Standardized Data Set (SDS)

version 7.2025

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Center for Collegiate Mental Health (CCMH)

History

The Center for the Collegiate Mental Health (CCMH) is an international research center and practice-research-network whose mission is to bridge science and practice in the field of college student mental health. CCMH is a grassroots membership network of 850+ college counseling centers that collaborates to create tools and resources to support college counseling centers. Specifically, CCMH collects and analyzes de-identified data as part of the routine practice when students seek mental health treatment at colleges and universities. The information is used, in turn, to benefit college counseling centers, administrators, researchers, the public, and most importantly the students receiving services.

A variety of standardized tools have been developed for clinical and research purposes. Standardization of CCMH tools is a critical feature that allows for equivalent local and national comparisons to occur between students receiving college counseling services. One of the most frequently utilized tools by CCMH members is the Counseling Center Assessment of Psychological Concerns (CCAPS). The CCAPS, initially developed at the University of Michigan's Counseling Center, is a high-quality, multi-dimensional assessment instrument that measures eight of the most common areas of distress experienced by college students. The Standardized Data Set (SDS) is another commonly used tool offered by CCMH that gathers information pertaining to several aspects of college student mental health, including: (1) demographic and mental health history information from clients; (2) demographic information about providers; (3) clinicians' assessment of clients' presenting concerns; (4) reasons why services ended and the occurrence of any critical incidents during care; (5) appointment information; and (6) institutional information. All CCMH members contribute to the research mission of CCMH via the annual membership renewal form that collects institutional information, and over 200 centers additionally contribute de-identified data from students receiving services, which requires permission from their institution.

Since its inception in 2005, CCMH has collected data from over 1.5 million unique clients in counseling services. The information has been used to update and improve tools, complete annual reports that share findings with clinicians, administrators, media, and the public, and publish peer-reviewed research to advance the field of college student mental health.

CCMH is a member funded organization located at the Penn State – University Park Center for Counseling and Psychological Services.

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Standardized Data Set (SDS)

History

The Standardized Data Set (SDS) is a collection of tools used by CCMH counseling centers to measure various aspects of collegiate mental health during routine clinical practice. Since its original development, the SDS has been revised numerous times to improve and update individual questions/responses and add new components with the goal of balancing the clinical and research needs of the community.

Using the SDS

All college or university counseling centers may use any components of the SDS for free and without explicit permission. As a part of CCMH membership, counseling centers are not required to use any specific portion of the SDS.

Titanium Schedule, Medicat and Point N Click electronic medical records (EMRs) have integrated the SDS – Client Information tool and CCMH appointment categories as part of their software. Other components of the SDS are only available within Titanium at the present time.

The SDS contains six components outlined below:

SDS Components

Client Information (available in Titanium, Medicat, Point N Click)

Originating from the intake materials of more than 50 counseling centers, the first SDS – Client Information form was created using feedback from over 100 counseling centers in 2006 and 2007, coupled with guidance from the inaugural CCMH Advisory Board.

The Client Information Form is referred to as a buffet of demographic and mental health history questions that are administered to clients during the completion of initial intake paperwork. The questions and responses text are standardized and thus cannot be edited; however, centers can pick and choose which items they would like to offer. Centers are not required to administer any specific questions. The ability to order and/or reorder items vary by EMR.

Provider Information (available in Titanium)

The Provider Information Form is a series of questions related to demographic and professional identity variables (e.g., type of degree) that clinicians can complete on an annual basis.

Clinician Index of Client Concerns (CLICC) (available in Titanium)

The Clinician Index of Client Concerns (CLICC) captures the presenting concerns of counseling center clients, as assessed by the clinician during an initial appointment. The CLICC includes 54 concerns and asks the clinician (a) to check all that apply and (b) to identify the "top concern" of those selected. The CLICC can be required for clinicians to complete based on specific note types (e.g., intake/initial consultation notes). This tool will help centers better understand why students are seeking services at their center from the clinicians point of view.

Case Closure (available in Titanium)

The Case Closure Form captures a wide array of reasons (academic, clinical, and client factors) why services ended, as well as significant events that might have occurred during the course of a student's services. Clinicians can "select all that apply" from a checklist of 20 reasons why services may have ended for a given client and indicate the top reason. They can also specify any of 13 significant events that might have occurred during services. It is recommended that clinicians complete this form following the end of their service provision with a client. This tool will allow centers to monitor individually and collectively why services ended for students (e.g., service limit reached, client no-shows), as well as if any critical events occurred during treatment (e.g., psychiatric hospitalization).

Appointment Information

Categories (available in Titanium, Medicat, Point N Click, Pyramed)

CCMH Appointment Categories are used to categorize clinical appointment codes at each counseling center. During initial CCAPS setup, local appointment codes are matched with the corresponding CCMH Appointment Categories that most closely aligns with the function of the local appointment. Appointment Categories are used for the treatment response curve feature on the CCAPS, as well as for research purposes at CCMH.

Modes (available in Titanium)

CCMH Appointment Modes are used to categorize the mode in which an appointment is delivered (e.g., video, in-person)

Institution Information (gathered via CCMH website annually, non – EMR form)

Institution and center level information are collected via the annual membership renewal form via the CCMH website.

Customization of the SDS

The specific tool with the highest level of customizability is the SDS - Client Information form. This form allows counseling centers to turn individual standardized questions on and off. Depending on the EMR, centers may be able to reorder questions and/or add their own local questions that are not CCMH items. If a CCMH question or response option on the Client Information form needs to be altered to meet the needs of a center, they should disable/turn off the standardized item, and create their own local item. Question text and response options on SDS tools cannot be edited.

SDS Data Contribution/Research

CCMH member counseling centers are able to contribute deidentified student and clinician data to CCMH for national research purposes if: (1) they use components of the SDS within Titanium Software; and (2) they have received permission from their institution. Data contributors must use the "CCMH Pre-defined" tools within Titanium. Please reach out to CCMH for more information regarding data contribution. Researchers may submit a data request if they are seeking to use existing SDS and CCAPS data for research purposes.

Revisions/Updates

CCMH revises the SDS on an annual basis based on CCMH member, Staff, Research Team and Advisory Board feedback. From year to year, tools and specific items may be deactivated, added, or edited. Implementation of SDS revisions occurs within certified EMRs around July 1st of every year. Revision History by year can be found at the end of this document.

Understanding this Document

The following sections of this document outline each component of the SDS in detail, including implementation guidelines, question text, response items and values, deactivated/obsolete questions, and other relevant information. This information is meant to be a reference for those who use the SDS for clinical practice and/or research purposes.

Question Numbering

Each SDS question has a unique identifier (Item ID#) that is retained even if the question becomes deactivated. The purpose of the item ID# is to ensure that every question/variable has a permanent unique identifier that is static. This ID is not intended for question ordering. The SDS - Client Information contains mixed alpha numeric unique IDs combining "SDS_" and the item number (e.g. "SDS_01"). The SDS – Provider Information components have alpha unique IDs. Similar to the Client Information form, the CLICC and Case Closure have mixed alpha numeric unique IDs combining the form name and item numbers (e.g. "CLICC_01_01").

Between 2007 and 2015, if an item was numerical, new items received the next available question ID number regardless of their order.

Items revised after 2015 received the current unique ID# plus 1000. For example, if the question with unique ID "SDS_3" was revised, Unique ID "SDS_3" would become inactive, and a new question with Unique ID "SDS_1003" would be added.

Each SDS response option is assigned a static numerical identifier. This value is not intended for response ordering. Response options are always presented in the order displayed in the manual and may not be modified.

Year Started

This column lists the year in which the item became available in the SDS.

Revision History

The Revision History column provides information regarding how items have changed over time. Deactivated items can be found towards the end of the manual. Inactive responses for questions that are still active are set italicized and marked "obsolete."

Between 2007 and 2015, if an item was numerical, new items received the next available question ID number regardless of their order.

Items revised after 2015 received the current unique ID# plus 1000. For example, if the question with unique ID "SDS_3" was revised, Unique ID "SDS_3" would become deactivate, and a new question with Unique ID "SDS_1003" would be added.

Obsolete Forms

Obsolete items and/or forms are included in this document.

• Critical Incident Form (CIF)

• Termination Form

• Center Information (removed from Titanium and now collected during membership registration/renewal)

• Institution Information (removed from Titanium and now collected during membership registration/renewal)

Client Information

The SDS, or the Standardized Data Set, is a battery of standardized questions filled out by clients. Questions could pertain to a client's identity/affiliations, mental health treatment history, or other contextual information. There are around 100 SDS items for clients, but centers can choose which items to ask clients. Centers may change the order of the items or add their own questions, depending on their EMR capabilities. If a center adds their own questions to ask a client, CCMH does not have access to that data during a research data contribution.

