Client Outcome Assessment Battery (COAB) Paper Forms

Outcome measures help us ensure that ACT and FACT are improving clients' lives in meaningful ways. Measures can also benefit your team's everyday clinical practice by supporting development of personalized treatment plans and identifying areas where the ACT or FACT service is benefitting or not benefitting the client.

The COAB should be completed with ACT and FACT clients when they enroll with your team, every 6 months thereafter, and when they are discharged from your team.

Measures Inside the COAB:

1. Demographics (included only for Enrollment and Discharge, NOT 6-Month)
2. Client Status
   a. Living Arrangements
   b. Justice System and Legal Involvement
   c. Work or School Involvement
3. Quality of Life (QOL-1; client self-report)
4. COMPASS-10
5. Illness Management and Recovery Scale (IMR)
6. Role Functioning Scale (RFS)
7. Service Engagement Scale (SES)

General Guidelines:

1. Please view this training on outcome measures before beginning to collect data.
2. Follow your local procedures for safeguarding private patient information during transport and storage. Completed measures include protected health information.

Instructions:

1. The first assessment for every ACT or FACT client must be the Enrollment COAB. Do not use the 6-Month COAB for a client's first assessment.
2. The COAB should be completed within one month before or after each due date (i.e., within one month after enrollment, within one month before or after each 6-month reassessment, and within one month after discharge).
3. Completion of the COAB can be divided into multiple sessions provided all measures are completed within one week.
4. If your team is unable to complete a new assessment within the one-month window after the due date, please record the partially completed assessment.

ACT and FACT Client Outcomes Enrollment

Demographic Information

1. Date of Birth: ____/____/_____ **2. Date of Referral to ACT or FACT:** ____/____/_____

3. Date of Enrollment in ACT or FACT: ____/____/_____

4. Client Type:
☐ New Client
☐ Legacy Client / Already Receiving Services

5. Referral Source:
☐ CARE Court/CARE Act Program
☐ Office of the Public Guardian/ LPS Conservator or Guardian
☐ FSP Team
☐ State Psychiatric Hospital
☐ Subacute Psychiatric Hospital
☐ Jail or Prison Diversion System
☐ Homeless Outreach Team
☐ Acute Psychiatric Hospital
☐ Residential Treatment Program
☐ Other: _____

6. Primary Psychiatric Diagnosis:
☐ Schizophrenia
☐ Schizoaffective Disorder
☐ Psychosis Not Otherwise Specified
☐ Other Psychotic Disorder (e.g., Delusional Disorder)
☐ Bipolar or Other Mood Disorder with Psychosis
☐ Bipolar or Other Mood Disorder without Psychosis
☐ Substance Use Disorder
☐ Anxiety Disorder (e.g., PTSD)
☐ Other: _____

7. Secondary Psychiatric Diagnosis:
☐ Schizophrenia
☐ Schizoaffective Disorder
☐ Psychosis Not Otherwise Specified
☐ Other Psychotic Disorder (e.g., Delusional Disorder)
☐ Bipolar or Other Mood Disorder with Psychosis
☐ Bipolar or Other Mood Disorder without Psychosis
☐ Substance Use Disorder
☐ Anxiety Disorder (e.g., PTSD)
☐ Other: _____

8. Gender Identity
☐ Woman
☐ Man
☐ Culturally Specific Identity (e.g., Two-Spirit)
☐ Transgender Woman
☐ Transgender Man
☐ Non-Binary
☐ Questioning
☐ Other/Different Identity
☐ Client doesn't know
☐ Client prefers not to answer

9. Race and Ethnicity:
☐ American Indian, Alaska Native, or Indigenous
☐ Asian or Asian American
☐ Black, African American, or African
☐ Filipino or Filipino American
☐ Hispanic, Latina/e/o
☐ Middle Eastern or North African
☐ Multiracial/Mixed Race
☐ Native Hawaiian or Pacific Islander
☐ South Asian, Southeast Asian
☐ White
☐ Other: _____
☐ Client doesn't know
☐ Client prefers not to answer

10. Primary or preferred language:
☐ English
☐ Arabic ☐ Armenian
☐ Chinese (Mandarin & Cantonese)
☐ Farsi ☐ Hindi
☐ Japanese ☐ Khmer/Cambodian
☐ Korean ☐ Russian
☐ Spanish ☐ Tagalog
☐ Thai ☐ Vietnamese
☐ Other: _____

Client Code: _____ Assessor: _____ Date: _____

Living Arrangements

For the below table, please choose the categories that best describe where the client has resided ***over the past 6 months***.

