National Outcome Measures (NOMs)
BASELINE INTERVIEW

Consumer ID |___|___|___|___|___|___|___|___|___|___|___|___|

Grant ID (Grant/Contract/Cooperative Agreement) |__|__|__|__|__|__|__|__|__|__|

Site ID |___|___|___|___|___|___|___|___|___|___|

1. Assessment

☐ Baseline Assessment

☐ 6-Month Reassessment	☐ 12-Month Reassessment	☐ 18-Month Reassessment
☐ 24-Month Reassessment	☐ 30-Month Reassessment	☐ 36-Month Reassessment
☐ 42-Month Reassessment	☐ 48-Month Reassessment	☐ 54-Month Reassessment
☐ 60-Month Reassessment	☐ 66-Month Reassessment	☐ Clinical Discharge

2. Interview Conducted?

☐ Yes ***[GO TO 3]***
☐ No

3. When was the interview conducted or attempted?

|___|___| /|___|___| /|___|___|___|___|
MONTH DAY YEAR

4. When did the consumer first receive services under the grant for this episode of care?

|___|___| /|___|___| ___|___|
MONTH YEAR

5. Was the respondent the child or the caregiver?

☐ Child [PREFER CHILD AGE 11 AND OLDER]
☐ Caregiver

A. <u>DEMOGRAPHIC DATA</u>

1. What is your child's gender?

☐ MALE
☐ FEMALE
☐ TRANSGENDER
☐ OTHER (SPECIFY) _____
☐ REFUSED

2. Is your child Hispanic or Latino?

☐ YES
☐ NO [GO TO 3]
☐ REFUSED [GO TO 3]

[IF YES] **What ethnic group do you consider your child? Please answer yes or no for each of the following. You may say yes to more than one.**

	YES	NO	REFUSED	
Central American	☐	☐	☐	
Cuban	☐	☐	☐	
Dominican	☐	☐	☐	
Mexican	☐	☐	☐	
Puerto Rican	☐	☐	☐	
South American	☐	☐	☐	
OTHER	☐	☐	☐	[IF YES, SPECIFY BELOW]

(SPECIFY) _____

3. What race do you consider your child? Please answer yes or no for each of the following. You may say yes to more than one.

	YES	NO	REFUSED
Black or African American	☐	☐	☐
Asian	☐	☐	☐
Native Hawaiian or other Pacific Islander	☐	☐	☐
Alaska Native	☐	☐	☐
White	☐	☐	☐
American Indian	☐	☐	☐

4. What is your child's month and year of birth?

|_|_| / |_|_|_|_| ☐ REFUSED
MONTH YEAR

B. <u>FUNCTIONING</u>

1. How would you rate your child's overall health right now?

☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor
☐ REFUSED
☐ DON'T KNOW

2. In order to provide the best possible mental health and related services, we need to know what you think about how well your child was able to deal with everyday life <u>during the past 30 days</u>. Please indicate your disagreement/agreement with each of the following statements.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER (CAREGIVER).

STATEMENT	RESPONSE OPTIONS						
	Strongly Disagree	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**	**REFUSED**	**NOT APPLICABLE**
a. My child is handling daily life.	☐	☐	☐	☐	☐	☐	
b. My child gets along with family members.	☐	☐	☐	☐	☐	☐	☐
c. My child gets along with friends and other people.	☐	☐	☐	☐	☐	☐	
d. My child is doing well in school and/or work.	☐	☐	☐	☐	☐	☐	☐
e. My child is able to cope when things go wrong.	☐	☐	☐	☐	☐	☐	
f. I am satisfied with our family life right now.	☐	☐	☐	☐	☐	☐	

B. MILITARY FAMILY AND DEPLOYMENT
[QUESTION 5 IS NOT APPLICABLE TO CHILD PROGRAMS.]

6. Is anyone in your child's family or someone close to your child currently serving on active duty in or retired/separated from the Armed Forces, the Reserves, or the National Guard?

☐ Yes, only one person
☐ Yes, more than one person
☐ No **[GO TO SECTION C]**
☐ REFUSED **[GO TO SECTION C]**
☐ DON'T KNOW **[GO TO SECTION C]**

For the first person:

6.a.1 What is the relationship of that person (Service Member) to your child?

☐ MOTHER/FATHER
☐ BROTHER/SISTER
☐ SPOUSE/PARTNER
☐ CHILD
☐ OTHER, SPECIFY_____
☐ REFUSED
☐ DON'T KNOW

6.b.1 Has the Service Member experienced any of the following? Please answer for each of the following. You may say yes to more than one.

