

**Mid-Ohio Psychological Services**

**Adult Consumer Outcome Measure**

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## Introduction

Broadly speaking, consumer outcome can be described as the extent to which an intervention results in a desirable condition. Within the scope of mental health treatment services, consumer outcome can be thought of as encompassing a range of domains including client satisfaction, self-perceived improvement in functioning, and/or a decrease in maladaptive behaviors/activities. Consumer outcome can be derived through self-report or external observation. Unfortunately, no universal or widely accepted definition of consumer outcome can be established by reviewing the available literature or reviewing the general practices of the mental health treatment community.

Historically, the Ohio Department of Mental Health attempted to create outcome measures and required all community mental health agencies to utilize these measures. Although the required measures provided superficially reasonable psychometric properties including reliability and validity, the instruments lacked utility and were rather expensive to administer from a staff perspective and a client perspective. Further, the time frame required for the administration of the instrument by ODMH did not result in a reasonable ability to track ongoing treatment progress or consistently measure the effectiveness of treatment over time. In fact, some of the measures utilized by the Ohio Outcomes System suggested that as individuals engaged in treatment services that they got worse. This negative trend appears to be related to a natural inclination by clients to underestimate their pathology early in treatment and to become more honest with their level of pathology within several months of engaging in treatment. Because of the measurement time intervals required by the Ohio Outcomes System, many clients only had an initial measure and one subsequent measure during their course of treatment, spanning this period of time when they went from minimizing their level of pathology to acknowledge in their level of pathology. As a result, in many cases, research supported that the most effective treatment providers actually garnered scores reflecting a decrease in functioning by their clients. In a response to the shortcomings of the Ohio Outcomes System, the Ohio Department of Mental Health stopped requiring the utilization of their outcome system and have allowed agencies to select their own method for measuring consumer outcome.

In an attempt to address the shortcomings of the Ohio Outcomes System and to facilitate good measurement of consumer outcomes, Mid-Ohio Psychological Services has undertaken the task of developing an effective consumer outcome measurement system. In the development of this outcome measurement system, four broad guiding principles were utilized. These four guiding principles include: measuring valid constructs, integrating results into the current computer information system, being non-intrusive for both the clinician and the client, and broadly linking to normal referenced data.

The first guiding principle was that the outcome system must reliably and validly measure constructs directly related to the reasons that individuals are seeking services through this agency. Typically, clients are referred to this agency because there are some foundational qualities to their life that are no longer working. This may result in difficulties with the criminal justice system, psychiatric hospitalizations, involvement with child protective services, or vocational problems. A number of ancillary issues are viewed as tying in to the general deficiencies including unstable housing, emotional instability, physical difficulties,

and substance abuse. Any outcome measure to be utilized by this agency must assess the degree to which these conditions are being ameliorated.

The second guiding principle was that the outcome measurement system must integrate into the current clinical information system. The outcome measure must be easily used, must be able to be easily integrated into a computerized format, and must facilitate easy data analysis. Clinicians use an integrated clinical information system at this agency, and therefore any outcome measure must be easily integrated into the system, requiring minimal intervention by the clinician in order to administer the instrument and analyze the resulting data.

The third guiding principle is that the outcome manager must be nonintrusive. Ideally, the outcome manager should require less than 10 minutes to administer and should easily integrate into the "session flow". By having clients complete an outcome form each time that a treatment plan is being developed or revised, the outcome measure can be utilized as a way of gauging progress and providing information for the establishment and modification of treatment goals. By attaching the timeframe by which the outcome forms are being completed to other naturally occurring events such as updating treatment plans, no additional system is required to track when the forms need to be completed and ensure that reasonable intermittent measurements are taken. If a client prematurely terminates in an unplanned fashion, the last outcome measure would be no more than 90 days old and should reasonably reflect an approximation of the client's condition at the time of this disengaging from treatment.

The fourth guiding principle was that the outcome measurement system should attempt to link to "norm referenced data." A number of outcome measures are available with some known psychometric properties on a variety of larger samples. Although initially it would appear prudent to simply utilize those established outcome measurement systems, in practice those systems do not comply with the preceding three guiding principles. However, elements of the larger datasets from the other instruments should be able to be at least, on a limited basis, tied into the results of any developed outcome system.

