CHILD HEALTH SERVICES SCREEN
SERVICES SCREEN

Because it’s easy to forget, I’m going to go through a list of places where you might have gotten help or treatment (for any concerns or problems you might have experienced).

I want you to tell me whether you have been to any of them in your life, and in the last 3 months.

PSYCHIATRIC HOSPITAL

Because it’s easy to forget, I’m going to go through a list of places where you might have gotten help (for these difficulties).

I want you to tell me whether you’ve ever been to any of them.

GENERAL HOSPITAL PSYCHIATRIC UNIT

A hospital inpatient unit?

Do you know what sort of hospital it was?
Was it a medical or a psychiatric hospital?
Was it an ordinary medical ward or a special psychiatric ward?
when did you first (go there)?
Have you (been there) in the last 3 months?
DETOX UNIT OR INPATIENT DRUG/ALCOHOL UNIT

An inpatient alcohol or drug treatment unit?
Or an inpatient detoxification unit?

HOSPITAL MEDICAL INPATIENT UNIT

A medical inpatient unit, for any of the kinds of problems that you told me about?
In the last 3 months?
When was the first time?

RESIDENTIAL TREATMENT CENTER

A residential treatment center because of the problems you told me about?
Where was that?
Have you been there in the last 3 months?
When was the first time?

Coding rules

DETOX UNIT OR INPATIENT DRUG/ALCOHOL UNIT

Ever: CNA2E01
Int: CNA2I01
On: CNA2O01
LAST 3 MONTHS

0 = No
2 = Yes

HOSPITAL MEDICAL I/P UNIT

Ever: CNA3E01
Int: CNA3I01
On: CNA3O01
LAST 3 MONTHS

0 = No
2 = Yes

RESIDENTIAL TREATMENT CENTER

Ever: CNA4E01
Int: CNA4I01
On: CNA4O01
LAST 3 MONTHS

0 = No
2 = Yes
### Definitions and questions

#### DETENTION CENTER/TRAINING SCHOOL/JAIL

**Have you ever been in a detention center or training school?**

*In jail or prison?*

How many times?
Have you been there in the last 3 months?
When was the first time?

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<th>Codes</th>
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</table>

#### GROUP HOME/EMERGENCY SHELTER

**Have you ever been in a group home?**

*Or an emergency shelter?*

Where was that?
Have you been there in the last 3 months?
When was the first time?

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#### LAST 3 MONTHS

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#### THERAPEUTIC FOSTER CARE

**Have you been in therapeutic foster care?**

Where foster parents had been trained to provide care?

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#### LAST 3 MONTHS

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**BOARDING SCHOOL**

*Or gone to a boarding school for the kinds of problems you told me about?*

- *When did you first (go there)?*
- *Have you (been there) in the last 3 months?*
- *Was it any help?*
- *In what way?*
- *Did it make things even worse?*
- *How?*

**Coding rules**

**BOARDING SCHOOL**

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*LAST THREE MONTHS*  

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**DAY HOSPITAL/PARTIAL HOSPITALIZATION**

*Have you been to a day hospital?*

*Or a partial day program at a hospital?*

*Has that been in the last 3 months?*

*When was the first time?*

**Coding rules**

**DAY HOSPITAL/PARTIAL HOSPITALIZATION**

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*LAST 3 MONTHS*  

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**OUTPATIENT DRUG OR ALCOHOL CLINIC**

*Have you been to an outpatient drug or alcohol clinic?*

*Where at?*

*Have you been in the last 3 months?*

*When did you first go there?*

**Coding rules**

**OUTPATIENT DRUG OR ALCOHOL CLINIC**

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**Codes**

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*Ever:CNB0O01 Onset*  

*LAST 3 MONTHS*  

| 0 = No | 2 = Yes |
MENTAL HEALTH CENTER
A mental health center?

COMMUNITY HEALTH CENTER
A community health center?

CRISIS CENTER
Have you ever been to a crisis center for any kind of help?

Definitions and questions

Coping rules

ment:CNB1E01

Intensity

Ever:CNB1O01

Onset

ment:CNB2E01

Intensity

Ever:CNB2O01

Onset

ment:CNB3E01

Intensity

Ever:CNB3O01

Onset

LAST 3 MONTHS

0 = No

2 = Yes

ment:CNB1001

Intensity

LAST 3 MONTHS

0 = No

2 = Yes

ment:CNB2001

Intensity

LAST 3 MONTHS

0 = No

2 = Yes

ment:CNB3001

Intensity

LAST 3 MONTHS

0 = No

2 = Yes
### Definitions and questions

#### IN-HOME COUNSELING/CRISIS SERVICES

*Have you ever had in-home counseling or crisis services?*

*In the last 3 months?*

*When did you first have in-home services?*

#### PRIVATE PROFESSIONAL TREATMENT

*Have you been to a private professional for help with any problems?*

*Or a social worker or a psychiatric nurse?*

*Has s/he seen them in the last 3 months?*

*When was the first time?*

---

#### Coding rules

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</table>
### SCHOOL GUIDANCE COUNSELOR/SCHOOL PSYCHOLOGIST/SCHOOL SOCIAL WORKER

*Have you seen a school guidance counselor for help with the problems we have talked about?*

*Or a school psychologist?*

*Or a school social worker?*

*Or gotten any other sort of help at school?*

*When was the first time?*

*Have you seen them in the last 3 months?*

### SPECIAL CLASS (BEHAVIORALLY OR EMOTIONALLY HANDICAPPED)

*Have you been in any special classes?*

*Was it for emotional or behavioral reasons?*

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<td>CNB7I01</td>
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</table>
Definitions and questions

**SPECIAL CLASS (LEARNING DISABILITIES/MR)**

*Have you been in any special classes for other reasons?*

*Was it for learning problems?*

*Have you seen them in the last 3 months?*

*When was the first time?*

**SCHOOL TEACHER**

*Have you gone to a school teacher for special help about feelings or behaviors?*

*In the last 3 months?*

*When was the first time?*
SCHOOL NURSE

Or a school nurse?

In the last 3 months?
When was the first time?

EDUCATIONAL TUTORING

Have you had educational tutoring (outside of a special class)?

By whom?
What was it for?

SOCIAL SERVICES

Include visits to Social Services and visits by Social Services to the home if related to subject's problems. Include child-related visits if subject's symptoms are related to children i.e. anxiety, conduct, etc.

Have you seen social services for any of the kinds of problems that you told me about?

Have you gone there in the last 3 months?
When was the first time?
**Definitions and questions**

**PROBATION OFFICER/JUVENILE CORRECTION COUNSELOR**

*Have you ever had a Probation Officer or Juvenile Correction Counselor?*

*When did you first go?*

*Have you seen them in the last 3 months?*

---

**FAMILY DOCTOR/OTHER MD**

*Have you seen your family doctor for any of the kinds of problems that you told me about?*

*Or any other medical doctor?*

*In the last 3 months?*

*When did you first see a doctor for problems like that?*

---

**HOSPITAL EMERGENCY ROOM**

*Have you been to a hospital emergency room?*

*Have you been there in the last 3 months?*

*When was the first time?*
Definitions and questions

**RELIGIOUS COUNSELOR**
If Religious Counselor is a paid pastoral counselor, code under Private Professional.

Code here religious, spiritual, faith-based counselors i.e. priest, rabbi, minister.

*Have you seen a minister (priest, rabbi, etc.) for any of the kinds of problems you told me about?*

*Or any other spiritual or faith-based counselor?*

*Have you seen them in the last 3 months? When was the first time?*

**ALTERNATIVE PRACTITIONER/OTHER HEALER**

*Have you seen any other healers?*

Such as a faith healer?
Or a medicine man/woman?
Or a curandero?
Or a traditional Indian healer?
Or an herbalist?
Or a root doctor?
Or a "New Age" practitioner?
Or a natural therapist?
Or a touch or health therapist?
When did you first (go there)?
*Have you seen any of those in the last 3 months?*

CNC2EO1
Intensity

CNC2O01
Onset

CNC2EO1
Intensity

CNC2I01
Intensity
OTHER "NON-PROFESSIONAL" HELP

Assistance from others who are not professionally trained, licensed, and/or certified to provide mental health services for fees.

CRISIS HOTLINE

Have you had any other sort of treatment of help, such as:

A crisis hotline?
When did you first (go there)?
Have you called in the last 3 months?

SELF-HELP GROUP

Self-help groups, like AA or NA?

Have you (been there) in the last 3 months?
When did you first (go there)?

INTERNET SUPPORT GROUP

Internet web sites or chat rooms specific to discussion of certain problems, emotions, disorders, or disabilities.

Have you ever sought help from an internet support group for the kinds of problems we have talked about?

Or participated in chat room conversations about those kinds of issues or concerns?

Have you done that in the last 3 months?
When was the first time you sought help online?

CRISIS HOTLINE

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

SELF-HELP GROUP

0 = No
2 = Yes

INTERNET SUPPORT GROUP

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes
### HELP FROM RELATIVES

*Have you tried to get help from relatives, and this could include parents?*

- Have you talked to them about that in the last 3 months?
- When was the first time?

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<td>2 = Yes</td>
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### OTHER NON-PROFESSIONAL ADULT HELP

*Or from other adults, for any of the kinds of problems that you told me about?*

- Have you talked to them about that in the last 3 months?
- When was the first time?

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### HELP FROM FRIENDS

*Have you spoken to friends to get help?*

- Have you talked with them about problems in the last 3 months?
- When was the first time?

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GENERAL SERVICES USE

This page is to be asked of every subject interviewed. The intent is to gather inclusive general information. Detailed Service Forms are not completed on Non-Mental Health related services.

“We have asked you in detail about all services used for emotional, behavioral, or substance related reasons. Now we would like to briefly ask about four services used in general over the last year and over the last 3 months. This will include any services already mentioned plus services used for reasons other than emotional, behavioral or substance related reasons.

SPECIAL SERVICES AT SCHOOL

Have you used any student services at school (e.g. guidance counselor or special class)?

Have you used them in the last 3 months?

DEPARTMENT OF SOCIAL SERVICES

Have you received any services from DSS (The Department of Social Services)?

In the last 3 months?
**CONTACT WITH COURT OR JUVENILE JUSTICE**

*Have you had any contact with the court or juvenile justice services?*

*In the last 3 months?*

**HEALTH PROVIDER**

*Have you made a visit to a health provider (e.g. family doctor, health center, clinic, ER)?*

*Have you been in the last 3 months?*

**MENTAL HEALTH SERVICES FOR OTHER THAN CHILD’S OWN PROBLEMS**

*Have you been to a mental health center or seen a mental health professional privately for other than your own mental health problems (mostly for those of another family member)?*

*Have you been in the last 3 months?*
** Definitions and questions **

** Detailed Child Services Form 1 **

*COMPLETE ONE OF THESE FORMS FOR EACH SETTING WHERE SERVICES HAVE BEEN USED DURING THE LAST 3 MONTHS*

**TREATMENT SETTING - INPATIENT/OUTPATIENT (FORM 1)**

*Where did you go/whom did you see?*

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**OVERNIGHT/INPATIENT**

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<td>3 = Drug/Alcohol/Detoxification unit</td>
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<td>4 = Medical inpatient unit in hospital</td>
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<td>5 = Residential Treatment Center</td>
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<td>6 = Detention Center/Training School/Jail</td>
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<td>8 = Therapeutic Foster Care</td>
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**OUTPATIENT MENTAL HEALTH TREATMENT**

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<td>4 = Community health center</td>
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<td>5 = Crisis center</td>
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<tr>
<td>6 = In-home counseling/crisis services</td>
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**TREATMENT SETTING- FAMILY DOCTOR**

*Did you see a family doctor?*

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**FOR REVIEW ONLY**
### Definitions and questions

**TREATMENT SETTING - PROFESSIONAL/NON-PROFESSIONAL HELP**

*Where did you go/whom did you see?*

### Coding rules

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**OTHER PROFESSIONAL HELP**

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<td>4</td>
<td>Probation officer/juvenile correctional counselor</td>
</tr>
<tr>
<td>5</td>
<td>Family doctor/Other MD</td>
</tr>
<tr>
<td>6</td>
<td>Hospital ER</td>
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<tr>
<td>7</td>
<td>Religious counselor</td>
</tr>
<tr>
<td>8</td>
<td>Other healer/alternative practitioner</td>
</tr>
<tr>
<td>9</td>
<td>Special class/LD or MR</td>
</tr>
<tr>
<td>10</td>
<td>Educational tutoring</td>
</tr>
<tr>
<td>11</td>
<td>School Teacher</td>
</tr>
<tr>
<td>12</td>
<td>School Nurse</td>
</tr>
</tbody>
</table>

**OTHER NON-PROFESSIONAL HELP**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>1</td>
<td>Crisis hotline</td>
</tr>
<tr>
<td>2</td>
<td>Self-help group (AA, NA, etc)</td>
</tr>
<tr>
<td>3</td>
<td>Adult family member/Relative</td>
</tr>
<tr>
<td>4</td>
<td>Non-professional adult help</td>
</tr>
<tr>
<td>5</td>
<td>Peer help</td>
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</tbody>
</table>

### Codes

- **COA0X0X 00**: Intensity
- **COA0X97**: Other professional help
- **COA0X96**: Other non-professional help
### PROVIDER’S FOCUS OF TREATMENT

Code here the areas of psychopathology that were a focus of treatment provided in this service setting, in the order of their apparent importance. In determining this order, consider the reason for referral, statements about the aim of the treatment remembered by the interviewee, and the type of treatment provided.

### ATTENDED TREATMENT SETTING

**What were the main reasons that you “went to treatment setting”?**

Were there any other reasons?  
What were they?

**How often (long) did you go/stay in the last 3 months?**

AVERAGE LENGTH OF EACH SESSION (IN MINUTES) WITH THAT PARTICULAR PROVIDER.

How long was each visit/session?

**When did you first go there for this current treatment?**

Are you still going?

IF CHILD HAS STOPPED ATTENDING TREATMENT DURING THE LAST 3 MONTHS, CONTINUE. OTHERWISE, SKIP TO SERVICE CONTACT.

