

Ohio Scales for Adults (Adult Form) SHARES Consumer Outcome System

Name: _____ Date: _____ Date of Birth _____

Completion Status: Completed Unable to complete Refused SHARES ID # _____

Social (Avg of 1,5,7,12) _____ Distress (Sum of 17-26): _____ Quality of Life (Avg of 1-12) _____

Previous Scores: Social _____ Distress _____ Clinician: _____

We are interested in how you are doing, and how our services may or may not be helping you. Please answer all of the questions below, then give the questionnaire to your case manager or another staff person at the agency.

Part 1

Below are some questions about how satisfied you are with various aspects of your life *in the past 6 months*. For each question, checkmark the answer that best describes how you feel.

How do you feel about:

1. The amount of friendship in your life?

- Terrible (1)
- Mostly dissatisfied (2)
- Equally satisfied/dissatisfied (3)
- Mostly satisfied (4)
- Very pleased (5)

2. The amount of money you get?

- Terrible (1)
- Mostly dissatisfied (2)
- Equally satisfied/dissatisfied (3)
- Mostly satisfied (4)
- Very pleased (5)

3. How comfortable and well-off you are financially?

- Terrible (1)
- Mostly dissatisfied (2)
- Equally satisfied/dissatisfied (3)
- Mostly satisfied (4)
- Very pleased (5)

4. How much money you have to spend for fun?

- Terrible (1)
- Mostly dissatisfied (2)
- Equally satisfied/dissatisfied (3)
- Mostly satisfied (4)
- Very pleased (5)

5. The amount of meaningful activity in your life (such as work, school, volunteer activity, leisure activity)?

- Terrible (1)
- Mostly dissatisfied (2)
- Equally satisfied/dissatisfied (3)
- Mostly satisfied (4)
- Very pleased (5)

6. The amount of freedom you have?

- Terrible (1)
- Mostly dissatisfied (2)
- Equally satisfied/dissatisfied (3)
- Mostly satisfied (4)
- Very pleased (5)

7. The way you and your family act toward each other?

- Terrible (1)
- Mostly dissatisfied (2)
- Equally satisfied/dissatisfied (3)
- Mostly satisfied (4)
- Very pleased (5)
- Does not apply

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8. Your personal safety?

- Terrible (1)
- Mostly dissatisfied (2)
- Equally satisfied/dissatisfied (3)
- Mostly satisfied (4)
- Very pleased (5)

9. The neighborhood in which you live?

- Terrible (1)
- Mostly dissatisfied (2)
- Equally satisfied/dissatisfied (3)
- Mostly satisfied (4)
- Very pleased (5)

10. Your housing/living arrangements?

- Terrible (1)
- Mostly dissatisfied (2)
- Equally satisfied/dissatisfied (3)
- Mostly satisfied (4)
- Very pleased (5)

11. Your health in general?

- Terrible (1)
- Mostly dissatisfied (2)
- Equally satisfied/dissatisfied (3)
- Mostly satisfied (4)
- Very pleased (5)

12. How do you feel about the opportunity you have to spend time with people you really like?

- Terrible (1)
- Mostly dissatisfied (2)
- Equally satisfied/dissatisfied (3)
- Mostly satisfied (4)
- Very pleased (5)

13. How often does your physical conditions interfere with your day-to-day functioning?

- Never (5)
- Seldom/rarely (4)
- Sometimes (3)
- Often (2)
- Always (1)

14. Concerns about my medications (such as side effects, dosage, type of medication) are addressed?

- Never (1)
- Seldom/rarely (2)
- Sometimes (3)
- Often (4)
- Always (5)
- Not applicable/no medications

The next two items deal with how you have been treated by other people.

15. I have been treated with dignity and respect at this agency.

- Never (1)
- Seldom/rarely (2)
- Sometimes (3)
- Often (4)
- Always (5)

16. How often do you feel threatened by people's reactions to your mental health problems?

- Never (5)
- Seldom/rarely (4)
- Sometimes (3)
- Often (2)
- Always (1)

Please turn to the next page 

Part 2

The next few items ask you about your health and medications *within the past 6 months.*

Part 3

The following questions ask you about how much you were distressed or bothered by some things *during the last seven days*. Please mark the answer that best describes how you feel.