## **Instrument Development**

Prior to initiating the development of the current outcomes measurement system, a thorough review of the literature was conducted to determine whether other instrumentation that has already been developed might be appropriate. In reviewing the available research, no instrument that complied with the four guiding principles identified above could be identified. A committee of skilled independent licensed clinicians including doctoral level psychologists and counselors was assembled to identify the most important domains to assess and consumer outcome for this agency. Additionally, extensive discussion occurred regarding issues such as scaling, administration, and methodology for establishing concurrent validity. The committee then generated the draft Adult Consumer Outcome Form which was then broadly distributed throughout the agency to receive feedback regarding face validity and to receive feedback regarding ease of administration. Additional modifications were made to the form in response to this feedback. An initial pilot study of approximately 100 administrations of the instrument were utilized to gather feedback from consumers regarding the ease of administration and clarity of items. The final result of

this cumulative feedback can be seen in appendix A, the Adult Consumer Outcome Form. The committee collectively determined that the instrument had adequate face validity.

The resultant form is conceptually broken into two sections. The first section reflects the consumer's self-perception of functioning in a number of domains including: involvement with the criminal justice system, involvement with child protective services, vocational activity, relationships with boyfriend/girlfriend/spouse, relationship with kids, involvement with other family members, involvement with friends and social interactions, housing, substance abuse, emotional stability, bizarre/unusual thoughts, physical health, and overall functioning. The overall functioning scale is similar to a widely recognized consumer outcome measure with national norm references. The second section is viewed as a more objective nature of the topology, reflecting the client's involvement in terms of number of days/episodes with law-enforcement, criminal activity, involvement with the emergency department is result of mental health issues, days psychiatrically hospitalized, days utilizing alcohol or illicit substances, days that their general functioning was impaired as a result of psychiatric symptoms, days they failed to engage in vocational activity, days they were homeless, and at times they were victimized. Finally, the clinician records the client's Global Assessment of Functioning as defined in the *Diagnostic and Statistical Manual of Mental Disorders -- Fourth Edition* as an additional concurrent measurement.

Between January 1, 2010 and October 29, 2010 every adult client seen by this agency was administered the Adult Consumer Outcome Form each time an Individualized Service Plan was created and/or updated. A total of 565 clients completed an initial form while an additional 82 clients completed at least one subsequent form. Descriptive statistics for the initial administration of the 13 self-reports items and nine functional scales and GAF can be viewed below. The 13 self-reports items maintained an excellent internal consistency (Cronbach's  $\alpha = .8711$ ) for the 122 initial administration cases where all of the items were administered (because some items do not apply in a particular case, six of the items are only administered when they do apply). The seven self-reports items that must be completed by all clients also maintained an excellent internal consistency (Cronbach's  $\alpha = .8512$ ) for the 397 initial administration cases where all seven items are completed. Given the administration procedure, other measures of internal consistency are not appropriately computed such as inter-rater reliability. Test retest reliability is not viewed as an appropriate statistic for this instrument, given that it is assumed that change will occur over even relatively brief periods of time.

All 13 self-report items correlated significantly at or better than the .01 level with the GAF scale with the exception of involvement with the criminal justice system. This suggests adequate concurrent validity.

## Descriptive Statistics—First Administration

	N	Range	Minimum	Maximum	Mean	Std. Deviation
Criminal Justice System	314	10.00	.00	10.00	7.7508	3.1952
Children Services	243	10.00	.00	10.00	7.8148	3.1305
School/Work/Homemaking	481	10.00	.00	10.00	5.7869	3.3460
Boyfriend/Girlfriend/Spouse	412	10.00	.00	10.00	5.3999	3.4132
Kids	428	35.00	.00	35.00	6.6308	3.3126
Other Family	499	10.00	.00	10.00	6.0436	3.1702
Friends/Social Interaction	521	10.00	.00	10.00	5.8685	3.2262
Housing	512	10.00	.00	10.00	6.6997	3.3329
Alcohol/Drug Use	354	10.00	.00	10.00	8.1773	2.7891
Emotions	507	10.00	.00	10.00	4.6119	3.2728
Bizarre/Unusual Thoughts	366	10.00	.00	10.00	6.2473	3.4592
Physical Health	520	10.00	.00	10.00	5.9096	3.1077
Overall, how are you doing	533	10.00	.00	10.00	5.6745	2.7658
Days involved with Law Enforcement	563	80	0	80	.89	5.38
Number of Crimes	563	40	0	40	.21	1.79
Times to ER for Mental Health Issues	562	10	0	10	.20	.81
Days Psychiatrically Hospitalized	563	24	0	24	.31	1.82
Days of AOD use	562	90	0	90	4.55	16.23
Days symptoms interfered with functioning	564	90	0	90	8.90	21.54
Days missed worked	563	90	0	90	7.72	20.86
Days homeless	563	90	0	90	1.94	11.98
Times Victimized	563	90	0	90	.51	5.56
Global Assessment of Functioning	565	80	0	80	57.76	7.82

