OQ-ANALYST

OQ MEASURES

The Measure of Mental Health Vital Signs™

OQ®-Analyst User Manual

Version 08.19.02

RESEARCH. MEASURE. MONITOR. PREVENT.

1. Introduction

OQ®-Analyst is a web-based software system that allows for electronic administration of outcome measures, questionnaires, and satisfaction surveys. Our instruments provide instant feedback to clinicians regarding a client's progress across sessions and uses algorithms to predict and help prevent treatment failures. For more information and a complete list of instruments available in OQ®-Analyst, please visit our website www.oqmeasures.com.

There is nothing to install, making it convenient and easy to use from anywhere using an internet connection and a desktop computer, laptop, or tablet (including iPads and smart phones). OQ®-Analyst is multi-browser compatible and supports the latest versions of the following browsers: Edge/Internet Explorer, Firefox, Chrome, and Safari.

Your organization's OQ®-Analyst software system has its own unique URL that was provided by our IT Support Team during your initial setup. We recommend you bookmark this URL for easy and secure access to your system.

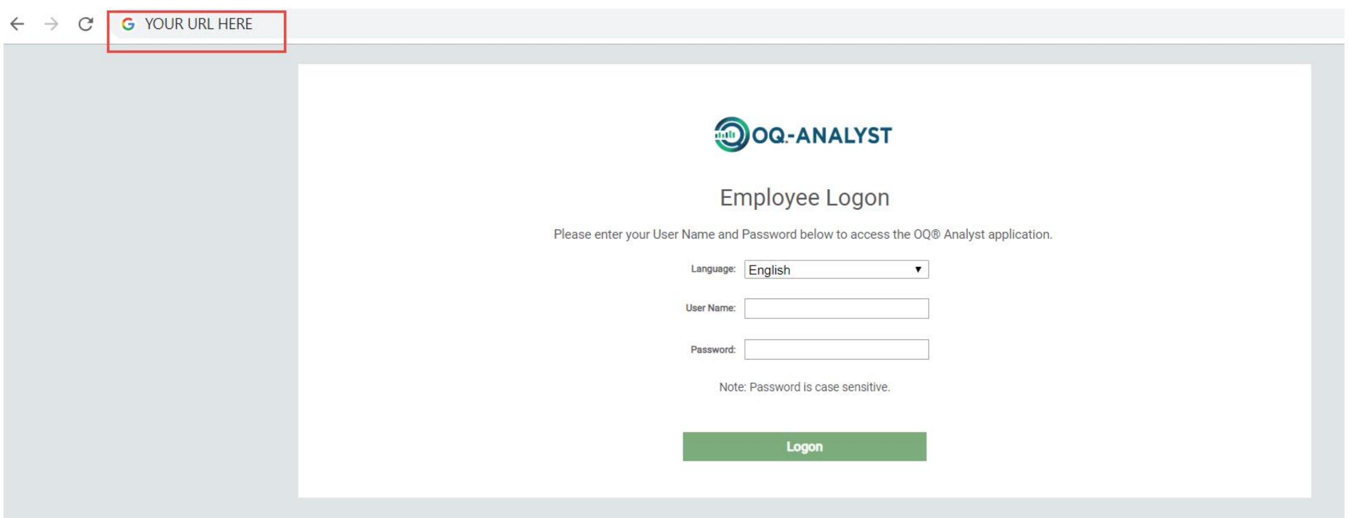
To obtain or verify your unique URL, please contact your IT support person or OQ Measures IT Support:

Phone: (801) 649-5449

Toll Free: (888) 647-2673

Email: support@oqmeasures.com

2. How to Access OQ®-Analyst



IMPORTANT: Before you can login to the system you must obtain a user name and password from your System Administrator. If you are having trouble logging into the system, please contact your System Administrator or OQ Measures IT Support.

1. Logon to a device with an internet connection.
2. Open a compatible browser window and browse to your organization's unique URL.

NOTE: OQ®-Analyst works with the latest versions of the following browsers: Edge/Internet Explorer, Firefox, Chrome, and Safari.

3. Type your user name in the **User Name** field.

4. Type your password in the **Password** field.

   NOTE: Your password is case sensitive, should be at least six characters in length, and alphanumeric. If you are not able to login successfully, make sure your Caps Lock and Num Lock keys are properly set. See section 5.1.1 below for more information on password security options.

5. Click [**logon**].

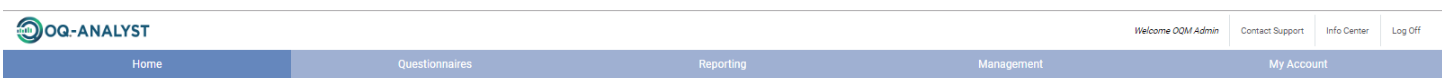
You will be assigned a password for your initial login. The first time you login, you may be required to change your password.

2.1 Multiple Logon Failure Attempts

The number of login attempts is determined by your organization; however, the system default is four attempts. For example, after three tries with an invalid user name/password combination, a warning will display indicating one more attempt is allowed. If a valid user name/password is not entered on the fourth attempt, the user will be locked out of the OQ®-Analyst. For more information on unlocking an account, see section 5.1.1 below.

3. Navigating OQ®-Analyst

After you successfully logon, OQ®-Analyst will open to your Home page. The Navigation bar is located at the top of each page and displays the different tabs available in the application. Your current page will be indicated by the blue tab.



Available tabs include Home, Questionnaires, Reporting, Management, and My Account.

User Role and Access Level will determine which tabs, subtabs, and client history are accessible within your OQ®-Analyst. Access levels and user roles are set by your organization's System Administrator when creating your Employee profile.

If you are having an issue accessing client records or do not have the appropriate rights within the system, please contact your System Administrator to have your Employee profile adjusted. For more detailed information regarding this security model and User Role/Access Level combinations, please refer to section 9 or the full OQ®-Analyst Security Model document, which can be viewed by clicking on the Info Center link on the Home page after you login to the system.

Several of the tabs also contain subtabs that are listed on the bar directly below the Navigation bar. Your current subtab will be indicated by the blue highlighting.

IMPORTANT: Please remember to click [Log Off] when exiting the application. This will ensure you completely disconnect from the database and maintain HIPAA compliance. Simply closing the browser window does not log you out of the OQ®-Analyst database immediately and an active session will remain open until the system times out. [Log Off] is in the upper right corner of your home page.

Please do not use the back button on your browser. This may cause unexpected results.

3.1 Turn off Autofill Option

In order to maintain HIPAA compliance, we recommend turning off the autofill option for any browser you are using to access the OQ®-Analyst site. This will ensure your system does not remember and autofill past user name and password entries. Since this process must be done for each browser used to access the OQ®-Analyst, we recommend having a designated browser for the OQ®-Analyst website.

Microsoft Edge

1. Open Microsoft Edge.
2. Click on the 3 dots in the top right corner.
3. Click on Settings.
4. Scroll to bottom of page, select View Advanced Settings.
5. Scroll to AutoFill Settings and turn off Save Passwords, Save Form Entries, and Save Cards.

Internet Explorer

1. Open Internet Explorer.

2. Click the Tools button, and then click Internet options.
3. On the Content tab, under AutoComplete, click Settings.
4. Un-select the “User names and passwords on forms” check box.
5**. Click OK**, and then click OK again.

Chrome

Computers

This feature is version specific. Contact your local IT support team or Google Chrome for assistance.

Android devices, iPads & iPhones

Touch the Chrome menu ⋮.
Touch Settings > Autofill forms.
Touch or slide the Autofill switch to the Off position. You can switch Autofill back on at any time.

Firefox

Click the menu button ☰ and choose Options.
Select the Privacy and Security panel.
Scroll down to Forms and Autofill.
Remove the check mark next to Autofill.
Scroll to History. Select from dropdown Use Custom Settings for History and uncheck Remember Search and Form History.
Close the Options page. Any changes you've made will automatically be saved.

This change also prevents Firefox from storing search history for the Search bar in the Navigation Toolbar.

Safari

Open your Safari browser.
Click on "Safari" in the program menu and select "Preferences" in the drop-down menu.
Click on the "Autofill" tab in the Preferences window.
Click on each of the check boxes next to the autofill options to deselect them, turning off the autocomplete for each option.

3.2 Allow Pop-Up Windows

It is necessary to allow pop-up windows within the OQ®-Analyst website for each browser used to access the software. Since this process must be done for each browser used to access the OQ®-Analyst, we recommend having a designated browser for the OQ®-Analyst website.

Microsoft Edge

1. Open Microsoft Edge.
2. Click on the 3 dots in the top right corner.
3. Click on Settings.
4. Scroll to bottom of page, select View Advanced Settings.
5**.** Turn off Block Pop-ups.

Internet Explorer

1. Open your Internet Explorer browser.
2. Click on the Tools button in the top-right corner, then click Internet Options.
3. Click on the Privacy tab.
4. Under Pop-up Blocker, click Settings to open the Pop-up Blocker Settings window. Add the OQ®-Analyst domain to the list of allowed sites. Click Close and then click OK.

Chrome

1. Open Chrome.
2. In the top-right corner, click the Chrome menu ⋮.
3. Click Settings. Scroll to bottom of page to click Show Advanced Settings.
4. Scroll down to Privacy and Security. Click the Content Settings button and scroll down and click on the Pop-ups and Redirect section.
5. Click the Add button. Type in the OQ®-Analyst URL to add it to the pop-ups allow list.

   NOTE: You can also allow pop-ups directly from the OQ®-Analyst website after a pop-up window is blocked. At the end of the address bar, click the pop-up blocker icon. Click the link to always show pop-ups from the OQ®-Analyst website.

Firefox

Open Firefox.
Click the menu button ☰ and choose Options.
Select the Privacy and Security panel.
Scroll down to Permissions. Next to Block Pop-up Windows, click the Exceptions button located on the right side of the screen.
Add the OQ®-Analyst URL to the list of allowed sites and click Allow.
Click Save Changes.

Safari

Open Safari browser.
From Safari menu, select Preferences.
Click the Security tab.
Uncheck the option to Block Pop-up Windows

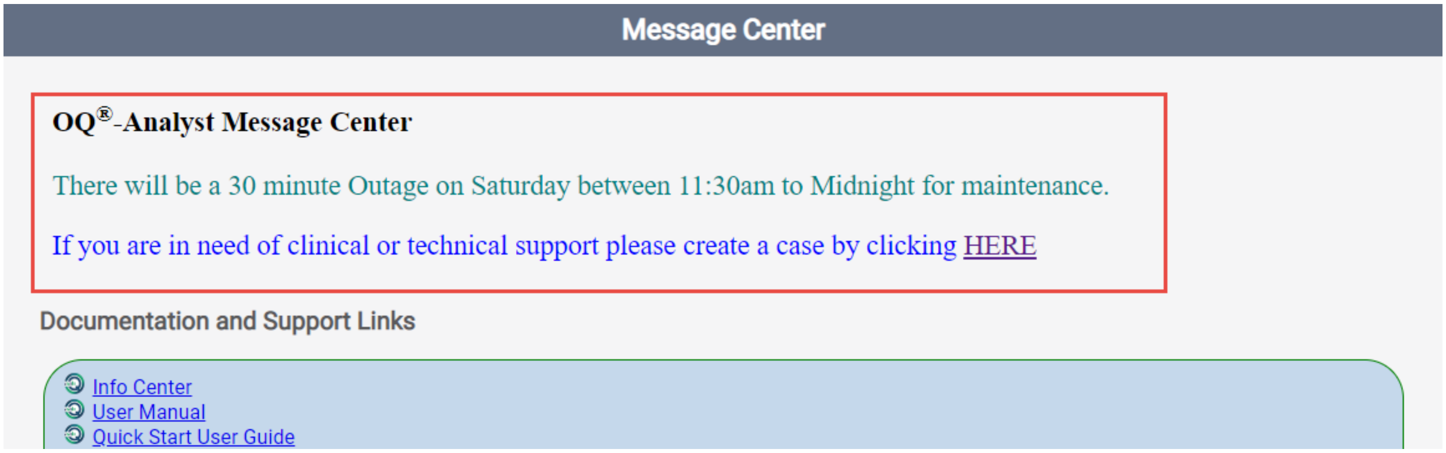
NOTE: Safari does not have an option to allow pop-ups for a specific site only.

4. OQ®-Analyst Home Page

When you have logged on, the OQ®-Analyst will open to your home page. Your home page will be different depending on your user role (i.e. clerical, clinician, or supervisor).

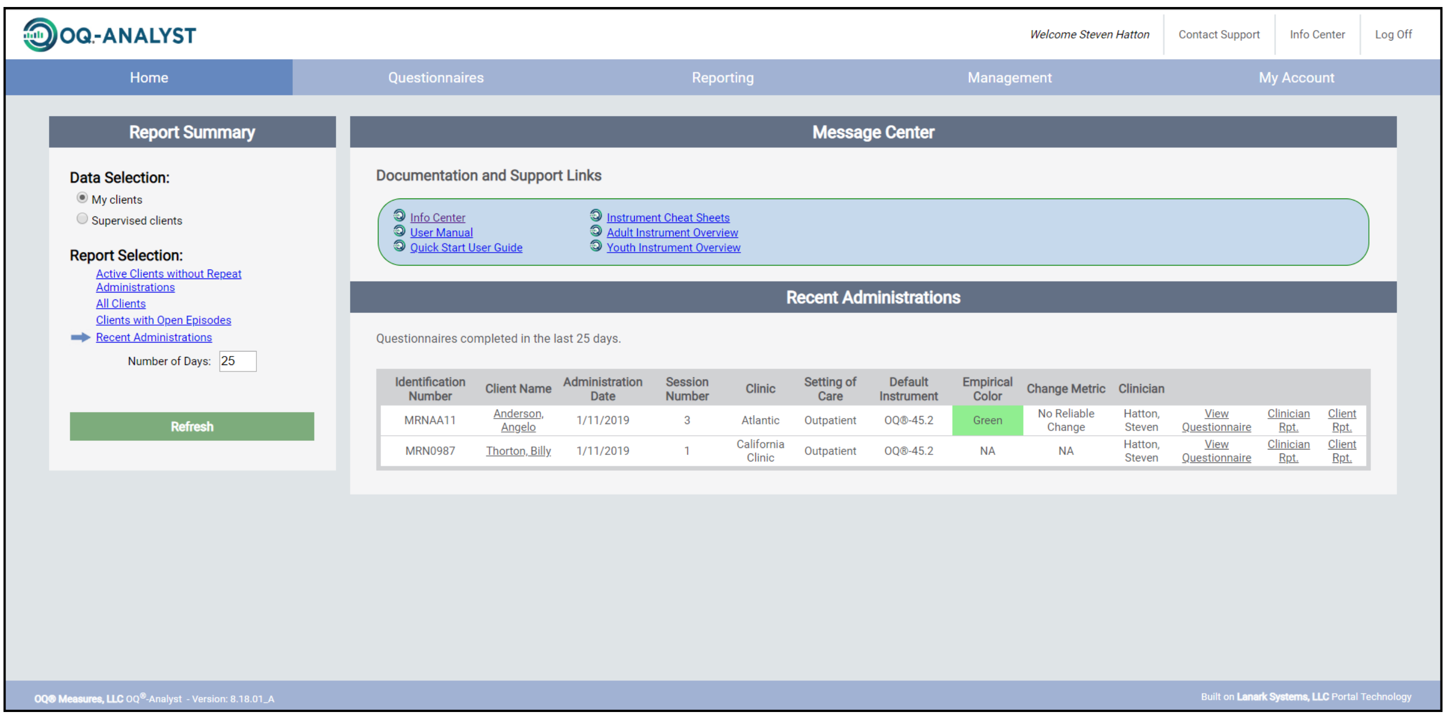
4.1 Message Center

The home page includes a Message Center that allows OQ Measures to easily share news and updates with users. When a message is displayed, it is located at the top of the page as shown below:

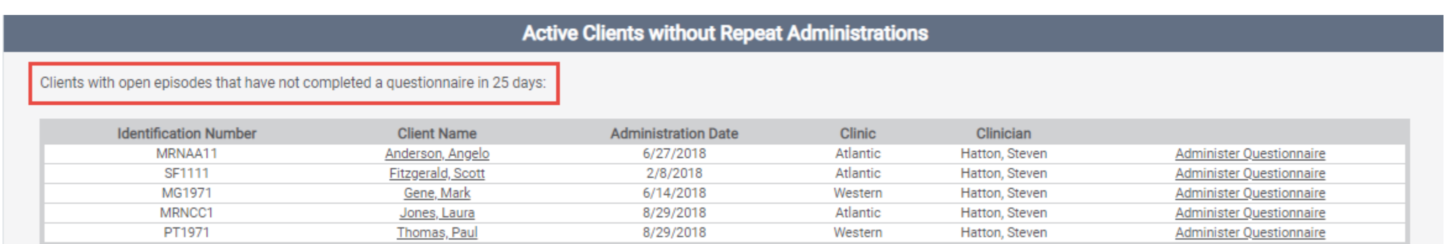


4.2 Clinician/Supervisor Home Page

The home page helps clinicians and supervisors to manage their clients. The page includes convenient links to view the following data:



<u>Active Clients without Repeat Administrations</u>: this allows you to see a list of clients who have not completed a questionnaire within N days (N can be modified).



Active Clients without Repeat Administrations

Clients with open episodes that have not completed a questionnaire in 25 days:

Identification Number	Client Name	Administration Date	Clinic	Clinician	
MRNAA11	Anderson, Angelo	6/27/2018	Atlantic	Hatton, Steven	Administer Questionnaire
SF1111	Fitzgerald, Scott	2/8/2018	Atlantic	Hatton, Steven	Administer Questionnaire
MG1971	Gene, Mark	6/14/2018	Western	Hatton, Steven	Administer Questionnaire
MRNCC1	Jones, Laura	8/29/2018	Atlantic	Hatton, Steven	Administer Questionnaire
PT1971	Thomas, Paul	8/29/2018	Western	Hatton, Steven	Administer Questionnaire

<u>All Clients</u>: this allows you to see a list of all your clients.

All Clients

Identification Number	Client Name	Birth Date	Gender	Diagnosis	Default Instrument	Clinician	
CB30340	Barnes, Cliff	10/11/1969	Male	Unknown Diagnosis	OQ®-45.2 English	Hatton, Steven	Administer Questionnaire
MRNAA11	Anderson, Angelo	2/15/1971	Male	Unknown Diagnosis	OQ®-45.2 English	Hatton, Steven	Administer Questionnaire
SF1111	Fitzgerald, Scott	10/16/1972	Male	Stress Disorder	OQ®-45.2 English	Hatton, Steven	Administer Questionnaire
PT1971	Thomas, Paul	6/12/1971	Male	PTSD	OQ®-45.2 English	Hatton, Steven	Administer Questionnaire
MG1971	Gene, Mark	2/27/1971	Male	Stress Disorder	OQ®-45.2 English	Hatton, Steven	Administer Questionnaire
MRN0987	Thorton, Billy	8/28/2018	Other	Stress Disorder	OQ®-45.2 English	Hatton, Steven	Administer Questionnaire
MRNCC1	Jones, Laura	8/29/2018	Female	ADHD	OQ®-45.2 English	Hatton, Steven	Administer Questionnaire
MRN0001	Mark, Ellis	8/29/2018	Male	PTSD	OQ®-45.2 English	Hatton, Steven	Administer Questionnaire

<u>Clients with Open Episodes</u>: this allows you to see a list of all your active clients.

Clients with Open Episodes

Clients with open episodes.

Identification Number	Client Name	Birth Date	Gender	Diagnosis	Default Instrument	Episode Begin	Questionnaire Count	Clinician
CB30340	Barnes, Cliff	10/11/1969	Male	Unknown Diagnosis	OQ®-45.2 English	1/11/2016	23	Hatton, Steven
MRNAA11	Anderson, Angelo	2/15/1971	Male	Unknown Diagnosis	OQ®-45.2 English	5/16/2018	3	Hatton, Steven
SF1111	Fitzgerald, Scott	10/16/1972	Male	Stress Disorder	OQ®-45.2 English	2/8/2018	2	Hatton, Steven
PT1971	Thomas, Paul	6/12/1971	Male	PTSD	OQ®-45.2 English	8/29/2018	2	Hatton, Steven
MG1971	Gene, Mark	2/27/1971	Male	Stress Disorder	OQ®-45.2 English	5/17/2018	3	Hatton, Steven
MRNCC1	Jones, Laura	8/29/2018	Female	ADHD	OQ®-45.2 English	8/29/2018	1	Hatton, Steven

<u>Recent Administrations</u>: this allows you to see a list of all your clients with administrations within N days (N can be modified).

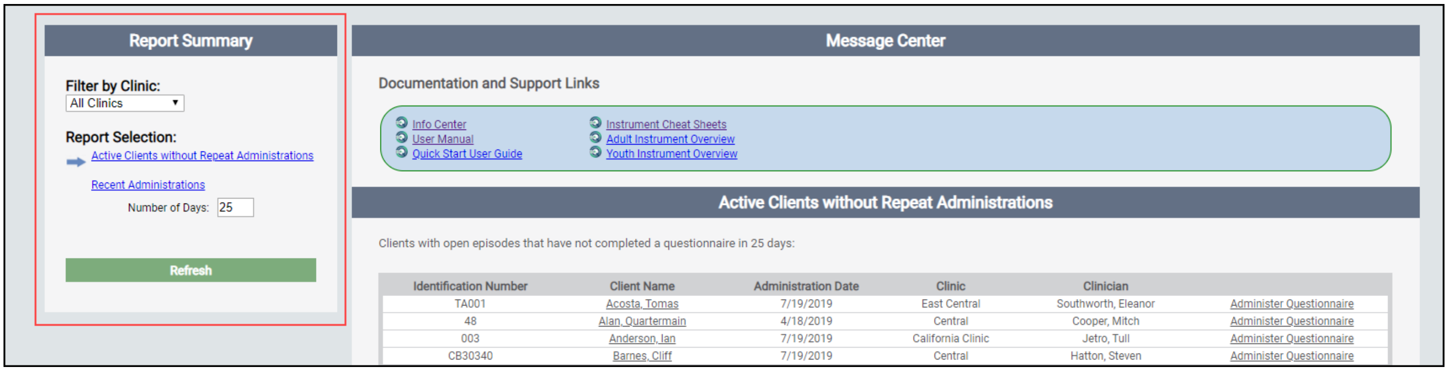
Recent Administrations

Administrations completed in the last 30 days.

Identification Number	Client Name	Administration Date	Session Number	Clinic	Setting of Care	Default Instrument	Empirical Color	Change Metric	Clinician			
PT1971	Thomas, Paul	8/29/2018	2	Western	Outpatient	OQ®-45.2	Yellow	No Reliable Change	Hatton, Steven	View Questionnaire	Clinician Report	Client Report
PT1971	Thomas, Paul	8/29/2018	1	Western	Outpatient	OQ®-45.2	NA	NA	Hatton, Steven	View Questionnaire	Clinician Report	Client Report
MRNCC1	Jones, Laura	8/29/2018	1	Atlantic	Outpatient	OQ®-45.2	NA	NA	Hatton, Steven	View Questionnaire	Clinician Report	Client Report

4.3 Clerical Users Home Page

Clerical users have access to reports regarding recent administrations, as well as active clients without repeat administrations. These reports may be filtered by clinic.



5. Management Tab

The Management tab allows you to add, view and edit employee and client information.

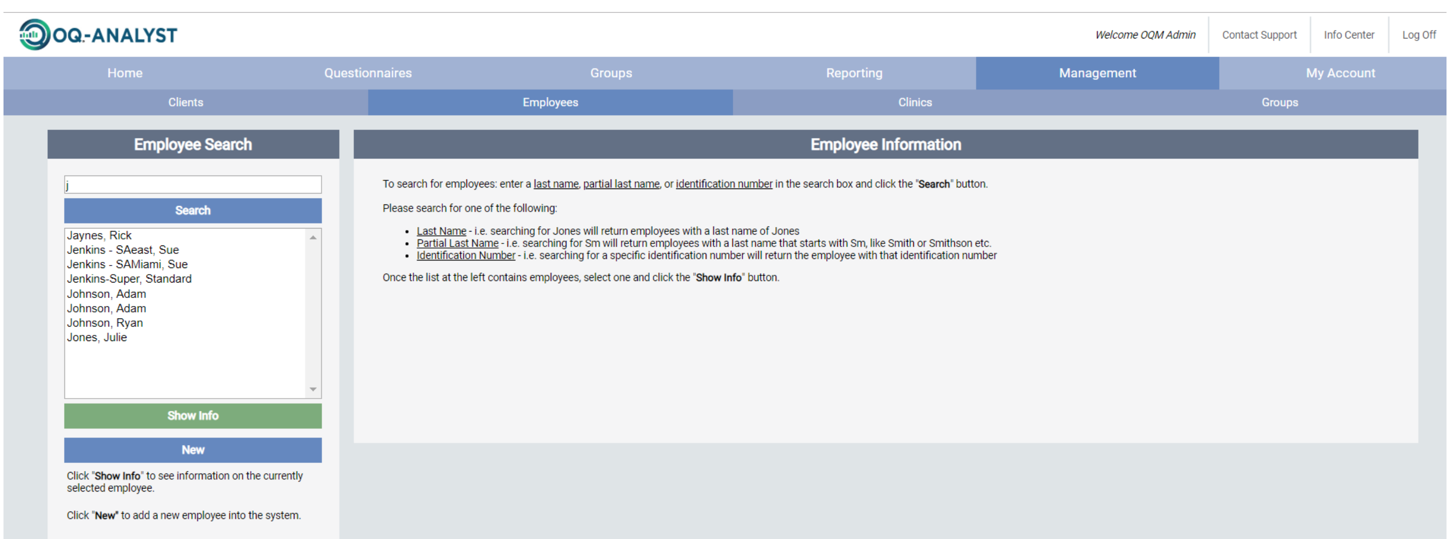
Only users with an Access Level of **Administrative** or **System Admin** have access to the Management tab. One exception, **Standard Users** may be given access to the Client Management Tab, allowing them to add/update their own clients to the OQ® -Analyst system. This is a system wide database setting, which can be turned on by contacting support@oqmeasures.com.

5.1 Management Employees Subtab

IMPORTANT: Before you can begin using OQ®-Analyst, your System Administrator must add you as an Employee to the system. **Only users with an Access Level of System Admin can view this subtab**.

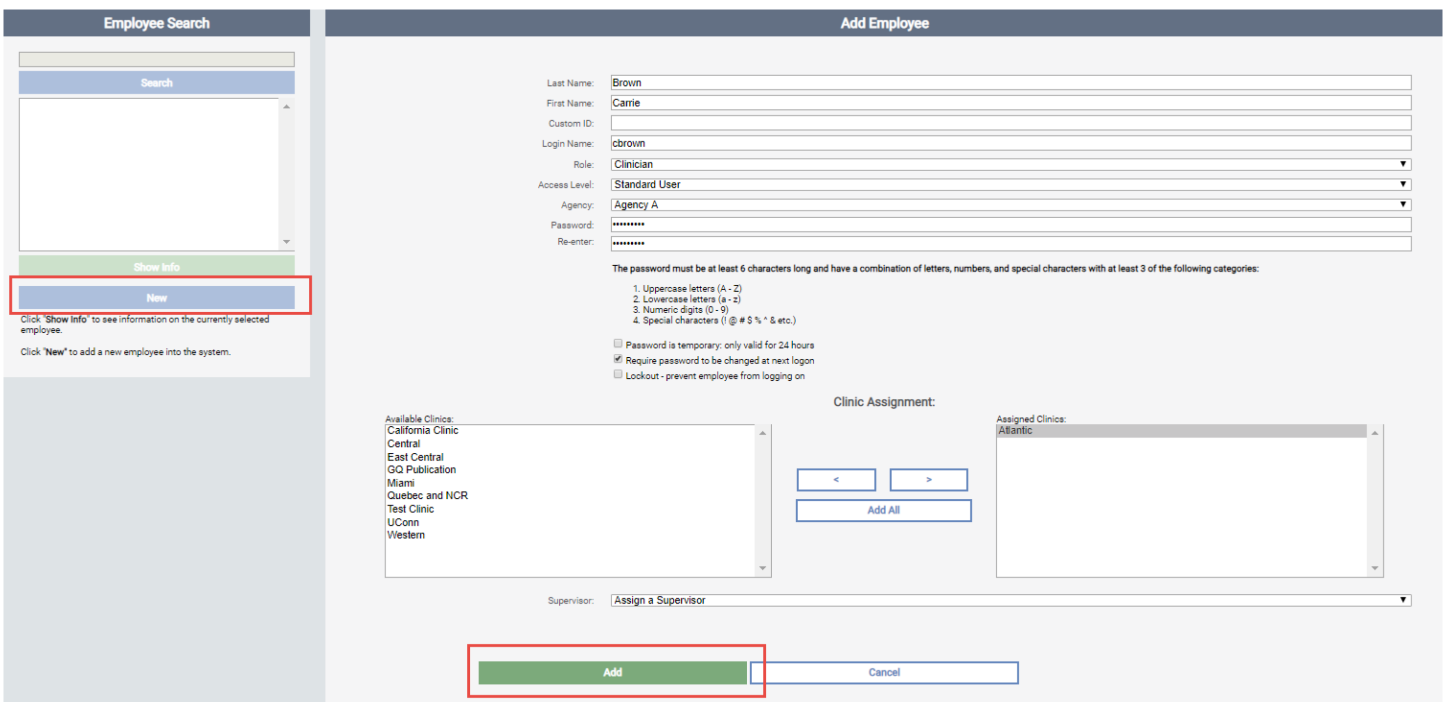
In order to maintain HIPAA compliance, we recommend each employee have their own unique login name and password that is not shared with another employee.

