

**Tennessee Outcomes Measurement System (TOMS)**  
**Full Youth Mental Health Survey (ages 13-17) (Y003 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 <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.**

3. What is your gender?

- 1 ☐ Male  
0 ☐ Female

4. Are you Hispanic or Latino?

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

5. 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

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 <input type="checkbox"/> Kindergarten          | 10 <input type="checkbox"/> 10 <sup>th</sup> grade                                 |
| 01 <input type="checkbox"/> 1 <sup>st</sup> grade | 11 <input type="checkbox"/> 11 <sup>th</sup> grade                                 |
| 02 <input type="checkbox"/> 2 <sup>nd</sup> grade | 12 <input type="checkbox"/> 12 <sup>th</sup> grade                                 |
| 03 <input type="checkbox"/> 3 <sup>rd</sup> grade | 16 <input type="checkbox"/> Vocational School                                      |
| 04 <input type="checkbox"/> 4 <sup>th</sup> grade | 17 <input type="checkbox"/> College Undergraduate Freshman (1 <sup>st</sup> year)  |
| 05 <input type="checkbox"/> 5 <sup>th</sup> grade | 18 <input type="checkbox"/> College Undergraduate Sophomore (2 <sup>nd</sup> year) |
| 06 <input type="checkbox"/> 6 <sup>th</sup> grade | 19 <input type="checkbox"/> College Undergraduate Junior (3 <sup>rd</sup> year)    |
| 07 <input type="checkbox"/> 7 <sup>th</sup> grade | 20 <input type="checkbox"/> College Undergraduate Senior (4 <sup>th</sup> year)    |
| 08 <input type="checkbox"/> 8 <sup>th</sup> grade | 21 <input type="checkbox"/> Graduate or Professional School                        |
| 09 <input type="checkbox"/> 9 <sup>th</sup> 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 lonely.	1	2	3	4	5
4. I had thoughts of ending my life.	1	2	3	4	5
5. I worried.	1	2	3	4	5
6. I felt tense.	1	2	3	4	5
7. I felt nervous.	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 had a hard time concentrating.	1	2	3	4	5
12. People told me I should pay more attention.	1	2	3	4	5
13. People said I talked too much.	1	2	3	4	5
14. People said I interrupted.	1	2	3	4	5
15. I had trouble sitting still.	1	2	3	4	5
16. I refused to follow directions.	1	2	3	4	5
17. I damaged someone else's property.	1	2	3	4	5
18. I lied.	1	2	3	4	5
19. I yelled at someone when I was angry.	1	2	3	4	5
20. I threatened to hurt someone physically.	1	2	3	4	5
21. I got into physical fights.	1	2	3	4	5

22. 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
23. My medications helped me.	1	2	3	4	5	*
24. I took my medications the way they were prescribed.	1	2	3	4	5	*
25. At any time in the <b>PAST 90 DAYS</b> (3 months), did you attend school?						1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
The remaining questions ask about the <b>past 30 days</b>						

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

26. On how many days were you marked absent from school due to emotional or behavioral problems? (If none, enter 0; if you were not enrolled in school, please check "Does Not Apply.")

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Number of Days  
\* ☐ Does Not Apply

27. On how many days were you absent from school due to suspension or expulsion? (If none, enter 0; if you were not enrolled in school, please check "Does Not Apply.")

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Number of Days  
\* ☐ Does Not Apply

28. How many cigarettes per day did you usually smoke? (If none, enter 0.)  
(There are 20 cigarettes in a pack.)

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Number of Cigarettes

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

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Number of Days

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

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Number of Days

31. 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

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

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Number of Times

33. Where did you 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)