

NEW YORK STATE

Office of Mental Health
Office of Alcoholism and
Substance Abuse Services

Community Mental Health Assessment

SECTION A: IDENTIFICATION INFORMATION	
Name (First, Middle Initial, Last)	Health Home where person is enrolled
Date of Birth <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> Month Day Year </div>	Is person on HARP-eligible list? <input type="radio"/> On HARP list <input type="radio"/> Not on HARP list
What was individual's sex at birth? (on original birth certificate) <div style="margin-left: 20px;"> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other </div>	Medicaid ID (CIN) <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div>
Gender Identity <div style="margin-left: 20px;"> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> Could not (would not) answer </div>	Health Home Local Case <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div>
Sexual Orientation <div style="margin-left: 20px;"> <input type="radio"/> Heterosexual or straight <input type="radio"/> Homosexual, gay, or lesbian <input type="radio"/> Bisexual <input type="radio"/> Other <input type="radio"/> Not sure <input type="radio"/> Could not (would not) respond </div>	Social Security Number <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div>
Marital Status <div style="margin-left: 20px; display: flex; justify-content: space-between;"> <div> <input type="radio"/> Never married <input type="radio"/> Married <input type="radio"/> Partner/Significant Other <input type="radio"/> Widowed </div> <div> <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Unknown </div> </div>	What is person's religion? <div style="margin-left: 20px; display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="radio"/> Roman Catholic <input type="radio"/> Mainline Protestant <input type="radio"/> Evangelical Protestant <input type="radio"/> Non-denominational Protestant <input type="radio"/> Historically Black Protestant <input type="radio"/> Eastern Orthodox <input type="radio"/> Latter-Day Saints (Mormon) <input type="radio"/> Unknown </div> <div style="width: 50%;"> <input type="radio"/> Unspecified Christian <input type="radio"/> Jewish <input type="radio"/> Muslim <input type="radio"/> Buddhist <input type="radio"/> Hindu <input type="radio"/> Other <input type="radio"/> No religion </div> </div>
Date of Assessment <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div>	
Reason for Assessment <div style="margin-left: 20px;"> <input type="radio"/> First assessment <input type="radio"/> Routine reassessment <input type="radio"/> Return assessment <input type="radio"/> Significant change in status reassessment <input type="radio"/> Exit assessment <input type="radio"/> Other (e.g., research) </div>	Person's expressed goals of care Identify primary goal
Capacity <div style="margin-left: 20px; display: flex; justify-content: space-between;"> <div> Capable to consent to treatment Capable to disclose to information relating to clinical record Capable to manage property Has a substitute decision-maker for personal care or financial decisions </div> <div> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes </div> </div>	

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Residential/Living status at time of assessment

- | | |
|--|--|
| <input type="radio"/> Private home/apartment/rented room | <input type="radio"/> OPWDD community residence |
| <input type="radio"/> DOH adult home | <input type="radio"/> Long-term care facility (nursing home) |
| <input type="radio"/> Homeless - shelter | <input type="radio"/> Rehabilitation hospital/unit |
| <input type="radio"/> Homeless - street | <input type="radio"/> Hospice facility/palliative care unit |
| <input type="radio"/> Mental Health supported/supportive housing (all types) | <input type="radio"/> Acute care hospital/unit |
| <input type="radio"/> OASAS/SUD community residence | <input type="radio"/> Correctional facility |
| <input type="radio"/> OCFS/ACS/DSS community residence program
(Family foster care group home, Therapeutic foster care) | <input type="radio"/> Other |

Living Arrangement

- Alone
- With spouse/partner only
- With spouse/partner and other(s)
- With child (not spouse/partner)
- With parent(s) or guardian(s)
- With sibling(s)
- With other relatives
- With non-relative(s)

Individual receives housing supports

- No Yes

Residential Instability

Residential stability over LAST 2 YEARS
(e.g., 3 or more moves, no permanent
address, homeless, living in shelter)

- No Yes

Comments, Section A

SECTION B: INTAKE AND INITIAL HISTORY

Reasons for Referral/Assessment

- | | |
|---|--|
| Threat or danger to self | <input type="radio"/> No <input type="radio"/> Yes |
| Threat or danger to others | <input type="radio"/> No <input type="radio"/> Yes |
| Inability to care for self due to mental illness | <input type="radio"/> No <input type="radio"/> Yes |
| Problem with addiction or dependency | <input type="radio"/> No <input type="radio"/> Yes |
| Specific psychiatric symptoms (e.g., depression, hallucinations, medication side effects) | <input type="radio"/> No <input type="radio"/> Yes |
| Involvement with criminal justice system, or forensic admission | <input type="radio"/> No <input type="radio"/> Yes |

Date Case Opened / /
Month Day Year

Cultural/Ethnic Information

- Hispanic** No Yes
- If Hispanic is "Yes":
- Cuban No Yes
- Mexican No Yes
- Puerto Rican No Yes
- Dominican No Yes
- Ecuadorian No Yes
- Other Hispanic No Yes
- Unknown No Yes

Self-Identified Race/Ethnicity

(Check two most important racial/ethnic group identities)

- White
- Eastern European
- Other European
- Middle Eastern
- Other white
- Black
- African-American
- Afro-Caribbean
- African Continent
- Other black
- Unknown black
- American Indian or Alaska Native
- Unknown American Indian or Alaska Native tribe
- Asian
- Chinese
- Japanese
- Asian Indian
- Pakastani
- Filipino
- Vietnamese
- Korean
- Other Asian
- Native Hawaiian
- Other Pacific islander
- Unknown Native Hawaiian or Other Pacific Islander
- Other
- Unknown

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Preferred Language

- | | |
|--|----------------------------------|
| <input type="radio"/> English | <input type="radio"/> Hebrew |
| <input type="radio"/> Spanish | <input type="radio"/> Hindi |
| <input type="radio"/> American Sign language | <input type="radio"/> Italian |
| <input type="radio"/> Arabic | <input type="radio"/> Japanese |
| <input type="radio"/> Cantonese | <input type="radio"/> Korean |
| <input type="radio"/> Fujianese | <input type="radio"/> Polish |
| <input type="radio"/> Mandarin | <input type="radio"/> Russian |
| <input type="radio"/> Other Chinese | <input type="radio"/> Tagalog |
| <input type="radio"/> French | <input type="radio"/> Urdu |
| <input type="radio"/> German | <input type="radio"/> Vietnamese |
| <input type="radio"/> Greek | <input type="radio"/> Yiddish |
| <input type="radio"/> Haitian/ French Creole | <input type="radio"/> Unknown |
| <input type="radio"/> Other language not listed: | |

Interpreter needed No Yes

Mental Health Services

Time since last contact with community mental health agency or professional in PAST YEAR (e.g., psychiatrist, social worker)
EXCLUDE THIS CONTACT

