

Standardized Data Set (SDS) – Client Questions

Revision Date: June 1st, 2009

INTRODUCTION

The 2009 revisions to the Standardized Data Set (SDS) are the result of input from counseling centers participating in CSCMH, an analysis of the 2009 Pilot Data on 28,000 students from 66 schools, and the CSCMH advisory board review and decision. The SDS is evaluated annually by the CSCMH Advisory Board with the input of participating counseling centers. Changes are introduced in the summer. The goal is to balance clinical relevance with data integrity and quality.

There is no perfect question and participating centers often hold opposing views on the same issue. In the event that an SDS change is unacceptable, a center may choose to turn off the revised question and create a non-SDS question which meets their individual needs. *Please note that only standardized SDS questions will be pooled.*

NOTE: These SDS revisions must be applied by each center by updating Titanium Schedule after 6/1/2009.

ACTIONS REQUIRED:

- **Data Impact:** A small number of questions have been deactivated and replaced. For centers using these questions, please note that a data seam will be created for these individual questions only. *Please time this update to correspond with a natural seam in your system.*
- **Paperwork:** Please review your paperwork and make the necessary changes in advance of updating.
- **Web component (if applicable):**
 - All changes are made automatically.
 - Existing SDS question properties (active/inactive, location, formatting, etc.) are preserved for minor changes or transferred in the event that a question has been replaced.
 - Please review your Client Information (SDS) data form (after updating) to verify changes.

QUESTION NUMBERING: Questions have now been assigned a “Permanent Unique ID#” that will be retained even if the question is deactivated. This number is not intended for question ordering. New items will receive the next available question ID# regardless of their order.

DEACTIVATED QUESTIONS: During the revision process, a question’s meaning may be changed or significantly shifted. In these cases, the old question has been deactivated and a new question has been created to avoid changing the meaning of existing answers provided by past clients.

- Deactivated questions are marked with “OBSOLETE” in the data-form designer in Titanium.
- Deactivated questions may be turned back on if you wish but are no longer part of the SDS.

DEACTIVATED ANSWERS: Several answers (for specific questions) have been deactivated. Deactivated answers are marked with “OBSOLETE” in the data-form designer in Titanium and cannot be turned back on.

REVISIONS

- **DEACTIVATED QUESTION:** “Seriously considered injuring another person” (ID=10)
 - **NEW QUESTION REPLACEMENT:** “Considered seriously injuring another person”. (ID=59)
 - **RATIONALE:** New question places the emphasis on “seriously injuring” and better captures risk to others.
- **DEACTIVATED QUESTION:** “Intentionally injured another person” (ID=11)
 - **NEW QUESTION:** “Intentionally caused serious injury to another person” (ID=60)
 - **RATIONALE:** The new question places the emphasis on intentionality, causation, and serious injury.
- **DEACTIVATED QUESTION:** “Have you experienced, witnessed, or learned of a traumatic event(s) that involved actual or threatened death or serious injury, or a threat to the physical integrity of yourself or others? (ID = 14)
 - **DEACTIVATED QUESTION (related):** If you selected, “Yes” for the previous question, did the traumatic event(s) cause you to feel intense fear, helplessness, or horror? (ID=15)

- **NEW QUESTION** (combined): “Have you experienced a traumatic event that caused you to feel intense fear, helplessness, or horror?” (Never, Prior to college, After starting college, Both) (ID=61)
- **RATIONALE:** The two deactivated questions were considered to be overly-complex, difficult to read, and the primary question received too many false-positive responses. The new question is intended to provide a simplified PTSD screen while also offering a sense of timing.
- **EDITED QUESTION** (related): “If you selected, “Yes” for the previous question, please briefly describe the event(s):” (ID=16)
 - This question was slightly edited, without changing the meaning, to account for the combined PTSD screen (ID=61).
 - **RATIONALE:** Slight edit for consistency.
- **EDITED QUESTION:** “Please select the traumatic event(s) you have experienced, witnessed, or learned about.” (ID=17)
 - Answers were slightly modified without changing their meaning. The subtitles of “Direct”, “Witnessed” and “Learned About” were removed and integrated (where necessary) into the answer text so that it can be accurately represented in Titanium’s web-component.
 - The three “Other (Please specify)” options under each of the Direct, Witness, and Learned About headings have been deactivated and replaced with a single generic “Other (please specify)” option.
 - **RATIONALE:** Slight edit for consistency between paper and web-based administrations.

