

# **BASELINE ASSESSMENT FORM**

**ASSERTIVE COMMUNITY TREATMENT  
ASSISTED OUTPATIENT TREATMENT  
CASE MANAGEMENT**



## Instructions for Form Completion

The **Baseline Assessment Form (BAF)** is used to profile the demographic characteristics, life status, treatment history, service utilization, engagement in services and functioning of consumers receiving **Assertive Community Treatment (ACT)**, **Assisted Outpatient Treatment (AOT)** and **Case Management** services. The **BAF** should be completed within **30 days** of the consumer's admission to the program, or for AOT consumers, within 30 days of the onset of a court order. A BAF must also be completed for all consumer's **currently** enrolled in ACT programs.

<b>For ACT Consumers:</b>	<b>For AOT Consumers:</b>
Once the form has been completed it is imperative that it securely stored until such time that the data can be entered into the web-based CAIRS database system. A copy of the form should be placed in the consumer's record. When the CAIRS web-based system becomes available it will be the responsibility of the clinician to enter the data from the form into the CAIRS system.	The <b>BAF</b> should be submitted within 30 days of the consumer's admission to the program to: <b>NYS Office of Mental Health</b> <b>Center for Information Technology Evaluation and Research</b> <b>Data Collection Unit</b> <b>44 Holland Avenue</b> <b>6<sup>th</sup> Floor</b> <b>Albany, New York 12229</b> <b>Attn: Barbara Brown</b>
For AOT consumers served on ACT teams, follow the instructions for all ACT consumers. It is important to note that if an ACT consumer begins receiving services under AOT an <b>additional BAF</b> is required within 30 days of the onset of the court order.	

Accurate completion of the **BAF** is essential. The **BAF** should be completed by the individual who is most familiar with the consumer's circumstances (e.g., case manager, investigator, ACT team member). The nature of the information elicited by the **BAF** calls for the respondent to use a variety of sources (e.g., record reviews, interaction with clinicians or others most familiar with the consumer, interview with the consumer and/or family members). Respondents should seek sources that will maximize the accuracy of their response. Please read items and corresponding instructions carefully when completing the form.

**Every** numbered item on the form requires a response. Incomplete forms will cause problems later when the data is being keyed into the system. Accurate completion of the BAF requires an assessment of the consumer's status at a particular point in time. The accuracy of information on the BAF is therefore compromised when the respondent is asked to complete information about a client months later.

**Please review each form for completeness. These few minutes will save hours of unnecessary work.**

### Instructions for completing the form:

- Complete the form within 30 days of admission or start of the recording process.
- Write neatly in blue or black ballpoint pen only.
- When writing in boxes, do not write outside of the designated box.
- When completing the circles, fill them in completely.
- Avoid stray marks outside of the boxes and bubbles.
- Print your name, sign and date the bottom of page 7.
- Make a copy of the form and retain for the consumer's record.

If there are any questions pertaining to the completion of the BAF please call:  
Steve Huz (for AOT) 518-473-9559 or Britt Myrhol (for ACT) email: [coevbjm@OMH.state.ny.us](mailto:coevbjm@OMH.state.ny.us) or 212-330-6399

If there is a need for more BAF forms:

- ACT please contact: Marsha Stark at 518-402-4233 or the forms can be printed from the OMH website.
- AOT please contact Barbara Brown at 518-473-6011.

# Baseline Assessment

ACT  ICM  BCM-ICM  BCM-SCM  SCM  Other Case Management

## Responder Information

Date (mm/dd/yyyy)

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First Name

Last Name

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Agency Name

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Program Name

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Phone #

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FAX #

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Agency Code

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Facility Code

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Unit Code

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## Consumer Information

1. First Name

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2. MI

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3. Last

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4. Date of Birth (mm/dd/yyyy)

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5. Sex

Male  Female

6. Date of Admission (mm/dd/yyyy)

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7. Medicaid ID 1

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8. Medicaid ID 2

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9. Social Security #

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10. Primary Language

1. English  8. Polish  
 2. Spanish  9. Yiddish  
 3. Creole  10. Greek  
 4. Italian  11. Indic (Hindi, Urdu, Sindhi, etc.)  
 5. French  12. American Sign Language  
 6. Chinese  13. No Language  
 7. German  88. Other, specify \_\_\_\_\_

11. English Proficiency

0. Does not speak English  
 1. Poor  
 2. Fair  
 3. Good  
 4. Excellent

12. Is this consumer

Spanish/Hispanic/Latino?

(select one)

0. Not Spanish/Hispanic/Latino  
 1. Yes, Cuban  
 2. Yes, Mexican, Mexican American, Chicano  
 3. Yes, Puerto Rican  
 4. Yes, Dominican  
 5. Yes, other Spanish, Hispanic or Latino  
 99. Unknown

13. Has consumer been assessed for Assisted Outpatient Treatment?

Yes  No *If no, skip to question 14*

1. Consumer receives services under a court-ordered treatment plan  
 2. Consumer receives services under a formal voluntary agreement  
 3. Consumer receives enhanced services  
 4. Consumer did not meet AOT criteria

Effective Date of court order or formal voluntary agreement (mm/dd/yyyy)

		/			/														
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Expiration Date of court order or formal voluntary agreement (mm/dd/yyyy)

		/			/														
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14. What is the consumer's race (select all that apply)

1. White  9. Vietnamese  
 2. Black  10. Native Hawaiian  
 3. American Indian, Alaskan Native  11. Other Asian  
 4. Asian Indian  12. Guamanian or Chamorro  
 5. Chinese  13. Samoan  
 6. Filipino  14. Other Pacific Islander  
 7. Japanese  88. Other \_\_\_\_\_  
 8. Korean  99. Unknown

15. Street number and name (include apt. #)

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16. City

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17. Zip

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18. County Code (see table at back of booklet for numerical code)

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19. Telephone #

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For office use only

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20. Current Living Situation (select one)

- 1. Private residence alone
- 2. Private residence w/spouse or domestic partner
- 3. Private residence w/parent, child, or other family
- 4. MH Supported Housing (or SRO)
- 5. MH Housing Support Program (Congregate Support or service enriched SRO)
- 6. MH Apartment Treatment Program
- 7. MH Congregate Treatment Program
- 8. MH Crisis Residence
- 9. MH Family Care
- 10. State Operated Residential
- 11. Children and Youth Residential (FBT, RTF, CR, TFH, Crisis)
- 12. Inpatient, general hospital or private psychiatric hospital
- 13. Inpatient of state psychiatric center
- 14. DOH Adult Home
- 15. Drug or alcohol abuse residence or inpatient setting
- 16. Correctional facility
- 17. Homeless shelter or emergency housing
- 18. Homeless- streets or parks
- 19. Homeless- drop in center or other undomiciled
- 88. Other (specify) \_\_\_\_\_

20a. If the consumer has an AOT court order, what was consumer's living situation at the time that the court order was issued? (select one)

- 1. Private residence alone
- 2. Private residence w/spouse or domestic partner
- 3. Private residence w/parent, child, or other family
- 4. MH Supported Housing (or SRO)
- 5. MH Housing Support Program (Congregate Support or service enriched SRO)
- 6. MH Apartment Treatment Program
- 7. MH Congregate Treatment Program
- 8. MH Crisis Residence
- 9. MH Family Care
- 10. State Operated Residential
- 11. Children and Youth Residential (FBT, RTF, CR, TFH, Crisis)
- 12. Inpatient, general hospital or private psychiatric hospital (go to 20b)
- 13. Inpatient of state psychiatric center (go to 20b)
- 14. DOH Adult Home
- 15. Drug or alcohol abuse residence or inpatient setting (go to 20b)
- 16. Correctional facility (go to 20b)
- 17. Homeless shelter or emergency housing
- 18. Homeless- streets or parks
- 19. Homeless- drop in center or other undomiciled
- 88. Other (specify) \_\_\_\_\_

20b. If response to 20a is... 12. Inpatient, general hospital or private psychiatric hospital, 13. Inpatient of State Psychiatric Center, 15. Drug or alcohol abuse residence or inpatient setting or 16. Correctional facility

... select the option that best describes the consumer's living situation in the community prior to those living situations? (select one)

- 1. Private residence alone
- 2. Private residence w/spouse or domestic partner
- 3. Private residence w/parent, child, or other family
- 4. MH Supported Housing (or SRO)
- 5. MH Housing Support Program (Congregate Support or service enriched SRO)
- 6. MH Apartment Treatment Program
- 7. MH Congregate Treatment Program
- 8. MH Crisis Residence
- 9. MH Family Care
- 10. State Operated Residential
- 11. Children and Youth Residential (FBT, RTF, CR, TFH, Crisis)
- 12. Inpatient, general hospital or private psychiatric hospital
- 13. Inpatient of state psychiatric center
- 14. DOH Adult Home
- 15. Drug or alcohol abuse residence or inpatient setting
- 16. Correctional facility
- 17. Homeless shelter or emergency housing
- 18. Homeless- streets or parks
- 19. Homeless- drop in center or other undomiciled
- 88. Other (specify) \_\_\_\_\_