Over time, some SDS items were deactivated and other items have been modified. If the modification is minor, the original variable name is retained. When the modifications are substantial, a new variable name is used. Typically, the modified variable is renamed to SDS_10##.

The SDS includes multiple choice, check all that apply, and write in questions. Free-response items are excluded from the research data set to ensure the data remains de-identified.

Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes/Revision History
	Please indicate if and when you have had the following experiences:				**Header applies to SDS_01 and SDS_02**
SDS_01	Attended counseling for mental health concerns	1 2 3 4	Never Prior to college After starting college Both	2007	
SDS_02	Taken a prescribed medication for mental health concerns	1 2 3 4	Never Prior to college After starting college Both	2007	
SDS_64	Been hospitalized for mental health concerns	 1 2 3 4 5	**Answer Set A: How Many Times** Never 1 time 2-3 times 4-5 times More than 5 times	2012	
SDS_65	Been hospitalized for mental health concerns	 1 2 3 4 5 6	**Answer Set B: The Last Time** Never Within the last 2 weeks Within the last month Within the last year Within the last 1-5 years More than 5 years ago	2012	
SDS_66	Felt the need to reduce your alcohol or drug use		**Answer Set A: How Many Times**	2012	
SDS_67			**Answer Set B: The Last Time**	2012	
SDS_68	Others have expressed concern about your alcohol or drug use		**Answer Set A: How Many Times**	2012	
SD_69			**Answer Set B: The Last Time**	2012	
SDS_70	Received treatment for alcohol or drug use		**Answer Set A: How Many Times**	2012	
SDS_71			**Answer Set B: The Last Time**	2012	
SDS_72	Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, etc.)		**Answer Set A: How Many Times**	2012	
SDS_73			**Answer Set B: The Last Time**	2012	

Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes/Revision History
SDS_74	Seriously considered attempting suicide		**Answer Set A: How Many Times**	2012	
SDS_75			**Answer Set B: The Last Time**	2012	
SDS_76	Made a suicide attempt		**Answer Set A: How Many Times**	2012	
SDS_77			**Answer Set B: The Last Time**	2012	
SDS_78	Considered causing serious physical injury to another person		**Answer Set A: How Many Times**	2012	
SDS_79			**Answer Set B: The Last Time**	2012	
SDS_80	Intentionally caused serious physical injury to another		**Answer Set A: How Many Times**	2012	
SDS_81			**Answer Set B: The Last Time**	2012	
SDS_82	Someone had sexual contact with you without your consent (e.g., you were afraid to stop what was happening, passed out, drugged, drunk, incapacitated, asleep, threatened or physically forced)		**Answer Set A: How Many Times**	2012	
SDS_83			**Answer Set B: The Last Time**	2012	
SDS_84	Experienced harassing, controlling, and/or abusive behavior from another person (e.g., friend, family member, partner, or authority figure)		**Answer Set A: How Many Times**	2012	
SDS_85			**Answer Set B: The Last Time**	2012	
SDS_86	Experienced a traumatic event that caused you to feel intense fear, helplessness, or horror		**Answer Set A: How Many Times**	2012	
SDS_87			**Answer Set B: The Last Time**	2012	

Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes/Revision History
SDS_1099	Please select any adverse live event(s) you have experienced:	-	**Check all that apply:**	**(NEW) 2025**	SDS__1099 replaced SDS_99 in 2025
		1	Childhood physical abuse		
		2	Childhood sexual abuse		
		3	Childhood emotional abuse		
		4	Witnessed violence at home as a child		
		5	Physical attack (e.g., mugged, beaten up, shot, stabbed,		
		-	threatened with weapon)		
		6	Sexual violence (e.g., rape or attempted rape, sexual		
		-	assault)		
		7	Stalking		
		8	Abuse by a romantic partner		
		9	Sextortion (e.g., threat or experience of having sexual		
		-	content released)		
		10	Bullying		
		11	Loss of loved one		
		12	Diagnosed with life threatening illness		
		13	Military combat or war zone experiences		
		14	Kidnapped or taken hostage		
		15	Serious accident, fire, or explosion (e.g., an industrial,		
		-	farm, car, plane, or boating accident)		
		16	Terrorist attack		
		17	School/mass shooting		
		18	Natural disaster (e.g., flood, quake, hurricane)		
		19	Imprisonment or torture		
		20	Other traumatic event (please specify):		
SDS_18	Other traumatic event:		Free response		

Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes/Revision History
SDS_1019	Think back over the last two weeks. How many times have you had four or more drinks in a 2-3 hour period? (*A drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.)	1 2 3 4 5 6	None Once Twice 3 to 5 times 6 to 9 times 10 or more times	2024	SDS_1019 replaced SDS_19 (obsolete) to remove gendered language and include a specified time frame.
SDS_132	Have you experienced any undesired consequences due to using alcohol within the past month (e.g., problems with relationships, academics, employment, health, or legal issues)?	1 0 2	Yes No I did not use alcohol	**(NEW)** **2025**	
SDS_2096	Think back over the last two weeks. How many times have you used recreational or medical cannabis/THC?	1 2 3 4 5 6	None Once Twice 3 to 5 times 6 to 9 times 10 or more times	**(NEW)** **2025**	SDS_2096 replaced SDS_1096 (obsolete) that updated terminology.
SDS_133	Have you experienced any undesired consequences due to using recreational or medical cannabis/THC within the past month (e.g., problems with relationships, academics, employment, health, or legal issues)?	1 0 2	Yes No I did not use cannabis/THC	**(NEW)** **2025**	
SDS_134	Have you used any recreational drugs or non-prescribed medications in the past month (excluding cannabis/THC)?	1 0	Yes No	**(NEW)** **2025**	
SDS_135	Have you experienced any undesired consequences due to using any recreational drugs or non-prescribed medications (excluding cannabis/THC) in the past month (e.g., problems with relationship, academics, employment, health, or legal issues)?	1 0 2	Yes No I did not use any recreational drugs or non-prescribed medications	**(NEW)** **2025**	
SDS_128	Are you currently taking a prescribed medication for mental health concerns?	1 0	Yes No	**(NEW)** **2025**	
SDS_129	Please list medications you are currently taking:		Free response	**(NEW)** **2025**	

Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes/Revision History
SDS_130	Are you currently in counseling elsewhere for mental health concerns?	1 0	Yes No	**(NEW) 2025**	
SDS_136	In the past 12 months, did you gamble more than you intended (e.g., betting on sports, playing table or card games, buying lottery tickets)?	1 0 2	Yes No I did not gamble	**(NEW) 2025**	
SDS_2061	Please select any disabilities you have been diagnosed with (check all that apply):	1 2 3 4 5 6 7 8 9 10 11 12	Difficulty hearing Difficulty seeing Difficulty speaking or language impairment Mobility limitation/ orthopedic impairment Traumatic brain injury Specific learning disabilities ADD or ADHD Autism spectrum disorders Cognitive difficulties or intellectual disability Health impairment/ condition, including chronic conditions Psychological or psychiatric condition Other	**(NEW) 2025**	SDS_2061 replaced SDS_1061
SDS_21	Other disability:		Free response	2007	
SD_1060	Are you registered for accessibility or academic accommodations on campus for a diagnosed disability?	1 0	Yes No	**(NEW) 2025**	
SDS_22	Please indicate how much you agree with this statement: "I get the emotional help and support I need from my **family**."	1 2 3 4 5	Strongly disagree Somewhat disagree Neutral Somewhat agree Strongly agree	2007	
SDS_23	Please indicate how much you agree with this statement: "I get the emotional help and support I need from my **social network** (e.g., friends & acquaintances)."	1 2 3 4 5	Strongly disagree Somewhat disagree Neutral Somewhat agree Strongly agree	2007	

Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes/Revision History
SDS_88	Which of the following best describes your gender identity?	1	Woman	2012	In 2020, response option 3 became obsolete, and response options 5, 6, and 7 were added.
		5	Transgender woman		
		2	Man		
		6	Transgender man		
		7	Non-binary		
		4	Self-identify (please specify):		
		3	*Obsolete: Transgender*		
SDS_89	Self-identify gender identity		Free response	2012	
SDS_90	What sex was assigned to you at birth?	1	Female	2012	
		2	Male		
		3	Intersex		
SDS_91	Which of the following best describes your sexual orientation?	7	Asexual	2012	In 2020, response option 1 was updated to 1001, and response options 7, 8 and 9 were added.
		4	Bisexual		
		3	Gay		
		1001	Heterosexual or straight		
		2	Lesbian		
		8	Pansexual		
		9	Queer		
		5	Questioning		
		6	Self-identify (please specify):		
		1	*Obsolete: Heterosexual*		
SDS_92	Self-identify sexual orientation		Free response	2012	
SDS_1095	What is your race/ethnicity?		**Check all that apply:**	2024	SDS_1095 replaced SDS_95 (obsolete) to include updated response options.
		1	African American / Black		
		2	American Indian or Alaska Native		
		3	Asian American / Asian		
		4	Hispanic / Latino/a/e		
		5	Middle Eastern / North African		
		6	Native Hawaiian or Pacific Islander		
		7	White		
		8	Self-identify (please specify):		
SDS_29	Self-identify race/ethnicity		Free response	2007	
SDS_30	If you would like to, please further describe your racial, cultural, ethnic, or regional identity:		Free response	2007	

Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes/Revision History
SDS_31	What is your country of origin?		**See pages 23-24 for complete drop down list of all countries available to be selected as a response option, as well as the response values.	2007	2017: Response value 54 modified from "Cote D'ivorie" to "Cote d' Ivorie" 2015: Response value 169 modified from "Palestinian Territory: Occupied" to "Palestinian Territory" 1169"
SDS_32	Are you an international student?	1 0	Yes No	2007	
SDS_33	Relationship status:	1 2 3 4 5 6 7	Single Serious dating or committed relationship Civil union, domestic partnership, or equivalent Married Divorced Separated Widowed	2007	
SDS_97	Religious or spiritual preference:	1 2 3 4 5 6 7 8 9 10	Agnostic Atheist Buddhist Catholic Christian Hindu Jewish Muslim No preference Self-identify (please specify):	2007	
SDS_35	Other religious or spiritual preference:		Free Response	2007	
SDS_36	To what extent does your religious or spiritual preference play an important role in your life?	1 2 3 4 5	Very important Important Neutral Unimportant Very unimportant	2007	

Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes/Revision History
SDS_1037	Current academic status:	1	1st year undergraduate	2022	SDS_1037 replaced SDS_37 (obsolete) to update response options.
		2	2nd year undergraduate		
		3	3rd year undergraduate		
		4	4th year undergraduate		
		5	5th year or more undergraduate		
		6	Graduate student		
		7	Professional degree student		
		8	Non-student		
		9	High-school student taking college classes		
		10	Non-degree student		
		11	Faculty or staff		
		12	Other (please specify)		
SDS_38	Other academic status:		Free Response	2007	
SDS_39	Graduate or professional degree program:	1	Post-Baccalaureate	2007	
		2	Masters		
		3	Doctoral degree		
		4	Law		
		5	Medical		
		6	Pharmacy		
		7	Dental		
		8	Veterinary Medicine		
		9	Not Applicable		
		10	Other (please specify)		
SDS_40	Other graduate or professional degree type:		Free Response	2007	
SDS_41	What year are you in your graduate/professional program?	1	1	2007	
		2	2		
		3	3		
		4	4		
		5	5+		
SDS_127	Are you considering withdrawing or taking a leave of absence from school?	1	Yes	**(NEW) 2025**	
		0	No		

Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes/Revision History
SDS_1042	Where do you currently live?	1	On-campus	2023	SDS_1042 replaced SDS_42 (obsolete) to update response options.
		2	Off-campus		
		3	I do not live in one stable, secure residence		
		4	Other (please specify)		
SDS_43	Other housing:		Free Response	2007	
SDS_44	With whom do you live? (check all that apply)	1	Alone	2007	Response option 4 updated to 1044 in 2025.
		2	Spouse, partner, or significant other		
		3	Roommate(s)		
		1004	Children who I parent/co-parent		
		5	Parent(s) or guardian(s)		
		6	Other family		
		7	Other (please specify)		
SDS_45	Others living with:		Free Response	2007	
SDS_46	Did you transfer from another campus/institution to this school?	1	Yes	2007	
		0	No		
SDS_1047	What is your current GPA (0-4 scale)?		Free Response numerical, positive number on 0-4 scale	2017	SDS_1047 replaced SDS_47 to offer three response formats.
SDS_2047	What is your current GPA (0-5 scale)?		Free Response numerical, positive number on 0-5 scale	2017	SDS_2047 replaced SDS_47 to offer three response formats.
SDS_3047	What is your current GPA (0-100 scale)?		Free Response numerical, positive number on 0-100 scale	2017	SDS_3047 replaced SDS_47 to offer three response formats.
SDS_48	Please indicate your level of involvement in organized extra-curricular activities (e.g., sports, clubs, student government, etc.):	1	None	2016	
		2	Occasional participation		
		3	One regularly attended activity		
		4	Two regularly attended activities		
		5	Three or more regularly attended activities		

Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes/Revision History
SDS_1049	Please estimate the number of hours per week you are actively involved in organized extracurricular activities (e.g., sports, clubs, student government, etc.):	1 2 3 4 5 6 7 8 9 10	0 1-5 6-10 11-15 16-20 21-25 26-30 31-35 36-40 40+	2016	SDS_1049 replaced SDS_49 to offer a picklist of responses options instead of free response.
	Do you currently participate in any of the following organized college athletics?				Header applies to Question Set: SDS_1151 - SDS_1153
SDS_1151	Intramurals	1 0	Yes No	2017	
SDS_1152	Club	1 0	Yes No	2017	
SDS_1153	Varsity	1 0	Yes No	2017	
SDS_51	Are you a member of ROTC?	1 0	Yes No	2007	
SDS_98	Have you ever served in any branch of the US military (active duty, veteran, National Guard, or reserves)?	1 0	Yes No	2012	
SDS_53	Did your military experiences include any traumatic or highly stressful experiences that continue to bother you?	1 0	Yes No	2007	
SDS_54	If yes, please describe:		Free response	2007	

Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes/Revision History
SDS_1055	What is the average number of hours you work per week during the school year (paid employment only)?	1 2 3 4 5 6 7 8 9 10	0 1-5 6-10 11-15 16-20 21-25 26-30 31-35 36-40 40+	2016	SDS_1055 replaced SDS_55 to offer picklist of response options instead of free response.
SDS_56	Are you the first generation in your family to attend college?	1 0	Yes No	2007	
SDS_57	How would you describe your financial situation **right now**:	1 2 3 4 5	Always stressful Often stressful Sometimes stressful Rarely stressful Never stressful	2007	
SDS_58	How would you describe your financial situation **while growing up**:	1 2 3 4 5	Always stressful Often stressful Sometimes stressful Rarely stressful Never stressful	2007	

Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes/Revision History
SDS_100	Which area(s) of your life have been negatively impacted by COVID-19?		**Check all that apply:**	2020	Question Set: SDS_100, SDS_101, SDS_102
		1	Academics		
		2	Career / employment		
		3	Discrimination / harassment		
		4	Financial		
		5	Food or housing insecurity		
		6	Grief / loss of someone		
		7	Health concerns (others)		
		8	Health concerns (self)		
		9	Loneliness or isolation		
		10	Mental health		
		11	Missed experiences or opportunities		
		12	Motivation or focus		
		13	Relationships (significant other, friends, family)		
		14	Other (please specify)		
SDS_101	Other COVID-19 negative impact:		Free response	2020	Question Set: SDS_100, SDS_101, SDS_102
SDS_102	Are your reasons for seeking services in any way related to the COVID-19 pandemic and related events?	1 0	Yes No	2020	Question Set: SDS_100, SDS_101, SDS_102
SDS_103	How many times have you had COVID-19?	1 2 3 4 5	1 time 2-3 times 4-5 times More than 5 times I don't think I've had COVID-19	2022	

Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes/Revision History
	In the past 6 months, have you experienced discrimination or unfair treatment due to any of the following parts of your identity?			2021	Header applies to Question Set: SDS_111 - SDS_116
SDS_111	Disability	1 0	Yes No	2021	
SDS_112	Gender	1 0	Yes No	2021	
SDS_113	Nationality/Country of Origin	1 0	Yes No	2021	
SDS_114	Race/Ethnicity/Culture	1 0	Yes No	2021	
SDS_115	Religion	1 0	Yes No	2021	
SDS_116	Sexual Orientation	1 0	Yes No	2021	
SDS_117	Are you a member of a social fraternity or sorority?	1 0	Yes No	2021	
	Are you unable to pay for or are you having great difficulty paying for any of the following?			2023	Header applies to Question Set: SDS_118 - SDS_123
SDS_119	Enough food to eat	1 0	Yes No	2023	
SDS_120	Housing/utilities	1 0	Yes No	2023	
SDS_121	Basic transportation needs	1 0	Yes No	2023	
SDS_122	Necessary medical care	1 0	Yes No	2023	
SDS_123	Educational materials (books, technology)	1 0	Yes No	2023	

Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes/Revision History
SDS_124	How often do you feel that you lack companionship?	1 2 3	Hardly ever Some of the time Often	2024	Question Set: SDS_124, SDS_125, SDS_126
SDS_125	How often do you feel left out?	1 2 3	Hardly ever Some of the time Often	2024	Question Set: SDS_124, SDS_125, SDS_126
SDS_126	How often do you feel isolated from others?	1 2 3	Hardly ever Some of the time Often	2024	Question Set: SDS_124, SDS_125, SDS_126
SDS_131	In the past two weeks, how nervous or stressed have you felt about sociopolitical issues (e.g., politics, laws, societal problems, world events)?	1 2 3 4 5	Not at all Slightly Moderately Very Extremely	(NEW) 2025	

Client Information

Item ID#	Value	Question Text	Value	Response Options	Value	Response Options	Value	Response Options	Value	Response Options
SDS_31		What is your country of origin?								
Pg. 1/2	1	Afghanistan	31	Brazil	61	Dominica	91	Guinea	121	Latvia
	2	Aland Islands	32	British Indian Ocean Territory	62	Dominican Republic	92	Guinea-bissau	122	Lebanon
	3	Albania	33	Brunei Darussalam	63	Ecuador	93	Guyana	123	Lesotho
	4	Algeria	34	Bulgaria	64	Egypt	94	Haiti	124	Liberia
	5	American Samoa	35	Burkina Faso	65	El Salvador	95	Heard Island and Mcdonald Islands	125	Libyan Arab Jamahiriya
	6	Andorra	36	Burundi	66	Equatorial Guinea	96	Holy See (Vatican City State)	126	Liechtenstein
	7	Angola	37	Cambodia	67	Eritrea	97	Honduras	127	Lithuania
	8	Anguilla	38	Cameroon	68	Estonia	98	Hong Kong	128	Luxembourg
	9	Antarctica	39	Canada	69	Ethiopia	99	Hungary	129	Macao
	10	Antigua and Barbuda	40	Cape Verde	70	Falkland Islands (Malvinas)	100	Iceland	130	Macedonia, The Former Yugoslav Republic of
	11	Argentina	41	Cayman Islands	71	Faroe Islands	101	India	131	Madagascar
	12	Armenia	42	Central African Republic	72	Fiji	102	Indonesia	132	Malawi
	13	Aruba	43	Chad	73	Finland	103	Iran, Islamic Republic of	133	Malaysia
	14	Australia	44	Chile	74	France	104	Iraq	134	Maldives
	15	Austria	45	China	75	French Guiana	105	Ireland	135	Mali
	16	Azerbaijan	46	Christmas Island	76	French Polynesia	106	Isle of Man	136	Malta
	17	Bahamas	47	Cocos (Keeling) Islands	77	French Southern Territories	107	Israel	137	Marshall Islands
	18	Bahrain	48	Colombia	78	Gabon	108	Italy	138	Martinique
	19	Bangladesh	49	Comoros	79	Gambia	109	Jamaica	139	Mauritania
	20	Barbados	50	Congo	80	Georgia	110	Japan	140	Mauritius
	21	Belarus	51	Congo, The Democratic Republic of the	81	Germany	111	Jersey	141	Mayotte
	22	Belgium	52	Cook Islands	82	Ghana	112	Jordan	142	Mexico
	23	Belize	53	Costa Rica	83	Gibraltar	113	Kazakhstan	143	Micronesia, Federated States of
	24	Benin	54	Cote d 'Ivoire	84	Greece	114	Kenya	144	Moldova, Republic of
	25	Bermuda	55	Croatia	85	Greenland	115	Kiribati	145	Monaco
	26	Bhutan	56	Cuba	86	Grenada	116	Korea, Democratic People's Republic of	146	Mongolia
	27	Bolivia	57	Cyprus	87	Guadeloupe	117	Korea, Republic of	147	Montenegro
	28	Bosnia and Herzegovina	58	Czech Republic	88	Guam	118	Korea, Republic of	148	Montserrat
	29	Botswana	59	Denmark	89	Guatemala	119	Kyrgyzstan	149	Morocco
	30	Bouvet Island	60	Djibouti	90	Guernsey	120	Lao People's Democratic Republic	150	Mozambique

Client Information

Item ID#	Value	Question Text	Value	Response Options	Value	Response Options	Value	Response Options
SDS_31		What is your country of origin?						
Pg. 2/2	151	Myanmar	180	Reunion	210	Sweden	240	Wallis and Futuna
	152	Namibia	181	Romania	211	Switzerland	241	Western Sahara
	153	Nauru	182	Russian Federation	212	Syrian Arab Republic	242	Yemen
	154	Nepal	183	Rwanda	213	Taiwan	243	Zambia
	155	Netherlands	184	Saint Helena	214	Tajikistan	244	Zimbabwe
	156	Netherlands Antilles	185	Saint Kitts and Nevis	215	Tanzania, United Republic of		
	157	New Caledonia	186	Saint Lucia	216	Thailand		
	158	New Zealand	187	Saint Pierre and Miquelon	217	Timor-leste		
	159	Nicaragua	188	Saint Vincent and the Grenadines	218	Togo		
	160	Niger	189	Samoa	219	Tokelau		
	161	Nigeria	190	San Marino	220	Tonga		
	162	Niue	191	Sao Tome and Principe	221	Trinidad and Tobago		
	163	Norfolk Island	192	Saudi Arabia	222	Tunisia		
	164	Northern Mariana Islands	193	Senegal	223	Turkey		
	165	Norway	194	Serbia	224	Turkmenistan		
	166	Oman	195	Seychelles	225	Turks and Caicos Islands		
	167	Pakistan	196	Sierra Leone	226	Tuvalu		
	168	Palau	197	Singapore	227	Uganda		
	169	Obsolete: Palestinian Territory: Occupied	198	Slovakia	228	Ukraine		
	1169	Palestinian Territory	199	Slovenia	229	United Arab Emirates		
	170	Panama	200	Solomon Islands	230	United Kingdom		
	171	Papua New Guinea	201	Somalia	231	United States		
	172	Paraguay	202	South Africa	232	United States Minor Outlying Islands		
	173	Peru	203	South Georgia and the South Sandwich Islands	233	Uruguay		
	174	Philippines	204	Spain	234	Uzbekistan		
	175	Pitcairn	205	Sri Lanka	235	Vanuatu		
	176	Poland	206	Sudan	236	Venezuela		
	177	Portugal	207	Suriname	237	Vietnam		
	178	Puerto Rico	208	Svalbard and Jan Mayen	238	Virgin Islands, British		
	179	Qatar	209	Svalbard and Jan Mayen	239	Virgin Islands, U.S.		

Provider Information

Provider Information is completed by the therapist/provider. Questions pertain to therapist/provider demographics, position in the center, and education/training. Completing provider information is voluntary.

Provider Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
TherID	Counselor ID		Counselor ID is automatically generated by Titanium during de-identified data upload.	2007	
Age	Date of Birth		Month/day/year: 00/00/0000	2007	
Gender	Gender	2 5 1 6 7 4 3	Woman Transgender woman Man Transgender man Non-binary Prefer not to answer *Obsolete: Transgender*	2007	2020 revision: added Transgender woman, Transgender man, and Non-binary
Ethnicity	What is your race/ethnicity?	1 2 4 7 8 9 10 11 1006 3 5 6	African-American/Black American Indian or Alaskan Native Asian American/Asian Hispanic/Latino/a Native Hawaiian or Pacific Islander Multi-racial Prefer not to answer Other (please specify) White *Obsolete: Arab American* *Obsolete: East Indian* *Obsolete: Caucasian/White*	2007	
Ethnicity_Other	Other Race/Ethnicity		Free Response	2007	
Position	What is your position type?		Professional staff member Master's level trainee Doctoral level trainee (not an intern) Pre-doctoral intern Post-doctoral level (non-psychiatric) Psychiatric resident Other (please specify)		
Position_Other	Other position type:		Free Response		

Provider Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
Highest_Degree	What is the highest professional degree that you have completed?	1	B.A.	2007	2017 revision: added M.Psy. to response options
		2	B.S.		
		3	Nursing (e.g. RN, RNP, PNP)		
		4	M.S.W.		
		5	M.A.		
		6	M.S.		
		7	M.Ed.		
		8	Ed.S.		
		9	Ph.D.		
		10	Psy.D.		
		11	Ed.D.		
		12	D.S.W		
		13	D.O.		
		14	M.D.		
		15	Other (please specify)		
		16	M.Psy.		
Highest_Degree_Other	Other highest professional degree:		Free Response	2007	
Highest_Degree_Discipline	What is the discipline of your highest degree?	1	Clinical Psychology	2007	2017 revision: added Mental Health Counseling/ Clinical Mental Health Counseling to response options
		2	Community Psychology		
		3	Counseling Psychology		
		4	Counselor Education		
		5	Educational Psychology		
		6	Health Education		
		7	Higher Education		
		8	Marriage and Family Therapist		
		9	Nursing		
		10	Psychiatry		
		11	Social Work		
		12	Other (please specify)		
		13	Mental Health Counseling/Clinical Mental Health		
		-	Counseling		
Highest_Degree_Discipline_Other	Other discipline highest professional degree:		Free Response	2007	

Provider Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
Highest_Degree_ YearReceived	What year did you receive your highest professional degree?		Year (0000)	2007	
Highest_Degree_ Licensed	Are you licensed under the current degree?	1 2	Yes No	2007	
Year_Licensed	In what year were you first licensed as a mental health services provider?		Year (drop down menu)	2007	

Clinician Index of Client Concerns Form (CLICC)

The Clinician Index of Client Concerns (CLICC) captures the presenting concerns of counseling center clients, as assessed by the clinician during an initial appointment. The CLICC includes 54 concerns and asks the clinician (a) to check all that apply and (b) to identify the "top concern" of those selected. The CLICC can be required for clinicians to complete based on specific note types (e.g., intake/initial consultation notes). This tool will help centers better understand why students are seeking services at their center from the clinicians point of view.

