

## RATE ASSESSMENT

Client Name: \_\_\_\_\_

Client Number: \_\_\_\_\_

### Diagnoses

Medical: \_\_\_\_\_

Mental Health: \_\_\_\_\_

### I. MENTAL HEALTH SYMPTOMS – Use the following scale to rate each symptom based on its impact on consumer functioning and the level of staff intervention required:

1. Low level of intervention, episodic, minimal impact on functioning; or, not present
2. Low level of intervention, ongoing, minimal impact on functioning
3. Moderate level of intervention, episodic, moderate effect on functioning
4. Moderate level of intervention, ongoing, moderate effect on functioning
5. High level of intervention, episodic, severe effect on functioning or dangerous
6. High level of intervention, ongoing, severe effect on functioning or dangerous

1. \_\_\_\_ **Anxiety**  
*i. (i.e. excessive / irrational worry, distress, somatic symptoms of tension)*
2. \_\_\_\_ **Mood/Depression Related Symptoms**  
*i. (i.e. mood swings, sadness, rapid thoughts, irritability, loss of interest in pleasurable activities, change in energy, excessive behavior)*
3. \_\_\_\_ **Intentional Self-Harm**  
*i. (i.e. cutting, burning, etc. for emotional relief without the intent to suicide, see self-injurious behaviors category below if behaviors have been exhibited in the last 30 days)*
4. \_\_\_\_ **Suicide Risk**  
*i. (i.e. suicidal ideation, intent, planning, previous attempts, severity, etc.)*
5. \_\_\_\_ **Positive Psychotic Symptoms**  
*i. (i.e. delusions, hallucinations)*
6. \_\_\_\_ **Paranoia**  
*i. (i.e. suspiciousness, or the belief that one is being harassed, persecuted, or unfairly treated, which results in emotional distress)*
7. \_\_\_\_ **Cognitive Impairment**  
*i. (i.e. difficulties with focus / concentration, memory loss, thought blocking, disorganized thought / speech etc.)*
8. \_\_\_\_ **Safety Risks as related to MH symptoms**  
*i. (i.e. monitoring for safety hazards is required as related to active hallucinations/delusions, bizarre thoughts that influence behaviors)*

## **SLEEP**

*This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep, staying asleep, or sleeping too much.*

- 0 Individual gets a full night's sleep each night.
- 1 Individual has some problems sleeping. Generally, individual gets a full night's sleep, but at least once a week problems arise. This may include occasionally have difficulties falling asleep or awakening early or in the middle of the night.
- 2 Individual is having problems with sleep. Sleep is often disrupted and individual seldom obtains a full night of sleep
- 3 Individual is generally sleep deprived. Sleeping is difficult for the individual and they are not able to get a full night's sleep.

## **SELF-INJURIOUS BEHAVIORS**

- 0 No history of self-injury behaviors.
- 1 The individual has a history of intentional self-injury but none evident in the past 30 days.
- 2 The individual has engaged in intentional self-injury that does not require medical attention in the past 30 days.
- 3 The individual has engaged in intentional self-injury that requires medical attention in the past 30 days.

## **SUICIDE RISK**

*This item is intended to describe the presence of suicidal behavior. Only overt and covert thoughts and efforts at attempting to kill oneself are rated on this item. Other self-destructive behavior is rated elsewhere. Please rate the highest level from the past 30 days. A rating of '2' or '3' would indicate the need for a safety plan.*

- 0 No evidence found of suicide risk.
- 1 Individual has history of risk, but no recent ideation or gesture.
- 2 Individual has recent suicidal ideation or gesture, but not in past 24 hours.
- 3 Current ideation and intent OR command hallucinations that involve self-harm.

## **DECISION-MAKING (Judgment)**

*This item describes the individual's judgment. This item should reflect the degree to which an individual can concentrate on issues, think through decisions, anticipate consequences and follow-through on decisions.*

- 0 There is no evidence of any problems with decision-making.
- 1 Mild to moderate problems with decision-making are indicated. Individual may have some challenges with thinking through problems or concentrating.
- 2 Significant problems with decision-making. Individual may be struggling with thinking through problems, anticipating consequences or concentrating.
- 3 Profound problems with decision-making are evident. Individual is currently unable to make decisions.

## **IMPULSE CONTROL**

*Symptoms of Impulse Control problems that might occur in a number of disorders including Intermittent Explosive Disorder, Depression, Anxiety, or Borderline Personality Disorder would be rated here.*

- 0 This rating is used to indicate an individual with no evidence of impulse problems. Individual is able to regulate and self-manage behavior and affect.
- 1 This rating is used to indicate an individual with evidence of mild problems with impulse control problems. An individual may have some difficulties with sitting still or paying attention or may

occasionally engage in impulsive behavior. Individual may demonstrate occasional difficulty regulating emotions.

