

Division of Behavioral Health

Substance Use Disorder Outcome Tool

Family Update

Today's Date: ____/____/____

Client STARS ID: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

- Program**
- | | |
|--|---|
| <input type="checkbox"/> 1.0 Outpatient | <input type="checkbox"/> 2.1 Intensive Outpatient |
| <input type="checkbox"/> 2.5 Day Treatment | <input type="checkbox"/> 3.7 Intensive Inpatient Treatment (PRFT) |
| <input type="checkbox"/> 3.1 Low Intensity Residential | |
| <input type="checkbox"/> Adolescent EBP Services | |

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

- Excellent
 Very Good
 Good
 Fair
 Poor

a. Now thinking about your child's physical health, which includes physical illness and injury, how many days during the past 30 days was your child physical health not good? _____

b. Now thinking about your child's mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your child's mental health not good? _____

c. During the past 30 days, approximately how many days did your child's poor physical or mental health keep you from doing your child's usual activities, such as self-care, school, work, or recreation? _____

2. Please answer the following question

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

*Federally Required Element

*Federally Required Element

Number of Nights/Times	Don't know
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3. Please answer the following questions based on the past 30 days...

a. How many times has your child gone to an emergency room for a psychiatric or emotional problem? _____

b. How many nights has your child spent in a facility for:

i. Detoxification? _____

ii. Inpatient/Residential Substance Use Disorder Treatment? _____

iii. Mental Health Care? _____

iv. Illness, Injury, Surgery? _____

c. How many nights has your child spent in a correctional facility including JDC or Jail (as a result of an arrest, parole or probation violation)? _____

d. How many times has your child tried to commit suicide? _____

Family SUD Form – Update Interval

4. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days. (Please answer for relationships with persons other than your behavioral health provider(s).) *Federally Required	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: Social Connectedness Questions 1-4							
1. My child knows people who will listen and understand them when they need to talk.	<input type="checkbox"/>						
2. In a crisis, my child would have the support they need from family and friends.	<input type="checkbox"/>						
3. My child has people that he/she are comfortable talking with about their problems.	<input type="checkbox"/>						
4. My child has people with whom they can do enjoyable things.	<input type="checkbox"/>						
Domain: Improved Functioning/ Outcomes Domain: Questions 5-11							
5. My child is better able to do things he or she wants to do.	<input type="checkbox"/>						
6. My child gets along better with family members.	<input type="checkbox"/>						
7. My child gets along better with friends and other people.	<input type="checkbox"/>						
8. My child is doing better in school and/or work.	<input type="checkbox"/>						
9. My child is better able to cope when things go wrong.	<input type="checkbox"/>						
10. My child is better at handling daily life.	<input type="checkbox"/>						
11. I am satisfied with our family life right now.	<input type="checkbox"/>						
Domain: Perception of Access to Services Questions 12-13							
12. The location of services was convenient.	<input type="checkbox"/>						
13. Services are available at times that are convenient for us.	<input type="checkbox"/>						
Domains: Perception of Cultural Sensitivity Questions 14-17							
14. Staff treat me with respect.	<input type="checkbox"/>						
15. Staff respect my family's religious/spiritual beliefs.	<input type="checkbox"/>						
16. Staff speak with me in a way that I understand.	<input type="checkbox"/>						
17. Staff are sensitive to my cultural/ethnic background.	<input type="checkbox"/>						
Domain: Perceptions of Participation in Treatment Planning Questions 18-20							
18. I helped to choose my child's services.	<input type="checkbox"/>						
19. I help to choose my child's treatment goals.	<input type="checkbox"/>						
20. I am frequently involved in my child's treatment.	<input type="checkbox"/>						

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	Response Options						
	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Not applicable	Refused
Domain: General Satisfaction Questions 21-26							
21. Overall I am satisfied with the services my child received here.	<input type="checkbox"/>						
22. The people helping my child have stuck with us no matter what.	<input type="checkbox"/>						
23. I feel my child has someone to talk to when he/she is troubled.	<input type="checkbox"/>						
24. The services my child and/or family received were right for us.	<input type="checkbox"/>						
25. My family got the help we wanted for my child.	<input type="checkbox"/>						
26. My family has gotten as much help as we needed for my child	<input type="checkbox"/>						