

Behavioral Health Assessments Guide

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In the intricate web of copyrights, infringement patents, and being charged for using assessments, many clinicians are unsure of which mental health assessments are valid, research-verified, and completely free to use. In addition to meeting the demands of clients, payor sources, and regulatory requirements, a mental health clinician's hectic schedule does not allow time for combing through hundreds of assessments in the field of mental health. We have compiled a list for you. These forms can be found in paper and electronic format for ease of use.

At the end of this guide, we have included a comprehensive list of assessment tools available in the public domain for your reference. We are describing only those most commonly used in each category in more detail. Also at the end of the guide, you will find guidance on how to determine whether a behavioral health assessment is copyrighted or available for use at no cost.

You may also want to review this article, [What is CPT code 96127 and how does it affect your income?](#) for guidance on when and how to bill for performing a behavioral assessment with a standardized instrument.

Anxiety Disorders

Generalized Anxiety Disorder Screener (GAD-7)

In clinical practice and research, the GAD-7 is a reliable and efficient instrument for screening for and evaluating the severity of generalized anxiety. Generalized anxiety disorder is one of the most commonly seen disorders in not only medical practice but especially in mental health outpatient and inpatient facilities. This screening tool is for use in assessing generalized anxiety disorder and is not applicable for PTSD or phobias (JAMA).

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Hamilton Rating Scale for Anxiety (HAM-A)

The HAM-A was one of the first rating scales created for assessing the intensity and severity of anxiety symptoms. There has been criticism of the scale's ability; however, it is widely used not only in the United States but in China, France, and throughout Spanish-speaking countries.

This interview scale measures the severity of a patient's anxiety based on 14 parameters, including anxious mood, tension, fears, insomnia, somatic complaints, and behavior at the interview. Developed by M. Hamilton in 1959, the scale predates, of course, the current definition of generalized anxiety disorder (GAD). However, it covers many of the features of GAD and can be helpful also in assessing its severity. The major value of HAM-A is to document the results of pharmacologic or psychotherapy rather than as a diagnostic or screening tool. It takes 15–20 minutes to complete the interview and scoring. Each item is simply given a 5-point score – 0 (not present) to 4 (severe).

Penn State Worry Questionnaire (PSWQ)

The title of the questionnaire explains exactly why you would administer it to a patient. It is a 16-item instrument with a large degree of internal consistency and a high level of test-retest reliability (Meyer). The PSWQ is helpful in differentiating patients suffering from general anxiety disorder (GAD) from those struggling with other anxiety disorders. Another wonderful feature of this tool is that it can be self-administered.

Zung Self-Rating Anxiety Scale (SAS)

The SAS is a 20-item self-report assessment device built to measure anxiety levels based on scoring in 4 groups of manifestations: cognitive, autonomic, motor, and central nervous system symptoms. When answering the statements, a person should indicate how much each statement applies to him or her within a period of one or two weeks prior to taking the test. Each question is scored on a Likert-type scale of 1–4 (based on these replies: "a little of the time," "some of the time", "good part of the time", "most of the time"). Some questions are negatively worded to avoid the problem of set response. The overall assessment is done by total score.

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SCARED: Screen for Child Anxiety-Related Emotional Disorders

The Screen for Child Anxiety-Related Emotional Disorders (SCARED) is a self-report measure that assesses the presence and severity of anxiety symptoms in children and adolescents. It is widely used to identify and diagnose anxiety disorders, such as generalized anxiety disorder, separation anxiety disorder, and social phobia, in the youth population. The SCARED assessment has 41 questions divided into five main scales: separation anxiety, social phobia, generalized anxiety disorder, panic disorder, and school phobia. Each item is rated on a three-point Likert scale, with higher scores indicating greater levels of anxiety symptoms. It takes approximately 10 to 20 minutes to complete the screen. The SCARED is one of the most utilized screening methods for children and adolescents with anxiety disorders that is both reliable and valid.

Substance Use Disorders

Anxiety-Related Emotional Disorders

The CAGE Assessment (also called the CAGE Questionnaire) is a short 4-question tool used to screen for substance dependency in adults. The letters CAGE stand for Cut down, Annoyed, Guilty, and Eye-opener, based on each of the questions used to identify substance dependency.

