

# CLINICIAN ASSESSMENT

## Illness Management and Recovery Scale (IMR)

Administration Method:  Face to face  Telehealth  Other: \_\_\_\_\_

Is the clinician able to complete the IMR?  Yes  No

If no, please provide the reason the clinician is unable to complete the IMR.

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**1. Progress towards personal goals:** In the past 3 months, s/he has come up with...

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No personal goals	A personal goal, but has not done anything to achieve the goal	A personal goal and made it a little way toward achieving it	A personal goal and has gotten pretty far in achieving the goal	A personal goal and has achieved it	Item not assessed

**2. Knowledge:** How much do you feel s/he knows about symptoms, treatment, coping strategies (coping methods), and medication?

<input type="radio"/>					
Not very much	A little	Some	Quite a bit	A great deal	Item not assessed

**3. Involvement of family and friends in his/her mental health treatment:** How much are family members, friends, boyfriends or girlfriends, and other people who are important to him/her (outside the mental health agency) involved in his or her health treatment?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not at all	Only when there is a serious problem	Sometimes, such as when things are starting to go badly	Much of the time	A lot of the time and they really help with his/her mental health	Item not assessed

**4. Contact with people outside of the family:** In a normal week, how many times does s/he talk to someone outside of his/her family (a friend, co-worker, classmate, roommate, etc.)?

<input type="radio"/>	<input type="radio"/>				
0 times a week	1 to 2 times a week	3 to 4 times a week	5 to 7 times a week	8 or more times a week	Item not assessed

**5. Time in structured roles:** How much time does s/he spend working, volunteering, being a student, being a parent, taking care of someone else or someone else's house or apartment? That is, how much time does s/he spend doing activities that are expected of him/her for or with another person? (This would not include self-care or personal home maintenance.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 hours or less a week	3 to 5 hours a week	6 to 15 hours a week	16 to 30 hours a week	More than 30 hours a week	Item not assessed

**6. Symptom distress:** How much do symptoms bother him/her?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Symptoms <i>really</i> bother him/her <i>a lot</i>	Symptoms bother him/her <i>quite a bit</i>	Symptoms bother him/her <i>somewhat</i>	Symptoms bother him/her <i>very little</i>	Symptoms don't bother him/her <i>at all</i>	Item not assessed

Client ID: \_\_\_\_\_

Date completed (MM/DD/YYYY): \_\_\_\_\_

**7. Impairment of functioning:** How much do symptoms get in the way of him/her doing things that he or she would like to do or needs to do?

- |  |  |   |  |   |                       |
|--|--|---|--|---|-----------------------|
| <input type="radio"/>                                  | <input type="radio"/>                          | <input type="radio"/>                       | <input type="radio"/>                          | <input type="radio"/>                           | <input type="radio"/> |
| Symptoms <i>really</i> get in his/her way <i>a lot</i> | Symptoms get in his/her way quite <i>a bit</i> | Symptoms get in his/her way <i>somewhat</i> | Symptoms get in his/her way <i>very little</i> | Symptoms don't get in his/her way <i>at all</i> | Item not assessed     |

**8. Relapse Prevention Planning:** Which of the following would best describe what s/he knows and has done in order to not have a relapse?

- |                                      |   |  |   |  |                       |
|--------------------------------------|---|--|---|--|-----------------------|
| <input type="radio"/>                | <input type="radio"/>                                     | <input type="radio"/>  | <input type="radio"/>                                       | <input type="radio"/>                            | <input type="radio"/> |
| Doesn't know how to prevent relapses | Knows a little, but hasn't made a relapse prevention plan | Knows one or two things to do, but doesn't have a written plan | Knows several things to do, but doesn't have a written plan | Has a written plan and has shared it with others | Item not assessed     |

**9. Relapse of symptoms:** When is the last time s/he had a relapse of symptoms (that is, when symptoms have gotten much worse)?