OLD	NEW
<p>DIRECT EXPERIENCES Childhood physical abuse Childhood sexual abuse Childhood emotional abuse Physical attack (e.g., mugged, beaten up, shot, stabbed, threatened with weapon) Sexual violence (rape or attempted rape, sexually assaulted, stalked, abused by intimate partner, etc.) Military combat or war zone experiences Kidnapped or taken hostage Serious accident, fire, or explosion (e.g., an industrial, farm, car, plane, or boating accident) Terrorist attack Near drowning Diagnosed with life threatening illness Natural disaster (e.g., flood, quake, hurricane, etc.) Imprisonment or Torture Animal attack Other experienced event (please specify below)</p> <p>WITNESSED EXPERIENCES Witnessed the serious injury or unnatural death of a person due to an accident, war or disaster</p> <p>Unexpectedly witnessed a dead body or body part Other (please specify below)</p> <p>“LEARNED ABOUT” EXPERIENCES Learned that one’s child or close loved one has a life threatening disease Learned about the violent personal assault, serious accident or serious injury of a close family member or friend Learned about the sudden unexpected death of a very close family member or friend Other (please specify)</p>	<p>EXPERIENCES Childhood physical abuse Childhood sexual abuse Childhood emotional abuse Physical attack (e.g., mugged, beaten up, shot, stabbed, threatened with weapon) Sexual violence (rape or attempted rape, sexually assaulted, stalked, abused by intimate partner, etc.) Military combat or war zone experiences Kidnapped or taken hostage Serious accident, fire, or explosion (e.g., an industrial, farm, car, plane, or boating accident) Terrorist attack Near drowning Diagnosed with life threatening illness Natural disaster (e.g., flood, quake, hurricane, etc.) Imprisonment or Torture Animal attack Witnessed the serious injury or unnatural death of a person due to an accident, war or disaster Unexpectedly witnessed a dead body or body part Learned that one’s child or close loved one has a life threatening disease Learned about the violent personal assault, serious accident or serious injury of a close family member or friend Learned about the sudden unexpected death of a very close family member or friend Other (please specify)</p>

- **DEACTIVATED QUESTION:** “Do you have a diagnosed and documented disability? (check all that apply)” (ID=20)
 - **NEW QUESTION** (related): “Are you registered, with the office for disability services on this campus, as having a documented and diagnosed disability?” (ANSWERS = Yes, No) (ID=62)
 - **NEW QUESTION** (related): “If you selected, “Yes” for the previous question, please indicate which category of disability you are registered for (check all that apply):” (ID=63)
 - **NEW ANSWER LIST:**
 - ◆ Attention Deficit/Hyperactivity Disorders
 - ◆ Deaf or Hard of Hearing
 - ◆ Learning Disorders

- ◆ Mobility Impairments
- ◆ Neurological Disorders
- ◆ Physical/health related Disorders
- ◆ Psychological Disorder/Condition
- ◆ Visual Impairments
- ◆ Other (please specify)

- RATIONALE: The old question (ID=20) was open to interpretation which resulted in frequent endorsement of non-registered disabilities and resulting lack of both clinical utility and data integrity. The two new questions provide greater specificity and clarity such that we are focused on whether the student is registered with the relevant office for disabilities (ID=62) and, if yes, what documented and diagnosed disabilities they have *(ID=63). Although the answers for ID=63 are very similar (the "No/None" answer is removed), the question text and structure is sufficiently different to warrant a new question.

- DEACTIVATED QUESTION: "Date of birth" (ID=25)

- This information now resides in the "Client Information" screen of Titanium. When you update Titanium you will be prompted to copy DOB information from the SDS to Client Information.
- NEW AUTO VARIABLE: Age (in years) (ID=63) will be automatically computed when data is exported from Titanium to CSCMH from the DOB in the client record.
- RATIONALE: Date of birth is a stable piece of client information which belongs with other similar information (name, ID#, etc.) and it needed to be relocated to ease report writing within Titanium. This will allow the DOB to be displayed on the Client Information screen.

- EDITED ANSWER ORDER: "Gender" (ID=26)

- The answer order was adjusted to list "Female" first.
- RATIONALE: This change places responses in order of frequency. (Female, Male, Transgender, Prefer not to answer)

- EDITED ANSWER ORDER: "Sexual Orientation" (ID=27)

- The answer order was adjusted to list "Lesbian" before "Gay"
- RATIONALE: To reduce the likelihood of female clients choosing "Gay". (Heterosexual, Lesbian, Gay, Bisexual, Questioning, Prefer not to answer). The answer order attempts to balance frequency while also correcting for problematic response patterns.

