

# 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.

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## Demographic Info: English

1) Agency Name

2) Date of Service

3) County of Service?

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.

Age 0-11

Age 12-17

Age 18-25

Age 26-40

Age 41-64

Age 65+

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?

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

Heterosexual/Straight

Gay/Lesbian

Bisexual

Queer

Questioning or  
Unsure

Another Sexual  
Orientation

Unsure/Did Not  
Disclose

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

Male

Female

Transgender Man

Transgender Woman

Gender Queer

Another Gender

Unsure/Individual(s)  
did not disclose

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## Encounter Info: English

14) How was the support provided? (Select one)

- Text or email
- In-person
- Phone
- Virtual (i.e. Zoom, Teams, Google Meet, etc.)
- CalHOPE 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

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Comments or Success Stories

Large empty text area for writing comments or success stories.

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

Attachment #1 (Optional) input field

Attachment #1 (Optional)

Attachment #2 (Optional) input field

Attachment #2 (Optional)

Attachment #3 (Optional) input field

Attachment #3 (Optional)

Attachment #4 (Optional) input field

Attachment #4 (Optional)

Attachment #5 (Optional) input field

Attachment #5 (Optional)

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