Common Study Follow-Up Form

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

Today's date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

Young adult ID #: ☐☐☐☐☐☐☐☐☐

1. Indicate which 6-month reassessment this is for (Enter 06 for a 6-month, 12 for a 12-month, 18 for an 18-month assessment, etc.)**:**

☐☐

2. Was the interview conducted? ☐ No ***[GO TO 2A]*** ☐ Yes When?

☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

[GO TO QUESTION 3]

2a. Why not? <u>Choose only one</u>.

☐ Consumer refused this interview only
☐ Consumer refused all interviews
☐ Not able to obtain consent from proxy
☐ Consumer was impaired/unable to provide consent
☐ Consumer was not reached for interview

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

4. Have you or other grant staff had contact with the consumer within 90 days of last encounter?

☐ Yes
☐ No

5. Is the consumer still receiving services from your project?

☐ Yes
☐ No

Section 2: Services Received ***(Do not need to ask young adult or caregiver directly.)***

1. On what date did the consumer last receive services? ☐☐ / ☐☐☐☐
Month Year

[IDENTIFY ALL OF THE SERVICES YOUR PROJECT PROVIDED TO THE CONSUMER <u>SINCE HIS/HER LAST COMMON STUDY INTERVIEW</u>; THIS INCLUDES YIT-FUNDED AND NON-FUNDED SERVICES.]

Core Services	**Provided**			**Service Not Available**
	Yes	No	Unknown	
1. Screening	☐	☐	☐	☐
2. Assessment	☐	☐	☐	☐
3. Treatment planning or review	☐	☐	☐	☐
4. Psychopharmacological services	☐	☐	☐	☐
5. Mental health services	☐	☐	☐	☐
[IF YES, ESTIMATE HOW FREQUENTLY MENTAL HEALTH & RELATED SERVICES WERE DELIVERED]: Number of times _____ per ☐Day ☐Week ☐Month ☐Year			☐	
6. Co-Occuring services	☐	☐	☐	☐
7. Case management	☐	☐	☐	☐
8. Trauma-specific services	☐	☐	☐	☐
9. Was the consumer referred to another provider for any of the above core services?	☐	☐	☐	

Support Services	**Provided**			**Service Not Available**
	Yes	No	Unknown	
1. Medical care	☐	☐	☐	☐
2. Employment services	☐	☐	☐	☐
3. Family services	☐	☐	☐	☐
4. Child care	☐	☐	☐	☐
5. Transportation	☐	☐	☐	☐
6. Education services	☐	☐	☐	☐
7. Housing support	☐	☐	☐	☐
8. Social recreational services	☐	☐	☐	☐
9. Consumer operated services	☐	☐	☐	☐
10. HIV testing	☐	☐	☐	☐
11. Was the consumer referred to another provider for any of the above support services?	☐	☐	☐	

[STOP HERE IF FOLLOW-UP INTERVIEW WAS NOT CONDUCTED AND ADMINISTRATIVE & SERVICES DATA WAS ABSTRACTED FROM RECORDS. ALL OTHERS CONTINUE.]

Section 3: Functioning (*These questions must be asked of young adult or caregiver.*)

1. How would you rate your (your child's) 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 (your child was) able to deal with your everyday life <u>during the last 30 days</u>. Please indicate your disagreement/agreement with each of the following statements.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE YOUNG ADULT(CAREGIVER)]	**RESPONSE OPTIONS**						
	Strongly Disagree	***Disagree***	***Undecided***	***Agree***	***Strongly Agree***	***REFUSED***	***Not Applicable***
a. I am (my child is) handling daily life.	☐	☐	☐	☐	☐	☐	
b. I get (my child gets) along with family members.	☐	☐	☐	☐	☐	☐	☐
c. I get (my child gets) along with friends and other people.	☐	☐	☐	☐	☐	☐	
d. I am (my child is) doing well in school and/or work.	☐	☐	☐	☐	☐	☐	☐
e. I am (my child is) able to cope when things go wrong.	☐	☐	☐	☐	☐	☐	
f. I am satisfied with our family life right now.	☐	☐	☐	☐	☐	☐	

[IF THE CAREGIVER IS THE RESPONDENT GO TO SECTION 4.]

Section 3: Functioning (Continued)

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]

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

[IF THE CAREGIVER IS THE RESPONDENT GO TO SECTION 4.]

