GO TO VZ7.

# DAYS: ___ ___ ___

B. During this waiting period did anyone speak with you or [CHILD] to determine (his/her) need for services? NO .................0

VZ7. Was a set of treatment goals outlined at the start of [CHILD'S] treatment?

NO .................0

YES ...............1
8. **PURPOSELY LEFT BLANK.**

9. **IF SV21 COL. D STOP MONTH CODED 00, GO TO VZ11.**

You mentioned that [CHILD] is no longer receiving services from [PLACE IN VZ2A1]. Is this because: (READ ALL AND CODE)

| a.   | [CHILD] improved? (IF YES, GO TO VZ10.) | 0 | 1 | 9 |
| b.   | the program was complete (IF YES, GO TO VZ10.) | 0 | 1 | 9 |
| c.   | [CHILD] showed little improvement? (IF YES, GO TO VZ10.) | 0 | 1 | 9 |
| d.   | there were negative experiences with the treatment provider? | 0 | 1 | 9 |
| e.   | [CHILD] was treated unfairly or badly on purpose? | 0 | 1 | 9 |
| f.   | the therapist left or moved away? | 0 | 1 | 9 |
| g.   | [CHILD] felt out of place in the treatment setting? | 0 | 1 | 9 |
| h.   | there were problems with a lack of time, schedule change or lack of transportation? | 0 | 1 | 9 |
| i.   | you or [CHILD] moved? | 0 | 1 | 9 |
| j.   | you couldn't pay for services? | 0 | 1 | 9 |
| k.   | insurance or managed care company limited the treatment? | 0 | 1 | 9 |
| l.   | there were negative reactions of family and friends to treatment? | 0 | 1 | 9 |

**VZ10.** Who decided that treatment should end? Was it:

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [CHILD'S] therapist?</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2. You?</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>3. [CHILD]?</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>4. Someone else?</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Specify:_________________

A. **Did [CHILD] get any mental health services within 30 days after leaving [PLACE IN VZ2A1]?**

<table>
<thead>
<tr>
<th></th>
<th>NOGO TO VZ110</th>
<th>YES.............1</th>
</tr>
</thead>
</table>

B. **Were these services arranged by [PLACE IN VZ2A1]?**

<table>
<thead>
<tr>
<th></th>
<th>NO.............0</th>
<th>YES.............1</th>
</tr>
</thead>
</table>

C. **How well did the [PLACE IN VZ2A1] follow-up with [CHILD] after (he/she) left the professional?**

<table>
<thead>
<tr>
<th></th>
<th>Not well ........0</th>
<th>Somewhat.........1</th>
<th>Very well.........2</th>
</tr>
</thead>
</table>

**VZ11.** Thinking about this most recent visit to the professional:
A. How well do you think the treatment chosen for [CHILD] matched (his/her) needs? 
   Not well ............0
   Somewhat..........1
   Very well.........2

B. How well did [PLACE IN VZ2A1] explain [CHILD'S] problems and treatments to you? 
   Not well ............0
   Somewhat..........1
   Very well.........2

C. IF R IS PRIMARY ENGLISH SPEAKING, GO TO VZ14.
   IF R IS NOT PRIMARY ENGLISH SPEAKING, CONTINUE.
   Did [PLACE IN VZ2A1] speak to [CHILD] in the language that (he/she) is most comfortable with? 
      NO .................0
      YES................1

D. Did [PLACE IN VZ2A1] speak to you and your family in the language that you were most comfortable with? 
   NO .................0
   YES................1

VZ12. How much has [CHILD] benefited from treatment from [PLACE IN VZ2A1] in your opinion? 
   Not at all ........0
   Some ..............1
   A lot .............2

VZ13. I want to ask you some questions about the most recent visit [CHILD] made to [PLACE IN VZ2A1].

A. Who took [CHILD] the last time? 
   NO

   YES
   1. You 0 1
   2. Spouse/partner 0 1
   3. Other adult in [CHILD'S] household 0 1
   4. Other: _______________ 0 1

B. About how long did it take to travel one way to 
   MINUTES: ___ ___ ___
C. On the average, how long did an appointment take from the time you arrived until the time you left [PLACE IN VZ2A1]?

