Behavioral Health Clinical Quality Screening, Assessment, and Outcomes Measurement Tools

Prepared by

The Greater Houston Behavioral Health Affordable Care Act (BHACA) Initiative

A collaboration of the Network of Behavioral Health Providers and Mental Health America of Greater Houston.

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| **Measure Application** | **Measure Name** | **Description** | **Proprietary  (Yes/No)** | **Number of Questions and/or Assessment Time** |
| Children - Parenting | [AAPI-2: Assessing Parenting, 2nd edition](http://www.nurturingparenting.com/ecommerce/category/5/) | • Inventory designed to assess the parenting and child rearing attitudes of adolescents and adult parent and pre-parent populations • Responses provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect • Revised version of the original AAPI, which was developed in 1979 • Measures risk in five parenting and child rearing behaviors:  • Construct A - Expectations of Children  • Construct B - Parental Empathy towards Children’s Needs  • Construct C - Use of Corporal Punishment  • Construct D - Parent-Child Family Roles  • Construct E - Children’s Power and Independence | YES | 2 tests, 40 questions each; 10-15 minutes |
| Varied | [ACORN: A Collaborative Outcomes Research Network Outcome Questionnaires](file:///\\www.psychoutcomes.org\COMMONS\WebHome) | • Developed to fill a need for a brief, flexible outcome questionnaire for adults that could be utilized without charge and tailored to the measurement needs of the organization by varying the number and mix of items utilized on a questionnaire • Questionnaires come in several "versions", depending on the need. Each version contains core set of well tested items designed to provide for easy comparison of scores across different versions. • Organizations may tailor the length and item content of this general use questionnaire to meet their specific measurement needs. | YES/NO | Group of measures --> time varies depending on measurement used |
| Needs Assessment - Adult | [ANSA: The Adult Needs and Strengths Assessment](https://dmha.fssa.in.gov/darmha/Documents/ANSAManual_712011.pdf) | • Multi-purpose tool developed to support care planning and level of care decision-making, facilitate quality improvement initiatives, and allow for the monitoring of outcomes of services. • Developed from a communication perspective to facilitate linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices. • AREAS ASSESSED:  • Risk Behaviors: Suicide Risk, Danger to Others, Self-Injurious Behavior, Other Self   Harm, Exploitation, Gambling, Sexual Aggression, Criminal Behavior   • Behavioral Health Needs: Psychosis/Thought Disturbance, Cognition,   Depression, Anxiety, Mania, Impulse Control, Interpersonal Problems, Antisocial   Behavior, Adjustment to Trauma, Anger Control, Substance Use, Eating  Disturbance   • Life Domain Functioning: Physical/Medical Family Functioning Employment,   Social Functioning Recreational Intellectual Sexuality, Living Skills, Residential  Stability, Legal, Sleep, Self-Care, Decision-Making, Involvement in Recovery,  Transportation   • Family/Caregiver Strengths and Needs: Physical/Behavioral Health,   Involvement with Care, Social and Financial Resources, Family Stress, Safety   • Strengths: Family, Social Connectedness, Optimism, Talents/Interests,  Educational, Volunteering, Job History, Spiritual/Religious, Community  Connection, Natural supports, Resiliency, Resourcefulness   • Culture: Language, Identity, Ritual, Cultural Stress   • Psychiatric Hospitalizations: Number of Hospitalizations in past 180 days, Number   of Hospitalizations less than 30 days in the past two years, Number of  Hospitalizations greater than 30 days past 2 years   • Crisis History: Number of Crisis Episodes  • Extension Modules are triggered when needs are identified for targeted items: Suicide, Dangerousness, Sexual Aggressive Behavior, Criminal Behavior, Trauma, Substance Use, Physical/Medical, Vocational/Career, Developmental Needs | NO | 55 questions |