CLICC was implemented in July 2013

Clinician Index of Client Concerns (CLICC) v.7/2025

CLICC_01 Please indicate your assessment of the client's primary concerns (check all that apply): For CLICC_01 Selected = 1 Not Selected = NA

Unique ID	Concern	Notes/Revision History	Unique ID	Concern	Notes/Revision History
1	Anxiety		1028	Attention/concentration difficulties	Added in 2017
1101	Generalized	Added in 2017	47	Autism Spectrum	Added in 2017
1102	Social	Added in 2017	48	Learning disorder/disability	Added in 2017
1103	Panic attack(s)	Added in 2017	28	*(Obsolete) Attention difficulties*	Deactivated in 2017
1104	Test taking	Added in 2017			
1105	Specific phobia	Added in 2017	29	Alcohol	
1106	Unspecified/other	Added in 2017	30	Drugs	
			31	Addiction (not drugs, alcohol or gambling)	
2	Obsessions or compulsions				
3	Perfectionism		32	Self-injurious behaviors	
4	Stress		33	Suicidaility	
			34	Violent thoughts or behaviors towards others	
5	Depression		35	Psychotic thoughts or behaviors	
1006	Mood instability (bipolar symptoms)	Added in 2017	49	Dissociative experiences	Added in 2017
46	Emotional dysregulation				
7	Anger management		36	Trauma	
6	*(Obsolete) Mood instability*	Deactivated in 2017	37	Physical abuse/assault (victim)	
			38	Sexual abuse/assault (victim)	
8	Relationship problem (specific)		39	Harassment/emotional abuse (victim)	
9	Interpersonal functioning		40	Stalking (victim)	
10	Social isolation				
11	Family		41	Financial	
12	Grief/loss		42	Legal/judicial/conduct	
			43	None	
13	Health/medical		44	Other	
14	Eating/body image				
15	Sleep				
16	Sexual concern				
17	Pregnancy related				
18	Identity development				
19	Self-esteem/confidence				
20	Adjustment to new environment				
21	Racial, ethnic or cultural concerns				
22	Sexual orientation				
23	Gender identity				
24	Religion/spirituality				
25	Discrimination				
50	Sociopolitical Stress	Added in 2025			
26	Academic performance				
27	Career				

CLICC_02
Please briefly describe the "other" concern without using identifying information: (Free response)

CLICC_03
Choose the top concern of those already selected: (list of selected items in CLIC_01)

Case Closure Form

The Case Closure Form captures a wide array of reasons (academic, clinical, and client factors) why services ended, as well as significant events that might have occurred during the course of a student's services. Clinicians can "select all that apply" from a checklist of 20 reasons why services may have ended for a given client and indicate the top reason. They can also specify any of 13 significant events that might have occurred during services. It is recommended that clinicians complete this form following the end of their service provision with a client. This tool will allow centers to monitor individually and collectively why services ended for students (e.g., service limit reached, client no-shows), as well as if any critical events occurred during treatment (e.g., psychiatric hospitalization).

Case Closure was implemented July 2017. In 2025, the Case Events section was updated. Due to the format change, the obsolete section can be found at the end of this manual.

Case Closure Form v.7/2025

Closure_01: Case Closure Reasons

This section is used to record the reason(s) for closing this case.

 Check all that apply:

Unique ID	Case Closure Reasons
	Academic Status
01_101	End of academic term (semester/quarter)
01_102	Client is ineligible for services
01_103	Withdrawal-voluntary
01_104	Withdrawal-involuntary
01_105	Graduation of client
01_106	Transfer to another institution
	Clinical Factors
01_201	Treatment goals were completed
01_202	Client/provider mutual agreement
01_203	Termination against provider recommendation
01_204	Service limit was reached
01_205	Referred out for continuation of services
01_206	Referred out for higher level/specialized care
01_207	Transferred to a different treatment modality within center
01_208	Transferred to another provider within center
01_209	Departure of provider
	Client Factors
01_301	Declined further services
01_302	Did not respond to communication(s)
01_303	Did not return for last scheduled appointment (e.g., no-show, cancellation, etc.)
01_304	Financial reasons
01_401	Other case closure reason

Closure_02: Other Case Closure Reasons

Textbox for other reason

Closure_03: Choose the top-most reason for closure of those already selected: Drop-down list for top concern

Closure_04: Case Events During Services (Added in 2025)

Please record events that occurred during services. Check all that apply: (Added in 2025)

Unique ID	Case Closure Reasons
	Clinical Consultation and Referral (Added in 2025)
04_401	Consulted with someone outside of your center about this client (e.g., family member, external treatment provider, campus partner) (Added in 2025)
04_108	Provided supportive documentation (e.g., letter to professor, accessibility services) (Added in 2023)
04_403	Referred client to an external campus department or resource (e.g., accessibility services, food pantry, academic services, financial aid) (Added in 2025)
	Client Actions and Events (Added in 2025)
04_102	Self-injurious behavior
04_103	Suicidal ideation that requires a safety plan
04_104	Suicide attempt
04_105	Thoughts of hurting others that required a safety plan
	Referral for hospitalization (by anyone including client) for: (Added in 2025)
04_201	Suicide risk (Added in 2025)
04_202	Thoughts or behaviors of hurting others
04_203	Drugs or alcohol
04_204	Other mental health concerns (Added in 2025)
	Death of a client
04_301	Suicide
04_304	Other

Closure_05: Other Event

Textbox for other event

Appointment Categories

CCMH Appointment Categories are used to categorize clinical appointment codes at each counseling center. During initial CCAPS setup, local appointment codes are matched with the corresponding CCMH Appointment Categories that most closely aligns with the function of the local appointment. Appointment Categories are used for the treatment response curve feature on the CCAPS, as well as for research purposes at CCMH.

Appointment Categories

Value	Category	Definition
1	Brief Screening or Walk-in:	Typically briefer appointments intended as a quick screen for risk/needs such as a triage (phone or in person), brief walk-in, consultation, etc. This should NOT be used for any form of full evaluation/intake
2	Initial clinical evaluation:	For the purpose of detailed information gathering, differential diagnosis, and treatment/disposition planning for a new client. This is typically called an "Intake" but may also be a "Crisis Intake" or simply "first appointment" for a new client. (Use #6 for Psychiatric Evaluations.)
3	Individual psychotherapy/counseling:	For ongoing personal counseling or individual psychotherapy. This includes crises for established clients regardless of provider and appointments that include a non-registered client (e.g., parent, roommate, etc.).
4	Specialized individual treatment:	For specified types of treatment such as BASICS, D&A, Career, clinician-assisted bio-feedback, etc
5	Specialized treatment without a therapist:	For services that are provided to a client without the therapist present such as bio-feedback, light-box, or self-guided relaxation modalities.
6	Psychiatric evaluation:	For the initial appointment with a prescriber for medication. This will usually involve a detailed history and diagnosis.
7	Psychiatric follow-up:	For established psychiatric clients for the purpose of reviewing symptoms, medications, side-effects, and renewing or adjusting medications.
8	Case management:	For case-management functions such as assistance with health insurance, finding providers in the community, etc. (For use when in direct contact with a client in person or on the phone.)
9	Psychological Testing or Assessment:	For intelligence, projective, personality, neuropsychological, or learning disability assessment activities when the client is present.
10	Other individual:	Any other appointment with one client present that is not described above.
11	Other individual (client not present):	For use in the rare case that an Individual appointment type is used when the client is not present. In the future, if you have appointment types like this, please convert them to "Other" Appointment Type with a corresponding note. Consult Titanium for support.
12	Couple's therapy:	For couple's therapy. Typically coded as group appointment in Titanium
13	Group – psychotherapy:	For traditional psychotherapy groups (e.g., process, counseling, or supportive) as differentiated from a workshop or clinic.
14	Group – workshop:	For one-time groups with clients such as a drop in stress management group.
15	Group – clinic:	For time limited, structured, psycho-educational group with a defined set of content to be covered.
16	Other group:	For non-couple's/non-therapy group interaction involving more than 1 client such as roommates, family, etc
17	Other group (client not present):	For the rare case of a group appointment in which the clients are intentionally not present (e.g., appointment is used for reminder purpose only)
18	Medical:	Non-counseling/psychological/psychiatry appointments with a medical professional

Appointment Modes

CCMH Appointment Modes are used to categorize the mode in which an appointment is delivered (e.g., video, in-person)

Appointment modes were implemented in 2020.

