

Substance Abuse and Mental Health Services Administration (SAMHSA) Unified Performance Reporting Tool (SUPRT) - C

CLIENT OR CAREGIVER SURVEY

Version: September 2024

Age Range	Respondent Type	Assessment	Link
Adult (18 years+)	Client (or proxy)	Baseline	Adult_Client_Baseline
Adult (18 years+)	Client (or proxy)	Reassessment	Adult_Client_Reassessment
Youth (12-17 years)	Client (or proxy)	Baseline	Youth_Client_Baseline
Youth (12-17 years)	Client (or proxy)	Reassessment	Youth_Client_Reassessment
Child (5-17 years)	Caregiver/Parent	Baseline	Child_Caregiver_Baseline
Child (5-17 years)	Caregiver/Parent	Reassessment	Child_Caregiver_Reassessment
Young Child (0-4 years)	Caregiver/Parent	Baseline	YoungChild_Caregiver_Baseline
Young Child (0-4 years)	Caregiver/Parent	Reassessment	YoungChild_Caregiver_Reassessment

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: ADULT

Respondent

: CLIENT

Assessment :

BASELINE

FORM VERSION: Adult / Client / Baseline

CLIENT CONSENT

Your behavioral health services are supported by funding from the Substance Abuse Mental Health Services Administration (SAMHSA). It is important that we collect information about those we are serving to help SAMHSA improve services across the nation. Your reply to these questions will help SAMHSA and your provider.

Please note, no identifying information will be reported to SAMHSA. This means that when the results are reported, your name or any other information that could be used to identify you will not be shown. Your answers are also protected by the Privacy Act of 1974, 5 U.S.C § 552a.

Answering these questions is voluntary. You may skip any question you do not want to answer or stop at any time. This will not result in any loss of services or benefits.

This survey should take approximately 15 minutes.

By answering the following questions, you are agreeing to participate.

Check: Are you answering for your child as a caregiver or family member? This survey was designed for Adults (persons 18 years or older) responding for themselves. If that's not you, please ask your provider for the survey for Caregivers/Family Members or for youth (12-17 years old).

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: ADULT

Respondent

: CLIENT

Assessment :

BASELINE

DEMOGRAPHIC DATA

1. What is your race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group.

- White – Provide details below.
 - German
 - Irish
 - English
 - Italian
 - Polish
 - French
 - Enter, for example, Scottish, Norwegian, Dutch, etc. _____
- Hispanic or Latino – Provide details below.
 - Mexican or Mexican American
 - Puerto Rican
 - Cuban
 - Salvadoran
 - Dominican
 - Colombian
 - Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. _____
- Black or African American – Provide details below.
 - African American
 - Jamaican
 - Haitian
 - Nigerian
 - Ethiopian
 - Somali
 - Enter, for example, Ghanaian, South African, Barbadian, etc. _____
- Asian – Provide details below.
 - Chinese
 - Filipino
 - Asian Indian
 - Vietnamese
 - Korean
 - Japanese
 - Enter, for example, Pakistani, Cambodian, Hmong, etc. _____
- American Indian or Alaska Native – Provide details below.

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: ADULT

Respondent

: CLIENT

Assessment

:

BASELINE

- Enter, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. _____

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: ADULT

Respondent

: CLIENT

Assessment :

BASELINE

- Middle Eastern or North African – Provide details below.
 - Lebanese
 - Iranian
 - Egyptian
 - Syrian
 - Moroccan
 - Israeli
 - Enter, for example, Algerian, Iraqi, Kurdish, etc. _____
- Native Hawaiian or Pacific Islander – Provide details below.
 - Native Hawaiian
 - Samoan
 - Chamorro
 - Tongan
 - Fijian
 - Marshallese
 - Enter, for example, Palauan, Tahitian, Chuukese etc. _____

