

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.

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 (obsolete)	--	--	--
Center Information (obsolete)	--	--	--
Institution Information	--	--	--
Clinician Index of Client Concerns	Yes	Yes	--
Critical Incident Form (obsolete)	Yes	Yes	--
Termination Form (obsolete)	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.

- **2021 Update:** Center Demographics made obsolete
- **2021 Update:** Institution Demographics made obsolete
- **2021 Update:** New Discrimination item
- **2021 Update:** Member Registration/Renewal Questions added

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 mixed alpha numeric Unique IDs combining “SDS_” and the item number (e.g. “SDS_01”). The Counselor, Center, and Institutional Information components have alpha Unique IDs. Like the client SDS, other data forms (CLICC, Case Closure) have mixed alpha numeric Unique IDs combining the form name and item number (e.g. “CLICC_01_01”). During 2007-2015, if an item 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 the 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

This column lists 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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U.Ed. STA 17-21

Client Information

Question Text	Response Answers with Value	Variable name	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	SDS_01		*	2007
Taken a prescribed medication for mental health concerns	1 Never 2 Prior to college 3 After starting college 4 Both	SDS_02		*	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	SDS_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	SDS_65		*	2012
Felt the need to reduce your alcohol or drug use	<i>Answer Set A: How Many Times</i>	SDS_66			2012
	<i>Answer Set B: The Last Time</i>	SDS_67			2012
Others have expressed concern about your alcohol or drug use	<i>Answer Set A: How Many Times</i>	SDS_68			2012
	<i>Answer Set B: The Last Time</i>	SDS_69			2012
Received treatment for alcohol or drug use	<i>Answer Set A: How Many Times</i>	SDS_70		*	2012
	<i>Answer Set B: The Last Time</i>	SDS_71			2012
Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, etc.)	<i>Answer Set A: How Many Times</i>	SDS_72		*	2012
	<i>Answer Set B: The Last Time</i>	SDS_73			2012
Seriously considered attempting suicide	<i>Answer Set A: How Many Times</i>	SDS_74		*	2012
	<i>Answer Set B: The Last Time</i>	SDS_75			2012
Made a suicide attempt	<i>Answer Set A: How Many Times</i>	SDS_76		*	2012
	<i>Answer Set B: The Last Time</i>	SDS_77			2012
Considered causing serious physical injury to another person	<i>Answer Set A: How Many Times</i>	SDS_78		*	2012
	<i>Answer Set B: The Last Time</i>	SDS_79			2012
Intentionally caused serious physical injury to	<i>Answer Set A: How Many Times</i>	SDS_80		*	2012

another	<i>Answer Set B: The Last Time</i>	SDS_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>	SDS_82		*	2012
	<i>Answer Set B: The Last Time</i>	SDS_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>	SDS_84		*	2012
	<i>Answer Set B: The Last Time</i>	SDS_85			2012
Experienced a traumatic event that caused you to feel intense fear, helplessness, or horror	<i>Answer Set A: How Many Times</i>	SDS_86			2012
	<i>Answer Set B: The Last Time</i>	SDS_87			2012
Please select the traumatic event(s) you have experienced:	<ol 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) 	SDS_99			2012
Other traumatic event:	Free response	SDS_18			2007
Think back over the last two weeks. How 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	<ol style="list-style-type: none"> 1 None 2 Once 3 Twice 4 3 to 5 times 	SDS_19			2007

glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.)	5 6 to 9 times 6 10 or more times				
Think back over the last two weeks. How many times have you used marijuana?	1 None 2 Once 3 Twice 4 3 to 5 times 5 6 to 9 times 6 10 or more times	SDS_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?	1 Yes 0 No	SDS_60		*	
If you selected, "Yes" for the previous question, please indicate which category of disability you are registered for (check all that apply):	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	SDS_1061	New answer format in 2015	*	2015
Other disability:	Free response	SDS_21		*	2007
Please indicate how much you agree with this statement: "I get the emotional help and support I need from my family ."	1 Strongly disagree 2 Somewhat disagree 3 Neutral 4 Somewhat agree 5 Strongly agree	SDS_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)."	1 Strongly disagree 2 Somewhat disagree 3 Neutral 4 Somewhat agree 5 Strongly agree	SDS_23			2007
Client ID	Automatically generated by Vendor Software during upload of de-identified data.	SDS_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.	SDS_25		Auto	2007
Which of the following best describes your gender identity?	1 Woman 5 Transgender woman 2 Man 6 Transgender man 3 Obsolete: Transgender 7 Non-binary 4 Self-identify (please specify):	SDS_88	2020: Question text modified, and answers added: Transgender woman, Transgender man, non-binary		2012
Self-identify gender identity	Free response	SDS_89			2012

What sex was assigned to you at birth?	1 Female 2 Male 3 Intersex	SDS_90	2020: Question text modified		2012
Which of the following best describes your sexual orientation?	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):	SDS_91	2020: Question text modified, and answers added: Asexual, Pansexual, Queer		2012
Self-identify sexual orientation	Free response	SDS_92			2012
Since puberty, with whom have you had sexual experience(s)?	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	SDS_93			2012
People are different in their sexual attraction to other people. Which best describes your current feelings? Are you:	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	SDS_94	2015: I do not experience sexual attraction (7) is added.		2012
What is your race/ethnicity?	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):	SDS_95		*	2012
Self-identify race/ethnicity	Free Response	SDS_29		*	2007
If you would like to, please further describe your racial, cultural, ethnic, or regional identity:	Free response	SDS_30			2007
What is your country of origin?	Drop Down Menu of all countries: 1 Afghanistan 2 Aland Islands 3 Albania 4 Algeria 5 American Samoa 6 Andorra 7 Angola 8 Anguilla	SDS_31	2017: Answer #54 modified from "Cote D'ivoirie" to "Cote d' Ivorie" 2015: Answer #169 modified from "Palestinian Territory":	*	2007

	9 Antarctica		Occupied" to "Palestinian Territory" #1169		
	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				
	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 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?	1 Yes 0 No	SDS_32		*	2007
Relationship status:	1 Single 2 Serious dating or committed relationship 3 Civil union, domestic partnership, or equivalent 4 Married 5 Divorced	SDS_33		*	2007

	6 Separated 7 Widowed				
Religious or spiritual preference:	1 Agnostic 2 Atheist 3 Buddhist 4 Catholic 5 Christian 6 Hindu 7 Jewish 8 Muslim 9 No preference 10 Self-identify (please specify):	SDS_97			2007
Other religious or spiritual preference:	Free response	SDS_35			2007
To what extent does your religious or spiritual preference play an important role in your life?	1 Very important 2 Important 3 Neutral 4 Unimportant 5 Very unimportant	SDS_36			2007
Current academic status:	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)	SDS_37		*	2007
Other academic status:	Free response	SDS_38		*	2007
Graduate or professional degree program:	1 Post-Baccalaureate 2 Masters 3 Doctoral degree 4 Law 5 Medical 6 Pharmacy 7 Dental 8 Veterinary Medicine 9 Not Applicable 10 Other (please specify)	SDS_39			2007
Other graduate or professional degree type:	Free Response	SDS_40			2007
What year are you in your graduate/professional program?	1 1 2 2 3 3 4 4 5 5+	SDS_41			2007

What kind of housing do you currently have?	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)	SDS_42			2007
Other housing:	Free Response	SDS_43			2007
With whom do you live? (check all that apply)	1 Alone 2 Spouse, partner, or significant other 3 Roommate(s) 4 Children 5 Parent(s) or guardian(s) 6 Other family 7 Other (please specify)	SDS_44			2007
Others living with:	Free Response	SDS_45			2007
Did you transfer from another campus/institution to this school?	1 Yes 0 No	SDS_46			2007
What is your current GPA?	Free Response numerical, positive number on 0-4 scale	SDS_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	SDS_2047			
What is your current GPA?	Free Response numerical, positive number on 0-100 scale	SDS_3047			
Please indicate your level of involvement in organized extra-curricular activities (e.g., sports, clubs, student government, etc.):	1 None 2 Occasional participation 3 One regularly attended activity 4 Two regularly attended activities 5 Three or more regularly attended activities	SDS_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+	SDS_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	SDS_1151			2017
Club	1 Yes 0 No	SDS_1152			2017

