

ENGAGE Enrollment - Data Form						
Please write legibly and bubble in all responses completely.			County _____			
Client's Name _____			Email Address _____			
Current Address _____ _____			Phone Number _____			
			Parent/Guardian Phone Number _____			
Assessment Type Baseline <input type="radio"/> 6 Month <input type="radio"/> 12 Month <input type="radio"/> 18 Month <input type="radio"/>						
Was the respondent the child or the caregiver? Child <input type="radio"/> Caregiver <input type="radio"/>			Date of First Service: _____			
Please enter respondent's Study ID number _____			Date of Interview: _____			
Demographics						
What is your [child's] gender? Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Other (specify) <input type="radio"/> Refused <input type="radio"/>						
What do you consider your sexual orientation/identity? Straight <input type="radio"/> Gay/Lesbian <input type="radio"/> Bi-sexual <input type="radio"/> Questioning <input type="radio"/> Other (specify) <input type="radio"/> _____						
Are you [Is your child] Hispanic or Latino? Yes No Refused <input type="radio"/> <input type="radio"/> <input type="radio"/>			[If yes] What ethnic group do you consider yourself [your child]? Please answer yes for each of the following. You may say yes to more than one. Central American Dominican Puerto Rican <input type="radio"/> <input type="radio"/> <input type="radio"/> Cuban Mexican South American <input type="radio"/> <input type="radio"/> <input type="radio"/> Other (specify) <input type="radio"/> _____			
What race do you consider yourself [your child]? (May select more than one) Black or African American Asian Native Hawaiian or other Pacific Islander <input type="radio"/> <input type="radio"/> <input type="radio"/> White American Indian Alaska Native <input type="radio"/> <input type="radio"/> <input type="radio"/>						
What is your [your child's] birthdate: _____						
Functioning						
		Poor	Fair	Good	Very Good	Excellent
1. How would you rate your [your child's] overall health right now?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In order to provide the best possible mental health and related services, we need to know what you think about how well you were able to deal with your everyday life during the past 30 days.		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
a. I am [my child is] handling daily life.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I get [my child gets] along with family members.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I get [my child gets] along with peers.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

d. I am [my child is] doing well in school and/or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am [my child is] able to cope when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I am satisfied with our family life right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. During the past 30 days, about how often did you feel...	None of the Time	A little time	Some of the time	Most times	All of the time
a. Nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. So depressed nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. That everything was an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Drug and Alcohol Use

4. The following questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed.

In the past 30 days, how often have you used....	Never	Once or Twice	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1. [If B>= Once or Twice] How many times in the past 30 days have you had five or more drinks in a day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cannabis (marijuana, pot, grass, hash, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cocaine (coke, crack, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Methamphetamine (speed, crystal meth, ice, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Street opioids (heroin, opium, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other-specify (e-cigarettes, etc.) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Functioning (continued)

(Optional) Global Assessment of Functioning (GAF) _____	https://gaf.mh.state.oh.us/GAF/ link to website to help calculate
Date GAF was administered _____	
(Optional) CBCL Total Problems T-Scale _____	
Date CBCL was administered _____	

Military and Family Deployment					
5. Are you currently serving on active duty in the Armed Forces, the Reserves, or the National Guard?		No		Yes	
		<input type="radio"/>		<input type="radio"/>	
6. Is anyone in your [your child's] family or someone close to you [your child] currently serving on active duty in or retired/separated from the Armed Forces, the Reserves, or the National Guard?	No	Yes, only one person	Yes, more than one person		
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
If yes, please list their relation to you: _____					
Social Connectedness	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons other than your [your child's] mental health provider(s) over the past 30 days.					
1. I know people who will listen and understand me when I need to talk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have people that I am comfortable talking with about my [my child's] problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In a crisis, I would have the support I need from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have people with whom I can do enjoyable things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past 30 days how many...	Number of Nights/Times				
a. Nights have you [has your child] been homeless?	_____				
b. Nights have you [has your child] spent in a hospital for mental health care?	_____				
c. Nights have you [has your child] gone to an emergency room for detox/inpatient or residential substance abuse treatment?	_____				
d. Nights have you [has your child] spent in correctional facility including juvenile detention, jail, or prison?	_____				
e. Times have you [has your child] gone to an emergency room for a psychiatric or emotional problem?	_____				
In the past 30 days, where have you [has your child] been living most of the time? (Select only one)					
Caregiver's Owned or Rented House Apartment, Trailer, or Room	<input type="radio"/>				
Independent Owned or Rented House, Apartment, Trailer or Room	<input type="radio"/>				
Someone Else's House, Apartment, Trailer, or Room	<input type="radio"/>				
Homeless (Shelter, Street/Outdoors, Park)	<input type="radio"/>				
Group Home	<input type="radio"/>				
Foster Care (Specialized Therapeutic Treatment)	<input type="radio"/>				
Transitional Living Facility	<input type="radio"/>				
Hospital (Medical)	<input type="radio"/>				
Hospital (Psychiatric)	<input type="radio"/>				
Detox/Inpatient or Residential Substance Abuse Treatment Facility	<input type="radio"/>				
Correctional Facility (Juvenile Detention Center/Jail/Prison)	<input type="radio"/>				
Other Housed (specify) _____	<input type="radio"/>				

During the past 30 days of school, how many days were you [was your child] absent for any reason?					
0 Days <input type="radio"/>	1 Day <input type="radio"/>		2 Days <input type="radio"/>		
3 to 5 Days <input type="radio"/>	6 to 10 Days <input type="radio"/>		More than 10 Days <input type="radio"/>		
Don't Know <input type="radio"/>	Not Applicable <input type="radio"/>				
If absent how many days were excused absences?					
0 Days <input type="radio"/>	1 Day <input type="radio"/>		2 Days <input type="radio"/>		
3 to 5 Days <input type="radio"/>	6 to 10 Days <input type="radio"/>		More than 10 Days <input type="radio"/>		
Don't Know <input type="radio"/>	Not Applicable <input type="radio"/>				
What is the highest level of education you have [your child has] completed? (0-17)					
Never attended <input type="radio"/>	Preschool <input type="radio"/>	Kindergarten <input type="radio"/>	1 st Grade <input type="radio"/>	2 nd Grade <input type="radio"/>	3 rd Grade <input type="radio"/>
4 th Grade <input type="radio"/>	5 th Grade <input type="radio"/>	6 th Grade <input type="radio"/>	7 th Grade <input type="radio"/>	8 th Grade <input type="radio"/>	9 th Grade <input type="radio"/>
10 th Grade <input type="radio"/>	11 th Grade <input type="radio"/>	12 th Grade <input type="radio"/>	Voc/Tech Diploma <input type="radio"/>	Some College or University <input type="radio"/>	Refused <input type="radio"/>
In the past 30 days, how many times have you [has your child] been arrested?					# _____

Ohio Scales (Youth Version)	Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
Instructions: Please rate the degree to which you have experienced the following problems in the last 30 days.						
1. Arguing with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Getting into fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Yelling, swearing, or screaming at others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Fits of anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Refusing to do things teachers or parents ask	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Causing trouble for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Using drugs or alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Breaking rules or breaking the law (out past curfew, stealing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Skipping school or classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Lying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Can't seem to sit still, having too much energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Hurting self (cutting or scratching self, taking pills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Thinking or talking about death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructions: Please rate the degree to which you have experienced the following problems in the last 30 days.	Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
14. Feeling worthless or useless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Feeling lonely and having no friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Feeling anxious or fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Worrying that something bad is going to happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Feeling sad or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Nightmares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Eating problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Add ratings together _____						
Instructions: Below are some ways your problems might get in the way your ability	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well	
1. Getting along with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Getting along with family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Dating or developing relationships with boyfriends or girlfriends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Getting along with adults outside the family (teachers, principals)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Instructions: Below are some ways your problems might get in the way of your ability	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
5. Keeping neat and clean, looking good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Controlling emotions and staying out of trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Being motivated and finishing projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Participating in hobbies (baseball cards, coins, stamps, art)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Participating in recreational activities (sports, swimming, bike riding)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Completing household chores (cleaning room, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Attending school and getting passing grades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Learning skills that will be useful for future jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Feeling good about self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Thinking clearly and making good decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Concentrating, paying attention, and completing tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Earning money and learning to use money wisely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Doing things without supervision or restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Accepting responsibility for actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Ability to express feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add ratings together _____

Instructions: Please select your response to each question.

<p>1. Overall how satisfied are you with your life right now?</p> <p><input type="radio"/> Extremely satisfied</p> <p><input type="radio"/> Moderately satisfied</p> <p><input type="radio"/> Somewhat satisfied</p> <p><input type="radio"/> Somewhat dissatisfied</p> <p><input type="radio"/> Moderately dissatisfied</p> <p><input type="radio"/> Extremely dissatisfied</p>	<p>2. How satisfied are you with the mental health services you have received so far?</p> <p><input type="radio"/> Extremely satisfied</p> <p><input type="radio"/> Moderately satisfied</p> <p><input type="radio"/> Somewhat satisfied</p> <p><input type="radio"/> Somewhat dissatisfied</p> <p><input type="radio"/> Moderately dissatisfied</p> <p><input type="radio"/> Extremely dissatisfied</p>
<p>3. How energetic and healthy do you feel right now?</p> <p><input type="radio"/> Extremely healthy</p> <p><input type="radio"/> Moderately healthy</p> <p><input type="radio"/> Somewhat healthy</p> <p><input type="radio"/> Somewhat unhealthy</p> <p><input type="radio"/> Moderately unhealthy</p> <p><input type="radio"/> Extremely unhealthy</p>	<p>4. How much are you included in deciding your treatment?</p> <p><input type="radio"/> A great deal</p> <p><input type="radio"/> Moderately</p> <p><input type="radio"/> Quite a bit</p> <p><input type="radio"/> Somewhat</p> <p><input type="radio"/> A little</p> <p><input type="radio"/> Not at all</p>

5. How much stress or pressure is in your life right now?	6. Mental health workers involved in my case listen to me and know what I want.
<input type="radio"/> Very little stress <input type="radio"/> Some stress <input type="radio"/> Quite a bit of stress <input type="radio"/> A moderate amount of stress <input type="radio"/> A great deal of stress <input type="radio"/> Unbearable amounts of stress	<input type="radio"/> A great deal <input type="radio"/> Moderately <input type="radio"/> Quite a bit <input type="radio"/> Somewhat <input type="radio"/> A little <input type="radio"/> Not at all
7. How optimistic are you about the future?	8. I have a lot of say about what happens in my treatment.
<input type="radio"/> The future looks very bright <input type="radio"/> The future looks somewhat bright <input type="radio"/> The future looks OK <input type="radio"/> The future looks both good and bad <input type="radio"/> The future looks bad <input type="radio"/> The future looks very bad	<input type="radio"/> A great deal <input type="radio"/> Moderately <input type="radio"/> Quite a bit <input type="radio"/> Somewhat <input type="radio"/> A little <input type="radio"/> Not at all
Total: _____	Total: _____