

DATE: | | **20** | START TIME: : : | END TIME: : :

CC_MO CC_DY CC_YR CC_START CC_END

MOTHER'S ID# | CHILD'S ID#

CC_MOM CC_CHLD

EVALUATION PHASE: Intake 1 | Delivery 2

CC_INTERVIEW_TYPE

PERSON COMPLETING | GRANT# **TI**

CC_INTERVIEWER CC_SITE

CHILD DATA COLLECTION TOOL

Instructions: This demographic information is to be obtained during the first 30 days of intake (or delivery), and is focused on the background of a single child. This information is to be completed on each child receiving treatment services (children who have received assessment and who have received an individual treatment plan).

This tool consists of **Part 1 to be completed by a children's specialist through interviewing the mother;** and Part 2 to be completed by a health care professional through interviewing the mother and reviewing the medical records.

PART 1. BIOLOGICAL BACKGROUND

1. Age

CC_AGE_RANGE

5 years or less 1

6 to 10 years 2

11 to 14 years 3

15 to 17 years 4

2. Gender

CC_GENDER

Male 1

Female 2

3. Ethnic/Racial Identification

Ethnicity

CC_HISPANIC_LATINO

Hispanic or Latino 1

Not Hispanic or Latino 2

Race (Select all that apply.)

CC_RACE_BLACK Black or African American 1

CC_RACE_ALASKA_NATIVE Alaska Native 2

CC_RACE_AMERICAN_INDIAN American Indian 3

CC_RACE_ASIAN Asian 4

CC_RACE_NATIVE_HAWAIIAN Native Hawaiian or Other Pacific Islander 5

CC_RACE_WHITE White 6

Public reporting burden for this collection of information is estimated to average 50 minutes per response; including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1045, 1 Choke Cherry Road, 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 OMB control number. The control number for this project is 0930-0269.

4. What is the formal relationship of this child to the mother, with whom they have been admitted for receiving treatment services?

CC_RELATIONSHIP

- Biological 1
- Step..... 2
- Adopted..... 3
- Grandmother..... 4
- Aunt..... 5
- Foster..... 6
- Other 7

5. Is the biological father still alive?

CC_FATHER_STATUS

- Yes..... 1
- No 0
- Don't Know (but know who he is) -8
- Don't know who he is 2

6. Is English the first and primary language spoken by this child?

CC_ENGLISH_PRIMARILY

- Yes..... 1
- No 0
- N/A..... -1

7. Does this child have any of the following intelligence-related challenges? (Select all that apply.)

- CC_MENTAL_RETARDATION Mental retardation 1
- CC_DOWN_SYNDROME Down Syndrome 2
- CC_AUTISM Autistic Spectrum Disorders..... 3
- CC_UNKNOWN UNKNOWN..... -8

8. Does this child have any of the following physical challenges? (Select all that apply.)

- CC_BLINDNESS Blindness..... 1
 - CC_DEAFNESS Deafness 2
 - CC_CEREBRAL_PALSY Cerebral Palsy 3
 - CC_HANDICAPPED Inability to be Mobile (Handicapped) 4
 - CC_MUSCULAR_DYSTROPHY Muscular Dystrophy..... 5
 - CC_FACIAL_DISFIGUREMENT Facial Disfigurement..... 6
 - CC_OTHER_CHALLENGE Other (specify) _____ 7
- CC_OTHER_CHALLENGE_OTH

9. Does this child have siblings? Include full, step, half, and adoptive siblings.

CC_SIBLINGS

- Yes..... 1
- No 0 GO TO Q10

10. What is this child's placement amongst his/her siblings?

CC_RANK_AMONG_SIBLINGS

- Oldest child..... 1
- Youngest child 2
- Middle child..... 3
- UNSURE - TOO MANY TO DETERMINE 4
- N/A - AN ONLY CHILD WITH NO SIBLINGS -1

SOCIO-ECONOMIC BACKGROUND

11. In the past year – prior to admission – with whom did this child live with the most?

CC_LIVE_WITH_MOST

- Both biological father and mother..... 1
- Biological mother 2
- Biological father 3
- Biological grandparents (on the mother's side)..... 4
- Biological grandparents (on the father's side)..... 5
- Biological aunt or uncle (on the mother's side) 6
- Biological aunt or uncle (on the father's side) 7
- Foster care parents 8
- Adoptive parents 9
- Friends of the family 10
- UNKNOWN..... -8
- N/A -1

12. If this child was living with someone other than the biological mother, was this a formal placement arranged by a Child Welfare System?