We also recommend performing a partial last name search before adding an employee to the database. This will reduce the likelihood of duplicate entries.



The **Employees** subtab allows you to add, view, search and edit employee information. **Employees** fields include (an * indicates required field):

Last Name *: The last name of the employee (30 alphanumeric characters or less).
First Name *: The first name of the employee (30 alphanumeric characters or less).
Custom ID: The custom ID assigned to an employee (not required) is a unique ID up to 30 alphanumeric characters. Assigned by your organization, this id number can be used to integrate with your Electronic Medical Record (EMR) system.
Login Name *: The user ID the employee will use when accessing OQ®-Analyst. Assigned by your organization, the Login Name can be up to 100 characters in length and must be unique.
Role *: Clerical, Clinician, Corporate, or Supervisor. For more information please refer to the full OQ®-Analyst Security Model document.
Access Level *: Standard User, Administrative, Executive User, System Admin, or Not Assigned. For more information please refer to the full OQ®-Analyst Security Model document.
Agency: The organization to which the employee is assigned.
Password *: The default password for the employee. For security purposes, the password must be alphanumeric, at least 6 characters in length, and is case sensitive. A default password can be setup and would require an employee to change their password after their initial login. See section 5.1.1 below for more information on password security options.
Re-enter *: Re-enter the password for confirmation.
Clinic Assignment *: The clinic(s) to which the employee is assigned.
Supervisor: A list of employees filtered to only those assigned the role of Supervisor within OQ®-Analyst. The Supervisor assignment is optional and is only available for those employees assigned the role of Clinician. This allows mental health professionals with a role of Supervisor to access the case loads of clinicians assigned to them.

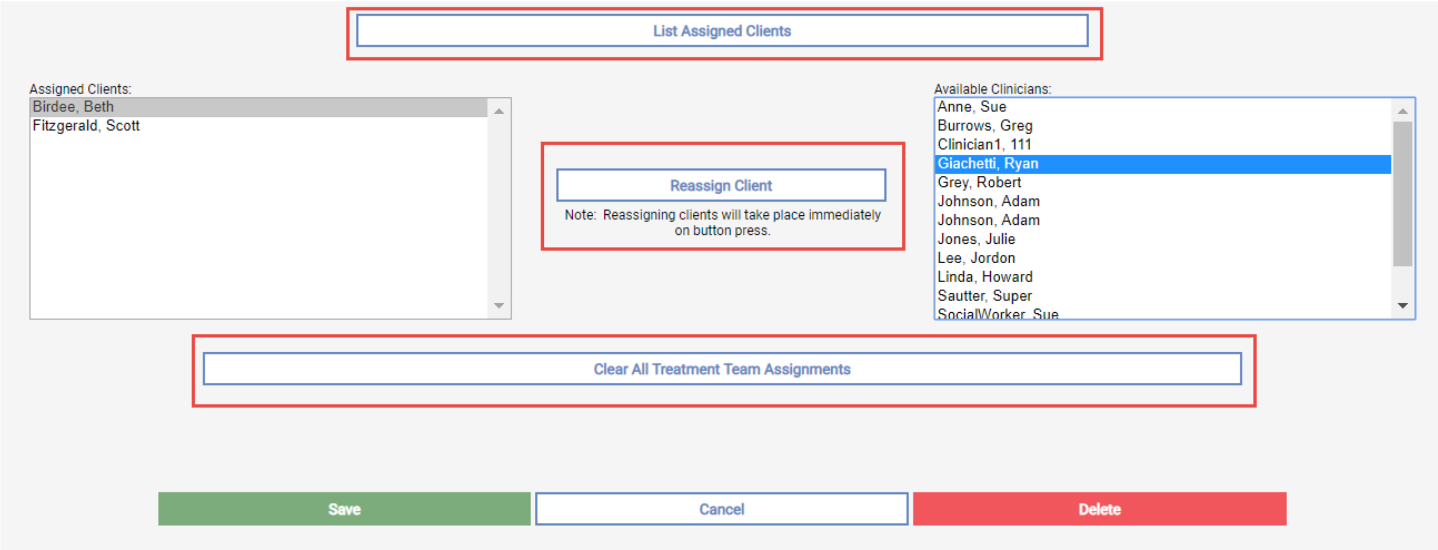


In addition to the above-mentioned fields, the following items are available when viewing an existing Employee account:

List Assigned Clients: Opens a box containing a list of all clients assigned to this employee.
Reassign Client: Allows you to reassign a client to a new, available clinician.

Clear All Treatment Team Assignments: Clears all treatment team assignments associated with this employee.

NOTE: **[Clear All Treatment Team Assignments]** is only visible after clicking **[List Active Clients]**.



Password Management

ATTENTION SYSTEM ADMINISTRATORS: You will need to uncheck the *Lockout* flag when resetting a user's password after they have been locked out of the system (see screenshot below).

Note: passwords must meet the security requirements listed below:

Passwords must be a minimum of 6 characters in length (and no more than 20 characters) and must include at least 3 of the following characteristics: uppercase letter, lowercase letter, numeric digit, special character (! @ # $ % ^ & *). **Please let us know if you would like to change the default minimum length (6) for required password length.**

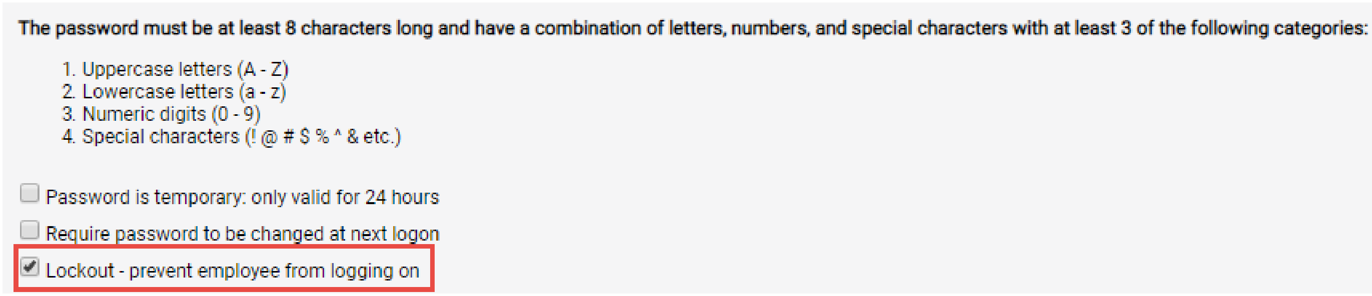
Cannot use previous 4 passwords (this default can be modified).

Password expiration in N days (N is a configurable value). Currently, the passwords are *not* set to expire. **Please let us know what timeframe you would prefer for password expiration (i.e. 90 days).**

User account locked after N unsuccessful logon attempts (N is configurable value). System Admin will need to unlock account by unchecking the "*lockout*" flag as shown in screenshot below. The password can then be reset for the user. **The default setting is set to 4 attempts. Note: the lockout flag can also be used to intentionally lock an employee out of the system.**

Option to flag password as temporary (i.e. 1 day). This default is configurable.

Option to require password change at next logon.



Re-assigning Clients Assigned to an Employee:

Access the **Management** tab and select the **Employees** subtab.

Enter full or partial last name to view all available Employees and click **[Search].**

Highlight Employee name in search results box and click **[Show Info].**

Click **[List Assigned Clients**].

Highlight the client's name to reveal list of available clinicians.

> **NOTE**: Only clinicians assigned to the same clinic as the client will appear on the Available Clinicians list.

Highlight the desired clinician and click **[Reassign Client].**

Repeat steps until all clients have been re-assigned.

To clear all treatment team assignments, click **[Clear All Treatment Team Assignments].**

A pop-up window will ask for confirmation. Click **[OK]** to continue or **[Cancel]**.

Creating a New Employee Account:

Access the **Management** tab and select the **Employees** subtab.

Select [**New**].

3. Enter the required information in the **Add Employee** box and click **[Add]**.

Updating an Employee Account:

Access the **Management** tab and select the **Employees** subtab.

Enter full or partial last name to view all available Employees and click **[Search].**

Highlight Employee name in search results box and click **[Show Info].**

Edit or modify desired field(s) and click **[Update]**.

A pop-up window will ask for confirmation. Click **[OK]** to update or **[Cancel]**.

NOTE: A user with an Access Level of System Admin can re-set an Employee password by opening the employee's existing account and clicking **[Change Password]**. Users can change their own passwords on the My Account tab. For more information, please refer to section 9.1 "Changing Your Password".

Deleting an Employee Account:

Employee accounts with a Clinician or Supervisor User Role cannot be deleted from the system while clients and/or clinicians are still assigned to them. Once all clients/clinicians have been re-assigned to another available clinician or supervisor, the employee account can be removed from the system. See section 5.1.2 above for steps on re-assigning clients to another employee.

IMPORTANT: when deleting an employee record, their "Username" still exists in the OQ®-Analyst database which prevents it from being used in the future. If there is potential for that username to be needed in the future by a new employee, we recommend modifying the username of the employee who is leaving before deleting the record.

Access the **Management** tab and select the **Employees** subtab.

Enter full or partial last name to view all available Employees and click **[Search].**

Highlight Employee name in search results box and click **[Show Info].**

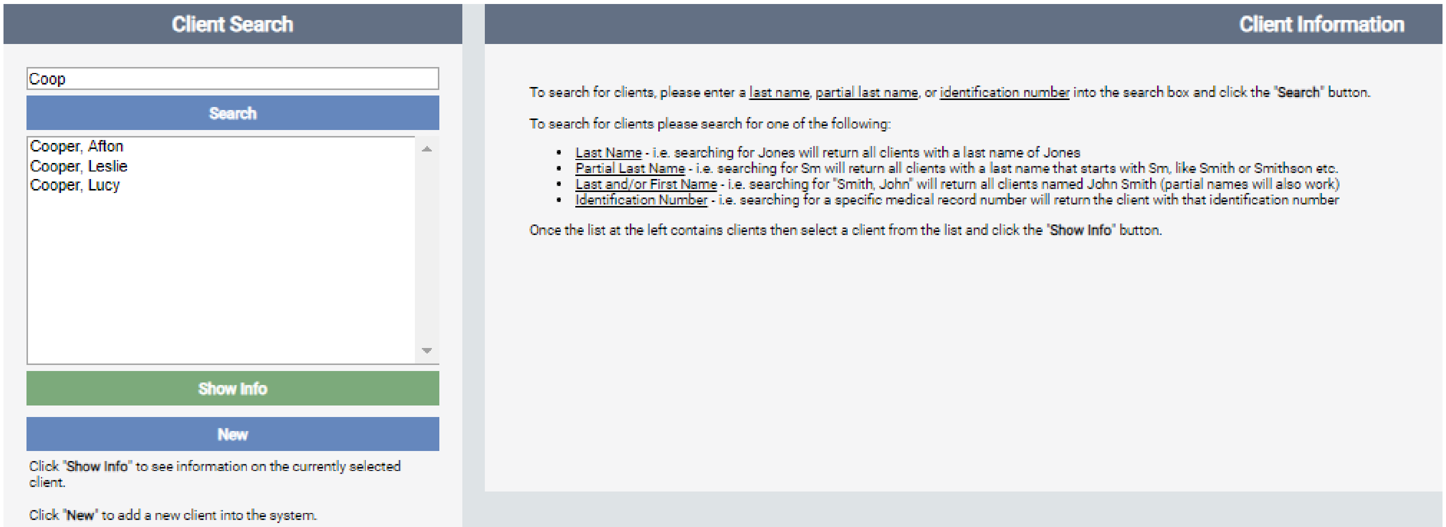
Click **[Delete].**

A pop-up window will ask for confirmation. Click **[OK]** to continue or **[Cancel]**.

5.2 Management Clients Subtab

IMPORTANT: Before you can administer questionnaire(s) to a client, the client must first be added to the OQ®-Analyst database by a user with an Administrative or System Admin Access Level. One exception, Standard Users may be given access to the Client Management Tab, allowing them to add/update their own clients to the OQ® -Analyst system. This is a system wide database setting, which can be turned on by contacting support@oqmeasures.com.

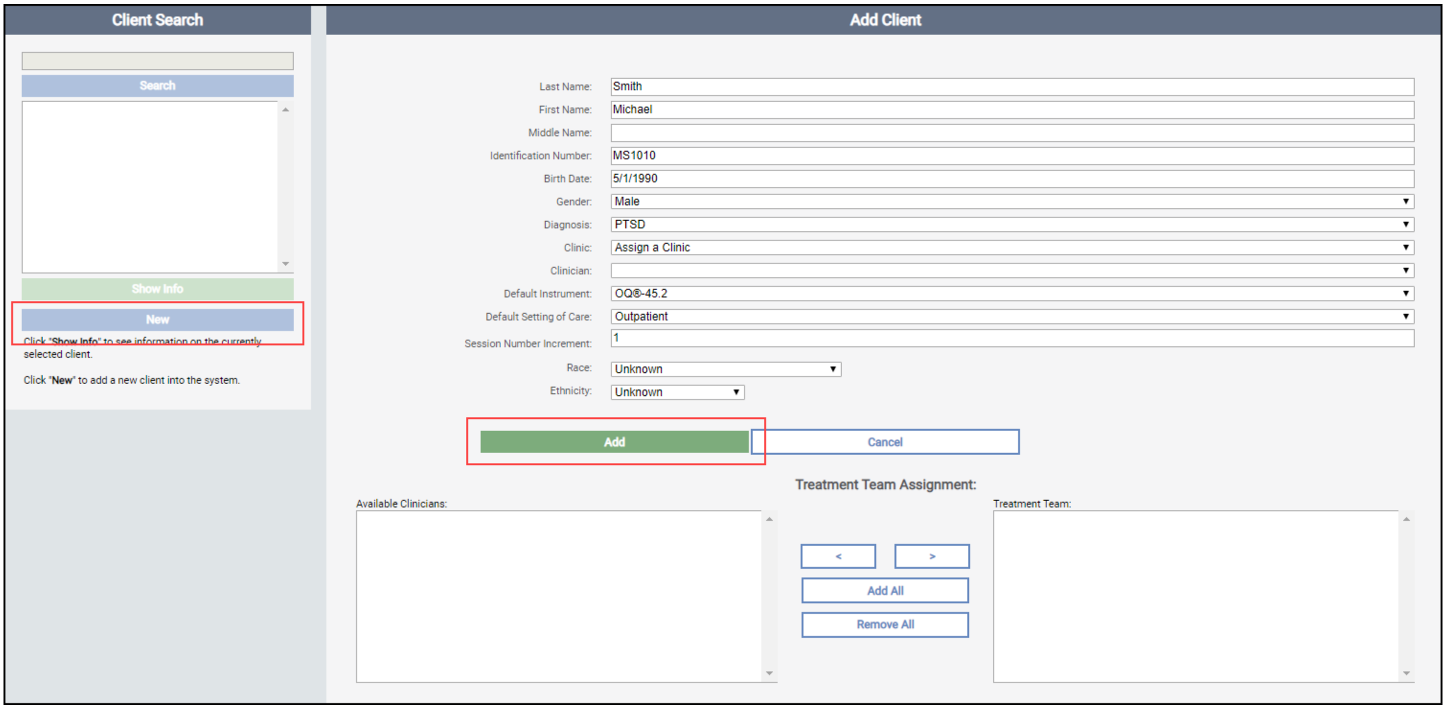
We also recommend performing a partial last name search before adding a client to the database. This will reduce the likelihood of duplicate entries.



The **Clients** subtab allows you to add, view, search and edit information about persons receiving treatment. **Clients** fields include (an * indicates required field):

Last Name *: The last name of the client (30 alphanumeric characters or less).
First Name *: The first name of the client (30 alphanumeric characters or less).
Middle Name: The middle name of the client (30 alphanumeric characters or less).
Identification Number: A unique ID up to 30 alphanumeric characters. Assigned by your organization, this id number can be used to integrate with your Electronic Medical Record (EMR) system. **NOTE**: If the client record is deleted, the Identification Number remains in the database and cannot be used again.
Birth Date: The date of birth of the client (YYYY/MM/DD).
Gender *: The gender of the client.
Diagnosis: The client's current diagnosis. Default is Unknown.
Clinic *: The clinic to which the client is assigned.
Clinician *: The primary clinician to which the client is assigned. This listing is filtered to only those employees assigned a Clinician or Supervisor role and are in the same clinic as the client.
Default Instrument *: The default outcome measure for this client.
Default Setting of Care*: The default setting of care for this client.
Session Number Increment: This is an optional customizable feature that can be set either system wide or at the client level. Setting this up system wide allows an organization to establish the Session Number Increment that will be used for all clients (i.e. every session, every other session, once a month, etc.). Alternatively, the Session Number Increment can be captured at the client level. When this setting is used, a new field is added to the client's profile page and can be adjusted appropriately for each individual client. This feature can be turned on or turned off as part of your database settings. To turn this feature on, please contact support@oqmeasues.com. Please refer to section 7.1.2.1 below for more information.
Treatment Team Assignment: Additional clinicians to which the client is assigned. The Treatment Team can view and administer questionnaires for the client.

NOTE: There may be instances of clients with similar names. For example, John P. Smith and John H. Smith. The Identification Number and Birth Date fields are unique identifiers used to ensure the correct client has been selected.



Creating a New Client Record:

Access the **Management** tab and select the **Clients** subtab.

Select [**New**].

Enter the required information for the client in the **Add Client** window and click [**Add**].

Updating a Client Record:

Access the **Management** tab and select the **Clients** subtab.

Enter full or partial last name or Identification Number to view available Clients and click **[Search].**

Highlight Client name in search results box and click **[Show Info].**

Edit Client information and click **[Update]**.

A pop-up window will ask for confirmation. Click **[OK]** to continue or **[Cancel]**.

Deleting a Client Record

Access the **Management** tab and select the **Clients** subtab.

Enter full or partial last name or Identification Number to view all available Clients and click **[Search].**

Highlight Client name in search results box and click **[Show Info].**

4. Click **[Delete]**. A pop-up window will ask for confirmation. Click **[OK]** to delete or **[Cancel]**.

NOTE: This process cannot be undone. We recommend discharging the episode of care instead of deleting a client's record, when appropriate.

6. Client Administration Methods

Now that your clients have been added to the system, you are ready to administer questionnaires. Our instruments can be administered in a variety of ways depending on your needs and client's preferences. Using an internet connection (your choice of browser) and a desktop computer, laptop, or tablet (including iPads and smart phones), there are several easy and convenient methods for administering a questionnaire.

Administration methods include the OQ®-A Online Administration, OQ®-A Kiosk Administration, OQ®-A Offline Application, Manual (paper) Administration, and Custom URL, which allows a client to complete the questionnaire at home.

For more information on administering questionnaires on a recommended device, please refer to the Info Center link in the upper right corner of your OQ®-Analyst site.

6.1 Custom URL

The OQ®-Analyst provides the ability to auto-generate a custom administration link that can be emailed to a specific client, so they can complete the questionnaire at home or on a mobile device. Since the link is specific to a single client, this eliminates the need for them to logon to complete the questionnaire. The client can click on the link to open and complete the questionnaire on any device connected to the internet. Please refer to section 7.2.2 below for more details.

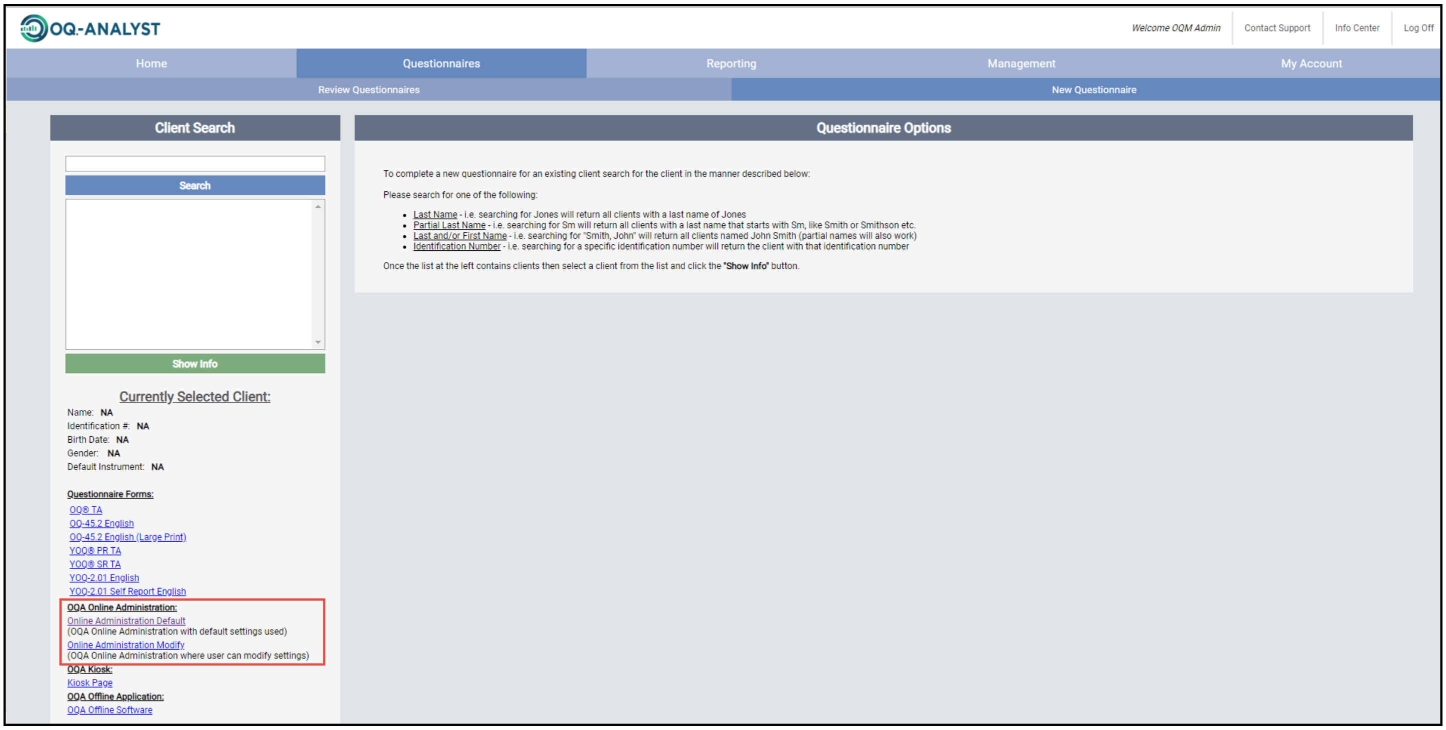
This feature can be turned on or turned off as part of your database settings. To turn this feature off, please contact support@oqmeasues.com.

6.2 OQ®-A Online Administration

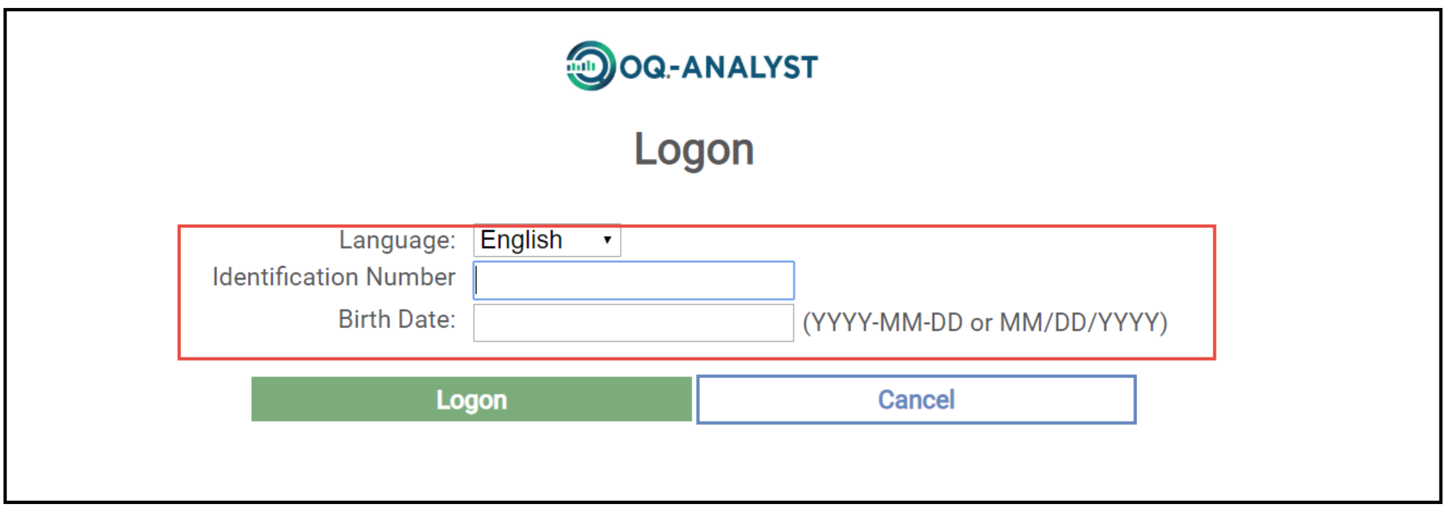
The OQ®-A Online Administration is the primary and most preferred method for completing a questionnaire. This method allows a client to view the questionnaire as a list of questions that are easy to scroll through. This method can be completed on any device and is ideal for smaller devices such as tablets or smart phones since it offers a larger font size.

Two unique URLs have been setup specifically for your organization and can be found on the New Questionnaire subtab in OQ®-Analyst: Online Administration Default and Online Administration Modify. When the Online Administration Default link is used, the system will bypass the Instrument Selection page, taking the user directly to the questionnaire identified as the client's default instrument on their profile page. When the Online Administration Modify link is used, the system will direct the user to the Instrument Selection page allowing them to modify the default settings (i.e. instruments, setting of care, clinic).

We recommend you bookmark your preferred URL on the device(s) used to administer the questionnaire(s).



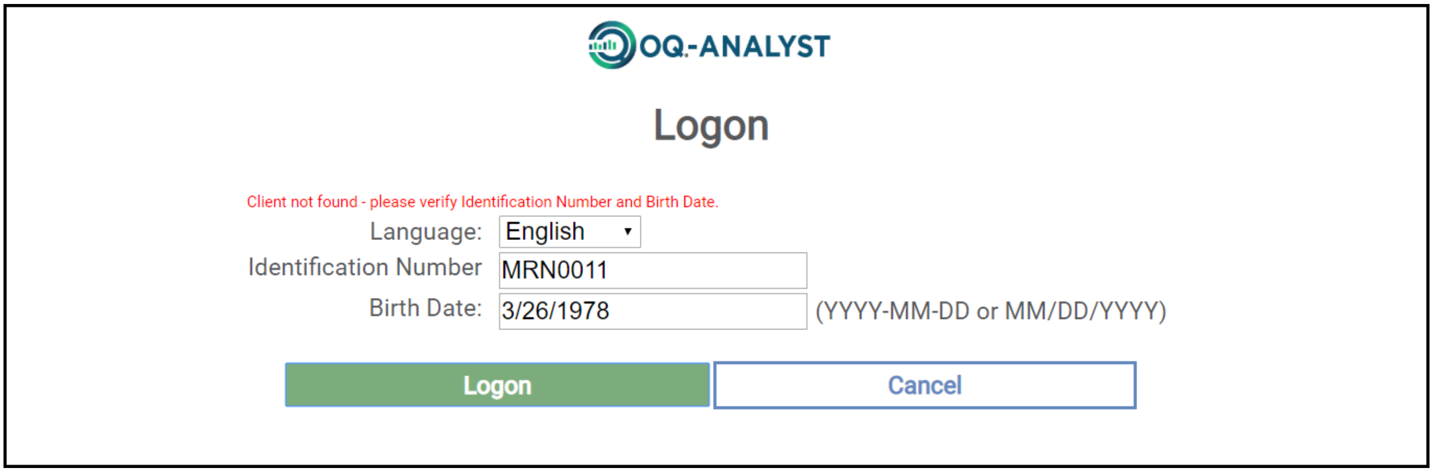
As you see in the screenshot below, the OQ®-A Online Administration requires the Identification Number and Birth Date when logging into the questionnaire. Since this combination is unique to each client, this ensures a secure login and client match.



