

Psychosocial

Items below in **orange** are from **MnCHOICES**. Items below in **blue** are from **CARE**.

Behavior/Emotion/Symptoms

INJURIOUS TO SELF

Disruptive or dangerous behavioral symptoms not directed towards others, including self-injurious behaviors (e.g., hitting or scratching self, attempts to pull out IVs, pacing)

- No
- Yes

If 'Yes' was selected, the following questions will be displayed:

Does it require an immediate response?

- No
- Yes

Does it impact the participant's functioning?

- No
- Yes

Does it prevent the participant from doing things they want to do?

- No
- Yes

Check all that apply:

- Chemical abuse/misuse
- Cutting self
- Head-banging
- Pulling out hair
- Puts self in dangerous situations that causes harm or injury
- Self-biting
- Self-burning
- Self-hitting
- Self-poking/stabbing
- Self restricts eating
- Other

(Displays when 'Other' is checked)

Intervention: Support and/or services provided by staff and/or caregiver

- Requires no intervention
- Needs interventions in the form of cues – responds to cues
- Needs redirection - responds to redirection
- Needs behavior management or instruction - resists redirection/intervention
- Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:

- None
- Less than weekly
- One time per week
- Two times per week
- Three times per week
- 4 or more times per week but not daily
- Daily

Is an intervention in place?

- No
- Yes

Comments:

AGGRESSIVE TOWARDS OTHERS, PHYSICAL

Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing).

- No
- Yes

If 'Yes' was selected, the following questions will be displayed:

Does it require an immediate response?

- No
- Yes

Does it impact the participant's functioning?

- No
- Yes

Does it prevent the participant from doing things they want to do?

- No
- Yes

Check all that apply:

- Bites
- Hits/Punches
- Kicks
- Pulls others hair
- Pushes
- Scratches
- Throws objects at others
- Touches others in a sexual manner against their will
- Tripping
- Uses objects to hurt others
- Other _____ *(Displays when 'Other' is checked)*

Intervention: Support and/or services provided by staff and/or caregiver

- Requires no intervention
- Needs interventions in the form of cues – responds to cues
- Needs redirection - responds to redirection
- Needs behavior management or instruction - resists redirection/intervention
- Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:

- None
- Less than weekly
- One time per week
- Two times per week
- Three times per week
- 4 or more times per week but not daily
- Daily

Is an intervention in place?

- No
- Yes

Comments: _____

AGGRESSIVE TOWARDS OTHERS, VERBAL/GESTURAL

Verbal behavioral symptoms directed towards others (e.g., threatening, screaming at others).

- No
- Yes

If 'Yes' was selected, the following questions will be displayed:

Does it impact the participant's functioning?

- No
- Yes

Does it prevent the participant from doing things they want to do?

- No
- Yes

Check all that apply:

- Attempts to intimidate through aggressive gestures with no physical contact
- Goadng
- Intimidation/Staring
- Manipulative - verbal/gestural
- Resistive to care
- Swears at others
- Taunting/Teasing
- Verbal threats
- Writes threatening notes
- Yells/screams at others
- Other _____ (*Displays when 'Other' is checked*)

Intervention: Support and/or services provided by staff and/or caregiver

- Requires no intervention
- Needs interventions in the form of cues – responds to cues
- Needs redirection - responds to redirection
- Needs behavior management or instruction - resists redirection/intervention
- Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:

- None
- Less than weekly
- One time per week
- Two times per week
- Three times per week
- 4 or more times per week but not daily
- Daily

Is an intervention in place?

- No
- Yes

Comments: _____

SOCIALLY UNACCEPTABLE BEHAVIOR

Participant expresses themselves, or would without an intervention, in an inappropriate or unacceptable manner including sexual, offensive or injurious to self with others. Includes behavior that draws negative attention to themselves resulting in increased vulnerability. Behavior can be verbal or non-verbal.

- No
- Yes

If 'Yes' was selected, the following questions will be displayed:

Does it impact the participant's functioning?

- No
- Yes

Does it prevent the participant from doing things they want to do?

- No
- Yes

Check all that apply:

- Disruptive of other's activities
- Doesn't understand personal boundaries
- Spitting
- Throws food
- Urinating/Defecating in inappropriate places
- Other – Socially offensive behavior
- Exposes private body areas to others
- Inappropriate touching of others
- Masturbates in public
- Other - Inappropriate sexual activities

Intervention: Support and/or services provided by staff and/or caregiver

- Requires no intervention
- Needs interventions in the form of cues – responds to cues
- Needs redirection - responds to redirection
- Needs behavior management or instruction - resists redirection/intervention
- Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:

- None
- Less than weekly
- One time per week
- Two times per week
- Three times per week
- 4 or more times per week but not daily
- Daily

Is an intervention in place?

- No
- Yes

Comments: _____

PROPERTY DESTRUCTION

Participant engages in behavior, or would without an intervention, to intentionally disassemble, damage or destroy public or private property or possessions.

- No
- Yes

If 'Yes' was selected, the following questions will be displayed:

Does it require an immediate response?

- No
- Yes

Does it impact the participant's functioning?

- No
- Yes

Does it prevent the participant from doing things they want to do?

- No
- Yes

Check all that apply:

- Breaks windows, glasses, lamps or furniture
- Sets fires
- Tears clothing
- Uses tools/objects to damage property
- Other

_____ (Displays when 'Other' is checked)

Intervention: Support and/or services provided by staff and/or caregiver

- Requires no intervention
- Needs interventions in the form of cues – responds to cues
- Needs redirection - responds to redirection
- Needs behavior management or instruction - resists redirection/intervention
- Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:

- None
- Less than weekly
- One time per week
- Two times per week
- Three times per week
- 4 or more times per week but not daily
- Daily

Is an intervention in place?

- No
- Yes

Comments: _____

WANDERING/ELOPEMENT

Participant purposefully will, or would without an intervention, leave an area or group without telling others or depart from the supervision staff unexpectedly resulting in increased vulnerability.

- No
- Yes

If 'Yes' was selected, the following questions will be displayed:

Does it impact the participant's functioning?

- No
- Yes

Does it prevent the participant from doing things they want to do?

- No
- Yes

Check all that apply:

- Intentionally wanders away from staff while in the community
- Leaves living area for extended period of time without informing appropriate person
- Runs away
- Other

_____ (*Displays when 'Other' is checked*)

Intervention: Support and/or services provided by staff and/or caregiver

- Requires no intervention
- Needs interventions in the form of cues – responds to cues
- Needs redirection - responds to redirection
- Needs behavior management or instruction - resists redirection/intervention
- Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:

- None
- Less than weekly
- One time per week
- Two times per week
- Three times per week
- 4 or more times per week but not daily
- Daily

Is an intervention in place?

- No
- Yes

Comments: _____

LEGAL INVOLVEMENT

Participant has been arrested and convicted of breaking a law or laws and has been determined to have had knowledge of breaking laws.

- No
- Yes

If 'Yes' was selected, the following questions will be displayed:

Does it impact the participant's functioning?

- No
- Yes

Does it prevent the participant from doing things they want to do?

- No
- Yes

Check all that apply:

- Assault
- Burglary
- Commits arson
- Drug related crimes
- Financial crimes
- Prostitution
- Public nuisance
- Sexual crimes
- Shoplifting
- Stealing – compulsive spending
- Terroristic threats
- Trespassing
- Other _____ *(Displays when 'Other' is checked)*

Intervention: Support and/or services provided by staff and/or caregiver

- Requires no intervention
- Needs interventions in the form of cues – responds to cues
- Needs redirection - responds to redirection
- Needs behavior management or instruction - resists redirection/intervention
- Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:

- None
- Less than weekly
- One time per week
- Two times per week
- Three times per week
- 4 or more times per week but not daily
- Daily

Is an intervention in place?

