

Illness Management and Recovery Scale: Clinician Version

1. *Progress toward goals:* In the past 3 months, s/he has come up with...

No personal goals	A personal goal, but has <i>not done anything</i> to finish the goal	A personal goal and made it a <i>little</i> way toward finishing it	A personal goal and has gotten <i>pretty far</i> in finishing the goal	A personal goal and has <i>finished it</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. *Knowledge:* How much do you feel your client knows about symptoms, treatment, coping strategies (coping methods), and medication?

Not very much	A little	Some	Quite a bit	A great deal
<input type="checkbox"/>				

3. *Involvement of family and friends in his/her mental health treatment:* How much are people like family, friends, boyfriends/girlfriends, and other people who are important to your client (outside the mental health agency) involved in his/her treatment?

Not at all	Only when there is a serious problem	Sometimes, like when things are starting to go badly	Much of the time	A lot of the time and they really help with his/her mental health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. *Contact with people outside of the family:* In a normal week, how many times does s/he talk to someone outside of her/his family and outside of treatment providers (like a friend, co-worker, classmate, roommate, etc.)?

0 times/week	1–2 times/week	3–4 times/week	6–7 times/week	8 or more times/week
<input type="checkbox"/>				

5. *Time in Structured Roles:* How much time does s/he spend working, volunteering, being a student, being a parent, taking care of someone else or someone else's house or apartment? That is, how much time does s/he spend in doing activities for or with another person that are expected of him/her? (This would not include self-care or personal home maintenance.)

2 hours or less/week	3–5 hours/week	6 to 15 hours/week	16–30 hours/week	More than 30 hours/week
<input type="checkbox"/>				

6. *Symptom distress:* How much do symptoms bother him/her?

Symptoms <i>really</i> bother him/her <i>a lot</i>	Symptoms bother him/her <i>quite a bit</i>	Symptoms bother him/her <i>somewhat</i>	Symptoms bother him/her <i>very little</i>	Symptoms don't bother him/her <i>at all</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. *Impairment of functioning:* How much do symptoms get in the way of him/her doing things that s/he would like to do or needs to do?

Symptoms <i>really</i> get in her/his way <i>a lot</i>	Symptoms get in his/her way <i>quite a bit</i>	Symptoms get in his/her way <i>somewhat</i>	Symptoms get in his/her way <i>very little</i>	Symptoms don't get in his/her way <i>at all</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. *Relapse Prevention Planning:* Which of the following would best describe what s/he knows and has done in order not to have a relapse?

Doesn't know how to prevent relapses	Knows a little, but hasn't made a relapse prevention plan	Knows 1 or 2 things to do, but doesn't have a written plan	Knows several things to do, but doesn't have a written plan	Has a written plan and has shared it with others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. *Relapse of Symptoms:* When is the last time s/he had a relapse of symptoms (that is, when his/her symptoms have gotten much worse)?

Within the last month	In the past 2 to 3 months	In the past 4 to 6 months	In the past 7 to 12 months	Hasn't had a relapse in the past year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. *Psychiatric Hospitalizations:* When is the last time s/he has been hospitalized for mental health or substance abuse reasons?

Within the last month	In the past 2 to 3 months	In the past 4 to 6 months	In the past 7 to 12 months	No hospitalization in the past year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. *Coping:* How well do you feel your client is coping with her/his mental or emotional illness from day to day?

Not well at all	Not very well	Alright	Well	Very well
<input type="checkbox"/>				

12. *Involvement with self-help activities:* How involved is s/he in consumer run services, peer support groups, Alcoholics Anonymous, drop-in centers, WRAP (Wellness Recovery Action Plan), or other similar self-help programs?

Doesn't know about any self-help activities	Knows about some self-help activities, but isn't interested	Is interested in self-help activities, but hasn't participated in the past year	Participates in self-help activities occasionally	Participates in self-help activities regularly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. *Using Medication Effectively*: (Don't answer this question if her/ his doctor has not prescribed medication). How often does s/he take his/ her medication as prescribed?

Never	Occasionally	About half the time	Most of the time	Every day	Client is <i>not</i> prescribed psychiatric medications
<input type="checkbox"/>					

14. *Impairment of functioning through alcohol use*: Drinking can interfere with functioning when it contributes to conflict in relationships, or to financial, housing and legal concerns, to difficulty attending appointments or focusing during them, or to increases of symptoms. Over the past 3 months, did alcohol use get in the way of his/her functioning?

Alcohol use <i>really</i> gets in her/his way <i>a lot</i>	Alcohol use gets in his/her way <i>quite a bit</i>	Alcohol use gets in his/her way <i>somewhat</i>	Alcohol use gets in his/her way <i>very little</i>	Alcohol use is <i>not a factor</i> in his/her functioning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. *Impairment of functioning through drug use*: Using street drugs, and misusing prescription or over-the-counter medication can interfere with functioning when it contributes to conflict in relationships, or to financial, housing and legal concerns, to difficulty attending appointments or focusing during them, or to increases of symptoms. Over the past 3 months, did drug use get in the way of his/her functioning?

Drug use <i>really</i> gets in her/his way <i>a lot</i>	Drug use gets in his/her way <i>quite a bit</i>	Drug use gets in his/her way <i>somewhat</i>	Drug use gets in his/her way <i>very little</i>	Drug use is <i>not a factor</i> in his/her functioning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Salyers, M. P., Godfrey, J. L., Mueser, K. T., & Labriola, S. (2007). Measuring illness management outcomes: a psychometric study of clinician and consumer rating scales for illness self management and recovery. *Community Mental Health Journal*, 43(5), 459–480. <https://doi.org/10.1007/s10597-007-9087-6>