

Youth Consumer Outcome Form

Rev 10/28/2010

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	-----	
Alcohol/Drug Use	NA	-----	
School/Work		-----	
Boyfriend/Girlfriend	NA	-----	
Parent Figures		-----	
Other Family		-----	
Friends/Social Interaction		-----	
Behavior		-----	
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 detention, involved with court sanctions, 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 or placed in a residential facility?
- ___ How many days have you used illicit drugs/alcohol or taken medication in ways that were not prescribed?
- ___ How many days did you miss school or work because of your behavior or mental health issues.
- ___ How many times were you “victimized” (sexual or physical)?
- ___ How many times did you attempt to harm yourself, mutilate yourself, or make suicidal gestures?
- ___ How many days were you away from your home/placement while you were “running away”?

GAF Per clinician _____