



Psychosocial Module

Commented [SL1]: The module document is a reference for automation. If the CCM tool provides a different method to improve user efficiency (e.g. navigation, workflow, layout) this should be reviewed with the Department for optimization within the CCM platform. This document is a not intended to be automated as is.

Key
Bold Blue Highlight: Module narrative and directions - assessment level instructions/and or help
Orange: Items, responses, and other language specifically for participants 0-17 unless otherwise indicated
Green: Skip patterns
Red: Additional instructions for assessors- item level help
Purple: Section level help
Light Blue: Notes for automation and/or configuration
S Denotes a shared question with another module (one way only unless otherwise indicated)
Gray Highlight: Responses/Text Boxes to pull forward to Assessment Output
Yellow Highlight: Populate and/or pull forward from another section, module, and/or Support Plan
Green Highlight: Populate and/or pull forward from the member record to an assessment or from an assessment to the member record
! Denotes mandatory item
☞ Item populates forward for Reassessment
Teal Highlight: Items for Revision and CSR- Support Plan only
Italics: Items from FASI (CARE)- for Department only

The purpose of the Psychosocial module of the Assessment process is to document whether the participant demonstrates any behaviors, emotions or symptoms affecting functioning, health and safety; and the type and amount of support needed in this context. This module also screens for potential mental health needs or behavior that may suggest the need to refer the participant for other professional assessment or supports available in the community.

Notes/Comments are present at the end of each section. These are used to: 1) Document additional information that was discussed or observed during the assessment process and was not adequately captured. 2) Document unique behavioral, cognitive or medical issue that were not captured in the assessment items that may increase the need for supervision or support. This narrative can provide additional justification in the event of a case review



1. BEHAVIORS, EMOTIONS, AND SYMPTOMS

This section is used to identify if the participant displays behaviors, emotions and/or symptoms. Assessors should check all the behaviors the participant demonstrates, has a history of, or those that the assessor or others have a concern. If there are no concerns, history, or presence of these behaviors, select "None". For all behaviors identified use the following guidance:

Commented [SL2]: Within the CCM tool numbering for sections and questions does not need to match document, however format needs to be determined by the Department based on CCM design.

Behavior status (column 1) - should be based on what would be considered a "typical" week of behavior for the participant. Identify the status for each behavior chosen.

- **Has history, no symptoms or interventions in past year, no concern about reoccurrence-** Select if the participant has a history of the behavior however there is no concern about reoccurrence. The only follow-up item for this response is to briefly describe the history.
- **Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence-** Select if the participant has a history of the behavior and assessor has concerns about reoccurrence (e.g., because of types of interventions (or lack of interventions) or lack of structure in the living environment). The only follow-up item for this response is to briefly describe the history.
- **Currently requires intervention and/or displays symptoms** -Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions.

Behavior information (column 2) – This item will appear for all behaviors with status of "currently requires intervention and or displays symptoms"

- **Impacts functioning:** Does the behavior impact the participant's ability to function in a manner appropriate to the setting or situation?
- **Prevents from doing things:** Does the behavior prevent the participant from doing things he/she wants to do?
- **Behavior needs to be addressed in Support Plan:** Identify whether the behavior needs to be addressed in the Support Plan.
- **Behavior is intermittent and/or cyclical:** If the behavior is intermittent and/or cyclical, staff should check the box and describe how the behavior typically cycles (e.g. holidays, anniversaries, after doctor's appointments, seasonal, etc.).

Intervention type & frequency (column 3) - The type of supports and/or services that need to be provided by staff and/or caregiver and the frequency. Identify the intervention for each behavior chosen and the frequency of the intervention.

- **Cueing/Verbal prompt** – Responds to simple verbal or gestural redirection
- **Physical Prompts** – Responds to simple cueing using physical touch or leading
- **Planned Intervention-** Requires a planned intervention approach using positive reinforcement, extensive supervision, restriction of rights (all settings), or other appropriate intervention to be carried out by staff or unpaid caregivers.
- **Other, describe** – Requires other approaches (e.g., structured environment)



- **None, and intervention needed** – intervention needed but is not receiving


Frequency

- **Less than monthly to once per month-** Intervention occurs once per month or less. This option may also indicate that the behavior is intermittent and/or cyclical
- **More than once per month and up to weekly-** Intervention occurs twice or more per month, up to once per week
- **More than once per week and up to daily-** Intervention occurs twice or more per week, up to once per day
- **2+ times per day (at least 5 days per week)-** Intervention occurs 2 or more times per day, at least 5 days per week

Presenting behaviors (column 4) - Identify the specific ways in which the behavior presents itself.

Describe additional details regarding including presenting behaviors, interventions and historical information if applicable. (row 1/column 5)

For participants under age 4, Only show responses: "Injurious to Self", "Physically aggressive or combative", Verbally aggressive towards others, "Property destruction", "Injurious to animals", "Socially unacceptable behavior", "Verbal perseveration", "PICA", "Constant vocalization", "Other Behaviors" and "None."

1. Has the participant previously or currently required interventions or present symptoms for any of the following  (Shared from LOC)

For individuals under the age of 18, assessors should evaluate whether the behavior is consistent with the child's chronological, NOT cognitive, age AND is problematic. Some behaviors, such as intrusiveness, may be expected in younger children but may become more socially and/or legally problematic if they are not addressed as the child ages.

Commented [SL4]: Only these responses and their applicable questions/responses are shared from the LOC
 Injurious to self
 Physically aggressive or combative
 Verbally aggressive towards others
 Property Destruction

- | | |
|--|---|
| <input type="checkbox"/> Injurious to self | <input type="checkbox"/> Legal involvement |
| <input type="checkbox"/> Physically aggressive or combative | <input type="checkbox"/> Difficulties regulating emotions |
| <input type="checkbox"/> Verbally aggressive towards others | <input type="checkbox"/> Susceptibility to victimization |
| <input type="checkbox"/> Property destruction | <input type="checkbox"/> Withdrawal |
| <input type="checkbox"/> Injurious to animals | <input type="checkbox"/> Agitation |
| <input type="checkbox"/> Socially unacceptable behavior | <input type="checkbox"/> Impulsivity |
| <input type="checkbox"/> Verbal perseveration | <input type="checkbox"/> Intrusiveness |
| <input type="checkbox"/> PICA | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Bullying others | <input type="checkbox"/> Psychotic behaviors |
| <input type="checkbox"/> Fire setting or preoccupation with fire | <input type="checkbox"/> Manic behaviors |
| <input type="checkbox"/> Refusing ADL/IADL and/or medical care | <input type="checkbox"/> Confabulation |
| <input type="checkbox"/> Wandering/elopement | <input type="checkbox"/> Constant vocalization |



- Other behavior issues
- None **(Skip to Item 28-Were any Emergency Control Procedures used...)**

(Add definitions to each behavior response in item 1. Reference automation spreadsheet given. Definitions are also below in column 1 following the behavior)

For Items 2-26 (table): Show "Behavior Status" (column 1) for each applicable behavior selected in Item 1

Then

Show items "Behavior Information", "Intervention Frequency", and "Presenting Behaviors", (Columns 2-4) ONLY if the response selected in Behavior Status is: "Currently requires intervention and/or displays symptoms." If these columns show, responses are mandatory.

For each "Intervention Type" selected there must be an "Intervention Frequency" selected. For example, assessor selects "Cueing" then "Intervention Frequency" for "Cueing" needs to be selected. Then assessor selects "Planned Intervention" then "Intervention Frequency" for "Planned Intervention" needs to be selected.

Show item "If necessary, describe behavior issues..." for each applicable behavior(s) selected in item 1 and is mandatory.