- EDITED ANSWERS: "Race / Ethnicity" (ID=28)

- The answers "Arab American" and "East Indian" were deactivated as answer choices.
 - RATIONALE: This is a very complex question representing several different constructs (race, ethnicity, culture, culture/language-bound options, etc.) and CSCMH received a broad range of contradictory feedback from participating centers. Arab American and East Indian response rates were so low that their clinical utility was questionable (i.e., individuals, who were expected to choose one of these options, did not). Further, as alternate responses, these two options contributed to confusion among participating counseling centers using the SDS as well as lack of data integrity and utility for comparisons. The revised answer list better mirrors the commonly used (but imperfect) answer choices. Clinical concerns related to clients feeling seen in the available answers were carefully considered. This question will continue to be reviewed and centers are encouraged to consider the optional SDS Question (ID=30), "If you would like to, please further describe your racial, cultural, ethnic, or regional identity:"
- "European American / White / Caucasian" was simplified to "Caucasian / White"
 - RATIONALE: Adjusted based on a review of "other" responses and client's tendency to react to "European American" as the initial descriptor.

- EDITED ANSWER ORDER: "Relationship Status" (ID=33)

- Answer order was adjusted to list Separated before Divorced
- RATIONALE: More intuitive response order.

- EDITED ANSWERS: "Religious or spiritual preference:" (ID=34)

- "Confucian" was removed.
 - RATIONALE: Confucian was theoretically/academically correct, but the response rate was extremely low.
- Catholic was added.
 - RATIONALE: Catholic was the most common "other" response for clients indicating both "Christian" and "Other".

6/1/2009 Standardized Data Set (Client Questions) with Revisions

Revision Type	Core Item?	Question Text	Answers	Permanent Unique ID#
		Please indicate if and when you have had the following experiences:		
	*	Attended counseling for mental health concerns	Never Prior to college After starting college Both	1
	*	Taken a prescribed medication for mental health concerns	Never Prior to college After starting college Both	2
	*	Been hospitalized for mental health concerns	Never Prior to college After starting college Both	3
		Felt the need to reduce your alcohol or drug use	Never Prior to college After starting college Both	4
		Others have expressed concern about your alcohol or drug use	Never Prior to college After starting college Both	5
	*	Received treatment for alcohol or drug use	Never Prior to college After starting college Both	6
	*	Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, hair pulling, etc.)	Never Prior to college After starting college Both	7
	*	Seriously considered attempting suicide	Never Prior to college After starting college Both	8
	*	Made a suicide attempt	Never Prior to college After starting college Both	9
<i>Deactivated</i>	*	Seriously considered injuring another person	Never Prior to college After starting college Both	10
Question: New Replacement	*	Considered seriously injuring another person	Never Prior to college After starting college Both	59

Deactivated	*	Intentionally injured another person	Never Prior to college After starting college Both	11
Question: New Replacement	*	Intentionally caused serious injury to another person	Never Prior to college After starting college Both	60
	*	Had unwanted sexual contact(s) or experience(s)	Never Prior to college After starting college Both	12
	*	Experienced harassing, controlling, and/or abusive behavior from another person (e.g., friend, family member, partner, or authority figure)	Never Prior to college After starting college Both	13
Deactivated	---	<i>Have you experienced, witnessed, or learned of a traumatic event(s) that involved actual or threatened death or serious injury, or a threat to the physical integrity of yourself or others?</i>	Yes No	14
Deactivated	---	<i>If you selected, "Yes" for the previous question, did the traumatic event(s) cause you to feel intense fear, helplessness, or horror?</i>	Yes No	15
Question: New Replacement		Have you experienced a traumatic event that caused you to feel intense fear, helplessness, or horror?	Never Prior to college After starting college Both	61
Question: Minor Edit		If you selected, "Yes" for the previous question, please briefly describe the event(s):	Free Response	16
Answer Edit		Please select the traumatic event(s) you have experienced:	Childhood physical abuse Childhood sexual abuse Childhood emotional abuse Physical attack (e.g., mugged, beaten up, shot, stabbed, threatened with weapon) Sexual violence (rape or attempted rape, sexually assaulted, stalked, abused by intimate partner, etc.) Military combat or war zone experiences Kidnapped or taken hostage Serious accident, fire, or explosion (e.g., an industrial, farm, car, plane, or boating accident) Terrorist attack Near drowning Diagnosed with life threatening illness Natural disaster (e.g., flood, quake, hurricane, etc.) Imprisonment or Torture Animal attack Witnessed the serious injury or unnatural death of a person due to an accident, war or disaster Unexpectedly witnessed a dead body or body part Learned that one's child or close loved one has a life threatening disease Learned about the violent personal assault, serious accident or serious injury of a close family member or friend Learned about the sudden unexpected death of a very close family member or friend Other	17

