



Oregon Health Authority  
Problem Gambling Services  
Co-Occurring Disorders  
Screening Tools  
Ver1. April 2019

**Oregon Health Authority Problem Gambling Services (OHA PGS)**

**Co-Occurring Disorders Screening Tool & Severity Index**

**Client ID:**

**Date:**

**Gambling Scores:** \_\_\_\_\_ **# of criteria endorsed.** \_\_\_\_\_ **Severity Score** *(Sum of endorsed items divided by total number of endorsed items.)*

**AUDIT Score:** \_\_\_\_\_ **(Score of 12 or more complete ASAM SUDS screen)**

**DAST Score:** \_\_\_\_\_ **(Score of 3 or more complete ASAM SUDS screen)**

**ASAM SUDs Screen Scores:**

**Substance:** \_\_\_\_\_

\_\_\_\_\_ **# of criteria endorsed.** \_\_\_\_\_ **Severity Score.** *(Sum of endorsed items divided by total number of endorsed items.)*

**Substance:** \_\_\_\_\_

\_\_\_\_\_ **# of criteria endorsed.** \_\_\_\_\_ **Severity Score.** *(Sum of endorsed items divided by total number of endorsed items.)*

**Substance:** \_\_\_\_\_

\_\_\_\_\_ **# of criteria endorsed.** \_\_\_\_\_ **Severity Score.** *(Sum of endorsed items divided by total number of endorsed items.)*

**Oregon Health Authority Problem Gambling Services (OHA PGS)**

**Co-Occurring Disorders Screening Tool & Severity Index**

**Client ID:**

**Date:**

**PGS Mental Health Screening & Severity Tool**

**List Domains with Mild or Greater Scores (Score of three or higher)**

1)

2)

3)

**PCL-C Screen**

\_\_\_\_\_ # of items endorsed. \_\_\_\_\_ Severity Score

**ACES Questionnaire**

\_\_\_\_\_ # of items endorsed

**Mental Health Level 2 Screens**

**Disorder:** \_\_\_\_\_

\_\_\_\_\_ # of criteria endorsed. \_\_\_\_\_ Severity Score

**Disorder:** \_\_\_\_\_

\_\_\_\_\_ # of criteria endorsed. \_\_\_\_\_ Severity Score

*To qualify for integrated services in PGS programs per OHA PGS Co-Occurring Disorders Guideline Statement: Severity of Gambling Disorder must be greater than or equal to the severity of any co-occurring disorders. Exceptions to this must be documented below and submitted to OHA PGS Treatment & Recovery Specialist or OHA PGS Manager for approval. If co-occurring disorder is of greater severity than Gambling Disorder, co-occurring disorder must be treated in appropriate specialty programming.*

**Oregon Health Authority Problem Gambling Services (OHA PGS)**

**Co-Occurring Disorders Screening Tool & Severity Index**

**Client ID:**

**Date:**

**Co-Occurring Disorders Summary** (Describe clients experience and symptomology.

**Relationship between Gambling Disorder and Co-Occurring Disorders)**

***Considerations:*** *Histories of disorders. Emotional/Interpersonal/Cultural factors and context of disorders and connections between disorders.*

1	Never
2	Rarely
3	Sometimes
4	Often
5	Always
?	Don't Know/ Doesn't Apply

#### SECTION 4: Gambling

**During the PAST 6 MONTHS, how frequently did you ...?**

35.	1	2	3	4	5	?	Often find yourself thinking about gambling, for example reliving past gambling experiences, planning the next time you would play or thinking of ways to get money for gambling?
36.	1	2	3	4	5	?	Need to gamble with more and more money to get the amount of excitement you were looking for?
37.	1	2	3	4	5	?	Make repeated unsuccessful attempts to control, cut back or stop gambling?
38.	1	2	3	4	5	?	Become restless or irritable when trying to cut down or stop gambling?
39.	1	2	3	4	5	?	Gamble to escape from problems or when you were feeling depressed, anxious, or bad about yourself?
40.	1	2	3	4	5	?	After losing money gambling, return another day in order to get even?
41.	1	2	3	4	5	?	Lie to your family or others to hide the extent of your gambling?
42.	1	2	3	4	5	?	Go beyond what is strictly legal to in order to finance gambling or to pay gambling debts?
43.	1	2	3	4	5	?	Risk or lose a significant relationship, job, educational or career opportunity because of gambling?
44.	1	2	3	4	5	?	Seek help from others to provide money to relieve a desperate financial situation caused by gambling?

## PTSD CheckList – Civilian Version (PCL-C)

Client's Name: \_\_\_\_\_

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month*.

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?					
2.	Repeated, disturbing <i>dreams</i> of a stressful experience from the past?					
3.	Suddenly <i>acting or feeling</i> as if a stressful experience <i>were happening</i> again (as if you were reliving it)?					
4.	Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful experience from the past?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful experience from the past?					
6.	Avoid <i>thinking about</i> or <i>talking about</i> a stressful experience from the past or avoid <i>having feelings</i> related to it?					
7.	Avoid <i>activities</i> or <i>situations</i> because they <i>remind you</i> of a stressful experience from the past?					
8.	Trouble <i>remembering important parts</i> of a stressful experience from the past?					
9.	Loss of <i>interest in things that you used to enjoy</i> ?					
10.	Feeling <i>distant</i> or <i>cut off</i> from other people?					
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?					
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?					
13.	Trouble <i>falling or staying asleep</i> ?					
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?					
15.	Having <i>difficulty concentrating</i> ?					
16.	Being " <i>super alert</i> " or watchful on guard?					
17.	Feeling <i>jumpy</i> or easily startled?					

**PCL-M for DSM-IV (11/1/94)** Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division

This is a Government document in the public domain.

## PTSD CheckList – Civilian Version (PCL-C)

The PCL is a standardized self-report rating scale for PTSD comprising 17 items that correspond to the key symptoms of PTSD. Two versions of the PCL exist: 1) PCL-M is specific to PTSD caused by military experiences and 2) PCL-C is applied generally to any traumatic event.

The PCL can be easily modified to fit specific time frames or events. For example, instead of asking about “the past month,” questions may ask about “the past week” or be modified to focus on events specific to a deployment.