	YES	**NO**	**REFUSED**	**DON'T KNOW**
Deployed in support of Combat Operations (e.g. Iraq or Afghanistan)	☐	☐	☐	☐
Was physically injured during Combat Operations	☐	☐	☐	☐
Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts	☐	☐	☐	☐
Died or was killed	☐	☐	☐	☐

[IF THE RESPONSE TO 6 WAS "YES, ONLY ONE PERSON", GO TO SECTION C. OTHERWISE, CONTINUE.]

For the second person:

6.a.2 What is the relationship of that person (Service Member) to your child?

- ☐ MOTHER/FATHER
- ☐ BROTHER/SISTER
- ☐ SPOUSE/PARTNER
- ☐ CHILD
- ☐ OTHER, SPECIFY_____
- ☐ REFUSED
- ☐ DON'T KNOW

6.b.2 Has the Service Member experienced any of the following? Please answer for each of the following. You may say yes to more than one.

	YES	NO	REFUSED	DON'T KNOW
Deployed in support of Combat Operations (e.g. Iraq or Afghanistan)	☐	☐	☐	☐
Was physically injured during Combat Operations	☐	☐	☐	☐
Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts	☐	☐	☐	☐
Died or was killed	☐	☐	☐	☐

[IF THE CONSUMER HAS INFORMATION FOR ANOTHER SERVICE MEMBER, CONTINUE. OTHERWISE, GO TO SECTION C.

For the third person:

6.a.3 What is the relationship of that person (Service Member) to your child?

- ☐ MOTHER/FATHER
- ☐ BROTHER/SISTER
- ☐ SPOUSE/PARTNER
- ☐ CHILD
- ☐ OTHER, SPECIFY_____
- ☐ REFUSED
- ☐ DON'T KNOW

6.b.3 Has the Service Member experienced any of the following? Please answer for each of the following. You may say yes to more than one.

	YES	NO	REFUSED	DON'T KNOW
Deployed in support of Combat Operations (e.g. Iraq or Afghanistan)	☐	☐	☐	☐
Was physically injured during Combat Operations	☐	☐	☐	☐
Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts	☐	☐	☐	☐
Died or was killed	☐	☐	☐	☐

[IF THE CONSUMER HAS INFORMATION FOR ANOTHER SERVICE MEMBER, CONTINUE. OTHERWISE, GO TO SECTION C.]

For the fourth person:

6.a.4 What is the relationship of that person (Service Member) to your child?

- ☐ MOTHER/FATHER
- ☐ BROTHER/SISTER
- ☐ SPOUSE/PARTNER
- ☐ CHILD
- ☐ OTHER, SPECIFY_____
- ☐ REFUSED
- ☐ DON'T KNOW

6.b.4 Has the Service Member experienced any of the following? Please answer for each of the following. You may say yes to more than one.

	YES	NO	REFUSED	DON'T KNOW
Deployed in support of Combat Operations (e.g. Iraq or Afghanistan)	☐	☐	☐	☐
Was physically injured during Combat Operations	☐	☐	☐	☐
Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts	☐	☐	☐	☐
Died or was killed	☐	☐	☐	☐

[IF THE CONSUMER HAS INFORMATION FOR ANOTHER SERVICE MEMBER, CONTINUE. OTHERWISE, GO TO SECTION C.]

For the fifth person:

6.a.5 What is the relationship of that person (Service Member) to your child?

- ☐ MOTHER/FATHER
- ☐ BROTHER/SISTER
- ☐ SPOUSE/PARTNER
- ☐ CHILD
- ☐ OTHER, SPECIFY_____
- ☐ REFUSED
- ☐ DON'T KNOW

6.b.5 Has the Service Member experienced any of the following? Please answer for each of the following. You may say yes to more than one.

	YES	NO	REFUSED	DON'T KNOW
Deployed in support of Combat Operations (e.g. Iraq or Afghanistan)	☐	☐	☐	☐
Was physically injured during combat Operations	☐	☐	☐	☐
Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts	☐	☐	☐	☐
Died or was killed	☐	☐	☐	☐

[IF THE CONSUMER HAS INFORMATION FOR ANOTHER SERVICE MEMBER, CONTINUE. OTHERWISE, GO TO SECTION C.]

For the sixth person:

6.a.6 What is the relationship of that person (Service Member) to your child?

- ☐ MOTHER/FATHER
- ☐ BROTHER/SISTER
- ☐ SPOUSE/PARTNER
- ☐ CHILD
- ☐ OTHER, SPECIFY_____
- ☐ REFUSED
- ☐ DON'T KNOW

6.b.6 Has the Service Member experienced any of the following? Please answer for each of the following. You may say yes to more than one.