| Addiction | [ASI: Addiction Severity Index](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=7&cad=rja&uact=8&ved=0CEwQFjAGahUKEwiY0-LUwO_GAhVJVYgKHdVJDbY&url=http%3A%2F%2Fpsychiatry.yale.edu%2Fpdc%2Fresources%2FASI_tcm678-175045_tcm678-153-32.pdf&ei=U_OvVdjdDcmqoQTVk7WwCw&usg=AFQjCNEq) | • Semi-structured interview for substance use assessment and treatment planning • Designed to gather valuable information about areas of a client’s life that may contribute to their substance-abuse problems • Developed in 1980 by A. Thomas McLellan, along with collaborators from the University of Pennsylvania’s Center for the Studies of Addiction • First standardized assessment tool of its kind to measure the multiple dimensions of substance use • Most commonly used addiction assessment tool by state agencies and treatment providers.  • Different versions, such as the Teen-Addiction Severity Index (T-ASI) and the Addiction Severity Index North Dakota State adaptation for use with Native-Americans (ASI\_ND/NAV). Both are modified versions of the original ASI, and take into account age appropriateness and cultural sensitivities. | NO | 203 questions; 1 hour |
| Adult - ADHD | [ASRS: Adult ADHD Self-Report Scale Symptom Checklist](http://www.mhs.com/product.aspx?gr=edu&id=overview&prod=asrs) | • 18-question DSM-IV-TR checklist designed to help screen for ADHD in adult patients • Insights gained through this screening may suggest the need for a more in-depth clinician interview • 6/18 questions = Part A of ASRS; most predictive of symptoms consistent w/ADHD --> basis for ASRSv1.1 Screener | YES | 18 questions; 5 minutes |
| Substance Use | [ASSIST: Alcohol, Smoking and Substance Involvement Screening Test](http://www.who.int/substance_abuse/activities/assist_test/en/) | • 8 item questionnaire designed to screen for substance use of following substances:  • tobacco products  • alcohol  • cannabis  • cocaine  • amphetamine-type stimulants (ATS)  • sedatives and sleeping pills (benzodiazepines)  • hallucinogens  • inhalants  • opioids  • ‘other’ drugs | NO | 8 question topics; 5-10 minutes |
| Substance Use - Alcohol | [AUDIT: The Alcohol Use Disorders Identification Test](https://www.drugabuse.gov/sites/default/files/files/AUDIT.pdf) | • 10-item questionnaire developed by the World Health Organization (WHO) in 1982 • Screens for hazardous or harmful alcohol consumption • Designed to help practitioners identify people who would benefit from reducing or ceasing drinking since the majority of excessive drinkers are undiagnosed  • Often they present with symptoms or problems that would   not normally be linked to their drinking.  • Helps the practitioner identify whether the person has hazardous (or risky) drinking, harmful drinking, or alcohol dependence | NO | 10 questions; 2-4 minutes |
| Depression | [BDI: Beck Depression Inventory](http://www.pearsonclinical.com/psychology/products/100000159/beck-depression-inventoryii-bdi-ii.html?Pid=015-8018-370&Mode=summary) | • 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression | YES | 21 questions; 5 minutes |
| Children - Wellbeing | [BERS-2: Behavioral and Emotional Rating Scale](http://www4.parinc.com/Products/Product.aspx?ProductID=BERS-2) | • Measure of strengths and competencies for children covering the domains of Interpersonal Strength, Family Involvement, Intrapersonal Strength, School Functioning and Affective Strength • Designed to be used in school settings, mental health clinics, juvenile justice settings, and child welfare agencies • Can be used to identify a child’s strengths and weaknesses for intervention, target goals for IEPs and/or treatment plans, document progress, and help collect data for research purposes. • Four sets of normative data are provided:  • Two for the teacher report (one for children with emotional and behavioral disorders  • One for children without emotional and behavioral disorders)  • One set each for the self and parent reports • Reliability (content, criterion, construct) was excellent for all three form • BERS-2 is a valid measure of behavioral and emotional strengths | YES | 10 minutes |
| Physical | Blood Pressure | Varies based on measure | N/A | N/A |
| Physical | BMI: Body Mass Index | Varies based on measure | N/A | N/A |
