

Agency Info		
Agency <input type="text"/>	BHO <input type="text"/>	Program <input type="text"/>

Client Information			
Last Name <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Title <input type="text"/>
Gender <input type="radio"/> Male <input type="radio"/> Female	Pregnant <input type="radio"/> No <input type="radio"/> Yes	Veteran Status <input type="radio"/> No <input type="radio"/> Yes	Meds Only (check if YES) <input type="checkbox"/>
Date of Birth <input type="text"/>	Medicaid ID <input type="text"/>	Client ID <input type="text"/>	Social Security # <input type="text"/>

Client Demographics			
Race - Check all that apply <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Declined	Hispanic Ethnicity <input type="radio"/> No, the client doesn't claim to be Hispanic <input type="radio"/> Yes, the client claims to be Hispanic (Mexican) <input type="radio"/> Yes, the client claims to be Hispanic (Puerto Rican) <input type="radio"/> Yes, the client claims to be Hispanic (Cuban) <input type="radio"/> Yes, the client claims to be Hispanic (Other Hispanic) <input type="radio"/> The client declined to answer	Number arrests last 30 days <input type="text"/>	Tobacco Status <input type="radio"/> Current smoker/tobacco user - every day <input type="radio"/> Current smoker/tobacco user periodically <input type="radio"/> Former smoker/tobacco user <input type="radio"/> Never smoker/tobacco user <input type="radio"/> Smoker/tobacco user - current status unknown <input type="radio"/> Unknown if ever smoked/used
		Sexual Orientation <input type="radio"/> Heterosexual <input type="radio"/> Gay/Lesbian <input type="radio"/> Bisexual <input type="radio"/> Other <input type="radio"/> Declined	

Enrollment/Payor	
Click all that apply	
<input type="checkbox"/> Medicaid Fee for Service	<input type="checkbox"/> Medicaid - Capitated
<input type="checkbox"/> Medicare	<input type="checkbox"/> Self Pay
<input type="checkbox"/> Insurance & Third Party	<input type="checkbox"/> State/Other Federal
<input type="checkbox"/> Local	<input type="checkbox"/> CHP+

CCAR Type	
Action Type <input type="radio"/> Admission <input type="radio"/> Update <input type="radio"/> Discharge <input type="radio"/> Evaluation Only	Referral Source <input type="text"/>

Admission Information	
Admission Date <input type="text"/>	First Contact Date <input type="text"/>
Date of First Appointment Offered <input type="text"/>	

Update	
Type of Update <input type="radio"/> Annual <input type="radio"/> Interim/Reassessment <input type="radio"/> Psychiatric Hospital Admission <input type="radio"/> Psychiatric Hospital Discharge <input type="radio"/> DYC/CW Only <input type="radio"/> DYC Parole <input type="radio"/> Residential Treatment Change of Level <input type="radio"/> DOC Only <input type="radio"/> DOC/Community Parole 03	CCAR Effective Date/Date of CCAR <input type="text"/> If Type of Update is Psych Hosp Admit or Discharge, enter CDPHE ID # <input type="text"/>

Special	
Special Studies 1 <input type="text"/>	Special Studies 2 <input type="text"/>

Discharge Information	
Discharge Date <input type="text"/>	Date of Last Contact <input type="text"/>
Type of Discharge <input type="radio"/> Treatment completed <input type="radio"/> Transferred/Referred <input type="radio"/> Treatment not completed	Reason for Discharge (Complete only if Type of Discharge = Treatment not completed) <input type="radio"/> Attendance <input type="radio"/> Client Decision <input type="radio"/> Client stopped coming and contact efforts failed <input type="radio"/> Financial/Payments <input type="radio"/> Lack of Progress <input type="radio"/> Medical Reasons <input type="radio"/> Military Deployment <input type="radio"/> Moved <input type="radio"/> Incarcerated <input type="radio"/> Died <input type="radio"/> Agency closed/No longer in business
Discharge/Termination Referral <input type="text"/>	

Placement	
Placement End Date <input type="text"/>	Residential Treatment LOC Authorized <input type="text"/>
Residential Treatment LOC Identified <input type="text"/>	Residential Treatment Provider <input type="text"/>