2. What is your gender?

- Woman/Girl
- Man/Boy
- Non-binary
- Two-Spirit [If respondent is American Indian or Alaska Native]
- I use a different term: [free text] _____
- Prefer not to answer

3. What is your sex assigned at birth, for example on your original birth certificate?

- Female
- Male
- I don't know
- Prefer not to answer

4. Which of the following best represents how you think of yourself?

- Lesbian or gay
- Straight, that is, not gay or lesbian
- Bisexual
- Two-Spirit [If American Indian or Alaska Native]
- I use a different term – Enter: _____
- I don't know
- Prefer not to answer

5. What language do you prefer to speak?

Write in: _____

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: ADULT

Respondent

: CLIENT

Assessment :

BASELINE

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: ADULT

Respondent

: CLIENT

Assessment

:

BASELINE

6. Have you ever served in the Armed Forces, the Reserves, the National Guard or other Uniformed Services?

- Yes, currently serving
- Yes, served in the past
- No
- Prefer not to answer

7. Please respond to the following questions about your physical health.

7a. Are you deaf or do you have serious difficulty hearing?

- Yes
- No
- Prefer not to answer

7b. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No
- Prefer not to answer

7c. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No
- Prefer not to answer

7d. Do you have serious difficulty walking or climbing stairs?

- Yes
- No
- Prefer not to answer

7e. Do you have difficulty dressing or bathing?

- Yes
- No
- Prefer not to answer

7f. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: ADULT

Respondent

: CLIENT

Assessment :

BASELINE

Prefer not to answer

SOCIAL DRIVERS OF HEALTH

1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

- Very hard
- Hard
- Somewhat hard
- Not very hard
- Prefer not to answer

2. What is your living situation today?

- I have a steady place to live
- I have a place to live today but I am worried about losing it in the future
- I do not have a steady place to live
- Prefer not to answer

3. What is your housing situation today?

- House, apartment, or mobile home
- Shelter, hotel or motel
- Residential treatment center
- Outside, car, or abandoned building
- Prefer not to answer

4. Are you currently employed?

- Employed, full time or part time
- Not employed, seeking employment
- Not employed, not seeking employment (includes in school not seeking, retired, due to disability, homemaker, etc)
- Other: _____
- Prefer not to answer

5. What is the highest level of education you have finished?

- Less than high school diploma
- High school degree or GED
- Some vocational, technical or college, university
- 4-year degree or higher

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: ADULT

Respondent

: CLIENT

Assessment :

BASELINE

- Prefer not to answer

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: ADULT

Respondent

: CLIENT

Assessment

:

BASELINE

6. In the last 3 months, have you attended school/college, homeschool, or vocational training regularly?

- Enrolled, attending regularly
- Enrolled, not attending regularly
- Not enrolled
- Prefer not to answer

7. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

- Yes, it has kept me from medical appointments or from getting my medications.
- Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
- No
- Prefer not to answer

Age: ADULT

Respondent

: CLIENT

Assessment :

BASELINE

CLIENT-REPORTED CORE OUTCOMES OF RECOVERY

Based on how you are right now, please select whether you strongly agree, agree, somewhat agree, somewhat disagree, or strongly disagree with each statement in the table below.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
1. I am physically fine most days.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My mental health is fine most days.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am in control of my substance use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have stable housing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have a steady job or am involved in things like school, training, or volunteering.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My life has purpose and meaning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I have enough money to meet my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I am proud of the community I live in and feel a part of it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am supported by the people around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The future appears bright to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I am in control of my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I bounce back quickly after hard times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. On a scale of 0 to 100, if 0 represents no quality of life and 100 is perfect quality of life, how would you rate your quality of life? _____

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: ADULT

Respondent

: CLIENT

Assessment :

BASELINE

14. Which goals do you have for participating in this program? Check all that apply.

- Improve the symptoms that led me to services (for example distress, anxiety)
- Reduce my drug and/or alcohol use
- Gain access to medical services I need
- Enroll in or finish education (for example GED, degree, vocational training)
- Get or maintain a job
- Live in stable housing
- Be a better parent or caregiver
- Improve my friendships and relationships
- Comply with court order or avoid contact with the police and/or justice system
- Other goal - Please describe: _____
- Prefer not to respond

Thank you for completing this baseline survey.