Please keep in mind the language you choose at login for administering the questionnaire does not impact or correlate to the instrument you select for the client to complete. These are two separate and distinct components. For example, the language selected at login can be English and the instrument selected for administration Spanish.

The logon fields can be filled in by the individual administering the questionnaire to the client or by the client themselves. If the clients are logging in themselves, please ensure they know their correct Identification Number to logon successfully.

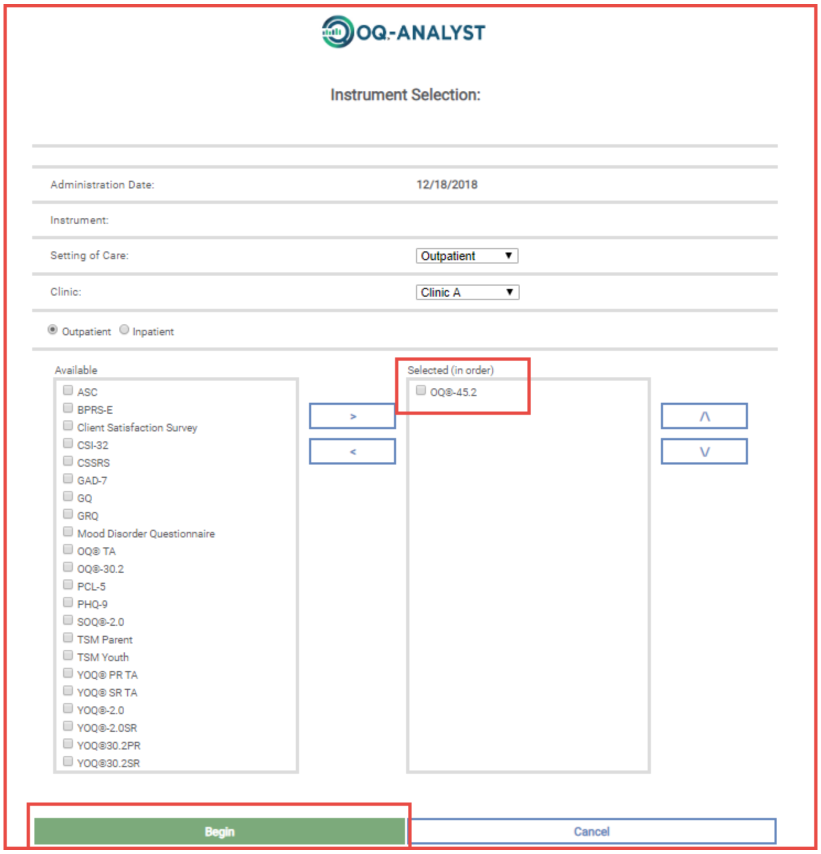
If the Identification Number and Birth Date are not entered correctly, the message "Client not found – please verify Identification Number and Birth Date" will display in red.



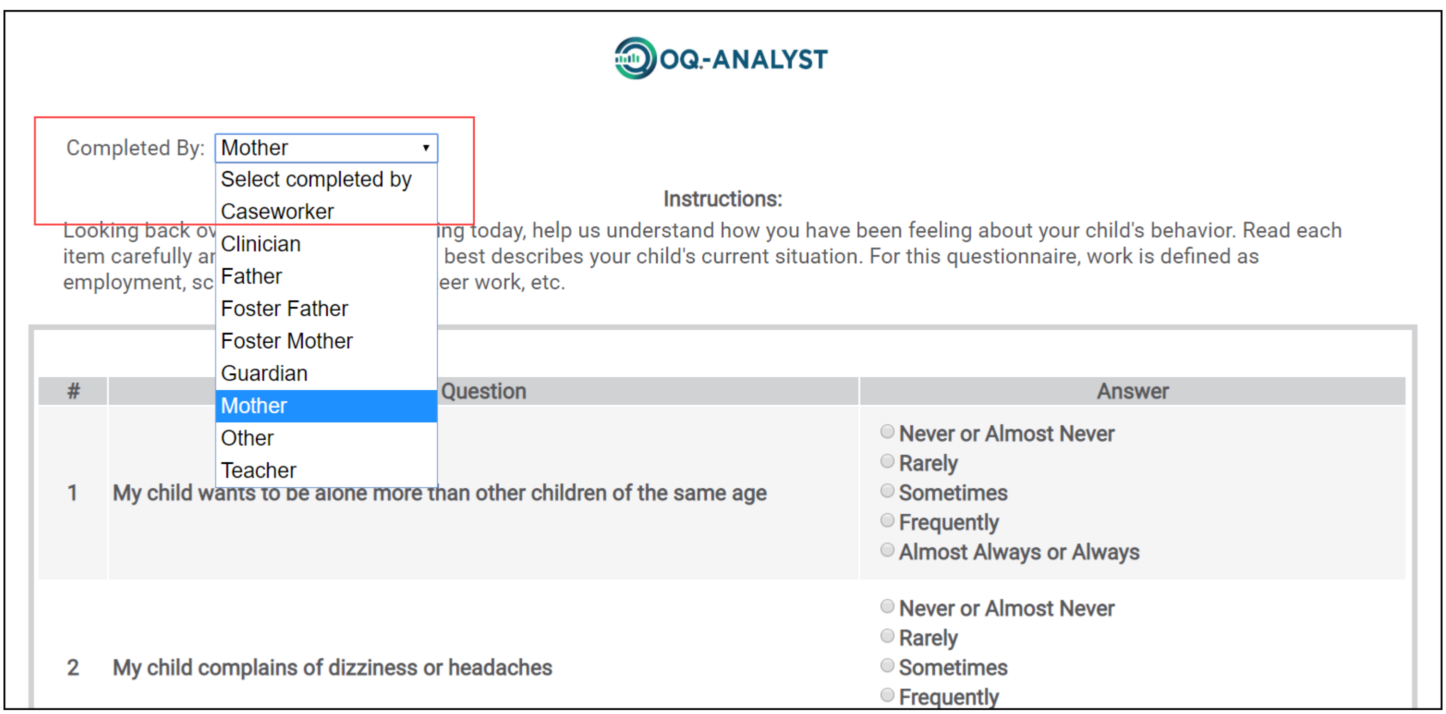
Next, the administrator or client will select which questionnaire(s) the client needs to complete. The client's default instrument will automatically be selected; however, this can be changed, or an additional instrument(s) can be added to the selected list. **NOTE**: Most often, this screen will be left as is and no additional selections will be needed.

The client's default Setting of Care and Clinic are also selected; however, these selections can be adjusted. **NOTE**: Most often, these fields will be left as is and no changes will be needed.

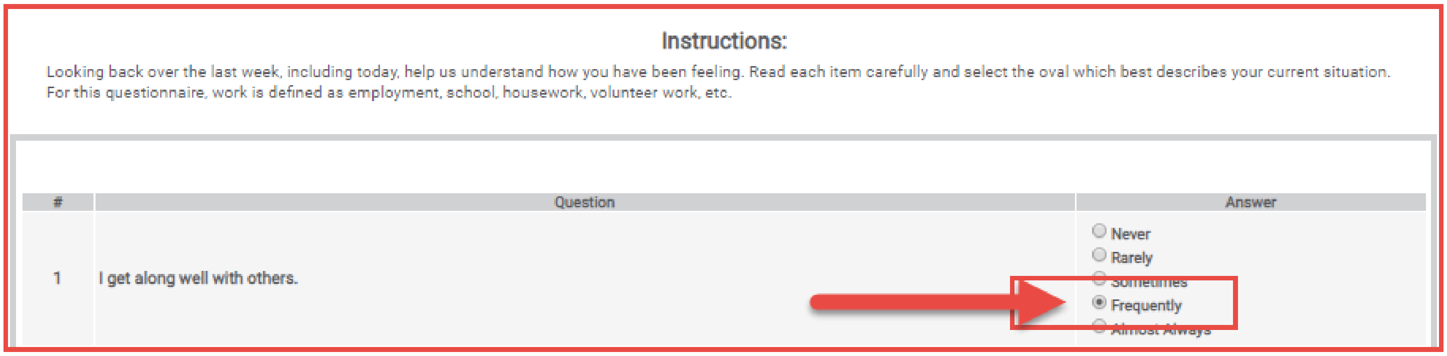
Click **[Begin]** to start the questionnaire.



NOTE: The following instruments require a **Completed By** value be selected from the drop-down menu: Y-OQ® 2.01, Y-OQ® 2.01 TA, Y-OQ® 30.2 PR, Y-OQ® TSM Parent, and Y-OQ® PR TA.

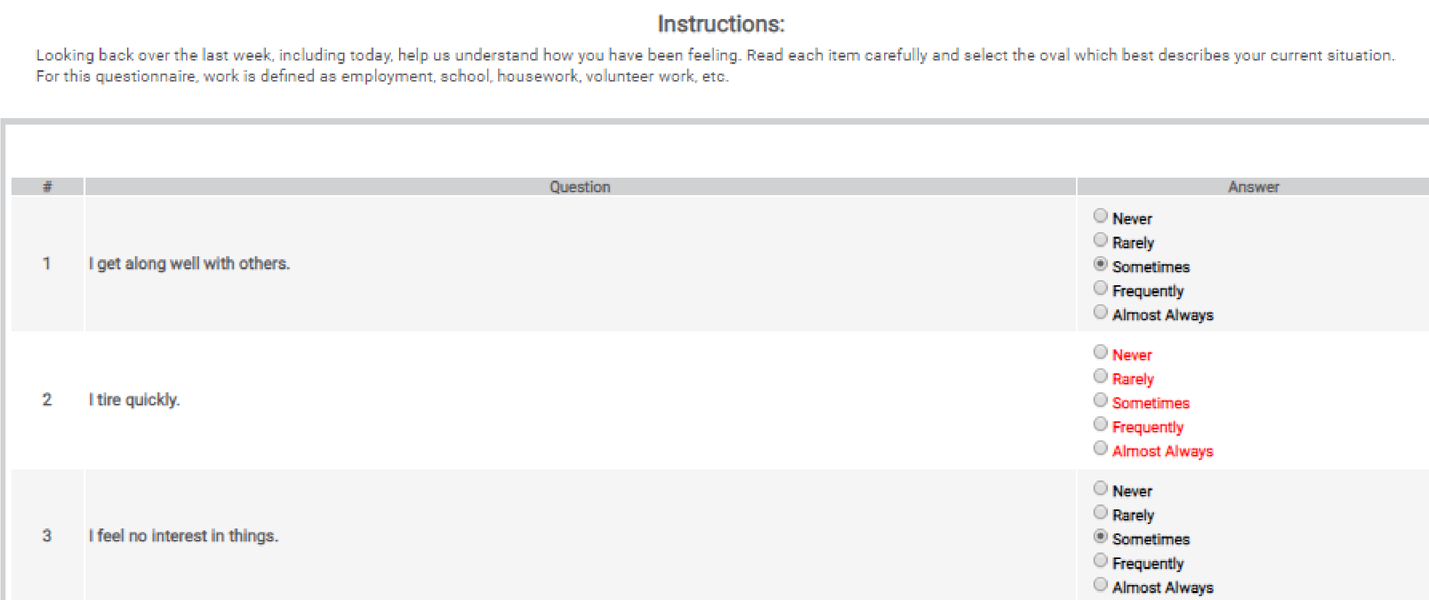


As mentioned above, this method allows a client to view the questionnaire as a list of questions that are easy to scroll through. To select an answer, click on the button located next to the desired response or clicking anywhere on the text or word will also record the selection as shown in the screenshot below.



After scrolling through the questionnaire and answering each question, your client can simply click **[Finish]** to submit the questionnaire. If the questionnaire contains unanswered questions, the system will ask "Do you want to go back and answer the questions you left blank?" The client can select **[Go Back]** or **[Finish (with blank answers)]**. Any blank questions will be highlighted in red and easy to identify as shown below.

NOTE: If more than 10% of a questionnaire's responses are left blank, the questionnaire is considered invalid and the data gathered will be excluded from aggregate reporting to ensure the report data is accurate. The questionnaire will remain part of the client's questionnaire history and can still be view by the clinician. Only users with an Access Level of Administrative or System Admin can delete a questionnaire(s) from the database.

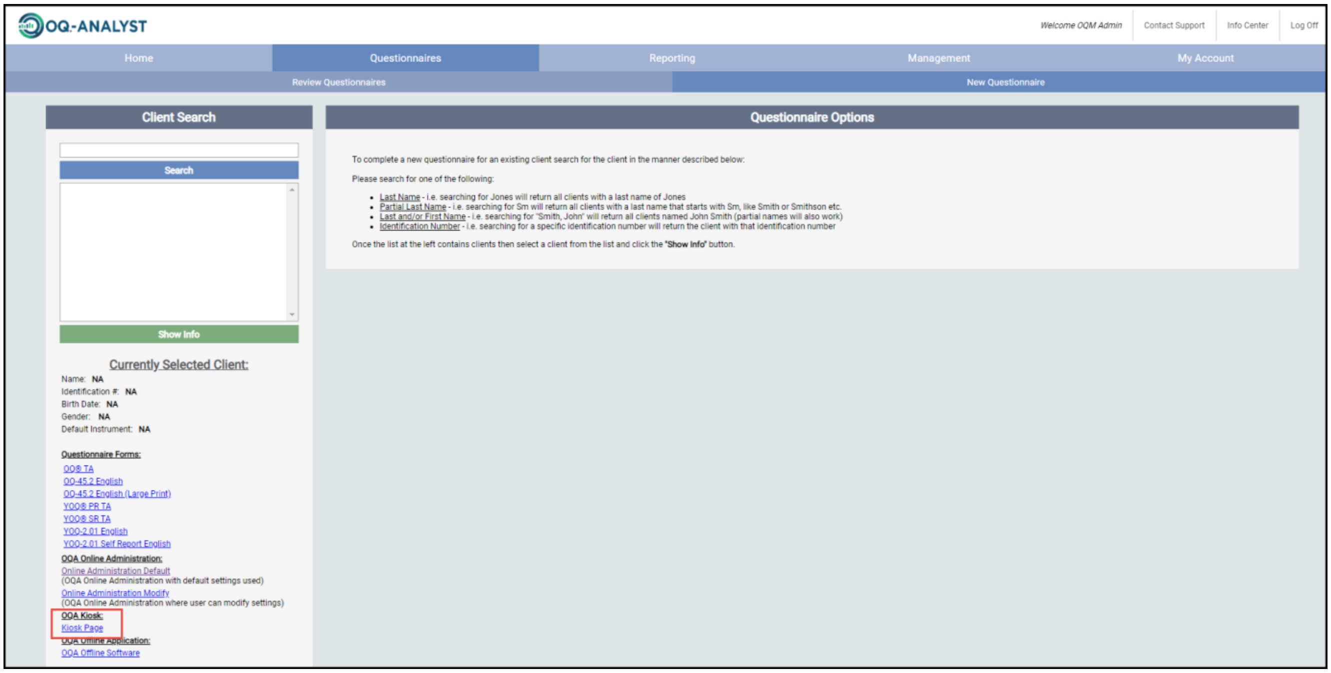


Once the Client clicks **[Finish],** the questionnaire and Clinician Report are immediately available for review.

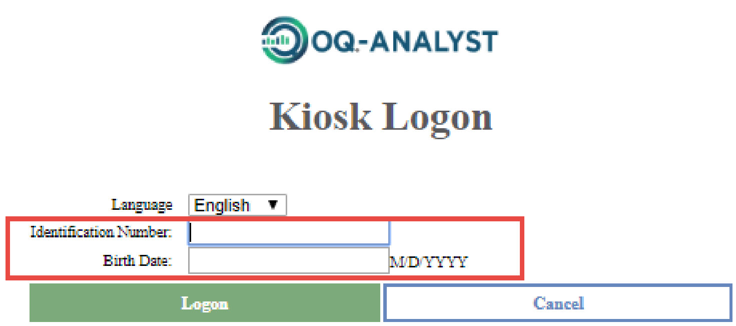
6.3 OQ®-A Kiosk Administration

The OQ®-A Kiosk Administration presents each question one at a time and can be useful for clients who are easily overwhelmed or prefer not to scroll through the questionnaire. As with the OQ®-A Online Administration, this entry method can be completed on any device; however, it is important you have a strong, stable internet connection.

A unique URL has been setup specifically for your organization and can be found on the New Questionnaire subtab in OQ®-Analyst. We recommend you bookmark this URL on the device(s) used to administer the questionnaire(s).



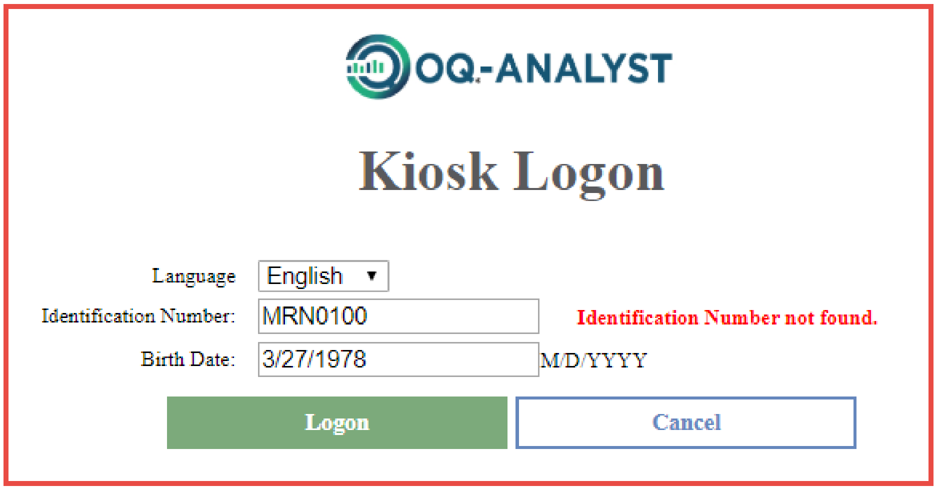
This method requires the Identification Number and Birth Date when logging into the questionnaire. Since this combination is unique to each client, this ensures a secure login and client match.



Please keep in mind the language you choose at login for administering the questionnaire does not impact or correlate to the instrument you select for the client to complete. These are two separate and distinct components. For example, the language selected at login can be English and the instrument selected for administration Spanish.

The logon fields can be filled in by the individual administering the questionnaire to the client or by the client themselves. If the clients are logging in themselves, please ensure they know their correct Identification Number to logon successfully.

If either the Identification Number or Birth Date are not entered correctly, the message “Identification Number Not Found” or “Birth Date does not match Identification Number” will display in red.

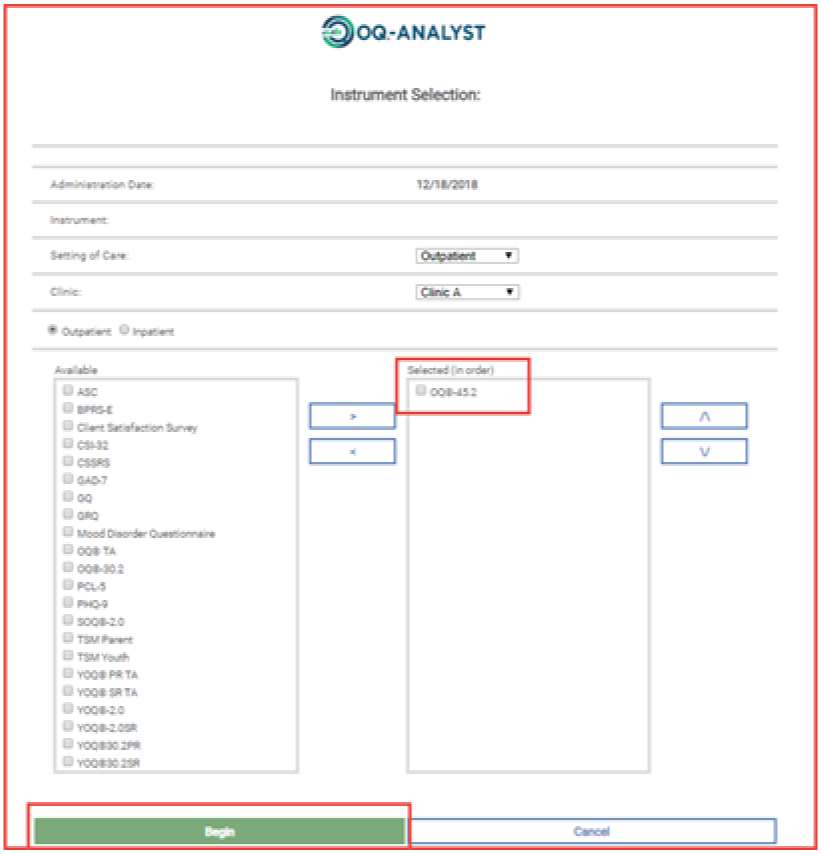


Next, the administrator or client will select which questionnaire(s) the client needs to complete. The client’s default instrument will automatically be selected; however, this can be changed, or an additional instrument(s) can be added to the selected list.

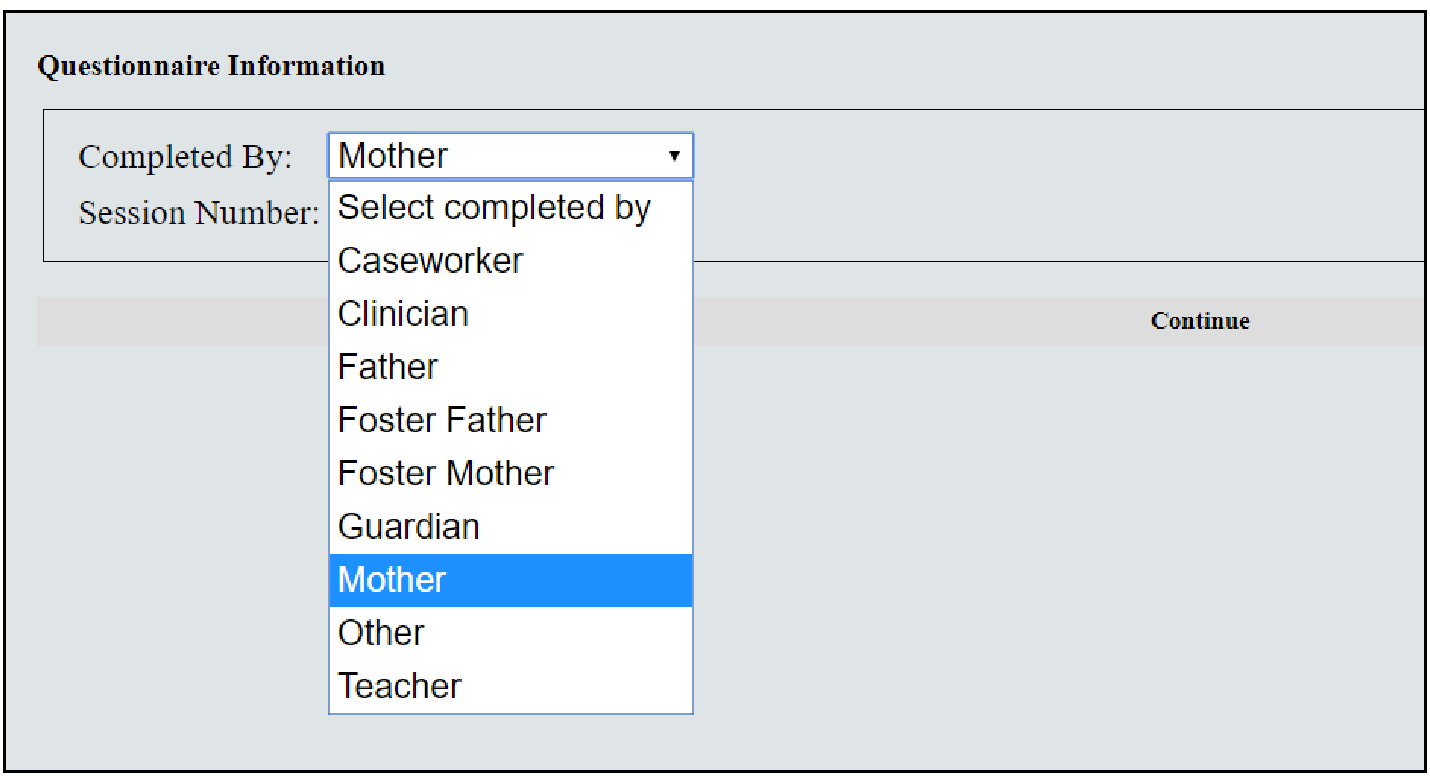
The client’s default Setting of Care and Clinic are also selected; however, these selections can be adjusted.

NOTE: Most often, this screen will be left as is and no additional selections will be needed.

Click **[Begin]** to start the questionnaire.

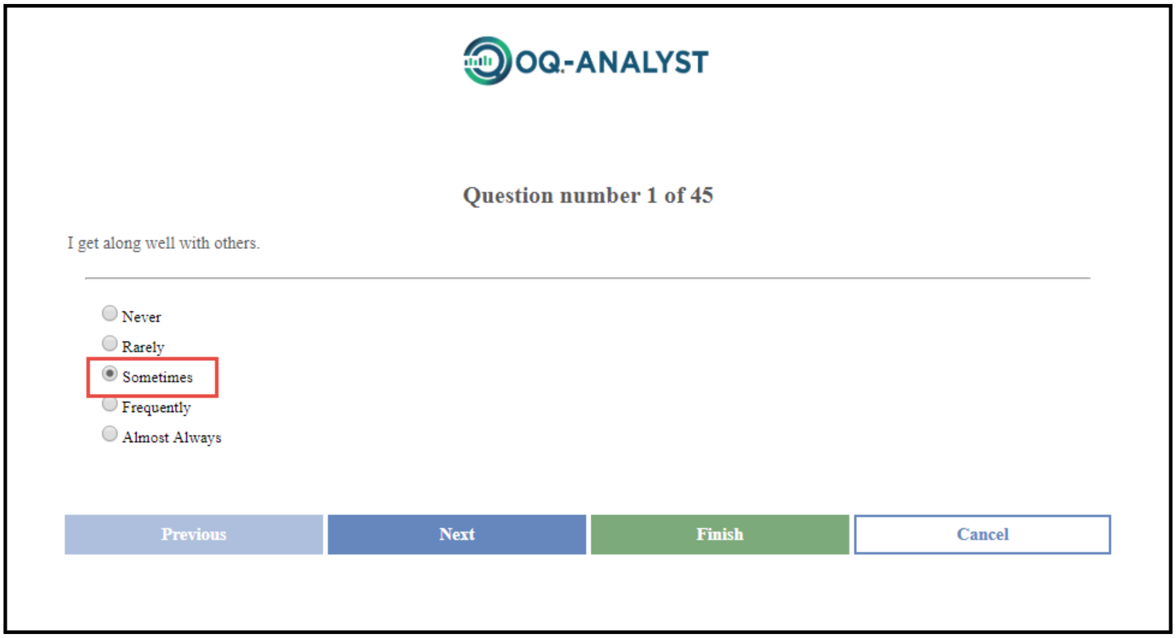


NOTE: The following instruments require a **Completed By** value be selected from the drop-down menu: Y-OQ® 2.01, Y-OQ® 2.01 TA, Y-OQ® 30.2 PR, Y-OQ® TSM Parent, and Y-OQ® PR TA.