MINUTES: ___ ___ ___
VZ14. IF CHILD STILL IN FACILITY, SV21 COL. D STOP
MONTH CODED 00, GO TO INSTRUCTION BOX. What
is the total charge for [CHILD'S] most recent visit to [PLACE
IN VZ2A1]. CODE AND GO TO VZ15. IF DK,
CONTINUE.

$____ ____ ____ ____

A. Is this because (CODE FIRST YES):

   The bill has not come yet? 1
   You are unsure? 2
   The bill (will be/was) paid by another source? 3

VZ15. Did you or anyone else in [CHILD'S] household pay anything
out of pocket for this most recent visit?

   NO .......... GO TO VZ16 ............... 0
   YES ............... GO TO VZ15 .......... 1

A. How much was paid out of pocket? IF DK. GO TO
   VZ15B. OTHERS GO TO VZ16.

   $____ ____ ____ ____

B. What percent of the bill was paid out of pocket?

   ____ ____ ____%

VZ16. Will you or anyone else in [CHILD'S] household pay anything
(more) out of pocket for (his/her) visit to [PLACE IN
VZ2A1]?

   NO .......... GO TO VZ16C ............... 0
   YES .......... GO TO VZ16A ............... 1

A. How much will your household pay out of pocket for
   [CHILD'S] visit to [PLACE IN VZ2A1]? IF DK. GO
   TO VZ16B. OTHERS GO TO VZ16C.

   $____ ____ ____ ____

B. What percent of the bill will be paid out of pocket?

   ____ ____ ____%

C. IF VZ15 OR VZ16 = 1, CONTINUE.
   Will you be reimbursed for all of these expenses,
   some of these expenses, or none of these expenses?

   NONE ......................... 0
   SOME ......................... 1
   ALL ......................... 2

VZ17. Which sources cover the charges?

   NO  YES

   a. Will private insurance? 0 1
   b. Will an HMO or other prepaid plan? 0 1
   c. Will the Veterans Administration (VA)? 0 1
   d. Will welfare or Medicaid? 0 1
   e. Will the Indian Health Service? 0 1
   f. Will the service be provided free of charge? 0 1
   g. Any other sources? 0 1

Specify_____________________________________

GO TO NEXT SERVICE MODULE USED IN
PAST 12 MONTHS. IF NO OTHER SERVICE
USED, GO TO SECTION FS.
OUTPATIENT SERVICE SETTING:
Healer/Shaman/Curandero

(SECTION VJ)
USE IF SV22 COL. C = YES

VJ1. During the past 12 months, how many different times did [CHILD] receive treatment from a healer, shaman, or curandero for a behavioral, emotional, or drug or alcohol problem?

TIMES: ___ ___ ___

VJ2. What were the most important reasons [CHILD] received treatment from a healer, shaman, or curandero (most recently)? 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.
OUTPATIENT SERVICE SETTING:
Acupuncturist or Chiropractor

(SECTION VK)
USE IF SV23 COL. C = YES

VK1. During the past 12 months, how many different times did [CHILD] receive treatment by an acupuncturist or chiropractor?

TIMES: ___ ___ ___

VK2. What were the most important reasons [CHILD] used 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.
OUTPATIENT SERVICE SETTING: Crisis Hotline

(SECTION VL)
USE IF SV24 COL. C = YES

VL1. During the past 12 months, how many times did [CHILD] use a crisis hotline? TIMES: ___ ___ ___

VL2. What were the most important reasons [CHILD] used a crisis hotline (most recently)? RECORD UP TO THREE.

#1______________________________________________________________ CODE ___ ___ ___ ___
#2______________________________________________________________ ___ ___ ___ ___
#3______________________________________________________________ ___ ___ ___ ___

GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.
OUTPATIENT SERVICE SETTING:  Self Help Group like Alcoholics Anonymous or Peer Help or Counseling  

(SECTION VM)  
USE IF SV25 COL. C = YES

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

VM2. What were the most important reasons [CHILD] used a self help group (most recently)? 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.
RESPONDENT ID #: ___ ___ ___ ___ ___ ___ ___

OUTPATIENT SERVICE SETTING:
Respite Care

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

VN1. During the past 12 months, how many days did [CHILD] use respite care for behavioral, emotional, drug or alcohol problems?

