**Substance Abuse and Mental Health Services Administration (SAMHSA)**

**Center for Mental Health Services (CMHS)**

**National Outcome Measures (NOMs) Client-Level Measures for Discretionary Programs Providing Direct Services**

SPARS CMHS NOMS Services Tool Crosswalk

AUGUST 2022

This document provides a crosswalk between the expiring CMHS NOMS Services Tool (OMB No. 0930-0285, Expiration Date 02/28/2022) and the new CMHS NOMS Services Tool (OMB No. 0930-0285, Expiration Date 03/30/2025).

**CONTENTS**

[RECORD MANAGEMENT 3](#_Toc113368639)

[BEHAVIORAL HEALTH DIAGNOSES 7](#_Toc113368640)

[DEMOGRAPHIC DATA 18](#_Toc113368641)

[A. FUNCTIONING 29](#_Toc113368642)

[B. STABILITY IN HOUSING 41](#_Toc113368643)

[C. EDUCATION AND EMPLOYMENT 45](#_Toc113368644)

[D. CRIME AND CRIMINAL JUSTICE STATUS 51](#_Toc113368645)

[E. PERCEPTION OF CARE 53](#_Toc113368646)

[F. SOCIAL CONNECTEDNESS 57](#_Toc113368647)

[G. PROGRAM-SPECIFIC QUESTIONS 60](#_Toc113368648)

[G1. ASSISTED OUTPATIENT TREATMENT PROGRAM-SPECIFIC QUESTIONS 62](#_Toc113368649)

[G2. LAW ENFORCEMENT AND BEHAVIORAL HEALTH PARTNERSHIPS FOR EARLY DIVERSION PROGRAM-SPECIFIC QUESTIONS 65](#_Toc113368650)

[G3. PROMOTING THE INTEGRATION OF PRIMARY AND BEHAVIORAL HEALTH PROGRAM-SPECIFIC QUESTIONS 69](#_Toc113368651)

[G4. MINORITY AIDS – SERVICE INTEGRATION PROGRAM-SPECIFIC QUESTIONS 73](#_Toc113368652)

[G5. HEALTHY TRANSITIONS PROGRAM-SPECIFIC QUESTIONS 77](#_Toc113368653)

[G6. ASSERTIVE COMMUNITY TREATMENT PROGRAM-SPECIFIC QUESTIONS 80](#_Toc113368654)

[G7. CLINICAL HIGH RISK FOR PSYCHOSIS PROGRAM-SPECIFIC QUESTIONS 85](#_Toc113368655)

[G8. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS PROGRAM-SPECIFIC QUESTIONS 87](#_Toc113368656)

[G9. NATIONAL CHILD TRAUMATIC STRESS INITIATIVE – CATEGORY 3 PROGRAM-SPECIFIC QUESTIONS 89](#_Toc113368657)

[H. SERVICES RECEIVED AND CLINICAL DISCHARGE STATUS 92](#_Toc113368658)

**FORMAT LEGEND**

| **Format Style** | **Signifies** |
| --- | --- |
| +Text#  | Wording that has been added to the new tool |
| ~~<Text>~~  | Wording that is removed from expiring tool |
| Black font | Wording carried over from expiring tool to new tool |
| [Square brackets] | Instructional text that is not intended to be read aloud to client |
| {Curly brackets} | A response category option not intended to be read aloud to the client.  |

**CATEGORY DEFINITIONS**

| **Revision Category** | **Definition** |
| --- | --- |
| Added | New question has been added to the new tool |
| Dropped | Existing question from the expiring tool is no longer asked in the new tool |
| Moved | A question has been relocated within the tool |
| Revised - Minor | Revisions that do not change the intent of the question and the response options. Examples of minor revisions include, but are not limited to, changes to question numbering, insubstantial text changes to questions, response options, or instructions, and adding or dropping “Don’t Know” or “Refused” response options. |
| Revised – Significant | How the question is asked and/or answered has changed but it still collects comparable information. Examples of significant revisions include, but are not limited to, changes to response options, combining multiple questions, changing the type of response options (e.g., from a scale to a Yes/No). |
| Unchanged | No change to the question or response options |

| **Expiring Tool (2019)** | **New Tool (2022)** | **Notes** | **Category** |
| --- | --- | --- | --- |
| RECORD MANAGEMENT |
| Question 4 in ***DEMOGRAPHICS*** (expiring tool, both versions) is moved to Question 2 in ***RECORD MANAGEMENT*** (new tool, combined). |
| **[BOTH]****[RECORD MANAGEMENT IS REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND DISCHARGE, REGARDLESS OF WHETHER AN INTERVIEW IS CONDUCTED.]** | **[COMBINED]****[RECORD MANAGEMENT +information# is +collected# <~~REPORTED>~~ by grantee staff at BASELINE, REASSESSMENT, and DISCHARGE, <~~REGARDLESS OF WHETHER>~~ +even when# an +assessment# interview is +not# conducted.]** | Minor text changes to the instructions. | Revised – Minor |
| **[BOTH]****Consumer ID**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

 | **[COMBINED]****+Client# <~~Consumer>~~ ID**

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|  |  |  |  |  |  |  |  |  |  |  |

 | Consumer ID renamed to Client ID. The language change from Consumer to Client occurs throughout the new tool. | Revised – Minor |
| **[BOTH]****Grant ID (Grant/Contract/Cooperative Agreement)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

 | **[COMBINED]****Grant ID <~~(Grant/Contract/Cooperative Agreement)>~~**

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 | Minor text changes to the question. | Revised – Minor |
| **[BOTH]****Site ID**

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 | **[COMBINED]****Site ID**

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 |   | Unchanged |
| **[BOTH]****1. Indicate Assessment Type*** Baseline

**[ENTER THE MONTH AND YEAR WHEN THE CONSUMER FIRST RECEIVED SERVICES UNDER THE GRANT FOR THIS EPISODE OF CARE.]**|\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|{MONTH YEAR} | **[COMBINED]****1. Indicate Assessment Type*** Baseline +Assessment#

**+1a. *[IF QUESTION 1 IS BASELINE]#* <~~[>~~Enter the MONTH and YEAR when the +client# <~~CONSUMER>~~ first received services under this grant for this episode of care.<~~]>~~**|\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|{MONTH} {YEAR} | Minor text changes to the response option and the instructions. | Revised – Minor |
| **[BOTH]*** **Reassessment**
 | **[COMBINED]*** **Reassessment**

+(3-month or 6-month)# | A reassessment now occurs at either 3 months or 6 months, depending on the grant program. This field is used for either a 3-month or 6-month reassessment. | Revised – Significant |
| **[BOTH]****Which 6-month reassessment?**

|  |  |
| --- | --- |
|  |  |

[ENTER 06 FOR A 6-MONTH, 12 FOR A 12-MONTH, 18 FOR AN 18-MONTH ASSESSMENT, ETC.] | **[COMBINED]****~~<Which 6-month reassessment?>~~**

|  |  |
| --- | --- |
|  |  |

~~<[ENTER 06 FOR A 6-MONTH, 12 FOR A 12-MONTH, 18 FOR AN 18-MONTH ASSESSMENT, ETC.]>~~ | This field has been dropped because there is now only one reassessment, not multiple. | Dropped |
| **[BOTH]*** **Clinical Discharge**
 | **[COMBINED]*** **Clinical Discharge +Assessment#**
 | Minor text changes to the response option. | Revised – Minor |
| **[BOTH, from Demographics]**4. What is your month and year of birth?|\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|Month Year* Refused
 | **[COMBINED]****2. What is the +client’s# month and year of birth?** |\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|{MONTH} {YEAR} | Moved from DEMOGRAPHIC DATA section Question 4 in the expiring tool to RECORD MANAGEMENT Question 2 in the new tool.Minor text changes to the question. | Moved and Revised – Minor |
| **[BOTH]****3. Was interview conducted?*** Yes

**When?**|\_\_\_\_|\_\_\_\_|/|\_\_\_\_|\_\_\_\_|/|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|MONTH DAY YEAR* No

**Why not? Choose only one.*** Not able to obtain consent from proxy
* Client was impaired or unable to provide consent
* Client refused this interview
* Client was not reached for interview
* Client refused all interviews
 | **[COMBINED]****3. Was the +assessment# interview conducted?*** Yes

**+3a. *[IF QUESTION 3 IS YES]#* When?**|\_\_\_\_|\_\_\_\_|/|\_\_\_\_|\_\_\_\_|/|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|{MONTH} {DAY} YEAR}* No

**+3b. *[IF QUESTION 3 IS NO]#* Why not? Choose only one.*** Not able to obtain consent from proxy
* Client was impaired or unable to provide consent
* Client refused this interview
* Client was not reached for interview
* Client refused all interviews
 | Minor text changes to the question and instructions. | Revised – Minor |
| **[CHILD ONLY]** **3. Was the respondent the child or caregiver?*** Child ***[PREFER CHILD AGE 11 and OLDER.]***
* Caregiver
 | **[COMBINED]****4. +[CHILD ONLY]# Was the respondent the child or the caregiver?*** Child <***~~[PREFER CHILD AGE 11 and OLDER.]>~~***
* Caregiver
 | Minor text changes to the instructions. | Revised – Minor |
| BEHAVIORAL HEALTH DIAGNOSES |
|   | **[COMBINED]****+[BEHAVIORAL HEALTH DIAGNOSES information is collected by grantee staff at BASELINE, REASSESSMENT and DISCHARGE even when an assessment interview is not conducted.]#** | Added new instructions. | Added |
|   | **[COMBINED]****+1. Was the client screened or assessed by your program for trauma-related experiences:*** Yes
* No
* {DON’T KNOW}

**1a. *[IF QUESTION 1 IS NO]* Please select why:*** No time during interview
* No training around trauma screening/disclosure
* No institutional/organizational policy around screening
* No referral network and/or infrastructure for trauma services currently available
* Other#
 | Added new questions. | Added |
| Question 1b. (Continued) | **+1b. *[IF QUESTION 1 IS YES]* Was the screen positive?*** Yes
* No
* {DON’T KNOW}#
 |   |   |
|   | **[COMBINED]****+2. Did the client have a positive suicide screen?*** Yes
* No
* {DON’T KNOW}