Behavior Status ⓘ S (Shared from LOC)	Behavior Information ⓘ S (Shared from LOC)	Intervention Type & Frequency ⓘ S (Shared from LOC)	Presenting behaviors ⓘ S (Shared from LOC)
<p>2. Injurious to Self - Participant displays disruptive or dangerous behavioral symptoms not directed towards others, including self-injurious behaviors (e.g., hitting or scratching self, attempts to pull out IVs). ⓘ S (Shared from LOC)</p> <ul style="list-style-type: none"> ○ Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 2A-Describe additional details) ○ Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 2A-Describe additional details) ○ Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior ➤ Other Describe other intervention: _____ ➤ None and intervention needed <p>Frequency</p> <ul style="list-style-type: none"> ○ Less than monthly to once per month- ○ More than once per month and up to weekly ○ More than once per week and up to daily ○ 2+ times per day (at least 5 days per week) 	<ul style="list-style-type: none"> <input type="checkbox"/> Chemical abuse/misuse <input type="checkbox"/> Cutting self <input type="checkbox"/> Bangs head <input type="checkbox"/> Overeating with acute medical implications <input type="checkbox"/> Pulling out hair <input type="checkbox"/> Puts self in dangerous situations that causes or may cause self-harm or injury <input type="checkbox"/> Self-biting <input type="checkbox"/> Self-burning <input type="checkbox"/> Self-hitting <input type="checkbox"/> Self-poking/stabbing <input type="checkbox"/> Self-restricts eating <input type="checkbox"/> Other Describe other injurious to self behaviors: _____
<p>2A. Describe additional details regarding injurious to self behavior(s), including presenting behaviors, interventions and historical information if applicable: ⓘ S (Shared from LOC)</p>			
<p>3. Physically aggressive or combative Participant displays physical behavior symptoms directed toward others (e.g., hits, kicks, pushes, or punches others, throws objects, spitting). ⓘ S (Shared from LOC)</p> <ul style="list-style-type: none"> ○ Has history, no symptoms or interventions in past year, no 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior ➤ Other 	<ul style="list-style-type: none"> <input type="checkbox"/> Bites <input type="checkbox"/> Hits/Punches <input type="checkbox"/> Kicks <input type="checkbox"/> Pulls other's hair <input type="checkbox"/> Pushes <input type="checkbox"/> Scratches <input type="checkbox"/> Throws objects <input type="checkbox"/> Unwanted touching of others <input type="checkbox"/> Tripping

Commented [SL5]: The items in grey will pull to the output based on the automation instructions above.



<p>concern about reoccurrence (Skip to 3A-Describe additional details)</p> <p><input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 3A-Describe additional details)</p> <p><input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions)</p>	<p><input type="checkbox"/> Behavior is intermittent and/or cyclical</p> <p><input type="checkbox"/> None</p>	<p>Describe other intervention: _____</p> <p><input type="radio"/> None and intervention needed</p> <p>Frequency</p> <p><input type="radio"/> Less than monthly to once per month</p> <p><input type="radio"/> More than once per month and up to weekly</p> <p><input type="radio"/> More than once per week and up to daily</p> <p><input type="radio"/> 2+ times per day (at least 5 days per week)</p>	<p><input type="checkbox"/> Uses objects to hurt others</p> <p><input type="checkbox"/> Other</p> <p>Describe other physically aggressive or combative behaviors: _____</p>
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3A. Describe additional details regarding physically aggressive or combative behavior(s), including presenting behaviors, interventions and historical information if applicable: ⓘ §
(Shared from LOC)

<p>4. Verbally aggressive towards others - Participant displays verbal behavioral symptoms directed towards others (e.g., yelling, screaming, threatening, cursing, excessive profanity, sexual references). ⓘ</p> <p>§ (Shared from LOC)</p> <p><input type="radio"/> Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 4A-Describe additional details)</p> <p><input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 4A-Describe additional details)</p> <p><input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned</p>	<p><input type="checkbox"/> Impacts Functioning</p> <p><input type="checkbox"/> Prevents from doing things</p> <p><input type="checkbox"/> Behavior needs to be addressed in Support Plan</p> <p><input type="checkbox"/> Behavior is intermittent and/or cyclical</p> <p><input type="checkbox"/> None</p> <p>Present threat to own or other's safety?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>	<p>Intervention Type</p> <p><input type="radio"/> Cueing</p> <p><input type="radio"/> Physical Prompts</p> <p><input type="radio"/> Planned intervention</p> <p><input type="radio"/> Medications to manage behavior</p> <p><input type="radio"/> Other</p> <p>Describe other intervention: _____</p> <p><input type="radio"/> None and intervention needed</p> <p>Frequency</p> <p><input type="radio"/> Less than monthly to once per month</p> <p><input type="radio"/> More than once per month and up to weekly</p>	<p><input type="checkbox"/> Attempts to intimidate through aggressive gestures with no physical contact</p> <p><input type="checkbox"/> Goads/provokes</p> <p><input type="checkbox"/> Intimidates/stares</p> <p><input type="checkbox"/> Manipulates others - verbal/gestural</p> <p><input type="checkbox"/> Swears at others</p> <p><input type="checkbox"/> Taunts/teases</p> <p><input type="checkbox"/> Verbal Threats</p> <p><input type="checkbox"/> Writes threatening notes (includes electronic or other)</p> <p><input type="checkbox"/> Yells/screams at others</p> <p><input type="checkbox"/> Other</p> <p>Describe other verbally aggressive towards others behaviors: _____</p>
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<p>intervention, medications to manage behavior and other identified interventions)</p>		<ul style="list-style-type: none"> <input type="radio"/> More than once per week and up to daily <input type="radio"/> 2+ times per day (at least 5 days per week) 	
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4A. Describe additional details regarding verbally aggressive towards others behavior(s), including presenting behaviors, interventions and historical information if applicable: ⓘ § (Shared from LOC)

<p>5. Property destruction - Participant engages in behavior, or would without an intervention, to intentionally disassemble, damage or destroy public or private property or possessions. ⓘ § (Shared from LOC)</p> <ul style="list-style-type: none"> <input type="radio"/> Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 5A-Describe additional details) <input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 5A-Describe additional details) <input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior ➤ Other Describe other intervention: _____ ➤ None and intervention needed <p>Frequency</p> <ul style="list-style-type: none"> <input type="radio"/> Less than monthly to once per month <input type="radio"/> More than once per month and up to weekly <input type="radio"/> More than once per week and up to daily <input type="radio"/> 2+ times per day (at least 5 days per week) 	<ul style="list-style-type: none"> <input type="checkbox"/> Breaks windows, glasses, lamps or furniture <input type="checkbox"/> Sets fires <input type="checkbox"/> Tears clothing <input type="checkbox"/> Uses tools/objects to damage property <input type="checkbox"/> Other Describe other property destruction behaviors: _____
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5A. Describe additional details regarding property destruction behavior(s), including presenting behaviors, interventions and historical information if applicable: ⓘ § (Shared from LOC)



<p>6. Injurious to animals- Participant displays, or would without intervention, behaviors that would result in the injury of an animal.</p> <ul style="list-style-type: none"> <input type="radio"/> Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 6A-Describe additional details) <input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 6A-Describe additional details) <input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior ➤ Other Describe other intervention: _____ ➤ None and intervention needed <p>Frequency</p> <ul style="list-style-type: none"> <input type="radio"/> Less than monthly to once per month <input type="radio"/> More than once per month and up to weekly <input type="radio"/> More than once per week and up to daily <input type="radio"/> 2+ times per day (at least 5 days per week) 	<ul style="list-style-type: none"> <input type="checkbox"/> Rough pulling on limbs or body of animal <input type="checkbox"/> Attempts to maim or kill animals <input type="checkbox"/> Sexual abuse against animals <input type="checkbox"/> Other Describe other injurious to animals behaviors: _____
<p>6A. Describe additional details regarding injurious to animals behavior(s), including presenting behaviors, interventions and historical information if applicable:</p>			
<p>7. Socially unacceptable behavior - Participant expresses him/herself, or would without an intervention, in an inappropriate or unacceptable manner. Includes disruptive, infantile, or socially inappropriate behavior (e.g., inappropriate sexual comments or other behaviors, disrobing, smearing/ throwing food or feces)</p> <ul style="list-style-type: none"> <input type="radio"/> Has history, no symptoms or interventions in past year, no concern about 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior ➤ Other Describe other intervention: _____ ➤ None and intervention needed 	<ul style="list-style-type: none"> <input type="checkbox"/> Disrupts other's activities <input type="checkbox"/> Perseverates <input type="checkbox"/> Exhibits hand flapping <input type="checkbox"/> Excessive repetitive behavior <input type="checkbox"/> Does not understand personal boundaries <input type="checkbox"/> Spits <input type="checkbox"/> Throws food <input type="checkbox"/> Throws feces <input type="checkbox"/> Smears feces <input type="checkbox"/> Urinates/defecates in inappropriate places



