32365

ACORN
A Collaborative Outcomes Resource Network

Brief Adult Screening & Outcome Questionnaire

Version 10.0

Org ID: **1** Site ID: Clinician ID:

Date completed / / Session #

Client ID:

Please print clearly *Numerals only please*

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 indicate how often each of the following occurred. This will help you and your therapist/doctor to plan your treatment and monitor your improvement.

In the past two weeks, how often did you	**Never**	**Hardly ever**	**Some-times**	**Often**	**Very often**
…feel unhappy or sad?	○	○	○	○	○
…have little or no energy?	○	○	○	○	○
…have a hard time getting along with family, friends or coworkers?	○	○	○	○	○
…feel hopeless about the future?	○	○	○	○	○
…have a hard time paying attention	○	○	○	○	○
…feel unproductive at work or other daily activities?	○	○	○	○	○
…feel tense or nervous?	○	○	○	○	○
…have problems with sleep (too much or too little)?	○	○	○	○	○
…feel lonely?	○	○	○	○	○
…think about harming yourself?	○	○	○	○	○
…have someone express concerns about your alcohol or drug use?	○	○	○	○	○
…have more than five drinks of alcohol at one time?	○	○	○	○	○
…have a problem at work, school, or home because of alcohol or drug use?	○	○	○	○	○

Please estimate the percent of your productivity at work, school or other important daily activities that is lost due to symptoms of stress, anxiety or depression. %

If this is not your first session, please take a moment to give feedback on your most recent session.	*Agree*	*Somewhat agree*	*Not sure*	*Somewhat disagree*	*Do not agree*
I felt that we talked about the things that were important to me.	○	○	○	○	○
I felt that the therapist liked and understood me.	○	○	○	○	○
I felt that the session was helpful.	○	○	○	○	○
I felt confident that the therapist and I worked well together.	○	○	○	○	○

For more information on this and other questionnaires visit www.psychoutcomes.org

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Fax completed forms to: 800 961-1224