Agency Use Only
For Agency Use Only <input type="text"/>

DSM Diagnosis		
Primary Psychiatric Diagnosis Axis 1	Primary Psychiatric Diagnosis Axis 2	GAF Score
<input type="text"/>	<input type="text"/>	<input type="text"/>
Secondary Psychiatric Diagnosis Axis 1	Substance Abuse Diagnosis	
<input type="text"/>	<input type="text"/>	

DC Diagnosis	
DC:0-3 Primary Diagnosis Axis I	DC03 PIR-GAS
<input type="text"/>	<input type="text"/>
DC:0-3 Secondary Diagnosis Axis I	
<input type="text"/>	

Demographics			
Highest Education Level in Years <input type="radio"/> PK – The client has less than a Kindergarten education <input type="radio"/> 00 – Kindergarten <input type="radio"/> 01 – Grade 1 <input type="radio"/> 02 – Grade 2 <input type="radio"/> 03 – Grade 3 <input type="radio"/> 04 – Grade 4 <input type="radio"/> 05 – Grade 5 <input type="radio"/> 06 – Grade 6 <input type="radio"/> 07 – Grade 7 <input type="radio"/> 08 – Grade 8 <input type="radio"/> 09 – Grade 9 <input type="radio"/> 10 – Grade 10 <input type="radio"/> 11 – Grade 11 <input type="radio"/> 12 – Grade 12 or GED <input type="radio"/> 13 – Some College <input type="radio"/> 14 – Some College <input type="radio"/> 15 – Some College <input type="radio"/> 16 – College Degree <input type="radio"/> 17 – Some Master's <input type="radio"/> 18 – Master's Degree <input type="radio"/> 19 – Some Doctoral <input type="radio"/> 20 – Doctoral Degree	Marital Status <input type="radio"/> Never married <input type="radio"/> Married <input type="radio"/> Married, separated <input type="radio"/> Widowed <input type="radio"/> Divorced Place of Residence <input type="radio"/> Correctional facility/Jail <input type="radio"/> Inpatient <input type="radio"/> ATU, Adults Only <input type="radio"/> Residential Treatment/Group <input type="radio"/> Foster Home (Youth) <input type="radio"/> Boarding home (Adult) <input type="radio"/> Group Home (Adult) <input type="radio"/> Nursing Home <input type="radio"/> Residential Facility (MH Adult) <input type="radio"/> Residential Facility (Other) <input type="radio"/> Sober Living <input type="radio"/> Homeless <input type="radio"/> Supported housing <input type="radio"/> Assisted Living <input type="radio"/> Independent Living <input type="radio"/> Halfway House	Legal Status <input type="radio"/> Voluntary <input type="radio"/> Court-directed voluntary <input type="radio"/> Forensic <input type="radio"/> 72-hour evaluation and treatment <input type="radio"/> Short term certification <input type="radio"/> Long term certification <input type="radio"/> Children's code C.R.S. 19-1-101 <input type="radio"/> Emergency/Involuntary alcoholism/Drug commitment <input type="radio"/> Conditional Release <input type="radio"/> DYC Commitment <input type="radio"/> DYC Detention <input type="radio"/> DOC/Community Parole	Current Primary Role/Employment/School Status <input type="radio"/> Employed full time (35+ hours/week) <input type="radio"/> Employed part time (<35 hours/week) <input type="radio"/> Unemployed <input type="radio"/> Supported Employment <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Retired <input type="radio"/> Disabled <input type="radio"/> Inmate <input type="radio"/> Military <input type="radio"/> Volunteer
County of Residence <input type="text"/>	Zip Code <input type="text"/>	Staff ID <input type="text"/>	Has the client (now or ever) experienced or witnessed a traumatic event? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unable to assess SSI <input type="radio"/> No <input type="radio"/> Yes SSDI <input type="radio"/> No <input type="radio"/> Yes Existence Presenting Problem <input type="radio"/> Longer than one year <input type="radio"/> One year or less Number of Children <input type="text"/> Number of Persons Supported By Income <input type="text"/> Annual Income <input type="text"/> Number of Prior Psychiatric Hospitalizations <input type="text"/>

Disabilities	
<i>Click all that apply</i>	
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Blind/Vision Loss
<input type="checkbox"/> Deaf/Hearing Loss	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Traumatic Brain Injury (TBI)	<input type="checkbox"/> None

27-65 Criteria	
<i>Click all that apply</i>	
<input type="checkbox"/> Danger to Self	<input type="checkbox"/> Gravely Disabled
<input type="checkbox"/> Danger to Others	<input type="checkbox"/> Does not apply

Considerations for Providers		
<i>Click all that apply</i>		
<input type="checkbox"/> Self-Care Problems	<input type="checkbox"/> Housing Access	<input type="checkbox"/> Language
<input type="checkbox"/> Food Attainment	<input type="checkbox"/> Cultural	<input type="checkbox"/> None

Current Issues		
<i>Click all that apply</i>		
<input type="checkbox"/> Sexual Misconduct	<input type="checkbox"/> Danger to self	<input type="checkbox"/> Injures Others
<input type="checkbox"/> Injury by Abuse/Assault	<input type="checkbox"/> Reckless Self-Endangerment	<input type="checkbox"/> Suicidal Ideation
<input type="checkbox"/> Suicide Plan	<input type="checkbox"/> Suicide Attempt	<input type="checkbox"/> None

Current Living Arrangement			
<i>Click all that apply</i>			
<input type="checkbox"/> Alone	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Sibling(s)
<input type="checkbox"/> Guardian	<input type="checkbox"/> Spouse	<input type="checkbox"/> Partner/Significant Other	<input type="checkbox"/> Relative(s), kin
			<input type="checkbox"/> Foster Parent(s)
			<input type="checkbox"/> Child(ren)
			<input type="checkbox"/> Unrelated Persons

History of Issues			
<i>Click all that apply</i>			
<input type="checkbox"/> Suicide Attempt	<input type="checkbox"/> Trauma	<input type="checkbox"/> Legal/Incarcerations	<input type="checkbox"/> Sexual Misconduct
<input type="checkbox"/> Legal Convictions	<input type="checkbox"/> Animal Cruelty	<input type="checkbox"/> Prenatal/Perinatal Drug/Alcohol Exposure	<input type="checkbox"/> Destroyed Property
<input type="checkbox"/> Violent Environment	<input type="checkbox"/> None	<input type="checkbox"/> Danger to Self	<input type="checkbox"/> Set Fires
		<input type="checkbox"/> Family Mental Illness	<input type="checkbox"/> Family Substance Abuse

Current Primary Role/Employment/School Status

Employed full time: competitive full-time employment

Employed part time: competitive part-time employment

Unemployed: not employed, but may be looking for employment

Supported Employment: employment that promotes rehabilitation and return to productive employment

Homemaker: includes activities concerned with tasks around a private household

Student: attends or has attended school during the current or most recent school year

Retired: retired, no formal employment

Disabled: disabled, no formal employment

Inmate: inmate of an institution or prison that keeps the client, who may be otherwise able, from entering the labor force

Military: full-time employment in any branch of armed forces or reserves

Volunteer: works without receiving monetary payment

Legal Status

Voluntary: individual is competent and has endorsed a Consent to Evaluation and/or treatment form

Court-directed voluntary: include treatment as a condition of probation/parole or deferred prosecution

Forensic: includes Not Guilty by Reason of Insanity, criminal court commitment, correctional transfer, and incompetent to proceed

72-hour evaluation and treatment: individual has been admitted to agency involuntary under the 72-Hour evaluation and Treatment provision of CRS 17-20-101, et seq.

Short term certification: individual has been admitted to agency involuntary under the Short-Term Certification provision of CRS 17-10-101, et seq.

Long term certification: individual has been admitted to agency involuntary under the Long-Term Certification provision of CRS 17-10-101, et seq.

Children's code C.R.S. 19-1-101: admission of any court-referred minor under the provision of the Colorado Children's Code CRS 19-1-101, et seq.

Emergency/Involuntary alcoholism/Drug commitment: Individual has been committed under any of the Alcohol and Drug Statutes

Conditional Release: court has imposed terms and conditions of release

DYC Commitment: juvenile cases resulting in the transfer of legal custody to the CDHS by the court as a result of an adjudicatory hearing

DYC Detention: definitions to be supplied

DOC/Community Parole: definitions to be supplied

Place of Residence

Correctional facility/Jail: Detention facilities including State Department of Corrections, Division of Youth Corrections facilities, or county or municipal jails

Inpatient: in-hospital, 24-hour care at a hospital licensed by the CDPHE

ATU, Adults Only: 24-hour residential facility licensed by the CDPHE as a Personal Care Boarding Home and approved by DMH as an ATU

Residential Treatment/Group: definitions to be supplied

Foster Home (Youth): individual resides with a family that is licensed by a county department to provide foster care to children and adolescents; includes Child Placement Agencies (CPAs)

Boarding home (Adult): privately-owned licensed facility that provides two or three meals per day for four or more adults

Group Home (Adult): 24-hour facility that provides mental health treatment for extended periods, is licensed by CDPHE as a Personal Care Boarding Home, is associated with an MHC, and is approved by DMH as a Residential Treatment Facility

Nursing Home: skilled nursing care facility or an intermediate health care facility licensed by the Department of Health

Residential Facility (MH Adult): a non-hospital residential setting affiliated with a mental health agency

Residential Facility (Other): identify all other 24 hour care residential facilities that are not clearly defined by the other options. This could include substance abuse treatment facilities such as ASAM level III.1 and III.5 (transitional residential treatment and therapeutic communities, respectively), which are often long term settings. If the facility is also Community Corrections facility, it should be identified as a halfway house

Sober Living: Sober living environments (SLEs) are facilities used by people recovering from substance use disorders, which serve as an interim environment between rehab and a return to their former lives. SLEs grew out of a need to have safe and supportive place for people to live while they were in recovery. They are primarily meant to provide housing for people who have just come out of rehab (or recovery centers) and need a place to live that is structured and supporting for those in recovery. However, it is not necessary to come from rehab. In Colorado, these are not licensed facilities, and are often consumer run, without paid "staff".

Homeless: individual lacks a fixed, regular and adequate nighttime residence

Supported housing: individual lives in a residence (either alone or with others) where he receives in-home mental health support

Assisted Living: private housing that provides the individual support and assistance in daily living tasks aimed at promoting community living

Independent Living: individual lives in a public or private residence while obtaining mental health support services through a community mental health agency

Halfway House: Some halfway houses are meant solely for reintegration of persons who have been recently released from prison or jail, others are meant for people with chronic mental health disorders, and most others are for people with substance abuse issues. The state-placement of ex-criminal offenders to a "halfway house" after a prison sentence may either be decided upon as part of the judge's sentence or by a prison official's recommendation. In addition, a direct sentence to a halfway house may be decided upon by a judge or prosecutor in lieu of prison time. In Colorado, we are specifically considering Community Corrections facilities as Halfway Houses. This will distinguish these from Sober Living, and other residential care facilities.

School

Is Individual School Age? No Yes

Complete questions if of School Age

In the last 12 months, has the child:

Been expelled from school? <input type="radio"/> No <input type="radio"/> Yes	Been suspended from school? <input type="radio"/> No <input type="radio"/> Yes
Has unexcused absences from school? <input type="radio"/> No <input type="radio"/> Yes	Is child currently passing all his/her classes? <input type="radio"/> No <input type="radio"/> Yes

Has the individual attended school in the past 3 months? No Yes

Child Younger than 6

Is the child less than 6 years old? No Yes

Complete Questions if less than 6 years old

Is the child at a developmentally appropriate level for the following?

Talking/Communication <input type="radio"/> No <input type="radio"/> Yes	Physical/Motor Movements <input type="radio"/> No <input type="radio"/> Yes	Hearing/Seeing <input type="radio"/> No <input type="radio"/> Yes
Learning/Cognition <input type="radio"/> No <input type="radio"/> Yes	Playing/Interacting <input type="radio"/> No <input type="radio"/> Yes	Self-Help Skills <input type="radio"/> No <input type="radio"/> Yes

Is child's readiness for school developmentally appropriate?
 No
 Yes

History/Current Victimization

Now or Ever

Sexual Abuse Neglect Physical Abuse Verbal Abuse None

History of Mental Health Services

Click all that apply

Inpatient Other 24-Hour Partial Care Outpatient None

Previous/Concurrent Services

Click all that apply

Juvenile Justice Adult Corrections Developmental Disabilities
 Special Education Substance Abuse None
 Child Welfare

Current Non-Prescription Substance Use

Click all that apply

Tobacco Heroin Hallucinogens
 Alcohol Other Opiates/Narcotics Inhalants
 Marijuana Barbiturates/Sedatives/Tranquilizers None
 Cocaine/Crack Amphetamines/Stimulates

Physical Health Rating

Extent to which a person's physical health or condition is a source of concern.

- 1. No physical problems that interfere with daily living.
- 2
- 3. Presence of occasional or mild physical problems that may interfere with daily living.
- 4
- 5. Frequent or chronic physical health problems.
- 6
- 7. Incapacitated due to medical/physical health, and likely to require inpatient or residential health care.
- 8
- 9. Presence of critical medical condition requiring immediate inpatient or residential health care treatment.

Self Care/Basic Needs Rating

Extent to which mental health symptoms impact a person's ability to care for self and provide for needs.

- 1. Able to care for self and provide for own needs.
- 2
- 3. Occasional assistance required in caring for self and obtaining basic needs.
- 4
- 5. High levels of assistance needed in caring for self and obtaining basic needs.
- 6
- 7. Unable to care for self and obtain basic needs in safe and sanitary manner.
- 8
- 9. Gravely disabled and in extreme need of complete supportive care.

Legal Rating

Extent to which a person is involved in the criminal justice system.

- 1. No legal difficulties.
- 2
- 3. Occasional legal difficulties.
- 4
- 5. Frequent legal difficulties.
- 6
- 7. May be in confinement or at risk of confinement due to illegal activity.
- 8
- 9. Continuously at risk for illegal behavior. Likely to be in confinement or with current serious charges pending.

Security/Supervision Rating

Extent to which the person is in need of increased supervision.

- 1. No special security or supervision precautions needed.
- 2
- 3. Occasional behavior problems are present and require low levels of security and supervision.
- 4
- 5. Requires moderate levels of security and supervision due to intermittent high-risk and/or dangerous behaviors.
- 6
- 7. Close supervision, seclusion, suicide watch, or controlled medication administration may be necessary due to severe behavioral problems. Walkaway/escape potential may be high.
- 8
- 9. Requires constant supervision or secure environment due to behaviors that are likely to result in injury to self or others.

Suicide/Danger to Self Rating

Extent to which a person experiences self-harming thoughts and/or behaviors.

- 1. No indication of self-destructiveness or self-endangerment.
- 2
- 3. Self-harmful tendencies are evident from speech and/or previous behavior, and person may experience harmful thoughts with minimal danger to self.
- 4
- 5. Self-harmful thoughts and/or actions are present and are of serious concern.
- 6
- 7. Self-harmful thoughts and/or actions are persistent, affecting most aspects of daily functioning.
- 8
- 9. Requires immediate intervention to prevent suicide or physical self-injury.

Aggression/Danger to Others Rating

Extent of aggressiveness in interactions with others.

- 1. Exhibits no aggressiveness towards others.
- 2
- 3. Occasional low-level aggressive behavior toward others.
- 4
- 5. Occasional major or frequent minor aggressive behavior which is perceived as dangerous.
- 6
- 7. Repeated major aggressive behavior that is problematic and is hostile, threatening and dangerous.
- 8
- 9. Continuously aggressive behavior that is intended to inflict injury or pain, verbal attacks and/or demonstrates imminent danger to others.

Psychosis Rating

Extent to which a person experiences delusional, disorganized and irrational thought processes.

- 1. No evidence of thought difficulties.
- 2
- 3. Occasional odd thought processes.
- 4
- 5. Frequent substitution of fantasy for reality, isolated delusions or infrequent hallucinations.
- 6
- 7. Persistent thought disturbance, frequent hallucinations or delusions. Communication is highly impaired.
- 8
- 9. Thought processes are disorganized and tangential, resulting in persistent disruption in communication. Extreme disconnection from reality.

Cognition Rating

Extent to which a person performs cognitive tasks and experiences symptoms such as, but not limited to, confusion, poor problem solving, and impaired judgment.

- 1. No evidence of impaired cognitive capacity.
- 2
- 3. Occasional incidences of poor judgment or memory loss may occur.
- 4
- 5. Cognitive process are persistently impaired and may exhibit impaired functioning.
- 6
- 7. Person may be unable to function independently due to significantly impaired cognitive processes.
- 8
- 9. Impaired cognitive processes result in inability to care for self.

Attention Rating

Extent to which a person experiences attention issues such as, but not limited to, distractability, inability to concentrate, and restlessness.

- 1. No disruption of daily activities. Issues are temporary, appropriate and do not impact functioning.
- 2
- 3. May persist beyond situational event, but not debilitating.
- 4
- 5. Persistent, low-level or occasionally moderate, impacts daily functioning.
- 6
- 7. Persistent and incapacitating, affecting most aspects of daily functioning.
- 8
- 9. Person is completely incapacitated by and is seemingly incapable of responding appropriately.

Manic Issues Rating

Extent to which a person experiences manic symptoms such as, but not limited to, excessive activity level, elevated mood, and decreased need for sleep.

- 1. No disruption of daily activities. Issues are temporary, appropriate and do not impact functioning.
- 2
- 3. May persist beyond situational event, but not debilitating.
- 4
- 5. Persistent, low-level or occasionally moderate, impacts daily functioning.
- 6
- 7. Persistent and incapacitating, affecting most aspects of daily functioning.
- 8
- 9. Person is completely incapacitated by and is seemingly incapable of responding appropriately.

Anxiety Issues Rating

Extent to which a person experiences anxiety symptoms such as, but not limited to, nervousness, fearfulness and tension.

- 1. No disruption of daily activities. Issues are temporary, appropriate and do not impact functioning.
- 2
- 3. May persist beyond situational event, but not debilitating.
- 4
- 5. Persistent, low-level or occasionally moderate, impacts daily functioning.
- 6
- 7. Persistent and incapacitating, affecting most aspects of daily functioning.
- 8
- 9. Person is completely incapacitated by and is seemingly incapable of responding appropriately.

Depressive Issues Rating

Extent to which a person experiences depressive symptoms such as, but not limited to, sadness, worrying, irritability and agitation.

- 1. No disruption of daily activities. Issues are temporary, appropriate and do not impact functioning.
- 2
- 3. May persist beyond situational event, but not debilitating.
- 4
- 5. Persistent, low-level or occasionally moderate, impacts daily functioning.
- 6
- 7. Persistent and incapacitating, affecting most aspects of daily functioning.
- 8
- 9. Person is completely incapacitated by and is seemingly incapable of responding appropriately. Impaired functioning and requires immediate treatment.

Alcohol Use Rating

Extent to which a person's use of alcohol impairs daily functioning.

- 1. No impairment of general functioning due to alcohol use.
- 2
- 3. Occasional difficulties in functioning due to alcohol use.
- 4
- 5. Frequent difficulties in functioning due to alcohol use.
- 6
- 7. Significantly impaired functioning due to alcohol use. Alcohol use dominates life to the exclusion of other activities.
- 8
- 9. Constantly debilitated due to alcohol use, with no regard for basic needs or safety of self and others.

Drug Use Rating

Extent to which a person's use of legal or illegal drugs impairs daily functioning.

- 1. No impairment of general functioning due to drug use.
- 2
- 3. Occasional difficulties in functioning due to drug use.
- 4
- 5. Frequent difficulties in functioning due to drug use.
- 6
- 7. Significantly impaired functioning due to drug use. Drug use dominates life to the exclusion of other activities.
- 8
- 9. Constantly debilitated due to drug use, with no regard for basic needs or safety of self and others.

Family Rating

Extent to which issues within the individual's identified family and family relationships are problematic.

- 1. Family relationships are not of current concern.
- 2
- 3. Occasional friction or discord in family relationships.
- 4
- 5. Frequent disagreements or turbulence with family members.
- 6
- 7. Extreme disruption in family functioning which has resulted in out of home placement or estrangement.
- 8
- 9. Family members are at considerable personal risk and require formal external supportive services.

Interpersonal Rating

Extent to which a person establishes and maintains relationships with others.

- 1. Demonstrates healthy relationships with others.
- 2
- 3. Some difficulty developing or maintaining healthy interpersonal relationships.
- 4
- 5. Inadequate relational skills resulting in tenuous and strained relationships.
- 6
- 7. Markedly impaired relational skills resulting in poor relationship formation and maintenance.
- 8
- 9. Interpersonal relationships are virtually nonexistent.

Socialization Rating

Extent to which a person's conduct deviates cultural and social norms.

- 1. Generally conforms to social norms and rules.
- 2
- 3. Occasionally violates rights of others, social norms, and/or rules.
- 4
- 5. Frequently violates rights of others, social norms, and/or rules.
- 6
- 7. No regard for rules, rights of others and seriously disruptive to others.
- 8
- 9. Complete disregard for rights of others, social norms, and/or rules resulting in social destructiveness and dangerousness to others.

