

**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).

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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 <u>but</u> 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

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>																																								
RECORD MANAGEMENT																																											
Question 4 in <i>DEMOGRAPHICS</i> (expiring tool, both versions) is moved to Question 2 in <i>RECORD MANAGEMENT</i> (new tool, combined).																																											
<p>[BOTH]</p> <p>[RECORD MANAGEMENT IS REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND DISCHARGE, REGARDLESS OF WHETHER AN INTERVIEW IS CONDUCTED.]</p>	<p>[COMBINED]</p> <p>[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.]</p>	<p>Minor text changes to the instructions.</p>	<p>Revised – Minor</p>																																								
<p>[BOTH]</p> <p>Consumer ID</p> <table border="1" data-bbox="58 760 772 792"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					<p>[COMBINED]</p> <p>+Client# <Consumer> ID</p> <table border="1" data-bbox="825 760 1619 792"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					<p>Consumer ID renamed to Client ID.</p> <p>The language change from Consumer to Client occurs throughout the new tool.</p>	<p>Revised – Minor</p>
<p>[BOTH]</p> <p>Grant ID (Grant/Contract/Cooperative Agreement)</p> <table border="1" data-bbox="58 1096 772 1128"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					<p>[COMBINED]</p> <p>Grant ID <(Grant/Contract/Cooperative Agreement)></p> <table border="1" data-bbox="825 1096 1619 1128"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					<p>Minor text changes to the question.</p>	<p>Revised – Minor</p>
<p>[BOTH]</p> <p>Site ID</p> <table border="1" data-bbox="58 1333 709 1365"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					<p>[COMBINED]</p> <p>Site ID</p> <table border="1" data-bbox="825 1333 1549 1365"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						<p>Unchanged</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[BOTH]</p> <p>1. Indicate Assessment Type</p> <p><input type="radio"/> Baseline</p> <p>[ENTER THE MONTH AND YEAR WHEN THE CONSUMER FIRST RECEIVED SERVICES UNDER THE GRANT FOR <u>THIS</u> EPISODE OF CARE.]</p> <p>____/____/____/____ {MONTH YEAR}</p>	<p>[COMBINED]</p> <p>1. Indicate Assessment Type</p> <p><input type="radio"/> Baseline +Assessment#</p> <p>+1a. <i>[IF QUESTION 1 IS BASELINE]#</i> <=> Enter the MONTH and YEAR when the +client# <CONSUMER> first received services under this grant for this episode of care. <=></p> <p>____/____/____/____ {MONTH} {YEAR}</p>	<p>Minor text changes to the response option and the instructions.</p>	<p>Revised – Minor</p>
<p>[BOTH]</p> <p><input type="radio"/> Reassessment</p>	<p>[COMBINED]</p> <p><input type="radio"/> Reassessment +(3-month or 6-month)#</p>	<p>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.</p>	<p>Revised – Significant</p>
<p>[BOTH]</p> <p>Which 6-month reassessment?</p> <p><input type="text"/> <input type="text"/></p> <p>[ENTER 06 FOR A 6-MONTH, 12 FOR A 12-MONTH, 18 FOR AN 18-MONTH ASSESSMENT, ETC.]</p>	<p>[COMBINED]</p> <p><Which 6-month reassessment?></p> <p><input type="text"/> <input type="text"/></p> <p><[ENTER 06 FOR A 6 MONTH, 12 FOR A 12 MONTH, 18 FOR AN 18 MONTH ASSESSMENT, ETC.]></p>	<p>This field has been dropped because there is now only one reassessment, not multiple.</p>	<p>Dropped</p>
<p>[BOTH]</p> <p><input type="radio"/> Clinical Discharge</p>	<p>[COMBINED]</p> <p><input type="radio"/> Clinical Discharge +Assessment#</p>	<p>Minor text changes to the response option.</p>	<p>Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[BOTH, from Demographics]</p> <p>4. What is your month and year of birth?</p> <p>____/____/____</p> <p>Month Year</p> <p><input type="radio"/> Refused</p>	<p>[COMBINED]</p> <p>2. What is the +client's# month and year of birth?</p> <p>____/____/____</p> <p>{MONTH} {YEAR}</p>	<p>Moved from DEMOGRAPHIC DATA section Question 4 in the expiring tool to RECORD MANAGEMENT Question 2 in the new tool.</p> <p>Minor text changes to the question.</p>	<p>Moved and Revised – Minor</p>
<p>[BOTH]</p> <p>3. Was interview conducted?</p> <p><input type="radio"/> Yes</p> <p>When?</p> <p>____/____/____</p> <p>MONTH DAY YEAR</p> <p><input type="radio"/> No</p> <p>Why not? Choose only one.</p> <ul style="list-style-type: none"> <input type="radio"/> Not able to obtain consent from proxy <input type="radio"/> Client was impaired or unable to provide consent <input type="radio"/> Client refused this interview <input type="radio"/> Client was not reached for interview <input type="radio"/> Client refused all interviews 	<p>[COMBINED]</p> <p>3. Was the +assessment# interview conducted?</p> <p><input type="radio"/> Yes</p> <p>+3a. <i>[IF QUESTION 3 IS YES]#</i> When?</p> <p>____/____/____</p> <p>{MONTH} {DAY} YEAR}</p> <p><input type="radio"/> No</p> <p>+3b. <i>[IF QUESTION 3 IS NO]#</i> Why not? Choose only one.</p> <ul style="list-style-type: none"> <input type="radio"/> Not able to obtain consent from proxy <input type="radio"/> Client was impaired or unable to provide consent <input type="radio"/> Client refused this interview <input type="radio"/> Client was not reached for interview <input type="radio"/> Client refused all interviews 	<p>Minor text changes to the question and instructions.</p>	<p>Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[CHILD ONLY]</p> <p>3. Was the respondent the child or caregiver?</p> <ul style="list-style-type: none"> <input type="radio"/> Child <i>[PREFER CHILD AGE 11 and OLDER.]</i> <input type="radio"/> Caregiver 	<p>[COMBINED]</p> <p>4. +[CHILD ONLY]# Was the respondent the child or the caregiver?</p> <ul style="list-style-type: none"> <input type="radio"/> Child <<i>[PREFER CHILD AGE 11 and OLDER.]</i>> <input type="radio"/> Caregiver 	<p>Minor text changes to the instructions.</p>	<p>Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
BEHAVIORAL HEALTH DIAGNOSES			
	<p>[COMBINED]</p> <p>+ [BEHAVIORAL HEALTH DIAGNOSES information is collected by grantee staff at BASELINE, REASSESSMENT and DISCHARGE even when an assessment interview is not conducted.]#</p>	Added new instructions.	Added
	<p>[COMBINED]</p> <p>+1. Was the client screened or assessed by your program for trauma-related experiences:</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {DON'T KNOW} <p>1a. [IF QUESTION 1 IS NO] Please select why:</p> <ul style="list-style-type: none"> <input type="radio"/> No time during interview <input type="radio"/> No training around trauma screening/disclosure <input type="radio"/> No institutional/organizational policy around screening <input type="radio"/> No referral network and/or infrastructure for trauma services currently available <input type="radio"/> Other# 	Added new questions.	Added
Question 1b. (Continued)	<p>+1b. [IF QUESTION 1 IS YES] Was the screen positive?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {DON'T KNOW}# 		

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
	<p>[COMBINED]</p> <p>+2. Did the client have a positive suicide screen?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {DON'T KNOW}</p> <p>2a. [IF QUESTION 2 IS YES] Was a suicidal safety plan developed?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {DON'T KNOW}</p> <p>2b. [IF QUESTION 2 IS YES] Was access to lethal means assessed?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {DON'T KNOW}#</p>	Added new questions.	Added
<p>[BOTH]</p> <p>3. Behavioral Health Diagnoses [REPORTED BY PROGRAM STAFF.]</p> <p>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.</p>	<p>[COMBINED]</p> <p>3. Behavioral Health Diagnoses <[REPORTED BY PROGRAM STAFF.]></p> <p>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#.</p>	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

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Question 3 (Continued)</p> <p>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.</p>	<p>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.></p>	<p>Significant modification to the instructions. Diagnoses must be made by a clinician. Three diagnoses can be selected but they are no longer prioritized.</p>	<p>Revised – Significant</p>
	<p>[COMBINED]</p> <p>+If no mental health diagnosis, select reason:</p> <ul style="list-style-type: none"> <input type="radio"/> No clinician assessment <input type="radio"/> High risk factors requiring intervention and not yet meeting criteria for a DSM/ICD diagnosis <input type="radio"/> Only met criteria for a “Z “code <input type="radio"/> Other (please specify ___)# 	<p>Added new question.</p>	<p>Added</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[BOTH]</p> <p>SUBSTANCE USE DISORDER DIAGNOSES</p> <p><u>Alcohol-related disorders</u> F10.10 – Alcohol use disorder, uncomplicated, mild F10.11 – Alcohol use disorder, mild, in remission F10.20 – Alcohol use disorder, uncomplicated, moderate/severe F10.21 – Alcohol use disorder, moderate/severe, in remission F10.9 – Alcohol use, unspecified</p> <p><u>Opioid-related disorders</u> F11.10 – Opioid use disorder, uncomplicated, mild F11.11 – Opioid use disorder, mild, in remission F11.20 – Opioid use disorder, uncomplicated, moderate/severe F11.21 – Opioid use disorder, moderate/severe, in remission F11.9 – Opioid use, unspecified</p> <p><u>Cannabis-related disorders</u> F12.10 – Cannabis use disorder, uncomplicated, mild F12.11 – Cannabis use disorder, mild, in remission F12.20 – Cannabis use disorder, uncomplicated, moderate/severe F12.21 – Cannabis use disorder, moderate/severe, in remission F12.9 – Cannabis use, unspecified Sedative-, hypnotic-, or anxiolytic-related disorders F13.10 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, mild F13.11 – Sedative, hypnotic, or anxiolytic use disorder, mild, in remission F13.20 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, moderate/severe F13.21 – Sedative, hypnotic, or anxiolytic use disorder, moderate/severe, in remission F13.9 – Sedative, hypnotic, or anxiolytic use, unspecified</p>	<p>[COMBINED]</p> <p>MENTAL HEALTH DIAGNOSES</p> <p><u>+Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders#</u> F20 – Schizophrenia F21 – Schizotypal disorder F22 – Delusional disorder F23 – Brief psychotic disorder F24 – Shared psychotic disorder F25 – Schizoaffective disorders F28 – Other psychotic disorder not due to a substance or known physiological condition F29 – Unspecified psychosis not due to a substance or known physiological condition</p> <p><u>+Mood [affective] disorders#</u> F30 – Manic episode F31 – Bipolar disorder F32 – Major depressive disorder, single episode F33 – Major depressive disorder, recurrent F34 – Persistent mood [affective] disorders F39 – Unspecified mood [affective] disorder</p> <p><u>Phobic Anxiety and Other Anxiety Disorders</u> +F40 – Phobic anxiety disorders F40.00 – Agoraphobia, unspecified F40.01 – Agoraphobia with panic disorder F40.02 – Agoraphobia without panic disorder# +F40.1 – Social phobias (Social anxiety disorder) F40.10 – Social phobia, unspecified F40.11 – Social phobia, generalized F40.2 – Specific (isolated) phobias F41 – Other anxiety disorders F41.0 – Panic disorder F41.1 – Generalized anxiety disorder#</p>	<p>List of mental health diagnosis options expanded.</p> <p>List of Mental Health Diagnoses moved to above Substance Use.</p> <p>Added new Z codes, new codes, and sub-section headers to both lists.</p>	<p>Revised – Significant</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Substance Use Disorder and Mental Health Diagnoses Continued</p> <p><u>Cocaine-related disorders</u> F14.10 – Cocaine use disorder, uncomplicated, mild F14.11 – Cocaine use disorder, mild, in remission F14.20 – Cocaine use disorder, uncomplicated, moderate/severe F14.21 – Cocaine use disorder, moderate/severe, in remission F14.9 – Cocaine use, unspecified</p> <p><u>Other stimulant-related disorders</u> F15.10 – Other stimulant use disorder, uncomplicated, mild F15.11 – Other stimulant use disorder, mild, in remission F15.20 – Other stimulant use disorder, uncomplicated, moderate/severe F15.21 – Other stimulant use disorder, moderate/severe, in remission F15.9 – Other stimulant use, unspecified</p> <p><u>Hallucinogen-related disorders</u> F16.10 – Hallucinogen use disorder, uncomplicated, mild F16.11 – Hallucinogen use disorder, mild, in remission F16.20 – Hallucinogen use disorder, uncomplicated, moderate/severe F16.21 – Hallucinogen use disorder moderate/severe, in remission F16.9 – Hallucinogen use, unspecified</p>	<p><u>+Obsessive-compulsive disorders</u> F42 – Obsessive-compulsive disorder F42.2 – Obsessive-compulsive disorder with mixed obsessional thoughts and acts F42.3 – Hoarding disorder F42.4 – Excoriation (skin-picking) disorder F42.8 – Other obsessive-compulsive disorder F42.9 – Obsessive-compulsive disorder, unspecified</p> <p><u>Reaction to severe stress and adjustment disorders</u> F43 – Acute stress disorder; reaction to severe stress, and adjustment disorders F43.10 – Post traumatic stress disorder, unspecified F43.2 – Adjustment disorders F44 – Dissociative and conversion disorders F44.81 – Dissociative identity disorder F45 – Somatoform disorders# F45.22 – Body dysmorphic disorder F48 – Other non-psychotic mental disorders# F40 F48 – Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders</p> <p><u>+Behavioral syndromes associated with physiological disturbances and physical factors#</u> F50 – Eating disorders F51 – Sleep disorders not due to a substance or known physiological condition</p>		

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Substance Use Disorder and Mental Health Diagnoses Continued</p> <p><u>Inhalant-related disorders</u> F18.10 – Inhalant use disorder, uncomplicated, mild F18.11 – Inhalant use disorder, mild, in remission F18.20 – Inhalant use disorder, uncomplicated, moderate/severe F18.21 – Inhalant use disorder, moderate/severe, in remission F18.9 – Inhalant use, unspecified</p> <p><u>Other psychoactive substance-related disorders</u> F19.10 – Other psychoactive substance use disorder, uncomplicated, mild F19.11 – Other psychoactive substance use disorder, in remission F19.20 – Other psychoactive substance use disorder, uncomplicated, moderate/severe F19.21 – Other psychoactive substance use disorder, moderate/severe, in remission F19.9 – Other psychoactive substance use, unspecified</p> <p><u>Nicotine dependence</u> F17.20 – Tobacco use disorder, mild/moderate/severe F17.21 – Tobacco use disorder, mild/moderate/severe, in remission</p>	<p><u>+Disorders of adult personality and behavior</u> F60.0 – Paranoid personality disorder F60.1 – Schizoid personality disorder# F60.2 – Antisocial personality disorder F60.3 – Borderline personality disorder +F60.4 – Histrionic personality disorder F60.5 – Obsessive-compulsive personality disorder F60.6 – Avoidant personality disorder F60.7 – Dependent personality disorder F60.8 – Other specific personality disorders F60.9 – Personality disorder, unspecified F63.3 – Trichotillomania# F60.0, F60.1, F60.4 F69 – Other personality disorders F70–F79 – Intellectual disabilities F80–F89 – Pervasive and specific developmental disorders</p> <p><u>+Behavioral and emotional disorders with onset usually occurring in childhood and adolescence#</u> F90 – Attention-deficit hyperactivity disorders F91 – Conduct disorders F93 – 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 mutism F94.1 – Reactive attachment disorder of childhood F94.2 – Disinhibited attachment disorder of childhood# F95 – Tic disorder F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence F99 – Unspecified mental disorder</p>		

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Substance Use Disorder and Mental Health Diagnoses Continued</p> <p>MENTAL HEALTH DIAGNOSES</p> <p>F20 – Schizophrenia F21 – Schizotypal disorder F22 – Delusional disorder F23 – Brief psychotic disorder F24 – Shared psychotic disorder F25 – Schizoaffective disorders F28 – Other psychotic disorder not due to a substance or known physiological condition F29 – Unspecified psychosis not due to a substance or known physiological condition F30 – Manic episode F31 – Bipolar disorder F32 – Major depressive disorder, single episode F33 – Major depressive disorder, recurrent F34 – Persistent mood [affective] disorders F39 – Unspecified mood [affective] disorder F40–F48 – Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders F50 – Eating disorders F51 – Sleep disorders not due to a substance or known physiological condition F60.2 – Antisocial personality disorder F60.3 – Borderline personality disorder F60.0, F60.1, F60.4–F69 – Other personality disorders F70–F79 – Intellectual disabilities F80–F89 – Pervasive and specific developmental disorders F90 – Attention-deficit hyperactivity disorders F91 – Conduct disorders</p>	<p><u>+Z codes – Persons with potential health hazards related to socioeconomic and psychosocial circumstances</u></p> <p>Z55 – Problems related to education and literacy Z56 – Problems related to employment and unemployed Z57 – Occupational exposure to risk factors Z59 – Problems related to housing and economic circumstances Z60 – Problems related to social environment Z62 – Problems related to upbringing Z63 – Other problems related to primary support group, including family circumstances Z64 – Problems related to certain psychological circumstances Z65 – Problems related to other psychosocial circumstances#</p> <p>SUBSTANCE USE <DISORDER> DIAGNOSES</p> <p><u>Alcohol-related disorders</u></p> <p>F10.10 – Alcohol <use disorder> +abuse#, uncomplicated, mild F10.11 – Alcohol <use disorder> +abuse#, mild, in remission F10.20 – Alcohol <use disorder> +dependence#, uncomplicated, moderate/severe F10.21 – Alcohol <use disorder> +dependence#, moderate/severe, in remission F10.9 – Alcohol use, unspecified</p> <p><u>Opioid-related disorders</u></p> <p>F11.10 – Opioid <use disorder> +abuse#, uncomplicated, mild F11.11 – Opioid <use disorder> +abuse#, mild, in remission F11.20 – Opioid <use disorder> +dependence#, uncomplicated, moderate/severe F11.21 – Opioid <use disorder> +dependence#, moderate/severe, in remission F11.9 – Opioid use, unspecified</p>		

