

SACA for Adults

1. Which of the following best describes your current health insurance situation?
 - no health insurance
 - get insurance through work
 - get insurance through a union
 - get insurance through school
 - covered by your husband's or wife's insurance
 - covered by your parent's insurance
 - covered because you are active duty military
 - on Medicaid (TennCare, Health Choice, Medical Assistance, Washington Apple, Healthy Indiana Plan/HIP)
 - covered through the Indian Health Service
 - covered through the Veterans Administration
 - buy private insurance yourself
 - other _____

2. If answered "buy private insurance yourself" How did you purchase your health insurance?
 - a. Directly from an insurance company
 - b. Through a state health insurance market place
 - c. Other _____

3. Please enter the name of your insurance provider. _____

For example, Blue Cross Blue Shield, Tennessee Rural Health Group, UnitedHealth, Aetna, Highmark, Independence Blue Cross, Premera Blue Cross, Cambia Health Solutions, Group Health Coop, Wellpoint, Assurant

Now I would like to ask you some questions about health services you may have received, including treatment or help you may have received for emotional, behavioral, drug or alcohol problems. Please only report a service once.

SECTION A: PSYCHIATRIC HOSPITAL

First I have some questions about any treatment or care you might have received in a PSYCHIATRIC HOSPITAL. This is a hospital that specializes in treating young people with emotional and behavioral problems.

4. Have you ever received services from a PSYCHIATRIC HOSPITAL where you stayed overnight?

0 = No

1 = Yes

If no, skip to Section B

5. During the past 12 months, how many different times were you admitted to a PSYCHIATRIC HOSPITAL where you stayed overnight? _____

If 0, skip to section B

6. Including all of the times you were admitted in the last 12 months, how many nights overall did you stay in PSYCHIATRIC HOSPITAL? _____

7. Please tell me how services were paid for or will be paid for.

__A - insurance paid for all of the services

__B - insurance paid part / I paid part

__C - insurance paid part / family or friends paid part

__D - I paid for all of the services

__E - family or friends paid for all of the services

__F - services were free

__G - Other [Ask respondent to specify] _____

SECTION B: GENERAL HOSPITAL

Now I have some questions about any treatment or care you might have received in a GENERAL HOSPITAL.

8. Have you ever received services from a GENERAL HOSPITAL where you stayed overnight?

0 = No

1 = Yes

If no, skip to Section C

9. During the past 12 months, how many different times were you admitted to a GENERAL HOSPITAL for an overnight stay for any reason? _____

If 0 skip to section C

10. Including all of the times you were admitted in the past 12 months, how many nights overall did you stay in a GENERAL HOSPITAL for any reason? _____

11. Were any of the admissions in the past 12 months due to emotional, behavioral, drug or alcohol problems?

0 = No

1 = Yes

If no, skip to Q13

12. How many of these admissions in the past 12 months were due to emotional, behavioral, drug or alcohol problems? _____

13. Please tell me how these services were paid for or will be paid for.

A - insurance paid for all of the services

B - insurance paid part / I paid part

C - insurance paid part / family or friends paid part

D - I paid for all of the services

E - family or friends paid for all of the services

F - services were free

G - Other [Ask respondent to specify] _____

SECTION C: RESIDENTIAL TREATMENT CENTER

Now I have some questions about any treatment or care you might have received in a RESIDENTIAL TREATMENT CENTER. This is a special facility where people with emotional, behavioral, academic, drug or alcohol problems go for treatment. These facilities are not hospitals, but people receiving treatment do stay there overnight and are supervised closely.

14. Have you ever received services from a RESIDENTIAL TREATMENT CENTER where you stayed overnight?

0 = No

1 = Yes

If no, skip to Section D

15. During the past 12 months, how many different times were you admitted to a RESIDENTIAL TREATMENT CENTER where you stayed overnight? _____

If 0, skip to section D

16. Including all the times you were admitted in the past 12 months, how many nights overall did you stay in RESIDENTIAL TREATMENT CENTERS? _____

17. Please tell me how these services were paid for or will be paid for.

A - insurance paid for all of the services

B - insurance paid part / I paid part

C - insurance paid part / family or friends paid part

D - I paid for all of the services

E - family or friends paid for all of the services

F - services were free

G - Other [Ask respondent to specify] _____

SECTION D: GROUP HOME

Now I have some questions about any treatment or care you might have received in a GROUP HOME. This is a house or small facility where people with emotional, behavioral, academic, drug or alcohol problems receive treatment. Generally, people being treated there will live with other individuals with similar problems. They are supervised by a trained person who lives with them.

