

Center for Collegiate Mental Health Standardized Data Set (SDS)

Center for Collegiate Mental Health (CCMH)
The Pennsylvania State University
Center for Counseling and Psychological Services
Student Affairs



BRINGING SCIENCE AND PRACTICE

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Introduction

The Standardized Data Set (SDS) is a set of standardized data materials used by CCMH counseling centers during routine clinical practice. Originating from the intake materials of more than 50 counseling centers, the first SDS was created with feedback from over 100 counseling centers in 2006 and 2007 along with guidance from the inaugural CCMH Advisory Board. Since its original development, the SDS has been revised several times to improve individual questions/answers and add new sections of assessment/data collection with the goal of balancing the needs of practitioners and researchers. The SDS contains eight major components, which include demographic questions, and instruments used to collect information related to treatment provided to students receiving services. These components include:

- **2020 Update:**_COVID-19 Question
- **2020 Update:** Gender and Sexual Orientation Questions
- **2020 Update:** Provider Information

It is worth noting that the *Client Information* portion of the SDS is just one part of the larger CCMH Standardized Data Set.

Using the SDS

Counseling centers may use the SDS as part of routine clinical practice. Centers using Titanium Software can activate CCMH data forms for use. Centers using other EMR systems can create their own data forms modeled after the SDS to use as part of clinical procedure. Centers may use as many components of the SDS as needed for their clinical procedures.

Customization of the SDS

Each portion of the SDS has varying levels of customization to address the needs of each unique counseling center. The types of customization available for each form is listed in the table below.

CCMH SDS Form	Ability to Reorder Items	Ability to Add New Items	Ability to Deactivate Items
Client Information	Yes	Yes	Yes
Provider Information	--	--	--
Center Information	--	--	--
Institution Information	--	--	--
Clinician Index of Client Concerns	Yes	Yes	--
Critical Incident Form	Yes	Yes	--
Termination Form	Yes	Yes	--
Case Closure Form	Yes	Yes	--
CCMH Appointment Categories	--	--	--

The form with the highest level of customizability is the Client Information form. This form allows counseling centers to turn individual standardized questions on and off, reorder questions, and add new local questions that cannot be uploaded to CCMH. If your center contributes data to CCMH, only pre-defined CCMH item data will be sent to CCMH.

Note: If your center contributes data you must use the pre-defined versions of CCMH data forms. Copies of these forms will break the logic used to contribute data

Data Contribution with the SDS

Counseling centers that are CCMH members, use Titanium Software, and have IRB approval, are able to contribute data collected with the SDS to CCMH. Data contribution is not required to use the SDS documents. For more information about data contribution please contact CCMH.

SDS Availability

The SDS is publicly available on the CCMH website (ccmh.psu.edu). Counseling centers are welcome to design any of their local documents using the CCMH SDS. The specific pre-defined CCMH data forms needed for data contribution are currently only accessible through Titanium Software at this time. If your center is interested in the implementation of the CCMH pre-defined forms and data contribution contact your EMR vendor.

Revisions and Updates to the SDS

CCMH revises the SDS on an annual basis. Suggested modifications and feedback from CCMH counseling centers are reviewed by the CCMH Business Team and Advisory Board. Implementation of SDS revisions occurs around June 1st of every year.

Understanding this Document

The following sections of this document outline each component of the SDS in detail including implementation guidelines, question text, response items and values, deactivated questions, as well as other information. This information is meant to be a reference for those that use the SDS for clinical work and/or research.

Revision History

The revision history column provides information about how items have changed over time. Deactivated items can be found at the end of each section. Deactivated response answers for questions that are still active are indicated in *grey text* and are marked “obsolete.”

Question Numbering

Each SDS question has a permanent “Unique ID” that is retained even if the question is deactivated within Titanium. The purpose of the Unique ID is to ensure that every question/variable has a permanent and common identifier that does not change over time or by center. *This ID is not intended for question ordering.* The Client Information component of the SDS has numerical Unique IDs. The Counselor, Center, and Institutional Information components have alpha Unique IDs. Other data forms (CLICC, Case Closure) have mixed alpha numeric UniqueIDs. During 2007-2015 if a was numerical, new items received the next available question ID number regardless of their order. Items revised in 2015 forward receive the current unique ID# plus 1000. For example, if question with Unique ID 3 was revised, Unique ID 3 would be deactivated, and a new question with Unique ID 1003 would be created.

Core Items

Core items are questions that are thought to be of high research/clinical value. CCMH requires these questions from counseling centers that are participating in data contributions with CCMH, unless this requirement would cause significant hardship for the counseling center.

Automated (Auto) Items

Automated (Auto) items are data points that are automatically generated by the Electronic Medical Record (EMR) software.

Year Started

The year in which the item became available in the Standardized Data Set

Recommended Citation

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Contact Information

All college or university counseling centers may use the SDS for free and without explicit permission. Non-counseling center entities are required to contact CCMH to learn about current distribution policies.

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Revised 7/2020

Client Information

Question Text	Response Answers with Value	Unique ID	Revision History	Core Item	Year Started
Please indicate if and when you have had the following experiences:					
Attended counseling for mental health concerns	1 Never 2 Prior to college 3 After starting college 4 Both	1		*	2007
Taken a prescribed medication for mental health concerns	1 Never 2 Prior to college 3 After starting college 4 Both	2		*	2007
Been hospitalized for mental health concerns	<i>Answer Set A: How Many Times</i> 1 Never 2 1 time 3 2-3 times 4 4-5 times 5 More than 5 times	64		*	2012
	<i>Answer Set B: The Last Time</i> 1 Never 2 Within the last 2 weeks 3 Within the last month 4 Within the last year 5 Within the last 1-5 years 6 More than 5 years ago	65		*	2012
Felt the need to reduce your alcohol or drug use	<i>Answer Set A: How Many Times</i>	66			2012
	<i>Answer Set B: The Last Time</i>	67			2012
Others have expressed concern about your alcohol or drug use	<i>Answer Set A: How Many Times</i>	68			2012
	<i>Answer Set B: The Last Time</i>	69			2012
Received treatment for alcohol or drug use	<i>Answer Set A: How Many Times</i>	70		*	2012
	<i>Answer Set B: The Last Time</i>	71			2012
Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, etc.)	<i>Answer Set A: How Many Times</i>	72		*	2012
	<i>Answer Set B: The Last Time</i>	73			2012
Seriously considered attempting suicide	<i>Answer Set A: How Many Times</i>	74		*	2012
	<i>Answer Set B: The Last Time</i>	75			2012
Made a suicide attempt	<i>Answer Set A: How Many Times</i>	76		*	2012
	<i>Answer Set B: The Last Time</i>	77			2012
Considered causing serious physical injury to another person	<i>Answer Set A: How Many Times</i>	78		*	2012
	<i>Answer Set B: The Last Time</i>	79			2012