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Substance Use Disorder and Mental Health Diagnoses Continued</p> <p>F93 – Emotional disorders with onset specific to childhood</p> <p>F94 – Disorders of social functioning with onset specific to childhood or adolescence</p> <p>F95 – Tic disorder</p> <p>F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence</p> <p>F99 – Unspecified mental disorder</p>	<p><u>Cannabis-related disorders</u></p> <p>F12.10 – Cannabis <use disorder> +abuse#, uncomplicated, mild</p> <p>F12.11 – Cannabis <use disorder> +abuse#, mild, in remission</p> <p>F12.20 – Cannabis <use disorder> +dependence#, uncomplicated, moderate/severe</p> <p>F12.21 – Cannabis <use disorder> +dependence#, moderate/severe, in remission</p> <p>F12.9 – Cannabis use, unspecified</p> <p><u>Sedative-, hypnotic-, or anxiolytic-related disorders</u></p> <p>F13.10 – Sedative, hypnotic, or anxiolytic <use disorder> +abuse#, uncomplicated, mild</p> <p>F13.11 – Sedative, hypnotic, or anxiolytic <use disorder> +abuse#, mild, in remission</p> <p>F13.20 – Sedative, hypnotic, or anxiolytic <use disorder> +dependence#, uncomplicated, moderate/severe</p> <p>F13.21 – Sedative, hypnotic, or anxiolytic <use disorder> +dependence#, moderate/severe, in remission</p> <p>F13.9 – Sedative, hypnotic, or anxiolytic-related use, unspecified</p> <p><u>Cocaine-related disorders</u></p> <p>F14.10 – Cocaine <use disorder> +abuse#, uncomplicated, mild</p> <p>F14.11 – Cocaine <use disorder> +abuse#, mild, in remission</p> <p>F14.20 – Cocaine <use disorder> +dependence#, uncomplicated, moderate/severe</p> <p>F14.21 – Cocaine <use disorder> +dependence#, moderate/severe, in remission</p> <p>F14.9 – Cocaine use, unspecified</p>		

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
Substance Use Disorder and Mental Health Diagnoses Continued	<p><u>Other stimulant-related disorders</u> F15.10 – Other stimulant <use disorder> +abuse#, uncomplicated<, mild> F15.11 – Other stimulant <use disorder> +abuse#<, mild>, in remission F15.20 – Other stimulant <use disorder> +dependence#, uncomplicated<, moderate/severe> F15.21 – Other stimulant <use disorder> +dependence#<, moderate/severe>, in remission F15.9 – Other stimulant use, unspecified</p> <p><u>Hallucinogen-related disorders</u> 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 remission F16.9 – Hallucinogen use, unspecified</p> <p><u>Inhalant-related disorders</u> F18.10 – Inhalant <use disorder> +abuse#, uncomplicated<, mild> F18.11 – Inhalant <use disorder> +abuse#<, mild>, in remission F18.20 – Inhalant <use disorder> +dependence#, uncomplicated<, moderate/severe> F18.21 – Inhalant <use disorder> +dependence#<, moderate/severe>, in remission F18.9 – Inhalant use, unspecified</p>		

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
Substance Use Disorder and Mental Health Diagnoses Continued	<p><u>Other psychoactive substance–related disorders</u> F19.10 – Other psychoactive substance <use-disorder> +abuse#, uncomplicated<-,mild> F19.11 – Other psychoactive substance <use-disorder> +abuse#, in remission F19.20 – Other psychoactive substance <use-disorder> +dependence#, uncomplicated<-,moderate/severe> F19.21 – Other psychoactive substance <use-disorder> +dependence#<-,moderate/severe>, in remission F19.9 – Other psychoactive substance use, unspecified</p> <p><u>Nicotine dependence</u> <F17.20—Tobacco use disorder, mild/moderate/severe F17.21—Tobacco use disorder, mild/moderate/severe, in remission> +F17.20 – Nicotine dependence, unspecified F17.21 – Nicotine dependence, cigarettes#</p>		
<p>[BOTH] - [RESPONSE OPTIONS FOR QUESTION 3 ABOVE]</p> <p>Response options are: Diagnosed? (Select up to 3), Primary, Secondary, Tertiary, Don't Know, None of the Above</p>	<p>[COMBINED] - [RESPONSE OPTIONS FOR QUESTION 3 ABOVE]</p> <p>+Response options are: Diagnosed? (Indicate if Yes, up to 3)# <Response options are: Diagnosed? (Select up to 3), Primary, Secondary, Tertiary></p>	<p>Significant modification to the response options for the diagnoses. Primary, Secondary, and Tertiary have been removed. Up to 3 diagnoses can be selected.</p>	<p>Revised – Significant</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[BOTH]</p> <p><i>[IF THIS IS A BASELINE, GO TO SECTION A.]</i></p> <p><i>[FOR ALL REASSESSMENTS: IF AN INTERVIEW WAS CONDUCTED, GO TO SECTION B.] IF AN INTERVIEW WAS NOT CONDUCTED, GO TO SECTION I.]</i></p> <p><i>[FOR A CLINICAL DISCHARGE: IF AN INTERVIEW WAS CONDUCTED, GO TO SECTION B.] IF AN INTERVIEW WAS NOT CONDUCTED, GO TO SECTION J.]</i></p>	<p>[COMBINED]</p> <p><i><[IF THIS IS A BASELINE, GO TO SECTION A.]</i></p> <p><i>[FOR ALL REASSESSMENTS:> <IF AN INTERVIEW WAS CONDUCTED, GO TO SECTION B.] IF AN INTERVIEW WAS NOT CONDUCTED, GO TO SECTION I.]></i></p> <p><u>+ [For BASELINE:</u></p> <ul style="list-style-type: none"> • If an interview WAS conducted, go to Demographic Data. • If an interview WAS NOT conducted, STOP HERE.]# <p><u>[For +REASSESSMENT or# <A> CLINICAL DISCHARGE:</u></p> <ul style="list-style-type: none"> • If an interview WAS conducted, go to Section +A# . • If an interview WAS NOT conducted, go to Section +H# <J.>] 	<p>Minor text changes to the skip instructions.</p>	<p>Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
DEMOGRAPHIC DATA			
<p><i>A. DEMOGRAPHIC DATA</i> (expiring tool, both versions) is now <i>DEMOGRAPHIC DATA</i> (new tool, combined).</p> <p>Questions 5 and 6 from <i>B. MILITARY FAMILY AND DEPLOYMENT</i> (expiring tool, child version) were dropped from the new tool (combined). Questions 9, 10, and 11 from <i>B. VIOLENCE AND TRAUMA</i> (expiring tool, adult version) were dropped from the new tool (combined).</p>			
<p>[BOTH]</p> <p><i>[SECTION A IS ONLY COLLECTED AT BASELINE. IF THIS IS NOT A BASELINE, GO TO SECTION B.]</i></p>	<p>[COMBINED]</p> <p>[+DEMOGRAPHIC DATA# <SECTION A IS> +are# only collected at BASELINE. If this is NOT a BASELINE, go to Section +A# .]</p>	<p>Minor text changes to the instructions.</p>	<p>Revised – Minor</p>
<p>[BOTH]</p> <p>1. What is your [your child’s] gender?</p> <p><input type="radio"/> MALE <input type="radio"/> FEMALE <input type="radio"/> TRANSGENDER <input type="radio"/> OTHER (SPECIFY) _____ <input type="radio"/> REFUSED</p>	<p>[COMBINED]</p> <p>1. +What do you consider yourself to be? [READ CHOICES.]# <What is your gender?></p> <p><input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> +Transgender (Male to Female) <input type="radio"/> Transgender (Female to Male) <input type="radio"/> Gender non-conforming# <input type="radio"/> {OTHER (Specify)} _____ <input type="radio"/> {REFUSED}</p>	<p>Wording of gender identity question modified.</p> <p>Gender identity responses expanded.</p>	<p>Revised – Significant</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT]</p> <p>5. Which of the following do you consider yourself to be?</p> <ul style="list-style-type: none"> <input type="radio"/> Heterosexual; that is straight <input type="radio"/> [IF FEMALE, THEN “Lesbian”] or Gay <input type="radio"/> Bisexual <input type="radio"/> OTHER (SPECIFY) <input type="radio"/> REFUSED <input type="radio"/> DON’T KNOW 	<p>[COMBINED]</p> <p>+2.# 5. Which of the following do you consider yourself to be? +Do you think of yourself as...#</p> <ul style="list-style-type: none"> <input type="radio"/> +Straight or# Heterosexual that is straight <input type="radio"/> [IF FEMALE, THEN “Lesbian”] +Homosexual# or+ (#Gay +or Lesbian)# <input type="radio"/> Bisexual <input type="radio"/> +Queer <input type="radio"/> Pansexual <input type="radio"/> Questioning <input type="radio"/> Asexual# <input type="radio"/> OTHER (SPECIFY) +Something Else? Please Specify# <input type="radio"/> {REFUSED} <input type="radio"/> DON’T KNOW 	<p>Moved from Demographic Data Question 5 (expiring tool) to Demographic Data Question 2 (new tool).</p> <p>Wording of question modified.</p> <p>Response options expanded and wording modified.</p>	<p>Moved and Revised – Significant</p>
<p>[BOTH]</p> <p>2. Are you [Is your child] Hispanic or Latino?</p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO [GO TO 3.] <input type="radio"/> REFUSED [GO TO 3.] 	<p>[COMBINED]</p> <p>+3.# 2. Are you [is your child] Hispanic, Latino+ /a, or of Spanish origin?#</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No [GO TO 3 +SKIP TO QUESTION 4#.] <input type="radio"/> {REFUSED} [GO TO 3 +SKIP TO QUESTION 4#.] 	<p>Moved from Demographic Data Question 2 (expiring tool) to Demographic Data Question 3 (new tool).</p> <p>Minor text changes to the question and skip instructions.</p>	<p>Moved and Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[BOTH]</p> <p><i>[IF YES]</i> 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.</p> <p>Central American Cuban Dominican Mexican Puerto Rican South American OTHER <i>[IF YES, SPECIFY BELOW.]</i> (SPECIFY)</p> <hr/>	<p>[COMBINED]</p> <p>+3a.# <i>[IF +QUESTION 3 IS# YES]</i> What ethnic group do you +<i>[your child]</i># consider yourself +<i>[themselves]</i>#? <Please answer yes or no for each of the following.> You may <say yes to> +<i>indicate</i># more than one.</p> <p><input type="radio"/> Central American <input type="radio"/> Cuban <input type="radio"/> Dominican <input type="radio"/> Mexican <input type="radio"/> Puerto Rican <input type="radio"/> South American <input type="radio"/> OTHER (Specify) _____ <input type="radio"/> +{REFUSED}#</p>	<p>Minor text changes to the question and instructions.</p> <p>Added new response option.</p>	<p>Revised – Minor</p>
<p>Question regarding Ethnic Group continued</p> <p>[BOTH]</p> <p>Response options are: YES, NO, REFUSED</p>	<p>[COMBINED]</p> <p>+Response options are: Yes (selected), (Unselected)# <Response options are: YES, NO, REFUSED></p>	<p>Response choices simplified from Yes, No, Refused to select one or more.</p>	<p>Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[BOTH]</p> <p>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.</p> <p>Alaska Native American Indian Asian Black or African American Native Hawaiian or other Pacific Islander White</p>	<p>[COMBINED]</p> <p>+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.</p> <ul style="list-style-type: none"> <input type="radio"/> Black or African American <input type="radio"/> White <input type="radio"/> American Indian <input type="radio"/> Alaska Native <input type="radio"/> +South Asian <input type="radio"/> Chinese <input type="radio"/> Filipino <input type="radio"/> Japanese <input type="radio"/> Korean <input type="radio"/> Vietnamese <input type="radio"/> Other Asian# <input type="radio"/> Native Hawaiian <or other Pacific Islander> <input type="radio"/> +Guamanian or Chamorro <input type="radio"/> Samoan <input type="radio"/> Other Pacific Islander <input type="radio"/> {OTHER (Specify)}_____# 	<p>Moved from Demographic Data Question 3 (expiring tool) to Demographic Data Question 4 (new tool).</p> <p>Wording of question modified.</p> <p>Response options expanded and wording modified.</p>	<p>Moved and Revised – Significant</p>
<p>[BOTH]</p> <p>Response options are: YES, NO, REFUSED</p>	<p>[COMBINED]</p> <p>+Response options are: Yes (selected), (Unselected)# <Response options are: YES, NO, REFUSED></p>	<p>Response choices simplified from Yes, No, Refused to select one or more.</p>	<p>Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
	<p>[COMBINED]</p> <p>+5. [IF CLIENT 5 YEARS OLD OR OLDER] Do you [does your child] speak a language other than English at home?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {NOT APPLICABLE} </p> <p>5a. [IF CLIENT 5 YEARS OR OLDER] /IF QUESTION 5 IS YES/ What is this language?</p> <p> <input type="radio"/> Spanish <input type="radio"/> {OTHER (Specify)} _____# </p>	<p>Added new questions.</p> <p>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.</p>	<p>Added</p>
<p>[BOTH]</p> <p>4. What is your [your child's] month and year of birth?</p> <p> _ _ _ _ / _ _ _ _ _ MONTH YEAR </p> <p><input type="radio"/> REFUSED</p>		<p>Moved from Demographic Data Question 4 in the expiring tool to Record Management Question 2 in the new tool.</p>	<p>Moved</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>7. Have you ever served in the Armed Forces, the Reserves, or the National Guard?</p> <p> <input type="radio"/> YES <input type="radio"/> NO <i>[GO TO 8.]</i> <input type="radio"/> REFUSED <i>[GO TO 8.]</i> <input type="radio"/> DON'T KNOW <i>[GO TO 8.]</i> </p> <p>Question regarding Armed Forces, the Reserves, or the National Guard continued</p> <p><i>[IF YES]</i> In which of the following have you ever served?</p> <p>Please answer for each of the following. You may say yes to more than one.</p> <p>Armed Forces Reserves National Guard</p> <p>Response options are: YES, NO, REFUSED, DON'T KNOW</p>	<p>[ADULT ONLY]</p> <p>+6# <7>. +[ADULT ONLY]# Have you ever served in the Armed Forces, the Reserves, or the National Guard?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <i><[GO TO 8.]></i> <i>+ [GO TO SECTION A.]#</i> <input type="radio"/> <i><[REFUSED [GO TO 8.]></i> <input type="radio"/> {DON'T KNOW} <i><[GO TO 8.]></i> <i>+ [GO TO SECTION A.]#</i> <input type="radio"/> +{NOT APPLICABLE} <i>[GO TO SECTION A.]#</i> </p> <p><i><[IF YES]</i> In which of the following have you ever served? Please answer for each of the following. You may say yes to more than one.</p> <p>Armed Forces Reserves National Guard</p> <p>Response options are: YES, NO, REFUSED, DON'T KNOW</p>	<p>Moved from B. MILITARY FAMILY AND DEPLOYMENT Question 7 to DEMOGRAPHIC DATA Question 6.</p> <p>Response options changed.</p> <p>Skip logic changed.</p> <p>Removed follow-on question.</p>	<p>Moved and Revised – Significant</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[BOTH]</p> <p>7a. Are you currently serving on active duty in the Armed Forces, the Reserves, or the National Guard?</p> <p> <input type="radio"/> YES <input type="radio"/> NO [GO TO 7b.] <input type="radio"/> REFUSED [GO TO 7b.] <input type="radio"/> DON'T KNOW [GO TO 7b.] </p> <p>[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.</p> <p>Armed Forces Reserves National Guard</p> <p>Response options are: YES, NO, REFUSED, DON'T KNOW</p>	<p>[ADULT ONLY]</p> <p>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?</p> <p> <input type="radio"/> Yes <input type="radio"/> No [GO TO 7b.] <input type="radio"/> {REFUSED} [GO TO 7b.] <input type="radio"/> {DON'T KNOW} [GO TO 7b.] </p> <p>[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.</p> <p>Armed Forces Reserves National Guard</p> <p>Response options are: YES, NO, REFUSED, DON'T KNOW</p>	<p>Moved from B. MILITARY FAMILY AND DEPLOYMENT Question 7a to DEMOGRAPHIC DATA Question 7.</p> <p>Skip logic removed.</p> <p>Removed follow-on question.</p>	<p>Moved and Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>7b. Have you ever been deployed to a combat zone?</p> <p><input type="radio"/> YES <input type="radio"/> NO [GO TO 8.] <input type="radio"/> REFUSED [GO TO 8.] <input type="radio"/> DON'T KNOW [GO TO 8.]</p> <p>[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.</p> <p>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)</p> <p>Response options are: YES, NO, REFUSED, DON'T KNOW</p>	<p>[ADULT ONLY]</p> <p>7b. Have you ever been deployed to a combat zone?</p> <p><input type="radio"/> YES <input type="radio"/> NO [GO TO 8.] <input type="radio"/> REFUSED [GO TO 8.] <input type="radio"/> DON'T KNOW [GO TO 8.]</p> <p>[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.</p> <p>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)</p> <p>Response options are: YES, NO, REFUSED, DON'T KNOW</p>	<p>Question and follow-on dropped from new tool.</p>	<p>Dropped</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>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?</p> <p><input type="radio"/> Yes, only one person</p> <p><input type="radio"/> Yes, more than one person</p> <p><input type="radio"/> No</p> <p><input type="radio"/> REFUSED</p> <p>DON'T KNOW</p>	<p><[ADULT ONLY]</p> <p>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?</p> <p><input type="radio"/> Yes, only one person</p> <p><input type="radio"/> Yes, more than one person</p> <p><input type="radio"/> No</p> <p><input type="radio"/> REFUSED</p> <p>DON'T KNOW></p>	<p>Question dropped from new tool.</p>	<p>Dropped</p>
<p>[CHILD ONLY]</p> <p>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?</p> <p><input type="radio"/> Yes, only one person</p> <p><input type="radio"/> Yes, more than one person</p> <p><input type="radio"/> No</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>	<p><[CHILD ONLY]</p> <p>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?</p> <p><input type="radio"/> Yes, only one person</p> <p><input type="radio"/> Yes, more than one person</p> <p><input type="radio"/> No</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW></p>	<p>Question dropped from new tool.</p>	<p>Dropped</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>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)?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO <i>[GO TO 11.]</i></p> <p><input type="radio"/> REFUSED <i>[GO TO 11.]</i></p> <p><input type="radio"/> DON'T KNOW <i>[GO TO 11.]</i></p>	<p><[ADULT ONLY]</p> <p>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)?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO <i>[GO TO 11.]</i></p> <p><input type="radio"/> REFUSED <i>[GO TO 11.]</i></p> <p><input type="radio"/> DON'T KNOW <i>[GO TO 11.]</i></p>	<p>Question dropped from new tool.</p>	<p>Dropped</p>
<p>[ADULT ONLY]</p> <p>10. Did any of these experiences feel so frightening, horrible, or upsetting that in the past and/or the present you:</p> <p>a. Have had nightmares about it or thought about it when you did not want to?</p> <p>b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?</p> <p>c. Were constantly on guard, watchful, or easily startled?</p> <p>d. Felt numb and detached from others, activities, or your surroundings?</p> <p>Response options are: YES, NO, REFUSED, DON'T KNOW</p>	<p><[ADULT ONLY]</p> <p>10. Did any of these experiences feel so frightening, horrible, or upsetting that in the past and/or the present you:</p> <p>a. Have had nightmares about it or thought about it when you did not want to?</p> <p>b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?</p> <p>c. Were constantly on guard, watchful, or easily startled?</p> <p>d. Felt numb and detached from others, activities, or your surroundings?</p> <p>Response options are: YES, NO, REFUSED, DON'T KNOW</p>	<p>Question dropped from new tool.</p>	<p>Dropped</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>11. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?</p> <ul style="list-style-type: none"> <input type="radio"/> Never <input type="radio"/> Once <input type="radio"/> A few times <input type="radio"/> More than a few times <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>[ADULT ONLY]</p> <p>11. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?</p> <ul style="list-style-type: none"> <input type="radio"/> Never <input type="radio"/> Once <input type="radio"/> A few times <input type="radio"/> More than a few times <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>Question dropped from new tool.</p>	<p>Dropped</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
A. FUNCTIONING			
B. <i>FUNCTIONING</i> (expiring tool, both versions) is now A. <i>FUNCTIONING</i> (new tool, combined).			
<p>[BOTH]</p> <p>1. How would you rate your [your child’s] overall health right now?</p> <ul style="list-style-type: none"> <input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> REFUSED <input type="radio"/> DON’T KNOW 	<p>[COMBINED]</p> <p>1. How would you rate your [your child’s] overall +mental# health right now?</p> <ul style="list-style-type: none"> <input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> +{NO RESPONSE/#REFUSED} <input type="radio"/> <DON’T KNOW> 	<p>The question was reworded to specify the overall mental health, not physical health.</p> <p>Minor changes to the response options.</p>	<p>Revised – Significant</p>
<p>[ADULT ONLY]</p> <p>2. Please select the one answer that most closely matches your situation. <i>I feel capable of managing my health care needs:</i></p> <ul style="list-style-type: none"> <input type="radio"/> On my own most of the time <input type="radio"/> On my own some of the time and with support from others some of the time <input type="radio"/> With support from others most of the time <input type="radio"/> Rarely or never <input type="radio"/> REFUSED <input type="radio"/> DON’T KNOW 	<p><ADULT ONLY></p> <p>2. Please select the one answer that most closely matches your situation. <i>I feel capable of managing my health care needs:</i></p> <ul style="list-style-type: none"> <input type="radio"/> On my own most of the time <input type="radio"/> On my own some of the time and with support from others some of the time <input type="radio"/> With support from others most of the time <input type="radio"/> Rarely or never <input type="radio"/> REFUSED <input type="radio"/> DON’T KNOW> 	<p>Question dropped from new tool.</p>	<p>Dropped</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>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 <u>during the past 30 days.</u></p> <p>Please indicate your disagreement/agreement with each of the following statements.</p> <p><i>[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]</i></p> <ul style="list-style-type: none"> a. I deal effectively with daily problems. b. I am able to control my life. c. I am able to deal with crisis. d. I am getting along with my family. e. I do well in social situations. f. I do well in school and/or work. g. My housing situation is satisfactory. h. My symptoms are not bothering me. 	<p>COMBINED]</p> <p>+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.</p> <p>Please indicate your [your child's] <disagreement/agreement with> +response to# each of the following statements:</p> <p>[READ EACH STATEMENT <FOLLOWED BY THE> +TO THE CLIENT OR CAREGIVER,# FOLLOWED BY RESPONSE OPTIONS <TO THE CONSUMER> +OF YES OR NO]#</p>		