| Substance Use | [CAAPE: Comprehensive Addictions and Psychological Evaluation](http://www.evinceassessment.com/product_caape.html) | • Comprehensive diagnostic assessment interview • Provides documentation for substance‐specific diagnoses based on DSM‐5 criteria (DSM‐5 defines severity for substance use disorders in terms of the number of positive diagnostic criteria) • Covers some of the more prevalent mental health conditions likely to impact recovery from substance use disorders • Collects key demographic information associated with prognosis • Ideal tool for performing a mental health and substance use disorder assessment as part of any routine clinical intake when both addictions and mental health disorders need to be considered. | YES | 35-50 minutes |
| Function - Emotional, behavioral, psychiatric, substance use | [CAFAS: The Children and Adolescent Functional Assessment Scale](http://www2.fasoutcomes.com/Content.aspx?ContentID=12) | • Youth assessment of degree of impairment with emotional, behavioral, psychiatric, or substance use problems to inform decisions about level of care, type and intensity of treatment, placement, and need for referral • Sensitive to change over time, can track outcomes • Assesses functioning across 8 critical life subscales & 2 caregiver functioning scales  • Youth Scale: School, Home, Community, Behavior towards Others,   Moods, Self-Harm, Substance Use and Thinking   • Caregiver Scale: Material Needs and Social Support | YES | 8 life subscales; 10 minutes |
| Substance Use - Alcohol and/or Drug Use | [CAGE Questionnaire for Alcoholism: Cut down, Annoyance, Guilty, Eye-Opener (and CAGE-AID to include Drug Use)](http://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/CAGE%20Substance%20Screening%20Tool.pdf) | • CAGE: 4-item questionnaire designed to help detect alcoholism • CAGE-AID: Redesigned 4-item questionnaire to include both alcoholism and drug use detection • A score of 2 or higher indicates high possibility of alcoholism or drug use and should be investigated further | NO | 4 questions; < 1 minute |
| Children - needs & strengths, an outcome and decision-making | [CANS: Child and Adolescent Needs and Strengths](https://www.dshs.state.tx.us/mhsa/trr/cans/) | • Multi-purpose tool developed for children’s services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services • Developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized service plans, including the application of evidence-based practices • Each item suggests different pathways for service planning. There are four levels of each item with anchored definitions. | NO | 95 questions; 1 hour |
| Client Satisfaction | [CG-CAHPS 12-month: Clinician and Group Consumer Assessment of Healthcare Providers and Systems Survey w/12-month reference period](https://cahps.ahrq.gov/surveys-guidance/index.html) | • Asks patients to report on and rate their recent experiences with clinicians and their staff • Includes standardized questionnaires for adults and children • Users can also add supplemental items to customize their questionnaires • Survey produces the following measures of patient experience:  • Getting Timely Appointments, Care, and Information  • How Well Providers Communicate With Patients  • Providers’ Use of Information to Coordinate Patient Care (New to the 3.0 version)  • Helpful, Courteous, and Respectful Office Staff  • Patients' Rating of the Provider | NO | Adult Survey: 34 questions, Child Survey: 55 questions |
| Physical | Cholesterol | Varies based on measure | N/A | N/A |
| Mental Health - ADHD | [Conners-3: ADHD](http://www.pearsonclinical.com/psychology/products/100000523/conners-3rd-edition-conners-3.html) | • Collects answers from parents, teachers, and adolescent patients themselves in order to create a comprehensive inventory of a child’s behaviors. • Both short and long versions of the test • Measures hyperactivity in children and adolescents • Provides a perspective on a child’s behavior from those who interact closely with the child on a regular basis • Establishes a base line before beginning therapy and medication to help monitor changes over time | YES | Full-length: 99 questions Short Form: 45 questions |