- 2 This rating is used to indicate an individual with moderate impulse control problems, which may be negatively impacting functioning in other domains, such as work functioning or interpersonal relations. An individual who meets DSM-IV diagnostic criteria for impulse control disorder would be rated here. Persons who use poor judgment or put themselves in jeopardy would be rated here (e.g., picking fights).
- 3 This rating is used to indicate an individual with severe impulse control. Frequent impulsive behavior is observed or noted that carries considerable safety risk (e.g., running into the street, dangerous driving).

### **ADJUSTMENT TO TRAUMA** (Adapted from Kisiel, et al., 2011.)

*This rating covers the reactions of individuals to a variety of traumatic or other adverse experiences. This is a cause and effect item that describes how the individual is currently adjusting to previously experienced trauma. Trauma exposure could have occurred any time in the past. This dimension covers both adjustment disorders and posttraumatic stress disorder from DSM.*

*Note: This item should be rated 1 -3 for individuals who are exhibiting any symptoms related to a traumatic or adverse experience in their past. This item allows you to rate the overall severity of the broad range of symptoms they may be experiencing.*

- 0 The individual has not experienced any trauma or has adjusted well to significant traumatic experiences.
- 1 The individual has some **mild** adjustment problems and exhibits some signs of distress. Individual may be in the process of recovering from a more extreme reaction to a traumatic experience.
- 2 The individual has **moderate** level, marked adjustment problems and is symptomatic in response to recent or past traumatic event(s) (e.g., anger, depression, and anxiety). Symptoms can vary widely and may include sleeping or eating disturbances, avoidance, anxiety, depression, behavior problems, or problems with attachment. Individual may have features of one or more diagnoses and may meet full criteria for a specific DSM diagnosis including, but not limited to diagnoses of Post-Traumatic Stress Disorder (PTSD) and adjustment.
- 3 The individual has **severe** symptoms as a result of traumatic or adverse experiences that require immediate or intensive attention. The individual likely meets criteria for more than one diagnosis, including PTSD. Individuals who have been exposed to multiple and chronic interpersonal trauma may experience traumatic stress symptoms, as well as other behavioral health needs (depression, anxiety, interpersonal and substance use), higher risk behaviors, (suicide self-mutilation, aggression, and sexually reactive behaviors), and functional problems (family, employment, social and community functioning).

### **ANGER CONTROL**

*This item captures the individual's ability to identify and manage their anger when frustrated.*

- 0 This rating indicates an individual with no evidence of any significant anger control problems.
- 1 This rating indicates an individual with some **mild** problems with controlling anger. He/she may sometimes become verbally aggressive when frustrated. Peers and family members are aware of and may attempt to avoid stimulating angry outbursts.
- 2 This rating indicates an individual with **moderate** anger control problems. His/her temper has gotten him/her in significant trouble with peers, family and/or work. This level may be associated with some physical violence. Others are likely quite aware of anger potential and may be intimidated by the individual.

- 3 This rating indicates an individual with **severe** anger control problems. His/her temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

## VULNERABILITY

*This item is used to examine a history and level of current risk for exploitation/victimization. Domestic violence as well as other forms of abuse or criminal behavior are included here when the client is the victim.*

- 1 This level indicates a person with no evidence of recent exploitation and no significant history of exploitation within the past year. The person may have been robbed or burglarized on one or more occasions in the past, but no pattern of exploitation exists. Person is not presently at risk for re-exploitation.
- 2 This level indicates a person with a history of exploitation but who has not been exploited or victimized to any significant degree in the past year. Person is not presently at risk for re-exploitation.
- 3 This level indicates a person who has been recently exploited (within the past year) but is not in acute risk of re-exploitation. This might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime.
- 4 This level indicates a person who has been recently exploited and is in acute risk of re-exploitation. Examples include working as a prostitute and living in an abusive relationship.

## INTERPERSONAL PROBLEMS

*This rating identifies problems with relating to other people including significant manipulative behavior, social isolation or significant conflictual relationships.*

- 0 No evidence of notable interpersonal problems is identified.
- 1 Evidence of a mild degree, probably sub-threshold for the diagnosis of a personality disorder, exists. For example, mild but consistent dependency in relationships might be rated here or some evidence of mild antisocial or narcissistic behavior. Also, an unconfirmed suspicion of the presence of a diagnosable personality disorder would be rated here.
- 2 Evidence of significant degree of interpersonal problems exists. Individual's relationship problems may warrant a DSM-IV Axis II diagnosis.
- 3 Evidence of severe interpersonal problems that has significant implications for the individual's long-term functioning. Interpersonal problems are disabling and block the individual's ability to function independently.

