Baseline Descriptive and Demographic Data

When a question is something that must be asked of the Youth/Young Adult or Primary Caregiver directly:
• Use “Refused” when a Youth/Young Adult or Primary Caregiver does not want to answer the question.
• Use “Unsure” when the Youth/Young Adult or Primary Caregiver does not know the information.

You may also choose “Unsure” if the information is unable to be obtained from the chart/record.

1. Agency or individual who referred the Youth/Young Adult to your program: select only one primary referral agency.
   - a. Child Welfare
   - b. Drug & Alcohol
   - c. Juvenile Justice
   - d. Adult Criminal Justice System/Correction
   - e. Child Mental Health
   - f. Adult Mental Health
   - g. Physical Health
   - h. Regular Education
   - i. Special Education
   - j. Office of Vocational Rehabilitation (OVR)
   - k. Family/Relative
   - l. Self-referred
   - m. Other: (specify) ____________________________

2. Agencies that the Youth/Young Adult is currently involved with: select all that apply.
   - a. Child Welfare
   - b. Drug & Alcohol
   - c. Juvenile Justice
   - d. Adult Criminal Justice System/Correction
   - e. Child Mental Health
   - f. Adult Mental Health
   - g. Physical Health
   - h. Higher Education
   - i. Special Education
   - j. Office of Vocational Rehabilitation (OVR)
   - k. Other: (specify) ____________________________

3. Child welfare involvement: Choose only one. If Child Welfare is not selected above, choose “Not applicable” and go to question 4.
   - a. Receiving child abuse and neglect investigation/assessment
   - b. Court-ordered out-of-home placement—Foster care
   - c. Court-ordered out-of-home placement—Kinship care
   - d. Court-ordered out-of-home placement—Residential treatment
   - e. Voluntary out-of-home placement—Foster care
   - f. Voluntary out-of-home placement—Kinship care
   - g. Voluntary out-of-home placement—Residential treatment
   - h. Court-ordered in-home services
   - i. Voluntary in-home services
   - N/A (Not applicable)
4. Does the Youth/Young Adult currently have any mental health diagnoses (DSM IV or DSM 5)?
   - Yes  
   - No
   - If Yes, is it a DSM IV or DSM 5 diagnosis?  
     - DSM IV  
     - DSM 5  
     - Unsure

5. What is the date of the Youth's/Young Adult's most recent diagnostic evaluation?
   - / / OR  
   - Unsure  
   - N/A

6. Who provided the diagnosis? Choose only one.
   - N/A
   - a. Child psychiatrist
   - b. General psychiatrist
   - c. Child psychologist
   - d. General psychologist
   - e. Licensed mental health staff  
     (clinical social worker/professional counselor/therapist)
   - f. Primary care physician
   - g. Nurse practitioner/psychiatric nurse/physician's assistant
   - h. Other licensed physical health staff
   - i. Unlicensed staff (mental health assessment specialist)
   - j. Other: ____________________________

7. Fill in the DSM codes below for all diagnoses the Youth/Young Adult currently has.
   - Primary diagnosis should be listed as the first diagnosis
   - If you don’t know the specific DSM code, write down as much detail as you can and we will look up the code when the data is entered
   - If there is no diagnosis, write that there is “no diagnosis”
   - If the diagnosis code and any diagnosis information is missing from the chart, write “missing”
   - N/A (No clinical diagnosis)

   **Clinical Disorders**

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<thead>
<tr>
<th>DSM Codes</th>
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8. What were the specific problems that led the Youth/Young Adult to be referred to your program? Select all that apply.

- 1. Suicide-related problems
- 2. Depression-related problems
- 3. Anxiety-related problems
- 4. Hyperactive and attention-related problems
- 5. Conduct/delinquency-related problems
- 6. Criminal/Legal-related problems
- 7. Substance use, abuse, or dependence-related problems
- 8. Adjustment-related problems
- 9. Psychotic behaviors
- 10. Pervasive developmental disabilities
- 11. Specific developmental disabilities
- 12. Learning disabilities
- 13. School performance unrelated to learning disabilities
- 14. Eating disorders
- 15. Gender identity
- 16. Separation problems
- 17. Non-engagement with people
- 18. Sleeping problems
- 19. At-risk for or has failed family home placement
- 20. Suspension from school or higher education
- 21. Expulsion from school or higher education
- 22. Maltreatment (child abuse or neglect)
- 23. Other health problems for the Youth/Young Adult
- 24. High-risk environment: Maternal depression
- 25. High-risk environment: Maternal mental health
- 26. High-risk environment: Paternal mental health
- 27. High-risk environment: Other caregiver mental health
- 29. High-risk environment: Paternal substance abuse
- 30. High-risk environment: Other caregiver substance abuse
- 31. High-risk environment: Family health problems
- 32. High-risk environment: Other family problems
- 33. High-risk environment: Problems related to housing
- 34. High-risk environment: High-risk peer group
- 35. High-risk environment: Unsafe/high crime neighborhood
- 36. Other: ____________________________
9. What is the Youth's/Young Adult's date of birth?