| Substance Use | [CRAFFT Screening Tool for Substance Use: Car, Relax, Alone, Forget, Friends, Trouble](http://www.ceasar-boston.org/CRAFFT/pdf/CRAFFT_English.pdf) | • Series of 6 questions developed to screen adolescents (under 21) for high risk alcohol and other drug use disorders simultaneously • Recommended by the American Academy of Pediatrics' Committee on Substance Abuse • Designed to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted • Screening begins by asking the adolescent to "Please answer these next questions honestly"; telling him/her "Your answers will be kept confidential"; and then asking three opening questions (Part A). • If the adolescent answers "No" to all three opening questions, the provider only needs to ask the adolescent the first question - the CAR question. If the adolescent answers "Yes" to any one or more of the three opening questions, the provider asks all six CRAFFT questions. • CRAFFT is a mnemonic acronym of first letters of key words in the six screening questions (Part B). The questions should be asked exactly as written. | NO | Part A: 3 questions, Part B: 6 questions; < 5 minutes |
| Depression | [DASS-21: Depression Anxiety Stress Scale - 21](https://www.iwsml.org.au/images/mental_health/Frequently_Used/Outcome_Tools/Dass21.pdf) | • 21-item self report questionnaire designed to measure the severity of a range of symptoms common to depression, anxiety and stress (NOT DIAGNOSTIC TOOL) • Constructed to further the process of defining, understanding, and measuring the ubiquitous and clinically significant emotional states usually described as depression, anxiety and stress.  • Each of the three DASS scales contains 7 items  • Depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest/involvement, anhedonia, and inertia.  • Anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect.  • Stress scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient.  • The individual is required to indicate the presence of a symptom over the previous week. Each item is scored from 0 (did not apply to me at all over the last week) to 3 (applied to me very much or most of the time over the past week). • Scores for Depression, Anxiety and Stress are calculated by summing the scores for the relevant items. • Because the DASS 21 is a short form version of the DASS (the long form has 42 items), the final score of each item groups needs to be multiplied by two. | NO | 21 questions; 10 minutes |
| Substance Use | [DAST-10: Drug Abuse Screen Test](https://www.drugabuse.gov/sites/default/files/files/DAST-10.pdf) | • Self-report measure that has been condensed from the 28-item DAST.  • Can be used in a variety of settings to provide a quick index of drug abuse problems • Designed to provide a brief instrument for clinical screening and treatment evaluation • Explores the patient’s involvement with drugs, not including alcoholic beverages over the past 12 months. | NO | 10 questions; < 8 minutes |
| Physical | Diet | Varies based on measure | N/A | N/A |
| Function - Daily Living Activities | [DLA-20: Daily Living Activity - 20](https://www.thenationalcouncil.org/mtm-services/dla-20/) | • 20-item scale that measures what daily living areas are impacted by mental illness or disability • 4 versions (all appropriate for dual diagnoses individuals)  • Adult  • Child  • Developmental Disabilities  • Alcohol/Drug Abuse | NO | 20 questions; 10 minutes |
| Physical | Drinking | Varies based on measure | N/A | N/A |
| Health | [DUKE: The Duke Health Profile](http://healthmeasures.mc.duke.edu/images/DukeForm.pdf) | • 17-item questionnaire derived from the 63-item Duke-UNC Health Profile instrument • Used to measure health as an outcome of medical intervention and health promotion • Includes six health measures and four dysfunction health measurements  • *Health Measures*: Physical, Mental, Social, General, Perceived,   Self-Esteem  • *Dysfunction Measures*: Anxiety, Depression, Pain, Disability |  |  |
| Depression | [EPDS: Edinburgh Postnatal Depression Scale](https://psychology-tools.com/epds/) | • 10-question self-rating scale to identify clients at risk for perinatal depression • Proven to be an effective measure for general depression in the larger population • Should be taken relative to the past 7 days | NO | 10 questions; < 5 minutes |
| Mental Health - Anxiety | [GAD-7: General Anxiety Disorder, 7-item Scale](http://www.phqscreeners.com/pdfs/03_GAD-7/English.pdf) | • 7-item anxiety scale using a response set similar to the PHQ-9 • Initially developed to diagnose generalized anxiety disorder and validated in 2740 primary care patients. • Also proved to have good sensitivity and specificity as a screener for panic, social anxiety, and post-traumatic stress disorder | NO | 7 questions; 2-3 minutes |
