

How would you rate your overall family relationships before your stay at the CRC? <i>Please circle the answer that best fits.</i>	Poor	Fair	Good	Great	Don't Know	
Did you receive individual counseling while at the CRC? <i>Please circle the answer that best fits.</i> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	In your opinion, was the amount of individual counseling at the CRC sufficient or insufficient? <i>Please circle the answer that best fits.</i> <input type="radio"/> Insufficient <input type="radio"/> Neither sufficient nor insufficient <input type="radio"/> Sufficient <input type="radio"/> Don't Know					
To what extent would you rate the helpfulness or lack of helpfulness of the individual sessions? <i>Please circle the answer that best fits.</i>	Did Not help at all	Mostly did not help	Neutral	Helped a little	Helped a lot	Don't know
To what extent do you feel that group sessions with peers were unhelpful or helpful? <i>Please circle the answer that best fits.</i>	Did Not help at all	Mostly did not help	Neutral	Helped a little	Helped a lot	Don't know
How would you describe the interaction between you and the staff at the CRC? <i>Please circle the answer that best fits.</i>	Poor	Fair	Neutral	Good	Great	Don't know
To what extent did you find staff to be helpful or not helpful? <i>Please circle the answer that best fits.</i>	Did Not help at all	Mostly did not help	Neutral	Helped a little	Helped a lot	Don't know
Did you participate in family sessions? <i>Please circle the answer that best fits.</i> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable						
If yes to what extent would you say the family sessions at the CRC were unhelpful or helpful? <i>Please circle the answer that best fits.</i>	Did Not help at all	Mostly did not help	Neutral	Helped a little	Helped a lot	Don't know
What was most helpful to you about the CRC? <i>Please circle all the answers that you felt were helpful.</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> Family Sessions <input type="radio"/> Group Session <input type="radio"/> A place to stay <input type="radio"/> Relationships with peers <input type="radio"/> Other (<i>please specify</i>) _____ </div> <div style="width: 45%;"> <input type="radio"/> Individual Sessions <input type="radio"/> Referrals to community organizations <input type="radio"/> Relationships with staff <input type="radio"/> The CRC was not helpful </div> </div>						
Did the CRC refer you to any of the following services or activities (circle all that apply)? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> Crisis Family Interventions (CFI) [formerly Phase II] <input type="radio"/> At Risk Youth Petition (ARYP) <input type="radio"/> Child In Need of Services (CHINS) <input type="radio"/> Family Reconciliation Services (FRS) <input type="radio"/> Other (<i>please specify</i>) _____ </div> <div style="width: 45%;"> <input type="radio"/> TeenPeace Group <input type="radio"/> Mental Health <input type="radio"/> Drug & Alcohol Rehabilitation <input type="radio"/> The CRC did not refer me anywhere </div> </div>						
Did you use any of these services after your stay at the CRC? <i>Please circle the answer that best fits.</i> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	Have you run away from home since you last stayed at the CRC? <i>Please circle the answer that best fits.</i> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know					
Has communication between you and your parents improved, worsened, or stayed the same since your stay at the CRC? <i>Please circle the answer that best fits.</i>	Worsened	Neutral	Improved	Don't Know		

How do you rate your overall family relationships now? <i>Please circle the answer that best fits.</i>	Poor	Fair	Neutral	Good	Great	Don't know
---	------	------	---------	------	-------	------------

To what extent do you think the CRC helped or didn't help you? <i>Please circle the answer that best fits.</i>	Did Not help at all	Mostly did not help	Neutral	Helped a little	Helped a lot	Don't know
---	---------------------	---------------------	---------	-----------------	--------------	------------

Global Appraisal of Individual Needs-Short Screener (GAIN-SS)

*The following questions are about common psychological, behavioral or personal problems. These problems are considered **significant** when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on. Please answer the questions Yes or No.*

Mental Health Internalizing Behaviors (IDScr 1):

During the past 12 months, have you had significant problems. . .

a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	<input type="radio"/> Yes	<input type="radio"/> No
b. with sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?	<input type="radio"/> Yes	<input type="radio"/> No
c. with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?	<input type="radio"/> Yes	<input type="radio"/> No
d. when something reminded you of the past, you became very distressed and upset?	<input type="radio"/> Yes	<input type="radio"/> No
e. with thinking about ending your life or committing suicide?	<input type="radio"/> Yes	<input type="radio"/> No

Mental Health Externalizing Behaviors (EDScr 2):

During the past 12 months, did you do the following things two or more times?

a. Lie or con to get things you wanted or to avoid having to do something?	<input type="radio"/> Yes	<input type="radio"/> No
b. Have a hard time paying attention at school, work or home?	<input type="radio"/> Yes	<input type="radio"/> No
c. Have a hard time listening to instructions at school, work or home?	<input type="radio"/> Yes	<input type="radio"/> No
d. Been a bully or threatened other people?	<input type="radio"/> Yes	<input type="radio"/> No
e. Start fights with other people?	<input type="radio"/> Yes	<input type="radio"/> No

Substance Abuse Screen (SDScr 3):

During the past 12 months did. . .

a. you use alcohol or drugs weekly?	<input type="radio"/> Yes	<input type="radio"/> No
b. you spend a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?	<input type="radio"/> Yes	<input type="radio"/> No
c. you keep using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	<input type="radio"/> Yes	<input type="radio"/> No
d. your use of alcohol or drugs cause you to give up, reduce or have problems at important activities at work, school, home or social events?	<input type="radio"/> Yes	<input type="radio"/> No
e. you have withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or use any alcohol or drugs to stop being sick or avoid withdrawal problems?	<input type="radio"/> Yes	<input type="radio"/> No

What was the most effective part of the Directions Program?

What was the least effective part of the Directions Program?

Other comments: