

Site ID _____
Therapist ID _____
Participant ID _____
Date _____
Edit Staff ID _____
Edit Date _____

Discharge Questionnaire - Therapist (DQT)
 Version [XVER]: DQT1098

We know that many of our adolescents and their families have difficulty attending counseling for a variety of reasons. We would like your opinion about your view of the adolescent's motivation for counseling as well as obstacles, ideas or problems that may have made it challenging or difficult for the participant to attend. Please report how much you agree or disagree with each statement using a 5-point scale with 1 meaning you strongly agree, 2 agree, 3 mixed feeling, 4 disagree and 5 meaning you strongly disagree.	Strongly Agree	Agree	Mixed Feelings	Disagree	Strongly Disagree
	1	2	3	4	5
1a. Before counseling, the adolescent did not think he/she had an alcohol or drug problem	1	2	3	4	5
1b. Before counseling, the adolescent was motivated to get help for his/her drug use problems	1	2	3	4	5
1c. Counseling was helpful in reducing the adolescent's drug use	1	2	3	4	5
1d. The adolescent gave counseling his/her best effort	1	2	3	4	5
1e. The adolescent would recommend this program to a friend	1	2	3	4	5
1f. After counseling, the adolescent still needs help with his/her drug use	1	2	3	4	5
2. The adolescent had problems getting to the program because. . .					
2a. of transportation (getting a ride, taking a bus, parking)	1	2	3	4	5
2b. the adolescent had too many responsibilities at home (taking care of children or a sick person)	1	2	3	4	5
2c. the adolescent had too many responsibilities at school or work	1	2	3	4	5
2d. the adolescent had too many legal problems	1	2	3	4	5
2e. coming to counseling conflicted with other activities	1	2	3	4	5
3a. The adolescent felt uncomfortable at the program	1	2	3	4	5
3b. The adolescent did not like facing the problems that counseling pointed out	1	2	3	4	5
3c. The adolescent felt counseling focused too much on drug use	1	2	3	4	5
3d. The adolescent felt counseling focused too little on drug use	1	2	3	4	5
3e. The adolescent felt uncomfortable telling other people about his/her personal problems	1	2	3	4	5
3f. The adolescent did not trust that his/her personal concerns would be kept private	1	2	3	4	5

Please report how much you agree or disagree with the following statements using a 5-point scale.	Strongly Agree	Agree	Mixed Feelings	Disagree	Strongly Disagree
	1	2	3	4	5
4a. Counseling was not what the adolescent expected it to be	1	2	3	4	5
4b. The adolescent felt he/she did not have an alcohol or drug problem to begin with	1	2	3	4	5
4c. Counseling focused on problems that were unimportant to the adolescent .	1	2	3	4	5
4d. The adolescent's problems improved and he/she felt that help was no longer needed	1	2	3	4	5
4e. The adolescent felt that counseling did not seem to be working	1	2	3	4	5
4f. The adolescent was forced to come to counseling	1	2	3	4	5
5a. The adolescent did not like being drug tested	1	2	3	4	5
5b. The adolescent did not like being part of a research study	1	2	3	4	5
5c. The adolescent felt unsafe at the program	1	2	3	4	5
5d. The adolescent did not like the therapist	1	2	3	4	5
5e. The adolescent wanted a therapist of a different race	1	2	3	4	5
5f. The adolescent wanted a therapist of a different gender (man or woman) .	1	2	3	4	5
5g. The adolescent did not receive the type of counseling he/she wanted	1	2	3	4	5
Please describe the type of counseling he/she wanted.					
v. _____					
6. Did the adolescent attend one or more group treatment sessions? No . . 0 [IF NO, GO TO 7]					
Yes . . 1 [CONTINUE]					
6a. The adolescent liked the other group members	1	2	3	4	5
6b. The adolescent got to work on his/her own problems in group	1	2	3	4	5
6c. The adolescent liked having the group rules	1	2	3	4	5
6d. The other group members disliked the adolescent	1	2	3	4	5
6e. Other group members were using alcohol or drugs	1	2	3	4	5
6f. Other group members threatened to harm this adolescent	1	2	3	4	5
6g. Other group members offered this adolescent alcohol or drugs	1	2	3	4	5
6h. Other group members did not follow the rules	1	2	3	4	5
6j. The adolescent felt I did a good job of running the group	1	2	3	4	5
6k. The adolescent felt I did a good job explaining the main subjects of the session	1	2	3	4	5
6m. The adolescent felt I liked other group members better than him/her	1	2	3	4	5