- No
- Yes

Comments: _____

PICA (Ingestion of non-nutritive substances)

Participant will ingest, or would without an intervention, inedible items such as paper, strings, dirt or toilet water that may cause physical harm to that participant.

- No
- Yes

If 'Yes' was selected, the following questions will be displayed:

Does it impact the participant's functioning?

- No
- Yes

Does it prevent the participant from doing things they want to do?

- No
- Yes

Check all that apply:

- Unknown
- Other _____ *(Displays when 'Other' is checked)*

Intervention: Support and/or services provided by staff and/or caregiver

- Requires no intervention
- Needs interventions in the form of cues – responds to cues
- Needs redirection - responds to redirection
- Needs behavior management or instruction - resists redirection/intervention
- Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:

- None
- Less than weekly
- One time per week
- Two times per week
- Three times per week
- 4 or more times per week but not daily
- Daily

Is an intervention in place?

- No
- Yes

Comments: _____

DIFFICULTIES REGULATING EMOTIONS

Participant has instances, or would without an intervention, of emotional behavior that are atypical of others in similar situations.

- No
- Yes

If 'Yes' was selected, the following questions will be displayed:

Does it impact the participant's functioning?

- No
- Yes

Does it prevent the participant from doing things they want to do?

- No
- Yes

Check all that apply:

- Cries
- Frequently argues about small things
- Impulsivity
- Isolation
- Over excitement
- Overzealous social exchanges
- Screams
- Shouts angrily
- Tantrums
- Throws self on floor
- Other _____ *(Displays when 'Other' is checked)*

Intervention: Support and/or services provided by staff and/or caregiver

- Requires no intervention
- Needs interventions in the form of cues – responds to cues
- Needs redirection - responds to redirection
- Needs behavior management or instruction - resists redirection/intervention
- Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:

- None
- Less than weekly
- One time per week
- Two times per week
- Three times per week
- 4 or more times per week but not daily
- Daily

Is an intervention in place?

- No
- Yes

Comments: _____

SUSCEPTIBILITY TO VICTIMIZATION

Participant engages in, or would without an intervention, behaviors that increase or could potentially increase a person's level of risk or harm or exploitation by others such as befriending strangers.

- No
- Yes

If 'Yes' was selected, the following questions will be displayed:

Does it impact the participant's functioning?

- No
- Yes

Does it prevent the participant from doing things they want to do?

- No
- Yes

Check all that apply:

- Caregiver neglect
- Domestic abuse
- Financial exploitation
- Participant easily manipulated to their detriment
- Physical exploitation
- Physically threatened
- Puts self in harm's way
- Sexual exploitation
- Other _____ *(Displays when 'Other' is checked)*

Intervention: Support and/or services provided by staff and/or caregiver

- Requires no intervention
- Needs interventions in the form of cues – responds to cues
- Needs redirection - responds to redirection
- Needs behavior management or instruction - resists redirection/intervention
- Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:

- None
- Less than weekly
- One time per week
- Two times per week
- Three times per week
- 4 or more times per week but not daily
- Daily

Is an intervention in place?

- No
- Yes

Comments: _____

WITHDRAWAL

Participant has a tendency, or would without an intervention, to avoid, isolate or retreat from conversation, interaction or activity.

- No
- Yes

If 'Yes' was selected, the following questions will be displayed:

Does it impact the participant's functioning?

- No
- Yes

Does it prevent the participant from doing things they want to do?

- No
- Yes

Check all that apply:

- Avoidance
- Isolation
- Lack of interest in life events
- Other _____ *(Displays when 'Other' is checked)*

Intervention: Support and/or services provided by staff and/or caregiver

- Requires no intervention
- Needs interventions in the form of cues – responds to cues
- Needs redirection - responds to redirection
- Needs behavior management or instruction - resists redirection/intervention
- Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:

- None
- Less than weekly
- One time per week
- Two times per week
- Three times per week
- 4 or more times per week but not daily
- Daily

Is an intervention in place?

- No

- Yes

Comments: _____

AGITATION

Participant has a tendency, or would without an intervention, to suddenly or quickly become upset or violent.

- No
- Yes

If 'Yes' was selected, the following questions will be displayed:

Does it impact the participant's functioning?

- No
- Yes

Does it prevent the participant from doing things they want to do?

- No
- Yes

Check all that apply:

- Easily agitated
- Easily angered
- Easily frustrated
- Other _____ *(Displays when 'Other' is checked)*

Intervention: Support and/or services provided by staff and/or caregiver

- Requires no intervention
- Needs interventions in the form of cues – responds to cues
- Needs redirection - responds to redirection
- Needs behavior management or instruction - resists redirection/intervention
- Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:

- None
- Less than weekly
- One time per week
- Two times per week
- Three times per week
- 4 or more times per week but not daily
- Daily

Is an intervention in place?

- No
- Yes

Comments: _____

IMPULSIVITY

Participant has a propensity, or would without an intervention, for sudden or spontaneous decisions or actions.

- No
- Yes

If 'Yes' was selected, the following questions will be displayed:

Does it impact the participant's functioning?

- No
- Yes

Does it prevent the participant from doing things they want to do?

- No
- Yes

Check all that apply:

- Disregard for personal safety
- Easily influenced by others
- Financial
- High risk behaviors
- Thoughtless about boundaries
- Other _____ *(Displays when 'Other' is checked)*

Intervention: Support and/or services provided by staff and/or caregiver

- Requires no intervention
- Needs interventions in the form of cues – responds to cues
- Needs redirection - responds to redirection
- Needs behavior management or instruction - resists redirection/intervention
- Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:

- None
- Less than weekly
- One time per week
- Two times per week
- Three times per week
- 4 or more times per week but not daily
- Daily

Is an intervention in place?

- No
- Yes

Comments: _____

INTRUSIVENESS

Participant has a tendency, or would without an intervention, for entering personal or private space without regard or permission.

- No
- Yes

If 'Yes' was selected, the following questions will be displayed:

Does it impact the participant's functioning?

- No
- Yes

Does it prevent the participant from doing things they want to do?

- No
- Yes

Check all that apply:

- Inappropriate boundaries in public/private areas
- Physical
- Verbal
- Unawareness of interpersonal space
- Other _____ (*Displays when 'Other' is checked*)

Intervention: Support and/or services provided by staff and/or caregiver

- Requires no intervention
- Needs interventions in the form of cues – responds to cues
- Needs redirection - responds to redirection
- Needs behavior management or instruction - resists redirection/intervention
- Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:

- None
- Less than weekly
- One time per week
- Two times per week
- Three times per week
- 4 or more times per week but not daily
- Daily

Is an intervention in place?

- No
- Yes

Comments: _____

INJURY TO OTHERS

Participant engages in behavior, or would without an intervention, that causes actual injury to others that is unintentional; including hitting and punching.

- No
- Yes

If 'Yes' was selected, the following questions will be displayed:

Does it require an immediate response?

- No
- Yes

Does it impact the participant's functioning?

- No
- Yes

Does it prevent the participant from doing things they want to do?

- No
- Yes

Check all that apply:

- Unintentional
- Other _____ *(Displays when 'Other' is checked)*

Intervention: Support and/or services provided by staff and/or caregiver

- Requires no intervention
- Needs interventions in the form of cues – responds to cues
- Needs redirection - responds to redirection
- Needs behavior management or instruction - resists redirection/intervention
- Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:

- None
- Less than weekly
- One time per week
- Two times per week
- Three times per week
- 4 or more times per week but not daily
- Daily

Is an intervention in place?

- No
- Yes

Comments: _____

ANXIETY

An overwhelming feeling of apprehension and nervousness characterized by physical symptoms such as sweating and panic attacks. Worry, over-concern or restlessness due to fear that prevents the individual from doing things they want to do and impacts daily functioning.