During the past 7 days, about how much were you distressed or bothered by:

17. Feeling tense or keyed up

- Not at all (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- Extremely (5)

18. Heavy feeling in arms or legs

- Not at all (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- Extremely (5)

19. Feeling afraid to go out of your home alone

- Not at all (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- Extremely (5)

20. Feeling of worthlessness

- Not at all (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- Extremely (5)

21. Feeling lonely even when you are with people

- Not at all (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- Extremely (5)

22. Feeling weak in parts of your body

- Not at all (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- Extremely (5)

23. Feeling blue

- Not at all (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- Extremely (5)

24. Feeling lonely

- Not at all (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- Extremely (5)

25. Feeling no interest in things

- Not at all (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- Extremely (5)

26. Feeling afraid in open spaces or on the streets

- Not at all (1)
- A little bit (2)
- Some (3)
- Quite a bit (4)
- Extremely (5)

27. How often can you tell when mental or emotional problems are about to occur?

- Never (1)
- Seldom/rarely (2)
- Sometimes (3)
- Often (4)
- Always (5)

Please turn to the next page 

28. When you can tell, how often can you take care of the problems before they become worse?

- Never (1)
- Seldom/rarely (2)
- Sometimes (3)
- Often (4)
- Always (5)

Part 4

Below are several statements relating to one's view about life and having to make decisions. Please check the response that is closest to how you feel about the statement. Check the word or words that best described how you feel now.

29. People have more power if they join together as a group.

- Strongly agree (4)
- Agree (3)
- Disagree (2)
- Strongly disagree (1)

30. I am usually confident about the decision I make.

- Strongly agree (4)
- Agree (3)
- Disagree (2)
- Strongly disagree (1)

31. I see myself as a capable person.

- Strongly agree (4)
- Agree (3)
- Disagree (2)
- Strongly disagree (1)

32. People working together can have an effect on their community.

- Strongly agree (4)
- Agree (3)
- Disagree (2)
- Strongly disagree (1)

33. I am often able to overcome barriers.

- Strongly agree (4)
- Agree (3)
- Disagree (2)
- Strongly disagree (1)

34. When I make plans, I am almost certain to make them work.

- Strongly agree (4)
- Agree (3)
- Disagree (2)
- Strongly disagree (1)

35. Usually I feel alone.

- Strongly agree (1)
- Agree (2)
- Disagree (3)
- Strongly disagree (4)

36. I am able to do things as well as most other people.

- Strongly agree (4)
- Agree (3)
- Disagree (2)
- Strongly disagree (1)

37. I generally accomplish what I set out to do.

- Strongly agree (4)
- Agree (3)
- Disagree (2)
- Strongly disagree (1)

38. I feel powerless most of the time.

- Strongly agree (1)
- Agree (2)
- Disagree (3)
- Strongly disagree (4)

39. When I am unsure about something, I usually go along with the rest of the group.

- Strongly agree (1)
- Agree (2)
- Disagree (3)
- Strongly disagree (4)

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40. I feel I am a person of worth, at least on an equal basis with others.

- Strongly agree (4)
- Agree (3)
- Disagree (2)
- Strongly disagree (1)

41. People have a right to make their own decisions even if they are bad ones.

- Strongly agree (4)
- Agree (3)
- Disagree (2)
- Strongly disagree (1)

42. Very often a problem can be solved by taking action.

- Strongly agree (4)
- Agree (3)
- Disagree (2)
- Strongly disagree (1)

43. Working with others in my community can help to change things for the better.

- Strongly agree (4)
- Agree (3)
- Disagree (2)
- Strongly disagree (1)

44. How optimistic are you about your future?


- The future looks very bad
- The future looks bad
- The future looks both good and bad
- The future looks ok
- The future looks somewhat bright
- The future looks very bright

Part 5

Please tell us some things about yourself.

45. What was the last school grade you completed?

- Less than 1st grade
- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- High school diploma/GED
- Trade/Tech school
- Some college
- 2 year college/Associate degree
- 4 year college/Undergraduate degree
- Graduate school course
- Graduate degree
- Post-graduate studies
- Further special studies

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46. What is your current living situation?

- Your own house/apartment
- Friend's home
- Relative's home
- Supervised group living
- Supervised apartment
- Boarding home
- Crisis residential
- Child foster care
- Adult foster care
- Intermediate care facility
- Skilled nursing facility
- Respite care
- MR intermediate care facility
- Licensed MR facility
- State MR institution
- State MH institution
- Hospital
- Correctional facility
- Homeless
- Rest Home
- Other _____

47. What is your employment status?

- Employed full time
- Employed part time
- Not employed
- Retired

48. What meaningful activities/roles are you involved in? (check all that apply)

- Sheltered employment program
- Vocational program
- Student
- Volunteer
- Caregiver
- Homemaker
- Leisure (recreation, hobbies, social)
- Other _____

Thank you!