



Form Name	Domain / Application
BEHAVIORAL HEALTH SCREEN VERSIONS	
Behavioral Health Screen - DP Follow Up	Depression
Behavioral Health Screen - Adult	Multi-Domain
Behavioral Health Screen - PC 12 to 24	Multi-Domain
Behavioral Health Screen - PC 25 and above	Multi-Domain
Behavioral Health Screen - School 12 to 24	Multi-Domain
Behavioral Health Screen - SD SUB PHQ	Social Determinants of Health, Substance, Depression
Behavioral Health Screen for Ages 6-14 (Parent Report)	Multi-Domain
BH-Workplace	Multi-Domain Employee Assistance Program (EAP)
Behavioral Health Screen - SI Follow Up	Suicide Ideation
Behavioral Health Screen - SI & DP Follow Up	Suicide Ideation & Depression
Comprehensive Universal Behavioral Health Screen (CUBS)	Multi-Domain including SDOH (Adults)
Behavioral Health Screen - 3rd Party Report	Multi-Domain
Behavioral Health Screen - Mobile Crisis	Multi-Domain
Telehealth Behavioral Health Screen	Multi-Domain
Employee Behavioral Health Screen	Multi-Domain Employee Assistance Program (EAP)
ACADEMICS	
Academic Plan	Academic Improvement
College Readiness	Secondary Education Preparedness
ALCOHOL USE DISORDER	
Alcohol Use Disorders Identification Test (AUDIT)	Alcohol
Alcohol Use Disorders Identification Test (AUDIT-C)	Alcohol
ANXIETY	
Carroll-Davidson Generalized Anxiety Disorder (CDGAD)	Anxiety
Generalized Anxiety Disorder (GAD 7)	Anxiety
Generalized Anxiety Disorder (GAD-C 11-17)	Anxiety
Hamilton Anxiety Rating Scale (HAM-A)	Anxiety including Somatic Symptoms
Screen for Child Anxiety Related Disorders (SCARED) - Child Report	Anxiety

Screen for Child Anxiety Related Disorders (SCARED) - Child Report	Anxiety
ACADEMICS	
Informed Consent	Services and Medicaid Billing Consent
Consent for 3rd Party Billing	Consent to Share Information
Release of Information	Consent to Release Information
Release and Disclosure of Information	Consent to Release and Receive Information
Consent for Screening	Consent to Screen
Consent for Supervision	Consent for Limited License Staff
Consent for Community Referral	Consent for External Referrals
HIPAA Acknowledgement	HIPAA Disclosure
CRISIS INTERVENTION	
Crisis Support Response Plan	Patient Risk Safety Plan
Crisis Response Log	Crisis Referral Information and Outcomes
COVID	
COVID Experience Survey	COVID
UCLA Brief COVID-19 Screen for Child/Adolescent PTSD	COVID Including Trauma Rating
COVID-GAD7-PHQ-ISI-PSS-PTSD-5-MH	COVID, Anxiety, Depression, Insomnia, Stress, Traumatic Stress, Medical History
DEMOGRAPHICS	
Demographics	Demographics
DEPRESSION	
Patient Health Questionnaire (PHQ)	Depression
Patient Health Questionnaire Adolescent (PHQ-A)	Depression
Geriatric Depression Scale - Short Form	Depression
Hamilton Depression Rating Scale	Depression
PROMIS Depression Short-Form	Depression
Short Mood & Feelings Questionnaire - Self-Report	Depression
Short Mood & Feelings Questionnaire - Parent Report	Depression
EMPLOYERS	
Employee Engagement	Employee Assistance Program
New Employee Forms	Employee Onboarding
Company Culture Survey	Workplace Survey (EAP)
FAMILY & RELATIONSHIPS	

Experience in Close Relationships	Family Support & Relationships
GRANT REPORTING - STATE & FEDERAL	
GPRA Intake	Government Performance and Results Act (SAMHSA)
GPRA Mid-Treatment	Government Performance and Results Act (SAMHSA)
GPRA Discharge	Government Performance and Results Act (SAMHSA)
NOMS Baseline Interview - Adult	National Outcomes Measures
NOMS Reassessment Interview - Adult	National Outcomes Measures
NOMS Discharge Interview - Adult	National Outcomes Measures
NOMS Baseline Interview - Child	National Outcomes Measures
NOMS Reassessment Interview - Child	National Outcomes Measures
NOMS Discharge Interview - Child	National Outcomes Measures
Student Assistance Program File 2.0 (JQRS)	Grant Reporting for Student Assistance Program
MEDICAL/MENTAL HEALTH HISTORY & DEVELOPMENT	
TLC Childhood History Questionnaire	Developmental History and Background
Checklist for Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure	Early Childhood History & Development
Medical History Questionnaire	Intake / Medical History
Client Service Plan	Medical & Mental Health History, Clinical Observation, Treatment Plan
MENTAL / PHYSICAL IMPAIRMENT	
Functional Assessment Form	Mental / Physical Impairment
MULTI-DOMAIN ASSESSMENTS - CHILD & ADOLESCENTS	
Child and Adolescent Needs and Strengths (CANS)	Multi-Domain Clinical Observation
Pediatric Symptoms Checklist 35 (Youth Report)	Multi-Domain
Pediatric Symptoms Checklist 35 (Parent Report)	Multi-Domain
Pediatric Symptoms Checklist 17 (Parent Report)	Multi-Domain
HEADS-ED (Home, Education, Activities, Drugs, Suicidality, Emotions, Discharge)	Multi-Domain
ORGANIZATIONAL READINESS & DEPLOYMENT	
Facility Contact & Recruitment Tracking	Organizational Deployment
Facility Go Live Checklist	Organizational Deployment Checklist
Facility Readiness Questionnaire	Organizational Readiness
Equipment Info	Facility Equipment Tracking
PAIN	
Defense and Veterans Pain Rating Scale (DVPRS)	Chronic Pain