		Other traumatic event:	Free response	18
		Think back over the last two weeks. How many times have you had: five or more drinks* in a row (for males) OR four or more drinks* in a row (for females)? (* A drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.)	None Once Twice 3 to 5 times 6 to 9 times 10 or more times	19
<i>Deactivated</i>	---	<i>Do you have a diagnosed and documented disability? (check all that apply)</i>		20
Question: New	*	Are you registered, with the office for disability services on this campus, as having a documented and diagnosed disability?	Yes No	62
Question: New Replacement	*	If you selected, "Yes" for the previous question, please indicate which category of disability you are registered for (check all that apply):	Attention Deficit/Hyperactivity Disorders Deaf or Hard of Hearing Learning Disorders Mobility Impairments Neurological Disorders Physical/health related Disorders Psychological Disorder/Condition Visual Impairments Other (please specify)	63
	*	Other disability:	Free response	21
		Please indicate how much you agree with this statement: "I get the emotional help and support I need from my <u>family</u> ."	Strongly disagree Somewhat disagree Neutral Somewhat agree Strongly agree	22
		Please indicate how much you agree with this statement: "I get the emotional help and support I need from my <u>social network</u> (e.g., friends & acquaintances)."	Strongly disagree Somewhat disagree Neutral Somewhat agree Strongly agree	23
	Auto	Client ID	Automatically generated by Titanium during upload of de-identified data.	24
<i>Deactivated</i>	*	Date of birth		25
New	Auto	Age (in years)	Automatically generated by Titanium during the upload of de-identified data from the date of birth stored in the client record.	64
Answer: Order Edit	*	Gender	Female Male Transgender Prefer not to answer	26
Answer: Order Edit		Sexual orientation	Heterosexual Lesbian Gay Bisexual Questioning * Prefer not to answer	27
Answer: 2 answers deactivated	*	Race / Ethnicity	African-American / Black American Indian or Alaskan Native Asian American / Asian Caucasian / White	28

			Hispanic / Latino/a Native Hawaiian or Pacific Islander Multi-racial * Prefer not to answer Other (please specify)	
	*	Other Race / Ethnicity:	Free Response	29
		If you would like to, please further describe your racial, cultural, ethnic, or regional identity:	Free response	30
	*	What is your country of origin?	Drop Down Menu of all countries	31
	*	Are you an international student?	Yes No	32
Answer: Order Edit	*	Relationship status:	Single Serious dating or committed relationship Civil union, domestic partnership, or equivalent Married Separated Divorced Widowed	33
Answer: 1 answer deactivated 1 answer added		Religious or spiritual preference:	Agnostic Atheist Buddhist Catholic Christian Hindu Jewish Muslim No preference * Prefer not to answer Other (please specify)	34
		Other religious or spiritual preference:	Free response	35
		To what extent does your religious or spiritual preference play an important role in your life?	Very Important Important Neutral Unimportant Very unimportant	36
	*	Current academic status:	Freshman / First-year Sophomore Junior Senior * Graduate / professional degree student * Non-student * High-school student taking college classes * Non-degree student * Faculty or staff Other (please specify)	37
	*	Other academic status:	Free response	38
		Graduate or professional degree program:	* Post-Baccalaureate * Masters * Doctoral degree * Law * Medical * Pharmacy * Dental * Veterinary Medicine Not Applicable Other (please specify)	39

		Other graduate or professional degree type:	Free Response	40
		What year are you in your graduate/professional program?	1-25 (drop-down list)	41
		What kind of housing do you currently have?	On-campus residence hall/apartment On/off campus fraternity/sorority house On/off campus co-operative house Off-campus apartment/house Other (please specify)	42
		Other housing:	Free Response	43
		With whom do you live with? (check all that apply)	Alone Spouse, partner, or significant other Roommate(s) Children Parent(s) or guardian(s) Family other Other (please specify)	44
		Others living with:	Free Response	45
		Did you transfer from another campus/institution to this school?	Yes No	46
		What is your current GPA?	Free Response	47
		Please indicate your level of involvement in organized extra-curricular activities (e.g., sports, clubs, student government, etc.):	None Occasional participation One regularly attended activity Two regularly attended activities Three or more regularly attended activities	48
		Please estimate the number of hours per week you are actively involved in organized extra-curricular activities (e.g., sports, clubs, student government, etc.):	Free Response	49
		Do you participate on an athletic team that competes with other colleges or universities?	Yes No	50
		Are you a member of ROTC?	Yes No	51
	*	Have you ever been enlisted in any branch of the US military (active duty, veteran, national guard or reserves)?	Yes No	52
	*	Did your military experiences include any traumatic or highly stressful experiences which continue to bother you?	Yes No	53
		If yes, please describe:	Free response	54
		What is the average number of hours you work per week during the school year (paid employment only)?	Free Response	55
		Are you the first generation in your family to attend college?	Yes No	56
		How would you describe your financial situation <u>right now</u> :	Always stressful Often stressful Sometimes stressful Rarely stressful Never stressful	57
		How would you describe your financial situation <u>while growing up</u> :	Always stressful Often stressful Sometimes stressful Rarely stressful Never stressful	58