

# FAMHA

## Functional Assessment of Mental Health & Addiction

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This scale assesses the current state of client functioning from both mental health & addiction perspectives. As a clinician rating scale, it is important that you score your client's specific level of functioning according to the guidelines and anchors presented in the scale. Your subjective rating and assessment of functioning across items and dimensions will produce overall profiles and quantified functioning levels that can be used to track treatment progress on specific mental health and addiction indicators.

Patient Name \_\_\_\_\_

Location \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Education (years) \_\_\_\_\_

Ethnic Background \_\_\_\_\_ Marital Status \_\_\_\_\_

Number of Previous Treatment Episodes (All) \_\_\_\_\_

Addiction Treatment Episodes (acute care/detox) \_\_\_\_\_

Mental Health Treatment Episodes (acute care) \_\_\_\_\_

Medical Treatment Episodes (acute & chronic care) \_\_\_\_\_

(Episodes include both inpatient and outpatient treatment)

### Drug & Alcohol use during the past 7 days

Drug(s) Primary & Secondary	Daily Amount	7 Day Frequency	Average Daily Drug Use (7 day freq./7)
Alcohol source (beer,wine, etc.) & daily amount.	Daily Units	Frequency	Total Weekly Alcohol Units
	**		

\*\* Note: 1 unit = 1/2 pint of beer; 1 (25ml) measure of spirits, 1 small glass of wine, sherry, port

Please circle the number that most appropriately corresponds to the patient's specific level of functioning over the past 7 day period.

Level of Functioning		
Low	Moderate	High
<b>Substance Misuse &amp; Criminality</b>		<b>Subscore (Sum 1 - 7) _____</b>
1. Life threatening level of drug/alcohol use	1 2 3 4 5 6 7 4 = Stable/consistent, non-life threatening drug use	No misuse of drugs or alcohol
2. Daily intoxication (Drug or Alcohol)	1 2 3 4 5 6 7 4 = Intoxicated 2 days out of 5	No evidence of intoxication
3. Serious legal difficulties	1 2 3 4 5 6 7 4 = Pending trial for possession or minor offenses	No legal difficulties
4. Regularly engages in illegal sale of drugs	1 2 3 4 5 6 7 4 = Occasionally sells illegal substances	No illegal sale of drugs
5. Destroys property of others	1 2 3 4 5 6 7 4 = Has recently defaced property or has thoughts of damaging property of others	No property related issues
6. Steals goods from others almost daily	1 2 3 4 5 6 7 4 = Recently stole goods but doesn't generally do so	No evidence of theft
7. Assaultive and/or physically threatening	1 2 3 4 5 6 7 4 = Occasionally assaultive or selective in who they assault	No assaultive or threatening behavior
<b>Community Living Skills</b>		<b>Subscore (Sum 8 - 12) _____</b>
8. No Income (Any Source)	1 2 3 4 5 6 7 4 = Some financial support, but low level or indefinite	Stable source of income
9. No evidence of budgeting skills	1 2 3 4 5 6 7 4 = Poor Budgeting Skills	Regularly budgets funds
10. No stable housing	1 2 3 4 5 6 7 4 = Marginally housed or has no long term housing arrangement	Maintains stable housing (self/friend)
11. Children in foster or institutional care	1 2 3 4 5 6 7 4 = Parenting skills under review by social services	Independently provides good care for children
12. Has sold/given away most possessions	1 2 3 4 5 6 7 4 = Has sold some possessions to obtain funds	Values and retains possessions
<b>Interpersonal Skills</b>		<b>Subscore (Sum 13 - 18) _____</b>
13. No significant intimate relationships	1 2 3 4 5 6 7 4 = Has recently had a significant relationship	Significant Intimate Relationship
14. Rejects contact with others	1 2 3 4 5 6 7 4 = Sometimes accepts social advances	Readily accepts personal contact
15. Extremely withdrawn & socially isolated	1 2 3 4 5 6 7 4 = Isolative and withdrawn for limited periods of time	Readily engages in social activities
16. Guarded or evasive	1 2 3 4 5 6 7 4 = Evasive or guarded over specific issues	Interacts appropriately with examiner
17. Verbally aggressive or threatening to all	1 2 3 4 5 6 7 4 = Inappropriate verbal aggression with specific persons	Never threatening or verbally aggressive
18. Excessive Dependence on Others	1 2 3 4 5 6 7 4 = Somewhat Dependent	Autonomous & Independent

Note: If in your opinion a specific item does not apply, score that item as 7.

Please circle the number that most appropriately corresponds to the patient's specific level of functioning over the past 7 day period.