**When did you stop?**

**What were the reasons you stopped treatment?**

CODE 3 REASONS IN ORDER OF APPARENT IMPORTANCE

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<thead>
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<th>ATTENDED TREATMENT SETTING</th>
<th>Codes</th>
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<tr>
<td>2 = Present</td>
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</tr>
</tbody>
</table>

**FOCUS OF TREATMENT**

| 0 = Absent | 1 = School non-attendance |
| 2 = Separation anxiety | 3 = Worries/anxiety |
| 4 = Obsessions/compulsions | 5 = Depression |
| 6 = Mania | 7 = Physical symptoms |
| 8 = Food-related behavior | 9 = Hyperactivity/ADD |
| 10 = Conduct disorder | 11 = Alcohol/Drugs |
| 12 = Psychosis | 13 = Relationships with Parent #1, #2 |
| 14 = Relationships with Other Parent #1, #2 | 15 = Relationships with other adults |
| 16 = Sibling relationships | 17 = Peer relationships |
| 18 = Post-Traumatic Stress | 19 = Psychological testing/evaluation |
| 20 = Follow-Up care | 21 = Other |

**LENGTH OF VISIT (FORM 1)**

<table>
<thead>
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<td>COA0DD01</td>
</tr>
<tr>
<td>COA00001</td>
</tr>
<tr>
<td>/ /</td>
</tr>
</tbody>
</table>
Definitions and questions

Coding rules

STILL ATTENDING
0 = No
2 = Yes

DATE STOPPED WITHIN PRIMARY PERIOD (FORM 1)

REASON(S) STOPPED
1 = Planned termination of treatment
2 = Planned termination of treatment
3 = Child improved so stopped going
4 = Parent felt "provider" did not understand what the problem was
5 = Parent disagreed with "provider" about what should be done
6 = Parent and/or child had a bad experience with this "provider"
7 = Parent and/or child felt discriminated against
8 = "Provider" was no longer available (moved or left setting)
9 = Child refused to go
10 = Insurance/managed care company limited treatment
11 = Too expensive
12 = Parent or child moved
13 = Other

IF INPATIENT, OUTPATIENT OR FAMILY DOCTOR/OTHER MD, CONTINUE. OTHERWISE, SKIP TO "FORMAT OF SERVICE CONTACT (FORM 2)", (PAGE 5).
Definitions and questions

**FORMAT OF SERVICE CONTACT**

I am going to ask you about the different types of treatment that you or family may have received in this setting.

Did you receive.....
An assessment/evaluation or psychological testing?

Individual therapy?

Group therapy?

Did you or your family receive.....
Family therapy, when "provider" meets with parents and children together?

Counseling for your "parents" by themselves?

Family support or educational groups, such as group meetings with other families?

Case management, that is someone who helps coordinate the services you receive?

Did your "provider"......
Contact or work with your child’s school?

Contact or work with any other services or agencies?

Coding rules

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<td>Intensity</td>
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<td>COA7I01</td>
<td>ASSESSMENT/EVALUATION/TESTING</td>
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<td>INDIVIDUAL THERAPY FOR CHILD</td>
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<td>COA7I04</td>
<td>GROUP THERAPY</td>
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<td>COA7I07</td>
<td>FAMILY THERAPY</td>
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<td>COA7I08</td>
<td>COUNSELING FOR PARENT AND/OR PARTNER</td>
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<td>COA7I06</td>
<td>FAMILY GROUP</td>
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<td>COA7I09</td>
<td>CASE MANAGEMENT</td>
</tr>
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<td>COA7I11</td>
<td>CONTACTED SCHOOL</td>
</tr>
<tr>
<td>COA7I12</td>
<td>CONTACTED OTHER SERVICES OR AGENCIES</td>
</tr>
</tbody>
</table>

For Review Only
Definitions and questions

**PARENTAL INVOLVEMENT**

*Did your parents participate in any sessions with you?*

*How many?*

*Did you feel they should be more involved?*

*Or less involved?*

CODE NUMBER OF SESSIONS ATTENDED IN LAST 3 MONTHS.

---

**OTHER FAMILY INVOLVEMENT**

*Were other family members involved (apart from your parents)?*

*Who?*

*Did they participate in any sessions?*

*How many?*

*Did you feel they should be more involved?*

*Or less involved?*

---

**Coding rules**

**PARENTAL INVOLVEMENT**

<table>
<thead>
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<th>Code</th>
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</tr>
<tr>
<td>2</td>
<td>Parent feels his/her involvement was insufficient.</td>
</tr>
<tr>
<td>3</td>
<td>Parent feels his/her involvement was too extensive.</td>
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**OTHER FAMILY INVOLVEMENT**

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<th>Description</th>
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<tr>
<td>0</td>
<td>Adequate involvement.</td>
</tr>
<tr>
<td>2</td>
<td>Parent feels his/her involvement was insufficient.</td>
</tr>
<tr>
<td>3</td>
<td>Parent feels his/her involvement was too extensive.</td>
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</table>
TREATMENT APPROACHES
Now I want to ask you about what went on in any of the treatment sessions you had
Did your “provider” (or any of your “providers”)...
Have you keep a diary of your behavior?
Help you set up a plan for rewarding your good behavior?
Set up a behavioral contract?
Give you any “homework” to practice?
Suggest using “time-outs”?
Teach you ways to manage your behavior?
Teach you ways to relax?
Teach you how your thoughts can affect how you feel and behave?
Teach you social skills?
Teach you how to deal with depressing or anxious thoughts?
Was medication prescribed for you?
Are you still taking it?
When did you stop?
OFFSET OF MEDICATION.
When did you stop?

TREATMENT APPROACHES
0 = No
2 = Yes

KEEP DIARY
0 = No
2 = Yes

REWARDS
0 = No
2 = Yes

BEHAVIORAL CONTRACT
0 = No
2 = Yes

"HOMEWORK"
0 = No
2 = Yes

"TIME - OUTS"
0 = No
2 = Yes

MANAGE BEHAVIOR
0 = No
2 = Yes

RELAXING
0 = No
2 = Yes

THOUGHTS AFFECTING BEHAVIOR
0 = No
2 = Yes

SOCIAL SKILLS
0 = No
2 = Yes

COPING WITH DEPRESSION
0 = No
2 = Yes

MEDICATIONS
0 = No
Definitions and questions

Coding rules

2 = Yes

STILL TAKING

0 = No
2 = Yes

Codes

COA8I12

COA8001

Onset

/ /
RELATIONSHIP WITH PROVIDER

I am now going to read you some statements about your experiences with "therapist/clinic." I want you to tell me if each statement is always true, often true, sometimes true, rarely true or never true.

The "health care provider" does a better job helping me than my parents (caretaker) can.

Does not have as much time for me as I would like.

Does not understand what I need.

Criticizes what my parents (caretaker) do with me.

Expects too much from my family and me.

Accepts what I have to say when I make recommendations.

Helps me understand what is going on with my me.

Respects my wishes and experiences.

Shares information with me.

Treats me as a partner in my child's care.

Does a good job finding programs suitable for my child.

Respects our family's beliefs, customs, and the way in which we do things in our family.

Shows concerns about our entire family, not just the child with special needs.

Points out what my child and family do well.
Definitions and questions

Coding rules

2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
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3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
OUTCOMES - LESS STRESSED
PERCEIVED BENEFITS OF TREATMENT.

Determine if "NO" means "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

Because of the treatment received with "provider" are you feeling less stressed about your child?

