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QUALITY OF LIFE QUESTIONNAIRE

INTERVIEWER RATING VERSION

(Semi-structured Interview including Guidelines)

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The Western Mental Health Research Center combines the scientific capabilities of the Oregon Health Sciences University Department of Psychiatry, the Kaiser Permanente Center for Health Research and the State of Oregon Mental Health and Developmental Disability Services Division. Established under a grant from the National Institute of Mental Health, the Center is dedicated to improving the lives of people with severe mental illnesses by conducting research on the organization, financing and delivery of mental health services. The Center provides an environment in which scientists can make use of research opportunities provided by Oregon's public and private mental health system. In addition to the founding grant from the National Institute of Mental Health, sources of support for the Center's research include the State of Oregon as well as the Milbank Memorial Fund and other private contributors.

GUIDELINES FOR QUALITY OF LIFE QUESTIONNAIRE

(Interviewer Rating Version)

The Quality of Life Interview (Interviewer Rating Version) is an alternative form of the original Oregon Quality of Life Questionnaire--Respondent Self-Report Version (QLQ) developed in 1979. The purpose of both versions is to assign a "score" to a person's quality of life so that it may be compared to other persons' lives and consequently used to evaluate the impact of mental health programs.

The original Respondent Self-Report form of the QLQ (available from the Western Mental Health Research Center) is a reliable and valid instrument for this purpose where interviewees have insight, verbal ability, veracity and where they live in similar environments. Children, substance abusers, corrections clients, incarcerated clients and severely mentally ill persons may not meet these requirements. Many of the chronically mentally ill persons being served by the public mental health sector are characterized by such debilitating psychiatric symptoms as ambivalence, concrete thought patterns, delusional thought patterns, difficulty in communicating feelings and fear of social interaction. They cannot communicate valid and reliable responses in a highly structured interview with a fixed-response, self-report questionnaire. Interviewer ratings were, therefore, found necessary.

The Interviewer Rating Version is a semi-structured interview that allows for a great deal of interviewer discretion. The interviewer must decide how best to establish and maintain rapport and the item responses consist totally of interviewer judgement. The interviewer must assess the accuracy and implications of the client's responses. If the client appears well-oriented, responses may be taken at face value. However, if the client is delusional, overly concrete, or unable to make direct responses, the interviewer's judgement must be relied on more heavily. To best accomplish this "reading between the lines" the interviewer must be familiar with the chronically mentally ill population.

Quality of Life is a construct that encompasses certain aspects of a person's life. One's quality of life is determined by the fulfillment of certain needs as delineated in Maslow's hierarchy of needs, by one's ability to meet the demands society places on its members and by one's own satisfaction with life. Certain domains are covered within the interview: housing, self and home maintenance, nutrition, finances, employment, education, psychiatric medications, physical health, the meaningful use of time, psychiatric distress, psychological well-being and interpersonal functioning. In addition, a number of service questions are interspersed throughout the questionnaire. Most of the questions are arranged so that all items in one scale are together.

The Interviewer Rating Version consists of several different types of questions. Some questions are best described as client status questions -- marital, employment, etc. Some questions comprise scales for the various dimensions of quality of life. The time frame for these questions is as close to the present as practicable. Some questions

pertain to the types of services the person has received. Some questions include services provided by mental health persons/agencies and by other sectors, e.g., family, friends, churches, etc. Most service questions refer to services received or needed in the past year -- unless otherwise specified.

Coding Answers

Accurate interpretation of questions and answers are critical to collecting useful data. To the left of each question, on the back of the preceding (i.e. even numbered) page, are explanations of each item (on the odd-numbered page). Refer to these instructions whenever you have any doubts regarding the exact meaning of the question or definition of terms. Careful coding is critical to processing the data.

If the answer to a question cannot be obtained or if the question is not applicable to the client, a 9 should be recorded for that question.

Where to Conduct the Interview

The interview must be conducted within the client's home so that the interviewer can rate the maintenance, furnishings and cleanliness of the facility. Being in the client's living space has several other advantages. It is the client's own turf and so may increase his/her comfort and ease. It allows the interviewer to see the people the client has daily contact with who may have additional information to provide. The interviewer should be sure to examine both the client's personal sleeping space and the rest of the facility or house.

Setting up the Interview

Setting up a time and date over the telephone may not be feasible because the client may not own a telephone, may forget about the interview, or may become afraid of the interview. It may, in fact, be best to conduct the interview when the initial contact is made. The initial contact, therefore, is best made face-to-face at the client's home.

If initial contact cannot be established at the client's home, the interviewer may choose to meet the client at the clinic to set up the appointment. If neither of these is feasible, a telephone call can be used or a note of introduction can be left with the interviewer's telephone number. In all of these instances, it will help reassure the client if the interviewer knows the name of the client's case manager, therapist, etc. The ideal initial contact is an introduction by the case manager, etc.

Informed Consent

Let the client know as simply as you can why you are conducting the interview. Let him/her know that they are doing a favor and that, hopefully, the interview will result in better treatment for people who have mental problems. If the client appears hesitant, find out why and provide honest answers. If he/she refuses to be interviewed, is likely to be adversely affected by the interview, or is unable to choose, don't push it.

Conducting the Interview

The actual interview with a client is conducted in such a way as to maximize rapport between interviewer and interviewee. The pace and style of the interview must be matched to the client's ability and mental status. The interviewer must use discretion regarding the level of directness appropriate for the client. For instance, a reasonably stable person may be quickly led from topic to topic and "probing" questions may be asked with little reservation. However, a fearful or suspicious person may respond better to a less directed, slower pace. If the client is especially fragile, the interviewer may want to allow him/her to lead the flow of the conversation. While this accommodating approach is time consuming, it may be necessary in order to obtain any information at all.

To assist the interviewer in maintaining rapport while at the same time obtaining the needed information, a series of cues have been provided to the left of the coded items (on the odd-numbered page). These cues are questions that the interviewer can ask directly or use as prompts to form his/her own questions. Interviewers should not feel restricted to these questions. The important thing is to maintain as comfortable a relationship as possible for the client while following up as far as possible on each area of questioning.

In order to further rapport, the interviewer will find it beneficial not to write down every rating during the interview. In some cases, it would be best to set the questionnaire aside and concentrate on putting the client at ease. In order to be sure that the necessary information has been obtained, the interviewer should take a few minutes at the end of the interview, but before leaving the client, to fill in the questionnaire. At this time, any deficiencies in information should become obvious and additional questions can be asked. CAUTION: the entire questionnaire should be filled out before leaving the client. If the client is unable to give sufficient or accurate responses, additional information should be sought from family, landlords, and/or clinic staff.

Relevant Articles:

McPheeters, H.L. (1984). Statewide mental health outcome evaluation: a perspective of

two Southern states. *Community Mental Health Journal*, 20, 44-55. (Application of the Quality of Life Questionnaire--Respondent Self-Report version).

Bigelow, D.A., Gareau, M.J., & Young, D.J. (1990). A quality of life interview for chronically disabled people. *Psychosocial Rehabilitation Journal*, 14, 94-98. (Reliability of the Quality of Life Questionnaire--Interviewer Rating version).

Bigelow, D.A., McFarland, B.H., & Olson, M. (1991). Quality of life of community mental health program clients: validating a measure. *Community Mental Health Journal*, 27, 43-55. (Validity of the Quality of Life Questionnaire--Respondent Self-Report Version).

Bigelow, D.A., McFarland, B.H., Gareau, M.J., & Young, D.J. (1991). Implementation and effectiveness of a bed reduction project. *Community Mental Health Journal*, 27, 125-133. (Validity of the Quality of Life Questionnaire--Interviewer Rating version).

Bigelow, D.A., & Young, D.J. (1991). Effectiveness of a case management program. *Community Mental Health Journal*, 27, 115-123. (Validation and application of the Quality of Life Questionnaire--Respondent Self-Report version).

Single copies of the Quality of Questionnaire--Respondent Self-Report version (Interview Schedule and Guidelines) as well the Quality of Life Questionnaire--Interviewer Rating version are available at no cost from the Western Mental Health Research Center.