- No
- Yes

If 'Yes' was selected, the following questions will be displayed:

Does it impact the participant's functioning?

- No
- Yes

Does it prevent the participant from doing things they want to do?

- No
- Yes

Check all that apply:

- Avoidance of people/situations
- Easily triggered due to past trauma
- Hoarding
- Hyper-vigilance
- Inability to concentrate
- Phobias due to fear
- Rocking
- Other _____ *(Displays when 'Other' is checked)*

Intervention: Support and/or services provided by staff and/or caregiver

- Requires no intervention
- Needs interventions in the form of cues – responds to cues
- Needs redirection - responds to redirection
- Needs behavior management or instruction - resists redirection/intervention
- Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:

- None
- Less than weekly
- One time per week
- Two times per week
- Three times per week
- 4 or more times per week but not daily
- Daily

Is an intervention in place?

- No
- Yes

Comments: _____

PSYCHOTIC BEHAVIORS

Markedly inappropriate behavior that affects a person's daily functioning and social interactions. Behavior characterized by a radical change in personality and a distorted or diminished sense of reality.

- No
- Yes

If 'Yes' was selected, the following questions will be displayed

Does it impact the participant's functioning?

- No
- Yes

Does it prevent the participant from doing things they want to do?

- No
- Yes

Check all that apply:

- Catatonic behavior
- Delusions
- Disorganized speech
- Fixed delusions
- Hallucinations
- Lack of insight
- Obsessive compulsive tendencies
- Significant paranoia
- Suicidal thoughts
- Thought disorder
- Other _____ *(Displays when 'Other' is checked)*

Intervention: Support and/or services provided by staff and/or caregiver

- Requires no intervention
- Needs interventions in the form of cues – responds to cues
- Needs redirection - responds to redirection
- Needs behavior management or instruction - resists redirection/intervention
- Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:

- None
- Less than weekly
- One time per week
- Two times per week
- Three times per week
- 4 or more times per week but not daily
- Daily

Is an intervention in place?

- No
- Yes

Comments: _____

MANIC BEHAVIORS

Elevated changes in mood states characterized by severe fluctuations in energy and activity level, inappropriate elation and grandiose notions. Manic behavior patterns include hyperactivity, increased energy and heightened mood.

- No
- Yes

If 'Yes' was selected, the following questions will be displayed:

Does it impact the participant's functioning?

- No
- Yes

Does it prevent the participant from doing things they want to do?

- No
- Yes

Check all that apply:

- Decreased need for sleep
- Distractibility
- Grandiosity
- Inflated self-esteem
- Rapid/intense speech inappropriate to situation
- Other _____ *(Displays when 'Other' is checked)*

Intervention: Support and/or services provided by staff and/or caregiver

- Requires no intervention
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- Needs behavior management or instruction - resists redirection/intervention
- Needs behavior management or instruction - physically resists intervention

Frequency of intervention needed:

- None
- Less than weekly
- One time per week
- Two times per week
- Three times per week
- 4 or more times per week but not daily
- Daily

Is an intervention in place?

- No
- Yes

Comments: _____

(Displays if 'Yes' is answered to any of the 18 behaviors above)

Is the participant being diverted from commitment or requires staffing sufficient to assure their safety or the safety of others?

- No
- Yes

Notes/Comments:

Depression Screen *(Age 19 - 64)*

During the last two weeks, have you often been bothered:

1. By having little interest or pleasure in doing things?

- No
- Yes

2. By feeling down, depressed or hopeless?

- No
- Yes

Patient Health Questionnaire (PHQ-9)

(Displays if "Yes" is answered to either question #1 or #2)

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all (0-1 Days)	Several days (2 to 6 Days)	More than half the days (7 to 11 Days)	Nearly every day (12 to 14 Days)
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Add Columns	_____	_____	_____	_____
TOTAL:	_____			

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

For every question answered:

Not at all = 0

Several days = 1

More than half the days = 2

Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
0-4	None
5-9	Mild Depression
10-14	Moderate Depression
15-19	Moderately Severe Depression
20-27	Severe Depression

