

ID# _____

Date: __ __/__ __/__ __

Interviewer Initials: __ __ __

We are interested in learning about any help or services for behavioral or emotional problems you receive currently or received in the past. . In this section, we are interested in any help you have 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 you 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.**

Have you ever received any educational services for emotional or behavioral problems, such as...

	Ever			When did you 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	__ __age 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	__ __age 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	__ __age 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 you may have gotten OUTPATIENT help or services for emotional or behavioral problems. For this section, the types of help you may have gotten include things like: play therapy, counseling, special testing, medicine for your emotions or behavior, and behavior modification (better description?). Have you ever gotten this kind of help from ...

5. a community mental health center, child guidance clinic, or outpatient mental health clinic?	0	1	9	__ __age OR __ __/__ __ (m/y)	0	1	9
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	Ever			When did you first get	In last year?		
	N	Y	DK	help from this place?	N	Y	DK
6. a professional in a private office, like a psychologist, psychiatrist, social worker, or counselor?	0	1	9	___age OR ___/___ (m/y)	0	1	9
7. an in-home provider, therapist, family preservation worker or counselor?	0	1	9	___age OR ___/___ (m/y)	0	1	9
8. a pediatrician or family doctor?	0	1	9	___age OR ___/___ (m/y)	0	1	9
9. a nurse practitioner?	0	1	9	___age OR ___/___ (m/y)	0	1	9
Because of emotional or behavioral problems, have you ever been seen by ...							
10. a Healer, Shaman, or Spiritualist? (circle)	0	1	9	___age OR ___/___ (m/y)	0	1	9
11. an Acupuncturist, Chiropractor, or Nutritionist? (circle)	0	1	9	___age OR ___/___ (m/y)	0	1	9
Now, I'd like to ask whether you have 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	___age OR ___/___ (m/y)	0	1	9
13. a residential treatment center?	0	1	9	___age OR ___/___ (m/y)	0	1	9
14. a group home?	0	1	9	___age OR ___/___ (m/y)	0	1	9
15. a foster home?	0	1	9	___age OR ___/___ (m/y)	0	1	9

16. INTERVIEWER: Were there any “yes” responses in the “Ever” column for questions 1-15?

0: No Go to question 17

1: Yes Go to question 18

17. You have told me that you have never received any services or help for your emotional or behavioral problems. Is this correct?

0: No Then what service have you received for emotional/behavioral problems (INTERVIEWER: correct in questions above.)

1: Yes

18. In your WHOLE LIFE, have you ever wanted any type of help or service for emotions or behaviors that you did not get?

0: No

1: Yes

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 age: ___

19. Are you currently getting any special services for difficulties in any area of development?

0: No

1: Yes

A. What type of help or service?

B. What problem or problems is this help for?

C. When did you first start getting this help?

___/___ or age: ___

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

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 youth in our area use.