

Tennessee Outcomes Measurement System (TOMS)**Full Adult Mental Health Survey (A003 v. 1.3)**

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

Agency ID: Clinic ID: Clinician ID:

Consumer ID: - Last Name:
(first 5 letters only)

Survey Completion Date: M M / D D / Y Y Start Date for This Episode of Care: M M / D D / Y Y

Date of Birth: M M / D D / Y Y

1. How are the consumer's services funded?

- 13 ☐ Amerigroup 17 ☐ Commercial
12 ☐ United Healthcare Community Plan 18 ☐ Grant
16 ☐ VSHP 15 ☐ Self Pay
5 ☐ Safety Net 19 ☐ Other
14 ☐ Medicare

To complete the following questions, ask the consumer.

2. What is your gender?

- 1 ☐ Male
0 ☐ Female

3. Are you Hispanic or Latino?

- 1 ☐ Hispanic / Latino
0 ☐ Not Hispanic / Latino

4. What is your race? (Select all that apply.)

- 1 ☐ American Indian or Alaska Native
2 ☐ Asian
3 ☐ Black or African American
4 ☐ Native Hawaiian or Other Pacific Islander
5 ☐ White

5. Which of the following best describes your relationship status? (Select one.)

- 7 ☐ Never Married 4 ☐ Separated
8 ☐ Married/Living with boyfriend or girlfriend 5 ☐ Divorced
6 ☐ Widowed

6. What is the highest grade in school or level of education you have completed? (Select one.)

- 00 ☐ No years of schooling
15 ☐ Self-contained special education class (not in a specific grade)

13 ☐ Nursery School, Pre-School (Including Head Start)

- 14 ☐ Kindergarten 10 ☐ 10th grade
01 ☐ 1st grade 11 ☐ 11th grade
02 ☐ 2nd grade 12 ☐ 12th grade
03 ☐ 3rd grade 16 ☐ Vocational School
04 ☐ 4th grade 17 ☐ College Undergraduate Freshman (1st year)
05 ☐ 5th grade 18 ☐ College Undergraduate Sophomore (2nd year)
06 ☐ 6th grade 19 ☐ College Undergraduate Junior (3rd year)
07 ☐ 7th grade 20 ☐ College Undergraduate Senior (4th year)
08 ☐ 8th grade 21 ☐ Graduate or Professional School
09 ☐ 9th grade (e.g., Master's, Doctoral, Medical or Law School)

7. Will the consumer take the survey?

- 1 ☐ Yes → Continue to instructions below
2 ☐ Consumer is unwilling
3 ☐ Consumer is unable today

Please read the following instructions to the consumer:

This survey gives you a chance to tell us how you are doing. Your answers will be used by your care provider to help plan your treatment. There are three ways to answer questions on the survey: 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 had thoughts of ending my 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 had urges to hurt someone.	1	2	3	4	5
13. I thought I was being followed.	1	2	3	4	5
14. I felt like people were watching me.	1	2	3	4	5
15. I heard voices when I was alone.	1	2	3	4	5
16. My physical health kept me from doing things.	1	2	3	4	5
17. I had goals.	1	2	3	4	5
18. I knew what I should do to control the symptoms of my mental illness.	1	2	3	4	5
19. I felt responsible for my own recovery.	1	2	3	4	5

20. Did you take any medication for depression, anxiety, ADHD, or any other mental health issue?
- 1 ☐ Yes
- 0 ☐ No

In the past 7 days ...	Never	Rarely	Some-times	Often	Always	Does Not Apply
21. My medications helped me.	1	2	3	4	5	*
22. I took my medications the way they were prescribed.	1	2	3	4	5	*
23. 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	*

In the past 7 days ...

24. How many hours did you work for pay? (If none, enter 0)

Number of Hours

25. If you did **NOT** work for pay, please select one response that best describes your situation. (If you did work for pay, please select, "Does 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

The remaining questions ask about the **past 30 days**.

In the past 30 days ...

26. How many cigarettes per day did you usually smoke? (If none, enter 0.)

(There are 20 cigarettes in a pack.)

Number of Cigarettes

27. On how many days did you drink alcohol? (If none, enter 0.)

Number of Days

28. On how many days did you drink five or more alcoholic drinks? (If none, enter 0.)

Number of Days

In the past 30 days ...

29. 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.)

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Number of Days

30. How many times were you arrested? (If none, enter 0.)

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Number of Times

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

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Number of Nights

32. On how many days did you visit the emergency room for yourself? (If none, enter 0.)

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Number of Days

33. Did anyone hurt you physically?

1 ☐ Yes

0 ☐ No

In the past 30 days ...

34. Where did you live most of the time? (Check only one.)

- 10 ☐ Private Residence – Independent Living (Alone, with friends, a spouse, or family members)
- 11 ☐ Private Residence – Dependent Living (Dependent on others for assistance in this living situation)
- 3 ☐ Institutional Setting (Nursing home, hospital, etc.)
- 4 ☐ Jail or correctional facility
- 5 ☐ Homeless/living in homeless shelter
- 12 ☐ Foster Home
- 13 ☐ Residential Care (Group home, rehabilitation center, etc.)
- 14 ☐ Crisis Residence (A time-limited residential program)