| Function - Psychosocial occupational functioning | [GAF: Global Assessment of Functioning Scale](https://msu.edu/course/sw/840/stocks/pack/axisv.pdf) | • Measures patient's psychological, social & occupational functioning by assigning a score of 0-100 based on severity of illness (0 = extremely poor functioning, 100 = superior functioning) • Represents Axis 5 of DSM-IV-TR | NO | No questions; 3+ minutes |
| Depression | [GDS: Geriatric Depression Scale](http://www.healthyplace.com/depression/articles/geriatric-depression-scale-gds/) | • Brief questionnaire developed as a basic screening measure for depression in older adults • Multiple versions of the questionnaire including: 4-item, 15-item and 30-item forms.  • Not a substitute for a diagnostic interview by mental health professionals • Useful screening tool in the clinical setting to facilitate assessment of depression in older adults especially when baseline measurements are compared to subsequent scores • Validity/Reliability: 92% sensitivity and a 89% specificity when evaluated against diagnostic criteria. The validity and reliability of the tool have been supported through both clinical practice and research. • Original scale is in the public domain due to it being partly the result of Federal support. | NO | 30 questions; 10-15 minutes |
| Varied | [GPRA (Government Performance and Results Act) Performance Measurement Tools](http://www.samhsa.gov/grants/gpra-measurement-tools) | • The GPRA Modernization Act updated some aspects of the Government Performance and Results Act (GPRA) of 1993, which established strategic planning, performance planning, and performance reporting as ways for federal agencies to communicate progress in achieving their missions. • All SAMHSA programs must collect and report performance data. The Requests for Applications (RFAs) describe the data collection and performance measurement process. Programs generally use the approved performance tool for the appropriate Center.  • Center for Mental Health Services (CMHS) GPRA Data Collection System:   Transformation Accountability System (TRAC) - web-based data entry and  reporting system that provides a data repository for CMHS program performance  measures.  • Center for Substance Abuse Prevention (CSAP) GPRA Modernization Act Data   Collection Tools - CSAP works with federal, state, public, and private organizations  to develop comprehensive prevention systems.  • Center for Substance Abuse Treatment (CSAT) GPRA Modernization Act Data   Collection Tools - The Services Accountability Improvement System (SAIS) is a web-  based data entry and reporting system that provides a data repository for CSAT   program performance measures for grantees and program officials/government   project officers.  • Certificate of Confidentiality (CC) - Protects grantees from legal requests for  names or other information that would personally identify participants in the  evaluation of a grant, project, or contract. | NO | Group of measures --> time varies depending on measurement used |
| Mental Health - Wellbeing, symptoms and functioning | [HDI-Self: Health Dynamics Inventory, self-administered](http://www.mhs.com/product.aspx?gr=cli&id=overview&prod=hdi) | • Identifies psychological or psychiatric symptoms in order to highlight areas that require further attention • Consists of a self-report form (HDI–Self), a parent form (HDI–Parent), and a Background Information Questionnaire.   • HDI–Self (HDI–S): Gathers information from the individual being assessed and   provides scores for all the scales and subscales. It is used with individuals 14 years   of age and older.   • HDI–Parent (HDI–P): Gathers information from parents when the individual being   assessed is between the ages of 4 and 19.   • Background Information questionnaire systematically collects important   demographic information and medical/mental health history. • HDI Scales  • Morale  • Global Symptoms  • Depressive Symptoms  • Anxiety Symptoms  • Attention Problems  • Psychotic Thinking  • Eating Disorders  • Substance Abuse  • Behavioral Problems  • Global Impairment  • Occupational/Task Impairment  • Relationship and Social Impairment  • Self-Care Impairment | YES | 50 questions; 13-15 minutes |
| Physical | Hemoglobin A1c - Testing for Diabetes | Varies based on measure | N/A | N/A |