No contact in past year
 31 days or more
 30 days or less

Time since last psychiatric hospital discharge

Code for most recent instance in LAST 90 DAYS

- No hospitalization within last 90 days
 More than 30 days ago
 15 to 30 days ago
 8 to 14 days ago
 Within in last 7 days
 Now in hospital

Number Psychiatric Admissions in LAST 2 YEARS

None
 1 to 2
 3 or more

Number Lifetime Psychiatric Admissions

None
 1 to 3
 4 to 5
 6 or more

Age in Years of First Overnight Stay in Psychiatric Hospital or Unit

Never
 1 to 14
 15 to 24
 25 to 44
 45 to 64
 65 +

History of Involuntary Psychiatric Admissions No Yes

Addiction Treatment History

Code for time since last discharge from addiction treatment program or service

- 30 days or less (from this program)
 30 days or less (from another program)
 31 - 90 days
 91 days to 1 year
 More than 1 year
 Not applicable (no prior admission or service)

Inpatient stay for substance use disorder

Number of inpatient rehabilitation admissions for substance use disorder in the past 6 months

None
 1 - 2
 3 or more

Number of inpatient detoxification admissions for substance use disorder in the past 6 months

None
 1 - 2
 3 or more

Substance-related convictions

Code for all LIFETIME convictions

Drug possession

Never
 Over 5 years
 1 - 5 years
 31 days to 1 year
 Last 30 days

Distribution or making of drugs (includes illicit drugs, prescription medication, counterfeit prescription medication)

Never
 Over 5 years
 1 - 5 years
 31 days to 1 year
 Last 30 days

Driving under the influence

Never
 Over 5 years
 1 - 5 years
 31 days to 1 year
 Last 30 days

Comments, Section B

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SECTION C: MENTAL STATE INDICATORS

Mental State Indicators

Code for indicators observed in last 3 days, irrespective of the assumed cause [Note: whenever possible, ask person]

0 = Not present 1 = Present but not exhibited in last 3 days 2 = Exhibited on 1-2 of last 3 days 3 = Exhibited daily in last 3 days

MOOD DISTURBANCE

	0	1	2	3
Sad, pained, or worried facial expressions (e.g., furrowed brow, constant frowning)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crying, tearfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased energy - Statements of decrease in energy level (e.g., "I just don't feel like doing anything; I have no energy")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made negative statements (e.g., "Nothing matters; Would rather be dead; What's the use; Regret having lived so long; Let me die")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-deprecation (e.g., "I am nothing; I am of no use to anyone")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expressions of guilt or shame (e.g., "I've done something awful; This is all my fault; I am a terrible person")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expressions of hopelessness (e.g., "There's no hope for the future; Nothing's going to change for the better")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inflated self-worth (e.g., exaggerated self-opinion, arrogance, inflated belief about one's own ability)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hyper-arousal - Motor excitation; unusually high activity; increased reactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability - Marked increase in being short-tempered or easily upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased sociability or hypersexuality - Marked increase in social or sexual activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressured speech or racing thoughts - Rapid speech, rapid transition from topic to topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labile affect - Affect fluctuates frequently with or without an external explanation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flat or blunted affect - Indifference, non-responsiveness, hard to get to smile, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ANXIETY

Repetitive anxious complaints/concerns (non-health related) (e.g., persistently seeks attention/reassurance regarding schedules, meals, laundry, clothing, relationships)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expressions, including non-verbal, of what appear to be unrealistic fears (e.g., fear of being abandoned, being left alone, being with others; intense fear of specific objects or situations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obsessive thoughts - Unwanted ideas or thoughts that cannot be eliminated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compulsive behavior (e.g., hand washing, repetitive checking of room, counting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrusive thoughts or flashbacks - Disturbing memories or images that intrude into thoughts, unexpected recall of adverse events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Episodes of panic - Cascade of symptoms of fear, anxiety, loss of control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PSYCHOSIS

Hallucinations - False sensory perception, of any type, with or without insight, without corresponding stimuli (e.g., auditory, visual, tactile, olfactory, gustatory hallucinations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Command hallucinations - Hallucination directing the person to do something or to act in a particular manner (e.g., to harm self or others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delusions - Fixed false beliefs (e.g., grandiose, paranoid, somatic, excluding beliefs specific to person's culture or religion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abnormal thought processes (e.g., loosening of associations, blocking, flight of ideas, tangentiality, circumstantiality)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Note: Continued on next page]

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NEGATIVE SYMPTOMS

	0	1	2	3
Expressions (including non-verbal) of a lack of any pleasure in life (anhedonia) (e.g., "I don't enjoy anything anymore")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Withdrawal from activities of interest (e.g., long standing activities, being with family or friends, refusal to attend programs and activities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of motivation - Absence of spontaneous goal-directed activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced social interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OTHER INDICATORS

Repetitive health complaints (e.g., persistently seeks medical attention, incessant concern with body functions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recurrent statements that something terrible is about to happen (e.g., believes he or she is about to die, have a heart attack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persistent anger with self or others (e.g., easily annoyed, anger at care received)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unusual or abnormal physical movements - Unusual facial expressions or mannerisms; peculiar motor behavior or body posturing (e.g., stereotypies, waxy flexibility)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hygiene - Unusually poor hygiene, unkempt, disheveled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty falling asleep or staying asleep; waking up too early; restlessness; non-restful sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too much sleep - Excessive amount of sleep that interferes with person's normal functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sleep problems related to hypomania or mania

- Person had 24-hour period with less than 2 hours of sleep caused by increased energy level (Code for most recent instance)
- Never
 - More than 1 year ago
 - 31 days - 1 year ago
 - 8 - 30 days ago
 - 4 - 7 days ago
 - In last 3 days

Degree of Insight into Mental Health Problem

- Full
- Limited
- None

Self-Reported Mood

- 0 = Not in last 3 days
- 1 = Not in last 3 days, but often feels that way
- 2 = In 1-2 of last 3 days
- 3 = Daily in last 3 days
- 8 = Person could not (would not) respond

Ask: "In the last 3 days, how often have you felt..."

