

## Data Collection - 3 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 hospitalization: \_\_\_\_\_

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 - 3 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?