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Question 3 and 2 Continued</p> <p>[CHILD ONLY]</p> <p>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 <u>during the past 30 days</u>. Please indicate your disagreement/agreement with each of the following statements.</p> <p><i>[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER (CAREGIVER).]</i></p> <ul style="list-style-type: none"> a. I am [My child is] handling daily life. b. I get [My child gets] along with family members. c. I get [My child gets] along with friends and other people. d. I am [My child is] doing well in school and/or work. e. I am [My child is] able to cope when things go wrong. f. I am satisfied with our family life right now. 	<p>+During the past 30 [thirty] days . . .</p> <ul style="list-style-type: none"> 2a. I am (my child is) handling daily life.# <I deal effectively with daily problems.>+ 2b. I am (my child is) able to deal with unexpected events in my (their) life.# <I am able to control my life.>+ 2c. I [my child does] get along with friends and other people.# <I am able to deal with crisis.> 2d. I (my child does) get along with <my> family +members.# 2e. I (my child does) do well in social situations. 2f. I (my child does) do well in school and/or work. + 2g. I have (my child has) had a safe place to live.# <My housing situation is satisfactory.> 2h. My symptoms are not bothering me.> 	<p>Moved from B. FUNCTIONING Question 3 (expiring tool, adult version) to A. FUNCTIONING Question 2 (new tool).</p> <p>Sub-questions modified and edited to reflect child and adult phrasing.</p>	<p>Moved and Revised – Significant</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY] <i>[RESPONSE OPTIONS FOR QUESTION 3 ABOVE]</i></p> <p>Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED, NOT Applicable (for 3d and 3f only)</p> <p>[CHILD ONLY] <i>[RESPONSE OPTIONS FOR QUESTION 2 ABOVE]</i></p> <p>Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED, NOT APPLICABLE (only for 3b and 3d)</p>	<p>[COMBINED] <i>[RESPONSE OPTIONS FOR QUESTION 2 ABOVE]</i></p> <p>+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)></p>	<p>Response options simplified.</p>	<p>Revised – Significant</p>
<p>[ADULT ONLY]</p> <p>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.</p> <p><i>[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]</i></p>	<p>[COMBINED]</p> <p><IF THE CAREGIVER IS THE RESPONDENT, GO TO THE OPTIONAL GLOBAL ASSESSMENT OF FUNCTIONING (GAF) QUESTION.></p> <p>+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:#</p> <p><[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]></p>	<p>Moved from B. FUNCTIONING Question 4 (expiring tool, adult version) to A. FUNCTIONING Question 3 (new tool).</p>	<p>Moved and Revised – Significant</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Question 3 continued</p> <p>During the past 30 days, about how often did you feel . . .</p> <ul style="list-style-type: none"> a. nervous? b. hopeless? c. restless or fidgety? d. so depressed that nothing could cheer you up? e. that everything was an effort? f. worthless? <p>During the past 30 days . . .</p> <ul style="list-style-type: none"> g. how much have you been bothered by these psychological or emotional problems? <p>[CHILD ONLY]</p> <p><i>[IF THE CAREGIVER IS THE RESPONDENT, GO TO THE OPTIONAL GLOBAL ASSESSMENT OF FUNCTIONING (GAF) QUESTION.]</i></p> <p>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.</p> <p><i>[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]</i></p> <p>During the past 30 days, about how often did you feel . . .</p> <ul style="list-style-type: none"> a. nervous? b. hopeless? c. restless or fidgety? d. so depressed that nothing could cheer you up? e. that everything was an effort? f. worthless? 	<p>During the past 30 +[thirty]# days, about how often did you +[your child]# feel . . .</p> <ul style="list-style-type: none"> 3a. Nervous? 3b. Hopeless? 3c. Restless or fidgety? 3d. So depressed that nothing could cheer you +[your child]# up? 3e. That everything was an effort? 3f. Worthless? 3g. How much have you been Bothered by these psychological or emotional problems? 	<p>Sub-questions edited to reflect client or caregiver of child phrasing.</p>	

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY] <i>[RESPONSE OPTIONS FOR QUESTION 4 ABOVE]</i></p> <p>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 KNOW</p> <p>Response options (for 4g) are: Not at All, Slightly, Moderately, Considerably, Extremely, REFUSED, DON'T KNOW</p> <p>[CHILD ONLY] <i>[RESPONSE OPTIONS FOR QUESTION 3 ABOVE]</i></p> <p>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</p>	<p>[COMBINED] <i>[RESPONSE OPTIONS FOR QUESTION 3 ABOVE]</i></p> <p>+Response options are: Yes, No, NO RESPONSE/REFUSED#</p> <p><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</p> <p>Response options (for 4g) are: Not at All, Slightly, Moderately, Considerably, Extremely, REFUSED, DON'T KNOW></p>	<p>Response options simplified.</p>	<p>Revised – Significant</p>
<p>[ADULT ONLY]</p> <p>5. The following questions ask about how you have been feeling during the last 4 weeks.</p> <p><i>[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]</i></p>	<p><[ADULT ONLY]</p> <p>5. The following questions ask about how you have been feeling during the last 4 weeks.</p> <p><i>[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]></i></p>	<p>Question dropped from new tool.</p>	<p>Dropped</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Question 5 continued</p> <p>In the last 4 weeks</p> <ul style="list-style-type: none"> a. How would you rate your quality of life? b. Do you have enough energy for everyday life? c. How satisfied are you with your ability to perform your daily living activities? d. How satisfied are you with your health? e. How satisfied are you with yourself? f. How satisfied are you with your personal relationships? <p>Response options (5a): Very Poor, Poor, Neither Good nor Poor, Good, Very Good, REFUSED, DON'T KNOW</p> <p>Response options (5b): Not at All, A Little, Moderately, Mostly, Completely, REFUSED, DON'T KNOW</p> <p>Response options (5c-5f): Very Dissatisfied, Dissatisfied, Neither Satisfied nor Dissatisfied, Satisfied, Very Satisfied, REFUSED, DON'T KNOW</p>	<p><In the last 4 weeks</p> <ul style="list-style-type: none"> a. How would you rate your quality of life? b. Do you have enough energy for everyday life? c. How satisfied are you with your ability to perform your daily living activities? d. How satisfied are you with your health? e. How satisfied are you with yourself? f. How satisfied are you with your personal relationships? <p>Response options (5a): Very Poor, Poor, Neither Good nor Poor, Good, Very Good, REFUSED, DON'T KNOW</p> <p>Response options (5b): Not at All, A Little, Moderately, Mostly, Completely, REFUSED, DON'T KNOW</p> <p>Response options (5c-5f): Very Dissatisfied, Dissatisfied, Neither Satisfied nor Dissatisfied, Satisfied, Very Satisfied, REFUSED, DON'T KNOW</p>	<p>Question dropped from new tool.</p>	<p>Dropped</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>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.</p> <p><i>[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]</i></p> <p>In the past 30 days, how often have you used ...</p> <ul style="list-style-type: none"> a. tobacco products (cigarettes, chewing tobacco, cigars, etc.)? b. alcoholic beverages (beer, wine, liquor, etc.)? <ul style="list-style-type: none"> b1. [IF B ≥ ONCE OR TWICE, AND RESPONDENT IS MALE] How many times in the past 30 days have you had five or more drinks in a day? [CLARIFY IF NEEDED: A standard alcoholic beverage (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor).] b2. [IF B ≥ ONCE OR TWICE, AND RESPONDENT IS NOT MALE] How many times in the past 30 days have you had four or more drinks in a day? [CLARIFY IF NEEDED: A standard alcoholic beverage (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor).] c. cannabis (marijuana, pot, grass, hash, etc.)? d. cocaine (coke, crack, etc.)? e. prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)? 	<p><[ADULT ONLY]></p> <p>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.</p> <p><i>[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]</i></p> <p>In the past 30 days, how often have you used ...</p> <ul style="list-style-type: none"> a. tobacco products (cigarettes, chewing tobacco, cigars, etc.)? b. alcoholic beverages (beer, wine, liquor, etc.)? <ul style="list-style-type: none"> b1. [IF B ≥ ONCE OR TWICE, AND RESPONDENT IS MALE] How many times in the past 30 days have you had five or more drinks in a day? [CLARIFY IF NEEDED: A standard alcoholic beverage (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor).] b2. [IF B ≥ ONCE OR TWICE, AND RESPONDENT IS NOT MALE] How many times in the past 30 days have you had four or more drinks in a day? [CLARIFY IF NEEDED: A standard alcoholic beverage (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor).] c. cannabis (marijuana, pot, grass, hash, etc.)? d. cocaine (coke, crack, etc.)? e. prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?> 	<p>Question dropped from new tool.</p>	<p>Dropped</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>f. methamphetamine (speed, crystal meth, ice, etc.)? g. inhalants (nitrous oxide, glue, gas, paint thinner, etc.)? h. sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)? i. hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)? j. street opioids (heroin, opium, etc.)? k. prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)? l. other – specify (e-cigarettes, etc.): _____</p> <p>Response options are: Never, Once or Twice, Weekly, Daily or Almost Daily, REFUSED, DON'T KNOW</p> <p>[CHILD ONLY]</p> <p><i>[IF THE CAREGIVER IS THE RESPONDENT, GO TO THE OPTIONAL GLOBAL ASSESSMENT OF FUNCTIONING (GAF) QUESTION.]</i></p> <p>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.</p> <p><i>[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]</i></p>	<p><</p> <p>f. methamphetamine (speed, crystal meth, ice, etc.)? g. inhalants (nitrous oxide, glue, gas, paint thinner, etc.)? h. sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)? i. hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)? j. street opioids (heroin, opium, etc.)? k. prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)? l. other – specify (e-cigarettes, etc.): _____</p> <p>Response options are: Never, Once or Twice, Weekly, Daily or Almost Daily, REFUSED, DON'T KNOW</p> <p>[CHILD ONLY]</p> <p><i>[IF THE CAREGIVER IS THE RESPONDENT, GO TO THE OPTIONAL GLOBAL ASSESSMENT OF FUNCTIONING (GAF) QUESTION.]</i></p> <p>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.</p> <p><i>[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]</i></p>	<p>Question dropped from new tool.</p>	<p>Dropped</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>In the past 30 days, how often have you used ...</p> <ul style="list-style-type: none"> a. tobacco products (cigarettes, chewing tobacco, cigars, etc.)? b. alcoholic beverages (beer, wine, liquor, etc.)? <ul style="list-style-type: none"> b1. [IF B ≥ ONCE OR TWICE, AND RESPONDENT IS MALE] How many times in the past 30 days have you had five or more drinks in a day? [CLARIFY IF NEEDED: A standard alcoholic beverage (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor).] b2. [IF B ≥ ONCE OR TWICE, AND RESPONDENT IS NOT MALE] How many times in the past 30 days have you had four or more drinks in a day? [CLARIFY IF NEEDED: A standard alcoholic beverage (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor).] c. cannabis (marijuana, pot, grass, hash, etc.)? d. cocaine (coke, crack, etc.)? e. prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)? f. methamphetamine (speed, crystal meth, ice, etc.)? g. inhalants (nitrous oxide, glue, gas, paint thinner, etc.)? h. sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)? i. hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)? j. street opioids (heroin, opium, etc.)? 	<p><In the past 30 days, how often have you used ...</p> <ul style="list-style-type: none"> a. tobacco products (cigarettes, chewing tobacco, cigars, etc.)? b. alcoholic beverages (beer, wine, liquor, etc.)? <ul style="list-style-type: none"> 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).] e. cannabis (marijuana, pot, grass, hash, etc.)?> d. cocaine (coke, crack, etc.)? e. prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)? f. methamphetamine (speed, crystal meth, ice, etc.)? g. inhalants (nitrous oxide, glue, gas, paint thinner, etc.)? h. sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)? i. hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)? j. street opioids (heroin, opium, etc.)?> 	<p>Question dropped from new tool.</p>	<p>Dropped</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Question 6 Continued</p> <p>k. prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?</p> <p>l. other – specify (e-cigarettes, etc.): _____</p> <p>Response options are: Never, Once or Twice, Weekly, Daily or Almost Daily, REFUSED, DON'T KNOW</p>	<p><</p> <p>k. prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?</p> <p>l. other – specify (e-cigarettes, etc.): _____</p> <p>Response options are: Never, Once or Twice, Weekly, Daily or Almost Daily, REFUSED, DON'T KNOW</p>	<p>Question dropped from new tool.</p>	<p>Dropped</p>
<p>[ADULT ONLY]</p> <p><i>[OPTIONAL: GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORE REPORTED BY GRANTEE STAFF AT PROJECT'S DISCRETION.]</i></p> <p>DATE GAF WAS ADMINISTERED:</p> <p>____/____/____ MONTH DAY YEAR</p> <p>WHAT WAS THE CONSUMER'S SCORE?</p> <p>GAF = _____</p>	<p>[ADULT ONLY]</p> <p><i>[OPTIONAL: GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORE REPORTED BY GRANTEE STAFF AT PROJECT'S DISCRETION.]</i></p> <p>DATE GAF WAS ADMINISTERED:</p> <p>____/____/____ MONTH DAY YEAR</p> <p>WHAT WAS THE CONSUMER'S SCORE?</p> <p>GAF = _____</p>	<p>Question dropped from new tool.</p>	<p>Dropped</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[CHILD ONLY]</p> <p><i>[OPTIONAL: CHILD BEHAVIOR CHECKLIST (CBCL) TOTAL PROBLEMS T SCORE REPORTED BY GRANTEE STAFF AT PROJECT'S DISCRETION.]</i></p> <p>DATE CBCL WAS ADMINISTERED:</p> <p> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH DAY YEAR </p> <p>WHAT WAS THE CONSUMER'S SCORE? TOTAL PROBLEMS T SCORE = <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>[CHILD ONLY]</p> <p><i>[OPTIONAL: CHILD BEHAVIOR CHECKLIST (CBCL) TOTAL PROBLEMS T SCORE REPORTED BY GRANTEE STAFF AT PROJECT'S DISCRETION.]</i></p> <p>DATE CBCL WAS ADMINISTERED:</p> <p> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH DAY YEAR </p> <p>WHAT WAS THE CONSUMER'S SCORE? TOTAL PROBLEMS T SCORE = <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Question dropped from new tool.</p>	<p>Dropped</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
B. STABILITY IN HOUSING			
C. STABILITY IN HOUSING (expiring tool, both versions) is now B. STABILITY IN HOUSING (new tool, combined).			
<p>[BOTH]</p> <p>1. In the past 30 days, how many ...</p> <ul style="list-style-type: none"> a. Nights have you [has your child] been homeless? b. Nights have you [has your child] spent in a hospital for mental health care? c. Nights have you [has your child] spent in a facility for detox/inpatient or residential substance abuse treatment? d. Nights have you [has your child] spent in correctional facility including jail or prison? e. Times you have [has your child] gone to an emergency room for a psychiatric or emotional problem? 	<p>[COMBINED]</p> <p>1. In the past 30 +[thirty]# days, how many +have you [has your child]# ...</p> <ul style="list-style-type: none"> 1a. <Nights have you [has your child]> Been homeless? 1b. <Nights have you [has your child]> Spent time in a hospital for mental health care? 1c. <Nights have you [has your child]> Spent time in a facility for detox/inpatient treatment for a substance abuse disorder? + 1d. #<Nights have you [has your child]> Spent time in a correctional facility +(e.g., jail, prison, [juvenile] facility)?# <including jail or prison> 1e. <Times you have [has your child]> Gone to an emergency room for a +mental health# <psychiatric> or emotional problem? + 1f. Been satisfied with the conditions of your living space?# 	<p>Question changed from asking quantity to Yes/No.</p> <p>Sub-questions text edited.</p> <p>Sub-question 1f (new tool, combined) moved from STABILITY IN HOUSING Question 3 (expiring tool, adult version).</p>	<p>Revised – Significant</p>
<p>[BOTH] <i>[RESPONSE OPTIONS FOR QUESTION 1 ABOVE]</i></p> <p>Response options are: # of nights, REFUSED, DON'T KNOW</p>	<p>[COMBINED] <i>[RESPONSE OPTIONS FOR QUESTION 1 ABOVE]</i></p> <p>+Response options are: Yes, No, NO RESPONSE/REFUSED# <Response options are: # of nights, REFUSED, DON'T KNOW></p>	<p>Response options changed from quantity to binary yes/no.</p>	<p>Revised – Significant</p>
<p>[ADULT ONLY]</p> <p>2. In the past 30 days, where have you been living most of the time?</p> <p><i>[DO NOT READ RESPONSE OPTIONS TO CONSUMER (CAREGIVER). SELECT ONLY ONE.]</i></p>	<p>[COMBINED]</p> <p>2. In the past 30 +[thirty]# days, where have you +[has your child]# been living most of the time?</p> <p><i>[DO NOT READ RESPONSE OPTIONS TO CLIENT <CONSUMER (CAREGIVER)>. SELECT ONLY ONE.]</i></p>	<p>Responses significantly modified.</p>	<p>Revised – Significant</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Question 2 continued</p> <ul style="list-style-type: none"> <input type="radio"/> OWNED OR RENTED HOUSE, APARTMENT, TRAILER, ROOM <input type="radio"/> SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, ROOM <input type="radio"/> HOMELESS (SHELTER, STREET/OUTDOORS, PARK) <input type="radio"/> GROUP HOME <input type="radio"/> ADULT FOSTER CARE <input type="radio"/> TRANSITIONAL LIVING FACILITY <input type="radio"/> HOSPITAL (MEDICAL) <input type="radio"/> HOSPITAL (PSYCHIATRIC) <input type="radio"/> DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY <input type="radio"/> CORRECTIONAL FACILITY (JAIL/PRISON) <input type="radio"/> NURSING HOME <input type="radio"/> VA HOSPITAL <input type="radio"/> VETERAN'S HOME <input type="radio"/> MILITARY BASE <input type="radio"/> OTHER HOUSED (SPECIFY) _____ <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<ul style="list-style-type: none"> <input type="radio"/> +{PRIVATE RESIDENCE <input type="radio"/> FOSTER HOME# <input type="radio"/> +RESIDENTIAL CARE <input type="radio"/> CRISIS RESIDENCE <input type="radio"/> RESIDENTIAL TREATMENT CENTER <input type="radio"/> INSTITUTIONAL SETTING <input type="radio"/> JAIL/CORRECTIONAL FACILITY <input type="radio"/> HOMELESS/SHELTER# <input type="radio"/> OTHER <Housed> (SPECIFY) _____ <input type="radio"/> DON'T KNOW} <p><ADULT ONLY></p> <ul style="list-style-type: none"> <input type="radio"/> OWNED OR RENTED HOUSE, APARTMENT, TRAILER, ROOM <input type="radio"/> SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, ROOM <input type="radio"/> HOMELESS (SHELTER, STREET/OUTDOORS, PARK) <input type="radio"/> GROUP HOME <input type="radio"/> ADULT FOSTER CARE <input type="radio"/> TRANSITIONAL LIVING FACILITY <input type="radio"/> HOSPITAL (MEDICAL) <input type="radio"/> HOSPITAL (PSYCHIATRIC) <input type="radio"/> DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY <input type="radio"/> CORRECTIONAL FACILITY (JAIL/PRISON) <input type="radio"/> NURSING HOME <input type="radio"/> VA HOSPITAL <input type="radio"/> VETERAN'S HOME <input type="radio"/> MILITARY BASE <input type="radio"/> REFUSED> 		

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Question 2 continued</p> <p>[CHILD ONLY]</p> <p>2. In the past 30 days, where have you [has your child] been living most of the time?</p> <p><i>[DO NOT READ RESPONSE OPTIONS TO CONSUMER (CAREGIVER). SELECT ONLY ONE.]</i></p> <ul style="list-style-type: none"> <input type="radio"/> CAREGIVER'S OWNED OR RENTED HOUSE, APARTMENT, TRAILER, OR ROOM <input type="radio"/> INDEPENDENT OWNED OR RENTED HOUSE, APARTMENT, TRAILER, OR ROOM <input type="radio"/> SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, OR ROOM <input type="radio"/> HOMELESS (SHELTER, STREET/OUTDOORS, PARK) <input type="radio"/> GROUP HOME <input type="radio"/> FOSTER CARE (SPECIALIZED THERAPEUTIC TREATMENT) <input type="radio"/> TRANSITIONAL LIVING FACILITY <input type="radio"/> HOSPITAL (MEDICAL) <input type="radio"/> HOSPITAL (PSYCHIATRIC) <input type="radio"/> DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY <input type="radio"/> CORRECTIONAL FACILITY (JUVENILE DETENTION CENTER/JAIL/PRISON) <input type="radio"/> OTHER HOUSED (SPECIFY) <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>[CHILD ONLY]</p> <ul style="list-style-type: none"> <input type="radio"/> CAREGIVER'S OWNED OR RENTED HOUSE, APARTMENT, TRAILER, OR ROOM <input type="radio"/> INDEPENDENT OWNED OR RENTED HOUSE, APARTMENT, TRAILER, OR ROOM <input type="radio"/> SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, OR ROOM <input type="radio"/> HOMELESS (SHELTER, STREET/OUTDOORS, PARK) <input type="radio"/> GROUP HOME <input type="radio"/> FOSTER CARE (SPECIALIZED THERAPEUTIC TREATMENT) <input type="radio"/> TRANSITIONAL LIVING FACILITY <input type="radio"/> HOSPITAL (MEDICAL) <input type="radio"/> HOSPITAL (PSYCHIATRIC) <input type="radio"/> DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY <input type="radio"/> CORRECTIONAL FACILITY (JUVENILE DETENTION CENTER/JAIL/PRISON) <input type="radio"/> OTHER HOUSED (SPECIFY) <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 		

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>3. In the last 4 weeks ...</p> <p>a. how satisfied are you with the conditions of you living place?</p> <p>Response options are: Very Dissatisfied, Dissatisfied, Neither Dissatisfied or Satisfied, Satisfied, Very Satisfied</p>		<p>STABILITY IN HOUSING Question 3 (expiring tool, adult version) moved to B. STABILITY IN HOUSING Question 1f (new tool, combined).</p> <p>Response options simplified to Yes/No.</p>	<p>Moved and Revised – Significant</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
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).			
<p>[ADULT ONLY]</p> <p>1. Are you currently enrolled in school or a job training program?</p> <p><i>[IF ENROLLED]</i> Is that full time or part time?</p> <ul style="list-style-type: none"> <input type="radio"/> NOT ENROLLED <input type="radio"/> ENROLLED, FULL TIME <input type="radio"/> ENROLLED, PART TIME <input type="radio"/> OTHER (SPECIFY) _____ <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>[COMBINED]</p> <p>1. Are you +<i>[Is your child]</i># currently enrolled in school or a job training program?</p> <p><i><[IF ENROLLED]</i> Is that full time or part time?></p> <ul style="list-style-type: none"> <input type="radio"/> +Yes <input type="radio"/> No <input type="radio"/> {NO RESPONSE/REFUSED}# <input type="radio"/> <NOT ENROLLED <input type="radio"/> <ENROLLED, FULL TIME <input type="radio"/> <ENROLLED, PART TIME <input type="radio"/> <OTHER (SPECIFY) _____ <input type="radio"/> <REFUSED <input type="radio"/> <DON'T KNOW> 	<p>Response options simplified.</p> <p>New question for children.</p>	<p>Revised – Significant</p>
<p>[CHILD ONLY]</p> <p>1. During the past 30 days of school, how many days were you [was your child] absent for any reason?</p> <ul style="list-style-type: none"> <input type="radio"/> 0 DAYS <input type="radio"/> 1 DAY <input type="radio"/> 2 DAYS <input type="radio"/> 3 TO 5 DAYS <input type="radio"/> 6 TO 10 DAYS <input type="radio"/> MORE THAN 10 DAYS <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <input type="radio"/> NOT APPLICABLE 	<p><i><[CHILD ONLY]</i></p> <p>1. During the past 30 days of school, how many days were you [was your child] absent for any reason?</p> <ul style="list-style-type: none"> <input type="radio"/> 0 DAYS <input type="radio"/> 1 DAY <input type="radio"/> 2 DAYS <input type="radio"/> 3 TO 5 DAYS <input type="radio"/> 6 TO 10 DAYS <input type="radio"/> MORE THAN 10 DAYS <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <input type="radio"/> NOT APPLICABLE> 	<p>Question and follow-on question dropped from new tool.</p>	<p>Dropped</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Question 1 continued</p> <p>a. [IF ABSENT], how many days were unexcused absences?</p> <ul style="list-style-type: none"> <input type="radio"/> 0 DAYS <input type="radio"/> 1 DAY <input type="radio"/> 2 DAYS <input type="radio"/> 3 TO 5 DAYS <input type="radio"/> 6 TO 10 DAYS <input type="radio"/> MORE THAN 10 DAYS <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <p>NOT APPLICABLE</p>	<p><a. [IF ABSENT], how many days were unexcused absences?</p> <ul style="list-style-type: none"> <input type="radio"/> 0 DAYS <input type="radio"/> 1 DAY <input type="radio"/> 2 DAYS <input type="radio"/> 3 TO 5 DAYS <input type="radio"/> 6 TO 10 DAYS <input type="radio"/> MORE THAN 10 DAYS <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <input type="radio"/> NOT APPLICABLE 	<p>Question and follow-on question dropped from new tool.</p>	<p>Dropped</p>
<p>[CHILD ONLY]</p> <p>1. During the past 30 days of school, how many days were you [was your child] absent for any reason?</p> <ul style="list-style-type: none"> <input type="radio"/> 0 DAYS <input type="radio"/> 1 DAY <input type="radio"/> 2 DAYS <input type="radio"/> 3 TO 5 DAYS <input type="radio"/> 6 TO 10 DAYS <input type="radio"/> MORE THAN 10 DAYS <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <input type="radio"/> NOT APPLICABLE 	<p><[CHILD ONLY]</p> <p>1. During the past 30 days of school, how many days were you [was your child] absent for any reason?</p> <ul style="list-style-type: none"> <input type="radio"/> 0 DAYS <input type="radio"/> 1 DAY <input type="radio"/> 2 DAYS <input type="radio"/> 3 TO 5 DAYS <input type="radio"/> 6 TO 10 DAYS <input type="radio"/> MORE THAN 10 DAYS <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <input type="radio"/> NOT APPLICABLE 	<p>Question and follow-on question dropped from new tool.</p>	<p>Dropped</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Question 1 continued</p> <p>a. [IF ABSENT], how many days were unexcused absences?</p> <ul style="list-style-type: none"> <input type="radio"/> 0 DAYS <input type="radio"/> 1 DAY <input type="radio"/> 2 DAYS <input type="radio"/> 3 TO 5 DAYS <input type="radio"/> 6 TO 10 DAYS <input type="radio"/> MORE THAN 10 DAYS <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <input type="radio"/> NOT APPLICABLE 	<p>a. [IF ABSENT], how many days were unexcused absences?</p> <ul style="list-style-type: none"> <input type="radio"/> 0 DAYS <input type="radio"/> 1 DAY <input type="radio"/> 2 DAYS <input type="radio"/> 3 TO 5 DAYS <input type="radio"/> 6 TO 10 DAYS <input type="radio"/> MORE THAN 10 DAYS <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <input type="radio"/> NOT APPLICABLE 	<p>Question and follow-on question dropped from new tool.</p>	<p>Dropped</p>
<p>[ADULT ONLY]</p> <p>2. What is the highest level of education you have finished, whether or not you received a degree?</p> <ul style="list-style-type: none"> <input type="radio"/> LESS THAN 12TH GRADE <input type="radio"/> 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED) <input type="radio"/> VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA <input type="radio"/> SOME COLLEGE OR UNIVERSITY <input type="radio"/> BACHELOR'S DEGREE (BA, BS) <input type="radio"/> GRADUATE WORK/GRADUATE DEGREE <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>[ADULT ONLY]</p> <p>2. +[ADULT ONLY]# What is the highest level of education you have finished, whether or not you received a degree?</p> <p>+ [SELECT ONLY ONE]#</p> <ul style="list-style-type: none"> <input type="radio"/> {LESS THAN 12TH GRADE <input type="radio"/> 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED) <input type="radio"/> VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA <input type="radio"/> SOME COLLEGE OR UNIVERSITY <input type="radio"/> BACHELOR'S DEGREE (BA, BS) <input type="radio"/> GRADUATE WORK/GRADUATE DEGREE <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW} 	<p>Minor text changes to the instructions.</p>	<p>Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[CHILD ONLY]</p> <p>2. What is the highest level of education you have (your child has) finished, whether or not (he/she has) received a degree?</p> <ul style="list-style-type: none"> <input type="radio"/> NEVER ATTENDED <input type="radio"/> PRESCHOOL <input type="radio"/> KINDERGARTEN <input type="radio"/> 1ST GRADE <input type="radio"/> 2ND GRADE <input type="radio"/> 3RD GRADE <input type="radio"/> 4TH GRADE <input type="radio"/> 5TH GRADE <input type="radio"/> 6TH GRADE <input type="radio"/> 7TH GRADE <input type="radio"/> 8TH GRADE <input type="radio"/> 9TH GRADE <input type="radio"/> 10TH GRADE <input type="radio"/> 11TH GRADE <input type="radio"/> 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED) <input type="radio"/> VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA <input type="radio"/> SOME COLLEGE OR UNIVERSITY <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p><CHILD ONLY></p> <p>2. What is the highest level of education you have (your child has) finished, whether or not (he/she has) received a degree?</p> <ul style="list-style-type: none"> <input type="radio"/> NEVER ATTENDED> <input type="radio"/> <PRESCHOOL <input type="radio"/> KINDERGARTEN <input type="radio"/> 1ST GRADE <input type="radio"/> 2ND GRADE <input type="radio"/> 3RD GRADE <input type="radio"/> 4TH GRADE <input type="radio"/> 5TH GRADE <input type="radio"/> 6TH GRADE <input type="radio"/> 7TH GRADE <input type="radio"/> 8TH GRADE <input type="radio"/> 9TH GRADE <input type="radio"/> 10TH GRADE <input type="radio"/> 11TH GRADE <input type="radio"/> 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED) <input type="radio"/> VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA <input type="radio"/> SOME COLLEGE OR UNIVERSITY <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW> 	<p>Question dropped from new tool.</p>	<p>Dropped</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>3. Are you currently employed?</p> <p><i>[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.]</i></p> <ul style="list-style-type: none"> <input type="radio"/> EMPLOYED FULL TIME (35+ HOURS PER WEEK OR WOULD HAVE BEEN) <input type="radio"/> EMPLOYED PART TIME <input type="radio"/> UNEMPLOYED, LOOKING FOR WORK <input type="radio"/> UNEMPLOYED, DISABLED <input type="radio"/> UNEMPLOYED, VOLUNTEER WORK <input type="radio"/> UNEMPLOYED, RETIRED <input type="radio"/> UNEMPLOYED, NOT LOOKING FOR WORK <input type="radio"/> OTHER (SPECIFY) ____ <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>[ADULT ONLY]</p> <p>3. + [ADULT ONLY]# Are you currently employed+? [SELECT ONLY ONE]#</p> <p><i><[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.]></i></p> <ul style="list-style-type: none"> <input type="radio"/> Employed full-time (35+ HOURS PER WEEK <OR WOULD HAVE BEEN>) <input type="radio"/> Employed, part-time <input type="radio"/> Unemployed, +but# looking for work <input type="radio"/> <Unemployed> +Not Employed,# NOT looking for work <input type="radio"/> <Unemployed, DISABLED> +Not working due to disability# <input type="radio"/> <UNEMPLOYED, VOLUNTEER WORK <input type="radio"/> Unemployed, RETIRED> +Retired, not working# <input type="radio"/> {OTHER (SPECIFY) _____} <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW} 	<p>Minor text changes to the instructions and response options.</p> <p>Response options can be read to client.</p>	<p>Revised – Minor</p>
<p>[ADULT ONLY]</p> <p>3a. <i>[IF EMPLOYED.]</i> Employment Status</p> <p>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?</p> <p>Answer responses are: Yes, No, Refused, Don't Know</p>	<p><i><[ADULT ONLY]</i></p> <p><i>3a. [IF EMPLOYED.]</i> Employment Status</p> <p><i>Are you paid at or above the minimum wage?</i> <i>Are your wages paid directly to you by your employer?</i> <i>Could anyone have applied for this job?</i></p> <p><i>Answer responses are: Yes, No, Refused, Don't Know</i></p>	<p>Question dropped from new tool.</p>	<p>Dropped</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>4. In the last 4 weeks ...</p> <p><i>[READ THE QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]</i></p> <p>a. Have you enough money to meet your needs?</p>	<p>[COMBINED]</p> <p>4. In the <last 4 weeks> past 30 +[thirty]# days, <did you ...> +did you have enough money to meet your [your child's] needs?#</p> <p><[READ THE QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]</p> <p>a. Have you enough money to meet your [your child's] needs?></p> <p><input type="radio"/> +Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> {NO RESPONSE/REFUSED}#</p>	<p>Added question for children.</p> <p>Minor text changes to the question for client or caregiver of child phrasing.</p> <p>Response options changed.</p>	<p>Revised – Significant</p>
<p>[ADULT ONLY] <i>[RESPONSE OPTIONS FOR QUESTION 4 ABOVE]</i></p> <p>Response options are: Not at all, A Little, Moderately, Completely, REFUSED, DON'T KNOW</p>	<p>[COMBINED] <i>[RESPONSE OPTIONS FOR QUESTION 4 ABOVE]</i></p> <p>+Response options are: Yes, No, {NO RESPONSE/REFUSED}#</p> <p><Response options are: Not at all, A Little, Moderately, Completely, REFUSED, DON'T KNOW></p>	<p>Response options simplified to Yes/No.</p>	<p>Revised – Significant</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
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).			
<p>[ADULT ONLY]</p> <p>1. In the past 30 days, how many times have you been arrested?</p> <p>_____</p> <p>TIMES</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p> <p>[CHILD ONLY]</p> <p>1. In the past 30 days, how many times have you [has your child] been arrested?</p> <p>_____</p> <p>TIMES</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>	<p>[COMBINED]</p> <p>+1.# In the past 30 +[thirty]# days, <how many times> have you [has your child] <been arrested> +. . .</p> <p>1a. Been arrested?</p> <p>1b. Spent time in a jail or correctional facility or on probation?#</p>	<p>Added new sub-question.</p> <p>Question changed from asking quantity to Yes/No.</p>	<p>Added and Revised – Significant</p>
<p>[BOTH] [RESPONSE OPTIONS FOR QUESTION 1 ABOVE]</p> <p>Response options are: Number of Times, REFUSED, DON'T KNOW</p>	<p>[COMBINED] [RESPONSE OPTIONS FOR QUESTION 1 ABOVE]</p> <p>+Response options are: Yes, No, {NO RESPONSE/REFUSED}#</p> <p>Response options are: Number of times, REFUSED, DON'T KNOW</p>	<p>Response options simplified from asking quantity to binary Yes/No.</p>	<p>Revised – Significant</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[BOTH]</p> <p><i>[IF THIS IS A BASELINE, GO TO SECTION G. OTHERWISE, GO TO SECTION F.]</i></p>	<p>[COMBINED]</p> <p>[If this is BASELINE +assessment#<-, GO TO SECTION G. OTHERWISE>, go to Section F.</p> <p>+ [If this is a REASSESSMENT or a CLINICAL DISCHARGE assessment, go to Section E.]</p> <p>[Section E data is collected only for the REASSESSMENT interview and the CLINICAL DISCHARGE assessment.]#</p>	<p>Modified skip instructions.</p>	<p>Revised – Minor</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
E. PERCEPTION OF CARE			
<i>F. PERCEPTION OF CARE</i> (expiring tool, both versions) is now <i>E. PERCEPTION OF CARE</i> (new tool, combined).			
<p>[ADULT ONLY]</p> <p>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 <u>during the past 30 days</u>, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.</p> <p>[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER (CAREGIVER).]</p> <ul style="list-style-type: none"> a. Staff here believe that I can grow, change, and recover. b. I felt free to complain. c. I was given information about my rights. d. Staff encouraged me to take responsibility for how I live my life. e. Staff told me what side effects to watch out for. 	<p>[COMBINED]</p> <p>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 <u>during the past 30 +[thirty]# days</u>, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.</p> <p>[READ EACH STATEMENT +TO THE CLIENT OR CARGIVER,# FOLLOWED BY THE RESPONSE OPTIONS +OF YES OR NO# <TO THE CONSUMER (CAREGIVER)>]</p> <ul style="list-style-type: none"> 1a. Staff here believe that I +(my child)# can grow, change, and recover. 1b. I +(my child)# felt free to complain. 1c. I +(my child)# was given information about my +(my child's)# rights. 1d. Staff encouraged me +(my child)# to take responsibility for how I +(they)# live my +(their)# life. 	<p>Questions remain the same for adult with minor text changes for client or caregiver of child phrasing.</p> <p>Questions significantly modified for child.</p> <p>Response options were simplified to Yes/No. Minor text changes to the instructions.</p>	<p>Revised – Significant</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Question 1 continued</p> <ul style="list-style-type: none"> f. Staff respected my wishes about who is and who is not to be given information about my treatment. g. 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. h. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.). i. I felt comfortable asking questions about my treatment and medication. j. I, not staff, decided my treatment goals. I like the services I received here. k. If I had other choices, I would still get services from this agency. l. I would recommend this agency to a friend or family member. 	<ul style="list-style-type: none"> 1e. Staff told me +(my child)# what side effects to watch out for. 1f. Staff respected my +(my child's)# wishes about who is and who is not to be given information about my +(my child's)# treatment. 1g. Staff were sensitive to my +(my child's)# cultural background (+e.g.,# race, religion, language, <ete->). 1h. 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. 1i. I +(my child)# was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.). 1j. I +(my child)# felt comfortable asking questions about my +(their)# treatment and medication. 1k. I +(my child)#, not staff, decided my +(my child's)# treatment goals. 1l. I +(my child)# like+(s)# the services received here. 1m. I +(my child)# would still get services from this agency if there were other choices. 1n. I +(my child)# would recommend this agency to a friend or family member. 		