The Quality of Life Questionnaire is available in two versions -- the Respondent Self-Report version and the Interviewer Rating version. The Respondent Self-Report version is a fixed-response questionnaire which is designed to be administered in a structured interview following the Respondent Self-Report Guidelines. The Interviewer Rating version is a semi-structured interview which allows for a great deal of interviewer discretion. The user is advised to examine both versions of the Quality of Life Questionnaire and to review the pertinent journal articles before selecting the version of the instrument to be used in a specific project.

A 200 page manual "Program Impact Monitoring System" which describes a comprehensive method for using the Quality of Life Questionnaire to evaluate community mental health programs may be purchased for \$30.00 from:

Western Mental Health Research Center
Gaines Hall
Oregon Health Sciences University
Portland, Oregon 97201
(503) 464-5668

Please make check payable to:

"OHSU Account Number 70 262 4695"

Definitions

(Note: Self-explanatory items are not defined.)

3. Problems may occur when rating people of mixed origin or Native Americans. Indicate how the client sees her/himself. If the client is obviously incorrect, the interviewer should rate how he/she sees the client.

4. Age at last birthday.

5. If necessary, check with persons who know client's history.

6. A board and room facility (11) provides room and meals. It may also provide other kinds of supervision.

A child or adult foster home (12) is a certified facility.

A cooperative apartment (13) is an apartment where outreach services are provided, e.g., budgeting, skills training, house meetings.

Halfway houses and group homes (14) provide 24-hour inresident supportive services. They are smaller than residential care facilities.

**QUALITY OF LIFE QUESTIONNAIRE PROTOCOL
(Interviewer Rating Version)**

Cues

I'm going to ask you some questions about your home activities people in your life your feelings

Coded items

1. Client code number _____

DEMOGRAPHICS

2. Sex
 Male _____ 1
 Female _____ 2

3. Ethnic origin
 White _____ 1
 Black _____ 2
 Oriental/Asian _____ 3
 Hispanic _____ 4
 Native American _____ 5
 Other _____ 6
 Not applicable/unknown _____ 9

How old are you?

4. Age (years at last birthday) _____

**Are you married?
Have you ever been?**

5. Marital status
 Never married _____ 1
 Separated _____ 2
 Divorced _____ 3
 Widowed _____ 4
 Married _____ 5
 Not applicable/unknown _____ 9

HOUSING

**Do you live here alone?
Who lives with you?**

6. Current housing or living situation of subject
 In trailer, apartment, or house, and living
 Alone _____ 01
 With family of origin _____ 02
 With a sibling _____ 03
 With spouse/significant other _____ 04
 With spouse and children _____ 05
 With children alone _____ 06
 With non-family _____ 07
 Alone in single room occupancy hotel _____ 08
 Or living in
 Rooming house, YMCA, etc. _____ 10
 Board and room facility _____ 11
 Foster home _____ 12
 Cooperative situation, e.g.
 Living with supportive services _____ 13
 Halfway house, group home _____ 14
 Residential care facility _____ 15
 Nursing home _____ 16
 Or in
 Hospital _____ 17
 Other _____ 18
 Does not live anywhere _____ 20
 Not applicable/unknown _____ 09

8-10. Examine the room in which the client actually sleeps. If the client lives in a studio apartment, the daytime living area is also the nighttime sleeping area.

Physical maintenance refers to such characteristics as plumbing, paint on the wall, leakage, safety features, etc.

Furnishings refer to furniture and decorations, e.g., wall hangings, carpet, etc.

Cleanliness refers to hygiene and neatness, e.g., dust on the furniture, dirty dishes, clothes on the floor, etc.

If you do not see the bedroom, rate these items "9".

11-13. Examine the living areas of the facility or house. Rate where the client can or might spend his/her time at home during the day. For example, if the client lives in a studio apartment, the living area is the same as the sleeping area. If the client lives in a facility with a separate sleeping area -- a larger apartment, house, trailer, foster home, or group home -- the living area is a composite of the living room, kitchen, etc. If the client lives in a SRO, board and room, residential care facility, nursing home, hospital, jail, or other, then the living area is the area outside the door to the bedroom, i.e., the hallway, foyer, TV room, lounge area, dining room, etc.

14-17. Even when dealing with satisfaction, the interviewer uses his/her own professional judgement based on information gained from subject, the landlord, the family, and the clinician. For example if the client reports satisfaction because "God put me here and God knows what's best for me," but his landlord reports constant problems between the subject and other tenants, a dissatisfied rating would be more accurate than a satisfied one.

How long have you lived here?

7. Length of time in current home

- Has no home, is transient ___ 1
- Less than 1 month ___ 2
- 1 to less than 3 months ___ 3
- 3 to less than 6 months ___ 4
- 6 to less than 12 months ___ 5
- 1 to less than 2 years ___ 6
- 2 to less than 3 years ___ 7
- 3 or more years ___ 8
- Not applicable/unknown ___ 9

Do you have any problems with:

**plumbing?
electricity?
leaks?**

Does the landlord take care of problems when they occur?

8. Physical maintenance of bedroom

- Very poor ___ 1
- Poor ___ 2
- Fair ___ 3
- Good ___ 4
- Not applicable/unknown ___ 9

9. Furnishings of bedroom

- Very poor ___ 1
- Poor ___ 2
- Fair ___ 3
- Good ___ 4
- Not applicable/unknown ___ 9

10. Cleanliness of bedroom

- Very poor ___ 1
- Poor ___ 2
- Fair ___ 3
- Good ___ 4
- Not applicable/unknown ___ 9

11. Physical maintenance of living area

- Very poor ___ 1
- Poor ___ 2
- Fair ___ 3
- Good ___ 4
- Not applicable/unknown ___ 9

12. Furnishings of living area

- Very poor ___ 1
- Poor ___ 2
- Fair ___ 3
- Good ___ 4
- Not applicable/unknown ___ 9

13. Cleanliness of living area

- Very poor ___ 1
- Poor ___ 2
- Fair ___ 3
- Good ___ 4
- Not applicable/unknown ___ 9

Is this where you want to live?

Why/why not?

14. Subject's satisfaction with bedroom or sleeping space

-- state of repair, amount of room, furnishings, warmth, lighting, etc.

- Very dissatisfied ___ 1
- Dissatisfied ___ 2
- Satisfied ___ 3

Very satisfied 4
Not applicable/unknown 9

16. Privacy refers to being able to be alone, to have one's own private space, but most important, to feel that way. If the client feels no lack of privacy, a satisfied rating is appropriate.

17. A person whose emotional needs and a fair amount of social needs are met by people who live with him/her is "very satisfied." A person who is "satisfied" may have a few problems with the people who live with him/her but these problems are outweighed or cancelled by the advantages in that particular situation. A person who is rated as "dissatisfied" has problems outweighing the advantages. A person who is rated as "very dissatisfied" is one who has major conflicts that make his/her living situation difficult to maintain.

18. Somebody to help the client find a living situation and/or go out with the client for the purposes of support or advice. Includes both public and private housing. Also applies when service was performed while client was in the hospital.

19. Helping the client decide and arranging the client's acceptance, rent payment, and move. Could occur when client is still in the hospital.

20. Applies when client receives contingency funds on an emergency basis to cover first and/or last rents, deposits, or fees.

21. Refers to situations classified under HUD or low income elderly housing.

15. Subject's satisfaction with overall living facility
 -- state of repair, amount of room, furnishings,
 Very dissatisfied ___ 1
 Dissatisfied ___ 2
 Satisfied ___ 3
 Very satisfied ___ 4
 Not applicable/unknown ___ 9

Do you have enough privacy here?

16. Subject's satisfaction with the amount of privacy
 his/her living arrangement provides
 Very dissatisfied ___ 1
 Dissatisfied ___ 2
 Satisfied ___ 3
 Very satisfied ___ 4
 Not applicable/unknown ___ 9

**Who lives with you?
 Can you name them?
 What kinds of things do you do with them?
 How well do you get along with them?**

17. Subject's satisfaction with the people who share
 his/her living situation/home
 Very dissatisfied ___ 1
 Dissatisfied ___ 2
 Satisfied ___ 3
 Very satisfied ___ 4
 Not applicable/unknown ___ 9

HOUSING SERVICES

**How did you find this place?
 Did anyone help you:
 hospital staff?
 clinic staff?
 How did they help you?**

18. Housing search assistance
 Received service ___ 1
 Received service, but inadequate ___ 2
 Needed service, but didn't receive ___ 3
 Neither needed nor received service ___ 4
 Not applicable/unknown ___ 9

19. Housing placement arrangement
 Received service ___ 1
 Received service, but inadequate ___ 2
 Needed service, but didn't receive ___ 3
 Neither needed nor received service ___ 4
 Not applicable/unknown ___ 9

Do you have any trouble paying your rent?

