

CASA Services Screen

DIRECTIONS: Complete the following screening questions with the parent and child. Code all services within the **past three months NOT PROVIDED BY STUDY PERSONNEL.**

SCREEN

Now I'd like to ask you some questions about the types of services [teen's name] gets. Think about the last 3 months. Because it's easy to forget some services, I'm going to go through a list of places where you might have gotten help (for the problems we've been talking about). I'd like for you to tell me whether you have received any of these services for emotional, behavioral, or substance use problems within the past 3 months. **Do not include the services they are receiving as part of this research study.**

Has [child] received services from...

OVERNIGHT/INPATIENT TREATMENT

1. An inpatient unit in a psychiatric hospital for such problems?

No Yes

Date of hospital admission: / /

Length of stay: days

Date of hospital admission: / /

Length of stay: days

2. A psychiatric inpatient unit in a general hospital?

No Yes

Date of hospital admission: / /

Length of stay: days

Date of hospital admission: / /

Length of stay: days

3. An inpatient alcohol or drug treatment unit or detox unit?

No Yes

Date of hospital admission: / /

Length of stay: days

Date of hospital admission: / /

Length of stay: days

4. A medical inpatient unit for emotional, behavioral, or substance use problems?

No Yes

Date of hospital admission: / /

Length of stay: days

Date of hospital admission: / /

Length of stay: days

5. A residential treatment center?

No Yes

Date of hospital admission: / /

Length of stay: days

Date of hospital admission: / /

Length of stay: days

Visit: Initial 3 month 6 month 9 month 12 month 18 month 24 month

SITE Colorado Pittsburgh Cincinnati

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DATE / / 20



6. A detention center, training school, or jail?

No Yes

How many days did s/he stay in the last 3 months?

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7. A group home?

No Yes

How many days did s/he stay in the last 3 months?

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8. An emergency shelter?

No Yes

How many days did s/he stay in the last 3 months?

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9. Therapeutic foster care?

No Yes

How many days did s/he stay in the last 3 months?

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10. A boarding school for the kinds of problems you told me about?

No Yes

How many days did s/he stay in the last 3 months?

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OUTPATIENT MENTAL HEALTH TREATMENT

11. A day hospital or day treatment program?

No Yes

Date of hospital admission:

		/			/				
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Length of admission:

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days

Date of hospital admission:

		/			/				
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Length of admission:

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days

12. An outpatient drug or alcohol clinic?

No Yes

13. A mental health center?

No Yes

14. A community health center for the types of problems you told me about?

No Yes

15. A crisis center?

No Yes

16. Any in-home counseling or crisis services?

No Yes

17. Treatment (e.g. counseling, medication) from a therapist, psychiatrist, psychologist, or social worker?

No Yes

18. Treatment as a part of **ANOTHER** research study besides this one?

No Yes

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19. Attended a special school for emotional or behavioral reasons? No Yes

20. A school guidance counselor, school psychologist, or school social worker? No Yes

21. A special class at school for at least half the day of most school days, for an emotional or behavioral reason? No Yes

22. Any special class for other reasons, i.e. for learning problems? No Yes

23. A school teacher for special help about feelings or behavior? No Yes

24. A school nurse? No Yes

OTHER PROFESSIONAL HELP

25. Any other sort of help at school? No Yes

26. Social services for counseling or treatment for any of the kinds of problems that you told me about? No Yes

27. A probation officer or juvenile correction counselor? No Yes

28. A family doctor or another medical doctor for any emotional, behavioral, or substance use problems? No Yes

29. A hospital emergency room? No Yes

30. A member of the clergy (e.g. minister, priest, rabbi, etc) for any emotional, behavioral, or substance use problems? No Yes

31. Any other "health care professionals" or alternative medicine providers or healers for any of the problems that you told me about? Such as a naturopathic doctor, chiropractor, faith healer, curandero, medicine man/woman, traditional Indian healer, herbalist, root doctor, "New Age" practitioner, or natural therapist? No Yes

OTHER "NON-PROFESSIONAL" HELP

32. Has s/he had any other sort of help, such as: a crisis hotline? No Yes

If yes, answer the following questions:

32a. How often (long) did s/he use this service? visits/days

32b. How long was each service/visit? minutes

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