Public reporting burden for this collection of information is estimated to average 15 minutes per response at baseline if all applicable sections are completed. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT – ADULT / CLIENT / BASELINE

Client ID |__|__|__|__|__|__|__|__|__|__|

Site ID |__|__|__|__|__|__|__|__|__|__| **Grant ID** |__|__|__|__|__|__|__|__|

1. Was this assessment conducted with the client/caregiver? Yes – Client Yes – Caregiver/Proxy No

1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? |__|_/_|_/_|_/_|_/_|

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

Client/Caregiver was unable to provide consent Client was not reached for assessment Client no longer in care

FORM VERSION: Adult / Client / Reassessment

CLIENT CONSENT

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This survey should take approximately 10 minutes.

By answering the following questions, you are agreeing to participate.

Check: Are you answering for your child as a caregiver or family member? This survey was designed for Adults (persons 18 years or older) responding for themselves. If that's not you, please ask your provider for the survey for Caregivers/Family Members or for youth (12-17 years old).

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SOCIAL DRIVERS OF HEALTH

1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

- Very hard
- Hard
- Somewhat hard
- Not very hard
- Prefer not to answer

2. What is your living situation today?

- I have a steady place to live
- I have a place to live today but I am worried about losing it in the future
- I do not have a steady place to live
- Prefer not to answer

3. What is your housing situation today?

- House, apartment, or mobile home
- Shelter, hotel or motel
- Residential treatment center
- Outside, car, or abandoned building
- Prefer not to answer

4. Are you currently employed?

- Employed, full time or part time
- Not employed, seeking employment
- Not employed, not seeking employment (includes in school not seeking, retired, due to disability, homemaker, etc)
- Other: _____
- Prefer not to answer

5. What is the highest level of education you have finished?

- Less than high school diploma
- High school degree or GED
- Some vocational, technical or college, university
- 4-year degree or higher
- Prefer not to answer

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: ADULT

Respondent: CLIENT

Assessment: REASSESSMENT

6. In the last 3 months, have you attended school/college, homeschool, or vocational training regularly?

- Enrolled, attending regularly
- Enrolled, not attending regularly
- Not enrolled
- Prefer not to answer

7. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

- Yes, it has kept me from medical appointments or from getting my medications.
- Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
- No
- Prefer not to answer

CLIENT-REPORTED CORE OUTCOMES OF RECOVERY

Based on how you are right now, please select whether you strongly agree, agree, somewhat agree, somewhat disagree, or strongly disagree with each statement in the table below.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
1. I am physically fine most days.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My mental health is fine most days.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am in control of my substance use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have stable housing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have a steady job or am involved in things like school, training, or volunteering.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My life has purpose and meaning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I have enough money to meet my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I am proud of the community I live in and feel a part of it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am supported by the people around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The future appears bright to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I am in control of my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I bounce back quickly after hard times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. On a scale of 0 to 100, if 0 represents no quality of life and 100 is perfect quality of life, how would you rate your quality of life? _____

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: ADULT

Respondent: CLIENT

Assessment: REASSESSMENT

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: ADULT

Respondent: CLIENT

Assessment: REASSESSMENT

FORM VERSION: Youth / Client / Baseline

CLIENT CONSENT

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Answering these questions is voluntary. You may skip any question you do not want to answer or stop at any time. This will not result in any loss of services or benefits.

This survey should take approximately 10 minutes.

By answering the following questions, you are agreeing to participate.

Check: Are you answering for your child as a caregiver or family member? This survey was designed for Youth (persons 12 to 17 years old) responding for themselves. If that's not you, please ask your provider for the survey for Caregivers/Family Members or for Adults (18+ years old).

