Appendix B: Data Collection Forms

Father Flanagan's Boy's Home

BEHAVIORAL AGREEMENT AGAINST SELF-INJURY

Signed By:

_____
Youth

_____
Family-Teacher *Telephone Number*

_____
Family-Teacher *Telephone Number*

_____
Assistant Family-Teacher *Telephone Number*

_____
Community Administrator *Telephone Number*

Date: _____

Youth: _____ Date: _____ Time: _____

Home: _____ Interviewer: _____

I.

Y / N / S	1.	Has he/she had trouble getting to sleep or waking up early?
Y / N / S	2.	Has he/she had poor eating habits? Not eating enough?
Y / N / S	3.	Has he/she made expressions of low self-esteem?
Y / N / S	4.	Does he/she smile much?
Y / N / S	5.	Has he/she withdrawn from friends and family and from regular activities?
Y / N / S	6.	Has he/she been involved in violent or rebellious behavior or running away?
Y / N / S	7.	Has he/she abused alcohol or drugs?
Y / N / S	8.	Has he/she been neglected of personal hygiene?
Y / N / S	9.	Has he/she made any radical personality change?
Y / N / S	10.	Has he/she been persistently bored, had difficulty concentrating, or a decline in the quality of school work?
Y / N / S	11.	Has he/she made frequent complaints about physical symptoms, often related to emotions, such as stomach-ache, headache, fatigue, etc.?
Y / N / S	12.	Has he/she had a sudden loss of interest in pleasurable activities?
Y / N / S	13.	Has he/she had trouble accepting praise or rewards?
Y / N / S	14.	Has he/she made any suicidal statements?
Y / N / S	15.	Has he/she complained of being "rotten inside?"
Y / N / S	16.	Has he/she made verbal statements such as: "I won't be a problem for you much longer," "Nothing matters," "It's no use," or "I won't see you again"?
Y / N / S	17.	Has he/she put his or her affairs in order (e.g., giving away favorite possessions, cleaning his or her room, throwing things away, etc.)?
Y / N / S	18.	Has he/she become suddenly cheerful after a period of depression?
Y / N / S	19.	Is this the anniversary of the death of a loved one?
Y / N / S	20.	Is it the season or time of the year when the child would normally associate feelings with traumatic events?
Y / N / S	21.	Is the child under the influence of alcohol or drugs?
Y / N / S	22.	Has the child been under the influence of alcohol or drugs for some "weeks"?

NOTES:

II.

1) Have you thought about hurting yourself (suicide) before?

2) Have you ever attempted to hurt yourself (suicide) before?

3) Have you thought about how you would hurt yourself (suicide) before?

4) So you want to hurt yourself now?

5) Did you attempt to hurt yourself now?

6) Do you know how you would hurt yourself now?

7) Do you agree not to harm yourself?

8) Do you agree to talk with you Family-Teachers if you did feel like hurting yourself?

Treatment Progress Checklist

10pm-8am	7am-3pm	1pm-11pm	#	CORE BEHAVIORS (Enter 1 If Occ
			1	Arguing
			2	Complaining
			3	Crying
			4	Defiance
			5	Fidgeting
			6	Homework Incomplete
			10	Interrupting Often
			11	Irritable Mood
			12	Lying/Cheating
			13	Negative Self Statement
			14	Not Participating In Program
			15	Off-Task Behavior
			20	Pouting
			24	Secretive/Suspicious Behavior
			26	Somatic Complaints
			30	Swearing and/or Obscenities
			31	Talking Excessively
			32	Teasing/Provoking
			34	Withdrawn

10pm-7am	7am-2pm	2pm-10pm	#	CORE BEHAVIORS (Enter Freque
			*7	Inappropriate Boundaries *
			*8	Inappropriate Defecation/Urination *
			*9	Inappropriate Sexual Behavior *
			*16	Physical Aggression (Towards Objects)
			*17	Physical Assault - Adult *
			*18	Physical Assault - Peer/Siblings *
			*19	Physical Assault Attempt (Toward Person) *
			*21	Property Damage *
			*22	Runaway *
			*23	School Misbehavior *
			*25	Self-Destructive Behavior *
			*27	Stealing *
			*28	Substance Abuse/Possession *
			*29	Suicide Ideation *
			*33	Threatening (Verbal or Symbolic) *

10pm-7am	7am-2pm	2pm-10pm	#	PROGRAM SPECIFIC ITEMS:
			60	Other
			*66	Police Contact
			*74	Therapeutic Hold/Physical Management
			*80	Town Hall
			*81	Town Hall Warning

10pm-7am	7am-2pm	2pm-10pm	#	RELEVANT CHANGES & EVENTS
			92	Change in Medication Regime
			94	Clinically Significant Event

Documentation Guidelines:

For * items, record the number of times the behaviors occurred, then provide a behavioral-specific description in the narrative on the back.

