**BACKGROUND INFORMATION**

What is your client’s date of birth? ___/___/_____

What is your client’s sex?  
- Male  
- Female

**OCCUPATIONAL ACTIVITIES**

During the **past four weeks**, this person has: (Check one)
- been working/studying or doing housework in their usual manner
- been working/studying or doing housework but less often than they did before
- stopped working/studying or doing housework

What sort of work is this person generally capable of (even if unemployed, retired, or doing unpaid domestic duties)? (Check one)
- Capable of independent full-time work
- Capable of independent part-time work
- Capable of work only if given special support
- Totally incapable of work

**PSYCHOLOGICAL HEALTH**

In the past four weeks, would you say that this person’s overall psychological health has been: (Check one)
- Poor
- Fair
- Good
- Very good
- Excellent

**PHYSICAL HEALTH**

During the **past four weeks**, this person has: (Check one)
- been feeling well or great most of the time
- been lacking energy or not feeling well more than just occasionally
- been feeling ill or poorly most of the time

Does this person have any significant medical illness or physical impairments other than mental illness?  
- No
- Yes (Specify: ________________________ )

How much of a physical problem do you think this person has from antipsychotic medication side effects?
- Severe
- Moderate
- Mild
- Slight
- None

**SOCIAL RELATIONS / SUPPORT**

During the **past four weeks**, this person has: (Check one)
- been having good relationships with others and receiving support from family and friends
- been receiving only moderate support from family and friends
- had infrequent support from family and friends or only when absolutely necessary

Does this person attend any social organization (e.g., church, club or interest group but excluding psychiatric therapy groups)? (Check one)
- Frequently
- Occasionally
- Rarely
- Never

Does this person generally make and keep up friendships? (Check one)
- Friends made and kept up well
- Friends made and kept up with some difficulty
- Friends made and kept up with considerable difficulty
- Few friendships made and none kept up

How would you describe the quality of this person’s relationship with his/her family? (Check one)
- None/has no relationships
- Poor
- Fair
- Good
- Very good
- Excellent
ECONOMICS

Is this person paid for working or attending school?  □ Yes  □ No

How does this person feel about the amount of money s/he has? (Check one)
□ Very dissatisfied  □ Moderately dissatisfied  □ A little dissatisfied  □ Neither satisfied nor dissatisfied  □ A Little satisfied  □ Moderately satisfied  □ Very satisfied

How important to this person is money? (Check one)
□ Not at all important  □ Slightly important  □ Moderately important  □ Very important  □ Extremely important

How often does lack of money keep this person from doing what s/he wants to do? (Check one)
□ Never  □ Sometimes  □ Frequently  □ Almost always

ACTIVITIES OF DAILY LIVING

During the past four weeks this person has: (Check one)
□ been able to do most things on their own (such as shopping, getting around town, etc.)
□ been needing some help in getting things done
□ been having trouble getting tasks done, even with help

Does this person generally have any difficulty with initiating and/or responding to conversation?
□ No difficulty  □ Slight difficulty  □ Moderate Difficulty  □ Extreme Difficulty

Is this person generally well groomed (e.g., neatly dressed, hair combed)?
□ Well Groomed  □ Moderately well groomed  □ Poorly Groomed  □ Extremely poorly groomed

Does this person generally neglect his/her physical health?
□ No neglect  □ Slight neglect  □ Moderate neglect  □ Extreme neglect

Does this person generally maintain an adequate diet?
□ No problem  □ Slight problem  □ Moderate problem  □ Extreme problem

Does this person generally look after and take his/her own prescribed medication (or attend to prescribed injections on time) without reminding?
□ No Meds  □ Reliable with medication  □ Slightly unreliable  □ Moderately unreliable  □ Totally incapable of preparing

Is this person generally inactive (e.g., spends most of the time sitting or standing around doing nothing)?
□ Appropriately active  □ Slightly inactive  □ Moderately inactive  □ Extremely inactive

Does this person generally have definite interests (e.g., hobbies, sports, activities) in which s/he is involved regularly?
□ Considerable involvement  □ Moderate involvement  □ Some involvement  □ Not involved at all

Can this person generally prepare (if needed) his/her own food or meals?
□ Quite capable of preparing  □ Slight limitations  □ Moderate limitations  □ Totally incapable of preparing

Can this person generally budget (if needed) to live within his/her own means?
□ Quite capable of budgeting  □ Slight limitations  □ Moderate limitations  □ Totally incapable of budgeting

Does this person have habits or behaviors that people find offensive?
□ Not at all  □ Rarely  □ Occasionally  □ Often
**SYMPTOMS/OUTLOOK**

During the **past four weeks**, this person has:
- generally felt calm and positive in outlook
- been having some periods of anxiety or depression
- generally been confused, frightened, anxious or depressed

Does this person behave dangerously because of confusion or preoccupation (e.g., ignoring traffic when crossing the road)?
- □ Not at all
- □ Rarely
- □ Occasionally
- □ Often

Please complete the following 24-item version of the Brief Psychiatric Rating Scale. The scale should be completed to reflect the person’s current condition. Using the scale value below, enter the number in the box that best describes the person’s present condition.