The questions are most effective when used as part of a general health history and should NOT be preceded by questions about how much or how frequently the patient drinks or uses drugs. The reason for this is that denial is very common among persons abusing alcohol or other drugs; therefore, the CAGE-AID questions focus the discussion on the behavioral effects of the drinking or drug use rather than on the number of drinks or drugs used per day.

The downside of the CAGE-AID approach is that questions do not discriminate well between active and inactive drinkers or drug users, so following positive scores on the CAGE with questions regarding usual consumption patterns (e.g., frequency/quantity/heaviest consumption) will help make this distinction.

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MAST: Michigan Alcohol Screening Test

One of the most widely used measures for assessing alcohol abuse, the MAST is a questionnaire designed to provide a rapid and effective screening for lifetime alcohol-related problems and alcoholism. The MAST screening tool consists of 25 yes/no questions related to risks associated with drinking patterns, neglect of responsibilities, loss of control, and other topics. It can take up to 10 min to complete. The benefit of the longer length of the MAST is that it provides coverage of the adverse biopsychosocial correlates of excessive alcohol use. In addition, patients receive more detailed feedback about problem areas in completing the MAST. The MAST assesses an individual's self-appraisal of their perceived control over drinking behavior, alcohol-related personal and interpersonal problems, and symptoms indicative of more severe alcohol dependence (e.g., blackouts). The MAST also targets various problems associated with excessive alcohol use in the medical, relational, and legal arenas. Scores on the MAST range from 0 to 53, with some items being weighted greater than others. Total scores ranging from 0 to 3 indicate non-dependence, 4 suggests probable alcohol dependence, and 5 or more indicating 'alcoholic'. However, like most screening measures, the optimal cutoff score will vary according to population, setting, and relative costs of false positive versus false negative errors. As with the CAGE, a major drawback of the MAST is that it does not discriminate between past and current drinking behaviors.

CRAFFT 2.1+N Interview

The CRAFFT is a health screening tool designed to identify substance use, substance-related riding/driving risk, and substance use disorder among youth ages 12-21. It is brief and efficient enough to be used as part of universal screening efforts in busy medical and community health settings, and yields information that can serve as the basis for early intervention and counseling to enhance motivation for behavior change. It is the most well-studied adolescent substance use screener available and has been shown to be valid for adolescents from diverse socioeconomic and racial/ethnic backgrounds.

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Brief Addiction Monitor

The primary purpose of the Brief Addiction Monitor (BAM) is to support individualized, measurement-based care for substance use disorders (SUD). The BAM monitors a patient's progress in SUD care and yields reliable data that is both easy to collect and readily integrated into SUD treatment planning. The BAM is a 17-item, multidimensional questionnaire, designed to be administered as a clinical interview (in-person or telephonically) or via patient self-report, for all patients seeking or enrolled in SUD specialty care. It retrospectively assesses (past 30 days) three SUD-related domains: Risk factors for substance use, Protective factors that support sobriety, and drug and alcohol Use. Each item ranges in value from zero to 30, the Use Score ranges from zero to 90, and the Risk and Protective factor scores range from zero to 180. End-users are strongly encouraged to attend to the item-level data (rather than the three factor scores) because they have direct implications for treatment planning. That is, they identify specific areas of need or resources the patient brings to bear in his/her recovery. The BAM is widely used in VA Medical Centers, has been selected for inclusion in the VA's measurement based care in mental health initiative, and it is also being used in several branches of the military.

Suicidality

The Columbia-Suicide Severity Rating Scale (C-SSRS)

The CSSR was created as a collaborative initiative by Columbia University along with many other prestigious organizations. There are multiple versions of the assessment scale. This scale looks at suicidal behaviors, the intensity of suicidal thoughts and the severity of suicidal ideation. Studies have shown this is valid tool that can serve as a predictive indicator of suicide within children and adults (Gipson).

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Mood Disorders

Hamilton Rating Scale for Depression (HAM-D)

This scale was created in the 1950's; however the HAM-D is a strong contender with other top depression assessments used in mental health diagnosis and symptom assessment of depression. This assessment must be administered by a clinician. It is also referred to as the Hamilton Depression Rating Scale. The scale takes 15-20 minutes to complete.

Patient Health Questionnaire-9 (PHQ-9)

The PHQ-9 is a valuable tool for depression that can be self-administered by the client/patients. The tool has multiple uses as a screening mechanism, a diagnosis tool, and for continued monitoring of depression in the general population. In ICANotes this tool and many others can be tracked and trended over time to measure patient outcomes.

