Youth Consumer Outcome Form

Rev 10/28/2010

Client Name:		ID:	Date:	
□ Completed by som	eone other tha			
Put an x on the scale ration	ng how you have	e been doing in each of t	hese areas of your life durin	ng the last 90 days:
		Big Problems		Doing Great
Criminal Justice Sys	tem NA	I		l
Alcohol/Drug Use	NA	I		I
School/Work		I		I
Boyfriend/Girlfrien	d NA	I		I
Parent Figures		I		l
Other Family		I		I
Friends/Social Inter	raction	I		l
Behavior		I		I
Emotions				
Bizarre/unusual the	oughts NA	I		l
Physical Health				l
Overall, how are yo	u doing	l		I
		w enforcement been i I with court sanctions,	nvolved with you (ie. Police etc.)?	ce at your house,
How many crin	nes have you c	committed (not counti	ng AOD related offenses)	?
	•	een to the Emergency were not admitted?	Department/Emergency S	Services for mental
How many day	s have you be	en psychiatrically hosp	oitalized or placed in a res	idential facility?
How many day prescribed?	s have you use	ed illicit drugs/alcohol	or taken medication in wa	ays that were not
How many day	s did you miss	school or work becau	se of your behavior or me	ental health issues.
How many tim	es were you "\	victimized" (sexual or ہ	ohysical)?	
How many tim	es did you atte	empt to harm yourself	, mutilate yourself, or ma	ke suicidal gestures?
How many day	s were you aw	ay from your home/p	lacement while you were	"running away"?
GAF Per clinician				
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