TIMES: ___ ___

IF TIMES = 02+, ASK A WITH PARENS.

VN2. What was the name and address of the respite care service (he/she) used in the past 12 months for these kinds of problems (starting with the most recent)?

ORGANIZATION NAME
ADDRESS
CITY, STATE

#1__________
MOST RECENT

#2__________

#3__________


VN3. What were the most important behavioral or emotional reasons [CHILD] used respite care (most recently)? (IF ANSWER NOT SPECIFIC, PROBE: What was there about [CHILD'S] behavior or emotions that caused you to use [PLACE IN VN2.1]?) RECORD UP TO THREE.

#1______________________________________________________________

#2______________________________________________________________

#3______________________________________________________________

VN4. I want to ask you some questions about the most recent visit [CHILD] made to

VN 1  8/21/18
A. Who took [CHILD] the last time?  NO

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. You                         0</td>
<td>1</td>
</tr>
<tr>
<td>2. Spouse/partner              0</td>
<td>1</td>
</tr>
<tr>
<td>3. Other adult in [CHILD'S] household 0</td>
<td>1</td>
</tr>
<tr>
<td>4. Other:_______________________ 0</td>
<td>1</td>
</tr>
</tbody>
</table>

B. About how long did it take to travel one way to [PLACE IN VN2.1]?  MINUTES: ___ ___ ___

C. On the average, how long did an appointment take from the time you arrived until the time you left [PLACE IN VN2.1]?  MINUTES: ___ ___ ___

GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.
KA1. Did [CHILD] go to more than one special school for students with emotional or behavioral problems in the past 12 months?  
NO .................. 0  
YES .................. 1

IF KA1 = NO, ASK WITHOUT PARENS.

A. What was the name and address of the school where [CHILD] went to in the past 12 months (starting with the most recent)?

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS CITY, STATE</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1__</td>
<td>____________________</td>
<td></td>
</tr>
<tr>
<td>MOST RECENT</td>
<td>____________________</td>
<td></td>
</tr>
<tr>
<td>#2__</td>
<td>____________________</td>
<td></td>
</tr>
<tr>
<td>#3__</td>
<td>____________________</td>
<td></td>
</tr>
</tbody>
</table>

B. How many days a week was [CHILD] in the special school for students with emotional or behavioral problems this past year?  
# DAYS: ___

C. How many minutes a day did [CHILD] spend in the class?  
# MINUTES: ___ ___ ___

KA2. What were the most important reasons [CHILD] was enrolled in the special school?  (IF ANSWER NOT SPECIFIC, ASK: What was there about [CHILD'S] behavior or emotions that caused [CHILD] to use [PLACE IN KA1A1]?) RECORD UP TO THREE.

<table>
<thead>
<tr>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1__</td>
</tr>
<tr>
<td>#2__</td>
</tr>
</tbody>
</table>

KA 1  8/21/18
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 [CHILD] received some of these. In those cases, it is fine to say you don't know. At [PLACE IN KA1A1], did [CHILD]:

a. Receive therapy or counseling?
   NO  YES  DK
   0    1    9

b. Have case management or a contact person who coordinated (his/her) services?
   NO  YES  DK
   0    1    9

c. Receive special testing?
   NO  YES  DK
   0    1    9

Did you or your family receive:

d. Counseling, training or education in how to deal with [CHILD]?
   NO  YES  DK
   0    1    9

e. Counseling or therapy for your relationships with other family members?
   NO  YES  DK
   0    1    9

f. Counseling or therapy for your own problems, worries, or stresses?
   NO  YES  DK
   0    1    9

g. Any other service? Specify:__________________
   NO  YES  DK
   0    1    9

How many days were there between the time [CHILD] was eligible and when the school services began? IF 000, GO TO KA5.

B. During this waiting period did anyone speak with you or [CHILD] to determine (his/her) need for services?
   NO ..................0
   YES .................1

Who was the person in charge of [CHILD'S] school program?
   NAME:_________________
   CODE:___ ___ ___

You mentioned that [CHILD] stopped attending special school. Is this because (READ ALL AND CODE):

a. [CHILD] improved? (IF YES, GO TO KA7.)
   NO  YES  DK
   0    1    9

b. the program was complete (IF YES, GO TO KA7.)
   NO  YES  DK
   0    1    9

c. [CHILD] showed little improvement? (IF YES, GO TO KA7.)
   NO  YES  DK
   0    1    9

d. there were negative experiences with the teachers?
   NO  YES  DK
   0    1    9

e. [CHILD] was treated unfairly or badly on purpose?
   NO  YES  DK
   0    1    9

f. teacher left or moved away?
   NO  YES  DK
   0    1    9

g. [CHILD] felt out of place in the educational PLACE IN KA1A1?
   NO  YES  DK
   0    1    9
h. school policies hassled you?
i. there were problems with a lack of time, schedule change or lack of transportation?
j. you or [CHILD] moved?
k. there were negative reactions of family and friends to the special services?

KA7. Who decided that [CHILD] should stop attending the special school? Was it:

<table>
<thead>
<tr>
<th>DecisionMaker</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [CHILD'S] teacher?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2. You?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3. [CHILD]?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4. Other source?</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Specify: ___________________

A. Did [CHILD] get any mental health services within 30 days after leaving the school?
   - NO. GO TO KA8
   - YES...................

B. Were these services arranged by the school staff?
   - NO ............0
   - YES............1

C. How well did the staff follow-up with [CHILD] after (he/she) left the school program?
   - Not well ........0
   - Somewhat.........1
   - Very well.........2

KA8. Thinking about this most recent service:

A. How well do you think the special school matched (his/her) needs?
   - Not well ........0
   - Somewhat.........1
   - Very well.........2

B. How well did the staff explain [CHILD'S] problems and the program to you?
   - Not well ........0
   - Somewhat.........1
   - Very well.........2

C. IF R IS PRIMARILY ENGLISH SPEAKING, GO TO KA9.
   IF R IS NOT PRIMARILY ENGLISH SPEAKING, CONTINUE.

   Did the staff speak to [CHILD] in the language that (he/she) is most comfortable with?
   - NO..............0
   - YES..............1

D. Did the staff speak to you and your family in the language that you were most comfortable with?
   - NO..............0
   - YES..............1
KA9. How much has [CHILD] benefited from [PLACE IN KA1A1] in your opinion?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>0</td>
</tr>
<tr>
<td>Some</td>
<td>1</td>
</tr>
<tr>
<td>A lot</td>
<td>2</td>
</tr>
</tbody>
</table>

GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.
SCHOOL-BASED SERVICES:
Special Classroom in a Regular School

(SECTION KB)
USE IF SV28 COL. C = YES)

KB1. Did [CHILD] go to more than one school with a special classroom for emotional or behavioral problems in the past 12 months? NO ..................0

YES..................1

IF KB1 = NO, ASK WITHOUT PARENS.

A. What was the name and address of the school where [CHILD] attended the special classrooms in the past 12 months (starting with the most recent)?

NAME

ADDRESS

CODE

#1__________________ MOST RECENT

________________________________________

#2__________________

________________________________________

#3__________________

________________________________________

B. How many days a week was [CHILD] in any special classroom for emotional or behavioral problems in the past 12 months? # DAYS: ___

C. How many minutes a day did [CHILD] spend in the class? # MINUTES: ___ ___ ___

KB2. What were the most important reasons [CHILD] was enrolled in the special classroom? (IF ANSWER NOT SPECIFIC, ASK: What was there about [CHILD’S] behavior or emotions that caused you to use [PLACE IN KB1A1]?) RECORD UP TO THREE. CODE
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 [CHILD] received some of these. In those cases, it is fine to say you don't know. At [PLACE IN KB1A1], did [CHILD]:

a. Receive therapy or counseling?
   NO  YES  DK
   0    1    9
b. Have case management or a contact person who coordinated (his/her) services?
   NO  YES  DK
   0    1    9
c. Receive special testing?
   NO  YES  DK
   0    1    9