THIS PAGE SHOULD BE COMPLETED BY THE FSN THERAPIST

Please report how much you agree or disagree with the following statements using a 5-point scale. If more than one person attended, please give us an "average" for all of them.	Strongly Agree	Agree	Mixed Feelings	Disagree	Strongly Disagree
	1	2	3	4	5

7. Did one or more of the adolescent's family members attend one or more family nights? No [GO TO 8]
 Yes [CONTINUE]
- 7a. The adolescent's family liked the other family members 1 2 3 4 5
- 7b. The adolescent's family got to talk about the adolescent's/family's problems 1 2 3 4 5
- 7c. The adolescent's family liked having the group rules 1 2 3 4 5
- 7d. The other group members disliked the adolescent's family 1 2 3 4 5
- 7e. Other group members were using alcohol or drugs 1 2 3 4 5
- 7f. A group member threatened to harm the adolescent or the adolescent's family 1 2 3 4 5
- 7g. A group member offered the adolescent or the adolescent's family alcohol or drugs 1 2 3 4 5
- 7h. Other group members did not follow the rules 1 2 3 4 5
- 7j. The adolescent's family felt I did a good job of running the group 1 2 3 4 5
- 7k. The adolescent's family felt I did a good job explaining the main subjects of the session 1 2 3 4 5
- 7m. The adolescent's family felt I liked other people in the group better than them. 1 2 3 4 5
- 7n. What is your staff ID? |_|_|_|

8. Did the adolescent leave the counseling program before it ended? Yes [CONTINUE]
No [GO TO 9]

8a. Please tell us (in order of importance) the main reasons why you think the adolescent left early?

- 1. _____
- 2. _____
- 3. _____

8b. Please describe anything that you think might have helped make this adolescent remain in counseling.

- 1. _____
- 2. _____
- 3. _____

9. Please describe anything that you think might have helped make counseling more effective for this adolescent.

- 1. _____
- 2. _____
- 3. _____

9a. For this particular adolescent's treatment, was the amount of parent or guardian's involvement. . .(Circle one)

- too little? 1
- about right? 2
- too much 3

10. During the next 90 days, do you think this adolescent will use marijuana or alcohol. . . (Circle one)

- Not at all (0 days)? 3
- Less than weekly (1-12 days)? 2
- Weekly (13-44 days)? 1
- Daily (45-90 days)? 0

11. What level of continuing care does this adolescent need? **(Circle one)**
- Monitoring/minimal aftercare 0
 - Self-help 1
 - Outpatient treatment 2
 - Inpatient or residential treatment 3
12. Have you made an active or passive referral to another treatment unit? **(Circle one)**
- No 0 **[Go to 13]**
 - Passive (referral only) 1
 - Active (helped arrange appointment 2

12a. Where did you refer the adolescent?
v. _____

- 12b. The adolescent was referred to further treatment because. . . **(Circle all that apply)**
- 1. It was required by a social agency (e.g. probation, school) . 1
 - 2. It was requested by family members (care givers) 1
 - 3. The adolescent requested it 1
 - 99. Other **(Please describe)** 1
- v. _____

- 12c. The referral for further treatment was based on a need for. . . **(Circle all that apply)**
- 1. Drug treatment 1
 - 2. Mental health needs 1
 - 99. Other needs **(Please describe)** 1
- v. _____

13. Other comments:

v1. _____

v2. _____

v3. _____