Have you ever stayed overnight in a:		How old were you the first time you stayed overnight in a:	Did you use this service within the past 6 months?
Drug or alcohol treatment unit	1. Yes 5.No	Age: 99.DK	1.Yes 5.No
Psychiatric hospital or psychiatric unit of a general hospital (include dual dx units here	99.DK 1. Yes 5.No 99.DK	Age: 99.DK	99. DK 1.Yes 5.No 99. DK
Residential Treatment Center or group home	1. Yes 5.No 99.DK	Age: 99.DK	1.Yes 5.No 99. DK
Foster Home	1. Yes 5.No 99.DK How many different foster families have you lived with? 99.DK	Age: 99.DK	1.Yes 5.No 99. DK
Detention center/prison/jail	1. Yes 5.No 99.DK	Age: 99.DK	1.Yes 5.No 99. DK
Shelter	1. Yes 5.No 99.DK	Age: 99.DK	1.Yes 5.No 99. DK
Was there any other place where you stayed overnight due to an emotional or behavioral problem that we have not already mentioned? Specify:	1. Yes 5.No 99.DK	Age: 99.DK	1.Yes 5.No 99. DK

Have you ever below) for drug, other kinds of er problems like fe or feeling out of	alcohol or motional eling depressed control	How old were you the first time?	Did you use this service within the past six months?	Was this service specifically for drug or alcohol treatment?
	1.Yes	Age	1.Yes	1.Yes
gone to a psychologist, counselor or social worker	5.No 99.DK	99.DK	5.No 99.DK	5.No 99.DK
gone to or attended community groups, community support groups or self help groups	1.Yes 5.No 99.DK	Age 99.DK	1.Yes 5.No 99.DK	1.Yes 5.No 99.DK
gone to a priest, minister, clergy or healer of any kind	1.Yes 5.No 99.DK	Age 99.DK	1.Yes 5.No 99.DK	1.Yes 5.No 99.DK
had people come into your home to give you or your family counseling	1.Yes 5.No 99.DK	Age 99.DK	1.Yes 5.No 99.DK	1.Yes 5.No 99.DK
gone to a partial hospitalization or day program	1.Yes 5.No 99.DK	Age 99.DK	1.Yes 5.No 99.DK	1.Yes 5.No 99.DK
gone to an ER (be sure to probe to rule out ER visits for medical reasons. Medical reasons associated with a suicide attempt should be included here).	1.Yes 5.No 99.DK	Age 99.DK	1.Yes 5.No 99.DK	1.Yes 5.No 99.DK

gone to a counselor or special teacher at school	1.Yes 5.No 99.DK	Age 99.DK	1.Yes 5.No 99.DK	1.Yes 5.No 99.DK
gone to a school for kids with special needs	1.Yes 5.No 99.DK	Age 99.DK	1.Yes 5.No 99.DK	1.Yes 5.No 99.DK

Have you ever been		How old were you the first time?	Did you have this in the past six months?
A prescription for a medication that was to help you with your emotions or behavior?	1.Yes 5.No 99.DK	Age 99. DK	1.Yes 5.No 99.DK
If yes:	What are the	What are the	Are you currently
	names of the	names of the	on this
	medications you	medications you	medication?
	were on prior to	have been on	(answer in the same
	the past six	during the past six	order as meds are listed
	months?	months?	in prior box)
	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
	4.	4.	4.
	5.	5.	5.
	6.	6.	6.
	98. None	98. None	98.None currently
	99. DK	99. DK	99.DK
How long before	Name med 1:	taken minutes/hours/days/wks ago (circle one)	
this interview did	Name med 2:	taken minutes/hours/days/wks ago (circle one)	
you take your last	Name med 3:	taken minutes/hours/days/wks ago (circle one)	
dose of each of	Name med 4:	taken minutes/hours/days/wks ago (circle one)	
these	Name med 5:	taken minutes/hours/days/wks ago (circle one)	
medications?	Name med 6:	taken minutes/hours/days/wks ago (circle one)	