	0	1	2	3	8
Little interest or pleasure in things you normally enjoy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxious, restless, or uneasy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sad, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments, Section C

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SECTION D: SUBSTANCE USE OR EXCESSIVE BEHAVIOR

<p>Alcohol Highest number of drinks in any "single sitting" in LAST 14 DAYS <input type="radio"/> None <input type="radio"/> 1 <input type="radio"/> 2 - 4 <input type="radio"/> 5 or more</p> <p>Number of days in last 30 days consumed alcohol to point of intoxication <input type="radio"/> None <input type="radio"/> 1 day <input type="radio"/> 2 to 8 days <input type="radio"/> 9 or more days, but not daily <input type="radio"/> Daily</p> <p>Time since use of the following substances 0 = Never 1 = More than 1 year ago 2 = 31 days to 1 year ago 3 = 8 to 30 days ago 4 = 4 to 7 days ago 5 = In last 3 days</p> <table border="1"> <tr> <td></td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Inhalants (e.g., glue, gasoline, paint thinners, solvents)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Hallucinogens (e.g., phencyclidine or "angel dust", LSD or "acid", "magic mushrooms", "ecstasy")</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Cocaine or crack</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Stimulants (e.g., amphetamines, "uppers", "speed", methamphetamine, prescription stimulant not prescribed)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Heroin</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Other opiates (including synthetics) (e.g., oxycodone, hydrocodone, or methadone not prescribed)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Marijuana not prescribed</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Sedatives or anti-anxiety not prescribed</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table> <p>Abstinence History</p> <p>Longest period of abstinence in last 5 years (excluding tobacco products and over-the-counter or prescribed medications as recommended by a physician) <input type="radio"/> More than 2 years <input type="radio"/> 91 days to 2 years <input type="radio"/> 90 days or less <input type="radio"/> 30 days or less <input type="radio"/> No periods of abstinence <input type="radio"/> Not applicable</p> <p>Most recent episode of abstinence in last 5 years <input type="radio"/> More than 2 years <input type="radio"/> 91 days to 2 years <input type="radio"/> 90 days or less <input type="radio"/> 30 days or less <input type="radio"/> No periods of abstinence <input type="radio"/> Not applicable</p>		0	1	2	3	4	5	Inhalants (e.g., glue, gasoline, paint thinners, solvents)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hallucinogens (e.g., phencyclidine or "angel dust", LSD or "acid", "magic mushrooms", "ecstasy")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cocaine or crack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stimulants (e.g., amphetamines, "uppers", "speed", methamphetamine, prescription stimulant not prescribed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other opiates (including synthetics) (e.g., oxycodone, hydrocodone, or methadone not prescribed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Marijuana not prescribed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sedatives or anti-anxiety not prescribed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>Intentional misuse of prescription or over-the-counter medication in LAST 90 DAYS (e.g., used medication such as benzodiazapines or analgesics for purpose other than intended) <input type="radio"/> No <input type="radio"/> Yes</p> <p>High risk consumption Code for any consumption of unconventional, highly dangerous substances for the purpose of intoxication in the last 90 days (e.g., hand sanitizer, antifreeze, large quantity of nutmeg) <input type="radio"/> No <input type="radio"/> Yes</p> <p>Injection drug use (Exclude prescription medications) <input type="radio"/> Never used injection drugs <input type="radio"/> Used injection drugs more than 30 days ago <input type="radio"/> Used injection drugs in last 30 days; did not share needles <input type="radio"/> Used injection drugs in last 30 days; did share needles</p> <p>Patterns of drinking or other substance use in last 90 days Presence of behavioral indicators of potential substance-related addiction in LAST 90 DAYS</p> <p>Person felt the need or was told by others to cut down on drinking or drug use, or others were concerned about person's substance use <input type="radio"/> No <input type="radio"/> Yes</p> <p>Person has been bothered by criticism from others about drinking or drug use <input type="radio"/> No <input type="radio"/> Yes</p> <p>Person has reported feelings of guilt about drinking or drug use <input type="radio"/> No <input type="radio"/> Yes</p> <p>Person had to have a drink or use drugs first thing in the morning to steady nerves (e.g., an "eye opener") <input type="radio"/> No <input type="radio"/> Yes</p> <p>Person feels social environment encourages or facilitates abuse of drugs or alcohol <input type="radio"/> No <input type="radio"/> Yes</p> <p>Withdrawal symptoms Severity of signs and symptoms possibly indicative of withdrawal from alcohol, drugs, or medication. Code for most severe level in LAST 3 DAYS. <input type="radio"/> None present <input type="radio"/> Mild - Symptoms typical of early stages of withdrawal (e.g., agitation, "jitters", cravings, gastrointestinal upset, anxiety, hostility, vivid dreaming) <input type="radio"/> Moderate - Increased severity of early indicators (e.g., weakness, sweating, hot flashes, fainting, muscle twitching) <input type="radio"/> Severe - Symptoms typical of late stages of withdrawal (e.g., exhaustion, seizures, tremors, tachycardia, disorientation, hyperventilation)</p>
	0	1	2	3	4	5																																																										
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Other opiates (including synthetics) (e.g., oxycodone, hydrocodone, or methadone not prescribed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																										
Marijuana not prescribed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																										
Sedatives or anti-anxiety not prescribed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																										

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<p>Overdose (ingestion of drugs or alcohol in an amount exceeding what the body can metabolize or excrete before toxicity) Code for most recent time of event</p> <p><input type="radio"/> Never <input type="radio"/> More than 1 year ago <input type="radio"/> 31 days - 1 year ago <input type="radio"/> 8 - 30 days ago <input type="radio"/> 4 - 7 days ago <input type="radio"/> In last 3 days</p> <p>Person has ever had a diagnosis of substance-related disorder (e.g., alcohol dependence) <input type="radio"/> No <input type="radio"/> Yes</p> <p>Caffeine Use Highest number of caffeinated beverages consumed in any single day of the LAST 3 DAYS</p> <p><input type="radio"/> No coffee or caffeinated beverages <input type="radio"/> 1-2 cups of coffee or 1-4 caffeinated beverages <input type="radio"/> 3-5 cups of coffee or 5-9 caffeinated beverages <input type="radio"/> 6 or more cups of coffee or 10 or more caffeinated beverages</p> <p>Uses tobacco daily</p> <p><input type="radio"/> No <input type="radio"/> Not in last 3 days, but is usually a daily user <input type="radio"/> Yes</p>	<p>Gambled excessively or uncontrollably in LAST 90 DAYS <input type="radio"/> No <input type="radio"/> Yes</p> <p>Problem video gaming and Internet use in LAST 90 DAYS Code for disruption caused by the person's usual pattern of video gaming or Internet use</p> <p>0 = None</p> <p>1 = Minimal - Some disruption, but completes normal day-to-day activities, attends to paid and unpaid work responsibilities (e.g., competitive employment, school, parenting, household chores)</p> <p>2 = Moderate - Due to problem video gaming/Internet use, reduced attention to personal needs (e.g., hygiene, sleeping, eating); limited in-person social activity outside of video gaming/on-line interactions, poor productivity and attendance at work or school</p> <p>3 = Severe - Due to problem video gaming/Internet use, does not attend to personal needs; negligible participation in in-person social or household activities; not attending work or school, or at serious risk of workplace dismissal or failure at school</p> <table style="width: 100%; text-align: center; margin-top: 10px;"> <tr> <td></td> <td><u>0</u></td> <td><u>1</u></td> <td><u>2</u></td> <td><u>3</u></td> </tr> <tr> <td>Problem with video gaming</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Problem Internet use</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>		<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	Problem with video gaming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Problem Internet use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>												
Problem with video gaming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>												
Problem Internet use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>												

Comments, Section D

SECTION E: HARM TO SELF AND OTHERS

<p>Self-injurious ideation or attempt Code for most recent instance</p> <p>Considered performing self-injurious act</p> <p><input type="radio"/> Never <input type="radio"/> More than 1 year ago <input type="radio"/> 31 days - 1 year ago <input type="radio"/> 8 - 30 days ago <input type="radio"/> 4 - 7 days ago <input type="radio"/> In last 3 days</p> <p>Most recent self-injurious attempt</p> <p><input type="radio"/> Never <input type="radio"/> More than 1 year ago <input type="radio"/> 31 days - 1 year ago <input type="radio"/> 8 - 30 days ago <input type="radio"/> 4 - 7 days ago <input type="radio"/> In last 3 days</p> <p>Intent of any self-injurious attempt was to kill him/herself <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No attempt</p>	<p>Other indicators of self-injurious behavior</p> <p>Family, caregiver, friend, or staff expresses concern that the person is at risk for self-injury <input type="radio"/> No <input type="radio"/> Yes</p> <p>Suicide plan - in LAST 30 DAYS, formulated a scheme to end own life <input type="radio"/> No <input type="radio"/> Yes</p> <p>Violence: Code for most recent instance</p> <p>Violent ideation - (e.g., reports of pre-meditated thoughts, statements, plans to commit violence)</p> <p><input type="radio"/> Never <input type="radio"/> More than 1 year ago <input type="radio"/> 31 days - 1 year ago <input type="radio"/> 8 - 30 days ago <input type="radio"/> 4 - 7 days ago <input type="radio"/> In last 3 days</p>
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<p>Intimidation of others or threatened violence - (e.g., threatening gestures or stance with no physical contact, shouting angrily, throwing furniture, explicit threats of violence) <input type="radio"/> Never <input type="radio"/> More than 1 year ago <input type="radio"/> 31 days - 1 year ago <input type="radio"/> 8 - 30 days ago <input type="radio"/> 4 - 7 days ago <input type="radio"/> In last 3 days</p> <p>Violence to others - Acts with purposeful, malicious, or vicious intent, resulting in physical harm to another (e.g., stabbing, choking, beating) <input type="radio"/> Never <input type="radio"/> More than 1 year ago <input type="radio"/> 31 days - 1 year ago <input type="radio"/> 8 - 30 days ago <input type="radio"/> 4 - 7 days ago <input type="radio"/> In last 3 days</p> <p>History of sexual violence or assault as perpetrator <input type="radio"/> No <input type="radio"/> Yes</p> <p>Extreme behavior disturbance History of extreme behavior(s) that suggests serious risk of harm to self (e.g., severe self-mutilation) or others (e.g., fire setting, homicide) <input type="radio"/> No <input type="radio"/> Yes, but not exhibited in last 7 days <input type="radio"/> Yes, exhibited in last 7 days</p> <p>Police Intervention Code for MOST RECENT instance (exclude contact as victim)</p> <p>Police intervention for violent behavior <input type="radio"/> Never <input type="radio"/> More than 1 year ago <input type="radio"/> 31 days - 1 year ago <input type="radio"/> 8 - 30 days ago <input type="radio"/> 4 - 7 days ago <input type="radio"/> In last 3 days</p>	<p>Police intervention for non-violent behavior <input type="radio"/> Never <input type="radio"/> More than 1 year ago <input type="radio"/> 31 days - 1 year ago <input type="radio"/> 8 - 30 days ago <input type="radio"/> 4 - 7 days ago <input type="radio"/> In last 3 days</p> <p>Arrested with charges <input type="radio"/> Never <input type="radio"/> More than 1 year ago <input type="radio"/> 31 days - 1 year ago <input type="radio"/> 8 - 30 days ago <input type="radio"/> 4 - 7 days ago <input type="radio"/> In last 3 days</p> <p>Incarcerated (i.e., jail or prison with overnight stay) <input type="radio"/> Never <input type="radio"/> More than 1 year ago <input type="radio"/> 31 days - 1 year ago <input type="radio"/> 8 - 30 days ago <input type="radio"/> 4 - 7 days ago <input type="radio"/> In last 3 days</p> <p>Currently on probation or parole <input type="radio"/> No <input type="radio"/> Yes</p> <p>Currently on court diversion/support program <input type="radio"/> No <input type="radio"/> Yes</p> <p>Restraining order(s) <input type="radio"/> Never present <input type="radio"/> Previous order(s), but none present now <input type="radio"/> Order(s) present</p> <p>Community treatment order(s) (AOT) <input type="radio"/> Not present <input type="radio"/> Present</p>
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Comments, Section E

SECTION F: BEHAVIOR

Behavioral Symptoms

Code for indicators observed in last 3 days irrespective of the assumed cause

0. Not present 1. Present but not exhibited in last 3 days

2. Exhibited 1-2 of last 3 days 3. Exhibited daily in last 3 days

		0	1	2	3
Wandering - moved with no rational purpose, seemingly oblivious to needs or safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal abuse (e.g., others were threatened, screamed at, cursed at)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical abuse (e.g., others were hit, shoved, scratched)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socially inappropriate or disruptive behavior (e.g., made disruptive sounds or noises, screamed out, smeared or threw food or feces, hoarded, rummaged through other's belongings, banging, rocking, seeking touch from other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inappropriate public sexual behavior or public disrobing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resists care (e.g., taking medications/injections, ADL assistance, eating)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments, Section F

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SECTION G: COGNITION

Cognitive Skills for Daily Decision Making

Making decisions regarding tasks of daily life (e.g., when to get up or have meals, which clothes to wear or activities to do)

- Independent - decisions consistent, reasonable and safe
- Modified independence - some difficulty in new situations only
- Minimally impaired - in specific recurring situations, decisions become poor or unsafe; cues/supervision necessary at those times
- Moderately impaired - decisions consistently poor or unsafe; cues/supervision required at all times
- Severely impaired - never or rarely makes decisions
- No discernible consciousness, coma

Memory/Recall Ability Code for recall of what was learned or known

Short-term memory OK - seems/appears to recall after 5 minutes Yes, memory OK Memory problem

Procedural memory OK - Can perform all or almost all steps in a multi-task sequence without cues Yes, memory OK Memory problem

Periodic Disordered Thinking or Awareness

[Note: Accurate assessment requires conversations with staff, family or others who have direct knowledge of the person's behavior over this time.]

Codes:

- 0 = Behavior not present
- 1 = Behavior present, consistent with usual functioning
- 2 = Behavior present, appears different from usual functioning (e.g., new onset or worsening; different from a few weeks ago)

0 1 2

Easily distracted (e.g., episodes of difficulty paying attention; gets sidetracked)

Episodes of disorganized speech (e.g., speech is nonsensical, irrelevant, or rambling from subject to subject; loses train of thought)

Mental function varies over the course of the day (e.g., sometimes better, sometimes worse)

Acute Change in Mental Status from Person's Usual Functioning

(e.g., restlessness, lethargy, difficult to arouse, altered environmental perception) No Yes

Change in Decision Making as Compared to 90 DAYS AGO (or since last assessment)

- Improved
- No change
- Declined
- Uncertain

Comments, Section G

SECTION H: FUNCTIONAL STATUS

Independent Living Skills (IADLs)

Code for PERFORMANCE in routine activities around the home or in the community during the LAST 3 DAYS

Code for CAPACITY based on presumed ability to carry out activity as independently as possible. This will require "speculation" by the assessor.

- 0 = **Independent** - no help, setup, or supervision
- 1 = **Setup help only**
- 2 = **Supervision** - oversight/cuing
- 3 = **Limited assistance** - help on some occasions
- 4 = **Extensive assistance** - help throughout task, but performs 50% or more of task on own
- 5 = **Maximal assistance** - help throughout task, but performs less than 50% of task on own
- 6 = **Total dependence** - full performance by others during entire period
- 8 = **Activity did not occur** - during entire period (DO NOT USE THIS CODE IN SCORING CAPACITY)

PERFORMANCE

CAPACITY

0 1 2 3 4 5 6 8 0 1 2 3 4 5 6

Meal preparation - How meals are prepared (e.g., planning meals, assembling ingredients, cooking, setting out food and utensils)

Ordinary housework - How ordinary work around the house is performed (e.g., doing dishes, dusting, making bed, tidying up, laundry)

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		PERFORMANCE								CAPACITY						
		0	1	2	3	4	5	6	8	0	1	2	3	4	5	6
Managing finances - How bills are paid, checkbook is balanced, household expenses are budgeted, credit card account is monitored		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing medications - How medications are managed (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone use - How telephone calls are made or received (with assistive devices such as large numbers on telephone, amplification as needed)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping - How shopping is performed for food and household items (e.g., selecting items, paying money) EXCLUDE TRANSPORTATION		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation - How travels by public transportation (navigating system, paying fare) or driving self (including getting out of house, in and out of vehicles)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Care Skills (ADLs) Performance		<p>Consider all episodes over 3-day period.</p> <p>If all episodes are performed at the same level, score ADL at that level. If any episodes at level 6, and others less dependent, score ADL as a 5.</p> <p>Otherwise, focus on the three most dependent episodes [or all episodes if performed fewer than 3 times].</p> <p>If most dependent episode is 1, score ADL as 1. If not, score ADL as least dependent of those episodes in range 2 - 5.</p> <p>0 = Independent - no physical assistance, setup, or supervision in any episode 1 = Independent, setup help only - article or device provided or placed within reach, no physical assistance or supervision in any episode 2 = Supervision - oversight/cuing 3 = Limited assistance - guided maneuvering of limbs, physical guidance without taking weight 4 = Extensive assistance - weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks 5 = Maximal assistance - weight-bearing support (including lifting limbs) by 2+ helpers -OR- weight-bearing support for more than 50% of subtasks 6 = Total dependence - full performance by others during all episodes 8 = Activity did not occur during entire period</p>														
Personal Hygiene - How manages personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing and drying face and hands - EXCLUDE BATHS AND SHOWERS		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Locomotion - How moves between locations on same floor (walking or wheeling). If in wheelchair, self-sufficiency once in chair		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transfer toilet - How moves on and off toilet or commode		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toilet Use - How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjusts clothes - EXCLUDE TRANSFER ON AND OFF TOILET		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating - How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total hours of exercise or physical activity in LAST 3 DAYS (e.g., walking) <input type="radio"/> None <input type="radio"/> 3 - 4 hours <input type="radio"/> Less than 1 hour <input type="radio"/> More than 4 hours <input type="radio"/> 1 - 2 hours		Change in ADL Status as compared to 90 days ago, or since last assessment if less than 90 days ago								<input type="radio"/> Improved <input type="radio"/> No change <input type="radio"/> Declined <input type="radio"/> Uncertain						
Physical Function Improvement Potential Person believes he/she is capable of improved performance in physical function <input type="radio"/> No <input type="radio"/> Yes Care professional believes person is capable of improved performance in physical function <input type="radio"/> No <input type="radio"/> Yes		Comments, Section H														

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SECTION I: COMMUNICATION AND VISION

Making Self Understood (Expression)

Expressing information content - both verbal and non-verbal

- Understood - expresses ideas without difficulty
- Usually understood - difficulty finding words or finishing thoughts BUT if given time, little or no prompting required
- Often understood - difficulty finding words or finishing thoughts AND prompting usually required
- Sometimes understood - ability is limited to making concrete requests
- Rarely or never understood

Ability to Understand Others (Comprehension)

Understanding verbal information content (however able; with hearing appliance normally used)

- Understands - clear comprehension
- Usually understands - misses some part/intent of message BUT comprehends most conversation
- Often understands - misses some part/intent of message BUT with repetition or explanation can often comprehend conversation
- Sometimes understands - responds adequately to simple, direct communication only
- Rarely or never understands

Hearing: Ability to hear (with hearing appliance normally used)

- Adequate - no difficulty in normal conversation, social interaction, listening to TV
- Minimal difficulty - difficulty in some environments (e.g., when person speaks softly or is more than 6 feet away)
- Moderate difficulty - problem hearing normal conversation, requires quiet setting to hear well
- Severe difficulty - difficulty in all situations (e.g., speaker has to talk loudly or speak very slowly; or person reports that all speech is mumbled)
- No hearing

Vision: Ability to see in adequate light (with glasses or with other visual appliance normally used)

- Adequate - sees fine detail, including regular print in newspaper/books
- Minimal difficulty - sees large print, but not regular print in newspaper/books
- Moderate difficulty - limited vision; not able to see newspaper headlines; but can identify objects
- Severe difficulty - object identification in question, but eyes appear to follow objects; sees only light, color, shapes
- No vision

Comments, Section I

SECTION J: HEALTH CONDITIONS

Self-Reported Health

Ask: "In general, how would you rate your health?"