18. Have you ever received services from a GROUP HOME where you stayed overnight?

0 = No

1 = Yes

If no, skip to Section E

19. During the past 12 months, how many different times were you admitted to a GROUP HOME?

If 0, skip to section E

20. Including all of the time you have spent in a group home in the past 12 months, how many nights overall did you stay in GROUP HOMES? _____

21. Please tell me how these services were paid for or will be paid for.

A - insurance paid for all of the services

B - insurance paid part / I paid part

C - insurance paid part / family or friends paid part

D - I paid for all of the services

E - family or friends paid for all of the services

F - services were free

G - Other [Ask respondent to specify] _____

SECTION E: EMERGENCY SHELTER

Now I have some questions about EMERGENCY SHELTERS.

22. Have you ever received services from an EMERGENCY SHELTER where you stayed overnight?

0 = No

1 = Yes

If no, skip to Section F

23. During the past 12 months, how many different times did you stay in an EMERGENCY SHELTER for any reason where you stayed overnight? _____

If 0, skip to section F

24. Including all of the times stayed at an EMERGENCY SHELTER in the past 12 months, how many nights overall did you stay for any reason? _____

25. Were any of these stays in the past 12 months due to emotional, behavioral, or drug or alcohol problems?

0 = No

1 = Yes

If 0, skip to section F

26. How many of these stays in the past 12 months were due to emotional, behavioral, drug or alcohol problems? _____

SECTION F: OVERNIGHT IN OTHER FACILITY

Now I have some questions about staying OVERNIGHT IN ANOTHER PROGRAM OR FACILITY besides those that we've discussed previously.

27. Have you ever received services from any other facility where you stayed overnight, besides those that we've listed previously?

0 = No

1 = Yes

If no, skip to Section G

28. During the past 12 months, how many different times did you stay in one of these other facilities? _____

If 0, skip to section G

29. Please describe this program/facility _____

30. Including all of the times you stayed at one of these facilities in past 12 months, how many nights overall did you stay in these other facilities for any reason? _____

31. Were any of these stays in other facilities the past 12 months due to emotional, behavioral, or drug or alcohol problems?

0 = No

1 = Yes

If 0, skip to Q33

32. How many of these other facilities stays in the past 12 months were due to emotional, behavioral, drug or alcohol problems? _____

33. Please tell me how these services were paid for or will be paid for.

A - insurance paid for all of the services

B - insurance paid part / I paid part

C - insurance paid part / family or friends paid part

D - I paid for all of the services

E - family or friends paid for all of the services

F - services were free

G - Other [Ask respondent to specify] _____

SECTION G: MENTAL HEALTH CENTER

So far, we've been discussing specific services you may have received in which you stayed overnight for services or treatment. I would now like to ask you about services you may have received as an outpatient. When a person receives these services they do not stay overnight. Please only report a service you have received once.

First, I have some questions about any treatment or care you might have received in a MENTAL HEALTH CENTER. In these centers, people can meet therapists and counselors on an outpatient basis.

34. Have you ever received outpatient services from a MENTAL HEALTH CENTER?

0 = No

1 = Yes

If No, skip to section H

35. During the past 12 months, how many visits for services did you make to a MENTAL HEALTH CENTER or clinic? _____

If 0, skip to section H

36. Please tell me how these services were paid for or will be paid for.

A - insurance paid for all of the services

B - insurance paid part / I paid part

C - insurance paid part / family or friends paid part

D - I paid for all of the services

E - family or friends paid for all of the services

F - services were free

G - Other [Ask respondent to specify] _____

SECTION H: DAY TREATMENT OR PARTIAL HOSPITALIZATION

Now I have some questions about any treatment or care you might have received in a DAY TREATMENT OR PARTIAL HOSPITALIZATION program. When receiving this type of treatment, people receive counseling or training designed to help with their problems for several hours per day. People receive these services several times a week and receive them in schools, mental health centers or hospitals.

37. Have you ever received outpatient services from a DAY TREATMENT OR PARTIAL HOSPITALIZATION program?

0 = No

1 = Yes

If no, skip to Section I

38. During the past 12 months, how many days did you participate in a DAY TREATMENT OR PARTIAL HOSPITALIZATION program? _____

If 0, skip to Section I

39. Please tell me how these services were paid for or will be paid for.

A - insurance paid for all of the services

B - insurance paid part / I paid part

C - insurance paid part / family or friends paid part

D - I paid for all of the services

E - family or friends paid for all of the services

F - services were free

G - Other [Ask respondent to specify] _____

SECTION I: DRUG AND ALCOHOL CLINIC

Now I have some questions about any treatment or care you might have received in a DRUG OR ALCOHOL CLINIC. This is a special clinic that helps people with their drug or alcohol problems. People don't stay overnight at these clinics.