Residential Type In the past 6 months, how many days did the client spend living in:	**# of Days** (must **TOTAL 180 Days**)	
1a. Independent Living (e.g., Living alone or with spouse, family, friend or roommate in apartment or house, single room occupancy, etc.)		
1b. Minimally Structured (e.g., Board & care, assisted living, adult foster care, supervised individual or congregate placement, etc.)		
1c. Moderately Structured (e.g., Residential treatment program, acute psychiatric facility, mental health rehabilitation center, etc.)		
1d. Extremely Structured (e.g., State psychiatric hospital, institution for mental disease (IMD), skilled nursing facility, jail or prison, long term institutional care, etc.)		
1e. Homeless (e.g., on the street, in a car or abandoned building, or outdoors; in a homeless shelter or emergency shelter, including hotel or motel paid with a shelter voucher; in a transitional or temporary location including couch surfing, hotel or motel, or temporarily living with family or friends; fleeing or attempting to flee domestic violence)		
TOTAL		
2. Is the client *currently* homeless (e.g., on the street, in a car or abandoned building, or outdoors; in a homeless shelter or emergency shelter, including hotel or motel paid with a shelter voucher; in a transitional or temporary location including couch surfing, hotel or motel, or temporarily living with family or friends; fleeing or attempting to flee domestic violence)?	☐ YES	☐ NO
2a. [IF NO] Please indicate the client's *current* living situation (Select ONE box below). ☐ Independent Living ☐ Minimally Structured ☐ Moderately Structured ☐ Extremely Structured		
3. In your judgment, is the above living situation *permanent or non-permanent*? (Permanent means the client's housing situation is stable for the foreseeable future)	☐ Permanent	☐ Non-permanent
4. Did the client exit an Institution for Mental Disease (IMD) *within the past 6 months*?	☐ YES	☐ NO

Client Code: _____ Assessor: _____ Date: _____

Justice System and Legal Involvement

1. *At any time in the past 6 months*, has the client been on an LPS, probate, or temporary conservatorship (T-Con)?	☐ YES	☐ NO
2. Not counting minor traffic violations, has the client ever been arrested and booked, or convicted, for breaking the law? (Being "booked" means that you were taken into custody and processed by the police or by someone connected with the courts, even if you were then released.)	☐ YES	☐ NO
2a. [IF YES] Not counting minor traffic violations, how many times *during the past 6 months* has the client been arrested and booked, or convicted, for breaking a law?	(# TIMES ARRESTED OR BOOKED)	
2b. [IF YES] *In the past 6 months*, how many nights total did the client spend incarcerated in jail, prison, or juvenile detention center?	(TOTAL # NIGHTS INCARCERATED)	
3. Was the client on probation at any time *during the past 6 months*?	☐ YES	☐ NO
4. Was the client on parole, supervised release, or other conditional release (including diversion programs) from jail or prison at any time *during the past 6 months*?	☐ YES	☐ NO

Work or School Involvement

In the past month, did the client engage in any of the following at any time:

1. Have a paid, competitive job earning at least minimal wage?	☐ YES	☐ NO
1a. [IF YES] Estimate the average number of hours spent on this activity *in a typical week in the past month:*	(AVG HOURS/WEEK)	
2. Attending school or classes, either full- or part-time, for enrichment, for credit, or to lead to a certificate or diploma?	☐ YES	☐ NO
2a. [IF YES] Estimate the average number of hours spent on this activity *in a typical week in the past month*:	(AVG HOURS/WEEK)	

Quality of Life

[Ask client] Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?