Intentionally caused serious physical injury to another	<i>Answer Set A: How Many Times</i>	80		*	2012
	<i>Answer Set B: The Last Time</i>	81			2012
Someone had sexual contact with you without your consent (e.g., you were afraid to stop what was happening, passed out, drugged, drunk, incapacitated, asleep, threatened or physically forced)	<i>Answer Set A: How Many Times</i>	82		*	2012
	<i>Answer Set B: The Last Time</i>	83			2012
Experienced harassing, controlling, and/or abusive behavior from another person (e.g., friend, family member, partner, or authority figure)	<i>Answer Set A: How Many Times</i>	84		*	2012
	<i>Answer Set B: The Last Time</i>	85			2012
Experienced a traumatic event that caused you to feel intense fear, helplessness, or horror	<i>Answer Set A: How Many Times</i>	86			2012
	<i>Answer Set B: The Last Time</i>	87			2012
Please select the traumatic event(s) you have experienced:	<ul style="list-style-type: none"> 1 Childhood physical abuse 2 Childhood sexual abuse 3 Childhood emotional abuse 4 Physical attack (e.g., mugged, beaten up, shot, stabbed, threatened with weapon) 5 Sexual violence (rape or attempted rape, sexually assaulted, stalked, abused by intimate partner, etc.) 6 Military combat or war zone experiences 7 Kidnapped or taken hostage 8 Serious accident, fire, or explosion (e.g., an industrial, farm, car, plane, or boating accident) 9 Terrorist attack 10 Near drowning 11 Diagnosed with life threatening illness 12 Natural disaster (e.g., flood, quake, hurricane, etc.) 13 Imprisonment or Torture 14 Animal attack 15 Obsolete: Other experienced event (please specify below) 16 Obsolete: Witnessed the serious injury or unnatural death of a person due to an accident, war or disaster 17 Obsolete: Unexpectedly witnessed a dead body or body part 18 Obsolete: Other witnessed (please specify below) 19 Obsolete: Learned that one's child or close loved one has a life threatening disease 20 Obsolete: Learned about the violent personal assault, serious accident, or serious injury of a close family member or friend 21 Obsolete: Learned about the sudden unexpected death of a very close family member or friend 22 Obsolete: Other learned about (please specify below) 23 Other (please specify) 	99			2012
Other traumatic event:	Free response	18			2007
Think back over the last two weeks. How	1 None	19			2007

many times have you had: five or more drinks* in a row (for males) OR four or more drinks* in a row (for females)? (* A drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.)	<ul style="list-style-type: none"> 2 Once 3 Twice 4 3 to 5 times 5 6 to 9 times 6 10 or more times 				
Think back over the last two weeks. How many times have you used marijuana?	<ul style="list-style-type: none"> 1 None 2 Once 3 Twice 4 3 to 5 times 5 6 to 9 times 6 10 or more times 	1096	Question text modified in 2015: changed "smoked" to "used"		2015
Are you registered, with the office for disability services on this campus, as having a documented and diagnosed disability?	<ul style="list-style-type: none"> 1 Yes 0 No 	60		*	
If you selected, "Yes" for the previous question, please indicate which category of disability you are registered for (check all that apply):	<ul style="list-style-type: none"> 1 Difficulty hearing 2 Difficulty seeing 3 Difficulty speaking or language impairment 4 Mobility limitation/ orthopedic impairment 5 Traumatic brain injury 6 Specific learning disabilities 7 ADD or ADHD 8 Autism spectrum disorders 9 Cognitive difficulties or intellectual disability 10 Health impairment/ condition, including chronic conditions 11 Psychological or psychiatric condition 12 Other 	1061	New answer format in 2015	*	2015
Other disability:	Free response	21		*	2007
Please indicate how much you agree with this statement: "I get the emotional help and support I need from my family ."	<ul style="list-style-type: none"> 1 Strongly disagree 2 Somewhat disagree 3 Neutral 4 Somewhat agree 5 Strongly agree 	22			2007
Please indicate how much you agree with this statement: "I get the emotional help and support I need from my social network (e.g., friends & acquaintances)."	<ul style="list-style-type: none"> 1 Strongly disagree 2 Somewhat disagree 3 Neutral 4 Somewhat agree 5 Strongly agree 	23			2007
Client ID	Automatically generated by Vendor Software during upload of de-identified data.	24		Auto	2007
Age (in years)	Automatically generated by Vendor Software during the upload of de-identified data from the date of birth stored in the client record.	25		Auto	2007
Which of the following best describes your gender identity?	<ul style="list-style-type: none"> 1 Woman 5 Transgender woman 2 Man 	88	2020: Question text modified, and answers added: Transgender woman, Transgender man, non-binary		2020

	<ul style="list-style-type: none"> 6 Transgender man 3 Obsolete: Transgender 7 Non-binary 4 Self-identify (please specify): 				
Self-identify gender identity	Free response	89			2012
What sex was assigned to you at birth?	<ul style="list-style-type: none"> 1 Female 2 Male 3 Intersex 	90	2020: Question text modified		2020
Which of the following best describes your sexual orientation?	<ul style="list-style-type: none"> 7 Asexual 4 Bisexual 3 Gay 1 Obsolete: Heterosexual 1001 Heterosexual or straight 2 Lesbian 8 Pansexual 9 Queer 5 Questioning 6 Self-identify (please specify): 	91	2020: Question text modified, and answers added: Asexual, Pansexual, Queer		2020
Self-identify sexual orientation	Free response	92			2012
Since puberty, with whom have you had sexual experience(s)?	<ul style="list-style-type: none"> 1 Only with men 2 Mostly with men 3 About the same number of men and women 4 Mostly with women 5 Only with women 6 I have not had sexual experiences 	93			2012
People are different in their sexual attraction to other people. Which best describes your current feelings? Are you:	<ul style="list-style-type: none"> 1 Only attracted to women 2 Mostly attracted to women 3 Equally attracted to women and men 4 Mostly attracted to men 5 Only attracted to men 6 Not sure 7 I do not experience sexual attraction 	94	2015: I do not experience sexual attraction (7) is added.		2012
What is your race/ethnicity?	<ul style="list-style-type: none"> 1 African American / Black 2 American Indian or Alaskan Native 3 Asian American / Asian 4 Hispanic / Latino/a 5 Native Hawaiian or Pacific Islander 6 Multi-racial 7 White 8 Self-identify (please specify): 	95		*	2012
Self-identify race/ethnicity	Free Response	29		*	2007
If you would like to, please further describe your racial, cultural, ethnic, or regional identity:	Free response	30			2007
What is your country of origin?	<ul style="list-style-type: none"> Drop Down Menu of all countries: 1 Afghanistan 	31	2017: Answer #54 modified from "Cote	*	2007

