

[Version 2; September 2009]

Interviewer Name: _____
(pre-populated in online system)

Date of Current Interview*:

_____	/	_____	/	_____
MM		DD		YYYY

Ages 12-18 → Youth (use “you” when reading questions).

☐ Youth (1) OR ☐ Caregiver (2)

An asterisk () denotes a question that is mandatory for submission.*

I'm going to ask you some questions today about different areas of (your/your child's) life, such as school and other daily activities.

LIVING SITUATION

1. Where are (you/your child) living now? * (see OMS Interview Guide for definitions of each option)

- ☐ Private residence
- ☐ Boarding/rooming house (no supervision provided)
- ☐ Residential Rehabilitation Program (RRP), Group Home/TGH
- ☐ Halfway House
- ☐ School or Dormitory
- ☐ Foster Home
- ☐ Assisted living
- ☐ Skilled nursing facility
- ☐ Residential Treatment Center (RTC) for Children and Adolescents
- ☐ Hospital (inpatient psychiatric including State Hospital)
- ☐ Crisis Residence (Residential Crisis Services)
- ☐ Homeless or Emergency Shelter
- ☐ Jail/Correctional facility/Detention center
- ☐ Other (specify) _____

2. Have (you/your child) been homeless at all (since last interview date/in the past six months)? (see OMS Interview Guide for definition of "homeless")

- ☐ No
- ☐ Yes

PSYCHIATRIC SYMPTOMS¹

INTERVIEWER: (do not read aloud) Please remember that if the Primary Respondent (PR) is the caregiver, use the wording "your child" as appropriate and make the necessary grammatical adjustments. The (you/your child) wording format is not used in the following two sets of questions on Psychiatric Symptoms and Functioning (#3-31) only due to space limitations.

Next I will ask you to answer questions about (your/your child's) feelings and behaviors. There is no right or wrong answer to any of the questions. Try to answer all of the questions even if you are not totally sure of how (you/your child) feel.

These questions ask about how you have been feeling during the past week. As I read the question to you, let me know how many days in the past week you have been feeling that way. For example, if I ask about feeling silly, you would say "never" if you felt silly no days during the past week, "a few days" if you felt silly 1-2 days during the past week, "about every other day or about half of the time" if you felt silly 3-4 days during the past week, "almost every day" if you felt silly 5-6 days during the past week, and "every day" if you felt that way all week.

In the past week, on how many days ... [CARD #1 with response options]

<i>Please note that Questions 3-24 are all Ψ (Consumer Opinion Only)</i>	Never (0 days)	A few days (1-2 days)	About every other day/half of the time (3-4 days)	Almost every day (5-6 days)	Every day (7 days)
3. Did you have trouble falling asleep or staying asleep?					
4. Did you feel depressed or sad?					
5. Did you have trouble relaxing?					
6. Were you nervous, uptight, or worried?					
7. Did you worry about your safety?					
8. Were you irritable or grouchy?					
9. Did you cry a lot?					
10. Were you afraid of things?					
11. Did you feel like you had no energy?					
12. Did you want to be by yourself instead of with others?					
13. Were you happy one minute and then sad or angry the next minute?					
14. Did you have stomachaches, headaches, or other aches and pains?					
15. Did you think or worry about bad things that you have seen or have happened to you?					
16. Did you want to hurt yourself?					
17. Did you want to hurt someone else?					
18. Did you have a hard time paying attention?					
19. Were you angry?					
20. Did you have a hard time sitting still?					
21. Were you mean, threatening or bullying to others?					
22. Did you get in arguments or fights?					
23. Did you have trouble following rules?					
24. Were you bothered by any of these feelings?					

¹ Items developed by Dr. Laurel Kiser; © Univ. of Maryland, Baltimore 2005

FUNCTIONING AND SOCIAL CONNECTEDNESS

Now I am going to read a series of statements. For each of these statements, please indicate whether (you/your child) strongly agree, agree, are undecided, disagree or strongly disagree. [if Primary Respondent is a caregiver, read questions as “your child”]

[see OMS Interview Guide for definitions of response options and “handle” (#25), “family” (#26), “cope” (#29), and “satisfied” (#30)]

[CARD #2 with response options]

Please note that Questions 25-31 are all Ψ (Consumer Opinion Only)	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
25. I am able to handle daily life.					
26. I get along with family members.					
27. I get along with friends and other people.					
28. I am doing well in school and/or work.					
29. I am able to cope when things go wrong.					
30. I am satisfied with our family life right now.					
31. I am able to do things I want to do (and am allowed to do).					

INTERVIEWER: (do not read aloud) Questions 32-35 are asked ONLY of the caregiver. If the caregiver is not present, endorse “Not applicable” (NA) for each item and continue on in the questionnaire.

For the next statements that I am going to read, please answer for relationships with persons other than your child’s mental health provider(s). [CARD #2]

Please note that Questions 32-35 are all Ψ (Consumer Opinion Only)	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	NA
32. I know people who will listen and understand me when I need to talk.						
33. I have people that I am comfortable talking with about my child’s problems						
34. In a crisis, I would have the support I need from family or friends.						
35. I have people with whom I can do enjoyable things.						

