

Tennessee Outcomes Measurement System (TOMS)
Youth Mental Health Survey for NOMS Reporting (ages 13-17) (Y001N 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.

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

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

All of the remaining questions ask about the **past 30 days**.

In the past 30 days ...

2. 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

3. 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

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

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Number of Days

5. 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

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

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Number of Times

7. 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)