	<ul style="list-style-type: none"> 2 Aland Islands 3 Albania 4 Algeria 5 American Samoa 6 Andorra 7 Angola 8 Anguilla 9 Antarctica 10 Antigua and Barbuda 11 Argentina 12 Armenia 13 Aruba 14 Australia 15 Austria 16 Azerbaijan 17 Bahamas 18 Bahrain 19 Bangladesh 20 Barbados 21 Belarus 22 Belgium 23 Belize 24 Benin 25 Bermuda 26 Bhutan 27 Bolivia 28 Bosnia and Herzegovina 29 Botswana 30 Bouvet Island 31 Brazil 32 British Indian Ocean Territory 33 Brunei Darussalam 34 Bulgaria 35 Burkina Faso 36 Burundi 37 Cambodia 38 Cameroon 39 Canada 40 Cape Verde 41 Cayman Islands 42 Central African Republic 43 Chad 44 Chile 45 China 46 Christmas Island 47 Cocos (Keeling) Islands 48 Colombia 		<p>D'ivoire" to "Cote d'ivoire"</p> <p>2015: Answer #169 modified from "Palestinian Territory: Occupied" to "Palestinian Territory" #1169</p>		
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49	Comoros				
50	Congo				
51	Congo, The Democratic Republic of the				
52	Cook Islands				
53	Costa Rica				
54	Cote d'Ivoire				
55	Croatia				
56	Cuba				
57	Cyprus				
58	Czech Republic				
59	Denmark				
60	Djibouti				
61	Dominica				
62	Dominican Republic				
63	Ecuador				
64	Egypt				
65	El Salvador				
66	Equatorial Guinea				
67	Eritrea				
68	Estonia				
69	Ethiopia				
70	Falkland Islands (Malvinas)				
71	Faroe Islands				
72	Fiji				
73	Finland				
74	France				
75	French Guiana				
76	French Polynesia				
77	French Southern Territories				
78	Gabon				
79	Gambia				
80	Georgia				
81	Germany				
82	Ghana				
83	Gibraltar				
84	Greece				
85	Greenland				
86	Grenada				
87	Guadeloupe				
88	Guam				
89	Guatemala				
90	Guernsey				
91	Guinea				
92	Guinea-bissau				
93	Guyana				
94	Haiti				
95	Heard Island and McDonald Islands				

	96 Holy See (Vatican City State)				
	97 Honduras				
	98 Hong Kong				
	99 Hungary				
	100 Iceland				
	101 India				
	102 Indonesia				
	103 Iran, Islamic Republic of				
	104 Iraq				
	105 Ireland				
	106 Isle of Man				
	107 Israel				
	108 Italy				
	109 Jamaica				
	110 Japan				
	111 Jersey				
	112 Jordan				
	113 Kazakhstan				
	114 Kenya				
	115 Kiribati				
	116 Korea, Democratic People's Republic of				
	117 Korea, Republic of				
	118 Kuwait				
	119 Kyrgyzstan				
	120 Lao People's Democratic Republic				
	121 Latvia				
	122 Lebanon				
	123 Lesotho				
	124 Liberia				
	125 Libyan Arab Jamahiriya				
	126 Liechtenstein				
	127 Lithuania				
	128 Luxembourg				
	129 Macao				
	130 Macedonia, The Former Yugoslav Republic of				
	131 Madagascar				
	132 Malawi				
	133 Malaysia				
	134 Maldives				
	135 Mali				
	136 Malta				
	137 Marshall Islands				
	138 Martinique				
	139 Mauritania				
	140 Mauritius				
	141 Mayotte				
	142 Mexico				

143	Micronesia, Federated States of
144	Moldova, Republic of
145	Monaco
146	Mongolia
147	Montenegro
148	Montserrat
149	Morocco
150	Mozambique
151	Myanmar
152	Namibia
153	Nauru
154	Nepal
155	Netherlands
156	Netherlands Antilles
157	New Caledonia
158	New Zealand
159	Nicaragua
160	Niger
161	Nigeria
162	Niue
163	Norfolk Island
164	Northern Mariana Islands
165	Norway
166	Oman
167	Pakistan
168	Palau
169	Obsolete: Palestinian Territory: Occupied
1169	Palestinian Territory
170	Panama
171	Papua New Guinea
172	Paraguay
173	Peru
174	Philippines
175	Pitcairn
176	Poland
177	Portugal
178	Puerto Rico
179	Qatar
180	Reunion
181	Romania
182	Russian Federation
183	Rwanda
184	Saint Helena
185	Saint Kitts and Nevis
186	Saint Lucia
187	Saint Pierre and Miquelon
188	Saint Vincent and the Grenadines

	189 Samoa				
	190 San Marino				
	191 Sao Tome and Principe				
	192 Saudi Arabia				
	193 Senegal				
	194 Serbia				
	195 Seychelles				
	196 Sierra Leone				
	197 Singapore				
	198 Slovakia				
	199 Slovenia				
	200 Solomon Islands				
	201 Somalia				
	202 South Africa				
	203 South Georgia and the South Sandwich Islands				
	204 Spain				
	205 Sri Lanka				
	206 Sudan				
	207 Suriname				
	208 Svalbard and Jan Mayen				
	209 Swaziland				
	210 Sweden				
	211 Switzerland				
	212 Syrian Arab Republic				
	213 Taiwan				
	214 Tajikistan				
	215 Tanzania, United Republic of				
	216 Thailand				
	217 Timor-leste				
	218 Togo				
	219 Tokelau				
	220 Tonga				
	221 Trinidad and Tobago				
	222 Tunisia				
	223 Turkey				
	224 Turkmenistan				
	225 Turks and Caicos Islands				
	226 Tuvalu				
	227 Uganda				
	228 Ukraine				
	229 United Arab Emirates				
	230 United Kingdom				
	231 United States				
	232 United States Minor Outlying Islands				
	233 Uruguay				
	234 Uzbekistan				
	235 Vanuatu				

