Survey ID: P004

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 **Start Date** Completion for This **Episode of** D D Date: М Μ Care: Date of Birth: Μ M 1. Is the consumer in state custody? 1 Yes 0 **N**o 2. How are the consumer's services funded? 13 Amerigroup 17 Commercial 18 Grant 12 United Healthcare Community Plan 16 U VSHP 15 Self Pay 5 Safety Net 19 Other 14 Medicare To complete the following questions, ask the consumer's representative. 3. What is the consumer's gender? 7. If not the custodial parent, how long have you known the consumer? 1

Male 1 Less than 1 month 3 D Over six months 0 ☐ Female 2 \(\begin{aligned}
1 month to 6 months 4. Are you Hispanic or Latino? 8. What is the highest grade in school or level of education the consumer 1 Hispanic / Latino has completed? (Select one.) 0 ☐ Not Hispanic / Latino 00 □ No years of schooling 5. What is the consumer's race? (Select all that 15 ☐ Self-contained special education class (not in a specific grade) apply.) 13
Nursery School, Pre-School (Including Head Start) 1 American Indian or Alaska Native 2 Asian 14 \square Kindergarten 10 \square 10th grade 01 \square 1st grade 11 \square 11th grade 01 □ 1st grade 02 □ 2nd grade 03 □ 3rd grade 3 ☐ Black or African American 4 Native Hawaiian or Other Pacific Islander 12 12th grade 5 White 16 ☐ Vocational School 04 □ 4th grade 05 □ 5th grade 06 □ 6th grade 17 College Undergraduate Freshman (1st year) 6. Who is filling out the survey? (Select one.) 18 ☐ College Undergraduate Sophomore (2nd year) 19 ☐ College Undergraduate Junior (3rd year) 20 ☐ College Undergraduate Senior (4th year) 4□ DCS Worker 1□ Parent 07 □ 7th grade 5□ Residential Staff 2□ Step-Parent 08 \(\begin{align*}
\text{ 8th grade} \\
09 \(\begin{align*}
\text{ 9th grade} \\
\text{ 9th grade} \end{align*} 21 Graduate or Professional School 3□ Foster Parent Member (e.g., Master's, Doctoral, Medical or 6□ Other (Specify): _ Law School) 9. Will the consumer's representative take the survey? 1 ☐ Yes → Continue to instructions below 2 Representative is unwilling

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

3
Representative is unable today

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.

In the past 7 days	Never	Rarely	Some- times	Often	Always
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 had thoughts of ending 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 had a hard time concentrating.	1	2	3	4	5
12. People told the child to pay more attention.	1	2	3	4	5
13. People said the child talked too much.	1	2	3	4	5
14. People said the child interrupted.	1	2	3	4	5
15. The child had trouble sitting still.	1	2	3	4	5
16. The child refused to follow directions.	1	2	3	4	5
17. The child damaged someone else's property.	1	2	3	4	5
18. The child lied.	1	2	3	4	5
19. The child yelled at someone when he/she was angry.	1	2	3	4	5
20. The child threatened to hurt someone physically.	1	2	3	4	5
21. The child got into physical fights.	1	2	3	4	5

III liie pasi i uays	In the	past 7	7 days
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22. Did the child take any medication for depression, anxiety, ADHD, or any other mental health issue?	1 🔲					
	Never	Rarely	Some- times	Often	Always	Does Not Apply
23. The medications helped the child.	1	2	3	4	5	*
24. The child took his/her medications the way they were prescribed.	1	2	3	4	5	*
25. At any time in the PAST 90 DAYS (3 months), did the	child atter	nd school?	? 1 □ 0 □			
The remaining questions ask ab In the past 30 days	out the p a	ast 30 day	ys.			<u>_</u>
26. On how many days was the child marked absent from or behavioral problems? (If none, enter 0; if the chil school, please check "Does Not Apply.")					nber of Days oes Not App	ly
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.") **Does Not Apply**						
28. How many times was the child arrested? (If none, enter	er 0.)			Num	ber of Times	
29. Where did the child live most of the time? (Check only 10 □ Private Residence – with family/extended family of 6 □ Institutional Setting (Nursing home, hospital, etc.) 7 □ Jail/correctional facility/detention center/boot came 8 □ Homeless/living in homeless shelter 3 □ Foster Home 11 □ Residential Care (Group home, rehabilitation centers) 12 □ Crisis Residence (A time-limited residential programments)	or non rela p ter, etc.)	ative				