

## **SKY Assessment (18+)**

***All Questions should include a free text box for responses***

### **General Information**

<b>Q1</b>	<b>Custody status</b>
	Remains in DCBS care
	Placed in state Guardianship (DAIL)
	Is no longer in DCBS care
	Unknown
	Declined to Answer

<b>Q2</b>	<b>Person Completing SKY Assessment (Select One)</b>
	Enrollee
	DCBS Social Service Worker
	Parent
	State Guardianship Worker
	Other Legal Guardian
	Foster Parent
	Other Caregiver
	Facility Staff
	Declined to Answer
	Other

<b>Q3</b>	<b>Personal Representative Designation Form and/or Disclose PHI Form on file</b>
	Yes, Personal Representative Designation Form on File
	Yes, Disclose PHI Form on File
	No, Send Personal Representative Designation Form
	No, Send PHI Disclose Form
	No, does not want form(s)
	Declined to Answer
	Other

<b>Q4</b>	<b>What is the primary language spoken by enrollee? (Select One)</b>
	English
	Spanish
	Arabic
	Bosnian
	Burmese
	Cambodian
	Chinese
	French
	German
	Russian
	Sign Language
	Somali
	Sudanese
	Vietnamese

	Other (Please specify)
	Declined to answer
	Unknown

<b>Q5</b>	<b>Who is the primary caregiver? (Select One)</b>
	Self
	Mother and/or Father
	Grandparent
	Foster family
	Legal Guardian
	Other relative
	Fictive Kin

<b>Q6</b>	<b>What is going well for you?</b>
	Free Text

<b>Q7</b>	<b>What are your strengths?</b>
	Free Text

<b>Q8</b>	<b>What do you like to do for fun?</b>
	Free Text

<b>Q9</b>	<b>ADLs/IADLs Requiring Assistance</b>
	Grooming
	Bathing
	Dressing
	Toileting
	Bowel or Bladder Control
	Eating
	Taking Medications
	Meal Preparation
	Housekeeping
	Laundry
	Shopping
	Using Telephone
	Managing Money
	Transportation
	Lifting, or Carrying Objects as heavy as 10 pounds such as laundry, groceries, etc.
	Walking within the house
	Climbing Stairs
	Enrollee does not need assistance
	Declined to Answer
	Other

<b>Q10</b>	<b>Vision Problems</b>
	Wears Glasses/contacts

	Legally blind
	Assistance Needed with Vision Problems
	No vision problems
	Declined to answer
	other
	Unknown

<b>Q11</b>	<b>Hearing Problems</b>
	Partial Hearing Loss
	Deaf
	Assistive Devices Used (Please specify in COMMENTS box below)
	TTY Used
	Assistance Needed with Hearing Problems
	No Hearing Problems
	Declined to Answer
	Other
	Unknown

**Behavioral Health**

<b>Q12</b>	<b>Which of these Behavioral/Mental Health Conditions is/are the enrollee's health concern(s)? (choose as many as applicable) Please note in comments diagnosis dates/date of onset of behavior and whether or not the enrollee is currently have symptoms.</b>
	ADHD/ADD
	Anxiety
	Autism Spectrum Disorder
	Behaviors which pose risk to others (e.g., aggression, fire-setting, brandishing weapons, threats)
	Bipolar Disorder
	Conduct Disorder
	Depression
	Drug Overdose
	Eating Disorder
	Intellectual Disability
	Intermittent Explosive Disorder
	Mood Disorder – Disruptive Mood Dysregulation disorder
	Oppositional Defiant Disorder
	Panic Disorder
	Post Traumatic Stress Disorder
	Psychotic Disorder
	Reactive Attachment Disorder
	Schizophrenia
	Personality Disorder
	Problematic Sexual Behaviors
	Substance Use Disorder
	Suicidal Ideation/Attempt
	None
	Other

<b>Q13</b>	<b>What worries you most about the your behavioral/mental health?</b>
	Text box
	No response

<b>Q14</b>	<b>ACE: Did a parent or other adult in the enrollee's household often or very often swear at, insult, put down or humiliate the enrollee or act in a way that made them afraid that they might be hurt physically? (Select One)</b>
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

<b>Q15</b>	<b>ACE: Did a parent or other adult in the household often or very often push, grab, slap or throw something at the enrollee, ever hit the enrollee so hard that they had marks or were injured? (Select One)</b>
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