DEMOGRAPHIC DATA

1. What is your race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group.

- White – Provide details below.
 - German
 - Irish
 - English
 - Italian
 - Polish
 - French
 - Enter, for example, Scottish, Norwegian, Dutch, etc. _____
- Hispanic or Latino – Provide details below.
 - Mexican or Mexican American
 - Puerto Rican
 - Cuban
 - Salvadoran
 - Dominican
 - Colombian
 - Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. _____
- Black or African American – Provide details below.
 - African American
 - Jamaican
 - Haitian
 - Nigerian
 - Ethiopian
 - Somali
 - Enter, for example, Ghanaian, South African, Barbadian, etc. _____
- Asian – Provide details below.
 - Chinese
 - Filipino
 - Asian Indian
 - Vietnamese
 - Korean
 - Japanese
 - Enter, for example, Pakistani, Cambodian, Hmong, etc. _____
- American Indian or Alaska Native – Provide details below
 - Enter, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. _____

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: YOUTH (12-17)

Respondent: CLIENT

Assessment: BASELINE

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: YOUTH (12-17)

Respondent: CLIENT

Assessment: BASELINE

- Middle Eastern or North African – Provide details below.
 - Lebanese
 - Iranian
 - Egyptian
 - Syrian
 - Moroccan
 - Israeli
 - Enter, for example, Algerian, Iraqi, Kurdish, etc. _____
- Native Hawaiian or Pacific Islander – Provide details below.
 - Native Hawaiian
 - Samoan
 - Chamorro
 - Tongan
 - Fijian
 - Marshallese
 - Enter, for example, Palauan, Tahitian, Chuukese etc. _____

2. What is your gender?

- Woman/Girl
- Man/Boy
- Non-binary
- Two-Spirit [If respondent is American Indian or Alaska Native]
- I use a different term: [free text] _____
- Prefer not to answer

3. What is your sex assigned at birth, for example on your original birth certificate?

- Female
- Male
- I don't know
- Prefer not to answer

4. Which of the following best represents how you think of yourself?

- Lesbian or gay
- Straight, that is, not gay or lesbian
- Bisexual
- Two-Spirit [If American Indian or Alaska Native]
- I use a different term – Enter: _____
- I don't know
- (Prefer not to answer

5. What language do you prefer to speak?

Write in: _____

6. Please respond to the following questions about your physical health.

6a. Are you deaf or do you have serious difficulty hearing?

- Yes
- No
- Prefer not to answer

6b. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No
- Prefer not to answer

6c. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No
- Prefer not to answer

6d. Do you have serious difficulty walking or climbing stairs?

- Yes
- No
- Prefer not to answer

6e. Do you have difficulty dressing or bathing?

- Yes
- No
- Prefer not to answer

SOCIAL DRIVERS OF HEALTH

1. What is your living situation today?

- I have a steady place to live
- I have a place to live today but I am worried about losing it in the future
- I do not have a steady place to live
- Prefer not to answer

FORM VERSION: Youth / Client / Reassessment

CLIENT CONSENT

Your behavioral health services are supported by funding from the Substance Abuse Mental Health Services Administration (SAMHSA). It is important that we collect information about those we are serving to help SAMHSA improve services across the nation. Your reply to these questions will help SAMHSA and your provider.

Please note, no identifying information will be reported to SAMHSA. This means that when the results are reported, your name or any other information that could be used to identify you will not be shown. Your answers are also protected by the Privacy Act of 1974, 5 U.S.C § 552a.

Answering these questions is voluntary. You may skip any question you do not want to answer or stop at any time. This will not result in any loss of services or benefits.

This survey should take approximately 5 minutes.

By answering the following questions, you are agreeing to participate.

Check: Are you answering for your child as a caregiver or family member? This survey was designed for Youth (persons 12 to 17 years old) responding for themselves. If that's not you, please ask your provider for the survey for Caregivers/Family Members or for Adults (18+ years old).