| Substance Use - Alcoholism | [MAST-G: Michigan Alcoholism Screening Test - Geriatric Version](http://www.ssc.wisc.edu/wlsresearch/pilot/P01-R01_info/aging_mind/Aging_AppB5_MAST-G.pdf) | • Screening tool to help assess alcoholism • Can be self-administered or via interview  • Geriatric version differs from original MAST in that the questions highlight the special employment and social situations of someone who is retired and how that can relate to alcohol abuse | NO | 24 questions |
| Mental Health - Autism | [M-CHAT: Modified Checklist for Autism in Toddlers](https://m-chat.org/) | • 2-stage parent-report screening tool to assess risk for Autism Spectrum Disorder • Autism screening tool designed to identify children **16** to **30** months of age who should receive a more thorough assessment for possible early signs of autism spectrum disorder or developmental delay. | NO | 20 questions; < 5 minutes |
| Mental Health - Substance Use Treatment Program Screening | [MHSF-III: Mental Health Screening Form-III](http://www.ncbi.nlm.nih.gov/books/NBK64187/) | • Initially designed as a rough screening device for clients seeking admission to substance abuse treatment programs. • Each question is answered either “yes” or “no.” All questions reflect the respondent's entire life history; therefore all questions begin with the phrase “Have you ever…” • The first four questions on the MHSF-III are not unique to any particular diagnosis; however, questions 5 through 17 reflect symptoms associated with the following diagnoses/diagnostic categories:   • Q5 - Schizophrenia  • Q6 - Depressive Disorders  • Q7 - Posttraumatic Stress Disorder  • Q8 - Phobias  • Q9 - Intermittent Explosive Disorder  • Q10 - Delusional Disorder  • Q11 - Sexual and Gender Identity Disorders  • Q12 - Eating Disorders (Anorexia, Bulimia)  • Q13 - Manic Episode  • Q14 - Panic Disorder  • Q15 - Obsessive-Compulsive Disorder  • Q16 - Pathological Gambling  • Q17 - Learning Disorder and Mental Retardation. • A “yes” response to any of questions 5 through 17 does not, by itself, ensure that a mental health problem exists at this time. A “yes” response raises only the possibility of a current problem, which is why a consult with a mental health specialist is strongly recommended. | NO | 17 questions; < 5 minutes |
| Mental Health | [MMSE: Mini Mental State Examination](http://www.mountsinai.on.ca/care/psych/on-call-resources/on-call-resources/mmse.pdf) | • Quick way to assess mental status for deficits in organic or psychiatric functioning. • Commonly used to screen for dementia and to estimate the severity and progression of cognitive impairment • Can be used to follow the course of cognitive changes in an individual over time, making it an effective way to document an individual's response to treatment. • Tests five areas of cognitive function:  • Orientation  • Registration  • Attention  • Calculation  • Recall  • Language • The maximum score is 30. A score of 23 or lower is indicative of cognitive impairment. | YES | 11 questions; 5-10 minutes |
| Memory | [MOCA: Montreal Cognitive Assessment](http://www.mocatest.org/) | • Mental health assessment screening tool used to test for normal memory, mild cognitive impairment (MCI) and early Alzheimer’s dementia • Assesses the domains of attention and concentration, executive functions, memory, language, visuoconstructional skills, conceptual thinking, calculations, and orientation • Can be used in a variety of settings (primary care to acute care) • Available in two alternative forms (version 7.2 and 7.3) --> decrease possible learning effects when used repeatedly | NO | 30 questions; 10 minutes |
| Mental Health | [MSE: Mental State Examination (different from MMSE)](http://www.brown.edu/Courses/BI_278/Other/Clerkship/Didactics/Readings/THE%20MENTAL%20STATUS%20EXAMINATION.pdf) | • Structured assessment of the patient's behavioral and cognitive functioning • Includes descriptions of the patient's appearance and general behavior, level of consciousness and attentiveness, motor and speech activity, mood and affect, thought and perception, attitude and insight, the reaction evoked in the examiner, and, finally, higher cognitive abilities.  • The specific cognitive functions of alertness, language, memory, constructional ability, and abstract reasoning are the most clinically relevant. | NO | 15 categories, 80 questions; 1+ hour |