<table>
<thead>
<tr>
<th>No problem</th>
<th>Very mild</th>
<th>Mild</th>
<th>Moderate</th>
<th>Moderately severe</th>
<th>Severe</th>
<th>Extremely severe</th>
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</table>

- **Somatic Concern** - preoccupation with physical health, fear of physical illness
- **Anxiety** - worry, fear, over concern for present or future
- **Depressive mood** - sorrow, sadness, despondency, pessimism
- **Guilt feelings** - self-blame, shame, remorse for past behavior
- **Hostility** - animosity, contempt, belligerence, disdain for others
- **Suspiciousness** - mistrust, belief others harbor malicious or discriminatory intent
- **Unusual Thought Content** - unusual, odd, strange, bizarre thought content
- **Grandiosity** - exaggerated self-opinion, arrogance, conviction of unusual power of abilities
- **Hallucinatory Behavior** - perceptions without normal external stimulus correspondence
- **Emotional Withdrawal** - lack of spontaneous interaction, isolation, deficiency in relating to others
- **Suicidality** - expressed desire, intent, or actual actions to harm or kill self
- **Self-Neglect** - hygiene, appearance, or eating below social standards
- **Disorientation** - confusion regarding person, place, or time
- **Conceptual Disorganization** - thought processes confused, disconnected, disorganized, disrupted
- **Excitement** - heightened emotional tone, increased reactivity, impulsivity
- **Motor Retardation** - slowed, weakened movements or speech, reduced body tone
- **Blunted Affect** - reduced emotional tone, reduction in normal intensity of feelings, flatness
- **Tension** - physical and motor manifestations or nervousness, hyperactivity
- **Mannerisms and Posturing** - peculiar, bizarre, unnatural motor behavior
- **Uncooperativeness** - resistance, guardedness, rejection of authority
- **Bizarre Behavior** - reports of odd, unusual, or psychotically criminal behavior
- **Elated Mood** - euphoria, optimism that is out of proportion to circumstances
- **Motor Hyperactivity** - frequent movements and/or rapid speech
- **Distractibility** - speech and actions interrupted by minor external stimuli or hallucinations/delusions

© Sample Form
GOAL ATTAINMENT

What are your goals for the mental health treatment of this person? Please list up to 3 goals:

Goal 1: _____________________________________________________________

How important is this goal?

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<th>Not at all important</th>
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To what extent has this goal been achieved?

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Goal 2: _____________________________________________________________

How important is this goal?

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Goal 3: _____________________________________________________________

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<th>10</th>
<th>Completely achieved</th>
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</table>
Please write below your agreed upon goals:          Date: _____/_____/

Goal 1: 

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Goal 2: 

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Goal 3: 

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</table>
Please check a box below to indicate your rating of this person’s quality of life during the **past four weeks**.
Lowest quality means things are as bad as they could be. Highest quality means things are the best they could be.

<table>
<thead>
<tr>
<th>Lowest quality</th>
<th>1</th>
<th>2</th>
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<th>Highest quality</th>
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</thead>
</table>

How confident are you that your rating of the person’s quality of life is accurate? (Check one)

☐ Not at all confident
☐ Quite confident
☐ Very confident
☐ Absolutely confident

What is this person’s primary psychiatric diagnosis?

How effective do you think the antipsychotic medication is in treating this person’s mental illness?

☐ Not at all effective
☐ Slightly effective
☐ Mildly effective
☐ Moderately effective
☐ Extremely effective

In the **past four weeks**, did this person take his/her antipsychotic medications as prescribed?

☐ No medications prescribed (If you marked ‘No Medications Prescribed’, please skip the next question.)
☐ None of the time
☐ Very infrequently
☐ Sometimes
☐ Quite often
☐ Always

In the **past four weeks**, how much assistance did this person receive to take his/her prescribed medication?

☐ Received considerable assistance
☐ Received minor assistance/supervision
☐ Received no assistance
☐ Don’t know

Does this person use alcohol or other drugs? (NOTE: If you mark ‘Not at all’, please skip the next question.)

☐ Not at all
☐ Rarely
☐ Occasionally
☐ Often

To what extent does this person’s alcohol or other drug use concern you?

☐ Not at all
☐ Slightly
☐ Moderately
☐ A lot

Does this person get into trouble with the police?

☐ Not at all
☐ Rarely
☐ Occasionally
☐ Often
☐ Don’t know

Which of the following factors do you think are most important in maintaining your client’s quality of life?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Not important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work, school or other occupational activities</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>Feelings about him/herself</td>
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<tr>
<td>His/her physical health</td>
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<tr>
<td>Friends, family, people s/he spends time with</td>
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<td>☐</td>
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<tr>
<td>Having enough money</td>
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<tr>
<td>Ability to take care of him/herself</td>
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<td>Mental health</td>
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<td>Other, please specify:</td>
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Is there anything else we should know about this client?