SOCIAL DRIVERS OF HEALTH

1. What is your living situation today?

- I have a steady place to live
- I have a place to live today but I am worried about losing it in the future
- I do not have a steady place to live
- Prefer not to answer

2. What is your housing situation today?

- House, apartment, or mobile home
- Shelter, hotel or motel
- Residential treatment center
- Outside, car, or abandoned building
- Prefer not to answer

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: YOUTH (12-17)

Respondent: CLIENT

Assessment: REASSESSMENT

FORM VERSION: Child (5-17) / Caregiver / Baseline

CAREGIVER/FAMILY MEMBER CONSENT

Your child’s behavioral health services are supported by funding from the Substance Abuse Mental Health Services Administration (SAMHSA). It is important that we collect information about those we are serving to help SAMHSA improve services across the nation. Your reply to these questions will help SAMHSA and your child’s provider.

Please note, no identifying information will be reported to SAMHSA. This means that when the results are reported, your child’s name or any other information that could be used to identify your child will not be shown. Your answers are also protected by the Privacy Act of 1974, 5 U.S.C § 552a.

Answering these questions is voluntary. You may skip any question you do not want to answer or stop at any time. This will not result in any loss of services or benefits.

This survey should take approximately 10 minutes.

By answering the following questions, you are agreeing to participate.

Check: Are you answering for your child as a caregiver or family member? This survey was designed for caregivers or family members responding for their child. If that’s not you, please ask your provider for the survey for Youth (12 to 17) responding for themselves or for Adults (18+ years old).

DEMOGRAPHIC DATA

1. What is your child's race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group.

- White – Provide details below.
 - German
 - Irish
 - English
 - Italian
 - Polish
 - French
 - Enter, for example, Scottish, Norwegian, Dutch, etc. _____
- Hispanic or Latino – Provide details below.
 - Mexican or Mexican American
 - Puerto Rican
 - Cuban
 - Salvadoran
 - Dominican
 - Colombian
 - Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. _____
- Black or African American – Provide details below.
 - African American
 - Jamaican
 - Haitian
 - Nigerian
 - Ethiopian
 - Somali
 - Enter, for example, Ghanaian, South African, Barbadian, etc. _____
- Asian – Provide details below.
 - Chinese
 - Filipino
 - Asian Indian
 - Vietnamese
 - Korean
 - Japanese
 - Enter, for example, Pakistani, Cambodian, Hmong, etc. _____
- American Indian or Alaska Native – Provide details below.

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: CHILD (5-17)

Respondent: CAREGIVER

Assessment: BASELINE

- Enter, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. _____

- Middle Eastern or North African – Provide details below.
 - Lebanese
 - Iranian
 - Egyptian
 - Syrian
 - Moroccan
 - Israeli
 - Enter, for example, Algerian, Iraqi, Kurdish, etc. _____
- Native Hawaiian or Pacific Islander – Provide details below.
 - Native Hawaiian
 - Samoan
 - Chamorro
 - Tongan
 - Fijian
 - Marshallese
 - Enter, for example, Palauan, Tahitian, Chuukese etc. _____

2. What is your child’s sex assigned at birth, for example on their original birth certificate?

- Female
- Male
- I don’t know
- Prefer not to answer

3. What language does your child prefer to speak?

Write in: _____

4. Please respond to the following questions about your child’s physical health.

4a. Is your child deaf or does your child have serious difficulty hearing?

- Yes
- No
- Prefer not to answer

4b. Is your child blind or does your child have serious difficulty seeing, even when wearing glasses?

- Yes
- No
- Prefer not to answer

4c. Because of a physical, mental, or emotional condition, does your child have serious

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: CHILD (5-17)

Respondent: CAREGIVER

Assessment: BASELINE

difficulty concentrating, remembering, or making decisions?

- Yes
- No
- Prefer not to answer

4d. Does your child have serious difficulty walking or climbing stairs?

