

Government Performance and Results Act (GPRA) Client
Outcome Measures for Discretionary Programs

Revised (2021) for OhioMHAS First Episode Psychosis
Information System (FEPIS)

Table of Contents

Overview	3
A. Record Management	3
B. Drug and Alcohol Use.....	9
C. Family and Living Conditions.....	12
D. Education, Employment and Income	16
E. Crime and Criminal Justice Status	18
F. Mental and Physical Health Problems and Treatment/Recovery.....	20
G. Social Connectedness.....	24

Overview

This form was created to compliment the GPRA baseline, follow up and discharge forms in the FEPIS. Both the FEPIS tool and this paper version were adapted from the SAMHSA CSAT GPRA client outcome assessment tool. Consumer data collected on this form should also be recorded in the FEPIS.

A. Record Management

Did the client sign the consent form?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
Consumer ID	<i>Generated from entry of the consumer first and last name</i>	
	(F.LAST)	

Clinician Name	<i>Up to four clinicians may be entered into text boxes with their appropriate roles (psychiatrist, case manager, counselor, nurse)</i>	
	Role	Name

Completed By	Name	
---------------------	-------------	--

Interview Date	Month	Day	Year

Enrollment Date	Month	Day	Year

Insurance	<i>Place an 'X' mark in the appropriate box; or specify 'other'</i>				
	Medicare	Medicaid	Private Insurance	Uninsured	Other (Specify)

Approximate date of onset of psychosis	Month	Day	Year

Diagnosis		
	Diagnosis 1	
	Diagnosis 2	
	Diagnosis 3	
	Diagnosis 4	

Use of antipsychotic medication	<i>Mark appropriate yes or no box with an 'X'; along with the corresponding medication from the list; or specify 'other'</i>			
		Yes		No
		Aripiprazole (Abilify)		
		Asenapine (Saphris)		
		Brexpiprazole (Rexulti)		
		Chlorpromazine (Largactil, Thorazine)		
		Clozapine (Clozaril)		
		Fluphenazine (Prolixin)		
		Haloperidol (Haldol)		
		Loxapine (Loxitane)		
		Lurasidone (Latuda)		
		Olanzapine (Zyprexa, Ozace)		

		Paliperidone (Invega)
		Perphenazine (Trilafon)
		Quetiapine (Seroquel)
		Risperidone (Risperdal, Zepidone)
		Ziprasidone (Geodon, Zeldox)
		Other
	Specify	

Was a Long- Acting injectible (LAI) used to administer any of the antipsychotic medicines selected in question 1d?	<i>Mark the appropriate category with an 'X' for the medications listed below if they were selected in question 1d; skip if response to question 1d was 'no'</i>	
		Aripiprazole (Abilify)
		Fluphenazine (Prolixin)
		Haloperidol (Haldol)
		Olanzapine (Zyprexa, Ozace)
		Other
		No

Is the individual on other psychiatric medications?	<i>Mark the appropriate box with an 'X'; if 'Yes', please specify</i>	
		No
		Yes
	Specify	

Do you feel medication is helpful?	<i>Mark the appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
	<input type="checkbox"/>	Unsure

What is your gender?	<i>Mark the appropriate box with an 'X'; if "other", please specify</i>	
	<input type="checkbox"/>	Male
	<input type="checkbox"/>	Female
	<input type="checkbox"/>	Transgender
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Other
	<input type="checkbox"/>	Specify

What is your marital status?	<i>Mark the appropriate box with an 'X'; if "other", please specify</i>	
	<input type="checkbox"/>	Married
	<input type="checkbox"/>	Unmarried
	<input type="checkbox"/>	Divorced

Are you Hispanic or Latino?	<i>Mark the appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
	<input type="checkbox"/>	Refused

What is your race?	<i>Mark the appropriate box with an 'X'</i>			
	Race	Yes	No	Refused
	i. Black or African American			
	ii. Asian			
	iii. Native Hawaiian/Other Pacific Islander			
	iv. Alaska Native			
	v. White			
	vi. American Indian			

