

Montgomery County Mental Health Adult Outcome Form

Staff MIS #: _____ Client ID: _____ Date: _____

To be completed by Agency					
Agency's UPID	03676	Client's Date of Admission to Agency		____/____/____	
Client's MACSIS UCI		Intake <input type="checkbox"/>	Six Months <input type="checkbox"/>	Annual <input type="checkbox"/>	Exit <input type="checkbox"/>
Client's Date of Birth	____/____/____	Sex : Male <input type="checkbox"/> Female <input type="checkbox"/>		Client Refused <input type="checkbox"/>	Client didn't return <input type="checkbox"/>

Please circle the appropriate response for each statement that corresponds **in the past 3 months**.

1. Please rate your housing stability.

1
2
3
4
 Moved Frequently (2 or more times) Moved Once Did Not Move Homeless

2. To what extent have you participated in the following meaningful activities?

	Never (<1x/month)	Seldom (<1x/week)	Sometimes (1-2x/week)	Often (3-4x/week)	Always (≥5x/week)
A. Work	1	2	3	4	5
B. School	1	2	3	4	5
C. Volunteer	1	2	3	4	5
D. Social activity	1	2	3	4	5

	Never	Seldom or Rarely	Sometimes	Often	Always	
3. How well do you handle/perform your day-to-day living activities by yourself?	1	2	3	4	5	
4. How often can you tell when mental or emotional problems are about to occur?	1	2	3	4	5	
5. Do you feel that your drinking alcohol or using drugs causes you problems with your day-to day activities?	1	2	3	4	5	N/A

6. Do you feel that you are able to deal with your problems at this time?

1
2
3
 No Sometimes Yes

7. How much stress or pressure is in your life at this time?

1
2
3
 Awful amounts Some Very little

8. How do you feel about your future at this time?

1
2
3
4
 The future looks very bad The future looks both good and bad The future looks OK The future looks very bright

9. How many times did the following happen with you during the past 3 months? (Please enter a number)

Arrests (any arrest by police or officer of the court) _____

Days of Work Missed (all work days missed for any reason) _____

Self-Harm Attempts (Include all instances that you reported and did not report)) _____

Montgomery County Mental Health Client Outcomes System

Purpose of Form: To support county levy requirements for the Montgomery County ADAMHS Board

Who Completes: This form is to be completed by the consumer (GMH, SMD/SPMI Clients). The Adult form is to be completed by the consumer but in case he/she needs assistance due to his/her mental health condition, the provider agency worker should assist. (Please note client functional limitations on your progress note).

Disposition of the Form: A copy of the form should be placed in the clients chart in Section 1 with the ISP. The original should be sent to the Quality Department.

Timelines for Completion: Due dates are Initial (done at admission) and annually at the time of the ISP, the form is also completed upon termination/exit of the client from services.

Instructions: Please complete all sections on the form. For question 1 if a client is homeless please choose other and write in Homeless. If a client does not come back then you, the provider, would complete the demographic information section only and indicate "completed by provider" "client did not return".