

This survey gives you a chance to tell us how the consumer is doing. Your answers will be used by the consumer's care provider to help plan his or her treatment. There are three ways to answer questions on the survey: circle the number or check the box that corresponds to your answer, or write your answer (always a number) in the boxes provided.

In the past 7 days ...	Never	Rarely	Some- times	Often	Always
1. The child felt sad.	1	2	3	4	5
2. The child felt worthless.	1	2	3	4	5
3. The child felt lonely.	1	2	3	4	5
4. The child had thoughts of ending his/her life.	1	2	3	4	5
5. The child worried.	1	2	3	4	5
6. The child felt tense.	1	2	3	4	5
7. The child felt nervous.	1	2	3	4	5
8. The child enjoyed spending time with friends.	1	2	3	4	5
9. The child trusted a friend.	1	2	3	4	5
10. The child felt satisfied with his/her friendships.	1	2	3	4	5
11. The child had a hard time concentrating.	1	2	3	4	5
12. People told the child to pay more attention.	1	2	3	4	5
13. People said the child talked too much.	1	2	3	4	5
14. People said the child interrupted.	1	2	3	4	5
15. The child had trouble sitting still.	1	2	3	4	5
16. The child refused to follow directions.	1	2	3	4	5
17. The child damaged someone else's property.	1	2	3	4	5
18. The child lied.	1	2	3	4	5
19. The child yelled at someone when he/she was angry.	1	2	3	4	5
20. The child threatened to hurt someone physically.	1	2	3	4	5
21. The child got into physical fights.	1	2	3	4	5

In the past 7 days ...

22. Did the child take any medication for depression, anxiety, ADHD, or any other mental health issue?

1 ☐ Yes
0 ☐ No

	Never	Rarely	Some- times	Often	Always	Does Not Apply
23. The medications helped the child.	1	2	3	4	5	*
24. The child took his/her medications the way they were prescribed.	1	2	3	4	5	*

25. At any time in the **PAST 90 DAYS** (3 months), did the child attend school? 1 ☐ Yes
0 ☐ No

The remaining questions ask about the **past 30 days**.

In the past 30 days...

26. On how many days was the child marked absent from school due to emotional or behavioral problems? (If none, enter 0; if the child was not enrolled in school, please check "Does Not Apply.")

Number of Days
* ☐ Does Not Apply

27. On how many days was the child absent from school due to suspension or expulsion? (If none, enter 0; if the child was not enrolled in school, please check "Does Not Apply.")

Number of Days
* ☐ Does Not Apply

28. How many times was the child arrested? (If none, enter 0.)

Number of Times

29. Where did the child live most of the time? (Check only one.)

- 10 ☐ Private Residence – with family/extended family or non relative
6 ☐ Institutional Setting (Nursing home, hospital, etc.)
7 ☐ Jail/correctional facility/detention center/boot camp
8 ☐ Homeless/living in homeless shelter
3 ☐ Foster Home
11 ☐ Residential Care (Group home, rehabilitation center, etc.)
12 ☐ Crisis Residence (A time-limited residential program)