Did you or your family receive:

d. Counseling, training or education in how to deal with [CHILD]?
   NO  YES  DK
   0    1    9
e. Counseling or therapy for your relationships with other family members?
   NO  YES  DK
   0    1    9
f. Counseling or therapy for your own problems, worries, or stresses?
   NO  YES  DK
   0    1    9
g. Any other service? Specify:__________________
   NO  YES  DK
   0    1    9

A. How many days were there between the time [CHILD] was eligible and when the school services began? IF 000, GO TO KB5.

B. During this waiting period did anyone speak with you or [CHILD] to determine (his/her) need for services?
   NO  YES  DK
   0    1    9

Who was the person in charge of [CHILD'S] school program?

NAME:___________________

CODE:___ ___ ___

IF SV28 COL. D STOP MONTH CODED 00, GO TO KB8. OTHERS CONTINUE.

You mentioned that [CHILD] stopped having special classroom lessons. Is this because (READ ALL AND CODE):

a. [CHILD] improved? (IF YES, GO TO KB7.)
   NO  YES  DK
   0    1    9
b. the program was complete (IF YES, GO TO KB7.)
   NO  YES  DK
   0    1    9
c. [CHILD] showed little improvement? (IF YES, GO TO KB7)
   NO  YES  DK
   0    1    9
d. there were negative experiences with the teachers?
   NO  YES  DK
   0    1    9
e. [CHILD] was treated unfairly or badly on purpose?_0_1_9
f. teacher left or moved away?_0_1_9
g. [CHILD] felt out of place in the educational setting?_0_1_9
h. school policies hassled you?_0_1_9
i. there were problems with a lack of time, schedule change or lack of transportation?_0_1_9
j. you or [CHILD] moved?_0_1_9
k. there were negative reactions of family and friends to the special services?_0_1_9

KB7. Who decided that the special classroom lessons should end?  
Was it: NO

YEs
___

S

1. [CHILD’S] teacher?_0_1
2. You?_0_1
3. [CHILD]?_0_1
4. Other source?_0_1

Specify:_________________

A. Did [CHILD] get any mental health services within 30 days after leaving the special class? NO . GO TO KB8 0

YES..............1

B. Were these services arranged by the school staff? NO ..............0

YES..............1

C. How well did the staff follow-up with [CHILD] after (he/she) left the school program? Not well ..........0

Somewhat........1

Very well........2

KB8. Thinking about this most recent service:

A. How well do you think the special classroom lessons matched (his/her) needs? Not well ............0

Somewhat........1

Very well........2

B. How well did the staff explain [CHILD’S] problems and special classroom lessons to you? Not well ............0

Somewhat........1

Very well........2

C. IF R IS PRIMARILY ENGLISH SPEAKING, GO TO KB9.

IF R IS NOT PRIMARILY ENGLISH SPEAKING, CONTINUE.

Did the staff speak to [CHILD] in the language that NO ..............0
(he/she) is most comfortable with? YES..............1

D. Did the staff speak to you and your family in the language that you were most comfortable with?

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

KB9. How much has [CHILD] benefited from [PLACE IN KB1A1] in your opinion?

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

(SECTION KC)
USE IF SV29 COL. C = YES

KC1. A. What were the names and addresses of the schools where [CHILD] received special help or tutoring in the regular classroom in the past 12 months, starting with the most recent?

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>CITY, STATE</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>_______________________________</td>
<td>__________________</td>
<td>___ ___ ___</td>
</tr>
<tr>
<td>MOST RECENT</td>
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<tr>
<td>#2</td>
<td>_______________________________</td>
<td>__________________</td>
<td>___ ___ ___</td>
</tr>
<tr>
<td>#3</td>
<td>_______________________________</td>
<td>__________________</td>
<td>___ ___ ___</td>
</tr>
</tbody>
</table>

B. How many days a week did [CHILD] receive special help or tutoring in the classroom? # DAYS: ___

C. How many minutes a day did [CHILD] receive special help or tutoring in the classroom? # MINUTES: ___ ___ ___

D. In the past 12 months, how many weeks in all did [CHILD] receive special help or tutoring in the classroom? # WEEKS: ___ ___

E. Who was the person in charge of [CHILD’S] special help or tutoring at [PLACE IN KC1A1]?

NAME: _______________________________ NAME: _______________________________ NAME:  

CODE: ___ ___ ___ CODE: ___ ___ ___ CODE: ___ ___ ___

KC2. What were the most important reasons [CHILD] received special help or tutoring in the classroom? (IF ANSWER NOT SPECIFIC, ASK: What was there about [CHILD’S] behavior or emotions that caused you to use [PLACE IN KC1A1]?) RECORD UP TO THREE.

