



# Ohio Mental Health Consumer Outcomes System Adult Consumer Form A

# A

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender (check one): Male  Female

### Agency Use Only

Client's Medical Record Number:

\_\_\_\_\_

We are very interested in how you are doing, and how our services may or may not be helping you. Please answer all of the questions below, then give the questionnaire to your case manager or another staff person at the mental health agency.

### Part 1

Below are some questions about how satisfied you are with various aspects of your life in **the past 6 months**. For each question, checkmark  the answer that best describes how you feel.

How do you feel about:

#### 1. The amount of friendship in your life?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

#### 2. The amount of money you get?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

#### 3. How comfortable and well-off you are financially?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

#### 4. How much money you have to spend for fun?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

#### 5. The amount of meaningful activity in your life (such as work, school, volunteer activity, leisure activity)?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

#### 6. The amount of freedom you have?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

#### 7. The way you and your family act toward each other?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased
- Does not apply

Please turn to the next page

**8. Your personal safety?**

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

**9. The neighborhood in which you live?**

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

**10. Your housing/living arrangements?**

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

**11. Your health in general?**

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

**12. How often do you have the opportunity to spend time with people you really like?**

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

**Part 2**

These next few items ask you about your health and medications ***within the past 6 months.***

**13. How often does your physical condition interfere with your day-to-day functioning?**

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

**14. Concerns about my medications (such as side effects, dosage, type of medication) are addressed:**

- Never
- Seldom/rarely
- Sometimes
- Often
- Always
- Not applicable/no medications

**The next two items deal with how you have been treated by other people.**

**15. I have been treated with dignity and respect at this agency.**

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

**16. How often do you feel threatened by people's reactions to your mental health problems?**

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

**Part 3**

The following questions ask you about how much you were distressed or bothered by some things ***during the last seven days.*** Please mark the answer that best describes how you feel.

***During the past 7 days,*** about how much were you distressed or bothered by:

**17. Nervousness or shakiness inside**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**18. Being suddenly scared for no reason**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**19. Feeling fearful**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**20. Feeling tense or keyed up**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**21. Spells of terror or panic**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**22. Feeling so restless you couldn't sit still**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**23. Heavy feelings in arms or legs**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**24. Feeling afraid to go out of your home alone**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**25. Feeling of worthlessness**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**26. Feeling lonely even when you are with people**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**27. Feeling weak in parts of your body**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**28. Feeling blue**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**29. Feeling lonely**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**30. Feeling no interest in things**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**31. Feeling afraid in open spaces or on the streets**

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

**32. How often can you tell when mental or emotional problems are about to occur?**

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

**33. When you can tell, how often can you take care of the problems before they become worse?**

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

**Part 4**

Below are several statements relating to one's view about life and having to make decisions. Please check the response that is closest to how you feel about the statement. Check the word or words that best describes how you feel now.

**34. I can pretty much determine what will happen in my life.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**35. People are limited only by what they think is possible.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**36. People have more power if they join together as a group.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**37. Getting angry about something never helps.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**38. I have a positive attitude toward myself.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**39. I am usually confident about the decisions I make.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**40. People have no right to get angry just because they don't like something.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**41. Most of the misfortunes in my life were due to bad luck.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**42. I see myself as a capable person.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**43. Making waves never gets you anywhere.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**44. People working together can have an effect on their community.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**45. I am often able to overcome barriers.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**46. I am generally optimistic about the future.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**47. When I make plans, I am almost certain to make them work.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**48. Getting angry about something is often the first step toward changing it.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**49. Usually I feel alone.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**50. Experts are in the best position to decide what people should do or learn.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**51. I am able to do things as well as most other people.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**52. I generally accomplish what I set out to do.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**53. People should try to live their lives the way they want to.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**54. You can't fight city hall (authority).**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**55. I feel powerless most of the time.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**56. When I am unsure about something, I usually go along with the rest of the group.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**57. I feel I am a person of worth, at least on an equal basis with others.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**58. People have a right to make their own decisions, even if they are bad ones.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**59. I feel I have a number of good qualities.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**60. Very often a problem can be solved by taking action.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**61. Working with others in my community can help to change things for the better.**

- Strongly agree
- Agree
- Disagree
- Strongly disagree

|   |
|---|
| <b>Part 5</b>                                     |
| <b>Please tell us some things about yourself.</b> |

**62. What was the last school grade you completed?**

- |  |  |
|--|--|
| <input type="checkbox"/> Less than 1 <sup>st</sup> grade | <input type="checkbox"/> 10 <sup>th</sup> grade            |
| <input type="checkbox"/> 1 <sup>st</sup> grade           | <input type="checkbox"/> 11 <sup>th</sup> grade            |
| <input type="checkbox"/> 2 <sup>nd</sup> grade           | <input type="checkbox"/> High school diploma/GED           |
| <input type="checkbox"/> 3 <sup>rd</sup> grade           | <input type="checkbox"/> Trade/Tech school                 |
| <input type="checkbox"/> 4 <sup>th</sup> grade           | <input type="checkbox"/> Some college                      |
| <input type="checkbox"/> 5 <sup>th</sup> grade           | <input type="checkbox"/> 2 yr college/Associate degree     |
| <input type="checkbox"/> 6 <sup>th</sup> grade           | <input type="checkbox"/> 4 yr college/Undergraduate degree |
| <input type="checkbox"/> 7 <sup>th</sup> grade           | <input type="checkbox"/> Graduate school courses           |
| <input type="checkbox"/> 8 <sup>th</sup> grade           | <input type="checkbox"/> Graduate degree                   |
| <input type="checkbox"/> 9 <sup>th</sup> grade           | <input type="checkbox"/> Post-graduate studies             |
|  | <input type="checkbox"/> Further special studies           |

**63. Race (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native American/Pacific Islander | <input type="checkbox"/> Asian           |
| <input type="checkbox"/> Black/African-American           | <input type="checkbox"/> Other _____     |

**64. What is your marital status?**

- Never married
- Married
- Separated
- Divorced
- Widowed
- Living together

**65. What is your current living situation?**

- Your own house/apartment
- Friend's home
- Relative's home
- Supervised group living
- Supervised apartment
- Boarding home
- Crisis residential
- Child foster care
- Adult foster care
- Intermediate care facility
- Skilled nursing facility
- Respite care
- MR intermediate care facility
- Licensed MR facility
- State MR institution
- State MH institution
- Hospital
- Correctional facility
- Homeless
- Rest home
- Other \_\_\_\_\_

**66. What is your employment status?**

- Employed full time
- Employed part time
- Sheltered employment
- Unemployed
- Homemaker
- Retired
- Disabled
- Inmate of institution

**67. Are you in treatment because you want to be?**

- Yes
- No

**Please stop here. Thanks!!**