20. Rent subsidies
 Received service ___ 1
 Received service, but inadequate ___ 2
 Needed service, but didn't receive ___ 3
 Neither needed nor received service ___ 4
 Not applicable/unknown ___ 9

21. Low income housing
 Received service ___ 1
 Received service, but inadequate ___ 2
 Needed service, but didn't receive ___ 3
 Neither needed nor received service ___ 4
 Not applicable/unknown ___ 9

22-30. Performance should be rated for whatever level of responsibility is assigned to the client. For example, a person who is only "somewhat responsible" for cooking may carry out this responsibility "very well." If this same person were "totally responsible" he/she might be rated "poorly." "Totally" responsible means that no one else helps at all. "Somewhat responsible" means something approaching an equal sharing of responsibility. If the client lives in a board and room facility and has his/her sheets provided or has someone sweep the floor or shares the cleaning with a roommate(s) he/she is rated as "somewhat responsible." "Minimally responsible" means that someone else is primarily responsible but the client does help. This help is usually done with direct supervision. For instance, picking up one's clothing while someone else cleans the rest of the room. Or being handed a washcloth and told to wash your face. "Not at all responsible" means that the client has no responsibility.

25-27. A client who lives in a household where each person provides their own groceries and meals, separately, should be rated for self only, not for household.

29. If the subject is only supposed to clean his/her bedroom, then this is the only area that should be rated. If the client shares the cleaning of all of the house, but has primary responsibility for his/her bedroom, the cleanliness of the bedroom should weigh heavier than that of the rest of the house.

SELF AND HOME MAINTENANCE

Do you change your own clothes? Take your own bath? Does anyone help you? Remind you?

22. Subject's level of responsibility for personal hygiene
- Totally responsible ___ 1
 - Somewhat responsible ___ 2
 - Minimally responsible ___ 3
 - Not at all responsible ___ 4
 - Not applicable/unknown ___ 9

Do you: clean your room? make your bed? pick up your clothes? Does anyone help you? Does anyone sweep the floors/wash your sheets? Do you help clean the rest of the house? What do you do? How often? What have you done this week?

23. Subject's level of responsibility for cleaning personal living space -- bed, clothes, etc.
- Totally responsible ___ 1
 - Somewhat responsible ___ 2
 - Minimally responsible ___ 3
 - Not at all responsible ___ 4
 - Not applicable/unknown ___ 9

24. Subject's level of responsibility for cleaning house or facility besides bedroom
- Totally responsible ___ 1
 - Somewhat responsible ___ 2
 - Minimally responsible ___ 3
 - Not at all responsible ___ 4
 - Not applicable/unknown ___ 9

Do you do any grocery shopping? How often? When was the last time? What did you buy?

25. Subject's level of responsibility for grocery shopping for household or self
- Totally responsible ___ 1
 - Somewhat responsible ___ 2
 - Minimally responsible ___ 3
 - Not at all responsible ___ 4
 - Not applicable/unknown ___ 9

Do you buy your own: toothpaste? clothes? soap?

26. Subject's level of responsibility for purchasing own personal effects
- Totally responsible ___ 1
 - Somewhat responsible ___ 2
 - Minimally responsible ___ 3
 - Not at all responsible ___ 4
 - Not applicable/unknown ___ 9

Do you cook your own meals? Does anyone help? How do you get your meals?

27. Subject's level of responsibility for cooking/ providing meals for household or self
- Totally responsible ___ 1
 - Somewhat responsible ___ 2
 - Minimally responsible ___ 3
 - Not at all responsible ___ 4
 - Not applicable/unknown ___ 9

28. How well does subject maintain his/her own personal hygiene?
- Well ___ 1
 - Fairly well ___ 2
 - Poorly ___ 3
 - Very poorly ___ 4
 - Not applicable/unknown ___ 9

Have you done your share of the cleaning lately? When was

29. How well does subject keep up with his/her share of the housework?

**the last time someone had to
remind you to clean your
room?**

Well _____ 1
Fairly well _____ 2
Poorly _____ 3
Very poorly _____ 4
Not applicable/unknown _____ 9

30. The interviewer needs to account for whether the client meets his/her nutritional needs, regardless of where or how. Even if the client eats in restaurants, he/she can still rate "well" or "very well" if there is an adequate intake.

31. Applies to those situations in which the client is responsible for making all or some of his/her meals, would benefit from one hot meal per day, and is unable to get out of his/her living situation to get meals. Does not require that all three meals be prepared for him/her.

32. Applies when client is responsible for getting his/her own meals, is physically, mentally, or financially unable to do so, but is able to get out of his/her living situation to get meals.

33. Applies when client is responsible for getting his/her own meals, has the facilities to prepare them, and is physically or mentally having difficulties in shopping for supplies. (This item is not concerned with the need for or provision of additional funds for groceries).

34. Applies when client is responsible for getting his/her own meals, has the facilities to prepare them, and is physically or mentally having difficulties in planning a well-rounded diet and preparing foods. Generally this applies to basic meal planning. However, someone with a life endangering health problem that needs a specific dietary regimen, e.g., diabetes, may have had or need assistance in planning and preparing appropriate meals.

35. Applies when client is physically or mentally incapable of providing for his/her nutritional needs and requires someone else to prepare them. An example of this is a Board and Room facility. This item should be rated on the basis of what the client is receiving and/or needs at the time of the interview.

36. Applies when the client is able to live independently, but is physically unable to perform home maintenance tasks. This is always an outreach service.

37. Applies when client lacks certain skills in managing a home but is physically able to perform them. This service could be preparation for the client's move to a more independent facility.

**What have you eaten today?
Where did you eat it?
Who prepared it?**

30. How well does subject keep up with providing meals for self?

Well _____ 1
Fairly well _____ 2
Poorly _____ 3
Very poorly _____ 4
Not applicable/unknown _____ 9

NUTRITIONAL SERVICES

**Do you ever go without eating enough?
Why? When?**

31. Home delivered meals

Received service _____ 1
Received service, but inadequate _____ 2
Needed service, but didn't receive _____ 3
Neither needed nor received service _____ 4
Not applicable/unknown _____ 9

32. Community meal service (e.g., Salvation Army)

Received service _____ 1
Received service, but inadequate _____ 2
Needed service, but didn't receive _____ 3
Neither needed nor received service _____ 4
Not applicable/unknown _____ 9

33. Assistance in grocery shopping

Received service _____ 1
Received service, but inadequate _____ 2
Needed service, but didn't receive _____ 3
Neither needed nor received service _____ 4
Not applicable/unknown _____ 9

34. Assistance in planning/preparing meals

Received service _____ 1
Received service, but inadequate _____ 2
Needed service, but didn't receive _____ 3
Neither needed nor received service _____ 4
Not applicable/unknown _____ 9

35. Ongoing meal preparation

Received service _____ 1
Received service, but inadequate _____ 2
Needed service, but didn't receive _____ 3
Neither needed nor received service _____ 4
Not applicable/unknown _____ 9

HOME-MANAGEMENT SERVICES

36. Chore services

Received service _____ 1
Received service, but inadequate _____ 2
Needed service, but didn't receive _____ 3
Neither needed nor received service _____ 4
Not applicable/unknown _____ 9

37. Home management training

Received service _____ 1
Received service, but inadequate _____ 2
Needed service, but didn't receive _____ 3
Neither needed nor received service _____ 4

38. Applies when client is currently either physically or mentally unable to manage an independent living situation. This service is provided to clients in board and room facilities, adult foster homes, living with relatives who essentially take care of them, etc. This item should be answered on the basis of what the client is receiving and/or needs at the time of the interview.