### ***How is the PCL completed?***

- ☐ The PCL is self-administered
- ☐ Respondents indicate how much they have been bothered by a symptom over the past month using a 5-point (1–5) scale, circling their responses. Responses range from **1 Not at All** – **5 Extremely**

### ***How is the PCL Scored?***

1) Add up all items for a total severity score

or

2) Treat response categories **3–5** (*Moderately* or above) as symptomatic and responses **1–2** (below *Moderately*) as non-symptomatic, then use the following DSM criteria for a diagnosis:

- Symptomatic response to at least 1 “B” item (Questions 1–5),
- Symptomatic response to at least 3 “C” items (Questions 6–12), and
- Symptomatic response to at least 2 “D” items (Questions 13–17)

### ***Are Results Valid and Reliable?***

- ☐ Two studies of both Vietnam and Persian Gulf theater veterans show that the PCL is both valid and reliable (Additional references are available from the DHCC)

### ***What Additional Follow-up is Available?***

- ☐ All military health system beneficiaries with health concerns they believe are deployment-related are encouraged to seek medical care
- ☐ Patients should be asked, “**Is your health concern today related to a deployment?**” during all primary care visits.
- If the patient replies “**yes**,” the provider should follow the Post-Deployment Health Clinical Practice Guideline (PDH-CPG) and supporting guidelines available through the DHCC and [www.PDHealth.mil](http://www.PDHealth.mil)

# Adverse Childhood Experience (ACE) Questionnaire

## Finding your ACE Score ra hbr 10 24 06

**While you were growing up, during your first 18 years of life:**

1. Did a parent or other adult in the household **often** ...  
Swear at you, insult you, put you down, or humiliate you?  
**or**  
Act in a way that made you afraid that you might be physically hurt?  
Yes No If yes enter 1 \_\_\_\_\_
2. Did a parent or other adult in the household **often** ...  
Push, grab, slap, or throw something at you?  
**or**  
**Ever** hit you so hard that you had marks or were injured?  
Yes No If yes enter 1 \_\_\_\_\_
3. Did an adult or person at least 5 years older than you **ever**...  
Touch or fondle you or have you touch their body in a sexual way?  
**or**  
Try to or actually have oral, anal, or vaginal sex with you?  
Yes No If yes enter 1 \_\_\_\_\_
4. Did you **often** feel that ...  
No one in your family loved you or thought you were important or special?  
**or**  
Your family didn't look out for each other, feel close to each other, or support each other?  
Yes No If yes enter 1 \_\_\_\_\_
5. Did you **often** feel that ...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
**or**  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
Yes No If yes enter 1 \_\_\_\_\_
6. Were your parents **ever** separated or divorced?  
Yes No If yes enter 1 \_\_\_\_\_
7. Was your mother or stepmother:  
**Often** pushed, grabbed, slapped, or had something thrown at her?  
**or**  
**Sometimes or often** kicked, bitten, hit with a fist, or hit with something hard?  
**or**  
**Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?  
Yes No If yes enter 1 \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
Yes No If yes enter 1 \_\_\_\_\_
9. Was a household member depressed or mentally ill or did a household member attempt suicide?  
Yes No If yes enter 1 \_\_\_\_\_
10. Did a household member go to prison?  
Yes No If yes enter 1 \_\_\_\_\_

**Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score**



## The Alcohol Use Disorders Identification Test: Self-Report Version

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an X in one box that best describes your answer to each question.

Questions	1	2	3	4	5	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					<b>Total</b>	

# Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> methamphetamines (speed, crystal)        | <input type="checkbox"/> cocaine  |
| <input type="checkbox"/> cannabis (marijuana, pot)                | <input type="checkbox"/> narcotics (heroin, oxycodone, methadone, etc.) |
| <input type="checkbox"/> inhalants (paint thinner, aerosol, glue) | <input type="checkbox"/> hallucinogens (LSD, mushrooms)                 |
| <input type="checkbox"/> tranquilizers (valium)                   | <input type="checkbox"/> other _____                                    |

How often have you used these drugs? ☐ Monthly or less ☐ Weekly ☐ Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes

0

1

Have you ever injected drugs? ☐ Never ☐ Yes, in the past 90 days ☐ Yes, more than 90 days ago

Have you ever been in treatment for substance abuse? ☐ Never ☐ Currently ☐ In the past

I	II	III	IV
0	1-2	3-5	6+

(For the health professional)

### Scoring and interpreting the DAST:

“Yes” responses receive one point each and are added for a total score. The score correlates with a zone of use that can be circled on the bottom right corner of the page.

Score	Zone of use	Indicated action
0	<b>I – Healthy</b> (no risk of related health problems)	None
<b>1 - 2</b> , plus the following criteria:  No daily use of any substance; no weekly use of drugs other than cannabis; no injection drug use in the past 3 months; not currently in treatment.	<b>II – Risky</b> (risk of health problems related to drug use)	Offer advice on the benefits of abstaining from drug use. Monitor and reassess at next visit. Provide educational materials.
<b>1 - 2</b> (without meeting criteria)		Brief intervention
<b>3 - 5</b>	<b>III – Harmful</b> (risk of health problems related to drug use and a possible mild or moderate substance use disorder)	Brief intervention or Referral to specialized treatment
<b>6+</b>	<b>IV – Severe</b> (risk of health problems related to drug use and a possible moderate or severe substance use disorder)	Referral to specialized treatment

**Brief intervention:** Patient-centered discussion that employs Motivational Interviewing concepts to raise an individual’s awareness of his/her substance use and enhancing his/her motivation towards behavioral change. Brief interventions are typically performed in 3-15 minutes, and should occur in the same session as screening. The recommended behavior change is to abstain from illicit drug use.

Patients with numerous or serious negative consequences from their substance use, or patients with likely dependence who cannot or will not obtain conventional specialized treatment, should receive more numerous and intensive interventions with follow up.

**Referral to specialized treatment:** A proactive process that facilitates access to specialized care for individuals who have been assessed to have substance use dependence. These patients are referred to drug treatment experts for more definitive, in-depth assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.

More resources: [www.sbirtoregon.org](http://www.sbirtoregon.org)

**OHA PGS SUD Screening Tool**  
Based on the ASAM Criteria [3rd Edition] Multidimensional Assessment

**DIAGNOSIS: DIAGNOSTIC STATISTICAL MANUAL, 5TH EDITION (DSM-5)**  
**CRITERIAL FOR SUBSTANCE USE DISORDER**

	Substance Use Disorder Criteria (DSM-5)	Name of Substance(s)		
		#1:	#2:	#3:
1	Substance often taken in larger amounts or over a longer period than was intended.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	There is a persistent desire or unsuccessful efforts to cut down or control substance use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Craving, or a strong desire or urge to use the substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Important social, occupational, or recreational activities are given up or reduced because of substance use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Recurrent substance use in situations in which it is physically hazardous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Continued substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Tolerance, as defined by either of the following: - A need for markedly increased amounts of the substance to achieve intoxication or desired effect. - A markedly diminished effect with continued use of the same amount of the substance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Withdrawal, as manifested by either of the following: - The characteristic withdrawal syndrome for the substance. - Substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Severity Score</b>				

Please score any symptoms that have occurred in the past 12 months using a 1-5 scale as indicated below.

1	Never/None
2	Rarely/Mild
3	Sometimes/Moderate
4	Often/Severe
5	Always/Extremely Severe
?	Don't Know/ Doesn't Apply

**Scoring:** 1) For each substance, mark item endorsed with corresponding score from 1 – 5 scale above. 2) Place sum of each substance, divided by total number of criteria endorsed in the “Total Severity Score” box.



