DBTwenties

Data Collection - 12 Months Post Program

Name: _____

Town: _____   Date: _____

Has client had a psychiatric hospitalization during the past 3 months?   Yes   No

If Yes, date of most recent psychiatric hospitilization:

Has client had an emergency room visits for mental health in the last 3 months?   Yes   No

If so, date of most recent emergency room visit: _____

Has the client had a suicide attempt during the in the past 3 months?
   Yes   Date: _____   Behavior: _____
   No

Number of calls to police in the last 3 months due to mental health related behavior: _____

Life threatening behavior:

Type	Frequency
1. _____	_____
2. _____	_____
3. _____	_____

Quality of life behavior:

Type	Frequency
1. _____	_____
2. _____	_____
3. _____	_____

Data Collection - 12 Months Post Program (contd.)

Client goal for program (see initial assessment):

On a scale of 0-5 where are you now? _____

(0 No Progress, 1 A Little Progress, 2 Some Progress, 3 Moderate Progress, 4 A Lot Of Progress, 5 Mastered)

Belief that they can have a life worth living: 0-5

(0 Not At All, 5 Believe It!)

Anything Else?

Which skills are you using daily?

Which skills are you using every once in a while?