

ID# _____

Date: __ __/__ __/__ __

Interviewer Initials: __ __ __

We are interested in learning about any help or services for behavioral or emotional problems [CHILD’S NAME] receives currently or received in the past. This includes any services you have told us about in the questions you have already answered for this study. We understand that your child may receive help for developmental problems, such as speech, physical, or occupational therapy, but for this section, we are interested in any help she has ever received for emotional or behavioral problems. This includes problems with things like aggression, intense emotions, extreme shyness, withdrawal, fears and sadness, as well as problems with social relationships with family or with other children.

I know your child may never have received any help for these kinds of problems, but I need to ask you these questions anyway. **I am going to read you a list of services. If you don’t know what some of these mean, ask me and I’ll try to explain.**

Has [CHILD’S NAME] ever received any educational services for emotional or behavioral problems, such as...

	Ever			When did s/he first get help from this place?	In last year?		
	N	Y	DK		N	Y	DK
1. help at a special day care program?	0	1	9	__ __ mos old OR __ __/__ __ (m/y)	0	1	9
2. getting special help in a regular child care or preschool program? For example, an aide who gives 1-on-1 help, such as play therapy or behavior modification.	0	1	9	__ __ mos old OR __ __/__ __ (m/y)	0	1	9
3. a therapeutic nursery or special program designed specifically for children with emotional or behavioral problems?	0	1	9	__ __ mos old OR __ __/__ __ (m/y)	0	1	9
4. a therapeutic play group that meets at least once a week and is led by a professional, such as a psychologist, psychiatrist, social worker or counselor.	0	1	9	__ __ mos OR __ __/__ __ (m/y)	0	1	9

For the next questions, I will be asking about places that [CHILD’S NAME] may have gotten OUTPATIENT help or services for emotional or behavioral problems. For this section, the types of help your child may have gotten include things like: play therapy, counseling, special testing, medicine for his/her emotions or behavior, and behavior modification (better description?). Has your child ever gotten this kind of help from ...

5. a community mental health center, child guidance clinic, or outpatient mental health clinic?	0	1	9	__ __ mos old OR __ __/__ __ (m/y)	0	1	9
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	Ever			When did s/he first get help from this place?	In last year?		
	N	Y	DK		N	Y	DK
6. a professional in a private office, like a psychologist, psychiatrist, social worker, or counselor?	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9
7. an in-home provider, therapist, family preservation worker or counselor?	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9
8. a pediatrician or family doctor?	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9
9. a nurse practitioner?	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9

Because of emotional or behavioral problems, has [CHILD'S NAME] ever been seen by ...

10. a Healer, Shaman, or Spiritualist? (circle)	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9
11. an Acupuncturist, Chiropractor, or Nutritionist? (circle)	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9

Now, I'd like to ask whether [CHILD] has ever stayed overnight in any of the following settings because of any emotional or behavioral problem...

12. a psychiatric or medical unit in a general hospital?	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9
13. a residential treatment center?	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9
14. a group home?	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9
15. a foster home?	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9

	Ever			When did s/he first get help from this place?	In last year?		
	N	Y	DK		N	Y	DK
16. Has [CHILD] ever received ANY OTHER type of help or services for emotional or behavioral problems?				0: N 1: Y™ Please describe:			
a. _____()	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9
b. _____()	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9

Now, I am interested in whether you have EVER received any help or services to help YOU deal with or understand any emotional or behavioral problems this child may have – if any. Have you ever gotten this kind of help from...

17. a community mental health center child guidance clinic, or outpatient mental health clinic?	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9
18. a professional in a private office, like a psychologist, psychiatrist, social worker, or counselor?	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9
19. an in-home provider, therapist, family preservation worker, or counselor?	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9
20. a pediatrician or family doctor?	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9
21. a nurse practitioner?	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9
22. a self-help group?	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9
23. a child care provider?	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9

	Ever			When did s/he first get help from this place?	In last year?		
	N	Y	DK		N	Y	DK
24. a respite care provider?	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9
25. a parenting group? IF YES <input type="checkbox"/> Where? _____ ()	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9

26. How about any other places?

0: N 1: YTM Please describe

a. _____()	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9
b. _____()	0	1	9	___ mos old OR ___/___ (m/y)	0	1	9

27. INTERVIEWER: Were there any “yes” responses in the “Ever” column for questions 1-26?

0: No TM Go to question 28

1: Yes TM Go to question 29

28. You have told me that you and your child have never received any services or help for his/her emotional or behavioral problems. Is this correct?

0: No TM INTERVIEWER: Clarify with parent what services parent and child have received for emotional/behavioral problems and correct in questions above.

1: Yes TM Go to question 25

29. In this child’s WHOLE LIFE, have you ever wanted any type of help or service for this child’s emotions or behaviors that you did not get?

0: No

1: Yes TM

A. What type of help or service?

B. What problem or problems did you want this service for?

C. Why didn’t you get this service?

D. When did you first want this service?

___/___ or child's age: ___ (months)

30. Is [CHILD'S NAME] currently getting any special services for difficulties in any area of development?

0: No

1: Yes TM

A. What type of help or service?

B. What problem or problems is this help for?

C. When did s/he first start getting this help?

___/___ or child's age: ___ (months)

D. Do you ever talk to this person(s) about this child's emotions or behaviors?

0: No

1: Yes

E. Do you ever talk to this person(s) about child-rearing or discipline for this child?

0: No

1: Yes

Thank you very much for your help with these questions. Your answers will help us to understand the types of services that families in our area use.