## SUBSTANCE USE

*This item includes use of alcohol and other drugs, the misuse of prescription medications and the inhalation of any substance. This dimension is rated consistent with DSM-IV Substance Related Disorders. This item does not apply to the use of tobacco or caffeine.*

- 0 This rating is for an individual who has no notable substance use difficulties at the present time. If the person is in recovery for greater than 1 year they should be coded here.
- 1 This rating is for an individual with **mild** substance use problems that might occasionally present problems of living for the person (i.e., intoxication, loss of money, and reduced work performance). This rating would be used for someone early in recovery (less than 1 year) who is currently not using for at least 30 days. This rating is also used to reflect a history of substance use problems without evidence of current problems related to use.
- 2 This rating is for an individual with a **moderate** substance use problem that requires treatment. A substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.
- 3 This rating is for an individual with a **severe** substance use problem that presents significant complication to the management (e.g., need for detoxification) of the individual.

## **INVOLVEMENT IN TREATMENT/RECOVERY**

*This rating focuses on the level of the individual's active participation in treatment and self-management of behavioral health needs, including but not limited to substance abuse.*

- 0 This level indicates a person who is fully involved in his/her recovery or treatment. He or she has identified treatment choices and fully participates.
- 1 This level indicates a person who is generally involved in his/her recovery or treatment. He or she participates in treatment but does not actively exercise choice.
- 2 This level indicates a person who is marginally involved in his/her recovery or treatment. He or she is minimally involved in treatment.
- 3 This level indicates a person who is uninvolved in his/her recovery or treatment. He or she is currently not making effort to address needs.
- NA Individual not diagnosed with a significant behavioral health concern

## **DAY SERVICES**

*This rates if an individual has or does not have some type of day services other than work. These services may be organized or informal and would pertain to services provided both in the residential setting and/or outside of the residential setting.*

- 0 Receives full time (5 hours or more/day) out of home day services.
- 1 Receives part time (less than 5 hours/day) out of home day services.
- 2 Receives no out of home day services but residential provider provides informal supports to assist the individual with structuring their day or provides verbal queuing during the day regarding daily activities.
- 3 Receives no out of home day services but the residential provider provides a formal written day services plan with defined goals and documented progress toward those goals that is reviewed, approved and signed by the support team.
- N/A Not applicable if the individual does not need structured day services.

## **EMPLOYMENT**

*This rates the performance of the individual in work settings. In addition to traditional employment, this can include supported employment, sheltered workshops, long term volunteer experiences and internships. This performance can include issues of behavior, attendance or productivity.*

- 0 No evidence of problems at work is indicated. Individual is gainfully employed.
- 1 Individual experiences a mild degree of problems with work functioning. Individual may have some problems in work environment involving attendance, productivity or relations with others.
- 2 A moderate degree of work problems including disruptive behavior and/or difficulties with performing required work is indicated. Supervisors likely have warned individual about problems with his/her work performance. Individual not working, previous employment ended and individual would like to find employment.
- 3 A severe degree of work problems including aggressive behavior toward peers or superiors or severe attendance problems is evidenced. Individual may be recently fired or at very high risk of firing (e.g. on notice). Individual has not worked for an extended period of time. Potentially due to significant barriers to working (e.g. disabled or unable to work).
- N/A Not applicable if the individual is a homemaker, student or retired.

## **RECREATIONAL**

*This item is intended to reflect the individual's (1) access to and (2) use of leisure time activities.*

- 0 Individual has and enjoys positive recreational activities on an ongoing basis. No evidence of any barriers to participation in positive leisure activities.
- 1 Individual is adequately engaged in and enjoys recreational activities, although some problems or minor barriers may exist.
- 2 Individual is having moderate problems with recreational activities. Individual may experience some problems with effective use of leisure time or has limited access to activities.
- 3 Individual has no access to or interest in recreational activities. Individual has significant difficulties making positive use of leisure time.

## **INDEPENDENT LIVING SKILLS**

*This rating focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities.*

- 0 This level indicates a person who is fully capable of independent living. There is no evidence of any deficits that could impede maintaining individual's own home.
- 1 This level indicates a person with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. These problems are generally addressable with training or supervision.
- 2 This level indicates a person with moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living are apparent. Difficulty with cooking, cleaning and self-management, when unsupervised, would be common at this level. Problems are generally addressable with in-home services.
- 3 This level indicates a person with profound impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment.