**2a. *[IF QUESTION 2 IS YES]* Was a suicidal safety plan developed?*** Yes
* No
* {DON’T KNOW}

**2b. *[IF QUESTION 2 IS YES]* Was access to lethal means assessed?*** Yes
* No
* {DON’T KNOW}#
 | Added new questions. | Added |
| **[BOTH]****3. Behavioral Health Diagnoses *[REPORTED BY PROGRAM STAFF.]*****Please indicate the consumer’s current behavioral health diagnoses using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes listed below.**  | **[COMBINED]****3. Behavioral Health Diagnoses <*~~[REPORTED BY PROGRAM STAFF.]>~~***Please indicate the <~~consumer’s>~~ +client’s# current behavioral health diagnoses using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes listed below, +**as made by a clinician#**.  | Significant modification to the instructions. Diagnoses must be made by a clinician. Three diagnoses can be selected but they are no longer prioritized. | Revised – Significant |
| **Question 3 (Continued)****Please note that some substance use disorder ICD-10-CM codes have been crosswalked to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) descriptors. Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.** | Please note that some substance use disorder ICD-10-CM codes have been crosswalked to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) descriptors. Select up to three +behavioral health# diagnoses +from the mental health, Z-codes, and substance use diagnoses below.#~~<For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.>~~ | Significant modification to the instructions. Diagnoses must be made by a clinician. Three diagnoses can be selected but they are no longer prioritized. | Revised – Significant |
|  | **[COMBINED]****+If no mental health diagnosis, select reason:*** No clinician assessment
* High risk factors requiring intervention and not yet meeting criteria for a DSM/ICD diagnosis
* Only met criteria for a “Z “code
* Other (please specify \_\_\_)#
 | Added new question. | Added |
| **[BOTH]****SUBSTANCE USE DISORDER DIAGNOSES****Alcohol-related disorders**F10.10 – Alcohol use disorder, uncomplicated, mildF10.11 – Alcohol use disorder, mild, in remissionF10.20 – Alcohol use disorder, uncomplicated, moderate/severeF10.21 – Alcohol use disorder, moderate/severe, in remissionF10.9 – Alcohol use, unspecified**Opioid-related disorders**F11.10 – Opioid use disorder, uncomplicated, mildF11.11 – Opioid use disorder, mild, in remissionF11.20 – Opioid use disorder, uncomplicated, moderate/severeF11.21 – Opioid use disorder, moderate/severe, in remissionF11.9 – Opioid use, unspecified**Cannabis-related disorders**F12.10 – Cannabis use disorder, uncomplicated, mildF12.11 – Cannabis use disorder, mild, in remissionF12.20 – Cannabis use disorder, uncomplicated, moderate/severeF12.21 – Cannabis use disorder, moderate/severe, in remissionF12.9 – Cannabis use, unspecifiedSedative-, hypnotic-, or anxiolytic-related disordersF13.10 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, mildF13.11 – Sedative, hypnotic, or anxiolytic use disorder, mild, in remissionF13.20 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, moderate/severeF13.21 – Sedative, hypnotic, or anxiolytic use disorder, moderate/severe, in remissionF13.9 – Sedative, hypnotic, or anxiolytic use, unspecified | **[COMBINED]****MENTAL HEALTH DIAGNOSES****+Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders#**F20 – SchizophreniaF21 – Schizotypal disorderF22 – Delusional disorderF23 – Brief psychotic disorderF24 – Shared psychotic disorderF25 – Schizoaffective disordersF28 – Other psychotic disorder not due to a substance or known physiological conditionF29 – Unspecified psychosis not due to a substance or known physiological condition**+Mood [affective] disorders#**F30 – Manic episodeF31 – Bipolar disorderF32 – Major depressive disorder, single episodeF33 – Major depressive disorder, recurrentF34 – Persistent mood [affective] disordersF39 – Unspecified mood [affective] disorder**Phobic Anxiety and Other Anxiety Disorders**+F40 – Phobic anxiety disordersF40.00 – Agoraphobia, unspecified F40.01 – Agoraphobia with panic disorderF40.02 – Agoraphobia without panic disorder#+F40.1 – Social phobias (Social anxiety disorder)F40.10 – Social phobia, unspecified F40.11 – Social phobia, generalizedF40.2 – Specific (isolated) phobiasF41 – Other anxiety disordersF41.0 – Panic disorderF41.1 – Generalized anxiety disorder# | List of mental health diagnosis options expanded.List of Mental Health Diagnoses moved to above Substance Use.Added new Z codes, new codes, and sub-section headers to both lists. | Revised – Significant |
| Substance Use Disorder and Mental Health Diagnoses Continued **Cocaine-related disorders**F14.10 – Cocaine use disorder, uncomplicated, mildF14.11 – Cocaine use disorder, mild, in remissionF14.20 – Cocaine use disorder, uncomplicated, moderate/severeF14.21 – Cocaine use disorder, moderate/severe, in remissionF14.9 – Cocaine use, unspecified**Other stimulant-related disorders**F15.10 – Other stimulant use disorder, uncomplicated, mildF15.11 – Other stimulant use disorder, mild, in remissionF15.20 – Other stimulant use disorder, uncomplicated, moderate/severeF15.21 – Other stimulant use disorder, moderate/severe, in remissionF15.9 – Other stimulant use, unspecified **Hallucinogen-related disorders**F16.10 – Hallucinogen use disorder, uncomplicated, mildF16.11 – Hallucinogen use disorder, mild, in remissionF16.20 – Hallucinogen use disorder, uncomplicated, moderate/severeF16.21 – Hallucinogen use disorder moderate/severe, in remissionF16.9 – Hallucinogen use, unspecified | **+Obsessive-compulsive disorders**F42 – Obsessive-compulsive disorderF42.2 – Obsessive-compulsive disorder with mixed obsessional thoughts and actsF42.3 – Hoarding disorderF42.4 – Excoriation (skin-picking) disorderF42.8 – Other obsessive-compulsive disorderF42.9 – Obsessive-compulsive disorder, unspecified**Reaction to severe stress and adjustment disorders**F43 – Acute stress disorder; reaction to severe stress, and adjustment disordersF43.10 – Post traumatic stress disorder, unspecifiedF43.2 – Adjustment disordersF44 – Dissociative and conversion disordersF44.81 – Dissociative identity disorderF45 – Somatoform disorders#F45.22 – Body dysmorphic disorderF48 – Other non-psychotic mental disorders#~~<F40–F48 – Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders>~~**+Behavioral syndromes associated with physiological disturbances and physical factors#**F50 – Eating disordersF51 – Sleep disorders not due to a substance or known physiological condition |   |   |
| Substance Use Disorder and Mental Health Diagnoses Continued **Inhalant-related disorders**F18.10 – Inhalant use disorder, uncomplicated, mildF18.11 – Inhalant use disorder, mild, in remissionF18.20 – Inhalant use disorder, uncomplicated, moderate/severeF18.21 – Inhalant use disorder, moderate/severe, in remissionF18.9 – Inhalant use, unspecified**Other psychoactive substance–related disorders**F19.10 – Other psychoactive substance use disorder, uncomplicated, mildF19.11 – Other psychoactive substance use disorder, in remissionF19.20 – Other psychoactive substance use disorder, uncomplicated, moderate/severeF19.21 – Other psychoactive substance use disorder, moderate/severe, in remissionF19.9 – Other psychoactive substance use, unspecified**Nicotine dependence**F17.20 – Tobacco use disorder, mild/moderate/severeF17.21 – Tobacco use disorder, mild/moderate/severe, in remission | **+Disorders of adult personality and behavior**F60.0 – Paranoid personality disorderF60.1 – Schizoid personality disorder#F60.2 – Antisocial personality disorderF60.3 – Borderline personality disorder+F60.4 – Histrionic personality disorderF60.5 – Obsessive-compulsive personality disorderF60.6 – Avoidant personality disorderF60.7 – Dependent personality disorderF60.8 – Other specific personality disordersF60.9 – Personality disorder, unspecifiedF63.3 – Trichotillomania#~~<F60.0, F60.1, F60.4–F69 – Other personality disorders>~~F70–F79 – Intellectual disabilitiesF80–F89 – Pervasive and specific developmental disorders**+Behavioral and emotional disorders with onset usually occurring in childhood and adolescence#**F90 – Attention-deficit hyperactivity disordersF91 – Conduct disordersF93 – Emotional disorders with onset specific to childhood+F93.0 – Separation anxiety disorder of childhood#F94 – Disorders of social functioning with onset specific to childhood or adolescence+F94.0 – Selective mutismF94.1 – Reactive attachment disorder of childhoodF94.2 – Disinhibited attachment disorder of childhood#F95 – Tic disorderF98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescenceF99 – Unspecified mental disorder |   |   |
| Substance Use Disorder and Mental Health Diagnoses Continued **MENTAL HEALTH DIAGNOSES**F20 – SchizophreniaF21 – Schizotypal disorderF22 – Delusional disorderF23 – Brief psychotic disorderF24 – Shared psychotic disorderF25 – Schizoaffective disordersF28 – Other psychotic disorder not due to a substance or known physiological conditionF29 – Unspecified psychosis not due to a substance or known physiological conditionF30 – Manic episodeF31 – Bipolar disorderF32 – Major depressive disorder, single episodeF33 – Major depressive disorder, recurrentF34 – Persistent mood [affective] disordersF39 – Unspecified mood [affective] disorderF40–F48 – Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disordersF50 – Eating disordersF51 – Sleep disorders not due to a substance or known physiological conditionF60.2 – Antisocial personality disorderF60.3 – Borderline personality disorderF60.0, F60.1, F60.4–F69 – Other personality disordersF70–F79 – Intellectual disabilitiesF80–F89 – Pervasive and specific developmental disordersF90 – Attention-deficit hyperactivity disordersF91 – Conduct disorders | **+Z codes – Persons with potential health hazards related to socioeconomic and psychosocial circumstances**Z55 – Problems related to education and literacyZ56 – Problems related to employment and unemployedZ57 – Occupational exposure to risk factorsZ59 – Problems related to housing and economic circumstancesZ60 – Problems related to social environmentZ62 – Problems related to upbringingZ63 – Other problems related to primary support group, including family circumstancesZ64 – Problems related to certain psychological circumstancesZ65 – Problems related to other psychosocial circumstances#**SUBSTANCE USE <~~DISORDER>~~ DIAGNOSES****Alcohol-related disorders**F10.10 – Alcohol <~~use disorder>~~ +abuse#, uncomplicated~~<, mild>~~F10.11 – Alcohol <~~use disorder>~~ +abuse#<~~, mild>~~, in remissionF10.20 – Alcohol <~~use disorder>~~ +dependence#, uncomplicated<~~, moderate/severe>~~F10.21 – Alcohol <~~use disorder>~~ +dependence#<~~, moderate/severe>~~, in remissionF10.9 – Alcohol use, unspecified**Opioid-related disorders**F11.10 –Opioid <~~use disorder>~~ +abuse#, uncomplicated<~~, mild>~~F11.11 – Opioid <~~use disorder>~~ +abuse#<~~, mild>~~, in remissionF11.20 – Opioid <~~use disorder>~~ +dependence#, uncomplicated<~~,~~ ~~moderate/severe>~~ F11.21 – Opioid <~~use disorder>~~ +dependence#<~~, moderate/severe>~~, in remission F11.9 – Opioid use, unspecified |   |   |
| Substance Use Disorder and Mental Health Diagnoses Continued F93 – Emotional disorders with onset specific to childhoodF94 – Disorders of social functioning with onset specific to childhood or adolescenceF95 – Tic disorderF98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescenceF99 – Unspecified mental disorder | **Cannabis-related disorders**F12.10 – Cannabis <~~use disorder>~~ +abuse#, uncomplicated<~~, mild>~~F12.11 – Cannabis <~~use disorder>~~ +abuse#<~~, mild>~~, in remissionF12.20 – Cannabis <~~use disorder>~~ +dependence#, uncomplicated<~~,~~ ~~moderate/severe>~~ F12.21 – Cannabis <~~use disorder>~~ +dependence#<~~, moderate/severe>~~, in remissionF12.9 – Cannabis use, unspecified**Sedative-, hypnotic-, or anxiolytic-related disorders**F13.10 – Sedative, hypnotic, or anxiolytic <~~use disorder>~~ +abuse#, uncomplicated<~~, mild>~~F13.11 – Sedative, hypnotic, or anxiolytic <~~use disorder>~~ +abuse#<~~, mild,>~~ in remissionF13.20 – Sedative, hypnotic, or anxiolytic <~~use disorder>~~ +dependence#, uncomplicated<~~, moderate/severe>~~F13.21 – Sedative, hypnotic, or anxiolytic <~~use disorder>~~ +dependence#<~~, moderate/severe>~~, in remissionF13.9 – Sedative, hypnotic, or anxiolytic-related use, unspecified**Cocaine-related disorders**F14.10 – Cocaine <~~use disorder>~~ +abuse#, uncomplicated<~~, mild>~~F14.11 – Cocaine <~~use disorder>~~ +abuse#<~~, mild>~~, in remissionF14.20 – Cocaine <~~use disorder>~~ +dependence#, uncomplicated<~~,~~ ~~moderate/severe>~~F14.21 – Cocaine <~~use disorder>~~ +dependence#<~~, moderate/severe>~~, in remission F14.9 – Cocaine use, unspecified |   |   |
| Substance Use Disorder and Mental Health Diagnoses Continued  | **Other stimulant-related disorders**F15.10 – Other stimulant ~~<use disorder>~~ +abuse#, uncomplicated<~~, mild>~~ F15.11 – Other stimulant ~~<use disorder>~~ +abuse#<~~, mild>~~, in remissionF15.20 – Other stimulant ~~<use disorder>~~ +dependence#, uncomplicated<~~, moderate/severe>~~F15.21 – Other stimulant ~~<use disorder>~~ +dependence#<~~, moderate/severe>~~, in remissionF15.9 – Other stimulant use, unspecified **Hallucinogen-related disorders**F16.10 – Hallucinogen <~~use disorder>~~ +abuse#, uncomplicated<~~, mild>~~F16.11 – Hallucinogen <~~use disorder>~~ +abuse#<~~, mild>~~, in remission F16.20 – Hallucinogen <~~use disorder>~~ +dependence#, uncomplicated<~~,~~ ~~moderate/severe>~~F16.21 – Hallucinogen <~~use disorder>~~ +dependence#<~~, moderate/severe>~~, in remissionF16.9 – Hallucinogen use, unspecified**Inhalant-related disorders**F18.10 – Inhalant <~~use disorder>~~ +abuse#, uncomplicated<~~, mild>~~F18.11 – Inhalant <~~use disorder>~~ +abuse#<~~, mild>~~, in remissionF18.20 – Inhalant <~~use disorder>~~ +dependence#, uncomplicated<~~,~~ ~~moderate/severe>~~F18.21 – Inhalant <~~use disorder>~~ +dependence#<~~, moderate/severe>~~, in remissionF18.9 – Inhalant use, unspecified |   |   |
| Substance Use Disorder and Mental Health Diagnoses Continued  | **Other psychoactive substance–related disorders**F19.10 – Other psychoactive substance <~~use disorder>~~ +abuse#, uncomplicated<~~, mild>~~F19.11 – Other psychoactive substance ~~<use disorder>~~ +abuse#, in remissionF19.20 – Other psychoactive substance <~~use disorder>~~ +dependence#, uncomplicated<~~, moderate/severe>~~F19.21 – Other psychoactive substance ~~<use disorder>~~ +dependence#<~~, moderate/severe>~~, in remissionF19.9 – Other psychoactive substance use, unspecified**Nicotine dependence**~~<F17.20 – Tobacco use disorder, mild/moderate/severe~~~~F17.21 – Tobacco use disorder, mild/moderate/severe, in remission>~~+F17.20 – Nicotine dependence, unspecifiedF17.21 – Nicotine dependence, cigarettes# |   |   |
| **[BOTH] -** *[RESPONSE OPTIONS FOR QUESTION 3 ABOVE]*Response options are: Diagnosed? (Select up to 3), Primary, Secondary, Tertiary, Don’t Know, None of the Above | **[COMBINED] -** *[RESPONSE OPTIONS FOR QUESTION 3 ABOVE]*+Response options are: Diagnosed? (Indicate if Yes, up to 3)#~~<Response options are: Diagnosed? (Select up to 3), Primary, Secondary, Tertiary>~~ | Significant modification to the response options for the diagnoses. Primary, Secondary, and Tertiary have been removed. Up to 3 diagnoses can be selected. | Revised – Significant |
| **[BOTH]*****[IF THIS IS A BASELINE, GO TO SECTION A.]******[FOR ALL REASSESSMENTS:******IF AN INTERVIEW WAS CONDUCTED, GO TO SECTION B.]******IF AN INTERVIEW WAS NOT CONDUCTED, GO TO SECTION I.]******[FOR A CLINICAL DISCHARGE:******IF AN INTERVIEW WAS CONDUCTED, GO TO SECTION B.]******IF AN INTERVIEW WAS NOT CONDUCTED, GO TO SECTION J.]*** | **[COMBINED]*****~~<[IF THIS IS A BASELINE, GO TO SECTION A.]~~******~~[FOR ALL REASSESSMENTS:>~~******~~<IF AN INTERVIEW WAS CONDUCTED, GO TO SECTION B.]~~******~~IF AN INTERVIEW WAS NOT CONDUCTED, GO TO SECTION I.]>~~*****+[For BASELINE:*** **If an interview WAS conducted, go to Demographic Data.**
* **If an interview WAS NOT conducted, STOP HERE.]#**

**[For +REASSESSMENT or# <~~A>~~ CLINICAL DISCHARGE:*** **If an interview WAS conducted, go to Section +A# <~~B>~~.**
* **If an interview WAS NOT conducted, go to Section +H# ~~<J~~.>]**
 | Minor text changes to the skip instructions. | Revised – Minor |
| DEMOGRAPHIC DATA |
| ***A. DEMOGRAPHIC DATA*** (expiring tool, both versions) is now ***DEMOGRAPHIC DATA*** (new tool, combined).Questions 5 and 6 from ***B. MILITARY FAMILY AND DEPLOYMENT*** (expiring tool, child version) were dropped from the new tool (combined).Questions 9, 10, and 11 from ***B. VIOLENCE AND TRAUMA*** (expiring tool, adult version) were dropped from the new tool (combined). |
| **[BOTH]*****[SECTION A IS ONLY COLLECTED AT BASELINE. IF THIS IS NOT A BASELINE, GO TO SECTION B.]*** | **[COMBINED]****[+DEMOGRAPHIC DATA# <~~SECTION A IS>~~ +are# only collected at BASELINE. If this is NOT a BASELINE, go to Section +A# <~~B>~~.]** | Minor text changes to the instructions. | Revised – Minor |
| **[BOTH]****1. What is your [your child’s] gender?*** MALE
* FEMALE
* TRANSGENDER
* OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* REFUSED
 | **[COMBINED]****1. +What do you consider yourself to be? [READ CHOICES.]# <~~What is your gender?>~~*** Male
* Female
* +Transgender (Male to Female)
* Transgender (Female to Male)
* Gender non-conforming#
* {OTHER (Specify)}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* {REFUSED}
 | Wording of gender identity question modified.Gender identity responses expanded. | Revised – Significant |
| **[ADULT]****5. Which of the following do you consider yourself to be?*** Heterosexual; that is straight
* [IF FEMALE, THEN “Lesbian”] or Gay
* Bisexual
* OTHER (SPECIFY)
* REFUSED
* DON’T KNOW
 | **[COMBINED]****+2.# ~~<5. Which of the following do you consider yourself to be?>~~ +Do you think of yourself as…#*** +Straight or# Heterosexual<~~; that is straight>~~
* ~~<[IF FEMALE, THEN “Lesbian”]>~~ +Homosexual# <~~or>+~~(#Gay +or Lesbian)#
* Bisexual
* +Queer
* Pansexual
* Questioning
* Asexual#
* ~~<OTHER (SPECIFY)>~~ +Something Else? Please Specify# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* {REFUSED}
* ~~<DON’T KNOW>~~
 | Moved from Demographic Data Question 5 (expiring tool) to Demographic Data Question 2 (new tool).Wording of question modified.Response options expanded and wording modified. | Moved and Revised – Significant |
| [BOTH]**2. Are you [Is your child] Hispanic or Latino?*** YES
* NO ***[GO TO 3.]***
* REFUSED ***[GO TO 3.]***
 | **[COMBINED]****+3.# <~~2.>~~ Are you [is your child] Hispanic, Latino+/a, or of Spanish origin?#*** Yes
* No ***[<~~GO TO~~ ~~3>~~ +SKIP TO QUESTION 4#.]***
* {REFUSED} ***[ ~~<GO TO~~ ~~3>~~ +SKIP TO QUESTION 4#.]***
 | Moved from Demographic Data Question 2 (expiring tool) to Demographic Data Question 3 (new tool).Minor text changes to the question and skip instructions. | Moved and Revised – Minor |
| **[BOTH]*****[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.**Central AmericanCubanDominicanMexicanPuerto RicanSouth AmericanOTHER ***[IF YES, SPECIFY BELOW.]***(SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **[COMBINED]** **+3a.# *[IF +QUESTION 3 IS# YES]* What ethnic group do you +[your child]# consider yourself +[themselves]#? <~~Please answer yes or no for each of the following.>~~ You may <~~say yes to>~~ +indicate# more than one.*** Central American
* Cuban
* Dominican
* Mexican
* Puerto Rican
* South American
* OTHER (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* +{REFUSED}#
 | Minor text changes to the question and instructions.Added new response option. | Revised – Minor |
| Question regarding Ethnic Group continued**[BOTH]**Response options are: YES, NO, REFUSED | **[COMBINED]** +Response options are: Yes (selected), (Unselected)#~~<Response options are: YES, NO, REFUSED>~~ | Response choices simplified from Yes, No, Refused to select one or more. | Revised – Minor |
| **[BOTH]****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.**Alaska NativeAmerican IndianAsianBlack or African AmericanNative Hawaiian or other Pacific IslanderWhite | **[COMBINED]****+4.# <~~3.>~~ What +is your [your child’s]# race? <~~do you consider yourself [your child] Please answer yes or no for each of the following.>~~ You may +indicate# <~~say yes to>~~ more than one.*** Black or African American
* White
* American Indian
* Alaska Native
* +South Asian
* Chinese
* Filipino
* Japanese
* Korean
* Vietnamese
* Other Asian#
* Native Hawaiian <~~or other Pacific Islander>~~
* +Guamanian or Chamorro
* Samoan
* Other Pacific Islander
* {OTHER (Specify)}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#
 | Moved from Demographic Data Question 3 (expiring tool) to Demographic Data Question 4 (new tool).Wording of question modified.Response options expanded and wording modified. | Moved and Revised – Significant |
| **[BOTH]**Response options are: YES, NO, REFUSED | **[COMBINED]** +Response options are: Yes (selected), (Unselected)#~~<Response options are: YES, NO, REFUSED>~~ | Response choices simplified from Yes, No, Refused to select one or more. | Revised – Minor |
|   | **[COMBINED]****+5. [IF CLIENT 5 YEARS OLD OR OLDER] Do you [does your child] speak a language other than English at home?*** Yes
* No
* {NOT APPLICABLE}

**5a. [IF CLIENT 5 YEARS OR OLDER] *[IF QUESTION 5 IS YES]* What is this language*?**** Spanish
* {OTHER (Specify)} \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#
 | Added new questions.Note that this question is different in the Spanish version, asking if a language other than Spanish is spoken at home and response options of English or Other. | Added |
| **[BOTH]****4. What is your [your child’s] month and year of birth?**|\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_| MONTH YEAR* REFUSED
 |  | Moved from Demographic Data Question 4 in the expiring tool to Record Management Question 2 in the new tool. | Moved |
| **[ADULT ONLY]****7. Have you ever served in the Armed Forces, the Reserves, or the National Guard?*** YES
* NO ***[GO TO 8.]***
* REFUSED ***[GO TO 8.]***
* DON’T KNOW ***[GO TO 8.]***

Question regarding Armed Forces, the Reserves, or the National Guard continued***[IF YES]* In which of the following have you ever served?** **Please answer for each of the following. You may say yes to more than one.**Armed ForcesReservesNational GuardResponse options are: YES, NO, REFUSED, DON’T KNOW | **[ADULT ONLY]****+6# <~~7>~~. +[ADULT ONLY]# Have you ever served in the Armed Forces, the Reserves, or the National Guard?*** Yes
* No <***~~[GO TO 8.]> +~~[GO TO SECTION A.]#***
* ~~<REFUSED~~ ***~~[GO TO 8.]>~~***
* {DON’T KNOW} <***~~[GO TO 8.]> +~~[GO TO SECTION A.]#***
* +{NOT APPLICABLE} ***[GO TO SECTION A.]#***

 ***~~<[IF YES]~~* ~~In which of the following have you ever served? Please answer for each of the following. You may say yes to more than one.~~**~~Armed Forces~~~~Reserves~~~~National Guard~~~~Response options are: YES, NO, REFUSED, DON’T KNOW>~~ | Moved from B. MILITARY FAMILY AND DEPLOYMENT Question 7 to DEMOGRAPHIC DATA Question 6.Response options changed.Skip logic changed.Removed follow-on question. | Moved and Revised – Significant |
| **[BOTH]****7a. Are you currently serving on active duty in the Armed Forces, the Reserves, or the National Guard?*** YES
* NO **[GO TO 7b.]**
* REFUSED **[GO TO 7b.]**
* DON’T KNOW **[GO TO 7b.]**

**[IF YES] In which of the following are you currently serving? Please answer for each of the following. You may say yes to more than one.**Armed ForcesReservesNational GuardResponse options are: YES, NO, REFUSED, DON’T KNOW | **[ADULT ONLY]****7. +[ADULT ONLY] *[IF QUESTION 6 IS YES]#* Are you currently serving on active duty in the Armed Forces, the Reserves, or the National Guard?*** Yes
* No <***~~[GO TO 7b.]>~~***
* {REFUSED} <***~~[GO TO 7b.]>~~***
* {DON’T KNOW} <***~~[GO TO 7b.]~~***

**~~<[IF YES] In which of the following are you currently serving? Please answer for each of the following. You may say yes to more than one.~~**~~Armed Forces~~~~Reserves~~~~National Guard~~~~Response options are: YES, NO, REFUSED, DON’T KNOW>~~ | Moved from B. MILITARY FAMILY AND DEPLOYMENT Question 7a to DEMOGRAPHIC DATA Question 7.Skip logic removed.Removed follow-on question. | Moved and Revised – Minor |
| **[ADULT ONLY]****7b. Have you ever been deployed to a combat zone?*** YES
* NO **[GO TO 8.]**
* REFUSED **[GO TO 8.]**
* DON’T KNOW **[GO TO 8.]**

**[IF YES] To which of the following combat zones have you been deployed? Please answer for each of the following. You may say yes to more than one.**Iraq or Afghanistan (e.g., Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn)Persian Gulf (Operation Desert Shield or Desert Storm)Vietnam/Southeast AsiaKoreaWWIIDeployed to a combat zone not listed above (e.g., Somalia, Bosnia, Kosovo)Response options are: YES, NO, REFUSED, DON’T KNOW | **~~<[ADULT ONLY]~~****~~7b. Have you ever been deployed to a combat zone?~~*** ~~YES~~
* ~~NO~~ **~~[GO TO 8.]~~**
* ~~REFUSED~~ **~~[GO TO 8.]~~**
* ~~DON’T KNOW~~ **~~[GO TO 8.]~~**

**~~[IF YES] To which of the following combat zones have you been deployed? Please answer for each of the following. You may say yes to more than one.~~**~~Iraq or Afghanistan (e.g., Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn)~~~~Persian Gulf (Operation Desert Shield or Desert Storm)~~~~Vietnam/Southeast Asia~~~~Korea~~~~WWII~~~~Deployed to a combat zone not listed above (e.g., Somalia, Bosnia, Kosovo)~~~~Response options are: YES, NO, REFUSED, DON’T KNOW>~~ | Question and follow-on dropped from new tool. | Dropped |
| **[ADULT ONLY]****8. Is anyone in your family or someone close to you currently serving on active duty in or retired/separated from the Armed Forces, the Reserves, or the National Guard?*** Yes, only one person
* Yes, more than one person
* No
* REFUSED

DON’T KNOW | **~~<[ADULT ONLY]~~****~~8. Is anyone in your family or someone close to you currently serving on active duty in or retired/separated from the Armed Forces, the Reserves, or the National Guard?~~*** ~~Yes, only one person~~
* ~~Yes, more than one person~~
* ~~No~~
* ~~REFUSED~~

~~DON’T KNOW>~~ | Question dropped from new tool. | Dropped |
| **[CHILD ONLY]****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?*** Yes, only one person
* Yes, more than one person
* No
* REFUSED
* DON’T KNOW
 | **~~<[CHILD ONLY]~~****~~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?~~*** ~~Yes, only one person~~
* ~~Yes, more than one person~~
* ~~No~~
* ~~REFUSED~~
* ~~DON’T KNOW>~~
 | Question dropped from new tool. | Dropped |
| **[ADULT ONLY]****9. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief)?*** YES
* NO ***[GO TO 11.]***
* REFUSED ***[GO TO 11.]***
* DON’T KNOW ***[GO TO 11.]***
 | **~~<[ADULT ONLY]~~****~~9. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief)?~~*** ~~YES~~
* ~~NO~~ ***~~[GO TO 11.]~~***
* ~~REFUSED~~ ***~~[GO TO 11.]~~***
* ~~DON’T KNOW~~ ***~~[GO TO 11.]>~~***
 | Question dropped from new tool. | Dropped |
| **[ADULT ONLY]****10. Did any of these experiences feel so frightening, horrible, or upsetting that in the past and/or the present you:**1. **Have had nightmares about it or thought about it when you did not want to?**
2. **Tried hard not to think about it or went out of your way to avoid situations that remind you of it?**
3. **Were constantly on guard, watchful, or easily startled?**
4. **Felt numb and detached from others, activities, or your surroundings?**

Response options are: YES, NO, REFUSED, DON’T KNOW | **~~<[ADULT ONLY]~~****~~10. Did any of these experiences feel so frightening, horrible, or upsetting that in the past and/or the present you:~~**1. **~~Have had nightmares about it or thought about it when you did not want to?~~**
2. **~~Tried hard not to think about it or went out of your way to avoid situations that remind you of it?~~**
3. **~~Were constantly on guard, watchful, or easily startled?~~**
4. **~~Felt numb and detached from others, activities, or your surroundings?~~**

~~Response options are: YES, NO, REFUSED, DON’T KNOW>~~ | Question dropped from new tool. | Dropped |
| **[ADULT ONLY]****11. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?*** Never
* Once
* A few times
* More than a few times
* REFUSED
* DON’T KNOW
 | **~~<[ADULT ONLY]~~****~~11. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?~~*** ~~Never~~
* ~~Once~~
* ~~A few times~~
* ~~More than a few times~~
* ~~REFUSED~~
* ~~DON’T KNOW>~~
 | Question dropped from new tool. | Dropped |
| A. FUNCTIONING |
| ***B. FUNCTIONING*** (expiring tool, both versions) is now ***A. FUNCTIONING*** (new tool, combined). |
| **[BOTH]****1. How would you rate your [your child’s] overall health right now?*** Excellent
* Very Good
* Good
* Fair
* Poor
* REFUSED
* DON’T KNOW
 | **[COMBINED]****1. How would you rate your [your child’s] overall +mental# health right now?*** Excellent
* Very Good
* Good
* Fair
* Poor
* +{NO RESPONSE/#REFUSED}
* ~~<DON’T KNOW>~~
 | The question was reworded to specify the overall mental health, not physical health.Minor changes to the response options. | Revised – Significant |
| **[ADULT ONLY]****2. Please select the one answer that most closely matches your situation. *I feel capable of managing my health care needs:**** On my own most of the time
* On my own some of the time and with support from others some of the time
* With support from others most of the time
* Rarely or never
* REFUSED
* DON’T KNOW
 | **~~<[ADULT ONLY]~~****~~2. Please select the one answer that most closely matches your situation.~~ *~~I feel capable of managing my health care needs:~~**** ~~On my own most of the time~~
* ~~On my own some of the time and with support from others some of the time~~
* ~~With support from others most of the time~~
* ~~Rarely or never~~
* ~~REFUSED~~
* ~~DON’T KNOW>~~
 | Question dropped from new tool. | Dropped |
| **[ADULT ONLY]****3. 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 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.]***1. **I deal effectively with daily problems.**
2. **I am able to control my life.**
3. **I am able to deal with crisis.**
4. **I am getting along with my family.**
5. **I do well in social situations.**
6. **I do well in school and/or work.**
7. **My housing situation is satisfactory.**
8. **My symptoms are not bothering me.**
 | **COMBINED]****+2#<~~3>~~. <~~In order>~~ To provide the best <~~possible>~~ mental health and related services, we need to know how well you were +[your child was]# able to deal with everyday life during the past 30 +[thirty]# days.** **Please indicate your [your child’s] <~~disagreement/agreement with>~~ +response to# each of the following statements:****[READ EACH STATEMENT <*~~FOLLOWED BY THE> +~~*TO THE CLIENT OR CAREGIVER,# FOLLOWED BY RESPONSE OPTIONS <*~~TO THE CONSUMER>~~* +OF YES OR NO]#** |   |   |
| **Question 3 and 2 Continued****[CHILD ONLY]****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).]***1. **I am [My child is] handling daily life.**
2. **I get [My child gets] along with family members.**
3. **I get [My child gets] along with friends and other people.**
4. **I am [My child is] doing well in school and/or work.**
5. **I am [My child is] able to cope when things go wrong.**
6. **I am satisfied with our family life right now.**
 | **+During the past 30 [thirty] days . . .**1. I am (my child is) handling daily life.# <~~I deal effectively with daily problems.>~~ +
2. I am (my child is) able to deal with unexpected events in my (their) life.# <~~I am able to control my life.>~~ +
3. I [my child does] get along with friends and other people.# <~~I am able to deal with crisis.>~~
4. I (my child does) get along with <~~my>~~ family +members.#
5. I (my child does) do well in social situations.
6. I (my child does) do well in school and/or work. +
7. I have (my child has) had a safe place to live.# <~~My housing situation is satisfactory.~~
8. ~~My symptoms are not bothering me. >~~
 | Moved from B. FUNCTIONING Question 3 (expiring tool, adult version) to A. FUNCTIONING Question 2 (new tool).Sub-questions modified and edited to reflect child and adult phrasing. | Moved and Revised – Significant |
| **[ADULT ONLY]** *[RESPONSE OPTIONS FOR QUESTION 3 ABOVE]*Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED, NOT Applicable (for 3d and 3f only)**[CHILD ONLY]** *[RESPONSE OPTIONS FOR QUESTION 2 ABOVE]*Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED, NOT APPLICABLE (only for 3b and 3d) | **[COMBINED]** *[RESPONSE OPTIONS FOR QUESTION 2 ABOVE]*+Response options are: Yes, No, NO RESPONSE/REFUSED#~~<Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED, NOT Applicable (for 3d and 3f only)>~~ | Response options simplified. | Revised – Significant |
| **[ADULT ONLY]****4. 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.]*** | **[COMBINED]*****~~<[IF THE CAREGIVER IS THE RESPONDENT, GO TO THE OPTIONAL GLOBAL ASSESSMENT OF FUNCTIONING (GAF) QUESTION.]>~~*****+3#<~~4>~~. The following questions ask about how you +[your child]# have been feeling during the past 30 +[thirty]# days. <~~For each question, p> +~~P#lease indicate ~~<how often you had this feeling.>~~ +your [your child’s] response to each question:#*****~~<[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]>~~*** | Moved from B. FUNCTIONING Question 4 (expiring tool, adult version) to A. FUNCTIONING Question 3 (new tool). | Moved and Revised – Significant |
| **Question 3 continued****During the past 30 days, about how often did you feel . . .**1. **nervous?**
2. **hopeless?**
3. **restless or fidgety?**
4. **so depressed that nothing could cheer you up?**
5. **that everything was an effort?**
6. **worthless?**

**During the past 30 days . . .**1. **how much have you been bothered by these psychological or emotional problems?**

**[CHILD ONLY]*****[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.]*****During the past 30 days, about how often did you feel . . .**1. **nervous?**
2. **hopeless?**
3. **restless or fidgety?**
4. **so depressed that nothing could cheer you up?**
5. **that everything was an effort?**
6. **worthless?**
 | **During the past 30 +[thirty]# days, <~~about how often>~~ did you +[your child]# feel . . .**1. Nervous?
2. Hopeless?
3. Restless or fidgety?
4. So depressed that nothing could cheer you +[your child]# up?
5. That everything was an effort?
6. Worthless?
7. ~~<How much have you been>~~ Bothered by <~~these>~~ psychological or emotional problems?
 | Sub-questions edited to reflect client or caregiver of child phrasing. |   |
| **[ADULT ONLY]** *[RESPONSE OPTIONS FOR QUESTION 4 ABOVE]*Response option (for 4a-4f)s are : All of the Time, Most of the Time, Some of the Time, A Little of the Time, None of the Time, REFUSED, DON’T KNOWResponse options (for 4g) are: Not at All, Slightly, Moderately, Considerably, Extremely, REFUSED, DON’T KNOW**[CHILD ONLY]** *[RESPONSE OPTIONS FOR QUESTION 3 ABOVE]*Response options are: 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 | **[COMBINED]** *[RESPONSE OPTIONS FOR QUESTION 3 ABOVE]*+Response options are: Yes, No, NO RESPONSE/REFUSED#~~<Response options are : 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~~~~Response options (for 4g) are: Not at All, Slightly, Moderately, Considerably, Extremely, REFUSED, DON’T KNOW>~~ | Response options simplified. | Revised – Significant |
| **[ADULT ONLY]****5. The following questions ask about how you have been feeling during the last 4 weeks.*****[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]*** | **~~<[ADULT ONLY]~~****5~~. The following questions ask about how you have been feeling during the last 4 weeks.~~*****~~[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]>~~*** | Question dropped from new tool. | Dropped |
| **Question 5 continued****In the last 4 weeks**1. **How would you rate your quality of life?**
2. **Do you have enough energy for everyday life?**
3. **How satisfied are you with your ability to perform your daily living activities?**
4. **How satisfied are you with your health?**
5. **How satisfied are you with yourself?**
6. **How satisfied are you with your personal relationships?**

Response options (5a): Very Poor, Poor, Neither Good nor Poor, Good, Very Good, REFUSED, DON’T KNOWResponse options (5b): Not at All, A Little, Moderately, Mostly, Completely, REFUSED, DON’T KNOWResponse options (5c-5f): Very Dissatisfied, Dissatisfied, Neither Satisfied nor Dissatisfied, Satisfied, Very Satisfied, REFUSED, DON’T KNOW | **~~<In the last 4 weeks~~**1. **~~How would you rate your quality of life?~~**
2. **~~Do you have enough energy for everyday life?~~**
3. **~~How satisfied are you with your ability to perform your daily living activities?~~**
4. **~~How satisfied are you with your health?~~**
5. **~~How satisfied are you with yourself?~~**
6. **~~How satisfied are you with your personal relationships?~~**

~~Response options (5a): Very Poor, Poor, Neither Good nor Poor, Good, Very Good, REFUSED, DON’T KNOW~~~~Response options (5b): Not at All, A Little, Moderately, Mostly, Completely, REFUSED, DON’T KNOW~~~~Response options (5c-5f): Very Dissatisfied, Dissatisfied, Neither Satisfied nor Dissatisfied, Satisfied, Very Satisfied, REFUSED, DON’T KNOW>~~ | Question dropped from new tool. | Dropped |
| **[ADULT ONLY]****6. 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.]*****In the past 30 days, how often have you used …**1. **tobacco products (cigarettes, chewing tobacco, cigars, etc.)?**
2. **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).]**1. **cannabis (marijuana, pot, grass, hash, etc.)?**
2. **cocaine (coke, crack, etc.)?**
3. **prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?**
 | **~~<[ADULT ONLY]~~****~~6. 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.]~~*****~~In the past 30 days, how often have you used …~~**1. **~~tobacco products (cigarettes, chewing tobacco, cigars, etc.)?~~**
2. **~~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).]~~**1. **~~cannabis (marijuana, pot, grass, hash, etc.)?~~**
2. **~~cocaine (coke, crack, etc.)?~~**
3. **~~prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?>~~**
 | Question dropped from new tool. | Dropped |
| 1. **methamphetamine (speed, crystal meth, ice, etc.)?**
2. **inhalants (nitrous oxide, glue, gas, paint thinner, etc.)?**
3. **sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)?**
4. **hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)?**
5. **street opioids (heroin, opium, etc.)?**
6. **prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?**
7. **other – specify (e-cigarettes, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_**

