Client STARS ID: _____

Date: _____

Tool Type:

☐ Initial ☐ Family
☐ Update
☐ Discharge

1. Would you say that in general your child's mental health is:

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

2. What is your child's employment status?

☐ Employed full time (35+ hours per week) ☐ Employed part time ☐ Homemaker
☐ Student ☐ Retired ☐ Other (specify)
☐ Disabled ☐ Unemployed

3. Which of the following best describes your child's current residential status?

☐ Independent, living in a private residence ☐ Homeless ☐ Dependent, living in a private residence
☐ Residential Care (group home, rehabilitation center, agency-operated care) ☐ Foster Home/ Foster Care ☐ Institutional setting (24/7 care by skilled/specialized staff/doctors)
☐ Other (specify) ☐ Crisis Residence ☐ Jail/Correctional Facility

4. What is your child's highest education level completed? (12= GED and High School diploma or self-contained special ed classes) _____

a. If enrolled in school, has your child attended school at any time in the past 3 months? ☐Yes ☐No ☐Refused

5. Please answer the following questions based on the <u>past 30 days:</u>

a. Has your child been arrested? ☐Yes ☐No ☐Refused
b. Did you have enough money to meet your child's needs? ☐Yes ☐No ☐Refused
c. Have you been satisfied with the conditions of your child's living space? ☐Yes ☐No ☐Refused
d. In the past 30 days, has your child felt…
   i. *Nervous?* ☐Yes ☐No ☐Refused
   ii. *Hopeless?* ☐Yes ☐No ☐Refused
   iii. *Restless or fidgety?* ☐Yes ☐No ☐Refused
   iv. *So depressed that nothing could cheer your child up?* ☐Yes ☐No ☐Refused
   v. *That everything is an effort?* ☐Yes ☐No ☐Refused
   vi. *Worthless?* ☐Yes ☐No ☐Refused
   vii. *Bothered by psychological or emotional problems?* ☐Yes ☐No ☐Refused

6. Please answer the following questions based on the <u>past 6 months:</u>

a.	Has your child spent time in a facility for:	
	i. Detoxification/Inpatient or Residential Substance Use Disorder Treatment?	☐Yes ☐No ☐Refused
	ii. Mental Health Care?	☐Yes ☐No ☐Refused
	iii. Any illness, injury, or surgery to the human body?	☐Yes ☐No ☐Refused
b.	Has your child spent time in a correctional facility including jail/prison/detention (because of an arrest, parole, or probation violation)?	☐Yes ☐No ☐Refused
c.	Has your child had suicidal thoughts?	☐Yes ☐No ☐Refused

7. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion for your child over the <u>past 6 months</u>.

	Response Options						
	Strongly disagree	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**	**Not Applicable**	**Refused**
Domain: Social Connectedness Questions a-g							
a. My child is happy with the friendships they have, their friends will listen and understand them when talking.	☐	☐	☐	☐	☐	☐	☐
b. My child has people with whom they can do enjoyable things.	☐	☐	☐	☐	☐	☐	☐
c. I feel my child belongs in the community.	☐	☐	☐	☐	☐	☐	☐
d. In a crisis, my child would have the support they need from family or friends.	☐	☐	☐	☐	☐	☐	☐
e. My child has people that they are comfortable talking with.	☐	☐	☐	☐	☐	☐	☐
f. My child has family or friends that are supportive of their recovery.	☐	☐	☐	☐	☐	☐	☐
g. My child generally accomplishes what they set out to do.	☐	☐	☐	☐	☐	☐	☐
Domain: Functioning Questions h-q							
h. My child does things that are more meaningful to them.	☐	☐	☐	☐	☐	☐	☐
i. My child can take care of their needs.	☐	☐	☐	☐	☐	☐	☐
j. My child can handle things when they go wrong.	☐	☐	☐	☐	☐	☐	☐
k. My child can do things that they want to do.	☐	☐	☐	☐	☐	☐	☐

Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion for your child over the <u>past 6 months</u>.	Response Options						
	Strongly disagree	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**	**Not Applicable**	**Refused**
l. My child gets along with family, friends, and other people.	☐	☐	☐	☐	☐	☐	☐
m. My child can deal with crisis.	☐	☐	☐	☐	☐	☐	☐
n. My child does well in social situations.	☐	☐	☐	☐	☐	☐	☐
o. My child does well in school and/or work.	☐	☐	☐	☐	☐	☐	☐
p. My child's symptoms are not bothering them as much.	☐	☐	☐	☐	☐	☐	☐
q. My child's housing situation is a safe place to live.	☐	☐	☐	☐	☐	☐	☐

Complete only at Update or Discharge

8. Please answer the following questions based on the <u>past 6 months.</u>

Domain: Perception of Care: Questions a-n	
a. Staff believe that my child could grow, change, and recover.	☐ Yes ☐ No ☐ Refused
b. My child felt free to complain.	☐ Yes ☐ No ☐ Refused
c. My child was given information about their rights.	☐ Yes ☐ No ☐ Refused
d. Staff encouraged my child to take responsibility for how they live their life.	☐ Yes ☐ No ☐ Refused
e. Staff told my child what side effects to watch out for.	☐ Yes ☐ No ☐ Refused
f. Staff respected my child's wishes about who is and who is not to be given information about their treatment.	☐ Yes ☐ No ☐ Refused
g. Staff were sensitive to my child's cultural/ethnic/religious/spiritual background.	☐ Yes ☐ No ☐ Refused
h. My child was encouraged to use consumer-run programs.	☐ Yes ☐ No ☐ Refused
i. My child felt comfortable asking questions about their treatment.	☐ Yes ☐ No ☐ Refused
j. My child, not staff, decided their treatment goals.	☐ Yes ☐ No ☐ Refused
k. My child liked the services that they received here.	☐ Yes ☐ No ☐ Refused
l. If my child had other choices, they would still get services at this agency.	☐ Yes ☐ No ☐ Refused
m. My child would recommend this agency to a friend or family member.	☐ Yes ☐ No ☐ Refused
n. Staff helped my child obtain the information my child needed so that they could take charge of managing their illness.	☐ Yes ☐ No ☐ Refused
Domain: Perception to Access to Services: Questions o-p	
o. The location of services was (is) convenient.	☐ Yes ☐ No ☐ Refused
p. My child able to get all the services they thought they needed.	☐ Yes ☐ No ☐ Refused

Questions required to be completed by Clinician only.

1. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:

Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positive Engagement in Recovery	Optimal Engagement in Recovery
1	2	3	4	5