<b>Q16</b>	<b>ACE: Did an adult at least five years older than the enrollee ever touch or fondle the enrollee or have the enrollee touch their body in a sexual way, or attempt or actually have oral, anal, or vaginal intercourse with the enrollee? (Select One)</b>
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

<b>Q17</b>	<b>ACE: Did the enrollee often or very often feel that no one in their family loved them or thought they were important or special or the family didn't look out for each other, feel close to each other or support each other? (Select One)</b>
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

<b>Q18</b>	<b>ACE: Did the enrollee feel or often feel that they didn't have enough to eat, had to wear dirty clothes and have no one to protect them OR were their parents too drunk or high to take care of them or take the enrollee to the doctor if it was needed? (Select One)</b>
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

<b>Q19</b>	<b>ACE: Was a biological parent ever lost to the enrollee through divorce, abandonment or other reason? (Select One)</b>
	Yes (Please Describe Below in the COMMENTS Box)

	No
	Uncertain
	Declined to answer

<b>Q20</b>	<b>ACE: Was the enrollee's parent or caregiver often or very often pushed, grabbed, slapped or had something thrown at them OR sometimes, often or very often kicked, bitten, hit with a fist or hit with something hard OR ever repeatedly hit over at least a few minutes or threatened with a gun or knife? (Select One)</b>
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

<b>Q21</b>	<b>ACE: Did the enrollee ever live with anyone who had an alcohol or other substance use disorder? (Select One)</b>
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

<b>Q22</b>	<b>ACE: Did anyone in the enrollee's household have depression or other mental illness or did a household enrollee attempt suicide? (Select One)</b>
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

<b>Q23</b>	<b>ACE: Was anyone in the household ever incarcerated in a prison? (Select One)</b>
	Yes (Please Describe Below in the COMMENTS Box)
	No
	Uncertain
	Declined to answer

<b>24</b>	<b>Is enrollee currently seeing a Behavioral/Mental Health Specialist? (Select One)</b>
	Patient has one or more Behavioral/Mental Health Specialists. (Specify names and specialties below.)
	Patient does not have a Behavioral/Mental Health Specialists and needs assistance in obtaining one. (Indicate specialty below.)
	Patient does not have a Behavioral/Mental Health Specialists and enrollee/guardian/caregiver denies need for assistance in obtaining one.
	Not sure
	Declined to answer
	Other

<b>Q25</b>	<b>Does the enrollee currently use any of the following?</b>
	Street drugs
	Methadone

	Suboxone
	Alcohol
	Overuse of prescription drugs
	Smoke cigarettes
	E-Cigarettes/Vaping
	Use other tobacco products
	Other
	NA
	Declined to answer
	Unknown

<b>Q26</b>	<b>Does the enrollee have a history of using any of the following?</b>
	Street drugs
	Methadone
	Suboxone
	Alcohol
	Overuse of prescription drugs
	Smoke cigarettes
	E-Cigarettes/Vaping
	Use other tobacco products
	Other
	NA
	Declined to answer
	Unknown

**PHQ**

<b>Q27</b>	<b>[PHQ-9]: Over the last two weeks, how often have you been bothered by little interest or pleasure in doing things?</b>
	Not at all (0 Points)
	Several Days (1 Point)
	More than Half the Days (2 Points)
	Nearly Every Day (3 Points)
	NA
	Declined to answer

<b>Q28</b>	<b>[PHQ-9]: Over the last two weeks, how often have you been bothered by feeling down, depressed, or hopeless?</b>
	Not at all (0 Points)
	Several Days (1 Point)
	More than Half the Days (2 Points)
	Nearly Every Day (3 Points)
	NA
	Declined to answer

<b>Q29</b>	<b>*Total PHQ-2 Score - If SUM of PHQ-2 is greater than or equal 2, complete the remainder of the PHQ-9.</b>
	Score 0-1

	Score greater than or equal to 2
	NA

<b>Q30</b>	<b>[PHQ-9]: Over the last two weeks, how often have you been bothered by trouble falling or staying asleep, or sleeping too much?</b>
	Not at all (0 Points)
	Several Days (1 Point)
	More than Half the Days (2 Points)
	Nearly Every Day (3 Points)
	NA
	Declined to answer