# OHA PGS Mental Health Screening & Severity Tool

(adopted from DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female Date: \_\_\_\_\_

**Instructions:** The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem during the **past TWO (2) WEEKS**.

	During the past <b>TWO (2) WEEKS</b> , how much (or how often) have you been bothered by the following problems?	None Not at all	Slight Rare, less than a day or two	Mild Several days	Moderate More than half the days	Severe Nearly every day	Highest Domain Score (clinician)
I.	1. Little interest or pleasure in doing things?	1	2	3	4	5	
	2. Feeling down, depressed, or hopeless?	1	2	3	4	5	
II.	3. Feeling more irritated, grouchy, or angry than usual?	1	2	3	4	5	
III.	4. Sleeping less than usual, but still have a lot of energy?	1	2	3	4	5	
	5. Starting lots more projects than usual or doing more risky things than usual?	1	2	3	4	5	
IV.	6. Feeling nervous, anxious, frightened, worried, or on edge?	1	2	3	4	5	
	7. Feeling panic or being frightened?	1	2	3	4	5	
	8. Avoiding situations that make you anxious?	1	2	3	4	5	
V.	9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	1	2	3	4	5	
	10. Feeling that your illnesses are not being taken seriously enough?	1	2	3	4	5	
VI.	11. Thoughts of actually hurting yourself?	1	2	3	4	5	
VII.	12. Hearing things other people couldn't hear, such as voices even when no one was around?	1	2	3	4	5	
	13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	1	2	3	4	5	
VIII.	14. Problems with sleep that affected your sleep quality over all?	1	2	3	4	5	
IX.	15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	1	2	3	4	5	
X.	16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?	1	2	3	4	5	
	17. Feeling driven to perform certain behaviors or mental acts over and over again?	1	2	3	4	5	
XI.	18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	1	2	3	4	5	
XII.	19. Not knowing who you really are or what you want out of life?	1	2	3	4	5	
	20. Not feeling close to other people or enjoying your relationships with them?	1	2	3	4	5	

## Instructions to Clinicians

The DSM-5 Level 1 Cross-Cutting Symptom Measure is a self- or informant-rated measure that assesses mental health domains that are important across psychiatric diagnoses. It is intended to help clinicians identify additional areas of inquiry that may have significant impact on the individual's treatment and prognosis. In addition, the measure may be used to track changes in the individual's symptom presentation over time.

This adult version of the measure consists of 20 questions that assess 12 psychiatric domains, including depression, anger, mania, anxiety, somatic symptoms, suicidal ideation, psychosis, sleep problems, memory, repetitive thoughts and behaviors, dissociation, personality functioning. Each item inquires about how much (or how often) the individual has been bothered by the specific symptom during the past 2 weeks. If the individual is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable adult informant may complete the measure. The measure was found to be clinically useful and to have good test-retest reliability in the DSM-5 Field Trials that were conducted in adult clinical samples across the United States and in Canada.

## Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (1=none or not at all; 2=slight or rare, less than a day or two; 3=mild or several days; 4=moderate or more than half the days; and 5=severe or nearly every day). The score on each item within a domain should be reviewed. Because additional inquiry is based on the highest score on any item within a domain, the clinician is asked to indicate that score in the "Highest Domain Score" column. A rating of mild (i.e., 2) or greater on any item within a domain (except for substance use, suicidal ideation, and psychosis) may serve as a guide for additional inquiry and follow up to determine if a more detailed assessment for that domain is necessary. For substance use, suicidal ideation, and psychosis, a rating of slight (i.e., 1) or greater on any item within the domain may serve as a guide for additional inquiry and follow-up to determine if a more detailed assessment is needed. The DSM-5 Level 2 Cross-Cutting Symptom Measures may be used to provide more detailed information on the symptoms associated with some of the Level 1 domains (see Table 1 below).

## Frequency of Use

To track change in the individual's symptom presentation over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual's symptoms and treatment status. For individuals with impaired capacity, it is preferable that the same knowledgeable informant completes the measures at follow-up appointments. Consistently high scores on a particular domain may indicate significant and problematic symptoms for the individual that might warrant further assessment, treatment, and follow-up. Clinical judgment should guide decision making.

**Table 1: Adult DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure: domains, thresholds for further inquiry, and associated Level 2 measures for adults ages 18 and over**

Domain	Domain Name	Threshold to guide further inquiry	DSM-5 Level 2 Cross-Cutting Symptom Measure available online
I.	Depression	Mild or greater	LEVEL 2—Depression—Adult (PROMIS Emotional Distress—Depression—Short Form) <sup>1</sup>
II.	Anger	Mild or greater	LEVEL 2—Anger—Adult (PROMIS Emotional Distress—Anger—Short Form) <sup>1</sup>
III.	Mania	Mild or greater	LEVEL 2—Mania—Adult (Altman Self-Rating Mania Scale)
IV.	Anxiety	Mild or greater	LEVEL 2—Anxiety—Adult (PROMIS Emotional Distress—Anxiety—Short Form) <sup>1</sup>
V.	Somatic Symptoms	Mild or greater	LEVEL 2—Somatic Symptom—Adult (Patient Health Questionnaire 15 Somatic Symptom Severity [PHQ-15])
VI.	Suicidal Ideation	Slight or greater	None
VII.	Psychosis	Slight or greater	None
VIII.	Sleep Problems	Mild or greater	LEVEL 2—Sleep Disturbance - Adult (PROMIS—Sleep Disturbance—Short Form) <sup>1</sup>
IX.	Memory	Mild or greater	None
X.	Repetitive Thoughts and Behaviors	Mild or greater	LEVEL 2—Repetitive Thoughts and Behaviors—Adult (adapted from the Florida Obsessive-Compulsive Inventory [FOCI] Severity Scale [Part B])
XI.	Dissociation	Mild or greater	None
XII.	Personality Functioning	Mild or greater	None

<sup>1</sup>The PROMIS Short Forms have not been validated as an informant report scale by the PROMIS group.

The APA is offering a number of “emerging measures” for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5. The APA requests that clinicians and researchers provide further data on the instruments’ usefulness in characterizing patient status and improving patient care at <http://www.dsm5.org/Pages/Feedback-Form.aspx>.

**Measure:** LEVEL 2—Anxiety—Adult (PROMIS Emotional Distress—Anxiety—Short Form)

**Rights granted:** This material can be reproduced without permission by clinicians for use with their patients. Any other use, including electronic use, requires written permission of the PROMIS Health Organization (PHO).

**Rights holder:** PROMIS Health Organization (PHO) and PROMIS Cooperative Group

**To request permission for any other use beyond what is stipulated above, contact:** PROMIS Health Organization (PHO)

## LEVEL 2—Anxiety—Adult\*

\*PROMIS Emotional Distress—Anxiety—Short Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female Date: \_\_\_\_\_

If the measure is being completed by an informant, what is your relationship with the individual? \_\_\_\_\_

In a typical week, approximately how much time do you spend with the individual? \_\_\_\_\_ hours/week

**Instructions to patient:** On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you (individual receiving care) have been bothered by “feeling nervous, anxious, frightened, worried, or on edge”, “feeling panic or being frightened”, and/or “avoiding situations that make you anxious” at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often you (individual receiving care) have been bothered by a list of symptoms **during the past 7 days**. Please respond to each item by marking (✓ or x) one box per row.

