

GROUP Coding Sheet

Group Name: _____

Type (circle one):	Active Tx	Meds Only *	Combined Tx *	Waitlist Control	No Tx Control	Placebo Control	Other Control	Other:	Protocol (circle one):	Described in text only	Source Referenced (describe)	Manual: <input type="checkbox"/> Yes <input type="checkbox"/> No
	* if these are selected, fill out MED GROUP sheet as well											

Ethnicity Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No	At least 1 (✓)	N <i>if available</i>	% <i>if available</i>
White or Caucasian			
Black or African American			
Hispanic or Latino			
Asian American			
Pacific Islander			
American Indian or Alaska Native			
Other _____			
Multiethnic			
Unknown			

Gender Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No	At least 1 (✓)	N <i>if available</i>	% <i>if available</i>
Male			
Female			

Age Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No	Min	Max	Mean	SD
Age (years)				
Grade				

Therapist Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No	(✓)
Peer	
Pre-Bachelor's	
Bachelor's	
MA Student	
MA: Social Work	
MA: Other	
Doctoral Student	
MD	
PhD/PsyD	
Teacher	
Other School Staff	
Probation Officer	
Self	
Other:	

Setting Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No	(✓)
Clinic	
Home	
School	
Community Residential	
Community/Field	
Hospital	
Partial Hospital	
Corrections Facility	
Community Probation	
Day Care	
Other:	

Format Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No	(✓)
Individual	
Group	
Parent & Child	
Parent Individual	
Parent Group	
Family	
Multi-Family	
Family: One Person	
Self-Administered	
Other:	

Time Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	To	<input type="text"/>	Minutes
Frequency Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	To	<input type="text"/>	
Duration Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	To	<input type="text"/>	Days

Fidelity measures reported? Yes No
 Problems with fidelity reported? Yes No: If yes, please describe: _____