

Incredible Years Study	Date / /	RI Initials	FAMID
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Service Assessment for Children and Adolescents

We are interested in learning about any help or services for behavioral or emotional problems (CHILD) 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 s/he 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 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) ever received any educational services for emotional or behavioral problems, such as:

		Ever No	Ever Yes	DK	Yrs-Mos old @ 1 st help?	Last Year No	Last Year Yes	DK
1	Help at a special day care program.							
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.							
3	A therapeutic nursery or special program designed specifically for children with emotional or behavioral problems?							
4	play group that meets at least once a week and is led by a professional, such as a psychologist, psychiatrist, social worker or counselor.							

For the next questions, I will be asking about places that (CHILD) 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. **Has (CHILD) ever received this kind of help from...**

		Ever No	Ever Yes	DK	Yrs-Mos old @ 1 st help?	Last Year No	Last Year Yes	DK
5	A community mental health center, child guidance clinic, or outpatient mental health clinic?							
6	A professional in a private office like a psychologist, psychiatrist, social worker, or counselor?							
7	An in-home provider, therapist, family preservation worker or counselor?							
8	A pediatrician or family doctor?							
9	A nurse practitioner?							

Because of emotional or behavioral problems, has (CHILD) ever been seen by

		Ever No	Ever Yes	DK	Yrs-Mos @ 1 st help?	Last Year No	Last Year Yes	DK
10	A healer, Shaman, or Spiritualist							
11	An Acupuncturist, Chiropractor, or Nutritionist?							

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...

		Ever No	Ever Yes	DK	Yrs-Mos old @ 1 st help?	Last Year No	Last Year Yes	DK
12	A psychiatric or medical unit in a general hospital?							
13	A residential treatment center?							
14	A group home?							
15	A foster home?							

16. Has (CHILD) ever received any other type of help or services for emotional or behavioral problems?

	Describe service	Ever No	Ever Yes	DK	Yrs-Mos old @ 1 st help?	Last Year No	Last Year Yes	DK
a								
b								
c								
d								

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...

	Type of service or professional	Ever No	Ever Yes	DK	Yrs-Mos old @ 1 st help?	Last Year No	Last Year Yes	DK
17	Community mental health center, child guidance clinic, or outpatient mental health clinic?							
18	Professional in a private office, like a psychologist, psychiatrist, social worker, or counselor?							
19	An in-home provider, therapist, family preservation worker, or counselor?							
20	A pediatrician or family doctor?							
21	Nurse practitioner?							
22	Self-help group?							
23	Child care provider?							
24	Respite care provider							

25a. In the last 12 months, have you received any parenting skills training, or training on ways to discipline your child? This might have occurred one-to-one with a therapist, coach, nurse, or some other provider, or in a parenting group format.

No	Yes
0	1

25b. If yes, “Where did you receive these services?” (Code all that apply)

1	At home
2	At an agency or other community organization
3	Somewhere else, describe
3t	

25c. In what format did this occur?

1	Individually
2	Just our family
3	A group involving other families

26. Has (CHILD) ever received any medication for emotional or behavioral problems?

	Describe medication and dosage	Ever No	Ever Yes	DK	Yrs-Mos old @ 1 st help?	Last Year No	Last Year Yes	DK
a								
b								
c								
d								

The next questions are about prescription medications [Child] has taken by mouth or injection for an emotional or behavioral problem.

27. In the past month, has (CHILD) used any medications for an emotional or behavioral problem?

No	Yes
0	1

If “NO”, go to Parent Service Questions
 If “YES”, continue with medication questions.

28. Let’s talk about the medication/s. If container/s are not available for this medication, ask,

“What is the name of the medication/s that (CHILD) has taken during the past month for an emotional or behavioral problem?”

	Name of medication	Currently taking?	How long has child been using? Yrs – Mos	Did health insurance pay for this last time filled?	List the form of Medication? (Pill, liquid, injection, patch?)	Describe dosage. __ mg x __ per day
a						
b						
c						
d						
e						