WESTERN MENTAL HEALTH CENTER

Child/Adolescent

Staff Use Only:

Client # _____

Assessment Type:

◯ Baseline (new client)

◯ Reassessment (every 6 months)

◯ Clinical Discharge

Return completed form to Intake

Today's Date: _____

Client Name_____

Who is completing the form?

◯ Child/Client (Age 11 or older)

◯ Parent/Caregiver

A. DEMOGRAPHIC DATA

1. **What is your [child's] gender?**

   - O MALE
   - O FEMALE
   - O TRANSGENDER
   - O OTHER (SPECIFY) _____
   - O REFUSED

2. **Are you [Is your child] Hispanic or Latino?**

   - O YES
   - O NO *[GO TO 3.]*
   - O REFUSED *[GO TO 3.]*

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

	YES	NO	REFUSED
Central American	O	O	O
Cuban	O	O	O
Dominican	O	O	O
Mexican	O	O	O
Puerto Rican	O	O	O
South American	O	O	O
OTHER	O	O	O *[IF YES, SPECIFY BELOW.]*

(SPECIFY) _____

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

	YES	NO	REFUSED
Alaska Native	O	O	O
American Indian	O	O	O
Asian	O	O	O
Black or African American	O	O	O
Native Hawaiian or other Pacific Islander	O	O	O
White	O	O	O

4. **What is your [your child's] month and year of birth?**

|__|__|/|__|__|__|__|
MONTH YEAR

O REFUSED

B. FUNCTIONING

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 everyday life during the past 30 days. Please indicate your disagreement/agreement with each of the following statements.**

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER (CAREGIVER).]

STATEMENT	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.	○	○	○	○	○	○	

B. FUNCTIONING (CONTINUED)

[IF THE CAREGIVER IS THE RESPONDENT, GO TO THE OPTIONAL GLOBAL ASSESSMENT OF FUNCTIONING (GAF) QUESTION.]

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 CONSUMER.]

QUESTION	RESPONSE OPTIONS						
During the past 30 days, about how often did you feel ...	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?	O	O	O	O	O	O	O
b. hopeless?	O	O	O	O	O	O	O
c. restless or fidgety?	O	O	O	O	O	O	O
d. so depressed that nothing could cheer you up?	O	O	O	O	O	O	O
e. that everything was an effort?	O	O	O	O	O	O	O
f. worthless?	O	O	O	O	O	O	O

B. FUNCTIONING (CONTINUED)

[IF THE CAREGIVER IS THE RESPONDENT, GO TO THE OPTIONAL GLOBAL ASSESSMENT OF FUNCTIONING (GAF) QUESTION.]

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 CONSUMER.]

QUESTION	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 IS MALE]* 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 IS NOT MALE]* 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. inhalants (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 (e-cigarettes, etc.): _____	○	○	○	○	○	○

B. MILITARY FAMILY AND DEPLOYMENT

[IF THE CONSUMER IS YOUNGER THAN 18 YEARS OLD, GO TO QUESTION 6.]

5. **Are you currently serving on active duty in the Armed Forces, the Reserves, or the National Guard?**

   - O YES
   - O NO
   - O REFUSED
   - O DON'T KNOW

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

   - O Yes, only one person
   - O Yes, more than one person
   - O No
   - O REFUSED
   - O DON'T KNOW

C. STABILITY IN HOUSING

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?	|___|___|	O	O
b. nights have you [has your child] spent in a hospital for mental health care?	|___|___|	O	O
c. nights have you [has your child] spent in a facility for detox/inpatient or residential substance abuse treatment?	|___|___|	O	O
d. nights have you [has your child] spent in correctional facility including juvenile detention, jail, or prison?	|___|___|	O	O
[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 1A–1D, CANNOT EXCEED 30 NIGHTS).]	|___|___|		
e. times have you [has your child] gone to an emergency room for a psychiatric or emotional problem?	|___|___|	O	O

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

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

[DO NOT READ RESPONSE OPTIONS TO CONSUMER (CAREGIVER). SELECT ONLY ONE.]

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

D. EDUCATION

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

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

   a. ***[IF ABSENT]*, how many days were unexcused absences?**

      - O 0 DAYS
      - O 1 DAY
      - O 2 DAYS
      - O 3 TO 5 DAYS
      - O 6 TO 10 DAYS
      - O MORE THAN 10 DAYS
      - O REFUSED
      - O DON'T KNOW
      - O 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?**

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

E. CRIME AND CRIMINAL JUSTICE STATUS

1. **In the past 30 days, how many times have you [has your child] been arrested?**

   |___|___| TIMES O REFUSED O DON'T KNOW

F. PERCEPTION OF CARE

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 CONSUMER (CAREGIVER).]

STATEMENT	RESPONSE OPTIONS					
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED
a. Staff here treated me with respect.	O	O	O	O	O	O
b. Staff respected my family's religious/spiritual beliefs.	O	O	O	O	O	O
c. Staff spoke with me in a way that I understood.	O	O	O	O	O	O
d. Staff was sensitive to my cultural/ethnic background.	O	O	O	O	O	O
e. I helped choose my [my child's] services.	O	O	O	O	O	O
f. I helped to choose my [my child's] treatment goals.	O	O	O	O	O	O
g. I participated in my [my child's] treatment.	O	O	O	O	O	O
h. Overall, I am satisfied with the services I [my child] received.	O	O	O	O	O	O

F. PERCEPTION OF CARE (CONTINUED)

STATEMENT	RESPONSE OPTIONS					
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED
i. The people helping me [my child] stuck with me [us] no matter what.	O	O	O	O	O	O
j. I felt I had [my child had] someone to talk to when I [he/she] was troubled.	O	O	O	O	O	O
k. The services I [my child and/or family] received were right for me [us].	O	O	O	O	O	O
l. I [My family] got the help I [we] wanted [for my child].	O	O	O	O	O	O
m. I [My family] got as much help as I [we] needed [for my child].	O	O	O	O	O	O

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

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

G. SOCIAL CONNECTEDNESS

1. 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 CONSUMER (CAREGIVER).]

STATEMENT	RESPONSE OPTIONS					
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED
a. I know people who will listen and understand me when I need to talk.	O	O	O	O	O	O
b. I have people that I am comfortable talking with about my [my child's] problems.	O	O	O	O	O	O
c. In a crisis, I would have the support I need from family or friends.	O	O	O	O	O	O
d. I have people with whom I can do enjoyable things.	O	O	O	O	O	O