(No satisfaction at all) ——————————————— (Completely satisfied)

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Client Code: _____ Assessor: _____ Date: _____

COMPASS-10

Please complete this measure based on the client's clinical presentation and experiences over the last week. We recommend having a face-to-face conversation with the client to inform your ratings.

1. **Depressed Mood:** *Sadness, grief, or discouragement (do not rate emotional indifference or empty mood here - only mood, which is associated with a painful, sorrowful feeling).*

RATING	0 =	**Not Present**	☐
	1 =	**Very Mild:** Occasionally feels sad or "down"; of questionable clinical significance.	☐
	2 =	**Mild:** Occasionally feels moderately depressed or often feels sad or "down".	☐
	3 =	**Moderate:** Occasionally feels very depressed or often feels moderately depressed.	☐
	4 =	**Moderately Severe:** Often feels very depressed.	☐
	5 =	**Severe:** Feels very depressed most of the time.	☐
	6 =	**Very Severe:** Constant extremely painful feelings of depression.	☐
		Unable to assess (e.g. subject uncooperative or incoherent)	☐

2. Anxiety / Worry: *Subjective experience of worry, apprehension; over-concern for present or future. Anxiety/fear from a psychotic symptom should be rated (e.g. the subject feels anxious because of a belief that he/she is about to be killed).*

RATING	0 =	**Not Present**	☐
	1 =	**Very Mild**: Occasionally feels a little anxious; of questionable clinical significance.	☐
	2 =	**Mild:** Occasionally feels moderately anxious or often feels a little anxious or worried.	☐
	3 =	**Moderate:** Occasionally feels very anxious or often feels moderately anxious.	☐
	4 =	**Moderately Severe:** Often feels very anxious or worried.	☐
	5 =	**Severe:** Feels very anxious or worried most of the time.	☐
	6 =	**Very Severe:** Patient is continually preoccupied with severe anxiety.	☐
		Unable to assess (e.g. subject uncooperative or incoherent)	☐

3. Suicidal Ideation / Behavior: *The individual reports a passive death wish, thoughts of suicide, or engages in suicidal behavior (do not include self-injurious behavior without suicidal intent).*

RATING	0 =	**Not Present**	☐
	1 =	**Very Mild:** Occasional thoughts of dying, "I'd be better off dead" or "I wish I were dead".	☐
	2 =	**Mild:** Frequent thoughts of dying or occasional thoughts of killing self, without a plan or method.	☐
	3 =	**Moderate:** Often thinks of suicide or has thought of a specific method.	☐
	4 =	**Moderately Severe:** Has mentally rehearsed a specific method of suicide or has made a suicide attempt with questionable intent to die (e.g. takes aspirins and then tells family).	☐
	5 =	**Severe:** Has made preparations for a potentially lethal suicide attempt (e.g. acquires a gun and bullets for an attempt).	☐
	6 =	**Very Severe:** Has made a suicide attempt with definite intent to die.	☐
		Unable to assess (e.g. subject uncooperative or incoherent)	☐

4. **Hostility / Anger / Irritability / Aggressiveness:** *Anger, verbal and non-verbal expressions of anger and resentment including a belligerent attitude, sarcasm, abusive language, and assaultive or threatening behavior.*

RATING	0 =	**Not Present**	☐
	1 =	**Very Mild:** Occasional irritability of doubtful clinical significance.	☐
	2 =	**Mild:** Occasionally feels angry or mild or indirect expressions of anger, e.g. sarcasm, disrespect or hostile gestures.	☐
	3 =	**Moderate:** Frequently feels angry, frequent irritability or occasional direct expression of anger, e.g., yelling at others.	☐
	4 =	**Moderately Severe**: Often feels very angry, often yells at others or occasionally threatens to harm others.	☐

Client Code: _____ Assessor: _____ Date: _____

	5 =	**Severe:** Has acted on their anger by becoming physically abusive on one or two occasions or makes frequent threats to harm others or is very angry most of the time.	☐
	6 =	**Very Severe**: Has been physically aggressive and/or required intervention to prevent assaultiveness on several occasions; or any serious assaultive act.	☐
		Unable to assess (e.g. subject uncooperative or incoherent)	☐