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Question 1 continued</p> <p>[CHILD ONLY]</p> <p>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 <u>during the past 30 days</u>, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.</p> <p><i>[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER (CAREGIVER).]</i></p> <ul style="list-style-type: none"> a. Staff here treated me with respect. b. Staff respected my family’s religious/spiritual beliefs. c. Staff spoke with me in a way that I understood. d. Staff was sensitive to my cultural/ethnic background. e. I helped choose my [my child’s] services. f. I helped to choose my [my child’s] treatment goals. g. I participated in my [my child’s] treatment. h. Overall, I am satisfied with the services I [my child] received. i. The people helping me [my child] stuck with me [us] no matter what. j. I felt I had [my child had] someone to talk to when I [he/she] was troubled. k. The services I [my child and/or family] received were right for me [us]. l. I [My family] got the help I [we] wanted [for my child]. m. I [My family] got as much help as I [we] needed [for my child]. 	<p><[CHILD ONLY]</p> <ul style="list-style-type: none"> a.— Staff here treated me with respect. b.— Staff respected my family’s religious/spiritual beliefs. c.— Staff spoke with me in a way that I understood. d.— Staff was sensitive to my cultural/ethnic background. e.— I helped choose my [my child’s] services. f.— I helped to choose my [my child’s] treatment goals. g.— I participated in my [my child’s] treatment. h.— Overall, I am satisfied with the services I [my child] received. i.— The people helping me [my child] stuck with me [us] no matter what. j.— I felt I had [my child had] someone to talk to when I [he/she] was troubled. k.— The services I [my child and/or family] received were right for me [us]. l.— I [My family] got the help I [we] wanted [for my child]. m.— I [My family] got as much help as I [we] needed [for my child].-> 		

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[BOTH] <i>[RESPONSE OPTIONS FOR QUESTION 1 ABOVE]</i></p> <p>Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED</p>	<p>[COMBINED] <i>[RESPONSE OPTIONS FOR QUESTION 1 ABOVE]</i></p> <p>+Response options are: Yes, No, {NO RESPONSE/REFUSED}# <Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED></p>	<p>Response options were simplified to Yes/No.</p>	<p>Revised – Significant</p>
	<p>[COMBINED]</p> <p>+[Question 2 should be answered by grantee staff at REASSESSMENT and CLINICAL DISCHARGE.]#</p>	<p>Added new instructions.</p>	<p>Added</p>
<p>[BOTH]</p> <p>2. <i>[INDICATE WHO ADMINISTERED SECTION F, PERCEPTION OF CARE, TO THE CONSUMER (CAREGIVER) FOR THIS INTERVIEW.]</i></p> <ul style="list-style-type: none"> <input type="radio"/> ADMINISTRATIVE STAFF <input type="radio"/> CARE COORDINATOR <input type="radio"/> CASE MANAGER <input type="radio"/> CLINICIAN PROVIDING DIRECT SERVICES <input type="radio"/> CLINICIAN NOT PROVIDING SERVICES <input type="radio"/> CONSUMER PEER <input type="radio"/> DATA COLLECTOR <input type="radio"/> EVALUATOR <input type="radio"/> FAMILY ADVOCATE <input type="radio"/> RESEARCH ASSISTANT STAFF <input type="radio"/> SELF-ADMINISTERED <input type="radio"/> OTHER (SPECIFY) 	<p>[COMBINED]</p> <p>2. < >Indicate +which grantee staff# <WHO> administered Section +E# <F, PERCEPTION OF CARE, to the +client# <CONSUMER (CAREGIVER)> for this interview+:#< ></p> <ul style="list-style-type: none"> <input type="radio"/> Administrative staff <input type="radio"/> Care coordinator <input type="radio"/> Case manager <input type="radio"/> Clinician providing direct services <input type="radio"/> Clinician not providing direct services <input type="radio"/> Consumer+/#peer <input type="radio"/> Data collector+/#evaluator# <input type="radio"/> Family advocate <input type="radio"/> {Other (SPECIFY)} _____ <input type="radio"/> <Research Assistant Staff <input type="radio"/> <Evaluator> 	<p>Removed and consolidated response options.</p> <p>Minor text changes to the question.</p>	<p>Revised – Minor</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
F. SOCIAL CONNECTEDNESS			
G. SOCIAL CONNECTEDNESS (expiring tool, both versions) is now F. SOCIAL CONNECTEDNESS (new tool, combined).			
<p>[ADULT ONLY]</p> <p>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.</p> <p><i>[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]</i></p> <ol style="list-style-type: none"> a. I am happy with the friendships I have. b. I have people with whom I can do enjoyable things. c. I feel I belong in my community. d. In a crisis, I would have the support I need from family or friends. e. I have family or friends that are supportive of my recovery. f. I generally accomplish what I set out to do. <p>[CHILD ONLY]</p> <p>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.</p>	<p>[COMBINED]</p> <p>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.</p> <p>[READ EACH STATEMENT +TO THE CLIENT OR CARGIVER,# FOLLOWED BY THE RESPONSE OPTIONS +OF YES OR NO# <TO THE CONSUMER.;></p> <ol style="list-style-type: none"> 1a. I am +(my child is)# happy with my +(their)# friendships. 1b. I have +(my child has)# people with whom I +(they)# can do enjoyable things. 1c. I feel +(my child feels)# that I +(they)# belong in the community. 1d. In a crisis, I +(my child)# would have the support needed from family or friends. 1e. I have +(my child has)# family or friends that are supportive of my +(their)# recovery. 1f. I +(my child)# generally accomplish+(es)# what I +(they)# set out to do. 	<p>Questions remain the same for adult.</p> <p>Questions significantly modified for child.</p> <p>Response options were simplified to Yes/No.</p> <p>Minor text changes to the questions and instructions.</p>	<p>Revised – Significant</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Question 1 continued</p> <p>[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]</p> <p>a. I know people who will listen and understand me when I need to talk.</p> <p>b. I know people who will listen and understand me when I need to talk.</p> <p>c. I have people that I am comfortable talking with about my [my child's] problems.</p> <p>d. In a crisis, I would have the support I need from family or friends.</p> <p>e. I have people with whom I can do enjoyable things.</p>	<p><[CHILD ONLY]></p> <p>a. I know people who will listen and understand me when I need to talk.</p> <p>b. I have people that I am comfortable talking with about my [my child's] problems.</p> <p>c. In a crisis, I would have the support I need from family or friends.</p> <p>I have people with whom I can do enjoyable things></p>		
<p>[BOTH] [RESPONSE OPTIONS FOR QUESTION 1 ABOVE]</p> <p>Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED</p>	<p>[COMBINED] [RESPONSE OPTIONS FOR QUESTION 1 ABOVE]</p> <p>+Response options are: Yes, No, NO RESPONSE/REFUSED#</p> <p><Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED></p>	<p>Response options were simplified to Yes/No.</p>	<p>Revised – Significant</p>
<p>[BOTH]</p> <p><u>IF YOUR PROGRAM DOES NOT REQUIRE SECTION H:</u></p> <p>If this is a BASELINE INTERVIEW – stop here, the interview is complete.</p> <p>If this is a REASSESSMENT INTERVIEW, please complete Section I and Section K.</p> <p>If this is a CLINICAL DISCHARGE INTERVIEW, please complete Section J and Section K.</p>	<p>[COMBINED]</p> <p><u><H>, +and this is a . . .# :</u></p> <p><If this is a [BASELINE ASSESSMENT]+,# <> stop +now# <here,> +-# the interview is completed.</p> <p><If this is a [REASSESSMENT] interview<,> please complete Section I and Section K.> +or [CLINICAL DISCHARGE] – go to [SECTION H].#</p> <p><If this is a CLINICAL DISCHARGE INTERVIEW, please complete Section J and Section K.></p>	<p>Minor text changes to the instructions and skip logic.</p>	<p>Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Question 1 continued</p> <p>IF YOUR PROGRAM <u>DOES</u> REQUIRE SECTION H: If this is a BASELINE INTERVIEW, complete Section H, then stop (the interview will be complete)</p> <p>If this is a REASSESSMENT INTERVIEW, please complete Section H, Section I, and Section K.</p> <p>If this is a CLINICAL DISCHARGE INTERVIEW, please complete Section H, Section J, and Section K.</p>	<p><u>IF YOUR PROGRAM DOES REQUIRE SECTION +HG, and this is a . . .# :</u></p> <p><If this is a> BASELINE INTERVIEW <, complete> – +go to# Section <H,> +G# for your program +and# then stop. <(the interview will be complete)></p> <p><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.#</p> <p><If this is a CLINICAL DISCHARGE INTERVIEW, please complete Section H, Section J, and Section K.></p>		

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
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.			
<p>[BOTH]</p> <p>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.</p> <p>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.</p>	<p>[COMBINED]</p> <p>You are NOT responsible for collecting on ALL Section +G# <H> questions. +Only complete the Section G which is specific to your program.#</p> <p>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.</p> <p>+{G1. ASSISTED OUTPATIENT TREATMENT</p> <p>G2. LAW ENFORCEMENT AND BEHAVIORAL HEALTH PARTNERSHIPS FOR EARLY DIVERSION</p> <p>G3. PROMOTING THE INTEGRATION OF PRIMARY AND BEHAVIORAL HEALTH CARE</p> <p>G4. MINORITY AIDS – SERVICE INTEGRATION</p> <p>G5. HEALTHY TRANSITIONS</p> <p>G6. ASSERTIVE COMMUNITY TREATMENT}#</p>	<p>Minor text changes to the instructions.</p> <p>All program specific questions are now in Section G instead of Section H.</p> <p>The number of programs required to complete section G, previously Section H, has been reduced.</p>	<p>Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Instructions continue</p>	<p>+{G7. CLINICAL HIGH RISK FOR PSYCHOSIS</p> <p>G8. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS}#</p> <p>{G9. NATIONAL CHILD TRAUMATIC STRESS INITIATIVE – CATEGORY 3}#</p> <p><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.></p>		

