

ADULT QUESTIONNAIRE (18-64 years)
OUTCOMES MEASUREMENT SYSTEM (OMS)
[Version 2; September 2009]

Consumer Name: _____
(pre-populated in online system)

Interviewer Name: _____
(pre-populated in online system)

Previous OMS interview date: ____ / ____ / ____
 MM DD YYYY

Date of Current Interview:* ____ / ____ / ____
 MM DD YYYY

INTERVIEWER: Throughout the questionnaire, you will see the following text as part of several questions “(since last interview date/in the past six months).” When this appears, you should read the question as follows:

If this is the consumer’s initial OMS interview in your program: read the question with the phrase “in the past six months” as the reference period. For example, “*Have you been homeless at all in the past six months?*”

If this is NOT the consumer’s initial OMS interview: say the actual previous OMS interview date when reading the question. For example, “*Have you been homeless at all since October 15th?*”

A companion **OMS Interview Guide** for this questionnaire is available at **www.maryland.valueoptions.com**. Included in the Guide are instructions for administering the questionnaire and definitions for several terms as noted within this questionnaire.

The symbol (Ψ) denotes a consumer opinion only question (discussion may occur but consumer’s/caregiver’s initial response should be recorded; see OMS Interview Guide for further explanation).

An asterisk (*) denotes a question that is mandatory for submission.

I'm going to ask you some questions today about different areas of your life, such as your living situation and daily activities.

LIVING SITUATION

1. Where are you living now?* (see *OMS Interview Guide* for definitions of each option)

- Private residence
- Boarding/rooming house (no supervision provided)
- Residential Rehabilitation Program (RRP), Group Home/TGH
- Halfway House
- School or Dormitory
- Foster Home
- Assisted living
- Skilled nursing facility
- Residential Treatment Center (RTC) for Children and Adolescents
- Hospital (inpatient psychiatric including State Hospital)
- Crisis Residence (Residential Crisis Services)
- Homeless or Emergency Shelter
- Jail/Correctional facility/Detention center
- Other (specify) _____

2. In general, how satisfied are you with where you currently live? Ψ

(INTERVIEWER: Read the following answer options to the consumer)

- Very satisfied (like a lot)
- Somewhat satisfied (like a little)
- Not satisfied or dissatisfied (just okay)
- Somewhat dissatisfied (dislike a little)
- Very dissatisfied (dislike a lot)

3. Have you been homeless at all (since last interview date/in the past six months)? (see *OMS Interview Guide* for definition of "homeless")

- No
- Yes

FUNCTIONING AND SYMPTOMS

4. Overall, how satisfied are you with your recovery? *Ψ (description of “recovery” in italics below)*

(INTERVIEWER: Read the following answer options to the consumer)

- Very satisfied (like a lot)
- Somewhat satisfied (like a little)
- Neutral (just okay)
- Somewhat dissatisfied (dislike a little)
- Very dissatisfied (dislike a lot)

[“Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.” (National Consensus Statement on Mental Health Recovery; U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2004)]

Now, I am going to read a series of statements. For each of these statements, please indicate whether you strongly agree, agree, feel neutral (neither agree nor disagree), disagree, or strongly disagree with these statements. *(see OMS Interview Guide for definition of response options)*

[CARD #1 with response options]

<i>Please note that Questions 5-9 are all Ψ (Consumer Opinion Only)</i>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5. I do things that are meaningful to me.					
6. I am able to take care of my needs.					
7. I am able to handle things when they go wrong.					
8. I am able to do things that I want to do.					
9. My symptoms bother me. <i>(see OMS Interview Guide for definition of “symptoms”)</i>					

For the next several questions, please tell me your answer based on the past **MONTH**.

INTERVIEWER: (do not read aloud) For items 10-33, you must either show the designated Response Card, give the consumer a copy of the questionnaire to follow along, or read all of the response options for each question to the consumer. (Questionnaire Items 10-33 comprise the BASIS-24; ©McLean Hospital. Used and modified with permission.)

During the PAST MONTH, how much difficulty did you have...

10. Managing your day-to-day life? Ψ [CARD #2 with response options]

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty

11. Coping with problems in your life? Ψ [CARD #2]

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty

12. Concentrating? Ψ [CARD #2]

- No difficulty
- A little difficulty
- Moderate difficulty
- Quite a bit of difficulty
- Extreme difficulty

During the PAST MONTH, how much of the time did you...