Response options are: Never, Once or Twice, Weekly, Daily or Almost Daily, REFUSED, DON’T KNOW**[CHILD ONLY]*****[IF THE CAREGIVER IS THE RESPONDENT, GO TO THE OPTIONAL GLOBAL ASSESSMENT OF FUNCTIONING (GAF) QUESTION.]*****4. 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.]*** | **~~<~~** 1. **~~methamphetamine (speed, crystal meth, ice, etc.)?~~**
2. **~~inhalants (nitrous oxide, glue, gas, paint thinner, etc.)?~~**
3. **~~sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)?~~**
4. **~~hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)?~~**
5. **~~street opioids (heroin, opium, etc.)?~~**
6. **~~prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?~~**
7. **~~other – specify (e-cigarettes, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_~~**

~~Response options are: Never, Once or Twice, Weekly, Daily or Almost Daily, REFUSED, DON’T KNOW~~**~~[CHILD ONLY]~~*****~~[IF THE CAREGIVER IS THE RESPONDENT, GO TO THE OPTIONAL GLOBAL ASSESSMENT OF FUNCTIONING (GAF) QUESTION.]~~*****~~4. 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 dropped from new tool. | Dropped |
| **In the past 30 days, how often have you used …**1. **tobacco products (cigarettes, chewing tobacco, cigars, etc.)?**
2. **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).]**1. **cannabis (marijuana, pot, grass, hash, etc.)?**
2. **cocaine (coke, crack, etc.)?**
3. **prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?**
4. **methamphetamine (speed, crystal meth, ice, etc.)?**
5. **inhalants (nitrous oxide, glue, gas, paint thinner, etc.)?**
6. **sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)?**
7. **hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)?**
8. **street opioids (heroin, opium, etc.)?**
 | **~~<In the past 30 days, how often have you used …~~**1. **~~tobacco products (cigarettes, chewing tobacco, cigars, etc.)?~~**
2. **~~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).]~~**1. **~~cannabis (marijuana, pot, grass, hash, etc.)?>~~**
2. **~~cocaine (coke, crack, etc.)?~~**
3. **~~prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?~~**
4. **~~methamphetamine (speed, crystal meth, ice, etc.)?~~**
5. **~~inhalants (nitrous oxide, glue, gas, paint thinner, etc.)?~~**
6. **~~sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)?~~**
7. **~~hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)?~~**
8. **~~street opioids (heroin, opium, etc.)?>~~**
 | Question dropped from new tool. | Dropped |
| Question 6 Continued 1. **prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?**
2. **other – specify (e-cigarettes, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_**

Response options are: Never, Once or Twice, Weekly, Daily or Almost Daily, REFUSED, DON’T KNOW | ~~<~~1. **~~prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?~~**
2. **~~other – specify (e-cigarettes, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_~~**

~~Response options are: Never, Once or Twice, Weekly, Daily or Almost Daily, REFUSED, DON’T KNOW>~~ | Question dropped from new tool. | Dropped |
| **[ADULT ONLY]*****[OPTIONAL******:*** ***GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORE REPORTED BY GRANTEE STAFF AT PROJECT’S DISCRETION.]***DATE GAF WAS ADMINISTERED:|\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|MONTH DAY YEARWHAT WAS THE CONSUMER’S SCORE?GAF = |\_\_\_\_|\_\_\_\_|\_\_\_\_| | **~~<[ADULT ONLY]~~*****~~[OPTIONAL: GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORE REPORTED BY GRANTEE STAFF AT PROJECT’S DISCRETION.]~~***~~DATE GAF WAS ADMINISTERED:~~~~|\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|~~~~MONTH DAY YEAR~~~~WHAT WAS THE CONSUMER’S SCORE?~~~~GAF = |\_\_\_\_|\_\_\_\_|\_\_\_\_|>~~ | Question dropped from new tool. | Dropped |
| **[CHILD ONLY]*****[OPTIONAL: CHILD BEHAVIOR CHECKLIST (CBCL) TOTAL PROBLEMS T SCORE REPORTED BY GRANTEE STAFF AT PROJECT’S DISCRETION.]***DATE CBCL WAS ADMINISTERED:|\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|MONTH DAY YEARWHAT WAS THE CONSUMER’S SCORE?TOTAL PROBLEMS T SCORE = |\_\_\_\_|\_\_\_\_|\_\_\_\_| | **~~<[CHILD ONLY]~~*****~~[OPTIONAL: CHILD BEHAVIOR CHECKLIST (CBCL) TOTAL PROBLEMS T SCORE REPORTED BY GRANTEE STAFF AT PROJECT’S DISCRETION.]~~***~~DATE CBCL WAS ADMINISTERED:~~~~|\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|~~~~MONTH DAY YEAR~~~~WHAT WAS THE CONSUMER’S SCORE?~~~~TOTAL PROBLEMS T SCORE = |\_\_\_\_|\_\_\_\_|\_\_\_\_|>~~ | Question dropped from new tool. | Dropped |
| B. STABILITY IN HOUSING |
| ***C. STABILITY IN HOUSING*** (expiring tool, both versions) is now ***B. STABILITY IN HOUSING*** (new tool, combined). |
| **[BOTH]****1. In the past 30 days, how many …**1. **Nights have you [has your child] been homeless?**
2. **Nights have you [has your child] spent in a hospital for mental health care?**
3. **Nights have you [has your child] spent in a facility for detox/inpatient or residential substance abuse treatment?**
4. **Nights have you [has your child] spent in correctional facility including jail or prison?**
5. **Times you have [has your child] gone to an emergency room for a psychiatric or emotional problem?**
 | **[COMBINED]****1. In the past 30 +[thirty]# days, <~~how many>~~ +have you [has your child#] …**1. ~~<Nights have you [has your child]>~~ Been homeless?
2. ~~<Nights have you [has your child]>~~ Spent time in a hospital for mental health care?
3. ~~<Nights have you [has your child]>~~ Spent time in a facility for detox/inpatient treatment for a substance abuse disorder? +
4. ~~# <Nights have you [has your child]>~~ Spent time in a correctional facility +(e.g., jail, prison, [juvenile] facility)?# ~~<including jail or prison>~~
5. ~~<Times you have [has your child]>~~ Gone to an emergency room for a +mental health# <~~psychiatric>~~ or emotional problem? +
6. Been satisfied with the conditions of your living space?#
 | Question changed from asking quantity to Yes/No.Sub-questions text edited.Sub-question 1f (new tool, combined) moved from STABILITY IN HOUSING Question 3 (expiring tool, adult version). | Revised – Significant |
| **[BOTH]** *[RESPONSE OPTIONS FOR QUESTION 1 ABOVE]*Response options are: # of nights, REFUSED, DON’T KNOW | **[COMBINED]** *[RESPONSE OPTIONS FOR QUESTION 1 ABOVE]*+Response options are: Yes, No, NO RESPONSE/REFUSED#~~<Response options are: # of nights, REFUSED, DON’T KNOW>~~ | Response options changed from quantity to binary yes/no. | Revised – Significant |
| **[ADULT ONLY]****2. In the past 30 days, where have you been living most of the time?*****[DO NOT READ RESPONSE OPTIONS TO CONSUMER (CAREGIVER). SELECT ONLY ONE.]*** | **[COMBINED]****2. In the past 30 +[thirty]# days, where have you +[has your child]# been living most of the time?****[DO NOT READ RESPONSE OPTIONS TO CLIENT <~~CONSUMER (CAREGIVER>~~). SELECT ONLY ONE.]** | Responses significantly modified. | Revised – Significant |
| Question 2 continued* OWNED OR RENTED HOUSE, APARTMENT, TRAILER, ROOM
* SOMEONE ELSE’S HOUSE, APARTMENT, TRAILER, ROOM
* HOMELESS (SHELTER, STREET/OUTDOORS, PARK)
* GROUP HOME
* ADULT FOSTER CARE
* TRANSITIONAL LIVING FACILITY
* HOSPITAL (MEDICAL)
* HOSPITAL (PSYCHIATRIC)
* DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
* CORRECTIONAL FACILITY (JAIL/PRISON)
* NURSING HOME
* VA HOSPITAL
* VETERAN’S HOME
* MILITARY BASE
* OTHER HOUSED (SPECIFY) \_\_\_\_\_\_\_\_
* REFUSED
* DON’T KNOW
 | * +{PRIVATE RESIDENCE
* FOSTER HOME#
* +RESIDENTIAL CARE
* CRISIS RESIDENCE
* RESIDENTIAL TREATMENT CENTER
* INSTITUTIONAL SETTING
* JAIL/CORRECTIONAL FACILITY
* HOMELESS/SHELTER#
* OTHER <~~Housed>~~ (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* DON’T KNOW}

**~~<[ADULT ONLY]~~*** ~~OWNED OR RENTED HOUSE, APARTMENT, TRAILER, ROOM~~
* ~~SOMEONE ELSE’S HOUSE, APARTMENT, TRAILER, ROOM~~
* ~~HOMELESS (SHELTER, STREET/OUTDOORS, PARK)~~
* ~~GROUP HOME~~
* ~~ADULT FOSTER CARE~~
* ~~TRANSITIONAL LIVING FACILITY~~
* ~~HOSPITAL (MEDICAL)~~
* ~~HOSPITAL (PSYCHIATRIC)~~
* ~~DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY~~
* ~~CORRECTIONAL FACILITY (JAIL/PRISON)~~
* ~~NURSING HOME~~
* ~~VA HOSPITAL~~
* ~~VETERAN’S HOME~~
* ~~MILITARY BASE~~
* ~~REFUSED>~~
 |   |   |
| Question 2 continued**[CHILD ONLY]****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.]**** 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
 | **~~<[CHILD ONLY]~~*** ~~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>~~
 |   |   |
| **[ADULT ONLY]****3. In the last 4 weeks …** 1. **how satisfied are you with the conditions of you living place?**

Response options are: Very Dissatisfied, Dissatisfied, Neither Dissatisfied or Satisfied, Satisfied, Very Satisfied |  | STABILITY IN HOUSING Question 3 (expiring tool, adult version) moved to B. STABILITY IN HOUSING Question 1f (new tool, combined).Response options simplified to Yes/No. | Moved and Revised – Significant |
| C. EDUCATION AND EMPLOYMENT |
| ***D. EDUCATION AND EMPLOYMENT*** (expiring tool, adult version) and ***D. EDUCATION*** (expiring tool, child version) is now Section ***C. EDUCATION AND EMPLOYMENT*** (new tool, combined). |
| **[ADULT ONLY]****1. Are you currently enrolled in school or a job training program?*****[IF ENROLLED]* Is that full time or part time?*** NOT ENROLLED
* ENROLLED, FULL TIME
* ENROLLED, PART TIME
* OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_
* REFUSED
* DON’T KNOW
 | **[COMBINED]****1. Are you +[Is your child]# currently enrolled in school or a job training program?*****~~<[IF ENROLLED]~~* ~~Is that full time or part time?>~~*** +Yes
* No
* {NO RESPONSE/REFUSED}#
* ~~<NOT ENROLLED~~
* ~~ENROLLED, FULL TIME~~
* ~~ENROLLED, PART TIME~~
* ~~OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_~~
* ~~REFUSED~~
* ~~DON’T KNOW>~~
 | Response options simplified.New question for children. | Revised – Significant |
| **[CHILD ONLY]****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
 | **~~<[CHILD ONLY]~~****~~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>~~
 | Question and follow-on question dropped from new tool. | Dropped |
| **Question 1 continued****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 | **~~<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>~~
 | Question and follow-on question dropped from new tool. | Dropped |
| **[CHILD ONLY]****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
 | **~~<[CHILD ONLY]~~****~~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>~~
 | Question and follow-on question dropped from new tool. | Dropped |
| **Question 1 continued****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
 | **~~<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>~~
 | Question and follow-on question dropped from new tool. | Dropped |
| **[ADULT ONLY]****2. What is the highest level of education you have finished, whether or not you received a degree?*** LESS THAN 12TH GRADE
* 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED)
* VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA
* SOME COLLEGE OR UNIVERSITY
* BACHELOR’S DEGREE (BA, BS)
* GRADUATE WORK/GRADUATE DEGREE
* REFUSED
* DON’T KNOW
 | **[ADULT ONLY]****2. +[ADULT ONLY]# What is the highest level of education you have finished, whether or not you received a degree?** +[SELECT ONLY ONE]#* {LESS THAN 12TH GRADE
* 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED)
* VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA
* SOME COLLEGE OR UNIVERSITY
* BACHELOR’S DEGREE (BA, BS)
* GRADUATE WORK/GRADUATE DEGREE
* REFUSED
* DON’T KNOW}
 | Minor text changes to the instructions. | Revised – Minor |
| **[CHILD ONLY]****2. What is the highest level of education you have (your child has) finished, whether or not (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)
* VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA
* SOME COLLEGE OR UNIVERSITY
* REFUSED
* DON’T KNOW
 | **~~<[CHILD ONLY]~~****~~2. What is the highest level of education you have (your child has) finished, whether or not (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)~~
* ~~VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA~~
* ~~SOME COLLEGE OR UNIVERSITY~~
* ~~REFUSED~~
* ~~DON’T KNOW>~~
 | Question dropped from new tool. | Dropped |
| **[ADULT ONLY]****3. Are you currently employed?*****[CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CONSUMER WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.]**** EMPLOYED FULL TIME (35+ HOURS PER WEEK OR WOULD HAVE BEEN)
* EMPLOYED PART TIME
* UNEMPLOYED, LOOKING FOR WORK
* UNEMPLOYED, DISABLED
* UNEMPLOYED, VOLUNTEER WORK
* UNEMPLOYED, RETIRED
* UNEMPLOYED, NOT LOOKING FOR WORK
* OTHER (SPECIFY)
* REFUSED
* DON’T KNOW
 | **[ADULT ONLY]****3. +[ADULT ONLY]# Are you currently employed+?** [SELECT ONLY ONE]#***~~<[CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CONSUMER WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.]>~~**** + - Employed full-time (35+ HOURS PER WEEK <~~OR WOULD HAVE BEEN>~~)
		- Employed, part-time
		- Unemployed, +but# looking for work
		- ~~<Unemployed>~~ +Not Employed,# NOT looking for work
		- ~~<Unemployed, DISABLED>~~ +Not working due to disability#
		- ~~<UNEMPLOYED, VOLUNTEER WORK~~
		- ~~Unemployed, RETIRED> +~~Retired, not working#
		- {OTHER (SPECIFY)
		- REFUSED
		- DON’T KNOW}
 | Minor text changes to the instructions and response options.Response options can be read to client. | Revised – Minor |
| **[ADULT ONLY]****3a. *[IF EMPLOYED.]*****Employment Status**Are you paid at or above the minimum wage?Are your wages paid directly to you by your employer?Could anyone have applied for this job?Answer responses are: Yes, No, Refused, Don’t Know | **~~<[ADULT ONLY]~~****~~3a.~~ *~~[IF EMPLOYED.]~~*****~~Employment Status~~**~~Are you paid at or above the minimum wage?~~~~Are your wages paid directly to you by your employer?~~~~Could anyone have applied for this job?~~~~Answer responses are: Yes, No, Refused, Don’t Know>~~ | Question dropped from new tool. | Dropped |
| **[ADULT ONLY]****4. In the last 4 weeks …*****[READ THE QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]***a. Have you enough money to meet your needs? | **[COMBINED]****4. In the <~~last 4 weeks>~~ past 30 +[thirty]# days, <~~did you …> +~~did you have enough money to meet your [your child’s] needs?#*****~~<[READ THE QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]~~***~~a. Have you enough money to meet your [your child’s] needs?>~~* +Yes
* No
* {NO RESPONSE/REFUSED}#
 | Added question for children.Minor text changes to the question for client or caregiver of child phrasing.Response options changed. | Revised – Significant |
| **[ADULT ONLY]** *[RESPONSE OPTIONS FOR QUESTION 4 ABOVE]*Response options are: Not at all, A Little, Moderately, Completely, REFUSED, DON’T KNOW | **[COMBINED]** *[RESPONSE OPTIONS FOR QUESTION 4 ABOVE]*+Response options are: Yes, No, {NO RESPONSE/REFUSED}#~~<Response options are: Not at all, A Little, Moderately, Completely, REFUSED, DON’T KNOW>~~ | Response options simplified to Yes/No. | Revised – Significant |
| D. CRIME AND CRIMINAL JUSTICE STATUS |
| ***E. CRIME AND CRIMINAL JUSTICE STATUS*** (expiring tool, both versions) is now ***D. CRIME AND CRIMINAL JUSTICE STATUS*** (new tool, combined). |
| **[ADULT ONLY]****1. In the past 30 days, how many times have you been arrested?**| | |  TIMES* REFUSED
* DON’T KNOW

