Tennessee Outcomes Measurement System (TOMS)
Full Parent/Guardian Mental Health Survey
Consumers ages 5-12 (optional 13-17) (P004 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:
Start Date for This Episode of Care:
Date of Birth:

1. Is the consumer in state custody?  1 ☐ Yes  0 ☐ No

2. 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

3. What is the consumer's gender?
1 ☐ Male
0 ☐ Female

4. Are you Hispanic or Latino?
1 ☐ Hispanic / Latino
0 ☐ Not Hispanic / Latino

5. What is the consumer's 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

6. Who is filling out the survey? (Select one.)
1 ☐ Parent
2 ☐ Step-Parent
3 ☐ Foster Parent
4 ☐ DCS Worker
5 ☐ Residential Staff
6 ☐ Member
6 ☐ Other (Specify): ______

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

8. What is the highest grade in school or level of education the consumer has 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
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)

9. Will the consumer's representative take the survey?
1 ☐ Yes  → Continue to instructions below
2 ☐ Representative is unwilling
3 ☐ Representative is unable today

Please read the following instructions to the consumer's representative:

This survey gives you a chance to tell us how the consumer is doing. Your answers will be used by the consumer's care provider to help plan his or her 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.
<table>
<thead>
<tr>
<th>In the past 7 days …</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The child felt sad.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. The child felt worthless.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. The child felt lonely.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. The child had thoughts of ending his/her life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. The child worried.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. The child felt tense.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. The child felt nervous.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. The child enjoyed spending time with friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. The child trusted a friend.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. The child felt satisfied with his/her friendships.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. The child had a hard time concentrating.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. People told the child to pay more attention.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. People said the child talked too much.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. People said the child interrupted.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. The child had trouble sitting still.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. The child refused to follow directions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. The child damaged someone else’s property.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. The child lied.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19. The child yelled at someone when he/she was angry.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20. The child threatened to hurt someone physically.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21. The child got into physical fights.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
In the past 7 days …

22. Did the child take any medication for depression, anxiety, ADHD, or any other mental health issue?  
   \[
   \begin{array}{c|cccc|c}
   \hline
   & 
   & 
   & 
   & 
   & \\
   & Never & Rarely & Sometimes & Often & Always & Does Not Apply \\
   \hline
   1 & Yes \\
   0 & No \\
   \hline
   \end{array}
   \]

23. The medications helped the child.  
   \[
   \begin{array}{c|cccc|c}
   \hline
   & 1 & 2 & 3 & 4 & 5 & * \\
   \hline
   \end{array}
   \]

24. The child took his/her medications the way they were prescribed.  
   \[
   \begin{array}{c|cccc|c}
   \hline
   & 1 & 2 & 3 & 4 & 5 & * \\
   \hline
   \end{array}
   \]

25. At any time in the PAST 90 DAYS (3 months), did the child attend school?  
   \[
   \begin{array}{c|c}
   \hline
   & \\
   1 & Yes \\
   0 & No \\
   \hline
   \end{array}
   \]

The remaining questions ask about the past 30 days.

In the past 30 days…

26. On how many days was the child marked absent from school due to emotional or behavioral problems? (If none, enter 0; if the child was not enrolled in school, please check “Does Not Apply.”)  
   \[
   \begin{array}{c|c}
   \hline
   \text{Number of Days} & \text{* Does Not Apply} \\
   \hline
   \end{array}
   \]

27. On how many days was the child absent from school due to suspension or expulsion? (If none, enter 0; if the child was not enrolled in school, please check “Does Not Apply.”)  
   \[
   \begin{array}{c|c}
   \hline
   \text{Number of Days} & \text{* Does Not Apply} \\
   \hline
   \end{array}
   \]

28. How many times was the child arrested? (If none, enter 0.)  
   \[
   \begin{array}{c|c}
   \hline
   \text{Number of Times} & \\
   \hline
   \end{array}
   \]

29. Where did the child live most of the time? (Check only one.)  
   \[
   \begin{array}{c|c}
   \hline
   & \\
   10 & Private Residence – with family/extended family or non relative \\
   6 & Institutional Setting (Nursing home, hospital, etc.) \\
   7 & Jail/correctional facility/detention center/boot camp \\
   8 & Homeless/living in homeless shelter \\
   3 & Foster Home \\
   11 & Residential Care (Group home, rehabilitation center, etc.) \\
   12 & Crisis Residence (A time-limited residential program) \\
   \hline
   \end{array}
   \]