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
G1. ASSISTED OUTPATIENT TREATMENT PROGRAM-SPECIFIC QUESTIONS			
Section HI (expiring tool, adult version) now appears as Section GI (new tool, combined). Section H1 (expiring tool, child version) is now Section G6 (new tool, combined)			
<p>This section is to be completed by the following grant programs: Assisted Outpatient Treatment (AOT)</p>			
<p>[ADULT ONLY, from Section H1]</p> <p><i>[QUESTION 1 SHOULD BE ANSWERED BY THE CONSUMER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE]</i></p>	<p>[COMBINED]</p> <p><i>[QUESTION 1 SHOULD BE ANSWERED BY THE CONSUMER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE]</i></p>	<p>Instructional text has been dropped.</p>	<p>Dropped</p>
<p>[ADULT ONLY, from Section H1]</p> <p>1. In the past 30 days, how often have you taken all of your psychiatric medication(s) as prescribed to you?</p> <ul style="list-style-type: none"> <input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <input type="radio"/> NOT APPLICABLE 	<p>[COMBINED]</p> <p>1. In the past 30 +[thirty]# days, how often have you taken all of your psychiatric medication(s) as prescribed to you?</p> <ul style="list-style-type: none"> <input type="radio"/> +Yes <input type="radio"/> No <input type="radio"/> {REFUSED <input type="radio"/> NOT APPLICABLE}# <input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never <input type="radio"/> Don't Know 	<p>Response options simplified.</p>	<p>Revised – Significant</p>
<p>[ADULT ONLY, from Section H1]</p> <p><i>[QUESTION 2 SHOULD BE REPORTED BY GRANTEE STAFF ABOUT THE CONSUMER AT REASSESSMENT AND CLINICAL DISCHARGE]</i></p>	<p>[COMBINED]</p> <p>[Question 2 should be +answered# REPORTED by grantee staff ABOUT THE CONSUMER at REASSESSMENT and CLINICAL DISCHARGE.]</p>	<p>Minor text changes to the instructions.</p>	<p>Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY, from Section H1]</p> <p>2. In the past 30 days, how compliant has the consumer been with their treatment plan?</p> <ul style="list-style-type: none"> <input type="radio"/> Not compliant <input type="radio"/> Minimally compliant <input type="radio"/> Moderately compliant <input type="radio"/> Highly compliant <input type="radio"/> Fully compliant <input type="radio"/> DON'T KNOW <input type="radio"/> NOT APPLICABLE 	<p>[COMBINED]</p> <p>2. In the past 30 + [thirty]# days, <how compliant> has the client <consumer been with> +followed# their treatment plan?</p> <ul style="list-style-type: none"> <input type="radio"/> +Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not applicable# <input type="radio"/> <Not compliant <input type="radio"/> Minimally compliant <input type="radio"/> Moderately compliant <input type="radio"/> Highly compliant <input type="radio"/> Fully Compliant <input type="radio"/> Don't Know 	<p>Question text modified.</p> <p>Response options simplified.</p>	<p>Revised – Significant</p>
<p>[CHILD ONLY, from Section H1]</p> <p><i>[QUESTION 2 SHOULD BE REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</i></p>	<p><[CHILD ONLY, from Section H1]</p> <p><i>[QUESTION 2 SHOULD BE REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</i></p>	<p>Question dropped from new tool.</p>	<p>Dropped</p>
<p>[CHILD ONLY, from Section H1]</p> <p>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):</p> <ul style="list-style-type: none"> <input type="radio"/> Current SAMHSA grant funding <input type="radio"/> Other federal grant funding <input type="radio"/> State funding <input type="radio"/> Consumer's private insurance <input type="radio"/> Medicaid/Medicare <input type="radio"/> Other (Specify): _____ 	<p><[CHILD ONLY, from Section H1]</p> <p>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):</p> <ul style="list-style-type: none"> <input type="radio"/> Current SAMHSA grant funding <input type="radio"/> Other federal grant funding <input type="radio"/> State funding <input type="radio"/> Consumer's private insurance <input type="radio"/> Medicaid/Medicare <input type="radio"/> Other (Specify): _____ 	<p>Question dropped from new tool.</p>	<p>Dropped</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
	<p>[COMBINED]</p> <p>+[If this is a BASELINE assessment, stop here.]</p> <p>[If this is a REASSESSMENT, go to Section H.]</p> <p>[If this is a CLINICAL DISCHARGE assessment, go to Section H.]#</p>	<p>Added instructions for skip logic.</p>	<p>Added</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
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).			
<p>This section is to be completed by the following grant programs: Law Enforcement and Behavioral Health Partnerships for Early Diversion (Early Div)</p>			
<p>[ADULT ONLY]</p> <p><i>[QUESTIONS 1 AND 2 SHOULD BE REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</i></p>	<p>[COMBINED]</p> <p>[Questions 1 and 2 should be <REPORTED> +answered# by grantee staff at BASELINE, REASSESSMENT, and CLINICAL DISCHARGE.]</p>	<p>Minor text changes to the instructions.</p>	<p>Revised – Minor</p>
<p>[ADULT ONLY]</p> <p>1. Did the consumer screen positive for a mental health disorder?</p> <p><input type="radio"/> Consumer screened positive <input type="radio"/> Consumer screened negative <input type="radio"/> Consumer was not screened</p>	<p><[ADULT ONLY]></p> <p>1. Did the consumer screen positive for a mental health disorder?</p> <p><input type="radio"/> Consumer screened positive <input type="radio"/> Consumer screened negative <input type="radio"/> Consumer was not screened</p>		<p>Dropped</p>
<p>[ADULT ONLY]</p> <p><i>[IF CONSUMER SCREENED POSITIVE]</i> Was the consumer referred to the following type of services?</p> <p>Mental health services</p> <p><input type="radio"/> YES <input type="radio"/> NO</p>	<p>[COMBINED]</p> <p>+1.#<[IF CONSUMER SCREENED POSITIVE]> Was the <consumer> +client# referred to +mental health#<the following type of> services?</p> <p><Mental health services></p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>The expiring Question 1 conditional question became Question 1 in the new tool.</p>	<p>Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>[IF CONSUMER WAS REFERRED TO SERVICES] Did they receive the following services?</p> <p>Mental health services</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> DON'T KNOW</p> <p><input type="radio"/> NOT APPLICABLE</p>	<p>[COMBINED]</p> <p><[IF CONSUMER WAS REFERRED TO SERVICES]> +1a. [IF QUESTION 1 IS YES]# Did they receive <the following> +mental health# services?</p> <p><Mental health services></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> <DON'T KNOW></p> <p><input type="radio"/> <NOT APPLICABLE></p>	<p>The expiring Question 1 second conditional question became conditional Question 1a in the new tool.</p> <p>Removed some response options.</p>	<p>Revised – Minor</p>
<p>[ADULT ONLY]</p> <p>2. Did the consumer screen positive for a substance use disorder?</p> <p><input type="radio"/> Consumer screened positive</p> <p><input type="radio"/> Consumer screened negative</p> <p><input type="radio"/> Consumer was not screened</p>	<p><[ADULT ONLY]></p> <p>2. Did the consumer screen positive for a substance use disorder?</p> <p><input type="radio"/> Consumer screened positive</p> <p><input type="radio"/> Consumer screened negative</p> <p><input type="radio"/> Consumer was not screened</p>		<p>Dropped</p>
<p>[ADULT ONLY]</p> <p>[IF CONSUMER WAS REFERRED TO SERVICES] Was the consumer referred to the following type of services?</p> <p>Substance use disorder services</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> DON'T KNOW</p> <p><input type="radio"/> NOT APPLICABLE</p>	<p>[COMBINED]</p> <p><[IF CONSUMER SCREENED POSITIVE]> 2. Was the <consumer> +client# referred to <the following type of> +substance use disorder# services?</p> <p><Substance use disorder services></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> <DON'T KNOW></p> <p><input type="radio"/> <NOT APPLICABLE></p>	<p>The expiring Question 2 conditional question became Question 2 in the new tool.</p>	<p>Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p><i>[IF CONSUMER WAS REFERRED TO SERVICES] Did they receive the following services?</i></p> <p>Substance use disorder services</p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW <input type="radio"/> NOT APPLICABLE 	<p>[COMBINED]</p> <p><[IF CONSUMER WAS REFERRED TO SERVICES]> +2a. <i>[IF QUESTION 2 IS YES]# Did they receive <the following> +substance use disorder# services?</i></p> <p><Substance use disorder services></p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> <DON'T KNOW> <input type="radio"/> <NOT APPLICABLE> 	<p>The expiring Question 2 second conditional question became conditional Question 2a in the new tool.</p> <p>Removed some response options.</p>	<p>Revised – Minor</p>
<p>[ADULT ONLY]</p> <p><i>[QUESTION 3 SHOULD BE ANSWERED BY THE CONSUMER AT REASSESSMENT AND CLINICAL DISCHARGE.]</i></p>	<p>[COMBINED]</p> <p><i>[Question 3 should be answered by the <CONSUMER> +client only# at REASSESSMENT and CLINICAL DISCHARGE.]</i></p>	<p>Minor text changes to the instructions.</p>	<p>Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>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.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly Agree <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>[COMBINED]</p> <p>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 <->+?#</p> <ul style="list-style-type: none"> <input type="radio"/> +Yes <input type="radio"/> No <input type="radio"/> {NO RESPONSE/REFUSED}# <input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly Agree <input type="radio"/> DON'T KNOW 	<p>Question has been reworded.</p> <p>Response options simplified to Yes/No.</p>	<p>Revised – Significant</p>
<p>[ADULT ONLY]</p> <p>Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED, DON'T KNOW</p>	<p>[COMBINED]</p> <p>+Response options are: Yes, No, NO RESPONSE/REFUSED# Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED, DON'T KNOW</p>	<p>Response options were simplified to Yes/No.</p>	<p>Revised – Significant</p>
	<p>[COMBINED]</p> <p>+[If this is a BASELINE assessment, stop here.]</p> <p>[If this is a REASSESSMENT, go to Section H.]</p> <p>[If this is a CLINICAL DISCHARGE assessment, go to Section H.]#</p>	<p>Added instructions for skip logic.</p>	<p>Added</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
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] <i>[QUESTIONS 1, 2, AND HEALTH ITEMS SHOULD BE COMPLETED AT BASELINE, REASSESSMENT, AND DISCHARGE]</i>	[ADULT ONLY] <i>[QUESTIONS 1, 2, AND HEALTH ITEMS SHOULD BE COMPLETED AT BASELINE, REASSESSMENT, AND DISCHARGE]</i>	Instructional text at the beginning of Section H3 was dropped and incorporated into question-specific instructions.	Dropped
[ADULT ONLY] <i>[QUESTION 1 SHOULD BE ANSWERED BY THE CONSUMER]</i>	[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 . . . a. Been to the emergency room for a physical healthcare problem? b. Been hospitalized overnight for a physical healthcare problem? <i>[REPORT NUMBER OF NIGHTS HOSPITALIZED.]</i> Number of Times <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	[COMBINED] 1. In the past 30 +[thirty]# days, <how many times> have you 1a. Been to the emergency room for a physical healthcare problem? 1b. Been hospitalized overnight for a physical healthcare problem? <i>[REPORT NUMBER OF NIGHTS HOSPITALIZED.]</i> Number of Times <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> +Yes <input type="radio"/> No# <input type="radio"/> {REFUSED} <input type="radio"/> <DON'T KNOW>	Question changed from asking quantity to Yes/No. Response options simplified and removed.	Revised – Significant

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>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):</p> <ul style="list-style-type: none"> <input type="radio"/> Current SAMHSA grant funding <input type="radio"/> Other federal grant funding <input type="radio"/> State funding <input type="radio"/> Consumer’s private insurance <input type="radio"/> Medicaid/Medicare <input type="radio"/> Other (Specify): _____ 	<p><[ADULT ONLY]></p> <p>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):</p> <ul style="list-style-type: none"> <input type="radio"/> Current SAMHSA grant funding <input type="radio"/> Other federal grant funding <input type="radio"/> State funding <input type="radio"/> Consumer’s private insurance <input type="radio"/> Medicaid/Medicare <input type="radio"/> Other (Specify): _____> 		Dropped
<p>[ADULT ONLY]</p> <p><i>[QUESTION 2 AND PROGRAM-SPECIFIC HEALTH ITEMS ARE REPORTED BY GRANTEE STAFF ABOUT THE CONSUMER]</i></p> <p>[CHILD ONLY]</p> <p><i>[HEALTH ITEMS ARE REPORTED BY THE GRANTEE ABOUT THE CONSUMER AT BASELINE, REASSESSMENT, AND DISCHARGE.]</i></p>	<p>[COMBINED]</p> <p>+[#<QUESTION 2 AND> Program-Specific Health Items <ARE REPORTED> +should be answered# by grantee staff <ABOUT THE CONSUMER> +at BASELINE, REASSESSMENT, and CLINICAL DISCHARGE.]#</p>	Minor text changes to the instructions.	Revised – Minor

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[BOTH]</p> <p>Program-Specific Health Items</p> <p>1. Health measurements</p> <p>a. Systolic blood pressure mmHg</p> <p>b. Diastolic blood pressure mmHg</p> <p>c. Weight kg</p> <p>d. Height cm</p> <p>e. Waist circumference cm</p> <p>f. Breath CO for smoking status ppm</p> <p>Response options are values entered.</p>	<p>[COMBINED]</p> <p><Program-Specific Health Items></p> <p>+2#<1>. Health measurements</p> <p>2a. Systolic blood pressure mmHg</p> <p>2b. Diastolic blood pressure mmHg</p> <p>2c. Weight kg</p> <p>2d. Height cm</p> <p><Waist circumference cm></p> <p>2e. <f> Breath CO for smoking status ppm</p> <p>Response options are values entered.</p>	<p>Removed expiring version question 1e on waist circumference.</p> <p>Renumbered from Question 1 to Question 2.</p>	<p>Revised – Significant</p>
<p>[ADULT ONLY]</p> <p>2. Did patient successfully fast for 8 hours prior to providing the blood sample?</p>	<p><[ADULT ONLY]></p> <p>2. Did patient successfully fast for 8 hours prior to providing the blood sample?></p>		<p>Dropped</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>3. Blood test results:</p> <p>a. Date of blood draw: _ _ _ _ / _ _ _ _ / _ _ _ _ _ _ _ _ MONTH DAY YEAR</p> <p>[FOR 3b AND 3c: ENTER ONE OR THE OTHER, NOT BOTH.]</p> <p>b. Fasting plasma glucose mg/dL c. HgBA1c % d. Total Cholesterol mg/dL e. HDL Cholesterol mg/dL f. LDL Cholesterol mg/dL g. Triglycerides mg/dL</p>	<p>[COMBINED]</p> <p>3. Blood test results. +Please choose one of b or c only.#</p> <p>3a. Date of blood draw: _ _ _ _ / _ _ _ _ / _ _ _ _ _ _ _ _ {MONTH} {DAY} {YEAR}</p> <p><[FOR 3b AND 3c: ENTER ONE OR THE OTHER, NOT BOTH.]></p> <p>3b. Fasting plasma glucose mg/dL 3c. HgBA1c % 3d. Total Cholesterol mg/dL <e. HDL Cholesterol mg/dL> + 3e. # <f.> LDL Cholesterol mg/dL <g. Triglycerides mg/dL></p>	<p>Removed expiring version questions 3e and 3g on HDL Cholesterol and Triglycerides.</p> <p>Minor text changes to the instructions.</p>	<p>Revised – Significant</p>
	<p>[COMBINED]</p> <p>+[If this is a BASELINE assessment, stop here.]</p> <p>[If this is a REASSESSMENT, go to Section H.]</p> <p>[If this is a CLINICAL DISCHARGE assessment, go to Section H.]#</p>	<p>Added instructions for skip logic.</p>	<p>Added</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
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)			
<p>[ADULT ONLY]</p> <p><i>[QUESTIONS 1 AND 2 SHOULD BE ANSWERED BY THE CONSUMER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</i></p>	<p>[COMBINED]</p> <p><i>[Questions <1 AND 2> should be answered by the <CONSUMER> +client# at BASELINE, REASSESSMENT, and CLINICAL DISCHARGE.]</i></p>	Minor text changes to the instructions.	Revised – Minor
<p>[ADULT ONLY]</p> <p>1a. Did the program provide an HIV test?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <i>[SKIP TO H1b.]</i> <input type="radio"/> REFUSED <i>[SKIP TO H1b.]</i> <input type="radio"/> DON'T KNOW <i>[SKIP TO H1b.]</i> <p><i>[IF YES]</i> What was the result?</p> <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <i>[SKIP TO H1b.]</i> <input type="radio"/> Indeterminate <i>[SKIP TO H1b.]</i> <input type="radio"/> REFUSED <i>[SKIP TO H1b.]</i> <input type="radio"/> DON'T KNOW <i>[SKIP TO H1b.]</i> <p><i>[IF CONSUMER SCREENED POSITIVE]</i> Were you connected to HIV treatment services?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>[COMBINED]</p> <p>1a. Did the program provide an HIV test?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <i>[SKIP TO H1b. +QUESTION 2.#]</i> <input type="radio"/> {REFUSED} <i>[SKIP TO H1b. +QUESTION 2.#]</i> <input type="radio"/> {DON'T KNOW} <i>[SKIP TO H1b. +QUESTION 2.#]</i> <p>+1a.# <i>[IF +QUESTION 1 IS# YES]</i> What was the result?</p> <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <i>[SKIP TO H1b. +QUESTION 2.#]</i> <input type="radio"/> Indeterminate <i>[SKIP TO H1b. +QUESTION 2.#]</i> <input type="radio"/> {REFUSED} <i>[SKIP TO H1b. +QUESTION 2.#]</i> <input type="radio"/> {DON'T KNOW} <i>[SKIP TO H1b. +QUESTION 2.#]</i> <p>+1b.# <[IF CONSUMER SCREENED POSITIVE]> +[IF QUESTION 1a IS POSITIVE]# Were you connected to HIV treatment services?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {REFUSED} <input type="radio"/> {DON'T KNOW} 	Minor text changes to the instructions. Numbered the conditional questions (e.g., 1a, 1b).	Revised – Minor