- Excellent
- Good
- Fair
- Poor
- Could not (would not) respond

Problem Frequency

- 0 = Not present
- 1 = Present but not exhibited in last 3 days
- 2 = Exhibited on 1 of last 3 days
- 3 = Exhibited on 2 of last 3 days
- 4 = Exhibited daily in last 3 days

Code for presence
LAST 3 DAYS

Balance

Dizziness

Unsteady gait

Cardiac

Chest pain

0 1 2 3 4

0 1 2 3 4

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<p>Problem Frequency 0 = Not present 1 = Present but not exhibited in last 3 days Code for presence 2 = Exhibited on 1 of last 3 days LAST 3 DAYS 3 = Exhibited on 2 of last 3 days 4 = Exhibited daily in last 3 days</p> <p>GI Status</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="border-bottom: 1px solid black;"></th> <th style="border-bottom: 1px solid black;">0</th> <th style="border-bottom: 1px solid black;">1</th> <th style="border-bottom: 1px solid black;">2</th> <th style="border-bottom: 1px solid black;">3</th> <th style="border-bottom: 1px solid black;">4</th> </tr> </thead> <tbody> <tr> <td>Acid Reflux - Regurgitation of acid from stomach to throat</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Constipation - No bowel movement in 3 days or difficult passage of hard stool</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Diarrhea</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Dry mouth</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Hypersalivation or drooling</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Increase or decrease in normal appetite</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Nausea</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Vomiting</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <p>Other</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="border-bottom: 1px solid black;"></th> <th style="border-bottom: 1px solid black;">0</th> <th style="border-bottom: 1px solid black;">1</th> <th style="border-bottom: 1px solid black;">2</th> <th style="border-bottom: 1px solid black;">3</th> <th style="border-bottom: 1px solid black;">4</th> </tr> </thead> <tbody> <tr> <td>Blurred vision</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Daytime drowsiness or sedation</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Difficulty urinating, urinating 3 or more times a night or polyuria</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Emergent conditions (e.g., itching, fever, rash, bleeding)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Headache</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Peripheral edema</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Seizures</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table> <p>Dyspnea (Shortness of breath)</p> <p><input type="radio"/> Absence of symptom</p> <p><input type="radio"/> Absent at rest, but present when performed moderate activities</p> <p><input type="radio"/> Absent at rest, but present when performed normal day-to-day activities</p> <p><input type="radio"/> Present at rest</p> <p>Fatigue</p> <p>Inability to complete normal daily activities (e.g., ADLs, IADLs)</p> <p><input type="radio"/> None</p> <p><input type="radio"/> Minimal - Diminished energy but completes normal day-to-day activities</p> <p><input type="radio"/> Moderate - Due to diminished energy, UNABLE TO FINISH normal day-to-day activities</p> <p><input type="radio"/> Severe - Due to diminished energy, UNABLE TO START SOME normal day-to-day activities</p> <p><input type="radio"/> Unable to commence any normal day-to-day activities - Due to diminished energy</p>		0	1	2	3	4	Acid Reflux - Regurgitation of acid from stomach to throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Constipation - No bowel movement in 3 days or difficult passage of hard stool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dry mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hypersalivation or drooling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Increase or decrease in normal appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nausea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		0	1	2	3	4	Blurred vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Daytime drowsiness or sedation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Difficulty urinating, urinating 3 or more times a night or polyuria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Emergent conditions (e.g., itching, fever, rash, bleeding)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Peripheral edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>Falls Last 30 days <input type="radio"/> No falls <input type="radio"/> 1 fall <input type="radio"/> 2+ falls</p> <p>31 - 90 days <input type="radio"/> No falls <input type="radio"/> 1 fall <input type="radio"/> 2+ falls</p> <p>91 - 180 days <input type="radio"/> No falls <input type="radio"/> 1 fall <input type="radio"/> 2+ falls</p> <p>Pain Symptoms [Note: Always ask person about pain frequency, intensity, and control. Observe person and ask others who are in contact with the person.]</p> <p>Frequency with which person complains or shows evidence of pain (including grimacing, teeth clenching, moaning, withdrawal when touched, or other non-verbal signs suggesting pain)</p> <p><input type="radio"/> No pain</p> <p><input type="radio"/> Present but not exhibited in last 3 days</p> <p><input type="radio"/> Exhibited on 1-2 of last 3 days</p> <p><input type="radio"/> Exhibited daily in last 3 days</p> <p>Intensity of highest level of pain present</p> <p><input type="radio"/> No pain</p> <p><input type="radio"/> Mild</p> <p><input type="radio"/> Moderate</p> <p><input type="radio"/> Severe</p> <p><input type="radio"/> Times when pain is horrible or excruciating</p> <p>Consistency of pain</p> <p><input type="radio"/> No pain</p> <p><input type="radio"/> Single episode during last 3 days</p> <p><input type="radio"/> Intermittent</p> <p><input type="radio"/> Constant</p> <p>Pain Control - Adequacy of current therapeutic regimen to control pain (from person's point of view)</p> <p><input type="radio"/> No issue of pain</p> <p><input type="radio"/> Pain intensity acceptable to person; no treatment regimen or change in regimen required</p> <p><input type="radio"/> Controlled adequately by therapeutic regimen</p> <p><input type="radio"/> Controlled when therapeutic regimen followed, but not always followed as ordered</p> <p><input type="radio"/> Therapeutic regimen followed, but pain control not adequate</p> <p><input type="radio"/> No therapeutic regimen being followed for pain; pain not adequately controlled</p> <p>Comments, Section J</p>
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NEW YORK STATE

Office of Mental Health
Office of Alcoholism and
Substance Abuse Services

Community Mental Health Assessment

SECTION K: STRESS AND TRAUMA

Life Events	Codes:						
Code for most recent time of event	0 = Never - no event of that type was experienced						
	1 = More than 1 year ago						
	2 = 31 days - 1 year ago						
	3 = 8 - 30 days ago						
	4 = 4 - 7 days ago						
	5 = In last 3 days						
		0	1	2	3	4	5
Serious accident or physical impairment		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distressed about health of another person		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Death of close family member or friend		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child custody issues; birth or adoption of child		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict-laden or severed relationship, including divorce		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Failed or dropped out of education program		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Major loss of income or serious economic hardship due to poverty		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review hearing (e.g., forensic, certification, capacity hearing)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigration, including refuge status		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lived in war zone or area of violent conflict (combatant or civilian)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witnessed severe accident, disaster, terrorism, violence, or abuse		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim of crime (e.g., robbery) - exclude assault		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim of sexual assault or abuse		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim of physical assault or abuse		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim of emotional abuse		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parental abuse of alcohol and/or drugs		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describes one or more of these life events as invoking a sense of horror or intense fear

No, or not applicable
 Yes
 Could not/would not respond

Other Indicators of Abuse of Person

Fearful of a family member or close acquaintance No Yes

Unexplained injuries No Yes

Person has concerns for his/her safety No Yes

Family member(s) have been victims of physical, emotional, sexual abuse or assault No Yes

Comments, Section K

SECTION L: MEDICATIONS

List of All Medications
List all active prescriptions and any non-prescribed (over the counter) medications taken in the LAST 3 DAYS
Use worksheet on following page