							Clinician Use
In the past SEVEN (7) DAYS....							Item Score
		Never	Rarely	Sometimes	Often	Always	
1.	I felt fearful.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
2.	I felt anxious.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
3.	I felt worried.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
4.	I found it hard to focus on anything other than my anxiety.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
5.	I felt nervous.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.	I felt uneasy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
7.	I felt tense.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
<b>Total/Partial Raw Score:</b>							
<b>Prorated Total Raw Score:</b>							
<b>T-Score:</b>							

©2008-2012 PROMIS Health Organization (PHO) and PROMIS Cooperative Group.  
 This material can be reproduced without permission by clinicians for use with their patients.  
 Any other use, including electronic use, requires written permission of the PHO.



## Instructions to Clinicians

The DSM-5 Level 2—Anxiety—Adult measure is the 7-item PROMIS Anxiety Short Form that assesses the pure domain of anxiety in individuals age 18 and older. The measure is completed by the individual prior to a visit with the clinician. If the individual receiving care is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable informant may complete the measure as done in the DSM-5 Field Trials. However, the PROMIS Anxiety Short Form has not been validated as an informant report scale by the PROMIS group. Each item asks the individual receiving care (or informant) to rate the severity of the individual's anxiety **during the past 7 days**.

## Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (1=never; 2=rarely; 3=sometimes; 4=often; and 5=always) with a range in score from 7 to 35 with higher scores indicating greater severity of anxiety. The clinician is asked to review the score on each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for "Clinician Use." The raw scores on the 7 items should be summed to obtain a total raw score. Next, the T-score table should be used to identify the T-score associated with the total raw score and the information entered in the T-score row on the measure.

**Note:** This look-up table works only if all items on the form are answered. If 75% or more of the questions have been answered; you are asked to prorate the raw score and then look up the conversion to T-Score. The formula to prorate the partial raw score to Total Raw Score is:

$$\frac{(\text{Raw sum} \times \text{number of items on the short form})}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number. For example, if 6 of 7 items were answered and the sum of those 6 responses was 20, the prorated raw score would be  $20 \times 7 / 6 = 23.33$ . The T-score in this example would be that T-score associated with the rounded whole number raw score (in this case 23, for a T-score of 63.8).

The T-scores are interpreted as follows:

Less than 55	= None to slight
55.0—59.9	= Mild
60.0—69.9	= Moderate
70 and over	= Severe

**Note:** If more than 25% of the total items on the measure are missing the scores should not be used. Therefore, the individual receiving care (or informant) should be encouraged to complete all of the items on the measure.

## Frequency of Use

To track change in the severity of the individual's anxiety over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual's symptoms and treatment status. For individuals with impaired capacity, it is preferred that completion of the measures at follow-up appointments is by the same knowledgeable informant. Consistently high scores on a particular domain may indicate significant and problematic areas for the individual that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.

<b>Anxiety 7a</b> <i>Short Form Conversion Table</i>		
<b>Raw Score</b>	<b>T-score</b>	<b>SE*</b>
7	36.3	5.4
8	42.1	3.4
9	44.7	2.9
10	46.7	2.6
11	48.4	2.4
12	49.9	2.3
13	51.3	2.3
14	52.6	2.2
15	53.8	2.2
16	55.1	2.2
17	56.3	2.2
18	57.6	2.2
19	58.8	2.2
20	60.0	2.2
21	61.3	2.2
22	62.6	2.2
23	63.8	2.2
24	65.1	2.2
25	66.4	2.2
26	67.7	2.2
27	68.9	2.2
28	70.2	2.2
29	71.5	2.2
30	72.9	2.2
31	74.3	2.2
32	75.8	2.3
33	77.4	2.4
34	79.5	2.7
35	82.7	3.5

\*SE = Standard Error on T-score metric

©2008-2012 PROMIS Health Organization (PHO) and PROMIS Cooperative Group.

The APA is offering a number of “emerging measures” for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5. The APA requests that clinicians and researchers provide further data on the instruments’ usefulness in characterizing patient status and improving patient care at <http://www.dsm5.org/Pages/Feedback-Form.aspx>.

**Measure:** LEVEL 2—Depression—Adult (PROMIS Emotional Distress—Depression—Short Form)

**Rights granted:** This material can be reproduced without permission by clinicians for use with their patients. Any other use, including electronic use, requires written permission of the PROMIS Health Organization (PHO).

**Rights holder:** PROMIS Health Organization (PHO) and PROMIS Cooperative Group

**To request permission for any other use beyond what is stipulated above, contact:** PROMIS Health Organization (PHO)

## LEVEL 2—Depression—Adult\*

\*PROMIS Emotional Distress—Depression—Short Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female Date: \_\_\_\_\_

If the measure is being completed by an informant, what is your relationship with the individual receiving care? \_\_\_\_\_

In a typical week, approximately how much time do you spend with the individual receiving care? \_\_\_\_\_ hours/week

**Instructions:** On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you (the individual receiving care) have been bothered by “no interest or pleasure in doing things” and/or “feeling down, depressed, or hopeless” at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often you (the individual receiving care) have been bothered by a list of symptoms **during the past 7 days**. Please respond to each item by marking (✓ or x) one box per row.

							Clinician Use
In the past SEVEN (7) DAYS....							Item Score
		Never	Rarely	Sometimes	Often	Always	
1.	I felt worthless.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
2.	I felt that I had nothing to look forward to.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
3.	I felt helpless.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
4.	I felt sad.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
5.	I felt like a failure.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.	I felt depressed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
7.	I felt unhappy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
8.	I felt hopeless.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
<b>Total/Partial Raw Score:</b>							
<b>Prorated Total Raw Score:</b>							
<b>T-Score:</b>							

©2008-2012 PROMIS Health Organization (PHO) and PROMIS Cooperative Group.  
 This material can be reproduced without permission by clinicians for use with their patients.  
 Any other use, including electronic use, requires written permission of the PHO.

### Instructions to Clinicians

The DSM-5 Level 2—Depression—Adult measure is the 8-item PROMIS Depression Short Form that assesses the pure domain of depression in individuals age 18 and older. The measure is completed by the individual prior to a visit with the clinician. If the individual receiving care is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable informant may complete the measure as done in the DSM-5 Field Trials. However, the PROMIS Depression Short Form has not been validated as an informant report scale by the PROMIS group. Each item asks the individual receiving care (or informant) to rate the severity of the individual's depression **during the past 7 days**.

### Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (1=never; 2=rarely; 3=sometimes; 4=often; and 5=always) with a range in score from 8 to 40 with higher scores indicating greater severity of depression. The clinician is asked to review the score on each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for "Clinician Use." The raw scores on the 8 items should be summed to obtain a total raw score. Next, the T-score table should be used to identify the T-score associated with the individual's total raw score and the information entered in the T-score row on the measure.

**Note:** This look-up table works only if all items on the form are answered. If 75% or more of the questions have been answered; you are asked to prorate the raw score and then look up the conversion to T-Score. The formula to prorate the partial raw score to Total Raw Score is:

(Raw sum x number of items on the short form)  
Number of items that were actually answered

If the result is a fraction, round to the nearest whole number. For example, if 6 of 8 items were answered and the sum of those 6 responses was 20, the prorated raw score would be  $20 \times 8 / 6 = 26.67$ . The T-score in this example would be the T-score associated with the rounded whole number raw score (in this case 27, for a T-score of 64.4).