39-62. Rate whether they are being received at the time of the interview, except for the following which should be rated for the past twelve months:

- 46. Irregular monetary assistance from family,
- 48. Irregular financial aid from private organizations and churches,
- 49. Service provider discretionary funds,
- 60. Irregular in-kind support from family or friends,
- 62. Irregular in-kind support from private organizations or churches.

Governmental Medical Plan and Private Medical Insurance should be rated on the basis of whether the client has coverage at the time of the interview regardless of whether he/she has used them in the past 12 months. Typically, clients receive either SSI or SSD. In addition, they may receive a small welfare check.

*Asterisked items should be based on whether the client has received service within last 12 months.

**Double asterisked items should be based on whether client has insurance even if he/she has not used benefits.

51. Earnings from employment include income from subsidized or sheltered employment

63. Asks for clients monthly income recorded in the nearest dollar amount. This item is the summation of all incomes received from items #39, 40, 41, 42, 43, 44, 45, 47, 50, 51, 52, 53, 54, 55 and 56. No in-kind support (except food stamps) or irregular assistance should be included in this sum (because it is too difficult to calculate). If the subject's check goes to someone who takes out rent and/or food, the entire amount of the check should be recorded.

64. Asks for the total number of people dependent on the subject's income for half or more of their support. This item includes the subject so there should always be at least one person.

38. Permanent homemaker/home management services
- Received service _____ 1
 Received service, but inadequate _____ 2
 Needed service, but didn't receive _____ 3
 Neither needed nor received service _____ 4
 Not applicable/unknown _____ 9

FINANCIAL DOMAIN

**Where do you get your money?
 Do you get a monthly check
 through the mail?
 Do your relatives give you any
 money?
 What do you do when you are
 out of money and you need
 something?
 Do you have any savings?**

Current sources of income
 Check all the income sources that apply
 or check "no information" here _____

Monetary

39. General assistance, Welfare (State or Federal) _____
 40. SSI _____
 41. Social Security Disability (SSD) _____
 42. V.A. Disability _____
 43. Disability payments not covered by the above --
 both government and private, including
 workmen's compensation _____
 44. Aid to Families with Dependent Children _____
 45. Regular monetary assistance from family members
 (Including regular contributions from employed
 children) _____
 46.* Irregular monetary assistance from family members _____
 47. Regular financial aid from private organizations
 or churches _____
 48.* Irregular financial aid from private organizations
 and churches _____
 49.* Service provider discretionary funds _____
 50. GI Bill for school _____
 51. Earnings from employment _____
 52. Unemployment compensation _____
 53. Retirement pension from job _____
 54. Income from rental, interest from investments, etc.
 (including trusts, payments from insurance
 policies and savings) _____
 55. Alimony or child support _____

In-kind

56. Food Stamps _____
 57.** Government medical plan _____
 58.** Private medical insurance _____
 59. Regular in-kind support from family or friends _____
 60.* Irregular in-kind support from family or friends _____
 61. Regular in-kind support from private
 organizations or churches _____
 62.* Irregular in-kind support from private
 organizations or churches _____
 63. Subject's monthly income _____

**Where do you get your
 clothes?
 Do you have any medical
 insurance?
 Who pays for your
 medications?
 Do you get food stamps?**

Record actual dollar amount of regular monetary
income plus regular food stamp support

**How much money do you
 bring in each month?**

**Do you help support someone
 else?
 Who?
 What do you give them?**

64. How many people including subject, depend on
subject's income for half or more of their support
- One person _____ 1
 Two persons _____ 2
 Three persons _____ 3
 Four persons _____ 4
 Five or more persons _____ 5
 Not applicable/unknown _____ 9

65. Cost of food and housing includes rent or mortgage, regular meals (not discretionary eating out), essential utilities (not phone).

66. Who handles the subject's income? If the subject has a legal guardian, he/she has been found by a judge to be incompetent to handle his/her own money matters. An informal arrangement refers to a mutual agreement between the subject and his/her landlord, friend, case manager, or relative. The arrangement is usually to make sure that the subject's rent, board, and essentials get paid for before his/her check is depleted. In addition, the arrangement may be to help the person's spending money last the entire month.

67. This question should be answered without regard to the amount of responsibility the client has for money management. If the client gets \$7 a week for cigarettes and coffee and uses it for that purpose, he/she should be rated as "handles appropriately." If she/he has no responsibility, code a "9".

68. The purpose of this item is to get the client's sense of financial security.

69. Assume that the client has adequate money management skills. In this item, "very inadequate" income means that the client cannot afford rent and/or food. "Inadequate" means that the client can meet some of his/her essential needs, but has to struggle to do so. This client cannot afford clothes or personal effects. "Adequate" means that the client can meet all of his/her essential needs in some way, e.g., may have to shop at thrift stores, has enough for cigarettes, but has a minimal amount for entertainment. "Very adequate" means that the client has enough money left over after buying essentials to engage in routine entertainment, indulge in quality merchandise, and/or have a savings. In-kind support can add to the adequacy of income.

70. This service is needed when the client is not managing his/her own money as well as he/she could, due to a correctable lack of information or skill.

71. This service is needed when the client is physically or mentally incapable of managing his/her financial resources and needs someone to take major responsibility. This could be either a formal or informal arrangement.

72. This service is needed when the client is unaware of types of assistance he/she can get, requires help in negotiating the process to receive public assistance, and/or help in filling out forms. Client has "received service" if someone has helped him/her fill out forms or counseled regarding possibility of public assistance in the past year. If the client could be on public subsidy and is not aware of it or doesn't know how to go about it, he/she "needed service, but didn't receive" (it). If someone has talked to him/her but has not followed through with the process of applying or has given erroneous information, he/she "received service, but (it was) inadequate." If someone followed through and the client was rejected, he/she received the adequate service: a rating of 2 reflects the amount of assistance in the process, not the final provision of subsidy.

How much do you spend for rent each month? Food?

65. Average typical monthly cost of food and housing _____
Record actual dollar amount

Who gets your check? What do they do with it? Do they pay: rent? food? Do you get an allowance? weekly? monthly?

66. Management of money
Has legal guardian or conservatorship ___ 1
Informal arrangement, gets weekly allowance ___ 2
Informal arrangement to pay bills, gets rest of income in one sum ___ 3
Handles own ___ 4
Not applicable/unknown ___ 9

67. How well does subject manage the money that he/she personally handles (regardless of amount)?
Handles inappropriately -- could use more supervision ___ 1
Handles appropriately ___ 2
Not applicable/unknown ___ 9

Are you worried about being able to buy the things you need in the future?

68. How much is subject worried about future income covering the things he/she must have?
Very worried ___ 1
Somewhat worried ___ 2
Slightly worried ___ 3
Not at all worried ___ 4
Not applicable/unknown ___ 9

Can you pay for all the things that you absolutely need? What do you have to do without?

69. How adequate is subject's present income for his/her present needs?
Very inadequate ___ 1
Inadequate ___ 2
Adequate ___ 3
Very adequate ___ 4
Not applicable/unknown ___ 9

MONEY MANAGEMENT SERVICES

Does anyone help you budget your money? What do they do?

70. Financial counseling
Received service ___ 1
Received service, but inadequate ___ 2
Needed service, but didn't receive ___ 3
Neither needed nor received service ___ 4
Not applicable/unknown ___ 9

71. Financial management
Received service ___ 1
Received service, but inadequate ___ 2
Needed service, but didn't receive ___ 3
Neither needed nor received service ___ 4
Not applicable/unknown ___ 9

Do you receive any sort of Welfare? Have you ever applied? If not, why not?

72. Access to systems and/or forms assistance
Received service ___ 1
Received service, but inadequate ___ 2
Needed service, but didn't receive ___ 3
Neither needed nor received service ___ 4
Not applicable/unknown ___ 9

75. If medical expenses are placing an additional burden on an already inadequate income, or causing the client not to seek needed medical attention, the client either "needs this service, but didn't receive" (it), or "received service, but inadequate."

76. A special bus pass that allows him/her to ride free or for reduced amounts some or all of the time, on a regular basis. If the client does not go places because of expense and could use the bus with or without training, they need this service.

77. This service is needed when the client cannot provide for these basic needs, due to a sudden gap in income or surge in basic expenses, and needs additional help.

78. Anyone who is 60 years or older and unemployed and anyone who has worked competitively for at least 20 years and has retired early is rated "1".