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>1b. Did the program provide a hepatitis B (HBV) test?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <i>[SKIP TO H1c.]</i> <input type="radio"/> REFUSED <i>[SKIP TO H1c.]</i> <input type="radio"/> DON'T KNOW <i>[SKIP TO H1c.]</i> <p><i>[IF YES] What was the result?</i></p> <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <i>[SKIP TO H1c.]</i> <input type="radio"/> Indeterminate <i>[SKIP TO H1c.]</i> <input type="radio"/> REFUSED <i>[SKIP TO H1c.]</i> <input type="radio"/> DON'T KNOW <i>[SKIP TO H1c.]</i> <p><i>[IF CONSUMER SCREENED POSITIVE] Were you connected to HBV treatment services?</i></p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>[COMBINED]</p> <p>+2#<1b>. Did the program provide a <h>+H#epatitis B (HBV) test?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <i>[SKIP TO <H1c.> +QUESTION 3#]</i> <input type="radio"/> {REFUSED} <i>[SKIP TO <H1c.> +QUESTION 3#]</i> <input type="radio"/> {DON'T KNOW} <i>[SKIP TO <H1c.> +QUESTION 3#]</i> <p>+2a.# <i>[IF +QUESTION 2 IS# YES]</i> What was the result?</p> <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <i>[SKIP TO <H1c.> +QUESTION 3#]</i> <input type="radio"/> Indeterminate <i>[SKIP TO <H1c.> +QUESTION 3#]</i> <input type="radio"/> {REFUSED} <i>[SKIP TO <H1c.> +QUESTION 3#3]</i> <input type="radio"/> {DON'T KNOW} <i>[SKIP TO <H1c.> +QUESTION 3#]</i> <p>+2b.# <i>[IF +QUESTION 2a IS# <CONSUMER SCREENED> POSITIVE]</i> Were you connected to HBV treatment services?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {REFUSED} <input type="radio"/> {DON'T KNOW} 	<p>Minor text changes to the instructions.</p> <p>Renumbered the main question from 1b to 2.</p> <p>Numbered the conditional questions (e.g., 2a, 2b).</p>	<p>Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>1c. Did the program provide a hepatitis C (HCV) test?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <i>[SKIP TO H2a.]</i> <input type="radio"/> REFUSED <i>[SKIP TO H2a.]</i> <input type="radio"/> DON'T KNOW <i>[SKIP TO H2a.]</i> <p><i>[IF YES]</i> What was the result?</p> <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <i>[SKIP TO H2a.]</i> <input type="radio"/> Indeterminate <i>[SKIP TO H2a.]</i> <input type="radio"/> REFUSED <i>[SKIP TO H2a.]</i> <input type="radio"/> DON'T KNOW <i>[SKIP TO H2a.]</i> <p><i>[IF CONSUMER SCREENED POSITIVE]</i> Were you connected to HCV treatment services?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>[COMBINED]</p> <p>+3#<1e>. Did the program provide a <h>+H#epatitis C (HCV) test?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <i>[SKIP TO <H2a.> +QUESTION 4#]</i> <input type="radio"/> {REFUSED} <i>[SKIP TO <H2a.> +QUESTION 4#]</i> <input type="radio"/> {DON'T KNOW} <i>[SKIP TO <H2a.> +QUESTION 4#]</i> <p>+3a.# <i>[IF +QUESTION 3 IS# YES]</i> What was the result?</p> <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <i>[SKIP TO <H2a.> +QUESTION 4#]</i> <input type="radio"/> Indeterminate <i>[SKIP TO <H2a.> +QUESTION 4#]</i> <input type="radio"/> {REFUSED} <i>[SKIP TO <H2a.> +QUESTION 4#]</i> <input type="radio"/> {DON'T KNOW} <i>[SKIP TO <H2a.> +QUESTION 4#]</i> <p>+3b.# <i>[IF +QUESTION 3a IS# <CONSUMER SCREENED> POSITIVE]</i> Were you connected to HCV treatment services?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {REFUSED} <input type="radio"/> {DON'T KNOW} 	<p>Minor text changes to the instructions.</p> <p>Renumbered the main question from 1c to 3.</p> <p>Numbered the conditional questions (e.g., 3a, 3b).</p>	<p>Revised – Minor</p>
<p>[ADULT ONLY]</p> <p>2a. <i>[If HIV STATUS IS POSITIVE]</i> Did you receive a referral from [INSERT GRANTEE NAME] to medical care?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>[COMBINED]</p> <p>+4#<2a>. <i>[If HIV STATUS IS POSITIVE]</i> Did you receive a referral from [INSERT GRANTEE NAME] to medical care?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {REFUSED} <input type="radio"/> {DON'T KNOW} 	<p>Minor text changes to the instructions.</p> <p>Renumbered the main question from 2a to 4.</p>	<p>Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>2b. Have you been prescribed an antiretroviral medication (ART)?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <i>[SKIP TO SECTION I OR J/K]</i> <input type="radio"/> REFUSED <i>[SKIP TO SECTION I OR J/K]</i> <input type="radio"/> DON'T KNOW <i>[SKIP TO SECTION I OR J/K]</i> <p><i>[FOR CONSUMERS WHO REPORT BEING PRESCRIBED AN ART] In the past 30 days, how often have you taken your ART as prescribed to you?</i></p> <ul style="list-style-type: none"> <input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <input type="radio"/> NOT APPLICABLE <p><i>[IF THE PRESCRIPTION WAS GIVEN FOR THE FIRST TIME AT THIS APPOINTMENT, SELECT NOT APPLICABLE.]</i></p>	<p>[COMBINED]</p> <p>+5#<2b>. Have you been prescribed an <a>+A#ntiretroviral <m>+M#edication (ART)?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <i>[SKIP TO SECTION I OR J/K]</i> <input type="radio"/> {REFUSED} <i>[SKIP TO SECTION I OR J/K]</i> <input type="radio"/> {DON'T KNOW} <i>[SKIP TO SECTION I OR J/K]</i> <p>+5a.# <i>[FOR CONSUMERS WHO REPORT BEING PRESCRIBED ART]</i> +[IF QUESTION 5 IS YES]# In the past 30 +[thirty]# days, how often have you taken your ART as prescribed to you?</p> <ul style="list-style-type: none"> <input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never <input type="radio"/> {REFUSED} <input type="radio"/> {DON'T KNOW} <input type="radio"/> {NOT APPLICABLE} <i>[IF THE PRESCRIPTION WAS GIVEN FOR THE FIRST TIME AT THIS APPOINTMENT, SELECT NOT APPLICABLE.]</i> 	<p>Minor text changes to the instructions.</p> <p>Renumbered the main question from 2b to 5.</p>	<p>Revised – Minor</p>
	<p>[COMBINED]</p> <p>+<i>[If this is a BASELINE assessment, stop here.]</i></p> <p><i>[If this is a REASSESSMENT, go to Section H.]</i></p> <p><i>[If this is a CLINICAL DISCHARGE assessment, go to Section H.]#</i></p>	<p>Added instructions for skip logic.</p>	<p>Added</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
G5. HEALTHY TRANSITIONS PROGRAM-SPECIFIC QUESTIONS			
Section H5 (expiring tool, adult version) is now Section G5 (new tool, combined).			
<p>This section is to be completed by the following grant programs: Healthy Transitions Initiative (HTI)</p>			
<p>[ADULT ONLY]</p> <p><i>[QUESTIONS 1 AND 2 SHOULD BE REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</i></p>	<p>[COMBINED]</p> <p>[Questions <1 AND 2> should be <REPORTED> +answered# by grantee staff at BASELINE, REASSESSMENT, and CLINICAL DISCHARGE.]</p>	<p>Minor text changes to the instructions.</p>	<p>Revised – Minor</p>
<p>[ADULT ONLY]</p> <p>1. Did the consumer screen positive for a mental health disorder?</p> <p><input type="radio"/> Consumer screened positive <input type="radio"/> Consumer screened negative <input type="radio"/> Consumer was not screened</p>	<p><[ADULT ONLY]></p> <p>1. Did the consumer screen positive for a mental health disorder?</p> <p><input type="radio"/> Consumer screened positive <input type="radio"/> Consumer screened negative <input type="radio"/> Consumer was not screened</p>		<p>Dropped</p>
<p>[ADULT ONLY]</p> <p><i>[IF CONSUMER SCREENED POSITIVE]</i> Was the consumer referred to the following type of services?</p> <p>Mental health services</p> <p><input type="radio"/> YES <input type="radio"/> NO</p>	<p>[COMBINED]</p> <p>+1.#<[IF CONSUMER SCREENED POSITIVE]> Was the <consumer> +client# referred to +mental health#<the following type of> services?</p> <p><Mental health services></p> <p><input type="radio"/> {YES} <input type="radio"/> {NO}</p>	<p>The expiring Question 1 conditional question became Question 1 in the new tool.</p> <p>Minor text changes to the question.</p>	<p>Revised – Minor</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>[ADULT ONLY]</p> <p>[IF CONSUMER WAS REFERRED TO SERVICES] Did they receive the following services?</p> <p>Mental health services</p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> DON'T KNOW <input type="radio"/> NOT APPLICABLE 	<p>[COMBINED]</p> <p><[IF CONSUMER WAS REFERRED TO SERVICES]> +1a. [IF QUESTION 1 IS YES]= Did they receive <the following> +mental health# services?</p> <p><Mental health services></p> <ul style="list-style-type: none"> <input type="radio"/> {YES} <input type="radio"/> {NO} <input type="radio"/> <DON'T KNOW> <input type="radio"/> <NOT APPLICABLE> 	<p>The expiring Question 1 second conditional question became conditional Question 1a in the new tool.</p> <p>Removed some response options</p>	<p>Revised – Minor</p>
<p>[ADULT ONLY]</p> <p>2. Did the consumer screen positive for a substance use disorder?</p> <ul style="list-style-type: none"> <input type="radio"/> Consumer screened positive <input type="radio"/> Consumer screened negative <input type="radio"/> Consumer was not screened 	<p><[ADULT ONLY]></p> <p>2. Did the consumer screen positive for a substance use disorder?</p> <ul style="list-style-type: none"> <input type="radio"/> <Consumer screened positive> <input type="radio"/> <Consumer screened negative> <input type="radio"/> <Consumer was not screened> 		<p>Dropped</p>
<p>[ADULT ONLY]</p> <p>[IF CONSUMER SCREENED POSITIVE] Was the consumer referred to the following type of services?</p> <p>Substance use disorder services</p> <ul style="list-style-type: none"> <input type="radio"/> YES <input type="radio"/> NO 	<p>[COMBINED]</p> <p>+2.# <[IF CONSUMER SCREENED POSITIVE]> Was the <consumer> +client# referred to +substance use disorder# <the following type of> services?</p> <p><Substance use disorder services></p> <ul style="list-style-type: none"> <input type="radio"/> {YES} <input type="radio"/> {NO} 	<p>The expiring Question 2 conditional question became Question 2 in the new tool.</p> <p>Minor text changes to the question.</p>	<p>Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p><i>[IF CONSUMER WAS REFERRED TO SERVICES]</i> / Did they receive the following services?</p> <p>Substance use disorder services</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p> <p><input type="radio"/> DON'T KNOW</p> <p><input type="radio"/> NOT APPLICABLE</p>	<p>[COMBINED]</p> <p><[IF CONSUMER WAS REFERRED TO SERVICES]> +2a. <i>[IF QUESTION 1 IS YES]</i> # Did they receive <the following> +substance use disorder# services?</p> <p><Substance use disorder services></p> <p><input type="radio"/> {YES}</p> <p><input type="radio"/> {NO}</p> <p><input type="radio"/> <DON'T KNOW</p> <p><input type="radio"/> <NOT APPLICABLE ></p>	<p>The expiring Question 2 second conditional question became conditional Question 2a in the new tool.</p> <p>Removed some response options</p>	<p>Revised – Minor</p>
	<p>[COMBINED]</p> <p><i>+ [If this is a BASELINE assessment, stop here.]</i></p> <p><i>[If this is a REASSESSMENT, go to Section H.]</i></p> <p><i>[If this is a CLINICAL DISCHARGE assessment, go to Section H.]#</i></p>	<p>Added instructions for skip logic.</p>	<p>Added</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
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).			
<p>This section is to be completed by the following grant programs: Assertive Community Treatment (ACT)</p>			
<p>[ADULT ONLY]</p> <p><i>[QUESTION 1 SHOULD BE ANSWERED BY THE CONSUMER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</i></p> <p>[CHILD ONLY, from Section H1]</p> <p><i>[QUESTION 1 SHOULD BE ANSWERED BY THE CONSUMER/CAREGIVER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</i></p>	<p>[COMBINED]</p> <p>[Question+s# <1>should be answered by the <CONSUMER> +client# at <BASELINE,> REASSESSMENT and CLINICAL DISCHARGE. +If this is a BASELINE assessment, stop here.#]</p> <p><[CHILD ONLY, from Section H1]</p> <p><i>[QUESTION 1 SHOULD BE ANSWERED BY THE CONSUMER/CAREGIVER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</i></p>	<p>Minor text changes to the instructions to reflect dropped questions.</p>	<p>Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>1. In the past 30 days:</p> <ul style="list-style-type: none"> <input type="radio"/> How many times have you thought about killing yourself? <input type="radio"/> b. How many times did you attempt to kill yourself? <p>Number of times: _ _ </p> <ul style="list-style-type: none"> <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <p>[CHILD ONLY, from Section H1]</p> <p>1. In the past 30 days:</p> <p>a. How many times have you thought about killing yourself?</p> <p>b. How many times did you attempt to kill yourself?</p> <p>Number of times _ _ </p> <ul style="list-style-type: none"> <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>[ADULT ONLY]</p> <p>1. In the past 30 days:</p> <ul style="list-style-type: none"> <input type="radio"/> How many times have you thought about killing yourself? <input type="radio"/> b. How many times did you attempt to kill yourself? <p>Number of times: _ _ </p> <ul style="list-style-type: none"> <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <p>[CHILD ONLY, from Section H1]</p> <p>1. In the past 30 days:</p> <p>a. How many times have you thought about killing yourself?</p> <p>b. How many times did you attempt to kill yourself?</p> <p><Number of times _ _ </p> <ul style="list-style-type: none"> <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW > 	<p>Question dropped from new tool.</p>	<p>Dropped</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Question 1 continued</p> <p><i>[CAREGIVER RESPONSE:]</i></p> <p>1. In the past 30 days:</p> <p>a. How many times have you thought about killing yourself?</p> <p>b. How many times did you attempt to kill yourself?</p> <p>Number of times __ __ </p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>	<p><i>[CAREGIVER RESPONSE:]</i></p> <p>1. In the past 30 days:</p> <p>a. How many times have you thought about killing yourself?</p> <p>b. How many times did you attempt to kill yourself?</p> <p>Number of times __ __ </p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>	<p>Question dropped from new tool.</p>	<p>Dropped</p>
<p>[ADULT ONLY]</p> <p><i>[QUESTION 2 SHOULD BE ANSWERED BY THE CONSUMER AT REASSESSMENT AND CLINICAL DISCHARGE.]</i></p>	<p>[ADULT ONLY]</p> <p><i>[QUESTION 2 SHOULD BE ANSWERED BY THE CONSUMER AT REASSESSMENT AND CLINICAL DISCHARGE.]</i></p>	<p>Instructions dropped.</p>	<p>Dropped</p>
<p>[ADULT ONLY]</p> <p>2. How often does a member of your team interact with you?</p> <p><input type="radio"/> Several times a day</p> <p><input type="radio"/> Almost every day</p> <p><input type="radio"/> A few times a week</p> <p><input type="radio"/> About once a week</p> <p><input type="radio"/> A few times a month</p>	<p>[COMBINED]</p> <p>+1#<2.> How often does a member of your team interact with you?</p> <p><input type="radio"/> +At least daily</p> <p><input type="radio"/> At least weekly</p> <p><input type="radio"/> At least monthly</p> <p><input type="radio"/> Never#</p> <p><input type="radio"/> <Several times a day></p>	<p>Renumbered from Question 2 to Question 1.</p> <p>Response options simplified.</p>	<p>Revised – Significant</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Question 2 continued</p> <ul style="list-style-type: none"> <input type="radio"/> About once a month <input type="radio"/> Less than once per month <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<ul style="list-style-type: none"> <input type="radio"/> <Almost every day <input type="radio"/> A few times a week <input type="radio"/> <About once a week <input type="radio"/> A few times a month <input type="radio"/> About once a month <input type="radio"/> Less than once per month <input type="radio"/> {REFUSED} <input type="radio"/> {DON'T KNOW} 		
	<p>[COMBINED]</p> <p>+2. If I need to talk with someone on my team, I know who to call.</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {REFUSED} <input type="radio"/> {NOT APPLICABLE}# 	Added new question.	Added
	<p>[COMBINED]</p> <p>+ [If this is a REASSESSMENT, go to Section H.]</p> <p>[If this is a CLINICAL DISCHARGE assessment, go to Section H.]#</p>	Added instructions for skip logic.	Added