Client date of birth	Month	Year

Have you ever served in the Armed Forces, in the Reserves, or in the National Guard?	<i>Mark the appropriate category with an 'X'</i>	
		No
		Yes, in the Armed Forces
		Yes, in the Reserves
		Yes, in the National Guard
		Refused
		Don't Know

Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard?	<i>Mark the appropriate category with an 'X'</i>	
		No, separated or retired from the Armed Forces, Reserves or National Guard
		Yes, in the Armed Forces
		Yes, in the Reserves
		Yes, in the National Guard
		Refused
		Don't know

Have you ever been deployed to a combat zone?	<i>Mark the appropriate category with an 'X'</i>	
		Never deployed
		Deployed
		Refused
	Don't know	

Combat Zone	<i>Mark the appropriate category with an 'X' for ALL THAT APPLY if response to previous question is 'deployed'; skip for all other responses to question</i>	
		Iraq or Afghanistan (e.g. OEF/OIF/OND)
		Persian Gulf (Operation Desert Shield/Desert Storm)
		Vietnam/Southeast Asia
		Korea
		WWII
		Deployed to a combat zone not listed above (e.g. Bosnia/Somalia)

B. Drug and Alcohol Use

B1a. During the Past 6 months, have you used any alcohol?	<i>Mark either 'Yes' or 'No' with an 'X'</i>	
		Yes
		No

B1a.1. During the past 30 days, how many days have you used alcohol?	<i>Record the number of days reported; or mark 'refused' or 'don't know' with an 'X'; skip if response to question B1a is 'No'</i>				
		# of Days		Refused	

B1b. During the past 6 months, have you used any alcohol to intoxication?	<i>Mark either 'Yes' or 'No' with an 'X'</i>	
		Yes
		No

B1b.1. During the past 30 days, how many days have you used alcohol to intoxication? (5+ drinks in one sitting)	<i>Record the number of days reported; or mark 'refused' or 'don't know' with an 'X'; skip if response to question B1b is 'No'</i>				
		# of Days		Refused	

B1c. During the past 6 months, have you used any illegal drugs?	<i>Mark either 'Yes' or 'No' with an 'X'</i>	
		Yes
		No

B1c.1. During the past 30 days, how many days have you used illegal drugs?	<i>Record the number of days reported; or mark 'refused' or 'don't know' with an 'X'; skip if response to question B1c is 'No'</i>				
		# of Days		Refused	Don't Know

B1d. During the past 6 months, have you used both alcohol and drugs?	<i>Mark either 'Yes' or 'No' with an 'X'</i>	
		Yes
		No

B1d.1. During the past 30 days, how many days have you used both drugs and alcohol (on the same day)	<i>Record the number of days reported; or mark 'refused' or 'don't know' with an 'X'; skip if response to question B1c is 'No'</i>				
		# of Days		Refused	Don't Know

B3. During the past 6 months, have you injected drugs?	<i>Mark either 'Yes' or 'No' with an 'X'</i>	
		Yes
		No
		Refused
	Don't know	

B3a. Current tobacco use?	<i>Mark either 'Yes' or 'No' with an 'X'</i>	
		Yes
	No	

C. Family and Living Conditions

C1. During the past 6 months, where have you been living most of the time?	<i>Mark appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Shelter (Safe Havens, Transitional Living Center (TLC), Low-demand facilities, Reception Centers, Other temporary day or evening facility)
	<input type="checkbox"/>	Street/Outdoors (Sidewalk, Doorway, Park, Public or Abandoned building)
	<input type="checkbox"/>	Institution (Hospital, Nursing Home, Jail/Prison)
	<input type="checkbox"/>	Parents House
	<input type="checkbox"/>	Housed (If Housed, check appropriate subcategory): Own/Rent Apartment, Room, or House Someone else's apartment room, or house Dormitory/College residence Halfway house Residential treatment Other housed (Specify):
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't know

C1a. Was this person homeless at any time during the past 6 months?	<i>Mark appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

C2. During the past 6	<i>Mark appropriate box with an 'X'</i>
------------------------------	---

months, how stressful have things been for you because of your use of alcohol or other drugs?	Not at all
	Somewhat
	Considerably
	Extremely
	Refused
	Don't Know
	N/A (No reported drug use)

C3. During the past 6 months, has your use of alcohol or other drugs caused you to reduce or give up important activities?	<i>Mark appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Not at all
	<input type="checkbox"/>	Somewhat
	<input type="checkbox"/>	Considerably
	<input type="checkbox"/>	Extremely
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't Know
	<input type="checkbox"/>	N/A (No reported drug use)

C4. During the past 6 months, has your use of alcohol or other drugs caused you to have emotional problems?	<i>Mark appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Not at all
	<input type="checkbox"/>	Somewhat
	<input type="checkbox"/>	Considerably
	<input type="checkbox"/>	Extremely
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't Know
	<input type="checkbox"/>	N/A (No reported drug use)

C5. Are you currently pregnant? [IF NOT MALE]	<i>Mark appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't Know

C6. Do you have children?	<i>Mark appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't Know

C6a. How many children do you have?	<i>Record the number reported; or mark 'refused' or 'don't know' with an 'X'; skip if response to question B1c is 'No', 'Refused', or 'Don't know'</i>				
	<input type="checkbox"/>	# of Children	<input type="checkbox"/>	Refused	<input type="checkbox"/>

C6b. Are any of your children living with someone else due to a child protection court order?	<i>Mark appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't know

C6c. How many of your children are living with someone else due to a child protection court order?	<i>Record the number reported; or mark 'refused' or 'don't know' with an 'X'; skip if response to question B1c is 'No', 'Refused', or 'Don't know'</i>				
	<input type="checkbox"/>	# of Children	<input type="checkbox"/>	Refused	<input type="checkbox"/>

C6d. For how many of your children have you lost parental rights? [THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED]	<i>Record the number reported; or mark 'refused' or 'don't know' with an 'X'; skip if response to question B1c is 'No', 'Refused', or 'Don't know'</i>				
	<input type="checkbox"/>	# of Children	<input type="checkbox"/>	Refused	<input type="checkbox"/>

D. Education, Employment and Income

D1. Are you currently enrolled in school or a job training program? [IF ENROLLED] Is it full-time or part-time [IF CLIENT IS INCARCERATED, CODE D1 AS 'NOT ENROLLED']	<i>Mark appropriate box with an 'X'; please specify if 'other'</i>	
	<input type="checkbox"/>	Not enrolled
	<input type="checkbox"/>	Enrolled, FULL TIME
	<input type="checkbox"/>	Enrolled, PART TIME
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't Know
	<input type="checkbox"/>	Other
	<input type="checkbox"/>	Specify

D2. What is the highest level of education you have finished, whether or not you received a degree?	<i>Mark appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Never attended
	<input type="checkbox"/>	1st grade
	<input type="checkbox"/>	2nd grade
	<input type="checkbox"/>	3rd grade
	<input type="checkbox"/>	4th grade
	<input type="checkbox"/>	5th grade
	<input type="checkbox"/>	6th grade
	<input type="checkbox"/>	7th grade
	<input type="checkbox"/>	8th grade
	<input type="checkbox"/>	10th grade

	11th grade
	12th grade/High School Diploma/Equivalent
	College or University/1st year completed
	College or University/2nd year completed
	College or University/3rd year completed
	Bachelor's Degree (BA,BS) or Higher
	Voc/Tech Program after high school but no voc/tech diploma
	Voc/Tech Diploma after high school
	Refused
	Don't Know

D2a. Were you enrolled in school in the last 60 days?	<i>Mark appropriate box with an 'X'; please specify if 'other'</i>	
		Not enrolled
		Enrolled, FULL TIME
		Enrolled, PART TIME
		Refused
		Don't Know
		Other
	Specify	

D3. Are you currently employed? [CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED OR HAD A REGULAR JOB BUT WAS OFF WORK]	<i>Mark appropriate box with an 'X'; please specify if 'other'</i>	
	<input type="checkbox"/>	Employed, Full Time (35+ hrs per week, or would have been)
	<input type="checkbox"/>	Employed, Part time
	<input type="checkbox"/>	Unemployed, looking for work
	<input type="checkbox"/>	Unemployed, Disabled
	<input type="checkbox"/>	Unemployed, Volunteer work
	<input type="checkbox"/>	Unemployed, Retired
	<input type="checkbox"/>	Unemployed, not looking for work
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't Know
	<input type="checkbox"/>	Other
<input type="checkbox"/>	Specify	

E. Crime and Criminal Justice Status

E1. Have you been arrested in the past 6 months?	<i>Mark the appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

E2. In the past 6 months, how many times have you been arrested for drug-related offenses?	<i>Record the number reported; or mark 'refused' or 'don't know' with an 'X'</i>				
	<input type="checkbox"/>	# of months	<input type="checkbox"/>	Refused	<input type="checkbox"/>

E3. In the past 6 months, how many nights have you spent in jail/prison?	<i>Record the number reported; or mark 'refused' or 'don't know' with an 'X'</i>				
		# of nights		Refused	

E4. In the past 6 months, how many times have you committed a crime?	<i>Record the number reported; or mark 'refused' or 'don't know' with an 'X'</i>				
		# of times		Refused	

E5. Are you currently awaiting charges, trial, or sentencing?	<i>Mark the appropriate box with an 'X'; please specify if 'other'</i>	
		Yes
		No
		Refused
	Don't Know	

E6. Are you currently on parole or probation?	<i>Mark the appropriate box with an 'X'; please specify if 'other'</i>	
		Yes
		No
		Refused
	Don't Know	

F. Mental and Physical Health Problems and Treatment/Recovery

F1. How would you rate your overall health right now?	<i>Mark the appropriate box with an 'X'; please specify if 'other'</i>	
	<input type="checkbox"/>	Excellent
	<input type="checkbox"/>	Very good
	<input type="checkbox"/>	Good
	<input type="checkbox"/>	Fair
	<input type="checkbox"/>	Poor
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't Know

F2a. During the past 6 months, did you receive INPATIENT treatment? [If F2a is 'YES'] F2a.1. For how many nights?	<i>Mark either 'Yes' or 'No' for each item with an 'X'; if 'yes' report the number of nights received treatment.</i>				
	Inpatient treatment for:	Yes	No	Refused	Don't know
	vii. Physical Complaint				
	<input type="checkbox"/>	# of nights			
	viii. Mental or emotional difficulties				
	<input type="checkbox"/>	# of nights			
	ix. Alcohol or substance abuse				
	<input type="checkbox"/>	# of nights			

F2b. During the past 6 months, did you receive OUTPATIENT treatment? [If F2b is 'YES'] F2b.1. For how many nights?	<i>Mark either 'Yes' or 'No' for each item with an 'X'; if 'yes' report the number of nights received treatment.</i>				
	Outpatient treatment for:	Yes	No	Refused	Don't know
	i. Physical Complaint				
		# of nights			
	ii. Mental or emotional difficulties				
		# of nights			
	iii. Alcohol or substance abuse				
		# of nights			

F2c. During the past 6 months, did you receive EMERGENCY ROOM treatment? [If F2c is 'YES'] F2c.1. For how many nights?	<i>Mark either 'Yes' or 'No' for each item with an 'X'; if 'yes' report the number of nights received treatment.</i>				
	ER treatment for:	Yes	No	Refused	Don't know
	i. Physical Complaint				
		# of nights			
	ii. Mental or emotional difficulties				
		# of nights			
	iii. Alcohol or substance abuse				
		# of nights			

