

**Telesage Outcomes Measurement System (TOMS)
Parent/Guardian Self-Assessment (ages 5-12, ages 13-17 optional) (v. 1.2)**

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

Agency ID:

 Clinic ID:

 Sub-Clinic ID:

(Region/LGE)

Child's Last Name:

Child's Date of Birth:

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Child's CLUID: (Client ID)

Child's Primary Clinician ID (NPI):

Child's Start Date of This Episode of Care:

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 /

 Self-Assessment Completion Date:

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To complete the following questions, ask the consumer.

What is your gender?
1 Male
0 Female

Who is filling out this self-assessment? (Select one.)
1 Parent 4 State agency worker
2 Step-Parent 5 Residential Staff Member
3 Foster Parent 6 Other (Specify): _____

Are you Hispanic or Latino?
1 Hispanic/Latino
0 Not Hispanic/Latino

If not the custodial parent, how long have you known the child?
1 Less than 1 month
2 1 month to 6 months
3 Over six months

What is your race? (Select all that apply.)
1 White
2 Black/African American
5 American Indian
6 Alaskan Native
7 Other Single Race
8 Asian
9 Native Hawaiian/Other Pacific Islander

Will the person take the survey?
1 Yes → Self-Administered
5 Yes → Staff-Administered
2 Person is unwilling
3 Person is unable today
4 Language barrier

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

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 the child is 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 following questions, let us know about the child's behavior in the past 7 days.	Never	Rarely	Sometimes	Often	Always
1. The child felt sad.	1	2	3	4	5
2. The child felt worthless.	1	2	3	4	5
3. The child felt lonely.	1	2	3	4	5
4. The child enjoyed his/her life.	1	2	3	4	5
5. The child worried.	1	2	3	4	5
6. The child felt tense.	1	2	3	4	5
7. The child felt nervous.	1	2	3	4	5
8. The child enjoyed spending time with friends.	1	2	3	4	5
9. The child trusted a friend.	1	2	3	4	5
10. The child felt satisfied with his/her friendships.	1	2	3	4	5
11. The child enjoyed being with members of his/her family.	1	2	3	4	5
12. The child trusted members of his/her family.	1	2	3	4	5
13. The child was interested in what family members said to him/her.	1	2	3	4	5
14. The child felt bad when someone's feelings were hurt.	1	2	3	4	5
15. The child tried to understand how people felt.	1	2	3	4	5
16. The child had a hard time concentrating.	1	2	3	4	5
17. People told the child to pay more attention.	1	2	3	4	5
18. The child had a hard time following directions.	1	2	3	4	5
19. People said the child talked too much.	1	2	3	4	5

In the past 7 days (continued)...	Never	Rarely	Sometimes	Often	Always
20. People said the child interrupted.	1	2	3	4	5
21. The child had trouble sitting still.	1	2	3	4	5
22. The child did what adults told him/her to do.	1	2	3	4	5
23. The child damaged someone else's property.	1	2	3	4	5
24. The child stole something that did not belong to him/her.	1	2	3	4	5
25. The child yelled at someone when he/she was angry.	1	2	3	4	5
26. The child lost his/her temper.	1	2	3	4	5
27. The child got into physical fights.	1	2	3	4	5
28. The child liked where he/she lived.	1	2	3	4	5
29. The child thought he/she could overcome his/her difficulties.	1	2	3	4	5
30. The child learned from his/her mistakes.	1	2	3	4	5
31. The child liked himself/herself.	1	2	3	4	5

32. Did the child take any medication for depression, anxiety, ADHD or any other mental health issue?

1 Yes

0 No

In the past 7 days ...	Never	Rarely	Sometimes	Often	Always	Does Not Apply
33. The child's medications helped him/her.	1	2	3	4	5	*
34. The child took his/her medications the way they were prescribed.	1	2	3	4	5	*
35. The child was bothered by medication side effects. (For example, headaches, trouble sleeping, trouble eating, drowsiness, or weight changes.)	1	2	3	4	5	*

In the past 7 days (continued) ...

36. How many hours did the child take part in physical activities such as basketball, dance, or exercise? (If none, enter 0.)

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Number of Hours

37. How many hours did the child take part in organized group activities, including participation in clubs, music groups, religious activities, etc.? (If none, enter 0.)

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Number of Hours

The remaining questions ask about the child's behavior in the **past 30 days**.

In the past 30 days...

38. Was the child enrolled in school in the past 30 days?

- 1 Yes
0 No

39. On how many days was the child marked absent from school for any reason? (If none, enter 0; if she/he was not enrolled in school, please check "Does Not Apply.")

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Number of Days
* Does Not Apply

40. On how many days was the child absent from school due to suspension or expulsion? (If none, enter 0; if she/he was not enrolled in school, please check "Does Not Apply.")

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Number of Days
* Does Not Apply

41. On the child's last report card, what was his/her grade in Math? (Check only one.)

- 1 A
2 B
3 C
4 D
5 F
6 Not Applicable

42. On the child's last report card, what was his/her grade in English/Language Arts? (Check only one.)

- 1 A
2 B
3 C
4 D
5 F
6 Not Applicable

43. On how many nights did the child stay overnight in a psychiatric hospital, or substance abuse program? (If none, enter 0.)

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Number of Nights

In the past 30 days (continued) ...

44. How many times did the child visit the emergency room for emotional or behavioral problems, or for alcohol or drug use? (If none, enter 0.)

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Number of Times

45. How many cigarettes **per day** did the child usually smoke? (If none, enter 0.) (There are 20 cigarettes in a pack.)

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Number of Cigarettes

46. On how many days did the child drink alcohol? (If none, enter 0.)

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Number of Days

47. On how many days did the child use any drugs to get high? (If none, enter 0.) (For example, marijuana, meth, cocaine, or narcotics such as Oxycontin or codeine.)

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Number of Days

48. How many times was the child arrested? (If none, enter 0.)

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Number of Times

49. How many times has a police officer talked to the child about his/her behavior? (Do not include arrests.)

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Number of Times

50. Where did the child live most of the time? (Check only one.)

3 Foster home

4 Group home, rehabilitation center, residential treatment center

6 Nursing Home or Hospital

7 Jail/Detention or Correctional Facility

8 Homeless (runaway, shelter, car, on the streets)

10 Private house, condo, apartment – with family/extended family or non relative

12 Crisis Residence (A time-limited, 24-hour residential program)