79-81. If the client is "unemployed" (1, 2, above), items 79-81 are 9s. If the person works in sheltered or subsidized employment, it may help to get additional information from the service provider.

80. Difficulties include inability to understand tasks; inability to work things out with co-workers; explosiveness or withdrawal in the face of frustration; etc.

73. Regular public subsidy via money

Received service _____ 1
 Received service, but inadequate _____ 2
 Needed service, but didn't receive _____ 3
 Neither needed nor received service _____ 4
 Not applicable/unknown _____ 9

Do you have enough money for food each month?

74. Regular public subsidy via foodstamps

Received service _____ 1
 Received service, but inadequate _____ 2
 Needed service, but didn't receive _____ 3
 Neither needed nor received service _____ 4
 Not applicable/unknown _____ 9

Do you have insurance? What happened the last time you were sick? Who paid?

75. Regular public subsidy via medical insurance

Received service _____ 1
 Received service, but inadequate _____ 2
 Needed service, but didn't receive _____ 3
 Neither needed nor received service _____ 4
 Not applicable/unknown _____ 9

Do you use the bus? Do you need to? Do you get bus passes? Who pays for them?

76. Regular public subsidy via reduced bus fares

Received service _____ 1
 Received service, but inadequate _____ 2
 Needed service, but didn't receive _____ 3
 Neither needed nor received service _____ 4
 Not applicable/unknown _____ 9

Has anyone every provided you with emergency food, clothing, or a place to stay? Who? When?

77. Emergency food, clothing, or shelter

Received service _____ 1
 Received service, but inadequate _____ 2
 Needed service, but didn't receive _____ 3
 Neither needed nor received service _____ 4
 Not applicable/unknown _____ 9

EMPLOYMENT

Do you work? What do you do? How many hours a week do you work?

78. Which of the following best describes the subject's work situation?

Retired _____ 1
 Unemployed _____ 2
 Sheltered or subsidized employment part-time _____ 3
 Sheltered or subsidized employment full-time (30 hours/week or more) _____ 4
 Competitively employed part-time _____ 5
 Competitively employed full-time _____ 6
 Not applicable/unknown _____ 9

If employed

Do you like your job? What do you like/dislike about it? Do you have any problems with: the work? the people you work with? getting to work? Has anyone at the job ever said anything about your work? What?

79. In general how much does subject like his/her job?

Doesn't like it at all _____ 1
 Doesn't like it somewhat _____ 2
 Likes it somewhat _____ 3
 Likes it a lot _____ 4
 Not applicable/unknown _____ 9

80. How much difficulty does subject have doing his/her job?

A great deal _____ 1
 A moderate amount _____ 2
 A little _____ 3
 None _____ 4
 Not applicable/unknown _____ 9

81. The way co-workers and supervisors feel may motivate the client and be a source of pride; or just the opposite.

82-84. Are answered regardless of employment status. A client who is retired, over 60 years, and does not seek to work has "realistic" goals and is performing at "optimal level."

84. If working at "below optimal level," rate the client in item #83. Code a 9 for clients who are at optimal level. Rate the client for the present, not the future.

85. This service is concerned with basic work skills such as concentration span, punctuality, attendance, working with others. This service is usually part of a day treatment program where they may have work teams, e.g., clerks, kitchen staff, janitorial help.

86. Applies when client is capable of and desires employment, but is unsure of his/her capabilities and the direction he/she wants to take. Includes providing information regarding resources. Most frequently provided by Vocational Rehabilitation or Case Manager.

87. Applies when client is capable of competitive employment but would benefit from training in a certain skill or trade.

88. Applies when client is capable of working, would personally benefit by being able to competently produce something, and may benefit by supplementing his/her income, but is physically or mentally incapable of being competitively employed. Needs support, structure, and/or job flexibility in a supervised setting.

81. How does subject feel that people he/she works with feel about his/her job performance?
- Very displeased _____ 1
 Somewhat displeased _____ 2
 Somewhat pleased _____ 3
 Very pleased _____ 4
 Not applicable/unknown _____ 9

Employed or unemployed

**Do you think you will work in the next year?
 What do you think you will do?
 How will you go about getting a job?**

82. Rate whether subject's employment goals for the next year are realistic
- Grossly unrealistic _____ 1
 Moderately unrealistic _____ 2
 Slightly unrealistic _____ 3
 Realistic _____ 4
 Not applicable/unknown _____ 9

83. Rate whether subject is currently functioning at his/her optimum capacity for employment
- Performance does not match capability _____ 1
 Performing at optimal level _____ 2
 Not applicable/unknown _____ 9

84. If subject is not functioning at his/her optimum level of employment, what level would be optimal?
- Subsidized or sheltered employment part-time _____ 1
 Subsidized or sheltered employment full-time _____ 2
 Competitive employment part-time _____ 3
 Competitive employment full-time _____ 4
 Not applicable/unknown _____ 9

EMPLOYMENT SERVICES

Have you ever worked? When? What did you do? How did it go?

85. Prevocational training
- Received service _____ 1
 Received service, but inadequate _____ 2
 Needed service, but didn't receive _____ 3
 Neither needed nor received service _____ 4
 Not applicable/unknown _____ 9

86. Vocational counseling, testing and/or assessment
- Received service _____ 1
 Received service, but inadequate _____ 2
 Needed service, but didn't receive _____ 3
 Neither needed nor received service _____ 4
 Not applicable/unknown _____ 9

Have you ever received job training? When? What kind?

87. Vocational training
- Received service _____ 1
 Received service, but inadequate _____ 2
 Needed service, but didn't receive _____ 3
 Neither needed nor received service _____ 4
 Not applicable/unknown _____ 9

88. Sheltered or subsidized employment
- Received service _____ 1
 Received service, but inadequate _____ 2
 Needed service, but didn't receive _____ 3
 Neither needed nor received service _____ 4
 Not applicable/unknown _____ 9

89. Applies when client knows what he/she wants for employment and is capable of performing it, but lacks the skills/information for locating employment or needs support and/or structure to carry through on the process.

90. Applies when client is capable of and desires further education, but is unsure of his/her capabilities and the direction he/she wants to take. Includes providing information about various resources. Does not include vocational testing, counseling, and/or assessment.

91. Applies when client is capable of and wants to use services such as high schools, community colleges, universities, etc. An "Inadequate" rating means the client was unable to continue attending when he/she would have benefited from further education or that he/she takes fewer classes than appropriate due to distance, funds, etc. It does not mean that the client flunked out or was inappropriately placed. Includes GED programs.

92. Applies when client is physically or mentally incapable of functioning well within public facilities but would benefit by a program that includes special equipment or training (e.g., for those with physical or sensory disabilities) or more supportive structured programs that allow progress at the client's own speed. This does not include vocational education.

94-99. Are asked only if the subject is currently taking medications. If he/she is not, code a "2" in all of the answer boxes. If the client is unaware of the medications he/she is taking ask to see them. If he/she is given the medications by family or facility staff member and is vague about what the medications are, ask whoever is responsible for distributing them.

100. "Very regularly" means that the client takes the meds always exactly as prescribed. "Somewhat regularly" means that the client is taking his/her meds as prescribed for the most part, but occasionally skips a dose or takes an extra dose. This rating also applies to client who takes his/her meds very regularly but has lowered the dose a small amount on his/her own. "Somewhat irregularly" means that the client takes meds sporadically or has considerably reduced the dosage but continues to take them about half the time. "Very irregularly" means that the client takes meds only occasionally or not at all. If the client has not been prescribed any medication or has been taken off meds by a physician/nurse, code a "9".

How would you go about finding a job?