F4. Have you ever been tested for HIV?	<i>Mark appropriate box with an 'X'</i>	
		Yes
		No
		Refused
	Don't Know	

F4a. Do you know the results of your HIV testing? (<i>skip if response to question F4 is No, Refused or Don't know</i>)	<i>Mark appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

F7. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief?)	<i>Mark appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't Know

F7a. Have had nightmares about it or thought about it when you did not want to?	<i>Mark appropriate box with an 'X'; skip if response to question F7 is 'No', 'Refused' or 'Don't know'</i>	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't Know

F7b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	<i>Mark appropriate box with an 'X'; skip if response to question F7 is 'No', 'Refused' or 'Don't know'</i>	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't Know

F7c. Were constantly on guard, watchful or easily startled?	<i>Mark appropriate box with an 'X'; skip if response to question F7 is 'No', 'Refused' or 'Don't know'</i>	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't Know

F7d. Felt numb and detached from others, activities, or your surroundings?	<i>Mark appropriate box with an 'X'; skip if response to question F7 is 'No', 'Refused' or 'Don't know'</i>	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't Know

F8. In the past 6 months, how often have you been hit, kicked, slapped or otherwise physically hurt?	<i>Mark appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Never
	<input type="checkbox"/>	A few times
	<input type="checkbox"/>	More than a few times
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't Know

F8. In the past 6 months, how often have you been hit, kicked, slapped or otherwise physically hurt?	<i>Mark appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Never
	<input type="checkbox"/>	A few times
	<input type="checkbox"/>	More than a few times
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't Know

G. Social Connectedness

G1. In the past 6 months, did you attend any voluntary self-help groups that were not affiliated with a religious or faith-based organization?	<i>Mark appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't Know

G1.1. Specify how many times	<i>Record the number reported; or mark 'refused' or 'don't know' with an 'X'; skip if the response to question G1 is 'No', 'Refused', or 'Don't know'</i>					
	<input type="checkbox"/>	# of times	<input type="checkbox"/>	Refused	<input type="checkbox"/>	Don't Know

G2. In the past 6 months, did you attend any religious/faith affiliated self-help groups?	<i>Mark appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't Know

G2.1. Specify how many times	<i>Record the number reported; or mark 'refused' or 'don't know' with an 'X'; skip if the response to question G1 is 'No', 'Refused', or 'Don't know'</i>				
		# of times		Refused	

G3. In the past 6 months, did you attend meetings of organizations that support mental health other than the organizations described above?	<i>Mark appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't Know

G3.1. Specify how many times	<i>Record the number reported; or mark 'refused' or 'don't know' with an 'X'; skip if the response to question G1 is 'No', 'Refused', or 'Don't know'</i>				
		# of times		Refused	

G4. In the past 6 months, did you have interaction with family and/or friends that are supportive of your mental health?	<i>Mark appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't Know

G5. To whom do you turn when you are having trouble? [Choose all that apply]	<i>Mark appropriate box with an 'X'; please specify if 'other'</i>	
	<input type="checkbox"/>	No one
	<input type="checkbox"/>	Clergy member
	<input type="checkbox"/>	Family member
	<input type="checkbox"/>	Friends
	<input type="checkbox"/>	Clinician
	<input type="checkbox"/>	Refused
	<input type="checkbox"/>	Don't know
	<input type="checkbox"/>	Other
	<input type="checkbox"/>	Specify

G5a. Emergency department visit for psychiatric reasons in the past 6 months?	<i>Mark either 'Yes' or 'No' for each item with an 'X'; if 'yes' report the number of nights received treatment.</i>		
	Yes	No	# of nights
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

G5b. If available, has there been a suicide attempt in the past 6 months?	<i>Mark appropriate box with an 'X'</i>	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No