21. How long has consumer been in their current living situation? (select one)

- 1. Less than 1 month
- 2. 1-3 months
- 3. 4-6 months
- 4. 7-12 months
- 5. More than 12 months
- 88. Other
- 99. Unknown

22. Has consumer ever been homeless?

- 1. Yes
- 0. No

23. How many days was the consumer homeless in last 6 months?

(right justify response)

□ □ □

24. Does consumer own a car?

- 1. Yes
- 0. No

25. Current Sources of Income and/or Benefits (select all that apply)

- 1. Wages/salary or self-employed
- 2. Supplemental Security Income (SSI)
- 3. Social Security Disability Income (SSDI)
- 4. Veteran's Statute
- 5. Worker's Compensation or disability insurance
- 6. Unemployment or union benefits
- 7. Social Security retirement, survivor's or dependent's (SSA)
- 8. Railroad Retirement, retirement pension (excluding SSA)
- 9. Any Public Assistance cash program Family Assistance (TANF), Safety Net, Temporary Disability
- 10. Medicare
- 11. Medicaid
- 12. Medication Grant
- 13. Private Insurance, employer coverage, no fault or third party insurance
- 88. Other (specify) \_\_\_\_\_
- 99. Unknown

□ □ □ □ □



# Medical/Psychological Diagnoses and Utilization

### 36. Current DSM-IV Axis I Diagnosis

(right justify response)

1.				.		
2.				.		
3.				.		
4.				.		

### 37. Current DSM-IV Axis II Diagnosis

(right justify response)

1.				.		
2.				.		
3.				.		
4.				.		

### 38. Current Medical Problems

(Axis III Diagnoses) (select all that apply)

- 0. None
- 1. Arthritis/joint disorder
- 2. Asthma
- 3. Cancer
- 4. Coronary artery disease
- 5. Dementia/Organic Brain Disorder
- 6. Diabetes
- 7. Female Reproductive problem
- 8. Genital/Urinary Disorder
- 9. Head Injury
- 10. Hepatitis/Cirrhosis
- 11. HIV/AIDS
- 12. Hyperlipidemia (high cholesterol)
- 13. Hypertension (high blood pressure)
- 14. Neurological
- 15. Obesity
- 16. Osteoporosis
- 17. Sexually Transmitted Disease
- 18. Sleep Disorder
- 19. TB
- 20. Ulcer/Gastrointestinal Disorder
- 88. Other (specify) \_\_\_\_\_
- 99. Unknown

39. Global Assessment of Functioning (GAF) is found at the back of the booklet. Please rate the consumer's level of current functioning in the space provided. (1-99)

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### 40. Does consumer have a Health Care Proxy?

- Yes
- No
- Unknown

### 41. Does consumer have an Advanced Directive?

- Yes
- No
- Unknown

### 42. Describe the psychotropic medication regimen in the consumer's current treatment plan.

If no medications prescribed, indicate by writing NONE in the first line (left justify medication and right justify dose)

Medications	Total Daily Dose	
		<input type="radio"/> mg <input type="radio"/> cc
		<input type="radio"/> mg <input type="radio"/> cc
		<input type="radio"/> mg <input type="radio"/> cc
		<input type="radio"/> mg <input type="radio"/> cc
		<input type="radio"/> mg <input type="radio"/> cc

### 43. Side Effects from Medications

(select all that apply)

- 0. None
- 1. EPS severity
- 2. Tardive Dyskinesia
- 3. Tremor
- 4. Sedation
- 5. Weight Gain
- 6. Hypotension
- 7. Sexual Dysfunction
- 8. Galactorrhea
- 9. New onset elevated glucose or DM
- 88. Other (specify) \_\_\_\_\_
- 99. Unknown

### 44. Describe the consumer's adherence to medication regimen

(select one response)

- 1. Medication not prescribed
- 2. Rarely or never takes medication as prescribed
- 3. Sometimes takes medication as prescribed
- 4. Takes medication as prescribed most of the time
- 5. Takes medication exactly as prescribed
- 88. Other (specify) \_\_\_\_\_
- 99. Unknown

Right justify responses

- 45. Number of visits to Medical Doctor in the last 6 months ..... 