	YES	NO	REFUSED	DON'T KNOW
Deployed in support of Combat Operations (e.g. Iraq or Afghanistan)	☐	☐	☐	☐
Was physically injured during Combat Operations	☐	☐	☐	☐
Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts	☐	☐	☐	☐
Died or was killed	☐	☐	☐	☐

C. STABILITY IN HOUSING

1. In the past 30 days how many …	**Number of Nights/ Times**	**REFUSED**	**DON'T KNOW**
a. nights has your child been homeless?	|___|___|	☐	☐
b. nights has your child spent in a hospital for mental health care?	|___|___|	☐	☐
c. nights has your child spent in a facility for detox/inpatient or residential substance abuse	|___|___|	☐	☐
d. nights has your child spent in correctional facility including juvenile detention, jail, or prison?	|___|___|	☐	☐
[ADD UP THE TOTAL NUMBER OF NIGHTS SPENT HOMELESS, IN HOSPITAL FOR MENTAL HEALTH CARE, IN DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT, OR IN A CORRECTIONAL FACILITY. (ITEMS A-D, CANNOT EXCEED 30 NIGHTS)]	|___|___|		
e. times has your child gone to an emergency room for a psychiatric or emotional problem?	|___|___|	☐	☐

[IF 1A, 1B, 1C, OR 1D IS 16 OR MORE NIGHTS, GO TO SECTION D.]

2. In the past 30 days, where has your child been living most of the time?
[DO NOT READ RESPONSE OPTIONS TO CONSUMER (CAREGIVER). SELECT ONLY ONE.]

- ☐ CAREGIVER'S OWNED OR RENTED HOUSE, APARTMENT, TRAILER, OR ROOM
- ☐ INDEPENDENT OWNED OR RENTED HOUSE, APARTMENT, TRAILER OR ROOM
- ☐ SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, OR ROOM
- ☐ HOMELESS (SHELTER, STREET/OUTDOORS, PARK)
- ☐ GROUP HOME
- ☐ FOSTER CARE (SPECIALIZED THERAPEUTIC TREATMENT)
- ☐ TRANSITIONAL LIVING FACILITY
- ☐ HOSPITAL (MEDICAL)
- ☐ HOSPITAL (PSYCHIATRIC)
- ☐ DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
- ☐ CORRECTIONAL FACILITY (JUVENILE DETENTION CENTER/JAIL/PRISON)
- ☐ OTHER HOUSED (SPECIFY) _____
- ☐ REFUSED
- ☐ DON'T KNOW

D. EDUCATION

1. During the past 30 days of school, how many days was your child absent for any reason?

- ☐ 0 DAYS
- ☐ 1 DAYS
- ☐ 2 DAYS
- ☐ 3 TO 5 DAYS
- ☐ 6 TO 10 DAYS
- ☐ MORE THAN 10 DAYS
- ☐ REFUSED
- ☐ DON'T KNOW
- ☐ NOT APPLICABLE

a. [IF ABSENT]**, how many days were unexcused absences?**

- ☐ 0 DAYS
- ☐ 1 DAYS
- ☐ 2 DAYS
- ☐ 3 TO 5 DAYS
- ☐ 6 TO 10 DAYS

☐ MORE THAN 10 DAYS
☐ REFUSED
☐ DON'T KNOW
☐ NOT APPLICABLE

2. What is the highest level of education your child has finished, whether or not he/she has received a degree?

☐ NEVER ATTENDED
☐ PRESCHOOL
☐ KINDERGARTEN
☐ 1ST GRADE
☐ 2ND GRADE
☐ 3RD GRADE
☐ 4TH GRADE
☐ 5TH GRADE
☐ 6TH GRADE
☐ 7TH GRADE
☐ 8TH GRADE
☐ 9TH GRADE
☐ 10TH GRADE
☐ 11TH GRADE
☐ 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED)
☐ VOC/TECH DIPLOMA
☐ SOME COLLEGE OR UNIVERSITY
☐ REFUSED
☐ DON'T KNOW

E. <u>CRIME AND CRIMINAL JUSTICE STATUS</u>

1. In the past 30 days, how many times has your child been arrested?

|___|___| TIMES ☐ REFUSED ☐ DON'T KNOW

G. <u>SOCIAL CONNECTEDNESS</u>

1. Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons other than your child's mental health provider(s) over the past 30 days.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER (CAREGIVER).

STATEMENT	RESPONSE OPTIONS					
	Strongly Disagree	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**	**REFUSED**
a. I know people who will listen and understand me when I need to talk.	☐	☐	☐	☐	☐	☐
b. I have people that I am comfortable talking with about my child's problems.	☐	☐	☐	☐	☐	☐
c. In a crisis, I would have the support I need from family or friends.	☐	☐	☐	☐	☐	☐
d. I have people with whom I can do enjoyable things.	☐	☐	☐	☐	☐	☐