<table>
<thead>
<tr>
<th>CODE</th>
</tr>
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<tbody>
<tr>
<td>#1</td>
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<tr>
<td>#2</td>
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</tbody>
</table>
GO TO NEXT SERVICE MODULE USED IN PAST 12 MONTHS. IF NO OTHER SERVICE USED, GO TO SECTION FS.
KD1. Did [CHILD] have more than one counselor in school in the past 12 months for behavioral or emotional problems?  
NO .................. 0
YES .................. 1

IF KD1 = NO, ASK WITHOUT PARENS.

A. What was the name and address of the school where [CHILD] received counseling in the past 12 months (starting with the most recent)?

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>CITY, STATE</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
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<tr>
<td>MOST RECENT</td>
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<td>#3</td>
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</tbody>
</table>

B. In the past 12 months, how many days a week was [CHILD] in counseling at school for emotional or behavioral problems?  
# DAYS: ___

C. How many minutes a day on the average did [CHILD] spend with the counselor at school?  
# MINUTES: ___ ___ ___

D. Over the past 12 months, how many weeks in all did [CHILD] receive counseling at school?  
# WEEKS: ___ ___

KD2. What were the most important behavioral or emotional reasons [CHILD] received counseling at school? (IF ANSWER NOT SPECIFIC, ASK: What was there about [CHILD'S] behavior or emotions that caused you to use [PLACE IN KD1A1?])

KD 1  8/21/18
RECORD UP TO THREE.

#1_______________________________________
#2______________________________________________________________
#3______________________________________________________________

KD3. Now I am going to read a list of the types of treatments and services and counseling programs that might be provided by the counselor. We realize that you may not know whether [CHILD] received some of these. In those cases, it is fine to say you don't know. At [PLACE IN KD1A1], did [CHILD]:

a. Have case management or a contact person who coordinated (his/her) services?  
   NO   YES  DK
   0  1  9
b. Receive special testing?  
   NO   YES  DK
   0  1  9

Did you or your family receive:

c. Counseling, training or education in how to deal with your problems?  
   NO   YES  DK
   0  1  9
d. Counseling or therapy for relationships with other family members?  
   NO   YES  DK
   0  1  9
e. Counseling or therapy for their own problems, worries, or stresses?  
   NO   YES  DK
   0  1  9
f. Any other service? Specify:__________________  
   NO   YES  DK
   0  1  9

KD4. A. How many days were there between the time [CHILD] was eligible and when counseling began? IF 000, GO TO KD5.

# DAYS: ___ ___ ___

B. During this waiting period did anyone speak with you or [CHILD] to determine (his/her) need for services?  
   NO  ...............0
   YES  .............1

KD5. Who was [CHILD'S] school counselor?  
   NAME:_________________________
   CODE:___ ___ ___

KD6. IF SV30 COL. D STOP MONTH CODED 00, GO TO KD8. OTHERS CONTINUE.
You mentioned that [CHILD] is no longer receiving counseling at school. Is this because (READ ALL AND CODE):

a. (he/she) improved? (IF YES, GO TO KD7.)  
   NO   YES  DK
   0  1  9
b. the program was completed? (IF YES, GO TO KD7.)  
   NO   YES  DK
   0  1  9
c. [CHILD] showed little improvement? (IF YES, GO TO KD7.)  
   NO   YES  DK
   0  1  9