5. Suspiciousness: *Expressed or apparent belief that other persons have acted maliciously or with discriminatory intent. Include persecution by supernatural or other nonhuman agencies (e.g., the devil). Note: Ratings of "2" (mild) or above should also be rated under Unusual Thought Content. Also note: If Suspiciousness is rated "5" (severe) or "6 " (extremely severe) due to delusions, then Unusual Thought Content must be rated a "3" (moderate) or above.*

RATING	0 =	**Not Present**	☐
	1 =	**Very Mild**: Seems on guard. Reluctant to respond to some "personal" questions. Reports being overly self-conscious in public.	☐
	2 =	**Mild:** Describes incidents in which others have harmed or wanted to harm him/her that sound plausible. Patient feels as if others are watching, laughing, or criticizing him/her in public, but this occurs only occasionally or rarely. Little or no preoccupation.	☐
	3 =	**Moderate:** Says others are talking about him/her maliciously, have negative intentions, or may harm him/her. Beyond the likelihood of plausibility, but not delusional. Incidents of suspected persecution occur occasionally (less than once per week) with some preoccupation.	☐
	4 =	**Moderately Severe:** Same symptoms as moderate (level 3) above, but incidents occur frequently such as more than once a week. Patient is moderately preoccupied with ideas of persecution OR patient reports persecutory delusions expressed with much doubt (e.g. partial delusion).	☐
	5 =	**Severe**: Delusional -- speaks of Mafia plots, the FBI, or others poisoning his/her food, persecution by supernatural forces.	☐
	6 =	**Extremely Severe:** Same symptoms as severe (level 5) above, but the beliefs are bizarre or more preoccupying. Patient tends to disclose or act on persecutory delusions.	☐
		Unable to assess (e.g. subject uncooperative or incoherent)	☐

6. Unusual Thought Content: *Unusual, odd, strange or bizarre thought content. Rate the degree of unusualness, not the degree of disorganization of speech. Delusions are patently absurd, clearly false or bizarre ideas that are expressed with full conviction. Consider the patient to have full conviction if he/she has acted as though the delusional belief were true. Ideas of reference/persecution can be differentiated from delusions in that ideas are expressed with much doubt and contain more elements of reality. Include thought insertion, withdrawal and broadcast. Include grandiose, somatic and persecutory delusions even if rated elsewhere.*

RATING	0 =	**Not Present**	☐
	1 =	**Very Mild**: Ideas of reference (people may stare or may laugh at him), ideas of persecution (people may mistreat him). Unusual beliefs in psychic powers, spirits, UFOs, or unrealistic beliefs in one's own abilities. Not strongly held. Some doubt.	☐
	2 =	**Mild**: Same symptoms as very mild (level 1) above, but degree of reality distortion is more severe as indicated by highly unusual ideas or greater conviction. Content may be typical of delusions (even bizarre), but without full conviction. The delusion does not seem to have fully formed, but is considered as one possible explanation for an unusual experience.	☐
	3 =	**Moderate**: Delusion present but no preoccupation or functional impairment. May be an encapsulated delusion or a firmly endorsed absurd belief about past delusional circumstances.	☐
	4 =	**Moderately Severe**: Full delusion(s) present with some preoccupation OR some areas of functioning disrupted by delusional thinking.	☐
	5 =	**Severe**: Full delusion(s) present with much preoccupation OR many areas of functioning are disrupted by delusional thinking.	☐
	6 =	**Extremely Severe:** Full delusions present with almost total preoccupation OR most areas of functioning are disrupted by delusional thinking	☐
		Unable to assess (e.g. subject uncooperative or incoherent)	☐