### Correlation Table—First Administration

		Criminal Justice System	Children Services	School/Work	Boyfriend / Girlfriend/ Spouse	Kids	Other Family	Friends/ Social Interaction	Housing	Alcohol/ Drug Use	Emotions	Bizarre/ Unusual Thoughts	Physical Health	Overall, how are you doing
Criminal Justice System	Pearson Correlation	1.000	.375	.203	.145	.226	.158	.191	.157	.297	.170	.121	.183	.226
	Sig. (2-tailed)	.	.000	.001	.020	.000	.007	.001	.007	.000	.004	.057	.002	.000
	N	314	219	278	257	260	291	296	292	261	290	247	296	303
Children Services	Pearson Correlation	.375	1.000	.111	.103	.438	.172	.159	.142	.242	.158	.129	.196	.218
	Sig. (2-tailed)	.000	.	.106	.138	.000	.010	.016	.033	.000	.017	.072	.003	.001
	N	219	243	215	207	224	226	230	227	208	227	196	232	237
School/Work/Home making	Pearson Correlation	.203	.111	1.000	.420	.371	.420	.494	.402	.247	.505	.306	.400	.599
	Sig. (2-tailed)	.001	.106	.	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	278	215	481	360	373	451	463	456	314	452	316	461	466
Boyfriend/ Girlfriend/ Spouse	Pearson Correlation	.145	.103	.420	1.000	.312	.324	.439	.370	.294	.459	.297	.315	.486
	Sig. (2-tailed)	.020	.138	.000	.	.000	.000	.000	.000	.000	.000	.000	.000	.000
	N	257	207	360	412	342	383	392	392	290	387	296	393	399
Kids	Pearson Correlation	.226	.438	.371	.312	1.000	.350	.344	.263	.259	.349	.170	.285	.478
	Sig. (2-tailed)	.000	.000	.000	.000	.	.000	.000	.000	.000	.000	.003	.000	.000
	N	260	224	373	342	428	391	410	397	302	396	307	407	418
Other Family	Pearson Correlation	.158	.172	.420	.324	.350	1.000	.528	.293	.302	.490	.393	.271	.498
	Sig. (2-tailed)	.007	.010	.000	.000	.000	.	.000	.000	.000	.000	.000	.000	.000
	N	291	226	451	383	391	499	485	478	323	471	332	483	485
Friends/ Social Interaction	Pearson Correlation	.191	.159	.494	.439	.344	.528	1.000	.414	.286	.524	.408	.351	.577
	Sig. (2-tailed)	.001	.016	.000	.000	.000	.000	.	.000	.000	.000	.000	.000	.000
	N	296	230	463	392	410	485	521	492	337	490	349	500	506