Adherent with Medications Prescribed by Physician

Always adherent

Adherent 80% of time or more

Adherent less than 80% of time, including failure to purchase prescribed medications

No medications prescribed

Stopped taking psychotropic medication in last 3 months because of side effects

No, or no psychotropic medications

Yes

Allergy to Any Drug No known drug allergies
 Yes

Comments, Section L

NEW YORK STATE

Office of Mental Health
Office of Alcoholism and
Substance Abuse Services

Community Mental Health Assessment

SECTION M: SERVICE UTILIZATION AND TREATMENTS

Formal Care

Contact with formal care provider in LAST 30 DAYS (or since move to current residence if LESS THAN 30 DAYS)

- 0 = No contact in last 30 days 2 = Contact in last 7 days, but
1 = No contact in last 7 days, but not daily
 contact 8 - 30 days ago 3 = Daily contact in last 7 days

	0	1	2	3
Psychiatrist or psychiatric nurse practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse practitioner or MD (non-psychiatrist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health/Substance Abuse Counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychologist or Psychometrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational Therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment/Educational Counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Support Worker/Health Care Aide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral health peer support (paid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other behavioral health staff (including CASACs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Person prefers change (when asked)

Peer supports (e.g., programs, staff)

- No Yes
 Could/would not respond

Treatment Modalities

Code for treatment modalities used in LAST 30 DAYS (or since admission if less than 30 days ago)

- 0 = Not offered and not received
1 = Offered, but refused
2 = Not received, but scheduled to start within next 30 days
3 = Received 8 - 30 days ago
4 = Received in last 7 days

	0	1	2	3	4
Individual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family or couple	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-help/consumer group (e.g., Double Trouble, Alcoholics Anonymous)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complementary therapy or treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Day hospital/Outpatient program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Focus of Intervention

Code for types of issues that were a major focus of interventions in LAST 30 DAYS (or since admission if less than 30 days ago)

- 0 = No intervention of this type
1 = Offered, but refused
2 = Not received, but scheduled to start within next 30 days
3 = Received 8 to 30 days ago
4 = Received in last 7 days

	0	1	2	3	4
Life skills training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social of family functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Detoxification or post-detox stabilization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol or drug treatment, including methadone management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment support services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic needs (e.g., shelter, food)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial rehabilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Electroconvulsive Therapy

- Never received and not scheduled to begin
 Received more than 30 days ago
 Received 8 to 30 days ago
 Received within last 7 days
 Scheduled to begin within 7 days

Hospital Use, Emergency Room Use, Physician Visit

Code for number of times during the LAST 90 DAYS (or since last assessment if less than 90 days)

Inpatient acute hospital with overnight stay (non-psychiatric)	<input type="text"/>	<input type="text"/>
Emergency room visit (not counting overnight stay)	<input type="text"/>	<input type="text"/>
Physician visit (or authorized assistant or practitioner) - EXCLUDE PSYCHIATRIST	<input type="text"/>	<input type="text"/>

Comments, Section M

NEW YORK STATE

Office of Mental Health
Office of Alcoholism and
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Community Mental Health Assessment

SECTION N: NUTRITIONAL STATUS

Height and Weight

Record height in inches and weight in pounds.

Height Inches

Weight
Base weight on most recent measure
in LAST 30 DAYS Pounds

Nutritional Issues

- Weight loss of 5% or more in LAST 30 DAYS,
or 10% or more in LAST 180 DAYS No Yes
- Weight gain of 5% or more in LAST 30 DAYS,
or 10% or more in LAST 180 DAYS No Yes
- Fluid intake less than 1,000 cc per day
(less than four 8 oz cups/day) No Yes
- Decrease in amount of food or fluid
usually consumed No Yes
- Ate one or fewer meals on AT LEAST 2 of
LAST 3 DAYS No Yes

Presence of potential signs of eating disorders in LAST 30 DAYS

- Any instances of binge eating,
purging, or bulimia No Yes
- Unrealistic fear of weight gain; statements
that suggest a distorted body image No Yes
- Fasting or major restrictions of diet -
EXCLUDE RELIGIOUS PRACTICES No Yes

Comments, Section N

SECTION O: SOCIAL RELATIONS

Two Key Informal Helpers

Helper 1 Name: _____

Relationship to person

- Child or child-in-law Other relative
 Spouse Friend
 Partner/significant other Neighbor
 Parent/guardian No informal helper
 Sibling

Lives with person No
 Yes, 6 months or less
 Yes, more than 6 months
 No informal helper

Areas of informal help during last 3 days

(Check all that apply)

- Help with child care or other dependents No Yes
 No informal helper
- Supervision for personal safety No Yes
 No informal helper
- Crisis support No Yes
 No informal helper
- IADL No Yes
 No informal helper
- ADL No Yes
 No informal helper

Helper 2 Name: _____

Relationship to person

- Child or child-in-law Other relative
 Spouse Friend
 Partner/significant other Neighbor
 Parent/guardian No support
 Sibling

Lives with person No
 Yes, 6 months or less
 Yes, more than 6 months
 No informal helper

Areas of informal help during last 3 days

(Check all that apply)

- Help with child care or other dependents No Yes
 No informal helper
- Supervision for personal safety No Yes
 No informal helper
- Crisis support No Yes
 No informal helper
- IADL No Yes
 No informal helper
- ADL No Yes
 No informal helper

NEW YORK STATE

Office of Mental Health
Office of Alcoholism and
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Plans for Future Needs

Person or informal helper(s) has plans for alternative future support or living arrangements, if required (e.g., if current informal helper is no longer able to provide support)

- Alternative plans not considered OR not required
- Alternative plans not made, but under consideration
- Alternative plans made

Informal Helper Status

Informal helper(s) is unable to continue caring activities (e.g., decline in health of the helper makes it difficult to continue) No Yes

Primary informal helper expresses feelings of distress, anger, or depression No Yes

Family or close friends report feeling overwhelmed by person's illness No Yes

Belief that relationship(s) with immediate family member(s) is disturbed or dysfunctional

- Belief not present
- Only person believes
- Family, friends, or other believe
- Both person AND others believe

Unsettled Relationships

Conflict with or repeated criticism of family or friends No Yes

Conflict with or repeated criticism of other care recipients No Yes

Staff report persistent frustration in dealing with No Yes

Strengths

Reports having a confidant No Yes

Consistent positive outlook No Yes

Strong and supportive relationship with family No Yes

Reports strong sense of involvement in community No Yes

Social Relationships

[Note: Whenever possible, ask person]

Codes:

0 = Never 3 = 4 to 7 days ago

1 = More than 30 days ago 4 = In last 3 days

2 = 8 to 30 days ago 8 = Unable to determine

	0	1	2	3	4	8
Participation in social activities of long-standing interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Visit with a long-standing social relation or family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Other interaction with long-standing social relation or family member (e.g., telephone, email, text, social media)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Person prefers change (when asked)