Appointment Modes

Value	Mode	Definition
0	<not set>	A mode of treatment was not selected for the appointment
1	In person	The appointment was conducted in-person
2	Audio	The appointment was conducted via a telephone call, or audio only platform
3	Video	The appointment was conducted via zoom or another video platform
4	Text	The appointment was conducted via written communication

Institution Information

The following questions are answered by all CCMH members when they join CCMH and updated annually during renewal.
These questions are related to **center and institution level demographics**.

Question Text	Response Options	Year Started	Notes / Revision History
Institution Type (check all that apply)	2-year College/University 4-year College/University Community College Creative Focus Health Professional School Historically Black College/University (HBCU) Religious-Affiliated School STEM Institution Tribal Other (write in)	2020	
Public or Private?	Public Private Combined	2020	
Athletic Division	Division I Division II Division III None	2020	
Institution Enrollment (total headcount based on official enrollment reported in the Fall of the past year)	Numerical write in	2020	
Does your center have session limits for individual counseling?	Yes, (numerical write in) No	2020	
Is your counseling center currently accredited by IACS (International Accreditation of Counseling Services)?	Yes No	2020	
Does your counseling center have an APA accredited doctoral internship program?	Yes No	2020	
Which of the following describes your use of the CCAPS (34 or 62)?	At every session At intake only At intake, then less than every session on a set schedule (e.g., every 3rd or 4th session) At intake, then as needed We don't use the CCAPS 34/62 Other (write in)	2020	

Obsolete Items and Forms

Annually, the SDS is reviewed and items are added, revised, or deactivated.

If an item is obsolete, it means that CCMH is not supporting or collecting data on these items.

The following section provides a list of obsolete items from:

- Client Information
- Provider Information
- Case Closure Form
- Critical Incident Form
- Termination Form
- Center Information
- Institution Information

Obsolete: Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
SDS_3	Been hospitalized for mental health concerns	1 2 3 4	Answer Set C: When Never Prior to college After starting college Both	2007	Deactivated in 2012
SDS_4	Felt the need to reduce your alcohol or drug use		Answer Set C: When		Deactivated in 2012
SDS_5	Others expressed concern about your alcohol or drug use		Answer Set C: When		Deactivated in 2012
SDS_6	Received treatment for alcohol or drug use		Answer Set C: When		Deactivated in 2012
SDS_7	Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, hair pulling, etc.)		Answer Set C: When		Deactivated in 2012
SDS_8	Seriously considered attempting suicide		Answer Set C: When		Deactivated in 2012
SDS_9	Made a suicide attempt		Answer Set C: When		Deactivated in 2012
SDS_10	Seriously considered injuring another person		Answer Set C: When		Deactivated in 2009, replaced by SDS_62
SDS_62	Considered seriously injuring another person		Answer Set C: When		Deactivated in 2012
SDS_11	Intentionally injured another person		Answer Set C: When		Deactivated in 2009, replaced by SDS_63
SDS_63	Intentionally caused serious injury to another person		Answer Set C: When		Deactivated in 2012
SDS_12	Had unwanted sexual contact(s) or experience(s)		Answer Set C: When		Deactivated in 2012
SDS_13	Experienced harassing, controlling, and/or abusive behavior from another person (e.g., friend, family member, partner, or authority figure)		Answer Set C: When		Deactivated in 2012
SDS_26	Gender		Male Female Transgender Prefer not to answer		Deactivated in 2012

Obsolete: Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
SDS_93	Since puberty, with whom have you had sexual experience(s)?		Only with men Mostly with men About the same number of men and women Mostly with women Only with women I have not had sexual experiences		Deactivated in 2023
SDS_94	People are different in their sexual attraction to other people. Which best describes your current feelings? Are you:		Only attracted to women Mostly attracted to women Equally attracted to women and men Mostly attracted to men Only attracted to men Not sure I do not experience sexual attraction		Deactivated in 2023
SDS_27	Sexual Orientation		Heterosexual Gay Lesbian Bisexual Questioning Prefer not to answer		Deactivated in 2012
SDS_14	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?	1 0	Yes No		Deactivated in 2009, replaced with SDS_59
SDS_15	If you selected "Yes" for the previous question, did the traumatic event(s) cause you to feel intense fear, helplessness, or horror?	1 0	Yes No		Deactivated in 2009, replaced with SDS_59
SDS_16	If you selected, "Yes" for the previous question, please briefly describe the event(s):		Free Response		Deactivated in 2016

Obsolete: Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
SDS_17	Please select the traumatic event(s) you have experienced, witnessed, or learned about	1	Childhood physical abuse	2009	Deactivated in 2012, replaced with SDS_99
		2	Childhood sexual abuse		
		3	Childhood emotional abuse		
		4	Physical attack (e.g., mugged, beaten up, shot, stabbed, threatened with weapon)		
		5	Sexual violence (rape or attempted rape, sexually assaulted, stalked, abused by intimate partner, etc.)		
		6	Military combat or war zone experiences		
		7	Kidnapped or taken hostage		
		8	Serious accident, fire, or explosion (e.g., an industrial, farm, car, plane, or boating accident)		
		9	Terrorist attack		
		10	Near drowning		
		11	Diagnosed with life threatening illness		
		12	Natural disaster (e.g., flood, quake, hurricane, etc.)		
		13	Imprisonment or Torture		
		14	Animal attack		
		15	Obsolete: Other experienced event (please specify below)		
		16	Obsolete: Witnessed the serious injury or unnatural death of a person due to an accident, war or disaster		
		17	Obsolete: Unexpectedly witnessed a dead body or body part		
		18	Obsolete: Other witnessed (please specify below)		
		19	Obsolete: Learned that one's child or close loved one has a life threatening disease		
		20	Obsolete: Learned about the violent personal assault, serious accident, or serious injury of a close family member or friend		
		21	Obsolete: Learned about the sudden unexpected death of a very close family member or friend		
		22	Obsolete: Other learned about (please specify below)		
		23	Other (please specify)		

Obsolete: Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
SDS_28	Race / Ethnicity	1 2 3 4 5 6 7 8 9 10 11	African-American / Black American Indian or Alaskan Native Arab American Asian American / Asian East Indian Caucasian / White Hispanic / Latino/a Native Hawaiian or Pacific Islander Multi-racial Prefer not to answer Other (please specify)	2007	"Arab American" and "East Indian" deactivated in 2009. Question Deactivated in 2012
SDS_95	What is your race/ethnicity?	1 2 3 4 5 6 7 8	African American / Black American Indian or Alaskan Native Asian American / Asian Hispanic / Latino/a Native Hawaiian or Pacific Islander Multi-racial White Self-identify (please specify)	2012	Deactivated in 2024 and replaced with SDS_1095
SDS_34	Religious or spiritual preference:	1 2 3 4 5 6 7 8 9 10 11 12	Agnostic Atheist Buddhist Obsolete: Confucian Christian Hindu Jewish Muslim No preference Prefer not to answer Other (please specify) Catholic		Deactivated in 2012
SDS_47	What is your current GPA?		Free Response numerical, positive number	2007	Deactivated in 2017 and replaced with SDS_1047, SDS_2047 and SDS_3047
SDS_55	What is the average number of hours you work per week during the school year (paid employment only)?		Free Response	2007	Answer format updated
SDS_50	Do you participate on an athletic team that competes with other colleges or universities?		Yes No	2007	Deactivated in 2017 and replaced with SDS_1151, SDS_1152 and SDS_1153