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- 46. Number of Emergency Room visits and/or Admissions to the Hospital for General Health concerns in the last 6 months ..... 

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- 47. Number of Psychiatric hospitalizations in last 6 months ..... 

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- 48. Total number of DAYS hospitalized due to psychiatric illness in last 6 months ..... 

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- 49. Number of Psychiatric hospitalizations in last 12 months ..... 

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- 50. Number of Psychiatric hospitalizations in last 24 months ..... 

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- 51. Number of Psychiatric hospitalizations in lifetime ..... 

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- 52. Number of Psychiatric Emergency Room visits in last 6 months ..... 

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- 53. Number of Psychiatric Emergency Room visits in last 12 months ..... 

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- 54. Number of Psychiatric Emergency Room visits in last 24 months ..... 

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- 55. Number of arrests in last 6 months ..... 

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- 56. Number of incarcerations in last 6 months ..... 

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- 57. Lifetime number of incarcerations ..... 

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- 58. Number of DAYS incarcerated in last 6 months ..... 

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**Additional Comments for Medical and Psychiatric Problems and Strategies**


**Current Treatment Plan**

Complete the table below for all services in the consumer's current treatment plan. If applicable, indicate which services are mandated by an AOT court-ordered treatment plan.

**59. Current Treatment Plan**

	Is service part of the treatment plan?	If AOT, are services part of the AOT court-mandated treatment plan?	Prior to AOT, was service part of treatment plan
a. Care Coordination (e.g., ACT, ICM, SCM)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. Medication (for psychiatric condition)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. Alcohol or substance abuse services (not including self-help services)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
d. Housing and housing support services	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
e. Self-Help/mutual support services (including mental health, substance abuse & other self-help services)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
f. Family psychoeducation	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
g. Supported employment	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
h. Wellness self-management	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
i. Vocational, technical or trade school	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
j. Other educational services	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
k. Does consumer have a goal of employment?	<input type="radio"/> Yes <input type="radio"/> No		

**60. Indicate which option best characterizes consumer's engagement in services.**

- 1. Not engaged.  
*No contact with provider(s), does not participate in services at all*
- 2. Poor  
*Relates poorly to provider(s), avoids independent contact with provider(s)*
- 3. Fair  
*No independent use of services or only in extreme need*
- 4. Good  
*Able to partner and can use resources independently*
- 5. Excellent  
*Independently and appropriately uses services*

**Social, Interpersonal and Family**

**61. How typical is it for the consumer to:**

	Strength Highly Typical	Generally Typical	Satisfactory Somewhat Typical	Problem Generally Atypical	Highly Atypical
a. Communicate clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Ask for help when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Respond to other's initiation of social contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Form/maintain support network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Engage in social and/or family activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Effectively handle conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Manage assertiveness/anger effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Manage leisure time to own satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Trust at least one other person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Additional Comments for Current Treatment Plan and Social, Interpersonal and Family Problems and Strategies**


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Self-Care and Community Living	Strength		Satisfactory	Problem	
	Acts independently, self-sufficient	Needs some verbal advice or guidance	Needs some physical help or assistance	Needs substantial help	Unable/unwilling to act independently, totally dependent
<b>62. How much support does the consumer typically need to:</b>					
a. Maintain adequate personal hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Maintain adequate diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Recognize/avoid common dangers (e.g., traffic, fire, personal safety, adequate and appropriate clothing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Make/keep necessary appointments (e.g., school, work attendance, punctuality)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Follow through on health care advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Manage medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Take care of own living space (e.g., household responsibilities, cooking, cleaning)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Take care of own possessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Handle personal finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Shop for food, clothing, personal needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Prepare or obtain meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Access and use available transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Access and use community services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

High Risk Behavior	Never	More than 6 months ago	3-6 months ago	1-3 months ago	1-4 weeks ago	This week	Unknown
	<b>63. How recently has the consumer:</b>						
a. Expressed suicide threat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Physically harmed self and/or attempted suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Taken property without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Damaged or destroyed property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Created public disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Verbally assaulted another person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Threatened assault or physical violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Been suspected of sexual abuse of child and/or adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Physically abused and/or assaulted a child and/or adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Engaged in arson	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Was a victim of physical or sexual abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Wandered or run away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Substance Abuse	Never	More than 6 months ago	3-6 months ago	1-3 months ago	1-4 weeks ago	This week	Unknown
	<b>64. How recently has the consumer used:</b>						
a. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Amphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Crack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. PCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Heroin/Opiates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Marijuana/Cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Hallucinogens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Sedative/hypnotic/ anxiolytics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Other prescription drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65. Other co-occurring disabilities, if any (select all that apply)