The T-scores are interpreted as follows:

Less than 55	= None to slight
55.0—59.9	= Mild
60.0—69.9	= Moderate
70 and over	= Severe

**Note:** If more than 25% of the total items on the measure are missing the scores should not be used. Therefore, the individual receiving care (or informant) should be encouraged to complete all of the items on the measure.

Depression 8b Short Form Conversion Table		
Raw Score	T-score	SE*
8	37.1	5.5
9	43.3	3.4
10	46.2	2.8
11	48.2	2.4
12	49.8	2.2
13	51.2	2.0
14	52.3	1.9
15	53.4	1.8
16	54.3	1.8
17	55.3	1.7
18	56.2	1.7
19	57.1	1.7
20	57.9	1.7
21	58.8	1.7
22	59.7	1.8
23	60.7	1.8
24	61.6	1.8
25	62.5	1.8
26	63.5	1.8
27	64.4	1.8
28	65.4	1.8
29	66.4	1.8
30	67.4	1.8
31	68.3	1.8
32	69.3	1.8
33	70.4	1.8
34	71.4	1.8
35	72.5	1.8
36	73.6	1.8
37	74.8	1.9
38	76.2	2.0
39	77.9	2.4
40	81.1	3.4

\*SE = Standard Error on T-score metric

©2008-2012 PROMIS Health Organization  
(PHO) and PROMIS Cooperative Group.

### Frequency of Use

To track change in the severity of the individual's depression over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual's symptoms and treatment status. For individuals with impaired capacity, it is preferred that completion of the measures at follow-up appointments is by the same knowledgeable informant. Consistently high scores on a particular domain may indicate significant and problematic areas for the individual that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.

The APA is offering a number of “emerging measures” for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5. The APA requests that clinicians and researchers provide further data on the instruments’ usefulness in characterizing patient status and improving patient care at <http://www.dsm5.org/Pages/Feedback-Form.aspx>.

**Measure:** LEVEL 2—Mania—Adult (Altman Self-Rating Mania Scale [ASRM])

**Rights granted:** This measure can be reproduced without permission by researchers and by clinicians for use with their patients.

**Rights holder:** Elsevier

This measure was reprinted from Altman EG, Hedeker D, Peterson JL, Davis JM: The Altman Self-Rating Mania Scale. *Biological Psychiatry* 42:948-955, 1997. Copyright © 1997, with permission from Elsevier.

**To request permission for any other use beyond what is stipulated above, contact:** Elsevier

# **LEVEL 2—Mania—Adult\*** **\*Altman Self-Rating Mania Scale (ASRM)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female Date: \_\_\_\_\_

If the measure is being completed by an informant, what is your relationship with the individual receiving care? \_\_\_\_\_

In a typical week, approximately how much time do you spend with the individual receiving care? \_\_\_\_\_ hours/week

**Instructions:** On the DSM-5 Level 1 cross-cutting questionnaire you just completed, you indicated that *during the past 2 weeks* you (the individual receiving care) have been bothered by “sleeping less than usual, but still having a lot of energy” and/or “starting lots more projects than usual or doing more risky things than usual” at a mild or greater level of severity. The five statement groups or questions below ask about these feelings in more detail.

1. **Please read each group of statements/question carefully.**
2. Choose the one statement in each group that best describes the way you (the individual receiving care) have been feeling for **the past week**.
3. Check the box (✓ or x) next to the number/statement selected.
4. **Please note:** The word “occasionally” when used here means once or twice; “often” means several times or more and “frequently” means most of the time.

		Clinician Use
Question 1		Item score
<input type="checkbox"/> 1	I do not feel happier or more cheerful than usual.	
<input type="checkbox"/> 2	I occasionally feel happier or more cheerful than usual.	
<input type="checkbox"/> 3	I often feel happier or more cheerful than usual.	
<input type="checkbox"/> 4	I feel happier or more cheerful than usual most of the time.	
<input type="checkbox"/> 5	I feel happier of more cheerful than usual all of the time.	
Question 2		
<input type="checkbox"/> 1	I do not feel more self-confident than usual.	
<input type="checkbox"/> 2	I occasionally feel more self-confident than usual.	
<input type="checkbox"/> 3	I often feel more self-confident than usual.	
<input type="checkbox"/> 4	I frequently feel more self-confident than usual.	
<input type="checkbox"/> 5	I feel extremely self-confident all of the time.	
Question 3		
<input type="checkbox"/> 1	I do not need less sleep than usual.	
<input type="checkbox"/> 2	I occasionally need less sleep than usual.	
<input type="checkbox"/> 3	I often need less sleep than usual.	
<input type="checkbox"/> 4	I frequently need less sleep than usual.	
<input type="checkbox"/> 5	I can go all day and all night without any sleep and still not feel tired.	
Question 4		
<input type="checkbox"/> 1	I do not talk more than usual.	
<input type="checkbox"/> 2	I occasionally talk more than usual.	
<input type="checkbox"/> 3	I often talk more than usual.	
<input type="checkbox"/> 4	I frequently talk more than usual.	
<input type="checkbox"/> 5	I talk constantly and cannot be interrupted.	
Question 5		
<input type="checkbox"/> 1	I have not been more active (either socially, sexually, at work, home, or school) than usual.	
<input type="checkbox"/> 2	I have occasionally been more active than usual.	
<input type="checkbox"/> 3	I have often been more active than usual.	
<input type="checkbox"/> 4	I have frequently been more active than usual.	
<input type="checkbox"/> 5	I am constantly more active or on the go all the time.	
<b>Total/Partial Raw Score:</b>		
<b>Prorated Total Raw Score:</b>		

## Instructions to Clinicians

The DSM-5 Level 2—Mania—Adult measure is the Altman Self-Rating Mania Scale. The ASRM is a 5-item self-rating mania scale designed to assess the presence and/or severity of manic symptoms. The measure is completed by the individual prior to a visit with the clinician. If the individual receiving care is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable informant may complete the measure. Each item asks the individual (or informant) to rate the severity of the individual's manic symptoms **during the past 7 days**.

## Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (i.e., 1 to 5) with the response categories having different anchors depending on the item. The ASRM score range from 5 to 25 with higher scores indicating greater severity of manic symptoms. The clinician is asked review the score on each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for "Clinician Use". The raw scores on the 5 items should be summed to obtain a total raw score and should be interpreted using the Interpretation Table for the ASRM below:

### Interpretation Table for the ASRM

- A score of 6 or higher indicates a high probability of a manic or hypomanic condition
- A score of 6 or higher may indicate a need for treatment and/or further diagnostic workup
- A score of 5 or lower is less likely to be associated with significant symptoms of mania

**Note:** If 2 or more items are left unanswered on the measure (i.e., more than 25% of the total items are missing) the scores should not be used. As such, the individual (or informant) should be encouraged to complete all of the items on the measure. If only 4 of the 5 items on the measure are answered, you are asked to calculate a prorated score. The prorated score is calculated by summing the scores of items that were answered to get a **partial raw score**. Next, multiply the partial raw score by the total number of items on the ASRM (i.e., 5). Finally, divide the value by the number of items that were actually answered (i.e., 4).

