Client ID#	Today's Date	Facility ID#	Zip Code	Administration
|___|___|___|___|___|___|___|___|___|	|___|___||___|___||___|___|	|___|___|___|___|___|___|	|___|___|___|___|___|	|___|___|

TCU Y-RSKFORM

Instructions: Please mark answers to the series of questions listed below.

1. What is your current age? ..... |___|___|
   NOTE: This form should not be used for respondents over 17.

2. What was your date of admission to THIS program or facility? .....|___|___||___|___||___|___|
   MONTH DAY YEAR

3. What is your gender? ..... ○ Male ○ Female

4. Are you Hispanic or Latino?..... ○ No ○ Yes

5. Are you? [MARK ONE]

   ○ American Indian/Alaska Native
   ○ Asian
   ○ Native Hawaiian/Pacific Islander
   ○ Black/African American
   ○ White
   ○ More than one race
   ○ Other (specify) _____

6. How many years of school have you completed – that is, the highest grade?

   ○ None
   ○ 1-6
   ○ 7-9
   ○ 10-11
   ○ 12 or GED
   ○ over 12

7. Where have you been living (before entering this program or facility)?

   ○ At home with both parents
   ○ With one parent or step-family
   ○ On your own or with friends
   ○ "On the street" or no regular place
   ○ In jail or detention facility
   ○ Other (specify) _____

8. How many members of your immediate family (parents, brothers/sisters, grandparents, aunts/uncles) do you usually see each week?

   ○ None ○ 3
   ○ 1 ○ 4 or more
   ○ 2

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9. How much of the time in the PAST 6 MONTHS before entering this program or facility were you LOCKED UP – that is, not living in the 'free world"?

   ○ None
   ○ Less than 1 month
   ○ 1-3 months
   ○ 4-5 months
   ○ All 6 months

10. When you entered this treatment program or facility, when was the last time you had lived in the "free world" for AT LEAST 6 MONTHS?

    ○ Under 1 month
    ○ 1-5 months ago
    ○ 6-11 months ago
    ○ 1-3 years ago
    ○ Over 3 years ago

Have you ever been –

11. in an "alternative" school program? ..... ○ *No* ○ *Yes*
12. expelled from school? ..... ○ *No* ○ *Yes*
13. in a foster care program (not living with parents)? ..... ○ *No* ○ *Yes*
14. living on the street or in a shelter with no regular place to stay? ..... ○ *No* ○ *Yes*
15. on parole or probation (juvenile or adult)? ..... ○ *No* ○ *Yes*
16. treated in an emergency room? ..... ○ *No* ○ *Yes*
17. treated for a mental health problem? ..... ○ *No* ○ *Yes*
18. treated for an alcohol use problem? ..... ○ *No* ○ *Yes*
19. treated for illegal drug use? ..... ○ *No* ○ *Yes*
20. arrested? ..... ○ *No* ○ *Yes*
21. held in a detention facility (juvenile or adult)? ..... ○ *No* ○ *Yes*

Also see Joe, Simpson, Greener, & Rowan-Szal (2004). *Psychological Reports, 36*(2), 215-234.
Based on Rounsaville et al. (Eds.). (1993). Diagnostic Source Book. NIH Pub 93-3508

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