

Adult Outcome Questionnaire

What is the Outcome Questionnaire?

The Outcome Questionnaire is a standard way that you and your provider can measure your treatment progress. In addition, this tool helps mental health providers better:

- Understand how you are feeling
- Focus on specific areas that need attention
- Involve you in planning treatment goals

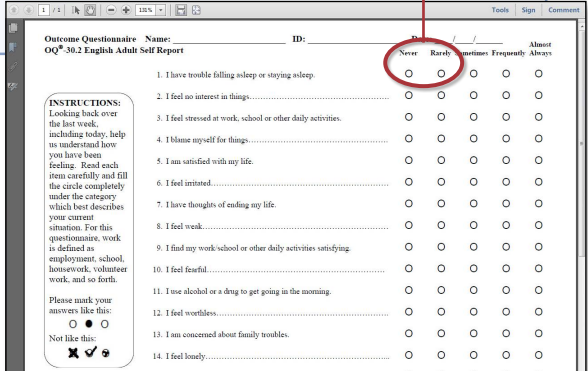
Although you don't have to fill out the questionnaire, it helps your provider ensure that your treatment is more effective if you do. Your provider will share Outcome Questionnaire scores and your progress with you during therapy sessions.

How can this help me?

Looking at the results from this questionnaire gives you and your treatment provider a consistent way to think and talk about what's working and what's not working in treatment. This allows you to tailor your care to the areas that need focus.

The Outcome Questionnaire: What do I need to do?

- Fill out the questionnaire when recommended by your provider.
- Complete the form at home or in the office (arrive 15 minutes early for your appointment).
- Answer each item as accurately as possible based on your experience in the past 7 days.
- Don't leave an item blank. Use "Never" or "Rarely," even if the question doesn't apply to your situation.
- Talk to your provider about any questions or concerns (use page 2 to record your questions).



Outcome Questionnaire Name: _____ ID: _____

OOQ®-Sp.2 English Adult Self Report

1 Never 2 Rarely 3 Sometimes 4 Frequently 5 Always

1. I have trouble falling asleep or staying asleep. ○ ○ ○ ○ ○

2. I feel so interest in things..... ○ ○ ○ ○ ○

3. I feel stressed at work, school or other daily activities. ○ ○ ○ ○ ○

4. I blame myself for things..... ○ ○ ○ ○ ○

5. I am satisfied with my life. ○ ○ ○ ○ ○

6. I feel unwell..... ○ ○ ○ ○ ○

7. I have thoughts of ending my life. ○ ○ ○ ○ ○

8. I feel weak..... ○ ○ ○ ○ ○

9. I find my work/school or other daily activities satisfying. ○ ○ ○ ○ ○

10. I feel fearful..... ○ ○ ○ ○ ○

11. I use alcohol or a drug to get going in the morning. ○ ○ ○ ○ ○

12. I feel worthless..... ○ ○ ○ ○ ○

13. I am concerned about family troubles. ○ ○ ○ ○ ○

14. I feel lonely..... ○ ○ ○ ○ ○

INSTRUCTIONS:
Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and fill the circle completely under the category which best describes your current situation. For this questionnaire, work is defined as employment, school, housework, volunteer work, and so forth.

Please mark your answers like this:
○ ● ○

Not like this:
✘ ✘ ✘

How do I use the Outcome Questionnaire?

The form lists behaviors, situations, and moods that you may be experiencing. To get the most from your treatment, answer honestly about how things are really going for you.

The form usually takes about 5 to 10 minutes to complete. You will fill it out before sessions, either in the office on a tablet or computer or on your own device at home. The questionnaire is automatically scored so your provider has access to the results before your session.

Your provider will tell you how often the Outcome Questionnaire needs to be filled out based on the types of services you receive.