	<ul style="list-style-type: none"> 236 Venezuela 237 Vietnam 238 Virgin Islands, British 239 Virgin Islands, U.S. 240 Wallis and Futuna 241 Western Sahara 242 Yemen 243 Zambia 244 Zimbabwe 				
Are you an international student?	<ul style="list-style-type: none"> 1 Yes 0 No 	32		*	2007
Relationship status:	<ul style="list-style-type: none"> 1 Single 2 Serious dating or committed relationship 3 Civil union, domestic partnership, or equivalent 4 Married 5 Divorced 6 Separated 7 Widowed 	33		*	2007
Religious or spiritual preference:	<ul style="list-style-type: none"> 1 Agnostic 2 Atheist 3 Buddhist 4 Catholic 5 Christian 6 Hindu 7 Jewish 8 Muslim 9 No preference 10 Self-identify (please specify): 	97			2007
Other religious or spiritual preference:	Free response	35			2007
To what extent does your religious or spiritual preference play an important role in your life?	<ul style="list-style-type: none"> 1 Very important 2 Important 3 Neutral 4 Unimportant 5 Very unimportant 	36			2007
Current academic status:	<ul style="list-style-type: none"> 1 Freshman / First-year 2 Sophomore 3 Junior 4 Senior 5 Graduate / professional degree student 6 Non-student 7 High-school student taking college classes 8 Non-degree student 9 Faculty or staff 10 Other (please specify) 	37		*	2007
Other academic status:	Free response	38		*	2007
Graduate or professional degree program:	<ul style="list-style-type: none"> 1 Post-Baccalaureate 	39			2007

	<ul style="list-style-type: none"> 2 Masters 3 Doctoral degree 4 Law 5 Medical 6 Pharmacy 7 Dental 8 Veterinary Medicine 9 Not Applicable 10 Other (please specify) 				
Other graduate or professional degree type:	Free Response	40			2007
What year are you in your graduate/professional program?	<ul style="list-style-type: none"> 1 1 2 2 3 3 4 4 5 5+ 	41			2007
What kind of housing do you currently have?	<ul style="list-style-type: none"> 1 On-campus residence hall/apartment 2 On/off campus fraternity/sorority house 3 On/off campus co-operative house 4 Off-campus apartment/house 5 Other (please specify) 	42			2007
Other housing:	Free Response	43			2007
With whom do you live? (check all that apply)	<ul style="list-style-type: none"> 1 Alone 2 Spouse, partner, or significant other 3 Roommate(s) 4 Children 5 Parent(s) or guardian(s) 6 Family other 7 Other (please specify) 	44			2007
Others living with:	Free Response	45			2007
Did you transfer from another campus/institution to this school?	<ul style="list-style-type: none"> 1 Yes 0 No 	46			2007
What is your current GPA?	Free Response numerical, positive number on 0-4 scale	1047	2017: GPA question is broken into 3 separate response formats. Users select one scale format that is consistent to what is in use at their institution. Default= 0-4 scale (#1047)		2017
What is your current GPA?	Free Response numerical, positive number on 0-5 scale	2047			
What is your current GPA?	Free Response numerical, positive number on 0-100 scale	3047			
Please indicate your level of involvement in organized extra-curricular activities (e.g., sports, clubs, student government, etc.):	<ul style="list-style-type: none"> 1 None 2 Occasional participation 3 One regularly attended activity 4 Two regularly attended activities 5 Three or more regularly attended activities 	48			2007

Please estimate the number of hours per week you are actively involved in organized extra-curricular activities (e.g., sports, clubs, student government, etc.):	1 0 2 1-5 3 6-10 4 11-15 5 16-20 6 21-25 7 26-30 8 31-35 9 36-40 10 40+	1049	Answer format changed from free response to picklist in 2016.		2016
Do you currently participate in any of the following organized college athletics?: (Intramurals, Club, Varsity)			2017: Revised question text and answer format. Clients respond Yes/No to Intramurals, Club, and Varsity.		
Intramurals	1 Yes 0 No	1151			2017
Club	1 Yes 0 No	1152			2017
Varsity	1 Yes 0 No	1153			2017
Are you a member of ROTC?	1 Yes 0 No	51			2007
Have you ever served in any branch of the US military (active duty, veteran, National Guard or reserves)?	1 Yes 0 No	98		*	2012
Did your military experiences include any traumatic or highly stressful experiences that continue to bother you?	1 Yes 0 No	53	2017: "which" changed to "that" in question text.	*	2007
If yes, please describe:	Free response	54			2007
What is the average number of hours you work per week during the school year (paid employment only)?	1 0 2 1-5 3 6-10 4 11-15 5 16-20 6 21-25 7 26-30 8 31-35 9 36-40 10 40+	1055	2016: Answer format changed from free response to picklist.		2016
Are you the first generation in your family to attend college?	1 Yes 0 No	56			2007
How would you describe your financial situation right now:	1 Always stressful 2 Often stressful 3 Sometimes stressful 4 Rarely stressful 5 Never stressful	57			2007

How would you describe your financial situation while growing up:	<ol style="list-style-type: none"> 1 Always stressful 2 Often stressful 3 Sometimes stressful 4 Rarely stressful 5 Never stressful 	58			2007
Which area(s) of your life have been negatively impacted by COVID-19? (check all that apply)	<ol style="list-style-type: none"> 1 Academics 2 Career / Employment 3 Discrimination / harassment 4 Financial 5 Food or housing insecurity 6 Grief / loss of someone 7 Health concerns (others) 8 Health concerns (self) 9 Loneliness or isolation 10 Mental health 11 Missed experiences or opportunities 12 Motivation or focus 13 Relationships (Significant other, friends, family) 14 Other (please specify) 	100			2020
Other COVID-19 negative impact:	Free response	101			2020
Are your reasons for seeking services in any way related to the COVID-19 pandemic and related events?	<ol style="list-style-type: none"> 1 Yes 2 No 	102			2020

Deactivated Client Information Questions

Question Text	Response Answers with Value	Unique ID	Revision History	Core Item	Year Started
Been hospitalized for mental health concerns	<p style="text-align: center;"><i>Answer Set C: When</i></p> <ol style="list-style-type: none"> 1 Never 2 Prior to college 	3	Deactivated in 2012	*	2007