<b>Q31</b>	<b>[PHQ-9]: Over the last two weeks, how often have you been bothered by feeling tired or having little energy?</b>
	Not at all (0 Points)
	Several Days (1 Point)
	More than Half the Days (2 Points)
	Nearly Every Day (3 Points)
	NA
	Declined to answer

<b>Q32</b>	<b>[PHQ-9]: Over the last two weeks, how often have you been bothered by poor appetite or overeating?</b>
	Not at all (0 Points)
	Several Days (1 Point)
	More than Half the Days (2 Points)
	Nearly Every Day (3 Points)
	NA
	Declined to answer

<b>Q.33</b>	<b>[PHQ-9]: Over the last two weeks, how often have you been bothered by feeling bad about yourself - or that you are a failure or have let yourself or your family down?</b>
	Not at all (0 Points)
	Several Days (1 Point)
	More than Half the Days (2 Points)
	Nearly Every Day (3 Points)
	NA
	Declined to answer

<b>Q34</b>	<b>[PHQ-9]: Over the last two weeks, how often have you been bothered by trouble concentrating on things, such as reading the newspaper or watching television?</b>
	Not at all (0 Points)
	Several Days (1 Point)
	More than Half the Days (2 Points)
	Nearly Every Day (3 Points)
	NA
	Declined to answer

<b>Q35</b>	<b>[PHQ-9]: Over the last two weeks, how often have you been bothered by moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?</b>
	Not at all (0 Points)
	Several Days (1 Point)
	More than Half the Days (2 Points)
	Nearly Every Day (3 Points)
	NA
	Declined to answer

<b>Q36</b>	<b>[PHQ-9]: Over the last two weeks, how often have you been bothered by thoughts that you would be better off dead, or of hurting yourself?</b>
	Not at all (0 Points)
	Several Days (1 Point)
	More than Half the Days (2 Points)
	Nearly Every Day (3 Points)
	NA
	Declined to answer

<b>Q37</b>	<b>Total PHQ-9 Score – Add the total points from the PHQ-9 questions to obtain the total score.</b>
	Score 0
	Score 1-4 (Minimal Depression Severity)
	Score 5-9 (Mild Depression Severity)
	Score 10-14 (Moderate Depression Severity)
	Score 15-19 (Moderately Severe Depression Severity)
	Score 20-27 (Severe Depression Severity)
	Not Applicable
	No Referral Needed
	Declined Referral
	Send Referral

### **GAD-7**

<b>Q38</b>	<b>[GAD-7]: Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious, or on edge?</b>
	Not at all sure (0 Points)
	Several Days (1 Point)
	More than Half the Days (2 Points)
	Nearly Every Day (3 Points)
	NA
	Declined to answer

<b>Q39</b>	<b>[GAD-7]: Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?</b>
	Not at all (0 Points)
	Several Days (1 Point)
	More than Half the Days (2 Points)
	Nearly Every Day (3 Points)



	NA
	Declined to answer

<b>Q40</b>	<b>*Total GAD-2 Score - If SUM of GAD-2 is greater than or equal 2, complete the remainder of the GAD-7.</b>
	Score 0-1
	Score greater than or equal to 2
	NA

<b>Q41</b>	<b>[GAD-7]: Over the last 2 weeks, how often have you been bothered by worrying too much about different things?</b>
	Not at all (0 Points)
	Several Days (1 Point)
	More than Half the Days (2 Points)
	Nearly Every Day (3 Points)
	NA
	Declined to answer

<b>Q42</b>	<b>[GAD-7]: Over the last 2 weeks, how often have you been bothered by trouble relaxing?</b>
	Not at all (0 Points)
	Several Days (1 Point)
	More than Half the Days (2 Points)
	Nearly Every Day (3 Points)
	NA
	Declined to answer

<b>Q43</b>	<b>[GAD-7]: Over the last 2 weeks, how often have you been bothered by being so restless that it's hard to sit still?</b>
	Not at all (0 Points)
	Several Days (1 Point)
	More than Half the Days (2 Points)
	Nearly Every Day (3 Points)
	NA
	Declined to answer

<b>Q44</b>	<b>GAD-7: Over the last 2 weeks, how often have you been bothered by becoming easily annoyed or irritable?</b>
	Not at all (0 Points)
	Several Days (1 Point)
	More than Half the Days (2 Points)
	Nearly Every Day (3 Points)
	NA
	Declined to answer