Varsity	1 Yes 0 No	SDS_1153			2017
Are you a member of ROTC?	1 Yes 0 No	SDS_51			2007
Have you ever served in any branch of the US military (active duty, veteran, National Guard, or reserves)?	1 Yes 0 No	SDS_98		*	2012
Did your military experiences include any traumatic or highly stressful experiences that continue to bother you?	1 Yes 0 No	SDS_53	2017: "which" changed to "that" in question text.	*	2007
If yes, please describe:	Free response	SDS_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+	SDS_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	SDS_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	SDS_57			2007
How would you describe your financial situation while growing up :	1 Always stressful 2 Often stressful 3 Sometimes stressful 4 Rarely stressful 5 Never stressful	SDS_58			2007
Which area(s) of your life have been negatively impacted by COVID-19? (check all that apply)	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)	SDS_100			2020

Other COVID-19 negative impact:	Free response	SDS_101			2020
Are your reasons for seeking services in any way related to the COVID-19 pandemic and related events?	1 Yes 0 No	SDS_102			2020
In the past 6 months, have you experienced discrimination or unfair treatment due to any of the following parts of your identity?					2021
Disability	1 Yes 0 No	SDS_TBD			2021
Gender	1 Yes 0 No	SDS_TBD			2021
Nationality/County of Origin	1 Yes 0 No	SDS_TBD			2021
Race/Ethnicity/Culture	1 Yes 0 No	SDS_TBD			2021
Religion	1 Yes 0 No	SDS_TBD			2021
Sexual Orientation	1 Yes 0 No	SDS_TBD			2021

Deactivated Client Information Questions

Question Text	Response Answers with Value	Unique ID	Revision History	Core Item	Year Started
Been hospitalized for mental health concerns	<i>Answer Set C: When</i> 1 Never 2 Prior to college 3 After starting college 4 Both	3	Deactivated in 2012	*	2007
Felt the need to reduce your alcohol or drug use	<i>Answer Set C: When</i>	4	Deactivated in 2012		2007
Others expressed concern about your alcohol or drug use	<i>Answer Set C: When</i>	5	Deactivated in 2012		2007
Received treatment for alcohol or drug use	<i>Answer Set C: When</i>	6	Deactivated in 2012	*	2007
Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, hair pulling, etc.)	<i>Answer Set C: When</i>	7	Deactivated in 2012	*	2007

Seriously considered attempting suicide	<i>Answer Set C: When</i>	8	Deactivated in 2012	*	2007
Made a suicide attempt	<i>Answer Set C: When</i>	9	Deactivated in 2012	*	2007
Seriously considered injuring another person	<i>Answer Set C: When</i>	10	Deactivated in 2009 Replacement question #62		2007
Intentionally injured another person	<i>Answer Set C: When</i>	11	Deactivated in 2009 replacement question #63		2007
Had unwanted sexual contact(s) or experience(s)	<i>Answer Set C: 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)	<i>Answer Set C: 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	<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 	17	Deactivated in 2012		2009

