

Common Study Intake Form

Section 1: Administrative Information *(Do not need to ask young adult or caregiver directly.)*

Today's date: / /
Month Day Year

Young adult ID #:

A. Sources of information used to complete this form *[Select all that apply]*

- 1 = Caregiver (young adult's caregiver in a family, household environment)
- 2 = Staff as Caregiver (staff person who has acted as the young adult's day-to-day caregiver for the majority of the past 6 months)
- 3 = Youth
- 4 = Case record review
- 5 = Other

B. Agency that the young adult is currently involved with *[Select all that apply]*

- 1 = Corrections
- 2 = Juvenile court
- 3 = Probation
- 4 = School
- 5 = Mental health agency/clinic/provider
- 15 = Other—please specify: _____
- 6 = Physical health care agency/clinic/provider
- 7 = Public child welfare*
- 8 = Substance abuse agency/clinic/provider
- 9 = Family court
- 888 = Don't know

* *[If 7 = Public child welfare not selected above, go to Item C.]*

B1. Child welfare involvement *[If 7 = Public child welfare selected above – choose all that apply]*

- 1 = Receiving child abuse and neglect investigation / assessment
- 2 = Court-ordered out-of-home placement - Foster care
- 3 = Court-ordered out-of-home placement - Kinship care
- 4 = Court-ordered out-of-home placement - Residential treatment
- 5 = Voluntary out-of-home placement—Foster care
- 6 = Voluntary out-of-home placement—Kinship care
- 7 = Voluntary out-of-home placement—Residential treatment
- 8 = Court-ordered in-home services
- 9 = Voluntary in-home services
- 888 = Don't know

C. Agency or individual who referred young adult to the program *[Select primary referral agency]*

- 1 = Corrections
- 2 = Juvenile court
- 3 = Probation
- 4 = School
- 5 = Mental health agency/clinic/provider
- 6 = Physical health care agency/clinic/provider
- 7 = Public child welfare
- 18 = Other—please specify: _____
- 8 = Tribal child welfare agency
- 9 = Substance abuse agency/clinic/provider
- 10 = Family court
- 11 = Caregiver
- 12 = Self (youth referred himself or herself)
- 888 = Don't know

D. What is the ZIP Code of the address where *(young adult's name)* currently lives? _____

Section 2: Young Adult Information (Do not need to ask young adult or caregiver directly)

1. What were the problems leading to (young adult's name) being referred for services?

[Select all that apply]

- 1 = Suicide-related problems (including suicide ideation, suicide attempt, self-injury)
- 2 = Depression-related problems (including major depression, dysthymia, sleep disorders, somatic complaints)
- 3 = Anxiety-related problems (including fears and phobias, generalized anxiety, social avoidance, obsessive-compulsive behavior, posttraumatic stress disorder)
- 4 = Hyperactive and attention-related problems (including hyperactive, impulsive, attentional difficulties)
- 5 = Conduct/delinquency-related problems (including physical aggression, extreme verbal abuse, noncompliance, sexual acting out, property damage, theft, running away, sexual assault, fire setting, cruelty to animals, truancy, police contact)
- 6 = Substance use, abuse, and dependence-related problems
- 7 = Adjustment-related problems (including changes in behaviors or emotions in reaction to a significant life stress)
- 8 = Psychotic behaviors (including hallucinations, delusions, strange or odd behaviors)
- 9 = Pervasive developmental disabilities (including autistic behaviors, extreme social avoidance, attachment disorder, stereotypes, perseverative behavior)
- 10 = Specific developmental disabilities (including enuresis, encopresis, expressive or receptive speech and language delay)
- 11 = Learning disabilities
- 12 = School performance problems not related to learning disabilities
- 13 = Eating disorders (including anorexia, bulimia)
- 14 = Gender identity
- 17 = Persistent noncompliance (when directed by caregivers/adults)
- 18 = Excessive crying/tantrums
- 19 = Separation problems
- 20 = Non-engagement with people
- 21 = Sleeping problems
- 23 = At risk for or has failed family home placement
- 24 = Maltreatment (child abuse and neglect)
- 25 = Other problems that are related to child's health (cancer, illness, or disease related problems)
- 26 = High-risk environment: Maternal depression
- 27 = High-risk environment: Maternal mental health (other than depression)
- 28 = High-risk environment: Paternal mental health
- 29 = High-risk environment: Caregiver mental health (other than maternal or paternal)
- 30 = High-risk environment: Maternal substance abuse/use
- 31 = High-risk environment: Paternal substance abuse/use
- 32 = High-risk environment: Caregiver substance abuse/use (other than maternal or paternal)
- 33 = High-risk environment: Family health problems (maternal, paternal, caregiver, or other family member)
- 34 = High-risk environment: Other parent/caregiver/family problems
- 35 = High-risk environment: Problems related to housing (including homelessness)
- 888 = Don't know
- 36 = Other—please specify _____

Section 3: Young Adult Enrollment Information (Do not need to ask young adult or caregiver directly)

1. Date of young adult's assessment for system of care eligibility (Date of SICC):

/ /
 Month Day Year

1a. Consumer type:

- 1 = *New* - First-time consumer to system of care grant
- 2 = *Continuing* - An active consumer who is in treatment with the system of care grant

1b. System of care enrollment status of the young adult:

- 1 = Young adult is receiving, or has received, a service that is provided through the system of care but is NOT eligible for additional system of care services **[GO TO SECTION 4]**
- 2 = Young adult has received a system of care service and is eligible for additional services but will NOT be receiving any additional services **[GO TO SECTION 4]**
- 3 = Young adult is eligible for system of care services and is receiving, or about to receive, system of care services **[GO TO QUESTION #1c, NEXT QUESTION]**

1c. Date of the young adult's first service (after assessment for system of care eligibility) received through the system of care:

/ /
 Month Day Year

2. Who participated in the development of the service plan? (Evidence of participation includes signatures of attendees on the plan, or attendees mentioned as being present for the meeting.)

	Yes (2)	No (1)	If Yes, specify (<i>only some choice</i>)
a. Young adult's caregiver or guardian	<input type="checkbox"/>	<input type="checkbox"/>	
b. Young adult	<input type="checkbox"/>	<input type="checkbox"/>	
c. Other family member	<input type="checkbox"/>	<input type="checkbox"/>	
d. Case manager/service coordinator/system of care/wrap specialist	<input type="checkbox"/>	<input type="checkbox"/>	
e. Therapist	<input type="checkbox"/>	<input type="checkbox"/>	
f. Other mental health staff (e.g., behavioral aide, respite worker) — specify	<input type="checkbox"/>	<input type="checkbox"/>	
g. Education staff (e.g., teacher, counselor) — specify	<input type="checkbox"/>	<input type="checkbox"/>	
h. Child welfare staff (e.g., case worker) — specify	<input type="checkbox"/>	<input type="checkbox"/>	
i. Juvenile justice (e.g., probation officer) — specify	<input type="checkbox"/>	<input type="checkbox"/>	
j. Health staff (e.g., pediatrician, nurse) — specify	<input type="checkbox"/>	<input type="checkbox"/>	
k. Family advocate — specify	<input type="checkbox"/>	<input type="checkbox"/>	
l. Other — specify	<input type="checkbox"/>	<input type="checkbox"/>	
m. Other — specify	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4: Interview Information (Do not need to ask young adult or caregiver directly)

1. Did you conduct an intake interview? No [GO TO 1A] Yes [GO TO QUESTION 2]

1a. Why was the interview not conducted? Choose only one.

- Consumer refused interview
- Not able to obtain consent from proxy
- Consumer was impaired/unable to provide consent

1b. What data will be submitted for the next reassessment (follow-up)?

- Interview data
- Administrative data only
- No data – will only provide discharge status when discharged

2. When was the interview conducted or attempted? / /
 Month Day Year

3. Was the respondent the young adult or caregiver? Young Adult (Preferred!) Caregiver

Section 5: Young Adult Demographic Information (Preferred that you ask young adult or caregiver directly, but can take from existing records if no interview conducted.)

1. What is your gender?

- 1 = Male
- 2 = Female
- 3 = Transgender (male to female)
- 6 = Other—please specify _____
- 7 = Refused
- 4 = Transgender (female to male)
- 5 = I don't know/I'm not sure

2. Are you Hispanic, Latino, or Spanish origin?

- 1 = No [GO TO QUESTION #3] = Refused
- = Yes

[IF YES] What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

	Yes	No	Refused
5 = Central American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 = Cuban	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 = Dominican	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 = Mexican, Mexican American, or Chicano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 = Puerto Rican	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 = South American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 = OTHER (if yes, specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify: _____

3. What race do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

	Yes	No	Refused	If Yes, Specify (<i>only some choices</i>)
1 = White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 = Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 = American Indian <i>please specify enrolled or principal tribe</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 = Alaska Native <i>please specify enrolled or principal tribe</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 = Asian Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 = Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 = Filipino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 = Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 = Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 = Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 = Other Asian— <i>please specify race (for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 = Native Hawaiian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12 = Guamanian or Chamorro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13 = Samoan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 = Other Pacific Islander— <i>please specify race (for example, Fijian, Tongan, and so on)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. What is your date of birth?