	3 After starting college 4 Both				
Felt the need to reduce your alcohol or drug use	Answer Set C: <i>When</i>	4	Deactivated in 2012		2007
Others expressed concern about your alcohol or drug use	Answer Set C: <i>When</i>	5	Deactivated in 2012		2007
Received treatment for alcohol or drug use	Answer Set C: <i>When</i>	6	Deactivated in 2012	*	2007
Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, hair pulling, etc.)	Answer Set C: <i>When</i>	7	Deactivated in 2012	*	2007
Seriously considered attempting suicide	Answer Set C: <i>When</i>	8	Deactivated in 2012	*	2007
Made a suicide attempt	Answer Set C: <i>When</i>	9	Deactivated in 2012	*	2007
Seriously considered injuring another person	Answer Set C: <i>When</i>	10	Deactivated in 2009 Replacement question #62		2007
Intentionally injured another person	Answer Set C: <i>When</i>	11	Deactivated in 2009 replacement question #63		2007
Had unwanted sexual contact(s) or experience(s)	Answer Set C: <i>When</i>	12	Deactivated in 2012		2007
Experienced harassing, controlling, and/or abusive behavior from another person (e.g., friend, family member, partner, or authority figure)	Answer Set C: <i>When</i>	13	Deactivated in 2012	*	2007
Have you experienced, witnessed, or learned of a traumatic event(s) that involved actual or threatened death or serious injury, or a threat to the physical integrity of yourself or others?	1 Yes 0 No	14	Deactivated in 2009 replacement question: #59		2007
If you selected "Yes" for the previous question, did the traumatic event(s) cause you to feel intense fear, helplessness, or horror?	1 Yes 0 No	15	Deactivated in 2009 Replacement question: #59		2007
If you selected, "Yes" for the previous question, please briefly describe the event(s):	Free Response	16	Deactivated in 2016		2007
Please select the traumatic event(s) you have experienced, witnessed, or learned about	1 Childhood physical abuse 2 Childhood sexual abuse 3 Childhood emotional abuse 4 Physical attack (e.g., mugged, beaten up, shot, stabbed, threatened with weapon) 5 Sexual violence (rape or attempted rape, sexually assaulted, stalked, abused by intimate partner, etc.) 6 Military combat or war zone experiences 7 Kidnapped or taken hostage 8 Serious accident, fire, or explosion (e.g., an industrial, farm, car, plane, or boating accident) 9 Terrorist attack	17	Deactivated in 2012		2009

	<ul style="list-style-type: none"> 10 Near drowning 11 Diagnosed with life threatening illness 12 Natural disaster (e.g., flood, quake, hurricane, etc.) 13 Imprisonment or Torture 14 Animal attack 15 Obsolete: Other experienced event (please specify below) 16 Obsolete: Witnessed the serious injury or unnatural death of a person due to an accident, war or disaster 17 Obsolete: Unexpectedly witnessed a dead body or body part 18 Obsolete: Other witnessed (please specify below) Obsolete: Learned that one's child or close loved one has a life 19 threatening disease Obsolete: Learned about the violent personal assault, serious accident, or 20 serious injury of a close family member or friend Obsolete: Learned about the sudden unexpected death of a very close 21 family member or friend 22 Obsolete: Other learned about (please specify below) 23 Other (please specify) 				
Do you have a diagnosed and documented disability? (check all that apply)	<ul style="list-style-type: none"> 1 Obsolete: No/None 2 Attention Deficit/Hyperactivity Disorders 3 Deaf or hard of hearing 4 Learning Disorder 5 Mobility Impairments 6 Neurological Disorders 7 Physical/health related Disorders 8 Psychological Disorder/Condition 9 Visual Impairments 10 Other (please specify) 	20	Deactivated in 2009. Replacement question: #60 and #61		2007
Date of Birth	DateBox (for DOB)	25	Changed to "Age in Years" in 2009. DOB information exists in "Client Information"		2007
Gender	<ul style="list-style-type: none"> 1 Male 2 Female 3 Transgender 4 Prefer not to answer 	26	Deactivated in 2012	*	2007
Sexual Orientation	<ul style="list-style-type: none"> 1 Heterosexual 2 Gay 3 Lesbian 4 Bisexual 5 Questioning 6 Prefer not to answer 	27	Deactivated in 2012		2007
Race / Ethnicity	<ul style="list-style-type: none"> 1 African-American / Black 2 American Indian or Alaskan Native 3 Arab American 4 Asian American / Asian 	28	"Arab American" and "East Indian" deactivated in 2009.	*	2007

	<ul style="list-style-type: none"> 5 East Indian 6 Caucasian / White 7 Hispanic / Latino/a 8 Native Hawaiian or Pacific Islander 9 Multi-racial 10 Prefer not to answer 11 Other (please specify) 		Question Deactivated in 2012		
Religious or spiritual preference:	<ul style="list-style-type: none"> 1 Agnostic 2 Atheist 3 Buddhist 4 Obsolete: Confucian 5 Christian 6 Hindu 7 Jewish 8 Muslim 9 No preference 10 Prefer not to answer 11 Other (please specify) 12 Catholic 	34	Deactivated in 2012		
What is your current GPA?	Free Response numerical, positive number	47	Deactivated in 2017: Replaced with 1047, 2047, and 3047		2007
What is the average number of hours you work per week during the school year (paid employment only)?	Free Response	55	Answer format changed In 2016 from free response to picklist.		2007
Do you participate on an athletic team that competes with other colleges or universities?	<ul style="list-style-type: none"> 1 Yes 0 No 	50	Deactivated in 2017. Replaced with questions 1151, 1152, 1153		2007
If you selected "yes" for the previous question, please Indicate which category of disability you are registered for (check all that apply):	<ul style="list-style-type: none"> 1 Obsolete: No/None 2 Attention Deficit/Hyperactivity Disorders 3 Deaf or Hard of Hearing 4 Learning disorders 5 Mobility Impairments 6 Neurological Disorders 7 Physical/health related Disorders 8 Psychological Disorder/Condition 9 Visual Impairments 10 Other (please specify) 	61	Deactivated in 2015. New answer format in question #1061		2007
Considered seriously injuring another person	Answer Set C: When	62	Deactivated in 2012		2009
Intentionally caused serious injury to another person	Answer Set C: When	63	Deactivated in 2012		2007

Think back over the last two weeks. How many times have you smoked marijuana?	1 None 2 Once 3 Twice 4 3 to 5 times 5 6 to 9 times 6 10 or more times	96	Deactivated in 2015. Changed to question # 1096		2012
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Provider Information

