**Revised Teen Intervene (Post-Survey)**

**2024 -2025**

TO BE FILLED OUT AT **LAST TEEN INTERVENE SESSION**

|  |
| --- |
| **SCHOOL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **COUNSELOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **PARTICIPANT ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **AGE:** \_\_\_\_\_\_\_ | **GRADE:** \_\_\_\_\_\_ □ Graduated □ N/A | **SEX AT BIRTH:** □ Male □ Female □ X |
| **GENDER IDENTITY:** □ Not transgender □ Trans M to F □ Trans F to M □ Trans Not F or M □ Don’t Know/Not Sure |
| **SEXUAL ORIENTATION:** □ Straight □ Gay □ Lesbian □ Bisexual □ Don’t Know/Not Sure |

|  |
| --- |
| **GRADE** |
| □ 7th□ 8th  □ 9th □ 10th  □ 11th □ 12th |

|  |
| --- |
| **ETHNICITY** |
| □ Hispanic or Latino | □ Not Hispanic or Latino | □ Unknown |

|  |
| --- |
| **RACE** |
| □ White | □ American Indian/Alaskan Native |
| □ Black/African American | □ More than one race |
| □ Native Hawaiian/Other Pacific Islander | □ Race unknown or other |
| □ Asian |  |

|  |
| --- |
| **DATE OF FIRST SESSION (MM/DD/YY):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Check One:** TI Nicotine only **\_\_\_\_\_** TI AOD  **\_\_\_\_\_** |
| **DATE OF LAST SESSION (MM/DD/YY):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  |

|  |
| --- |
| **NUMBER OF COMPLETED TEEN INTERVENE SESSIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| IF ONLY 1 SESSION COMPLETED, STATE REASON WHY: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **PARENT/GUARDIAN SESSION COMPLETE?** □ Y □ N  |
| IF YES, RELATIONSHIP TO CHILD: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **SUBSTANCE USE SINCE SESSION 1 OF TEEN INTERVENE** |
| *Select all that apply* | ***Please indicate the number of days used since Session 1 of Teen Intervene******(write exact number in column including “ 0”)*** |
| # of Days |  |
| □ Alcohol |  |  |
| □ Binge Drinking\* |  |  |
| □ Cannabis/Marijuana/Hashish |  |  |
| □ Cocaine/Crack |  |  |
| □ Meth |  |  |
| □ OTC Stimulants |  |  |
| □ Prescription Drugs and Others |  |  |
|  □ Vaping |  |  |

|  |
| --- |
| **READINESS RULER SCALE/Motivation to change and/or remain at reduced level and/or substance free** |
| □1 □2 □3 □4 □5 □6 □7 □8 □9 □10 |

|  |
| --- |
| **SERVICES REFERRED TO (select all that apply)** |
|  □Substance Abuse Treatment | □Communicable Disease (e.g., HIV and AIDS) |
| □Problem Gambling Treatment | □Family Counseling |
| □Mental Health/Developmental Disability | □Other Substance Abuse Prevention Services (within or outside program – specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  □Educational/Vocational |
|  □Health Care | □Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |