

First Episode Psychosis Data Collector User Manual

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Tools -- located at <http://mha.ohio.gov/Treatment/First-Episode-Psychosis>

- A. MIRECC GAF Occupational Scale
- B. MIRECC GAF Symptom Scale
- C. Global Functioning Social Scale
- D. Global Functioning Role Scale
- E. Colorado Symptom Index
- F. Lehman Quality of Life Global Rating Scale
- G. Brief Psychiatric Rating Scale
- H. Scale to Assess Unawareness in Mental Disorder in Schizophrenia
- I. Government Performance Results Act (GPRA) Instrument
- J. Youth Satisfaction Survey

Other Required Forms -- located at <http://mha.ohio.gov/Treatment/First-Episode-Psychosis>

- IC1 Informed Consent for parents/guardians for Ages 5 to 17 Years
- IC2 Informed Assent for Ages 11 to 17 Years
- IC3 Informed Consent for Adults Age 18+

Background

The Ohio Department of Mental Health & Addiction Services (OhioMHAS) is required to provide a percentage of their community mental health block grant funds provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) to First Episode Psychosis programs throughout the state. The goal of these funds is to make a bold and strategic investment to improve the functioning and quality of life of persons experiencing the first signs of Schizophrenia and other psychotic disorders. Providing treatment and recovery supports early on in the person's illness has been found to improve overall functioning and reduce the disability often associated with these disorders.

As a requirement of these funds, consenting participants will receive an array of FEP services and be asked to complete measures in order to report on the major components of the program funded by SAMHSA.

Purpose

The FEP data collection is a requirement of the Substance Abuse and Mental Health Services Administration (SAMHSA) for all FEP grant funds. The purpose of the collecting the data on FEP participants is to describe characteristics of youth and adults who are receiving FEP services with community mental health block grant funds and track their outcomes over time.

The FEP evaluation is designed to:

- Describe the individual characteristics of participants receiving FEP services
- Track how participant outcomes and experiences change over time

The goal is to collect process and outcomes data on all eligible and consenting participants receiving FEP services.

Workflow and Interview Process

Each FEP program will have their own workflow unique to their program and community; however, there are some aspects that will be consistent across all teams. Early on in the teams contact with the eligible person, they should be asked if they are willing to sign consent forms for both the FEP services and data collection.

Once the client agrees to participate the person responsible for the data collection will schedule a time and place for the person to be interviewed and complete their baseline assessments. This may happen at various times determined by the clinical team. As many of the measures require clinical judgement on the part of the FEP team, it will be up to the team to decide when it is best to complete the baseline assessment. As you will see, many of the measures may be used in an overall client assessment.

At the time of the interview, which can happen on more than one occasion if need be, it will be up to the interviewer if they would like to enter the information directly in to the portal, or use paper forms and enter the information later. In general, the interviewer should always have a paper version in case of any technical difficulties with computers, etc...

During the interview process, the interviewer can refer to this training manual if they need guidance. They may also contact their supervisors for assistance. During the interview it is important to clearly communicate with the participant, and continually assess for any signs of distress. The interviewer will follow distress protocol if any signs of distress emerge. More information on recognizing distress can be found on **Pages 10-11**. If any questions or problems arrive, the interviewer should contact their supervisor before proceeding with the interview.

To begin the interview, the interviewer will begin with the GPRA instrument (**located on the First Episode Webpage: <http://mha.ohio.gov/Treatment/First-Episode-Psychosis>**). Before starting the interview, if the participant is below the age of 18, the interviewer must obtain the parent/guardian consent form signed by the them giving permission for the child/youth to be

interviewed as well as an assent form to be interviewed signed by the child/youth. The interviewer will then follow the instructions in Appendix A and verbally obtain answers for the questions in each of the included tools beginning after Record Management and Section 1: Administrative Data.

Data Collection Components

Table 1. FEP Measures

FEP programs are responsible for interviewing participants (see Table 1) to collect background information and longitudinal data on participant clinical and functional outcomes. FEP teams may also collect some of the information from the clients' records.

Table 1. FEP Evaluation Components

Instrument	Information	Time to Collect
Global Functioning Social Scale	Social Functioning (Rating; 1 item)	5 minutes (part of team clinical assessment)
Global Functioning Role Scale	Functioning in employment, student, or homemaker role (Rating; 1 item)	5 minutes (part of team clinical assessment)
Colorado Symptom Index	Self-report mental health symptoms (14 items)	10 minutes
Lehman Quality of Life Global Rating Scale	Self-report quality of life (1 item)	1 minute
Brief Psychiatric Rating Scale	Psychiatric Symptoms (rating; 18 items)	10 minutes (part of team clinical assessment)
Scale to Assess Unawareness in Mental Disorder in Schizophrenia	Awareness of Illness (9 items)	5 minutes
Government Performance Results Act (GPRA) Instrument	services used, antipsychotic medication usage (type and dosage), employment and/or school attendance status, housing status, substance use (including tobacco and cigarettes), inpatient psychiatric hospitalizations, emergency room visits for psychiatric reasons, criminal justice involvement.	30 minutes
Youth Satisfaction Survey	Perception of care received (collected at 6 month follow-ups and discharge. (26 items and open ended for comments)	10 minutes

The components listed in Table 1 have been designed expressly for assessing symptoms and functioning of individuals experiencing Schizophrenia and other psychiatric disorders. A large number of the measures are clinician/team generated. FEP teams may decide on ratings as a team, and clinical charts may also be used if needed, but this is left up to the team. The remaining components are obtained by interviewing the participant, or providing them with the measure to fill out (Table 2). Again, how the measures are administered to the participant is left up to the FEP team to decide.

Table 2. Instruments by Respondent Category

Instrument	FEP Participant	FEP TEAM/Clinician
Global Functioning Social Scale		<input checked="" type="checkbox"/>

Global Functioning Role Scale		<input checked="" type="checkbox"/>
Colorado Symptom Index	<input checked="" type="checkbox"/>	
Lehman Quality of Life Global Rating Scale	<input checked="" type="checkbox"/>	
Brief Psychiatric Rating Scale		<input checked="" type="checkbox"/>
Scale to Assess Unawareness in Mental Disorder in Schizophrenia		<input checked="" type="checkbox"/>
Government Performance Results Act (GPRA) Instrument	<input checked="" type="checkbox"/>	
Youth Satisfaction Survey	<input checked="" type="checkbox"/>	

When Data Are Collected

Most components are collected at baseline, and at reassessment at 6 and 12 months or discharge (whichever comes first). However, the Youth Satisfaction Survey (YSS) is only collected at follow-up administrations and/or at discharge.

Table 3. When Data Are Collected

Data Collection	Collection Frequency
Baseline	<ul style="list-style-type: none"> • Baseline data should be collected within 30 days of the participant first receiving FEP services. • If a new episode of care is initiated because the participant re-enters treatment after a discharge or has a lapse in treatment for 90 days or more, a new baseline interview should be conducted • If a youth is already receiving FEP services with the data collection begins, data collection should proceed as a baseline record.
Reassessment every 6 months	<ul style="list-style-type: none"> • Reassessments should be completed every 6 months after the baseline data collection. • Data may be collected 30 days before, or 30 days after, the 6- or 12-month target date.
Discharge	<ul style="list-style-type: none"> • Regardless of the time since baseline, a discharge interview should be performed when the youth is officially discharged from services. • The discharge interview should occur within 30 days of discharge or the end of services. If a 6- or 12-month reassessment has been conducted within 30 days of discharge, do not conduct a discharge interview.

How the Data Will Be Used

The staff at OhioMHAS will create several reports for SAMHSA's Center for Mental Health Services (CMHS) to meet annual federal requirements. Additionally, some programs' data will be shared with the national evaluation contractor, WESTAT, if they are a part of the national evaluation. Aggregated participant data will be used to complete reports and presentations for the block grant FEP program. At no time will personally identifiable information be shared. OhioMHAS evaluation staff may also prepare site-specific or cross-site reports to help disseminate the findings from the study. Participant-specific and site-specific will also be available through the reports tab in the data portal.

Evaluators at OhioMHAS will generate semi-annual reports every 6 months to be disseminated to department leadership as well as local programs. Data may be broken down by regions to assist local sites with continuous quality improvement. Reports will be published via the OhioMHAS FEP webpage. Study participants will have access to all reports.

Benefits of the Evaluation for Grantees

- Providers also benefit from the information received through the evaluation. The evaluation can help programs:
- Understand the results of their efforts
- Identify effective processes, programs, and activities
- Obtain practical suggestions for FEP expansion implementation
- Understand specific ways in which participants improve

As a site, you will have access to the data that you report for the evaluation. Data may be used for your own analysis, reporting, and quality monitoring. Evaluation findings may be used locally or nationally to generate support for First Episode Psychosis programs. Demonstrating the positive impact of program efforts may encourage support from funders.

What's the GPRA?

It is important to be aware that all FEP programs nationwide are required to collect process and outcomes data. While the federal government has allowed the states some flexibility in their data collection approach thus far, the federal government strictly follows the Government Performance and Results Act (GPRA) National Outcomes Measurement (NOMs) system (also called the NOMs Client-Level Measures for Discretionary Programs Providing Direct Services) for all CMHS funded programs. As a result, we will be asking these questions of all FEP participants.

The GRPA/NOMs tool collects basic demographic information, functioning, mental health symptoms, drug and alcohol use, military and family deployment, housing stability, hospital stays/visits, criminal justice involvement, education, perception of care, and social connectedness.

The FEP data collection tools, including the GPRA/NOMS cover all aspects of the participant's treatment. As the FEP program evolves there may be changes to the data collection instruments. This will be decided by all FEP programs through our ongoing FEP data collection meeting.

Additional FEP Specific Questions

The GPRA/NOMS questions have been modified slightly to be more useful for Ohio's FEP programs. The original GPRA/NOMS questions are asked in time periods of the past 30 days. We have modified this to be in the last 6 months. Further, at the request of Ohio's FEP programs a number of questions were modified or added to the GPRA/NOMS instrument, they are:

- Insurance type
- Approximate date of onset of psychosis
- Diagnoses
- Use of ant-psychotic medications (which ones)
- Use of long-acting injectable medication
- Other psychiatric medications used
- Do you feel the medications are useful?
- Have the client been homeless in the past 6 months
- Was the client enrolled in school in the past 6 months
- Were there any Emergency Room visits for psychiatric reasons in the past 6 months
- Was there a suicide attempt in the past 6 months

Participants, Enrollment, and Data Collection

Data collection for the FEP programs will be coordinated and conducted by FEP staff. The goal is to collect FEP data on all participants receiving services within an FEP site. In general, enrolling a participant into the FEP program and data collection efforts may involve the following steps.

- Determine eligibility for the FEP programs
- Obtain all necessary informed consents and/or assents
- Schedule baseline interview

Determining Eligibility for FEP Evaluation

To be included in the evaluation, respondents will need to:

- Receive services from one of OhioMHAS funded FEP programs
- Be of eligible age
- Have a diagnosis of Schizophrenia
- Have baseline data collected within 30 days of entry into service system
- Provide informed consent/assent prior to the initial interview, as appropriate based on client age

Clients who are already receiving FEP services may also be enrolled. Eligibility for participation may be assessed using information from the client record.

Obtain Informed Consent

A participant must provide consent or assent in order to participate in the FEP and its data collection. OhioMHAS has created three separate IRB approved forms that need signed to be legally able to participate in the evaluation interviews. The three separate consent forms include; assent form (for children ages 11-17), caregiver consent form (for interviews with children/adolescents below the age of 18), and adult consent form (for ages 18+). Data collectors will be responsible for getting the appropriate form(s) signed prior conducting the interviews. They should be kept in a locked file cabinet at your local administrative office. In case of audit, they need to be readily accessible.

Scheduling Interviews

Schedule participant interviews as soon as possible. If time is a constraint, then the interview may be conducted over multiple sessions. Interviews should be held in a safe, private space. Privacy should be secured prior to the start of the interview. No other party should be able to hear the discussion outside of the room. The interviewer will suggest that the door (if any) to the private space remain ajar if it will not compromise privacy, particularly if there are no windows in the space. However, it is also important to allow the client to choose a location that is comfortable for them. This could be inside the organization where services are provided or at their home.

After conducting your intake/baseline interviews, you will need to determine at what date the client is eligible for their reassessment interview. The FEPIS system's homepage will provide you with a list of those interviews that are due and past due. This window opens exactly 5 months after the intake is completed and remains open until 7 months after the intake. We want to be able to assess reliable change over time for program participants, so we are aiming for an 80% reassessment rate minimum for these interviews, so keeping in contact with program participants and successfully collecting both reassessment and discharge interviews is very important.

Participant Protections

All research activities involving human subjects must be reviewed and approved by an IRB unless the research falls into a category of exemption established by federal regulation. While the FEP study is considered program evaluation, and not technically research, it has still been reviewed by an IRB. The Ohio Department of Health (ODH) Institutional Review Board (IRB) is the governing body under which all human subjects research performed by state government agencies must submit through. The FEP evaluation have gone through IRB review and approval. Protecting our client's privacy and mental well-being is a primary focus in any evaluation or study of mental health services. We have made sure to take every precaution to secure data when a risk of breach is possible.

Data Collection and Data Entry Processes

Each program will assign their own unique IDs for participants. We may use this unique ID to match data moving forward in the evaluation. Participants may leave and re-enter services over the period of grant funding. In this case, it is important to maintain a system that recognizes

participants who previously participated and re-enter the system so that multiple unique identifiers are not created for these participants.

Distress Protocol

As the FEP program study is focused on individuals with serious mental illness, it is necessary to ask questions that are potentially sensitive. The FEP program evaluation is not introducing new, sensitive domains of inquiry, but is paralleling standard procedures in the field of FEP. It is possible that the information collected during the interviews may cause interviewees to become uncomfortable or experience distress. A distress protocol will be important to have in place if and when these situations arise. If needed, the following is a sample distress protocol that could be adapted to your own FEP. This is a sample and is not meant to replace your own processes or clinical judgment.

How to Recognize Distress

Low to Moderate Distress. The interviewee is showing any of the following signs of low to moderate distress with no perceived or expressed threat to their own safety or the safety of others:

- Crying
- Change in mood
- Change in tone
- Trembling or shaking voice
- Allowing distractions frequently
- Signs of intense fear or sensation of being trapped
- Experiencing flashbacks

The interviewer will ask a question to assess the situation such as, Are you okay? How are you doing? Do you have any questions? Would you like to continue or stop?

- If the interviewee responds with "okay," the interview will continue.
- If the interviewee does not respond or says something to indicate distress, the interviewer will ask if they need a short break or need to stop the interview.
- If the interviewee does not want to stop the interview, the interviewer will continue.
- If the interviewee would like a break or wants to stop the interview, the interviewer will take a break and then reassess by asking if the interviewee would like to continue.

-If they say yes, the interview can begin from where it left off.

-If they say no, the interviewer will thank them and ask if they would like to continue the interview at a later date.

Elevated emotional state. The interviewee is showing any of the following signs of extreme distress, such as expressing intent to self-harm or harm others:

- Uncontrollable crying
- Emotional outbursts
- Speaking but not making any sense
- Being disassociated
- Experiencing flashbacks that continue through course of interview
- Plans to hurt or kill themselves
- Statements indicating they might hurt or kill themselves
- Statements indicating they have no reason to live or life has no purpose
- Plans to hurt or kill someone else
- Statements indicating they might hurt or kill someone else
- Statements about planning or thinking about using a weapon
- Statements about ongoing abuse/neglect

If an interviewee is showing signs of an elevated emotional state, the interviewer should stop the interview and say, "It seems you are upset and it may be helpful to stop the interview." At this point, they should enact their program's safety plan in order to assist the interviewee.

Availability of Data

Using the FEPIS data entry portal will give you access to the data you report. You may download data for service planning, quality improvement, and other internal needs. Instructions for downloading data may be found in the "Accessing Data Entered in the System" section of this manual.

Entering the Data

1. Submitting data through the FEPIS

The First Episode Psychosis Information System (FEPIS) is the online data entry system that grantees will use to submit data.

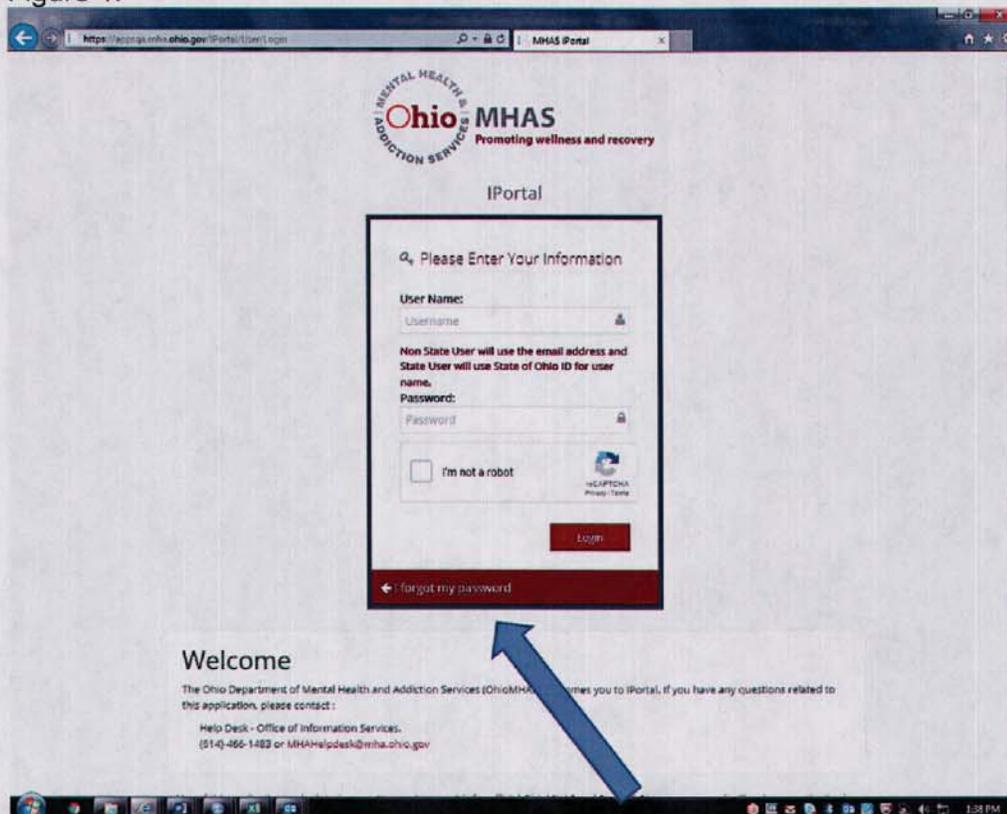
- FEPIS website: <https://apps.mha.ohio.gov>

If you have any questions about FEPIS you may email the OhioMHAS helpdesk at: MHAShelpdesk@mha.ohio.gov

How to Enter FEPIS

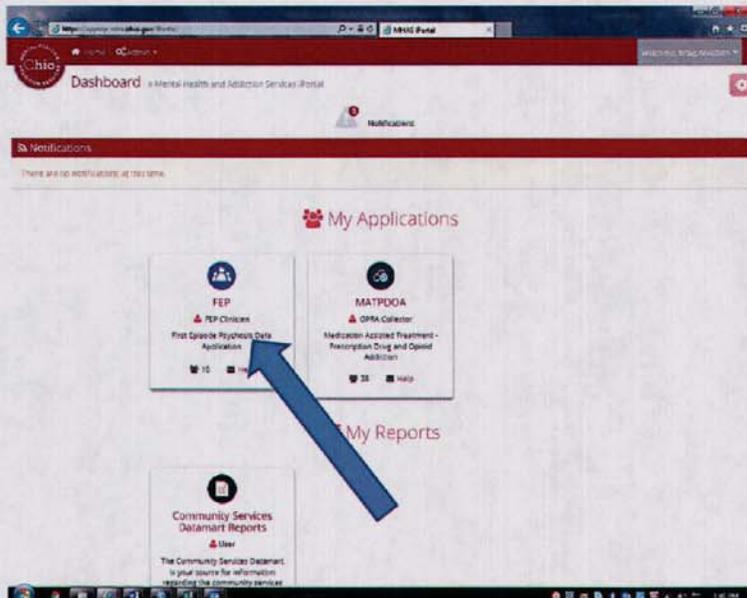
- To enter FEPIS go to the FEPIS website (<https://apps.mha.ohio.gov>) (figure 1) and enter your username and password that you have created. If you have not created a username and password, you can get one by emailing a request to the OhioMHAS helpdesk at: MHAHelpdesk@mha.ohio.gov. If you have an account in the system, but have forgotten your password enter your email address into “username” and click on “I forgot my password”. You will be asked to create a new password.

Figure 1.



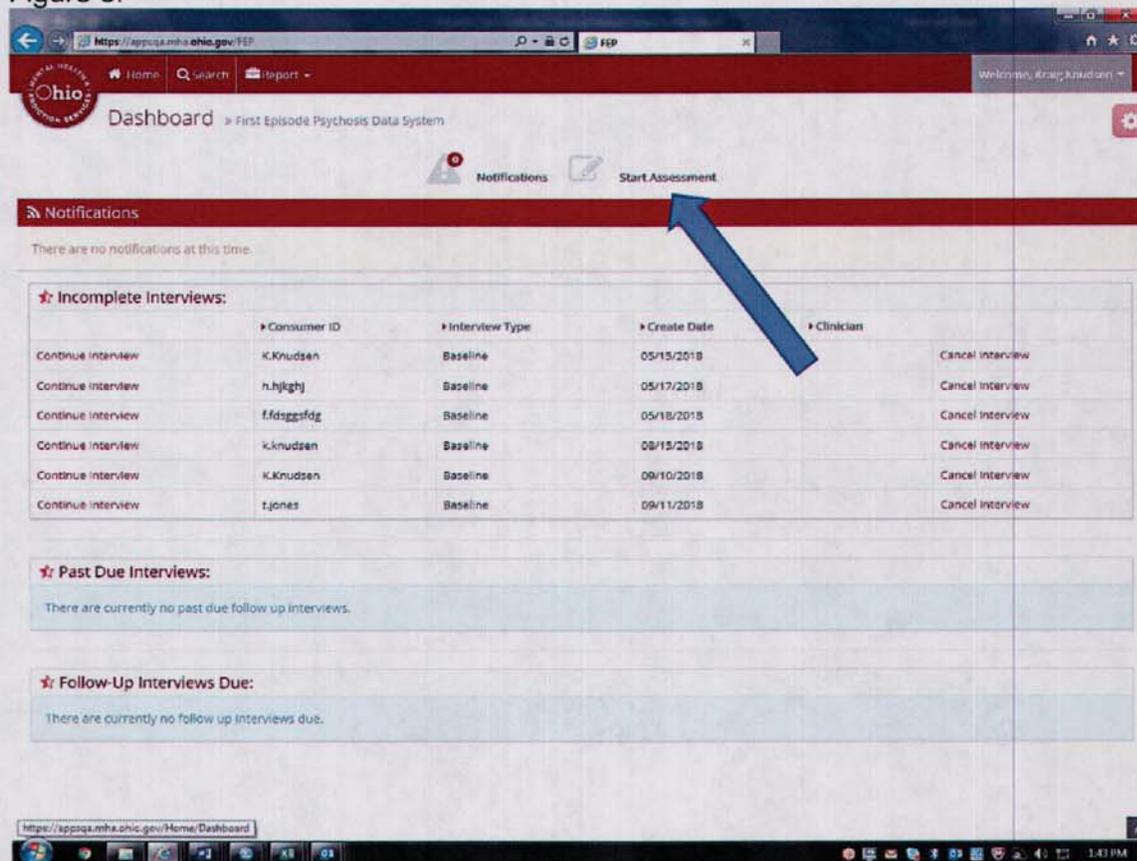
Next, you will be directed to a “My Applications” page (see Figure 2). Click on the FEP application. The system can take a minute to load, do not exit.

Figure 2.



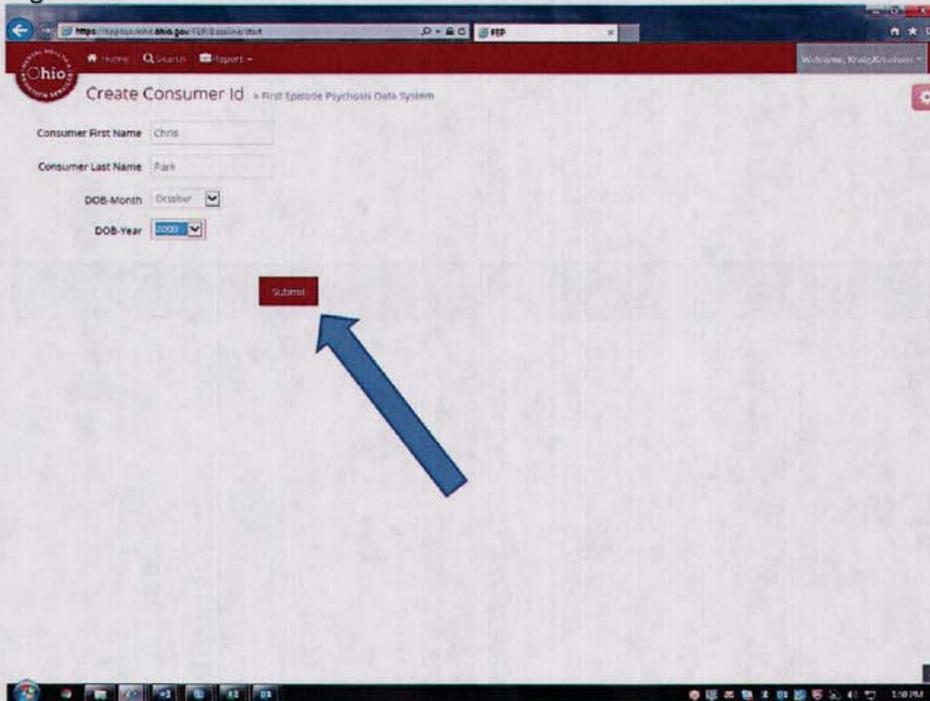
The next window will be the “home” window, which is the dashboard for all of your FEP data collected (Figure 3). In this window you will find Notifications, Start Assessment, Incomplete Interviews, Past Due Interviews, and Follow-Up Interviews Due. To start an interview, click on Start Assessment above the notifications tab (Figure 3).

Figure 3.



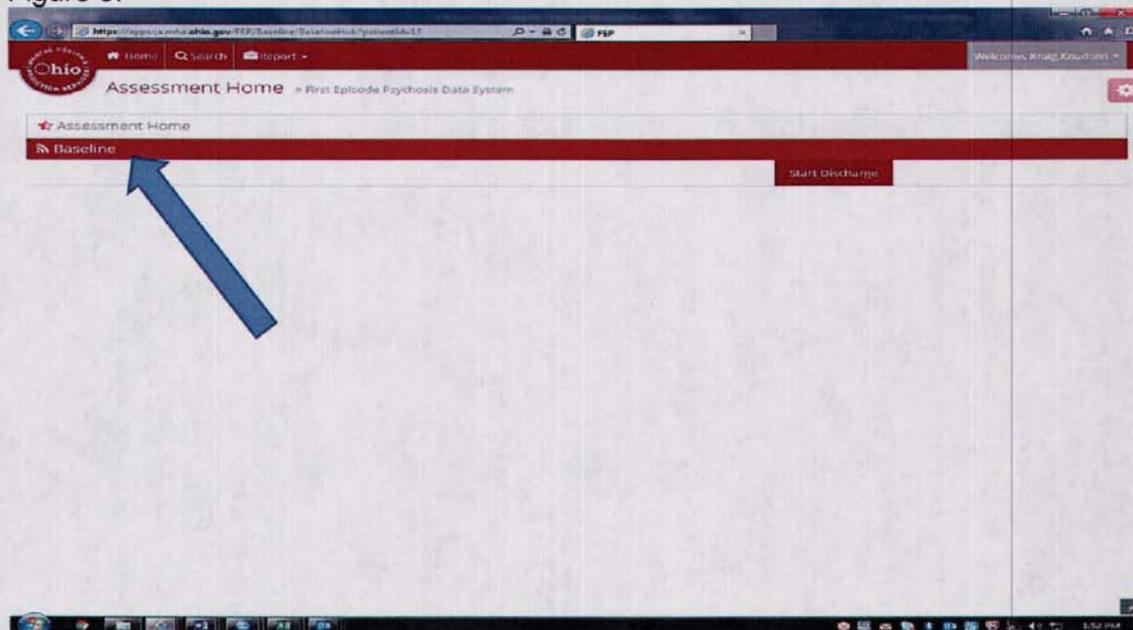
Next, a “Create Client ID” page will load. Fill in the client’s name and date of birth (figure 4). Click submit. In order for your work to be saved in the system you must always click “submit” or “save”.

Figure 4.



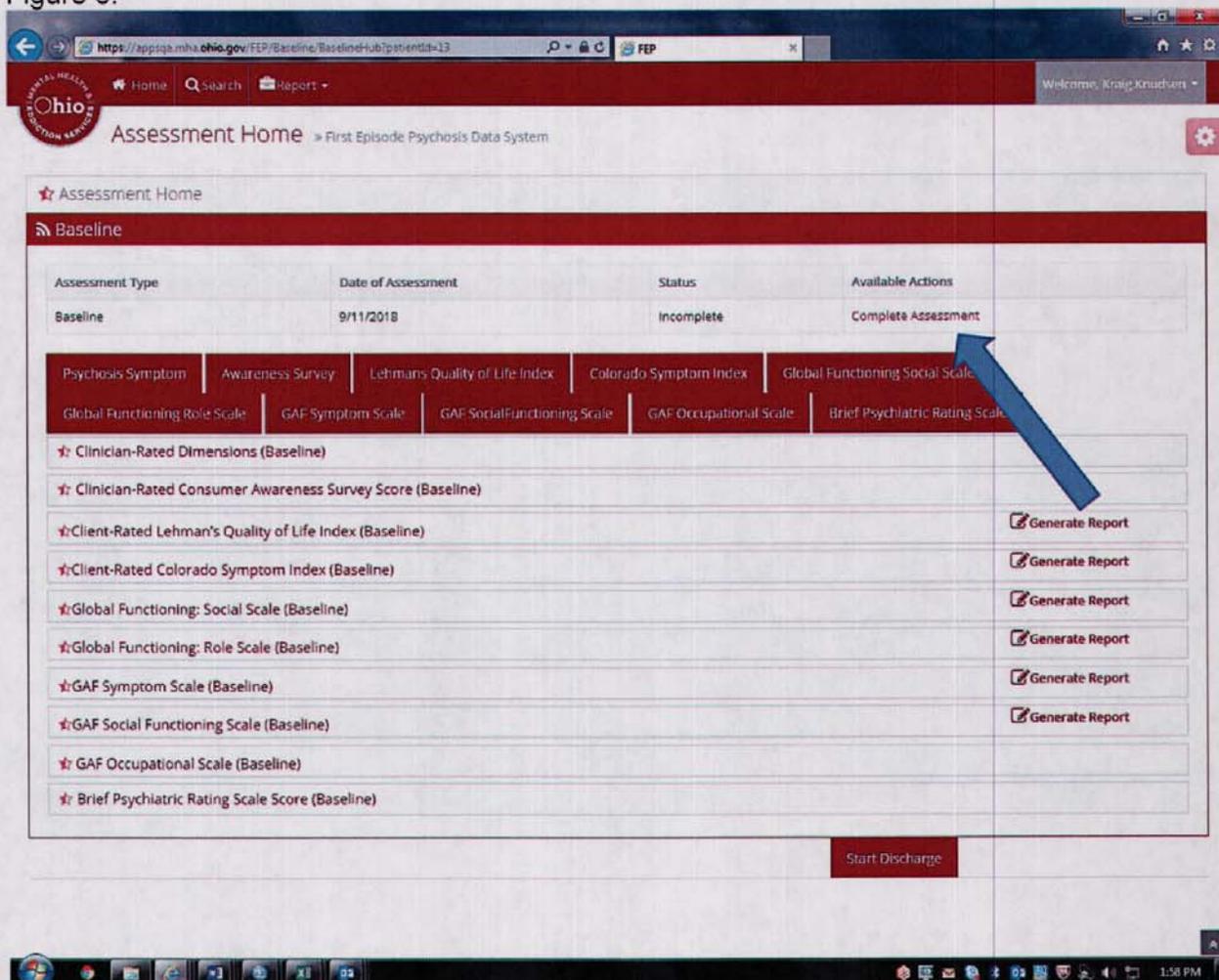
The next screen to appear will be an “Assessment Home” page (figure 5). Click on the red area named “Baseline”

Figure 5.



Once you have clicked on “Baseline” all of the measures to be completed will be displayed. To start the baseline GPRA/NOMs assessment, click on “Complete Assessment under “Available Actions” (Figure 6).

Figure 6.



The next screen to open will be Section A, or the *Record Management* screens for the interview. The first screen asks to identify FEP clinicians and their roles with the participant. Complete and click “save”. The next screen to open will ask you to enter your name (the person entering the data). Enter your name and click “save”. The next screen will identify the client and is self-populated with information you already entered. Click “save”. The next screens will ask about the participant’s diagnoses, medications, race/ethnicity, veteran status, and planned services. Section B asks questions about *Drug, Alcohol and Tobacco use*. Section C asks questions about *Family and Living Situation*. Section D asks questions about *Education and Employment*. Section E is about *Criminal Justice* involvement, and Section G is about *Social Connectedness*.

Once you have finished the baseline GPRA/NOMS questions, a screen will appear that says you have completed the assessment (Figure 7). You have three options, Start Assessment, Visit Consumer History Page, and Return to Dashboard. To complete the other instruments, click on "Start Another Assessment". On the next page click on "baseline" and all the assessments will show up (Figure 8). Click on any of the assessments in red to enter the data for those assessments. Remember to always click "save" or "submit" when you are finished entering data.

Figure 7.

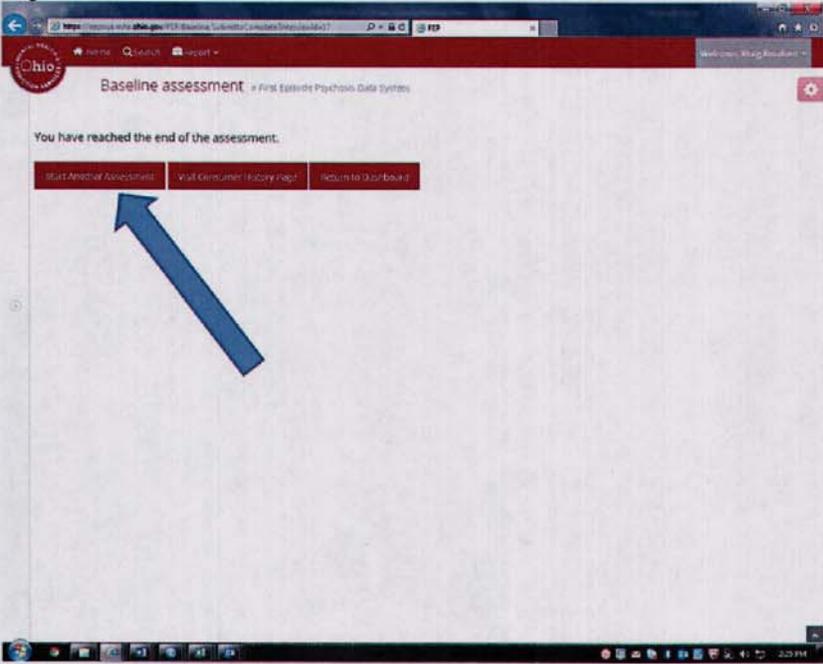
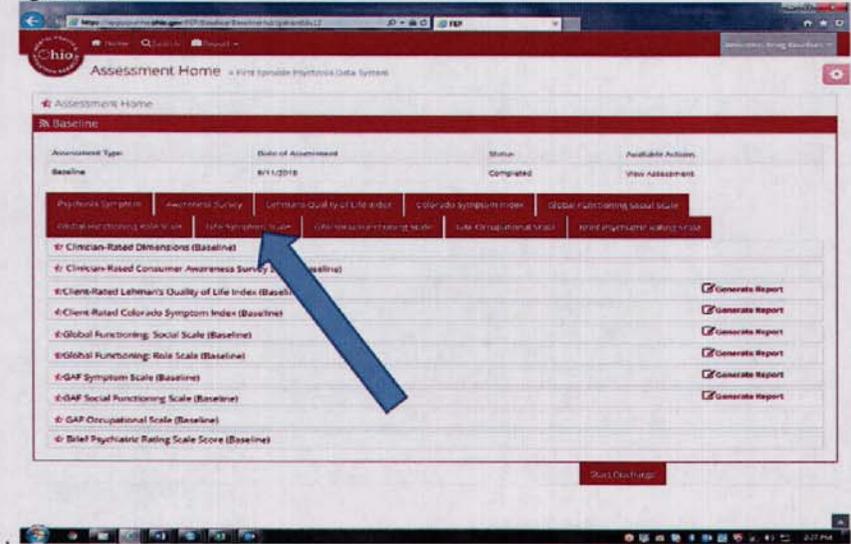


Figure 8.



How to Enter Interview Data CRIB SHEET

<p>1. To enter FEPIS go to the FEPIS website (https://apps.mha.ohio.gov) and enter your username and password that you have created. If you have not created a username and password, enter your email address into the username and click on "I forgot my password". You will be asked to create a new password.</p>
<p>2. Next, you will be directed to a "My Applications" page. Click on the FEP application. The system can take a minute to load, do not exit.</p>
<p>3. The next window will be the "home" window, which is the dashboard for all of your FEP data collected. In this window you will find Notifications, Start Assessment, Incomplete Interviews, Past Due Interviews, and Follow-Up Interviews Due. To start an interview, click on Start Assessment above the notifications tab.</p>
<p>4. Next, a "Create Client ID" page will load. Fill in the client's name and date of birth. Click submit. In order for your work to be saved in the system you must always click "submit" or "save".</p>
<p>5. The next screen to appear will be an "Assessment Home" page. Click on the red area named "Baseline"</p>
<p>6. Once you have clicked on "Baseline" all of the measures to be completed will be displayed. To start the baseline GPRA/NOMS assessment, click on "Complete Assessment under "Available Actions".</p>
<p>7. The next screen to open will be Section A, or the <i>Record Management</i> screens for the interview. The first screen asks to identify FEP clinicians and their roles with the participant. Complete and click "save". The next screen to open will ask you to enter your name (the person entering the data). Enter your name and click "save". The next screen will identify the client and is self-populated with information you already entered. Click "save". The next screens will ask about the participant's diagnoses, medications, race/ethnicity, veteran status, and planned services. Section B asks questions about <i>Drug, Alcohol and Tobacco use</i>. Section C asks questions about <i>Family and Living Situation</i>. Section D asks questions about <i>Education and Employment</i>. Section E is about <i>Criminal Justice</i> involvement, and Section G is about <i>Social Connectedness</i>.</p>
<p>8. Once you have finished the baseline GPRA/NOMS questions, a screen will appear that says you have completed the assessment. You have three options, Start Assessment, Visit Consumer History Page, and Return to Dashboard. To complete the other instruments, click on "Start Another Assessment". On the next page click on "baseline" and all the assessments will show up. Click on any of the assessments in red to enter the data for those assessments. Remember to always click "save" or "submit" when you are finished entering data.</p>

How to Add a Follow-Up Interview or a Discharge Interview

1. You will find all the follow-up interviews that are due on your homepage dashboard. Simply click on the person's interview you would like to complete and start the data entry. Use the same steps for the re-assessment and discharge instruments as you did for the baseline assessments.
2. You can enter discharge data at any time, by simply clicking on "discharge".

Accessing Data Entered in the System

1. Once you have entered data in to the portal, you can download the data directly from the portal website. Simply click on the "Report" tab and click on "Download Excel Report." This will give you the option to download an Excel file with all the data that have been entered in the system for that particular client. You can view or save these files on your local computer.
2. On the "Consumer Assessment History" page you can view all data entered by clicking on "view assessment".
3. On the "Consumer Assessment History" page you can view charts to examine change over time scores by simply clicking on "generate a report". Importantly, this function is only useful with more than one time point completed.
4. If needed, the OhioMHAS may also send you an Excel file of data in the portal for your site. Simply send an email to the helpdesk, include the name of your grant (First Episode Psychosis, your role on the project, indicate the data you would like to see, and we will send the data to you.

Questions?

If you have questions or problems with data entry, please send an email to MHAHelpdesk@mha.ohio.gov and we will address your concerns.

Questions related to other aspects of the evaluation should be directed to Kraig.Knudsen@mha.ohio.gov

**APPENDICES:
INFORMED CONSENT FORMS
INSTRUMENTS**

**CSAT GPRA Client Outcome
Measures for Discretionary Programs
(Revised 04/15/2017)**

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if all items are asked of a client/participant; to the extent that providers already obtain much of this information as part of their ongoing client/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

A. RECORD MANAGEMENT

Client ID

Client Type:

- Treatment client
- Client in recovery

Contract/Grant ID

Interview Type *[CIRCLE ONLY ONE TYPE.]*

Intake *[GO TO INTERVIEW DATE.]*

6-month follow-up → → → Did you conduct a follow-up interview? Yes No
[IF NO, GO DIRECTLY TO SECTION I.]

3-month follow-up *[ADOLESCENT PORTFOLIO ONLY]* →
Did you conduct a follow-up interview? Yes No
[IF NO, GO DIRECTLY TO SECTION I.]

Discharge → → → Did you conduct a discharge interview? Yes No
[IF NO, GO DIRECTLY TO SECTION J.]

Interview Date / /
Month Day Year

[FOLLOW-UP AND DISCHARGE INTERVIEWS: SKIP TO SECTION B.]

1. Was the client screened by your program for co-occurring mental health and substance use disorders?

- YES
- NO *[SKIP 1a.]*

1a. *[IF YES]* Did the client screen positive for co-occurring mental health and substance use disorders?

- YES
- NO

[SBIRT CONTINUE. ALL OTHERS GO TO SECTION A "PLANNED SERVICES."]

THIS SECTION FOR SBIRT GRANTS ONLY [ITEMS 2, 2a, & 3 - REPORTED ONLY AT INTAKE/BASELINE].

2. How did the client screen for your SBIRT?

- NEGATIVE
- POSITIVE

2a. What was his/her screening score?

AUDIT	=	_	_
CAGE	=	_	_
DAST	=	_	_
DAST-10	=	_	_
NIAAA Guide	=	_	_
ASSIST/Alcohol Subscore	=	_	_
Other (Specify)	=	_	_

3. Was he/she willing to continue his/her participation in the SBIRT program?

- YES
 - NO
-

A. RECORD MANAGEMENT - PLANNED SERVICES [REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE.]

Identify the services you plan to provide to the client during the client's course of treatment/recovery. [CIRCLE "Y" FOR YES OR "N" FOR NO FOR EACH ONE.]

Modality	Yes	No
[SELECT AT LEAST ONE MODALITY.]		
1. Case Management	Y	N
2. Day Treatment	Y	N
3. Inpatient/Hospital (Other Than Detox)	Y	N
4. Outpatient	Y	N
5. Outreach	Y	N
6. Intensive Outpatient	Y	N
7. Methadone	Y	N
8. Residential/Rehabilitation	Y	N
9. Detoxification (Select Only One)		
A. Hospital Inpatient	Y	N
B. Free Standing Residential	Y	N
C. Ambulatory Detoxification	Y	N
10. After Care	Y	N
11. Recovery Support	Y	N
12. Other (Specify) _____	Y	N

[SELECT AT LEAST ONE SERVICE.]

Treatment Services	Yes	No
[SBIRT GRANTS: YOU MUST CIRCLE "Y" FOR AT LEAST ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]		
1. Screening	Y	N
2. Brief Intervention	Y	N
3. Brief Treatment	Y	N
4. Referral to Treatment	Y	N
5. Assessment	Y	N
6. Treatment/Recovery Planning	Y	N
7. Individual Counseling	Y	N
8. Group Counseling	Y	N
9. Family/Marriage Counseling	Y	N
10. Co-Occurring Treatment/Recovery Services	Y	N
11. Pharmacological Interventions	Y	N
12. HIV/AIDS Counseling	Y	N
13. Other Clinical Services (Specify) _____	Y	N

Case Management Services	Yes	No
1. Family Services (Including Marriage Education, Parenting, Child Development Services)	Y	N
2. Child Care	Y	N
3. Employment Service		
A. Pre-Employment	Y	N
B. Employment Coaching	Y	N
4. Individual Services Coordination	Y	N
5. Transportation	Y	N
6. HIV/AIDS Service	Y	N
7. Supportive Transitional Drug-Free Housing Services	Y	N
8. Other Case Management Services (Specify) _____	Y	N

Medical Services	Yes	No
1. Medical Care	Y	N
2. Alcohol/Drug Testing	Y	N
3. HIV/AIDS Medical Support & Testing	Y	N
4. Other Medical Services (Specify) _____	Y	N

After Care Services	Yes	No
1. Continuing Care	Y	N
2. Relapse Prevention	Y	N
3. Recovery Coaching	Y	N
4. Self-Help and Support Groups	Y	N
5. Spiritual Support	Y	N
6. Other After Care Services (Specify) _____	Y	N

Education Services	Yes	No
1. Substance Abuse Education	Y	N
2. HIV/AIDS Education	Y	N
3. Other Education Services (Specify) _____	Y	N

Peer-to-Peer Recovery Support Services	Yes	No
1. Peer Coaching or Mentoring	Y	N
2. Housing Support	Y	N
3. Alcohol- and Drug-Free Social Activities	Y	N
4. Information and Referral	Y	N
5. Other Peer-to-Peer Recovery Support Services (Specify) _____	Y	N

A. RECORD MANAGEMENT - DEMOGRAPHICS [ASKED ONLY AT INTAKE/BASELINE.]

1. What is your gender?

- MALE
- FEMALE
- TRANSGENDER
- OTHER (SPECIFY) _____
- REFUSED

2. Are you Hispanic or Latino?

- YES
- NO
- REFUSED

[IF YES] What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

	Yes	No	Refused
Central American	Y	N	REFUSED
Cuban	Y	N	REFUSED
Dominican	Y	N	REFUSED
Mexican	Y	N	REFUSED
Puerto Rican	Y	N	REFUSED
South American	Y	N	REFUSED
Other	Y	N	REFUSED [IF YES, SPECIFY BELOW.]
	(Specify)		

3. What is your race? Please answer yes or no for each of the following. You may say yes to more than one.

	Yes	No	Refused
Black or African American	Y	N	REFUSED
Asian	Y	N	REFUSED
Native Hawaiian or other Pacific Islander	Y	N	REFUSED
Alaska Native	Y	N	REFUSED
White	Y	N	REFUSED
American Indian	Y	N	REFUSED

4. What is your date of birth?*

|_|_| / |_|_| / **[*THE SYSTEM WILL ONLY SAVE MONTH AND YEAR. TO MAINTAIN CONFIDENTIALITY, DAY IS NOT SAVED.]**
Month Day

|_|_|_|
Year

- REFUSED

MILITARY FAMILY AND DEPLOYMENT

5. Have you ever served in the Armed Forces, in the Reserves, or in the National Guard? [IF SERVED] What area, the Armed Forces, Reserves, or National Guard did you serve?

- NO
- YES, IN THE ARMED FORCES
- YES, IN THE RESERVES
- YES, IN THE NATIONAL GUARD
- REFUSED
- DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO QUESTION A6.]

5a. Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard? [IF ACTIVE] What area, the Armed Forces, Reserves, or National Guard?

- NO, SEPARATED OR RETIRED FROM THE ARMED FORCES, RESERVES, OR NATIONAL GUARD
- YES, IN THE ARMED FORCES
- YES, IN THE RESERVES
- YES, IN THE NATIONAL GUARD
- REFUSED
- DON'T KNOW

5b. Have you ever been deployed to a combat zone? [CHECK ALL THAT APPLY.]

- NEVER DEPLOYED
- IRAQ OR AFGHANISTAN (E.G., OEF/OIF/OND)
- PERSIAN GULF (OPERATION DESERT SHIELD/DESERT STORM)
- VIETNAM/SOUTHEAST ASIA
- KOREA
- WWII
- DEPLOYED TO A COMBAT ZONE NOT LISTED ABOVE (E.G., BOSNIA/SOMALIA)
- REFUSED
- DON'T KNOW

[SBIRT GRANTEES: FOR CLIENTS WHO SCREENED NEGATIVE, SKIP ITEMS A6, A6a THROUGH A6d.]

6. Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or in the National Guard or separated or retired from the Armed Forces, Reserves, or National Guard?

- NO
- YES, ONLY ONE
- YES, MORE THAN ONE
- REFUSED
- DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION B.]

**[IF YES, ANSWER FOR UP TO 6 PEOPLE] What is the relationship of that person (Service Member) to you?
[WRITE RELATIONSHIP IN COLUMN HEADING]**

- 1 = Mother 2 = Father
- 3 = Brother 4 = Sister
- 5 = Spouse 6 = Partner
- 7 = Child 8 = Other (Specify) _____

Has the Service Member experienced any of the following? [CHECK ANSWER IN APPROPRIATE COLUMN FOR ALL THAT APPLY]	(Relationship) 1.	(Relationship) 2.	(Relationship) 3.	(Relationship) 4.	(Relationship) 5.	(Relationship) 6.
	6a. Deployed in support of combat operations (e.g., Iraq or Afghanistan)?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW
6b. Was physically injured during combat operations?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW
6c. Developed combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW
6d. Died or was killed?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW

B. DRUG AND ALCOHOL USE

	Number of Days	REFUSED	DON'T KNOW
1. During the past 30 days, how many days have you used the following:			
a. Any alcohol <i>[IF ZERO, SKIP TO ITEM B1c.]</i>	_ _	<input type="radio"/>	<input type="radio"/>
b1. Alcohol to intoxication (5+ drinks in one sitting)	_ _	<input type="radio"/>	<input type="radio"/>
b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)	_ _	<input type="radio"/>	<input type="radio"/>
c. Illegal drugs <i>[IF B1a OR B1c = 0, RF, DK, THEN SKIP TO ITEM B2.]</i>	_ _	<input type="radio"/>	<input type="radio"/>
d. Both alcohol and drugs (on the same day)	_ _	<input type="radio"/>	<input type="radio"/>

Route of Administration Types:

1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV
 *NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE THE MOST SEVERE. THE ROUTES ARE LISTED FROM LEAST SEVERE (1) TO MOST SEVERE (5).

2. During the past 30 days, how many days have you used any of the following: <i>[IF THE VALUE IN ANY ITEM B2a THROUGH B2i > 0, THEN THE VALUE IN B1c MUST BE > 0.]</i>						
	Number of Days	RF	DK	Route*	RF	DK
a. Cocaine/Crack	_ _	<input type="radio"/>	<input type="radio"/>	_	<input type="radio"/>	<input type="radio"/>
b. Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)	_ _	<input type="radio"/>	<input type="radio"/>	_	<input type="radio"/>	<input type="radio"/>
c. Opiates:						
1. Heroin (Smack, H, Junk, Skag)	_ _	<input type="radio"/>	<input type="radio"/>	_	<input type="radio"/>	<input type="radio"/>
2. Morphine	_ _	<input type="radio"/>	<input type="radio"/>	_	<input type="radio"/>	<input type="radio"/>
3. Dilaudid	_ _	<input type="radio"/>	<input type="radio"/>	_	<input type="radio"/>	<input type="radio"/>
4. Demerol	_ _	<input type="radio"/>	<input type="radio"/>	_	<input type="radio"/>	<input type="radio"/>
5. Percocet	_ _	<input type="radio"/>	<input type="radio"/>	_	<input type="radio"/>	<input type="radio"/>
6. Darvon	_ _	<input type="radio"/>	<input type="radio"/>	_	<input type="radio"/>	<input type="radio"/>
7. Codeine	_ _	<input type="radio"/>	<input type="radio"/>	_	<input type="radio"/>	<input type="radio"/>
8. Tylenol 2, 3, 4	_ _	<input type="radio"/>	<input type="radio"/>	_	<input type="radio"/>	<input type="radio"/>
9. OxyContin/Oxycodone	_ _	<input type="radio"/>	<input type="radio"/>	_	<input type="radio"/>	<input type="radio"/>
d. Non-prescription methadone	_ _	<input type="radio"/>	<input type="radio"/>	_	<input type="radio"/>	<input type="radio"/>
e. Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms, or Mescaline	_ _	<input type="radio"/>	<input type="radio"/>	_	<input type="radio"/>	<input type="radio"/>
f. Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	_ _	<input type="radio"/>	<input type="radio"/>	_	<input type="radio"/>	<input type="radio"/>

B. DRUG AND ALCOHOL USE (continued)

Route of Administration Types:

1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV

*NOTE THE USUAL ROUTE. FOR MORE THAN ONE ROUTE, CHOOSE THE MOST SEVERE. THE ROUTES ARE LISTED FROM LEAST SEVERE (1) TO MOST SEVERE (5).

2. During the past 30 days, how many days have you used any of the following: *[IF THE VALUE IN ANY ITEM B2a THROUGH B2i > 0, THEN THE VALUE IN B1c MUST BE > 0.]*

	Number of Days	RF	DK	Route*	RF	DK
g. 1. Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol—also known as roofies, roche, and cope)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
2. Barbiturates: Mephobarbital (Mebacut) and pentobarbital sodium (Nembutal)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
3. Non-prescription GHB (known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
4. Ketamine (known as Special K or Vitamin K)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
5. Other tranquilizers, downers, sedatives, or hypnotics	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
h. Inhalants (poppers, snappers, rush, whippets)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
i. Other illegal drugs (Specify) _____	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>

3. In the past 30 days, have you injected drugs? *[IF ANY ROUTE OF ADMINISTRATION IN B2a THROUGH B2i = 4 or 5, THEN B3 MUST = YES.]*

- YES
- NO
- REFUSED
- DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION C.]

4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used?

- Always
- More than half the time
- Half the time
- Less than half the time
- Never
- REFUSED
- DON'T KNOW

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time? [DO NOT READ RESPONSE OPTIONS TO CLIENT.]

- SHELTER (SAFE HAVENS, TRANSITIONAL LIVING CENTER [TLC], LOW-DEMAND FACILITIES, RECEPTION CENTERS, OTHER TEMPORARY DAY OR EVENING FACILITY)
- STREET/OUTDOORS (SIDEWALK, DOORWAY, PARK, PUBLIC OR ABANDONED BUILDING)
- INSTITUTION (HOSPITAL, NURSING HOME, JAIL/PRISON)
- HOUSED: **[IF HOUSED, CHECK APPROPRIATE SUBCATEGORY:]**
 - OWN/RENT APARTMENT, ROOM, OR HOUSE
 - SOMEONE ELSE'S APARTMENT, ROOM, OR HOUSE
 - DORMITORY/COLLEGE RESIDENCE
 - HALFWAY HOUSE
 - RESIDENTIAL TREATMENT
 - OTHER HOUSED (SPECIFY) _____
- REFUSED
- DON'T KNOW

2. How satisfied are you with the conditions of your living space?

- Very Dissatisfied
- Dissatisfied
- Neither Satisfied nor Dissatisfied
- Satisfied
- Very Satisfied
- REFUSED
- DON'T KNOW

3. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs? [IF B1a OR B1c > 0, THEN C3 CANNOT = "NOT APPLICABLE."]

- Not at all
- Somewhat
- Considerably
- Extremely
- NOT APPLICABLE [USE ONLY IF B1A AND B1C = 0.]
- REFUSED
- DON'T KNOW

4. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities? [IF B1a OR B1c > 0, THEN C4 CANNOT = "NOT APPLICABLE."]

- Not at all
- Somewhat
- Considerably
- Extremely
- NOT APPLICABLE [USE ONLY IF B1A AND B1C = 0.]
- REFUSED
- DON'T KNOW

C. FAMILY AND LIVING CONDITIONS (continued)

5. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?
[IF B1a OR B1c > 0, THEN C5 CANNOT = "NOT APPLICABLE."]

- Not at all
- Somewhat
- Considerably
- Extremely
- NOT APPLICABLE [USE ONLY IF B1a AND B1c = 0.]
- REFUSED
- DON'T KNOW

6. [IF NOT MALE] Are you currently pregnant?

- YES
- NO
- REFUSED
- DON'T KNOW

7. Do you have children?

- YES
- NO
- REFUSED
- DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION D.]

a. How many children do you have? [IF C7 = YES, THEN THE VALUE IN C7a MUST BE > 0.]

____ REFUSED DON'T KNOW

b. Are any of your children living with someone else due to a child protection court order?

- YES
- NO
- REFUSED
- DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM C7D.]

c. [IF YES] How many of your children are living with someone else due to a child protection court order? [THE VALUE IN C7c CANNOT EXCEED THE VALUE IN C7a.]

____ REFUSED DON'T KNOW

d. For how many of your children have you lost parental rights? [THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.] [THE VALUE IN ITEM C7d CANNOT EXCEED THE VALUE IN C7a.]

____ REFUSED DON'T KNOW

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? [IF ENROLLED] Is that full time or part time? [IF CLIENT IS INCARCERATED, CODE D1 AS "NOT ENROLLED."]

- NOT ENROLLED
- ENROLLED, FULL TIME
- ENROLLED, PART TIME
- OTHER (SPECIFY) _____
- REFUSED
- DON'T KNOW

2. What is the highest level of education you have finished, whether or not you received a degree?

- NEVER ATTENDED
- 1ST GRADE
- 2ND GRADE
- 3RD GRADE
- 4TH GRADE
- 5TH GRADE
- 6TH GRADE
- 7TH GRADE
- 8TH GRADE
- 9TH GRADE
- 10TH GRADE
- 11TH GRADE
- 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT
- COLLEGE OR UNIVERSITY/1ST YEAR COMPLETED
- COLLEGE OR UNIVERSITY/2ND YEAR COMPLETED/ASSOCIATES DEGREE (AA, AS)
- COLLEGE OR UNIVERSITY/3RD YEAR COMPLETED
- BACHELOR'S DEGREE (BA, BS) OR HIGHER
- VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA
- VOC/TECH DIPLOMA AFTER HIGH SCHOOL
- REFUSED
- DON'T KNOW

3. Are you currently employed? [CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CLIENT WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.] [IF CLIENT IS "ENROLLED, FULL TIME" IN D1 AND INDICATES "EMPLOYED, FULL TIME" IN D3, ASK FOR CLARIFICATION. IF CLIENT IS INCARCERATED AND HAS NO WORK OUTSIDE OF JAIL, CODE D3 AS "UNEMPLOYED, NOT LOOKING FOR WORK."]

- EMPLOYED, FULL TIME (35+ HOURS PER WEEK, OR WOULD HAVE BEEN)
- EMPLOYED, PART TIME
- UNEMPLOYED, LOOKING FOR WORK
- UNEMPLOYED, DISABLED
- UNEMPLOYED, VOLUNTEER WORK
- UNEMPLOYED, RETIRED
- UNEMPLOYED, NOT LOOKING FOR WORK
- OTHER (SPECIFY) _____
- REFUSED
- DON'T KNOW

D. EDUCATION, EMPLOYMENT, AND INCOME (continued)

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from...
[IF D3 DOES NOT = "EMPLOYED" AND THE VALUE IN D4a IS GREATER THAN ZERO, PROBE. IF D3 = "UNEMPLOYED, LOOKING FOR WORK" AND THE VALUE IN D4b = 0, PROBE. IF D3 = "UNEMPLOYED, RETIRED" AND THE VALUE IN D4c = 0, PROBE. IF D3 = "UNEMPLOYED, DISABLED" AND THE VALUE IN D4d = 0, PROBE.]

		RF	DK
a. Wages	\$ [] [] [] , [] [] []	<input type="radio"/>	<input type="radio"/>
b. Public assistance	\$ [] [] [] , [] [] []	<input type="radio"/>	<input type="radio"/>
c. Retirement	\$ [] [] [] , [] [] []	<input type="radio"/>	<input type="radio"/>
d. Disability	\$ [] [] [] , [] [] []	<input type="radio"/>	<input type="radio"/>
e. Non-legal income	\$ [] [] [] , [] [] []	<input type="radio"/>	<input type="radio"/>
f. Family and/or friends	\$ [] [] [] , [] [] []	<input type="radio"/>	<input type="radio"/>
g. Other (Specify)	\$ [] [] [] , [] [] []	<input type="radio"/>	<input type="radio"/>

5. Have you enough money to meet your needs?

- Not at all
- A little
- Moderately
- Mostly
- Completely
- REFUSED
- DON'T KNOW

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested?

[] [] [] TIMES REFUSED DON'T KNOW

[IF NO ARRESTS, SKIP TO ITEM E3.]

2. In the past 30 days, how many times have you been arrested for drug-related offenses? [THE VALUE IN E2 CANNOT BE GREATER THAN THE VALUE IN E1.]

[] [] [] TIMES REFUSED DON'T KNOW

3. In the past 30 days, how many nights have you spent in jail/prison? [IF THE VALUE IN E3 IS GREATER THAN 15, THEN C1 MUST = INSTITUTION (JAIL/PRISON). IF C1 = INSTITUTION (JAIL/PRISON), THEN THE VALUE IN E3 MUST BE GREATER THAN OR EQUAL TO 15.]

[] [] [] NIGHTS REFUSED DON'T KNOW

4. In the past 30 days, how many times have you committed a crime? [CHECK NUMBER OF DAYS USED ILLEGAL DRUGS IN ITEM B1c ON PAGE 7. ANSWER HERE IN E4 SHOULD BE EQUAL TO OR GREATER THAN NUMBER IN B1c BECAUSE USING ILLEGAL DRUGS IS A CRIME.]

[] [] [] [] TIMES REFUSED DON'T KNOW

5. Are you currently awaiting charges, trial, or sentencing?

- YES
- NO
- REFUSED
- DON'T KNOW

6. Are you currently on parole or probation?

- YES
- NO
- REFUSED
- DON'T KNOW

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

1. How would you rate your overall health right now?

- Excellent
- Very good
- Good
- Fair
- Poor
- REFUSED
- DON'T KNOW

2. During the past 30 days, did you receive:

a. Inpatient Treatment for:

[IF YES]
Altogether

	YES	for how many nights	NO	RF	DK
i. Physical complaint	<input type="radio"/>	_____ nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. Mental or emotional difficulties	<input type="radio"/>	_____ nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. Alcohol or substance abuse	<input type="radio"/>	_____ nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. Outpatient Treatment for:

[IF YES]
Altogether

	YES	for how many times	NO	RF	DK
i. Physical complaint	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. Mental or emotional difficulties	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. Alcohol or substance abuse	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c. Emergency Room Treatment for:

[IF YES]
Altogether

	YES	for how many times	NO	RF	DK
i. Physical complaint	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. Mental or emotional difficulties	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. Alcohol or substance abuse	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (continued)

3. During the past 30 days, did you engage in sexual activity?

- Yes
- No → *[SKIP TO F4.]*
- NOT PERMITTED TO ASK → *[SKIP TO F4.]*
- REFUSED → *[SKIP TO F4.]*
- DON'T KNOW → *[SKIP TO F4.]*

[IF YES] Altogether, how many:

	Contacts	RF	DK
a. Sexual contacts (vaginal, oral, or anal) did you have?	_ _ _	<input type="radio"/>	<input type="radio"/>
b. Unprotected sexual contacts did you have? <i>[THE VALUE IN F3b SHOULD NOT BE GREATER THAN THE VALUE IN F3a.] [IF ZERO, SKIP TO F4.]</i>	_ _ _	<input type="radio"/>	<input type="radio"/>
c. Unprotected sexual contacts were with an individual who is or was: <i>[NONE OF THE VALUES IN F3c1 THROUGH F3c3 CAN BE GREATER THAN THE VALUE IN F3b.]</i>			
1. HIV positive or has AIDS	_ _ _	<input type="radio"/>	<input type="radio"/>
2. An injection drug user	_ _ _	<input type="radio"/>	<input type="radio"/>
3. High on some substance	_ _ _	<input type="radio"/>	<input type="radio"/>

4. Have you ever been tested for HIV?

- Yes.....*[GO TO F4a.]*
- No.....*[SKIP TO F5.]*
- REFUSED*[SKIP TO F5.]*
- DON'T KNOW*[SKIP TO F5.]*

a. Do you know the results of your HIV testing?

- Yes
- No

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (continued)

5. How would you rate your quality of life?

- Very poor
- Poor
- Neither poor nor good
- Good
- Very good
- REFUSED
- DON'T KNOW

6. How satisfied are you with your health?

- Very Dissatisfied
- Dissatisfied
- Neither Satisfied nor Dissatisfied
- Satisfied
- Very Satisfied
- REFUSED
- DON'T KNOW

7. Do you have enough energy for everyday life?

- Not at all
- A little
- Moderately
- Mostly
- Completely
- REFUSED
- DON'T KNOW

8. How satisfied are you with your ability to perform your daily activities?

- Very Dissatisfied
- Dissatisfied
- Neither Satisfied nor Dissatisfied
- Satisfied
- Very Satisfied
- REFUSED
- DON'T KNOW

9. How satisfied are you with yourself?

- Very Dissatisfied
- Dissatisfied
- Neither Satisfied nor Dissatisfied
- Satisfied
- Very Satisfied
- REFUSED
- DON'T KNOW

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (continued)

10. In the past 30 days, not due to your use of alcohol or drugs, how many days have you:

	Days	RF	DK
a. Experienced serious depression	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
b. Experienced serious anxiety or tension	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
c. Experienced hallucinations	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
d. Experienced trouble understanding, concentrating, or remembering	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
e. Experienced trouble controlling violent behavior	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
f. Attempted suicide	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>
g. Been prescribed medication for psychological/emotional problem	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>

[IF CLIENT REPORTS ZERO DAYS, RF, OR DK TO ALL ITEMS IN QUESTION F10, SKIP TO ITEM F12.]

11. How much have you been bothered by these psychological or emotional problems in the past 30 days?

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely
- REFUSED
- DON'T KNOW

VIOLENCE AND TRAUMA

12. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief?)

- YES
- NO ***[SKIP TO ITEM F13.]***
- REFUSED
- DON'T KNOW

[IF NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM F13.]

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (continued)

Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:

12a. Have had nightmares about it or thought about it when you did not want to?

- YES
- NO
- REFUSED
- DON'T KNOW

12b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

- YES
- NO
- REFUSED
- DON'T KNOW

12c. Were constantly on guard, watchful, or easily startled?

- YES
- NO
- REFUSED
- DON'T KNOW

12d. Felt numb and detached from others, activities, or your surroundings?

- YES
- NO
- REFUSED
- DON'T KNOW

13. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?

- Never
- A few times
- More than a few times
- REFUSED
- DON'T KNOW

G. SOCIAL CONNECTEDNESS

1. **In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction-related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.?**

- YES *[IF YES] SPECIFY HOW MANY TIMES* REFUSED DON'T KNOW
 NO
 REFUSED
 DON'T KNOW

2. **In the past 30 days, did you attend any religious/faith-affiliated recovery self-help groups?**

- YES *[IF YES] SPECIFY HOW MANY TIMES* REFUSED DON'T KNOW
 NO
 REFUSED
 DON'T KNOW

3. **In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?**

- YES *[IF YES] SPECIFY HOW MANY TIMES* REFUSED DON'T KNOW
 NO
 REFUSED
 DON'T KNOW

4. **In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?**

- YES
 NO
 REFUSED
 DON'T KNOW

5. **To whom do you turn when you are having trouble? [SELECT ONLY ONE.]**

- NO ONE
 CLERGY MEMBER
 FAMILY MEMBER
 FRIENDS
 REFUSED
 DON'T KNOW
 OTHER (SPECIFY) _____

6. **How satisfied are you with your personal relationships?**

- Very Dissatisfied
 Dissatisfied
 Neither Satisfied nor Dissatisfied
 Satisfied
 Very Satisfied
 REFUSED
 DON'T KNOW

I. FOLLOW-UP STATUS

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP.]

1. What is the follow-up status of the client? [THIS IS A REQUIRED FIELD: NA, REFUSED, DON'T KNOW, AND MISSING WILL NOT BE ACCEPTED.]

- 01 = Deceased at time of due date
- 11 = Completed interview within specified window
- 12 = Completed interview outside specified window
- 21 = Located, but refused, unspecified
- 22 = Located, but unable to gain institutional access
- 23 = Located, but otherwise unable to gain access
- 24 = Located, but withdrawn from project
- 31 = Unable to locate, moved
- 32 = Unable to locate, other (Specify) _____

2. Is the client still receiving services from your program?

- Yes
- No

[IF THIS IS A FOLLOW-UP INTERVIEW, STOP NOW; THE INTERVIEW IS COMPLETE.]

J. DISCHARGE STATUS

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE.]

1. On what date was the client discharged?

____/____/____
MONTH DAY YEAR

2. What is the client's discharge status?

- 01 = Completion/Graduate
- 02 = Termination

If the client was terminated, what was the reason for termination? *[SELECT ONE RESPONSE.]*

- 01 = Left on own against staff advice with satisfactory progress
- 02 = Left on own against staff advice without satisfactory progress
- 03 = Involuntarily discharged due to nonparticipation
- 04 = Involuntarily discharged due to violation of rules
- 05 = Referred to another program or other services with satisfactory progress
- 06 = Referred to another program or other services with unsatisfactory progress
- 07 = Incarcerated due to offense committed while in treatment/recovery with satisfactory progress
- 08 = Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress
- 09 = Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress
- 10 = Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress
- 11 = Transferred to another facility for health reasons
- 12 = Death
- 13 = Other (Specify) _____

3. Did the program test this client for HIV?

- Yes [SKIP TO SECTION K.]
- No [GO TO J4.]

4. *[IF NO]* Did the program refer this client for testing?

- Yes
- No

K. SERVICES RECEIVED

[REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT DISCHARGE.]

Identify the number of DAYS of services provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED. YOU SHOULD HAVE AT LEAST ONE DAY FOR MODALITY.]

Modality	Days
1. Case Management	
2. Day Treatment	
3. Inpatient/Hospital (Other Than Detox)	
4. Outpatient	
5. Outreach	
6. Intensive Outpatient	
7. Methadone	
8. Residential/Rehabilitation	
9. Detoxification (Select Only One):	
A. Hospital Inpatient	
B. Free Standing Residential	
C. Ambulatory Detoxification	
10. After Care	
11. Recovery Support	
12. Other (Specify) _____	

Identify the number of SESSIONS provided to the client during the client's course of treatment/recovery. [ENTER ZERO IF NO SERVICES PROVIDED.]