<b>Q45</b>	<b>[GAD-7]: Over the last 2 weeks, how often have you been bothered by feeling afraid as if something awful might happen?</b>
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	Not at all (0 Points)
	Several Days (1 Point)
	More than Half the Days (2 Points)
	Nearly Every Day (3 Points)
	NA
	Declined to answer

<b>6</b>	<b>*Total GAD-7 Score - Add the total points from the GAD-7 questions to obtain the total score.</b>
	Score 0-4
	Score 5-9
	Score 10-14
	Score 15-21
	NA
	Declined Referral
	No Referral Needed
	Send Referral

### **CAGE-AID**

<b>Q47</b>	<b>[CAGE-AID]: Have you ever felt that you ought to cut down on your drinking or drug use? <i>Drug use includes illegal drug use and the use of prescription drugs used other than prescribed. This question must be asked as it is scripted.</i></b>
	Yes (1 Point)
	No (0 Points)
	NA
	Declined to answer

<b>Q48</b>	<b>[CAGE-AID]: Have people annoyed you by criticizing your drinking or drug use? <i>Drug use includes illegal drug use and the use of prescription drugs used other than prescribed. This question must be asked as it is scripted.</i></b>
	Yes (1 Point)
	No (0 Points)
	NA
	Declined to answer

<b>Q49</b>	<b>[CAGE-AID]: Have you ever felt bad or guilty about your drinking or drug use? <i>Drug use includes illegal drug use and the use of prescription drugs used other than prescribed. This question must be asked as it is scripted.</i></b>
	Yes (1 Point)
	No (0 Points)
	NA
	Declined to answer

<b>Q50</b>	<b>[CAGE-AID]: Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover? <i>Drug use includes illegal drug use and the use of prescription drugs used other than prescribed. This question must be asked as it is scripted.</i></b>
	Yes (1 Point)

	No (0 Points)
	NA
	Declined to answer

<b>Q51</b>	<b>*Total CAGE-AID Score - Add the total points from the CAGE-AID questions to obtain the total score.</b>
	Score 0-1
	Score 2
	Score 3
	Score 4
	NA
	Declined Referral
	No Referral Needed
	Send Referral

### **Social**

<b>Q52</b>	<b>Can the enrollee identify three (3) primary supports in their life right now?</b>
	Yes (Please list in comments)
	No
	Declined to Answer
	Unknown

<b>Q53</b>	<b>Describe the contact (type, frequency, quality) the enrollee has with biological and/or adoptive family currently.</b>
	Free Text

<b>Q54</b>	<b>Does the enrollee have a significant other?</b>
	Yes (Please list in comments)
	No
	Declined to Answer
	Unknown

<b>Q55</b>	<b>Does the enrollee feel isolated or lonely?</b>
	Yes (Please list in comments)
	No
	Declined to Answer
	Unknown

<b>Q56</b>	<b>What are the enrollee's preferred social activities?</b>
	Free text.

<b>Q57</b>	<b>Does the enrollee have issues sleeping at night?</b>
	Yes (Please list in comments)
	No
	Declined to Answer

	Unknown
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<b>Q58</b>	<b>Where does the enrollee sleep at night?</b>
	Free Text

**Dental**

<b>Q59</b>	<b>Has enrollee received a dental exam in the last six months? (Select One)</b>
	Yes
	No
	Declined to Answer
	Unknown

<b>Q60</b>	<b>Has the enrollee received dental x-rays within the last year? (Select One)</b>
	Yes
	No
	Declined to Answer
	Unknown

<b>Q61</b>	<b>Does the enrollee need any additional dental procedures (i.e. cavities filled)? (Select One)</b>
	Yes (Please specify in comments)
	No
	Declined to Answer
	Unknown
	Other
	Declined to answer

**Medical**

<b>Q62</b>	<b>Has enrollee received a comprehensive physical exam with the last year?</b>
	Yes
	No (Please specify needs)
	Declined to Answer
	Unknown

<b>Q63</b>	<b>Has the enrollee been diagnosed with any chronic medical conditions?</b>
	Yes (Please list diagnoses and dates of diagnosis below in COMMENTS Box)
	No
	Declined to Answer
	Unknown

<b>Q64</b>	<b>What worries you most about the your health?</b>
	Text box
	No response