OUTCOMES - BEHAVIOR IMPROVED
PERCEIVED BENEFITS OF TREATMENT.

Determine if "NO" means "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

Because of the treatment received with "provider" ..... Has your behavior improved?
OUTCOMES - RELATIONSHIP IMPROVED
PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

Have your family relationships improved (less fighting, more positive interaction, feel better about each other)?

PATIENT SATISFACTION
INTERVIEWER: ALWAYS ANSWER YES TO ASK FOLLOWING QUESTIONS.

If you needed a "provider" in the future, would you return to the same "provider" again?
IF NO,
Why not?

If you were going to recommend a "provider" to a friend, would you recommend this "provider"?
IF NO,
Why not?

PAYMENT
Do you know how this was paid for?
Did you pay any of the cost yourself?
Did your "parent" pay anything?
How much have you paid in the last 3 months?

RETURN TO CLINIC
0 = No
2 = Yes

RECOMMEND
0 = No
2 = Yes

PAYMENT
0 = No
2 = Yes

FAMILY OUT-OF-POCKET EXPENSE
0 = Parent or child paid all of cost of services
1 = Parent or child paid some of cost.
2 = Parent or child paid none of cost.
DETAILED CHILD SERVICES FORM 2
TREATMENT SETTING - INPATIENT/OUTPATIENT (FORM 2)

Where did you go/whom did you see?

TREATMENT SETTING
0 = Absent
2 = Present

OVERNIGHT/INPATIENT
0 = Absent
1 = Psychiatric hospital
2 = Psychiatric unit in general hospital
3 = Drug/Alcohol/Detoxification unit
4 = Medical inpatient unit in hospital
5 = Residential Treatment Center
6 = Detention Center/Training School/Jail
7 = Group home/Emergency shelter
8 = Therapeutic Foster Care
9 = Boarding School

OUTPATIENT MENTAL HEALTH TREATMENT
0 = Absent
1 = Partial hospitalization/day program
2 = Drug/Alcohol
3 = Mental health center/Clinic
4 = Community health center
5 = Crisis center
6 = In-home counseling/crisis services
7 = Private professional treatment

TREATMENT SETTING - FAMILY DOCTOR (FORM 2)

Did you see a family doctor?

FAMILY DOCTOR
0 = No
2 = Yes
**TREATMENT SETTING - PROFESSIONAL/NON-PROFESSIONAL HELP (FORM 2)**

*Where did you go/whom did you see?*

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>COB0X0X 00</td>
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<tr>
<td>2 = Present</td>
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**OTHER PROFESSIONAL HELP**

<table>
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<tr>
<th>Codes</th>
<th>Values</th>
</tr>
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<tbody>
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<td>0 = Absent</td>
<td>COB0X97</td>
</tr>
<tr>
<td>1 = School guidance counselor/school psychologist; school social worker</td>
<td></td>
</tr>
<tr>
<td>2 = Special class/BEH</td>
<td></td>
</tr>
<tr>
<td>3 = Social services</td>
<td></td>
</tr>
<tr>
<td>4 = Probation officer/juvenile correctional counselor</td>
<td></td>
</tr>
<tr>
<td>5 = Family doctor/Other MD</td>
<td></td>
</tr>
<tr>
<td>6 = Hospital ER</td>
<td></td>
</tr>
<tr>
<td>7 = Religious counselor</td>
<td></td>
</tr>
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<td>8 = Other healer/alternative practitioner</td>
<td></td>
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<td>9 = Special class/LD or MR</td>
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<tr>
<td>11 = School Teacher</td>
<td></td>
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<tr>
<td>12 = School Nurse</td>
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**OTHER NON-PROFESSIONAL HELP**

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<th>Codes</th>
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<td>0 = Absent</td>
<td>COB0X96</td>
</tr>
<tr>
<td>1 = Crisis hotline</td>
<td></td>
</tr>
<tr>
<td>2 = Self-help group (AA, NA, etc)</td>
<td></td>
</tr>
<tr>
<td>3 = Adult family member/Relative</td>
<td></td>
</tr>
<tr>
<td>4 = Non-professional adult help</td>
<td></td>
</tr>
<tr>
<td>5 = Peer help</td>
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</tbody>
</table>
Definitions and questions

**PROVIDER’S FOCUS OF TREATMENT (FORM 2)**

Code here the areas of psychopathology that were a focus of treatment provided in this service setting, in the order of their apparent importance. In determining this order, consider the reason for referral, statements about the aim of the treatment remembered by the interviewee, and the type of treatment provided.

*What were the main reasons that you “went to treatment setting”*?

*Were there any other reasons?
What were they?*

*How often (long) did you go/stay in the last 3 months?*

AVERAGE LENGTH OF EACH SESSION (IN MINUTES) WITH THAT PARTICULAR PROVIDER.

*How long was each visit/session?*

*When did you first go there for this current treatment?*

*Are you still going?*

IF CHILD HAS STOPPED ATTENDING TREATMENT DURING THE LAST 3 MONTHS, CONTINUE. OTHERWISE, SKIP TO SERVICE CONTACT

*When did you stop?*

*What were the reasons you stopped treatment?*

code 3 reasons in order of apparent importance

**Coding rules**

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<th>ATTENDED TREATMENT SETTING</th>
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<tbody>
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**FOCUS OF TREATMENT**

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<td>2 = Separation anxiety</td>
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<td>3 = Worries/anxiety</td>
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<td>4 = Obsessions/compulsions</td>
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<td>5 = Depression</td>
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<td>6 = Mania</td>
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<td>7 = Physical symptoms</td>
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<td>8 = Food-related behavior</td>
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<td>9 = Hyperactivity/ADD</td>
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<td>10 = Conduct disorder</td>
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<td>11 = Alcohol/Drugs</td>
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<td>12 = Psychosis</td>
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<td>13 = Relationships with Parent #1, #2</td>
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<tr>
<td>14 = Relationships with Other Parent #1, #2</td>
<td></td>
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<tr>
<td>15 = Relationships with other adults</td>
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<td>16 = Sibling relationships</td>
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<td>17 = Peer relationships</td>
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<td>18 = Post-Traumatic Stress</td>
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</tr>
<tr>
<td>19 = Psychological testing/evaluation</td>
<td></td>
</tr>
<tr>
<td>20 = Follow-Up care</td>
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<tr>
<td>21 = Other</td>
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**LENGTH OF VISIT (FORM 1)**

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<td>COB0D01 Onset</td>
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<td>COB0O01 Onset</td>
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### Definitions and questions

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<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
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<td><strong>DATE STOPPED WITHIN PRIMARY PERIOD (FORM 1)</strong></td>
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<td><strong>REASON(S) STOPPED</strong></td>
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<tr>
<td>1 = Planned termination of treatment</td>
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</tr>
<tr>
<td>2 = Planned termination of treatment</td>
<td></td>
</tr>
<tr>
<td>3 = Child improved so stopped going</td>
<td></td>
</tr>
<tr>
<td>4 = Parent felt &quot;provider&quot; did not understand what the problem was</td>
<td></td>
</tr>
<tr>
<td>5 = Parent disagreed with &quot;provider&quot; about what should be done</td>
<td></td>
</tr>
<tr>
<td>6 = Parent and/or child had a bad experience with this &quot;provider&quot;</td>
<td></td>
</tr>
<tr>
<td>7 = Parent and/or child felt discriminated against</td>
<td></td>
</tr>
<tr>
<td>8 = &quot;Provider&quot; was no longer available (moved or left setting)</td>
<td></td>
</tr>
<tr>
<td>9 = Child refused to go</td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>13 = Other</td>
<td></td>
</tr>
</tbody>
</table>

**IF INPATIENT, OUTPATIENT OR FAMILY DOCTOR/OTHER MD, CONTINUE. OTHERWISE, SKIP TO "FORMAT OF SERVICE CONTACT (FORM 3)", (PAGE 5).**
FORM OF SERVICE CONTACT (FORM 2)

I am going to ask you about the different types of treatment that you or family may have received in this setting.

Did you receive......
An assessment/evaluation or psychological testing?
Individual therapy?
Group therapy?
Did you or your family receive......
Family therapy, when "provider" meets with parents and children together?
Counseling for you alone or counseling for you and your partner?
Family support or educational groups, such as group meetings with other families?
Case management, that is someone who helps coordinate the services you receive?
Did your "provider"......
Contact or work with your child's school?
Contact or work with any other services or agencies?

Coding rules

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FOR REVIEW ONLY
PARENTAL INVOLVEMENT (FORM 2)

Did your parents participate in any sessions with you?

How many?

Did you feel they should be more involved?

Or less involved?

CODE NUMBER OF SESSIONS ATTENDED IN LAST 3 MONTHS.

OTHER FAMILY INVOLVEMENT (FORM 2)

Were other family members involved (apart from you and your parents)?

Who?

Did they participate in any sessions?

How many?

Or less involved?

Did you feel they should be more involved?
TREATMENT APPROACHES (FORM 2)

Now I want to ask you about what went on in any of the treatment sessions you had.

Did your "provider" (or any of your "providers")...

Have you keep a diary of your behavior?

Help you set up a plan for rewarding your good behavior?

Set up a behavioral contract?

Give you any "homework" to practice?

Suggest using "time-outs"?

Teach you ways to manage your behavior?

Teach you ways to relax?

Teach you how thoughts can affect how you feel and behave?

Teach you social skills?

Teach you how to deal with depressing or anxious thoughts?

Was medication prescribed for you?

Are you still taking it?

Are you still taking it?

OFFSET OF MEDICATION.

When did you stop?
Definitions and questions

Cobbing rules

2 = Yes  

STILL TAKING

0 = No  
2 = Yes

Codes

COB812

COB8001  
Onset

/ /
RELATIONSHIP WITH PROVIDER (FORM 2)

I am now going to read you some statements about your experiences with "therapist/clinic." I want you to tell me if each statement is always true, often true, sometimes true, rarely true or never true.

The "health care provider" does a better job helping my child than I can myself.

Does not have as much time for me as I would like.

Does not understand what my child needs.

Criticizes what I do with my child.

Expects too much from my family and me.

Accepts what I have to say when I make recommendations.

Helps me understand what is going on with my child.

Respects my wishes and experiences.

Shares information with me.

Treats me as a partner in my child's care.

Does a good job finding programs suitable for my child.

Respects our family's beliefs, customs, and the way in which we do things in our family.

Shows concerns about our entire family, not just the child with special needs.

Points out what my child and family do well.
## Definitions and questions

**Coding rules**

- 2 = Often True
- 3 = Sometimes True
- 4 = Rarely True
- 5 = Never True

**ALWAYS/NEVER TRUE**

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**ALWAYS/NEVER TRUE**

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**ALWAYS/NEVER TRUE**

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Definitions and questions

Codings rules

2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

COB9I13

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

COB9I14

OUTCOMES - LESS STRESSED (FORM 2)
PERCEIVED BENEFITS OF TREATMENT.

Determine if "NO" means "NO CHANGE" or "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

OUTCOMES - BEHAVIOR IMPROVED (FORM 2)
PERCEIVED BENEFITS OF TREATMENT.

Determine if "NO" means "NO CHANGE" or "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

Because of the treatment received with "provider" .....  

Has your behavior improved?

COB4I04

LESS STRESSED
0 = No
2 = Yes

COB4I01

Intensity
0 = No
2 = Yes
OUTCOMES - RELATIONSHIP IMPROVED
(FORM 2)

PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

Have your family relationships improved (less fighting, more positive interaction, feel better about each other)?

PATIENT SATISFACTION (FORM 2)

INTERVIEWER: ALWAYS ANSWER YES TO ASK FOLLOWING QUESTIONS.

If you needed a "provider" in the future, would you return to the same "provider" again?

IF NO,

Why not? (Record Verbatim)

If you were going to recommend a "provider" to a friend, would you recommend this "provider"?

IF NO,

Why not? (Record Verbatim)

PAYMENT (FORM 2)

Do you know how this was paid for?

Did you pay any of the cost yourself? Did your "parent" pay anything?

How much have you paid in the last 3 months?
Definitions and questions

DETAILED CHILD SERVICES FORM 3
TREATMENT SETTING - INPATIENT/OUTPATIENT (FORM 3)

Where did you go/whom did you see?

TREATMENT SETTING

0 = Absent
2 = Present

OVERNIGHT/INPATIENT

0 = Absent
1 = Psychiatric hospital
2 = Psychiatric unit in general hospital
3 = Drug/Alcohol/Detoxification unit
4 = Medical inpatient unit in hospital
5 = Residential Treatment Center
6 = Detention Center/Training School/Jail
7 = Group home/Emergency shelter
8 = Therapeutic Foster Care
9 = Boarding School

OUTPATIENT MENTAL HEALTH TREATMENT

0 = Absent
1 = Partial hospitalization/day program
2 = Drug/Alcohol
3 = Mental health center/Clinic
4 = Community health center
5 = Crisis center
6 = In-home counseling/crisis services
7 = Private professional treatment

TREATMENT SETTING - FAMILY DOCTOR

Did you see a family doctor?

FAMILY DOCTOR

0 = No
2 = Yes

CODING RULES

COC0X0Z 00
Intensity

COC0X99

COC0X98

COC0X95
TREATMENT SETTING - PROFESSIONAL/NON-PROFESSIONAL HELP (FORM 3)

Where did you go/whom did you see?

TREATMENT SETTING
0 = Absent
2 = Present

OTHER PROFESSIONAL HELP
0 = Absent
1 = School guidance counselor/school psychologist; school social worker
2 = Special class/BEH
3 = Social services
4 = Probation officer/juvenile correctional counselor
5 = Family doctor/Other MD
6 = Hospital ER
7 = Religious counselor
8 = Other healer/alternative practitioner
9 = Special class/LD or MR
10 = Educational tutoring
11 = School Teacher
12 = School Nurse

OTHER NON-PROFESSIONAL HELP
0 = Absent
1 = Crisis hotline
2 = Self-help group (AA, NA, etc)
3 = Adult family member/Relative
4 = Non-professional adult help
5 = Peer help
**Definitions and questions**

**PROVIDER'S FOCUS OF TREATMENT (FORM 3)**

Code here the areas of psychopathology that were a focus of treatment provided in this service setting, in the order of their apparent importance. In determining this order, consider the reason for referral, statements about the aim of the treatment remembered by the interviewee, and the type of treatment provided.