   / / 

10. What is the Youth's/Young Adult's gender identity?

   - Male
   - Female
   - Transgender Female to Male
   - Transgender Male to Female
   - Intersex
   - Other: (specify)
   - Refused
   - Unsure

11. What is the Youth's/Young Adult's sexual orientation?

   - Heterosexual
   - Lesbian
   - Gay
   - Bisexual
   - Questioning
   - Asexual
   - Undecided/Not Applicable
   - Refused

12. Is the Youth/Young Adult Hispanic/Latino?

   - Yes
   - No
   - Refused
   - Unsure

   If Yes, select all that apply.

   - Central American
   - Dominican
   - Puerto Rican
   - Cuban
   - Mexican
   - South American
   - Other: (specify)

13. Which race(s) does the Youth/Young Adult identify with? Select all that apply.

   Even if the Youth/Young Adult is Hispanic, you still must try to get an answer for race.
   If the respondent says that the only racial/ethnic group that applies to him/her is Hispanic/Latino, choose "Other" and write "Does not identify race"

   - African American or Black
   - White/Caucasian
   - Alaska Native/American Indian
   - Asian
   - Native Hawaiian/Pacific Islander
   - Multiracial
   - Other: (specify)
   - Refused
   - Unsure

14. Is the Youth/Young Adult currently diagnosed with an Intellectual and Developmental Disability

   - Yes
   - No
   - Refused
   - Unsure

15. Is the Youth/Young Adult deaf or currently have serious difficulty hearing?

   - Yes
   - No
   - Refused
   - Unsure

16. Is the Youth/Young Adult blind or currently have serious difficulty seeing, even when wearing glasses or contacts?

   - Yes
   - No
   - Refused
   - Unsure

17. Because of a physical, mental, or emotional condition, does the Youth/Young Adult have serious difficulty concentrating, remembering, or making decisions?

   - Yes
   - No
   - Refused
   - Unsure
   - N/A

18. Does the Youth/Young Adult have serious difficulty walking or climbing stairs?

   - Yes
   - No
   - Refused
   - Unsure
   - N/A

19. Does the Youth/Young Adult have difficulty dressing or bathing?

   - Yes
   - No
   - Refused
   - Unsure
   - N/A
20. What is the Youth's/Young Adult's current level of education? Choose only one.
   - Highest Grade completed:
   - Graduated HS
   - Earned GED
   - Tech School
   - Associate's
   - Bachelor's
   - Master's
   - Doctorate
   - Unsure

21. If applicable, what is the Primary Caregiver's current level of education? Choose only one.
   - Highest Grade completed:
   - Graduated HS
   - Earned GED
   - Tech School
   - Bachelor's
   - Master's
   - Doctorate
   - N/A

22. Is the Youth/Young Adult currently employed?
   - Yes
   - No
   - Refused
   - Unsure

23. If applicable, is the Primary Caregiver currently employed?
   - Yes
   - No
   - Refused
   - Unsure
   - N/A

24. What range does the Youth's/Young Adult's (and family's, if living together) annual household income currently fall into?
   - $0-$9,999
   - $10,000-$19,999
   - $20,000-$29,999
   - $30,000-$39,999
   - $40,000-$49,999
   - $50,000-$59,999
   - $60,000-$69,999
   - $70,000+
   - Refused

25. Does the Youth/Young Adult (or family, if living together) currently use or receive funding from any of the following programs?
   - a. Medicaid?
     - Yes
     - No
     - Refused
     - Unsure
   - b. Pennsylvania Children's Health Insurance Program (CHIP)?
     - Yes
     - No
     - Refused
     - Unsure
   - c. Supplemental Security Income (SSI)?
     - Yes
     - No
     - Refused
     - Unsure
   - d. Temporary Assistance for Needy Families (TANF)?
     - Yes
     - No
     - Refused
     - Unsure
   - e. local county programs?
     - Yes
     - No
     - Refused
     - Unsure

26. Is the Youth/Young Adult currently covered under any private insurance?
   - Yes
   - No
   - Refused
   - Unsure

27. How well does the Youth/Young Adult currently speak English?
   - Very well
   - Well
   - Not well
   - Not at all
   - Unsure

28. If applicable, how well does the Primary Caregiver currently speak English?
   - Very well
   - Well
   - Not well
   - Not at all
   - N/A
   - Unsure

29. Is a language other than English currently spoken at home?
   - Yes
   - No
   - Unsure
   - If Yes, specify: Spanish
   - Other:

30. Was the Youth/Young Adult told they could have an interpreter for their current services?
   - Yes
   - No
   - N/A
   - Unsure
   - If Yes, did they use the interpreting service?
   - Yes
   - No
31. What was the date of the 1st planning meeting for the Youth/Young Adult in your program?