Housing	Pearson Correlation	.157	.142	.402	.370	.263	.293	.414	1.000	.293	.344	.247	.294	.423	
	Sig. (2-tailed)	.007	.033	.000	.000	.000	.000	.000	.	.000	.000	.000	.000	.000	.000
	N	292	227	456	392	397	478	492	512	332	483	347	494	498	
Alcohol/ Drug Use	Pearson Correlation	.297	.242	.247	.294	.259	.302	.286	.293	1.000	.331	.307	.253	.312	
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.000	.000	.	.000	.000	.000	.000	
	N	261	208	314	290	302	323	337	332	354	328	286	338	346	
Emotions	Pearson Correlation	.170	.158	.505	.459	.349	.490	.524	.344	.331	1.000	.570	.457	.754	
	Sig. (2-tailed)	.004	.017	.000	.000	.000	.000	.000	.000	.000	.	.000	.000	.000	
	N	290	227	452	387	396	471	490	483	328	507	344	496	497	
Bizarre/ Unusual Thoughts	Pearson Correlation	.121	.129	.306	.297	.170	.393	.408	.247	.307	.570	1.000	.400	.486	
	Sig. (2-tailed)	.057	.072	.000	.000	.003	.000	.000	.000	.000	.000	.	.000	.000	
	N	247	196	316	296	307	332	349	347	286	344	366	352	358	
Physical Health	Pearson Correlation	.183	.196	.400	.315	.285	.271	.351	.294	.253	.457	.400	1.000	.511	
	Sig. (2-tailed)	.002	.003	.000	.000	.000	.000	.000	.000	.000	.000	.000	.	.000	
	N	296	232	461	393	407	483	500	494	338	496	352	520	510	
Overall, how are you doing	Pearson Correlation	.226	.218	.599	.486	.478	.498	.577	.423	.312	.754	.486	.511	1.000	
	Sig. (2-tailed)	.000	.001	.000	.000	.000	.000	.000	.000	.000	.000	.000	.000	.	
	N	303	237	466	399	418	485	506	498	346	497	358	510	533	
GAF	Pearson Correlation	.036	.172**	.189**	.169**	.168**	.151**	.251**	.175**	.137**	.342**	.239**	.261**	.303**	
	Sig. (2-tailed)	.530	.007	.000	.001	.000	.001	.000	.000	.010	.000	.000	.000	.000	
	N	314	243	481	412	428	499	521	512	354	507	366	520	533	

Correlations

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

To aid in determining the statistical utility of the instrument, a paired t-test was conducted, contrasting the core 13 self-report items for those cases where multiple administrations occurred. Unfortunately, for many items a relatively low sample size was available, resulting in a relatively low level of statistical power. The results of the paired t-test can be seen in the table below. Clearly, directional change can be observed by comparing the means between the pre-and post-measures, in spite of the lack of statistical significance on many of the scales. Further analysis with a larger sample size will need to be conducted in order to further clarify the statistical utility of the instrument.

## Paired T-Test Results

### Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pre_Crim_Justice	8.5217	23	2.1663	.4517
	Post_Crim_Justice	8.8696	23	1.9363	.4037
Pair 2	Pre_CPS	7.5882	17	2.6881	.6520
	Post	8.3471	17	2.4052	.5834
Pair 3	Pre_Work	6.0541	74	3.0814	.3582
	Post_Work	6.2973	74	3.0033	.3491
Pair 4	Pre_Relationship	5.3698	48	3.3126	.4781
	Post_Relationship	5.9115	48	2.8730	.4147
Pair 5	Pre_Kids	6.8705	56	2.7190	.3633
	Post_Kids	7.1205	56	2.6620	.3557
Pair 6	Pre_Family	6.0362	76	2.9829	.3422
	Post_Family	6.3224	76	2.7027	.3100
Pair 7	Pre_Friends	5.9383	81	3.0773	.3419
	Post_Friends	6.0864	81	3.0463	.3385
Pair 8	Pre_Housing	7.1916	77	3.0944	.3526
	Post_Housing	7.3506	77	2.9982	.3417
Pair 9	Pre_AOD	7.9028	36	2.5879	.4313
	Post_AOD	8.3472	36	2.3929	.3988
Pair 10	Pre_Emotions	4.8814	78	3.0161	.3415
	Post_Emotions	5.6410	78	2.8753	.3256
Pair 11	Pre_Thoughts	6.2440	42	3.1980	.4935
	Post_Thoughts	6.3512	42	3.2982	.5089
Pair 12	Pre_Health	6.1203	79	3.0088	.3385
	Post_Health	5.9335	79	2.9860	.3360
Pair 13	Pre_Overall	6.4969	80	2.5096	.2806
	Post_Overall	6.8250	80	2.3000	.2572
Pair 14	Pre_GAF	58.71	82	9.67	1.07
	Post_GAF	59.18	82	9.24	1.02