<p>reoccurrence (Skip to 7A-Describe additional details)</p> <ul style="list-style-type: none"> ○ Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 7A-Describe additional details) ○ Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 		<p>Frequency</p> <ul style="list-style-type: none"> ○ Less than monthly to once per month ○ More than once per month and up to weekly ○ More than once per week and up to daily ○ 2+ times per day (at least 5 days per week) 	<ul style="list-style-type: none"> <input type="checkbox"/> Exposes private body areas to others <input type="checkbox"/> Inappropriately touches others <input type="checkbox"/> Masturbates in public <input type="checkbox"/> Unwanted touching of others <input type="checkbox"/> Other Describe other socially unacceptable behaviors: _____
<p>7A. Describe additional details regarding socially unacceptable behavior(s), including presenting behaviors, interventions and historical information if applicable: _____</p>			
<p>8. Verbal perseveration- Participant engages, or would without intervention, in continuous verbal repetition (such as of a word or phrase)</p> <ul style="list-style-type: none"> ○ Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 8A-Describe additional details) ○ Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 8A-Describe additional details) ○ Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None Only show the below responses if 'impacts functioning' was selected above <input type="checkbox"/> Threatens relationships with others. <input type="checkbox"/> Places participant at risk of harm. <input type="checkbox"/> Threatens ability to remain in job or home. <input type="checkbox"/> Other Describe other way functioning is 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior ➤ Other Describe other intervention: _____ ➤ None and intervention needed <p>Frequency</p> <ul style="list-style-type: none"> ○ Less than monthly to once per month ○ More than once per month and up to weekly ○ More than once per week and up to daily 	<ul style="list-style-type: none"> <input type="checkbox"/> Repeats specific words <input type="checkbox"/> Repeats words said by certain individuals <input type="checkbox"/> Scripting/repetitive phrases <input type="checkbox"/> Other Describe other verbally perseveration behaviors: _____



	impacted by verbal perseveration:	<input type="radio"/> 2+ times per day (at least 5 days per week)	
8A. Describe additional details regarding verbal perseveration behavior(s), including presenting behaviors, interventions and historical information if applicable: ⓘ			
<p>9. PICA (Ingestion of non-nutritive substances) - Participant ingests, or would without an intervention, non-food items (e.g., liquid detergent, coins, paper clips, cigarettes).</p> <ul style="list-style-type: none"> <input type="radio"/> Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 9A-Describe additional details) <input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 9A-Describe additional details) <input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior ➤ Other Describe other intervention: _____ ➤ None and intervention needed <p>Frequency</p> <ul style="list-style-type: none"> <input type="radio"/> Less than monthly to once per month <input type="radio"/> More than once per month and up to weekly <input type="radio"/> More than once per week and up to daily <input type="radio"/> 2+ times per day (at least 5 days per week) 	<p>Typically ingests:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dirt <input type="checkbox"/> Glass <input type="checkbox"/> Stones <input type="checkbox"/> Paper <input type="checkbox"/> Hair <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Wood <input type="checkbox"/> Toxic substances (e.g., soap, cleaning solutions) <input type="checkbox"/> Cigarettes <input type="checkbox"/> Other <p>Describe other PICA behaviors: _____</p>
9A. Describe additional details regarding PICA behavior(s), including presenting behaviors, interventions and historical information if applicable: ⓘ			
<p>10. Bullying Others- Using force, threat, or coercion to abuse, intimidate, or aggressively dominate others.</p> <ul style="list-style-type: none"> <input type="radio"/> Has history, no symptoms or interventions in past year, no concern about 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention 	<ul style="list-style-type: none"> <input type="checkbox"/> Threatens others <input type="checkbox"/> Hurts others physically <input type="checkbox"/> Hurts others mentally or emotionally (e.g., goading, hurtful words, name calling)



<p>reoccurrence (Skip to 10A-Describe additional details)</p> <ul style="list-style-type: none"> <input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 10A-Describe additional details) <input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 	<p>addressed in Support Plan</p> <ul style="list-style-type: none"> <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<ul style="list-style-type: none"> ➤ Medications to manage behavior ➤ Other Describe other intervention: _____ ➤ None and intervention needed <p>Frequency</p> <ul style="list-style-type: none"> <input type="radio"/> Less than monthly to once per month <input type="radio"/> More than once per month and up to weekly <input type="radio"/> More than once per week and up to daily <input type="radio"/> 2+ times per day (at least 5 days per week) 	<ul style="list-style-type: none"> <input type="checkbox"/> Attempts to intimidate through aggressive gestures with no physical contact <input type="checkbox"/> Taunts/teases <input type="checkbox"/> Verbal threats <input type="checkbox"/> Writes threatening notes (includes electronic or other) <input type="checkbox"/> Encourages others to bully <input type="checkbox"/> Takes others' property to taunt or coerce <input type="checkbox"/> Other Describe other bullying others behavior(s): _____
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10A. Describe additional details regarding bullying others behavior(s), including presenting behaviors, interventions and historical information if applicable: !

<p>11. Fire setting or preoccupation with fire- Participant has, or would without intervention, set fires or has an excessive fascination with fire.</p> <ul style="list-style-type: none"> <input type="radio"/> Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 11A-Describe additional details) <input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 11A-Describe additional details) <input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior ➤ Other Describe other intervention: _____ ➤ None and intervention needed <p>Frequency</p> <ul style="list-style-type: none"> <input type="radio"/> Less than monthly to once per month 	<ul style="list-style-type: none"> <input type="checkbox"/> Has set fires <input type="checkbox"/> Inappropriately plays with or uses fire ignitors (e.g., lighters, gas burners, etc.) <input type="checkbox"/> Excessively discusses fires <input type="checkbox"/> Other Describe other fire setting or preoccupation with fire behavior(s): _____
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<p>prompts, planned intervention, medications to manage behavior and other identified interventions)</p>		<ul style="list-style-type: none"> <input type="radio"/> More than once per month and up to weekly <input type="radio"/> More than once per week and up to daily <input type="radio"/> 2+ times per day (at least 5 days per week) 	
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11A. Describe additional details regarding fire setting or preoccupation with fire behavior(s), including presenting behaviors, interventions and historical information if applicable: ⓘ

<p>12. Refusing ADL/IADL and/or medical care- Participant resists required assistance (e.g., resists ADL assistance or medications)</p> <ul style="list-style-type: none"> <input type="radio"/> Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 12A-Describe additional details) <input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 12A-Describe additional details) <input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior ➤ Other Describe other intervention: _____ ➤ None and intervention needed <p>Frequency</p> <ul style="list-style-type: none"> <input type="radio"/> Less than monthly to once per month <input type="radio"/> More than once per month and up to weekly <input type="radio"/> More than once per week and up to daily <input type="radio"/> 2+ times per day (at least 5 days per week) 	<ul style="list-style-type: none"> <input type="checkbox"/> Is physically combative against assistance <input type="checkbox"/> Is verbally combative against assistance <input type="checkbox"/> Is resistant against ADL/IADL assistance <input type="checkbox"/> Is resistant to being seen by a medical professional <input type="checkbox"/> Is resistant to taking medications <input type="checkbox"/> Requires full sedation for medical appointments <input type="checkbox"/> Requires full sedation for dental appointments <input type="checkbox"/> Other Describe other refusing ADL/IADL and/or medical care behavior(s): _____
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12A. Describe additional details regarding refusing ADL/IADL and/or medical care behavior(s), including presenting behaviors, interventions and historical information if applicable: ⓘ