Question	Response Answers with Value	Unique ID	Revision History	Core Item	Year Started
Counselor ID	Automatically generated by Vendor Software during upload of de-identified data.	UserID			2007
Date of Birth	Month/day/year: 00/00/0000	Age			2007
Gender	2 Woman 5 Transgender woman 1 Man 3 Obsolete: Transgender 6 Transgender man 7 Non-binary 4 Prefer not to answer	Gender	2020 revision: added Transgender woman, Transgender man, and Non-binary		2007
Race/Ethnicity	1 African-American/Black 2 American Indian or Alaskan Native 3 Obsolete: Arab American 4 Asian American/Asian 5 Obsolete: East Indian 6 Obsolete: Caucasian/White 7 Hispanic/Latino/a 8 Native Hawaiian or Pacific Islander 9 Multi-racial 10 Prefer not to answer 11 Other (please specify) 1006 White	Ethnicity	2016 Revision: #7 deactivated and replaced with "white" 2009 revision: #3 and #5 deactivated		2007
Other Race/Ethnicity	Free Response	Ethnicity_Other			2007
What is the highest professional degree that you have completed?	1 B.A. 2 B.S. 3 Nursing (e.g. RN, RNP, PNP) 4 M.S.W. 5 M.A. 6 M.S. 7 M.Ed. 8 Ed.S. 9 Ph.D.	Highest_Degree	2017: Added M.Psy. to answer list		2007

	10 Psy.D. 11 Ed.D. 12 D.S.W 13 D.O. 14 M.D. 15 Other (please specify) 16 M.Psy.				
What is the discipline of your highest degree?	1 Clinical Psychology 2 Community Psychology 3 Counseling Psychology 4 Counselor Education 5 Educational Psychology 6 Health Education 7 Higher Education 8 Marriage and Family Therapist 9 Nursing 10 Psychiatry 11 Social Work 12 Other (please specify) 13 Mental Health Counseling/Clinical Mental Health Counseling	Highest_Degree_Discipline	2017: Added Mental Health Counseling/ Clinical Mental Health Counseling to answer list.		2007
Other discipline highest professional degree:	Free Response	Highest_Degree_Discipline_Other			2007
What year did you receive your highest professional degree?	Year (0000)	Highest_Degree_YearReceived			2007
Are you licensed under the current degree?	1 Yes 2 No	Highest_Degree_Licensed			2007
In what year were you first licensed as a mental health services provider?	Year (drop down menu)	Year_Licensed			2007
What is your position type?	1 Professional staff member 2 Master's level trainee 3 Doctoral level trainee (not an intern) 4 Pre-doctoral intern 5 Post-doctoral level (non-psychiatric) 6 Psychiatric resident 7 Other (please specify)	Position			2007
Other position type:	Free Response	Position_Other			2007

Deactivated Provider Information Questions

Question Text	Response Answers with Value	Unique ID	Revision History	Core Item	Year Started
Sexual Orientation:	1 Heterosexual 2 Gay	SexualOrientation	Deactivated in 2009		2007

	3 Lesbian 4 Bisexual 5 Questioning 6 Prefer not to answer				
How much is your current therapeutic practice guided by each of the following theoretical frameworks? Analytic/Psychodynamic Behavioral Cognitive Humanistic Systems Theory	0 Not at all 1 A little 2 Some 3 Moderate 4 Greatly 5 Very greatly	Int1 Int2 Int3 Int4 Int5	Deactivated in 2015	*	2009

Center Information

Question	Response Answers with Value	Unique ID	Revision History	Core Item	Year Started
Center ID	Auto-generated by EMR software				
Does your counseling center have a currently accredited APA pre-doctoral training program (American Psychological Association)?	1 Yes 2 No	APA_Accredited_Training			2007
Is your counseling center currently accredited by IACS (International Association of Counseling Services?)	1 Yes 2 No	IACS_Accredited			2007
Which services are integrated with your counseling center? (check all that apply)	Selected =1 Not selected = 0 Career Services Disability Services Drug & Alcohol Treatment Program Employee Assistance Program Learning Services Health Services Testing Services (e.g., standardized testing) Other (please specify)	Services_Career Services_Disability Services_Drug_Alcohol Services_EAP Services_Learning Services_Health Services_Testing Services_Other			2007
Other integrated service:	Free response	Services_Other_Description			2007
What psychiatric services are provided by your center? (do not include psychiatric services through health services unless you are integrated)	1 None 2 Part time, in house 3 Full time, in house 4 Part time, off campus consultant 5 Other (please specify)	Psychiatric_Services			2007
Other psychiatric service:	Free response	Psychiatric_Services_Other_Description			2007
Does your center have an annual individual psychotherapy session limit?	1 Yes 2 No	Session_Limit			2007
If you answered "yes" to session limit, please enter you're annual individual psychotherapy session limit:	2-digit numeric response	Session_Limit_Amount			2007
Check each service for which you charge a standard fee. (don't check services that are initially free- e.g. first 8 sessions)	Selected =1 Not selected = 0 Intake Individual counseling Group counseling Psychiatric Evaluation (initial meeting) Psychiatric Follow-up (ongoing client) Formal Assessment: Psychological Formal Assessment: Career Formal Assessment: Disability Other (please specify)	ChargeFor_Intake ChargeFor_Individual ChargeFor_Group ChargeFor_PsychiatricEvaluation ChargeFor_PsychiatricFollowup ChargeFor_AssessmentPsychological ChargeFor_AssessmentCareer ChargeFor_AssessmentDisability ChargeFor_Other			2007

Other standard fee:	Free response	ChargeFor_Other_Description			2007
Which of the following best describes your use of the CCAPS (34 or 62)	0 We don't use the CCAPS 1 Intake only 2 Intake and Termination only 3 At every session 4 At every ___ session 5 Other (please describe):	CcapsFrequency			2015
At every ___ session	Numerical Response	CcapsFrequencyX			
Other	Free Response	CcapsFrequencyOther			

Institution Information

Question	Response Answers with Value	Unique ID	Revision History	Core Item	Year Started
Institution name	Name of University/College	Institution_Name			2007
Enrollment	Free response (numerical)	EnrollmentCount			2007
Please select the grading scale your institution uses for GPA:	1 0-4 2 1-5 3 0-100 4 Other (please specify)	Grading_Scale			2007
Other GPA:	Free response	Grading_Scale_Other_Description			2007
What is the 5-digit zip-code of your institution?	5 digit	ZipCode			2007
What state is your institution located in?	Drop down list of states 1 Alabama 2 Alaska 3 American Samoa 4 Arizona 5 Arkansas 6 California 7 Colorado 8 Connecticut 9 Delaware 10 District of Columbia 11 Federated States of Micronesia 12 Florida 13 Georgia 14 Guam 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana	State			2007

