Adapted from BRIEFEST SACA

MA. In the last 3 months, has (YOUTH) stayed overnight in a hospital, treatment center, group or foster home, juvenile justice facility, or emergency shelter for problems with drugs or alcohol, behaviors, or feelings? □YES □NO…...Go to MB

Has (YOUTH) stayed overnight in a (READ EACH AND CODE): If "YES," Answer Col. A and B

		If YES: (Col A) # Nights in last 3 months:	**If YES: (Col B)** Check types of services given:
1. Hospital for problems with drugs or alcohol, behaviors, or feelings	□ No □ Yes □ DK	______ nights	□ assessment □ individual treatment/therapy □ group treatment □ family/parent treatment/ed □ medication □ education/training
2. Foster home	□ No □ Yes □ DK	______ nights	□ assessment □ individual treatment/therapy □ group treatment □ family/parent treatment/ed □ medication □ education/training

If yes to any of above: Did client have an episode that resulted in use of mechanical or chemical restraints? □ YES □ NO

MB. In the last 3 months, has (YOUTH) received outpatient help (not overnight) from a (If YES ANSWER COLS A &B):

		If yes: (Col A) # Nights in last 3 months:	**If yes: (Col B)** Check types of services given:
1. Therapist or counselor or family preservation worker who came to your home	□ No □ Yes □ DK	______ nights	□ assessment □ individual treatment/therapy □ group treatment □ family/parent treatment/ed □ medication □ education/training
2. Emergency room for problems with behaviors or feelings	□ No □ Yes □ DK	______ nights	□ assessment □ individual treatment/therapy □ group treatment □ family/parent treatment/ed □ medication □ education/training
3. Pediatrician or family doctor for problems with behaviors or feelings	□ No □ Yes □ DK	______ nights	□ assessment □ individual treatment/therapy □ group treatment □ family/parent treatment/ed □ medication □ education/training

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4. Probation or juvenile corrections officer or a court counselor	□ No □ Yes □ DK	______ nights	□ assessment □ individual treatment/therapy □ group treatment □ family/parent treatment/ed □ medication □ education/training

MC. Has (YOUTH) received the following types of help in school (IF YES ANSWER COL A. AND B.)

		If yes: (Col A) # Nights in last 3 months:	**If yes: (Col B)** Check types of services given:
1. Being placed in a special school for students with problems with behaviors or feelings.	□ No □ Yes □ DK	______ nights	□ assessment □ individual treatment/therapy □ group treatment □ family/parent treatment/ed □ medication □ education/training
2. Being placed in a special classroom for problems with drugs or alcohol, behaviors, or feelings.	□ No □ Yes □ DK	______ nights	□ assessment □ individual treatment/therapy □ group treatment □ family/parent treatment/ed □ medication □ education/training
3. Getting special help (such as tutoring or training) in the regular classroom for problems with drugs or alcohol, behaviors , or feelings	□ No □ Yes □ DK	______ nights	□ assessment □ individual treatment/therapy □ group treatment □ family/parent treatment/ed □ medication □ education/training
4. Other counseling or therapy in school, related to problems with drugs or alcohol, behaviors, or feelings.	□ No □ Yes □ DK	______ nights	□ assessment □ individual treatment/therapy □ group treatment □ family/parent treatment/ed □ medication □ education/training
5. Other: describe: ______________ ______________________________ ______________________________ ______________________________ ______________________________ ______________________________ ______________________________	□ No □ Yes □ DK	______ nights	□ assessment □ individual treatment/therapy □ group treatment □ family/parent treatment/ed □ medication □ education/training

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