Treatment Services	Sessions
<i>[SBIRT GRANTS: YOU MUST HAVE AT LEAST ONE SESSION FOR ONE OF THE TREATMENT SERVICES NUMBERED 1 THROUGH 4.]</i>	
1. Screening	
2. Brief Intervention	
3. Brief Treatment	
4. Referral to Treatment	
5. Assessment	
6. Treatment/Recovery Planning	
7. Individual Counseling	
8. Group Counseling	
9. Family/Marriage Counseling	
10. Co-Occurring Treatment/Recovery Services	
11. Pharmacological Interventions	
12. HIV/AIDS Counseling	
13. Other Clinical Services (Specify) _____	

Case Management Services	Sessions
1. Family Services (Including Marriage Education, Parenting, Child Development Services)	
2. Child Care	
3. Employment Service	
A. Pre-Employment	
B. Employment Coaching	
4. Individual Services Coordination	
5. Transportation	
6. HIV/AIDS Service	
7. Supportive Transitional Drug-Free Housing Services	
8. Other Case Management Services (Specify) _____	

Medical Services	Sessions
1. Medical Care	
2. Alcohol/Drug Testing	
3. HIV/ AIDS Medical Support & Testing	
4. Other Medical Services (Specify) _____	

After Care Services	Sessions
1. Continuing Care	
2. Relapse Prevention	
3. Recovery Coaching	
4. Self-Help and Support Groups	
5. Spiritual Support	
6. Other After Care Services (Specify) _____	

Education Services	Sessions
1. Substance Abuse Education	
2. HIV/AIDS Education	
3. Other Education Services (Specify) _____	

Peer-to-Peer Recovery Support Services	Sessions
1. Peer Coaching or Mentoring	
2. Housing Support	
3. Alcohol- and Drug-Free Social Activities	
4. Information and Referral	
5. Other Peer-to-Peer Recovery Support Services (Specify) _____	

Scale to Assess Unawareness in Mental Disorder in Schizophrenia

Time interval: ___ BASELINE ___ 6 MONTHS ___ 12 MONTHS ___ 18 MONTHS

Date of Completion: _____

Item	Not Applicable	Aware	Slightly Aware/Unaware	Seriously Unaware
Awareness of Mental Disorder: In general terms, does the person believe that he or she has a mental disorder?	0	1	2	3
Awareness of the consequences of mental disorder: What is the person's belief regarding the reason(s) he or she has been unemployed, evicted, hospitalized, etc...?	0	1	2	3
Awareness of the effects of Drugs: Does the person believe that medications have diminished the severity of his or her symptoms (if applicable)?	0	1	2	3
Awareness of hallucinatory experiences: Does the person believe that he or she experiences hallucinations as such? Rate his or her ability to interpret this experience as primarily hallucinatory.	0	1	2	3
Awareness of delusional ideas: Does the person believe that he or she experiences delusions such, that is, as internally produced erroneous beliefs? Rate his or her awareness of the implausibility of the belief if applicable.	0	1	2	3
Awareness of disorganized thoughts: Does the person believe that his or her communications are disorganized?	0	1	2	3
Awareness of blunted affect: Rate the person's awareness of his or her affect as communicated by his or her expressions, voice, gestures, etc... Do not rate his or her evaluation of his or her mood	0	1	2	3
Awareness of anhedonia: Is the person aware that his or her behavior reflects an apparent decrease in experiencing pleasure while participating in activities normally associated with such feelings?	0	1	2	3
Awareness of lack of sociality: Is the person aware that he or she shows no interest in social relationships?	0	1	2	3

Social and Role Functioning

Date of Interview/Examination/Bioassay (MM/DD/YYYY): _____

Global Functioning: Social Scale (GF: Social)

Current: _____	Lowest Past Year: _____	Highest Past Year: _____
----------------	-------------------------	--------------------------

Check here if this is a retrospective rating.

Superior social/interpersonal functioning

10 Superior functioning in a wide range of social and interpersonal activities. Frequently seeks out others and has multiple satisfying interpersonal relationships, including multiple close and casual friends. Is sought out by others because of his or her many positive qualities. Age-appropriate involvement in intimate relationships.

Above average social/interpersonal functioning

9 Good functioning in all social areas, and interpersonally effective.

Interested and involved in a wide range of social and interpersonal activities, including both close and casual friends. Age-appropriate involvement in intimate relationships. No more than everyday interpersonal problems or concerns (e.g., an occasional argument with spouse, girlfriend/boyfriend, friends, coworkers, or classmates). Able to resolve such conflicts appropriately.

Good social/interpersonal functioning

8 Some transient mild impairment in social functioning.

Mild social impairment is present, but transient and expectable reactions to psychosocial stressors (e.g., after minor arguments with spouse, girlfriend/boyfriend, friends, coworkers, or classmates). Has some meaningful interpersonal relationships with peers (casual and close friends), and/or age-appropriate intimate relationships. Infrequent interpersonal conflict with peers.

Mild problems in social/interpersonal functioning

- 7 Some persistent mild difficulty in social functioning.

Mild impairment present that is NOT just expectable reaction to psychosocial stressors (e.g., mild conflicts with peers, coworkers or classmates; difficulty resolving conflicts appropriately). Has some meaningful interpersonal relationships with peers (casual and/or close friends). Some difficulty developing or maintaining age-appropriate intimate relationships (e.g., multiple short-term relationships).

Moderate impairment in social/interpersonal functioning

- 6 Moderate impairment in social functioning.

Moderate impairment present (e.g., few close friends; significant but intermittent conflicts with peers, coworkers, or classmates). Moderate difficulty developing age-appropriate intimate relationships (e.g., infrequent dating). Occasionally seeks out others but will respond if invited by others to participate in an activity.

Serious impairment in social/interpersonal functioning

- 5 Serious impairment in social functioning.

No close friends or intimate partner but has some casual social contacts (e.g., acquaintances, school/work friends only). Rarely seeks out others. Occasional combative or verbally argumentative behavior with peers. Beginning to withdraw from family members (e.g., does not initiate conversation with family, but will respond if addressed).

Major impairment in social and interpersonal functioning

- 4 Major impairment in social functioning.

Serious impairment in relationships with friends or peers (e.g., very few or no friends, frequent conflicts with friends, or frequently avoids friends). Frequent combative or verbally argumentative behavior with peers. Infrequent contact with family members (e.g., sometimes does not respond to family or avoids family members).

Marginal ability to function socially

- 3 Marginal ability to function socially or maintain interpersonal relationships.

Frequently alone and socially isolated. Serious impairment in relationships with all peers, including acquaintances. Few interactions with family members (e.g., often alone in room). Serious impairment in communication with others (e.g., avoids participating in most social activities).

Inability to function socially

- 2 Unable to function socially or to maintain any interpersonal relationships.

Typically alone and socially isolated. Rarely leaves home. Rarely answers the phone or the door. Rarely participates in interactions with others at home or in other settings (e.g., work, school).

Extreme social isolation

- 1 Extreme social isolation.

No social or family member contact at all. Does not leave home. Refuses to answer the phone or door.

Please rate the patient's most impaired level of social functioning for the specified time period by selecting the "lowest" level which describes his/her functioning within that time frame. For "current," rate most impaired level of functioning in the "past month." Rate actual functioning regardless of etiology of social problems.

Note: The emphasis is on social contact/interactions with people other than family members, unless these are the only interpersonal contacts a person has (e.g., the lower end of the scale). Also note that ratings of intimate relationships are secondary to the rating of primary friendships and should take into account the age of the individual. For example, older individuals may be expected to have intimate relationships involving steady dating, cohabitation, or marriage, whereas younger individuals may be expected to have only romantic interests (i.e., flirtations or crushes) or close friendships.

Global Functioning: Social Scale Prompts

Specific questions to aid in rating the GF: Social scale are provided below. Be sure to assess for changes in social functioning over the previous year (to rate highest and lowest) as well as current functioning in the past month.

1. Tell me about your social life. Do you have friends?
2. Are they casual or close friends? If only casual-are they school or work friends only? If close-how long have you been close friends?
3. How often do you see friends? Do you see them outside of work/school? When was the "last time" you saw one of your friends outside of work/school? (Attempt to determine "actual" amount of social contact vs. perceived amount of social contact.)
4. Do you usually initiate contact or activities with friends or do they typically call or invite you? Do you ever avoid contact with friends?
5. Do you ever have problems/falling outs with friends? Arguments or fights?

6. Are you dating or interested in dating? (Alter as needed to assess age-appropriate intimate relationships.)
7. Do you spend time with family members (at home)? How often do you communicate with them? Do you ever avoid contact with family members?

Global Functioning: Role Scale (GF: Role)

Current: _____	Lowest Past Year: _____	Highest Past Year: _____
----------------	-------------------------	--------------------------

Check here if this is a retrospective rating.

Superior role functioning

- 10 Independently maintains superior functioning in demanding roles. Obtains only superior performance evaluations at competitive work placement. Obtains all A's in mainstream school. Generates, organizes, and completes all homemaking tasks with ease.

Above-average role functioning

- 9 Independently maintains very good functioning in demanding roles. Rarely absent or unable to perform. Obtains good-to-superior performance evaluations at competitive work placement. Obtains grades in A and B range in all courses in mainstream school. Generates, organizes, and completes all homemaking tasks.

Good role functioning

- 8 Independently maintains good role functioning in demanding roles. Occasionally falls behind on tasks but always catches up; obtains satisfactory performance evaluations at competitive work placement; obtains grades of C and above in mainstream school; occasional difficulty generating or organizing homemaking tasks; or maintains above-average performance with minimal support (e.g., tutoring, reduced academic course load at 4-year university, attends community college, may receive additional guidance at work less than 1-2 times a week). Receives A's and B's, good work/school evaluations, and completes all tasks with this level of support.

Mild impairment in role functioning

- 7 Mildly impaired functioning in demanding roles independently. Frequently behind on tasks or unable to perform; frequently obtains poor performance evaluations at competitive work placement or grades of D's or better in mainstream school; frequent difficulty generating or organizing homemaking tasks; or maintains good performance with minimal support (e.g., minimal accommodations in general education classroom, receives additional guidance/support at work 1-2 times a week). Receives C's or higher, satisfactory work/school evaluations, and completes most homemaking tasks with this level of support.

Moderate impairment in role functioning

- 6 Moderate impairment independently. May receive occasional F in mainstream courses, persistently poor performance evaluations at competitive work placement; may change jobs because of poor performance, persistent difficulty generating, or organizing homemaking tasks; or requires partial support (some resource or special education courses, receives guidance/support at work 2 times per week). May require less demanding or part-time jobs and/or some supervision in home environment but functions well or adequately given these supports (may fall behind but eventually completes assigned tasks, obtains satisfactory evaluations at work or passing grades in school).

Serious Impairment in Role Functioning

- 5 Serious impairment independently. Failing multiple courses in mainstream school, may lose job, or unable to complete most homemaking tasks independently; or in entirely special education classes, requires less demanding job/daily support or guidance, may require vocational rehabilitation, and/or some supervision in home environment but maintains "above average" performance-receives A's and B's, good evaluations at work/school, completes all tasks.

Major impairment in social and interpersonal functioning

- 4 Very serious impairment independently. All F's in mainstream school or failing out of school; cannot obtain or hold independent job or unable to complete virtually any homemaking tasks independently; or adequate to good functioning with major support. Requires assisted work environment, entirely special education classes, nonpublic or psychiatric school, home schooling for the purpose of a supportive school environment, and/or supported home environment but functions adequately given these supports (may fall behind but completes assigned tasks, obtains satisfactory performance evaluations at work or passing grades).

Marginal ability to function

- 3 Impaired functioning with major support. Requires supported work environment, entirely special education classes, nonpublic or psychiatric school, home schooling for the purpose of a supportive school environment, and/or supported home environment but functions poorly despite these supports (persistently behind on tasks, frequently unable to perform, obtains poor performance evaluations at work or fails courses at school).

Inability to function

- 2 Disabled but participates in structured activities. On disability or equivalent nonindependent status. Not working for pay, attending classes for grades, or living independently. Spends 5 or more hours a week in structured role-related activities (e.g., residential treatment, volunteering, tutoring, sheltered work programs).

Extreme role dysfunction

- 1 Severely disabled. On disability or equivalent nonindependent status. Not working for pay, attending classes for grades, or living independently. Spends fewer than 5 hours a week in structured role-related activities.

Please rate the patient's "lowest" level of functioning in occupational, educational, and/or homemaker roles, as appropriate, within specified time frame. For "current," rate most impaired level of functioning for the "past month." Rate actual functioning regardless of etiology of occupational/educational problems.

Note: This scale emphasizes the level of support provided within the individual's environment and the individual's performance given such support. The term "independently" as used throughout this instrument implies that an individual is functioning at an "age appropriate level" without the assistance of external supports or accommodations. Examples of independent functioning include (1) age-appropriate functioning in a mainstream school without requiring extra help, special

classes, or special accommodations for testing; (2) competitive full-time employment without additional guidance, support, job coaching, or other forms of special assistance; and (3) full-time homemaker responsible for generating, organizing, and pacing of household tasks and activities for a family without additional guidance, support, or supervision.

Global Functioning: Role Scale Prompts

Be sure to assess for changes in role functioning over the previous year (to rate highest and lowest) as well as current functioning within the past month. Determine and rate functioning for "primary role" setting (work, school, or home) based upon questions below. However, if the subject is engaged in multiple roles, consider total amount of time spent in role-related activities (i.e., part-time school plus part-time work equals full-time role status).

1. How do you spend your time during the day?
2. If currently working:
 - a. Where do you work? What are your job responsibilities?
 - b. How many hours a week do you work?
 - c. How long have you been in your current job? Have you had any recent changes in your job status (e.g., lost job, stopped working, changed position, or workload)?
 - d. Do you usually need assistance or regular supervision at work? How often do you need extra help? Are there any tasks that you are not able to do alone?
 - e. Do you ever have trouble keeping up? Are you able to catch up if you fall behind?
 - f. Have you received any comments (positive or negative) or formal reviews regarding your performance? Have others pointed out things that you have done well or poorly?

3. If currently attending school:
 - a. What type of school do you attend? (general education, nonpublic school, residential/hospital)
 - b. Have you ever been in special education classes or other non-general education classes?
 - c. How long have you been at this school? Have you had any recent changes in your school placement?
 - d. Do you receive any extra help or accommodations in your classes? Do you receive tutoring or extra help in school or after school? Do you receive extra time to take tests or are you able to leave the classroom to take tests in a quiet place?
 - e. Do you have trouble keeping up with your coursework? Are you able to catch up if you fall behind?
 - f. How are your grades? Are you failing any classes?
4. If a homemaker:
 - a. What are your responsibilities around the house or for the family?
 - b. How long have you been in charge of the home?
 - c. How many hours per week do you spend working on household tasks?
 - d. Are you able to keep up with the demands of your household? Do you ever fall behind? If so, are you able to catch up or do you need others' help? Are you avoiding any tasks? Do you need regular assistance or supervision for any tasks within the home?
 - e. Have you received any comments (positive or negative) regarding your performance? Have others pointed out things that you have done well or poorly?



Lehman's Quality of Life Global Rating Scale (a.k.a., Delighted-Terrible Scale)

Date (MM/DD/YYYY): _____

QL-1. How do you feel about your life in general?

- | | |
|---------------------------|---|
| Terrible..... | 1 |
| Unhappy | 2 |
| Mostly dissatisfied | 3 |
| Mixed..... | 4 |
| Mostly satisfied | 5 |
| Pleased..... | 6 |
| Delighted | 7 |

Youth Services Survey For Youth (YSS)

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you will receive. For each survey item below, please circle the number that corresponds to your choice.

Please answer the following questions based on the **last 6 months** OR if services have not been received for 6 months, just give answers based on the services that have been received so far. Indicate if you **Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	N/A
1. Overall, I am satisfied with the services I received.	1	2	3	4	5	N/A
2. I helped to choose my services.	1	2	3	4	5	N/A
3. I helped to choose my treatment goals.	1	2	3	4	5	N/A
4. The people helping me stuck with me no matter what.	1	2	3	4	5	N/A
5. I felt I had someone to talk to when I was troubled.	1	2	3	4	5	N/A
6. I participated in my own treatment.	1	2	3	4	5	N/A
7. I received services that were right for me.	1	2	3	4	5	N/A
8. The location of services was convenient for me.	1	2	3	4	5	N/A
9. Services were available at times that were convenient for me.	1	2	3	4	5	N/A
10. I got the help I wanted.	1	2	3	4	5	N/A
11. I got as much help as I needed.	1	2	3	4	5	N/A
12. Staff treated me with respect.	1	2	3	4	5	N/A
13. Staff respected my religious / spiritual beliefs.	1	2	3	4	5	N/A
14. Staff spoke with me in a way that I understood.	1	2	3	4	5	N/A
15. Staff were sensitive to my cultural / ethnic background.	1	2	3	4	5	N/A

<u>As a result of the services I received:</u>	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	N/A
16. I am better at handling daily life.	1	2	3	4	5	N/A
17. I get along better with family members.	1	2	3	4	5	N/A
18. I get along better with friends and other people.	1	2	3	4	5	N/A
19. I am doing better in school and / or work.	1	2	3	4	5	N/A
20. I am better able to cope when things go wrong.	1	2	3	4	5	N/A
21. I am satisfied with my family life right now.	1	2	3	4	5	N/A
22. I am better able to do things I want to do.	1	2	3	4	5	N/A
23. I know people who will listen and understand me when I need to talk.	1	2	3	4	5	N/A
24. I have people that I am comfortable talking with about my problem(s).	1	2	3	4	5	N/A
25. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	N/A
26. I have people with whom I can do enjoyable things.	1	2	3	4	5	N/A

27. What has been the most helpful thing about the services you received over the last 6 months?

28. What would improve the services here?

29. Please provide comments here and/or on the back of this form, if needed. We are interested in both positive and negative feedback.