KD 2  8/21/18
d. there were negative experiences with the counselor? 0 1 9  

e. [CHILD] was treated unfairly or badly on purpose? 0 1 9  

f. counselor left or moved away? 0 1 9  

g. (he/she) felt out of place? 0 1 9  

h. school policies hassled you? 0 1 9  

i. there were problems with a lack of time, schedule change or lack of transportation? 0 1 9  

j. you or [CHILD] moved? 0 1 9  

k. there were negative reactions of family and friends to the special services? 0 1 9  

KD7. Who decided counseling should end? Was it: NO  

<table>
<thead>
<tr>
<th>YES</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [CHILD'S] counselor?</td>
<td>0 1</td>
</tr>
<tr>
<td>2. You?</td>
<td>0 1</td>
</tr>
<tr>
<td>3. [CHILD]?</td>
<td>0 1</td>
</tr>
<tr>
<td>4. Other source?</td>
<td>0 1</td>
</tr>
</tbody>
</table>

Specify: ___________________

A. Did [CHILD] get any mental health services within 30 days after leaving the school counselor? NOGO TO KD80  

YES.............1  

B. Were these services arranged by the school counselor? NO ...............0  

YES.............1  

C. How well did the school counselor follow-up with [CHILD] after (he/she) left counseling? Not well ............0  

Somewhat...........1  

Very well.........2  

KD8. Thinking about this most recent service:  

A. How well do you think the school counseling matched (his/her) needs? Not well ............0  

Somewhat...........1  

Very well.........2  

B. How well did the school counselor explain [CHILD'S] problems to you? Not well ............0  

Somewhat...........1  

Very well.........2  

C. IF R IS PRIMARILY ENGLISH SPEAKING, GO TO KD9.  

IF R IS NOT PRIMARILY ENGLISH SPEAKING, CONTINUE.  

Did the counselor speak to [CHILD] in the language that (he/she) is most comfortable with? NO ...............0  

YES.............1
D. Did the counselor speak to you and your family in the language that you were most comfortable with?  
NO .................0  
YES ...............1

KD9. How much has [CHILD] benefited from the school counselor in your opinion?  
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.
RESPONDENT ID #: ___ ___ ___ ___ ___ ___ ___

FINAL SERVICES MODULE
(SECTION FS)

FS1. DID [CHILD] USE ANY SERVICE IN PAST 12 MONTHS? (I.E., WERE ANY IN-PATIENT, OUT-PATIENT, OR SCHOOL-SERVICE MODULES FILLED IN?)
   NOGO TO FS8 0
   YES....1

FS2. IF [CHILD] USED ONLY ONE SERVICE, GO TO FS4. You said [CHILD] has been seen by [REVIEW SERVICES USED IN PAST 12 MONTHS FROM FS1]. Of these, which has been the most helpful for (his/her) problems?
   NAME:__________________________
   CODE: ___ ___

FS3. Which has helped the least?
   NAME:__________________________
   CODE: ___ ___

FS4. Were there any other services, besides the ones [CHILD] used, that you thought (he/she) needed?
   NO .... GO TO SECTION KG 0
   YES....1

Did you feel (he/she) needed: NO YES
a. school-based services? 0 1
b. hospital services? 0 1
c. out-patient services? 0 1
d. services through your church or temple? 0 1
e. juvenile justice services? 0 1
f. drug or alcohol treatment? 0 1
g. something else or perhaps something more specific? 0 1
   Specify:__________________________

FS5. You mentioned that you thought that [CHILD] needed additional services. Please tell me if any of these reasons kept [CHILD] from getting that additional care in the past 12 months:
   NO YES
a. You thought [CHILD'S] problems were not so serious? 0 1
b. You decided you could handle (his/her) problems on your own? 0 1
c. You lacked confidence in those who recommended professional help? 0 1
d. Help was too expensive? 0 1
e. Services were too inconvenient to use? 0 1
f. The services were too far away? 0 1
g. You had a negative experience with the professionals? 0 1
h. You were afraid of what your family or friends would say? 0 1
i. You were afraid you would lose your parental rights? 0 1

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j. You were afraid you would lose custody? 0 1
k. You thought treatment would not help? 0 1
l. The people you trusted most did not recommend professional help? 0 1
m. You did not know who to trust for advice? 0 1
n. You didn't know where to go? 0 1
o. You had no way to get there? 0 1
p. You had to wait a long time for an appointment? 0 1
q. [CHILD] did not want to go? 0 1
r. IF FS5q = 1 CONTINUE. OTHERS GO TO FS5s. Could you explain why [CHILD] didn't want to go--what made [CHILD] feel that way?

