Client STARS ID:

Date:

Tool Type:

Family should answer for how they feel their child is doing for the services.

☐ Initial ☐ Family

☐ Level of Care Transfer

☐ Discharge

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

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

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. 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
e. Has your child spent time in a correctional facility including jail/prison/detention (because of an arrest, parole, or probation violation)?	☐Yes ☐No ☐Refused
f. Has your child had suicidal thoughts?	☐Yes ☐No ☐Refused
g. 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

2. 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 30 days</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.	☐	☐	☐	☐	☐	☐	☐
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 Level of Care Transfer or Discharge

3. Please answer the following questions based on the <u>past 30 days</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. Staff encouraged my child 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 they received here.	☐ Yes	☐ No	☐ Refused
l. If my child had other choices, my child 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 needed so they could take charge of managing their illness.	☐ Yes	☐ No	☐ Refused
Domain: Perception of Access to Services Questions o-p			
o. The location of services was convenient.	☐ Yes	☐ No	☐ Refused
p. My child was able to get all the services they thought they needed.	☐ Yes	☐ No	☐ Refused

4. Please check the appropriate box on how your child is doing since entering the program that best tells us what you think.	Before starting the program				Now (at end of program)			
	Poor	*Average*	*Good*	*Excellent*	*Poor*	*Average*	*Good*	*Excellent*
	1	*2*	*3*	*4*	*1*	*2*	*3*	*4*
a. Controlling alcohol use	☐	☐	☐	☐	☐	☐	☐	☐
b. Controlling drug use	☐	☐	☐	☐	☐	☐	☐	☐

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
☐	☐	☐	☐	☐

YOUTH ONLY

GAIN Short Screener (GAIN-SS) Scoring					
Screener	Items	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4,3,2,1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDSer	1a – 4e				