**[CHILD ONLY]****1. In the past 30 days, how many times have you [has your child] been arrested?**| | |  TIMES* REFUSED
* DON’T KNOW
 | **[COMBINED]****+1.# In the past 30 +[thirty]# days, <~~how many times>~~ have you [has your child] <~~been arrested>~~ +. . .** **1a.** Been arrested? **1b.** Spent time in a jail or correctional facility or on probation?#  | Added new sub-question.Question changed from asking quantity to Yes/No. | Added and Revised – Significant |
| **[BOTH]** *[RESPONSE OPTIONS FOR QUESTION 1 ABOVE]*Response options are: Number of Times, REFUSED, DON’T KNOW | **[COMBINED]** *[RESPONSE OPTIONS FOR QUESTION 1 ABOVE]*+Response options are: Yes, No, {NO RESPONSE/REFUSED}#~~<Response options are: Number of times, REFUSED, DON’T KNOW>~~ | Response options simplified from asking quantity to binary Yes/No. | Revised – Significant |
| **[BOTH]*****[IF THIS IS A BASELINE, GO TO SECTION G. OTHERWISE, GO TO SECTION F.]*** | **[COMBINED]****[If this is BASELINE +assessment#<~~, GO TO SECTION G. OTHERWISE>~~, go to Section F.****+[If this is a REASSESMENT or a CLINICAL DISCHARGE assessment, go to Section E.]****[Section E data is collected only for the REASSESSMENT interview and the CLINICAL DISCHARGE assessment.]#** | Modified skip instructions. | Revised – Minor |
| E. PERCEPTION OF CARE |
| ***F. PERCEPTION OF CARE*** (expiring tool, both versions) is now ***E. PERCEPTION OF CARE*** (new tool, combined). |
| **[ADULT ONLY]****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).]*** 1. Staff here believe that I can grow, change, and recover.
	2. I felt free to complain.
	3. I was given information about my rights.
	4. Staff encouraged me to take responsibility for how I live my life.
	5. Staff told me what side effects to watch out for.
 | **[COMBINED]****1. In order to provide the best possible mental health and related services, we need to know what you +[your child]# think+[s]# about the services you +[they]# received during the past 30 +[thirty]# days, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.****[READ EACH STATEMENT +TO THE CLIENT OR CARGIVER,# FOLLOWED BY THE RESPONSE OPTIONS +OF YES OR NO# <~~TO THE CONSUMER (CAREGIVER).>~~]*** 1. Staff here believe that I +(my child)# can grow, change, and recover.
	2. I +(my child)# felt free to complain.
	3. I +(my child)# was given information about my +(my child’s)# rights.
	4. Staff encouraged me +(my child)# to take responsibility for how I +(they)# live my +(their)# life.
 | Questions remain the same for adult with minor text changes for client or caregiver of child phrasing.Questions significantly modified for child.Response options were simplified to Yes/No. Minor text changes to the instructions. | Revised – Significant |
| Question 1 continued* 1. Staff respected my wishes about who is and who is not to be given information about my treatment.
	2. Staff were sensitive to my cultural background (race, religion, language, etc.).Staff helped me obtain the information I needed so that I could take charge of managing my illness.
	3. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).
	4. I felt comfortable asking questions about my treatment and medication.
	5. I, not staff, decided my treatment goals. I like the services I received here.
	6. If I had other choices, I would still get services from this agency.
	7. I would recommend this agency to a friend or family member.
 | * 1. Staff told me +(my child)# what side effects to watch out for.
	2. Staff respected my +(my child’s)# wishes about who is and who is not to be given information about my +(my child’s)# treatment.
	3. Staff were sensitive to my +(my child’s)# cultural background (+e.g.,# race, religion, language, <~~etc.>~~).
	4. Staff helped me +(my child)# obtain the information I [my child] needed so that I +(my child)# could take charge of managing my +(their)# illness.
	5. I +(my child)# was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).
	6. I +(my child)# felt comfortable asking questions about my +(their)# treatment and medication.
	7. I +(my child)#, not staff, decided my +(my child’s)# treatment goals.
	8. I +(my child)# like+(s)# the services received here.
	9. I +(my child)# would still get services from this agency if there were other choices.
	10. I +(my child)# would recommend this agency to a friend or family member.
 |   |   |
| Question 1 continued**[CHILD ONLY]****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).]***1. Staff here treated me with respect.
2. Staff respected my family’s religious/spiritual beliefs.
3. Staff spoke with me in a way that I understood.
4. Staff was sensitive to my cultural/ethnic background.
5. I helped choose my [my child’s] services.
6. I helped to choose my [my child’s] treatment goals.
7. I participated in my [my child’s] treatment.
8. Overall, I am satisfied with the services I [my child] received.
9. The people helping me [my child] stuck with me [us] no matter what.
10. I felt I had [my child had] someone to talk to when I [he/she] was troubled.
11. The services I [my child and/or family] received were right for me [us].
12. I [My family] got the help I [we] wanted [for my child].
13. I [My family] got as much help as I [we] needed [for my child].
 | **~~<[CHILD ONLY]~~**1. ~~Staff here treated me with respect.~~
2. ~~Staff respected my family’s religious/spiritual beliefs.~~
3. ~~Staff spoke with me in a way that I understood.~~
4. ~~Staff was sensitive to my cultural/ethnic background.~~
5. ~~I helped choose my [my child’s] services.~~
6. ~~I helped to choose my [my child’s] treatment goals.~~
7. ~~I participated in my [my child’s] treatment.~~
8. ~~Overall, I am satisfied with the services I [my child] received.~~
9. ~~The people helping me [my child] stuck with me [us] no matter what.~~
10. ~~I felt I had [my child had] someone to talk to when I [he/she] was troubled.~~
11. ~~The services I [my child and/or family] received were right for me [us].~~
12. ~~I [My family] got the help I [we] wanted [for my child].~~
13. ~~I [My family] got as much help as I [we] needed [for my child].>~~
 |   |   |
| **[BOTH]** *[RESPONSE OPTIONS FOR QUESTION 1 ABOVE]*Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED | **[COMBINED]** *[RESPONSE OPTIONS FOR QUESTION 1 ABOVE]*+Response options are: Yes, No, {NO RESPONSE/REFUSED}#~~<Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED>~~ | Response options were simplified to Yes/No. | Revised – Significant |
|  | **[COMBINED]****+[Question 2 should be answered by grantee staff at REASSESSMENT and CLINICAL DISCHARGE.]#** | Added new instructions. | Added |
| **[BOTH]****2. *[INDICATE WHO ADMINISTERED SECTION F, 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
* DATA COLLECTOR
* EVALUATOR
* FAMILY ADVOCATE
* RESEARCH ASSISTANT STAFF
* SELF-ADMINISTERED
* OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **[COMBINED]****2. <~~[>~~Indicate +which grantee staff# <~~WHO>~~ administeredSection +E# <~~F, PERCEPTION OF CARE,~~ to the +client# <~~CONSUMER (CAREGIVER)>~~ for this interview+:#<~~]>~~*** Administrative staff
* Care coordinator
* Case manager
* Clinician providing direct services
* Clinician not providing direct services
* Consumer+/#peer
* Data collector+/evaluator#
* Family advocate
* {Other (SPECIFY)} \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ~~<Research Assistant Staff~~
* ~~Evaluator>~~
 | Removed and consolidated response options.Minor text changes to the question. | Revised – Minor |
| F. SOCIAL CONNECTEDNESS |
| ***G. SOCIAL CONNECTEDNESS*** (expiring tool, both versions) is now ***F. SOCIAL CONNECTEDNESS*** (new tool, combined). |
| **[ADULT ONLY]****1. 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 CONSUMER.]**** 1. I am happy with the friendships I have.
	2. I have people with whom I can do enjoyable things.
	3. I feel I belong in my community.
	4. In a crisis, I would have the support I need from family or friends.
	5. I have family or friends that are supportive of my recovery.
	6. I generally accomplish what I set out to do.

**[CHILD ONLY]****1. 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.** | **[COMBINED]****1. Please indicate +YES or NO for# <~~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 +(thirty)# days.****[READ EACH STATEMENT +TO THE CLIENT OR CARGIVER,# FOLLOWED BY THE RESPONSE OPTIONS +OF YES OR NO# <~~TO THE CONSUMER.~~]>**1. I am +(my child is)# happy with my +(their)# friendships.
2. I have +(my child has)# people with whom I +(they)# can do enjoyable things.
3. I feel +(my child feels)# that I +(they)# belong in the community.
4. In a crisis, I +(my child)# would have the support needed from family or friends.
5. I have +(my child has)# family or friends that are supportive of my +(their)# recovery.
6. I +(my child)# generally accomplish+(es)# what I +(they)# set out to do.
 | Questions remain the same for adult.Questions significantly modified for child.Response options were simplified to Yes/No.Minor text changes to the questions and instructions. | Revised – Significant |
| Question 1 continued***[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]**** 1. I know people who will listen and understand me when I need to talk.
	2. I know people who will listen and understand me when I need to talk.
	3. I have people that I am comfortable talking with about my [my child’s] problems.
	4. In a crisis, I would have the support I need from family or friends.
	5. I have people with whom I can do enjoyable things.
 | **~~<[CHILD ONLY]~~**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 [my child’s] problems.~~
3. ~~In a crisis, I would have the support I need from family or friends.~~