Client Code: _____ Assessor: _____ Date: _____

Enrollment

7. **Hallucinations:** *Reports of perceptual experiences in the absence of relevant external stimuli. When rating degree to which functioning is disrupted by hallucinations, include preoccupation with the content and experience of the hallucinations, as well as functioning disrupted by acting out on the hallucinatory content (e.g., engaging in deviant behavior due to command hallucinations). Include "thoughts aloud" ("gedankenlautwerden") or pseudohallucinations (e.g., hears a voice inside head) if a voice quality is present.*

RATING	0 =	**Not Present**	☐
	1 =	**Very Mild**: While resting or going to sleep, sees visions, smells odors, or hears voices, sounds or whispers in the absence of external stimulation, but no impairment in functioning.	☐
	2 =	**Mild**: While in a clear state of consciousness, hears a voice calling the subject's name, experiences non-verbal auditory hallucinations (e.g., sounds or whispers), formless visual hallucinations, or has sensory experiences in the presence of a modality-relevant stimulus (e.g., visual illusions) infrequently (e.g., 1-2 times per week) and with no functional impairment.	☐
	3 =	**Moderate**: Occasional verbal, visual, gustatory, olfactory, or tactile hallucinations with no functional impairment OR non-verbal auditory hallucinations/visual illusions more than infrequently or with impairment.	☐
	4 =	**Moderately Severe**: Experiences daily hallucinations OR some areas of functioning are disrupted by hallucinations.	☐
	5 =	**Severe**: Experiences verbal or visual hallucinations several times a day OR many areas of functioning are disrupted by these hallucinations.	☐
	6 =	**Extremely Severe:** Persistent verbal or visual hallucinations throughout the day OR most areas of functioning are disrupted by these hallucinations.	☐
		Unable to assess (e.g. subject uncooperative or incoherent)	☐

8. **Conceptual Disorganization:** *Degree to which speech is confused, disconnected, vague or disorganized. Rate tangentiality, circumstantiality, sudden topic shifts, incoherence, derailment, blocking, neologisms, and other speech disorders. Do not rate content of speech.*

RATING	0 =	**Not Present**	☐
	1 =	**Very Mild**: Peculiar use of words or rambling but speech is comprehensible.	☐
	2 =	**Mild**: Speech a bit hard to understand or make sense of due to tangentiality, circumstantiality, or sudden topic shifts.	☐
	3 =	**Moderate**: Speech difficult to understand due to tangentiality, circumstantiality, idiosyncratic speech, or topic shifts on many occasions OR 1-2 instances of incoherent phrases.	☐
	4 =	**Moderately Severe**: Speech difficult to understand due to circumstantiality, tangentiality, neologisms, blocking, or topic shifts most of the time OR 3-5 instances of incoherent phrases.	☐
	5 =	**Severe**: Speech is incomprehensible due to severe impairments most of the time. Many symptom items cannot be rated by self-report alone.	☐
	6 =	**Extremely Severe:** Speech is incomprehensible throughout interview.	☐
		Unable to assess (e.g. subject uncooperative or incoherent)	☐

9. **Avolition / Apathy:** *Avolition manifests itself as a characteristic lack of energy, drive, and interest. Consider degree of passivity in pursuing goal-directed activities. Factor in the range of activities available to the subject (e.g. inpatient hospitalization often substantially limits the range of activities available to patients).*

RATING	0 =	**Not Present**	☐
	1 =	**Very Mild:** Questionable decrease in time spent in goal-directed activities.	☐
	2 =	**Mild:** Spends less time in goal-directed activities than is appropriate for situation and age.	☐
	3 =	**Moderate:** Initiates activities at times but does not follow through.	☐
	4 =	**Moderately Severe:** Rarely initiates activity but will passively engage with encouragement.	☐
	5 =	**Severe:** Almost never initiates activities; requires assistance to accomplish basic activities.	☐
	6 =	**Very Severe:** Does not initiate or persist in any goal-directed activity even with outside assistance.	☐
		Unable to assess (e.g. subject uncooperative or incoherent)	☐

Client Code: _____ Assessor: _____ Date: _____

10. Asociality / Low Social Drive: *The subject pursues little or no social interaction and tends to spend much of the time alone or non-interactively.*