Section 3: Functioning (Continued)

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]

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

Section 4: 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 (has your child) been homeless?	|__|__|	☐	☐
b. nights have you (has your child) spent in a hospital for mental health care?	|__|__|	☐	☐
c. nights have you (has your child) spent in a facility for detox/inpatient or residential substance abuse treatment?	|__|__|	☐	☐
d. nights have you (has your child) spent in correctional facility including juvenile detention, jail, or prison?	|__|__|	☐	☐
[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 (has your child) have gone to an emergency room for a psychiatric or emotional problem?	|__|__|	☐	☐

[IF 1A, 1B, 1C, OR 1D IS 16 OR MORE NIGHTS, GO TO SECTION 5]

2. In the past 30 days, where have you (has your child) been living most of the time?

[DO NOT READ RESPONSE OPTIONS TO THE YOUNG ADULT. <u>SELECT ONLY ONE</u>.]

☐ 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 5: Education (*These questions must be asked of young adult or caregiver.*)

1. During the past 30 days of school, how many days were you (was your child) absent for any reason?

- ☐ 0 DAYS
- ☐ 1 DAY
- ☐ 2 DAYS
- ☐ 3 TO 5 DAYS
- ☐ 6 TO 10 DAYS
- ☐ MORE THAN 10 DAYS
- ☐ REFUSED
- ☐ DON'T KNOW
- ☐ NOT APPLICABLE

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

- ☐ 0 DAYS
- ☐ 1 DAY
- ☐ 2 DAYS
- ☐ 3 TO 5 DAYS
- ☐ 6 TO 10 DAYS
- ☐ MORE THAN 10 DAYS
- ☐ REFUSED
- ☐ DON'T KNOW
- ☐ NOT APPLICABLE

2. What is the highest level of education you have (your child has) finished, whether or not you (he/she has) received a degree?

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

Section 6: 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 (has your child) been arrested?

|__|__| TIMES ☐ REFUSED ☐ DON'T KNOW

Section 7: Social Connectedness (*These questions must be asked of young adult or caregiver.*)

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

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE YOUNG ADULT (CAREGIVER)]	**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.	☐	☐	☐	☐	☐	☐
2. I have people that I am comfortable talking with about my problems.	☐	☐	☐	☐	☐	☐
3. In a crisis, I would have the support I need from family or friends.	☐	☐	☐	☐	☐	☐
4. I have people with whom I can do enjoyable things.	☐	☐	☐	☐	☐	☐

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

1. In order to provide the best possible mental health and related services, we need to know what you think about the services you (your child) received during the past 30 days, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE YOUNG ADULT(CAREGIVER)]	RESPONSE OPTIONS					
	Strongly Disagree	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**	**REFUSED**
a. Staff here treated me with respect.	☐	☐	☐	☐	☐	☐
b. Staff respected my family's religious/spiritual beliefs.	☐	☐	☐	☐	☐	☐
c. Staff spoke with me in a way that I understood.	☐	☐	☐	☐	☐	☐
d. Staff was sensitive to my cultural / ethnic background.	☐	☐	☐	☐	☐	☐
e. I helped to choose my services.	☐	☐	☐	☐	☐	☐
f. I helped to choose my treatment goals.	☐	☐	☐	☐	☐	☐
g. I participated in my treatment.	☐	☐	☐	☐	☐	☐
h. Overall, I am satisfied with the services I received.	☐	☐	☐	☐	☐	☐
i. The people helping me stuck with me no matter what.	☐	☐	☐	☐	☐	☐
j. I felt I had someone to talk to when I was troubled.	☐	☐	☐	☐	☐	☐
k. The services I received were right for me.	☐	☐	☐	☐	☐	☐
l. I got the help I wanted.	☐	☐	☐	☐	☐	☐
m. I got as much help as I needed.	☐	☐	☐	☐	☐	☐

2. [INDICATE WHO ADMINISTERED SECTION 8 - PERCEPTION OF CARE TO THE CONSUMER (CAREGIVER) FOR THIS INTERVIEW.]

○ ADMINISTRATIVE STAFF
○ CARE COORDINATOR
○ CASE MANAGER
○ CLINICIAN PROVIDING DIRECT SERVICES
○ CLINICIAN NOT PROVIDING SERVICES
○ CONSUMER PEER
○ OTHER (SPECIFY) _____
○ DATA COLLECTOR
○ EVALUATOR
○ FAMILY ADVOCATE
○ RESEARCH ASSISTANT STAFF
○ SELF-ADMINISTERED