Telesage Outcomes Measurement System (TOMS) Adult Self-Assessment (v. 1.2)

*** This page to be completed by staff. ***

Agency ID:	(Regior	y/I GE)	•	Clinic	ID:] ;	Sub-C	inic	ID:								
Last Name:	(Itegioi	I/LGL)																				
Date of Birth:	M	/ [) C	/	, Y	Y	Y	Y														
CLUID: (Client ID)																						
Primary Clinician ID (NPI):																						
Start Date of This Episode of Care:	M	M	/ [D D	/	Y	Y	Y	Υ			essme		M	М	_ /	D	D	/	Υ	Y	Y
			То	con	nplet	te th	e fo	llow	ing c	ques	stio	ns, as	k th	e c	ons	um	er.					
What is your	gend	er?						Wha	at is y	our	race	? (Sel	ect a	ll th	at a _l	oply	.)					
1 □ Male 0 □ Femal								1 2 5 6 7 8	□ Wi □ Bla □ An □ Ala □ Otl	hite ack/ neric aska her ian	Africa can I in Na Sing	an Am ndian	erica	an			,	r				
Are you Hisp			no?						ich of lect o		follo	wing b	est d	desc	ribe	s yo	ur re	elatio	nship	o stat	tus?	

Note: After this question is submitted, the remaining questions are to be answered by the consumer.

7 Never Married

or girlfriend

8 Married/Living with boyfriend

0 ☐ Not Hispanic/Latino

2 □ Person is unwilling3 □ Person is unable today4 □ Language barrier

Will the person take the survey?

1 □ Yes → Self-Administered

5 □ Yes → Staff-Administered

4
Separated

5 Divorced

6 ☐ Widowed

Please read the following instructions to the consumer:

This simple, five-minute self-assessment is intended to empower you. Answering the questions will give you a chance to tell us how you are doing. Your answers will be used in treatment planning. Answers may also be used in research to help others. You may choose to skip any question that you do not want to answer. There are three ways to answer questions on the self-assessment: circle the number or check the box that corresponds to your answer, or write your answer (always a number) in the boxes provided.

In the past 7 days	Never	Rarely	Some- times	Often	Always
1. I felt sad.	1	2	3	4	5
2. I felt worthless.	1	2	3	4	5
3. I felt hopeless about the future.	1	2	3	4	5
4. I enjoyed life.	1	2	3	4	5
5. I felt nervous.	1	2	3	4	5
6. I worried.	1	2	3	4	5
7. I felt tense.	1	2	3	4	5
8. I enjoyed spending time with friends.	1	2	3	4	5
9. I trusted a friend.	1	2	3	4	5
10. I felt satisfied with my friendships.	1	2	3	4	5
11. I yelled at someone when I was angry.	1	2	3	4	5
12. I lost my temper.	1	2	3	4	5
13. I got into physical fights.	1	2	3	4	5
14. I thought I was being followed.	1	2	3	4	5
15. I felt like people were watching me.	1	2	3	4	5
16. I heard voices when I was alone.	1	2	3	4	5
17. My physical health kept me from doing things.	1	2	3	4	5
18. I had goals.	1	2	3	4	5
I knew what I should do to control the symptoms of my mental illness.	1	2	3	4	5
20. I felt responsible for my own recovery.	1	2	3	4	5

In the past 7 days (continued)	Never	Rarely	Some- times	Often	Always	Not Applicable
21. Did you take any medication for depression, anxiety, ADHD or any other mental health issue?	1 🖵 Ye					
22. My medications helped me.	1	2	3	4	5	*
I took my medications the way they were prescribed.	1	2	3	4	5	*
24. I was bothered by medication side effects. (For example, shaking and trembling, not being able to think clearly, gaining or losing weight, or sexual problems.)	1	2	3	4	5	*
25. How many hours did you work for pay? (If none, e	nter 0.)				lumber of Ho	urs
26. If you did NOT work for pay, please select one responsible describes your situation. (If you did work for passible not apply."):						
 1 □ Unemployed, but actively looking for paid work 2 □ Homemaker 3 □ Student 4 □ Retired 5 □ Disabled 6 □ In prison or other institution 7 □ Sheltered/non-competitive employment 8 □ Other (specify): * □ Does not apply 	ς					

The remaining questions ask about the past 30 days.

In the past 30 days	Never	Rarely	Some- times	Often	Always
27. I had difficulties with transportation.	1	2	3	4	5
28. I liked my living situation.	1	2	3	4	5

In the past 30 days (continued) ...

29.	How many cigarettes per day did you usually smoke? (If none, enter 0.) (There are 20 cigarettes in a pack.)	Number of Cigarettes
30.	On how many days did you drink alcohol? (If none, enter 0.)	Number of Days
31.	On how many days did you drink five or more alcoholic drinks? (If none, enter 0.)	Number of Days
32.	On how many days did you use any drugs to get high? (If none, enter 0.) (For example, marijuana, meth, cocaine, or narcotics such as Oxycontin or codeine.)	Number of Days
33.	How many times were you arrested? (If none, enter 0.)	Number of Times
34.	How many times has a police officer talked to you about your behavior? (Do not include arrests.)	Number of Times
35.	On how many nights did you stay overnight in a psychiatric hospital, or substance abuse program? (If none, enter 0.)	Number of Nights
36.	How many times did you visit the emergency room for emotional or behavioral problems, or for alcohol or drug use? (If none, enter 0.)	Number of Times
37.	Did anyone hurt you physically? 1 □ Yes 0 □ No	
38.	 Where did you live most of the time? (Check only one.) 1 □ Private house, condo, apartment, rented room (Alone, with friends, a spouse, of the private house, condo, apartment, rented room (Dependent on others for assistation) 3 □ Institutional Setting (Nursing home, Hospital) 4 □ Jail or correctional facility 5 □ Homeless (Shelter, Car or on the streets) 12 □ Foster home 13 □ Group home, Rehabilitation center, etc. 14 □ Crisis Residence (A time-limited 24-hour residential program) 	•