- 1. Drug or Alcohol Abuse
- 2. Cognitive Disorder
- 3. Mental retardation/ Developmental disabilities
- 4. Blindness
- 5. Impaired ability to walk
- 6. Hearing impairment
- 7. Speech impairment
- 8. Other (specify) \_\_\_\_\_

66. Consumer's current level of substance use (select one)

- 1. Abstinent
- 2. Use without impairment
- 3. Abuse
- 4. Dependence
- 5. Dependence with institutionalization
- 99. Unknown

67. Consumer's current stage of treatment for substance abuse (select one)

- 1. Pre-engagement
- 2. Engagement
- 3. Early persuasion
- 4. Late persuasion
- 5. Early active treatment
- 6. Late active treatment
- 7. Relapse Prevention
- 8. Remission or recovery
- 9. Does not apply
- 99. Unknown

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Use this table to complete question 18, **County code**.

Code	County Name	Code	County Name	Code	County Name	Code	County Name	Code	County Name
1	Albany	13	Delaware	26	Livingston	38	Oswego	51	Steuben
2	Allegany	14	Dutchess	27	Madison	39	Otsego	52	Suffolk
3	Bronx	15	Erie	28	Monroe	40	Putnam	53	Sullivan
4	Broome	16	Essex	29	Montgomery	41	Queens	54	Tioga
5	Cattaraugus	17	Franklin	30	Nassau	42	Rensselaer	55	Tompkins
6	Cayuga	18	Fulton	31	New York	43	Richmond	56	Ulster
7	Chautauqua	19	Genessee	32	Niagara	44	Rockland	57	Warren
8	Chemung	20	Greene	33	Oneida	45	St Lawrence	58	Washington
9	Chenango	21	Hamilton	34	Onondaga	46	Saratoga	59	Wayne
10	Clinton	22	Herkimer	35	Ontario	47	Schenectady	60	Westchester
11	Columbia	23	Jefferson	36	Orange	48	Schoharie	61	Wyoming
12	Cortland	24	Kings	37	Orleans	49	Schuyler	62	Yates
		25	Lewis			50	Seneca		

Use this instrument to complete question 39, **Global Assessment of Functioning**.

Please rate this consumer's overall **current** level of functioning and enter the number from 1 to 99 on the form in the designated boxes corresponding to question 39.

**GLOBAL ASSESSMENT OF FUNCTIONING**

Please rate this consumer's overall **current** level of functioning. Consider the consumer's psychological, social and occupational functioning on a hypothetical continuum of mental health – illness, using the categories below as your reference, where 99 = the highest level of functioning and 1 the lowest. Do not include impairment in functioning due to physical or environmental limitations.

CODE (Note: use intermediary codes when appropriate, e.g., 45, 68, 72)	DESCRIPTORS
99 – 91	Superior functioning in a wide range of activities; life's problems never seem to get out of hand; is sought out by others because of his or her many positive qualities. No symptoms.
90 – 81	Absent or minimal symptoms (e.g. mild anxiety before an exam); good functioning in all areas; interested and involved in a wide range of activities; socially effective; generally satisfied with life, no more than everyday problems or concerns (e.g. an occasional argument with family members).
80 – 71	If symptoms are present, they are transient and expectable reactions to psychological stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork)
70 – 61	Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well; has some meaningful interpersonal relationships.
60 – 51	Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational or school functioning (e.g., few friends, conflicts with peers or co-workers).
50 – 41	Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational or school functioning (e.g., no friends, unable to keep a job).
40 – 31	Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing in school).
30 – 21	Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).
20 – 11	Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
10 – 1	Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

Note: This instrument includes the Global Assessment of Functioning Scale (GAF). The GAF Scale is a revision of the GAS (Endicott J, Spitzer RL, Fleiss J et al: The Global Assessment Scale: A procedure for measuring overall severity of psychiatric disturbance. Archives of General Psychiatry 33:766-771, 1976) and CGAS (Schaffer D, Gould MS, Brasic J, et al: Children's Global Assessment Scale [CGAS]. Archives of General Psychiatry, 40:1228-1231, 1983), which are revisions of the Health-Sickness Rating Scale (Luborsky L: Clinician's judgements of mental health. Archives of General Psychiatry, 7:407-417m 1962).

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Consumer's Name (Last, First, MI) \_\_\_\_\_

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