*What were the main reasons that you "went to treatment setting"?*

*Were there any other reasons?*

*What were they?*

*How often (long) did you go/stay in the last 3 months?*

*AVERAGE LENGTH OF EACH SESSION (IN MINUTES) WITH THAT PARTICULAR PROVIDER.*

*How long was each visit/session?*

*When did you first go there for this current treatment?*

*Are still going?*

**IF CHILD HAS STOPPED ATTENDING TREATMENT DURING THE LAST 3 MONTHS, CONTINUE. OTHERWISE, SKIP TO SERVICE CONTACT**

*When did you stop?*

*What were the reasons you stopped treatment?*

**CODE 3 REASONS IN ORDER OF APPARENT IMPORTANCE**

**Coding rules**

**ATTENDED TREATMENT SETTING**

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**FOCUS OF TREATMENT**

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**LENGTH OF VISIT (FORM 1)**

**Codes**

- COC0XYZ 00 (Intensity)
- COC0X03
- COC0X04
- COC0X05
- COC0F01 (Frequency)
- COC0D01
- COC0O01 (Onset)

/ /

FOR REVIEW ONLY
Definitions and questions

Coding rules

STILL ATTENDING
0 = No
2 = Yes

DATE STOPPED WITHIN PRIMARY PERIOD (FORM 1)

REASON(S) STOPPED
1 = Planned termination of treatment
2 = Planned termination of treatment
3 = Child improved so stopped going
4 = Parent felt "provider" did not understand what the problem was
5 = Parent disagreed with "provider" about what should be done
6 = Parent and/or child had a bad experience with this "provider"
7 = Parent and/or child felt discriminated against
8 = "Provider" was no longer available (moved or left setting)
9 = Child refused to go
10 = Insurance/managed care company limited treatment
11 = Too expensive
12 = Parent or child moved
13 = Other

IF INPATIENT, OUTPATIENT OR FAMILY DOCTOR/OTHER MD, CONTINUE. OTHERWISE, SKIP TO "ANTICIPATED LOSS OF PARENTAL RIGHTS", (PAGE 5).

Detailed Child Services Form 3
**FORMAT OF SERVICE CONTACT (FORM 3)**

I am going to ask you about the different types of treatment that you or family may have received in this setting.

**Did you receive......**

An assessment/evaluation or psychological testing?

Individual therapy?

Group therapy?

**Did you or your family receive......**

Family therapy, when "provider" meets with parents and children together?

Counseling for your "parents" by themselves?

Family support or educational groups, such as group meetings with other families?

Case management, that is someone who helps coordinate the services you receive?

**Did your "provider"......**

Contact or work with your school?

Contact or work with any other services or agencies?

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Definitions and questions

PARENTAL INVOLVEMENT (FORM 3)

Did your parents participate in any sessions with you?
How many?
Did you feel you should be more involved?
Or less involved?

CODE NUMBER OF SESSIONS ATTENDED IN LAST 3 MONTHS.

OTHER FAMILY INVOLVEMENT (FORM 3)

Were other family members involved (apart from you and your parents)?
Who?
Did they participate in any sessions?
How many?
Did you feel they should be more involved?
Or less involved?

COC1X01 Intensity
COC1F01 Frequency

COC2X01 Intensity
COC2F01 Frequency

Coding rules

PARENTAL INVOLVEMENT
0 = Adequate involvement.
2 = Parent feels his/her involvement was insufficient.
3 = Parent feels his/her involvement was too extensive.

OTHER FAMILY INVOLVEMENT
0 = Adequate involvement.
2 = Parent feels his/her involvement was insufficient.
3 = Parent feels his/her involvement was too extensive.
Definitions and questions

TREATMENT APPROACHES (FORM 3)

Now I want to ask you about what went on in any of the treatment sessions you had.

Did your "provider" (or any of your "providers")...

Have you keep a diary of your behavior?

Help you set up a plan for rewarding your good behavior?

Set up a behavioral contract?

Give you any "homework" to practice?

Suggest using "time-outs"?

Teach you ways to manage your behavior?

Teach you ways to relax?

Teach you how your thoughts can affect how you feel and behave?

Teach you social skills?

Teach you how to deal with depressing or anxious thoughts?

Was medication prescribed for you?

Are you still taking it?

Are still taking it?

OFFSET OF MEDICATION.

When did you stop?

Coding rules

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Detailed Child Services Form 3 7
Definitions and questions

Coding rules
2 = Yes
STILL TAKING
0 = No
2 = Yes

Codes
COC8I12
COC8O01
Onset
/ /
RELATIONSHIP WITH PROVIDER (FORM 3)

I am now going to read you some statements about your experiences with "therapist/clinic." I want you to tell me if each statement is always true, often true, sometimes true, rarely true or never true.

The "health care provider" does a better job helping my child than I can myself.

Does not have as much time for me as I would like.

Does not understand what my child needs.

Criticizes what I do with my child.

Expects too much from my family and me.

Accepts what I have to say when I make recommendations.

Helps me understand what is going on with my child.

Respects my wishes and experiences.

Shares information with me.

Treats me as a partner in my child's care.

Does a good job finding programs suitable for my child.

Respects our family's beliefs, customs, and the way in which we do things in our family.

Shows concerns about our entire family, not just the child with special needs.

Points out what my child and family do well.

COC9XYZ 00

Intensity

COC9I01

ALWAYS/NEVER TRUE

1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

COC9I02

ALWAYS/NEVER TRUE

1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

COC9I03

ALWAYS/NEVER TRUE

1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

COC9I04

ALWAYS/NEVER TRUE

1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

COC9I05

ALWAYS/NEVER TRUE

1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

COC9I06

ALWAYS/NEVER TRUE

1 = Always True
Definitions and questions

2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
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5 = Never True

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5 = Never True

ALWAYS/NEVER TRUE
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2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
OUTCOMES - LESS STRESSED (FORM 3)
PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

_Because of the treatment received with "provider".....

OUTCOMES - BEHAVIOR IMPROVED (FORM 3)
PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

_Because of the treatment received with "provider".....

Has your behavior improved?
Definitions and questions

OUTCOMES - RELATIONSHIP IMPROVED
(FORM 3)

PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

Have your family relationships improved (less fighting, more positive interaction, feel better about each other)?

PATIENT SATISFACTION (FORM 3)

INTERVIEWER: ALWAYS ANSWER YES TO ASK FOLLOWING QUESTIONS.

If you needed a "provider" in the future, would you return to the same "provider" again?

IF NO,

Why not? (Record Verbatim)

If you were going to recommend a "provider" to a friend, would you recommend this "provider"?

IF NO,

Why not? (Recorder Verbatim)

PAYMENT (FORM 3)

Do you know how this was paid for?

Did you pay any of the cost yourself?
Did your "parent" pay anything?

How much have you paid in the last 3 months?