RATING	0 =	**Not Present**	☐
	1 =	**Very Mild:** Questionable.	☐
	2 =	**Mild:** Slow to initiate social interactions but usually responds to overtures by others.	☐
	3 =	**Moderate:** Rarely initiates social interactions; sometimes responds to overtures by others.	☐
	4 =	**Moderately Severe:** Does not initiate but sometimes responds to overtures by others; little social interaction outside close family members.	☐
	5 =	**Severe:** Never initiates and rarely encourages conversations or activities; avoids being with others unless prodded, may have contacts with family.	☐
	6 =	**Very Severe:** Avoids being with others (even family members) whenever possible, extreme social isolation.	☐
		Unable to assess (e.g. subject uncooperative or incoherent)	☐

Illness Management and Recovery Scale: Clinician Version

Please complete the following items based on recent information from the client, as well as information gathered at team meetings and from collateral contacts. Please base your ratings on the client's current functioning unless an item specifies another time frame.

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

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
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

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
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

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
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

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
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Client Code: _____ Assessor: _____ Date: _____

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/week or less	3–5 hours/week	6 to 15 hours/week	16–30 hours/week	More than 30 hours/week
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

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

Symptoms *really* bother him/her *a lot*	Symptoms bother him/her *quite a bit*	Symptoms bother him/her *somewhat*	Symptoms bother him/her *very little*	Symptoms don't bother him/her *at all*
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

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 really get in her/his way *a lot*	Symptoms get in his/her way *quite a bit*	Symptoms get in his/her way *somewhat*	Symptoms get in his/her way *very little*	Symptoms don't get in his/her way *at all*
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

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
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

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
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

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
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

11. ***Coping:*** *How well do 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
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Client Code: _____ Assessor: _____ Date: _____

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
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

13. Using Medication Effectively: *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 *not* prescribed psychiatric medications
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

14. Impairment of functioning through alcohol use: *Drinking can interfere with functioning when it contributes to conflict in relation- ships, 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 *really* gets in her/his way *a lot*	Alcohol use gets in his/her way *quite a bit*	Alcohol use gets in his/her way *somewhat*	Alcohol use gets in his/her way *very little*	Alcohol use is *not a factor* in his/her functioning
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

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 *really* gets in her/his way *a lot*	Drug use gets in his/her way *quite a bit*	Drug use gets in his/her way *somewhat*	Drug use gets in his/her way *very little*	Drug use is *not a factor* in his/her functioning
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Client Code: _____ Assessor: _____ Date: _____

Role Functioning Scale (RFS)

Use all available information supplied by the client as well as information that may not have been specifically relevant to the individual items. Rate rapidly on general impressions. In making judgements, compare client to community norms and standards, not to what you may know of their earlier adjustments or to other clients.

1. Independent Living / Self Care

Use what you know about the client OR ask the client to tell you about their current living situation, recent hospitalizations, and activities of daily living (e.g., grocery shopping, cooking, laundry, hygiene, financial management) to rate the following.

RATING	1 =	Lacking self-care skills approaching life-endangering threat; presently in hospital or with recent multiple/ lengthy hospitalizations; conserved; mediocre to poor personal hygiene/grooming; no spontaneous attempts at self-care/independent living.	☐
	2 =	Marked limitations in self-care/independent living; needs constant supervision or significant case management to maintain tenuous community board and care placement; conserved and/or has rep payee; unreliable to consistently manage self-care; fair personal hygiene/grooming; utilizes crisis services.	☐
	3 =	Limited self-care/independent living skills; needs some case management to maintain stable community placement; makes independent efforts to carry out personal hygiene/grooming tasks; requires some structured financial management; limited participation in managing household; no crisis contacts.	☐
	4 =	Marginally self-sufficient; needs routine assistance to maintain independent functioning; independently manages finances; consistently manages some aspects of household; adequate personal care.	☐
	5 =	Moderately self-sufficient; lives independently; reliably manages most aspects of household; consistent good personal care.	☐
	6 =	Adequate self-care and independent living skills; requires only minimal assistance from friends, neighbors, and other helping persons.	☐
	7 =	Optimal care of health; independently manages household tasks and personal needs.	☐
		Unable to assess (e.g., client declined to answer or unable to provide relevant information)	☐

2. **Immediate Social Network Relationships** *(close friends, spouse, family)*

Use what you know about the client OR ask the client about the degree of contact, comfort, and friction they may experience with their close friends and family.