<p>13. Wandering/elopement - Participant purposefully, or would without an intervention, leaves an area or group without telling others or departs from the supervising staff, caregiver, parent or other guardian unexpectedly resulting in increased vulnerability.</p> <ul style="list-style-type: none"> <input type="radio"/> Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 13A-Describe additional details) <input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 13A-Describe additional details) <input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior ➤ Other Describe other intervention: _____ ➤ None and intervention needed <p>Frequency</p> <ul style="list-style-type: none"> <input type="radio"/> Less than monthly to once per month <input type="radio"/> More than once per month and up to weekly <input type="radio"/> More than once per week and up to daily <input type="radio"/> 2+ times per day (at least 5 days per week) 	<ul style="list-style-type: none"> <input type="checkbox"/> Wanders away from staff, parent, or other guardian while in the home and/or community <input type="checkbox"/> Leaves living area for extended period of time without informing appropriate person <input type="checkbox"/> Runs away <input type="checkbox"/> Attempts to jump out of vehicle <input type="checkbox"/> Other Describe other wandering/elopement behavior(s): _____
<p>13A. Describe additional details regarding wandering/elopement behavior(s), including presenting behaviors, interventions and historical information if applicable: ⓘ</p>			
<p>14. Legal Involvement- Participant has been engaged with or is at risk of being engaged with law enforcement, arrested, and/or convicted of breaking a law or laws and has been determined to have had knowledge of breaking laws.</p> <ul style="list-style-type: none"> <input type="radio"/> Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 14A-Describe additional details) 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior ➤ Other Describe other intervention: _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Assault <input type="checkbox"/> Burglary <input type="checkbox"/> Arson <input type="checkbox"/> Drug related crimes <input type="checkbox"/> Financial crimes <input type="checkbox"/> Issues related to homelessness (e.g., urinating in public, camping ban violations, etc.) <input type="checkbox"/> Prostitution <input type="checkbox"/> Public nuisance <input type="checkbox"/> Sexual crimes <input type="checkbox"/> Shoplifting



<ul style="list-style-type: none"> <input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 14A-Describe additional details) <input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 		<ul style="list-style-type: none"> ➤ None and intervention needed <p>Frequency</p> <ul style="list-style-type: none"> <input type="radio"/> Less than monthly to once per month <input type="radio"/> More than once per month and up to weekly <input type="radio"/> More than once per week and up to daily <input type="radio"/> 2+ times per day (at least 5 days per week) 	<ul style="list-style-type: none"> <input type="checkbox"/> Terroristic threats <input type="checkbox"/> Theft <input type="checkbox"/> Trespassing <input type="checkbox"/> Other <p>Describe other legal involvement behavior(s): _____</p>
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14A. Describe additional details regarding legal involvement behavior(s), including presenting behaviors, interventions and historical information if applicable: !

<p>15. Difficulties regulating emotions - Participant has instances, or would without an intervention, of emotional reactions that are atypical of others in similar situations.</p> <ul style="list-style-type: none"> <input type="radio"/> Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 15A-Describe additional details) <input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 15A-Describe additional details) <input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior ➤ Other <p>Describe other intervention: _____</p> <ul style="list-style-type: none"> ➤ None and intervention needed <p>Frequency</p> <ul style="list-style-type: none"> <input type="radio"/> Less than monthly to once per month <input type="radio"/> More than once per month and up to weekly <input type="radio"/> More than once per week and up to daily 	<ul style="list-style-type: none"> <input type="checkbox"/> Cries <input type="checkbox"/> Frequently argues about small things <input type="checkbox"/> Impulsivity <input type="checkbox"/> Over excitement <input type="checkbox"/> Overzealous social exchanges <input type="checkbox"/> Screams <input type="checkbox"/> Shouts angrily <input type="checkbox"/> Tantrums <input type="checkbox"/> Throws self on floor <input type="checkbox"/> Other <p>Describe other difficulties regulating emotions behavior(s): _____</p>
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		<input type="radio"/> 2+ times per day (at least 5 days per week)	
15A. Describe additional details regarding difficulties regulating emotions behavior(s), including presenting behaviors, interventions and historical information if applicable : ⓘ			
16. Susceptibility to victimization - Participant engages in, or would without an intervention, behaviors that increase or could potentially increase the participant's level of risk or harm or exploitation by others, such as befriending strangers. <ul style="list-style-type: none"> <input type="radio"/> Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 16A - Describe additional details) <input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 16A - Describe additional details) <input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 	<input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None	Intervention Type <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior ➤ Other Describe other intervention: _____ ➤ None and intervention needed Frequency <ul style="list-style-type: none"> <input type="radio"/> Less than monthly to once per month <input type="radio"/> More than once per month and up to weekly <input type="radio"/> More than once per week and up to daily <input type="radio"/> 2+ times per day (at least 5 days per week) 	Presenting Issues: <ul style="list-style-type: none"> <input type="checkbox"/> Attachment to strangers <input type="checkbox"/> Lack of stranger awareness <input type="checkbox"/> Domestic abuse <input type="checkbox"/> Financial exploitation <input type="checkbox"/> Participant easily manipulated to their detriment <input type="checkbox"/> Physical exploitation <input type="checkbox"/> Physically threatened <input type="checkbox"/> Prostitution <input type="checkbox"/> Puts self in harm's way <input type="checkbox"/> Sexual exploitation <input type="checkbox"/> Other Describe other susceptibility to victimization behavior(s): _____
16A. Describe additional details regarding susceptibility to victimization behavior(s), including presenting behaviors, interventions and historical information if applicable: ⓘ			
17. Withdrawal - Participant has a tendency, or would without an intervention, to retreat into or seclude oneself or to avoid conversation, interaction or activity. <ul style="list-style-type: none"> <input type="radio"/> Has history, no symptoms or interventions in past year, no 	<input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan	Intervention Type <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior 	<input type="checkbox"/> Avoidance <input type="checkbox"/> Isolation <input type="checkbox"/> Lack of interest in life events <input type="checkbox"/> Other Describe other withdrawal behavior(s): _____



<p>concern about reoccurrence (Skip to 17A-Describe additional details)</p> <p><input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 17A-Describe additional details)</p> <p><input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions)</p>	<p><input type="checkbox"/> Behavior is intermittent and/or cyclical</p> <p><input type="checkbox"/> None</p>	<p>➤ Other Describe other intervention: _____</p> <p>➤ None and intervention needed</p> <p>Frequency</p> <p><input type="radio"/> Less than monthly to once per month</p> <p><input type="radio"/> More than once per month and up to weekly</p> <p><input type="radio"/> More than once per week and up to daily</p> <p><input type="radio"/> 2+ times per day (at least 5 days per week)</p>	
<p>17A. Describe additional details regarding withdrawal behavior(s), including presenting behaviors, interventions and historical information if applicable: ⚠</p>			
<p>18. Agitation - Participant has a tendency, or would without an intervention, to suddenly or quickly become upset or violent.</p> <p><input type="radio"/> Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 18A-Describe additional details)</p> <p><input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 18A-Describe additional details)</p> <p><input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to</p>	<p><input type="checkbox"/> Impacts Functioning</p> <p><input type="checkbox"/> Prevents from doing things</p> <p><input type="checkbox"/> Behavior needs to be addressed in Support Plan</p> <p><input type="checkbox"/> Behavior is intermittent and/or cyclical</p> <p><input type="checkbox"/> None</p>	<p>Intervention Type</p> <p>➤ Cueing</p> <p>➤ Physical Prompts</p> <p>➤ Planned intervention</p> <p>➤ Medications to manage behavior</p> <p>➤ Other Describe other intervention: _____</p> <p>➤ None and intervention needed</p> <p>Frequency</p> <p><input type="radio"/> Less than monthly to once per month</p>	<p><input type="checkbox"/> Easily agitated</p> <p><input type="checkbox"/> Easily angered</p> <p><input type="checkbox"/> Easily frustrated</p> <p><input type="checkbox"/> Hyperactivity</p> <p><input type="checkbox"/> Other</p> <p>Describe other agitation behavior(s): _____</p>