Obsolete: Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
SDS_20	Do you have a diagnosed and documented disability? (check all that apply)	1 2 3 4 5 6 7 8 9 10	Obsolete: No/None Attention Deficit/Hyperactivity Disorders Deaf or hard of hearing Learning Disorder Mobility Impairments Neurological Disorders Physical/health related Disorders Psychological Disorder/Condition Visual Impairments Other (please specify)	2007	Deactivated in 2009 and replaced with SDS_60 and SDS_61
SDS_61	If you selected "yes" for the previous question, please Indicate which category of disability you are registered for (check all that apply):	1 2 3 4 5 6 7 8 9 10	Obsolete: No/None 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)	2007	Deactivated in 2015 and replaced with SDS_1061
SDS_1061	If you selected, "Yes" for the previous question, please indicate which category of disability you are registered for (check all that apply):	1 2 3 4 5 6 7 8 9 10 11 12	Difficulty hearing Difficulty seeing Difficulty speaking or language impairment Mobility limitation/ orthopedic impairment Traumatic brain injury Specific learning disabilities ADD or ADHD Autism spectrum disorders Cognitive difficulties or intellectual disability Health impairment/ condition, including chronic conditions Psychological or psychiatric condition Other	2015	Deactivated in 2025 and replaced with SDS_2061
SDS_96	Think back over the last two weeks. How many times have you smoked marijuana?		None Once Twice 3 to 5 times 6 to 9 times 10 or more times		Deactivated in 2015 and replaced with SDS_1096

Obsolete: Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
SDS_1096	Think back over the last two weeks. How many times have you used marijuana?	1 2 3 4 5 6	None Once Twice 3 to 5 times 6 to 9 times 10 or more times	2015	Deactivated in 2025 and replaced with SDS_2096
SDS_19	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.)	1 2 3 4 5 6	None Once Twice 3 to 5 times 6 to 9 times 10 or more times	2007	Deactivated in 2024 and replaced with SDS_1019
SDS_37	Current academic status:	1 2 3 4 5 6 7 8 9 10	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)		Deactivated in 2022 and replaced with SDS_1037
SDS_42	What kind of housing do you currently have?	1 2 3 4 5	On-campus residence hall/apartment On/off campus fraternity/sorority house On/off campus co-operative house Off-campus apartment/house Other (please specify)	2007	Deactivated in 2023 and replaced with SDS_1042
SDS_93	Since puberty, with whom have you had sexual experience(s)?	1 2 3 4 5 6	Only with men Mostly with men About the same number of men and women Mostly with women Only with women I have not had sexual experiences	2012	Deactivated in 2023
SDS_94	People are different in their sexual attraction to other people. Which best describes your current feelings? Are you:	1 2 3 4 5 6 7	Only attracted to women Mostly attracted to women Equally attracted to women and men Mostly attracted to men Only attracted to men Not sure I do not experience sexual attraction	2012	Deactivated in 2023

Obsolete: Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
SDS_99	Please select the traumatic event(s) you have experienced:	1 2 3 4 5 25 6 7 8 9 24 10 11 12 13 14	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.) Sextortion (e.g., threat or experience of having sexual content released) 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 School/mass shooting Near drowning Diagnosed with life threatening illness Natural disaster (e.g., flood, quake, hurricane, etc.) Imprisonment or Torture Animal attack		Deactivated in 2025, replaced with SDS_1099
SDS_25	Date of Birth		DateBox (for DOB)	2007	Updated to "Age in Years" in 2009.
SDS_26	Gender	1 2 3 4	Male Female Transgender Prefer not to answer	2007	Deactivated in 2012, replaced with SDS_88
SDS_27	Sexual Orientation	1 2 3 4 5 6	Heterosexual Gay Lesbian Bisexual Questioning Prefer not to answer	2007	Deactivated in 2012, replaced with SDS_91
SDS_28	Race/Ethnicity	1 2 3 4 5 6 7 8 9 10 11	African-American / Black American Indian or Alaskan Native Arab American Asian American / Asian East Indian Caucasian / White Hispanic / Latino/a Native Hawaiian or Pacific Islander Multi-racial Prefer not to answer Other (please specify)	2007	Deactivated in 2012, replaced with SDS_96

Obsolete: Client Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History

Obsolete: Provider Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
SexualOrientation	Sexual Orientation	1 2 3 4 5 6	Heterosexual Gay Lesbian Bisexual Questioning Prefer not to answer	2007	Deactivated in 2009
Int1 Int2 Int3 Int4 Int5	How much is your current therapeutic practice guided by each of the following theoretical frameworks? Analytic/Psychodynamic Behavioral Cognitive Humanistic Systems Theory	0 1 2 3 4 5	Not at all A little Some Moderate Greatly Very greatly	2009	Deactivated in 2015

Obsolete Items: Case Closure Form

The Case Closure Form "Case Events" section was updated in 2025. The format of this section below is obsolete.

Unique ID	Closure_04 Case Events
	This section is used to record events that occurred at least once, between the first and last appointment. Check all that apply:
108	Provided supportive documentation to campus partner (e.g. letter to professor, disability services)
101	Client used a prescribed psychiatric medication
102	Self-injurious behavior
103	Suicidal ideation that required a safety plan
104	Suicide attempt
105	Thoughts of hurting others that required a safety plan
107	Other event
	Referral for hospitalization (by anyone including client) for:
201	Suicidality
202	Thoughts or behaviors of hurting others
203	Drugs or alcohol
204	Other mental health concern
	Psychiatric Hospitalization
251	Admitted to hospital for mental health concern
	Death of a client
301	Suicide
302	Accident
303	Drugs or alcohol
304	Other

Obsolete Form: Critical Incident Form

CIF, or the Critical Incident Form, was a form filled out by the therapist detailing critical events that occurred while the client was receiving treatment.

This form was deactivated in July 2017 and replaced with Case Closure.

The CIF is a check all that apply instrument. It is recommended that the CIF is implemented after each individual clinical contact with a client, even if a critical incident does not occur. If a critical incident does not occur a clinician would simply check "none" on the checklist. The CIF can be required with specific note types (progress notes).

For CIF_01 Selected=1 Not Selected=0

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
CIF_01	Please select which critical incident(s) occurred for this client (check all that apply):	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Suicidal ideation that required intervention or plan Suicide attempt (prior to treatment) Suicide attempt (during treatment) Homicidal ideation that required intervention or plan Psychotic symptoms Psychiatric hospitalization for threat-to-self Psychiatric hospitalization for threat-to-others Psychiatric hospitalization for other mental health concern Medical hospitalization – drugs and alcohol Medical hospitalization – other Withdrawal from school for psychological reasons Withdrawal from school – other Death of client – suicide Death of client – drugs or alcohol Death of client – other Other: None	2012	Form was deactivated in 2017
CIF_02	Please briefly describe the "other" incident without using identifying information: (Free Response)		Free Response		

Obsolete Form: Termination

The Termination Form, was a form filled out by the therapist detailing why treatment ended.

This form was deactivated in July 2017 and replaced with Case Closure.

The Termination Form consists of several different answer formats. It is recommended that the Termination Form is used when a client completes a course of treatment, or whenever a termination note is written. The Termination Form can be required for specific note types (termination notes). Implemented July 2015. UniqueID 1: Selected =1 Not Selected = 0

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
UniqueID_1	Which of the following characteristics best describe this termination? (Check all that apply):	1	Treatment goals completed	2015	Form was deactivated in 2017
		2	Client/provider mutual agreement		
		1003	Client did not return (e.g., no-show, cancellation, no response, etc.)		
		4	Termination against provider recommendation		
		5	End of academic term (semester/quarter)		
		6	Graduation of client		
		7	Voluntary withdrawal from institution		
		8	Involuntary withdrawal from institution		
		9	Service limit(s) were reached in center		
		10	Ineligible for services in center		
		11	Financial reasons		
		12	Transferred to another provider within center		
		13	Transferred to different treatment modality within center		
		14	Departure of provider		
		15	Referred out for continuation of services		
		16	Referred out to a higher level/specialized care		
		17	Other (please describe):		
		3	Obsolete: Client drop out (e.g., no-show, cancellation, no response, etc.) Obsoleted in 2016		
UniqueID_2	Other (please describe)		Free Response		

Continue to next page

Obsolete Form: Termination

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
Unique ID_3	**Please select, or specify, up to three (3) Primary treatment concerns and then rate the client's change on each concern:** **Unique IDs 4,7 & 10** (CLICC_Concerns) Response Options: See CLICC Form **Unique IDs 5,8 & 11 Response Options**: Free Response **Unique IDs 6,9 & 12 Change Rating Scale Response Options (Termination_Reason_Scale):**	 1 2 3 4 5 6 7	 Significant deterioration Moderate deterioration Mild deterioration No Change Mild improvement Moderate improvement Significant improvement	2015	Form was deactivated in 2017
	Unique ID_4: Concern 1) Choose: Unique ID_5: OR Specify: Unique ID_6: Change in Unique ID_4		CLICC Item Free Response Termination Scale Rating		
	Unique ID_7: Concern 2) Choose: Unique ID_8: OR Specify: Unique ID_9: Change in Unique ID_7		CLICC Item Free Response Termination Scale Rating		
	Unique ID_10: Concern 3) Choose: Unique ID_11: OR Specify: Unique ID_12: Change in Unique ID_10		CLICC Item Free Response Termination Scale Rating		
Unique ID_13	Did your client take a prescribed psychotropic medication during treatment? (Termination Medication)	1 2 3	Yes No Unknown		

Obsolete: Center Information

Center information items were deactivated in Titanium in 2021 because these center level questions became integrated into the membership/renewal form process.

