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

EXPIRES: MM/DD/YYYY

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

: 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).

: CLIENT

Assessment :

BASELINE

DEMOGRAPHIC DATA

1.		is your race or ethnicity? Select all that apply and enter additional details in the 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.
	Hispai	nic 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.
	Ameri	can 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. ______

		: CLIENT	Assessment
BASEL	INE		
	Midd	lle Eastern or North African – Provide details below.	
		Lebanese	
		Iranian	
		Egyptian	
		Syrian	
		Moroccan	
		Israeli	
		Enter, for example, Algerian, Iraqi, Kurdish, etc.	
		ve Hawaiian or Pacific Islander – Provide details below.	
		2 (100 2 1 0 2 2 2 0 1 1 0 2 2 2 0 1 0 1 0	
		Samoan Chamorro	
		Tongan	
		Fijian	
		Marshallese	
		Enter, for example, Palauan, Tahitian, Chuukese etc.	
2.		t is your gender?	
	0	Woman/Girl	
	0	Man/Boy	
	0	Non-binary	
	0	Two-Spirit [If respondent is American Indian or Alaska Native]	
	0	I use a different term: [free text]	
	0	Prefer not to answer	
3.	Wha	t is your sex assigned at birth, for example on your original birth ce	rtificate?
	0	Female	
	0	Male	
	0	I don't know	
	0	Prefer not to answer	
4.	Whic	ch of the following best represents how you think of yourself?	
	0	Lesbian or gay	
	0	Straight, that is, not gay or lesbian	
	0	Bisexual	
	0	Two-Spirit [If American Indian or Alaska Native]	
	0	I use a different term – Enter:	
	0	I don't know	
	0	Prefer not to answer	
5.	Wha	t language do you prefer to speak?	
	Write	e in:	

: CLIENT Assessment :

BASELINE

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

O No

Age: ADULT Respondent : CLIENT Assessment **BASELINE** 6. Have you ever served in the Armed Forces, the Reserves, the National Guard or other **Uniformed Services?** O Yes, currently serving O Yes, served in the past O No O 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? O Yes O No O Prefer not to answer 7b. Are you blind or do you have serious difficulty seeing, even when wearing glasses? O Yes O No O Prefer not to answer 7c. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? O Yes O No O Prefer not to answer 7d. Do you have serious difficulty walking or climbing stairs? O Yes O No O Prefer not to answer 7e. Do you have difficulty dressing or bathing? O Yes O No O 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? O Yes

: CLIENT Assessment

BASELINE	Ξ
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O Prefer not to answer

SOCIAL DRIVERS OF HEALTH

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

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

2. What is your living situation today?

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

3. What is your housing situation today?

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

4. Are you currently employed?

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

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

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

: CLIENT Assessment

BASELINE

O Prefer not to answer

Age: ADU	Li Kespondent	
	: CLIENT	Assessment
BASELINE		
6. In t	he last 3 months, have you attended school/college, homescho	ool, or vocational training
re	gularly?	
0	Enrolled, attending regularly	
0	Enrolled, not attending regularly	
0	Not enrolled	
0	Prefer not to answer	
	s lack of transportation kept you from medical appointments ing things needed for daily living? Check all that apply.	, meetings, work, or from
	Yes, it has kept me from medical appointments or from getting	g 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

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		Somewhat	Somewhat	ъ.	Strongly
		Agree	Agree	Agree	Disagree	Disagree	Disagree
1.	I am physically fine most days.	0	0	0	0	0	0
2.	My mental health is fine most days.	0	0	0	0	0	0
3.	I am in control of my substance use.	0	0	0	0	0	0
4.	I have stable housing.	0	0	0	0	0	0
	I have a steady job or am involved in things like school, training, or volunteering.	0	0	0	0	0	0
6.	My life has purpose and meaning.	0	0	0	0	0	0
7.	I have enough money to meet my needs.	0	0	0	0	0	0
8.	I am proud of the community I live in and feel a part of it.	0	0	0	0	0	0
9.	I am supported by the people around me.	0	0	0	0	0	0
10.	The future appears bright to me.	0	0	0	0	0	0
11.	I am in control of my life.	0	0	0	0	0	0
12.	I bounce back quickly after hard times.	0	0	0	0	0	0

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

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool Respondent Age: ADULT

: CLIENT Assessment

BASELINE

BASELINE	
14. Whi	ch 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
at baseline if other aspect Administrati MD 20857. of informati	ting burden for this collection of information is estimated to average 15 minutes per response fall applicable sections are completed. Send comments regarding this burden estimate, or any of this collection of information, to the Substance Abuse and Mental Health Services on (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, An agency may not conduct or sponsor, and a person is not required to respond to, a collection on unless it displays a currently valid Office of Management and Budget (OMB) control control number for this project is 0930-NEW.
Client ID Site ID _ 1. Was this ass 1a. [IF QUESTION	ONLY] RECORD MANAGEMENT – ADULT / CLIENT / BASELINE