Prorated score = 
$$\frac{(\text{Partial Raw Score} \times \text{number of items on the ASRM})}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number.

The prorated total raw score should be interpreted using the Interpretation Table for the ASRM above.

## Frequency of Use

To track change in the severity of the individual's manic symptoms over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual's symptoms and treatment status. For individuals of impaired capacity, it is preferred that completion of the measures at follow-up appointments is by the same knowledgeable informant. Consistently high scores on a particular domain may indicate significant and problematic areas for the patient that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.

The APA is offering a number of “emerging measures” for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5. The APA requests that clinicians and researchers provide further data on the instruments’ usefulness in characterizing patient status and improving patient care at <http://www.dsm5.org/Pages/Feedback-Form.aspx>.

**Measure:** LEVEL 2—Repetitive Thoughts and Behaviors—Adult (adapted from the Florida Obsessive-Compulsive Inventory [FOCI] Severity Scale [Part B])

**Rights granted:** This material can be reproduced without permission by clinicians for use with their own patients. Any other use, including electronic use, requires written permission from Dr. Goodman.

**Rights holder:** © 1994 Wayne K. Goodman, MD, and Eric Storch, PhD.

**To request permission for any other use beyond what is stipulated above,**

**contact:** Wayne K. Goodman, MD (wkgood@gmail.com)



## LEVEL 2—Repetitive Thoughts and Behaviors—Adult\*

\*Adapted from the Florida Obsessive-Compulsive Inventory (FOCI) Severity Scale (Part B)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: ☐ Male ☐ Female Date: \_\_\_\_\_

If the measure is being completed by an informant, what is your relationship with the individual receiving care? \_\_\_\_\_

In a typical week, approximately how much time do you spend with the individual receiving care? \_\_\_\_\_ hours/week

**Instructions:** On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you have been bothered by “unwanted repeated thoughts, images, or urges” and/or “being driven to perform certain behaviors or mental acts over and over” at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often you have been bothered by a list of symptoms **during the past 7 days**. Please respond to each item by marking (✓ or x) one box per row.

						Clinician Use
During the past <b>SEVEN (7) DAYS</b> ....						Item Score
1. On average, how much <i>time</i> is occupied by these thoughts or behaviors each day?	<input type="checkbox"/> 1—None	<input type="checkbox"/> 2—Mild (Less than an hour a day)	<input type="checkbox"/> 3—Moderate (1 to 3 hours a day)	<input type="checkbox"/> 4—Severe (3 to 8 hours a day)	<input type="checkbox"/> 5—Extreme (more than 8 hours a day)	
2. How much <i>distress</i> do these thoughts or behaviors cause you?	<input type="checkbox"/> 1—None	<input type="checkbox"/> 2—Mild (slightly disturbing)	<input type="checkbox"/> 3—Moderate (disturbing but still manageable)	<input type="checkbox"/> 4—Severe (very disturbing)	<input type="checkbox"/> 5—Extreme (overwhelming distress)	
3. How hard is it for you to <i>control</i> these thoughts or behaviors?	<input type="checkbox"/> 1—Complete control	<input type="checkbox"/> 2—Much control (usually able to control thoughts or behaviors)	<input type="checkbox"/> 3—Moderate control (sometimes able to control thoughts or behaviors)	<input type="checkbox"/> 4—Little control (infrequently able to control thoughts or behaviors)	<input type="checkbox"/> 5—No control (unable to control thoughts or behaviors)	
4. How much do these thoughts or behaviors cause you to <i>avoid</i> doing anything, going anyplace, or being with anyone?	<input type="checkbox"/> 1—No avoidance	<input type="checkbox"/> 2—Mild (occasional avoidance)	<input type="checkbox"/> 3—Moderate (regularly avoid doing these things)	<input type="checkbox"/> 4—Severe (frequent and extensive avoidance)	<input type="checkbox"/> 5 - Extreme (nearly complete avoidance; house- bound)	
5. How much do these thoughts or behaviors <i>interfere</i> with school, work, or your social or family life?	<input type="checkbox"/> 1—None	<input type="checkbox"/> 2—Mild (slight interference)	<input type="checkbox"/> 3— Moderate; (definite interference with functioning, but still manageable)	<input type="checkbox"/> 4—Severe (substantial interference)	<input type="checkbox"/> 5—Extreme (near-total interference; incapacitated)	
<b>Total/Partial Raw Score:</b>						
<b>Prorated Total Raw Score (if 1 item is left unanswered):</b>						
<b>Average Total Score:</b>						

## Instructions to Clinicians

The DSM-5 Level 2—Repetitive Thoughts and Behavior—Adult measure is an adapted version of the 5-item Florida Obsessive-Compulsive Inventory (FOCI) Severity Scale (Part B) that is used to assess the domain of repetitive thoughts and behaviors in individuals age 18 and older. The measure is completed by an individual prior to a visit with the clinician. If the individual receiving care is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable informant may complete the measure. Each item asks the individual (or informant) to rate the severity of the individual's repetitive thoughts and behaviors **during the past 7 days**.

## Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (i.e., 1 to 5) with the response categories having different anchors depending on the item. The total score for the measure can range of score from 0 to 20, with higher scores indicating greater severity of repetitive thoughts and behaviors. The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for "Clinician Use." The raw scores on the 5 items should be summed to obtain a total raw score. If the individual has a score of 8 or higher, you may want to consider a more detailed assessment for an obsessive compulsive disorder. In addition, the clinician is asked to calculate and use the **average total score**. **The average total score** reduces the overall score to a 5-point scale, which allows the clinician to think of the individual's repetitive thoughts and behavior in terms of none (1), mild (2), moderate (3), severe (4), or extreme (5). The use of the average total score was found to be reliable, easy to use, and clinically useful to the clinicians in the DSM-5 Field Trials. The **average total score** is calculated by dividing the raw total score by number of items in the measure (i.e., 5).

**Note:** If 2 or more items are left unanswered on the measure (i.e., more than 25% of the total items are missing), the total scores should not be calculated. Therefore, the individual (or informant) should be encouraged to complete all of the items on the measure. If only 4 of the 5 items on the measure are answered, you are asked to prorate the raw score by first summing the scores of items that were answered to get a **partial raw score**. Next, multiply the partial raw score by the total number of items on the measure (i.e., 5). Finally, divide the value by the number of items that were actually answered (i.e., 4) to obtain the prorated total raw score.

$$\text{Prorated Score} = \frac{(\text{Partial Raw Score} \times \text{number of items on the measure})}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number.

## Frequency of Use

To track change in the severity of the individual's repetitive thoughts and behavior over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual's symptoms and treatment status. For individuals of impaired capacity, it is preferred that completion of the measure at follow-up appointments is by the same knowledgeable informant. Consistently high scores on the measure may indicate significant and problematic areas for the individual that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.

## Appendix

## Gambling Pathways Questionnaire (GPQ)

The following statements refer to your views about gambling and beliefs about yourself and your life.

Please check ONE box that best reflects how much you agree or disagree with each statement ☒

	Strongly DISAGREE					Strongly AGREE
	1	2	3	4	5	6
1. I gamble mainly to relieve tension, to "blow off steam."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I like doing or saying crazy things just to shock others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Gambling gives me purpose in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I often say mean and hurtful things when I'm angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When I gamble, I can forget my responsibilities for a while.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If I want sex, I am willing to pay for it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. A big win at gambling would give my life meaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I'll often take a dare, even if it's dangerous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I frequently buy things on impulse, even if I can't afford them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. When I'm angry, I always feel better if I can hit or throw something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If I won at gambling, I wouldn't feel like such a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I am often impatient when standing in line or waiting for other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I only follow the rules if I think I could get caught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I gamble mainly to cope with the stress and pressures of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next series of statements refer to feelings and behaviors you experienced before and after gambling became a problem for you. The questions will repeat, but you may have different answers, depending on the time frame. Please check ONE box for each statement ☒.

**"BEFORE gambling became a problem for me..."**

	Strongly DISAGREE					Strongly AGREE
	1	2	3	4	5	6
15. I often felt panicky.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I often felt tense and nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I worried a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I often felt sad and down for periods of time (lasting at least two weeks).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***"SINCE gambling became a problem for me..."***

	Strongly DISAGREE				Strongly AGREE	
	1	2	3	4	5	6
19. I often feel panicky.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I often feel tense and nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I worry a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I often feel sad and down for periods of time (lasting at least two weeks).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Next, we would like to ask you about things you experienced as a child or teenager. Please check ONE box that best reflects to what extent you disagree or agree with each statement ☒.

	Strongly DISAGREE				Strongly AGREE	
	1	2	3	4	5	6
<b><i>"As a child or teenager, I was..."</i></b>						
23. Hit, punched, or kicked at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Frequently teased or bullied at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Often called hurtful names like "worthless," "no good," or "stupid."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Subjected to unwanted or inappropriate sexual contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Abandoned emotionally or ignored by my caregivers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Often left at home alone or without proper clothing, food, heat or other necessities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Exposed to (witnessed) physical violence against someone else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Finally, a few more questions about your views on gambling and beliefs about yourself and your life. Please check ONE box that best reflects how much you disagree or agree with each statement ☒.

	Strongly DISAGREE				Strongly AGREE	
	1	2	3	4	5	6
30. The only time I feel important is when I'm gambling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I will pick up someone just for sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Since childhood, I've always been prone to get in trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I would bet on anything just for the excitement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I gamble to distract myself from problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. If necessary, I'll do illegal things unrelated to gambling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly DISAGREE				Strongly AGREE	
	1	2	3	4	5	6
36. People who know me would say my behavior is unpredictable and inconsistent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. If only I could win at gambling, I wouldn't feel so powerless over my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. I often get into physical fights with other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. If something feels good, I'll do it regardless of the consequences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Gambling helps me forget bad memories in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Sometimes my temper explodes for no good reason.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. I've been known to have unprotected sex with someone I don't know well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Gambling helps me avoid dealing with difficult situations and/or people in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. It's OK to lie to gain an advantage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Gambling numbs me out so I don't feel bad emotions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. I often manipulate others to get what I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. I often say or do things without stopping to think.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. If someone tells me not to do something, I'll want to do it even more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## INSTRUCTIONS

### How to Score the GPQ:

Scoring the GPQ is based on sum totals of high/medium/low responses to instrument's nine sub-scales:

1. Transfer item responses into the spaces provided by sub-scale. For example, if the client marked "4" on question 10, put "4" in that box and add all numbers in that subscale at the end).
2. Total each sub-scale and place the sum in the "SUM" box.
3. Compare sum totals for each specified sub-scale to the threshold numbers provided and ADD or SUBTRACT as directed to identify the number of conditions met for each pathway. If conditions are met for BOTH Pathways 2 and 3, assign client to Pathway 3. If ONLY conditions for Pathway 2 are met, assign client to Pathway 2. If NEITHER conditions for Pathways 2 or 3 are met, assign client to Pathway 1.
4. Compare your client's sum totals for all subscales to the low/medium/high ranges provided to determine which etiological factors are most important for treatment.

### How to Use the GPQ:

The GPQ is a stand-alone instrument for sub-typing problem gamblers based on etiological factors. It is intended to assist clinicians in better individualizing client treatment plans. The GPQ should be used in conjunction with a clinical measure of problem severity; the measure was developed using the Problem Gambling Severity Index (PGSI) of the Canadian Problem Gambling Index (Ferris & Wynne, 2001). The GPQ provides a clinical snap-shot of the most likely origins of gambling problems, however, it is not an exhaustive test battery. In addition, the GPQ is designed to differentiate among subtypes not to identify all client risk factors. For that reason, we recommend that clinicians supplement the GPQ with other instruments that explore single risk factors of interest in greater depth. We also recommend that clinicians conduct in-depth evaluations on any risk factors in the "high" range on this questionnaire.

## Pathways Scoring Sheet

Score	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>	1A						
Question #	15		16		17		18		SUM							
Mood Pre																
Score	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>	2A						
Question #	19		20		21		22		SUM							
Mood Post																
Score	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>	3A		
Question #	23		24		25		26		27		28		29		SUM	
Child Abuse, Neglect & Trauma																
Score	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>	4A
Question #	1		5		14		34		40		43		45		SUM	
Stress-Coping Motivation																
Score	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>	1B
Question #	9		12		36		47								SUM	
Impulsivity																
Score	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>	2B
Question #	3		7		11		30		37						SUM	
Meaning Motivation																
Score	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>	1C
Question #	2		8		33		39								SUM	
Risk-Taking																
Score	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>	2C
Question #	6		31		42										SUM	
Sexual Risk-Taking																
Score	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>	3C
Question #	4		10		13		32		35						SUM	
Antisocial Traits/Behaviors																
Score	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>	3C
Question #	38		41		44		46		48						SUM	
Total																

## Trait Severity Scales

Mood Pre & Mood Post	1A & 2A	Child Abuse, Neglect & Trauma	3A
Low	0-8	Low	0-14
Medium	9-14	Medium	15-22
High	≥15	High	≥23
Stress-Coping Motivation	4A	Impulsivity	1B
Low	0-19	Low	0-8
Medium	19-36	Medium	9-18
High	≥37	High	≥19
Meaning Motivation	2B	Risk Taking	1C
Low	0-11	Low	0-8
Medium	12-18	Medium	9-18
High	≥19	High	≥19
Sexual Risk-Taking	2C	Antisocial Traits/Behaviors	3C
Low	0-4	Low	0-18
Medium	5-10	Medium	19-36
High	≥11	High	≥37

## Pathway Scoring:

The number in 1A is greater than or equal to 12, ADD 1 \_\_\_\_\_

The number in 2A is greater than or equal to 18, ADD 1 \_\_\_\_\_

The number in 3A is greater than or equal to 18, ADD 1 \_\_\_\_\_

The number in 4A is greater than or equal to 35, ADD 1 \_\_\_\_\_

The number in 1B is greater than or equal to 18, ADD 1 \_\_\_\_\_

The number in 2B is greater than or equal to 22, ADD 1 \_\_\_\_\_

The number in 2C is greater than or equal to 22, ADD 1 \_\_\_\_\_

**TOTAL**

If TOTAL (1A+2A+3A+4A+1B+2B) equals 3 or more, then conditions for Pathway 2 have been met.