Recreational activities (e.g., type, number, or level of participation) No Yes
 Could/would not respond

Relationships (e.g., establishing friendships, improving existing relationships) No Yes
 Could/would not respond

Activity Level

In the LAST 3 DAYS, number of days went out of the house or building in which he/she lives (no matter how short the period)

- No days out
- Did not go out in last 3 days, but usually goes out over a 3-day period
- 1 - 2 days
- 3 days

Length of time alone during the day (morning and afternoon)

- Less than 1 hour
- 1 to 2 hours
- More than 2 hours, but less than 8 hours
- 8 hours or more

Comments, Section O

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SECTION P: EMPLOYMENT, EDUCATION, AND FINANCES

Employment Status

- Employed
- Unemployed, seeking employment
- Unemployed, not seeking employment

Employment Arrangements - Exclude volunteering

- Integrated (competitive) without supports
- Integrated (competitive) with supports
(e.g., Transitional employment, intensive supportive
employment, ongoing supported employment)
- Non-integrated (non-competitive)
- Not employed

Average hours worked per week in the past month - Exclude volunteer work

- At least 35 hours
- 10 - 34 hours
- 1 - 9 hours
- None
- Not employed

Compensation for work - Exclude volunteer work

- At or above minimum wage
- Below minimum wage
- No pay
- Not employed

Volunteers

Works as a volunteer (e.g., No Yes
for community services)

Highest level of education completed

- No schooling
- 8th grade or less
- 9-11 grades
- High school
- Business or technical school
- Some college
- Associate's degree
- Bachelor's degree
- Graduate degree

Enrolled in formal education program

- No
- Part-time
- Full-time

Risk of unemployment or disrupted education

Increase in lateness or absenteeism
over LAST 6 MONTHS No Yes
 Not applicable

Poor productivity or disruptiveness
at work or school No Yes
 Not applicable

Expresses intent to quit work or school No Yes
 Not applicable

Persistent unemployment or fluctuating
work history over LAST 2 YEARS No Yes
 Not applicable

Person prefers change (when asked)

Paid employment (e.g., No Yes
type, hours, pay) Could/would not respond

Employment support No Yes
services (e.g., Could/would not respond
pre-vocational services,
transitional employment,
intensive supported
employment, ongoing
supported employment)

Education/training No Yes
 Could/would not respond

Educational support services No Yes
 Could/would not respond

Finances

Because of limited funds, during the
LAST 30 DAYS made trade offs among
purchasing any of the following: No Yes
adequate food, shelter, clothing;
prescribed medications; sufficient home
heat or cooling; necessary health care

Comments, Section P

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SECTION Q: ENVIRONMENTAL ASSESSMENT

Home Environment

Code for any of the following that make home environment hazardous or uninhabitable
(if temporarily in institution, base assessment on home visit)

- | | | | |
|--|--------------------------|---------------------------|---|
| Disrepair of the home (e.g., hazardous clutter; inadequate or no lighting in living room, sleeping room, kitchen, toilet, corridors; holes in floor; leaking pipes) | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unknown, home not visited or no information |
| Squalid condition (e.g., extremely dirty, infestation by rats or bugs) | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unknown, home not visited or no information |
| Inadequate heating or cooling (e.g., too hot in summer, too cold in winter) | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unknown, home not visited or no information |
| Lack of personal safety (e.g., fear of violence, safety problem in going to mailbox or visiting neighbors, heavy traffic in street) | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unknown, home not visited or no information |
| Limited access to home or rooms in home (e.g., difficulty entering or leaving home, unable to climb stairs, difficulty maneuvering, no rails although needed) | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unknown, home not visited or no information |

Comments, Section Q

SECTION R: DISEASE DIAGNOSES

DSM-IV Provisional Diagnostic Category

[Identify all provisional categories of DSM-IV diagnoses determined by the psychiatrist or attending physician and rank their importance as factors contributing to this admission
(if no provisional diagnosis available, mark all "No provisional diagnosis")]

Codes:

- 0 = Not present
- 1 = Most important
- 2 = Second most important
- 3 = Third most important
- 4 = Less important
- 8 = No provisional diagnosis

	0	1	2	3	4	8
Disorders of childhood or adolescence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delirium, dementia, and amnesic and other cognitive disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental disorders due to general medical conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance-related disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schizophrenia and other psychotic disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somatoform disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Factitious disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissociative disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual and gender identity disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulse-control disorders not elsewhere classified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personality disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Psychiatric Diagnoses
(Mental Health and Substance Use Disorder)
Enter Axis I and Axis II DSM-IV diagnoses, if known. Must be completed on program discharge, but also complete with earlier assessments if specific psychiatric diagnosis already determined.

Axis I - DSM-IV code

Axis II - DSM-IV code

Intellectual Disability
(e.g., Down Syndrome) No Yes

Medical Diagnoses

Disease code
0 = Not present
2 = Diagnosis present, receiving active treatment
3 = Diagnosis present, monitored but no active treatment

	0	2	3
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes mellitus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypothyroidism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Migraine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traumatic brain injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol or triglycerides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuberculosis (either active or newly confirmed inactive infection)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Medical Diagnoses (ICD-9/ICD-10 codes)

Disease code
0 = Not present
2 = Diagnosis present, receiving active treatment
3 = Diagnosis present, monitored but no active treatment

	Disease Code		
	0	2	3
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments, Section R

SECTION S: DISCHARGE

How long person is expected to receive services from this agency
(count from assessment reference date, including that day)

- 1 to 7 days
- 8 to 14 days
- 15 to 30 days
- 31 to 90 days
- 91 or more days

Last day of involvement with program or agency / /
Complete only at discharge

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Program Discharge/Transitioned To

- | | |
|--|--|
| <input type="radio"/> Private home/apartment/rented room | <input type="radio"/> OPWDD community residence |
| <input type="radio"/> DOH adult home | <input type="radio"/> Long-term care facility (nursing home) |
| <input type="radio"/> Homeless - shelter | <input type="radio"/> Rehabilitation hospital/unit |
| <input type="radio"/> Homeless - street | <input type="radio"/> Hospice facility/palliative care unit |
| <input type="radio"/> Mental Health supported/supportive housing (all types) | <input type="radio"/> Acute care hospital/unit |
| <input type="radio"/> OASAS/SUD community residence | <input type="radio"/> Correctional facility |
| <input type="radio"/> OCFS/ACS/DSS community residence program
(Family foster care group home, Therapeutic foster care) | <input type="radio"/> Deceased |
| <input type="radio"/> Unspecified/Other | |

Describe:

SECTION T: ASSESSMENT INFORMATION

Assessment Notes Comment on additional information that is pertinent to this individual or contributors to the assessment process: