



Purpose

- The S-OQ® provides a “snapshot” of the client’s current functioning, with the last 15 items specifically focusing on SMI.
- Intake scores (total, critical items, individual items) can help identify areas of immediate clinical concern and aid in treatment planning.
- The S-OQ® is sensitive to short-term change, making it a good instrument for evaluating client progress at any point during treatment.
- Information gleaned from the S-OQ® may be helpful in discharge planning.

Administration

- Clients ages **18 and older** complete the S-OQ®.
- Encourage respondents to **answer every question** as accurately as possible.
- Respondents should indicate how true each statement is for him/her **during the past week.**
- The S-OQ® can be administered by non-clinical staff, but must be interpreted by a trained clinician.
- The S-OQ® is completed **at intake, periodic intervals thereafter, and at discharge** (even if < 1 month from last valid administration).

S-OQ® Quick Guide 2.0

Severe Outcome Questionnaire® 2.0

Information taken from the S-OQ® 2.0 Manual (2008) and OQ® Clinician Manual (2002)

Interpretation

Total Score

- Scores (≥ 57) are clinically significant and reflect increased distress related to experiencing a high number of symptoms, interpersonal difficulties and decreased satisfaction and quality of life. *Total Score is only calculated if 41 or more items are completed.*

SMI Items

- Review individual scores for items 31-45 to identify areas of particular concern or impairment. These items are specific to Severe Mental Illness symptomatology and functioning.

Invalid Administration

- The S-OQ® is invalid if **5 or more** items are missing or ‘unscorable’.
- An item is “unscorable” if the respondent circled more than 1 response for an item or marked a space between two choices.
- Please ask the respondent to complete any skipped items and/or to mark a single valid response per item.
- Once there are 4 or fewer missing/unscorable items, the S-OQ® can be scored.

Follow up on any item ≥ 1 before session ends

Critical Items

- | | |
|--|---|
| 7 Suicidal thoughts | 31 Hallucinations (VH, AH) |
| 11 Alcohol, drugs to get going
(complete SACS A and B) | 32 Mania: Can’t stop thinking,
moving, doing things |
| 20 Criticized for substance use | 43 Think really ill |
| 24 Substance use affects daily functioning | |

Scoring

Same Day Scoring

- Administer on paper
- Confirm this was a valid administration
- Enter into the EHR
- Review and document on “Score Review” tab
- Follow up with client as appropriate, document in Progress Note

Scale	Score Range	Clinical Cutoff
S-OQ® Total Score	0 to 180	≥ 57

Reliable Change Index

A difference of **18 or more** points (+/-) between Baseline (Intake) and follow up reflects a reliable change (+ RCI = better, - RCI = worse)