	<p>20 Obsolete: Learned about the violent personal assault, serious accident, or serious injury of a close family member or friend</p> <p>21 Obsolete: Learned about the sudden unexpected death of a very close family member or friend</p> <p>22 Obsolete: Other learned about (please specify below)</p> <p>23 Other (please specify)</p>				
Do you have a diagnosed and documented disability? (check all that apply)	<p>1 Obsolete: No/None</p> <p>2 Attention Deficit/Hyperactivity Disorders</p> <p>3 Deaf or hard of hearing</p> <p>4 Learning Disorder</p> <p>5 Mobility Impairments</p> <p>6 Neurological Disorders</p> <p>7 Physical/health related Disorders</p> <p>8 Psychological Disorder/Condition</p> <p>9 Visual Impairments</p> <p>10 Other (please specify)</p>	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	<p>1 Male</p> <p>2 Female</p> <p>3 Transgender</p> <p>4 Prefer not to answer</p>	26	Deactivated in 2012	*	2007
Sexual Orientation	<p>1 Heterosexual</p> <p>2 Gay</p> <p>3 Lesbian</p> <p>4 Bisexual</p> <p>5 Questioning</p> <p>6 Prefer not to answer</p>	27	Deactivated in 2012		2007
Race / Ethnicity	<p>1 African-American / Black</p> <p>2 American Indian or Alaskan Native</p> <p>3 Arab American</p> <p>4 Asian American / Asian</p> <p>5 East Indian</p> <p>6 Caucasian / White</p> <p>7 Hispanic / Latino/a</p> <p>8 Native Hawaiian or Pacific Islander</p> <p>9 Multi-racial</p> <p>10 Prefer not to answer</p> <p>11 Other (please specify)</p>	28	"Arab American" and "East Indian" deactivated in 2009. Question Deactivated in 2012	*	2007

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?	<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 	96	Deactivated in 2015. Changed to question # 1096		2012

Provider Information

Question	Response Answers with Value	Variable Name	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. 10 Psy.D. 11 Ed.D. 12 D.S.W 13 D.O. 14 M.D. 15 Other (please specify) 16 M.Psy.	Highest_Degree	2017: Added M.Psy. to answer list		2007
What is the discipline of your highest degree?	1 Clinical Psychology 2 Community Psychology	Highest_Degree_Discipline	2017: Added Mental Health Counseling/		2007

	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		Clinical Mental Health Counseling to answer list.		
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	Variable Name	Revision History	Core Item	Year Started
Sexual Orientation:	1 Heterosexual 2 Gay 3 Lesbian 4 Bisexual 5 Questioning 6 Prefer not to answer	SexualOrientation	Deactivated in 2009		2007
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

Clinician Index of Client Concerns (CLICC)

Implemented July 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 = NA

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 (bipolar 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				
25	Discrimination				

Case Closure Form

Implemented July 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 CLOSURE_01 and CLOSURE_04: Selected=1 Not Selected=NA

<p>CLOSURE_01 Case Closure Reasons This section is used to record the reason(s) for closing this case. Check all that apply:</p> <p>Academic Status</p> <p>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</p> <p>Clinical Factors</p> <p>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</p> <p>Client Factors</p> <p>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</p>	<p>CLOSURE_04 Case Events This section is used to record events that occurred at least once, between the first and last appointment. Check all that apply:</p> <p>101 Client used a prescribed psychiatric medication</p> <p>102 Self-injurious behavior 103 Suicidal ideation that required a safety plan 104 Suicide attempt</p> <p>105 Thoughts of hurting others that required a safety plan 107 Other event</p> <p>Referral for hospitalization (by anyone including client) for:</p> <p>201 Suicidality 202 Thoughts or behaviors of hurting others 203 Drugs or alcohol 204 Other mental health concern</p> <p>Psychiatric Hospitalization</p> <p>251 Admitted to hospital for mental health concern</p> <p>Death of client:</p> <p>301 Suicide 302 Accident 303 Drugs or alcohol</p> <p>304 Other</p>
<p>CLOSURE_02 Other case closure reason Textbox for Other reason</p>	<p>CLOSURE_05 Other event: Textbox for other event</p>
<p>CLOSURE_03 Choose the top-most reason for closure of those already selected: Drop-down list for top concern</p>	

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 Couple's 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: Center Information

Deactivated March 30, 2021.

