

OUTCOME MONITORING
CLIENT FUNCTIONAL STATUS
STAFF RATING

Arbitrary Provider ID from Roster sheet (4 digits formatted as 11__): _____

Arbitrary Study ID from Roster sheet : (4 digits formatted as 50__): _____

Age (Circle the number of the correct response)

- 1 - 18-25
- 2 - 26-35
- 3 - 36-45
- 4 - Over 45

Sex (Circle number of the correct response)

- 1 - Male
- 2 - Female

Race/Ethnicity Identification (Circle number of client's preferred identification; use "other" if none)

- 1 - African-American or Black
- 2 - Latino or Hispanic
- 3 - White or Caucasian
- 4 - Asian/Pacific Islander/Native Am/Other

Work History Prior to this Admission (Circle number of best response)

- 1 - Primarily stable full-time employment
- 2 - Primarily part-time employment
- 3 - Sporadic or occasional full-time or part-time employment

Kids under 5 years (Write in the number): _____

Kids over 5 years (Write in the number): _____

Severity of Psychiatric Disability at Admission (Circle one number)

- 1 - Normal – no psychiatric disorder
- 2 - Borderline psychiatric disorder, subtle or suspected pathology
- 3 - Mildly ill, clear symptoms, minimal distress or difficulty in social/occupational functioning
- 4 - Moderately ill, overt symptoms, noticeable but modest functional impairment
- 5 - Markedly ill, intrusive symptoms, distinctly impaired social/occupational function
- 6 - Severely ill, disruptive pathology, behavior and function compromised, requires assistance from others
- 7 - Extremely ill, drastic interference in function, may need hospitalization

GAF (Write in GAF at admit score between 1 and 99): _____

Diagnosis at Admission (Circle one number)

1 - Major depressive disorder	5 - Post-traumatic stress disorder (PTSD)
2 - Other depressive disorder	6 - Bipolar disorder
3 - Adjustment disorder	7 - Schizophrenia spectrum disorder or

Outcome Monitoring: Staff Baseline

EXHIBIT 14.1

	other severe mental illness
4 - Anxiety disorder other than PTSD	8 - Other diagnosis or deferred

Domestic Violence During Past Month (Circle one number)

- 1 - No domestic abuse from current or past partners
- 2 - Minor abuse issues from current or past partners
- 3 - Moderate domestic abuse interfering with or making it difficult for client to get mental health treatment; pushing, slapping, threatening with a fist; following client; limiting access to income.
- 4 - Serious domestic abuse such as serious physical abuse or major threats
- 5 - Very serious past domestic abuse: client lives in a domestic violence shelter or lives in a secret location.

Substance Abuse During Past Month (Circle one number)

- 1 - Abstinent or Use without impairment: Client does not use alcohol or other drugs or use does not cause recurrent social, occupational, or other challenge
- 2 - In recovery, working with a substance abuse counselor or going to a self-help group regarding past abuse
- 3 - Abuse (DSM IV abuse diagnosis): Client uses alcohol or other drugs during this time interval and there is evidence of persistent or recurrent social, occupational, or other challenges related to use or evidence of recurrent dangerous use
- 4 - Dependence (DSM IV dependence diagnosis): Exhibits at least three of the following: greater amounts or intervals of use than intended, much of time used obtaining or using substance, frequent intoxication or withdrawal interferes with other activities, important activities given up because of drug use, continued use despite knowledge of substance-related problems, marked tolerance, characteristic withdrawal symptoms, drugs taken to relieve or avoid withdrawal symptoms

Current Level of Care (Circle one number)

- 1 - Level of care 1 (treatment 1-10 hours a week)
- 2 - Level of care 2 (treatment 1-7 hours a week)
- 3 - Level of care 3 (treatment 1-4 hours a week)

Paid Work Hours in Last Complete Week Before This Report (Enter a Number): _____

Current Education Units (Enter a Number): _____

IPS Status at Time This Report Completed (Circle one number)

- 1 - Yes, enrolled in IPS
- 2 - No, not enrolled in IPS
- 3 - IPS planned, not yet enrolled

Enter Clinical Time In Minutes Used to Complete this Form: _____

Enter Clerical Time in Minutes Used to Complete and Data Enter this Form: _____

Describe Problems Completing Form, if any: _____

Outcome Monitoring: Staff Quarterly Form

Arbitrary Provider ID from Roster sheet (4 digits formatted as 11__): _____

Arbitrary Study ID from Roster sheet : (4 digits formatted as 50__): _____

Current Severity of Psychiatric Disability (Circle one number; Rate as of last visit with a licensed clinician)

- 1 - Normal – no psychiatric disorder
- 2 - Borderline psychiatric disorder, subtle or suspected pathology
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Current GAF (Write in current GAF score between 1 and 99): _____

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