	23	Maine			
	24	Marshall Islands			
	25	Maryland			
	26	Massachusetts			
	27	Michigan			
	28	Minnesota			
	29	Mississippi			
	30	Missouri			
	31	Montana			
	32	Nebraska			
	33	Nevada			
	34	New Hampshire			
	35	New Jersey			
	36	New Mexico			
	37	New York			
	38	North Carolina			
	39	North Dakota			
	40	Northern Mariana Islands			
	41	Ohio			
	42	Oklahoma			
	43	Oregon			
	44	Palau			
	45	Pennsylvania			
	46	Puerto Rico			
	47	Rhode Island			
	48	South Carolina			
	49	South Dakota			
	50	Tennessee			
	51	Texas			
	52	Utah			
	53	Vermont			
	54	Virgin Islands			
	55	Virginia			
	56	Washington			
	57	West Virginia			
	58	Wisconsin			
	59	Wyoming			
	60	Alberta, Canada			
	61	British Columbia, Canada			
	62	Manitoba, Canada			
	63	New Brunswick, Canada			
	64	Newfoundland and Labrador, Canada			
	65	Northwest Territories, Canada			
	66	Nova Scotia, Canada			
	67	Nunavut, Canada			
	68	Ontario, Canada			
	69	Prince Edward Island, Canada			

	70 Quebec, Canada 71 Saskatchewan, Canada 72 Yukon, Canada				
Is your institution private, public, or combined?	1 Private 2 Public 3 Combined	Public_Private			2007
Please indicate which athletic division your institution currently belongs to:	1 None 2 Division I 3 Division II 4 Division III	Athletic_Division			2007

Clinician Index of Client Concerns (CLICC)

Available for implementation summer 2013

The CLICC is a check all that apply instrument. It is recommended that the CLICC is implemented after an initial session (intake) with a client. A clinician checks all that apply for the client and then chooses the top most concern for that client. The CLICC can be required for specific note types (intake/initial consultation notes). This form will assist in reporting why students are seeking services at counseling centers as determined by clinicians.

UniqueID CLICC_01: Please indicate your assessment of the client's primary concerns (check all that apply): For CLICC_01 Selected=1 Not Selected=0

1	Anxiety		26	Academic performance	
1101	Generalized	Added in 2017	27	Career	
1102	Social	Added in 2017	28	Attention difficulties	Deactivated in 2017
1103	Panic attack(s)	Added in 2017	1028	Attention/concentration difficulties	Added in 2017
1104	Test taking	Added in 2017	47	Autism Spectrum	Added in 2017
1105	Specific phobia	Added in 2017	48	Learning disorder/disability	Added in 2017
1106	Unspecified/other	Added in 2017	29	Alcohol	
2	Obsessions or compulsions		30	Drugs	
3	Perfectionism		31	Addiction (not drugs or alcohol)	
4	Stress		32	Self-injurious thoughts or behaviors	
5	Depression		33	Suicidality	
6	Mood instability	Deactivated in 2017	34	Violent thoughts or behaviors towards others	
1006	Mood instability (bi-polar symptoms)	Added in 2017	35	Psychotic thoughts or behaviors	
46	Emotion dysregulation		49	Dissociative Experiences	Added in 2017
7	Anger management		36	Trauma	
8	Relationship problem (specific)		37	Physical abuse/assault (victim)	
9	Interpersonal functioning		38	Sexual abuse/assault (victim)	
10	Social isolation		39	Harassment/emotional abuse (victim)	
11	Family		40	Stalking (victim)	
12	Grief/loss		41	Financial	
13	Health/medical		42	Legal/judicial/conduct	
14	Eating/body image		43	None	
15	Sleep		44	Other	
16	Sexual concern		UniqueID: CLICC_02: Please briefly describe the "other" concern without using identifying information: (Free response)		
17	Pregnancy related				
18	Identity development		UniqueID CLICC_03: Choose the top concern of those already selected: (list of selected items in CLICC_01)		
19	Self-esteem/confidence				
20	Adjustment to new environment				
21	Racial, ethnic, or cultural concerns				
22	Sexual orientation				
23	Gender identity				
24	Religion/spirituality				

Case Closure Form

Available for implementation July 1, 2017

The Case Closure Form is used to record the reasons for closing clinical cases and tracking important events that occur during treatment. It is recommended that this form is used any time a case is “closed” within a counseling center. This form will assist in the reporting of center-level case closures (e.g. service limit reached, client no-shows) and important occurrences during treatment (e.g. number of hospitalizations).

For CCDF_1 and CCDF_2 Selected=1 Not Selected=0 (Labeled CLOSURE_ in the data)

CCDF_1 Case Closure Reasons

This section is used to record the reason(s) for closing this case.
Check all that apply:

Academic Status

- 101 End of academic term (semester/quarter)
- 102 Client is ineligible for services
- 103 Withdrawal-voluntary
- 104 Withdrawal-involuntary
- 105 Graduation of client
- 106 Transfer to another institution

Clinical Factors

- 201 Treatment goals were completed
- 202 Client/provider mutual agreement
- 203 Termination against provider recommendation
- 204 Service limit was reached
- 205 Referred out for continuation of services
- 206 Referred out for higher level/specialized care
- 207 Transferred to a different treatment modality within center
- 208 Transferred to another provider within center
- 209 Departure of provider

Client Factors

- 301 Declined further services
- 302 Did not respond to communication(s)
- 303 Did not return for last scheduled appointment (e.g., no-show, cancellation, etc.)
- 304 Financial reasons
- 401 Other case closure reason

CCDF_2 Other case closure reason

CCDF_4 Case Events

This section is used to record events that occurred at least once, between the first and last appointment. Check all that apply:

- 101 Client used a prescribed psychiatric medication

- 102 Self-injurious behavior
- 103 Suicidal ideation that required a safety plan
- 104 Suicide attempt

- 105 Thoughts of hurting others that required a safety plan
- 107 Other event

Referral for hospitalization (by anyone including client) for:

- 201 Suicidality
- 202 Thoughts or behaviors of hurting others
- 203 Drugs or alcohol
- 204 Other mental health concern

Psychiatric Hospitalization

- 251 Admitted to hospital for mental health concern

Death of client:

- 301 Suicide
- 302 Accident
- 303 Drugs or alcohol
- 304 Other

CCDF_5 Other event:

Textbox for other event

Textbox for Other reason

CCDF_3 Choose the top-most reason for closure of those already selected: Drop-down list for top concern

Appointment Categories

CCMH Appointment Categories are used to categorize active therapy appointment codes at each counseling center. Appointment codes are matched with CCMH Appointment Categories. Appointment Categories are used for the CCAPS Treatment Response Curve as well as for research at CCMH. Below is a list of CCMH Appointment Categories and their definitions.