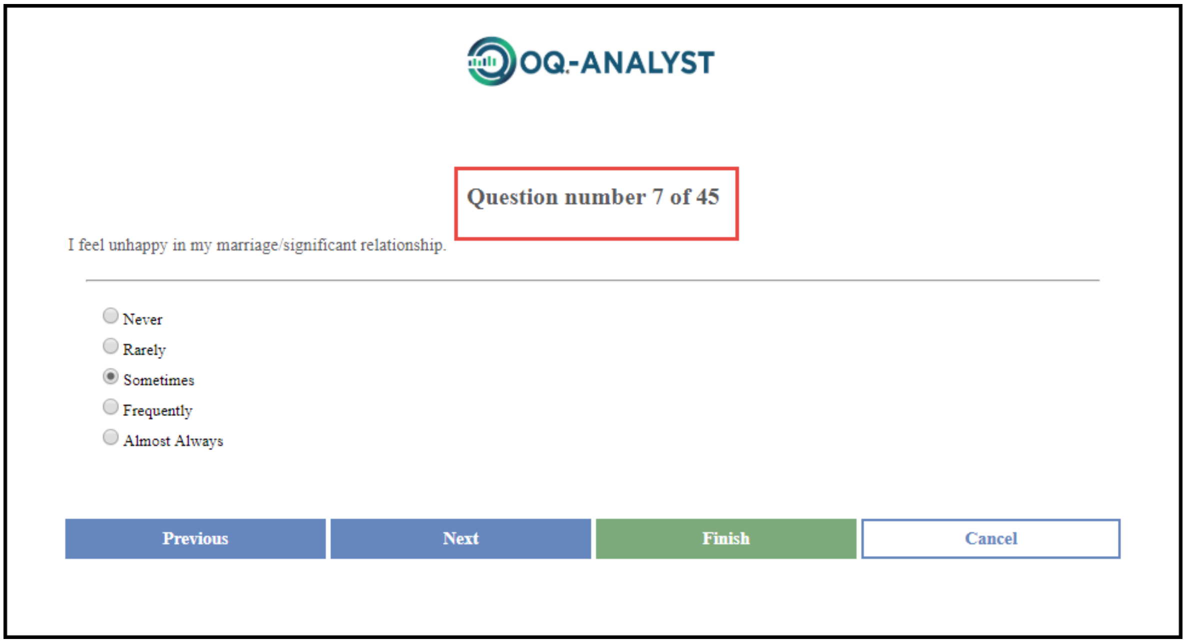


The client will first read the instructions and click **[Continue]** to present the first question. To select an answer, click on the button located next to the desired response or clicking anywhere on the text or word will also record the selection.

To move to the next question, simply click **[Next]**. The client can also choose to review a previous question by clicking **[Previous]** or click **[Finish]** at any time.



After clicking through each question one at a time, simply click **[Finish]** to submit the questionnaire. If the questionnaire contains unanswered questions, the system will prompt the client to select **[Answer remaining questions]** or **[Leave unanswered and submit]**. If the client selects **[Answer remaining questions]**, the system will present only the unanswered questions for the client to review and complete.



Once the Client clicks **[Finish],** the questionnaire and Clinician Report are immediately available for review.

NOTE: If more than 10% of a questionnaire's responses are left blank, the questionnaire is considered invalid and the data gathered will be excluded from aggregate reporting to ensure the report data is accurate. The questionnaire will remain part of the client's questionnaire history and can still be view by the clinician. Only users with an Access Level of Administrator or System Admin can delete a questionnaire(s) from the database.

6.4 OQ®-A Offline Application

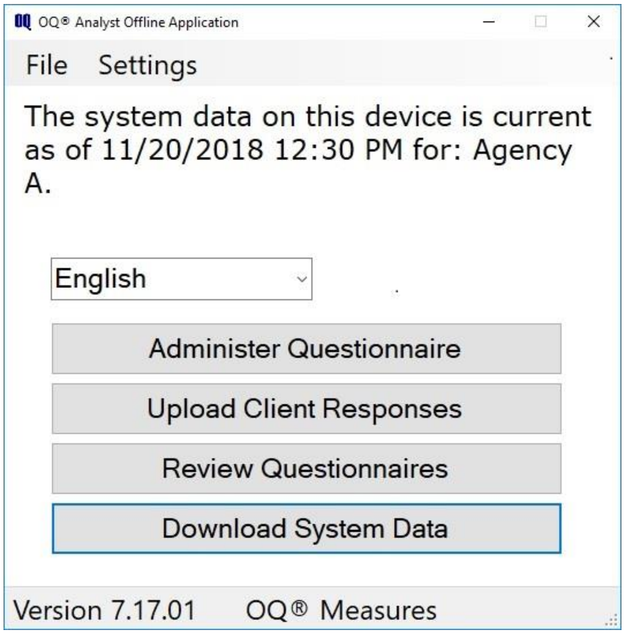
As a result of the need for clinicians to treat clients in all sorts of settings, the OQ®-Analyst supports several administration methods. The Offline Application is one such method that allows the administering of questionnaires without having an internet connection. The application makes it possible for a clinician to administer a questionnaire on a tablet and immediately view the score on a "lite" Clinician Report anywhere a client may need to be seen.

The application can hold many questionnaires from different clients to meet the clinical needs of a clinician that is constantly on the move and stores the questionnaire data until it can be uploaded and seamlessly linked to your clients' questionnaire history once an internet connection is re-established.

The OQ®-A Offline Application is only available on Windows Operating System (Windows 7 and above to include .Net Framework 2.0) and must be installed using an internet connection. Once the setup is complete, the application can be used with or without an internet connection.

To read the full OQ®-A Offline Application manual, please refer to the Info Center located on your home page.

For more information or questions on how to install and use the OQ®-A Offline Application, please contact OQ Measures IT Support at (801) 649-5449 or support@oqmeasures.com.



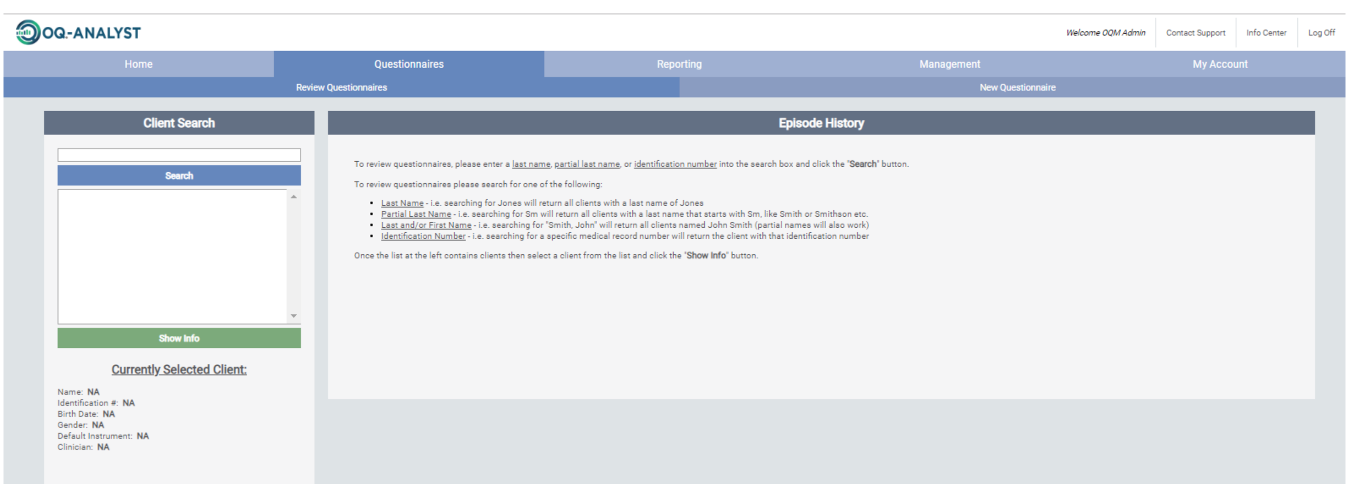
6.5 Manual Administration

OQ®-Analyst offers an easy method for manually entering questionnaire data into the system. This entry method is useful when your clients are not able to complete the questionnaires electronically or prefer the paper form. **IMPORTANT:** This method is only used by clinicians or an administrator entering data into the system. It is not intended for clients. Please refer to section 7.2.1 for more information on manually entering questionnaire data into the system.

7. Questionnaires Tab

The Questionnaires Tab allows you to enter, review, and delete questionnaire responses, as well as generate Clinician and Client Reports, create new episodes of care, discharge episodes, and manage your clients' questionnaire history.

There are two subtabs accessible from the Questionnaires Tab: Review Questionnaires and New Questionnaire.



7.1 Review Questionnaires Subtab

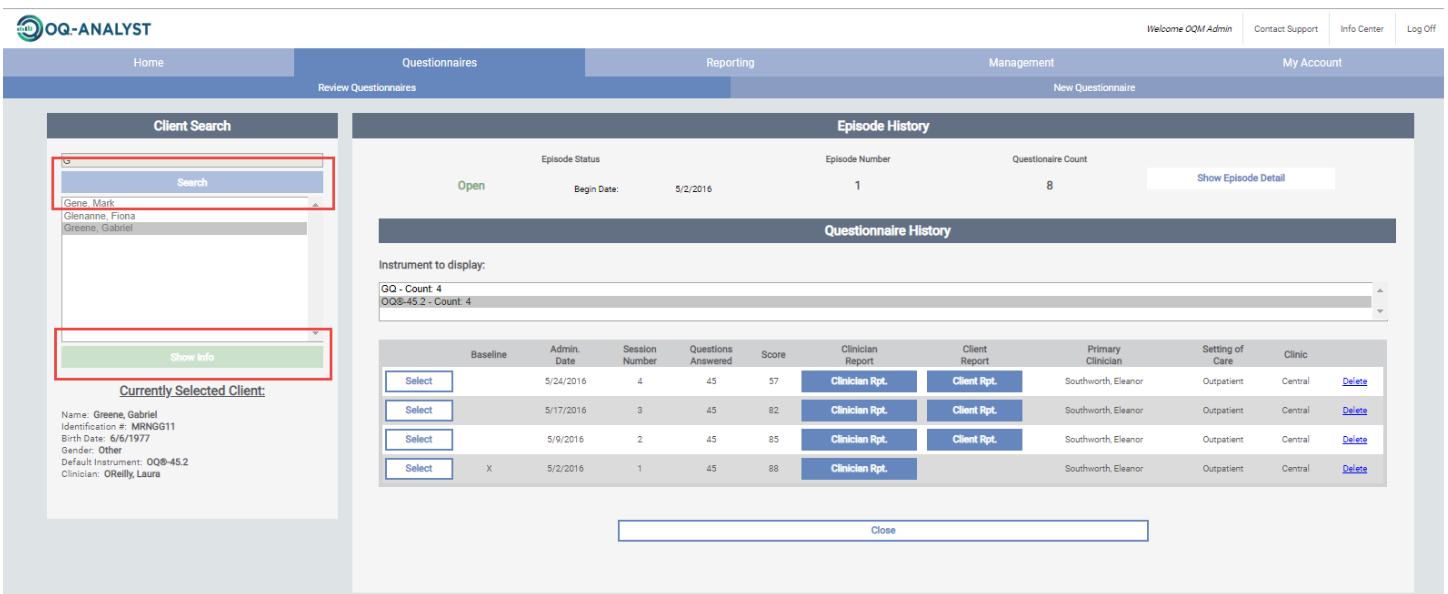
The Review Questionnaire subtab displays a complete history of care for the client and offers easy and convenient management of the client's questionnaire data and feedback reports.

This page allows you to:
View, edit and delete questionnaire responses.
Open Clinician and Client Reports.
Discharge or re-open an episode of care.
Create a new episode of care.
Manage your clients' questionnaire history including assigning the baseline session and moving a session to a new episode of care when appropriate.

To get started:
Click on the **Review Questionnaire** subtab.
Search for a client using last name, partial last name, last and/or first name, or Identification Number.
Click **[Search].**
Highlight the desired client.
Click **[Show Info]** to display the selected client's questionnaire history.

> **NOTE:** Not all questionnaires generate reports. In addition, not all instruments generate both a clinician and client report.

The system will automatically open to the most recent episode. If there is no questionnaire history available, the system will display a message indicating there are no questionnaires available for the selected client. After the first questionnaire is administered, an episode of care is automatically created.



Understanding the Episode History Box

The Episode History box contains the following information and functionality. Note: Click [**Show Episode Detail**] to view these fields. See section 7.1.1.1 below for more detail.

[Select] button: the system will automatically open with the most recent episode highlighted in yellow. To view a questionnaire(s) for a different episode of care, click **[Select]** next to the episode number you would like to view. **NOTE**: the episode you are currently viewing will always appear highlighted in yellow.

Episode Number: the system automatically assigns a number to each episode.

Questionnaire Count: the total number of questionnaires administered for each episode.

Begin Date: the date the episode was created. This date is automatically generated by the system. **NOTE**: the begin date is determined by the earliest questionnaire administered for that episode.

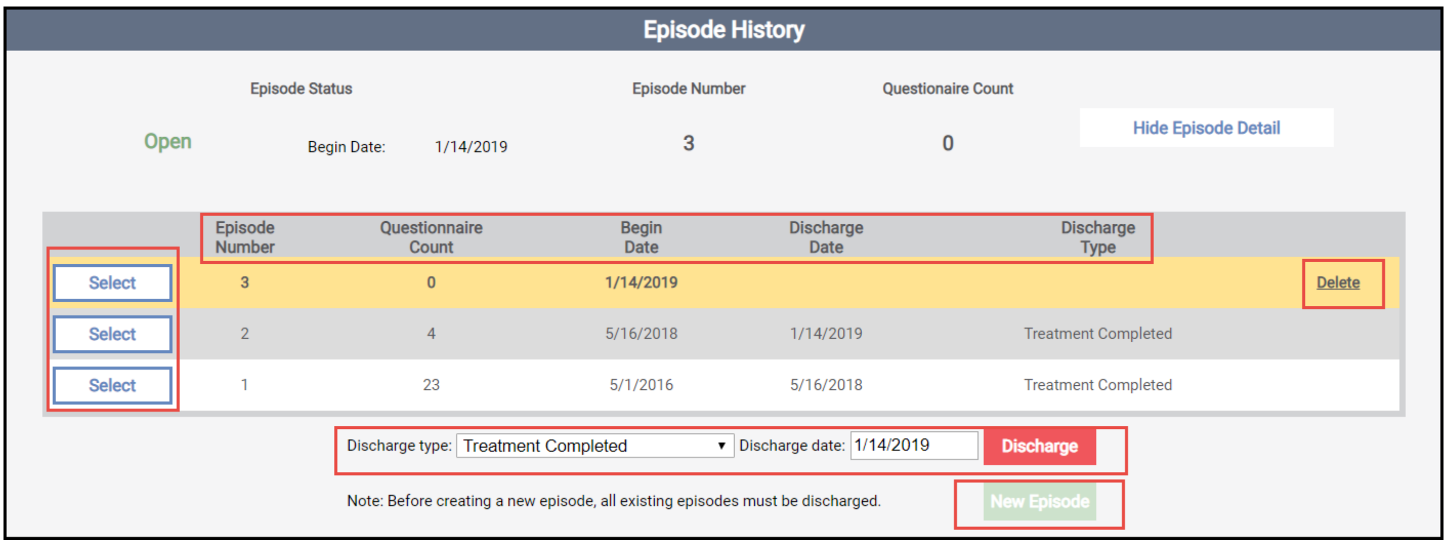
Discharge Date: the date the episode was closed. This automatically defaults to the current date.

Discharge Type: the discharge type selected from the dropdown list. Discharge types are established by your organization.

[Discharge] button: click to discharge an episode of care.

[New Episode] button: click to manually create a new episode of care. NOTE: Before creating a new episode, all existing episodes must be discharged.

Delete: This function is only visible when there are no questionnaires associate with that episode. In the screenshot below, you can see episode number 3 shows the questionnaire count as 0 so the Delete option is visible.

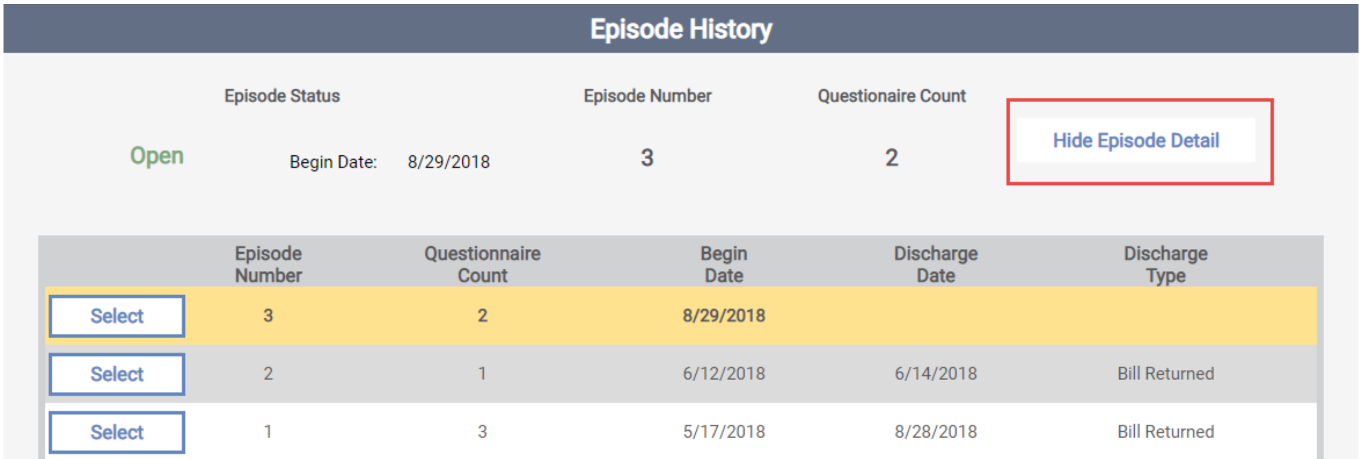


Hide/Show Episode Detail

The Episode History box can be collapsed or opened to show the episode details.

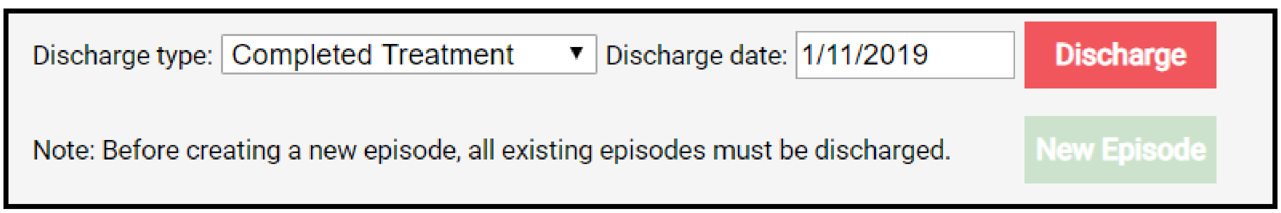
The below image shows the Episode History collapsed. Click on [**Show Episode Detail**] to view the episode details.

The below image shows the Episode History opened. Click on [**Hide Episode Detail**] to collapse the details box.



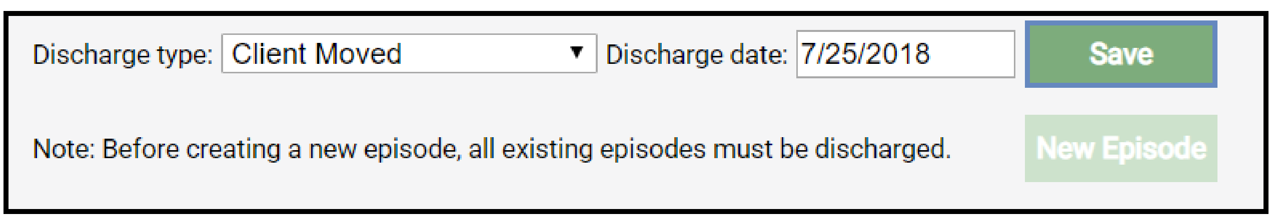
Discharging an Episode

An open episode must be discharged before a new episode can be created. Click **[Discharge]** to discharge the client. A discharge type is required and values for this drop-down menu are designated by your organization. The discharge date will auto-populate with the current date; however, this date can be adjusted in the Discharge Date field.



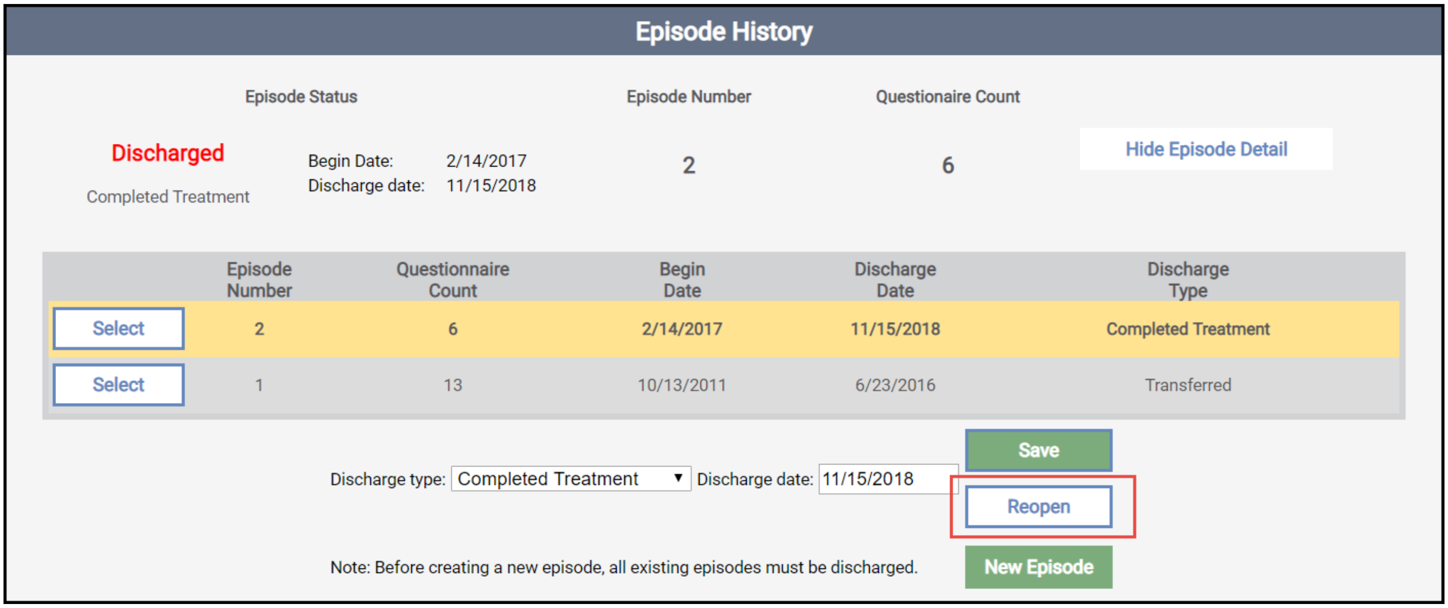
Updating a Discharged Episode

Click **[Save]** to change the assigned Discharge Type and Discharge Date, if needed.



Re-Open Discharged Episodes

To re-open a discharged episode, click [**Reopen**] as shown in the screenshot below. Note: The Reopen button is only visible when all episodes are discharged since there can only be one open episode at any time.



Creating a New Episode

First, it is important to remember that before creating a new episode, all existing episodes must be discharged. There are two methods for creating a new episode of care.

First, when a client submits a completed questionnaire without an open episode already created, the system will automatically create a new episode of care for them. This is the primary and recommended method since it does not require the clinician to manually create the new episode.

The second method is by clicking **[New Episode]** in the Episode History box. This will create a new episode without any existing questionnaires. A clinician can then administer a new questionnaire to the client or move a questionnaire from a different episode. This method is primarily used when the clinician determines an administration more appropriately belongs with a new episode of care. In these instances, the clinician can create the new episode and re-assign the questionnaire. Please refer to section 7.1.3.1 below for more information on moving an administration to a new episode of care.

Understanding the Questionnaire History Box

The Questionnaire History box contains the following information and functionality:

Instruments to display: count of questionnaires administered by instrument. Click on an instrument to view its administrations and access the feedback reports.

[Select] button: opens the selected questionnaire to view questionnaire details. This allows you to review, edit or update the questionnaire details, review answers to each question, and view subscales. Any unanswered questions will be highlighted in red for easy identification and review. **NOTE**: the ability to update a questionnaire is based on Access Level and the Questionnaire Lockout timeframe determined by your organization. For more information, please refer to section 7.1.3.

Baseline: identifies the baseline session.

Admin. Date: date the questionnaire was administered.

Session Number: identifies the session number associated with that administration. Session numbers are automatically assigned when the questionnaire is administered and can be adjusted, as appropriate. Please refer to section 7.1.2.1 below for more information on Session Number Incremental Sequencing.

<u>Questions Answered</u>: number of questions answered on questionnaire. **NOTE:** If any questions are left blank, this number will appear RED. If more than 10% of a questionnaire's responses are left blank, the questionnaire is considered invalid and the data gathered will be excluded from aggregate reporting to ensure the report data is accurate. The entire line will appear RED when the questionnaire is invalid.

<u>Score</u>: Total score for that questionnaire.

<u>[Clinician Rpt.]</u> <u>Button</u>: opens the Clinician report associated with that administration.

<u>[Client Rpt.]</u> <u>Button</u>: opens the Client report associated with that administration.

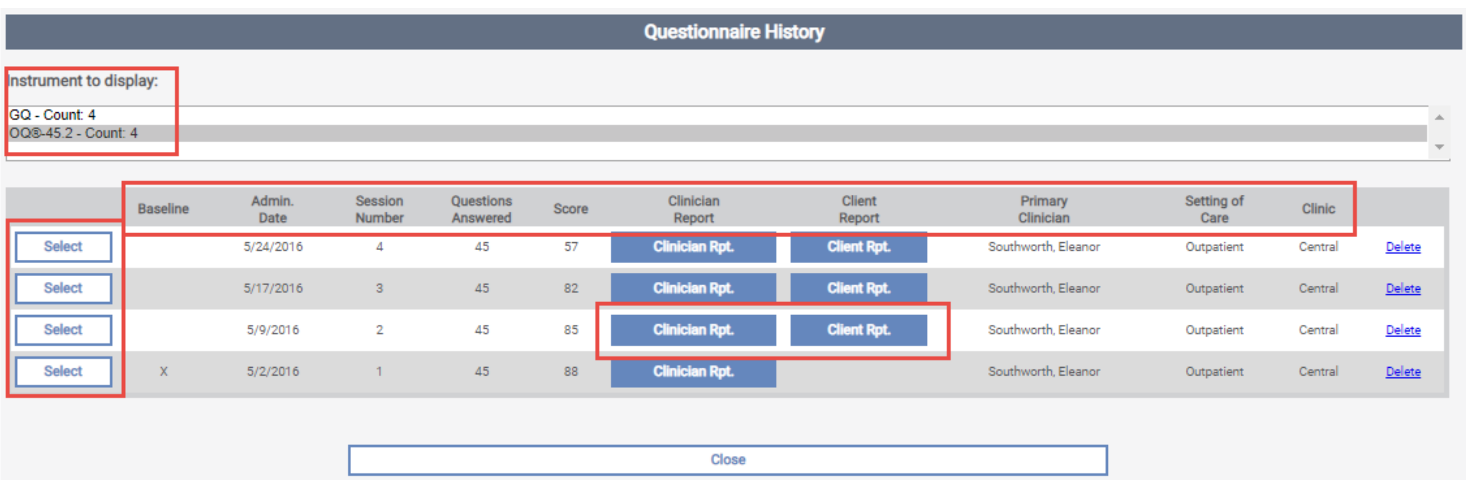
<u>Primary Clinician</u>: displays name of primary clinician at time of administration.

<u>Setting of Care</u>: displays setting of care at time of administration.

<u>Clinic</u>: displays clinic at time of administration.