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[CHILD ONLY] <i>[QUESTION 2 SHOULD BE REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</i></p> <p>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):</p> <ul style="list-style-type: none"> <input type="radio"/> Current SAMHSA grant funding <input type="radio"/> Other federal grant funding <input type="radio"/> State funding <input type="radio"/> Consumer's private insurance <input type="radio"/> Medicaid/Medicare <input type="radio"/> Other (Specify): _____ 	<p>[CHILD ONLY] <i>[QUESTION 2 SHOULD BE REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</i></p> <p>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):</p> <ul style="list-style-type: none"> <input type="radio"/> Current SAMHSA grant funding <input type="radio"/> Other federal grant funding <input type="radio"/> State funding <input type="radio"/> Consumer's private insurance <input type="radio"/> Medicaid/Medicare <input type="radio"/> Other (Specify): _____ 	<p>Dropped question.</p>	<p>Dropped</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
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).			
<p>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)</p>			
<p>[ADULT ONLY]</p> <p><i>[QUESTION 1 SHOULD BE REPORTED BY GRANTEE STAFF AT REASSESSMENT AND CLINICAL DISCHARGE.]</i></p>	<p>[COMBINED]</p> <p>[Question 1 <SHOULD BE REPORTED> +is answered# by grantee staff at REASSESSMENT and CLINICAL DISCHARGE. +If this is a BASELINE assessment, stop here.#]</p>	<p>Minor text changes to the instructions.</p>	<p>Revised – Minor</p>
<p>[BOTH]</p> <p>1. Has the client experienced a first-episode of psychosis (FEP) since their last interview?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW</p> <p>a. <i>[IF YES]</i> Please indicate the approximate date that the client initially experienced FEP.</p> <p>____/____/____ MONTH YEAR</p> <p>b. <i>[IF YES]</i> Was the consumer referred to FEP services?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW</p>	<p>[COMBINED]</p> <p>1. Has the client experienced a+n# <first> episode of psychosis <FEP> since their last interview?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {DON'T KNOW}</p> <p>+1#a. <i>[IF +QUESTION 1 IS# YES]</i> Please indicate the approximate date that the client initially experienced <FEP> +psychosis#.</p> <p>____/____/____ {MONTH} {YEAR}</p> <p>+1#b. <i>[IF +QUESTION 1 IS# YES]</i> Was the <consumer> +client# referred to <FEP> services?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> {DON'T KNOW}</p>	<p>Question and conditional question language has been modified.</p> <p>Minor text changes to the instructions.</p> <p>Numbered all the conditional questions.</p>	<p>Revised – Minor</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
<p>Question 1 continued</p> <p><i>[IF CONSUMER WAS REFERRED TO FEP SERVICES]</i> Please indicate the date that the client first received FEP services/treatment.</p> <p> _ _ / _ _ _ _ MONTH YEAR</p> <p><input type="radio"/> DON'T KNOW</p>	<p><i>+1c.# <[IF CONSUMER WAS REFERRED TO FEP SERVICES]>+[IF QUESTION 1b IS YES]#</i> Please indicate the date that the client <first> received <FEP> services/treatment.</p> <p> _ _ / _ _ _ _ {MONTH} {YEAR}</p> <p><input type="radio"/> {DON'T KNOW}</p>		
<p>[ADULT ONLY]</p> <p><i>[QUESTION 2 SHOULD BE ANSWERED BY THE CONSUMER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE IF THEY ARE CURRENTLY ENROLLED IN SCHOOL.]</i></p>	<p><[ADULT ONLY]</p> <p><i>[QUESTION 2 SHOULD BE ANSWERED BY THE CONSUMER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE IF THEY ARE CURRENTLY ENROLLED IN SCHOOL.]</i></p>		Dropped
<p>[ADULT ONLY]</p> <p><i>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?</i></p> <p> _ _ # OF DAYS</p> <p><input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <input type="radio"/> OT APPLICABLE</p>	<p><[ADULT ONLY]</p> <p><i>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?</i></p> <p> _ _ # OF DAYS</p> <p><input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <input type="radio"/> OT APPLICABLE</p>		Dropped
	<p>[COMBINED]</p> <p><i>+ [If this is a REASSESSMENT, go to Section H.]</i></p> <p><i>[If this is a CLINICAL DISCHARGE assessment, go to Section H.]#</i></p>	Added instructions for skip logic.	Added

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
G8. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS PROGRAM-SPECIFIC QUESTIONS			
Section H8 (expiring tool, adult version) is now Section G8 (new tool, combined).			
<p>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)</p>			
<p>[ADULT ONLY]</p> <p><i>[HEALTH ITEMS ARE REPORTED BY THE GRANTEE ABOUT THE CONSUMER AT BASELINE, REASSESSMENT, AND DISCHARGE]</i></p>	<p>[COMBINED]</p> <p><i>[<HEALTH ITEMS ARE REPORTED> +Questions should be answered# by <THE> grantee +staff# <ABOUT THE CONSUMER> at BASELINE, REASSESSMENT, AND +CLINICAL# DISCHARGE.]</i></p>	<p>Minor text changes to the instructions.</p>	<p>Revised – Minor</p>
	<p>[COMBINED]</p> <p><i>+1. During the past 30 [thirty] days, did the client receive the following services?</i></p> <ul style="list-style-type: none"> <i>1a. Crisis mental health services</i> <i>1b. Screening, assessment, diagnosis</i> <i>1c. Patient-centered treatment planning</i> <i>1d. Outpatient mental health services</i> <i>1e. Physical health screening/monitoring</i> <i>1f. Targeted case management</i> <i>1g. Psychiatric rehabilitation services</i> <i>1h. Peer support services</i> <i>1i. Family psychoeducation and support</i> <i>1j. Services for veterans and military members#</i> 	<p>Added new questions.</p>	<p>Added</p>
	<p>[COMBINED] <i>[RESPONSE OPTIONS FOR QUESTION 1 ABOVE]</i></p> <p><i>+Response options are: Yes, No#</i></p>	<p>Added new response options</p>	<p>Added</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[ADULT ONLY]</p> <p>1. Health measurements:</p> <p>a. Systolic blood pressure mmHg</p> <p>b. Diastolic blood pressure mmHg</p> <p>c. Weight kg</p> <p>d. Height cm</p> <p>e. Waist circumference cm</p>	<p>[COMBINED]</p> <p>+2#<I>. Health measurements:</p> <p>2a. Systolic blood pressure mmHg</p> <p>2b. Diastolic blood pressure mmHg</p> <p>2c. Weight kg</p> <p>2d. Height cm</p> <p>2e. Waist circumference cm</p>	<p>Question 1 from expiring version became Question 2 on new version.</p> <p>Removed old version question 1e for waist circumference.</p>	<p>Revised – Minor</p>
<p>[ADULT ONLY]</p> <p><i>[IF THIS IS A BASELINE, STOP HERE.]</i></p> <p><i>[IF THIS IS A REASSESSMENT, GO TO SECTION I.]</i></p> <p><i>[IF THIS IS A CLINICAL DISCHARGE, GO TO SECTION J.]</i></p>	<p>[COMBINED]</p> <p>[If this is a BASELINE +assessment#, stop here.]</p> <p>[If this is a REASSESSMENT, go to Section +H#<I>.]</p> <p>[If this is a CLINICAL DISCHARGE +assessment#, go to Section +H#<J>.]</p>	<p>Minor text changes to the instructions.</p>	<p>Revised – Minor</p>

Expiring Tool (2019)	New Tool (2022)	Notes	Category
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)			
<p>[CHILD ONLY, from Section H2]</p> <p><i>[QUESTIONS 1, 2, AND 3 SHOULD BE ANSWERED BY THE CONSUMER/CAREGIVER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</i></p>	<p>[COMBINED]</p> <p>[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.#]</p>	Minor changes to instructions.	Revised – Minor
<p>[CHILD ONLY, from Section H2]</p> <p>Please indicate your agreement with the following items:</p> <p><i>[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER/CAREGIVER.]</i></p> <p>1. As a result of treatment and services received, my [my child's] trauma and/or loss experiences were identified and addressed.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly Agree <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>[COMBINED]</p> <p><Please indicate your agreement with the following items:></p> <p>[READ EACH STATEMENT +BELOW# <FOLLOWED BY THE RESPONSE OPTIONS> TO THE <CONSUMER/> +CLIENT OR# CAREGIVER +AND NOTE RESPONSE#.]</p> <p>1. As a result of treatment and services received, my [my child's] trauma and/or loss experiences were identified and addressed.</p> <ul style="list-style-type: none"> <input type="radio"/> <Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly Agree <input type="radio"/> DON'T KNOW <input type="radio"/> +Yes <input type="radio"/> No <input type="radio"/> {NO RESPONSE/#REFUSED} <input type="radio"/> +{NOT APPLICABLE}# 	Response options simplified. Minor changes to instructions.	Revised – Significant

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[CHILD ONLY, from Section H2] [RESPONSE OPTIONS FOR QUESTION 1 ABOVE]</p> <p>Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED, DON'T KNOW</p>	<p>[COMBINED] [RESPONSE OPTIONS FOR QUESTION 1 ABOVE]</p> <p>+Response options are: Yes, No, {NO RESPONSE/REFUSED, NOT APPLICABLE}# <Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED, DON'T KNOW></p>	Response options simplified.	Revised – Significant
<p>[CHILD ONLY, from Section H2]</p> <p>2. As a result of treatment and services received for trauma and/or loss experiences, my [my child's] problem behaviors/symptoms have decreased.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly Agree <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>[COMBINED]</p> <p>2. As a result of treatment and services received for trauma and/or loss experiences, my [my child's] problem behaviors/symptoms have decreased.</p> <ul style="list-style-type: none"> <input type="radio"/> <Strongly Disagree <input type="radio"/> <Disagree <input type="radio"/> <Undecided <input type="radio"/> <Agree <input type="radio"/> <Strongly Agree <input type="radio"/> <DON'T KNOW> <input type="radio"/> +Yes <input type="radio"/> No <input type="radio"/> {NO RESPONSE/#REFUSED} <input type="radio"/> +{NOT APPLICABLE}# 	Response options simplified.	Revised – Significant
<p>[CHILD ONLY, from Section H2] [RESPONSE OPTIONS FOR QUESTION 2 ABOVE]</p> <p>Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED, DON'T KNOW</p>	<p>[COMBINED] [RESPONSE OPTIONS FOR QUESTION 2 ABOVE]</p> <p>+Response options are: Yes, No, {NO RESPONSE/REFUSED, NOT APPLICABLE}# <Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, REFUSED, DON'T KNOW></p>	Response options simplified.	Revised – Significant

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[CHILD ONLY, from H2]</p> <p>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.</p> <ul style="list-style-type: none"> <input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly Agree <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p><[CHILD ONLY, from H2]</p> <p>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.></p> <ul style="list-style-type: none"> <input type="radio"/> <Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Undecided <input type="radio"/> Agree <input type="radio"/> Strongly Agree <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW> 		Dropped
	<p>[COMBINED]</p> <p>+[If this is a REASSESSMENT, go to Section H.]</p> <p>[If this is a CLINICAL DISCHARGE assessment, go to Section H.]#</p>	Added instructions for skip logic.	Added

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
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).			
<p>[BOTH, from Section K]</p> <p><i>[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.]</i></p>	<p>[COMBINED]</p> <p>+ 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>.]</p>	<p>Moved from Section K to Section H.</p> <p>Minor text changes to the instructions.</p>	<p>Moved and Revised – Minor</p>
<p>[BOTH, from Section K]</p> <p>1. On what date did the client last receive services?</p> <p>____/____/____ MONTH YEAR</p>	<p>[COMBINED]</p> <p>1. On what date did the client last receive services?</p> <p>____/____/____ {MONTH} {YEAR}</p>	<p>Moved from Section K Question 1 (expiring tool, both versions) to Section H Question 1 (new tool, both versions).</p>	<p>Moved</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[BOTH, from Section K]</p> <p><i>[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.]</i></p> <p>Core Services</p> <ol style="list-style-type: none"> 1. Screening 2. Assessment 3. Treatment Planning or Review 4. Psychopharmacological Services 5. Mental Health Services <p><i>[IF THE ANSWER TO QUESTION 5, “MENTAL HEALTH SERVICES,” IS YES, PLEASE ESTIMATE HOW FREQUENTLY MENTAL HEALTH SERVICES WERE DELIVERED.]</i></p> <p>Number of times ____ per</p> <p><input type="radio"/> Day <input type="radio"/> Week <input type="radio"/> Month <input type="radio"/> Year <input type="radio"/> UNKNOWN</p> <ol style="list-style-type: none"> 6. Co-occurring Services 7. Case Management 8. Trauma-specific Services 9. Was the client referred to another provider for any of the above core services? 	<p>[COMBINED]</p> <p>Identify 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.</p> <p>Core Services</p> <ol style="list-style-type: none"> 1a. Screening 1b. Assessment 1c. Treatment Planning or Review 1d. Psychopharmacological Services 1e. Mental Health Services <p>[IF THE ANSWER TO QUESTION 5, “MENTAL HEALTH SERVICES,” IS YES, PLEASE ESTIMATE HOW FREQUENTLY MENTAL HEALTH SERVICES WERE DELIVERED.]</p> <p>Number of times ____ per</p> <p><input type="radio"/> Day <input type="radio"/> Week <input type="radio"/> Month <input type="radio"/> Year <input type="radio"/> UNKNOWN</p> <ol style="list-style-type: none"> 1f. Co-occurring Services 1g. Case Management 1h. Trauma-specific Services 1i. Was the client referred to another provider for any of the above core services? 	<p>Moved from Section K Question 1 (expiring tool, both versions) to Section H Question 1 (new tool, both versions).</p> <p>Conditional question for Question 5 (Mental Health Services) in expiring tool was removed.</p> <p>The number of times services was delivered is no longer required.</p> <p>Minor text changes to the instructions.</p>	<p>Moved and Revised – Significant</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>Question 1 continued</p> <p>Support Services</p> <ol style="list-style-type: none"> 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? <p>Response options are Yes (Provided), No (Provided), UNKNOWN, SERVICE NOT AVAILABLE</p>	<p>Support Services</p> <ol style="list-style-type: none"> 1a. Medical Care 1b. Employment Services 1c. Family Services 1d. Child Care 1e. Transportation 1f. Education Services 1g. Housing Support 1h. Social Recreational Activities 1i. Consumer-Operated Services 1j. HIV Testing 1k. Was the client referred to another provider for any of the above support services? <p>Response options are: Yes (Provided), No (Provided), Unknown, Service not Available</p>		
<p>[BOTH, from Section J]</p> <p><i>[SECTION J IS REPORTED BY GRANTEE STAFF ABOUT THE CONSUMER AT CLINICAL DISCHARGE.]</i></p>	<p>[COMBINED]</p> <p>[+Questions 2 and 3 are answered#-<SECTION J IS REPORTED> by grantee staff at CLINICAL DISCHARGE +only#.]</p>	<p>Moved from Section J (expiring tool, both versions) to Section H (new tool, both versions).</p> <p>Minor text changes to the instructions.</p>	<p>Moved and Revised – Minor</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[BOTH, from Section J]</p> <p>1. On what date was the client discharged?</p> <p>____/____/____ MONTH YEAR</p>	<p>[COMBINED]</p> <p><2. On what date was the client discharged?</p> <p>____/____/____ {MONTH} {YEAR}</p>	<p>Moved from Section J Question 1 (expiring tool, both versions) to Section H Question 2 (new tool, both versions).</p>	<p>Moved</p>
<p>[Both, from Section J]</p> <p>2. What is the client's discharge status?</p> <ul style="list-style-type: none"> <input type="radio"/> Mutually agreed cessation of treatment <input type="radio"/> Withdrew from/refused treatment <input type="radio"/> No contact within 90 days of last encounter <input type="radio"/> Clinically referred out <input type="radio"/> Death <input type="radio"/> Other (Specify)_____ 	<p>[COMBINED]</p> <p><+3.# What is the client's discharge status?</p> <ul style="list-style-type: none"> <input type="radio"/> Mutually agreed cessation of treatment <input type="radio"/> Withdrew from/refused treatment <input type="radio"/> No contact within 90 days of last encounter <input type="radio"/> Clinically referred out <input type="radio"/> Death <input type="radio"/> Other (Specify)_____ 	<p>Moved from Section J Question 2 (expiring tool, both versions) to Section H Question 3 (new tool, both versions).</p>	<p>Moved</p>
<p>[BOTH, from Section I]</p> <p><i>[SECTION I IS REPORTED BY GRANTEE STAFF AT REASSESSMENT.]</i></p>	<p><[BOTH, from Section I]</p> <p><i>[SECTION I IS REPORTED BY GRANTEE STAFF AT REASSESSMENT.]></i></p>	<p>Section I was dropped from the tool.</p>	<p>Dropped</p>
<p>[BOTH, from Section I]</p> <p>1. Have you or other grant staff had contact with the consumer within 90 days of last encounter?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No 	<p><[BOTH, from Section I]</p> <p>1. Have you or other grant staff had contact with the consumer within 90 days of last encounter?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Section I was dropped from the tool.</p>	<p>Dropped</p>

<u>Expiring Tool (2019)</u>	<u>New Tool (2022)</u>	<u>Notes</u>	<u>Category</u>
<p>[BOTH, from Section I]</p> <p>2. Is the consumer still receiving services from your project?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><[BOTH, from Section I]</p> <p>2. Is the consumer still receiving services from your project?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No></p>	<p>Section I was dropped from the tool.</p>	<p>Dropped</p>
<p>[BOTH, from Sections I]</p> <p><i>[GO TO SECTION K.]</i></p>	<p><[BOTH, from Section I]</p> <p><i>[GO TO SECTION K.]</i>></p>	<p>Sections I was dropped from the tool.</p>	<p>Dropped</p>