SCHOOL PERFORMANCE

Next let's talk about school.

36. Do (you/your child) attend school when it is in session, including home schooling?

- ☐ No (*continue to #37*)
- ☐ Yes (*skip to #38*)

37. If (you/your child) are not in school, what is the reason?

- ☐ Completed school/obtained GED
- ☐ Dropped Out
- ☐ Expelled
- ☐ Other (please specify: _____)

38. (Since last interview date/in the past six months) have (you/your child) had problems with school attendance?*

- ☐ No (*skip to #40*)
- ☐ Yes (*continue to #39*)

39. (Since last interview date/in the past six months) would you say (your/your child's) problems with school attendance have increased, stayed the same, or decreased?*

- ☐ Increased
- ☐ Stayed the same
- ☐ Decreased

40. Some children and teens get suspended from school. This would include in- and out-of-school suspensions. (Since last interview date/in the past six months) would you say (you/your child) have had...*

(INTERVIEWER: Read the following answer options to the respondent)

- ☐ No suspensions
- ☐ Increased suspensions
- ☐ The same number of suspensions
- ☐ Decreased suspensions

41. (Since last interview date/in the past six months) were (you/your child) expelled from school?*

- ☐ No
- ☐ Yes

LEGAL SYSTEM INVOLVEMENT

42. (Since last interview date/in the past six months) have (you/your child) been arrested?*

- ☐ No
- ☐ Yes

43. Some people have had a negative encounter with the police, such as being arrested or hassled by police. (Since last interview date/in the past six months), would you say (you/your child) have had...

(INTERVIEWER: Read the following answer options to the respondent)

- ☐ No negative encounters with police
- ☐ Increased negative encounters
- ☐ The same amount of negative encounters
- ☐ Decreased negative encounters

SOMATIC HEALTH

44. Do (you/your child) smoke cigarettes?

- ☐ No (*skip to #46*)
- ☐ Yes (*continue to #45*)

45. How many cigarettes do (you/your child) smoke per day? [*one pack = 20 cigarettes*]

- ☐ Do not smoke every day
- ☐ 1-10
- ☐ 11-20
- ☐ 21-30
- ☐ 30+

46. Would you say in general (your/your child's) health is... Ψ

(INTERVIEWER: Read the following answer options to the respondent)

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

INTERVIEWER: (do not read aloud) Is the caregiver present for any of the following questions (#47-#56)?

- ☐ Yes ☐ No

47. Earlier, you said (you/your child) were living at _____ (refer to Question #1). How good or bad is it for (you/your child) living at (current environment)? Ψ
 (INTERVIEWER: Read the following answer options to the respondent)

- ☐ Great
- ☐ Good
- ☐ OK
- ☐ Bad
- ☐ Terrible

INTERVIEWER: (do not read aloud) Is child/adolescent 12 years or older?

- ☐ Yes (*continue to #48*)
- ☐ No (*skip to #57*)

48. Please tell me whether you strongly agree, agree, feel neutral (neither agree nor disagree), disagree, or strongly disagree with the following statement:

“I am hopeful about my future” Ψ

- ☐ Strongly agree (REALLY agree)
- ☐ Agree
- ☐ Neutral (neither agree nor disagree)
- ☐ Disagree
- ☐ Strongly Disagree (REALLY disagree)

ALCOHOL AND SUBSTANCE USE ²

Please tell me if you have had any of the following happen to you (since last interview date/in the past six months)...

<i>Please note that Questions 49-54 are all Ψ (Consumer Opinion Only)</i>	No	Yes
49. Have you ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?		
50. Did you use alcohol or drugs to relax, feel better about yourself, or fit in?		
51. Did you use alcohol or drugs while you were by yourself (alone)?		
52. Did you forget things you did while using alcohol or drugs?		
53. Did your family or friends tell you that you should cut down on your drinking or drug use?		
54. Have you gotten into trouble while you were using alcohol or drugs?		

² CRAFT Substance Abuse Screening Test, 1999.

EMPLOYMENT

55. Do you currently work? (see OMS Interview Guide for definition of “employment”)

- ☐ No (continue to #56)
- ☐ Yes (skip to #57)

56. Have you been employed (since last interview date/in the past six months)?

- ☐ No
- ☐ Yes

DEMOGRAPHIC AND INTERVIEW INFORMATION

57. How long has the child/adolescent been receiving services from this clinic?*

- ☐ Intake
- ☐ Less than one year
- ☐ One year to three years
- ☐ Greater than three years

58. Child/adolescent/caregiver involvement in interview:*

- ☐ Child/adolescent only participated
- ☐ Child/adolescent and caregiver(s) participated
- ☐ Caregiver only participated
- ☐ Child/adolescent/caregiver did not answer all/most items

59. Please indicate the relationship of the caregiver(s) participating in the interview to the child or adolescent receiving services. (check all that apply):

- ☐ Not Applicable – no caregiver participated in interview
- ☐ One parent
- ☐ Two parents
- ☐ Other relative(s). Please specify: _____
- ☐ Foster care parent
- ☐ Legal guardian
- ☐ DSS Worker
- ☐ Service provider staff
- ☐ Other. Please specify: _____

Clinician’s Notes (Optional)