- Yes
- No
- Prefer not to answer

4e. Does your child have difficulty dressing or bathing?

- Yes
- No
- Prefer not to answer

SOCIAL DRIVERS OF HEALTH

1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating for your child?

- Very hard
- Hard
- Somewhat hard
- Not very hard
- I am not the person responsible for paying for the basics for my child
- Prefer not to answer

2. What is your child's living situation today?

- My child has a steady place to live
- My child has a place to live today but I am worried they may lose it in the future
- My child does not have a steady place to live
- Prefer not to answer

3. What is your child's housing situation today?

- House, apartment, or mobile home
- Shelter, hotel or motel
- Residential treatment center
- Outside, car, or abandoned building
- Prefer not to answer

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: CHILD (5-17)

Respondent: CAREGIVER

Assessment: BASELINE

4. What is the highest level of education your child has finished?

- Less than high school diploma
- High school degree or GED
- Some vocational, technical or college, university
- 4-year degree or higher
- Prefer not to answer

5. In the last 3 months, has your child attended school/college, homeschool, or vocational training regularly?

- Enrolled, attending regularly
- Enrolled, not attending regularly
- Not enrolled
- Prefer not to answer

Thank you for completing this baseline survey.

Public reporting burden for this collection of information is estimated to average 10 minutes per response at baseline. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT – CHILD / CAREGIVER / BASELINE

Client ID |__|__|__|__|__|__|__|__|__|__|__|__|

Site ID |__|__|__|__|__|__|__|__|__|__|__|__| Grant ID |__|__|__|__|__|__|__|__|

1. Was this assessment conducted with the client/caregiver? Yes – Client Yes – Caregiver/Proxy No

1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? |__|__|__|__|__|__|

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

- Client/Caregiver was unable to provide consent
- Client was not reached for assessment
- Client no longer in care

FORM VERSION: Child (5-17) / Caregiver / Reassessment

CAREGIVER/FAMILY MEMBER CONSENT

Your child's behavioral health services are supported by funding from the Substance Abuse Mental Health Services Administration (SAMHSA). It is important that we collect information about those we are serving to help SAMHSA improve services across the nation. Your reply to these questions will help SAMHSA and your child's provider.

Please note, no identifying information will be reported to SAMHSA. This means that when the results are reported, your child's name or any other information that could be used to identify your child will not be shown. Your answers are also protected by the Privacy Act of 1974, 5 U.S.C § 552a.

Answering these questions is voluntary. You may skip any question you do not want to answer or stop at any time. This will not result in any loss of services or benefits.

This survey should take approximately 5 minutes.

By answering the following questions, you are agreeing to participate.

Check: Are you answering for your child as a caregiver or family member? This survey was designed for caregivers or family members responding for their child. If that's not you, please ask your provider for the survey for Youth (12 to 17) responding for themselves or for Adults (18+ years old).

SOCIAL DRIVERS OF HEALTH

- 1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating for your child?**
 - Very hard
 - Hard
 - Somewhat hard
 - Not very hard
 - I am not the person responsible for paying for the basics for my child
 - Prefer not to answer

- 2. What is your child's living situation today?**
 - My child has a steady place to live
 - My child has a place to live today but I am worried they may lose it in the future
 - My child does not have a steady place to live
 - Prefer not to answer

- 3. What is your child's housing situation today?**
 - House, apartment, or mobile home
 - Shelter, hotel or motel
 - Residential treatment center
 - Outside, car, or abandoned building
 - Prefer not to answer

- 4. What is the highest level of education your child has finished?**
 - Less than high school diploma
 - High school degree or GED
 - Some vocational, technical or college, university
 - 4-year degree or higher
 - Prefer not to answer

- 5. In the last 3 months, has your child attended school/college, homeschool, or vocational training regularly?**
 - Enrolled, attending regularly
 - Enrolled, not attending regularly
 - Not enrolled
 - Prefer not to answer

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: CHILD (5-17)

Respondent: CAREGIVER

Assessment: REASSESSMENT

Thank you for completing this reassessment survey.