**Conditions for Pathway 2 met?**

Yes ☐ No ☐

---

The number in 1B is greater than or equal to 18, ADD 1 \_\_\_\_\_

The number in 2B is greater than or equal to 22, ADD 1 \_\_\_\_\_

The number in 1C is greater than or equal to 15, ADD 1 \_\_\_\_\_

The number in 2C is greater than or equal to 9, ADD 1 \_\_\_\_\_

The number in 3C is greater than or equal to 30, ADD 1 \_\_\_\_\_

**Sub-Total:** \_\_\_\_\_

The number in 1A is greater than or equal to 12, \_\_\_\_\_

**SUBTRACT 1 from Sub-Total**

**TOTAL**

If TOTAL (1B+2B+1C+2C+3C MINUS 1A) equals 2 or more, then conditions for Pathway 3 have been met.

**Conditions for Pathway 3 met?**

Yes ☐ No ☐

**If BOTH conditions for Pathways 2 and 3 are met, assign to Pathway 3.**  
**If NEITHER conditions for Pathway 2 or 3 are met, assign to Pathway 1.**

Final Pathway: Pathway 1 ☐ Pathway 2 ☐ Pathway 3 ☐



## OHA PGS - LEVEL OF CARE/PLACEMENT CRITERIA

CLIENT:

Level of Care Placement:

### **DIMENSION 1- GAMBLING BEHAVIOR:**

**Placement level:**

<b>Level I</b> Outpatient	<b>Level II</b> Intensive Outpatient	<b>Level III</b> Residential
The Ct. is not experiencing significant withdrawal or compulsion to gamble.	The Ct. is gambling more money than intended and gambles when not financially able to.	The Ct. is at moderate or high risk of severe gambling behavior and/or financial loss... to the point where gambling negatively effects personal life, work life and/or relationships.

NOTES:

### **DIMENSION 2-PHYSICAL HEALTH CONDITIONS & COMPLICATIONS:**

**Placement level:**

<b>Level I</b>	<b>Level II</b>	<b>Level III</b>
None or very stable, or the Ct. is receiving concurrent medical monitoring	None or not a distraction from treatment. Such problems are manageable at Level II.	None or not sufficient to distract from treatment. Such problems are manageable at Level III

*Severe medical conditions must be stabilized to be eligible for residential treatment.*

NOTES:

### **DIMENSION 3-EMOTIONAL/BEHAVIORAL/SUDs/ CONDITIONS/COMPLICATIONS:**

**Placement level:**

<b>Level I</b>	<b>Level II</b>	<b>Level III</b>
None or very stable, the Ct. is receiving concurrent mental health monitoring	Mild severity with the potential to distract from recovery; the Ct. needs monitoring	Mild to moderate severity, with the potential to distract from recovery; the Ct. needs stabilization.

*Co-Occurring Screening Tools Required.*

NOTES:

## OHA PGS - LEVEL OF CARE/PLACEMENT CRITERIA

### **DIMENSION 4-READINESS TO CHANGE:**

**Placement level:**

Level I	Level II	Level III
The Ct. is ready for recovery but needs motivating/monitoring strategies to strengthen readiness. <b>Or</b> There is high severity in this dimension but not in other dimensions The Ct. needs Level I Mot. Enhance.	The Ct. has variable engagement in tx, ambivalence or lack of awareness of the substance use or mental health problem and requires structured several times a week to promote progress in the stages of change	The Ct. has poor engagement/significant ambivalence, or lacks awareness of the substance use/mental health problem requiring a near daily structured program or intensive engagement services to promote stage of change progress.

**NOTES:**

### **DIMENSION 5-PROBLEM OR RELAPSE POTENTIAL:**

**Placement level:**

Level I	Level II	Level III
The Ct. is able to maintain abstinence or control problematic gambling and pursue recovery or motivational goals with minimal support	Intensification of Ct's addiction or mental health symptoms indicate a high likelihood of relapse or continued use or problem with close monitoring or support several times a week.	Intensification of Ct's addiction or mental health symptoms despite active participation in a Level I or II program, indicates a high likelihood of relapse or continued gambling or problems without near daily monitoring/support

**NOTES:**

### **DIMENSION 6-RECOVERY ENVIRONMENT:**

**Placement level:**

Level I	Level II	Level III
The Ct's recovery environment is supportive and/or the Ct. has the skills to cope.	The Ct's recovery environment is not supportive, but with structure & support, the Ct. can cope	The Ct's recovery environment is not supportive, but with structure, support & relief from the home environment, the Ct. can cope.

**NOTES:**

- ☐ **Level I:** All six dimensions meet Level I criteria.
- ☐ **Level II:** One of Dims 4-6 meets Level II. Dims 1-3 are no greater than II.
- ☐ **Level III** At least 2 of the 6 dimensions meet Level III criteria

## OHA PGS - LEVEL OF CARE/PLACEMENT CRITERIA

**LEVEL OF FUNCTIONING/SEVERITY:** Using assessment protocols that address all six dimensions. Assign a severity rating of High, Medium or Low for each dimension that best reflects the client's functioning and severity. Place a check mark in the appropriate box for each dimension.

Level of Functioning/Severity	Intensity of Service Need	Dim 1	Dim 2	Dim 3	Dim 4	Dim 5	Dim 6
<b>Low Severity</b> -Minimal current difficulty or impairment. Absent, minimal or mild signs and symptoms. Acute or chronic problems mostly stabilized; or soon able to be stabilized and functioning restored with minimal difficulty.	<b>L</b> No immediate services or low intensity of services needed for this Dimension. Treatment strategies usually able to be delivered in outpatient settings						
<b>Medium Severity</b> -Moderate difficulty or impairment. Moderate to serious signs and symptoms. Difficulty coping or understanding, but able to function with clinical and other support services and assistance.	<b>M</b> Moderate intensity of services, skills training, or supports for this dimension. Treatment strategies may require intensive levels of outpatient care.						
<b>High Severity</b> -Severe difficulty or impairment. Serious, gross or persistent signs and symptoms. Very poor ability to tolerate and cope with problems	<b>H</b> High intensity of services, skills training or supports needed. More immediate, urgent services may require inpatient or residential settings; or closely monitored case management services at a frequency greater than daily.						

SUMMARY:

**Dimension 1:**

**Dimension 2:**

**Dimension 3:**

**Dimension 4:**

**Dimension 5:**

**Dimension 6:**

Clinician Sign: \_\_\_\_\_ Date: \_\_\_\_\_