89. Job finding assistance

- Received service _____ 1
- Received service, but inadequate _____ 2
- Needed service, but didn't receive _____ 3
- Neither needed nor received service _____ 4
- Not applicable/unknown _____ 9

EDUCATIONAL SERVICES

**How many years of school did you complete?
Have you gone to school in the last year?
How did you do in school?**

90. Educational counseling, testing and/or assessment

- Received service _____ 1
- Received service, but inadequate _____ 2
- Needed service, but didn't receive _____ 3
- Neither needed nor received service _____ 4
- Not applicable/unknown _____ 9

91. Public education facilities

- Received service _____ 1
- Received service, but inadequate _____ 2
- Needed service, but didn't receive _____ 3
- Neither needed nor received service _____ 4
- Not applicable/unknown _____ 9

92. Special education facilities

- Received service _____ 1
- Received service, but inadequate _____ 2
- Needed service, but didn't receive _____ 3
- Neither needed nor received service _____ 4
- Not applicable/unknown _____ 9

PSYCHIATRIC MEDICATIONS

**Do you take any psychiatric meds?
Have you in the last year?
Why did you stop?**

93. Has subject been prescribed any psychiatric medications in the last year?

- No _____ 1
- Yes, but discontinued by self _____ 2
- Yes, but discontinued by physician/nurse _____ 3
- Yes, currently taking them _____ 4
- Not applicable/unknown _____ 9

**What meds are you taking?
Can you show them to me?**

What psychiatric medications is subject taking?

Check all the psychiatric medications the subject is taking **or** check "no information" here _____

- 94. Major tranquilizers _____
- 95. Lithium _____
- 96. Anti-depressants _____
- 97. Minor tranquilizers _____
- 98. Antabuse _____
- 99. Anti-cholinergics _____

**Do you take them when you are supposed to?
Does someone else: remind you? give them to you?**

100. Does subject take medications as prescribed?

- Very irregularly _____ 1
- Somewhat irregularly _____ 2
- Somewhat regularly _____ 3
- Very regularly _____ 4
- Not applicable/unknown _____ 9

101. Refers to adequacy of meds and is to be answered regardless of whether the client is medicated or not. Consultation with the clinician may be necessary in some cases.

102. All continuing health problems should be considered in forming the answer to this question. However, this is not a temporary rating: if a person has a cold or a sprained ankle, but is otherwise in good health, he/she should be rated as good or very good.

103. Disability refers to interference by health problems with client's daily activities.

104-107. Does not apply to psychiatric services.

106. Applies if patient has been to dentist, is in pain, has obvious mouth decay, or needs dentures.

107. Applies when client is homebound and requires some temporary or ongoing intermittent professional services performed for his/her physical well-being.

101. Rate whether subject is adequately medicated at
at current time

- Very inadequately ___ 1
- Somewhat inadequately ___ 2
- Slightly inadequately ___ 3
- Adequately ___ 4
- Not applicable/unknown ___ 9

PHYSICAL HEALTH

**Do you have any physical
problems with your
heart?
lungs?
liver?
What are you doing about it?
Do these problems keep you
from doing things?**

102. Rate the subject's overall physical health

- Very poor ___ 1
- Poor ___ 2
- Fair ___ 3
- Good ___ 4
- Not applicable/unknown ___ 9

103. How disabling is the subject's physical health?

- Very disabling ___ 1
- Moderately disabling ___ 2
- Slightly disabling ___ 3
- Not at all disabling ___ 4
- Not applicable/unknown ___ 9

PHYSICAL HEALTH SERVICES

**Have you been to a doctor or
nurse in the past year?
Where? What for?**

104. Outpatient medical services

- Received service ___ 1
- Received service, but inadequate ___ 2
- Needed service, but didn't receive ___ 3
- Neither needed nor received service ___ 4
- Not applicable/unknown ___ 9

105. In-patient medical services

- Received service ___ 1
- Received service, but inadequate ___ 2
- Needed service, but didn't receive ___ 3
- Neither needed nor received service ___ 4
- Not applicable/unknown ___ 9

**Do you have trouble with your
teeth?
What kind?
What are you doing about it?**

106. Dental services

- Received service ___ 1
- Received service, but inadequate ___ 2
- Needed service, but didn't receive ___ 3
- Neither needed nor received service ___ 4
- Not applicable/unknown ___ 9

107. Home nursing services

- Received service ___ 1
- Received service, but inadequate ___ 2
- Needed service, but didn't receive ___ 3
- Neither needed nor received service ___ 4
- Not applicable/unknown ___ 9

108-110. This scale attempts to get at how much of the client's time is spent in activities that feel worthwhile, give the client a sense of productiveness, or relieve boredom. These items should not be asked directly: they are global interviewer ratings. The interviewer needs to obtain a detailed picture of the subject's daily life. If the subject resides in a multi-unit facility, the interviewer should find out if activities are offered within the facility, if the subject attends, and how often the subject participates. The interviewer should be familiar with community activities or facilities for the mentally ill population in order to ask the subject directly if he/she participates in these programs. Questions should be asked to determine whether the subject has any regular activity; probe until you have a good sense of how often he/she really conducts the activity. For instance, find out when he/she last finished reading an entire book or what day he/she last played bingo. Do not accept a generalization until you have validated it with specific times and events.

108. This question is a measure of the level of "busyness" in the client's life. Does he/she have enough regularly scheduled events or is there an overall lack of structure in the client's day-to-day life. A person who rates "very adequately" in structured time has structured activities for most of the day: for example, a client who works 30 or more hours/wk., talks on the phone with friends or goes out with friends in the evenings, and sees family on the weekends or attends to household chores. Persons rated as "adequately" may range from those attending day treatment during the day, but lacking in evening and weekend activities, to clients who structure their own time by spending the day with friends playing cards, watching TV, talking, and/or engaged in hobbies or housework. Persons rated as "inadequately" generally have few activities and need more. They may attend a social or recreational activity a couple of times a week. The rest of their time may be spent watching TV, sleeping, or pacing the streets restlessly. Persons who rate "very inadequately" generally have almost no regularly scheduled activities during the week. They may sleep out of boredom and spend most of their time alone and listless.

109. Refers to the level of productivity in the client's life. Productive activities are those that result in the feeling of having done something worthwhile. This does not mean that the client has to feel it is worthwhile but the sort of activities that society feels are worthwhile. This item is easiest to assess when the subject is employed and produces something tangible. Those who are not employed may meet this need through hobbies, especially creative ones or through helping other people. The essential point is that the client is producing something which can be regarded as a product or a service.

110. Refers to the level of interest and stimulation in the client's life. Are there activities in the client's daily or weekly schedule that are interesting? That he/she looks forward to? The opposite of this item is boredom. The client may be busy and productive but still be bored. This item seems to get at the stimulation of activities in the client's life.

111. Applies when client lacks the necessary information or skills to utilize public transportation services effectively. May include teaching client how to read a bus schedule, escorting client onto the bus, etc.

112. Applies when client needs extras on the vehicle such as wheelchair lifts, additional protective equipment, etc.

113. Applies when client is physically or mentally unable to utilize public system (whether or not specially equipped) and needs someone to take him/her places in the community (could include family or friends).

MEANINGFUL USE OF TIME

**What did you do:
today?
yesterday?
this week?**

**Do you have places you go
regularly? Do you have any
hobbies? Do you read?
Do you do anything exciting?
Are you often bored?
What do you look forward to?**

In the subject's daily life, how adequately are his/her
following needs met?

108. Structuring of time

Very inadequately ___ 1
Inadequately ___ 2
Adequately ___ 3
Very adequately ___ 4
Not applicable/unknown ___ 9

109. Productivity

Very inadequately ___ 1
Inadequately ___ 2
Adequately ___ 3
Very adequately ___ 4
Not applicable/unknown ___ 9

**What kinds of things would
you like to do?**

110. Interest and stimulation

Very inadequately ___ 1
Inadequately ___ 2
Adequately ___ 3
Very adequately ___ 4
Not applicable/unknown ___ 9

TRANSPORTATION ASSISTANCE

**How do you get around town?
Do you ever go by bus?
Are there places you would
like to go but can't?
Why not?**

111. Information/training

Received service ___ 1
Received service, but inadequate ___ 2
Needed service, but didn't receive ___ 3
Neither needed nor received service ___ 4
Not applicable/unknown ___ 9

112. Specially equipped transportation

Received service ___ 1
Received service, but inadequate ___ 2
Needed service, but didn't receive ___ 3
Neither needed nor received service ___ 4
Not applicable/unknown ___ 9

113. Ride services

Received service ___ 1
Received service, but inadequate ___ 2
Needed service, but didn't receive ___ 3
Neither needed nor received service ___ 4
Not applicable/unknown ___ 9

114-116. Deals with impairment due to affective or thought disorders. These are ratings of how the client is
doing at the time, not how impaired he/she may become in crisis situations. However, it may be useful to ask

the subject what happens when he/she is in crisis or goes to the hospital. This will give you a sense of the type and severity of the subject's disorder along with his/her insight into the disorder. Do not be too hesitant about personal questions regarding the client's mental illness--most of these clients have been asked these questions before.

114. Is the client depressed or exhibiting manic behavior? Does this mood disturbance interfere with personal relationships, eating and sleeping patterns, self-image, etc.? Even if you judge that the affective impairment is due to meds, you should still rate it. An "unimpaired" affect means that the person is spontaneous, responds fluidly and appropriately, and is capable of being both serious and jovial depending on the subject matter. "Slightly impaired" means that the person has a slightly dulled or depressed affect, or is slightly anxious, hostile, or overly excited. This slight impairment limits their range of affective response and may require the interviewer to work at getting the client to give comprehensive answers, relax, smile, sit down, and/or remain on task. A person who is "moderately impaired" requires the interviewer to alter his/her interview style. For example, a moderately manic person may need to be allowed to get up periodically or the interviewer may have to be less concerned with directing the conversation and allow the subject to go off on tangents. A depressed person might need a lot of supportive statements, a lot of prodding to elicit answers, and time to think or dwell before answering. Failure to do the above will probably result in frustration, anger, or withdrawal. A "severely impaired" client is either almost totally withdrawn or out of control with manic behavior. These people will almost always require the interviewer to seek information from additional sources.

115. This question is concerned with thought disorders, i.e., delusions, hallucinatory behavior. It also is concerned with the degree of interference these thought disorders have on the person's ability to cope. "Unimpaired" means that the client is devoid of hallucinations or delusional thoughts. They might have some misconceptions such as thinking they are too heavy but nothing abnormal. "Slightly impaired" means that the client has some delusional thoughts. They may range from slightly unrealistic beliefs about God or other powers to hallucinations that the client has insight into and control of (e.g., knows not to let her/himself dwell on certain thoughts). The important thing is that they do not torment or obsess the client. Nor do they keep the client from being able to be with people. "Moderately impaired" means that the client is unable to control the hallucinations or delusions. They may cause a certain amount of fear or isolation or they make it difficult for the client to redirect his/her thoughts. "Severely impaired" means that the client is highly delusional or hallucinatory and is probably dangerous to him/herself or others, through actual actions or neglect, unless in some sort of highly structured environment where others look after him/her. This person will not be a good informant and the interviewer will probably need to obtain additional information from other sources. It may be impossible to direct this person's conversation.

116. This item is concerned with the client's stability or lack of stability. Does the client appear to be stable? Does he/she seem to be in no apparent danger of decompensating? This does not refer necessarily to the level of affective or cognitive/perceptual disorder apparent. A client may be very delusional but may live in an environment where his delusions present no danger or he/she may have the ability to cope with day-to-day life even with the delusions present. On the other hand a client may have fairly clear thought patterns and seem affectively stable at the time, but they may be attempting to take on more than they can handle and may be in danger of decompensating at any time.

PSYCHIATRIC DISTRESS

Do you often feel tired?

sad?

excited?

high?

Do you have trouble eating?

sleeping?

114. Rate the subject's affective impairment

Severely impaired ___ 1
Moderately impaired ___ 2
Slightly impaired ___ 3
Unimpaired ___ 4
Not applicable/unknown ___ 9

**Does anyone else put thoughts
into your mind?**

**Is God important to you?
in what way?**

Do you hear voices?

115. Rate the subject's cognitive/perceptual impairment

Severely impaired ___ 1
Moderately impaired ___ 2
Slightly impaired ___ 3
Unimpaired ___ 4
Not applicable/unknown ___ 9

116. Rate the subject's level of psychological fragility

Severely fragile ___ 1
Moderately fragile ___ 2
Slightly fragile ___ 3
Not at all fragile ___ 4
Not applicable/unknown ___ 9

117-121. Refers to how the subject feels about his/her life. These questions may be asked directly of the client. The client may be asked to choose directly from the available responses. However if the client has a thought or mood disturbance such that he/she reports a feeling that is obviously inconsistent with observed behavior or reports from family, friends, landlord, or clinician, the interviewer will have to rate the client. The interviewer will also have to rate ambivalent clients who are incapable of choosing alternatives and clients who are too disturbed to give any sort of direct answer.

122. Applies when client does not normally require outreach approaches, but has had times when a crisis occurred and needed some immediate help and assistance. The crisis intervention could occur via telephone, on-site intervention, or by an unscheduled therapy session.

123. Applies when service provider sees client in home on a scheduled or unscheduled basis, but for more than crisis intervention. They may receive or need intensive on-site intervention or simply someone to check in on them or take them places to get involved. Also needed when client will not keep appointments.

124. Applies when client receives or would benefit from a one-to-one or group counseling session. Counseling may take the form of psychotherapy or it may simply be an opportunity for the client to talk about what's happening in his/her life. It is more than monitoring the effects and side-effects of medications.

PSYCHOLOGICAL WELL-BEING

117. How relaxed or at ease does the subject generally feel during the day?
Very relaxed ___ 1
Somewhat relaxed ___ 2
Slightly relaxed ___ 3
Not at all relaxed ___ 4
Not applicable/unknown ___ 9
118. How much does the subject enjoy his/her daily activities?
Very much ___ 1
Somewhat ___ 2
Slightly ___ 3
Not at all ___ 4
Not applicable/unknown ___ 9
119. How worthwhile does the subject feel that his/her daily activities are?
Very worthwhile ___ 1
Somewhat worthwhile ___ 2
Slightly worthwhile ___ 3
Not at all worthwhile ___ 4
Not applicable/unknown ___ 9
120. Overall how good does the subject feel about him or herself?
Very good ___ 1
Somewhat good ___ 2
Slightly good ___ 3
Not at all good ___ 4
Not applicable/unknown ___ 9
121. Overall how is life going for the subject?
Well ___ 1
Fairly well ___ 2
Poorly ___ 3
Very poorly ___ 4
Not applicable/unknown ___ 9

MENTAL HEALTH SERVICES

**Do you go to the clinic?
How often?
When were you last
hospitalized?
Did you see anyone in the
community first?
clinic? police?
When things are too much for
you to handle who do you
contact?
Does anyone from the clinic
ever come to see you at home?
the clinic?
Does someone talk to you?
Do they ask about your meds?**

122. Crisis intervention
Received service ___ 1
Received service, but inadequate ___ 2
Needed service, but didn't receive ___ 3
Neither needed nor received service ___ 4
Not applicable/unknown ___ 9
123. Outreach
Received service ___ 1
Received service, but inadequate ___ 2
Needed service, but didn't receive ___ 3
Neither needed nor received service ___ 4
Not applicable/unknown ___ 9
124. Individual or group counseling
Received service ___ 1
Received service, but inadequate ___ 2
Needed service, but didn't receive ___ 3
Neither needed nor received service ___ 4
Not applicable/unknown ___ 9

125. Applies when both monitoring and prescribing of medications are indicated. Someone must monitor the effects of medications for this service to be provided adequately.

126. Applies when client's family is involved or should be involved and there is a need for providing information, training, mobilization of their support, or dealing with family difficulties. This category does not include one-time information-giving contacts.

127. Applies when an alcohol or drug problem is evident.

128-131. The interpersonal domain is the level of social support within the client's life and the client's comfort with other people. Questions in this domain will not be asked directly. The interviewer needs to gain an in-depth feeling for the amount of contact and the adequacy of contact in the subject's life. Questions should probe into how well the subject knows the people who live with him/her, what kinds of activities they participate in together, and what kinds of things the subject shares with them. If it is difficult to get a handle on the relationship between subject and the people in the home, find out first if he/she can name any of them. Contact with family and friends should be explored in-depth. So should contact with people who participate in socialization groups, etc. It is also necessary to find out who the client contacts when he/she is down or feeling out of control.

128. This item refers to the degree of adequacy with which the client's network supplies him/her with the necessary information to make decisions that will increase or at least not decrease his/her ability to function. An inadequate rating on this item may refer to a lack of information or it may refer to incorrect or inadvisable information (e.g., advising the client not to take medications but to pray instead).