		<b>Level of Functioning</b>								
		Low	Moderate			High				
<b>Mood</b>									<b>Subscore (Sum 19 - 23)</b> _____	
19.	Appears agitated or jumpy	1	2	3	4	5	6	7	Appears calm and at peace	
		<small>4 = Occasionally agitated or jittery</small>								
20.	Conveys feelings of hopelessness	1	2	3	4	5	6	7	Hopeful about the future	
		<small>4 = Occasionally hopeless about specific things</small>								
21.	Expresses only sadness or despair	1	2	3	4	5	6	7	Appears happy and content	
		<small>4 = only has sporadic episodes sadness daily</small>								
22.	Considering a suicide plan	1	2	3	4	5	6	7	No suicidal ideation	
		<small>4 = Thoughts of suicide</small>								
23.	Extreme and/or sudden mood shifts	1	2	3	4	5	6	7	Mood is stable	
		<small>4 = Mildly labile mood</small>								
<b>Psychological State</b>									<b>Subscore (Sum 24 - 36)</b> _____	
24.	Constant hypervigilance to threat	1	2	3	4	5	6	7	Appropriate attention level to threat	
		<small>4 = occasionally preoccupied with threatening things &amp; people</small>								
25.	Severely impaired attention span	1	2	3	4	5	6	7	Good attention & concentration	
		<small>4 = Short attention span</small>								
26.	Daily reports of hallucinations (any type)	1	2	3	4	5	6	7	No evidence of hallucinations	
		<small>4 = Occasional hallucinations</small>								
27.	Intrusive delusional thinking	1	2	3	4	5	6	7	No evidence of delusions	
		<small>4 = Mildly delusional though content</small>								
28.	Intentionally harms self (physically)	1	2	3	4	5	6	7	No thoughts of intentional self harm	
		<small>4 = Thinks about harming self</small>								
29.	Highly intrusive obsessional thinking	1	2	3	4	5	6	7	No perseverative themes	
		<small>4 = Somewhat Intrusive but controllable obsessive thoughts</small>								
30.	Daily uncontrollable compulsive behaviors	1	2	3	4	5	6	7	No ritualistic acts	
		<small>4 = Intrusive but controllable ritualistic acts</small>								
31.	Impulsive in multiple areas	1	2	3	4	5	6	7	Delays gratification - logical decisions	
		<small>4 = Only impulsive in specific areas</small>								
32.	Highly anxious, catastrophizes events	1	2	3	4	5	6	7	Low levels of anxiety	
		<small>4 = Somewhat Anxious</small>								
33.	Grossly disorganized thinking	1	2	3	4	5	6	7	Organized and goal directed thinking	
		<small>4 = Appears mildly confused &amp; easily derailed</small>								
34.	Very low frustration tolerance	1	2	3	4	5	6	7	Copes well with stressors	
		<small>4 = Low frustration tolerance</small>								
35.	Hypersensitive to any criticism	1	2	3	4	5	6	7	Accepts constructive criticism well	
		<small>4 = sensitive to negative comments</small>								
36.	No motivation for M.H. or S.M treatment	1	2	3	4	5	6	7	Highly motivated for treatment	
		<small>4 = low motivation to work through treatment</small>								
<b>Health &amp; Physical Functioning</b>									<b>Subscore (Sum 37 - 44)</b> _____	
37.	Life threatening injecting practices	1	2	3	4	5	6	7	Hygienic injecting practices	
		<small>4 = Occasionally dangerous Injecting</small>								
38.	Very poor personal hygiene	1	2	3	4	5	6	7	Normal personal hygiene	
		<small>4 = Somewhat poor hygiene</small>								
39.	Significant Appetite Disturbance	1	2	3	4	5	6	7	Normal appetite	
		<small>4 = Sporadic or occasional appetite supression</small>								
40.	Engages in unsafe sexual practices	1	2	3	4	5	6	7	Practices safe sex	
		<small>4 = Occasionally practices unsafe sex</small>								
41.	Grossly Disorganised appearance	1	2	3	4	5	6	7	Normal appearance	
		<small>4 = Somewhat disheveled in appearance</small>								
42.	Severe speech deficits	1	2	3	4	5	6	7	No deficits in speech production	
		<small>4= Mild speech production difficulties</small>								
43.	Medication non-compliant	1	2	3	4	5	6	7	Compliant with medication schedule	
		<small>4 = Occasionally non-compliant</small>								
44.	Chronic severe sleep disturbance	1	2	3	4	5	6	7	No sleep disturbances	
		<small>4 = Awakening from sleep or difficulty falling asleep 2 in 3 nights</small>								
45.	Chronic, severe medical symptoms	1	2	3	4	5	6	7	No Medical Illness	
		<small>4 = Chronic illness without symptoms</small>								
46.	Severe loss in functioning due to medical condition	1	2	3	4	5	6	7	No decrease in functioning due to medical condition	
		<small>4= Moderate decrease in functioning</small>								

Note: If in your opinion a specific item does not apply, score that item as 7.

**SUM RESPONSES TO ALL 46 ITEMS** \_\_\_\_\_ **(divide by 3.08) = TOTAL SCORE** \_\_\_\_\_

Primary **Mental Health Dx.** \_\_\_\_\_ Primary **Substance Misuse Dx.** \_\_\_\_\_ Primary **Medical Dx.** \_\_\_\_\_

Name of Rater: \_\_\_\_\_ Assessment Date: \_\_\_\_\_