33284

ACORN Sponsored

Brief Adult Outcome Questionnaire

Version 12

Please completely fill in the circle that best tells how often you did these things in the last 2 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?	○	○	○	○	○
Avoid something because of anxiety or fear?	○	○	○	○	○
Have a problem at work, school, or home because of alcohol or drug use?	○	○	○	○	○
Feel good about yourself?	○	○	○	○	○

If this is not your first session, please take a moment to give feedback on your most recent session to help us better serve your needs:	True	Almost True	Unsure	Almost False	False
I felt that we talked about the things that were important to me.	○	○	○	○	○
This clinician and I were working toward mutually agreed upon goals.	○	○	○	○	○
I felt confident that the therapist and I were working well together.	○	○	○	○	○

For Office Use Only

Date Completed: ☐☐ / ☐☐ / ☐☐ Org ID: **999** Site ID: ☐☐☐ Session #: ☐☐

Client ID: ☐☐☐☐☐☐☐☐☐☐ Clinician ID: **1871843151**

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

Fax completed forms to: 800-961-1224