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
APA_Accredited_Training	Does your counseling center have a currently accredited APA pre-doctoral training program (American Psychological Association)?	1 2	Yes N0	2007	Form was deactivated in 2021
IACS_Accredited	Is your counseling center currently accredited by IACS (International Association of Counseling Services?)	1 2	Yes N0		
Services_Career Services_Disability Services_Drug_Alcohol Services_EAP Services_Learning Services_Health Services_Testing Services_Other	Which services are integrated with your counseling center? (check all that apply)		Selected =1 Not selected = 0 Career Services Disability Services Drug & Alcohol Treatment Program Employee Assistance Program Learning Services Health Services Testing Services (e.g., standardized testing) Other (please specify)		
Services_Other_Description	Other integrated service:		Free Response		
Psychiatric_Services	What psychiatric services are provided by your center? (do not include psychiatric services through health services unless you are integrated)		None Part time, in house Full time, in house Part time, off campus consultant Other (please specify)		
Psychiatric_Services_Other_Description	Other psychiatric service:		Free Response		
Session_Limit	Does your center have an annual individual psychotherapy session limit?		Yes No		
Session_Limit_Amount	If you answered "yes" to session limit, please enter your annual individual psychotherapy session limit:		2-digit numeric response		

Obsolete: Center Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
ChargeFor_Intake ChargeFor_Individual ChargeFor_Group ChargeFor_PsychiatricEvaluation ChargeFor_PsychiatricFollowup ChargeFor_AssessmentPsychological ChargeFor_AssessmentCareer ChargeFor_AssessmentDisability ChargeFor_Other	Check each service for which you charge a standard fee. (don't check services that are initially free- e.g. first 8 sessions)		Selected =1 Not selected = 0 Intake Individual counseling Group counseling Psychiatric Evaluation (initial meeting) Psychiatric Follow-up (ongoing client) Formal Assessment: Psychological Formal Assessment: Career Formal Assessment: Disability Other (please specify)		
ChargeFor_Other_Description	Other standard fee:		Free response		
CcapsFrequency	Which of the following best describes your use of the CCAPS (34 or 62)		We don't use the CCAPS Intake only Intake and termination only At every session At every ___ session Other (please describe):		
CcapsFrequencyX	At every __ session		Numerical Response		
CcapsFrequencyOther	Other		Free Response		

Obsolete: Institution Information

Institution information items were deactivated in Titanium in 2021 because these institution level questions became integrated into the membership/renewal form process.

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
Institution_Name	Institution name		Name of University/College	2007	Form was deactivated in 2021
EnrollmentCount	Enrollment		Free response (numerical)		
Grading_Scale	Please select the grading scale your institution uses for GPA:	1 2 3 4	0-4 1-5 0-100 Other (please specify)		
Grading_Scale_Other_Description	Other GPA:		Free response		
ZipCode	What is the 5-digit zip-code of your institution?		5 digit		
State	What state is your institution located in?	 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Drop down list of states Alabama Alaska American Samoa Arizona Arkansas California Colorado Connecticut Delaware District of Columbia Federated States of Micronesia Florida Georgia Guam Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine		

Obsolete: Institution Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
State	What state is your institution located in?	24	Marshall Islands		
		25	Maryland		
		26	Massachusetts		
		27	Michigan		
		28	Minnesota		
		29	Mississippi		
		30	Missouri		
		31	Montana		
		32	Nebraska		
		33	Nevada		
		34	New Hampshire		
		35	New Jersey		
		36	New Mexico		
		37	New York		
		38	North Carolina		
		39	North Dakota		
		40	Northern Mariana Islands		
		41	Ohio		
		42	Oklahoma		
		43	Oregon		
		44	Palau		
		45	Pennsylvania		
		46	Puerto Rico		
		47	Rhode Island		
		48	South Carolina		
		49	South Dakota		
		50	Tennessee		
		51	Texas		
		52	Utah		
		53	Vermont		
		54	Virgin Islands		
		55	Virginia		
		56	Washington		
		57	West Virginia		
		58	Wisconsin		
		59	Wyoming		
		60	Alberta, Canada		
		61	British Columbia, Canada		
		62	Manitoba, Canada		
		63	New Brunswick, Canada		
		64	Newfoundland and Labrador, Canada		
		65	Northwest Territories, Canada		

Obsolete: Institution Information

Item ID#	Question Text	Response Value	Response Options	Year Started	Notes / Revision History
State	What state is your institution located in?	66 67 68 69 70 71 72	Nova Scotia, Canada Nunavut, Canada Ontario, Canada Prince Edward Island, Canada Quebec, Canada Saskatchewan, Canada Yukon, Canada		
Public_Private	Is your institution private, public, or combined?	1 2 3	Private Public Combined		
Athletic_Division	Please indicate which athletic division your institution currently belongs to:	1 2 3 4	None Division I Division II Division III		

History of SDS Revisions (2015-2025)

Each year, the SDS is reviewed and revised in consultation with the advisory board and membership.
Updated version of the SDS are released on July 1 of each year.

2025 Updates

SDS_1099 (new)
SDS_99 (deactivated)
SDS_132 (new)
SDS_2096 (new)
SDS_1069 (deactivated)
SDS_133 (new)
SDS_134 (new)
SDS_135 (new)
SDS_128 (new)
SDS_129 (new)
SDS_130 (new)
SDS_136 (new)
SDS_2061 (new)
SDS_1061 (deactivated)
SDS_1060 (new)
SDS_127 (new)
SDS_44 modified response option 1044 (added "who I parent/co-parent")
SDS_131 (new)
CLICC_01_50 (new)
Case Closure_04: Case Events During Services (new)

2024 Updates

SDS_1019 (new)
SDS_19 (deactivated)
SDS_1095 (new)
SDS_95 (deactivated)
SDS_124 (new)
SDS_125 (new)
SDS_126 (new)
SDS_99 new response option 25 (sextortion)

2023 Updates

Question Set (new)
   SDS_119
   SDS_120
   SDS_121
   SDS_122
   SDS_123
SDS_93 (deactivated)
SDS_94 (deactivated)
SDS_1042 (new)
SDS_42 (deactivated)
SDS_99 new response option 24 (mass/school shooting)
Case Closure _04_108 (new)

2022 Updates

SDS_1037 (new)
SDS_37 (deactivated)
SDS_103 (new)

2021 Updates

Question Set (new)
   SDS_111
   SDS_112
   SDS_113
   SDS_114
   SDS_115
   SDS_116
SDS_117 (new)
Treatment Modes (new)
Registration/renewal questions added to Customer Relation Manager forms
Removed Center Demographics from Titanium
Removed Institution Demographics from Titanium

2020 Updates

SDS_88 response options 5, 6, 7 (new); 3 (deactivated)

SDS_91 response option 1001, 7, 8, 9 (new); 1 (deactivated)

SDS_100 (new)

SDS_101 (new)

SDS_102 (new)

SDS_103 (new)

Provider Information: Gender response options 5, 6, 7 (new); 3 (deactivated)

Appointment Modes (new)

Membership Registration and Renewal Questions added to Customer Relation Manager forms

2019 Updates
No changes

2018 Updates
No changes

2017 Updates

Provider Information: Highest_Degree response option 16 (new)

Provider Information: Highest_Degree_Discipline response option 13 (new)

CLICC_01: Unique ID_1, 1101, 1102, 1103, 1104, 1105, 1106, 1028, 47, 48, 49 (new); 6, 28 (deactivated)

Case Closure Form (new)

SDS_1047, SDS_2047, SDS_3047 (new); SDS_47 (deactivated)

Critical Incident Form (deactivated)

Termination Form (deactivated)

SDS_31 modified response option 54

Question Set (new)

   SDS_1151

   SDS_1152

   SDS_1153

2016 Updates

SDS 16 (deactivated)

SDS_48 (new)

SDS_1049 (new)

SDS 49 (deactivated)

SDS_1055 (new)

SDS 55 (deactivated)

Termination Form response option 3 (deactivated)

2015 Updates

SDS_31 response option 1169 (new); 169 (deactivated)

SDS_1061 (new)

SDS_61 (deactivated)

SDS_1096 (new)

SDS_96 (deactivated)

Provider Information: theoretical frameworks item (deactivated)

Termination Form (new)