

**National Outcome Measures (NOMs)
BASELINE NON-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

2a. Why was the interview not conducted? Choose only one.

[PLEASE MARK YOUR ANSWER UNDER THE COLUMN RELATING TO THE ASSESSMENT TYPE]

	Baseline Assessment	Reassessments	Clinical Discharge
Consumer refused interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not able to obtain consent from proxy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer was impaired/unable to provide consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer cannot be reached for interview		<input type="checkbox"/>	<input type="checkbox"/>
Staff previously indicated "Administrative data only" or "No data" would be submitted		<input type="checkbox"/> [IF THIS ANSWER IS SELECTED, GO TO SECTION I]	<input type="checkbox"/> [IF THIS ANSWER IS SELECTED, GO TO SECTION J]

2b. What data will be submitted for the next reassessment?

- Interview data
- Administrative data only - [Record Management, Sections I or J &K] - will not attempt any subsequent interviews
- No data - will only provide discharge status [Record Management & Section J] when discharged

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. Demographic Data

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuban	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dominican	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mexican	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puerto Rican	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> [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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

/
 MONTH YEAR REFUSED