## **SOCIAL FUNCTIONING**

*This item refers to the individual's current status in getting along with others in his/her life.*

- 0 Individual has good relations with others.
- 1 Individual is having some minor problems with his/her social functioning.
- 2 Individual is having some moderate problems with his/her social functioning. Problems with relationships currently interfere with functioning in other life domains.
- 3 Individual is experiencing severe disruptions in his/her social functioning. Individual is socially disabled. Either he/she has no relations with others or all relationships are currently conflictual.

## **FAMILY FUNCTIONING**

*The definition of family should be from the perspective of the individual (i.e., who does the individual consider to be family) and with whom the individual has contact. Family functioning should be rated independently of the problems experienced or stimulated by the individual currently assessed.*

- 0 No evidence of family problems is identified.
- 1 A mild to moderate level of family problems including marital difficulties, parent-child relationship concerns and problems between siblings is indicated.
- 2 A significant level of family problems exists, such as frequent arguments, difficult separation and/or divorce, siblings with significant mental health, developmental or criminal justice problems, or other problems experienced by family members.
- 3 A profound level of family disruption, such as significant criminality or domestic violence.

## **NATURAL SUPPORTS**

*This rating refers to unpaid individuals other than family members, such as friends and neighbors.*

- 0 Individual has significant natural supports that contribute to helping support his/her health and well-being
- 1 Individual has identified natural supports that provide some assistance in supporting his/her health and well-being.
- 2 Individual has some identified natural supports; however they are not actively contributing to his/her health or well-being.
- 3 Individual has no known natural supports (outside of family and paid caregivers).

## **LEGAL INVOLVEMENT**

*This item involves only the individual's involvement with the legal system, including criminal issues, divorce, bankruptcies and other legal matters.*

- 0 Individual has no known legal difficulties.
- 1 Individual has a history of legal problems but currently is not involved with the legal system.
- 2 Individual has some legal problems and is currently involved in the legal system.
- 3 Individual has serious current or pending legal difficulties that place him/her at risk for incarceration.

## **CRIMINAL BEHAVIOR**

*This rating includes what is known about criminal behavior that may result from the individual failing to follow required behavioral standards. This category does not include drug usage, but it does include drug sales and other drug related activities. Sexual offenses should be included as criminal behavior.*

- 0 No evidence or history of criminal behavior exists.
- 1 Individual has a history of criminal behavior, but none in the past year.
- 2 A moderate level of criminal activity is indicated. This level indicates a person who has been engaged in criminal activity during the past year, but the criminal activity does not represent a significant physical risk to others in the community. Examples would include vandalism and shoplifting.
- 3 A severe level of criminal activity is indicated. This level indicates a person who has been engaged in violent criminal activity during the past year which represents a significant physical risk to others in the community. Examples would include rape, armed robbery, and assault.

## **SEXUAL AGGRESSION**

*This includes all sexual offending that could result in charges be made against the individual. Sexual aggression includes the use or threat of physical force or taking advantage of a power differential to engage in non-consenting sexual activity. An adult who sexually abuses a child or youth would be rated here. \*Due to severity the point scale has been adjusted.*

- 0 No evidence of problems with sexual aggression is identified.
- 1 Individual has a history of sexual aggression, but no known sexually aggressive behavior in the past year.
- 3 Individual has recently been sexually aggressive, but is not at immediate risk of re-offending.
- 5 Individual has recently been sexually aggressive with acute risk of re-offending due to attitude, behavior, or circumstances.

## **PHYSICAL/MEDICAL**

*This rating includes both acute/chronic health problems and physical conditions.*

- 0 There is no evidence of physical or medical problems.

- 1 Mild or well-managed physical or medical problems are indicated. This might include well-managed chronic conditions like diabetes or asthma. A person in need of a physical/medical examination would be rated here.
- 2 Chronic physical or moderate medical problems are present.
- 3 Severe, life threatening physical or medical condition exists.

### **MEDICATION INVOLVEMENT**

*This item focuses on the individual's involvement in using prescription medication, both psychotropic and non-psychotropic medication.*

- 0 The person takes medication(s) as prescribed without assistance or has not been prescribed any medication.
- 1 The person usually takes medication(s) as prescribed but may intermittently stop, skip or forget to take medications, without causing instability of the underlying medical condition(s); he/she may benefit from reminders and checks to consistently take medications.
- 2 The person takes medication(s) inconsistently or misuses medications, causing some instability of the underlying medical condition; he/she may benefit from direct supervision of medication.
- 3 The person does not take medication(s) prescribed for management of underlying medical conditions and his/her underlying medical conditions are not well controlled.

