

Division of Behavioral Health
Adult and Youth Substance Use Disorder Outcome Tool

Client STARS ID: _____

Date: _____

Tool Type:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Adult |
| <input type="checkbox"/> Level of Care Transfer | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Discharge | |

1. Would you say that in general your mental health is:

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Please answer the following questions based on the past 30 days:

a.	Have you been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b.	Did you have enough money to meet your needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c.	Have you been satisfied with the conditions of your living space?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
d.	Have you spent time in a facility for:	
	i. <i>Detoxification/Inpatient or Residential Substance Use Disorder Treatment?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
	ii. <i>Mental Health Care?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
	iii. <i>Any illness, injury, or surgery to the human body?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
e.	Have you spent time in a correctional facility including jail/prison/detention (because of an arrest, parole, or probation violation)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
f.	Have you had suicidal thoughts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
g.	In the past 30 days, have you felt...	
	i. <i>Nervous?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
	ii. <i>Hopeless?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
	iii. <i>Restless or fidgety?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
	iv. <i>So depressed that nothing could cheer you up?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
	v. <i>That everything is an effort?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
	vi. <i>Worthless?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
	vii. <i>Bothered by psychological or emotional problems?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

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2. Please indicate your level of agreement or disagreement with the statements by checking the choice that best represents your feelings or opinion over the past 30 days.

Response Options

Strongly disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable	Refused
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Domain: Social Connectedness Questions a-g

- | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I am happy with the friendships I have, who will listen and understand me when talking. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I have people with whom I can do enjoyable things. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I feel I belong in the community. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In a crisis, I would have the support I need from family or friends. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I have people that I am comfortable talking with about my problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I have family or friends that are supportive of my recovery. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I generally accomplish what I set out to do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Domain: Functioning Questions h-q

- | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| h. I do things that are more meaningful to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I can take care of my needs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I can handle things when they go wrong. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I can do things that I want to do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. I get along with family, friends, and other people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. I can deal with crisis. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. I do well in social situations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. I do well in school and/or work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. My symptoms are not bothering me as much. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. My housing situation is a safe place to live. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Complete only at Level of Care Transfer or Discharge

3. Please answer the following questions based on the past 30 days

Domain: Perception of Care Questions a-n

- | | |
|--|---|
| a. Staff believe that I could grow, change, and recover. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| b. I felt free to complain. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| c. I was given information about my rights. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| d. Staff encouraged me to take responsibility for how I live my life. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| e. Staff told me what side effects to watch out for. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| f. Staff respected my wishes about who is and who is not to be given information about my treatment. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| g. Staff was sensitive to my cultural/ethnic/religious/spiritual background. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| h. Staff encouraged me to use consumer-run programs. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| i. I felt comfortable asking questions about my treatment. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| j. I, not staff, decided my treatment goals. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| k. I liked the services I received here. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| l. If I had other choices, I would still get services at this agency. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| m. I would recommend this agency to a friend or family member. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| n. Staff helped me obtain the information needed so I could take charge of managing my illness. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |

Domain: Perception of Access to Services Questions o-p

- | | |
|---|---|
| o. The location of services was convenient. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| p. I was able to get all the services I thought I needed. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |

4. Please check the appropriate box on how you are doing since entering the program that best tells us what you think.

	Before starting the program				Now (at end of program)			
	Poor	Average	Good	Excellent	Poor	Average	Good	Excellent
	1	2	3	4	1	2	3	4
a. Controlling alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Controlling drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Questions required to be completed by Clinician only

1. At this interval period, what is your (clinician's) assessment of the client's understanding and willingness to engage in their treatment program? Please circle a number on the scale below:

Unengaged and Blocked	Minimal Engagement in Recovery	Limited Engagement in Recovery	Positive Engagement in Recovery	Optimal Engagement in Recovery
1	2	3	4	5

YOUTH ONLY

GAIN Short Screener (GAIN-SS) Scoring					
Screeners	Items	Past Month (4)	Past 90 Days (4, 3)	Past Year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDSer	1a – 4e				