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Notes/Comments:

Geriatric Depression Scale (Age 65+)

During the last two weeks, have you often been bothered:

1. By having little interest or pleasure in doing things?

- No
- Yes

2. By feeling down, sad or hopeless?

- No
- Yes

Geriatric Depression Scale (GDS)

(Displays if "Yes" is answered to either question #1 or #2)

Interview Questions	Yes	No
Are you basically satisfied with your life?	<input type="radio"/> Yes	<input type="radio"/> No
Have you dropped many of your activities and interests?	<input type="radio"/> Yes	<input type="radio"/> No
Do you feel that your life is empty?	<input type="radio"/> Yes	<input type="radio"/> No
Do you often get bored?	<input type="radio"/> Yes	<input type="radio"/> No
Are you in good spirits most of the time?	<input type="radio"/> Yes	<input type="radio"/> No
Are you afraid that something bad is going to happen to you?	<input type="radio"/> Yes	<input type="radio"/> No
Do you feel happy most of the time?	<input type="radio"/> Yes	<input type="radio"/> No
Do you often feel helpless?	<input type="radio"/> Yes	<input type="radio"/> No
Do you prefer to stay at home, rather than going out and doing new things?	<input type="radio"/> Yes	<input type="radio"/> No
Do you feel you have more problems with memory than most?	<input type="radio"/> Yes	<input type="radio"/> No
Do you think it is wonderful to be alive now?	<input type="radio"/> Yes	<input type="radio"/> No
Do you feel pretty worthless the way you are now?	<input type="radio"/> Yes	<input type="radio"/> No
Do you feel full of energy?	<input type="radio"/> Yes	<input type="radio"/> No
Do you feel that your situation is hopeless?	<input type="radio"/> Yes	<input type="radio"/> No
Do you think that most people are better off than you are?	<input type="radio"/> Yes	<input type="radio"/> No

Total GDS Score: _____

Scoring:

Answers indicating depression are in bold. Score one point for each one selected. A score of 0 to 5 is normal. A score of greater than 5 suggests depression.

Source: Sheikh, J.I., & Yesavage, J.A. Geriatric Depression Scale (GDS)

Notes/Comments:

Accessible Format

Suicide Screen

Have you thought about hurting yourself or taking your life in the last 30 days?

- No
- Yes
- Participant unable to respond or refuses to answer

If 'Yes' was selected, the following questions will be displayed:

Do you have a plan?

- No
- Yes- contact a mental health professional immediately
- Unable to respond or refuses to answer

Do you have the means or some way to carry out your plan?

- No
- Yes- contact a mental health professional immediately
- Participant unable to respond or refuses to answer

Do you have a time planned that you will do this?

- No
- Yes- contact a mental health professional immediately
- Participant unable to respond or refuses to answer

Notes/Comments:

Alcohol/Substance Abuse/Tobacco/Gambling

ALCOHOL USE

Do you currently drink alcoholic beverages like beer, wine or liquor?

- No
- Yes
- Sometimes
- Chose not to answer

Comments: _____

If 'Yes' or 'Sometimes' is selected, the following questions will be displayed:

How frequently do you drink alcoholic beverages?

- Daily
- 1-3 times per week
- 4-6 times per week
- Once a month or less
- Rarely
- Chose not to answer

Within the last year, has drinking affected your job, family life and friendships or caused legal problems?

- No
- Yes

Explain: _____ *(Displays when 'Yes' is checked)*

- Sometimes

Explain: _____ *(Displays when 'Sometimes' is checked)*

- Chose not to answer

Cage Questionnaire

Have you felt you should Cut down on your drinking?

- No
- Yes
- Chose not to answer

Have people Annoyed you by criticizing your drinking?

- No
- Yes
- Chose not to answer

Have you ever felt bad or Guilty about your drinking?

- No
- Yes
- Chose not to answer

Have you had a drink first thing in the morning to steady your nerves or to get rid of a hangover (Eye opener)?

