Welcome

Hello and welcome to the Individual/Family Counseling Services Encounter Log. Please ensure this form is completed after each counseling session and is NOT used as a survey during the session.

Please enter your unique access code below.

* -required
Demographic Info: English

1) Agency Name

2) Date of Service

3) County of Service?
   -- None --

4) 1st Employee #?

5) 2nd Employee #? (If applicable)

6) Visit number?
   - First visit
   - Second visit
   - Third visit
   - Fourth visit
   - Fifth visit or later
   - Final visit

7) Duration?
   - 10-29 minutes
   - 10 minutes or less
   - 30-44 minutes
   - 45-59 minutes
   - 60 minutes or more

8) Number of Participants?
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6 or more

9) Please indicate the number of individuals in each age range below.
10) Please indicate the number of individuals representing each race/ethnicity below.

White, Caucasian
Black, African American
Hispanic, Latino or Latinx
Asian
Southeast Asians
Native Hawaiian/Other Pacific Islander
Alaskan Native/American Indian
Middle Eastern
Unsure/Did Not Disclose
Other

11) Primary language spoken?

-- None --

12) Please indicate the number of individuals belonging to each sexual orientation below.

Heterosexual/Straight
13) Please indicate the number of individuals belonging to each gender below.

<table>
<thead>
<tr>
<th>Gender Information</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay/Lesbian</td>
<td></td>
</tr>
<tr>
<td>Bisexual</td>
<td></td>
</tr>
<tr>
<td>Queer</td>
<td></td>
</tr>
<tr>
<td>Questioning or Unsure/Unsure</td>
<td></td>
</tr>
<tr>
<td>Another Sexual Orientation</td>
<td></td>
</tr>
<tr>
<td>Unsure/Did Not Disclose</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Transgender Man</td>
<td></td>
</tr>
<tr>
<td>Transgender Woman</td>
<td></td>
</tr>
<tr>
<td>Gender Queer</td>
<td></td>
</tr>
<tr>
<td>Another Gender</td>
<td></td>
</tr>
<tr>
<td>Unsure/Individual(s) did not disclose</td>
<td></td>
</tr>
</tbody>
</table>

* -required
14) How was the support provided? (Select one)

- Text or email
- In-person
- Phone
- Virtual (i.e. Zoom, Teams, Google Meet, etc.)
- CallHOPE Connect Chat App
- Other

15) Primary Need Addressed?

- Finding services and supports
- Loneliness
- Anxiety
- Managing daily life stressors
- Managing a crisis
- Substance Use Recovery
- Depression
- Other

16) Secondary Need Addressed?

- Finding services and supports
- Loneliness
- Anxiety
- Managing Daily Life Stressors
- Managing a crisis
- Substance Use Recovery
- Depression
- Other
- Not Applicable

17) Did you provide strategies for?

- Reducing negative thoughts
- Managing physical and emotional reactions
- Doing positive things and problem solving
- Substance Use Recovery Action Plan
- No strategies provided
- Other

18) Did you provide any information regarding? (Select all that apply)

- Building social networks
- Participating in community action
- Other
19) Did any of the participants have any disabling conditions or access/functional needs? If yes, were you able to accommodate them?

- Yes, Yes was able to accommodate
- Yes, No was not able to accommodate
- No, Did not need to accommodate

20) Did you refer the participant to? (Select all that apply)

- Other counseling program services offered by your Agency (e.g., group counseling, referral to team leader, schedule a follow-up visit)
- Mental health services provided by a County Behavioral Health Services Department
- Other mental health services (e.g., professional, longer-term counseling, Medi-Cal Managed Care MH services, treatment, behavioral, or psychiatric services)
- State/County/Community services (e.g. Medi-Cal enrollment, housing assistance, employment, food banks, social services)
- Resources for those with disabilities, or other access or functional needs (e.g. Regional Center services, Independent Living Centers)
- Substance abuse services (e.g. County Behavioral Health, professional, medical treatment, self-help groups, such as Alcoholics Anonymous or Narcotics Anonymous)
- Faith-based Agencies
- No Referral Provided
- Other

* -required
Comments or Success Stories

You may upload up to five (5) images or attachments below. (5 Mb Maximum File Size)

Attachment #1 (Optional)
Attachment #2 (Optional)
Attachment #3 (Optional)
Attachment #4 (Optional)
Attachment #5 (Optional)

* -required