31752

Brief Adult Outcome Questionnaire
Prescriber Version

This brief questionnaire asks about some of the most commonly reported thoughts, feelings and behaviors among adults seeking behavioral health treatment. Please think about the past two weeks and answer the questions below to the best of your ability. This will help you and your therapist/doctor to plan your treatment and monitor your improvement.

How often did you...	**Never**	**Hardly ever**	**Some-times**	**Often**	**Very often**
Have little or no energy?	○	○	○	○	○
Feel worthless?	○	○	○	○	○
Feel lonely?	○	○	○	○	○
Feel unproductive at work or in other daily activities?	○	○	○	○	○
Feel hopeless about the future?	○	○	○	○	○
Have thoughts of ending your life?	○	○	○	○	○

Please take a moment to assess your last session to help us better serve your needs:

Please answer according to their relevance.	**True**	**Almost True**	**Unsure**	**Almost False**	**False**
I understand what my medications are for.	○	○	○	○	○
I was comfortable talking to my doctor about my concerns about my medications.	○	○	○	○	○
I was comfortable talking to my doctor about side effects that I think are related to my medication.	○	○	○	○	○
I am in agreement with taking my medications.	○	○	○	○	○

What would have made the session more helpful or a better experience?

_____

What was the most helpful thing that occurred in the session?

_____

For Office Use Only

Date Completed: ☐☐ / ☐☐ / ☐☐ Org ID: Site ID: ☐☐☐ Session #: ☐☐

Client ID: ☐☐☐☐☐☐☐☐☐☐☐☐ Clinician ID: ☐☐☐☐☐☐☐☐☐☐

For more information on this and other questionnaires visit www.psychoutcomes.org
Fax completed forms to: 800-961-1224