CCMH Appointment Category	Definition
1 Brief Screening or Walk-in :	Typically briefer appointments intended as a quick screen for risk/needs such as a triage (phone or in person), brief walk-in, consultation, etc. This should NOT be used for any form of full evaluation/intake.
2 Initial clinical evaluation:	For the purpose of detailed information gathering, differential diagnosis, and treatment/disposition planning for a new client. This is typically called an "Intake" but may also be a "Crisis Intake" or simply "first appointment" for a new client. (Use #6 for Psychiatric Evaluations.)
3 Individual psychotherapy/counseling:	For ongoing personal counseling or individual psychotherapy. This includes crises for established clients regardless of provider and appointments that include a non-registered client (e.g., parent, roommate, etc.).
4 Specialized individual treatment:	For specified types of treatment such as BASICS, D&A, Career, clinician-assisted bio-feedback, etc.
5 Specialized treatment without a therapist:	For services that are provided to a client without the therapist present such as bio-feedback, light-box, or self-guided relaxation modalities.
6 Psychiatric evaluation:	For the initial appointment with a prescriber for medication. This will usually involve a detailed history and diagnosis.
7 Psychiatric follow-up:	For established psychiatric clients for the purpose of reviewing symptoms, medications, side-effects, and renewing or adjusting medications.
8 Case management:	For case-management functions such as assistance with health insurance, finding providers in the community, etc. (For use when in direct contact with a client in person or on the phone.)
9 Psychological Testing or Assessment:	For intelligence, projective, personality, neuropsychological, or learning disability assessment activities when the client is present.
10 Other individual:	Any other appointment with one client present that is not described above.
11 Other individual (client not present):	For use in the rare case that an Individual appointment type is used when the client is not present. In the future, if you have appointment types like this, please convert them to "Other" Appointment Type with a corresponding note. Consult Titanium for support.
12 Couples therapy:	For couple's therapy. Typically coded as group appointment in Titanium.
13 Group – psychotherapy:	For traditional psychotherapy groups (e.g., process, counseling, or supportive) as differentiated from a workshop or clinic.
14 Group – workshop:	For one-time groups with clients such as a drop in stress management group.
15 Group – clinic:	For time limited, structured, psycho-educational group with a defined set of content to be covered.
16 Other group:	For non-couple's/non-therapy group interaction involving more than 1 client such as roommates, family, etc.
17 Other group (client not present):	For the rare case of a group appointment in which the clients are intentionally not present (e.g., appointment is used for reminder purpose only)
18 Medical:	Non-counseling/psychological/psychiatry appointments with a medical professional

OBSOLETE: Critical Incident Form (CIF)

Available for implementation summer 2012. Obsoleted July 1, 2017

The CIF is a check all that apply instrument. It is recommended that the CIF is implemented after each individual clinical contact with a client, even if a critical incident does not occur. If a critical incident does not occur a clinician would simply check “none” on the checklist. The CIF can be required with specific note types (progress notes).

For CIF_01 Selected=1 Not Selected=0

UniqueID CIF_01: Please select which critical incident(s) occurred for this client (check all that apply):

- 1 Suicidal ideation that required intervention or plan
- 2 Suicide attempt (prior to treatment)
- 3 Suicide attempt (during treatment)
- 4 Homicidal ideation that required intervention or plan
- 5 Psychotic symptoms
- 6 Psychiatric hospitalization for threat-to-self
- 7 Psychiatric hospitalization for threat-to-others
- 8 Psychiatric hospitalization for other mental health concern
- 9 Medical hospitalization – drugs and alcohol
- 10 Medical hospitalization – other
- 11 Withdrawal from school for psychological reasons
- 12 Withdrawal from school – other
- 13 Death of client – suicide
- 14 Death of client – drugs or alcohol
- 15 Death of client – other
- 16 Other:
- 17 None

UniqueID CIF_02: Please briefly describe the “other” incident without using identifying information: (Free Response)

OBSOLETE Termination Form

Available for implementation summer 2015. Obsoleted July 1, 2017

The Termination Form consists of several different answer formats. It is recommended that the Termination Form is used when a client completes a course of treatment, or whenever a termination note is written. The Termination Form can be required for specific note types (termination notes).

UniqueID 1: Selected =1 Not Selected = 0

UniqueID 1: Which of the following characteristics best describe this termination? (Check all that apply):

- 1 Treatment goals completed
- 2 Client/provider mutual agreement
- 3 Obsolete: Client drop out (e.g., no-show, cancellation, no response, etc.)
- 1003 Client did not return (e.g., no-show, cancellation, no response, etc.)
- 4 Termination against provider recommendation
- 5 End of academic term (semester/quarter)
- 6 Graduation of client
- 7 Voluntary withdrawal from institution
- 8 Involuntary withdrawal from institution
- 9 Service limit(s) were reached in center
- 10 Ineligible for services in center
- 11 Financial reasons
- 12 Transferred to another provider within center
- 13 Transferred to different treatment modality within center
- 14 Departure of provider
- 15 Referred out for continuation of services
- 16 Referred out to a higher level/specialized care
- 17 Other (please describe):

Obsoleted in 2016

UniqueID 2: Other (Free Response)

UniqueID 3: Please select, or specify, up to three (3) Primary treatment concerns and then rate the client's change on each concern:

UniqueID 4 Concern 1) Choose:	UniqueID 5: OR Specify:	UniqueID 6 Change in #1:
UniqueID 7 Concern 2) Choose:	UniqueID 8: OR Specify:	UniqueID 9 Change in #2:
UniqueID 10 Concern 3) Choose:	UniqueID 11: OR Specify:	UniqueID 12 Change in #3:

UniqueIDs 4,7 & 10 (SDS_CLICC_Concerns) Response Options: See CLICC Form

UniqueIDs 5,8 & 11 Response Options: Free Response

UniqueIDs 6,9 & 12 Change Rating Scale Response Options (Termination_Reason_Scale):

- 1 Significant deterioration
- 2 Moderate deterioration
- 3 Mild deterioration
- 4 No Change
- 5 Mild improvement
- 6 Moderate improvement
- 7 Significant improvement

UniqueID 13: Did your client take a prescribed psychotropic medication during treatment? (Termination Medication)

- 1 Yes
- 2 No
- 3 Unknown