CC_FORMAL_PLACEMENT

- Yes..... 1
- No 0
- N/A -1

13. Who has legal custody of this child?

CC_LEGAL_CUSTODY

- Both biological father and mother together 1
- Biological mother 2
- Biological father 3
- Biological grandparents (on the mother's side)..... 4
- Biological grandparents (on the father's side)..... 5
- Biological aunt or uncle (on the mother's side) 6
- Biological aunt or uncle (on the father's side) 7
- Adoptive parents 8
- State (Child welfare or foster care)..... 9
- Other (specify) _____ 10

CC_LEGAL_CUSTODY_OTH

14. In the past year – prior to admission – how many months has this child ever been homeless (*living on the streets, living in a homeless shelter, sleeping in empty buildings, etc.*)?

CC_EVER_HOMELESS

- 0 months..... 1
- 1 to 3 months 2
- 4 to 6 months..... 3
- 7 to 9 months..... 4
- 10 to 12 months 5

15. Where does this child's main source of income or financial support come from?

CC_MAIN_FINANCIAL_SUPPORT

- Both biological father and mother..... 1
- Child support from biological father only..... 2
- Biological mother only, through earned income 3
- Biological father and spouse/domestic partner 4
- Biological mother's spouse/domestic partner..... 5
- State/Public Assistance (*SSDI – social security disability insurance; WIC – women, infants, and children's program; TANF – temporary assistance to needy families; EMI – emergency child insurance*) 6
- Legally appointed guardian..... 7
- Members of the family 8
- Friends of the family 9
- Nonlegal income 10
- Other (specify) _____ 11

CC_MAIN_FINANCIAL_SUPPORT_OTH

16. Where does this child's main source of health care coverage/insurance come from?

CC_MAIN_HEALTH_CARE

- Biological parents' health insurance..... 1
- Biological grandparents' health insurance 2
- Legal guardians' health insurance..... 3
- State/Public Assistance (*Medicaid*) 4
- Federal Assistance (*Indian Health Service, VA, etc.*)..... 5
- Nowhere – doesn't have any 6

17. In the past 2 years, how many different states has this child lived in?

CC_5YRS_STATES_LIVED

- One 1
- Two 2
- Three..... 3
- Four..... 4
- Five 5
- More than five..... 6

18. In the past 2 years, how many different neighborhoods has this child lived in?

CC_5YRS_NEIGHBORHOODS_LIVED

- One 1
- Two 2
- Three..... 3
- Four..... 4
- Five 5
- More than five..... 6

19. What type of structure has this child lived in most of his/her life?

CC_TYPE_STRUCTURE

- House..... 1
- Apartment 2
- Trailer Home..... 3
- This Facility..... 4
- Hospital 5
- Other (specify) _____ 6

CC_TYPE_STRUCTURE_OTH

LEGAL BACKGROUND

20. To your knowledge, how many Child Protective Services (CPS) abuse reports have ever been made on this child, even if they were not substantiated (founded)?

CC_NUM_ABUSE_REPORTS

- None 0
- One 1
- Two 2
- Three..... 3
- Four..... 4
- Five 5
- More than five 6

21. To your knowledge, how many CPS neglect reports have ever been made on this child, even if they were not substantiated (founded)?

CC_NUM_NEGLECT_REPORTS

- None 0
- One 1
- Two 2
- Three..... 3
- Four..... 4
- Five 5
- More than five 6

22. Has this child ever been removed from anyone's care by CPS?

CC_REMOVED_ANYONES_CARE

- Yes..... 1
- No 0
- Don't Know -8

23. How many times has this child been removed from your care by CPS?

CC_REMOVED_YOUR_CARE

- None 0
- One time..... 1
- Two times 2
- Three times..... 3
- Four times 4
- Five times 5
- More than five times 6
- N/A -1
- Don't Know -8

24. For how many total months has this child been removed from your care by CPS?

CC_MONTHS_REMOVED

- Less than 1 month..... 1
- 1 to 3 months..... 2
- 4 to 6 months..... 3
- 7 to 12 months 4
- 13 to 24 months 5
- 25 to 36 months 6
- 37 to 48 months 7
- More than 48 months 8
- N/A -1
- Don't Know -8

25. Which of the following caused removal of this child by CPS? (Select all that apply.)

- CC_REMOVED_PHYSICAL Child abuse (physical) 1
- CC_REMOVED_NEGLECT Child abuse (neglect) 2
- CC_REMOVED_SEXUAL Child abuse (sexual)..... 3
- CC_REMOVED_EMOTIONAL Child abuse (emotional/mental) 4
- CC_REMOVED_ILLEGAL_ACT Involvement of child in illegal activities 5
- CC_REMOVED_UNDER_INFL Child found to be under the influence of alcohol and/or other drugs..... 6
- CC_REASON_OTHER Other (specify) _____ 7
- CC_REASON_OTHER_OTH _____ -1
- CC_REASON_NA N/A..... -1

26. Has this child ever been involved with the criminal or Juvenile Justice System been referred, detained or arrested for: breaking the law, truancy, running away, violating curfews, drug use or selling, etc.]?

- CC_JJS_INVOLVED
- Yes..... 1
 - No 0
 - Don't Know..... -8
 - N/A..... -1

27. At what age did this child's involvement with the criminal or Juvenile Justice System begin?

- CC_AGE_JJS_INVOLVED
- None, not ever involved..... 0
 - 1 month to 5 years 1
 - 6 to 10 years..... 2
 - 11 to 14 years..... 3
 - 15 to 17 years..... 4

28. How many times has this child been involved with the criminal or juvenile justice system?

- CC_TIMES_JJS_INVOLVED
- None 0
 - One time..... 1
 - Two times 2
 - Three times..... 3
 - Four times 4
 - Five times 5
 - More than five times..... 6

29. How many months has this child been legally detained?

- CC_LEGALLY_DETAINED
- None 0
 - Less than 1 month..... 1
 - 1 to 3 months..... 2
 - 4 to 6 months..... 3
 - 7 to 12 months..... 4
 - 13 to 24 months 5
 - 25 to 36 months 6
 - 37 to 48 months 7
 - More than 48 months 8

30. Has this child ever been involved with gangs (belonged to a gang associated with gang members)?

- CC_GANG_INVOLVED
- Yes..... 1
 - No 0
 - Don't Know..... -8

31. Has this child ever witnessed acts of violence in their home, community, or school?

CC_WITNESSED_VIOLENCE

- Yes..... 1
- No 0
- Don't Know..... -8

32. Has this child ever been exposed to trauma (e.g. drive by shootings, school shootings, fights)in their home, community, or school?

CC_EXPOSED_TO_TRAUMA

- Yes..... 1
- No 0
- Don't Know..... -8
- N/A..... -1

33. Has this child ever been a victim of violence? (Select all that apply.)

- CC_VICTIM_HOME Yes (in the home)..... 1
- CC_VICTIM_SCHOOL Yes (at school)..... 2
- CC_VICTIM_NEIGHBORHOOD Yes (in the neighborhood) 3
- CC_VICTIM_ANIMAL Yes (by an animal) 4
- CC_VICTIM_NO No 0
- CC_VICTIM_DK Don't Know -8

34. Has this child ever committed any acts of violence with animals?

CC_PETS_VIOLENCE

- Yes (without weapons)..... 1
- Yes (with weapons)..... 2
- Yes (both with and without weapons)..... 3
- No 0
- Don't Know -8

35. Has this child ever committed any acts of violence with humans?

CC_HUMANS_VIOLENCE

- Yes (without weapons)..... 1
- Yes (with weapons)..... 2
- Yes (both with and without weapons)..... 3
- No 0
- Don't Know -8

36. Has this child ever set fires?

CC_SET_FIRES

- Yes..... 1
- No 0
- Don't Know..... -8

EDUCATIONAL BACKGROUND

37. Which of the following educational levels is this child in? (Please circle only one response.)

CC_EDUCATION

- Day Care only 1
- Preschool 2
- Kindergarten 3
- Grade 1 – 5 4
- Grade 6 – 8 5
- Grade 9 – 12 6
- None 0
- Don't Know -8

38. Is this child at the appropriate educational level for their age?

CC_APPROPRIATE_GRADE

- Yes 1
- No 0
- Don't Know -8
- N/A -1

39. Has this child ever been held back in school?

CC_HELD_BACK

- Yes 1
- No 0
- Don't Know -8
- N/A -1

40. If this child is in school, is their progress in school reflective of them being an...?

CC_GRADE

- 'A' student, 1
- 'B' student, 2
- 'A & B' student, 3
- 'C' student, 4
- 'D' student, or 5
- 'F' student? 6
- Don't Know -8
- N/A -1

41. If this child is in school, indicate what type of attendance pattern this child has in school.

CC_ATTENDANCE

- Poor (misses a lot of days) 1
- Fair (misses some days) 2
- Good (misses only a few days) 3
- Excellent (goes consistently) 4
- Don't Know -8
- N/A -1

42. Which of the following extracurricular activities does this child participate in? (Select all that apply.)

- CC_EXTRACUR_SPORTS Sports..... 1
- CC_EXTRACUR_MUSIC Music..... 2
- CC_EXTRACUR_DANCE Dance..... 3
- CC_EXTRACUR_DRAMA Drama 4
- CC_EXTRACUR_COMM_SERVICE Community Service 5
- CC_EXTRACUR_CHURCH Religious Activities 6
- CC_EXTRACUR_NONE None 0
- CC_EXTRACUR_NA N/A..... -1
- CC_EXTRACUR_OTHER Other (specify) _____ 7
- CC_EXTRACUR_OTHER_OTH

43. Has this child been assessed for any possible learning disabilities?

- CC_DISABILITY_ASSESSED
- Yes..... 1
- No 0
- Don't Know..... -8
- N/A..... -1

44. Has this child been diagnosed with a learning disability?

- CC_DISABILITY_DIAGNOSED
- Yes..... 1
- No 0
- Don't Know..... -8
- N/A..... -1

45. Has this child ever received Ritalin or any other prescription medication for attention deficit disorder (ADD) or attention deficit and hyperactivity disorder (ADHD)?