- No
- Yes
- Chose not to answer

Scoring Two or more "Yes" answers are considered indicative of an alcohol problem. Discuss referral to an alcohol counselor or primary health care provider for follow-up.

SUBSTANCE ABUSE

Does the participant currently use any street/illegal drugs (i.e. methamphetamine, speed, marijuana) or misuse/abuse prescription medications, glue, inhalants, etc.?

- No
- Yes
- Sometimes
- Chose not to answer

Comments: _____

If 'Yes' or 'Sometimes' is selected, the following questions will be displayed:

Within the last year, has your substance use affected your job, family life and friendships or caused legal problems?

- No
- Yes

Explain: _____ *(Displays when 'Yes' is checked)*

- Sometimes

Explain: _____ *(Displays when 'Sometimes' is checked)*

- Chose not to answer

Cage Questionnaire

have you felt you should Cut down on your drug use?

- No
- Yes
- Chose not to answer

Have people Annoyed you by criticizing your drug use?

- No
- Yes
- Chose not to answer

Have you ever felt bad or Guilty about your drug use?

- No
- Yes
- Chose not to answer

Have you gotten high first thing in the morning to steady your nerves or to help you feel better (Eye opener)?

- No
- Yes
- Chose not to answer

Scoring Two or more "Yes" answers are considered indicative of a Substance abuse problem. Discuss referral to a drug treatment counselor or primary health care provider for follow-up.

TOBACCO USE

Do you use tobacco products?

- No
- Yes
- Sometimes
- Chose not to answer

Comments: _____

If 'Yes' or 'Sometimes' was selected, the following questions will be displayed:

What type of tobacco do you use?

- Chewing
- Cigarettes
- Cigars
- Pipe
- Other **Explain:** _____ *(Displays when 'Other' is checked)*

Have you thought about cutting back on your tobacco usage?

- No plans to reduce usage
- Plans to reduce usage
- Chose not to answer

Comments: _____

How much tobacco do you use per day?

- Less than one pack
- One pack
- More than one pack
- One cigar or pipe
- More than one cigar or pipe
- Other **Describe:** _____ *(Displays when 'Other' is checked)*

Are there any safety concerns related to your tobacco use?

- Drops cigarettes/ashes
- Falls asleep when smoking
- Smokes when using oxygen
- Smokes in bed
- Refuses ashtray
- Other **Describe:** _____ *(Displays when 'Other' is checked)*

GAMBLING

Lie-Bet Screening Instrument

Reference: Johnson, E.E., Hamer, R., Nora, R.M., Tan, B., Einsteinstein, N., & Englehart, C. (1997).
The lie-bet questionnaire for screening pathological gamblers. Psychological Reports, 80, 83-88.

Have you ever felt the need to bet more and more money?

- No
- Yes
- Chose not to answer

Have you ever had to lie to people important to you about how much you gambled?

- No
- Yes
- Chose not to answer

Answering "Yes" to one or both of these questions is suggestive of a problem deserving further assessment.
Discuss referral to a gambling treatment counselor or primary health care provider for follow-up.

Notes/Comments:

Referrals & Goals (Psychosocial)

What is important to the individual? _____

Referrals Needed:

- Behavioral Programming _____ *(Displays if checked)*
- Chemical Health _____ *(Displays if checked)*
- Crisis Services _____ *(Displays if checked)*
- Diagnostic assessment by a Mental health Professional _____ *(Displays if checked)*
- Gambling Evaluation _____ *(Displays if checked)*
- Mental Health Professional _____ *(Displays if checked)*
- Ombudsman _____ *(Displays if checked)*
- Primary Health Care Provider _____ *(Displays if checked)*
- Protective Services _____ *(Displays if checked)*
- Other **Specify:** _____ *(Displays when 'Other' is checked)*
- Other **Specify:** _____ *(Displays when 'Other' is checked)*

Assessed Needs and Support Plan Implications