		/			/				
Month			Day			Year			

[STOP HERE IF INTAKE INTERVIEW WAS NOT CONDUCTED AND ADMINISTRATIVE & DEMOGRAPHIC DATA WAS ABSTRACTED FROM RECORDS. ALL OTHERS CONTINUE.]

Section 6: Functioning and Military and Family Deployment(*These questions must be asked of young adult or caregiver.*)

1. How would you rate your overall health right now?

- Excellent
 Very Good
 Good
 Fair
 Poor
 REFUSED
 DON'T KNOW

2. In order to provide the best possible mental health and related services, we need to know what you think about how well you were able to deal with your everyday life during the last 30 days. Please indicate your disagreement/agreement with each of the following statements.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE YOUNG ADULT]	RESPONSE OPTIONS						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED	Not Applicable
a. I am handling daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. I get along with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I get along with friends and other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. I am doing well in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. I am satisfied with our family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

[IF THE CAREGIVER IS THE RESPONDENT GO TO SECTION 7.]

3. The following questions ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling.

[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE YOUNG ADULT]

<i>During the past 30 days, about how often did you feel...</i>	RESPONSE OPTIONS						
	<i>All of the time</i>	<i>Most of the time</i>	<i>Some of the time</i>	<i>A little of the time</i>	<i>None of the time</i>	<i>REFUSED</i>	<i>Don't know</i>
a. nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. so depressed that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[IF THE CAREGIVER IS THE RESPONDENT GO TO SECTION 7.]

4. The following questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed.

[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE YOUNG ADULT]

<i>In the past 30 days, how often have you used...</i>	RESPONSE OPTIONS					
	<i>Never</i>	<i>Once or Twice</i>	<i>Weekly</i>	<i>Daily or Almost Daily</i>	<i>REFUSED</i>	<i>DON'T KNOW</i>
a. tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. alcoholic beverages (beer, wine, liquor, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b1. IF B >= ONCE OR TWICE, AND RESPONDENT MALE ASK: How many times in the past 30 days have you had five or more drinks in a day? <i>[CLARIFY IF NEEDED: (A standard alcoholic beverage (e.g., 12 oz beer, 5 oz wine, 1.5 oz liquor))]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b2. IF B >= ONCE OR TWICE, AND RESPONDENT NOT MALE ASK: How many times in the past 30 days have you had four or more drinks in a day? <i>[CLARIFY IF NEEDED: (A standard alcoholic beverage (e.g., 12 oz beer, 5 oz wine, 1.5 oz liquor))]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. cannabis (marijuana, pot, grass, hash, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. cocaine (coke, crack, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. methamphetamine (speed, crystal meth, ice, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. inhalents (nitrous oxide, glue, gas, paint thinner, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. street opioids (heroin, opium, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. other – specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MILITARY FAMILY AND DEPLOYMENT [QUESTION 5 IS NOT ASKED IN YOUTH PROGRAMS]

6. Is anyone in your family or someone close to you [your child] on active duty in the Armed Forces, in the Reserves, or in the National Guard or separated or retired from the Armed Forces, Reserves, or National Guard?

- Yes, only one person
- Yes, more than one person
- No
- Refused
- Don't know

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION 7.]

[IF YES, ANSWER FOR UP TO 6 PEOPLE]

What is the relationship of that person (Service Member) to you [your child]? [WRITE RELATIONSHIP IN COLUMN HEADING]

1 = Mother/Father 2 = Brother/Sister 3 = Spouse/Partner 4 = Child
5 = Other (Specify) _____ 6 = Refused 7 = Don't know

Has the Service Member experienced any of the following? [CHECK ANSWER IN APPROPRIATE COLUMN FOR ALL THAT APPLY]	_____ (Relationship) 1.	_____ (Relationship) 2.	_____ (Relationship) 3.	_____ (Relationship) 4.	_____ (Relationship) 5.	_____ (Relationship) 6.
6a. Deployed in support of combat operations (e.g. Iraq or Afghanistan)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know
6b Was physically injured during combat operations?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know
6c. Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know
6d. Died or was killed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know

Section 7: Stability in Housing (These questions must be asked of young adult or caregiver.)