~~I have people with whom I can do enjoyable things>~~ |   |   |
| **[BOTH]** *[RESPONSE OPTIONS FOR QUESTION 1 ABOVE]*Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED | **[COMBINED]** *[RESPONSE OPTIONS FOR QUESTION 1 ABOVE]*+Response options are: Yes, No, NO RESPONSE/REFUSED#~~<Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED>~~ | Response options were simplified to Yes/No. | Revised – Significant |
| **[BOTH]****IF YOUR PROGRAM DOES NOT REQUIRE SECTION H:****If this is a BASELINE INTERVIEW – stop here, the interview is complete.****If this is a REASSESSMENT INTERVIEW, please complete Section I and Section K.****If this is a CLINICAL DISCHARGE INTERVIEW, please complete Section J and Section K.** | **[COMBINED]****[IF YOUR PROGRAM DOES NOT REQUIRE SECTION G <~~H>~~, +and this is a . . .# :****~~<If this is a>~~ [BASELINE ASSESSMENT]+,# <~~–>~~ stop +now# <~~here,>~~ +–# the interview is completed.****~~<If this is a>~~ [REASSESSMENT] interview<~~, please complete Section I and Section K.>~~ +or [CLINICAL DISCHARGE] – go to [SECTION H].#****~~<If this is a CLINICAL DISCHARGE INTERVIEW, please complete Section J and Section K.>~~** | Minor text changes to the instructions and skip logic. | Revised – Minor |
| Question 1 continued**IF YOUR PROGRAM DOES REQUIRE SECTION H:****If this is a BASELINE INTERVIEW, complete Section H, then stop (the interview will be complete)****If this is a REASSESSMENT INTERVIEW, please complete Section H, Section I, and Section K.****If this is a CLINICAL DISCHARGE INTERVIEW, please complete Section H, Section J, and Section K.** | **[IF YOUR PROGRAM DOES REQUIRE SECTION +~~H~~G, and this is a . . .# :****~~<If this is a>~~ BASELINE INTERVIEW<~~, complete>~~ – +go to# Section <~~H,>~~ +G# for your program +and# then stop. <~~(the interview will be complete)>~~****~~<If this is a>~~ REASSESSMENT interview +or CLINICAL DISCHARGE interview:# <~~,please complete>~~ +go to# Section <~~H, Section I, and Section K>~~ +G for your program, and then to Section H.#****~~<If this is a CLINICAL DISCHARGE INTERVIEW, please complete Section H, Section J, and Section K.>~~** |   |   |
| G. PROGRAM-SPECIFIC QUESTIONS |
| ***H. PROGRAM-SPECIFIC QUESTIONS*** (expiring tool, both versions) is now ***G. PROGRAM-SPECIFIC QUESTIONS*** (new tool, combined).The number of programs required to complete section G, previously Section H, has been reduced. Please refer to the Section G information sheet for more guidance on which programs are required to complete Section G or contact your Government Project Officer. |
| **[BOTH]****YOU ARE NOT RESPONSIBLE FOR COLLECTING DATA ON ALL SECTION H QUESTIONS. YOUR GOVERNMENT PROJECT OFFICER (GPO) HAS PROVIDED GUIDANCE ON WHICH SPECIFIC SECTION H QUESTIONS YOU ARE TO COMPLETE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR GPO.****FOR A LIST OF PROGRAMS THAT HAVE PROGRAM-SPECIFIC DATA REQUIREMENTS, SEE APPENDIX A OF THE NOMS CLIENT-LEVEL MEASURES QUESTION-BY-QUESTION INSTRUCTION GUIDE FOR ADULT PROGRAMS.** | **[COMBINED]****You are NOT responsible for collecting on ALL Section +G# <~~H>~~ questions. +Only complete the Section G which is specific to your program.#****Your <~~GOVERNMENT PROJECT OFFICER (>~~GPO<~~)~~ ~~has>~~ will provide<~~d>~~ guidance on which specific Section +G# <~~H>~~ questions you are to complete. If you have any questions, please contact your GPO.**+{G1. **ASSISTED OUTPATIENT TREATMENT**G2. **LAW ENFORCEMENT AND BEHAVIORAL HEALTH PARNTERSHIPS FOR EARLY DIVERSION** G3. **PROMOTING THE INTEGRATION OF PRIMARY AND BEHAVIORAL HEALTH CARE**G4. **MINORITY AIDS – SERVICE INTEGRATION**G5. **HEALTHY TRANSITIONS**G6. **ASSERTIVE COMMUNITY TREATMENT}#** | Minor text changes to the instructions.All program specific questions are now in Section G instead of Section H.The number of programs required to complete section G, previously Section H, has been reduced. | Revised – Minor |
| **Instructions continue** | +{G7. **CLINICAL HIGH RISK FOR PSYCHOSIS**G8. **CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS}#**{G9. **NATIONAL CHILD TRAUMATIC STRESS INITIATIVE – CATEGORY 3}#****~~<FOR A LIST OF PROGRAMS THAT HAVE PROGRAM-SPECIFIC DATA REQUIREMENTS, SEE APPENDIX A OF THE NOMS CLIENT-LEVEL MEASURES QUESTION-BY-QUESTION INSTRUCTION GUIDE FOR ADULT PROGRAMS.>~~** |   |   |
| G1. ASSISTED OUTPATIENT TREATMENT PROGRAM-SPECIFIC QUESTIONS |
| Section ***H1*** (expiring tool, adult version) now appears as Section ***G1*** (new tool, combined). Section H1 (expiring tool, child version) is now Section ***G6*** (new tool, combined)**This section is to be completed by the following grant programs:**Assisted Outpatient Treatment (AOT) |
| **[ADULT ONLY, from Section H1]*****[QUESTION 1 SHOULD BE ANSWERED BY THE CONSUMER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE]*** | **[COMBINED]*****~~<[QUESTION 1 SHOULD BE ANSWERED BY THE CONSUMER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE]>~~*** | Instructional text has been dropped. | Dropped |
| **[ADULT ONLY, from Section H1]****1. In the past 30 days, how often have you taken all of your psychiatric medication(s) as prescribed to you?*** + Always
	+ Usually
	+ Sometimes
	+ Rarely
	+ Never
	+ REFUSED
	+ DON’T KNOW
	+ NOT APPLICABLE
 | **[COMBINED]****1. In the past 30 +[thirty]# days, <~~how often>~~ have you taken <~~all of>~~ your psychiatric medication(s) as prescribed to you?*** + +Yes
	+ No
	+ {REFUSED
	+ NOT APPLICABLE}#
	+ ~~<Always~~
	+ ~~Usually~~
	+ ~~Sometimes~~
	+ ~~Rarely~~
	+ ~~Never~~
	+ ~~Don’t Know>~~
 | Response options simplified. | Revised – Significant |
| **[ADULT ONLY, from Section H1]*****[QUESTION 2 SHOULD BE REPORTED BY GRANTEE STAFF ABOUT THE CONSUMER AT REASSESSMENT AND CLINICAL DISCHARGE]*** | **[COMBINED]****[Question 2 should be +answered# <~~REPORTED>~~ by grantee staff <~~ABOUT THE CONSUMER>~~ at REASSESSMENT and CLINICAL DISCHARGE.]** | Minor text changes to the instructions. | Revised – Minor |
| **[ADULT ONLY, from Section H1]****2. In the past 30 days, how compliant has the consumer been with their treatment plan?*** Not compliant
* Minimally compliant
* Moderately compliant
* Highly compliant
* Fully compliant
* DON’T KNOW
* NOT APPLICABLE
 | **[COMBINED]****2. In the past 30 +[thirty]# days, <~~how compliant>~~ has the client ~~<consumer been with>~~ +followed# their treatment plan?*** +Yes
* No
* Refused
* Not applicable#
* ~~<Not compliant~~
* ~~Minimally compliant~~
* ~~Moderately compliant~~
* ~~Highly compliant~~
* ~~Fully Compliant~~
* ~~Don’t Know>~~
 | Question text modified.Response options simplified. | Revised – Significant |
| **[CHILD ONLY, from Section H1]*****[QUESTION 2 SHOULD BE REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]*** | **~~<[CHILD ONLY, from Section H1]~~*****~~[QUESTION 2 SHOULD BE REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]>~~*** | Question dropped from new tool. | Dropped |
| **[CHILD ONLY, from Section H1]****2. Please indicate which type of funding source(s) was (were)/will be used to pay for the services provided to this consumer since their last interview. (Check all that apply):*** Current SAMHSA grant funding
* Other federal grant funding
* State funding
* Consumer’s private insurance
* Medicaid/Medicare
* Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **~~<[CHILD ONLY, from Section H1]~~****~~2. Please indicate which type of funding source(s) was (were)/will be used to pay for the services provided to this consumer since their last interview. (Check all that apply):~~*** ~~Current SAMHSA grant funding~~
* ~~Other federal grant funding~~
* ~~State funding~~
* ~~Consumer’s private insurance~~
* ~~Medicaid/Medicare~~
* ~~Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_>~~
 | Question dropped from new tool. | Dropped |
|   | **[COMBINED]****+[If this is a BASELINE assessment, stop here.]****[If this is a REASSESSMENT, go to Section H.]****[If this is a CLINICAL DISCHARGE assessment, go to Section H.]#** | Added instructions for skip logic. | Added |
| G2. LAW ENFORCEMENT AND BEHAVIORAL HEALTH PARTNERSHIPS FOR EARLY DIVERSION PROGRAM-SPECIFIC QUESTIONS |
| Section ***H2*** (expiring tool, adult version) is now Section ***G2*** (new tool, combined). Section ***H2*** (expiring tool, child version) now appears in Section ***G9*** (new tool, combined).**This section is to be completed by the following grant programs:**Law Enforcement and Behavioral Health Partnerships for Early Diversion (Early Div) |
| **[ADULT ONLY]*****[QUESTIONS 1 AND 2 SHOULD BE REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]*** | **[COMBINED]****[Questions 1 and 2 should be <~~REPORTED>~~ +answered# by grantee staff at BASELINE, REASSESSMENT, and CLINICAL DISCHARGE.]** | Minor text changes to the instructions. | Revised – Minor |
| **[ADULT ONLY]****1. Did the consumer screen positive for a mental health disorder?*** Consumer screened positive
* Consumer screened negative
* Consumer was not screened
 | **~~<[ADULT ONLY]~~****~~1. Did the consumer screen positive for a mental health disorder?~~*** ~~Consumer screened positive~~
* ~~Consumer screened negative~~
* ~~Consumer was not screened>~~
 |   | Dropped |
| **[ADULT ONLY]** ***[IF CONSUMER SCREENED POSITIVE]* Was the consumer referred to the following type of services?**Mental health services * YES
* NO
 | **[COMBINED]****+1.#<*~~[IF CONSUMER SCREENED POSITIVE]>~~*Was the <~~consumer>~~ +client# referred to +mental health# ~~<the following type of>~~ services?**~~<Mental health services>~~* Yes
* No
 | The expiring Question 1 conditional question became Question 1 in the new tool. | Revised – Minor |
| **[ADULT ONLY]*****[IF CONSUMER WAS REFERRED TO SERVICES]* Did they receive the following services?**Mental health services* YES
* NO
* DON’T KNOW
* NOT APPLICABLE
 | **[COMBINED]*****~~<[IF CONSUMER WAS REFERRED TO SERVICES]>~~* ~~+~~1a. *[IF QUESTION 1 IS YES]#* Did they receive ~~<the following>~~ +mental health# services?**~~<Mental health services>~~* Yes
* No
* ~~<DON’T KNOW~~
* ~~NOT APPLICABLE>~~
 | The expiring Question 1 second conditional question became conditional Question 1a in the new tool.Removed some response options. | Revised – Minor |
| **[ADULT ONLY]****2. Did the consumer screen positive for a substance use disorder?*** Consumer screened positive
* Consumer screened negative
* Consumer was not screened
 | **~~<[ADULT ONLY]~~****~~2. Did the consumer screen positive for a substance use disorder?~~*** ~~Consumer screened positive~~
* ~~Consumer screened negative~~
* ~~Consumer was not screened>~~
 |   | Dropped |
| **[ADULT ONLY]*****[IF CONSUMER WAS REFERRED TO SERVICES]* Was the consumer referred to the following type of services?**Substance use disorder services* YES
* NO
* DON’T KNOW
* NOT APPLICABLE
 | **[COMBINED]*****~~<[IF CONSUMER SCREENED POSITIVE]>~~* 2. Was the <~~consumer>~~ +client# referred to <~~the following type of>~~ +substance use disorder# services?**~~<Substance use disorder services>~~* Yes
* No
* ~~<DON’T KNOW~~
* ~~NOT APPLICABLE>~~
 | The expiring Question 2 conditional question became Question 2 in the new tool. | Revised – Minor |
| **[ADULT ONLY]*****[IF CONSUMER WAS REFERRED TO SERVICES]* Did they receive the following services?**Substance use disorder services* YES
* NO
* DON’T KNOW
* NOT APPLICABLE
 | **[COMBINED]*****~~<[IF CONSUMER WAS REFERRED TO SERVICES]>~~* ~~+~~2a. *[IF QUESTION 2 IS YES]#* Did they receive ~~<the following>~~ +substance use disorder# services?**~~<Substance use disorder services>~~* Yes
* No
* ~~<DON’T KNOW~~
* ~~NOT APPLICABLE>~~
 | The expiring Question 2 second conditional question became conditional Question 2a in the new tool.Removed some response options. | Revised – Minor |
| **[ADULT ONLY]*****[QUESTION 3 SHOULD BE ANSWERED BY THE CONSUMER AT REASSESSMENT AND CLINICAL DISCHARGE.]*** | **[COMBINED]****[Question 3 should be answered by the <~~CONSUMER>~~ +client only# at REASSESSMENT and CLINICAL DISCHARGE.]** | Minor text changes to the instructions. | Revised – Minor |
| **[ADULT ONLY]****3. Please indicate the degree to which you agree or disagree with the following statement:****Receiving community-based services through the *[INSERT GRANTEE NAME]* program has helped me to avoid further contact with the police and the criminal justice system.*** Strongly Disagree
* Disagree
* Undecided
* Agree
* Strongly Agree
* REFUSED
* DON’T KNOW
 | **[COMBINED]****3. ~~<Please indicate the degree to which you agree or disagree with the following statement:~~****~~Receiving community-based services through the~~ *~~[INSERT GRANTEE NAME]~~* ~~program>~~ Has +this program# helped <~~me>~~ +you# <~~to>~~ avoid further contact with the police and the criminal justice system<~~.>+~~?#*** +Yes
* No
* {NO RESPONSE/REFUSED}#
* ~~<Strongly Disagree~~
* ~~Disagree~~
* ~~Undecided~~
* ~~Agree~~
* ~~Strongly Agree~~
* ~~DON’T KNOW>~~
 | Question has been reworded.Response options simplified to Yes/No. | Revised – Significant |
| **[ADULT ONLY]**Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED, DON’T KNOW | **[COMBINED]**+Response options are: Yes, No, NO RESPONSE/REFUSED#~~<Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED, DON’T KNOW>~~ | Response options were simplified to Yes/No. | Revised – Significant |
|  | **[COMBINED]****+[If this is a BASELINE assessment, stop here.]****[If this is a REASSESSMENT, go to Section H.]****[If this is a CLINICAL DISCHARGE assessment, go to Section H.]#** | Added instructions for skip logic. | Added |
| G3. PROMOTING THE INTEGRATION OF PRIMARY AND BEHAVIORAL HEALTH PROGRAM-SPECIFIC QUESTIONS |
| Section ***H3*** (expiring tool, adult version) and Section ***H3*** (expiring tool, child version) is now Section ***G3*** (new tool, combined).**This section is to be completed by the following grant programs:**Promoting Integration of Primary and Behavioral Health Care – Adult and Child (PIPBHC or PIPBHC-C) |
| **[ADULT ONLY]*****[QUESTIONS 1, 2, AND HEALTH ITEMS SHOULD BE COMPLETED AT BASELINE, REASSESSMENT, AND DISCHARGE]*** | **~~<[ADULT ONLY]~~*****~~[QUESTIONS 1, 2, AND HEALTH ITEMS SHOULD BE COMPLETED AT BASELINE, REASSESSMENT, AND DISCHARGE]>~~*** | Instructional text at the beginning of Section H3 was dropped and incorporated into question-specific instructions. | Dropped |
| **[ADULT ONLY]*****[QUESTION 1 SHOULD BE ANSWERED BY THE CONSUMER]*** | **[COMBINED]****[Question 1 should be answered by the +client# <~~CONSUMER>~~ +at BASELINE, REASSESSMENT, and CLINICAL DISCHARGE.#]** | Minor text changes to the instructions. | Revised – Minor |
| **[ADULT ONLY]****1. In the past 30 days, how many times have you . . .**1. **Been to the emergency room for a physical healthcare problem?**
2. **Been hospitalized overnight for a physical healthcare problem? *[REPORT NUMBER OF NIGHTS HOSPITALIZED.]***

Number of Times |\_\_|\_\_|* REFUSED
* DON’T KNOW
 | **[COMBINED]****1. In the past 30 +[thirty]# days, <~~how many times>~~ have you . . .** 1. **Been to the emergency room for a physical healthcare problem?**
2. **Been hospitalized overnight for a physical healthcare problem? *~~<[REPORT NUMBER OF NIGHTS HOSPITALIZED.]~~***

~~Number of Times |\_\_|\_\_|>~~* +Yes
* No#
* {REFUSED}
* ~~<DON’T KNOW>~~
 | Question changed from asking quantity to Yes/No.Response options simplified and removed. | Revised – Significant |
| **[ADULT ONLY]****2. Please indicate which type of funding source(s) was (were)/will be used to pay for the services provided to this consumer since their last interview. (Check all that apply):*** Current SAMHSA grant funding
* Other federal grant funding
* State funding
* Consumer’s private insurance
* Medicaid/Medicare
* Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **~~<[ADULT ONLY]~~****~~2. Please indicate which type of funding source(s) was (were)/will be used to pay for the services provided to this consumer since their last interview. (Check all that apply):~~*** ~~Current SAMHSA grant funding~~
* ~~Other federal grant funding~~
* ~~State funding~~
* ~~Consumer’s private insurance~~
* ~~Medicaid/Medicare~~
* ~~Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_>~~
 |   | Dropped |
| **[ADULT ONLY]*****[QUESTION 2 AND PROGRAM-SPECIFIC HEALTH ITEMS ARE REPORTED BY GRANTEE STAFF ABOUT THE CONSUMER]*****[CHILD ONLY]*****[HEALTH ITEMS ARE REPORTED BY THE GRANTEE ABOUT THE CONSUMER AT BASELINE, REASSESSMENT, AND DISCHARGE.]*** | **[COMBINED]****+[#<~~QUESTION 2 AND>~~ Program-Specific Health Items <~~ARE REPORTED>~~ +should be answered# by grantee staff <~~ABOUT THE CONSUMER>~~ +at BASELINE, REASSESSMENT, and CLINICAL DISCHARGE.]#** | Minor text changes to the instructions. | Revised – Minor |
| **[BOTH]****Program-Specific Health Items****1. Health measurements**1. Systolic blood pressure mmHg
2. Diastolic blood pressure mmHg
3. Weight kg
4. Height cm
5. Waist circumference cm
6. Breath CO for smoking status ppm

Response options are values entered. | **[COMBINED]****~~<Program-Specific Health Items>~~****+2#<~~1>~~. Health measurements**1. Systolic blood pressure mmHg
2. Diastolic blood pressure mmHg
3. Weight kg
4. Height cm

~~<Waist circumference cm>~~1. ~~<f.>~~ Breath CO for smoking status ppm

Response options are values entered. | Removed expiring version question 1e on waist circumference.Renumbered from Question 1 to Question 2. | Revised – Significant |
| **[ADULT ONLY]****2. Did patient successfully fast for 8 hours prior to providing the blood sample?** | **~~<[ADULT ONLY]~~****~~2. Did patient successfully fast for 8 hours prior to providing the blood sample?>~~** |   | Dropped |
| **[ADULT ONLY]****3. Blood test results:**1. Date of blood draw:

|\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|MONTH DAY YEAR**[FOR 3b AND 3c: ENTER ONE OR THE OTHER, NOT BOTH.]**1. Fasting plasma glucose mg/dL
2. HgBA1c %
3. Total Cholesterol mg/dL
4. HDL Cholesterol mg/dL
5. LDL Cholesterol mg/dL
6. Triglycerides mg/dL
 | **[COMBINED]****3. Blood test results. +Please choose one of b *or* c only.#**1. Date of blood draw:

|\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|{MONTH} {DAY} {YEAR}**~~<[FOR 3b AND 3c: ENTER ONE OR THE OTHER, NOT BOTH.]>~~**1. Fasting plasma glucose mg/dL
2. HgBA1c %
3. Total Cholesterol mg/dL

~~<e. HDL Cholesterol mg/dL>~~ +1. # ~~<f.>~~ LDL Cholesterol mg/dL

~~<g. Triglycerides mg/dL>~~ | Removed expiring version questions 3e and 3g on HDL Cholesterol and Triglycerides.Minor text changes to the instructions. | Revised – Significant |
|   | **[COMBINED]****+[If this is a BASELINE assessment, stop here.]****[If this is a REASSESSMENT, go to Section H.]****[If this is a CLINICAL DISCHARGE assessment, go to Section H.]#** | Added instructions for skip logic. | Added |
| G4. MINORITY AIDS – SERVICE INTEGRATION PROGRAM-SPECIFIC QUESTIONS |
| Section **H4** (expiring tool, adult version) is now Section **G4** (new tool, combined).**This section is to be completed by the following grant programs:**Minority AIDS Initiative – Service Integration (MAI-SI) |
| **[ADULT ONLY]*****[QUESTIONS 1 AND 2 SHOULD BE ANSWERED BY THE CONSUMER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]*** | **[COMBINED]****[Questions <~~1 AND 2>~~ should be answered by the <~~CONSUMER>~~ +client# at BASELINE, REASSESSMENT, and CLINICAL DISCHARGE.]** | Minor text changes to the instructions. | Revised – Minor |
| **[ADULT ONLY]****1a. Did the program provide an HIV test?*** Yes
* No ***[SKIP TO H1b.]***
* REFUSED ***[SKIP TO H1b.]***
* DON’T KNOW ***[SKIP TO H1b.]***

***[IF YES]* What was the result?*** Positive
* Negative ***[SKIP TO H1b.]***
* Indeterminate ***[SKIP TO H1b.]***
* REFUSED ***[SKIP TO H1b.]***
* DON’T KNOW ***[SKIP TO H1b.]***

***[IF CONSUMER SCREENED POSITIVE]* Were you connected to HIV treatment services?*** Yes
* No
* REFUSED
* DON’T KNOW
 | **[COMBINED]****1<~~a>~~. Did the program provide an HIV test?*** Yes
* No ***[SKIP TO <~~H1b.>~~ +QUESTION 2.#]***
* {REFUSED} ***[SKIP TO <~~H1b.>~~ +QUESTION 2.#]***
* {DON’T KNOW} ***[SKIP TO <~~H1b.>~~ +QUESTION 2.#]***

**+1a*.# [IF +QUESTION 1 IS# YES]* What was the result?*** Positive
* Negative ***[SKIP TO <~~H1b.>~~ +QUESTION 2.#]***
* Indeterminate ***[SKIP TO <~~H1b.>~~ +QUESTION 2.#]***
* {REFUSED} ***[SKIP TO <~~H1b.>~~ +QUESTION 2.#]***
* {DON’T KNOW} ***[SKIP TO <~~H1b.>~~ +QUESTION 2.#]***

**+1b.# *<~~[IF CONSUMER SCREENED POSITIVE]>~~* +*[IF QUESTION 1a IS POSITIVE]#* Were you connected to HIV treatment services?*** Yes
* No
* {REFUSED}
* {DON’T KNOW}
 | Minor text changes to the instructions.Numbered the conditional questions (e.g., 1a, 1b). | Revised – Minor |
| **[ADULT ONLY]****1b. Did the program provide a hepatitis B (HBV) test?*** Yes
* No ***[SKIP TO H1c.]***
* REFUSED ***[SKIP TO H1c.]***
* DON’T KNOW ***[SKIP TO H1c.]***

***[IF YES] What was the result?**** Positive
* Negative ***[SKIP TO H1c.]***
* Indeterminate ***[SKIP TO H1c.]***
* REFUSED ***[SKIP TO H1c.]***
* DON’T KNOW ***[SKIP TO H1c.]***

