### TREATMENT UTILIZATION FORM

<table>
<thead>
<tr>
<th>ID</th>
<th>DATE</th>
<th>Interviewer’s Initials</th>
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</thead>
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**Respondent:**
- ○ Mother
- ○ Father
- ○ Other, specify: [ ]

**This interview concerns:**

1. What medications and dosages has your (his/her) doctor prescribed over the last 3 months? [ ]

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th># of days</th>
<th>Adherence (1-3)*</th>
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<tbody>
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* When filling out the Adherence column, ask the following: "Many people miss their pills from time to time. How has it been for you (him/her)?"

1= You take your medications as prescribed very consistently, with few or no missed dosages; all evidence suggests compliance.

2= You take medications intermittently (i.e., whole days missed, [for example, a day per week], take certain medications inconsistently but not others, missed one or more weekends, often miss evening dosages, take medications at lower dosages than prescribed).

3= You have stopped taking this (or all) medication despite your doctor’s recommendation.

2. Have you (has ________) stopped taking medication? [ ]

   - ○ Yes
   - ○ No

   If yes, why?

3. Have you (has ________) received any psychotherapy/counseling? [ ]

   - ○ Yes
   - ○ No

   If so, what type and how often?

4. Has your spouse received any other counseling? [ ]

   - ○ Yes
   - ○ No

   If so, what type and how often?

5. Have you (has ________) been hospitalized, or partially hospitalized in the last three months? [ ]

   - ○ Yes
   - ○ No

   If so, where, how long and why?

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**Visit Month**

- ○ Initial
- ○ 3 month
- ○ 6 month
- ○ 9 month
- ○ 12 month
- ○ 18 month
- ○ 24 month

**Draft**