- CC_ADD_ADHD_MEDS
- Yes..... 1
- No 0
- Don't Know..... -8
- N/A..... -1

SPIRITUAL BACKGROUND

46. How often does this child attend religious services?

- CC_PLACE_WORSHIP
- Once a week..... 1
- Once a month 2
- Four times a year 3
- During holidays 4
- Twice a year 5
- Once a year 6
- Not at all 0
- N/A..... -1

47. How often does this child experience prayer, either by doing it themselves or with someone else?

- CC_TIMES_PRAY
- Every day/night..... 1
- Few times a week 2
- Once a week..... 3
- Once a month 4
- Few times a year..... 5
- Only at holiday ceremonies 6
- Only to bless a meal..... 7
- Not at all 0

48. Which of the following spiritual activities does this child experience most?

CC_MEDITATION

Reading or being read to from inspirational sources 1

Listening to relaxation/ inspirational music 2

Listening to stories 3

Finding a quiet spot..... 4

Taking nature/environmental appreciation walks 5

CC_MEDITATION_OTH Other (specify) _____ 6

None at all 0

49. Does this child believe in a 'Higher Power' of any kind?

CC_BELIEVE_HIGHER_POWER

Yes..... 1

No 0

DON'T KNOW..... -8

N/A (TOO YOUNG)..... -1

RECREATION/LEISURE BACKGROUND

	Yes	No	Don't Know	N/A
50. If this child is preschool or older, has he/she gone to museums or other historical sites of any kind?..... CC_MUSEUMS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8	<input type="checkbox"/> -1
51. If this child is preschool or older, has he/she played in any community/neighborhood team/group sports?..... CC_GROUP_SPORTS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8	<input type="checkbox"/> -1
52. Has this child ever been to an amusement park or local carnivals or fairs?..... CC_AMUSEMENT_PARK	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8	<input type="checkbox"/> -1
53. Has this child ever been on any picnics (family, community, church, school)?..... CC_PICNIC	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8	<input type="checkbox"/> -1
54. Does this child go to arcades or a friend's home to play games?..... CC_ARCADES	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8	<input type="checkbox"/> -1
55. Does this child play video games at home? CC_VIDEOS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8	<input type="checkbox"/> -1
56. Does this child watch television at home?..... CC_TV	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8	<input type="checkbox"/> -1
57. Does this child participate in family games, such as cards, checkers, or Backgammon?..... CC_FAMILY_GAMES	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8	<input type="checkbox"/> -1
58. Does this child go out to the movies?..... CC_MOVIES	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8	<input type="checkbox"/> -1
59. Does this child have hobbies, such as arts and crafts or reading?..... CC_HOBBIES	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8	<input type="checkbox"/> -1
60. Does this child have access to the Internet outside of school?..... CC_INTERNET	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8	<input type="checkbox"/> -1

BACKGROUND OF PARENTAL RELATIONSHIPS

61. How would you describe your efforts at initiating involvement in this child's life?

CC_MOTHER_INVOLVE_EFFORT

- No effort at all 1
- Efforts are not good 2
- Efforts are good 3
- Efforts are very good 4
- Efforts are excellent 5
- Don't Know -8
- Biological mother deceased -1

62. How would you describe the biological father's efforts at initiating involvement in this child's life?

CC_FATHER_INVOLVE_EFFORT

- No effort at all 1
- Efforts are not good 2
- Efforts are good 3
- Efforts are very good 4
- Efforts are excellent 5
- Don't Know -8
- N/A -1

63. If this child's biological father does not live with him/her, which of the additional ways is there involvement in his/her life? (Select all that apply.)