- |                       |                           |                           |                            |                                       |                       |
|-----------------------|---------------------------|---------------------------|----------------------------|---------------------------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>      | <input type="radio"/>                 | <input type="radio"/> |
| Within the last month | In the past 2 to 3 months | In the past 4 to 6 months | In the past 7 to 12 months | Hasn't had a relapse in the past year | Item not assessed     |

**10. Psychiatric hospitalizations:** When is the last time s/he has been hospitalized for mental health or substance abuse reasons?

- |                       |                           |                           |                            |                                     |                       |
|-----------------------|---------------------------|---------------------------|----------------------------|-------------------------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>     | <input type="radio"/>      | <input type="radio"/>               | <input type="radio"/> |
| Within the last month | In the past 2 to 3 months | In the past 4 to 6 months | In the past 7 to 12 months | No hospitalization in the past year | Item not assessed     |

**11. Coping:** How well do you feel that s/he is coping with his or her mental or emotional illness from day to day?

- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| Not well at all       | Not very well         | All right             | Well                  | Very well             | Item not assessed     |

**12. Involvement with self-help activities:** How involved is he or she in consumer-run services, peer support groups, Alcoholics Anonymous, drop-in centers, WRAP (Wellness Recovery Action Plan), or other similar self-help programs?

- |   |   |   |   |  |                       |
|---|---|---|---|--|-----------------------|
| <input type="radio"/>                       | <input type="radio"/>                                       | <input type="radio"/>   | <input type="radio"/>                             | <input type="radio"/>                          | <input type="radio"/> |
| Doesn't know about any self-help activities | Knows about some self-help activities, but isn't interested | Is interested in self-help activities, but hasn't participated in the past year | Participates in self-help activities occasionally | Participates in self-help activities regularly | Item not assessed     |

**13. Using medication effectively:** How often does s/he take medication as prescribed?

- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
| Never                 | Occasionally          | About half the time   | Most of the time      | Every day             | Item not assessed     |

\_\_\_\_\_ Check here if no psychiatric medications have been prescribed for him/her

**14. Impairment of functioning through alcohol use:** Drinking can interfere with functioning when it contributes to conflict in relationships; to financial, housing, and legal concerns; to difficulty attending appointments or focusing during them; or to increases of symptoms. Over the past 3 months, did alcohol use get in the way of his/her functioning?

- Alcohol use really gets in his/her way a lot    
 Alcohol use gets in his/her way quite a bit    
 Alcohol use gets in his/her way somewhat    
 Alcohol use gets in his/her way very little    
 Alcohol use is not a factor in his/her functioning    
 Item not assessed

**15. Impairment of functioning through drug use:** Using street drugs and misusing prescription or over-the-counter medication can interfere with functioning when it contributes to conflict in relationships; to financial, housing and legal concerns; to difficulty attending appointments or focusing during them; or to increases of symptoms. Over the past 3 months, did drug use get in the way of his/her functioning?

- Drug use really gets in his/her way a lot    
 Drug use gets in his/her way quite a bit    
 Drug use gets in his/her way somewhat    
 Drug use gets in his/her way very little    
 Drug use is not a factor in his/her functioning    
 Item not assessed

Source: Substance Abuse and Mental Health Services Administration (2009)

### Goals (Follow-up only)

<i>In the past six months...</i>	Yes	No	No goal on client's plan
1. Has s/he demonstrated progress towards achieving his/her <b>employment goal</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has s/he demonstrated progress towards achieving his/her <b>housing goal</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Has s/he demonstrated progress towards achieving his/her <b>education goal</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Level of Care Utilization System (Locus)

- 1. Recovery Maintenance and Health Maintenance
- 2. Low Intensity Community Based Services
- 3. High Intensity Community Based Services
- 4. Medically Monitored Non-Residential Services
- 5. Medically Monitored Residential Services
- 6. Medically Managed Residential Services
- Item not assessed

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