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Pre_Crim_Justice & Post_Crim_Justice	23	.838	.000
Pair 2	Pre_CPS & Post	17	.747	.001
Pair 3	Pre_Work & Post_Work	74	.706	.000
Pair 4	Pre_Relationship & Post_Relationship	48	.773	.000
Pair 5	Pre_Kids & Post_Kids	56	.787	.000
Pair 6	Pre_Family & Post_Family	76	.807	.000
Pair 7	Pre_Friends & Post_Friends	81	.830	.000
Pair 8	Pre_Housing & Post_Housing	77	.694	.000
Pair 9	Pre_AOD & Post_AOD	36	.875	.000
Pair 10	Pre_Emotions & Post_Emotions	78	.761	.000
Pair 11	Pre_Thoughts & Post_Thoughts	42	.864	.000
Pair 12	Pre_Health & Post_Health	79	.747	.000
Pair 13	Pre_Overall & Post_Overall	80	.762	.000
Pair 14	Pre_GAF & Post_GAF	82	.977	.000

Paired Samples Test

		Paired Differences								
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)	
					Lower	Upper				
Pair 1	Pre_Crim_Justice - Post_Crim_Justice	-.3478	1.1888	.2479	-.8619	.1663	-1.403	22	.175	
Pair 2	Pre_CPS - Post	-.7588	1.8307	.4440	-1.7001	.1824	-1.709	16	.107	
Pair 3	Pre_Work - Post_Work	-.2432	2.3350	.2714	-.7842	.2977	-.896	73	.373	
Pair 4	Pre_Relationship - Post_Relationship	-.5417	2.1234	.3065	-1.1582	7.491E-02	-1.767	47	.084	
Pair 5	Pre_Kids - Post_Kids	-.2500	1.7555	.2346	-.7201	.2201	-1.066	55	.291	
Pair 6	Pre_Family - Post_Family	-.2862	1.7845	.2047	-.6940	.1216	-1.398	75	.166	
Pair 7	Pre_Friends - Post_Friends	-.1481	1.7866	.1985	-.5432	.2469	-.746	80	.458	
Pair 8	Pre_Housing - Post_Housing	-.1591	2.3831	.2716	-.7000	.3818	-.586	76	.560	
Pair 9	Pre_AOD - Post_AOD	-.4444	1.2580	.2097	-.8701	-	-2.120	35	.041	
						1.8802E-02				
Pair 10	Pre_Emotions - Post_Emotions	-.7596	2.0419	.2312	-1.2200	-.2992	-3.285	77	.002	
Pair 11	Pre_Thoughts - Post_Thoughts	-.1071	1.6957	.2617	-.6356	.4213	-.409	41	.684	
Pair 12	Pre_Health - Post_Health	.1867	2.1305	.2397	-.2905	.6639	.779	78	.438	
Pair 13	Pre_Overall - Post_Overall	-.3281	1.6705	.1868	-.6999	4.362E-02	-1.757	79	.083	
Pair 14	Pre_GAF - Post_GAF	-.48	2.09	.23	-.94	-1.60E-02	-2.059	81	.043	

## Administration Procedure

The Mid-Ohio Psychological Services Adult Consumer Outcome Form is to be administered to all clients when an Individualized Service Plan is being developed or revised. This includes at the initiation of services and at least every 90 days subsequent to the initiation of services. Additionally, the form should be completed any time a major revision to the treatment is being made, resulting in an updated Individualized Service Plan. This would include times when a particular service is being added, a goal is being added or deleted, or other material changes to the Individualized Service Plan occur.

Prior to administering the consumer outcome form, the client should be instructed as to the purpose of the instrument, highlighting the importance of the client being honest in their responses and discussing that the form will be used as a way of tracking progress over time. Initially, the client should be asked complete the form with little feedback from the clinician, attempting to get an unadulterated response set. The client should be instructed to enter their name and date that the form is being completed. The clinician is to enter the client ID at a later time. The form instructs the client to put an "X" on the scale rating how they have been doing in each of the areas of their life in the last 90 days. It is important that the client mark the line clearly so that a specific point can be identified on the continuum line on the form. If a particular item does not apply to the client, they may circle NA. If the item does not have a box for NA, then the item must be marked. For the next nine items, the client is to enter a number in response to the questions. If the response is zero, the client should still enter a zero rather than simply leaving the item blank. The clinician is to then enter the client's GAF score.