129. This item refers to the adequacy of tangible support in the client's network. Tangible support consists of financial and in-kind support as well as services, such as helping the client to move or doing his/her laundry.

130. Socializing refers to spending time with other people. It does not mean simply being in the same room with others but having some sort of interchange or doing something together even if it is only watching TV or drinking coffee. "Very adequate" socializing means that the client has an active social life and spends little or no time feeling lonely, unless due to the absence of an intimate friend. These clients generally have people with whom they can get together when they feel like doing something. They may have acquaintances at work or day treatment with whom they drink coffee or go out to lunch. If they live in a large facility, they may spend the day watching TV, talking, playing cards, drinking coffee, etc., with others. They have several evenings a week that they spend with family or friends. Time spent alone is generally by the client's own choice. "Adequate" socializing means that the client spends some time most days with other people. Such a person may attend work or day treatment with other people or may spend the day hanging out with others that live with him/her. He/she may spend evenings alone when they would rather be with others and may not have people to get together with when they desire to do something. A person who is rated as having "inadequate" socializing spends the majority of each day or the majority of days alone. They may watch TV alone or with people they do not know. They may spend a couple of hours at day treatment several days a week. Their primary contact may be mental health workers or family they do not live with. "Very inadequate" socializing means that the person is isolated and sees people at most only a couple of times a week. This contact may be in a bar with people he/she doesn't know.

125. Medication services
- Received service _____ 1
 Received service, but inadequate _____ 2
 Needed service, but didn't receive _____ 3
 Neither needed nor received service _____ 4
 Not applicable/unknown _____ 9

**Does your family ever talk to your counselor?
 How often?**

126. Family counseling
- Received service _____ 1
 Received service, but inadequate _____ 2
 Needed service, but didn't receive _____ 3
 Neither needed nor received service _____ 4
 Not applicable/unknown _____ 9

**Do you use alcohol?
 Street drugs?
 Have you ever seen anyone for such problems?**

127. Drug and/or alcohol treatment
- Received service _____ 1
 Received service, but inadequate _____ 2
 Needed service, but didn't receive _____ 3
 Neither needed nor received service _____ 4
 Not applicable/unknown _____ 9

INTERPERSONAL DOMAIN

**Who are the most important people in your life?
 How often do you see them?
 What do you do with them"
 Do you have contact with your family?
 How often?
 Do you spend time feeling lonely?
 When you are troubled is there anyone you can talk to?
 Are there people who are supportive of you?**

How adequately are the quality and quantity of the following types of support met?

128. Information and advice
- Very adequately _____ 1
 Adequately _____ 2
 Inadequately _____ 3
 Very inadequately _____ 4
 Not applicable/unknown _____ 9

129. Tangible support
- Very adequately _____ 1
 Adequately _____ 2
 Inadequately _____ 3
 Very inadequately _____ 4
 Not applicable/unknown _____ 9

130. Socializing
- Very adequately _____ 1
 Adequately _____ 2
 Inadequately _____ 3
 Very inadequately _____ 4
 Not applicable/unknown _____ 9

131. The degree of emotional support given to the client may not correspond to the support felt by the client. As much as possible rate the support given. "Very adequate" emotional support means that there are people in the person's day-to-day life who give more than the essential amount of emotional support. Through actions and/or words they attempt to make the person feel good about him/herself. This person has friends he/she can call when down or needing to talk things out. People seen daily also can communicate that they enjoy his/her company. As few as one significant other person may offer this degree of emotional support. "Adequate" emotional support means that the person receives essential emotional support, but no more. One or two people try to make him/her feel good about self and can be called when he/she needs to talk, but he/she may not receive support from other contacts. "Inadequate" support means that the client has someone in his/her life who tries to provide emotional support, but the client has little contact with them, does not know if the support will be available when needed, and/or the person who provides the support does so in an unhelpful way. "Very inadequate" means that the client has no one who provides him/her with emotional support, or no one who is in any sort of regular contact with the client.

132. The interviewer can judge the client's level of comfort with other people both by asking the client and by observing the client's reaction to the interviewer. "Very comfortable" means that the client displays some warmth toward others, initiates contact with friends, asks people over to do things with him/her. "Comfortable" means that the client shows no undue anxiety around others, tolerates others' presence well, and enjoys participating in group activities. "Uncomfortable" means that the client displays anxiety during the interview, has trouble deciding to participate in group activities, and may limit his/her activities to avoid contact with others. "Very uncomfortable" means that the interviewer has to spend considerable effort in reassuring the client during the interview and the client avoids almost all participation in activities that involve other people.

133. Applies when client would benefit from an intensive, ongoing treatment program (e.g., day treatment for three full days or 4-5 half days) or is physically or mentally unable to plan fulfilling activities in his/her life.

134. Applies when client lacks an adequate level of social skills and/or motivation to be involved in activities or interactions with other people. The client needs some support, structure, training, and encouragement along these lines.

135. Applies when client's social skills and motivation are adequate but lacks the opportunity or social network to get out and do things and/or meet people.

136. Applies when the client is physically unable to get out or mentally unable to handle the stress of leaving his/her home, but would still benefit by some social contact.

137. Refers to the adequacy of support and structure provided within the person's residence.

**Do you feel comfortable with others:
 friends?
 family?
 strangers?
 housemates?**

131. Emotional support
- Very adequately ___ 1
 - Adequately ___ 2
 - Inadequately ___ 3
 - Very inadequately ___ 4
 - Not applicable/unknown ___ 9

132. Rate the subject's level of comfort with others
- Very comfortable ___ 1
 - Comfortable ___ 2
 - Uncomfortable ___ 3
 - Very uncomfortable ___ 4
 - Not applicable/unknown ___ 9

SOCIAL/RECREATIONAL SERVICES

133. Structured daily activities
- Received service ___ 1
 - Received service, but inadequate ___ 2
 - Needed service, but didn't receive ___ 3
 - Neither needed nor received service ___ 4
 - Not applicable/unknown ___ 9

134. Social skills development/activity groups
- Received service ___ 1
 - Received service, but inadequate ___ 2
 - Needed service, but didn't receive ___ 3
 - Neither needed nor received service ___ 4
 - Not applicable/unknown ___ 9

135. Community social and recreational activities
- Received service ___ 1
 - Received service, but inadequate ___ 2
 - Needed service, but didn't receive ___ 3
 - Neither needed nor received service ___ 4
 - Not applicable/unknown ___ 9

136. Visitors or companions
- Received service ___ 1
 - Received service, but inadequate ___ 2
 - Needed service, but didn't receive ___ 3
 - Neither needed nor received service ___ 4
 - Not applicable/unknown ___ 9

HOUSING

137. Does the subject's living situation provide enough support and structure to maintain his/her well-being?
- Inadequate structure and support ___ 1
 - Adequate structure and support ___ 2
 - Not applicable/unknown ___ 9

138. Applies when the client is in a physically or emotionally abusive environment and would benefit by a professional investigating the situation more closely and advising the client of his/her rights.

139. Applies when the client is in an abusive environment and requires removal from the environment for his/her physical and/or emotional well-being.

140. Applies when client was or is in need of a temporary facility for sobering and detoxification due to his/her inebriation and resulting inability to care for self.

141. Applies when client shows strong evidence of or history of being dangerous to self or others or inability to care for self that would indicate the need for investigating the appropriateness of involuntary commitment.

PROTECTIVE SERVICES

138. Protective counseling

Received service _____ 1
Received service, but inadequate _____ 2
Needed service, but didn't receive _____ 3
Neither needed nor received service _____ 4
Not applicable/unknown _____ 9

139. Protective placement arrangement

Received service _____ 1
Received service, but inadequate _____ 2
Needed service, but didn't receive _____ 3
Neither needed nor received service _____ 4
Not applicable/unknown _____ 9

140. Detoxification

Received service _____ 1
Received service, but inadequate _____ 2
Needed service, but didn't receive _____ 3
Neither needed nor received service _____ 4
Not applicable/unknown _____ 9

141. Involuntary commitment process

Received service _____ 1
Received service, but inadequate _____ 2
Needed service, but didn't receive _____ 3
Neither needed nor received service _____ 4
Not applicable/unknown _____ 9