### **COGNITIVE**

- 0 Individual's intellectual functioning appears to be in normal range. There is no reason to believe that the individual has any problems with intellectual functioning.
- 1 Individual has low IQ (70 to 85) or has identified learning challenges.
- 2 Individual has mild mental retardation. IQ is between 55 and 70.
- 3 Individual has moderate to profound mental retardation. IQ is less than 55.

### **COMMUNICATION**

- 0 Individual's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the individual has any problems communicating.
- 1 Individual has receptive communication skills, but limited expressive communication skills.
- 2 Individual has both limited receptive and expressive communication skills.
- 3 Individual is unable to communicate.

### **SKILLS TRAINING**

*Provider should provide in home programs to teach skills such as budgeting, cooking, self-care, general independent living skills.*

- 0 No training necessary.
- 1 Provide verbal expectations and cues provided 2 to 3 times weekly
- 2 Requires cues and 1:1 work on skill development
- 3 Frequent hands on training, modeling, slow learning curve or resistant

### **DEVELOPMENTAL**

- 0 Individual's development appears within normal range. There is no reason to believe that the individual has any developmental problems.

- 1 Evidence of a mild developmental delay is apparent. Evidence of mild delays in some domains of development, such that individual is able to compensate and cope with mild deficits.
- 2 Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay is apparent. Evidence of mild but pervasive developmental disorder is present and individual is able to function in a variety of roles with supports.
- 3 Severe developmental disorder is evident. Severe developmental disorder is evident, such that individual relies on supports to maintain skills of daily living and safety.

## **DRESSING**

- 0 Independent – No assistance necessary.
- 1 Supervision, cueing and supervision.
- 2 Minimal hands on supervision.
- 3 Cooperative being dressed – moderate assistance required.
- 4 Uncooperative being dressed – moderate assistance required.

## **BATHING/GROOMING**

- 0 Prepares and completes independently
- 1 Set up only
- 2 Supervision and/or cues
- 3 Minimal hands on assistance
- 4 Dependent and cooperative when being bathed by others

## **EATING**

- 0 Independent; no assistance necessary- Able to prepare simple meals with written or verbal directions; able to operate kitchen appliances safely; able to pack own lunch; independent in restaurant dining.
- 1 Minimal assistance- Able to eat independently, but may need occasional cues on portion size, snack monitoring, eating pace, needs assistance in maintaining a balanced diet.
- 2 Partial assistance- Needs cues at each meal on eating pace, unable to judge portions sizes; history of excessive snacking or compulsive eating/drinking; needs food cut; unable to dine in restaurant without hand-on assistance or close supervision; some resistance to following acceptable eating behaviors.
- 3 Complete assistance - Needs to be fed by provider; eating disorder issues.

## **TOILETING**

### **Bladder/Bowel**

- 0 Continent; No assistance needed.
- 1 Minimal assistance – Needs verbal cues to adjust clothing, flush toilet or wash hands.
- 2 Partial assistance – Occasional incontinence; assistance in adjusting clothing after toileting, requires verbal cues regarding toilet scheduling or changing incontinent aids.

- 3 Complete assistance – Incontinent on a regular basis. Requires direct assistance with toileting schedule and with toileting. Unable to clean self after toileting; needs assistance with transferring to commode; needs help with actually changing protecting underclothing.

**MEDICAL MONITORING**

- 0 No assistance necessary - No significant medical needs; infrequent physician contact; able to relate medical needs to provider.
- 1 Needs to be watched for signs of illness or injury; minor medical problems which cause little interference with ADL's (asthma, allergies, arthritis, etc.).
- 2 Intermediate care provided on an irregular basis or occasional basis relating to physical therapy follow-up, ostomy care, etc.; frequent visits to physician, consumer is unreliable reporter of somatic complaints for attention; real health emergencies hard to determine.
- 3 Intermediate care provided on a daily or more frequent basis - Has potentially serious health problems controlled or stabilized with medications which require supervised use; frequent monitoring of, scheduling and consultation with the medical profession and attendance at medical appointments.
- 4 Performance of complex medical treatments as prescribed but not such as requires skilled nursing care such as home dialysis and diabetic monitoring, insulin usage, close supervision for side effects of medication which may be potentially dangerous.

**Other needs not listed above: (Elopement risk, fall risk etc....)**

Specify: \_\_\_\_\_

- 0 None
- 1 Occur weekly or less
- 2 Occurs several times per week
- 3 Occurs daily

Detailed explanation of **all** behaviors indicated above:

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**POINT TOTAL RANGE: 0-153**

**Point Total:** \_\_\_\_\_

**Date of Assessment:** \_\_\_\_\_