

Adult Consumer Outcome Form

Rev 11/8/2010

Client Name: _____ ID: _____ Date: _____

GAF Per clinician _____

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)?

