

**Tennessee Outcomes Measurement System (TOMS)**  
**Parent/Guardian Mental Health Survey for NOMS Reporting**  
**Consumers ages 5-12 (optional 13-17) (P001N v. 1.2)**

\*\*\* 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 <input type="checkbox"/> Amerigroup                       | 17 <input type="checkbox"/> Commercial |
| 12 <input type="checkbox"/> United Healthcare Community Plan | 18 <input type="checkbox"/> Grant      |
| 16 <input type="checkbox"/> VSHP                             | 15 <input type="checkbox"/> Self Pay   |
| 5 <input type="checkbox"/> Safety Net                        | 19 <input type="checkbox"/> Other      |
| 14 <input type="checkbox"/> Medicare                         |  |

**To complete the following questions, ask the consumer's representative.**

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. What is the highest grade in school or level of education the consumer has completed? (Select one.)

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

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

14 ☐ Kindergarten

01 ☐ 1<sup>st</sup> grade

02 ☐ 2<sup>nd</sup> grade

03 ☐ 3<sup>rd</sup> grade

04 ☐ 4<sup>th</sup> grade

05 ☐ 5<sup>th</sup> grade

06 ☐ 6<sup>th</sup> grade

07 ☐ 7<sup>th</sup> grade

08 ☐ 8<sup>th</sup> grade

09 ☐ 9<sup>th</sup> grade

10 ☐ 10<sup>th</sup> grade

11 ☐ 11<sup>th</sup> grade

12 ☐ 12<sup>th</sup> grade

16 ☐ Vocational School

17 ☐ College Undergraduate Freshman (1<sup>st</sup> year)

18 ☐ College Undergraduate Sophomore (2<sup>nd</sup> year)

19 ☐ College Undergraduate Junior (3<sup>rd</sup> year)

20 ☐ College Undergraduate Senior (4<sup>th</sup> year)

21 ☐ Graduate or Professional School  
(e.g., Master's, Doctoral, Medical or Law School)

7. Will the consumer's representative take the survey? (Note: If the representative has known the consumer for *less than 30 days*, they should not complete this survey and option 4 should be selected)

- 1 ☐ Yes → *Continue to instructions below*  
2 ☐ Representative is unwilling  
3 ☐ Representative is unable today  
4 ☐ Representative has known the consumer for *less than 30 days*

**Please read the following instructions to the consumer:**

*This survey gives you a chance to tell us how your child doing. Your answers will be used by your child's care provider to help plan your child's 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.*

1. At any time in the **PAST 90 DAYS** (3 months), did the child attend school? 1 ☐ Yes  
0 ☐ No

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

**In the past 30 days ...**

2. 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.")

Number of Days  
\* ☐ Does Not Apply

3. 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.")

Number of Days  
\* ☐ Does Not Apply

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

Number of Times

**In the past 30 days ...**

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