| Mental Health - PTSD | [PCL: PTSD Checklist](http://www.ptsd.va.gov/professional/assessment/ncptsd-instrument-request-form.asp) | • 17-item self-report measure reflecting DSM-IV symptoms of PTSD.  • Used to screen idividuals for PTSD, aid in diagnostic assessment of PTSD, and monitor change in PTSD symptoms • 3 versions  • PCL-M (military): asks about symptoms in response to "stressful military   experiences." It is often used with active service members and Veterans.  • PCL-C (civilian): asks about symptoms in relation to generic “stressful experiences”   and can be used with any population. This version simplifies assessment based on   multiple traumas because symptom endorsements are not attributed to a specific   event. In many circumstances it is advisable to also assess traumatic event  exposure to ensure that a respondent has experienced at least one event that  meets DSM-IV Criterion A.  • PCL-S (specific): asks about symptoms in relation to an identified "stressful   experience." The PCL-S aims to link symptom endorsements to a specified event.   Similar to the PCL-C, it is optimal to assess traumatic event exposure to ensure  that the index event meets PTSD Criterion A. • Respondents also can be instructed to complete the PCL-S in reference to a specified event or event type (e.g., assault, disaster, or accident). • Questions are split as follows: Cluster B ( 1-5), Cluster C (6-12), Cluster D (13-17) | NO, but need to meet requirements | 17 questions; < 5 minutes |
| Mental Health - PTSD | [PCL-5: PTSD Checklist, updated for DSM-5](http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp) | NO, but need to meet requirements | 17 questions; < 5 minutes |
| Client Satisfaction | [PCOMS: ORS - Partners for Change Outcome Management System: Outcome Rating Scale](http://nrepp.samhsa.gov/ViewIntervention.aspx?id=250) | • PCOMS is a client feedback program for improving the treatment outcomes of adults and children participating in a behavioral health care intervention.  • PCOMS is designed to improve the retention of participants in treatment and to assist them in reaching reliable and clinically significant change.  • PCOMS, which is integrated into each treatment session, consists of two brief scales that measure robust predictors of therapeutic success:  • The Outcome Rating Scale (ORS), which assesses the client's therapeutic progress   (through ratings of psychological functioning and distress) and the client's perceived   benefit of treatment  • The Session Rating Scale (SRS), which assesses the client's perception of the client-  therapist alliance (i.e., the quality of the relational bond with the therapist and   whether the therapist shares his or her therapeutic objective) | YES | 4-item scale |
| Client Satisfaction | [PCOMS: SRS - Partners for Change Outcome Management System: Session Rating Scale](http://nrepp.samhsa.gov/ViewIntervention.aspx?id=250) | YES | 4-item scale |
| Children - Development | [PEDS: Parents' Evaluation of Developmental Status](http://www.pedstest.com/Home.aspx) | • Only evidence-based screen that elicits and addresses parents concerns about children's language, motor, self-help, early academic skills, behavior and social-emotional/mental health. • Tells you when parents' concerns suggest problems requiring referral and which concerns are best responded to with advice or reassurance.  • Also reduces 'oh by the way' concerns, focuses visits, ensures a 'teachable moment', and is known to improve attendance at well-visits. • Helps you decide:  • Whether a child needs a developmental evaluation or mental health assessment?  • If so, what kinds of testing are needed?  • Should a developmental screening test be administered?  • Do parents simply need advice, and if so, on what topics?  • Should a child be watched carefully over time to ensure prompt attention for any emerging problems?  • Are reassurance and monitoring all that is required? | YES | 10 questions; 2 minutes |
| Depression | [PHQ-2: Patient Health Questionnaire - 2, Depressed Mood/ Anhedonia](http://www.cqaimh.org/pdf/tool_phq2.pdf) | • Self-administered version of The Primary Care Evaluation of Mental Disorders (PRIME-MD), an instrument designed to efficiently diagnose 5 of the most common mental disorders: depressive, anxiety, somatoform, alcohol, and eating disorders • Full PHQ, Brief PHQ, and PHQ for Adolescents (PHQ-A) can be used to establish provisional diagnoses for selected DSM-IV disorders • PHQ-2 designed to screen for depression (comprises of 1st 2 questions of PHQ-9) • PHQ-9 is used to assess Depression Severity • PHQ-15 is used to measure Somatic Symptom Severity | NO | PHQ-2: 2 questions; < 1 minute  PHQ-9: 9 questions, 2-3 minutes |
| Depression | [PHQ-9: Patient Health Questionnaire - 9, major depressive disorder](http://www.phqscreeners.com/overview.aspx?Screener=02_PHQ-9) |
| Children | [PSC: Pediatric Symptom Checklist](https://brightfutures.org/mentalhealth/pdf/professionals/ped_sympton_chklst.pdf) | • Psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible. • Two versions, the parent-completed version (PSC) and the youth self-report (Y-PSC). • A positive score on the PSC or Y-PSC suggests the need for further evaluation by a qualified health (e.g., M.D., R.N.) or mental health (e.g., Ph.D., L.I.C.S.W.) professional | NO | 35 questions |
| Function - Overall Health | SF-12: Short Form 12 Health Survey | SF-12 • A shorter version of consisting of 12 questions designed to to reduce respondent burden while achieving minimum standards of precision for purposes of group comparisons involving multiple health dimensions • Shown to yield summary physical and mental health outcome scores that are interchangeable with those from the SF-36® in both general and specific populations. SF-36 • Comprehensive short-form with only 36 questions yields an 8-scale health profile as well as summary measures of health-related quality of life.  • Set of generic, coherent, and easily administered quality-of-life measures.  • Rely upon patient self-reporting and are now widely utilized by managed care organizations and by Medicare for routine monitoring and assessment of care outcomes in adult patients. | YES | 1 page; 2 minutes |
| Function - Overall Health | [SF-36: Short Form 36 Health Survey](http://www.rand.org/health/surveys_tools/mos/mos_core_36item_survey.html) | YES | 36 questions; < 5 minutes |
| Physical | Smoking | Varies based on measure | N/A | N/A |
| Trauma - PTSD | [SLESQ: Stressful Life Events Screening Questionnaire](http://www.ptsd.va.gov/professional/assessment/te-measures/stress-life-events.asp) | • 13-item self-report measure for non-treatment seeking individuals • Assesses lifetime exposure to traumatic events.  • Consists of 11 specific and 2 general categories of events (e.g. a life-threatening accident, physical and sexual abuse, witness to another person being killed or assaulted) • For each event, respondents are asked to indicate whether the event occurred ("yes" or "no"), their age at time of the event, as well as other specific items related to the event, such as the frequency, duration, whether anyone died, or was hospitalization, etc. | NO | 13 items |
| Trauma - PTSD | [THQ: Trauma History Questionnaire](http://www.ptsd.va.gov/professional/assessment/te-measures/thq.asp) | • 24-item self-report • Examines experiences with potentially traumatic events (e.g. crime, general disaster, and sexual and physical assault) • Yes/no format; For each "yes", respondents are asked to provide the frequency of the event as well as their age at the time of the event. | NO | 24 items |
| Children - Mental Health ADHD | [Vanderbilt Assessment Scales](http://www.nichq.org/childrens-health/adhd/resources/vanderbilt-assessment-scales) | • Helps healthcare professionals diagnose ADHD in children as well as conduct disorder, oppositional-defiant disorder, anxiety and depression.  • Both the parent and the teacher are asked how often the specific child exhibits particular symptoms of ADHD.  • A total is aggregated from the different sections and category scores as well as an overall average performance score is given to the child. Children fall under certain diagnoses based on their scores. • The scales are separated into two parts: Parent Assessment Scale and Teacher Assessment Scale.  • Each scale has two components: symptom assessment and impairment in performance. Both screen for symptoms that meet the criteria for both inattentive and hyperactive ADHD. | NO | 2 assessments and 2 follow-ups (parent and teacher), 55 and 38 questions respectively |