SPECIFY: __________________________________________

s. Was there any other reason that kept [CHILD] from getting additional care in the past 12 months? 0 1

SPECIFY: __________________________________________

FS6. The next questions ask how long it would take you to travel one way from your home to a place where you could get help for emotional or behavioral problems [CHILD] might have. If you are not sure where your insurance company would refer you or if you don't know an exact answer, it is okay to give us your best guess. If you wanted to get help for [CHILD'S] behavioral or emotional problems, about how many minutes would it take you to get to:

a. A psychiatrist, or a medical doctor specially trained to treat emotional or behavioral problems? MINUTES
b. A psychologist or social worker? MINUTES
c. A hospital that helps only people with behavioral or emotional problems? MINUTES
d. A general hospital? MINUTES

FS7. 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, [CHILD] needed professional help for problems with behaviors, emotions or feelings, drugs or alcohol, but (he/she) was not able to get that help."

Very true 1  
Somewhat true 2  
Not at all true 3  

GO TO SECTION KG.
FS8. You said [CHILD] has not been admitted to a hospital, seen a professional, or received school services for behavioral, emotional, or drug or alcohol problems in the past 12 months. During the past 12 months, has there been a time when you thought (he/she) might need help for these problems?

NOGO TO FS12

YES....1

FS9. When was the first time you thought this?

MO         YR

A. Do you still feel this way?

NO......0

YESGO TO FS10

1

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

MO         YR

FS10. What were the most important behavioral or emotional reasons [CHILD] needed help? RECORD UP TO THREE.

CODE

#1_______________________________________________________

#2_______________________________________________________

#3_______________________________________________________

FS11. What were the main reasons that [CHILD] was not taken 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 [CHILD'S] problems were not so serious? 0       1

b. You decided you could handle (his/her) problems on your own? 0       1

c. You lacked confidence in those who recommended professional help? 0       1

d. Help was too expensive? 0       1

e. Services were too inconvenient to use? 0       1

f. The services were too far away? 0       1

g. You had a negative experience with the professionals? 0       1

h. You were afraid of what your family or friends would say? 0       1

i. You were afraid you would lose your parental rights? 0       1

j. You were afraid you would lose custody? 0       1

k. You thought treatment would not help? 0       1

l. The people you trusted most did not recommend professional help? 0       1

m. You did not know who to trust for advice? 0       1

n. You didn't know where to go? 0       1

o. You had no way to get there? 0       1
p. You had to wait a long time for an appointment? 0 1
q. [CHILD] did not want to go? 0 1
r. IF FS11q = 1 CONTINUE. OTHERS GO TO FS11s.
    Could you explain why [CHILD] didn't want to go--
    what made [CHILD] feel that way?
    SPECIFY: ______________________________________

s. Was there any other reason that kept [CHILD] from
   getting additional care in the past 12 months?
   SPECIFY: ______________________________________

FS12. The following questions ask you about how long it would take
you to travel one way from your home to a place where you
could get help for emotional or behavioral problems [CHILD]
might have. If you are not sure where your insurance company
would refer you or if you don't know an exact answer, it is okay
to give us your best guess. If you wanted to get help for
[CHILD'S] behavioral or emotional problems, about how many
minutes would it take you to get to:

   MINUTES

   a. A psychiatrist or a medical doctor specially trained to
      treat emotional or behavioral problems?       ________
   b. A psychologist or social worker?             ________
   c. A hospital that helps only people with behavioral or
      emotional problems?                         ________
   d. A general hospital?                         ________

IF FS8 = 0, GO TO SECTION KG. OTHERS CONTINUE.

FS13. 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, [CHILD] needed professional help for
problems with behaviors, emotions or feelings, drugs or alcohol,
but (he/she) was not able to get that help."

Very true 1
Somewhat true 2
Not at all true 3