40. Have you ever received outpatient services from a DRUG OR ALCOHOL CLINIC?

0 = No

1 = Yes

If no, skip to Section J

41. During the past 12 months, how many different times did you visit a DRUG OR ALCOHOL CLINIC?

If 0, skip to section J

42. Please tell me how these services were paid for or will be paid for.

- A - insurance paid for all of the services
- B - insurance paid part / I paid part
- C - insurance paid part / family or friends paid part
- D - I paid for all of the services
- E - family or friends paid for all of the services
- F - services were free
- G - Other [Ask respondent to specify] _____

SECTION J: COUNSELORS AND THERAPISTS

Now I have some questions about any treatment or care you might have received from COUNSELORS, THERAPISTS, or SOCIAL WORKERS that would not have been included in services that we've already talked about. This would include any professionals who are psychologists, psychiatrists or social workers that you didn't list previously.

43. Have you ever received outpatient services from such COUNSELORS, THERAPISTS, or SOCIAL WORKERS?

- 0 = No
- 1 = Yes

If no, skip to Section K

44. During the past 12 months, how many visits did you make to COUNSELORS, THERAPISTS, or SOCIAL WORKERS that were not included in services we've talked about previously?

If 0, skip to section K

45. Please tell me how these services were paid for or will be paid for.

- A - insurance paid for all of the services
- B - insurance paid part / I paid part
- C - insurance paid part / family or friends paid part
- D - I paid for all of the services
- E - family or friends paid for all of the services
- F - services were free
- G - Other [Ask respondent to specify] _____

SECTION K: EMERGENCY ROOM

Now I have some questions about any treatment or care you may have received in an EMERGENCY ROOM.

46. Have you ever received outpatient services from an EMERGENCY ROOM for any reason?

- 0 = No
- 1 = Yes

If no, skip to Section L

47. During the past 12 months, how many different times did you receive services from an EMERGENCY ROOM for any reason? _____

If 0, skip to section L

48. Were any of these visits in the past 12 months the result of emotional, behavioral, drug or alcohol problems?

- 0 = No
- 1 = Yes

If no, skip to Q50

49. How many of these visits in the past 12 months were the result of emotional, behavioral, drug or alcohol problems? _____

50. Please tell me how these services were paid for or will be paid for.

- A - insurance paid for all of the services
- B - insurance paid part / I paid part
- C - insurance paid part / family or friends paid part
- D - I paid for all of the services
- E - family or friends paid for all of the services
- F - services were free
- G - Other [Ask respondent to specify] _____

SECTION L: PRIMARY CARE DOCTOR

Now I have some questions about any treatment or care you might have received from a PRIMARY CARE DOCTOR.

51. Have you ever received outpatient services from a PRIMARY CARE DOCTOR?

- 0 = No
- 1 = Yes

If No, skip to section M

52. During the past 12 months, how many different times did you received treatment from a PRIMARY CARE DOCTOR for any reason? _____

If 0, skip to section M

53. Were any of these visits in the past 12 months the result of emotional, behavioral, or drug or alcohol problems?

0 = No

1 = Yes

If no, skip to Q55

54. How many of these visits in the past 12 months were the result of emotional, behavioral, or drug or alcohol problems? _____

55. Please tell me how these services were paid for or will be paid for.

A - insurance paid for all of the services

B - insurance paid part / I paid part

C - insurance paid part / family or friends paid part

D - I paid for all of the services

E - family or friends paid for all of the services

F - services were free

G - Other [Ask respondent to specify] _____

SECTION M: DETENTION CENTER, PRISON, AND JAIL

Now I want to ask you about time you may have spent in a detention center, jail, prison, or other correctional facility after being convicted of a crime.

56. Have you ever spent time in a detention center, jail, prison, or other correctional facility after being convicted of a crime?

0 = No

1 = Yes

If no, skip to Next Measure

57. How long did you spend in a detention center, jail, prison or other correctional facility over your entire lifetime, including time when you were a juvenile?

For example, if a person spent 1 year and 1 month in prison five years ago and spent 1 month at 5 days in jail last year, the total across his/her lifetime is recorded as: 1 year, 2 months, and 5 days.

a. _____ Years (Number of Full Years)

b. _____ Months (Additional Full Months)

c. _____ Days (Additional Days)

Adapted from:

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