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

Assessment: REASSESSMENT

FORM VERSION: Adult / Client / Reassessment

CLIENT CONSENT

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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 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). la

Assessment: REASSESSMENT

SOCIAL DRIVERS OF HEALTH

O Prefer not to answer

	Hov atin	v hard is it for you to pay for the very basics like food, housing, medical care, and g?
	0	Very hard
	0	Hard
	\circ	Somewhat hard
	\circ	Not very hard
	0	Prefer not to answer
2.	Wh	nat is your living situation today?
	0	I have a steady place to live
	0	I have a place to live today but I am worried about losing it in the future
	\circ	I do not have a steady place to live
	0	Prefer not to answer
3.	Wh	nat is your housing situation today?
	0	House, apartment, or mobile home
	\circ	Shelter, hotel or motel
	\circ	Residential treatment center
	\circ	Outside, car, or abandoned building
	0	Prefer not to answer
4.	Are	you currently employed?
	0	Employed, full time or part time
	\circ	Not employed, seeking employment
	\circ	Not employed, not seeking employment (includes in school not seeking, retired, due to
		disability, homemaker, etc)
	\circ	Other:
	0	Prefer not to answer
5. '	Wh	at is the highest level of education you have finished?
	0	Less than high school diploma
	0	High school degree or GED
	0	Some vocational, technical or college, university
	0	4-year degree or higher

	Assessment: REASSESSMEN	
6. In t	he last 3 months, have you attended school/college, homeschool, or vocational training	
re	 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. 	
	8·····································	
\circ	Enrolled, attending regularly	
0	Enrolled, not attending regularly	
0	Not enrolled	
0	Prefer not to answer	
7. Has	s lack of transportation kent you from medical appointments, meetings, work, or from	
gc	ting things needed for daily fiving. 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	

Assessment: REASSESSMENT

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.

somewhat disagree, or strongly disag	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
1. I am physically fine most days.	0	0	0	O	0	0
2. My mental health is fine most days.	0	0	0	0	0	0
3. I am in control of my substance use.	0	0	0	0	0	0
4. I have stable housing.	0	0	0	0	0	0
5. I have a steady job or am involved in things like school, training, or volunteering.	0	0	0	0	0	0
6. My life has purpose and meaning.	0	0	0	0	0	0
7. I have enough money to meet my needs.	0	0	0	0	0	0
8. I am proud of the community I live in and feel a part of it.	0	0	0	0	0	0
9. I am supported by the people around me.	0	0	0	0	0	0
10. The future appears bright to me.	0	0	0	0	0	0
11. I am in control of my life.	0	0	0	0	0	0
12. I bounce back quickly after hard times.	0	0	0	0	0	0

13. On a scale of 0 to 100, if 0 represents no	o 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 Respondent: CLIENT Age: ADULT

	result of the services you received, which goals did you make progress on? Check all 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
at reassessm information, Clearance O or sponsor, currently va	ting burden for this collection of information is estimated to average 10 minutes per response ent. Send comments regarding this burden estimate, or any other aspect of this collection of to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports fficer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct and a person is not required to respond to, a collection of information unless it displays a lid Office of Management and Budget (OMB) control number. The control number for this
project is 09	
_	ONLY] RECORD MANAGEMENT – ADULT / CLIENT / REASSESSMENT
Client ID	_
	sessment conducted with the client/caregiver? O Yes – Client O Yes – Caregiver/Proxy O No
	ON 1 IS YES] When (MM/DD/YYYY)? _/_ _/_ _
_	ION 1 IS NO] Why not? Choose the primary reason.
_	iver was unable to provide consent O Client was not reached for assessment O Client no longer in care

Assessment: BASELINE

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).

Assessment: BASELINE

DEMOGRAPHIC DATA

1.		•	r 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.
		Hispan	ic 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.
		Ameri	can Indian or Alaska Native – Provide details below
		\Box E	nter, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village
		0	f Barrow Inupiat Traditional Government, Tlingit, etc

Assessment: BASELINE

Write in:

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? O Woman/Girl O Man/Boy O Non-binary O Two-Spirit [If respondent is American Indian or Alaska Native] O I use a different term: [free text] O Prefer not to answer 3. What is your sex assigned at birth, for example on your original birth certificate? O Female O Male O I don't know O Prefer not to answer 4. Which of the following best represents how you think of yourself? O Lesbian or gay O Straight, that is, not gay or lesbian O Bisexual O Two-Spirit [If American Indian or Alaska Native] O I use a different term – Enter: _____ O I don't know O (Prefer not to answer 5. What language do you prefer to speak?