<p>manage behavior and other identified interventions)</p>		<ul style="list-style-type: none"> <input type="radio"/> More than once per month and up to weekly <input type="radio"/> More than once per week and up to daily <input type="radio"/> 2+ times per day (at least 5 days per week) 	
<p>18A. Describe additional details regarding agitation behavior(s), including presenting behaviors, interventions and historical information if applicable: ⓘ</p>			
<p>19. Impulsivity - Participant has a tendency, or would without an intervention, for sudden or spontaneous decisions or actions.</p> <ul style="list-style-type: none"> <input type="radio"/> Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 19A-Describe additional details) <input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 19A-Describe additional details) <input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior ➤ Other Describe other intervention: _____ ➤ None and intervention needed <p>Frequency</p> <ul style="list-style-type: none"> <input type="radio"/> Less than monthly to once per month <input type="radio"/> More than once per month and up to weekly <input type="radio"/> More than once per week and up to daily <input type="radio"/> 2+ times per day (at least 5 days per week) 	<ul style="list-style-type: none"> <input type="checkbox"/> Makes and acts upon sudden decisions <input type="checkbox"/> Easily influenced by environment/stimuli <input type="checkbox"/> Disregards personal safety <input type="checkbox"/> Spends money recklessly <input type="checkbox"/> Other Describe other impulsivity behavior(s): _____
<p>19A. Describe additional details regarding impulsivity behavior(s), including presenting behaviors, interventions and historical information if applicable: ⓘ</p>			



<p>20. Intrusiveness - Participant has a tendency, or would without an intervention, for entering personal or private space without regard or permission.</p> <ul style="list-style-type: none"> ○ Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 20A-Describe additional details) ○ Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 20A-Describe additional details) ○ Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior ➤ Other Describe other intervention: _____ ➤ None and intervention is needed <p>Frequency</p> <ul style="list-style-type: none"> ○ Less than monthly to once per month ○ More than once per month and up to weekly ○ More than once per week and up to daily ○ 2+ times per day (at least 5 days per week) 	<ul style="list-style-type: none"> <input type="checkbox"/> Inappropriate boundaries in public/private areas <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Unaware of interpersonal space <input type="checkbox"/> Other Describe other intrusiveness behavior(s): _____
<p>20A. Describe additional details regarding intrusiveness behavior(s), including presenting behaviors, interventions and historical information if applicable: ⓘ</p>			
<p>21. Anxiety - The participant experiences feelings of anxiety (e.g., worry or tensions), often unrealistic or out of proportion to the situation. Common physical signs of anxiety include racing heart, sweating, feeling dizzy, nausea and rapid breathing.</p> <ul style="list-style-type: none"> ○ Has history, no symptoms or interventions in past year, no concern about 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior ➤ Other Describe other intervention: _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Avoids people/situations <input type="checkbox"/> Easily triggered due to past trauma <input type="checkbox"/> Resistance to prompts <input type="checkbox"/> Hoards objects <input type="checkbox"/> Hyper-vigilant <input type="checkbox"/> Unable to concentrate <input type="checkbox"/> Phobias <input type="checkbox"/> Panic attacks <input type="checkbox"/> Perseveration <input type="checkbox"/> Rocks self <input type="checkbox"/> Other



<p>reoccurrence (Skip to 21A-Describe additional details)</p> <p><input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 21A-Describe additional details)</p> <p><input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions)</p>		<p>➤ None and intervention needed</p> <p>Frequency</p> <p><input type="radio"/> Less than monthly to once per month</p> <p><input type="radio"/> More than once per month and up to weekly</p> <p><input type="radio"/> More than once per week and up to daily</p> <p><input type="radio"/> 2+ times per day (at least 5 days per week)</p>	<p>Describe other anxiety: _____</p>
<p>21A. Describe additional details regarding anxiety, including presenting symptoms, interventions and historical information if applicable:</p>			
<p>22. Psychotic Behaviors -</p> <p>The participant experiences psychotic symptoms (such as: auditory hallucinations, visual hallucinations and/or delusions) that cause the participant to have markedly inappropriate behavior that affects the participant's daily functioning and social interactions. Behavior is characterized by marked difficulty interacting within social norms due to an altered perception of reality.</p> <p><input type="radio"/> Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 22A-Describe additional details)</p> <p><input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 22A-Describe additional details)</p>	<p><input type="checkbox"/> Impacts Functioning</p> <p><input type="checkbox"/> Prevents from doing things</p> <p><input type="checkbox"/> Behavior needs to be addressed in Support Plan</p> <p><input type="checkbox"/> Behavior is intermittent and/or cyclical</p> <p><input type="checkbox"/> None</p>	<p>Intervention Type</p> <p>➤ Cueing</p> <p>➤ Physical Prompts</p> <p>➤ Planned intervention</p> <p>➤ Medications to manage behavior</p> <p>➤ Other Describe other intervention: _____</p> <p>➤ None and intervention needed</p> <p>Frequency</p> <p><input type="radio"/> Less than monthly to once per month</p> <p><input type="radio"/> More than once per month and up to weekly</p>	<p><input type="checkbox"/> Catatonic behavior</p> <p><input type="checkbox"/> Delusions</p> <p><input type="checkbox"/> Disorganized speech</p> <p><input type="checkbox"/> Auditory hallucinations</p> <p><input type="checkbox"/> Visual hallucinations</p> <p><input type="checkbox"/> Olfactory hallucinations</p> <p><input type="checkbox"/> Saving urine or feces</p> <p><input type="checkbox"/> Significant paranoia</p> <p><input type="checkbox"/> Other Describe other psychotic behavior(s): _____</p>



<ul style="list-style-type: none"> <input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 		<ul style="list-style-type: none"> <input type="radio"/> More than once per week and up to daily <input type="radio"/> 2+ times per day (at least 5 days per week) 	
<p>22A. Describe additional details regarding psychotic behavior(s), including presenting behaviors, interventions and historical information if applicable: ⓘ</p>			
<p>23. Manic Behaviors - The participant experiences elevated changes in mood states characterized by severe fluctuations in energy and activity level, inappropriate elation and grandiose notions. Manic behavior patterns include hyperactivity, marked irritability and/or grandiosity, increased energy and heightened mood.</p> <ul style="list-style-type: none"> <input type="radio"/> Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 23A-Describe additional details) <input type="radio"/> Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 23A-Describe additional details) <input type="radio"/> Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➢ Cueing ➢ Physical Prompts ➢ Planned intervention ➢ Medications to manage behavior ➢ Other Describe other intervention: _____ ➢ None and intervention needed <p>Frequency</p> <ul style="list-style-type: none"> <input type="radio"/> Less than monthly to once per month <input type="radio"/> More than once per month and up to weekly <input type="radio"/> More than once per week and up to daily <input type="radio"/> 2+ times per day (at least 5 days per week) 	<ul style="list-style-type: none"> <input type="checkbox"/> Decreased need for sleep <input type="checkbox"/> Distractible <input type="checkbox"/> Grandiose thinking <input type="checkbox"/> Inflated self-esteem <input type="checkbox"/> Rapid/intense speech inappropriate to situation <input type="checkbox"/> Excessive involvement in pleasurable activities that have negative consequences (excessive spending, gambling, increased sexual behavior). <input type="checkbox"/> Other Describe other manic behavior(s): _____
<p>23A. Describe additional details regarding manic behavior(s), including presenting behaviors, interventions and historical information if applicable: ⓘ</p>			
<p>24. Confabulation – The participant produces fabricated, distorted, or misinterpreted</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➢ Cueing ➢ Physical Prompts 	<ul style="list-style-type: none"> <input type="checkbox"/> Gives false impressions of capabilities to others