Role Performance Rating

Extent to which a person adequately performs his/her occupational role. NOTE: Rate individual's current primary role (e.g. worker, caregiver, student) as marked on the Administrative Section

- 1. Performs comfortably and completely in role.
- 2
- 3. Occasional disruption of role performance.
- 4
- 5. Frequent disruption of role performance.
- 6
- 7. Severe disruption of role performance. Attempts at functioning are ineffective.
- 8
- 9. Productive functioning is absent and currently inconceivable.

Overall Symptom Severity Rating

Rate the severity of the person's mental health symptoms.

- 1. No symptoms are present for this person.
- 2
- 3. Symptoms may be intermittent or may persist at a low level.
- 4
- 5. Symptoms are present which require formal professional mental health intervention.
- 6
- 7. Significant symptoms affecting multiple domains exist, often requiring external intervention.
- 8
- 9. Symptoms are profound and potentially life-threatening.

Social Support Rating

Extent to which a person has relationships with supportive people who contribute to recovery.

- 1. Supportive relationships outside of service providers AND actively participates in maintaining them.
- 2
- 3. Supportive relationships outside of service providers.
- 4
- 5. Only meaningful relationships with service providers AND other receiving services.
- 6
- 7. Only meaningful relationships are with service providers.
- 8
- 9. No meaningful relationships (or relationships that are not constructive) AND person wants or could clearly benefit from them.

Hope Rating

Extent to which a person is optimistic about future outcomes.

- 1. Openly expresses hope for the future AND is making efforts to achieve better outcomes.
- 2
- 3. Openly expresses hope for the future, but is not currently making efforts that would lead to better outcomes.
- 4
- 5. Expresses both positive and negative attitudes with regards to future outcomes.
- 6
- 7. Does not express hope for the future, but may be convinced that there is opportunity for better outcomes.
- 8
- 9. Actively expresses hopelessness about future change.

Empowerment Rating (mark 1 if less than 12 years old)

Extent to which a person uses available resources that contribute to personal health, welfare and recovery. This includes knowledge and understanding of symptoms, treatment options and resource alternatives.

- 1. Actively engages in planning and activities to assure optimal personal health, welfare and recovery.
- 2
- 3. Is aware of some available resources and generally acts to access them to assure personal health, welfare and recover.
- 4
- 5. Does not respond to signs and symptoms that may reduce personal health, welfare and recovery.
- 6
- 7. Ignores or rejects offers of resources or assistance to assure personal health, welfare and recovery.
- 8
- 9. Requires intervention to assure recovery.

Activity Involvement Rating

Extent to which a person participates in positive activities.

- 1. High involvement in a variety of positive activities that are self, other and community focused.
- 2
- 3. Involvement in a variety of positive activities that includes others.
- 4
- 5. Involvement in a variety of positive activities, but rarely includes others.
- 6
- 7. Engages in few, in any, positive activities and none with others.
- 8
- 9. No identified positive activities.

Overall Recovery Rating

Extent to which a person is involved in the process of getting better and developing/restoring /maintaining a positive and meaningful sense of self.

- 1. Views self positively with the knowledge that setbacks may occur AND is able to actively pursue and access resources to support recovery with a sense of empowerment and hopefulness about future outcomes.
- 2
- 3. Hopeful about future outcomes AND is actively participating and using resources to promote recovery.
- 4
- 5. Expresses hopefulness about future outcomes AND is willing to begin to engage in using available resources to promote recovery.
- 6
- 7. Expresses a mixture of hopefulness and hopelessness about future outcomes and is interested in discussing available options and resources to aid in recovery.
- 8
- 9. Entrenched in symptoms, expresses hopelessness about future outcomes AND does not actively engage in using available resources that might promote recovery.

Overall Level of Functioning Rating

Extent to which a person is able to carry out activities of daily living, despite the presence of mental health symptoms.

- 1. Functioning well in most activities of daily living.
- 2
- 3. Adequate functioning in activities of daily living.
- 4
- 5. Limited functioning in activities of daily living.
- 6
- 7. Impaired functioning that interferes with most activities of daily living.
- 8
- 9. Significantly impaired functioning, may be life threatening.