13. Get along with people in your family? Ψ [CARD #3 with response options]

- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

14. Get along with people outside your family? Ψ [CARD #3]

- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

15. Get along well in social situations? Ψ [CARD #3]

- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

16. Feel close to another person? Ψ [CARD #3]

- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

During the PAST MONTH, how much of the time did you...

17. Feel like you had someone to turn to if you needed help? Ψ [CARD #3]

- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

18. Feel confident in yourself? Ψ [CARD #3]

- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

During the PAST MONTH, how much of the time did you...

19. Feel sad or depressed? Ψ [CARD #3]

- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

20. Think about ending your life? Ψ [CARD #3]

- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

21. Feel nervous? Ψ [CARD #3]

- None of the time
- A little of the time
- Half of the time
- Most of the time
- All of the time

During the PAST MONTH, how often did you...

22. Have thoughts racing through your head? Ψ [CARD #4 with response options]

- Never
- Rarely
- Sometimes
- Often
- Always

23. Think you had special powers? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

24. Hear voices or see things? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

25. Think people were watching you? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

26. Think people were against you? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

During the PAST MONTH, how often did you...

27. Have mood swings? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

28. Feel short tempered? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

29. Think about hurting yourself? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

During the PAST MONTH, how often...

30. Did you have an urge to drink alcohol or take street drugs? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

31. Did anyone talk to you about your drinking or drug use? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

32. Did you try to hide your drinking or drug use? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

33. Did you have problems from your drinking or drug use? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

LEGAL SYSTEM INVOLVEMENT

34. (Since last interview date/in the past six months) have you been arrested?*

- No
- Yes

35. (Since last interview date/in the past six months) have you been in either jail or prison?*

- No
- Yes

36. Some people have had a negative encounter with the police, such as being arrested or hassled by police. (Since last interview/in the past six months), would you say you have had...

(INTERVIEWER: Read the following answer options to the consumer)

- No negative encounters with police
- Increased negative encounters
- The same amount of negative encounters
- Decreased negative encounters

EMPLOYMENT

Now let's talk a little bit about your work situation.

37. Are you currently employed?* (see *OMS Interview Guide* for definition of "employment")

- No (*continue to #38*)
- Yes (*skip to #40*)

38. Are you actively looking for work by doing things like filling out applications, or answering ads?*

- No
- Yes

39. Have you been employed (since last interview date/in the past six months)?

- No (*skip to #43*)
- Yes (*continue to #40*)

INTERVIEWER: (do not read aloud) If the person held more than one job (since last interview date/in the past six months), please ask him or her to answer the following questions in terms of the most recent job.

40. (Is/Was) your job competitive employment or sheltered workshop or agency employment?* (see OMS Interview Guide for definitions of “competitive” and “sheltered” employment)

- Competitive employment (a job available to anyone regardless of whether he/she has a disability)
- Sheltered workshop or agency employment (a job only available to someone with a disability)

41. How many hours a week (do/did) you usually work?

- 1-10 hours
- 11-20 hours
- 21-30 hours
- 31-40 hours
- 40+ hours

42. In general, how satisfied (are/were) you with this job? Ψ

(INTERVIEWER: Read the following answer options to the consumer)

- Very satisfied (like a lot)
- Somewhat satisfied (like a little)
- Neutral (just okay)
- Somewhat dissatisfied (dislike a little)
- Very dissatisfied (dislike a lot)

SOMATIC HEALTH

43. Do you smoke cigarettes?

- No (skip to #45)
- Yes (continue to #44)

44. How many cigarettes do you smoke per day? [one pack = 20 cigarettes]

- Do not smoke every day
- 1-10
- 11-20
- 21-30
- 30+

45. Would you say in general your health is: Ψ

(INTERVIEWER: Read the following answer options to the consumer)

- Excellent
- Very good
- Good
- Fair
- Poor

46. How tall are you?

_____ (feet) _____ (inches) *[please write legibly]*

47. How much do you currently weigh?

_____ pounds *[whole numbers only; please write legibly]*

- Don't Know*
- Refused*

DEMOGRAPHIC AND INTERVIEW INFORMATION

48. How long has the consumer been receiving services from this clinic?*

- Intake
- Less than one year
- One year to three years
- Greater than three years

49. Consumer involvement in interview:*

- Consumer answered all/most questions
- Consumer did not answer all/most questions

Clinician's Notes (Optional)

A large, empty rectangular box with a thin black border, intended for a clinician to write optional notes. The box occupies most of the page's vertical space below the header.