Child and Adolescent **Interview** for Specialized Services

Provider Number ☐☐☐☐☐ **Provider Name** _____

Employee Number ☐☐☐☐☐☐ **Employee Name** _____

Recipient Number ☐☐☐☐☐☐☐ Name of Hurricane (s): _____

Was the parent or caregiver present during the visit? ☐ NO ☐ YES Date of Service: ☐☐ ☐☐ ☐☐☐☐

LOCATION OF SERVICES: *(CHECK ONE)*

☐ SCHOOL ☐ COMMUNITY CENTER ☐ PROVIDER SITE ☐ HOME

☐ WORKPLACE ☐ HEALTH CLINIC ☐ PLACE OF WORSHIP ☐ TRANSITIONAL HOUSING

☐ OTHER _____

SERVICE TYPE: *(Check One)* ☐ Crisis Counseling ☐ SCCS

VISIT NUMBER: _____

ZIP CODE OF SERVICE LOCATION _____

RISK CATEGORIES: *(CHECK ALL THAT APPLY)*

○ (1) Seriously injured during the storm

○ (2) Family member/friend seriously injured as a result of the storm
___ Parent/Caregiver ___ Sibling ___ Grandparent
___ Other Relative ___ Friend

○ (3) Family member/friend killed as a result of the storm
__ Parent/Caregiver __ Sibling __ Grandparent
__ Other Relative __ Friend

○ (4) Saw someone injured during the storm

○ (5) Saw someone who died because of the storm

○ (6) Lived away from parent(s) or caregiver(s) since the storm
○ (6a) Currently living away from parents or caregivers
(6b) With whom is child currently living? (Check all)
___ Mother ___ Father ___Grandparent (s)
___ Other Adult Relative (s) ___ Other Adult (s)

○ (7) Home destroyed/badly damaged by storm (circle one)

○ (8) Saw neighborhood destroyed or badly damaged
○ (8a) Saw other areas destroyed or badly damaged

○ (9) Pet: left behind, lost, hurt or killed during the storm (circle all)

○ (10) Belongings, clothes/toys destroyed by storm

○ (11) Evacuated with no time to prepare /time to prepare (circle one)

○ (12) Saw violence after the storm

○ (13) Displaced because of the storm
(13a) Number of places lived since the storm: _____
(13b) Current living situation:
___ Hotel ___ Relative's house ___ Friend's house ___ My old house
___ A new house ___ Trailer in the community ___ Trailer at my house

○ (14) Transferred to new school because of storm
(14a) Number of schools attended since the storm: _____
○ (14b) Currently not enrolled in school/ truant

○ (15) Family member served as a rescue worker

○ (16) Parent(s)/caregiver(s) unemployed because of storm
○ (16a) Parent(s)/caregiver(s) currently unemployed

○ (17) Major loss or trauma before the storm, Describe:_____
_____

○ (18) Major loss or trauma since the storm; Describe: _____
_____

○ (19) Saw a counselor or doctor for storm-related problems _____

○ (20) Currently prescribed medication
Is medication currently available? ○ NO ○ YES

○ (21)* Thoughts about hurting self or other (circle all)
○ (21a) Previous suicide attempts? Obtain additional information:
_____
○ (21b) Current plan? Obtain additional information:
_____

○ (22)* Substance use problem? ○ Current ○ Past
○Currently being treated?

○ (23) Other: _____

* Consult with supervisor

DEMOGRAPHIC **INFORMATION:**

AGE (in years): _____

SEX: ○ MALE ○ FEMALE

Child's Current Zip Code _____

Child's Current School

_____ _____

Grade Level _____

ETHNICITY (Select one)
☐ Hispanic or Latino
☐ Not Hispanic or Latino

RACE (select one or more)
☐ American Indian/ Alaska Native
☐ Asian
☐ Black or African American
☐ White

PREFERRED LANGUAGE:
☐ English ☐ Spanish
☐ Other (specify)
_____

LANGUAGE OF CONTACT:
☐ English ☐ Spanish
☐ Other (specify)
_____

ASSESSMENT QUESTIONS:

These questions can be addressed to a child/adolescent. For younger children, the parent/caregiver can answer these questions about their child.

PERSON INTERVIEWED: ○ CHILD ○ PARENT/CAREGIVER ○ CHILD AND PARENT/CAREGIVER TOGETHER

INTRODUCTION:

I want to talk to you about your (your child's) feelings and thoughts about the hurricane and how much they are causing problems ***now.*** Think about your thoughts, feelings, and behavior **DURING THE PAST MONTH** *(please remind child/parent of this for each question).*

Use the frequency rating sheet to help the child answer how often the problem has happened. For each question choose **ONE** of the following responses and enter the NUMBER of the response in the box for that question.

ANSWER CHOICES: (0) Not at all (1) A little bit (2) Somewhat (3) Quite a bit (4) Very much

Item	ASSESSMENT QUESTIONS	SCORE 0 - 4
1	Do you get upset, afraid or sad when something makes you think about the hurricane?	
2	Do you have bad dreams or nightmares about what happened?	
3	Do you have upsetting thoughts or pictures that come into your mind about what happened?	
4	Do you try not to think about or talk about what happened?	
5	Do you stay away from places, people or things that make you remember the hurricane?	
6	Do you feel that nothing is fun for you any more or that you just aren't interested in anything?	
7	Do you have difficulty falling asleep at night or find that you wake up in the night because of what happened?	
8	Do you feel jumpy or nervous?	
9	Do you find it harder to concentrate or pay attention to things than you usually do?	
10	Do you worry about what is going to happen to you/your family/your friends?	
11	Do you feel irritable or grouchy?	
12	Do you feel sad, down, or depressed?	
13	Have you been more or less interested in eating since what happened?	
14	Have you had more aches and pains, such as stomachaches or headaches?	
15	Do you have less energy than usual?	
16	If in school: Do you find it harder to get your schoolwork done?	
17	Do you worry about something else bad happening to you/ your family/your friends?	
18	Are you having a harder time getting along with your family or your friends?	
19	If in a new school: Are you having a hard time making new friends?	
20	Are you finding it harder to do or enjoy activities that you used to enjoy?	
21	How bothered are you by these questions?	
22	Have you used drugs or alcohol?	
Additional Questions for Parents: Required for parents of children aged 0-7; recommended for parents of all children and adolescents		
23	Has your child been more clingy or worried about separation?	
24	Has your child been more quiet and withdrawn?	
25	Has your child talked repeatedly about or asked questions about the hurricane?	
26	*For parents of young children*, has your child's play been about the hurricane?	
27	*For parents of young children,* have you noticed changes in your child's development (e.g., bedwetting, baby talk, need more help with self-care)?	
28	Is your child having more behavior problems?	
29	Do you have other storm-related concerns about your child? What are they? _____	

Count the number of entries in the last column of the above table that have a score of 3 or 4. **Items scored 3 or 4, Total HERE:** ☐

If the total is 4 or more for scores of 3 or 4, discuss the possibility of a referral for services.

Did you offer a referral for services? ☐ NO ☐ YES, based on the total score,
(Select one) ☐ YES, but not based on total score – SPECIFY _____

REFERRAL(s):

(Check all that apply)	Did the child/caregiver accept referral?	Provider Agency Name
☐ SCCS services	○ Child ○ Parent/Caregiver	
☐ Mental health services	○ Child ○ Parent/Caregiver	
☐ Substance abuse services	○ Child ○ Parent/Caregiver	
☐ Other _____	○ Child ○ Parent/Caregiver	

Reviewed by _____ Signature _____ Date _____