Coding rules

<table>
<thead>
<tr>
<th>YES 2</th>
<th>COC4I03</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
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</tbody>
</table>

PATIENT OPINION

| 0 = No | COC5XYZ 00 |
| 2 = Yes |

RETURN TO CLINIC

| 0 = No | COC5I01 |
| 2 = Yes |

RECOMMEND

| 0 = No | COC5I02 |
| 2 = Yes |

PAYMENT

| 0 = No | COC3XYZ 00 |
| 2 = Yes |

FAMILY OUT-OF-POCKET EXPENSE

| 0 = Parent or child paid all of cost of services |
| 1 = Parent or child paid some of cost. |
| 2 = Parent or child paid none of cost. |

Codes

| COC3X01 |
| COC3X02 |
| Frequency |
ATTITUDES AND BARRIERS TO SERVICES
RECEPTIVITY TO SERVICES

GENERAL RECEPTIVITY
The degree to which an individual thinks that professional services for emotional or behavioral problems are generally beneficial and an appropriate response to major problems.

When people have a serious emotional or behavioral problem, do you think it is a good idea for them to try to get help or treatment?

Do you think people like counselors or doctors can help with the kinds of emotional and behavioral problems people have?

GENERAL RECEPTIVITY
0 = Sees professional services as an appropriate response to major emotional or behavioral problems for people
1 = Sees professional services as probably appropriate for major problems for people
2 = Sees professional services as probably not appropriate for major problems for people
3 = Sees professional services as definitely not appropriate for major emotional or behavioral problems for people
PERCEPTION OF BARRIERS TO SERVICE

Subject's statement that certain circumstances or feelings influenced his/her decision to seek treatment for problems or influenced the response to services.

FEAR, DISLIKE, OR DISTRUST OF PROFESSIONALS
Concern or discomfort with using services caused by subject's fear, dislike, or distrust of talking with professionals.

How do you feel about talking with doctors, counselors, or other professionals?

Have you talked with anyone like that about the kinds of problems we have talked about?
Tell me about the last time.
What made you uncomfortable?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn't get help because of this feeling about "doctors"?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did this "feeling" make a difference when you got help in the past 3 months?

What difference did it make?

FEAR, DISLIKE, DISTRUST OF PROFESSIONALS

0 = Absent
2 = Present

IF SYMPTOMS
0 = Present but did not keep from getting help
2 = Present and delayed subject from getting some/other particular services in past 3 months
3 = Present and stopped subject from getting some/other particular services

IF SERVICES
0 = Present, but no effect on services
2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
3 = Quit getting services
PREVIOUS NEGATIVE EXPERIENCE
Concern or discomfort with using services caused by subject's previous negative experience with professional(s).

Have you ever had a "bad experience/trouble" with a "professional/provider" that kept you from getting help again?

Tell me about it.

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn't get help because of "this experience"?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did "this experience" make a difference when you got help in the past 3 months?

What difference did it make?

SELF-CONCIOUSNESS
Reluctance to use services caused by self-consciousness about admitting having a problem or about seeking help for it. Also inability to talk with anyone about such sensitive issues.

Is it hard for you to talk to others about a problem?

Or to ask others for help?

Do you feel embarrassed or self-conscious?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn't get help because it would be "embarrassing"?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did this "feeling" make a difference when you got help in the past 3 months?

What difference did it make?
**Definitions and questions**

**ANTICIPATION OF NEGATIVE REACTION**
Reluctance to use services caused by anticipation of a negative reaction from family, friends, or others to seeking treatment for an emotional or mental problem.

*Are you concerned about what your family will think about you getting help?*

*Or about what your friends would think?*

*Or about what others would think?*

What do you think they would say?

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**
Were there any times in the past 3 months when you didn’t get help because you were "concerned what others would think"?

**IF SERVICES IN LAST 3 MONTHS, ASK:**
Did “this concern” make a difference when you got help in the past 3 months?

What difference did it make?

**ANTICIPATION OF NEGATIVE REACTION**

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<thead>
<tr>
<th>CPA4I01</th>
<th>Intensity</th>
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<td>0 = Absent</td>
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**IF SYMPTOMS**

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<td>0 = Present but did not keep from getting help</td>
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**IF SERVICES**

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<tr>
<td>3 = Quit getting services</td>
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**ANTICIPATION OF OUT OF HOME PLACEMENT**
Reluctance to use services caused by fear that subject's children might be at greater risk of out-of-home placement.

*Were you concerned that you might be taken from your home?*

*Or that you might have to go live somewhere else?*

What did you think might happen?

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**
Were there any times in the last 3 months when you didn’t get help because of “this concern”?

**IF SERVICES IN LAST 3 MONTHS, ASK:**
Did “this concern” make a difference when you got help in the past 3 months?

What difference did it make?

**ANTICIPATION OF OUT OF HOME PLACEMENT**

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**IF SYMPTOMS**

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</table>
ANTICIPATED LOSS OF PARENTAL RIGHTS
Reluctance to use services caused by fear that subject might be seen as an unfit parent and lose parental rights.

Were you concerned that your parents might not be allowed to take care of you anymore?
What did you think might happen?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Was there any time in the last 3 months when you didn't get help because of "this concern"?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did "this concern" make a difference when you got help in the past 3 months?
What difference did it make?

INCOMPLETE INFORMATION
Difficulty in getting services caused by lack of information about where to get services or how to arrange them.

Did lack of information about who to see make it harder for you to get services?
Do you think you need more information about who to see about a problem?
How would (did) you try to find out who to see? Who would (did) you ask about finding the right person? Would (did) your parents know how to find the right person?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the last 3 months when you didn't get help because you didn't know who to see about the problem?

IF SERVICES IN LAST 3 MONTHS, ASK:
When you got help in the past 3 months, did you have trouble finding out who to see?
Definitions and questions

TIME
Reluctance to use services caused by lack of time to get treatment or to make arrangements for treatment.

Are you concerned about having enough time to get help?

Do you have time to go to appointments? Or time to make arrangements? How much time would be needed? What would you not be able to do? Would you have to miss school? How much? Would you have to give up a job? Would you miss out on seeing friends? Would you have to give up doing things you enjoy?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn’t get help because of “the time commitment”?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did time make a difference when you got help in the past 3 months?

Coding rules

<table>
<thead>
<tr>
<th>TIME</th>
<th>CPA8I01</th>
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<tbody>
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FOR REVIEW ONLY
COST
Inability to use services or underutilization of services caused by perception that services could not be afforded or paid for.

Are you bothered about the cost of getting help?
What do you think it would cost?
How did you find out what it would cost?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn't get help because it would cost too much?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did cost make a difference when you got help in the past 3 months?
What difference did it make?

IF CONCERN ABOUT COST, ASK:
Was that because your insurance would not cover the cost?

Would your insurance cover part?
Could you afford the rest?
Definitions and questions

TRANSPORTATION
Reluctance to use services caused by difficulty getting to treatment site.

Is it difficult for you to get to "treatment" location?
How far would you need to go?
What transportation would (do) you need to get there?
Is that available?
Why wouldn't you use it?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn't get help because you "had no transportation and couldn't get there"?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did transportation make a difference when you got help in the past 3 months?
What difference did it make?

BUREAUCRATIC DELAY
This item includes bureaucratic hurdles such as excessive pre-visit paperwork or authorizations, difficulty getting an appointment in a timely fashion or being put on a waiting list, or offices where the phone is not answered or calls are not returned.

Have there been difficulties getting services because of "the system"?
Have you had trouble getting through on the phone?
Were you put on a waiting list?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn't get help because of "bureaucratic delay"?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did bureaucratic delay make a difference when you got help in the past 3 months?