30. In the last year, did you see a medical doctor (or nurse) for a health check-up or because you were sick? (Select one)

- Yes, in a clinic or office
- Yes, but only in a hospital or emergency room
- No
- Do not remember

Please answer the following questions to let us know a little about you.

31. What is your gender?

- Female
- Male
- Other

32. What is your race or ethnic background? (Select the one that applies best.)

- American Indian / Alaskan Native
- Asian
- Black / African American
- Native Hawaiian / Other Pacific Islander
- White / Caucasian
- Other
- Unknown

33. Do you consider yourself Hispanic or Latino/a?

- Yes
- No

34. What is your date of birth? (mm-dd-yyyy) ____ - ____ - ____

35. Do you have Medicaid insurance?

- Yes
- No

36. Were the services you received provided in the language you prefer? 1= Yes 2= No

- Yes No

37. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer?

- Yes No

38. Please identify who helped you complete any part of this survey (Mark all that apply):

- | | |
|--|--|
| <input type="checkbox"/> I did not need any help | <input type="checkbox"/> My clinician / case manager helped me. |
| <input type="checkbox"/> A mental health advocate/volunteer helped me. | <input type="checkbox"/> A staff member other than my clinician or case manager helped me. |
| <input type="checkbox"/> Another mental health consumer helped me | <input type="checkbox"/> Someone else helped me. |
| <input type="checkbox"/> A member of my family helped me. | Who? : _____ |
| <input type="checkbox"/> A professional interviewer helped me | |

Thank you for taking the time to answer these questions!

Brief Psychiatric Rating Scale (BPRS)

Patient Name: _____ Today's Date: _____

Please enter the score for the term that best describes the patient's condition.

0 = Not assessed, 1 = Not present, 2 = Very mild, 3 = Mild, 4 = Moderate, 5 = Moderately severe, 6 = Severe, 7 = Extremely severe

Score	
<input type="checkbox"/>	1. SOMATIC CONCERN Preoccupation with physical health, fear of physical illness, hypochondriasis.
<input type="checkbox"/>	2. ANXIETY Worry, fear, over-concern for present or future, uneasiness.
<input type="checkbox"/>	3. EMOTIONAL WITHDRAWAL Lack of spontaneous interaction, isolation deficiency in relating to others.
<input type="checkbox"/>	4. CONCEPTUAL DISORGANIZATION Thought processes confused, disconnected, disorganized, disrupted.
<input type="checkbox"/>	5. GUILT FEELINGS Self-blame, shame, remorse for past behavior.
<input type="checkbox"/>	6. TENSION Physical and motor manifestations of nervousness, over-activation.
<input type="checkbox"/>	7. MANNERISMS AND POSTURING Peculiar, bizarre, unnatural motor behavior (not including tic).
<input type="checkbox"/>	8. GRANDIOSITY Exaggerated self-opinion, arrogance, conviction of unusual power or abilities.
<input type="checkbox"/>	9. DEPRESSIVE MOOD Sorrow, sadness, despondency, pessimism.
<input type="checkbox"/>	10. HOSTILITY Animosity, contempt, belligerence, disdain for others.
<input type="checkbox"/>	11. SUSPICIOUSNESS Mistrust, belief others harbor malicious or discriminatory intent.
<input type="checkbox"/>	12. HALLUCINATORY BEHAVIOR Perceptions without normal external stimulus correspondence.
<input type="checkbox"/>	13. MOTOR RETARDATION Slowed, weakened movements or speech, reduced body tone.

<input type="checkbox"/>	14.	UNCOOPERATIVENESS	Resistance, guardedness, rejection of authority.
<input type="checkbox"/>	15.	UNUSUAL THOUGHT CONTENT	Unusual, odd, strange, bizarre thought content.
<input type="checkbox"/>	16.	BLUNTED AFFECT	Reduced emotional tone, reduction in formal intensity of feelings, flatness.
<input type="checkbox"/>	17.	EXCITEMENT	Heightened emotional tone, agitation, increased reactivity.
<input type="checkbox"/>	18.	DISORIENTATION	Confusion or lack of proper association for person, place or time.

Brief Psychiatric Rating Scale (BPRS) – Anchors Expanded Version (4.0)

Introduction

This section reproduces an interview schedule, symptom definitions, and specific anchor points for rating symptoms on the BPRS.

Scale Items and Anchor Points

- Rate items 1–10 on the basis of individual's self-report.
- Items 11–18 are rated on the basis of observed behavior and speech.

1. Somatic Concern

Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the individual, whether complaints have realistic basis or not. Somatic delusions should be rated in the severe range with or without somatic concern. Note: be sure to assess the degree of impairment due to somatic concerns only and not other symptoms, e.g., depression. In addition, if the individual rates 6 or 7 due to somatic delusions, then you must rate Unusual Thought Content at least 4 or above.

- 0 **Not Assessed.**
- 1 **Not Present.**
- 2 **Very Mild.** Occasional somatic concerns that tend to be kept to self.
- 3 **Mild.** Occasional somatic concerns that tend to be voiced to others (e.g., family, doctor).
- 4 **Moderate.** Frequent expressions of somatic concern or exaggerations of existing ills OR some preoccupation, but no impairment in functioning. Not delusional.
- 5 **Moderately Severe.** Frequent expressions of somatic concern or exaggerations of existing ills OR some preoccupation and moderate impairment of functioning. Not delusional.
- 6 **Severe.** Preoccupation with somatic complaints with much impairment in functioning OR somatic delusions without acting on them or disclosing to others.
- 7 **Extremely Severe.** Preoccupation with somatic complaints with severe impairment in functioning OR somatic delusions that tend to be acted on or disclosed to others.

Prompts

- “Have you been concerned about your physical health?” “Have you had any physical illness or seen a medical doctor lately? (What does your doctor say is wrong? How serious is it?)”
- “Has anything changed regarding your appearance?”
- “Has it interfered with your ability to perform your usual activities and/or work?” “Did you ever feel that parts of your body had changed or stopped working?” [If individual reports any somatic concerns/delusions, ask the following]:
- “How often are you concerned about [use individual’s description]?” “Have you expressed any of these concerns to others?”

2. Anxiety

Reported apprehension, tension, fear, panic or worry. Rate only the individual's statements - not observed anxiety which is rated under Tension.

- 0 **Not Assessed.**
- 1 **Not Present.**
- 2 **Very Mild.** Reports some discomfort due to worry OR infrequent worries that occur more than usual for most normal individuals.
- 3 **Mild.** Worried frequently but can readily turn attention to other things.
- 4 **Moderate.** Worried most of the time and cannot turn attention to other things easily but no impairment in functioning OR occasional anxiety with autonomic accompaniment but no impairment in functioning.
- 5 **Moderately Severe.** Frequent, but not daily, periods of anxiety with autonomic accompaniment OR some areas of functioning are disrupted by anxiety or worry.
- 6 **Severe.** Anxiety with autonomic accompaniment daily but not persisting throughout the day OR many areas of functioning are disrupted by anxiety or constant worry.
- 7 **Extremely Severe.** Anxiety with autonomic accompaniment persisting throughout the day OR most areas of functioning are disrupted by anxiety or constant worry.

Prompts

- "Have you been worried a lot during [mention time frame]? Have you been nervous or apprehensive? (What do you worry about?)"
- "Are you concerned about anything? How about finances or the future?"
- "When you are feeling nervous, do your palms sweat or does your heart beat fast (or shortness of breath, trembling, choking)?"
- [If individual reports anxiety or autonomic accompaniment, ask the following]:
"How much of the time have you been [use individual's description]?"
- "Has it interfered with your ability to perform your usual activities/work?"

3. Depression

Include sadness, unhappiness, anhedonia and preoccupation with depressing topics (can't attend to TV or conversations due to depression), hopeless, loss of self-esteem (dissatisfied or disgusted with self or feelings of worthlessness). Do not include vegetative symptoms, e.g., motor retardation, early waking or the amotivation that accompanies the deficit syndrome.

- 0 **Not Assessed.**
- 1 **Not Present.**
- 2 **Very Mild.** Occasionally feels sad, unhappy or depressed.
- 3 **Mild.** Frequently feels sad or unhappy but can readily turn attention to other things.
- 4 **Moderate.** Frequent periods of feeling very sad, unhappy, moderately depressed, but able to function with extra effort.
- 5 **Moderately Severe.** Frequent, but not daily, periods of deep depression OR some areas of functioning are disrupted by depression.
- 6 **Severe.** Deeply depressed daily but not persisting throughout the day OR many areas of functioning are disrupted by depression.
- 7 **Extremely Severe.** Deeply depressed daily OR most areas of functioning are disrupted by depression.

Prompts

- "How has your mood been recently? Have you felt depressed (sad, down, unhappy, as if you didn't care)?"
- "Are you able to switch your attention to more pleasant topics when you want to?"
- "Do you find that you have lost interest in or get less pleasure from things you used to enjoy, like family, friends, hobbies, watching TV, eating?"
- [If individual reports feelings of depression, ask the following]:
- "How long do these feelings last?" "Has it interfered with your ability to perform your usual activities?"

4. Guilt

Overconcern or remorse for past behavior. Rate only individual's statements, do not infer guilt feelings from depression, anxiety, or neurotic defenses. Note: if the individual rates 6 or 7 due to delusions of guilt, then you must rate Unusual Thought Content at least 4 or above, depending on level of preoccupation and impairment.

- 0 **Not Assessed.**
- 1 **Not Present.**
- 2 **Very Mild.** Concerned about having failed someone, or at something, but not preoccupied. Can shift thoughts to other matters easily.

- 3 **Mild.** Concerned about having failed someone, or at something, with some preoccupation. Tends to voice guilt to others.
- 4 **Moderate.** Disproportionate preoccupation with guilt, having done wrong, injured others by doing or failing to do something, but can readily turn attention to other things.
- 5 **Moderately Severe.** Preoccupation with guilt, having failed someone or at something, can turn attention to other things, but only with great effort. Not delusional.
- 6 **Severe.** Delusional guilt OR unreasonable self-reproach very out of proportion to circumstances. Moderate preoccupation present.
- 7 **Extremely Severe.** Delusional guilt OR unreasonable self-reproach grossly out of proportion to circumstances. Individual is very preoccupied with guilt and is likely to disclose to others or act on delusions.

Prompts

- "Is there anything you feel guilty about? Have you been thinking about past problems?" "Do you tend to blame yourself for things that have happened?"
- "Have you done anything you're still ashamed of?"
- [If individual reports guilt/remorse/delusions, ask the following]:
- "How often have you been thinking about [use individual's description]?" "Have you disclosed your feelings of guilt to others?"

5. Hostility

Animosity, contempt, belligerence, threats, arguments, tantrums, property destruction, fights, and any other expression of hostile attitudes or actions. Do not infer hostility from neurotic defenses, anxiety or somatic complaints. Do not include incidents of appropriate anger or obvious self-defense.

- 0 **Not Assessed.**
- 1 **Not Present.**
- 2 **Very Mild.** Irritable or grumpy, but not overtly expressed.
- 3 **Mild.** Argumentative or sarcastic.
- 4 **Moderate.** Overtly angry on several occasions OR yelled at others excessively.
- 5 **Moderately Severe.** Has threatened, slammed about or thrown things.

- 6 **Severe.** Has assaulted others but with no harm likely, e.g., slapped or pushed, OR destroyed property, e.g., knocked over furniture, broken windows.
- 7 **Extremely Severe.** Has attacked others with definite possibility of harming them or with actual harm, e.g., assault with hammer or weapon.

Prompts

- "How have you been getting along with people (family, co-workers, etc.)?"
- "Have you been irritable or grumpy lately? (How do you show it? Do you keep it to yourself?"
- "Were you ever so irritable that you would shout at people or start fights or arguments? (Have you found yourself yelling at people you didn't know?)"
- "Have you hit anyone recently?"

6. Grandiosity

Exaggerated self-opinion, self-enhancing conviction of special abilities or powers or identity as someone rich or famous. Rate only individual's statements about himself, not his/her demeanor. Note: if the individual rates 6 or 7 due to grandiose delusions, you must rate Unusual Thought Content at least 4 or above.

- 0 **Not Assessed.**
- 1 **Not Present.**
- 2 **Very Mild.** Feels great and denies obvious problems, but not unrealistic.
- 3 **Mild.** Exaggerated self-opinion beyond abilities and training.
- 4 **Moderate.** Inappropriate boastfulness, e.g., claims to be brilliant, insightful or gifted beyond realistic proportions, but rarely self-discloses or acts on these inflated self-concepts. Does not claim that grandiose accomplishments have actually occurred.
- 5 **Moderately Severe.** Same as 4 but often self-discloses and acts on these grandiose ideas. May have doubts about the reality of the grandiose ideas. Not delusional.
- 6 **Severe.** Delusional – claims to have special powers like ESP, to have millions of dollars, invented new machines, worked at jobs when it is known that he/she was never employed in these capacities, be Jesus Christ, or the Prime Minister. Individual may not be very preoccupied.
- 7 **Extremely Severe.** Delusional – same as 6 but individual seems very preoccupied and tends to disclose or act on grandiose delusions.

Prompts

- "Is there anything special about you? Do you have any special abilities or powers? Have you thought that you might be somebody rich or famous?"
- [If the individual reports any grandiose ideas/delusions, ask the following]:
- "How often have you been thinking about [use individual's description]? Have you told anyone about what you have been thinking? Have you acted on any of these ideas?"

7. Suspiciousness

Expressed or apparent belief that other persons have acted maliciously or with discriminatory intent. Include persecution by supernatural or other non-human agencies (e.g., the devil). Note: ratings of 3 or above should also be rated under Unusual Thought Content.

- 0 **Not Assessed.**
- 1 **Not Present.**
- 2 **Very Mild.** Seems on guard. Reluctant to respond to some 'personal' questions. Reports being overly self-conscious in public.
- 3 **Mild.** Describes incidents in which others have harmed or wanted to harm him/her that sound plausible. Individual feels as if others are watching, laughing or criticizing him/her in public, but this occurs only occasionally or rarely. Little or no preoccupation.
- 4 **Moderate.** Says other persons are talking about him/her maliciously, have negative intentions or may harm him/her. Beyond the likelihood of plausibility, but not delusional. Incidents of suspected persecution occur occasionally (less than once per week) with some preoccupation.
- 5 **Moderately Severe.** Same as 4, but incidents occur frequently, such as more than once per week. Individual is moderately preoccupied with ideas of persecution OR individual reports persecutory delusions expressed with much doubt (e.g., partial delusion).
- 6 **Severe.** Delusional – speaks of Mafia plots, the FBI or others poisoning his/her food, persecution by supernatural forces.
- 7 **Extremely Severe.** Same as 6, but the beliefs are bizarre or more preoccupying. Individual tends to disclose or act on persecutory delusions.

Prompts

- “Do you ever feel uncomfortable in public? Does it seem as though others are watching you? Are you concerned about anyone’s intentions toward you? Is anyone going out of their way to give you a hard time, or trying to hurt you? Do you feel in any danger?”
- [If individual reports any persecutory ideas/delusions, ask the following]:
- “How often have you been concerned that [use individual’s description]? Have you told anyone about these experiences?”

8. Hallucinations

Reports of perceptual experiences in the absence of relevant external stimuli. When rating degree to which functioning is disrupted by hallucinations, include preoccupation with the content and experience of the hallucinations, as well as functioning disrupted by acting out on the hallucinatory content (e.g., engaging in deviant behavior due to command hallucinations). Include thoughts aloud (‘gedenkenlautwerden’) or pseudohallucinations (e.g., hears a voice inside head) if a voice quality is present.

- 0 **Not Assessed.**
- 1 **Not Present.**
- 2 **Very Mild.** While resting or going to sleep, sees visions, smells odors or hears voices, sounds, or whispers in the absence of external stimulation, but no impairment in functioning.
- 3 **Mild.** While in a clear state of consciousness, hears a voice calling the individual’s name, experiences non-verbal auditory hallucinations (e.g., sounds or whispers), formless visual hallucinations or has sensory experiences in the presence of a modality- relevant stimulus (e.g., visual illusions) infrequently (e.g., 1-2 times per week) and with no functional impairment.
- 4 **Moderate.** Occasional verbal, visual, gustatory, olfactory or tactile hallucinations with no functional impairment OR non-verbal auditory hallucinations/visual illusions more than infrequently or with impairment.
- 5 **Moderately Severe.** Experiences daily hallucinations OR some areas of functioning are disrupted by hallucinations.
- 6 **Severe.** Experiences verbal or visual hallucinations several times a day OR many areas of functioning are disrupted by these hallucinations.
- 7 **Extremely Severe.** Persistent verbal or visual hallucinations throughout the day OR most areas of functioning are disrupted by these hallucinations.

Prompts

- "Do you ever seem to hear your name being called?"
- "Have you heard any sounds or people talking to you or about you when there has been nobody around?"
- [If hears voices]:
- "What does the voice/voices say? Did it have a voice quality?"
- "Do you ever have visions or see things that others do not see? What about smell odors that others do not smell?"
- [If the individual reports hallucinations, ask the following]:
- "Have these experiences interfered with your ability to perform your usual activities/work? How do you explain them? How often do they occur?"

9. Unusual Thought Content

Unusual, odd, strange, or bizarre thought content. Rate the degree of unusualness, not the degree of disorganization of speech. Delusions are patently absurd, clearly false or bizarre ideas that are expressed with full conviction. Consider the individual to have full conviction if he/she has acted as though the delusional belief was true. Ideas of reference/persecution can be differentiated from delusions in that ideas are expressed with much doubt and contain more elements of reality. Include thought insertion, withdrawal and broadcast. Include grandiose, somatic and persecutory delusions even if rated elsewhere. Note: if Somatic Concern, Guilt, Suspiciousness or Grandiosity are rated 6 or 7 due to delusions, then Unusual Thought Content must be rated 4 or above.

- 0 **Not Assessed.**
- 1 **Not Present.**
- 2 **Very Mild.** Ideas of reference (people may stare or may laugh at him), ideas of persecution (people may mistreat him). Unusual beliefs in psychic powers, spirits, UFOs, or unrealistic beliefs in one's own abilities. Not strongly held. Some doubt.
- 3 **Mild.** Same as 2, but degree of reality distortion is more severe as indicated by highly unusual ideas or greater conviction. Content may be typical of delusions (even bizarre), but without full conviction. The delusion does not seem to have fully formed, but is considered as one possible explanation for an unusual experience.
- 4 **Moderate.** Delusion present but no preoccupation or functional impairment. May be an encapsulated delusion or a firmly endorsed absurd belief about past delusional circumstances.

- 5 **Moderately Severe.** Full delusion(s) present with some preoccupation OR some areas of functioning disrupted by delusional thinking.
- 6 **Severe.** Full delusion(s) present with much preoccupation OR many areas of functioning are disrupted by delusional thinking.
- 7 **Extremely Severe.** Full delusion(s) present with almost total preoccupation OR most areas of functioning disrupted by delusional thinking.

Prompts

- "Have you been receiving any special messages from people or from the way things are arranged around you? Have you seen any references to yourself on TV or in the newspapers?"
- "Can anyone read your mind?"
- "Do you have a special relationship with God?"
- "Is anything like electricity, X-rays, or radio waves affecting you?" "Are thoughts put into your head that are not your own?"
- "Have you felt that you were under the control of another person or force?" [If individual reports any odd ideas/delusions, ask the following]:
- "How often do you think about [use individual's description]?"
- "Have you told anyone about these experiences? How do you explain the things that have been happening [specify]?"
- Rate items 12-13 on the basis of individual's self-report and observed behavior.

10. Disorientation

Does not comprehend situations or communications, such as questions asked during the entire BPRS interview. Confusion regarding person, place, or time. Do not rate if incorrect responses are due to delusions.

- 0 **Not Assessed.**
- 1 **Not Present.**
- 2 **Very Mild.** Seems muddled or mildly confused 1-2 times during interview. Oriented to person, place and time.
- 3 **Mild.** Occasionally muddled or mildly confused 3-4 times during interview. Minor inaccuracies in person, place, or time, e.g., date off by more than 2 days, or gives wrong division of hospital or community center.

- 4 **Moderate.** Frequently confused during interview. Minor inaccuracies in person, place, or time are noted, as in 3 above. In addition, may have difficulty remembering general information, e.g., name of Prime Minister.
- 5 **Moderately Severe.** Markedly confused during interview, or to person, place, or time. Significant inaccuracies are noted, e.g., date off by more than one week, or cannot give correct name of hospital. Has difficulty remembering personal information, e.g., where he/she was born or recognizing familiar people.
- 6 **Severe.** Disoriented as to person, place, or time, e.g., cannot give correct month and year. Disoriented in 2 out of 3 spheres.
- 7 **Extremely Severe.** Grossly disoriented as to person, place, or time, e.g., cannot give name or age. Disoriented in all three spheres.

Prompts

- "May I ask you some standard questions we ask everybody?"
 - "How old are you? What is the date [allow 2 days]"
 - "What is this place called? What year were you born? Who is the Prime Minister?"
- Rate items 15-24 on the basis of observed behavior and speech.

11. Conceptual Disorganization

Degree to which speech is confused, disconnected, vague or disorganized. Rate tangentiality, circumstantiality, sudden topic shifts, incoherence, derailment, blocking, neologisms, and other speech disorders. Do not rate content of speech.

- 0 **Not Assessed.**
- 1 **Not Present.**
- 2 **Very Mild.** Peculiar use of words or rambling but speech is comprehensible.
- 3 **Mild.** Speech a bit hard to understand or make sense of due to tangentiality, circumstantiality, or sudden topic shifts.
- 4 **Moderate.** Speech difficult to understand due to tangentiality, circumstantiality, idiosyncratic speech, or topic shifts on many occasions OR 1-2 instances of incoherent phrases.
- 5 **Moderately Severe.** Speech difficult to understand due to circumstantiality, tangentiality, neologisms, blocking or topic shifts most of the time, OR 3-5 instances of incoherent phrases.

- 6 **Severe.** Speech is incomprehensible due to severe impairment most of the time. Many BPRS items cannot be rated by self-report alone.
- 7 **Extremely Severe.** Speech is incomprehensible throughout interview.

12. Blunted Affect

Restricted range in emotional expressiveness of face, voice, and gestures. Marked indifference or flatness even when discussing distressing topics. In the case of euphoric or dysphoric individuals, rate Blunted Affect if a flat quality is also clearly present.

- 0 **Not Assessed.**
- 1 **Not Present.**
- 2 **Very Mild.** Emotional range is slightly subdued or reserved but displays appropriate facial expressions and tone of voice that are within normal limits.
- 3 **Mild.** Emotional range overall is diminished, subdued or reserved, without many spontaneous and appropriate emotional responses. Voice tone is slightly monotonous.
- 4 **Moderate.** Emotional range is noticeably diminished, individual doesn't show emotion, smile or react to distressing topics except infrequently. Voice tone is monotonous or there is noticeable decrease in spontaneous movements. Displays of emotion or gestures are usually followed by a return to flattened affect.
- 5 **Moderately Severe.** Emotional range very diminished, individual doesn't show emotion, smile, or react to distressing topics except minimally, few gestures, facial expression does not change very often. Voice tone is monotonous much of the time.
- 6 **Severe.** Very little emotional range or expression. Mechanical in speech and gestures most of the time. Unchanging facial expression. Voice tone is monotonous most of the time.
- 7 **Extremely Severe.** Virtually no emotional range or expressiveness, stiff movements. Voice tone is monotonous all of the time.

Prompts

- Use the following probes at end of interview to assess emotional responsivity:
"Have you heard any good jokes lately? Would you like to hear a joke?"

13. Emotional Withdrawal

Deficiency in individual's ability to relate emotionally during interview situation. Use your own feeling as to the presence of an 'invisible barrier' between individual and interviewer. Include withdrawal apparently due to psychotic processes.

- 0 **Not Assessed.**
- 1 **Not Present.**
- 2 **Very Mild.** Lack of emotional involvement shown by occasional failure to make reciprocal comments, appearing preoccupied, or smiling in a stilted manner, but spontaneously engages the interviewer most of the time.
- 3 **Mild.** Lack of emotional involvement shown by noticeable failure to make reciprocal comments, appearing preoccupied, or lacking in warmth, but responds to interviewer when approached.
- 4 **Moderate.** Emotional contact not present much of the interview because individual does not elaborate responses, fails to make eye contact, doesn't seem to care if interviewer is listening, or may be preoccupied with psychotic material.
- 5 **Moderately Severe.** Same as 4 but emotional contact not present most of the interview.
- 6 **Severe.** Actively avoids emotional participation. Frequently unresponsive or responds with yes/no answers (not solely due to persecutory delusions). Responds with only minimal affect.
- 7 **Extremely Severe.** Consistently avoids emotional participation. Unresponsive or responds with yes/no answers (not solely due to persecutory delusions). May leave during interview or just not respond at all.

14. Motor Retardation

Reduction in energy level evidenced by slowed movements and speech, reduced body tone, decreased number of spontaneous body movements. Rate on the basis of observed behavior of the individual only. Do not rate on the basis of individual's subjective impression of his own energy level. Rate regardless of medication effects.

- 0 **Not Assessed.**
- 1 **Not Present.**
- 2 **Very Mild.** Slightly slowed or reduced movements or speech compared to most people.

- 3 **Mild.** Noticeably slowed or reduced movements or speech compared to most people.
- 4 **Moderate.** Large reduction or slowness in movements or speech.
- 5 **Moderately Severe.** Seldom moves or speaks spontaneously OR very mechanical or stiff movements
- 6 **Severe.** Does not move or speak unless prodded or urged.
- 7 **Extremely Severe.** Frozen, catatonic.

15. Tension

Observable physical and motor manifestations of tension, 'nervousness' and agitation. Self-reported experiences of tension should be rated under the item on anxiety. Do not rate if restlessness is solely akathisia, but do rate if akathisia is exacerbated by tension.

- 0 **Not Assessed.**
- 1 **Not Present.**
- 2 **Very Mild.** More fidgety than most but within normal range. A few transient signs of tension, e.g., picking at fingernails, foot wagging, scratching scalp several times or finger tapping.
- 3 **Mild.** Same as 2, but with more frequent or exaggerated signs of tension.
- 4 **Moderate.** Many and frequent signs of motor tension with one or more signs sometimes occurring simultaneously, e.g., wagging one's foot while wringing hands together. There are times when no signs of tension are present.
- 5 **Moderately Severe.** Many and frequent signs of motor tension with one or more signs often occurring simultaneously. There are still rare times when no signs of tension are present.
- 6 **Severe.** Same as 5, but signs of tension are continuous.
- 7 **Extremely Severe.** Multiple motor manifestations of tension are continuously present, e.g., continuous pacing and hand wringing.

16. Uncooperativeness

Resistance and lack of willingness to co-operate with the interview. The uncooperativeness might result from suspiciousness. Rate only uncooperativeness in relation to the interview, not behaviors involving peers and relatives.

- 0 **Not Assessed.**

- 1 **Not Present.**
- 2 **Very Mild.** Shows non-verbal signs of reluctance, but does not complain or argue.
- 3 **Mild.** Gripes or tries to avoid complying, but goes ahead without argument.
- 4 **Moderate.** Verbally resists but eventually complies after questions are rephrased or repeated.
- 5 **Moderately Severe.** Same as 4, but some information necessary for accurate ratings is withheld.
- 6 **Severe.** Refuses to co-operate with interview, but remains in interview situation.
- 7 **Extremely Severe.** Same as 6, with active efforts to escape the interview.

17. Excitement

Heightened emotional tone or increased emotional reactivity to interviewer or topics being discussed, as evidenced by increased intensity of facial expressions, voice tone, expressive gestures or increase in speech quantity and speed.

- 0 **Not Assessed.**
- 1 **Not Present.**
- 2 **Very Mild.** Subtle and fleeting or questionable increase in emotional intensity. For example, at times seems keyed-up or overly alert.
- 3 **Mild.** Subtle but persistent increase in emotional intensity. For example, lively use of gestures and variation in voice tone.
- 4 **Moderate.** Definite but occasional increase in emotional intensity. For example, reacts to interviewer or topics that are discussed with noticeable emotional intensity. Some pressured speech.
- 5 **Moderately Severe.** Definite and persistent increase in emotional intensity. For example, reacts to many stimuli, whether relevant or not, with considerable emotional intensity. Frequent pressured speech.
- 6 **Severe.** Marked increase in emotional intensity. For example, reacts to most stimuli with inappropriate emotional intensity. Has difficulty settling down or staying on task. Often restless, impulsive, or speech is often pressured.
- 7 **Extremely Severe.** Marked and persistent increase in emotional intensity. Reacts to all stimuli with inappropriate intensity, impulsiveness. Cannot settle down or stay on task. Very restless and impulsive most of the time. Constant pressured speech.

18. Mannerisms and Posturing

Unusual and bizarre behavior, stylized movements or acts, or any postures which are clearly uncomfortable or inappropriate. Exclude obvious manifestations of medication side effects. Do not include nervous mannerisms that are not odd or unusual.

- 0 **Not Assessed.**
- 1 **Not Present.**
- 2 **Very Mild.** Eccentric or odd mannerisms or activity that ordinary persons would have difficulty explaining, e.g., grimacing, picking. Observed once for a brief period.
- 3 **Mild.** Same as 2, but occurring on two occasions of brief duration.
- 4 **Moderate.** Mannerisms or posturing, e.g., stylized movements or acts, rocking, nodding, rubbing, or grimacing, observed on several occasions for brief periods or infrequently but very odd. For example, uncomfortable posture maintained for 5 seconds more than twice.
- 5 **Moderately Severe.** Same as 4, but occurring often, or several examples of very odd mannerisms or posturing that are idiosyncratic to the individual.
- 6 **Severe.** Frequent stereotyped behavior assumes and maintains uncomfortable or inappropriate postures, intense rocking, smearing, strange rituals or fetal posturing. Individual can interact with people and the environment for brief periods despite these behaviors.
- 7 **Extremely Severe.** Same as six, but individual cannot interact with people or the environment due to these behaviors.

Modified Colorado Symptom Index

Below is a list of problems that people sometimes have. Please think about how often you experienced certain problems and how much they bothered or distressed you during the past month. For each problem, please pick one answer choice that best describes how often you have had the problem in the past month (30 days).

Date (MM/DD/YYYY): _____

		How often have you experienced these problems?					NR	DK
		Not at all	Once during the month	Several times during the month	Several times a week	At least every day		
1	How often have you felt nervous, tense, worried, frustrated, or afraid?	0	1	2	3	4		
2	How often have you felt depressed?	0	1	2	3	4		
3	How often have you felt lonely?	0	1	2	3	4		
4	How often have others told you that you acted "paranoid" or "suspicious"?	0	1	2	3	4		
5	How often did you hear voices, or hear and see things that other people didn't think were there?	0	1	2	3	4		

How often have you experienced these problems?

		Not at all	Once during the month	Several times during the month	Several times a week	At least every day	NR	DK
6	How often did you have trouble making up your mind about something, like deciding where you wanted to go or what you were going to do, or how to solve a problem?	0	1	2	3	4		
7	How often did you have trouble thinking straight or concentrating on something you needed to do (like worrying so much or thinking about problems so much that you can't remember or focus on other things)?	0	1	2	3	4		
8	How often did you feel that your behavior or actions were strange or different from that of other people?	0	1	2	3	4		
9	How often did you feel out of place or like you did not fit in?	0	1	2	3	4		
10	How often did you forget important things?	0	1	2	3	4		

How often have you experienced these problems?								
		Not at all	Once during the month	Several times during the month	Several times a week	At least every day	NR	DK
11	How often did you have problems with thinking too fast (thoughts racing)?	0	1	2	3	4		
12	How often did you feel suspicious or paranoid?	0	1	2	3	4		
13	How often did you feel like hurting yourself or killing yourself?	0	1	2	3	4		
14	How often have you felt like seriously hurting someone else?	0	1	2	3	4		

Scoring [remove this scoring section is client is self-reporting on this scale]

Each item is scored on a 0-4 scale (not at all = 0; at least every day =4) and added together to give a score between 0-56, with higher scores indicating greater emotional distress.

If a person has “no response” (NR) or states, “don’t know” (DK), do not add that number to the total score.

Date: _____ ID#: _____

Time interval: ___ BASELINE ___ 6 MONTHS ___ 12 MONTHS ___ 18 MONTHS

Global Functioning: Social Scale (GF: Social)

Current: _____	Lowest Past Year: _____	Highest Past Year: _____
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 Check here if this is a retrospective rating.

Please rate the patient's most impaired level of social functioning for the specified time period by selecting the lowest level which describes his/her functioning within that time frame. For current, rate most impaired level of functioning in the **past month**. Rate actual functioning regardless of etiology of social problems.

Note: The emphasis is on social contact/interactions with people other than family members, unless these are the only interpersonal contacts a person has (e.g., the lower end of the scale). Also note that ratings of intimate relationships are secondary to the rating of primary friendships and should take into account the age of the individual. For example, older individuals may be expected to have intimate relationships involving steady dating, cohabitation, or marriage whereas younger individuals may be expected to have only romantic interests (i.e., flirtations or crushes) or close friendships.

SUPERIOR SOCIAL/INTERPERSONAL FUNCTIONING	
Criteria: 10	Superior functioning in a wide range of social and interpersonal activities. Frequently seeks out others and has multiple satisfying interpersonal relationships, including multiple close and casual friends. Is sought out by others because of his or her many positive qualities. Age-appropriate involvement in intimate relationships.
ABOVE AVERAGE SOCIAL/INTERPERSONAL FUNCTIONING	
Criteria: 9	Good functioning in all social areas, and interpersonally effective. Interested and involved in a wide range of social and interpersonal activities, including both close and casual friends. Age-appropriate involvement in intimate relationships. No more than everyday interpersonal problems or concerns (e.g., an occasional argument with spouse, girlfriend/boyfriend, friends, coworkers, or classmates). Able to resolve such conflicts appropriately.
GOOD SOCIAL/INTERPERSONAL FUNCTIONING	
Criteria: 8	Some transient mild impairment in social functioning. Mild social impairment is present, but transient and expectable reactions to psychosocial stressors (e.g., after minor arguments with spouse, girlfriend/boyfriend, friends, coworkers, or classmates). Has some meaningful interpersonal relationships with peers (casual and close friends), and/or age-appropriate intimate relationships. Infrequent interpersonal conflict with peers.

MILD PROBLEMS IN SOCIAL/INTERPERSONAL FUNCTIONING	
7	<p>Criteria: Some persistent mild difficulty in social functioning. Mild impairment present that is NOT just expectable reaction to psychosocial stressors (e.g., mild conflicts with peers, coworkers or classmates; difficulty resolving conflicts appropriately). Has some meaningful interpersonal relationships with peers (casual and/or close friends). Some difficulty developing or maintaining age-appropriate intimate relationships (e.g., multiple short-term relationships).</p>
MODERATE IMPAIRMENT IN SOCIAL/INTERPERSONAL FUNCTIONING	
6	<p>Criteria: Moderate impairment in social functioning. Moderate impairment present (e.g., few close friends; significant but intermittent conflicts with peers, coworkers, or classmates). Moderate difficulty developing age-appropriate intimate relationships (e.g., infrequent dating). Occasionally seeks out others but will respond if invited by others to participate in an activity.</p>
SERIOUS IMPAIRMENT IN SOCIAL/INTERPERSONAL FUNCTIONING	
5	<p>Criteria: Serious impairment in social functioning. No close friends or intimate partner, but has some casual social contacts (e.g., acquaintances, school/work friends only). Rarely seeks out others. Occasional combative or verbally argumentative behavior with peers. Beginning to withdraw from family members (e.g., does not initiate conversation with family, but will respond if addressed).</p>
MAJOR IMPAIRMENT IN SOCIAL AND INTERPERSONAL FUNCTIONING	
4	<p>Criteria: Major impairment in social functioning. Serious impairment in relationships with friends or peers (e.g., very few or no friends, frequent conflicts with friends, or frequently avoids friends). Frequent combative or verbally argumentative behavior with peers. Infrequent contact with family members (e.g., sometimes does not respond to family or avoids family members).</p>
MARGINAL ABILITY TO FUNCTION SOCIALLY	
3	<p>Criteria: Marginal ability to function socially or maintain interpersonal relationships. Frequently alone and socially isolated. Serious impairment in relationships with all peers, including acquaintances. Few interactions with family members (e.g., often alone in room). Serious impairment in communication with others (e.g., avoids participating in most social activities).</p>
INABILITY TO FUNCTION SOCIALLY	
2	<p>Criteria: Unable to function socially or to maintain any interpersonal relationships. Typically alone and socially isolated. Rarely leaves home. Rarely answers the phone or the door. Rarely participates in interactions with others at home or in other settings (e.g., work, school).</p>
EXTREME SOCIAL ISOLATION	
1	<p>Criteria: Extreme social isolation. No social or family member contact at all. Does not leave home. Refuses to answer the phone or door.</p>

Date: _____ ID#: _____

Time interval: ___ BASELINE ___ 6 MONTHS ___ 12 MONTHS ___ 18 MONTHS

Global Functioning: Social Scale Prompts

Specific questions to aid in rating the GF: Social scale are provided below. **Be sure to assess for changes in social functioning over the previous year (to rate highest and lowest) as well as current functioning in the past month.**

1. Tell me about your social life. Do you have friends?
2. Are they casual or close friends? If only casual-are they school or work friends only? If close-how long have you been close friends?
3. How often do you see friends? Do you see them outside of work/school? When was the last time you saw one of your friends outside of work/school? (Attempt to determine actual amount of social contact vs. perceived amount of social contact.)
4. Do you usually initiate contact or activities with friends or do they typically call or invite you? Do you ever avoid contact with friends?
5. Do you ever have problems/falling outs with friends? Arguments or fights? (How are they typically resolved?)
6. Are you dating or interested in dating? (Alter as needed to assess age-appropriate intimate relationships.)
7. Do you spend time with family members (at home)? How often do you communicate with them? Do you ever avoid contact with family members?

Change in Functioning:

8. Has there ever been a time in the past year when your social life was different than it is now – when things were worse? What about better?

Date: _____ ID#: _____

Time interval: ___ BASELINE ___ 6 MONTHS ___ 12 MONTHS ___ 18 MONTHS

Global Functioning: Role Scale (GF: Role)

Current: _____	Lowest Past Year: _____	Highest Past Year: _____
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Check here if this is a retrospective rating.

Please rate the patient's lowest level of functioning in occupational, educational, and/or homemaker roles, as appropriate, within specified time frame. For current, rate most impaired level of functioning for the **past month**. Rate actual functioning regardless of etiology of occupational/educational problems.

NOTE: This scale emphasizes the level of support provided within the individual's environment and the individual's performance given such support. The term "independently" as used throughout this instrument implies that an individual is functioning at an age-appropriate level without the assistance of external supports or accommodations. Examples of independent functioning include (1) age-appropriate functioning in a mainstream school without out requiring extra help, special classes, or special accommodations for testing, (2) competitive full-time employment without additional guidance, support, job coaching, or other forms of special assistance, and (3) full-time homemaker responsible for generating, organizing and pacing of household tasks and activities for a family without additional guidance, support or supervision.

SUPERIOR ROLE FUNCTIONING	
10	Criteria: Independently maintains superior functioning in demanding roles. Obtains only superior performance evaluations at competitive work placement. Obtains all A's in mainstream school. Generates, organizes & completes all homemaking tasks with ease.
ABOVE AVERAGE ROLE FUNCTIONING	
9	Criteria: Independently maintains very good functioning in demanding roles. Rarely absent or unable to perform. Obtains good to superior performance evaluations at competitive work placement. Obtains grades in A and B range in all courses in mainstream school. Generates, organizes and completes all homemaking tasks.
GOOD ROLE FUNCTIONING	
8	Criteria: Independently maintains good role functioning in demanding roles. Occasionally falls behind on tasks BUT always catches up. Obtains satisfactory performance evaluations at competitive work placement. Obtains grades of C and above in mainstream school. Occasional difficulty generating or organizing homemaking tasks. Or Maintains above average performance with minimal support (e.g., tutoring; reduced academic course load at 4-year university; attends community college; may receive additional guidance at work less than 1-2x week). Receives As & Bs, good work/school evaluations, completes all tasks with this level of support.

MILD IMPAIRMENT IN ROLE FUNCTIONING	
7	Criteria: Mildly impaired functioning in demanding roles independently. Frequently behind on tasks or unable to perform. Frequently obtains poor performance evaluations at competitive work placement or grades of Ds or better in mainstream school. Frequent difficulty generating or organizing homemaking tasks. Or Maintains good performance with minimal support (e.g., minimal accommodations in general education classroom; receives additional guidance/support at work 1-2x week). Receives Cs or higher, satisfactory work/school evaluations, and completes most homemaking tasks with this level of support.
MODERATE IMPAIRMENT IN ROLE FUNCTIONING	
6	Criteria: Moderate impairment independently. May receive occasional F in mainstream courses, persistently poor performance evaluations at competitive work placement, may change jobs because of poor performance, persistent difficulty generating or organizing homemaking tasks. Or Requires partial support (some resource or special education courses; receives guidance/support at work 2+ times/week). May require less demanding or part-time jobs and/or some supervision in home environment BUT functions well or adequately given these supports (may fall behind but eventually completes assigned tasks, obtains satisfactory evaluations at work or passing grades in school).
SERIOUS IMPAIRMENT IN ROLE FUNCTIONING	
5	Criteria: Serious impairment independently. Failing multiple courses in mainstream school, may lose job, or unable to complete most homemaking tasks independently. Or In entirely special education classes, requires less demanding job/daily support or guidance, may require vocational rehabilitation, and/or some supervision in home environment BUT maintains <u>above average</u> performance - receives As & Bs, good evaluations at work/school, completes all tasks.
MAJOR IMPAIRMENT IN ROLE FUNCTIONING	
4	Criteria: Very serious impairment independently. All Fs in mainstream school or failing out of school. Can't obtain or hold independent job, or unable to complete virtually any homemaking tasks independently. Or Adequate to good functioning with major support. Requires assisted work environment, entirely special education classes, non-public or psychiatric school, home schooling for the purpose of a supportive school environment, and/or supported home environment BUT functions adequately given these supports (may fall behind but completes assigned tasks, obtains satisfactory performance evaluations at work or passing grades).
MARGINAL ABILITY TO FUNCTION	
3	Criteria: Impaired functioning with major support. Requires supported work environment, entirely special education classes, non-public or psychiatric school, home schooling for the purpose of a supportive school environment, and/or supported home environment BUT functions poorly despite these supports (persistently behind on tasks, frequently unable to perform, obtains poor performance evaluations at work or fails courses at school).
INABILITY TO FUNCTION	
2	Criteria: Disabled but participates in structured activities. On disability or equivalent non-independent status. Not working for pay, attending classes for grades, or living independently. Spends 5 or more hours a week in structured role-related activities (e.g., residential treatment, volunteering, tutoring, sheltered work programs).
EXTREME ROLE DYSFUNCTION	
1	Criteria: Severely disabled. On disability or equivalent non-independent status. Not working for pay, attending classes for grades, or living independently. Spends fewer than 5 hours a week in structured role-related activities.

Date: _____ ID#: _____

Time interval: ___ BASELINE ___ 6 MONTHS ___ 12 MONTHS ___ 18 MONTHS

Global Functioning: Role Scale Prompts

Specific questions to aid in rating the GF: Role scale are provided below. Be sure to assess for changes in role functioning over the previous year (to rate highest and lowest) as well as current functioning within the past month. Determine and rate functioning for primary role setting (work, school, or home) based upon questions below. However, if the subject is engaged in multiple roles, consider **total** amount of time spent in role-related activities (i.e., part-time school plus part-time work equals full-time role status).

1. How do you spend your time during the day?

2. IF CURRENTLY WORKING:
 - a. Where do you work? What are your job responsibilities?
 - b. How many hours a week do you work?
 - c. How long have you been in your current job? Have you had any recent changes in your job status (e.g., lost job, stopped working, changed position, or workload)?
 - d. Do you usually need assistance or regular supervision at work? How often do you need extra help? Are there any tasks that you are not able to do alone?
 - e. Do you ever have trouble keeping up? Are you able to catch up if you fall behind?
 - f. Have you received any comments (positive or negative) or formal reviews regarding your performance? Have others pointed out things that you have done well or poorly?

3. IF CURRENTLY ATTENDING SCHOOL:
 - a. What type of school do you attend? (general education, nonpublic school, residential/hospital)
 - b. Have you ever been in special education classes or other non-general education classes?
 - c. How long have you been at this school? Have you had any recent changes in your school placement?
 - d. Do you receive any extra help or accommodations in your classes? Do you receive tutoring or extra help in school or after school? Do you receive extra time to take tests or are you able to leave the classroom to take tests in a quiet place?
 - e. Do you have trouble keeping up with your coursework? Are you able to catch up if you fall behind?
 - f. How are your grades? Are you failing any classes?

4. IF A HOMEMAKER:
 - a. What are your responsibilities around the house or for the family?
 - b. How long have you been in charge of the home?

Date: _____ ID#: _____

Time interval: ___ BASELINE ___ 6 MONTHS ___ 12 MONTHS ___ 18 MONTHS

- c. How many hours per week do you spend working on household tasks?
- d. Are you able to keep up with the demands of your household? Do you ever fall behind? If so, are you able to catch up or do you need others' help? Are you avoiding any tasks? Do you need regular assistance or supervision for any tasks within the home?
- e. Have you received any comments (positive or negative) regarding your performance? Have others pointed out things that you have done well or poorly?

Change in Functioning:

- 5. Has there ever been a time in the past year when your work/school/homemaking performance was different than it is now – when things were worse? What about better?

Evaluation of Ohio's First Episode Psychosis (FEP) Program ASSENT FORM

These are some things we want you to know about evaluation studies:

We are asking you to be in an evaluation of the treatment and care you are receiving. Evaluation is a way to see what works well, and what could be done better.

Whether or not to be in this evaluation is your choice. You can say Yes or No. Whatever you decide is OK. We will still take good care of you.

Why am I being asked to be in this evaluation?

You are being asked to be in the evaluation because you are receiving care from your local agency. They are working with the state of Ohio on improving the care that you and others like you receive.

What will happen during this study?

If you agree to be in this evaluation, you will:

- Be asked to answer some questions about how you feel and what you think
- Answer those same questions a total of three times over the next year

Will being in the evaluation hurt?

Some of the questions you are asked might make you feel uncomfortable or sad. If that happens you should tell the adults in the room. You do not have to answer any questions you don't want and you may stop at any time. Either way, it won't affect how you are treated by your care team.

What are the good things that might happen?

People may have good things happen to them because they are in an evaluation. These are called "benefits." Your answers to the questions you are asked will help your care team learn more about you and how to make you feel better. It can also feel good to share your feelings and opinions.

What if I don't want to be in this evaluation?

You do not have to be in the evaluation if you do not want to.

Who should I ask if I have any questions?

If you have any questions about the evaluation, you or your parents can call Kraig Knudsen at 614-728-2527.

Do I have to be in the evaluation?

No, you do not have to be in the evaluation. Even if you say yes now, you can change your mind later. It is up to you. No one will be mad at you if you don't want to do this.

Signatures

Before deciding if you want to be in the evaluation, ask any questions you have. You can also ask questions during the time you are in the evaluation.

If you sign your name below, it means that you agree to take part in this evaluation.

Your Name (Printed)

Age

Your Signature

Date

Signature of Person Obtaining Consent

Date

Signature of Witness

Date

THE OHIO FIRST EPISODE PROJECT CONSENT FORM

You have been identified as a potential participant in Ohio's First Episode Project (FEP). As a result, you may be eligible for certain behavioral treatment and support services offered through this project. Your participation is voluntary.

Background Information: The purpose of this project is to address the unique needs of individuals living with mental health issues living in the community; and to determine through an evaluation process if selected treatment and support interventions impact participant wellness and success within the community.

Procedures: While enrolled in the FEP program, we may ask you to participate in the following things:

1. On-going assessments to assist you in determining your treatment and support needs and to develop and monitor your individualized case plan.
2. Ongoing confidential interviews, at the beginning of the program, every six months while you are in the program, and at its completion. Each interview will last approximately 30 minutes and will occur at a mutually agreed upon location and time. You will be asked questions about your satisfaction with the services that have been provided and about various aspects of your life, including your housing, health, mental health, employment, criminal justice involvement, and overall functioning. We will be using the data we collect from you to evaluate if participants' quality of life improves as a result of the program. Your participation in the evaluation component of the program is voluntary. If you choose not to participate in the evaluation, it will not affect your current services, your relationship with your case manager or other treatment providers, or your housing, employment or status at school. If you decide you do not want to participate any longer you can tell your treatment provider.

Risks and Benefits to participating in OICP services and study: The only foreseeable risk of participating is the possibility of experiencing some emotional distress when answering some questions. If such feelings arise, you may skip the question, or discuss them with your therapist or case worker. You may benefit from the services provided.

Who is collecting the information: The FEP Program is funded by the Ohio Department of Mental Health and is being administered by your treatment provider.

Confidentiality: Your records will be kept private as required by law. Everything we talk about will be between us and the project staff. The only exception is if you talk about harming yourself or someone else. By law we are required to report if you are planning to harm yourself or others.

In addition:

√All assessment responses that you provide will only be used to assist you in addressing your short and long term recovery support needs. It will not be shared with anyone without your written, informed consent.

√Service evaluation information will go directly into a computer program (GPRA data collector). Your responses will only be able to be viewed by a data analyst or your treatment provider for treatment planning purposes. When reporting the results of the program, your answers to the questions will be put together with many other people's answers and there will be no way to know whose answers are whose. In any report we might publish, we will not include any information that will make it possible to identify you. Access to the records will be limited to the project staff only.

Statement of Understanding and Consent

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 and 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

I have read the above information. I have received answers to questions I have asked.

I agree to participate in the FEP Program.

I consent to participation in FEP Program confidential surveys and program evaluation and I am at least 18 years of age.

I agree to share information regarding my treatment and services I receive as a result of this grant.

I have been provided a copy of this form.

Signature

Date

Witness

Date

Ohio First Episode Psychosis (FEP) Program Participant Consent for Interviews and Surveys (Parental Consent)

What am I being asked to do? As part of your child's participation in Ohio's First Episode Psychosis (FEP) Program, the Bureau of Research and Evaluation at the Ohio Department of Mental Health and Addiction Services (OhioMHAS) is asking you to participate in several surveys. There are no right or wrong answers on the surveys, we just need your honest opinions about the care that is being provided.

Will I be compensated for my participation? There is no remuneration for participation in the evaluation.

What is the purpose of the surveys? The information provided from these surveys will 1) assist us in improving the care and services provided to your child. 2) Help the FEP program collect the data required by our funder, the Substance Abuse and Mental Health Services Administration (SAMHSA) for the Government Performance and Results Act (GPRA) required for this grant. Questions will ask about your child's involvement in the Treatment project, the services they may be receiving, their quality of life, level of functioning, and other potentially sensitive questions.

How long will the surveys take? Surveys will be conducted individually and should take anywhere from 45 minutes to an hour. Most interviews will occur in person; where necessary phone interviews may occur.

Who is doing the surveys? The interviews will be administered by staff at your local provider agency. They have been trained in administering the surveys we are collecting and will be understanding and helpful should any difficulties occur. Once the information is collected, it will be stored in a secure database where only local provider agency staff and OhioMHAS researchers can access it.

Do I have to participate? While your child has agreed to participate in treatment services, his or her participation in the evaluation is voluntary. However, we really want to hear what he or she has to say. If he or she is uncomfortable with any questions your he or she can decline to respond or stop at any time. There is no penalty for stopping or not participating; your child's treatment or services will not be affected in any way.

Who will know what I share and how do we protect your privacy? Only your child's clinician and research staff trained in confidentiality protection will be allowed access to the responses. Even upon request, we cannot turn over the responses to the supervisor, or parent/guardian. We will combine the responses from all survey participants to determine the effectiveness of the services your child received. Reports will be provided to the local provider agencies and the funder containing the responses, but the information will be de-identified. No one will know which answers are your child's because answers will be combined and no names will be used.

Will participating help or hurt me? Many people like sharing their experiences and opinions. The questions on the surveys focus on your child's mental health symptoms, functioning, and quality of life and progress towards treatment goals. Sometimes individuals choose to share personal experiences that can be stressful or emotional. If that happens your child may talk with clinician about those feelings. However, we are required by law to report if your child report has been harmed or is intending to harm someone else.

Who can I call if I have questions? You can call the Office of Quality, Planning, and Research at ODMH (614-466-8651) and ask to speak with Kraig Knudsen; or you can e-mail him: Kraig.Knudsen@mha.ohio.gov.

Agreement: I agree to have my child participate in interviews and surveys for First Episode Psychosis program. I understand that their input is voluntary (optional). My child can refuse to participate, or stop at any time without penalty. I can have my child's comments or any records returned to me or request they be destroyed.

Print Name of Parent/Guardian

Signature of Participant

Date

Signature of Interviewer/Researcher

Date

Signature of Parent/Guardian

Date