Pain Intensity - Short Form	Pain
REHABILITATION TREATMENT	
Outpatient Intake - Adolescent	Multi-Domain Rehabilitation
Outpatient Intake - Young Adult	Multi-Domain Rehabilitation
Outpatient Mid-Treatment - Adolescent	Multi-Domain Rehabilitation
Outpatient Mid-Treatment - Young Adult	Multi-Domain Rehabilitation
Residential Intake – Adolescent	Multi-Domain Rehabilitation
Residential Intake – Young Adult	Multi-Domain Rehabilitation
Residential Mid-Treatment – Adolescent	Multi-Domain Rehabilitation
Residential Mid-Treatment – Young Adult	Multi-Domain Rehabilitation
Family Feedback	Rehabilitation Feedback
Patient Feedback	Rehabilitation Feedback
SEXUAL TRANSMITTED INFECTIONS	
HIV/AIDS Risk Assessment Tool	STI Risk Assessment
Sexual Health Survey	STI Risk Assessment
STD/HIV Risk Screening & Intervention Tool	STI Risk Assessment
SLEEP / INSOMNIA	
Insomnia Severity Index	Insomnia / Sleep Problems
Pittsburgh Sleep Quality Index	Sleep
SOCIAL EMOTIONAL LEARNING	
Social Emotional Competency Assessment (Short)	Social Emotional Learning
Social Emotional Competency Assessment (Long)	Social Emotional Learning
SOCIAL DETERMINANTS OF HEALTH	
Social Determinants Questionnaire	Social Determinants of Health
Social Determinants Questionnaire Child	Social Determinants of Health (neighborhood focused)
SEDH Screening Tool	Social Environmental Determinants of Health
STRESS	
Perceived Stress Scale	Stress
STUDENT MENTAL HEALTH SUPPORT	
Biopsychosocial Assessment (BPSA)	Biopsychosocial Assessment (Clinical Observations)
Plan of Care	Student Treatment Planning
Academic Plan	Academic Improvement

Functional Behavior Assessment	Behavior Assessment
Student Assistance Program Tracking Form	Student Counseling
Student Engagement Notes	Student Counseling
Discharge Summary	Therapy Discharge
STUDENT 504 DOCUMENTS	
Section 504 - Parent Input	Parent Interview
Section 504 - Evaluation/Placement Checklist	Evaluation Checklist
Section 504 - Referral Form	Referral Information
Section 504 - Plan	Treatment Plan / Plan of Care
Section 504 - Eligibility Determination Report	Student Eligibility
Section 504 - Evaluation and Consent	Student Evaluation
SUBSTANCE USE INCLUDING ALCOHOL AND TOBACCO	
Brief Addiction Monitor-Revised (BAM-R)	Substance Use
Drug Abuse Screening Test (DAST-10)	Substance Use
Simple Screen for Substance Abuse	Substance Use
CAGE-AID	Substance Use including Alcohol
NIDA Quick Screen	Substance Use - Adults
NIDA-Modified ASSIST	Substance Use - Adults
Addiction Severity Index-5th Edition	Substance Use Addiction
Clinical Opiate Withdrawal Scale (COWS)	Substance Use Rehabilitation
CRAFFT 2.1	Substance-related Risks (Adolescents)
CRAFFT 2.1N	Substance-related Risks including Vaping (Adolescents)
Chemical Dependency Evaluation	Substance Use
Overdose Questionnaire	Rehabilitation Intake
Penn State Electronic Cigarette Dependence Index	Tobacco Use
Penn State Cigarette Dependence Index	Tobacco Use
(TAPS) Tool	Substance Use including Nicotine
Treatment Effectiveness Assessment (TEA)	Treatment Monitoring
SUICIDE IDEATION	
Ask Suicide Questions (ASQ)	Suicide Ideation
Columbia Suicide Severity Rating Scale	Suicide Ideation
Columbia-SSRS-ED Clinician Report	Suicide Ideation - Clinician Report

Columbia-SSRS-ED	Suicide Ideation - Patient Self-Report
Safety Plan Template	Suicide Risk Treatment Plan
Summer Safety Plan	Suicide Ideation Management
CAMS Therapeutic Worksheet: Understanding Your Suicidality	Suicide Treatment Plan
CAMS SSF4 Initial Session	Suicide Treatment Plan
CAMS SSF4 Interim Session	Suicide Treatment Plan
CAMS SSF4 Final Session	Suicide Treatment Plan
TRAUMA	
ACEs Adverse Childhood Experiences	Traumatic Experiences
ACEs for Adults	Traumatic Experiences
ACE-Q Child Parent Report(ACE-Q) Child	Traumatic Experiences
ACE-Q Teen Self-Report	Traumatic Experiences
ACEs Positive Childhood Experiences	Traumatic Experiences
ACEs: Resilience	Traumatic Experiences
Child and Adolescent Trauma Screening (CATS)	Traumatic Experiences
Life Events Checklist (LEC-5E) for DSM-5	Personal / Environmental Trauma
USABILITY & UTILITY	
BHS in Schools Usability Survey	Project / Organization Readiness
Usability and Utility Questionnaire	Software Focus Groups
WELL BEING	
WHO (Five) Well-Being Index	Well-Being
PCL-C	Emotional / Well-Being
Self Report Quality of Life	Quality of Life
ASSESSMENT BATTERIES	
PHQ-AuditC-GAD	Depression, Alcohol, and Anxiety
PHQ-GAD	Depression and Anxiety
PHQ-GAD Adolescents	Depression and Anxiety
PHQA-CRAFFT	Depression and Substance Use
PHQ-AuditC	Depression and Alcohol