Public reporting burden for this collection of information is estimated to average 10 minutes per response at reassessment. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT – CHILD / CAREGIVER / BASELINE

Client ID |__|__|__|__|__|__|__|__|__|__|__|

Site ID |__|__|__|__|__|__|__|__|__|__|__| Grant ID |__|__|__|__|__|__|

1. Was this assessment conducted with the client/caregiver? Yes – Client Yes – Caregiver/Proxy No

1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? |__|__|__|__|__|__|

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

Client/Caregiver was unable to provide consent Client was not reached for assessment Client no longer in care

FORM VERSION: Young Child (0-4) / Caregiver / Baseline

CAREGIVER/FAMILY MEMBER CONSENT

Your child's behavioral health services are supported by funding from the Substance Abuse Mental Health Services Administration (SAMHSA). It is important that we collect information about those we are serving to help SAMHSA improve services across the nation. Your reply to these questions will help SAMHSA and your child's provider.

Please note, no identifying information will be reported to SAMHSA. This means that when the results are reported, your child's name or any other information that could be used to identify your child will not be shown. Your answers are also protected by the Privacy Act of 1974, 5 U.S.C § 552a.

Answering these questions is voluntary. You may skip any question you do not want to answer or stop at any time. This will not result in any loss of services or benefits.

This survey should take approximately 5 minutes.

By answering the following questions, you are agreeing to participate.

Check: Are you answering for your child (aged 0 to 4) as a caregiver or family member? This survey was designed for caregivers or family members responding for their young child. If that's not you, please ask your provider for the survey for a Child (5 to 17) or Youth (12 to 17) responding for themselves.

DEMOGRAPHIC DATA

1. What is your child's race or ethnicity? Select all that apply and enter additional details in the spaces below. Note, you may report more than one group.

- White – Provide details below.
 - German
 - Irish
 - English
 - Italian
 - Polish
 - French
 - Enter, for example, Scottish, Norwegian, Dutch, etc. _____
- Hispanic or Latino – Provide details below.
 - Mexican or Mexican American
 - Puerto Rican
 - Cuban
 - Salvadoran
 - Dominican
 - Colombian
 - Enter, for example, Guatemalan, Spaniard, Ecuadorian, etc. _____
- Black or African American – Provide details below.
 - African American
 - Jamaican
 - Haitian
 - Nigerian
 - Ethiopian
 - Somali
 - Enter, for example, Ghanaian, South African, Barbadian, etc. _____
- Asian – Provide details below.
 - Chinese
 - Filipino
 - Asian Indian
 - Vietnamese
 - Korean
 - Japanese
 - Enter, for example, Pakistani, Cambodian, Hmong, etc. _____
- American Indian or Alaska Native

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: YOUNG CHILD (0-4)

Respondent: CAREGIVER

Assessment: BASELINE

- Enter, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc. _____

- Middle Eastern or North African – Provide details below.
 - Lebanese
 - Iranian
 - Egyptian
 - Syrian
 - Moroccan
 - Israeli
 - Enter, for example, Algerian, Iraqi, Kurdish, etc. _____

- Native Hawaiian or Pacific Islander – Provide details below.
 - Native Hawaiian
 - Samoan
 - Chamorro
 - Tongan
 - Fijian
 - Marshallese
 - Enter, for example, Palauan, Tahitian, Chuukese etc. _____

2. What is your child’s sex assigned at birth, for example on their original birth certificate?

- Female
- Male
- I don’t know
- Prefer not to answer

3. Please respond to the following questions about your child’s physical health.

3a. Is your child deaf or does your child have serious difficulty hearing?

- Yes
- No
- Prefer not to answer

3b. Is your child blind or does your child have serious difficulty seeing, even when wearing glasses?