<b>Q65</b>	<b>Is the enrollee sexually active?</b>
	Yes
	No
	Declined to answer
	Unknown

<b>Q66</b>	<b>Does the enrollee have access to contraception and other reproductive health resources</b>
	Yes
	No
	Declined to Answer
	Unknown

<b>Q67</b>	<b>Does the enrollee have concerns related to reproductive health and/or sexuality with which they'd like assistance?</b>
	Yes
	No
	Declined to Answer
	Unknown

<b>Q68</b>	<b>If yes to Question 67, please explain</b>
	Free text

<b>Q69</b>	<b>PCP information</b>
	Patient has a PCP (Please specify in COMMENTS box)
	Patient Does Not Have a PCP and Needs Assistance in Obtaining One
	Patient Does Not have a have a PCP and guardian/caregiver denies need for assistance in obtaining one
	Not sure
	Declined to answer
	Other

<b>Q70</b>	<b>Specialist Information</b>
	Patient has one or more Specialists. (Specify names and specialties below.)
	Patient does not have a Specialist and needs assistance in obtaining one. (Indicate specialty below.)
	Patient does not have a Specialist and guardian/caregiver denies need for assistance in obtaining one.
	No sure
	Declined to answer
	Other

<b>Q71</b>	<b>Barriers to Accessing Care</b>
	Difficulty Contacting Provider
	Difficulty Getting Appointment timely
	Unavailable during office hours
	Difficulty getting an appointment with a behavioral health provider
	Hard to physically get in/out of the doctor's office

	Difficulty talking with or understanding the health care provider
	Lack of transportation to the appointments
	Difficulty affording medical expenses/copay
	Doesn't understand how enrollee's insurance works
	Difficulty Affording Costs Not covered by insurance
	No difficulty accessing care
	Other
	Declined to Answer

<b>Q72</b>	<b>Please list enrollee's currently prescribed and over the counter medications</b>
	Text box

<b>Q73</b>	<b>Does the enrollee get any screenings such as blood tests because of the medicine they are taking?</b>
	Yes
	No
	Unsure
	Declined to answer

<b>Q71</b>	<b>If yes, type and date of most recent screening.</b>
	Date box

<b>Q72</b>	<b>Has the enrollee had any surgeries?</b>
	Yes (Please specify in comments)
	No
	Declined to answer
	Unknown
	Other

<b>Q73</b>	<b>Has the enrollee been admitted to the Hospital in the past 6 months?</b>
	Yes (Please List Dates and Reasons Below in COMMENTS Box)
	No
	Unknown
	Declined to Answer
	Unknown

<b>Q74</b>	<b>Has the enrollee visited the Emergency Department within the last six months?</b>
	Yes (Please List Dates and Reasons Below in COMMENTS Box)
	No
	Unknown
	Declined to Answer
	Unknown

<b>Q75</b>	<b>Has the enrollee missed work or school, or had to limit daily activities because of the enrollee's health?</b>
	Yes (Please describe in comments box)
	No
	Declined to Answer
	No
	Other

### **Benefits**

<b>Q76</b>	<b>Does the enrollee/caregiver know what benefits they have and how to use them?</b>
	Yes (Please List Dates and Reasons Below in COMMENTS Box)
	No
	Unknown
	Declined to Answer
	Unknown

<b>Q77</b>	<b>Does the enrollee have health care needs that are not a covered benefit? Please list needs and referrals, if indicated.</b>
	Yes (Please Describe Below in the COMMENTS Box)
	No

### **Community Resources**

<b>Q78</b>	<b>Please select from the following any services that the enrollee currently receives or for which they require information.</b>
	Mental Health Center
	Clothing assistance
	Food Pantries
	Heating Assistance
	Housing Assistance
	Interpreter Services
	Support Groups
	Section 8 Housing
	Food Stamp Program
	Temporary Cash Assistance
	Commission for Children with Special Needs
	WIC
	None
	Other
	Declined to Answer

<b>Q79</b>	<b>Is available assistance meeting your needs?</b>
	Yes
	No, more assistance is needed (please specify in the Comments box)
	No, Assistance is Needed, but none is currently being received (please specify in the Comments Box)
	Declined to answer
	other

**Conclusion**

Q80	Is there anything that was not addressed in this assessment about which you need information or with which you need assistance?
	Yes (please provide comments below)
	No
	Don't know
	Declined to answer