<p>memories about his/herself or the world, without the conscious intention to deceive.</p> <ul style="list-style-type: none"> ○ Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 24A-Describe additional details) ○ Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 24A-Describe additional details) ○ Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 	<ul style="list-style-type: none"> <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None <p>Only show the below responses if 'impacts functioning' was selected above</p> <ul style="list-style-type: none"> <input type="checkbox"/> Threatens relationships with others. <input type="checkbox"/> Places participant at risk of harm. <input type="checkbox"/> Threatens ability to remain in job or home. <input type="checkbox"/> Other way functioning is impacted by confabulation: _____ 	<ul style="list-style-type: none"> ➤ Planned intervention ➤ Medications to manage behavior ➤ Other Describe other intervention: _____ ➤ None and intervention needed <p>Frequency</p> <ul style="list-style-type: none"> ○ Less than monthly to once per month ○ More than once per month and up to weekly ○ More than once per week and up to daily ○ 2+ times per day (at least 5 days per week) 	<p>who don't know participant well.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gives false impressions of their daily activities. <input type="checkbox"/> Other Describe other confabulation behavior(s): _____
<p>24A. Describe additional details regarding confabulation behavior(s), including presenting behaviors, interventions and historical information if applicable: ⓘ</p>			
<p>25. Constant vocalization- Participant exhibits constant vocalizations, such as screaming, crying, laughing, or verbal threats, which cause emotional distress to family caregivers. "Constant" is defined as an occurrence on average of fifteen minutes of each waking hour.</p> <ul style="list-style-type: none"> ○ Has history, no symptoms or interventions in past year, no concern about 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior ➤ Other Describe other intervention: _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Screaming/Shrieking* <input type="checkbox"/> Humming <input type="checkbox"/> Swearing <input type="checkbox"/> Perseveration <input type="checkbox"/> Echolalia <input type="checkbox"/> Crying <input type="checkbox"/> Grunting <input type="checkbox"/> Laughing <input type="checkbox"/> Verbal Threats <input type="checkbox"/> Other Describe other constant vocalization behavior(s): _____

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<p>reoccurrence (Skip to 25A-Describe additional details)</p> <ul style="list-style-type: none"> ○ Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 25A-Describe additional details) ○ Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 		<ul style="list-style-type: none"> ➤ None and intervention needed <p>Frequency</p> <ul style="list-style-type: none"> ○ Less than monthly to once per month ○ More than once per month and up to weekly ○ More than once per week and up to daily ○ 2+ times per day (at least 5 days per week) 	
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25A. Describe additional details regarding constant vocalization behavior(s), including presenting behaviors, interventions and historical information if applicable: ⓘ

<p>26. Other behavior issues- Identify and describe other behavior issues that were not already captured.</p> <ul style="list-style-type: none"> ○ Has history, no symptoms or interventions in past year, no concern about reoccurrence (Skip to 26A-Describe additional details) ○ Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence (Skip to 26A-Describe additional details) ○ Currently requires intervention and/or displays symptoms (Interventions include cueing, physical prompts, planned intervention, medications to manage behavior and other identified interventions) 	<ul style="list-style-type: none"> <input type="checkbox"/> Impacts Functioning <input type="checkbox"/> Prevents from doing things <input type="checkbox"/> Behavior needs to be addressed in Support Plan <input type="checkbox"/> Behavior is intermittent and/or cyclical <input type="checkbox"/> None 	<p>Intervention Type</p> <ul style="list-style-type: none"> ➤ Cueing ➤ Physical Prompts ➤ Planned intervention ➤ Medications to manage behavior ➤ Other Describe other intervention: _____ ➤ None and intervention needed <p>Frequency</p> <ul style="list-style-type: none"> ○ Less than monthly to once per month ○ More than once per month and up to weekly ○ More than once per week and up to daily 	
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		<input type="radio"/> 2+ times per day (at least 5 days per week)	
26A. Describe additional details regarding other behavior(s), including presenting behaviors, interventions and historical information if applicable: ⓘ			

27. On average the participant requires intervention greater than verbal redirection at least once every two hours during the day AND on average once every three hours at night across all behavior and/or medical issues OR exhibits constant vocalization. ⓘ ⓘ (Shared with Health module: Bi-directional) This item is to help determine if participant meets targeting criteria for the Children’s Extensive Services (CES) waiver. If “yes” is selected for “Due to behavioral issues” or “Due to constant vocalization,” the documentation must show descriptions of the presenting behavior, intervention, and frequency in the Behaviors, Emotions, and Symptoms Section.

- No (Skip to item 28- Were any Emergency Control Procedures used during the past year?)
- Yes
 - Yes- Due to behavioral issues (Interventions for behavioral issues are documented in the Psychosocial Module)
 - Yes-Due to medical issues (Interventions for medical issues are documented in the Health Module)
 - Yes-Due to constant vocalization (Interventions for constant vocalization are documented in the Psychosocial Module)

28. Were any Emergency Control Procedures used during the past year? Note: An Emergency Control Procedure is an unanticipated use of a restrictive procedure or restraint in order to keep the participant receiving services and others safe.

- No
- Yes,

28A. Describe type of procedure(s) used: _____

28B. Frequency of emergency control procedure:

- 1-2 times
- 3-4 times
- 5-6 times
- 7 or more times

29. Were any Safety Control Procedures used during the past year? Note: A Safety Control Procedure is developed when it can be anticipated that there will be a need to use restrictive procedures or restraints to control a previously exhibited behavior which is likely to occur again.

- No



Yes,

29A. Describe type of procedure(s) used: _____

29B. Frequency of safety control procedure:

- Less than monthly to once per month
- More than once per month and up to weekly
- More than once per week and up to daily
- 2+ times per day (at least 5 days per week)

30. Is there an Imposition of Legal Disability (ILD) in place?

- No
- Yes

31. Participant is in danger of being admitted to an institution /out of home placement because of behavior issues. (Show for ages 4 and older, if "None" was selected in Section 1, Item 1 "Has the participant previously or currently required intervention or present symptoms for any of the following" AND "No" was selected in Item 27 - "On average the participant requires intervention greater than verbal redirection...")

- No
- Yes

32. How likely is it that disruptive or dangerous behaviors would occur and/or escalate if HCBS services were withdrawn? (Shared from LOC)

- Highly likely
- Likely
- Unlikely
- Highly unlikely
- Not sure
- Not currently receiving services

If likely or higher, explain: _____

Scoring based on: (Shared from LOC)

- Observation Self-report Proxy

33. Participant expresses feelings of loneliness?

- No
- Yes
- Unknown



34. Are you/Is your child able to spend time socializing, such as visiting with family/friends, or attending events in the community that interest you/him/her?