- Yes
- No
- Prefer not to answer

SOCIAL DRIVERS OF HEALTH

1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating for your child?

- Very hard
- Hard
- Somewhat hard
- Not very hard
- I am not the person responsible for paying for the basics for my child
- Prefer not to answer

2. What is your child’s living situation today?

- My child has a steady place to live
- My child has a place to live today but I am worried they may lose it in the future
- My child does not have a steady place to live
- Prefer not to answer

3. What is your child’s housing situation today?

- House, apartment, or mobile home
- Shelter, hotel or motel
- Residential treatment center
- Outside, car, or abandoned building
- Prefer not to answer

Thank you for completing this baseline survey.

Public reporting burden for this collection of information is estimated to average 6 minutes per response at baseline. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT – YOUNG CHILD / CAREGIVER / BASELINE

Client ID |__|__|__|__|__|__|__|__|__|__|

Site ID |__|__|__|__|__|__|__|__|__|__| Grant ID |__|__|__|__|__|__|

1. Was this assessment conducted with the client/caregiver? Yes – Client Yes – Caregiver/Proxy No

1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? |__|_/_/_/_|

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: YOUNG CHILD (0-4)

Respondent: CAREGIVER

Assessment: BASELINE

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

- Client/Caregiver was unable to provide consent Client was not reached for assessment Client no longer in care

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: CHILD (5-17)

Respondent: CAREGIVER/PARENT

Assessment: REASSESSMENT

FORM VERSION: Young Child (0-4) / Caregiver / Reassessment

CAREGIVER/FAMILY MEMBER CONSENT

Your child’s behavioral health services are supported by funding from the Substance Abuse Mental Health Services Administration (SAMHSA). It is important that we collect information about those we are serving to help SAMHSA improve services across the nation. Your reply to these questions will help SAMHSA and your child’s provider.

Please note, no identifying information will be reported to SAMHSA. This means that when the results are reported, your child’s name or any other information that could be used to identify your child will not be shown. Your answers are also protected by the Privacy Act of 1974, 5 U.S.C § 552a.

Answering these questions is voluntary. You may skip any question you do not want to answer or stop at any time. This will not result in any loss of services or benefits.

This survey should take approximately 3 minutes.

By answering the following questions, you are agreeing to participate.

Check: Are you answering for your child as a caregiver or family member? This survey was designed for caregivers or family members responding for their young child. If that’s not you, please ask your provider for the survey for Child (5 to 17) or Youth (12 to 17) responding for themselves.

SOCIAL DRIVERS OF HEALTH

1. How hard is it for you to pay for the very basics like food, housing, medical care, and heating for your child?

- Very hard
- Hard
- Somewhat hard
- Not very hard
- I am not the person responsible for paying for the basics for my child
- Prefer not to answer

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: CHILD (5-17)

Respondent: CAREGIVER/PARENT

Assessment: REASSESSMENT

2. What is your child’s living situation today?

- My child has a steady place to live
- My child has a place to live today but I am worried they may lose it in the future
- My child does not have a steady place to live
- Prefer not to answer

3. What is your child’s housing situation today?

- House, apartment, or mobile home
- Shelter, hotel or motel
- Residential treatment center
- Outside, car, or abandoned building
- Prefer not to answer

Thank you for completing this reassessment survey.

Public reporting burden for this collection of information is estimated to average 3 minutes per response at reassessment. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT – YOUNG CHILD / CAREGIVER / REASSESSMENT

Client ID |__|__|__|__|__|__|__|__|__|__|__|__|

Site ID |__|__|__|__|__|__|__|__|__|__| **Grant ID** |__|__|__|__|__|__|

1. Was this assessment conducted with the client/caregiver? Yes – Client Yes – Caregiver/Proxy No

1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? |__|__|__|__|__|__|

1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.

- Client/Caregiver was unable to provide consent
- Client was not reached for assessment
- Client no longer in care