

SHARES OUTCOMES FORMS HEADERS

BRIEF ADDICTION MONITOR FORM

Brief Addiction Monitor (BAM)	
Client ID _____	Date _____
Administrations Method: Interview ___ Self-completed ___	
This is a standard set of questions about several areas of your life such as your health, alcohol and drug use, etc. The questions generally ask about the past 30 days. Please consider each question and answer as accurately as possible by placing a <input type="checkbox"/> in the <input type="radio"/> .	
1. In the past 30 days, would you say your physical health has been:	7. In the past 30 days, how many days did you use:

“Client ID” = Consumer’s SHARES ID #

“Date” = Outcome administration date

OHIO SCALES FOR ADULTS FORM

Ohio Scales for Adults (Adult Form) SHARES Consumer Outcomes System	
Name: _____	Date: _____
To be completed by Agency	
AID #: _____	_____
CID #: _____	_____

“Name” = Consumer’s name

“Date” = Outcome administration date

“AID” = SHARES Agency ID #

“CID” = Consumer’s SHARES ID #

OHIO SCALES FOR YOUTH-PARENT FORM

Ohio Scales for Youth (Parent Form)		P	
SHARES Consumer Outcomes System			
Child's Name: _____	Date: _____	CID#: _____	AID#: _____
Completed by Agency			
Highest Grade Attended: _____	High School Graduate/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Survey Respondent: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other: _____			

“Date” = Outcome administration date

“CID” = Consumer’s SHARES ID #

“AID” = SHARES Agency ID #

“Survey Respondent” = For the person providing responses, their relationship to the child