



Ohio Mental Health Consumer Outcomes System Provider Form A

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Client's Name _____

Today's Date ____/____/____

Client's Medical Record Number _____

Please circle the appropriate response for each statement that corresponds with the client's highest level of functioning in ***the past 6 months.***

1. Does the client initiate non-professional social contact or respond to others' initiation of social contact?

Withdrawn/isolated Minimal contact Moderate contact Optimal contact Unsure

2. How effectively does this client interact with others? NOTE: "Effectively" refers to how successfully and appropriately the client behaves in social settings (i.e., how well she/he minimizes interpersonal friction, meets personal needs, achieves personal goals in socially appropriate manner).

Very ineffectively Ineffectively Mixed or dubious effectiveness Effectively Very Effectively Unsure

3. How effective is the client's social support network in helping the client meet his/her needs? NOTE: A support network may consist of interested family, friends, acquaintances, coworkers, peers, or social clubs, etc.

Very ineffective Ineffective Mixed or dubious effectiveness Effective Very Effective Unsure

4. Please rate the client's housing stability

Moved very frequently Moved often Moved a few times Moved once Did not move Unsure

5. Has the client been forced/compelled to move from his/her living arrangements?

Yes No Unsure

6. How well does the client perform independently in the following day-to-day living activities?

	Task is not completed	Someone other than the client completes task	Client needs extensive supervision or assistance	Client needs some supervision or assistance	Client acts independently	Unsure or not applicable
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A. Personal hygiene	1	2	3	4	5	?
B. Dressing appropriately	1	2	3	4	5	?
C. Obtaining regular nutrition	1	2	3	4	5	?
D. Using public transportation	1	2	3	4	5	?
E. Shopping	1	2	3	4	5	?
F. Doing laundry	1	2	3	4	5	?
G. Housekeeping	1	2	3	4	5	?
H. Managing money	1	2	3	4	5	?

7. To what extent has the client engaged in the following meaningful activities?

	Almost Never (<1x / mo.)	Seldom (<1x / week)	Sometimes (1-2x / week)	Often (3-4x / week)	Almost always (≥5x / week)	Unsure or not applicable
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A. Work	1	2	3	4	5	?
B. School	1	2	3	4	5	?
C. Volunteer activity	1	2	3	4	5	?
D. Parenting	1	2	3	4	5	?
E. Homemaking	1	2	3	4	5	?
F. Leisure activity	1	2	3	4	5	?

8. Of the roles listed above, in general how well is the client performing in his/her primary role?

Extremely poorly Poorly Satisfactorily Well Extremely well Unsure

9. How frequently is the client's functioning compromised by addictive or compulsive behaviors (e.g., alcohol abuse, drug abuse, gambling)?

Almost always (≥5x / week) Often (3-4x / week) Sometimes (1-2x / week) Seldom (<1x / week) Almost never (<1x / month) Unsure

10. Has the client abided by the law sufficiently to avoid incarceration and/or criminal justice system involvement?

No

Yes

Unsure

11. Has the client attempted to or actually physically harmed someone?

Yes

No

Unsure

12. Has the client been a victim of:

- | | | | |
|-------------------------------|-----------|---------|-------------|
| a) rape | Yes _____ | No_____ | Unsure_____ |
| b) assault | Yes _____ | No_____ | Unsure_____ |
| c) threats | Yes _____ | No_____ | Unsure_____ |
| d) exploitation | Yes _____ | No_____ | Unsure_____ |
| e) harassment | Yes _____ | No_____ | Unsure_____ |
| f) suicide attempt | Yes _____ | No_____ | Unsure_____ |
| g) other type of harm to self | Yes _____ | No_____ | Unsure_____ |
| h) hate crimes | Yes _____ | No_____ | Unsure_____ |
| i) theft, robbery, vandalism | Yes _____ | No_____ | Unsure_____ |

Thank you!!