Question	Response Answers with Value	Variable Name	Revision History	Core Item	Year Implemented
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	Deactivated 2021		2007
Is your counseling center currently accredited by IACS (International Association of Counseling Services?)	1 Yes 2 No	IACS_Accredited	Deactivated 2021		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	Deactivated 2021		2007
Other integrated service:	Free response	Services_Other_Description	Deactivated 2021		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	Deactivated 2021		2007
Other psychiatric service:	Free response	Psychiatric_Services_Other_Description	Deactivated 2021		2007
Does your center have an annual individual psychotherapy session limit?	1 Yes 2 No	Session_Limit	Deactivated 2021		2007
If you answered "yes" to session limit, please enter your annual individual psychotherapy session limit:	2-digit numeric response	Session_Limit_Amount	Deactivated 2021		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	ChargeFor_Intake ChargeFor_Individual ChargeFor_Group ChargeFor_PsychiatricEvaluation ChargeFor_PsychiatricFollowup ChargeFor_AssessmentPsychological	Deactivated 2021		2007

	Formal Assessment: Career Formal Assessment: Disability Other (please specify)	ChargeFor_AssessmentCareer ChargeFor_AssessmentDisability ChargeFor_Other			
Other standard fee:	Free response	ChargeFor_Other_Description	Deactivated 2021		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	Deactivated 2021		2015
At every ___ session	Numerical Response	CcapsFrequencyX	Deactivated 2021		
Other	Free Response	CcapsFrequencyOther	Deactivated 2021		

OBSOLETE: Institution Information

Deactivated March 30, 2021.

Question	Response Answers with Value	Variable Name	Revision History	Core Item	Year Started
Institution name	Name of University/College	Institution_Name	Deactivated 2021		2007
Enrollment	Free response (numerical)	EnrollmentCount	Deactivated 2021		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	Deactivated 2021		2007
Other GPA:	Free response	Grading_Scale_Other_Description	Deactivated 2021		2007
What is the 5-digit zip-code of your institution?	5 digit	ZipCode	Deactivated 2021		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	State	Deactivated 2021		2007

- | | | | | | |
|--|-----------------------------|--|--|--|--|
| | 12 Florida | | | | |
| | 13 Georgia | | | | |
| | 14 Guam | | | | |
| | 15 Hawaii | | | | |
| | 16 Idaho | | | | |
| | 17 Illinois | | | | |
| | 18 Indiana | | | | |
| | 19 Iowa | | | | |
| | 20 Kansas | | | | |
| | 21 Kentucky | | | | |
| | 22 Louisiana | | | | |
| | 23 Maine | | | | |
| | 24 Marshall Islands | | | | |
| | 25 Maryland | | | | |
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| | 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	Deactivated 2021		2007
Please indicate which athletic division your institution currently belongs to:	1 None 2 Division I 3 Division II 4 Division III	Athletic_Division	Deactivated 2021		2007

OBSOLETE: Critical Incident Form (CIF)

Available for implementation summer 2012. Obsolete 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

Implemented July 2015. Obsolete July 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):

Obsolete 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

Member Registration/Renewal Questions

These center/institution level questions are required by all members upon membership registration/annual renewal.

Question	Response Answers	Revision History	Year Started
Institution Type (check all that apply)	2-year College/University 4-year College/University Community College Creative Focus Health Professional School Historically Black College/University (HBCU) Religious-Affiliated School STEM Institution Tribal Other (write in)		2021
Public or Private?	Public Private Combined		2021
Athletic Division	Division I Division II Division III None		2021
Institution Enrollment (total headcount based on official enrollment reported in the Fall of the past year)	Numerical write in		2021
Does your center have session limits for individual counseling?	Yes, (numerical write in) No		2021
Is your counseling center currently accredited by IACS (International Accreditation of Counseling Services)?	Yes No		2021
Does your counseling center have a currently accredited APA pre-doctoral training program?	Yes No		2021
Which of the following describes your use of the CCAPS (34 or 62)?	At every session At intake only We don't use the CCAPS 34/62 Other (write in)		2021