- CC_FATHER_INV_MONETARY Monetary support 1
- CC_FATHER_INV_CHILD_CARE Child care 2
- CC_FATHER_INV_REG_VISITS Visits on a regular basis 3
- CC_FATHER_INV_IRREG_VISITS Visits on an irregular basis 4
- CC_FATHER_INV_TELEPHONE Telephone contact 5
- CC_FATHER_INV_LETTERS Letters in the mail 6
- CC_FATHER_INV_OTHER Other (specify) _____ 7
- CC_FATHER_INV_OTHER_OTH
- CC_FATHER_INV_NONE None 0
- CC_FATHER_INV_NA N/A -1

64. Do you believe it is appropriate for this child to have contact with his/her biological father?

CC_APPROPRIATE_FATHER_CONTACT

- Yes 1
- No 0
- Don't Know -8
- N/A -1

65. Did this child's biological father accompany his/her mother to prenatal visits?

CC_FATHER_PRENATAL_VISITS

- Yes 1
- No 0
- Don't Know -8
- N/A -1

66. Was this child's biological father present at his/her birth?

CC_FATHER_PRESENT_AT_BIRTH

- Yes 1
- No 0
- Don't Know -8
- N/A -1

67. Is this child's biological father a substance abuser/addict?

CC_FATHER_AN_ADDICT

- Yes..... 1
- No 0
- Don't Know -8
- N/A..... -1

68. If this child has no contact with his/her biological mother, which of the following persons serves as a mother figure? (Select all that apply.)

- CC_MOTHER_FIGURE_STEP Step mother 1
- CC_MOTHER_FIGURE_ADOPTIVE Adoptive mother 2
- CC_MOTHER_FIGURE_GM Grandmother..... 3
- CC_MOTHER_FIGURE_FSO Father's significant other..... 4
- CC_MOTHER_FIGURE_PLAY Play mother 5
- CC_MOTHER_FIGURE_AUNT Aunt..... 6
- CC_MOTHER_FIGURE_FOSTER Foster..... 7
- CC_MOTHER_FIGURE_OTHER Other (specify) _____ 8
- CC_MOTHER_FIGURE_OTHER_OTH _____ 0
- CC_MOTHER_FIGURE_NOONE No one 0
- CC_MOTHER_FIGURE_NA N/A (has contact with biological mother)..... -1

69. If this child has no contact with his/her biological father, which of the following persons serves as a father figure? (Select all that apply.)

- CC_FATHER_FIGURE_STEP Step father 1
- CC_FATHER_FIGURE_ADOPTIVE Adoptive father..... 2
- CC_FATHER_FIGURE_GF Grandfather 4
- CC_FATHER_FIGURE_MSO Mother's significant other..... 3
- CC_FATHER_FIGURE_PLAY Play father 5
- CC_FATHER_FIGURE_UNCLE Uncle 6
- CC_FATHER_FIGURE_OTHER Other (specify) _____ 7
- CC_FATHER_FIGURE_NOONE No one 0
- CC_FATHER_FIGURE_NA N/A (has contact with biological father) -1

70. How would you describe this child's relationship with his/her mother figure?

CC_RELATIONSHIP_MOTHER_FIGURE

- Not close at all 1
- Not very close..... 2
- Somewhat close 3
- Quite close 4
- Extremely close 5
- Don't Know -8
- N/A (is with biological mother) -1

71. How would you describe this child's relationship with his/her father figure?

CC_RELATIONSHIP_FATHER_FIGURE

- Not close at all 1
- Not very close..... 2
- Somewhat close 3
- Quite close 4
- Extremely close 5
- Don't Know -8
- N/A (is with biological father) -1

72. Is this child's mother figure a substance abuser/addict?

CC_MOTHER_FIGURE_ADDICT

- Yes..... 1
 No 0
 Don't Know -8
 N/A (is with biological mother) -1

73. Is this child's father figure a substance abuser/addict?

CC_FATHER_FIGURE_ADDICT

- Yes..... 1
 No 0
 Don't Know -8
 N/A (is with biological father) -1

ALCOHOL AND OTHER DRUG USE/INTERACTION BACKGROUND

	Yes	No	Don't Know	N/A <i>(child too young)</i>
CC_EVER_NONINTENDED_USE				
74. Has this child ever taken prescription medicine for a purpose other than its intended use, either taken on their own or given by someone else?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> -8	<input type="checkbox"/> -1
CC_EVER_OVER_COUNTER_MEDS				
75. Has this child ever used store bought (over-the-counter) medications inappropriately?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> -8	<input type="checkbox"/> -1
CC_EVER_DRANK_ALCOHOL				
76. Has this child ever drank any alcohol (beer, wine, hard liquor)?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> -8	<input type="checkbox"/> -1
CC_EVER_TOBACCO				
77. Has this child ever used tobacco products?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> -8	<input type="checkbox"/> -1
CC_EVER_ILLEGAL_DRUGS				
78. Has this child ever used illegal drugs (marijuana, hallucinogens, amphetamines, cocaine, inhalants)?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> -8	<input type="checkbox"/> -1
CC_EVER_TRANSPORT_DRUGS				
79. Has this child ever been a part of transporting drugs in any way?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> -8	<input type="checkbox"/> -1
CC_EVER_LOOKOUT				
80. Has this child ever participated in being a 'lookout' for drug dealers?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> -8	<input type="checkbox"/> -1
CC_EVER_SELLING				
81. Has this child ever participated in selling drugs?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> -8	<input type="checkbox"/> -1
CC_EVER_ABOUT_GUARDIAN_ABUSE				
82. Has this child ever voiced any negative thoughts or feelings about his/her guardian's alcohol or drug use?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> -8	<input type="checkbox"/> -1
CC_EVER_LIVED_DRUG_ENV				
83. Has this child ever lived in an environment where drugs were manufactured, used, or sold?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> -8	<input type="checkbox"/> -1

HEALTH BACKGROUND

		Yes	No	Don't Know	N/A <i>(child too young)</i>
<i>CC_PRENATAL_VISITS</i>					
84.	Did this child receive any pre-birth health care through recommended pre-natal visits by the mother?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> -8	<input type="checkbox"/> -1
<i>CC_TEST_POSITIVE_AT_BIRTH</i>					
85.	Did this child test positive for any alcohol or drugs at birth?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> -8	<input type="checkbox"/> -1
<i>CC_ICU_AT_BIRTH</i>					
86.	Did this child need special care services or equipment at birth, such as ICU or detox?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> -8	<input type="checkbox"/> -1
<i>CC_ONCE_YR_CHECKUP</i>					
87.	Does this child go to the doctor or get a check-up at least once a year?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> -8	<input type="checkbox"/> -1
<i>CC_ONCE_YR_DENTIST</i>					
88.	Does this child go to the dentist or get a check-up at least once a year?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> -8	<input type="checkbox"/> -1
<i>CC_UPDATED_IMMUNIZATION</i>					
89.	Is this child's immunization schedule complete and updated for his/her age?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> -8	<input type="checkbox"/> -1
<i>CC_HIV_POSITIVE_AT_BIRTH</i>					
90.	Did this child test HIV positive at birth?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> -8	<input type="checkbox"/> -1

		None	One time	Two times	Three times	Four times	Five times	More than five times
<i>CC_TIMES_HOSP_PHYSICAL</i>								
91.	How many times has this child received treatment for any physical/ medical health problems during his/her lifetime?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<i>CC_TIMES_HOSP_MENTAL</i>								
92.	How many times has this child received treatment for any mental/psychiatric health problems during his/her lifetime?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<i>CC_TIMES_ER_PHYSICAL</i>								
93.	How many times has this child been to the Emergency Room due to any physical/medical health problems during his/her lifetime?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<i>CC_TIMES_ER_MENTAL</i>								
94.	How many times has this child been to the Emergency Room due to any mental/ psychiatric or medical/health problems during his/her lifetime?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

PART 2

DATE: |__| |__| |2|0|__|__|
CC_MO CC_DY CC_YR

PERSON COMPLETING |_____|
CC_INTERVIEWER

Part 2 is to be completed by a health care professional through interviewing the mother and reviewing the medical records.

Please indicate what this child's experience has been with the following childhood illnesses/conditions/diseases during his/her lifetime.

Does this child have a history of...

A. Asthma

CC_ASTHMA

Yes..... 1
No 0
Don't Know..... -8

IF YES, Yes No
CC_ASTHMA_YES_1 a. Ever been treated for it?..... 1 0
CC_ASTHMA_YES_2 b. Currently under medical supervision?..... 2 0

B. Diabetes

CC_DIABETES

Yes..... 1
No 0
Don't Know..... -8

IF YES, Yes No
CC_DIABETES_YES_1 a. Ever been treated for it?..... 1 0
CC_DIABETES_YES_2 b. Currently under medical supervision?..... 2 0

C. Sickle Cell Anemia

CC_SICKLE_CELL_ANEMIA

Yes..... 1
No 0
Don't Know..... -8

IF YES, Yes No
CC_SICKLE_CELL_ANEMIA_YES_1 a. Ever been treated for it?..... 1 0
CC_SICKLE_CELL_ANEMIA_YES_2 b. Currently under medical supervision?..... 2 0

D. Obesity

CC_OBESITY

Yes..... 1
No 0
Don't Know..... -8

IF YES, Yes No
CC_OBESITY_YES_1 a. Ever been treated for it?..... 1 0
CC_OBESITY_YES_2 b. Currently under medical supervision?..... 2 0

E. Hypertension (high blood pressure)

CC_HYPERTENSION

Yes..... 1
No 0
Don't Know -8

IF YES, Yes No
CC_HYPERTENSION_YES_1 a. Ever been treated for it? 1 0
CC_HYPERTENSION_YES_2 b. Currently under medical supervision? 2 0

F. Frequent Colds, Bronchitis, Other Upper Respiratory Infections

CC_COLDS

Yes..... 1
No 0
Don't Know -8

IF YES, Yes No
CC_COLDS_YES_1 a. Ever been treated for it? 1 0
CC_COLDS_YES_2 b. Currently under medical supervision? 2 0

G. Allergies (pollen, mold, house dust mites, animal dander and saliva, and industrial chemicals)

CC_ALLERGIES

Yes..... 1
No 0
Don't Know -8

IF YES, Yes No
CC_ALLERGIES_YES_1 a. Ever been treated for it? 1 0
CC_ALLERGIES_YES_2 b. Currently under medical supervision? 2 0

H. Allergies (medicine)

CC_MEDICINE_ALLERGIES

Yes..... 1
No 0
Don't Know -8

IF YES, Yes No
CC_MEDICINE_ALLERGIES_YES_1 a. Ever been treated for it? 1 0
CC_MEDICINE_ALLERGIES_YES_2 b. Currently under medical supervision? 2 0

I. Allergies (insect bites and stings)

CC_STING_ALLERGIES

Yes..... 1
No 0
Don't Know -8

IF YES, Yes No
CC_STING_ALLERGIES_YES_1 a. Ever been treated for it? 1 0
CC_STING_ALLERGIES_YES_2 b. Currently under medical supervision? 2 0

J. Ear Infections

CC_EAR_INFECTIONS

Yes..... 1
No 0
Don't Know -8

IF YES, Yes No
CC_EAR_INFECTIONS_YES_1 a. Ever been treated for it? 1 0
CC_EAR_INFECTIONS_YES_2 b. Currently under medical supervision? 2 0

K. Communicable Diseases (Measles, Mumps, Rubella, Chicken Pox)

CC_MEASLES

Yes..... 1
 No 0
 Don't Know..... -8

IF YES, Yes No
 CC_MEASLES_YES_1 a. Ever been treated for it?..... 1 0
 CC_MEASLES_YES_2 b. Currently under medical supervision?..... 2 0

L. Leukemia or other childhood cancers

CC_LEUKEMIA

Yes..... 1
 No 0
 Don't Know..... -8

IF YES, Yes No
 CC_LEUKEMIA_YES_1 a. Ever been treated for it?..... 1 0
 CC_LEUKEMIA_YES_2 b. Currently under medical supervision?..... 2 0

M. HIV/AIDS and/or other sexually transmitted diseases

CC_HIV_AIDS

Yes..... 1
 No 0
 Don't Know..... -8

IF YES, Yes No
 CC_HIV_AIDS_YES_1 a. Ever been treated for it?..... 1 0
 CC_HIV_AIDS_YES_2 b. Currently under medical supervision?..... 2 0

N. Fetal Alcohol Spectrum or Fetal Alcohol Effects

CC_FETAL_ALCOHOL_SYND

Yes..... 1
 No 0
 Don't Know..... -8

IF YES, Yes No
 CC_FETAL_ALCOHOL_SYND_YES_1 a..... 1 0
 CC_FETAL_ALCOHOL_SYND_YES_2 b..... 2 0

O. Toothaches, cavities, gum disease, and other dental problems

CC_DENTAL

Yes..... 1
 No 0
 Don't Know..... -8

IF YES, Yes No
 CC_DENTAL_YES_1 a. Ever been treated for it?..... 1 0
 CC_DENTAL_YES_2 b. Currently under medical supervision?..... 2 0

P. Blurred vision, near sightedness, farsightedness

CC_VISION

Yes..... 1
 No 0
 Don't Know..... -8

IF YES, Yes No
 CC_VISION_YES_1 a. Ever been treated for it?..... 1 0
 CC_VISION_YES_2 b. Currently under medical supervision?..... 2 0

Q. Physical trauma from accidents (car, bicycle, sports)

CC_ACCIDENTS

Yes.....	<input type="checkbox"/>	1	
No	<input type="checkbox"/>	0	
Don't Know.....	<input type="checkbox"/>	-8	
	IF YES,	Yes	No
CC_ACCIDENTS_YES	a. Ever been treated for it?.....	<input type="checkbox"/>	<input type="checkbox"/>
CC_ACCIDENTS_YES	b. Currently under medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>

R. Urinary tract infections

CC_URINARY_INFECTION

Yes.....	<input type="checkbox"/>	1	
No	<input type="checkbox"/>	0	
Don't Know.....	<input type="checkbox"/>	-8	
	IF YES,	Yes	No
CC_URINARY_INFECTION_YES_1	a. Ever been treated for it?.....	<input type="checkbox"/>	<input type="checkbox"/>
CC_URINARY_INFECTION_YES_2	b. Currently under medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>

S. Skin Diseases (psoriasis, excema)

CC_SKIN

Yes.....	<input type="checkbox"/>	1	
No	<input type="checkbox"/>	0	
Don't Know.....	<input type="checkbox"/>	-8	
	IF YES,	Yes	No
CC_SKIN_YES_1	a. Ever been treated for it?.....	<input type="checkbox"/>	<input type="checkbox"/>
CC_SKIN_YES_2	b. Currently under medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>

T. Pink Eye (conjunctivitis), Head Lice, or Ringworm

CC_MEASLES

Yes.....	<input type="checkbox"/>	1	
No	<input type="checkbox"/>	0	
Don't Know.....	<input type="checkbox"/>	-8	
	IF YES,	Yes	No
CC_MEASLES_YES_1	a. Ever been treated for it?.....	<input type="checkbox"/>	<input type="checkbox"/>
CC_MEASLES_YES_2	b. Currently under medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>

U. Anxiety or Depression (problem with nerves or mood)

CC_ANXDEPRESS

Yes.....	<input type="checkbox"/>	1	
No	<input type="checkbox"/>	0	
Don't Know.....	<input type="checkbox"/>	-8	
	IF YES,	Yes	No
CC_ANXDEPRESS_YES_1	a. Ever been treated for it?.....	<input type="checkbox"/>	<input type="checkbox"/>
CC_ANXDEPRESS_YES_2	b. Currently under medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>

V. Attention-deficit/hyperactivity disorder (ADHD)

CC_ADHD

Yes.....	<input type="checkbox"/>	1	
No	<input type="checkbox"/>	0	
Don't Know.....	<input type="checkbox"/>	-8	
	IF YES,	Yes	No
CC_ADHD_YES_1	a. Ever been treated for it?.....	<input type="checkbox"/>	<input type="checkbox"/>
CC_ADHD_YES_2	b. Currently under medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>

W. Eating disorder (anorexia, bulimia, feeding problems)

CC_EATING_DISORDER

Yes..... 1
No 0
Don't Know..... -8

IF YES, Yes No

CC_EATING_DISORDER_YES_1 a. Ever been treated for it?..... 1 0

CC_EATING_DISORDER_YES_2 b. Currently under medical supervision?..... 2 0

X. Enuresis (bedwetting) or Encopresis (repeated passing of feces in inappropriate places, whether voluntary or involuntary)

CC_ENURENCO

Yes..... 1
No 0
Don't Know..... -8

IF YES, Yes No

CC_ENURENCO_YES_1 a. Ever been treated for it?..... 1 0

CC_ENURENCO_YES_2 b. Currently under medical supervision?..... 2 0

Y. Self-injurious behaviors (head banging, cutting, biting, scratching)

CC_SELF_INJURIOUS

Yes..... 1
No 0
Don't Know..... -8

IF YES, Yes No

CC_SELF_INJURIOUS_YES_1 a. Ever been treated for it?..... 1 0

CC_SELF_INJURIOUS_YES_2 b. Currently under medical supervision?..... 2 0

Z. Uncontrolled anger

CC_UNCONTROL_ANGER

Yes..... 1
No 0
Don't Know..... -8

IF YES, Yes No

CC_UNCONTROL_ANGER_YES_1 a. Ever been treated for it?..... 1 0

CC_UNCONTROL_ANGER_YES_2 b. Currently under medical supervision?..... 2 0

AA. Developmental delay/disorder in age appropriate motor skills

CC_MOTOR_SKILLS

Yes..... 1
No 0
Don't Know..... -8

IF YES, Yes No

CC_MOTOR_SKILLS_YES_1 a. Ever been treated for it?..... 1 0

CC_MOTOR_SKILLS_YES_2 b. Currently under medical supervision?..... 2 0

BB. Developmental delay/disorder in age appropriate communication

CC_COMMUNICATION

Yes..... 1
No 0
Don't Know..... -8

IF YES, Yes No

CC_COMMUNICATION_YES_1 a. Ever been treated for it?..... 1 0

CC_COMMUNICATION_YES_2 b. Currently under medical supervision?..... 2 0

CC. Developmental delay/disorder in age appropriate cognition

CC_COGNITION

Yes..... 1
No 0
Don't Know..... -8

IF YES, Yes No
CC_COGNITION_YES_1 a. Ever been treated for it?..... 1 0
CC_COGNITION_YES_2 b. Currently under medical supervision?..... 2 0

DD. Extreme reaction to stimulation

CC_STIMLUATION

Yes..... 1
No 0
Don't Know..... -8

IF YES, Yes No
CC_STIMULATION_YES_1 a. Ever been treated for it?..... 1 0
CC_STIMULATION_YES_2 b. Currently under medical supervision?..... 2 0

Developed by Karen Allen, Ph.D., Belinda Biscoe, Ph.D., and Linda White Young, M.S.W.
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