***[IF CONSUMER SCREENED POSITIVE] Were you connected to HBV treatment services?**** Yes
* No
* REFUSED
* DON’T KNOW
 | **[COMBINED]****+2#<~~1b>~~. Did the program provide a <~~h>+~~H#epatitis B (HBV) test?*** Yes
* No ***[SKIP TO <~~H1c.>~~ +QUESTION 3#]***
* {REFUSED} ***[SKIP TO <~~H1c.>~~ +QUESTION 3#]***
* {DON’T KNOW} ***[SKIP TO <~~H1c.>~~ +QUESTION 3#]***

**+2a.# *[IF +QUESTION 2 IS# YES]* What was the result?*** Positive
* Negative ***[SKIP TO <~~H1c.>~~ +QUESTION 3#]***
* Indeterminate ***[SKIP TO <~~H1c.>~~ +QUESTION 3#]***
* {REFUSED} ***[SKIP TO <~~H1c.>~~ +QUESTION 3#3]***
* {DON’T KNOW} ***[SKIP TO <~~H1c.>~~ +QUESTION 3#]***

**+2b.# *[IF +QUESTION 2a IS# <~~CONSUMER SCREENED>~~ POSITIVE]* Were you connected to HBV treatment services?*** Yes
* No
* {REFUSED}
* {DON’T KNOW}
 | Minor text changes to the instructions.Renumbered the main question from 1b to 2. Numbered the conditional questions (e.g., 2a, 2b). | Revised – Minor |
| **[ADULT ONLY]****1c. Did the program provide a hepatitis C (HCV) test?*** Yes
* No ***[SKIP TO H2a.]***
* REFUSED ***[SKIP TO H2a.]***
* DON’T KNOW ***[SKIP TO H2a.]***

***[IF YES]* What was the result?*** Positive
* Negative ***[SKIP TO H2a.]***
* Indeterminate ***[SKIP TO H2a.]***
* REFUSED ***[SKIP TO H2a.]***
* DON’T KNOW ***[SKIP TO H2a.]***

***[IF CONSUMER SCREENED POSITIVE]* Were you connected to HCV treatment services?*** Yes
* No
* REFUSED
* DON’T KNOW
 | **[COMBINED]****+3#<~~1c>~~. Did the program provide a <~~h>~~+H#epatitis C (HCV) test?*** Yes
* No ***[SKIP TO <~~H2a.>~~ +QUESTION 4#]***
* {REFUSED} ***[SKIP TO <~~H2a.>~~ +QUESTION 4#]***
* {DON’T KNOW} ***[SKIP TO <~~H2a.>~~ +QUESTION 4#]***

**+3a.# *[IF +QUESTION 3 IS# YES]* What was the result?*** Positive
* Negative ***[SKIP TO <~~H2a.>~~ +QUESTION 4#]***
* Indeterminate ***[SKIP TO <~~H2a.>~~ +QUESTION 4#]***
* {REFUSED} ***[SKIP TO <~~H2a.>~~ +QUESTION 4#]***
* {DON’T KNOW} ***[SKIP TO <~~H2a.>~~ +QUESTION 4#]***

**+3b.# *[IF +QUESTION 3a IS# <~~CONSUMER SCREENED>~~ POSITIVE]* Were you connected to HCV treatment services?*** Yes
* No
* {REFUSED}
* {DON’T KNOW}
 | Minor text changes to the instructions.Renumbered the main question from 1c to 3. Numbered the conditional questions (e.g., 3a, 3b). | Revised – Minor |
| **[ADULT ONLY]****2a. *[If HIV STATUS IS POSITIVE]* Did you receive a referral from [INSERT GRANTEE NAME] to medical care?*** Yes
* No
* REFUSED
* DON’T KNOW
 | **[COMBINED]****+4#<~~2a>~~. <*~~[If HIV STATUS IS POSITIVE]>~~* Did you receive a referral from [INSERT GRANTEE NAME] to medical care?*** Yes
* No
* {REFUSED}
* {DON’T KNOW}
 | Minor text changes to the instructions.Renumbered the main question from 2a to 4. | Revised – Minor |
| **[ADULT ONLY]****2b. Have you been prescribed an antiretroviral medication (ART)?*** Yes
* No ***[SKIP TO SECTION I OR J/K]***
* REFUSED ***[SKIP TO SECTION I OR J/K]***
* DON’T KNOW ***[SKIP TO SECTION I OR J/K]***

***[FOR CONSUMERS WHO REPORT BEING PRESCRIBED AN ART]*** **In the past 30 days, how often have you taken your ART as prescribed to you?*** Always
* Usually
* Sometimes
* Rarely
* Never
* REFUSED
* DON’T KNOW
* NOT APPLICABLE

***[IF THE PRESCRIPTION WAS GIVEN FOR THE FIRST TIME AT THIS APPOINTMENT, SELECT NOT APPLICABLE.]*** | **[COMBINED]****+5#<~~2b>~~. Have you been prescribed an <~~a>+~~A#ntiretroviral <~~m>+~~M#edication (ART)?*** Yes
* No <***~~[SKIP TO SECTION I OR J/K]>~~***
* {REFUSED} <***~~[SKIP TO SECTION I OR J/K]>~~***
* {DON’T KNOW} <***~~[SKIP TO SECTION I OR J/K]>~~***

**+5a.# *<~~[FOR CONSUMERS WHO REPORT BEING PRESCRIBED ART]>~~ +[IF QUESTION 5 IS YES]#*** **In the past 30 +[thirty]# days, how often have you taken your ART as prescribed to you?*** Always
* Usually
* Sometimes
* Rarely
* Never
* {REFUSED}
* {DON’T KNOW}
* {NOT APPLICABLE} ***[IF THE PRESCRIPTION WAS GIVEN FOR THE FIRST TIME AT THIS APPOINTMENT, SELECT NOT APPLICABLE.]***
 | Minor text changes to the instructions.Renumbered the main question from 2b to 5. | Revised – Minor |
|   | **[COMBINED]****+[If this is a BASELINE assessment, stop here.]****[If this is a REASSESSMENT, go to Section H.]****[If this is a CLINICAL DISCHARGE assessment, go to Section H.]#** | Added instructions for skip logic. | Added |
| G5. HEALTHY TRANSITIONS PROGRAM-SPECIFIC QUESTIONS |
| Section ***H5*** (expiring tool, adult version) is now Section ***G5*** (new tool, combined).**This section is to be completed by the following grant programs:**Healthy Transitions Initiative (HTI) |
| **[ADULT ONLY]*****[QUESTIONS 1 AND 2 SHOULD BE REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]*** | **[COMBINED]****[Questions <~~1 AND 2>~~ should be <~~REPORTED>~~ +answered# by grantee staff at BASELINE, REASSESSMENT, and CLINICAL DISCHARGE.]** | Minor text changes to the instructions. | Revised – Minor |
| **[ADULT ONLY]****1. Did the consumer screen positive for a mental health disorder?*** Consumer screened positive
* Consumer screened negative
* Consumer was not screened
 | **~~<[ADULT ONLY]~~****~~1. Did the consumer screen positive for a mental health disorder?~~*** ~~Consumer screened positive~~
* ~~Consumer screened negative~~
* ~~Consumer was not screened>~~
 |   | Dropped |
| **[ADULT ONLY]** ***[IF CONSUMER SCREENED POSITIVE]* Was the consumer referred to the following type of services?**Mental health services * YES
* NO
 | **[COMBINED]****+1.#<*~~[IF CONSUMER SCREENED POSITIVE]>~~*Was the <~~consumer>~~ +client# referred to +mental health# ~~<the following type of>~~ services?**~~<Mental health services>~~* {YES}
* {NO}
 | The expiring Question 1 conditional question became Question 1 in the new tool.Minor text changes to the question. | Revised – Minor |
| **[ADULT ONLY]*****[IF CONSUMER WAS REFERRED TO SERVICES]* Did they receive the following services?**Mental health services* YES
* NO
* DON’T KNOW
* NOT APPLICABLE
 | **[COMBINED]*****~~<[IF CONSUMER WAS REFERRED TO SERVICES]>~~*+1a. *[IF QUESTION 1 IS YES]=* Did they receive ~~<the following>~~ +mental health# services?**~~<Mental health services>~~* {YES}
* {NO}
* ~~<DON’T KNOW~~
* ~~NOT APPLICABLE>~~
 | The expiring Question 1 second conditional question became conditional Question 1a in the new tool.Removed some response options | Revised – Minor |
| **[ADULT ONLY]****2. Did the consumer screen positive for a substance use disorder?*** Consumer screened positive
* Consumer screened negative
* Consumer was not screened
 | **~~<[ADULT ONLY]~~****~~2. Did the consumer screen positive for a substance use disorder?~~*** ~~Consumer screened positive~~
* ~~Consumer screened negative~~
* ~~Consumer was not screened>~~
 |   | Dropped |
| **[ADULT ONLY]*****[IF CONSUMER SCREENED POSITIVE]* Was the consumer referred to the following type of services?**Substance use disorder services* YES
* NO
 | **[COMBINED]****+2.#<*~~[IF CONSUMER SCREENED POSITIVE]>~~*Was the <~~consumer>~~ +client# referred to +substance use disorder# ~~<the following type of>~~ services?**~~<Substance use disorder services>~~* {YES}
* {NO}
 | The expiring Question 2 conditional question became Question 2 in the new tool.Minor text changes to the question. | Revised – Minor |
| **[ADULT ONLY]*****[IF CONSUMER WAS REFERRED TO SERVICES ]* Did the receive the following services?**Substance use disorder services* YES
* NO
* DON’T KNOW
* NOT APPLICABLE
 | **[COMBINED]*****~~<[IF CONSUMER WAS REFERRED TO SERVICES]>~~*+2a. *[IF QUESTION 1 IS YES]#* Did they receive ~~<the following>~~ +substance use disorder# services?**~~<Substance use disorder services>~~* {YES}
* {NO}
* ~~<DON’T KNOW~~
* ~~NOT APPLICABLE~~ >
 | The expiring Question 2 second conditional question became conditional Question 2a in the new tool.Removed some response options | Revised – Minor |
|  | **[COMBINED]****+[If this is a BASELINE assessment, stop here.]****[If this is a REASSESSMENT, go to Section H.]****[If this is a CLINICAL DISCHARGE assessment, go to Section H.]#** | Added instructions for skip logic. | Added |
| G6. ASSERTIVE COMMUNITY TREATMENT PROGRAM-SPECIFIC QUESTIONS |
| Section ***H6*** (expiring tool, adult version) and H1 (expiring tool, child version) is now Section ***G6*** (new tool, combined).**This section is to be completed by the following grant programs:**Assertive Community Treatment (ACT) |
| **[ADULT ONLY]*****[QUESTION 1 SHOULD BE ANSWERED BY THE CONSUMER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]*****[CHILD ONLY, from Section H1]*****[QUESTION 1 SHOULD BE ANSWERED BY THE CONSUMER/CAREGIVER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]*** | **[COMBINED]****[Question+s# <~~1>~~should be answered by the <~~CONSUMER>~~ +client# at <~~BASELINE,>~~ REASSESSMENT and CLINICAL DISCHARGE. +If this is a BASELINE assessment, stop here.#]****~~<[CHILD ONLY, from Section H1]~~** ***~~[QUESTION 1 SHOULD BE ANSWERED BY THE CONSUMER/CAREGIVER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]>~~*** | Minor text changes to the instructions to reflect dropped questions. | Revised – Minor |
| **[ADULT ONLY]****1. In the past 30 days:*** **How many times have you thought about killing yourself?**
* **b. How many times did you attempt to kill yourself?**

Number of times: |\_\_|\_\_|* REFUSED
* DON’T KNOW

**[CHILD ONLY, from Section H1]****1. In the past 30 days:****a. How many times have you thought about killing yourself?****b. How many times did you attempt to kill yourself?**Number of times |\_\_|\_\_|* REFUSED
* DON’T KNOW
 | **~~<[ADULT ONLY]~~****~~1. In the past 30 days:~~*** **~~How many times have you thought about killing yourself?~~**
* **~~b. How many times did you attempt to kill yourself?~~**

~~Number of times: |\_\_|\_\_|~~* ~~REFUSED~~
* ~~DON’T KNOW~~

**~~[CHILD ONLY, from Section H1]~~****~~1. In the past 30 days:~~****~~a. How many times have you thought about killing yourself?~~****~~b. How many times did you attempt to kill yourself?~~**~~<Number of times |\_\_|\_\_|~~* ~~REFUSED~~
* ~~DON’T KNOW>~~
 | Question dropped from new tool. | Dropped |
| Question 1 continued***[CAREGIVER RESPONSE:]*****1. In the past 30 days:****a. How many times have you thought about killing yourself?****b. How many times did you attempt to kill yourself?**Number of times |\_\_|\_\_|* REFUSED
* DON’T KNOW
 | ***~~<[CAREGIVER RESPONSE:]~~*****~~1. In the past 30 days:~~****~~a. How many times have you thought about killing yourself?~~****~~b. How many times did you attempt to kill yourself?~~**~~Number of times |\_\_|\_\_|~~* ~~REFUSED~~
* ~~DON’T KNOW>~~
 | Question dropped from new tool. | Dropped |
| **[ADULT ONLY]*****[QUESTION 2 SHOULD BE ANSWERED BY THE CONSUMER AT REASSESSMENT AND CLINICAL DISCHARGE.]*** | **~~<[ADULT ONLY]~~*****~~[QUESTION 2 SHOULD BE ANSWERED BY THE CONSUMER AT REASSESSMENT AND CLINICAL DISCHARGE.]>~~*** | Instructions dropped. | Dropped |
| **[ADULT ONLY]****2. How often does a member of your team interact with you?*** Several times a day
* Almost every day
* A few times a week
* About once a week
* A few times a month
 | **[COMBINED]****+1#<~~2.>~~. How often does a member of your team interact with you?*** +At least daily
* At least weekly
* At least monthly
* Never#
* ~~<Several times a day>~~
 | Renumbered from Question 2 to Question 1.Response options simplified. | Revised – Significant |
| **Question 2 continued*** About once a month
* Less than once per month
* REFUSED
* DON’T KNOW
 | * ~~<Almost every day~~
* ~~A few times a week>~~
* ~~<About once a week~~
* ~~A few times a month~~
* ~~About once a month~~
* ~~Less than once per month>~~
* {REFUSED}
* {DON’T KNOW}
 |   |   |
|  | **[COMBINED]****+2. If I need to talk with someone on my team, I know who to call.*** Yes
* No
* {REFUSED}
* {NOT APPLICABLE}#
 | Added new question. | Added |
|  | **[COMBINED]****+[If this is a REASSESSMENT, go to Section H.]****[If this is a CLINICAL DISCHARGE assessment, go to Section H.]#** | Added instructions for skip logic. | Added |
| **[CHILD ONLY]*****[QUESTION 2 SHOULD BE REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]*****Please indicate which type of funding source(s) was (were)/will be used to pay for the services provided to this consumer since their last interview. (Check all that apply):** Current SAMHSA grant funding Other federal grant funding State funding Consumer’s private insurance Medicaid/Medicare Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **~~<[CHILD ONLY]~~*****~~[QUESTION 2 SHOULD BE REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]~~*****~~Please indicate which type of funding source(s) was (were)/will be used to pay for the services provided to this consumer since their last interview. (Check all that apply):~~**~~ Current SAMHSA grant funding~~~~ Other federal grant funding~~~~ State funding~~~~ Consumer’s private insurance~~~~ Medicaid/Medicare~~~~ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_>~~ | Dropped question. | Dropped |
| G7. CLINICAL HIGH RISK FOR PSYCHOSIS PROGRAM-SPECIFIC QUESTIONS |
| Section ***H7*** (expiring tool, adult version) and Section ***H4*** (expiring tool, child version) is now Section ***G7*** (new tool, combined).**This section is to be completed by the following grant programs:**Clinical High Risk for Psychosis Program – Adult and Child (CHR-P-A or CHR-P-C) |
| **[ADULT ONLY]*****[QUESTION 1 SHOULD BE REPORTED BY GRANTEE STAFF AT REASSESSMENT AND CLINICAL DISCHARGE.]*** | **[COMBINED]****[Question 1 <~~SHOULD BE REPORTED>~~ +is answered# by grantee staff at REASSESSMENT and CLINICAL DISCHARGE. +If this is a BASELINE assessment, stop here.#]**  | Minor text changes to the instructions. | Revised – Minor |
| **[BOTH]****1. Has the client experienced a first-episode of psychosis (FEP) since their last interview?*** Yes
* No
* DON’T KNOW

**a. *[IF YES]* Please indicate the approximate date that the client initially experienced FEP.**|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_|\_\_\_|\_\_\_|MONTH YEAR**b. *[IF YES]* Was the consumer referred to FEP services?*** Yes
* No
* DON’T KNOW
 | **[COMBINED]****1. Has the client experienced a+n# <~~first>-~~ episode of psychosis <~~(FEP)>~~ since their last interview?*** Yes
* No
* {DON’T KNOW}