Once the client has made an attempt to complete the instrument, the clinician should review the client's responses and provide some feedback. For example, if a client has recently broken up with their boyfriend but marked to the extreme right on the scale suggested that their relationship was "doing great" then a discussion should occur in an attempt to clarify the client's response. Additionally, many clients will perhaps have difficulties in understanding what issues might fall within a particular domain, and a clinician is welcome to help explore these issues with the client. For the last nine items, a client may have difficulties in providing a specific numeric value. The clinician should work with the client to make a reasonable estimate. Again, mild confrontation and processing may be necessary in order to help the client provide a rational and reasonable response to the items. It is important however, that the clinician not impose their views on the client, but rather allow the client to respond as honestly as possible.

Once the client has completed the scale, the scale is to be forwarded to support staff who will score the top 13 items. A scale on the bottom form has been created so that the responses can be recorded in a Likert scale format from 1 to 10. It is acceptable to provide half-point increments when the clients' mark falls approximately midway between two points on the scale. Support staff will then enter the results into the Consumer Outcome Database to be integrated at a later date with the Clinical Information System.

## Discussion/Further Research

As noted previously, further research is needed to fully develop statistical utility. It is recommended that a sample size of at least 100 repeated administrations be conducted with at least a 90 day interval between administrations for a paired t- test analysis. It may also be appropriate to repeat this process with 180 day interval between administrations as well.

Although interrater reliability is not generally appropriate for this instrument, it may be useful to conduct a small study to contrast a client's self-report on the instrument with a clinician's report on the instrument. Given the process nature of its outcomes major process, even if the results reflect poor interrater reliability, it does not negate the appropriateness of the instrument.

As with interrater reliability, test -retest reliability is generally not an appropriate construct as applied to this instrument. However, it may again be appropriate to conduct a small study to determine how a client might respond to the instrument with no more than one week interval between administrations. In conducting this test-retest study, it will be important to know whether the client perceives themselves as experiencing any significant changes during the one week period.

Additional concurrent validity research should be conducted utilizing techniques such as that provided by Scott Miller. That is, a study looking at item number 13 on the self-report items, "Overall, how are you doing" should be correlated with the overall item on Dr. Miller's instrument.

Based on the current known psychometric properties and procedural exit advantages, it appears that the current Adult Consumer Outcome Form can adequately replace the Ohio Outcome System in clinical usage.

## Appendix A--Adult Consumer Outcome Form

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Client Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by someone other than the client—who: \_\_\_\_\_

Put an x on the scale rating how you have been doing in each of these areas of your life during the last 90 days:

		Big Problems	Doing Great
Criminal Justice System	NA	-----	
Children Services	NA	-----	
School/Work/Homemaking		-----	
Boyfriend/Girlfriend/Spouse	NA	-----	
Kids	NA	-----	
Other Family		-----	
Friends/Social Interaction		-----	
Housing		-----	
Alcohol/Drug Use	NA	-----	
Emotions		-----	
Bizarre/unusual thoughts	NA	-----	
Physical Health		-----	
Overall, how are you doing		-----	

**In the last 90 days:**

- \_\_\_ How many days/times has law enforcement been involved with you (ie. Police at your house, placed in jail, etc.)?
- \_\_\_ How many crimes have you committed (not counting AOD related offenses)?
- \_\_\_ How many times have you been to the Emergency Department/Emergency Services for mental health related concerns and were not admitted?
- \_\_\_ How many days have you been psychiatrically hospitalized?
- \_\_\_ How many days have you used illicit drugs/alcohol or taken medication in ways that were not prescribed?
- \_\_\_ How many days did you have severe psychiatric symptoms that interfered with your general functioning?
- \_\_\_ How many days did you fail to engage in vocational activity (family care/work/ training activities)?
- \_\_\_ How many days were you homeless?
- \_\_\_ How many times were you "victimized" (sexual or physical)?

GAF Per clinician \_\_\_\_\_