	Assessment: BASELINE			
6.	Please respond to the following questions about your physical health.			
	6a. Are you deaf or do you have serious difficulty hearing?			
	O Yes			
	O No			
	O Prefer not to answer			
	6b. Are you blind or do you have serious difficulty seeing, even when wearing glasses?			
	O Yes			
	O No			
	O Prefer not to answer			
	6c. Because of a physical, mental, or emotional condition, do you have serious difficulty			
	concentrating, remembering, or making decisions?			
	O Yes			
	O No			
	O Prefer not to answer			
	6d. Do you have serious difficulty walking or climbing stairs?			
	O Yes			
	O No			
	O Prefer not to answer			
	6e. Do you have difficulty dressing or bathing?			
	O Yes			
	O No			
	O Prefer not to answer			

SOCIAL DRIVERS OF HEALTH

		situation	

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

Assessment: BASELINE

	Assessment: baselin
2. V	What is your housing situation today?
0	House, apartment, or mobile home
\circ	Shelter, hotel or motel
0	Residential treatment center
0	Outside, car, or abandoned building
0	Prefer not to answer
3. V	What is the highest level of education you have finished?
0	Less than high school diploma
\circ	High school degree or GED
0	Some vocational, technical or college, university
\circ	4-year degree or higher
0	Prefer not to answer
4. I	In the last 3 months, have you attended school/college, homeschool, or vocational training
ľ	regularly?
0	Enrolled, attending regularly
0	Enrolled, not attending regularly
0	Not enrolled

Thank you for completing this baseline survey.

O Prefer not to answer

Public reporting burden for this collection of information is estimated to average 10 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 – YOUTH / CLIENT / BASELINE
Client ID
Site ID _ _ _ _ _ Grant ID _ _ _ _
1. Was this assessment conducted with the client/caregiver? O Yes – Client O Yes – Caregiver/Proxy O No
1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? _/_ _/_ _
1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.
O Client/Caregiver was unable to provide consent O Client was not reached for assessment O Client no longer in care

Assessment: REASSESSMENT

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?

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

2. What is your housing situation today?

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

	Assessment: REASSESSMENT
3.	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
4.	In the last 3 months, have you attended school/college, homeschool, or vocational training regularly?
Thanl	 Enrolled, attending regularly Enrolled, not attending regularly Not enrolled Prefer not to answer x you for completing this reassessment survey.
at reas inform Cleara or spo curren	reporting burden for this collection of information is estimated to average 5 minutes per response sessment. Send comments regarding this burden estimate, or any other aspect of this collection of action, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports nce Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct nsor, and a person is not required to respond to, a collection of information unless it displays at the valid Office of Management and Budget (OMB) control number. The control number for this tis 0930-NEW.

[OFFICE USE ONLY] RECORD MANAGEMENT – YOUTH / CLIENT / REASSESSMENT
Client ID
Site ID _ _ _ _ _ _ Grant ID _ _ _ _
1. Was this assessment conducted with the client/caregiver? O Yes – Client O Yes – Caregiver/Proxy O No
1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? _/_ _/_ _
1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.
O Client/Caregiver was unable to provide consent O Client was not reached for assessment O Client no longer in care

Assessment: BASELINE

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).

Assessment: BASELINE

DEMOGRAPHIC DATA

1.	•	child's race or ethnicity? Select all that apply and enter additional details in low. 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.
	Hispar	nic 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
	□ N	ative 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?
	0	Female
	0	Male
	\circ	I don't know
	0	Prefer not to answer
3.	What	language does your child prefer to speak?
	Write	in:
4.	Pleas	e respond to the following questions about your child's physical health.
4	la. Is y	our child deaf or does your child have serious difficulty hearing?
		O Yes
		O No
		O Prefer not to answer
	4b. Is	your child blind or does your child have serious difficulty seeing, even when wearing
	glass	
	8	O Yes
		O No
		O Prefer not to answer
	4c R	ecause of a physical, mental, or emotional condition, does your child have serious
	TU. DI	rause of a physical, inclical, of embulohal condition, does your emb have sellous

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool Age: CHILD (5-17) Respondent: CAREGIVER

Assessment:	BASELINE
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difficulty concentrating	, remembering, or	making decisions?
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O Yes

O No

O Prefer not to answer

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool

Age: CHILD (5-17) Respondent: CAREGIVER

	Assessment: BASELINE
4	dd. Does your child have serious difficulty walking or climbing stairs?
	O Yes
	O No
	O Prefer not to answer
4	4e. Does your child have difficulty dressing or bathing?
	O Yes
	O No
	O Prefer not to answer
~ ~ ~	
SOC	IAL DRIVERS OF HEALTH
1.	How hard is it for you to pay for the very basics like food, housing, medical care, and
1.	heating for your child?
	neating for your clinic.
	O Very hard
	O Hard
	O Somewhat hard
	O Not very hard
	O I am not the person responsible for paying for the basics for my child
	O Prefer not to answer
2.	What is your child's living situation today?
	O My child has a steady place to live
	O My child has a place to live today but I am worried they may lose it in the future
	O My child does not have a steady place to live
	O Prefer not to answer
3.	What is your child's housing situation today?
	O House, apartment, or mobile home
	O Shelter, hotel or motel
	Residential treatment center
	Outside, car, or abandoned building
	O Prefer not to answer

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool Age: CHILD (5-17) **Respondent: CAREGIVER**

	Assessment: BASELIF
4.	What is the highest level of education your child has finished?
	O Less than high school diploma
	O High school degree or GED
	O Some vocational, technical or college, university
	○ 4-year degree or higher
	O Prefer not to answer
5.	In the last 3 months, has your child attended school/college, homeschool, or vocational
	training regularly?
	O Enrolled, attending regularly
	O Enrolled, not attending regularly
	O Not enrolled

Thank you for completing this baseline survey.

O Prefer not to answer

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? O Yes – Client O Yes – Caregiver/Proxy O No					
1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? _/_ _/_ _					
1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.					
O Client/Caregiver was unable to provide consent O Client was not reached for assessment O Client no longer in care					

Age: CHILD (5-17) Respondent: CAREGIVER

Assessment: REASSESSMENT

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).

Assessment: REASSESSMENT

O Not enrolled

O Prefer not to answer

SO	OCIAL 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			
	O Hard			
	 Somewhat hard 			
	O Not very hard			
	O I am not the person responsible for paying for the basics for my child			
	O Prefer not to answer			
2.	What is your child's living situation today?			
	 My child has a steady place to live 			
	O 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 			
	O Prefer not to answer			
3.	What is your child's housing situation today?			
	O House, apartment, or mobile home			
	○ Shelter, hotel or motel			
	O Residential treatment center			
	Outside, car, or abandoned building			
	O 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			
	O Prefer not to answer			
5.	In the last 3 months, has your child attended school/college, homeschool, or vocational training regularly?			
	O Enrolled, attending regularly			
	 Enrolled, not attending regularly 			

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

Assessment: BASELINE

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.

Assessment: BASELINE

DEMOGRAPHIC DATA

☐ American Indian or Alaska Native

•	•	our child's race or ethnicity? Select all that apply and enter additional details in s 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.
	Hispar	nic 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.

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? O Female O Male O I don't know O 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? O Yes O No O Prefer not to answer 3b. Is your child blind or does your child have serious difficulty seeing, even when wearing glasses? O Yes O No O Prefer not to answer

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

Assessment: BASELINE

SC

SOCIA	AL DRIVERS OF HEALTH			
	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.			
at basel informa Clearan or spon currentl	reporting burden for this collection of information is estimated to average 6 minutes per response line. Send comments regarding this burden estimate, or any other aspect of this collection of ation, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports are Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct sor, and a person is not required to respond to, a collection of information unless it displays a y valid Office of Management and Budget (OMB) control number. The control number for this is 0930-NEW.			
[OFFICE	USE ONLY] RECORD MANAGEMENT – YOUNG CHILD / CAREGIVER / BASELINE			
Client ID Site ID 1. Was th	 _ _ _ _			

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.

O Client/Caregiver was unable to provide consent O Client was not reached for assessment O 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

Very hard

1.	How hard is it for you to pay for the very	y basics like foo	od, housing, me	dical care, and
	heating for your child?			

0	Hard
0	Somewhat hard
0	Not very hard
0	I am not the person responsible for paying for the basics for my child
\circ	Prefer not to answer

SAMHSA Unified Performance Reporting (SUPR) Client-Level Tool Age: CHILD (5-17) Respondent: CAREGIVER/PARENT

Assessment: REASSESSMENT

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

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

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

- O House, apartment, or mobile home
- O Shelter, hotel or motel
- O Residential treatment center
- Outside, car, or abandoned building
- O 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? O Yes – Client O Yes – Caregiver/Proxy O No
1a. [IF QUESTION 1 IS YES] When (MM/DD/YYYY)? _/_ _/_ _
1b. [IF QUESTION 1 IS NO] Why not? Choose the primary reason.
O Client/Caregiver was unable to provide consent O Client was not reached for assessment O Client no longer in care