



Ohio Mental Health Consumer Outcomes System

Provider Adult Form

To Be Completed By The Adult Provider

Today's Date ____ / ____ / ____

Consumer's Medical Record Number

Consumer's Name _____

Please circle the appropriate response for each statement that corresponds with the consumer's highest level of functioning ***in the past 6 months***.

1. Does the consumer initiate non-professional social contact or respond to others' initiation of social contact?

Withdrawn/ Isolated Minimal Contact Moderate Contact Optimal Contact Unsure

2. How effectively does this consumer interact with others? NOTE: "Effectively" refers to how successfully and appropriately the consumer behaves in social settings (i.e., how well she/he minimizes interpersonal friction, meets personal needs, achieves personal goals in a socially appropriate manner).

Very Ineffectively Ineffectively Mixed or Dubious Effectiveness Effectively Very Effectively Unsure

3. How effective is the consumer's social support network in helping the consumer meet his/her needs? NOTE: A support network may consist of interested family, friends, acquaintances, co-workers, peers, social clubs, etc.

Very Ineffective Ineffective Mixed or Dubious Effectiveness Effective Very Effective Unsure

4. Please rate the consumer's housing stability

Moved Very Frequently Moved Often Moved a Few Times Moved Once Did Not Move Unsure

5. Has the consumer been forced/compelled to move from his/her living arrangements?

Yes No Unsure

Please turn to the next page →

6. How well does the consumer perform independently in the following day-to-day living activities?

	Task is not completed	Someone other than the consumer completes task	Consumer needs extensive supervision or assistance	Consumer needs some supervision or assistance	Consumer acts independently	Unsure or not applicable
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A. Personal Hygiene	1	2	3	4	5	?
B. Dressing Appropriately	1	2	3	4	5	?
C. Obtaining Regular Nutrition	1	2	3	4	5	?
D. Using Public Transportation	1	2	3	4	5	?
E. Shopping	1	2	3	4	5	?
F. Doing Laundry	1	2	3	4	5	?
G. Housekeeping	1	2	3	4	5	?
H. Managing Money	1	2	3	4	5	?

7. To what extent has the consumer engaged in the following meaningful activities?

	Almost Never (<1x/month)	Seldom (<1x/week)	Sometimes (1-2x/week)	Often (3-4x/week)	Almost Always (≥5x/week)	Unsure or not applicable
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A. Work	1	2	3	4	5	?
B. School	1	2	3	4	5	?
C. Volunteer Activity	1	2	3	4	5	?
D. Parenting	1	2	3	4	5	?
E. Homemaking	1	2	3	4	5	?
F. Leisure Activity	1	2	3	4	5	?

8. Of the roles listed above, in general how well is the consumer performing in his/her primary role?

Extremely Poorly Poorly Satisfactorily Well Extremely Well Unsure

9. How frequently is the consumer's functioning compromised by addictive or compulsive behaviors (e.g., alcohol abuse, drug abuse, gambling)?

Almost Always (≥5x/week) Often (3-4x/week) Sometimes (1-2x/week) Seldom (<1x/week) Almost Never (<1x/month) Unsure

Please turn to the next page →

10. Has the consumer abided by the law sufficiently to avoid incarceration and/or the criminal justice system?

No Yes Unsure

11. Has the consumer attempted to or actually physically harmed someone?

Yes No Unsure

12. Has the consumer been a victim of:

- | | | | |
|--------------------------------|-----------|----------|--------------|
| A. Rape | Yes _____ | No _____ | Unsure _____ |
| B. Assault | Yes _____ | No _____ | Unsure _____ |
| C. Threats | Yes _____ | No _____ | Unsure _____ |
| D. Exploitation | Yes _____ | No _____ | Unsure _____ |
| E. Harassment | Yes _____ | No _____ | Unsure _____ |
| F. Suicide Attempt | Yes _____ | No _____ | Unsure _____ |
| G. Other Types of Harm to Self | Yes _____ | No _____ | Unsure _____ |
| H. Hate Crimes | Yes _____ | No _____ | Unsure _____ |
| I. Theft, Robbery, Vandalism | Yes _____ | No _____ | Unsure _____ |

Please stop here. Thanks!