**+1#a. *[IF +QUESTION 1 IS# YES]* Please indicate the approximate date that the client initially experienced <~~FEP>~~ +psychosis#.**|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_|\_\_\_|\_\_\_|{MONTH} {YEAR}**+1#b. *[IF +QUESTION 1 IS# YES]* Was the <~~consumer>~~ +client# referred to <~~FEP>~~ services?*** Yes
* No
* {DON’T KNOW}
 | Question and conditional question language has been modified.Minor text changes to the instructions.Numbered all the conditional questions. | Revised – Minor |
| Question 1 continued***[IF CONSUMER WAS REFERRED TO FEP SERVICES]* Please indicate the date that the client first received FEP services/treatment.**|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_|\_\_\_|\_\_\_|MONTH YEAR* DON’T KNOW
 | **+1c.#  *~~<[IF CONSUMER WAS REFERRED TO FEP SERVICES]> +~~[IF QUESTION 1b IS YES]#* Please indicate the date that the client <~~first>~~ received <~~FEP>~~ services/treatment.**|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_|\_\_\_|\_\_\_|{MONTH} {YEAR}* {DON’T KNOW}
 |   |   |
| **[ADULT ONLY]*****[QUESTION 2 SHOULD BE ANSWERED BY THE CONSUMER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE IF THEY ARE CURRENTLY ENROLLED IN SCHOOL.]*** | **~~<[ADULT ONLY]~~*****~~[QUESTION 2 SHOULD BE ANSWERED BY THE CONSUMER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE IF THEY ARE CURRENTLY ENROLLED IN SCHOOL.]>~~*** |   | Dropped |
| **[ADULT ONLY]****2. *[IF THE CONSUMER INDICATED THAT THEY WERE ENROLLED IN SCHOOL]* During the past 30 days of school, how many days were you absent for any reason?****|\_\_\_|\_\_\_|** # OF DAYS* REFUSED
* DON’T KNOW
* OT APPLICABLE
 | **~~<[ADULT ONLY]~~****~~2.~~ *~~[IF THE CONSUMER INDICATED THAT THEY WERE ENROLLED IN SCHOOL]~~* ~~During the past 30 days of school, how many days were you absent for any reason?~~****~~|\_\_\_|\_\_\_|~~** ~~# OF DAYS~~* ~~REFUSED~~
* ~~DON’T KNOW~~
* ~~OT APPLICABLE>~~
 |   | Dropped |
|   | **[COMBINED]****+[If this is a REASSESSMENT, go to Section H.]****[If this is a CLINICAL DISCHARGE assessment, go to Section H.]#** | Added instructions for skip logic. | Added |
| G8. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS PROGRAM-SPECIFIC QUESTIONS |
| Section ***H8*** (expiring tool, adult version) is now Section ***G8*** (new tool, combined).**This section is to be completed by the following grant programs:**Certified Community Behavioral Health Clinics – Expansion Grants – Adult and Child (CCBHC-E or CCBHC-E-C) |
| **[ADULT ONLY]*****[HEALTH ITEMS ARE REPORTED BY THE GRANTEE ABOUT THE CONSUMER AT BASELINE, REASSESSMENT, AND DISCHARGE]*** | **[COMBINED]****[<~~HEALTH ITEMS ARE REPORTED>~~ +Questions should be answered# by <~~THE>~~ grantee +staff# <~~ABOUT THE CONSUMER>~~ at BASELINE, REASSESSMENT, AND +CLINICAL# DISCHARGE.]** | Minor text changes to the instructions. | Revised – Minor |
|   | **[COMBINED]****+1. During the past 30 [thirty] days, did the client receive the following services?**1. Crisis mental health services
2. Screening, assessment, diagnosis
3. Patient-centered treatment planning
4. Outpatient mental health services
5. Physical health screening/monitoring
6. Targeted case management
7. Psychiatric rehabilitation services
8. Peer support services
9. Family psychoeducation and support
10. Services for veterans and military members#
 | Added new questions. | Added |
|   | **[COMBINED]** *[RESPONSE OPTIONS FOR QUESTION 1 ABOVE]*+Response options are: Yes, No# | Added new response options | Added |
| **[ADULT ONLY]****1. Health measurements:** 1. Systolic blood pressure mmHg
2. Diastolic blood pressure mmHg
3. Weight kg
4. Height cm
5. Waist circumference cm
 | **[COMBINED]****+2#<~~1>~~. Health measurements:** 1. Systolic blood pressure mmHg
2. Diastolic blood pressure mmHg
3. Weight kg
4. Height cm
5. ~~<Waist circumference cm>~~
 | Question 1 from expiring version became Question 2 on new version.Removed old version question 1e for waist circumference. | Revised – Minor |
| **[ADULT ONLY]*****[IF THIS IS A BASELINE, STOP HERE.]******[IF THIS IS A REASSESSMENT, GO TO SECTION I.]******[IF THIS IS A CLINICAL DISCHARGE, GO TO SECTION J.]*** | **[COMBINED]****[If this is a BASELINE +assessment#, stop here.]****[If this is a REASSESSMENT, go to Section +H#<~~I>~~.]****[If this is a CLINICAL DISCHARGE +assessment#, go to Section +H#~~<J>~~.]** | Minor text changes to the instructions. | Revised – Minor |
| G9. NATIONAL CHILD TRAUMATIC STRESS INITIATIVE – CATEGORY 3 PROGRAM-SPECIFIC QUESTIONS |
| Section ***H2*** (expiring tool, child version) is now Section ***G9*** (new tool, combined).**This section is to be completed by the following grant programs:**National Child Traumatic Stress Initiative Cat III and Supplemental (NCTSI or NCTSI-S) |
| **[CHILD ONLY, from Section H2]*****[QUESTIONS 1, 2, AND 3 SHOULD BE ANSWERED BY THE CONSUMER/CAREGIVER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]*** | **[COMBINED]****[Questions <~~1, 2, AND 3>~~ should be answered by the +client# <~~CONSUMER/>~~ +or# caregiver at <~~BASELINE,>~~ REASSESSMENT and CLINICAL DISCHARGE. +If this is a BASELINE assessment, stop here.#]** | Minor changes to instructions. | Revised – Minor |
| **[CHILD ONLY, from Section H2]****Please indicate your agreement with the following items:*****[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER/CAREGIVER.]*****1. As a result of treatment and services received, my [my child’s] trauma and/or loss experiences were identified and addressed.*** Strongly Disagree
* Disagree
* Undecided
* Agree
* Strongly Agree
* REFUSED
* DON’T KNOW
 | **[COMBINED]****~~<Please indicate your agreement with the following items:>~~****[READ EACH STATEMENT +BELOW# <~~FOLLOWED BY THE RESPONSE OPTIONS>~~ TO THE <~~CONSUMER/>~~ +CLIENT OR# CAREGIVER +AND NOTE RESPONSE#.]****1.** As a result of treatment and services received, my [my child’s] trauma and/or loss experiences were identified and addressed.* ~~<Strongly Disagree~~
* ~~Disagree~~
* ~~Undecided~~
* ~~Agree~~
* ~~Strongly Agree~~
* ~~DON’T KNOW>~~
* +Yes
* No
* {NO RESPONSE/#REFUSED}
* +{NOT APPLICABLE}#
 | Response options simplified.Minor changes to instructions. | Revised – Significant |
| **[CHILD ONLY, from Section H2]** *[RESPONSE OPTIONS FOR QUESTION 1 ABOVE]*Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED, DON’T KNOW | **[COMBINED]** *[RESPONSE OPTIONS FOR QUESTION 1 ABOVE]*+Response options are: Yes, No, {NO RESPONSE/REFUSED, NOT APPLICABLE}#~~<Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED, DON’T KNOW>~~ | Response options simplified. | Revised – Significant |
| **[CHILD ONLY, from Section H2]****2.**  **As a result of treatment and services received for trauma and/or loss experiences, my [my child’s] problem behaviors/symptoms have decreased.*** Strongly Disagree
* Disagree
* Undecided
* Agree
* Strongly Agree
* REFUSED
* DON’T KNOW
 | **[COMBINED]****2.**  As a result of treatment and services received for trauma and/or loss experiences, my [my child’s] problem behaviors/symptoms have decreased.* ~~<Strongly Disagree~~
* ~~Disagree~~
* ~~Undecided~~
* ~~Agree~~
* ~~Strongly Agree~~
* ~~DON’T KNOW>~~
* +Yes
* No
* {NO RESPONSE/#REFUSED}
* +{NOT APPLICABLE}#
 | Response options simplified. | Revised – Significant |
| **[CHILD ONLY, from Section H2]** *[RESPONSE OPTIONS FOR QUESTION 2 ABOVE]*Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED, DON’T KNOW | **[COMBINED]** *[RESPONSE OPTIONS FOR QUESTION 2 ABOVE]*+Response options are: Yes, No, {NO RESPONSE/REFUSED, NOT APPLICABLE}#~~<Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED, DON’T KNOW>~~ | Response options simplified. | Revised – Significant |
| **[CHILD ONLY, from H2]****3. As a result of treatment and services received, I [my child has] have shown improvement in daily life, such as in school or interacting with family or friends.*** Strongly Disagree
* Disagree
* Undecided
* Agree
* Strongly Agree
* REFUSED
* DON’T KNOW
 | **~~<[CHILD ONLY, from H2]~~****~~3. As a result of treatment and services received, I [my child has] have shown improvement in daily life, such as in school or interacting with family or friends.>~~*** ~~<Strongly Disagree~~
* ~~Disagree~~
* ~~Undecided~~
* ~~Agree~~
* ~~Strongly Agree~~
* ~~REFUSED~~
* ~~DON’T KNOW>~~
 |   | Dropped |
|  | **[COMBINED]****+[If this is a REASSESSMENT, go to Section H.]****[If this is a CLINICAL DISCHARGE assessment, go to Section H.]#** | Added instructions for skip logic. | Added |
| H. SERVICES RECEIVED AND CLINICAL DISCHARGE STATUS |
| ***K. SERVICES RECEIVED*** (expiring tool, both versions) and ***J. CLINICAL DISCHARGE STATUS*** (expiring tool, both versions) are now combined into ***H. SERVICES RECEIVED AND CLINICAL DISCHARGE STATUS*** (new tool, combined).***I. REASSESSMENT STATUS*** (expiring tool, both versions) has now been dropped from the new tool (combined). |
| **[BOTH, from Section K]*****[SECTION K IS REPORTED BY GRANTEE STAFF AT REASSESSMENT AND DISCHARGE UNLESS THE CONSUMER REFUSED THIS INTERVIEW OR ALL INTERVIEWS, IN WHICH CASE THE SECTION IS OPTIONAL.]*** | **[COMBINED]****+[Question 1# <~~SECTION K>~~ is <~~REPORTED>~~ +answered# by grantee staff at REASSESSMENT and +CLINICAL# DISCHARGE +only# <~~UNLESS THE CONSUMER REFUSED THIS INTERVIEW OR ALL INTERVIEWS, IN WHICH CASE THE SECTION IS OPTIONAL>~~.]** | Moved from Section K to Section H.Minor text changes to the instructions. | Moved and Revised – Minor |
| **[BOTH, from Section K]****1. On what date did the client last receive services?**|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_|\_\_\_|\_\_\_|MONTH YEAR | **[COMBINED]****1. On what date did the client last receive services?**|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_|\_\_\_|\_\_\_|{MONTH} {YEAR} | Moved from Section K Question 1 (expiring tool, both versions) to Section H Question 1 (new tool, both versions). | Moved |
| **[BOTH, from Section K]*****[IDENTIFY ALL OF THE SERVICES YOUR PROJECT PROVIDED TO THE CONSUMER SINCE HIS/HER LAST NOMS INTERVIEW; THIS INCLUDES CMHS-FUNDED AND NON-CMHS-FUNDED SERVICES.]*****Core Services**1. Screening
2. Assessment
3. Treatment Planning or Review
4. Psychopharmacological Services
5. Mental Health Services

***[IF THE ANSWER TO QUESTION 5, “MENTAL HEALTH SERVICES,” IS YES, PLEASE ESTIMATE HOW FREQUENTLY MENTAL HEALTH SERVICES WERE DELIVERED.]***Number of times \_\_\_\_ per* Day
* Week
* Month
* Year
* UNKNOWN
1. Co-occurring Services
2. Case Management
3. Trauma-specific Services
4. Was the client referred to another provider for any of the above core services?
 | **[COMBINED]****~~<[>~~Identity all <~~OF>~~ the services your +grant# project provided to the <~~CONSUMER>~~ client +during their participation in the program#. <~~SINCE HIS/HER LAST NOMS INTERVIEW;>~~ This includes ~~<CMHS>~~+grant#-funded and non-+grant#<~~CMHS>~~ funded services.~~<]>~~****Core Services**1. Screening
2. Assessment
3. Treatment Planning or Review
4. Psychopharmacological Services
5. Mental Health Services

***~~<[IF THE ANSWER TO QUESTION 5, “MENTAL HEALTH SERVICES,” IS YES, PLEASE ESTIMATE HOW FREQUENTLY MENTAL HEALTH SERVICES WERE DELIVERED.]~~***~~Number of times \_\_\_\_ per~~* ~~Day~~
* ~~Week~~
* ~~Month~~
* ~~Year~~
* ~~UNKNOWN>~~
1. Co-occurring Services
2. Case Management
3. Trauma-specific Services
4. Was the client referred to another provider for any of the above core services?
 | Moved from Section K Question 1 (expiring tool, both versions) to Section H Question 1 (new tool, both versions).Conditional question for Question 5 (Mental Health Services) in expiring tool was removed.The number of times services was delivered is no longer required.Minor text changes to the instructions. | Moved and Revised – Significant |
| **Question 1 continued****Support Services**1. Medical Care
2. Employment Services
3. Family Services
4. Child Care
5. Transportation
6. Education Services
7. Housing Support
8. Social Recreational Activities
9. Consumer-Operated Services
10. HIV Testing
11. Was the client referred to another provider for any of the above support services?

Response options are Yes (Provided), No (Provided), UNKNOWN, SERVICE NOT AVAILABLE | **Support Services**1. Medical Care
2. Employment Services
3. Family Services
4. Child Care
5. Transportation
6. Education Services
7. Housing Support
8. Social Recreational Activities
9. Consumer-Operated Services
10. HIV Testing
11. Was the client referred to another provider for any of the above support services?

Response options are: Yes (Provided), No (Provided), Unknown, Service not Available |   |   |
| [**BOTH, from Section J]*****[SECTION J IS REPORTED BY GRANTEE STAFF ABOUT THE CONSUMER AT CLINICAL DISCHARGE.]*** | **[COMBINED]****[+Questions 2 and 3 are answered# ~~<SECTION J IS REPORTED>~~ by grantee staff at CLINICAL DISCHARGE +only#.]** | Moved from Section J (expiring tool, both versions) to Section H (new tool, both versions).Minor text changes to the instructions. | Moved and Revised – Minor |
| [**BOTH, from Section J]****1. On what date was the client discharged?**|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_|\_\_\_|\_\_\_|MONTH YEAR | [**COMBINED]****~~<1>~~2. On what date was the client discharged?**|\_\_\_|\_\_\_| / |\_\_\_|\_\_\_|\_\_\_|\_\_\_|{MONTH} {YEAR} | Moved from Section J Question 1 (expiring tool, both versions) to Section H Question 2 (new tool, both versions). | Moved |
| **[Both, from Section J]****2. What is the client’s discharge status?*** Mutually agreed cessation of treatment
* Withdrew from/refused treatment
* No contact within 90 days of last encounter
* Clinically referred out
* Death
* Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **[COMBINED]****~~<2>~~+3.# What is the client’s discharge status?*** Mutually agreed cessation of treatment
* Withdrew from/refused treatment
* No contact within 90 days of last encounter
* Clinically referred out
* Death
* Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | Moved from Section J Question 2 (expiring tool, both versions) to Section H Question 3 (new tool, both versions). | Moved |
| **[BOTH, from Section I]*****[SECTION I IS REPORTED BY GRANTEE STAFF AT REASSESSMENT.]*** | **~~<[BOTH, from Section I]~~*****~~[SECTION I IS REPORTED BY GRANTEE STAFF AT REASSESSMENT.]>~~*** | Section I was dropped from the tool. | Dropped |
| **[BOTH, from Section I]****1. Have you or other grant staff had contact with the consumer within 90 days of last encounter?*** Yes
* No
 | **~~<[BOTH, from Section I]~~****~~1. Have you or other grant staff had contact with the consumer within 90 days of last encounter?~~*** ~~Yes~~
* ~~No>~~
 | Section I was dropped from the tool. | Dropped |
| **[BOTH, from Section I]****2. Is the consumer still receiving services from your project?*** Yes
* No
 | **~~<[BOTH, from Section I]~~****~~2. Is the consumer still receiving services from your project?~~*** ~~Yes~~
* ~~No>~~
 | Section I was dropped from the tool. | Dropped |
| **[BOTH, from Sections I]*****[GO TO SECTION K.]*** | **~~<[BOTH, from Section I]~~*****~~[GO TO SECTION K.]>~~*** | Sections I was dropped from the tool. | Dropped |