

CHILD AND ADOLESCENT QUESTIONNAIRE (6-17 years)
OUTCOMES MEASUREMENT SYSTEM (OMS)
[Version 3; December 13, 2014]

Child/Adolescent Name: _____
(pre-populated in online system)

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

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

PRIMARY RESPONDENT DETERMINATION

(person to whom questions are addressed and whose responses are recorded if there is disagreement)

Guidelines (clinician discretion overrides):

Ages 6-11 → Caregiver (adjust grammar as needed).

Ages 12-17 → Youth (use “you” when reading questions).

***Please indicate below who will be the Primary Respondent for this interview:**

Youth (1) OR Caregiver (2)

*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/your child's) life, such as school and other daily activities.

***1. Where are (you/your child) 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) _____

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

- No
- Yes

PSYCHIATRIC SYMPTOMS¹

INTERVIEWER: (do not read aloud) Please remember that if the Primary Respondent (PR) is the caregiver, use "your child" as appropriate.

Next I will ask you to answer questions about (your/your child's) feelings and behaviors. There is no right or wrong answer to any of the questions. Try to answer all of the questions even if you are not totally sure of how (you/your child) feel. These questions ask about how you have been feeling during the past week. As I read the question to you, let me know how many days in the past week you have been feeling that way.

In the past week, on how many days ... [CARD #1 with response options]

<i>Please note that Questions 3-23 are all Ψ (Client/Caregiver Opinion Only)</i>	Never (0 days)	A few days (1-2 days)	About every other day/half of the time (3-4 days)	Almost every day (5-6 days)	Every day (7 days)
3. Did you have trouble falling asleep or staying asleep?					
4. Did you feel depressed or sad?					
5. Did you have trouble relaxing?					
6. Were you nervous, uptight, or worried?					
7. Did you worry about your safety?					
8. Were you irritable or grouchy?					
9. Did you cry a lot?					
10. Were you afraid of things?					
11. Did you feel like you had no energy?					
12. Did you want to be by yourself instead of with others?					
13. Were you happy one minute and then sad or angry the next minute?					
14. Did you have stomachaches, headaches, or other aches and pains?					
15. Did you think or worry about bad things that you have seen or have happened to you?					
16. Did you want to hurt yourself?					
17. Did you want to hurt someone else?					
18. Did you have a hard time paying attention?					
19. Were you angry?					
20. Did you have a hard time sitting still?					
21. Were you mean, threatening or bullying to others?					
22. Did you get in arguments or fights?					
23. Did you have trouble following rules?					

¹ Items developed by Dr. Laurel Kiser; © Univ. of Maryland, Baltimore 2005

FUNCTIONING

Now I am going to read a series of statements. For each of these statements, please indicate whether (you/your child) strongly agree, agree, are undecided, disagree or strongly disagree. [if Primary Respondent is a caregiver, read questions as “your child”]

[see OMS Interview Guide for definitions of response options and “handle” (#24), “family” (#25), “cope” (#28), and “satisfied” (#29)]

[CARD #2 with response options]

Please note that Questions 24-30 are all Ψ (Client/Caregiver Opinion Only)	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
24. I am able to handle daily life.					
25. I get along with family members.					
26. I get along with friends and other people.					
27. I am doing well in school and/or work.					
28. I am able to cope when things go wrong.					
29. I am satisfied with our family life right now.					
30. I am able to do things I want to do (and am allowed to do).					

SCHOOL PERFORMANCE

Next let’s talk about school.

***31. Do (you/your child) attend school when it is in session, including home schooling?**

- No
- Yes

***32. In the past six months have (you/your child) had problems with school attendance?**

- No (skip to #34)
- Yes (continue to #33)

***33. In the past six months would you say (your/your child’s) problems with school attendance have increased, stayed the same, or decreased? [mandatory only if Question 32 is “Yes”]**

- Increased
- Stayed the same
- Decreased

***34. In the past six months were (you/your child) suspended from school? This includes in- and out-of-school suspensions.**

- No
- Yes

***35. In the past six months were (you/your child) expelled from school?**

- No
- Yes

SOMATIC HEALTH

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

36. Would you say in general (your/your child's) health is... Ψ

- Excellent
- Very good
- Good
- Fair
- Poor

INTERVIEWER: (do not read aloud)
Is child/adolescent 11 years or older?

- Yes (*continue*)
- No (*end of interview*)

***37. Do (you/your child) smoke cigarettes?**

- No (*skip to #39*)
- Yes (*continue to #38*)

38. How many cigarettes do (you/your child) 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)

***39. In the past month did (you/your child) 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

LEGAL SYSTEM INVOLVEMENT

***40. In the past six months have (you/your child) been arrested?**

- No
- Yes

ALCOHOL AND SUBSTANCE USE²

During the PAST SIX MONTHS, did you:

<i>Please note that Questions 41-43 are all Ψ (Client/Caregiver Opinion Only)</i>	No	Yes
41. Drink any <i>alcohol</i> (more than a few sips)?		
42. Smoke any <i>marijuana or hashish</i>?		
43. Use <i>anything else</i> to get high?		

INTERVIEWER: (do not read aloud) If the respondent answered **NO** to **ALL** (#41, 42, 43), ask only #44 and skip to gray box after #49. If the respondent answered **YES** to **ANY** (#41, 42, 43), ask #44-49.

During the PAST SIX MONTHS:

<i>Please note that Questions 44-49 are all Ψ (Client/Caregiver Opinion Only)</i>	No	Yes
44. Have you ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?		
45. Did you use alcohol or drugs to relax, feel better about yourself, or fit in?		
46. Did you use alcohol or drugs while you were by yourself (alone)?		
47. Did you forget things you did while using alcohol or drugs?		
48. Did your family or friends tell you that you should cut down on your drinking or drug use?		
49. Have you gotten into trouble while you were using alcohol or drugs?		

² CRAFFT Substance Abuse Screening tool, 2009.

INTERVIEWER: (do not read aloud)
Is child/adolescent 14 years or older?
 Yes (*continue*)
 No (*end of interview*)

EMPLOYMENT

50. Are you currently employed? (see OMS Interview Guide for definition of “employment”)

- No (continue to # 51)
- Yes (skip to # 52)

51. Have you been employed in the past six months?

- No
- Yes

RESILIENCE

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 #3 with response options]

<i>Please note that Questions 52-56¹ are all Ψ (Client Opinion Only)</i>	Not at all	A little bit	Somewhat	Quite a bit	Very much
52. I am confident that I can make positive changes in my life.					
53. I am hopeful about the future.					
54. I believe I make good choices in my life.					
55. I am able to set my own goals in life.					
56. I feel accepted as who I am.					

¹ Items 52-56 are from the Maryland Assessment of Recovery Scale-Short Form; used with permission (Drapalski, et. al, 2012).

Clinician's Notes (Optional)

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