RATING	1 =	Severely deviant behaviors within immediate social network; frequently needs restraints or has recent history of assaultive/severely withdrawn behavior, overtly dysfunctional or enmeshed communication and behavior patterns with immediate contacts; few or nil close associations; often rejected by immediate network.	☐
	2 =	Markedly limited interpersonal relationships; significant animosity and/or ambivalence toward immediate relations; close contacts are dysfunctional, destructive and/or excessively dependent; minimal associations other than with family.	☐
	3 =	Limited interpersonally; indifferent or ambivalent toward close associations; minimal contacts with friends/family; often no significant communication/participation with immediate network.	☐
	4 =	Marginal functioning within immediate network; limited numbers of close associations; relationships fluctuate in quality, degree of communication/participation.	☐
	5 =	Moderately effective continuing and close relationship with at least one other person.	☐
	6 =	Adequate relationship with one or more immediate members of social network (e.g. friend or family).	☐
	7 =	Positive relationships with spouse or family and friends; assertively contributes to these relationships.	☐
		Unable to assess (e.g., client declined to answer or unable to provide relevant information)	☐

Client Code: _____ Assessor: _____ Date: _____

3. **Extended Social Network Relationships** *(neighborhood, community, clubs, agencies, organizations)*
Use what you know about the client OR ask the client about the degree of contact, comfort, and friction they may experience in their community.

RATING	1 =	Severely deviant behaviors within extended network; exhibits intrusive, bizarre and/or disruptive behaviors which cause inability to function within the community; may be significantly paranoid and/or engaging in markedly socially inappropriate behavior (i.e. hoarding, eating from garbage cans); often rejected by extended networks.	☐
	2 =	Often totally isolated from extended networks; prefers isolated activities and/or experiences marked discomfort in social situations; moderately paranoid or withdrawn; involves self only under duress with socialization opportunities.	☐
	3 =	Limited range of successful and appropriate extended network interactions: some social discomfort; few spontaneous social interactions; often restricts community involvement to minimal survival level contacts.	☐
	4 =	Marginally effective and appropriate interactions within structured community settings: minimal social discomfort; accepts multiple public services supports in accord with multiple needs.	☐
	5 =	Moderately effective and independent functioning within the community; seeks and receives some public services support in accord with need.	☐
	6 =	Adequately interacts within neighborhood or community; connected with at least one club or organization.	☐
	7 =	Positively interacts within at least one community club or organization; offers assistance to others in extended network.	☐
		Unable to assess (e.g., client declined to answer or unable to provide relevant information)	☐

Service Engagement Scale

Please rate your agreement with each of the following statements by marking whether it's not at all or rarely true, sometimes true, often true, or true most of the time. Please focus on the client's current functioning when rating each item.

	0 Not at all or rarely	**1 Sometimes**	**2 Often**	**3 Most of the time**
1. The client seems to make it difficult to arrange appointments	☐	☐	☐	☐
2. When a visit is arranged, the client is available	☐	☐	☐	☐
3. The client seems to avoid making appointments	☐	☐	☐	☐
4. If you offer advice, does the client usually resist it?	☐	☐	☐	☐
5. The client takes an active part in the setting of goals or treatment plans	☐	☐	☐	☐
6. The client actively participates in managing his/her illness	☐	☐	☐	☐
7. The client seeks help when assistance is needed	☐	☐	☐	☐
8. The client finds it difficult to ask for help	☐	☐	☐	☐
9. The client seeks help to prevent a crisis	☐	☐	☐	☐
10. The client does not actively seek help	☐	☐	☐	☐

Client Code: _____ Assessor: _____ Date: _____