<u>Delete</u>: allows a user to delete a questionnaire. **Only Administrative and System Administrators have this link.**

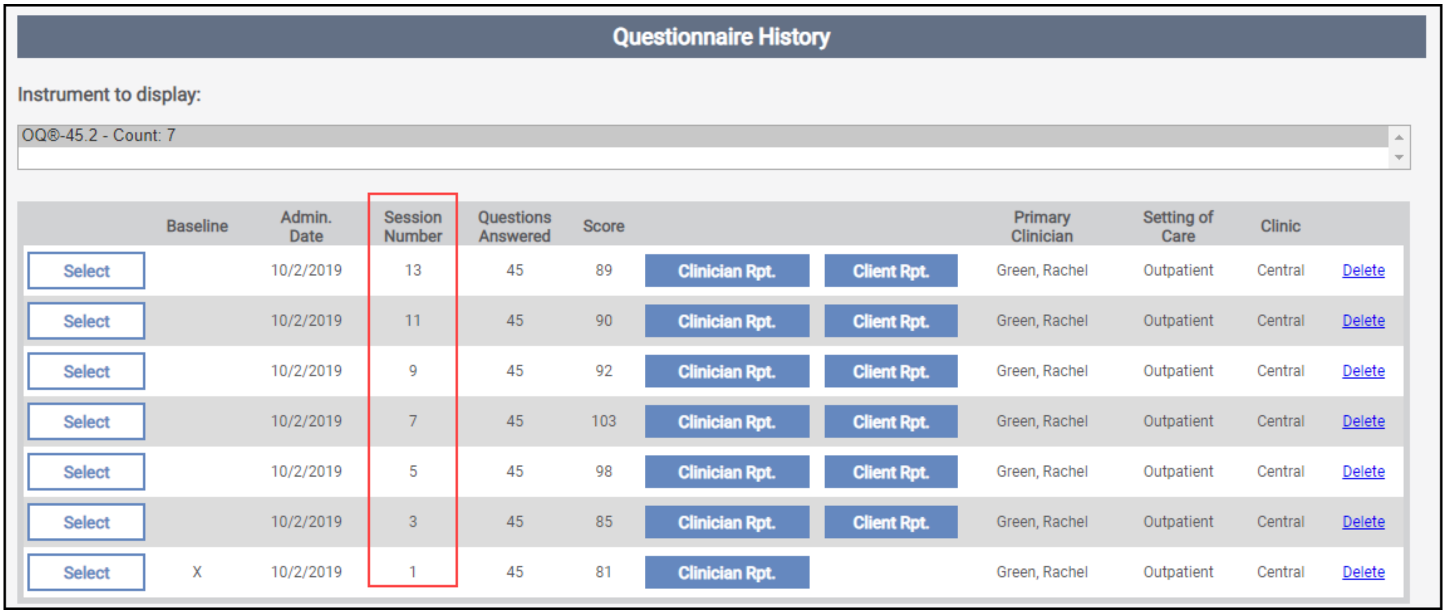
NOTE: Users can choose number of sessions (within an episode) showing on the graph. Options include: 5, 10, 15, 20, All (default is 10). If the client has multiple pages of administrations, users can select a page number to scroll through the administrations. **See <u>section 7.1.6</u> below for more information.**



Session Number Incremental Sequencing

Session numbers can be set incrementally to ensure the administration of an instrument reflects actual time spent in treatment. This is important, as the established algorithms take into account baseline score and length of treatment to predict treatment progress and identify clients who may be falling off track.

This is an optional customizable feature that can be set either system wide or at the client level. Setting this up system wide allows an organization to establish the Session Number Increment that will be used for all clients (i.e. every session, every other session, once a month, etc.).

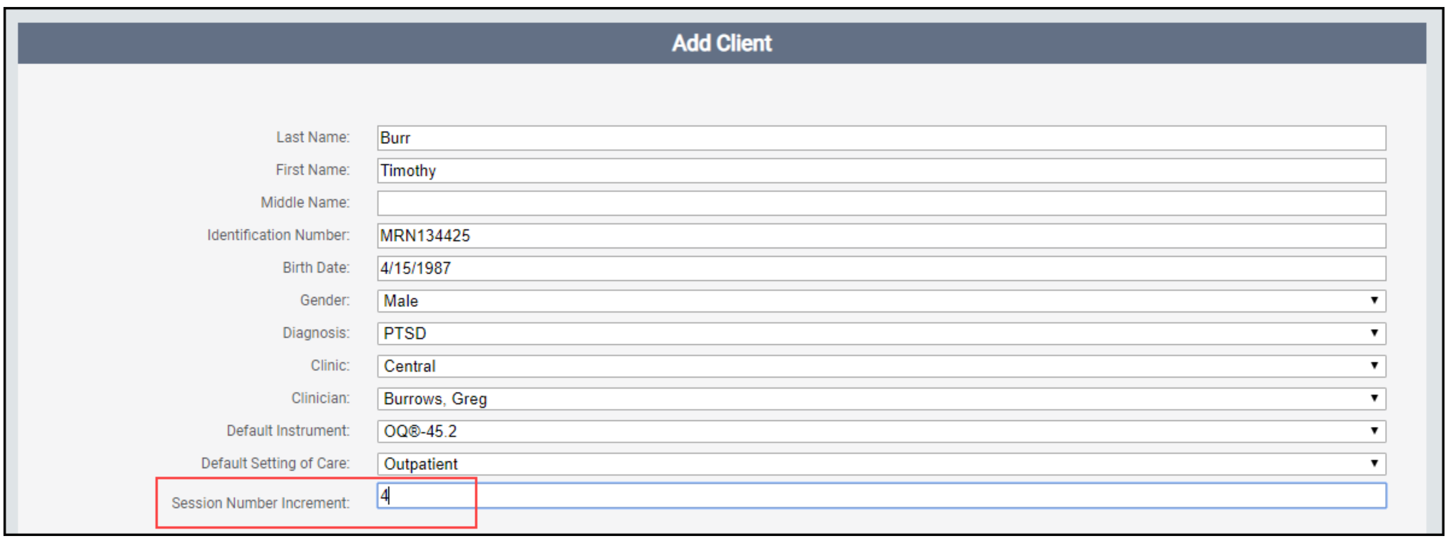

Questionnaire History

Instrument to display:

OQ®-45.2 - Count: 7

	Baseline	Admin. Date	Session Number	Questions Answered	Score			Primary Clinician	Setting of Care	Clinic	
Select		10/2/2019	13	45	89	Clinician Rpt.	Client Rpt.	Green, Rachel	Outpatient	Central	Delete
Select		10/2/2019	11	45	90	Clinician Rpt.	Client Rpt.	Green, Rachel	Outpatient	Central	Delete
Select		10/2/2019	9	45	92	Clinician Rpt.	Client Rpt.	Green, Rachel	Outpatient	Central	Delete
Select		10/2/2019	7	45	103	Clinician Rpt.	Client Rpt.	Green, Rachel	Outpatient	Central	Delete
Select		10/2/2019	5	45	98	Clinician Rpt.	Client Rpt.	Green, Rachel	Outpatient	Central	Delete
Select		10/2/2019	3	45	85	Clinician Rpt.	Client Rpt.	Green, Rachel	Outpatient	Central	Delete
Select	X	10/2/2019	1	45	81	Clinician Rpt.		Green, Rachel	Outpatient	Central	Delete

Alternatively, the Session Number Increment can be captured at the client level. When this setting is used, a new field is added to the client's profile page and can be adjusted appropriately for each individual client.

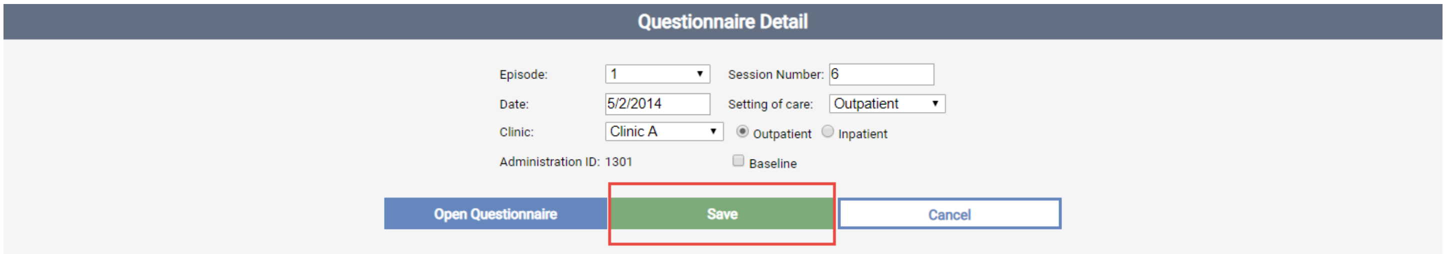


This feature can be turned on or turned off as part of your database settings. To turn this feature on, please contact support@oqmeasues.com.

Viewing and Updating Questionnaire Details

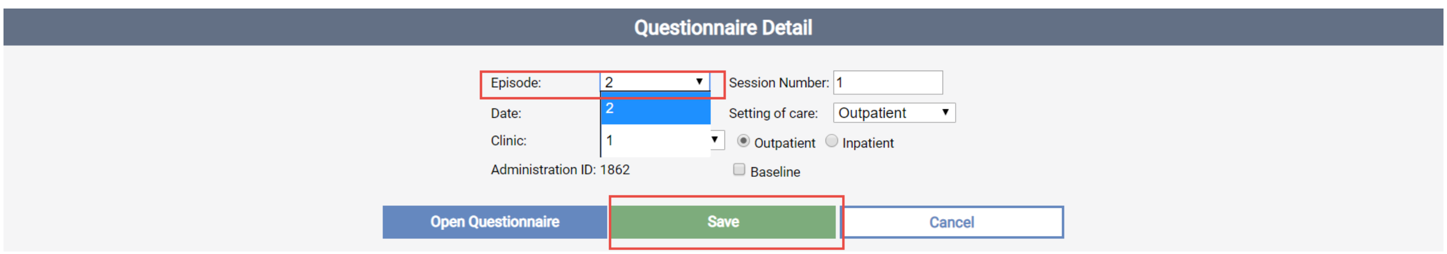
To view a specific questionnaire, click on the **[Select]** button next to the administration you would like to view. This button is located in the Questionnaire History box as shown in the screenshot above. This will open the **Questionnaire Detail** page and allows you to review, edit or update that specific questionnaire administration including episode number, session number, date of administration, setting of care, clinic, baseline flag, as well as review answers to each question and view subscales. Any unanswered questions will be highlighted in red for easy identification and review.

NOTE: The Questionnaire Lockout Period allows users to alter a questionnaire as needed within the timeframe determined by your organization. The default timeframe is 10 days. After the timeframe has expired the questionnaire can no longer be altered by the user. This helps to maintain the integrity of the questionnaire. If the **[Save]** button is not visible, the selected questionnaire can no longer be edited. (Please note any user that has System Admin Access Level can change the questionnaire at any time and is not restricted by this setting.)



Moving an Administration to a Different Episode of Care

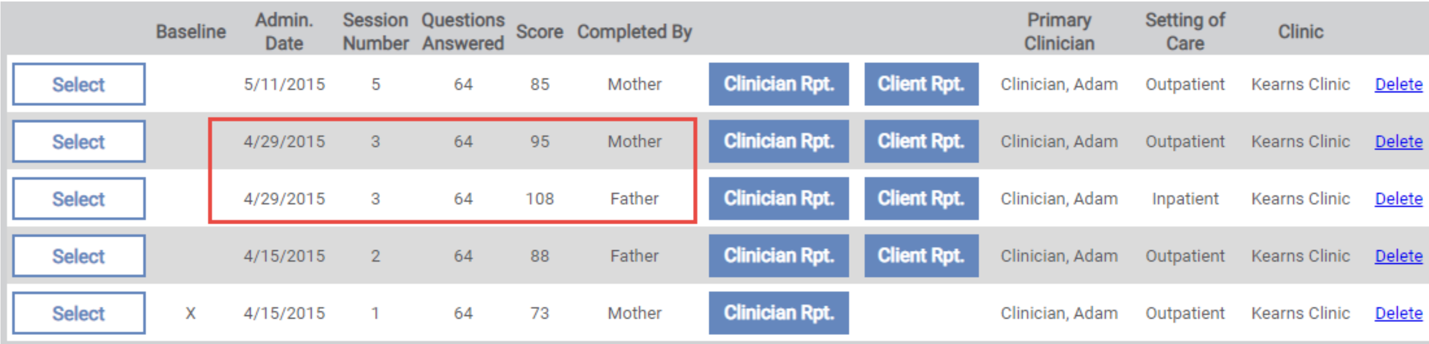
Occasionally it may be necessary to re-assign an administered questionnaire from a discharged episode to a new episode when it is determined that the session belongs with the new episode of care. From the Questionnaire Detail page, the Episode field allows you to do this by simply selecting the correct episode number from the drop-down list and clicking **[Save]**. **NOTE**: **when a session is moved to a new episode, it may be necessary to adjust your session numbers and designated baseline on the new episode.**



Remember to click **[Save]** to save or **[Cancel]** to discard changes.

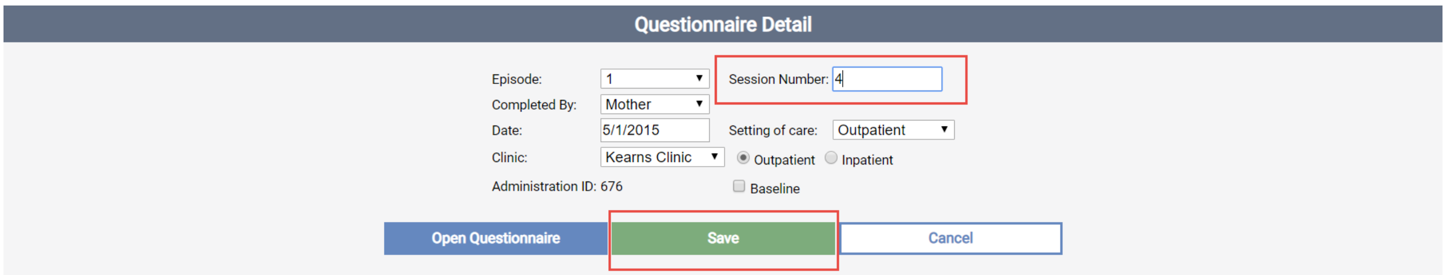
Session Numbers

A session number is automatically assigned when the questionnaire is administered. It may be necessary to change the session number to ensure it accurately reflects the treatment history (the algorithms use session number when determining alerts and feedback messages). In addition, it is possible to assign the same session number to more than one administration. This is useful when both parents/guardians, or a parent and youth, complete a questionnaire during the same treatment session. **NOTE**: this may result in multiple Initial reports when viewing the Clinician reports.



	Baseline	Admin. Date	Session Number	Questions Answered	Score	Completed By			Primary Clinician	Setting of Care	Clinic	
Select		5/11/2015	5	64	85	Mother	Clinician Rpt.	Client Rpt.	Clinician, Adam	Outpatient	Kearns Clinic	Delete
Select		4/29/2015	3	64	95	Mother	Clinician Rpt.	Client Rpt.	Clinician, Adam	Outpatient	Kearns Clinic	Delete
Select		4/29/2015	3	64	108	Father	Clinician Rpt.	Client Rpt.	Clinician, Adam	Inpatient	Kearns Clinic	Delete
Select		4/15/2015	2	64	88	Father	Clinician Rpt.	Client Rpt.	Clinician, Adam	Outpatient	Kearns Clinic	Delete
Select	X	4/15/2015	1	64	73	Mother	Clinician Rpt.		Clinician, Adam	Outpatient	Kearns Clinic	Delete

To change the session number, open the Questionnaire Detail page for the session you would like to change and enter the appropriate session number in the field labeled **Session Number**.

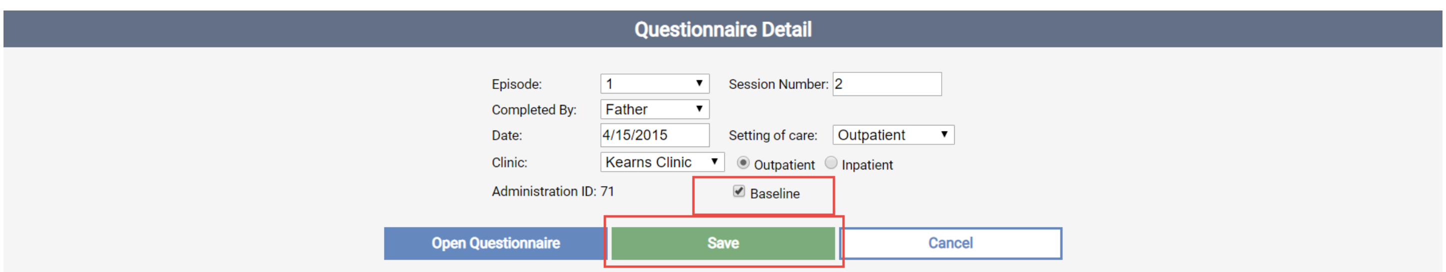


Remember to click **[Save]** to save or **[Cancel]** to discard changes.

Assigning the Baseline Session

The system will automatically assign the first valid session as the baseline session; however, you may decide to select a subsequent session as your preferred Baseline. This function is used infrequently but is valuable when a clinician feels the initial score is not an accurate representation of their client's level of distress. **NOTE**: changing the Baseline session changes the algorithms used to determine alerts and feedback messages.

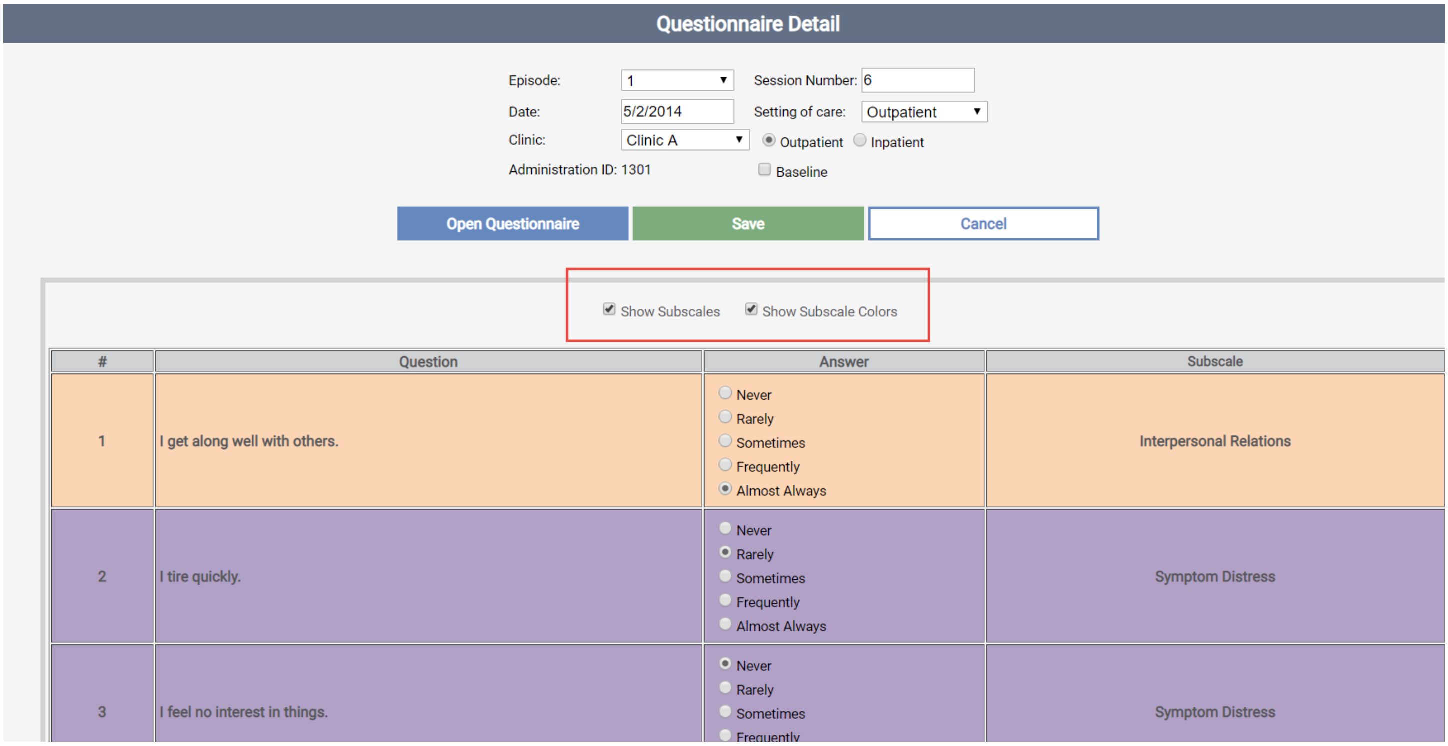
To change the Baseline from one session to another, simply click **[Select]** to open the Questionnaire Detail page for the session you would like to designate as the Baseline. Check the box labeled **Baseline**. When you assign a new baseline, the system will automatically remove the x from the existing baseline session since only one session can be marked as the baseline for an episode.



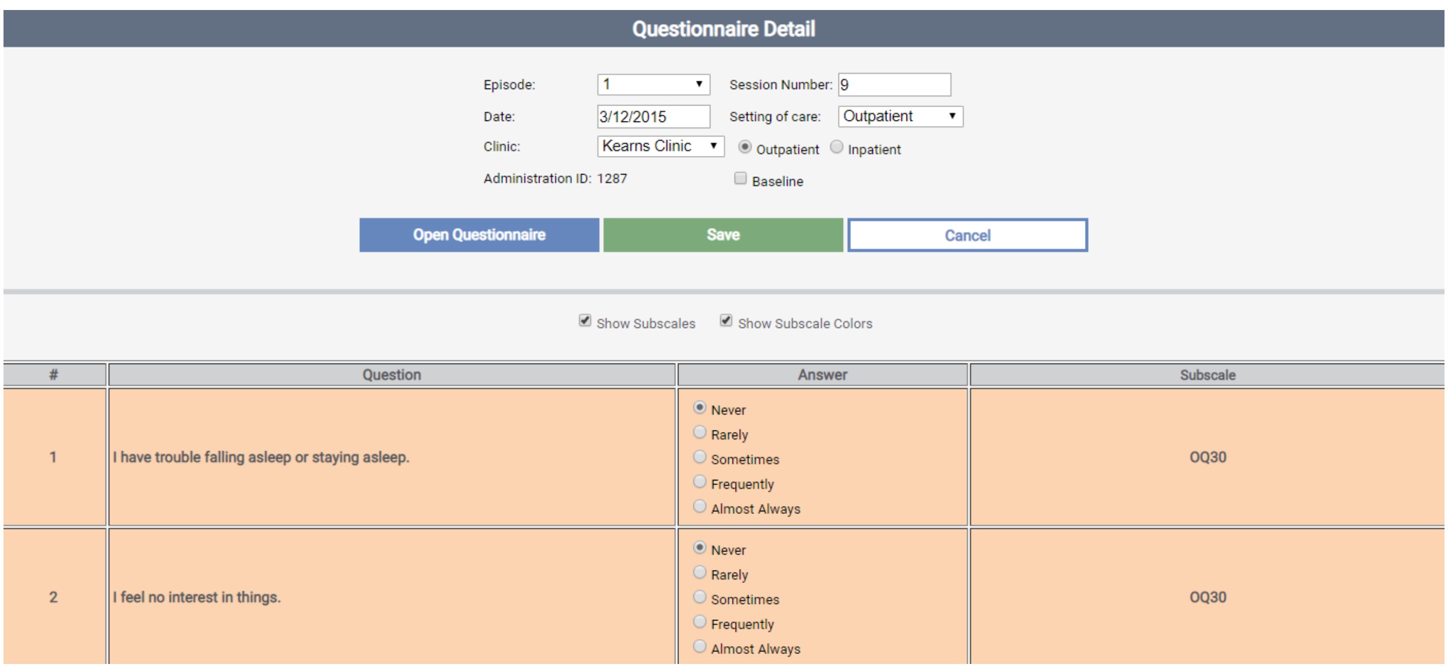
Remember to click **[Save]** to save or **[Cancel]** to discard changes.

Show Subscale Colors and Open Questionnaire

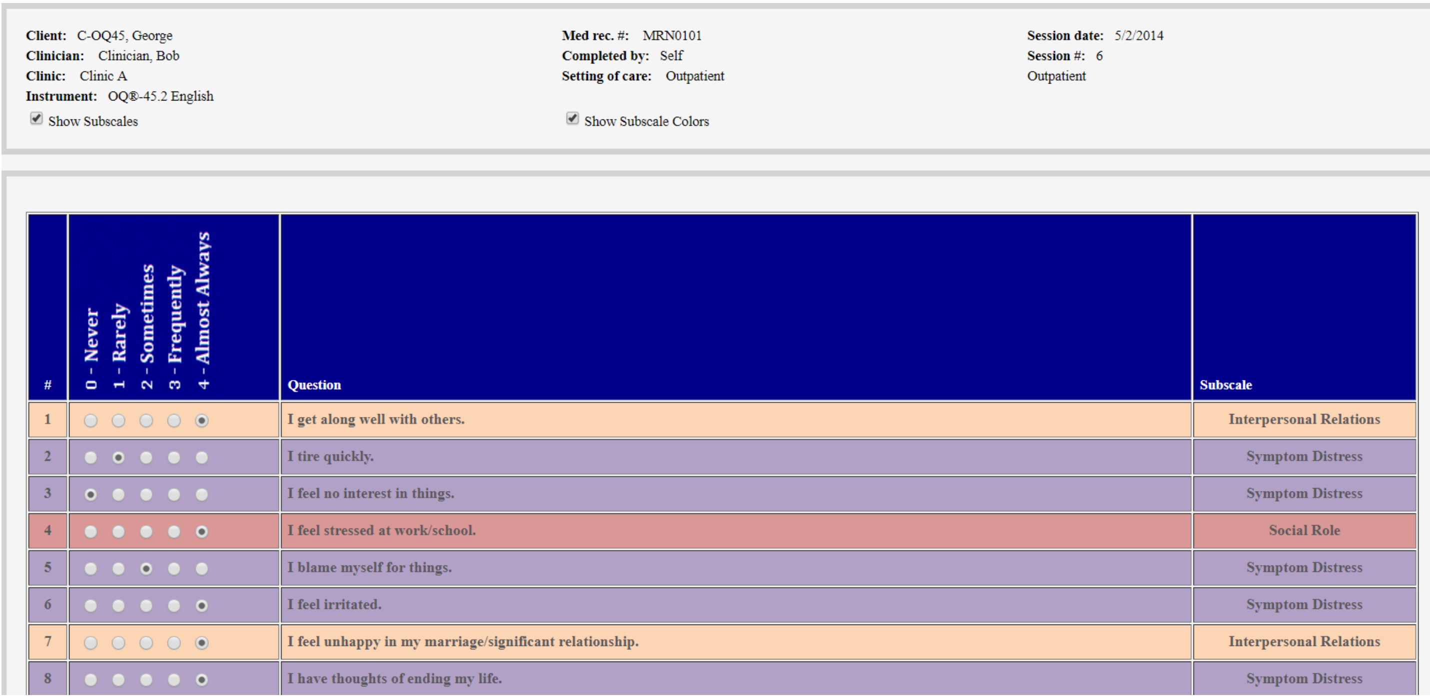
The Questionnaire Detail window allows you to **Show Subscales** and **Show Subscale Colors** in order to display the specific subscale associated with each question. This provides an easy and convenient way to quickly locate specific subscale questions (default is checked as shown in the screenshot below).



NOTE: Not all instruments have subscales. In these instances, the subscale color will be the same for each question and the name of the instrument will appear as the subscale as shown below.



Clicking **[Open Questionnaire]** will open the questionnaire in a separate window. From this window, you can print a paper copy of the completed questionnaire with subscale colors if desired**. NOTE:** If a new window does not appear after clicking on the Open Questionnaire button, make sure your browser is set to allow pop-ups for the OQ®-Analyst website. See section 3.2 for more information on allowing pop-ups.



Client: C-OQ45, George
Clinician: Clinician, Bob
Clinic: Clinic A
Instrument: OQ®-45.2 English
Show Subscales

Med rec. #: MRN0101
Completed by: Self
Setting of care: Outpatient
Show Subscale Colors

Session date: 5/2/2014
Session #: 6
Outpatient

#	0 - Never	1 - Rarely	2 - Sometimes	3 - Frequently	4 - Almost Always	Question	Subscale
1					●	I get along well with others.	Interpersonal Relations
2		●				I tire quickly.	Symptom Distress
3	●					I feel no interest in things.	Symptom Distress
4					●	I feel stressed at work/school.	Social Role
5			●			I blame myself for things.	Symptom Distress
6					●	I feel irritated.	Symptom Distress
7					●	I feel unhappy in my marriage/significant relationship.	Interpersonal Relations
8					●	I have thoughts of ending my life.	Symptom Distress

Viewing the Clinician Report

Access the **Questionnaires** tab and select the **Review Questionnaires** subtab.

Search for a client using last name, partial last name, last and/or first name, or Identification Number and click **[Search].**

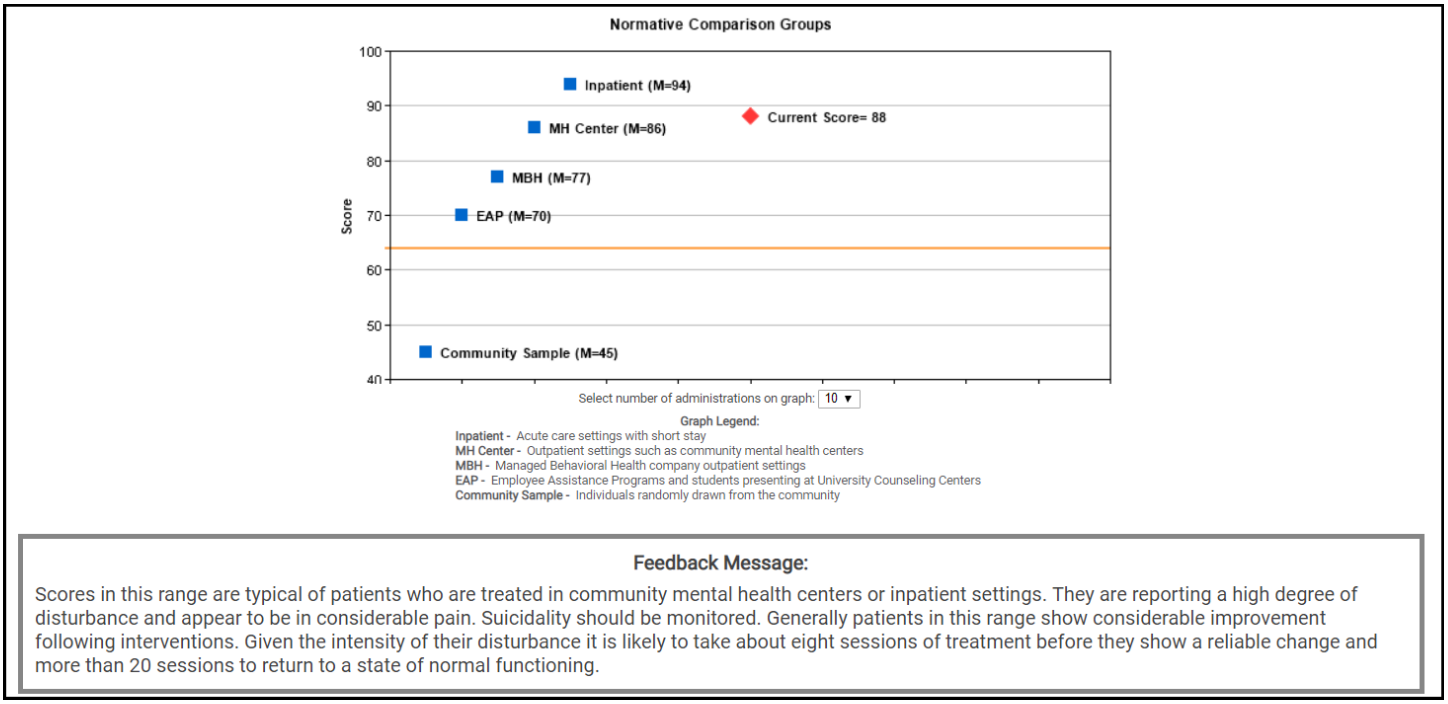
Highlight the desired client and click **[Show Info].**

Select **[Clinician Report]** for the desired questionnaire and a new window will open containing the Clinician Report.

NOTE: If a new window does not appear after clicking on the button to open a Clinician or Client report, make sure your browser is set to allow pop-ups for the OQ®-Analyst website. See section 3.2 for more information on allowing pop-ups.

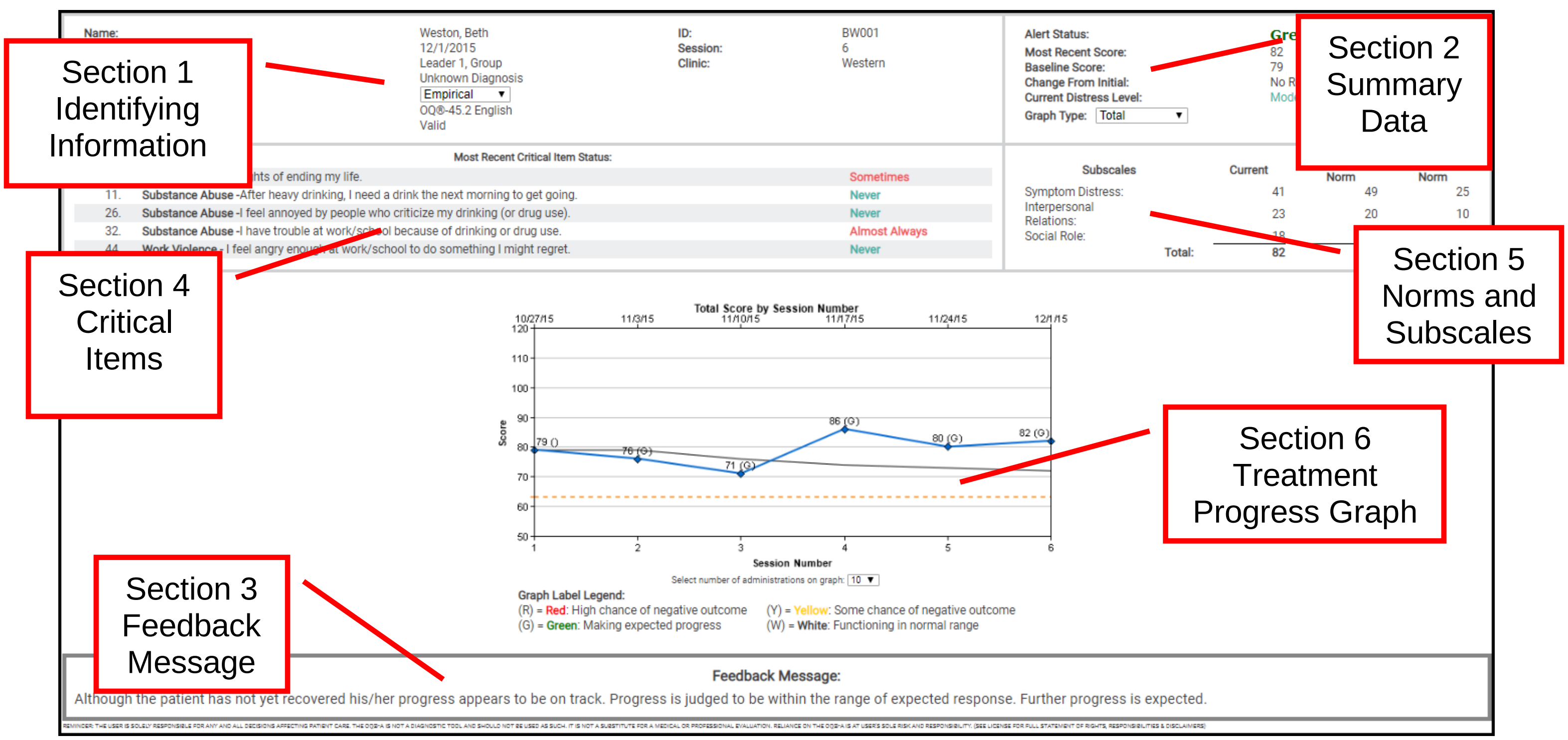
The Initial Report

The Clinician Report for the initial administration of the questionnaire emphasizes interpretation of the baseline score and implications for treatment planning. This report is intended to help the clinician recognize the client's degree of overall distress. Below is an example of an initial graph showing the baseline score compared to the normative comparison groups (descriptive not prescriptive), and feedback message generated by the algorithms built into the software. In general, the more distressed the client is, the more sessions of therapy will be necessary for the client to return to a normal state of functioning.



Interpreting the Clinician Report

The Clinician Report tracks the client's progress over the course of treatment and provides relevant feedback, alerts, and identifies critical items. Clinician Reports will look different depending on the specific instrument; however, each Clinician Report is comprised of the six sections summarized below:



Section 1: Identifying Information

This section contains the client identification and session administration information including name, identification number, session date, session number, clinician, clinic, diagnosis, instrument administered, and questionnaire status (valid or invalid). Please verify this information to make sure the correct client and session was selected.

NOTE: The client can leave up to 10% of the questions blank and still have a valid questionnaire. If 10% or more of the questions are left blank, then the questionnaire will be flagged as invalid.

Section 2: Summary Data

Alert Status – Conveys information about client treatment response as determined by statistical algorithms. Following are the Alert Status colors and descriptions:

WHITE: Your client is functioning in the normal range. No more symptom change is expected.

GREEN: The rate of change your client is making is in the adequate range. No change in treatment plan is recommended.

YELLOW: Your client is not making the expected level of progress. Consider altering your treatment plan by intensifying treatment, shifting intervention strategies, and monitoring progress especially carefully. Your client may end up with no significant benefits from therapy.

RED: Your client is not making the expected level of progress. Chances are they may have a negative symptomatic outcome. Steps should be taken to carefully review the care and decide on a new course of action. Red alerts allow you to identify clients who have a tendency to drop out of therapy before treatment ends. Speedy feedback to the clinician and clients can reduce failure by two-thirds.

BLUE Secondary Alert: Some clients may also receive a Blue secondary alert in addition to a Green or White alert. The Blue secondary alert indicates that the patient's change from baseline session to the current session is so dramatically positive that there is a very high probability the patient will end treatment with clinically significant change and maintain the change for a minimum of one year following end of treatment.

Most Recent Score – Total score for the most recent administration of the questionnaire.

Baseline Score – Total score for the Baseline administration of the questionnaire (may or may not be initial administration).

Change From Initial – A classification of change based on calculations of clinically significant change using Jacobson & Truax formulas. (For more information about the Reliable Change Index and cutoff scores, please refer to your instrument Cheat Sheet or Administration and Scoring Manual). Change from Initial may be Reliably Improved, No Reliable Change, and Reliably Worse.

Current Distress Level – A classification of current distress level. Distress Level may be Low, Moderate, Moderately High, High, or Very High.

Graph Type – defaults to Total. Graph types include Total, Subscale, and Critical Items (this item differs per instrument).

Section 3: Feedback Message

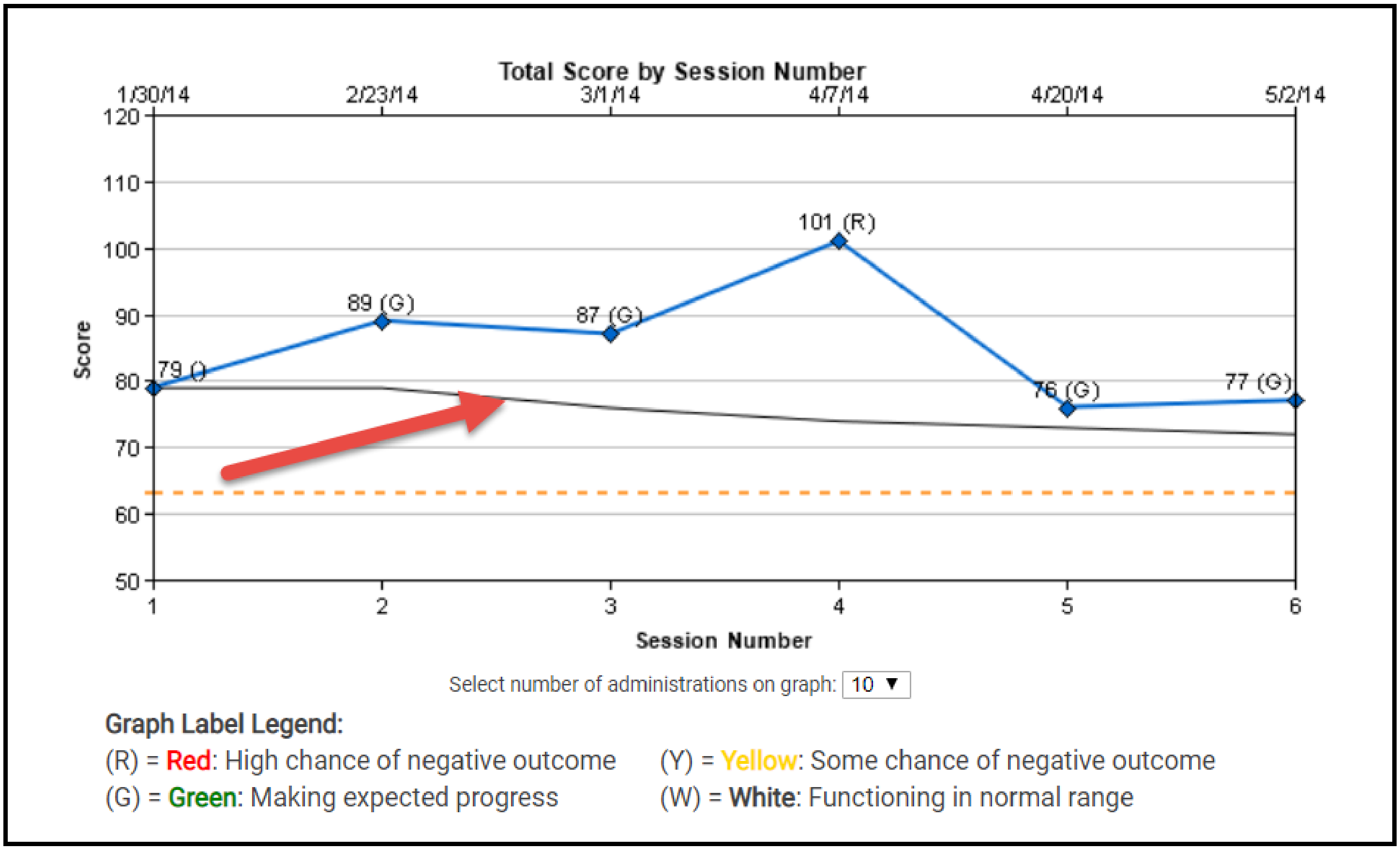
The feedback message provides more information about your client's Alert Status and current level of distress. These messages are particularly useful when clients signal a Yellow or Red Alert Status. As the feedback messages that accompany these alerts suggest, research has shown patients who signal Yellow or Red anytime during treatment are at risk for leaving treatment with a negative outcome.

Section 4: Most Recent Critical Item Status
A summary of client's responses to specific items identified as important by panel of expert clinicians. These items screen for risk of suicide, substance abuse, workplace violence, or other critical symptoms (depending on instrument). It is recommended that clinicians consider any response greater than *rarely* as an alert to possible risk in these areas. Responses of *almost always*, *frequently*, and *sometimes* are presented in RED font. Responses of *never* and *rarely* are presented in BLACK font.

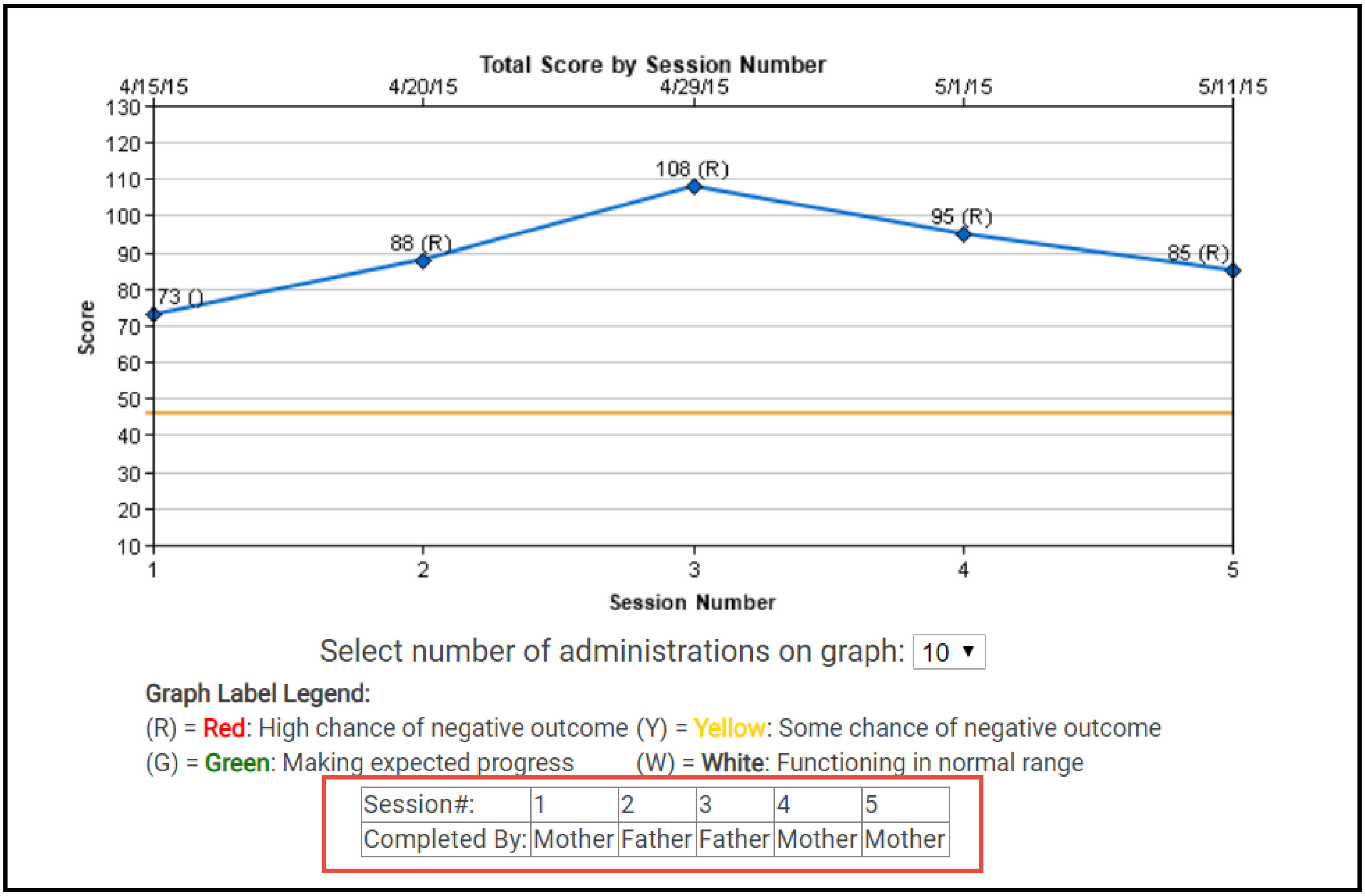
Section 5: Norms and Subscales
Provides normative comparisons with current subscale scores (when available; not all instruments have subscales) in order to compare the client to other normative groups. (Please refer to your instrument Cheat Sheet or Administration and Scoring Manual for more information).

Section 6: Treatment Progress Graph
Provides a graph of client scores from the baseline administration through the most current administration of the questionnaire. The Alert Status is indicated on the graph by the associated letter inside parentheses – (W), (G), (Y), or (R). The orange horizontal line drawn across the graph represents the clinical cut off score. (Please refer to your instrument Cheat Sheet or Administration and Scoring Manual for more information).

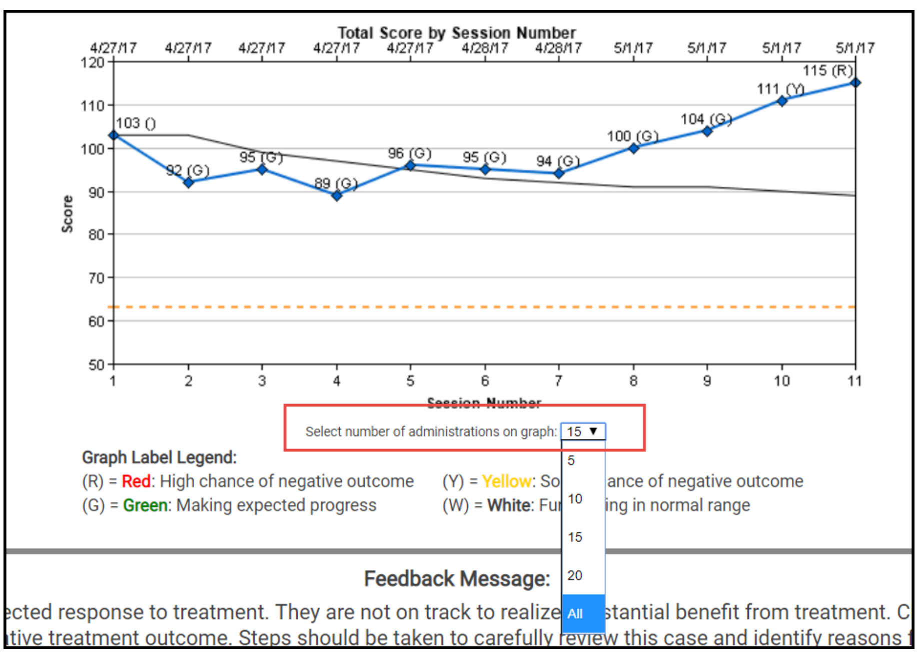
Some Clinician Reports also include a dark grey line that gradually slopes down, indicating the expected recovery curve for clients that begin therapy with baseline scores similar to this client. The expected recovery line helps practitioners visualize the average change per session of treatment that is typical of treated clients. Over fifty different expected recovery curves representing different baseline scores are incorporated into the empirical algorithms. It is deviations from this curve that provide the foundation for predicting treatment failure or success.



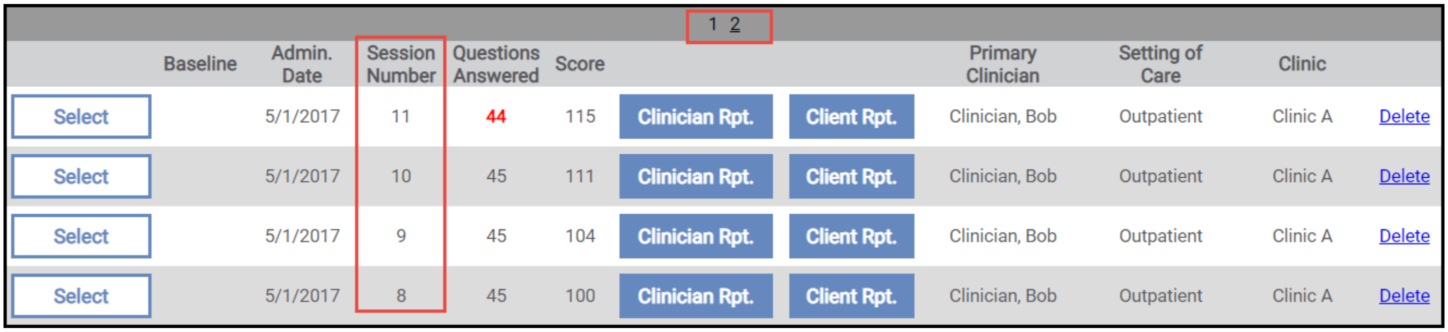
NOTE: The Y-OQ® 2.01, Y-OQ® 2.01 TA, and Y-OQ® 30.2 PR questionnaires may be completed by different sources (for example, Mother, Father, Guardian, or Social Worker). An additional box has been added to the bottom of these reports to track the person completing the questionnaire for each session. This knowledge helps the clinician keep track of who is reporting progress. Obviously, it is highly desirable for weekly ratings on client progress to come from a single informant. As this is not always possible, this allows the clinician to keep track of who is rating the client's symptoms.



Number of Administrations Displayed on Clinician Report Graph
Users can choose number of sessions (within an episode) showing on the graph. Options include: 5, 10, 15, 20, All (default is 10).



Note: If the client has multiple pages of administrations, users can select a page number to scroll through the administrations.

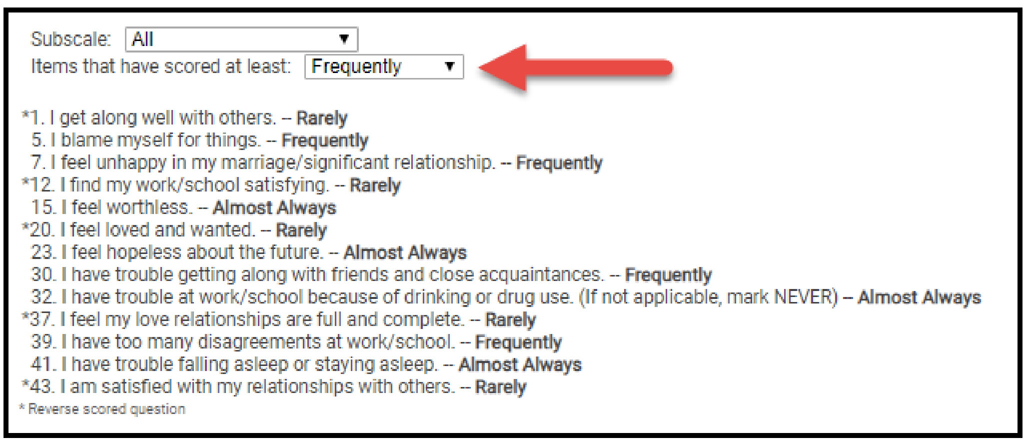


1 2

	Baseline	Admin. Date	Session Number	Questions Answered	Score			Primary Clinician	Setting of Care	Clinic	
Select		5/1/2017	11	44	115	Clinician Rpt.	Client Rpt.	Clinician, Bob	Outpatient	Clinic A	Delete
Select		5/1/2017	10	45	111	Clinician Rpt.	Client Rpt.	Clinician, Bob	Outpatient	Clinic A	Delete
Select		5/1/2017	9	45	104	Clinician Rpt.	Client Rpt.	Clinician, Bob	Outpatient	Clinic A	Delete
Select		5/1/2017	8	45	100	Clinician Rpt.	Client Rpt.	Clinician, Bob	Outpatient	Clinic A	Delete

Clinician Report – Additional Page (Not Available for all Instruments)

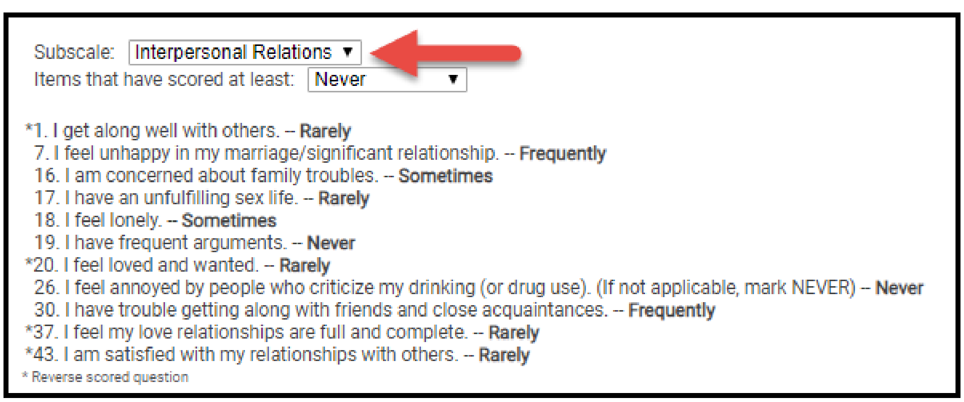
In addition to the six sections summarized above, most clinician reports also include a second page that allows the clinician to instantly view any questions that have scored at least a selected response (never, rarely, sometimes, frequently, almost always) as shown below:



Subscale: All
Items that have scored at least: Frequently

*1. I get along well with others. -- **Rarely**
5. I blame myself for things. -- **Frequently**
7. I feel unhappy in my marriage/significant relationship. -- **Frequently**
*12. I find my work/school satisfying. -- **Rarely**
15. I feel worthless. -- **Almost Always**
*20. I feel loved and wanted. -- **Rarely**
23. I feel hopeless about the future. -- **Almost Always**
30. I have trouble getting along with friends and close acquaintances. -- **Frequently**
32. I have trouble at work/school because of drinking or drug use. (If not applicable, mark NEVER) -- **Almost Always**
*37. I feel my love relationships are full and complete. -- **Rarely**
39. I have too many disagreements at work/school. -- **Frequently**
41. I have trouble falling asleep or staying asleep. -- **Almost Always**
*43. I am satisfied with my relationships with others. -- **Rarely**
* Reverse scored question

Additionally, the OQ®-45.2, Y-OQ® 2.01, Y-OQ® 2.0 SR, and Y-OQ® 30.2 include a second dropdown menu that allows the user to filter the report to only include items from the selected subscale. This will default to "all" unless a specific subscale item is selected from the dropdown list as shown below:



Subscale: Interpersonal Relations
Items that have scored at least: Never

*1. I get along well with others. -- **Rarely**
7. I feel unhappy in my marriage/significant relationship. -- **Frequently**
16. I am concerned about family troubles. -- **Sometimes**
17. I have an unfulfilling sex life. -- **Rarely**
18. I feel lonely. -- **Sometimes**
19. I have frequent arguments. -- **Never**
*20. I feel loved and wanted. -- **Rarely**
26. I feel annoyed by people who criticize my drinking (or drug use). (If not applicable, mark NEVER) -- **Never**
30. I have trouble getting along with friends and close acquaintances. -- **Frequently**
*37. I feel my love relationships are full and complete. -- **Rarely**
*43. I am satisfied with my relationships with others. -- **Rarely**
* Reverse scored question

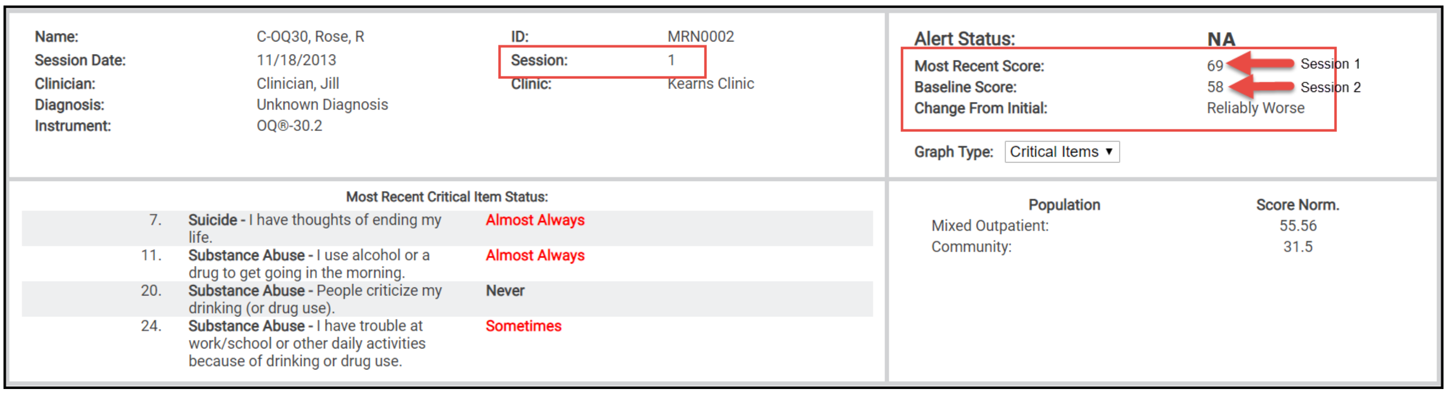
Clinician Report after Baseline is Moved

When the baseline session is moved to a later session, all Clinician reports prior to the designated baseline will no longer have an alert status and are treated as an initial session. In addition, these administrations are not part of the algorithms used to determine alerts and feedback messages on subsequent reports.