Coding rules

PROBLEM WITH TRANSPORTATION
0 = Absent
2 = Present

IF SYMPTOMS
0 = Present but did not keep from getting help
2 = Present and delayed subject from getting some/other particular services in past 3 months
3 = Present and stopped subject from getting some/other particular services

IF SERVICES
0 = Present, but no effect on services
2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
3 = Quit getting services

CPB0I01
Intensity

CPB0I02

CPB0I03

CPB6I01
Intensity

CPB6I02

CPB6I03

FOR REVIEW ONLY
SERVICE NOT AVAILABLE
Non-availability of a particular service desired by a subject (such as counseling or drug rehab) because it does not exist in the area where the subject lives.

Are there particular services you would like to use to get help that are not available where you live?

What kind of service?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn't get help because that service is not available around here?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did availability or existence of services make a difference when you got help in the last 3 months?

What difference did it make?

REFUSAL TO TREAT
Being refused by the service for various reasons: lack of space/beds, problematic history of subject, fear of liability, etc.

Did any service agency refuse to provide treatment for you?

What was the reason given?
What do you think was the reason?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn't get help because you were refused treatment?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did this refusal to treat make a difference when you got help in the last 3 months?

What difference did it make?
CHILD OR PARENT REFUSES TREATMENT
The subject refused to go for treatment for which s/he was referred by a professional; or, the spouse/partner refuses to allow the subject's participation.

Have you refused to go to any treatment services?

Have your "parent" refused to allow you to get treatment?

What was the reason?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because you or your "parent" refused treatment?

IF SERVICES IN PAST 3 MONTHS, ASK:

Did your "parent's" refusal to go to treatment make a difference in getting help in the last 3 months?

Did your "parent's" refusal make a difference in getting help in the last 3 months?

Coding rules

CHILD OR PARENT REFUSES TREATMENT
0 = Absent
2 = Present

IF SYMPTOMS
0 = Present but did not keep from getting help
2 = Present and delayed subject from getting some/other particular services in past 3 months
3 = Present and stopped subject from getting some/other particular services

IF SERVICES
0 = Present, but no effect on services
2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
3 = Quit getting services

Codes

CPB9I01 Intensity
CPB9I02
CPB9I03
Definitions and questions

**LANGUAGE**

Reluctance to use services caused by lack of professionals who speak the native language of this family. Do not include a speech defect in a parent or subject whose native language is English.

**What languages are spoken in your home?**

Do your parents speak English?

**If English is only language, skip to other barriers.**

Is it hard for you to talk about your problems in English?

Is it hard for your parents?

**If symptoms in last 3 months, ask:**

Were there any times in the last 3 months when you didn't go see someone about a problem because of having to speak English?

**If services in last 3 months, ask:**

Did having to speak English make a difference when you got help in the past 3 months?

What difference did it make?

**Coding rules**

**LANGUAGES SPOKEN IN THE HOME**

- 0 = English is first language
- 1 = English is second language and other first language(s) is spoken in the home
- 2 = Only other language(s), not English, spoken in the home

**OTHER LANGUAGE(S)**

- 0 = Absent
- 2 = Child is so bothered that s/he becomes emotionally upset or physically aggressive and/or avoids the situations as much as possible.

**LANGUAGE BARRIER**

- 0 = Absent
- 2 = Present for spouse/partner but not subject
- 3 = Present for subject

**If symptoms**

- 0 = Present but did not keep from getting help
- 2 = Present and delayed subject from getting some/other particular services in past 3 months
- 3 = Present and stopped subject from getting some/other particular services

**If services**

- 0 = Present, but no effect on services
- 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
- 3 = Quit getting services
OTHER BARRIERS
Reluctance to use services caused by other factors.

Are there other things that you are concerned about in relation to getting help for your problems?

What are they?
Tell me about that.

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn’t get help because of X?

How did it keep him/her from getting help?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did X make a difference when you got help in the past 3 months?

What difference did it make?

IF NO CONCERNS OR BARRIERS IDENTIFIED IN ENTIRE SECTION, SKIP TO NEXT SECTION.
IF IF CONCERNS OR BARRIERS IN LAST 3 MONTHS, OTHERWISE..., SKIP TO END.
RELATIVE IMPACT OF BARRIERS
Subject's weighting of the relative importance of the barriers to service.

You've told me that "barriers" made a difference in the help you got.

Which ones bothered you the most?
Which ones made the most difference in the services you got?

BARRIERS REPORTED
0 = Absent
2 = Present

RELATIVE IMPACT OF BARRIERS
1 = Fear, dislike, or distrust of professionals
2 = Previous negative experience
3 = Self-consciousness
4 = Anticipated negative reaction
7 = Lack Of Information
8 = Time
9 = Cost
10 = Problem With Transportation
11 = Language Barrier
12 = Other Barrier
13 = Bureaucratic delay
14 = Service not available
15 = Refusal to treat
16 = Refuses treatment
17 = Anticipated Loss of Own Children
18 = Anticipated Loss Of Parental Rights
### SERVICES AFFECTED
Subject's listing of the providers/treatment settings whose services were most affected by the above barriers.

**Which "services" were affected the most?**

**Who didn't you go to see?**

**Is there someone you would like to have seen?**

**Or an agency you would have liked to go to for services?**

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<th>CPB5X01 Intensity</th>
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<tr>
<th>TREATMENT SETTING</th>
<th>CPB5101</th>
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<tbody>
<tr>
<td>1 = Psychiatric Hospital</td>
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<tr>
<td>2 = Psychiatric unit in general hospital</td>
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<tr>
<td>3 = Drug/alcohol/detox unit</td>
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<td>4 = Medical inpatient unit in hospital</td>
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<tr>
<td>5 = Residential treatment center</td>
<td></td>
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<tr>
<td>6 = Detention center/training school/jail</td>
<td></td>
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<tr>
<td>7 = Group home/emergency shelter</td>
<td></td>
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<tr>
<td>10 = Sheltered living/habilitation/halfway house</td>
<td></td>
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<tr>
<td>11 = Partial hospitalization/day program</td>
<td></td>
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<tr>
<td>12 = Drug/alcohol clinic</td>
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<tr>
<td>15 = Crisis/Rape Crisis Center</td>
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<td>16 = In-home counseling/crisis services</td>
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<td>17 = Private professional treatment</td>
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<td>21 = College based professional</td>
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<td>22 = Professor/Instructor</td>
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<td>23 = Marriage Counselor</td>
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<td>24 = Work Related Services</td>
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<td>25 = Non-professional help at work</td>
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<tr>
<td>26 = Social Services</td>
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<td>27 = Probation/Parole Officer</td>
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<td>28 = Court Counselor</td>
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<td>29 = Family Doctor/Other MD</td>
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<td>30 = Hospital ER</td>
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<td>31 = Vocational Rehab/Sheltered Workshop/Job Training</td>
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<tr>
<td>32 = Religious Counselor</td>
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<tr>
<td>33 = Other Healer/Alternative Practitioner</td>
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<tr>
<td>34 = Crisis Hotline</td>
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<tr>
<td>35 = Self Help Group</td>
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<tr>
<td>36 = Internet Support Group</td>
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<tr>
<td>37 = Help From Relatives</td>
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</tbody>
</table>
### Definitions and questions

### Coding rules

- **38** = Other Non-professional help
- **39** = Help from friends