

Ohio Scales for Adults (Adult Form)
SHARES Consumer Outcomes System

Name: _____

Date: _____

To be completed by Agency

AID #: _____

CID #: _____

Completion Status: Person completed Person unable to complete Person refused

We are interested in how you are doing, and how our services may or may not be helping you. Please answer all of the questions below, then give the questionnaire to your case manager or another staff person at the agency.

Part 1

Below are some questions about how satisfied you are with various aspects of your life in *the past 6 months*. For each question, checkmark the answer that best describes how you feel.

How do you feel about:

- | | |
|---|---|
| <p>1. The amount of friendship in your life?</p> <p><input type="checkbox"/> Terrible
<input type="checkbox"/> Mostly dissatisfied
<input type="checkbox"/> Equally satisfied/dissatisfied
<input type="checkbox"/> Mostly satisfied
<input type="checkbox"/> Very pleased</p> <p>2. The amount of money you get?</p> <p><input type="checkbox"/> Terrible
<input type="checkbox"/> Mostly dissatisfied
<input type="checkbox"/> Equally satisfied/dissatisfied
<input type="checkbox"/> Mostly satisfied
<input type="checkbox"/> Very pleased</p> <p>3. How comfortable and well-off you are financially?</p> <p><input type="checkbox"/> Terrible
<input type="checkbox"/> Mostly dissatisfied
<input type="checkbox"/> Equally satisfied/dissatisfied
<input type="checkbox"/> Mostly satisfied
<input type="checkbox"/> Very pleased</p> <p>4. How much money you have to spend for fun?</p> <p><input type="checkbox"/> Terrible
<input type="checkbox"/> Mostly dissatisfied
<input type="checkbox"/> Equally satisfied/dissatisfied
<input type="checkbox"/> Mostly satisfied
<input type="checkbox"/> Very pleased</p> | <p>5. The amount of meaningful activity in your life (such as work, school, volunteer activity, leisure activity)?</p> <p><input type="checkbox"/> Terrible
<input type="checkbox"/> Mostly dissatisfied
<input type="checkbox"/> Equally satisfied/dissatisfied
<input type="checkbox"/> Mostly satisfied
<input type="checkbox"/> Very pleased</p> <p>6. The amount of freedom you have?</p> <p><input type="checkbox"/> Terrible
<input type="checkbox"/> Mostly dissatisfied
<input type="checkbox"/> Equally satisfied/dissatisfied
<input type="checkbox"/> Mostly satisfied
<input type="checkbox"/> Very pleased</p> <p>7. The way you and your family act toward each other?</p> <p><input type="checkbox"/> Terrible
<input type="checkbox"/> Mostly dissatisfied
<input type="checkbox"/> Equally satisfied/dissatisfied
<input type="checkbox"/> Mostly satisfied
<input type="checkbox"/> Very pleased
<input type="checkbox"/> Does not apply</p> <p>8. Your personal safety?</p> <p><input type="checkbox"/> Terrible
<input type="checkbox"/> Mostly dissatisfied
<input type="checkbox"/> Equally satisfied/dissatisfied
<input type="checkbox"/> Mostly satisfied
<input type="checkbox"/> Very pleased</p> <p>9. The neighborhood in which you live?</p> <p><input type="checkbox"/> Terrible
<input type="checkbox"/> Mostly dissatisfied
<input type="checkbox"/> Equally satisfied/dissatisfied
<input type="checkbox"/> Mostly satisfied
<input type="checkbox"/> Very pleased</p> |
|---|---|

Please turn to the next page →

10. Your housing/living arrangements?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

11. Your health in general?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

12. How do you feel about the opportunity you have to spend time with people you really like?

- Terrible
- Mostly dissatisfied
- Equally satisfied/dissatisfied
- Mostly satisfied
- Very pleased

Part 2

The next few items ask you about your health and medications *within the past 6 months*.

13. How often does your physical condition interfere with your day-to-day functioning?

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

14. Concerns about my medications (such as side effects, dosage, type of medication) are addressed:

- Never
- Seldom/rarely
- Sometimes
- Often
- Always
- Not applicable/no medications

The next two items deal with how you have been treated by other people.

15. I have been treated with dignity and respect at this agency.

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

16. How often do you feel threatened by people's reactions to your mental health problems?

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

Part 3

The following questions ask you about how much you were distressed or bothered by some things *during the last seven days*. Please mark the answer that best describes how you feel.

During the past 7 days, about how much were you distressed or bothered by:

17. Feeling tense or keyed up

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

18. Heavy feelings in arms or legs

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

19. Feeling afraid to go out of your home alone

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

Please turn to the next page →

20. Feeling of worthlessness

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

21. Feeling lonely even when you are with people

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

22. Feeling weak in parts of your body

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

23. Feeling blue

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

24. Feeling lonely

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

25. Feeling no interest in things

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

26. Feeling afraid in open spaces or on the streets

- Not at all
- A little bit
- Some
- Quite a bit
- Extremely

27. How often can you tell when mental or emotional problems are about to occur?

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

28. When you can tell, how often can you take care of the problems before they become worse?

- Never
- Seldom/rarely
- Sometimes
- Often
- Always

Part 4

Below are several statements relating to one's view about life and having to make decisions. Please check the response that is closest to how you feel about the statement. Check the word or words that best describes how you feel now.

29. People have more power if they join together as a group.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

30. I am usually confident about the decisions I make.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

31. I see myself as a capable person.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

32. People working together can have an effect on their community.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please turn to the next page →

33. I am often able to overcome barriers.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

34. When I make plans, I am almost certain to make them work.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

35. Usually I feel alone.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

36. I am able to do things as well as most other people.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

37. I generally accomplish what I set out to do.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

38. I feel powerless most of the time.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

39. When I am unsure about something, I usually go along with the rest of the group.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

40. I feel I am a person of worth, at least on an equal basis with others.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

41. People have a right to make their own decisions, even if they are bad ones.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

42. Very often a problem can be solved by taking action.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

43. Working with others in my community can help to change things for the better.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

44. How optimistic are you about your future?

- The future looks very bad
- The future looks bad
- The future looks both good and bad
- The future looks OK
- The future looks somewhat bright
- The future looks very bright

Part 5

Please tell us some things about yourself.

45. What was the last school grade you completed?

- Less than 1st grade
- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- High school diploma/GED
- Trade/Tech school
- Some college
- 2 year college/Associate degree
- 4 year college/Undergraduate degree
- Graduate school courses
- Graduate degree
- Post-graduate studies
- Further special studies

Please turn to the next page →

46. What is your current living situation?

- Your own house/apartment
- Friend's home
- Relative's home
- Supervised group living
- Supervised apartment
- Boarding home
- Crisis residential
- Child foster care
- Adult foster care
- Intermediate care facility
- Skilled nursing facility
- Respite care
- MR intermediate care facility
- Licensed MR facility
- State MR institution
- State MH institution
- Hospital
- Correctional facility
- Homeless
- Rest home
- Other _____

48. What meaningful activities/roles are you involved in? (check all that apply)

- Sheltered employment program
- Vocational program
- Student
- Volunteer
- Caregiver
- Homemaker
- Leisure (recreation, hobbies, social)
- Other _____

47. What is your employment status?

(check only one)

- Employed full time
- Employed part time
- Not employed
- Retired

Please stop here. Thanks!