For all other items, complete a general summary of the behaviors in the narrative on the back.

Youth's Name: _____

Date:____/____/____

Staff Assigned to Youth:
(Initial then Print Full Name)

10pm-8am

_____

7am-3pm

_____

1pm-11pm

_____

Youth Name:

List Target Skills: *1)*	*2)*	*3)*
Date / Time		

GBT SHELTER YOUTH CONSUMER SURVEY

- This survey will ask you questions about your stay here at this Girls and Boys Town program. It is important that you answer the questions honestly. Do NOT write your name on this survey. The staff will NOT see your answers to these questions. No one will know what you wrote unless you tell them.
- Please read each question and then pick the best answer. There are no right or wrong answers. Skip any questions you do not understand or do not want to answer.
- If you have a question, please raise your hand and someone will come help you.

TODAY'S MONTH

O Jan. O May O Sept
O Feb. O June O Oct.
O March O July O Nov.
O April O Aug. O Dec.

GBT SITE

O Long Beach O San Antonio O New Orleans-boys O NY Bronx
O Price O Atlanta O New Orleans-girls O NY Bergen St.
O Las Vegas O Orlando O Philadelphia O NY Dean St.
O Grand Island O Wash. DC O Newark O Other _____

AGE

O 8 – 9 years O 14 – 15 years
O 10 – 11 years O 16 – 17 years
O 12 – 13 years O 18+ years

LENGTH OF STAY

O 3 days or less O About 3 weeks
O About 1 week O About 4 weeks
O About 2 weeks O Over 4 weeks

GENDER

O Female
O Male

THINK ABOUT HOW MUCH YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS.
DARKEN THE CIRCLE THAT BEST MATCHES YOUR ANSWER.

	Disagree	Disagree a Little	Agree a Little	Agree
1 I feel safe here at Girls and Boys Town.	O	O	O	O
2 Staff monitor my activities and my whereabouts here.	O	O	O	O
3 I know my treatment goals and what I need to do to get better.	O	O	O	O
4 I can talk with staff when I am upset or concerned about something.	O	O	O	O
5 Given that I have to be away from my home at this time, I am happy here.	O	O	O	O
6 Staff have explained to me how to use the GBT Safety and Ethics Hotline.	O	O	O	O
7 Staff are fair with the points that I earn and lose.	O	O	O	O
8 Staff make sure I can talk to my family members or caseworkers.	O	O	O	O
9 We routinely have daily meetings where youth can share their own ideas and opinions.	O	O	O	O
10 Staff here care about me.	O	O	O	O
11 I participate in recreation activities here like playing games, sports, or going on outings.	O	O	O	O

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NEXT, WE HAVE SOME OTHER QUESTIONS ABOUT THIS PROGRAM.

	NO	YES
12 Have you ever felt unsafe here?	O	O

If YES, please tell us why you felt unsafe below:

	NO	YES
13 Has a staff member here ever yelled, cursed, threatened, or made fun of you in any way?	O	O

If YES, please tell us how a staff member yelled, cursed, threatened, or made fun of you below:

	NO	YES
14 Has a staff member here ever hurt you or inappropriately touched you in any way? (For example, did staff hit, kick, slap, or push you, or have sexual contact with you, or touched you in a way that made you feel uncomfortable?)	O	O

If YES, please tell us how a staff member hurt you, or inappropriately touched you:

	NO	YES
15 Have other youth here ever hurt or threatened you in any way, at anytime (including during lights-out)?	O	O

If YES, please tell us how youth hurt or threatened you below:

16 What would you like to see changed about this program?

17 What do you like the best here?

THANK YOU FOR COMPLETING THIS SURVEY

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