32. Who participated in the development of the service plan? (Evidence of participation includes attendees of the meeting, or those mentioned in the plan.)

These are meant to capture categories of people, so if there is more than one person under each category please write in each person’s role in the “Specify” line.

Check the box if the category of people participated. Leave it empty if the category of people did not.

Participated?

a. If applicable, Youth's/Young Adult's Primary Caregiver or guardian:

b. Youth/Young Adult:

c. Other family member:

.includes biological family, adoptive family, stepfamily, and foster family

d. Case manager:

e. Therapist:

f. Other child mental health staff (e.g., behavioral aide, respite worker):

g. Other adult mental health staff (e.g., behavioral aide, respite worker):

h. Special education staff (e.g., teacher, counselor):

i. Higher education staff (e.g., teacher, counselor):

j. Child welfare staff (e.g., case worker):

k. Juvenile justice (e.g., probation officer):

l. Adult Criminal Justice System/Corrections (e.g., parole officer):

m. Health staff (e.g., pediatrician, nurse):

n. Office of Vocational Rehabilitation (OVR):

o. Family peer support:

p. Planning process facilitator/service coordinator:

q. Youth/Young Adult peer support:

r. Other:

Specify:
33. Is anyone in the Youth's/Young Adult's family currently serving on active duty or retired/separated from the Armed Forces, the Reserves, or the National Guard?

- Yes
- No
- Refused
- Unsure

**IF YES, WHO? Choose up to 6 of the following:**

- a. Youth's/Young Adult's spouse
- b. Youth's/Young Adult's unmarried partner
- c. Youth's/Young Adult's mother
- d. Youth's/Young Adult's father
- e. Youth's/Young Adult's son(s)
- f. Youth's/Young Adult's daughter(s)
- g. Youth's/Young Adult's brother(s)
- h. Youth's/Young Adult's sister(s)
- i. Another member of the Youth's/Young Adult's family (SPECIFY)

**IF THE YOUTH/YOUNG ADULT IS UNDER 17 YEARS OF AGE, SKIP TO QUESTION 39**

34. Has the Youth/Young Adult ever served on active duty in the Armed Forces, the Reserves, or the National Guard?

**ACTIVE DUTY** - refers to full-time duty in the active military/uniformed services of the United States

- Yes
- No
- Refused
- Unsure

**IF THE ANSWER IS NO, REFUSED, OR UNSURE, SKIP TO QUESTION 39**

35. In what branch did the Youth/Young Adult serve?

- Army
- Marine Corps
- Navy
- Air Force
- Coast Guard
- Public Health Service (PHS)
- National Oceanic and Atmospheric Administration (NOAA)
- Refused
- Unsure

36. In which component did the Youth/Young Adult serve?

- Active
- Reserve
- National Guard
- Refused
- Unsure

37. Is the Youth/Young Adult currently on active duty, or are they separated, or are they retired?

**SEPARATED** - refers to a service period in the United States uniformed services that is less than 20 years

**RETIRED** - refers to a service period in the United States uniformed services that is equal to or greater than 20 years

- On active duty
- Separated
- Retired
- Refused
- Unsure

38. Has the Youth/Young Adult ever been deployed to a combat

*Check all that apply:*

- a. No, never deployed to a combat zone
- b. Yes, Iraq or Afghanistan (e.g., OEF/OIF/OND)
- c. Yes, Persian Gulf (Operation Desert Shield/Desert Storm)
- d. Yes, Vietnam/Southeast Asia
- e. Yes, Korea
- f. Yes, World War II
- g. Yes, other: (SPECIFY)
39. Has the Youth/Young Adult **ever** tried to kill his/herself?
   - Yes  
   - No  
   - Refused  
   - Unsure

40. Traumatic events
   a. Has the Youth/Young Adult **ever** experienced an event, series of events, or set of circumstances that resulted in them feeling physically or emotionally harmed or threatened?
      - Yes  
      - No  
      - Refused  
      - Unsure

   **IF NO, REFUSED, OR UNSURE SKIP TO QUESTION 41**

   b. If yes, what kind of event was this? (SELECT ALL THAT APPLY)
      - Natural or man-made disaster
      - Community or school violence
      - Interpersonal violence (including physical, sexual, or psychological)
      - Military trauma
      - Other: (SPECIFY) ______________________

c. Did any of the above experiences feel so frightening, horrible, or upsetting that in the past and/or present that they:

   1. Had nightmares about them or thought about them when they did not want to?
      - Yes  
      - No  
      - Refused  
      - Unsure

   2. Tried hard not to think about the experiences or went out of their way to avoid situations that reminded them of the experiences?
      - Yes  
      - No  
      - Refused  
      - Unsure

   3. Were constantly on guard, watchful, or easily startled?
      - Yes  
      - No  
      - Refused  
      - Unsure

   4. Felt numb and detached from others, activities, or their surroundings?
      - Yes  
      - No  
      - Refused  
      - Unsure