

ADULT QUESTIONNAIRE (18-64 years)
OUTCOMES MEASUREMENT SYSTEM (OMS)
[Version 3; December 13, 2014]

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

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

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

*A companion **OMS Interview Guide** for this questionnaire is available at www.maryland.valueoptions.com.*

The symbol (Ψ) denotes a client opinion only question.

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

Underlined questions indicate that a definition is available for a term within the questionnaire. Click on the hyperlink that appears in order to access the definition.

LIVING SITUATION

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

***1. Where are you living now?** (see *OMS Interview Guide* for more specific definitions)

- Independent (Private Residence, Boarding House/Rooming House)
- Community (Residential Rehabilitation Program, Group Home/Therapeutic Group Home, Halfway House, Recovery Residence, School or Dormitory, Foster Home, Crisis Residence)
- Institutional (Assisted Living, Skilled Nursing Facility, Residential Treatment Center for Children, Hospital, Jail/Correctional Facility/Detention Center)
- Homeless (Homeless or Emergency Shelter)
- Other (specify) _____

(INTERVIEWER: Read all the answer options to the client)

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

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

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

- No
- Yes

(continued on next page)

RECOVERY AND FUNCTIONING

Now I am going to read a series of statements. As I read each statement, please indicate how much you agree with it: Not at all, A little bit, Somewhat, Quite a bit, or Very much.

[CARD #1 with response options]

<i>Please note that Questions 4-13¹ are all Ψ (Client Opinion Only)</i>	Not at all	A little bit	Somewhat	Quite a bit	Very much
4. I am confident that I can make positive changes in my life.					
5. I am hopeful about the future.					
6. I believe I make good choices in my life.					
7. I am able to set my own goals in life.					
8. I feel accepted as who I am.					
9. I do things that are meaningful to me.					
10. I am able to take care of my needs.					
11. I am able to handle things when they go wrong.					
12. I am able to do things that I want to do.					
13. My symptoms bother me. (see OMS Interview Guide for definition of “symptoms”)					

¹ Items 4-8 are from the Maryland Assessment of Recovery Scale-Short Form; used with permission (Drapalski, et. al, 2012).

(INTERVIEWER: Read all the answer options to the client)

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

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

[“Recovery from Mental Disorders and/or Substance Use Disorders is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2011)]

PSYCHIATRIC SYMPTOMS

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

INTERVIEWER: (do not read aloud) For items 15-38, you must either show the designated Response Card, give the client a copy of the questionnaire to follow along, or read all of the response options for each question to the client.
(Questionnaire Items 15-38 comprise the BASIS-24; ©McLean Hospital. Used and modified with permission.)

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

15. 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

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

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

17. 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...

18. 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

19. 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

20. 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

21. 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

22. 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

23. 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...

24. 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

25. 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

26. 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...

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

- Never
- Rarely
- Sometimes
- Often
- Always

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

- Never
- Rarely
- Sometimes
- Often
- Always

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

- Never
- Rarely
- Sometimes
- Often
- Always

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

- Never
- Rarely
- Sometimes
- Often
- Always

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

- Never
- Rarely
- Sometimes
- Often
- Always

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

32. Have mood swings? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

33. Feel short tempered? Ψ [CARD #4]

- Never
- Rarely
- Sometimes
- Often
- Always

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

- Never
- Rarely
- Sometimes
- Often
- Always

During the PAST MONTH, how often...

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

- Never
- Rarely
- Sometimes
- Often
- Always

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

- Never
- Rarely
- Sometimes
- Often
- Always

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

- Never
- Rarely
- Sometimes
- Often
- Always

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

- Never
- Rarely
- Sometimes
- Often
- Always

LEGAL SYSTEM INVOLVEMENT

***39. In the past six months have you been arrested?**

- No
- Yes

***40. In the past six months have you been in either jail or prison?**

- No
- Yes

EMPLOYMENT

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

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

- No (continue to #42)
- Yes (skip to #43)

***42. Have you been employed in the past six months?** [mandatory only if Question 41 is "No"]

- No (skip to #45)
- Yes (continue to #43)

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

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

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

(INTERVIEWER: Read all the answer options to the client)

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

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

SOMATIC HEALTH

***45. Do you smoke cigarettes?**

- No (*skip to #47*)
- Yes (*continue to #46*)

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

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

(INTERVIEWER: Read all the answer options to the client and check all that apply)

***47. In the past month did you use any of the following tobacco products?**

- Cigars (e.g., cigarillos, little cigars)?
- Smokeless tobacco (e.g., chewing tobacco, dip, snuff)?
- Electronic-cigarettes (e.g., e-cigarettes, vaporizer cigarettes, vapes)?
- Pipes (e.g., hookah, water pipes)?
- Other tobacco product (e.g., bidis, kreteks, clove cigarettes)?
- None

(INTERVIEWER: Read all the answer options to the client)

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

- Excellent
- Very good
- Good
- Fair
- Poor

49. How tall are you?

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

50. How much do you currently weigh?

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

- Don't Know*
- Refused*

Clinician's Notes (Optional)

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