- No
- Yes (Skip to 35- Behavior Plan Status)
- Choose not to answer (Skip to 35- Behavior Plan Status)

34a. If you/your child regularly experiences problems in spending time with friends/family or attending social events, what are the challenges or barriers that prevent you/him/her from spending time with others as much as you/he/she would like? _____

35. Behavior Plan Status and any concerns: (Include any concerns from participant, participant’s representative or assessor)

- Does not have or need a Behavior Plan
- Needs a Behavior Plan, _____
Describe need for behavior plan: _____
- Has a Behavior Plan,
Describe behavior plan, any concerns and where it can be located: _____

36. Notes/Comments: Behaviors, Emotions, and Symptoms

2. PSYCHOSOCIAL THERAPIES (CURRENT AND PAST)

1. Current behavioral and Behavioral Health Therapies (including mental health):

- Professional therapies such as psychiatric care, psychotherapy, cognitive therapy, cognitive-behavioral therapy, group therapy, etc. run by professionals with training in therapy
- Formalized behavior plans designed by a behavioral analyst or psychologist but frequently implemented by family or caregivers
- Counseling services provided by a trained counselor
- Applied behavioral analysis, including plans developed by professionals trained in ABA but frequently implemented by others with specialized training in ABA
- Other behavioral health (including mental health) therapies designed to address the specialized needs of the participant
- None



2. Past behavioral and Behavioral Health Therapies (including mental health):

- Professional therapies such as psychiatric care, psychotherapy, cognitive therapy, cognitive-behavioral therapy, group therapy, etc. run by professionals with training in therapy
- Formalized behavior plans designed by a behavioral analyst or psychologist but frequently implemented by family or caregivers
- Counseling services provided by a trained counselor
- Applied behavioral analysis, including plans developed by professionals trained in ABA but frequently implemented by others with specialized training in ABA
- Other behavioral health (including mental health) therapies designed to address the specialized needs of the participant
- None

Show "Therapy Status" (column 1) for each if applicable therapy selected in item 1 "Current behavioral and Behavioral Health Therapies"

Then

Show "Performed by," "Caregiver Status", and "Frequency" (columns 2-4) ONLY if the response selected in "Therapy Status" (column 1) is: "Therapy needed and available" OR "Therapy needed but no longer meets participant's needs."

For "Caregiver Status" (column 3) only show if response selected in Item 1 "Current behavioral and Behavioral Health Therapies" is any of the following responses: 1) Formalized behavior plans designed by a behavioral analyst or psychologist but frequently implemented by family or caregivers, OR 2) Applied behavioral analysis, including plans developed by professionals trained in ABA but frequently implemented by others with specialized training in ABA, OR 3) Other behavioral health (including mental health) therapies designed to address the specialized needs of the participant AND if response selected in "Performed By" (column 2) is any of the following: 1) Caregiver, 2) Parent or 3) Other

If columns 2-4 show the responses are mandatory.

Show item "Briefly describe ..." for each applicable therapy selected in items 1, responses are mandatory.



Therapy Status: ⓘ	Performed By: ⓘ	Caregiver Status: ⓘ	Frequency ⓘ
<ul style="list-style-type: none"> <input type="radio"/> Therapy needed and available- Participant needs and is currently receiving this therapy <input type="radio"/> Therapy needed but no longer meets participant's needs- Participant needs the therapy but no longer meet's participant's needs. <input type="radio"/> Therapy needed but is not being received- Participant needs the therapy but is not currently receiving. <input type="radio"/> Participant refused- Participant chooses not to receive this therapy 	<ul style="list-style-type: none"> <input type="checkbox"/> Caregiver <input type="checkbox"/> Nurse <input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Relevant Mental Health Care Professional <input type="checkbox"/> Other Identify person who performed treatment _____ 	<p>Can an existing caregiver (excluding those provided through an agency) provide the treatment or monitoring?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>Identify which caregiver(s) can perform the task. If some or all caregivers cannot perform the task, describe the reasons and identify training or other supportive service that would allow the caregiver to perform the task. If the caregiver is not interested in providing the support or additional training, document this: _____</p>	<ul style="list-style-type: none"> <input type="radio"/> Less than monthly to once per month <input type="radio"/> More than once per month and up to weekly <input type="radio"/> More than once per week and up to daily <input type="radio"/> 2+ times per day (at least 5 days per week)

Briefly describe 1) the reason for the therapy 2) the participant's strengths, preferences and challenges related to the therapy including any other information, such planned end dates: ⓘ

3. Notes/Comments: Psychosocial Therapies



3. DEPRESSION SCREEN- ONLY SHOW FOR AGES 18 AND OLDER

- 1. Does the participant, representative, and/or case manager wish to complete the depression screen?**
 - No **(Skip to Section 5- Suicide and Homicide Screen)**
 - Yes

- 2. Does the participant have an intellectual and/or developmental disability?**
 - No
 - Yes, and participant is able to meaningfully communicate thoughts, feelings, and needs, including with a support **(Skip to Item 14- Glasgow IDD Participant Assessment- Have you felt sad?)**
 - Yes, and participant is unable to communicate emotions, thoughts, and feelings in any meaningful way **(Skip to item 34- Glasgow IDD Proxy Assessment- Has the participant appeared depressed?)**

- 3. During the past 2 weeks, how often would you say, "I feel sad"?**
 - Never
 - Rarely
 - Sometimes
 - Often
 - Always
 - Choose not to answer

During the past 2 weeks, how often have you been bothered by any of the following problems?	Not at all (0 to 1 Days)	Several days (2 to 6 Days)	More than half the days (7 to 11 Days)	Nearly every day (12 to 14 Days)
4. Little interest or pleasure in doing things	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³
5. Feeling down, depressed or hopeless	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³
6. Trouble falling or staying asleep, or sleeping too much	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³
7. Feeling tired or having little energy	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³
8. Poor appetite or overeating	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³
9. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³
10. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³
11. Moving or speaking so slowly that other people noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²	<input type="radio"/> ³



12. Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Total of each column	_____	_____	_____	_____
Total Score (sum of all columns)	_____			

Commented [SL8]: Task will be generated to make a referral if total score is 5 or greater and/or response is "yes" to question "Thoughts that you would be better off dead, or of hurting yourself in some way"

13. If any problems were selected, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult
- Not applicable

Once completed skip to Section 5- Suicide and Homicide Screen

Glasgow IDD Assessment Screen- Participant Assessment

I am going to ask you about how you have been feeling in the last week.	Never/No	Sometimes	Always/ A lot
14. Have you felt sad? <i>Have you felt upset? Have you felt miserable? Have you felt depressed?</i>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
15. Have you felt as if you are in a bad mood? <i>Have you lost your temper? Have you felt as if you want to shout at people?</i>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
16. Have you enjoyed the things you've done? <i>Have you had fun? Have you enjoyed yourself?</i>	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
17. Have you enjoyed talking to people and being with other people? <i>Have you liked having people around you? Have you enjoyed other people's company?</i>	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
18. Have you made sure you have washed yourself, worn clean clothes, brushed your teeth, and combed your hair? <i>Have you taken care of the way you look? Have you looked after your appearance?</i>	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
19. Have you felt tired during the day? <i>Have you gone to sleep during the day? Have you found it hard to stay awake during the day?</i>	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
20. Have you cried?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
21. Have you felt you are a horrible person?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2



<i>Have you felt others don't like you?</i>			
22. Have you been able to pay attention to things like watching TV? <i>Have you been able to concentrate on things (like TV shows)?</i>	<input type="radio"/> ²	<input type="radio"/> ¹	<input type="radio"/> ⁰
23. Have you found it hard to make decisions? <i>Have you found it hard to decide what to wear or what do?</i> <i>Have you found it hard to choose between two things?</i>	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
24. Have you found it hard to sit still? <i>Have you fidgeted when you are sitting down?</i> <i>Have you been moving around a lot like you can't help it?</i>	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
25. Have you been eating too little or eating too much? <i>Do people say you should eat more or less?</i>	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
26. Have you found it hard to get a good night's sleep? <i>Have you found it hard to fall asleep at night?</i> <i>Have you woken up in the middle of the night and found it hard to get back to sleep?</i> <i>Have you woken up too early in the morning?</i>	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
27. Have you felt that life is not worth living? <i>Have you wished you could die?</i> <i>Have you felt you do not want to go on living?</i>	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
28. Have you felt as if everything is your fault? <i>Have you felt as if people blame you for things?</i> <i>Have you felt that things happen because of you?</i>	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
29. Have you felt that other people are looking at you, talking about you, or laughing at you? <i>Have you worried about what other people think of you?</i>	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
30. Have you become very upset if someone says you have done something wrong or you have made a mistake? <i>Do you feel sad if someone disagrees with you or argues with you?</i> <i>Do you feel like crying if someone disagrees with you or argues with you?</i>	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
31. Have you felt worried? <i>Have you felt nervous?</i> <i>Have you felt tense/wound up/on edge?</i>	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
32. Have you thought that bad things keep happening to you? <i>Have you felt that nothing nice ever happens to you?</i>	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
33. Have you felt happy when something good happened? <i>If nothing good has happened in the last week then ask: If someone gave you a nice present would that make you happy?</i>	<input type="radio"/> ²	<input type="radio"/> ¹	<input type="radio"/> ⁰



Total of each column	_____	_____	_____
Total Score (sum of all columns)	_____		

Commented [SL9]: Task will be generated to make a referral if total score is 13 or greater

Skip to Section 5- Homicide and Suicide Screen

Glasgow IDD Assessment Screen- Proxy Assessment

In the last week has the participant...	Never/No	Sometimes	Always/ A lot
34. Appeared depressed?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
35. Been more physically or verbally aggressive than usual?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
36. Avoided company or social contact?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
37. Looked after his/her appearance?	<input type="radio"/> ²	<input type="radio"/> ¹	<input type="radio"/> ⁰
38. Spoken or communicated as much as he/she used to?	<input type="radio"/> ²	<input type="radio"/> ¹	<input type="radio"/> ⁰
39. Cried?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
40. Complained of headaches or other aches and pains?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
41. Still taken part in activities which used to interest him/her?	<input type="radio"/> ²	<input type="radio"/> ¹	<input type="radio"/> ⁰
42. Appeared restless or fidgety?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
43. Appeared lethargic or sluggish?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
44. Eaten too little or too much?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
45. Found it hard to get a good night's sleep?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
46. Been sleeping during the day?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
47. Said that he/she does not want to go on living?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
48. Asked you for reassurance?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
49. Have you noticed any change in the participant lately?	<input type="radio"/> ⁰	<input type="radio"/> ¹	<input type="radio"/> ²
Total of each column	_____	_____	_____
Total Score (sum of all columns)	_____		

Commented [SL10]: Task will be generated to make a referral if total score is 13 or greater



14. Notes/Comments: Depression Screen and or Glasgow IDD Screen

4. PEDIATRIC SYMPTOMS CHECKLIST- ONLY SHOW FOR AGES 4-17

- 1. Have you or another caregiver ever completed a Pediatric Symptom Checklist form?** ⓘ
- No, and do not wish to complete the checklist
 - No, but would like to complete the Checklist now
 - Yes, describe the outcome of assessment: _____ **(Skip to Section 5-Homicide and Suicide Screen)**
 - Unsure

Indicate the items that best fit you/the child.	Never (0)	Sometimes (1)	Often (2)
2. Fidgety, unable to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Feels sad, unhappy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Daydreams too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Refuses to share	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does not understand other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Feels hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Has trouble concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Fights with other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Is down on him or herself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Blames others for his/her troubles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Seems to be having less fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Does not listen to rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Acts as if driven by a motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Teases others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Worries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Takes things that do not belong to him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Distracted easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total of each column	_____	_____	_____
Total Score (sum of all columns):	_____		

Commented [SL11]: Task will be generated to make a referral if total score is 15 or greater"

2. Notes/Comments- Pediatric Symptom Checklist:



5. SUICIDE & HOMICIDE SCREEN

This is a voluntary screen that can be used with participants, including younger participants as appropriate, to identify a risk of suicide. This section is recommended to be completed with participants ages 10 and older. **However, if a participant is younger than age 10 and scored 15 or greater on the Pediatric Symptom Checklist or expresses depressive symptoms, it is recommended this section be complete.**

If participant triggered positively on the Depression Screen, Glasgow Participant or Proxy Depression Screen, or Pediatric Symptom Checklist this section is highly recommended.

1. **In the past few weeks, have you wished you were dead?**
 - No
 - Yes
 - Choose not to answer - try to establish why the participant refuses to answer, and if necessary, contact a mental health professional immediately

2. **In the past few weeks, have you felt that you or your family would be better off if you were dead?**
 - No
 - Yes
 - Choose not to answer

3. **In the past week, have you been having thoughts about killing yourself?**
 - No **(Skip to Item 5- Ever tried to kill yourself)**
 - Yes
 - Choose not to answer

4. **Are you having thoughts of killing yourself right now?**
 - No
 - Yes
 - Choose not to answer

5. **Have you ever tried to kill yourself?**
 - No
 - Yes
 - How: _____
 - When: _____
 - Choose not to answer

6. **In the past week, have you been having thoughts about hurting or killing someone else?**
 - No **(Skip to Notes/Comments- Suicide & Homicide Screen)**
 - Yes



Choose not to answer

7. Are you having thoughts about hurting or killing someone else right now?

- No
- Yes
- Choose not to answer

Commented [SL12]: Task will be generated if participant answered "Yes" to any of the Suicide Screen & Homicide screen questions for case manager to contact supervisor or provide a referral based on agency's crisis policy. Outcomes of the contact should be documented as a log note/case note in the Member record.

8. Notes/Comments: Suicide & Homicide Screen

6. SUBSTANCE AND TOBACCO USE AND GAMBLING- ONLY SHOW FOR AGES 5 AND OLDER

Substance Use

1. Is there a concern about abuse of substances, including marijuana or alcohol?

- No history and no concern about this behavior **(Skip to item 5- Smoke/Use Tobacco)**
- Has history, no symptoms or interventions in past year, no concern about reoccurrence: Describe history: _____
- Has history, no symptoms or intervention in past year, assessor has concerns about re-occurrence: Describe history and concerns: _____
- Current abuse
- Choose not to answer **(Skip to item 4- Referral Requested/Needed)**

2. Which types of substances? Check all that apply.

- Alcohol
- Marijuana
- Prescription medications
- Other substances

2a. Describe use/abuse of substances: _____

3. There has been an attempt to manage the substance abuse in the past:

- No
- Yes,
Describe methods to manage the substance abuse and whether they were successful:

- Choose not to answer



4. Is a referral requested/needed for substance abuse?

- No
- Yes,

Identify referral requested/needed for substance abuse: _____

TOBACCO USE

5. Do you currently smoke or use any form of tobacco?

- No **(Skip to Item 10- Gambling)**
- Yes
- Choose not to answer **(Skip to Item 10- Gambling)**

6. Have you thought about cutting back on or quitting your tobacco usage?

- No plans to reduce usage
- Plans to reduce usage
- Choose not to answer

7. Are there any safety concerns related to your tobacco use?

- Drops cigarettes/ashes
- Direction from physician to quit/cut back
- Falls asleep when smoking
- Smokes when using oxygen
- Smokes in bed
- Refuses ashtray
- Other

Describe safety concerns related to tobacco use: _____

- None

8. Is a referral requested/needed for tobacco use?

- No
- Yes,

Identify referral requested/needed for tobacco use: _____

GAMBLING (Only show for ages 10 and older)

10. Have you ever felt the need to bet more and more money when gambling?

- No
- Yes
- Choose not to answer

11. Have you ever had to lie to people important to you about how much you gambled?

- No
- Yes
- Choose not to answer

Commented [SL13]: Task will be generated to make a referral if gambling treatment counselor or other gambling resource if "yes" to one or both of these items is selected.



12. Notes/Comments: Substance and Tobacco Use & Gambling

Oct. 2020