



Oklahoma Systems of Care

National Outcome Measures

Military Family and Deployment

Youth Name: _____ Interview Date: ____ / ____ / ____

SOC ID: _____ Site Name: _____

Assessment: Baseline 6-Month 12-Month 18-Month
 24-month 30-Month 36-Month Exit

For the first person:

A. What is the relationship of that person (Service Member) to you [your child]?

- Mother/Father Brother/Sister
 Spouse/Partner Other, specify _____

B. Has the Service Member experienced any of the following? Please answer for each of the following. You may say yes to more than one item.

	Yes
Deployed in support of Combat Operations (in Iraq, Afghanistan or any American war)	<input type="checkbox"/>
Was physically injured during Combat Operations	<input type="checkbox"/>
Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts	<input type="checkbox"/>
Died or was killed	<input type="checkbox"/>