For Clinician reports prior to selected baseline, it is important to note the following:

Since the *Most Recent Score* was calculated prior to the *Baseline Score*, the *Change from Initial* field is not an accurate assessment and should be ignored on these Clinician reports.

A perfect example can be seen on the screenshot below. The *Change from Initial* indicates Reliably Worse because the *Most Recent Score* is significantly higher than the *Baseline Score*; however, this *Baseline Score* is actually from a later administration.



Name:	C-OQ30, Rose, R	ID:	MRN0002
Session Date:	11/18/2013	Session:	1
Clinician:	Clinician, Jill	Clinic:	Kearns Clinic
Diagnosis:	Unknown Diagnosis		
Instrument:	OQ®-30.2		

Alert Status:	NA
Most Recent Score:	69 Session 1
Baseline Score:	58 Session 2
Change From Initial:	Reliably Worse

Graph Type: Critical Items

Most Recent Critical Item Status:

7.	**Suicide** - I have thoughts of ending my life.	Almost Always
11.	**Substance Abuse** - I use alcohol or a drug to get going in the morning.	Almost Always
20.	**Substance Abuse** - People criticize my drinking (or drug use).	Never
24.	**Substance Abuse** - I have trouble at work/school or other daily activities because of drinking or drug use.	Sometimes

Population	Score Norm.
Mixed Outpatient:	55.56
Community:	31.5

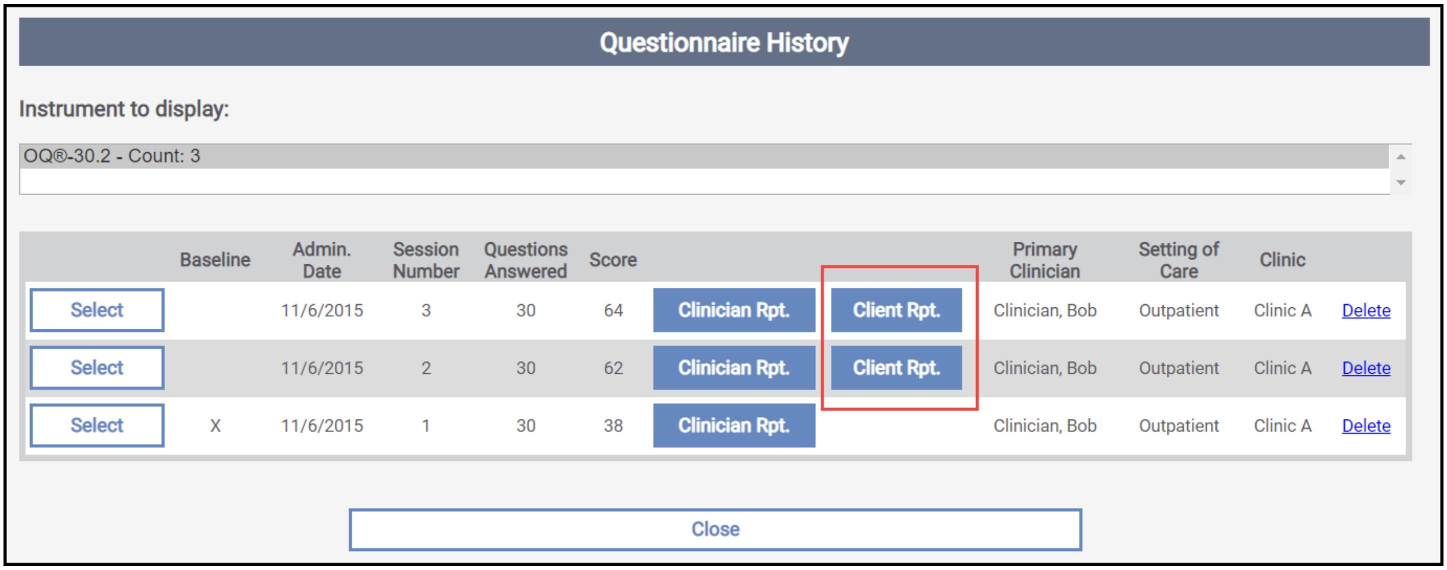
Viewing the Client Report (Not Available for all Instruments)

Access the **Questionnaires** tab and select the **Review Questionnaires** subtab.

Search for a client using last name, partial last name, last and/or first name, or Identification Number and click **[Search].**

Highlight the desired client and click **[Show Info].**

Select **[Client Rpt.]** for the desired questionnaire and a new window will open containing the Client Report. If a new window does not appear, make sure that your browser is set to allow pop-ups for the OQ®-Analyst website.

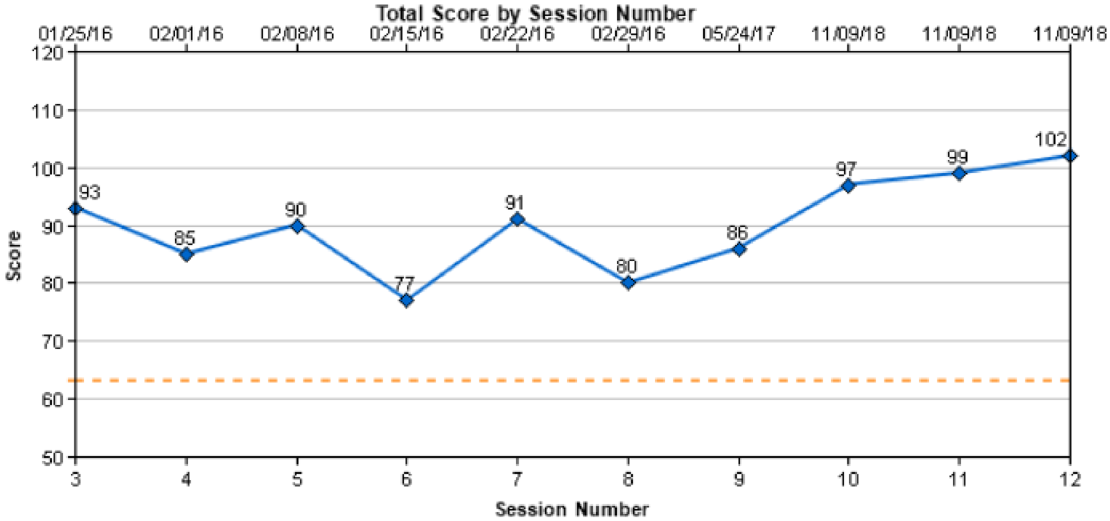


Interpreting the Client Report

The Client Report provides a feedback message and graph displaying client progress. Messages range from suggestions that the client is functioning quite well, is progressing but in need of further help, or is not progressing as expected and encouraged to discuss progress with the therapist.

We recommend using this report to help engage your clients in their therapy. Research has shown that clients find the feedback desirable and would like to have a copy. It also shows that feedback given directly to clients in this format has a positive effect on treatment outcome.

Name:	Barnes, Cliff	**ID:**	CB30340
Session Date:	11/9/2018	**Session:**	12
Clinician:	Elby, Simon	**Clinic:**	Central



Feedback Message:

Please note that the information presented below is based on your responses to the questionnaire that you complete prior to each therapy session.

Despite the late stage of your treatment, compared to most clients, it does not appear as though you have experienced much relief from treatment.

There is a strong possibility that you will not experience a noticeable benefit from therapy, unless something changes in your treatment.

We strongly encourage you to consider, with your therapist, a new course of action aimed at providing the benefits that you would like from treatment.

It may also require your willingness to complete additional questionnaires that may shed light about why you are not experiencing the expected rate of progress.

PLEASE NOTE: THE SUGGESTIONS CONTAINED IN THE OQ®-A REPORT SHOULD BE DISCUSSED WITH YOUR CLINICIAN, OR THE PERSON RESPONSIBLE FOR YOUR CARE, AND THAT NO GUARANTEE OF ACCURACY IS MADE OR IMPLIED. THE OQ®-A IS NOT A DIAGNOSTIC TOOL AND IS NOT A SUBSTITUTE FOR A MEDICAL OR PROFESSIONAL EVALUATION.

Client Reports Not Available Prior to Designated Baseline Session

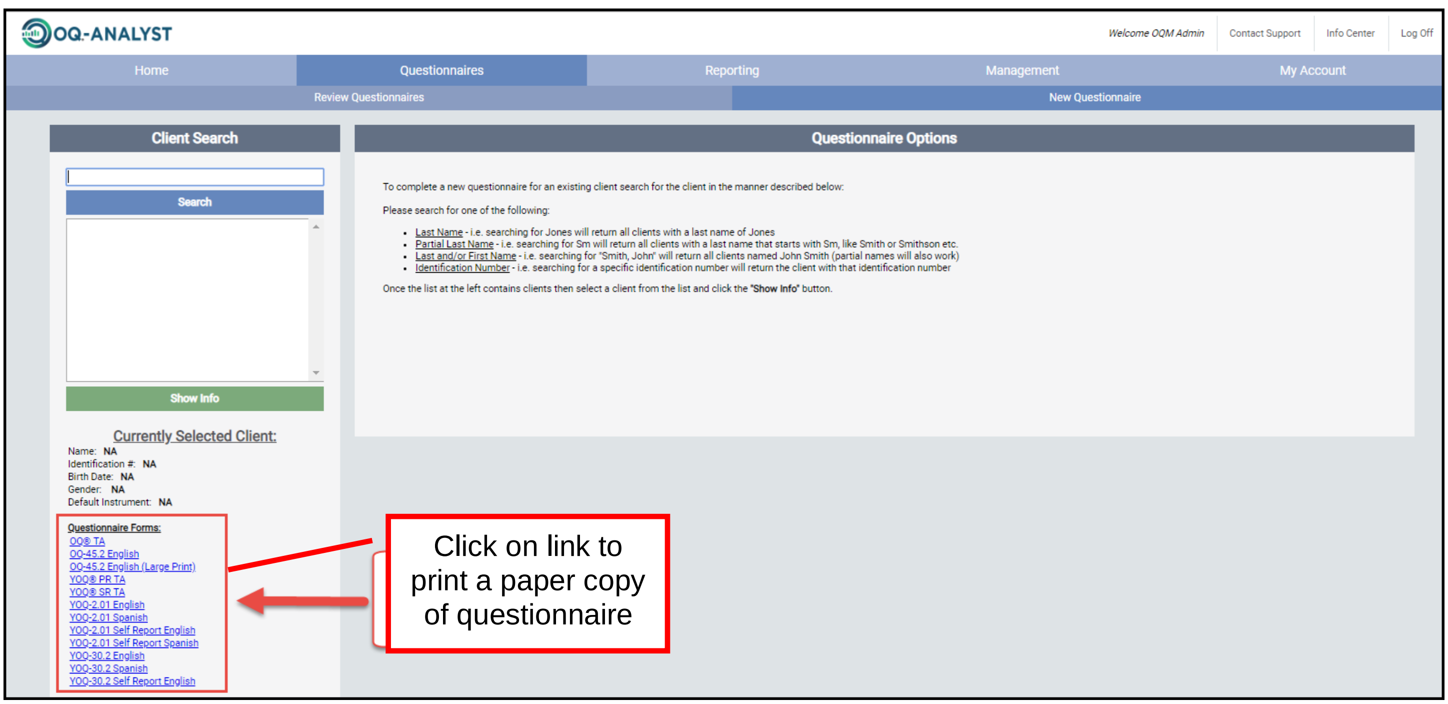
As visible in the screenshot below, no client report is available for sessions prior to the designated baseline session.

	Baseline	Admin. Date	Session Number	Questions Answered	Score			Primary Clinician	Setting of Care	Clinic	
Select		5/2/2014	6	45	77	Clinician Rpt.	Client Rpt.	Clinician, Bob	Outpatient	Clinic A	Delete
Select		4/20/2014	5	45	76	Clinician Rpt.	Client Rpt.	Clinician, Bob	Outpatient	Clinic A	Delete
Select		4/7/2014	4	45	101	Clinician Rpt.	Client Rpt.	Clinician, Bob	Outpatient	Dallas Clinic	Delete
Select	X	3/1/2014	3	45	87	Clinician Rpt.		Clinician, Bob	Day Treatment	Dallas Clinic	Delete
Select		2/23/2014	2	45	89	Clinician Rpt.		Clinician, Bob	Outpatient	Dallas Clinic	Delete
Select		1/30/2014	1	44	79	Clinician Rpt.		Clinician, Bob	Outpatient	Dallas Clinic	Delete

7.2 New Questionnaire Subtab

The New Questionnaire subtab allows you to administer a new questionnaire or enter questionnaire responses manually.

This subtab also contains a complete list of instruments your organization currently has licensed and allows you to **print paper copies** of the questionnaires from the software. **NOTE:** The large print version is for clients with visual imparities (not available for all instruments).



We recommend printing and storing a selection of questionnaires to have on hand in the event your internet connection is not available for a period of time. This will allow you to administer the questionnaire(s) on paper and manually enter the responses once the internet connection is restored. This method may also be used when working in the field or away from your office. To open a printable version of the questionnaire, simply click on the link for the instrument you wish to print. After the questionnaire has been completed, follow the steps below to enter the data in the OQ®-Analyst.

Manually Entering Questionnaire Data

OQ®-Analyst offers an easy method for manually entering questionnaire data into the system. This entry method is useful when your clients are not able to complete the questionnaires electronically or prefer the paper form.

IMPORTANT: This method is only used by clinicians or an administrator entering data into the system. It is not intended for clients. Please refer to section 6 for information on the various client administration methods.

NOTE: 10-Key manually entry is available in all compatible browsers (Edge/Internet Explorer, Firefox, Chrome, and Safari). We recommend using this method as it is the easiest and fastest method for entering your clients' responses. Enter the number next to the appropriate answer. If a number other than 0-4 is keyed, the question will be left blank and the system will move to the next question. Please keep in mind, the numbers to the left of the available answers are for ease of data entry only and are not associated with scoring the questionnaire.

Following are the steps for manually entering questionnaire data:

Access the **Questionnaires** tab and select the **New Questionnaires** subtab.

Enter the full last name, partial last name, last and/or first name, or identification number to view available clients and click **[Search]**.

Highlight the desired client and click **[Show Info]**. Verify the identifying information.

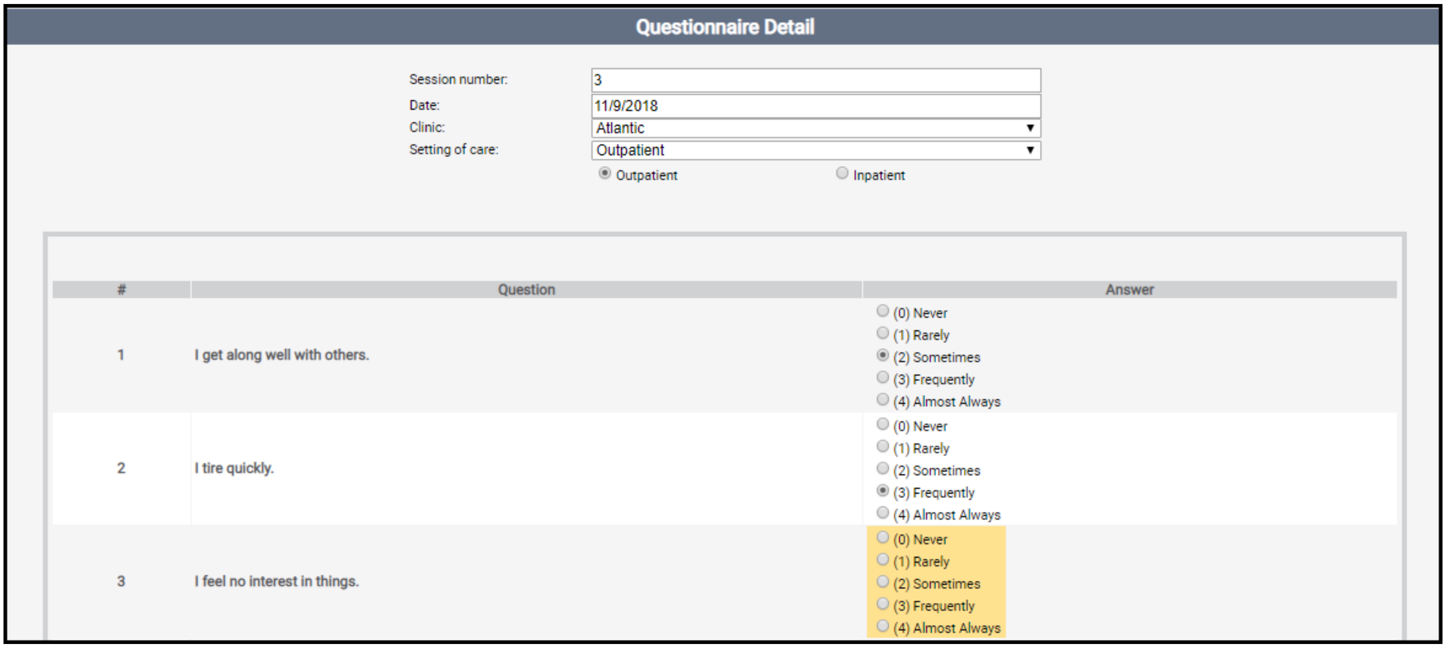
Select an instrument using the drop-down list (the default instrument will automatically be selected. All other licensed instruments will appear in the drop-down menu).

Click [**Manual**] to display the questionnaire at the bottom of the page.

Enter or modify Questionnaire Detail data as needed (**Session Number**, **Completed By**, **Date**, **Clinic, Setting of Care**). The system will automatically fill in the Session Number field. You can change this number if desired. The system will also automatically fill in the Date field. Again, you can change the date if necessary. The Clinic, Setting of Care, and Outpatient and Inpatient options can also be adjusted by the user entering the questionnaire data, if needed.

Manually enter the questionnaire responses. **NOTE:** answers can be selected by clicking on the bubbles, on the text of the desired option, or using the 10-key manual entry mentioned above.

Click [**Submit**] when finished.



Auto-Generated Custom Administration Links for Specific Client

The OQ®-Analyst provides the ability to auto-generate a custom administration link that can be emailed to a specific client, which they can complete at home or on a mobile device. Since the link is specific to a single client, this eliminates the need for them to logon to complete the questionnaire. The client can click on the link to open and complete the questionnaire on any device connected to the internet.

This feature can be turned on or turned off as part of your database settings. To turn this feature off, please contact support@oqmeasues.com.

Following are the steps for generating a custom administration link:

Access the **Questionnaire** tab and select the **New Questionnaire** subtab.

Enter the full last name, partial last name, last and/or first name, or identification number to view available clients and click **[Search].**

Highlight the desired client and click **[Show Info]**.

Select the instrument for the client to complete using the drop-down list (the default instrument will automatically be selected).

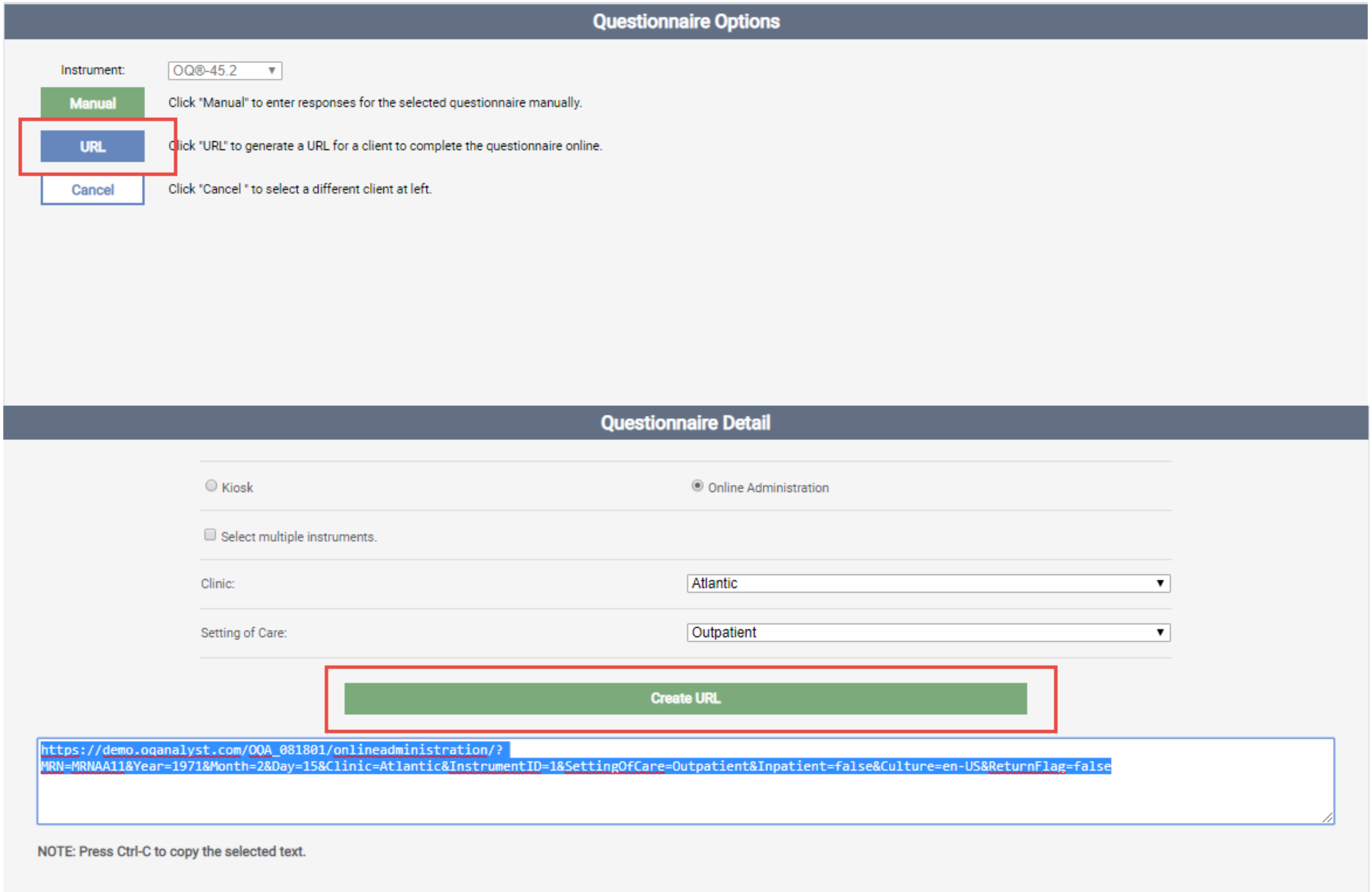
Click [**URL**] to open the **Questionnaire Detail** box.

Select **Kiosk** or **Online Administration** method (default is **Online Administration**).

Select multiple instruments flag, as needed. Clinic and Setting of Care can be adjusted, if needed.

Click [**Create URL**] to generate the custom link.

Press **Ctrl-C** to copy the link into an email for the client. IMPORTANT: To maintain HIPAA compliance, we recommend sending the link in an encrypted email. NOTE: the URL only needs to be sent once. The client can click on the same URL each time they need to complete the questionnaire(s).



8. Reporting Tab

Click on the Reporting tab to access your available reporting features. There are four reporting subtabs: Individual, Detail, Aggregate, and Performance Based Measurements. You will have access to different subtabs and client records based on your assigned User Role and Access Level combination. For example, a Clinician/Standard User will only have access to the Individual and Detail reporting subtabs and their own client's data.

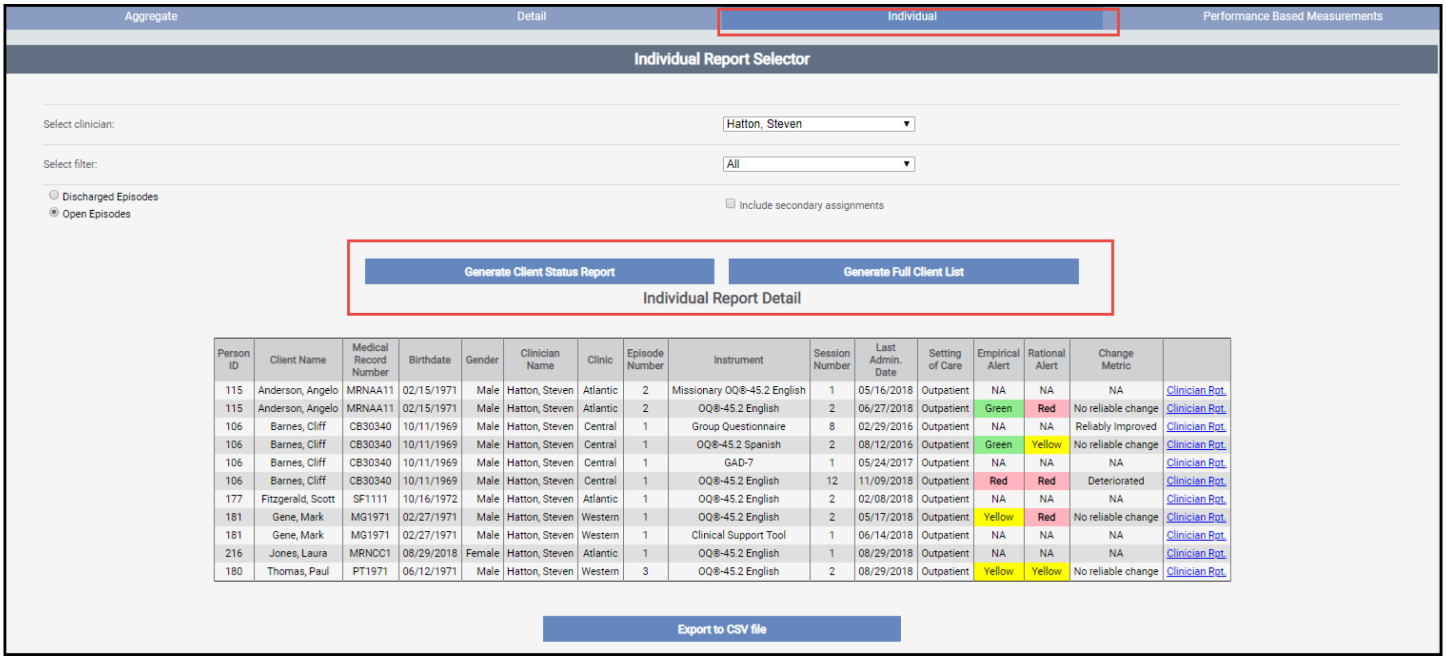
For more information about Access Level and User Roles, please refer to section 9 of this user manual or the full OQ®-Analyst Security Model document, which can be viewed by clicking on the Info Center link in the upper right corner of your OQ®-Analyst system.

If you require access to additional reporting subtabs or client data, please contact your System Administrator to have your access adjusted within the system.

8.1 Individual Reporting Subtab

The Individual reporting subtab allows you to generate a Client Status Report for open or discharged episodes. This report contains the most recent Alert Status and allows for convenient access to the most recent Clinician Report for each of your clients from one location. Clicking **[Export to CSV File]** will download the data to a spreadsheet (i.e. Microsoft Excel). This reporting subtab also generates a Full Client List, which provides a full list of all clients assigned to a clinician whether or not they have completed a questionnaire.

