State Youth Treatment – Implementation (SYT-I)
Client Global Outcome Measures

Please complete at 6 months post discharge.

Name of Staff Member Completing Form

Date Administered

Agency Name

Treatment Program

GPRA Client ID

GPRA Discharge Date

Please rate your total improvement whether or not, in your judgment, it is due entirely to the treatment program.

<table>
<thead>
<tr>
<th>Compared to the month before you entered the program:</th>
<th>Improved</th>
<th>Same (no change)</th>
<th>Worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In general, would you say you are…</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. Would you say your family interactions are…</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3. Would you say your substance use is…</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4. Would you say your mental health is…</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>5. Would you say your peer relations are…</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

How convenient was it to attend treatment? (please circle one)

Convenient  Neutral  Inconvenient

How satisfied are you with the services you received? (please circle one)

Satisfied  Neutral  Dissatisfied

In general, do you agree that the agency staff was considerate of your cultural needs (if any)? (please circle one)

Disagree  Neutral  Agree

Revised 4/6/2016

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State Youth Treatment – Implementation (SYT-I)
Family Global Outcome Measures

Please complete at 6 months post discharge.

Name of Staff Member Completing Form

Agency Name

GPRA Client ID

Date Administered

Family Member Relationship to Adolescent

GPRA Discharge Date

Please rate your total improvement whether or not, in your judgment, it is due entirely to the treatment program.

<table>
<thead>
<tr>
<th>Compared to the month before you entered the program:</th>
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<tbody>
<tr>
<td>1. In general, would you say your adolescent is...</td>
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<td></td>
<td></td>
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<td>2. Would you say your family interactions are...</td>
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</tr>
</tbody>
</table>

How convenient was it to attend treatment? (please circle one)

Convenient | Neutral | Inconvenient

How satisfied are you with the services your adolescent received? (please circle one)

Satisfied | Neutral | Dissatisfied

In general, do you agree that the agency staff was considerate of your adolescent’s cultural needs (if any)? (please circle one)

Disagree | Neutral | Agree

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