

Clinically Informed Outcomes Management

Member Name: _____

Date Completed: _____

TPF Program Site: _____

ID Number: _____

Completed with staff assistance Yes: No: Refused Form:

Read each statement below and think about how things are going in your life. Fill in the box that best describes how you felt over the <u>past two weeks</u> . “Does Not Apply” can be used if you did not experience the circumstances		Usually or Always	Sometimes	Rarely or Never	Does Not Apply
1.	I am able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	I have little interest in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	I feel comfortable raising issues about or asking for changes in my services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	I am satisfied with the amount of physical activity that I get.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	I am doing better in work/school/my preferred activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	My providers are sensitive to my cultural background (race, religion, sexual orientation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	I am able to accomplish most of the things I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8..	I am making progress in my wellness/recovery goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I have family or friends with whom I can have fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	The wellness/recovery tools that I use are effective for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	I have trouble with daily activities because of drinking or using drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	I have recently thought about ending my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	I participate in self help groups for alcohol or drug use on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	When I need help right away, I am able to see someone as soon as I need to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	I am bothered that I have no family or friends to talk to when I am troubled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	My physical health is a concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	I often feel down, depressed or that there is no hope of things getting better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	I have trouble concentrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	I am able to manage my symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	I have a good working relationship with my psychiatrist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	I have a good working relationship with my peer supporter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	I have a good working relationship with my primary support counselor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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23.	I use alcohol or drugs in my life to help get through the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.	I feel like I am losing control over my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.	I am getting care for any physical health concerns I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26.	I feel welcomed and respected by staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27.	I am actively working to make positive changes in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28.	I have a responsibility to choose opportunities that improve my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29.	I have opportunities to join social, spiritual and/or recreational activities in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30.	Feeling anxious keeps me from doing the things I would like to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31.	I feel my sexual needs are being met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	I have the opportunity to involve family or other natural supports in my services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	My provider knows about my strengths and weaknesses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34.	When I explain my life to my provider, I feel that I am understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35.	My counselor and I agree on the goals and objectives of my service plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36.	My service provider shares with me the results of my assessments and other tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	I am satisfied with my role in making decisions about my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	