NOTE: Your User Role will determine what you can view from this page. For example, a Clinician with an access level of Standard User will only have access to their case load or clients they have been assigned as part of the treatment team (Secondary Assignments flag). A Supervisor can see their own case load, as well as the case load for any Clinician they supervise. For more information, please refer to the security overview provided below in section 9.



Person ID	Client Name	Medical Record Number	Birthdate	Gender	Clinician Name	Clinic	Episode Number	Instrument	Session Number	Last Admin. Date	Setting of Care	Empirical Alert	Rational Alert	Change Metric	
115	Anderson, Angelo	MRNAA11	02/15/1971	Male	Hatton, Steven	Atlantic	2	Missionary OQ®-45.2 English	1	05/16/2018	Outpatient	NA	NA	NA	Clinician Rpt.
115	Anderson, Angelo	MRNAA11	02/15/1971	Male	Hatton, Steven	Atlantic	2	OQ®-45.2 English	2	06/27/2018	Outpatient	Green	Red	No reliable change	Clinician Rpt.
106	Barnes, Cliff	CB30340	10/11/1969	Male	Hatton, Steven	Central	1	Group Questionnaire	8	02/29/2016	Outpatient	NA	NA	Reliably Improved	Clinician Rpt.
106	Barnes, Cliff	CB30340	10/11/1969	Male	Hatton, Steven	Central	1	OQ®-45.2 Spanish	2	08/12/2016	Outpatient	Green	Yellow	No reliable change	Clinician Rpt.
106	Barnes, Cliff	CB30340	10/11/1969	Male	Hatton, Steven	Central	1	GAD-7	1	05/24/2017	Outpatient	NA	NA	NA	Clinician Rpt.
106	Barnes, Cliff	CB30340	10/11/1969	Male	Hatton, Steven	Central	1	OQ®-45.2 English	12	11/09/2018	Outpatient	Red	Red	Deteriorated	Clinician Rpt.
177	Fitzgerald, Scott	SF1111	10/16/1972	Male	Hatton, Steven	Atlantic	1	OQ®-45.2 English	2	02/08/2018	Outpatient	NA	NA	NA	Clinician Rpt.
181	Gene, Mark	MG1971	02/27/1971	Male	Hatton, Steven	Western	1	OQ®-45.2 English	2	05/17/2018	Outpatient	Yellow	Red	No reliable change	Clinician Rpt.
181	Gene, Mark	MG1971	02/27/1971	Male	Hatton, Steven	Western	1	Clinical Support Tool	1	06/14/2018	Outpatient	NA	NA	NA	Clinician Rpt.
216	Jones, Laura	MRNCC1	08/29/2018	Female	Hatton, Steven	Atlantic	1	OQ®-45.2 English	1	08/29/2018	Outpatient	NA	NA	NA	Clinician Rpt.
180	Thomas, Paul	PT1971	06/12/1971	Male	Hatton, Steven	Western	3	OQ®-45.2 English	2	08/29/2018	Outpatient	Yellow	Yellow	No reliable change	Clinician Rpt.

8.2 Detail Reporting Subtab

You will also have access to the Detail reporting subtab. This page allows you to generate detailed reports and export data to a spreadsheet (i.e. Microsoft Excel) in a Comma Separated Values (CSV) file. Reporting options include:

Client List: Generates a complete client list in Comma Separated Values (CSV) format. This list includes clients with and without administrations.

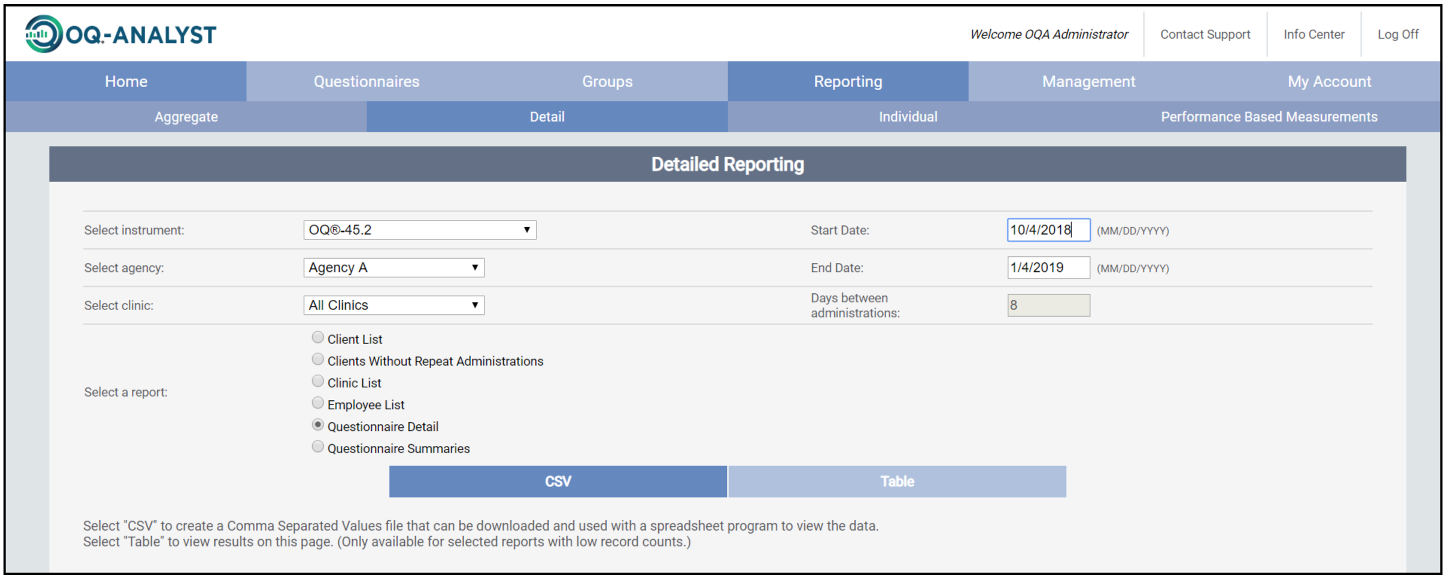
Clients Without Repeat Administrations: Generates a list of clients that have not had a subsequent administration in x number of days. Use the **Days between administrations** field to indicate timeframe between administrations. The drop-down menus allow you to select instrument, agency, and clinic values. This report can be downloaded and viewed as a CSV file or viewed as a table within the application.

Clinic List: Generates a complete list of clinics associated with an agency. Use the Select Agency drop down menu to select the agency value. This report can be downloaded and viewed as a CSV file or viewed as a table within the application.

Employee List: Generates a complete employee list. The drop-down menus allow you to select an agency, all clinics, or a specific clinic. This report can be downloaded and viewed as a CSV file or viewed as a table within the application.

Questionnaire Detail: Generates a CSV file including the questionnaire details for the selected instrument, agency, clinic, and date range. This file includes the response selected for each question on the questionnaire, as well as client data.

<u>Questionnaire Summaries:</u> Generates a CSV file including a summary of the administration details for the selected instrument, agency, clinic, and date range. This file includes client data, administration details, alert status, and scoring data.



8.3 Aggregate Reporting subtab

Only users with an Access Level of Administrators, Executive User, and System Admin can view the Aggregate reporting subtab.

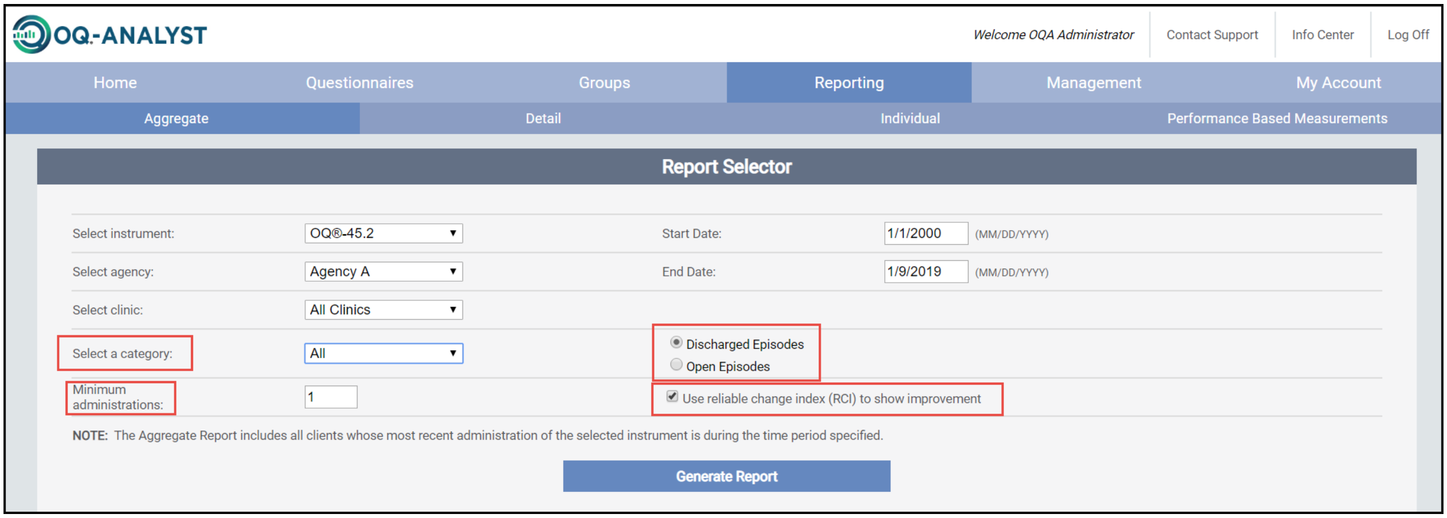
Reports can be generated per instrument for the following categories: All, County, Clinic, Supervisor, Clinician, Diagnosis, Gender, Setting of Care, and Discharge Type.

In addition, the user should consider the following when generating the report:

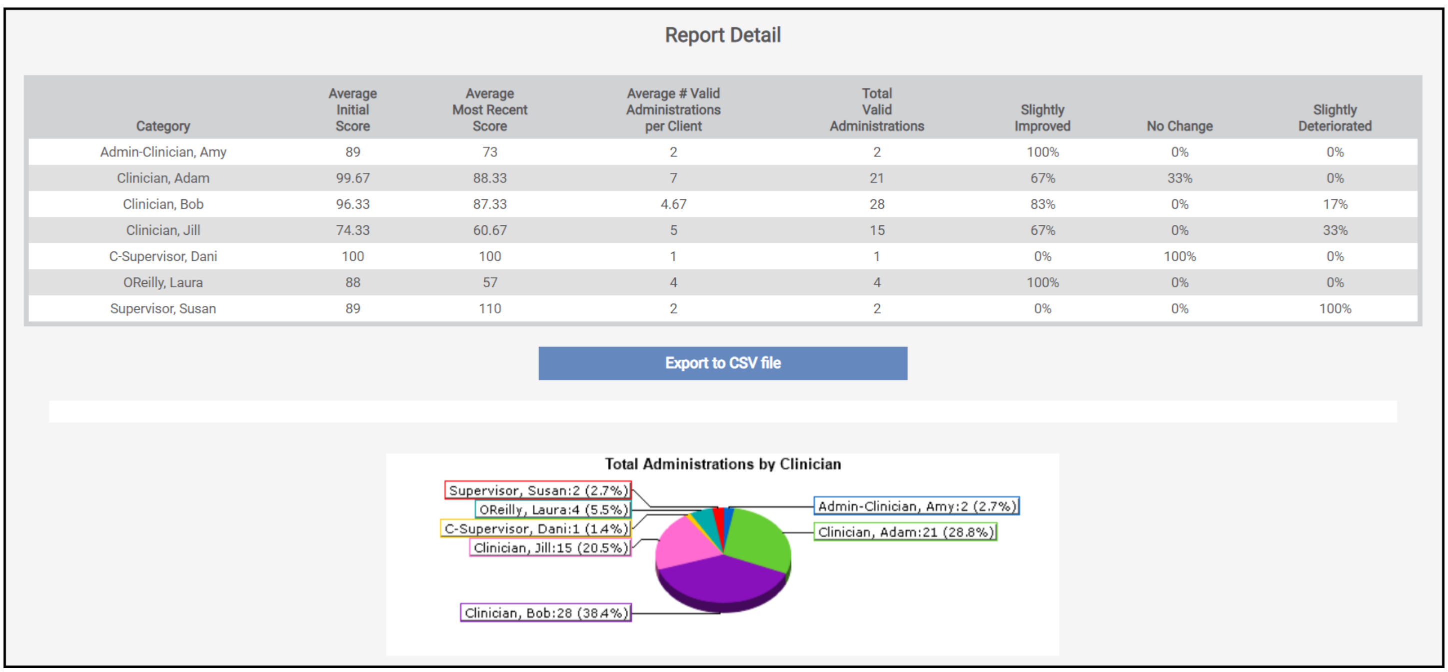
Select Open Episodes to see a snap-shot in time or Discharged Episodes for accurately measuring outcomes.

Use the Reliable Change Index (RCI) flag for measuring reliable change or uncheck the flag to calculate any improvement or deterioration (i.e. 1 point of change). The system defaults to using the RCI flag.

Adjust the minimum number of administrations needed for the client's data to be included on the report. The system default is 1 administration.



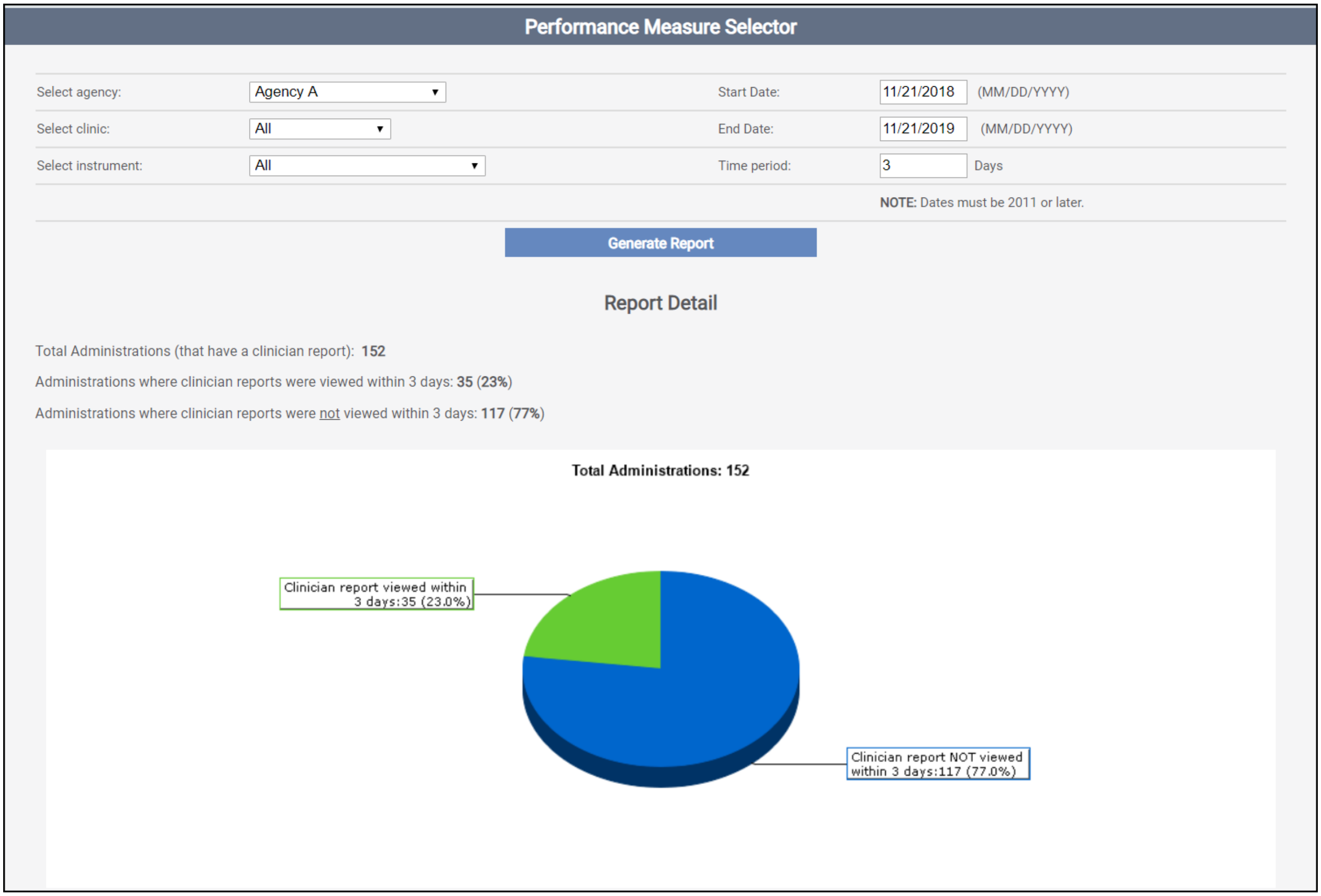
The report detail includes the following data for the selected category: Average Initial (Baseline) Score, Average Most Recent Score, Average # Valid Administrations per Client, Total Valid Administrations, Improved (Slightly Improved), No Reliable Change (No Change), and Deteriorated (Slightly Deteriorated). (Please refer to your Administration and Scoring Manual for more detailed analysis of the Jacobson & Truax formulas used to determine clinically significant change.)


Report Detail

Category	Average Initial Score	Average Most Recent Score	Average # Valid Administrations per Client	Total Valid Administrations	Slightly Improved	No Change	Slightly Deteriorated
Admin-Clinician, Amy	89	73	2	2	100%	0%	0%
Clinician, Adam	99.67	88.33	7	21	67%	33%	0%
Clinician, Bob	96.33	87.33	4.67	28	83%	0%	17%
Clinician, Jill	74.33	60.67	5	15	67%	0%	33%
C-Supervisor, Dani	100	100	1	1	0%	100%	0%
OReilly, Laura	88	57	4	4	100%	0%	0%
Supervisor, Susan	89	110	2	2	0%	0%	100%

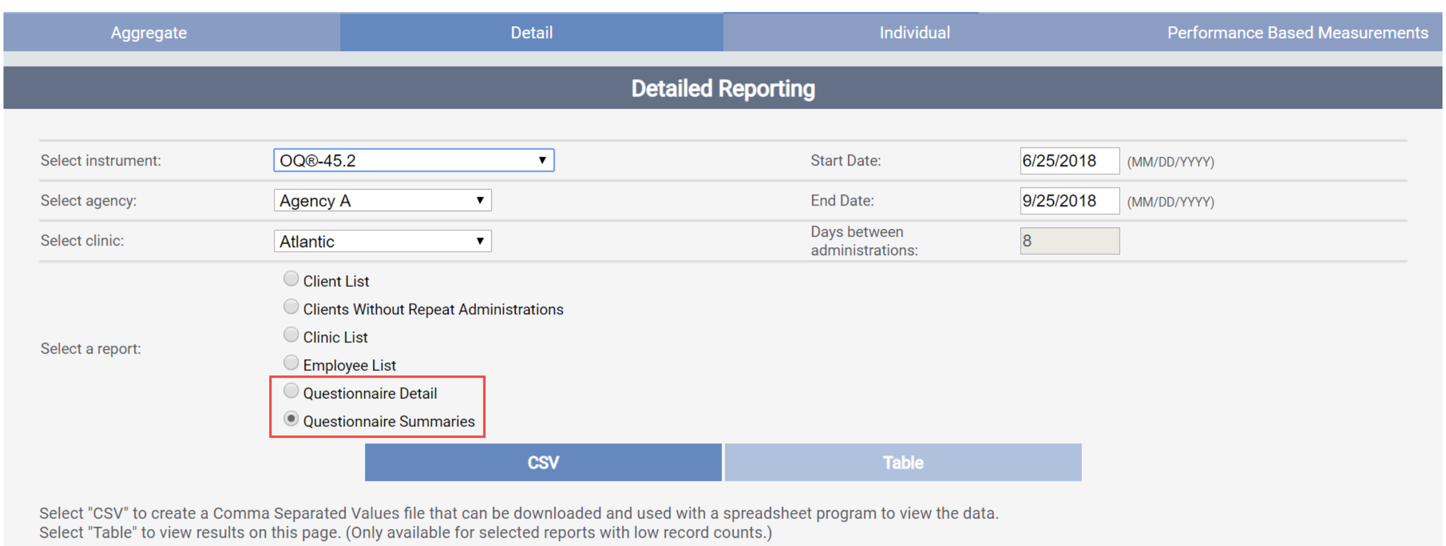
8.4 Performance Based Measurements Reporting Subtab

Only users with an Access Level of Administrators, Executive User, and System Admin can view the Performance Based Measurements reporting subtab. The purpose of this report is to verify when a questionnaire is administered to a client, someone in the organization is viewing the Clinician Report within a specified time period. Use the drop-down menus to select agency, clinic, and instrument. Enter a number in the Time Period field to indicate the desired time period.



Additional Performance Based Management Tools (Detail Reporting)

The Questionnaire Detail and Questionnaire Summaries reports on the Detail Reporting tab include the ability to download and track the following data: Clinician Report First Viewed By, Viewing Clinician Last Name, Viewing Clinician First Name, Clinician Report First Viewed Date, and Days Before Viewing.

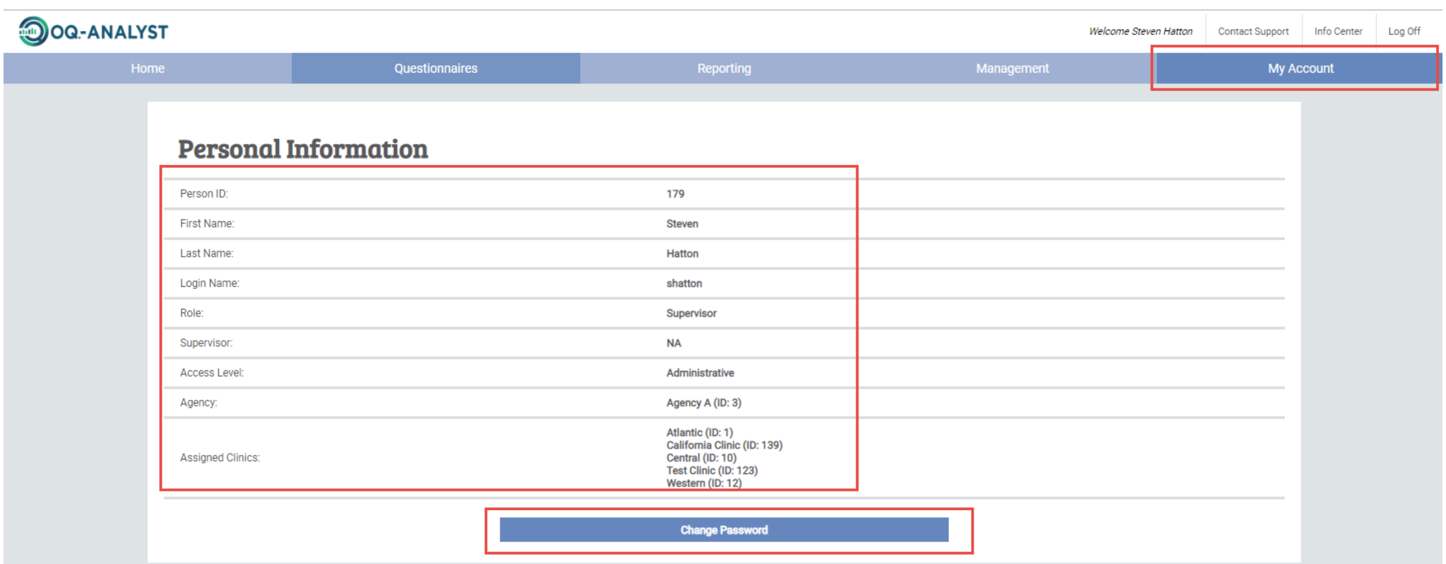


CRFirstViewedByID	ViewingClinicianLastName	ViewingClinicianFirstName	CRFirstViewedDate	DaysBeforeViewing
2	Admin	OQM	9/28/2017 16:16	0
2	Admin	OQM	9/28/2017 16:18	0
168	Hastings	Amanda	10/3/2017 14:57	0
172	Johnson	Adam	7/14/2018 14:09	267
169	Sautter	Don	8/13/2018 21:45	224
2	Admin	OQM	5/22/2018 8:08	61
2	Admin	OQM	5/22/2018 8:11	30
179	Hatton	Steven	5/22/2018 14:29	6
172	Johnson	Adam	6/14/2018 12:38	0
172	Johnson	Adam	6/24/2018 14:06	9
2	Admin	OQM	7/26/2018 13:32	30
179	Hatton	Steven	8/3/2018 16:48	37
172	Johnson	Adam	7/14/2018 13:36	0
172	Johnson	Adam	7/14/2018 14:06	0
169	Sautter	Don	7/16/2018 17:13	1
179	Hatton	Steven	8/29/2018 12:09	0

9. My Account

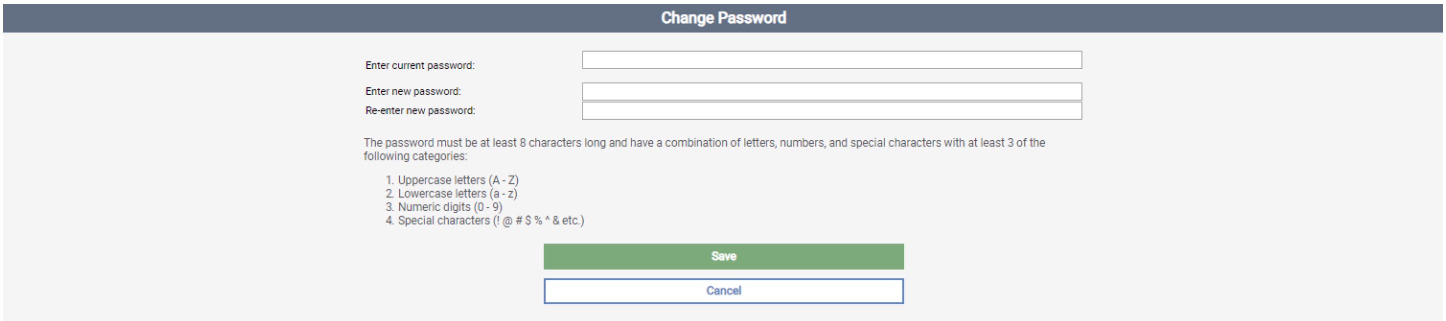
The My Account tab in the OQ®-Analyst allows you to view your personal account information and to change your account password. Click on the My Account tab to see your current Login Name, User Role, Supervisor, Access Level, Agency, and Assigned Clinics.

To have changes made to your personal account information, please contact your System Administrator.



9.1 Changing your Password

To change your password, simply click **[Change Password]** to open the change password box shown below.



Enter your current password, new password and re-enter new password. Click **[Save]** to save your changes.

NOTE: Please follow your organization's password security policies.

10. OQ®-Analyst Security Model

The chart below provides a basic overview of our security model. If you are having an issue accessing client records or do not have sufficient rights within the system, please contact your system administrator. For more information please refer to the full OQ®-Analyst Application Security Model document, which can be viewed by clicking on [**Info Center**] in the upper right corner of your system.

OQ® Analyst Access Overview

The table below shows User Roles and Access Levels available in the OQ®-Analyst application and the permissions associated with the most common combinations. System Administrators can choose the account type that works best for each user within your organization's security policy.

User Roles: Clerical, Clinician, Supervisor, Corporate
Access Levels: Standard User, Administrative, Executive User, System Admin, Not Assigned

	Assigned to client as primary or secondary clinician	Assigned to clinician as Supervisor and can view supervisee's clients	Administer/edit questionnaires[2] and view clinician reports		Reporting				View and edit	
			Clients at clinic[1]	Their clients	Aggregate	Detail	Individual	PBM	Client info at clinic[1]	Employee info at clinic[1]
Clinician, Standard User	✓			✓		✓	✓			
Clinician, Administrative	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Clinician/Supervisor, System Admin	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Supervisor, Standard User	✓	✓		✓		✓	✓			
Supervisor, Administrative	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Clerical, Administrative			✓		✓	✓	✓	✓	✓	
Corporate, Executive User					✓			✓		
Corporate, System Admin			✓		✓	✓	✓	✓	✓	✓

1: Employees can be assigned to multiple clinics 2: Questionnaire data can only be edited prior to the lock-out period (default is 7 days)

11. Additional Support

To contact OQ Measures Support with any further questions:

Phone: (801) 649-5449

Toll Free: (888) 647-2673

Email: support@oqmeasures.com