1. In the past 30 days how many...	Number of Nights / Times	REFUSED	DON'T KNOW
a. nights have you been homeless?	_ _	<input type="checkbox"/>	<input type="checkbox"/>
b. nights have you spent in a hospital for mental health care?	_ _	<input type="checkbox"/>	<input type="checkbox"/>
c. nights have you spent in a facility for detox/inpatient or residential substance abuse treatment?	_ _	<input type="checkbox"/>	<input type="checkbox"/>
d. nights have you spent in correctional facility including juvenile detention, jail, or prison?	_ _	<input type="checkbox"/>	<input type="checkbox"/>
[ADD UP THE TOTAL NUMBER OF NIGHTS SPENT HOMELESS, IN HOSPITAL FOR MENTAL HEALTH CARE, IN DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT, OR IN A CORRECTIONAL FACILITY. (ITEMS A-D, CANNOT EXCEED 30 NIGHTS)]	_ _		
e. times you have gone to an emergency room for a psychiatric or emotional problem?	_ _	<input type="checkbox"/>	<input type="checkbox"/>

[IF 1A, 1B, 1C, OR 1D IS 16 OR MORE NIGHTS, GO TO SECTION 8]

2. In the past 30 days, where have you been living most of the time?

[DO NOT READ RESPONSE OPTIONS TO THE YOUNG ADULT. SELECT ONLY ONE.]

- CAREGIVER'S OWNED OR RENTED HOUSE, APARTMENT, TRAILER, OR ROOM
- INDEPENDENT OWNED OR RENTED HOUSE, APARTMENT, TRAILER, OR ROOM
- SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, OR ROOM
- HOMELESS (SHELTER, STREET/OUTDOORS, PARK)
- GROUP HOME
- FOSTER CARE (SPECIALIZED THERAPEUTIC TREATMENT)
- TRANSITIONAL LIVING FACILITY
- HOSPITAL (MEDICAL)
- HOSPITAL (PSYCHIATRIC)
- DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
- CORRECTIONAL FACILITY (JUVENILE DETENTION CENTER/JAIL/PRISON)
- OTHER HOUSED (SPECIFY) _____
- REFUSED
- DON'T KNOW

Section 8: Education (These questions must be asked of young adult or caregiver.)

1. During the past 30 days of school, how many days were you absent for any reason?

- | | | |
|---------------------------------|--|---|
| <input type="checkbox"/> 0 DAYS | <input type="checkbox"/> 3 TO 5 DAYS | <input type="checkbox"/> REFUSED |
| <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 6 TO 10 DAYS | <input type="checkbox"/> DON'T KNOW |
| <input type="checkbox"/> 2 DAYS | <input type="checkbox"/> MORE THAN 10 DAYS | <input type="checkbox"/> NOT APPLICABLE |

a. [If absent], how many days were unexcused absences?

- | | | |
|---------------------------------|--|---|
| <input type="checkbox"/> 0 DAYS | <input type="checkbox"/> 3 TO 5 DAYS | <input type="checkbox"/> REFUSED |
| <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 6 TO 10 DAYS | <input type="checkbox"/> DON'T KNOW |
| <input type="checkbox"/> 2 DAYS | <input type="checkbox"/> MORE THAN 10 DAYS | <input type="checkbox"/> NOT APPLICABLE |

2. What is the highest level of education you have finished, whether or not you received a degree?

- | | | |
|---|--|---|
| <input type="checkbox"/> NEVER ATTENDED | <input type="checkbox"/> 7TH GRADE | <input type="checkbox"/> VOC/TECH DIPLOMA |
| <input type="checkbox"/> PRESCHOOL | <input type="checkbox"/> 8TH GRADE | <input type="checkbox"/> SOME COLLEGE OR UNIVERSITY |
| <input type="checkbox"/> KINDERGARTEN | <input type="checkbox"/> 9TH GRADE | <input type="checkbox"/> REFUSED |
| <input type="checkbox"/> 1ST GRADE | <input type="checkbox"/> 10TH GRADE | <input type="checkbox"/> DON'T KNOW |
| <input type="checkbox"/> 2ND GRADE | <input type="checkbox"/> 11TH GRADE | |
| <input type="checkbox"/> 3RD GRADE | <input type="checkbox"/> 12TH GRADE / HIGH SCHOOL DIPLOMA / EQUIVALENT (GED) | |
| <input type="checkbox"/> 4TH GRADE | | |
| <input type="checkbox"/> 5TH GRADE | | |
| <input type="checkbox"/> 6TH GRADE | | |

Section 9: Crime and Criminal Justice Status (These questions must be asked of young adult or caregiver.)

1. In the past 30 days, how many times have you been arrested?

- |_|_| TIMES REFUSED DON'T KNOW

Section 10: Social Connectedness (These questions must be asked of young adult.)

Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons other than your mental health provider(s) over the past 30 days.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE YOUNG ADULT]	RESPONSE OPTIONS					
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED
1. I know people who will listen and understand me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have people that I am comfortable talking with about my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In a crisis, I would have the support I need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>