PHQ-A Adolescent

The PHQ-A can be utilized in research and assessment as relevant helpful tools to assist clinicians in making clinical decisions, rather than as the primary foundation for establishing a clinical diagnosis. The PHQ-A is an useful instrument for assessing depression. It can be clinician or client self-administered. The tool may be used for a variety of purposes, including screening, and ongoing monitoring of depression in the adolescent population.

Mood Disorder Questionnaire

The Mood Disorder Questionnaire (MDQ), developed by Robert M.A. Hirschfeld, MD and colleagues, is a screening instrument for bipolar disorder. It includes 13 yes/no questions about bipolar symptoms and two additional questions about symptom co-occurrence and impaired functioning. The MDQ takes about 5 minutes to complete. It is the most widely used screening instrument for bipolar disorder in the world and has been translated into 19 languages.

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Zung Self-Rating Depression Scale

The Zung Self-Rating Depression Scale (SDS) is a 20-item self-report questionnaire used to assess the level of depression in individuals. It measures the severity of symptoms associated with depression, such as feelings of sadness, loss of interest in activities, and difficulty sleeping. The scale ranges from 20-80, with higher scores indicating a more severe level of depression. The SDS is widely used in clinical settings and research studies to help diagnose and monitor treatment for depression.

Geriatric Depression Scale

The Geriatric Depression Scale (GDS) is a screening tool used to identify symptoms of depression in elderly adults. Originally developed by J.A. Yesavage and colleagues in 1982, the GDS is a self-report instrument that uses a "yes/no" format. It consists of questions that assess a person's level of enjoyment, interest, social interactions, and more. The GDS is frequently used in acute, long-term, and community settings, often part of a comprehensive geriatric assessment. It's appropriate for healthy as well as medically ill adults and those with mild to moderate cognitive impairments. The GDS differs from depression screening instruments used in younger populations because some somatic symptoms—such as weight loss, pessimism about the future, and sleep disturbances—can be related to aging itself. Therefore, the GDS focuses specifically on psychiatric symptoms rather than somatic symptoms.

Young Mania Rating Scale (YMRS)

The Young Mania Rating Scale (YMRS) is one of the most commonly used rating scales for evaluating manic symptoms. It is utilized to assess manic symptoms in patients/clients with mania starting at their baseline and throughout the course of treatment. The scale is completed by a clinician and takes approximately 15-30 minutes depending on the complexity of the assessment.

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Child Mania Rating Scale – Parent (CMRS-P)

The Child Mania Rating Scale–Parent Version (CMRS-P) is a 21-item questionnaire that is scored on a 4-point Likert scale. Its aim is to track and monitor the progression of symptoms of children who have been diagnosed with bipolar disorder (PBD).

Eating Disorders

Eating Disorder Diagnostic Scale (EDDS)

The scale consists of twenty-two questions that a client/patient answers to assess for an eating disorder. The EDDS has been through a complex development and an arduous validation process. The validity of the scale is appropriately measured and accurate in accordance with the diagnostic criteria of the DSM-IV.

Trauma

The Post-Traumatic Stress Disorder Checklist (PCL-5)

The PCL-5 is a self-administered questionnaire consisting of 20 items. The symptoms questions range from not at all to extremely on a scale of 0-4. The PCL-5 appropriately corresponds to the DSM-5's PTSD symptom criteria. Although post-traumatic stress disorder (PTSD) is a prevalent mental health issue, it is often overlooked and underestimated in health care and settings where social assistance is provided.

International Trauma Questionnaire

The International Trauma Questionnaire (ITQ) is a self-report measure used to assess the prevalence and severity of traumatic experiences in an individual. It assesses exposure to traumatic events, such as physical and sexual assault, accidents, and natural disasters, as well as symptoms of post-traumatic stress disorder (PTSD) and depression.

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The ITQ can be used to screen for trauma exposure and assess the impact of traumatic events on an individual's mental health. It can also be used to monitor changes in symptoms over time and to evaluate the effectiveness of treatment for PTSD and other trauma-related disorders.

Child and Adolescent Trauma Screen (CATS)

The Child and Adolescent Trauma Screen (CATS) is a tool that is used to identify children and adolescents who may have experienced traumatic events and assess the severity of their trauma symptoms. The CATS is a self-report measure that can be used with children and adolescents aged 8 to 17 years old. It is designed to be used with children and adolescents who have experienced a wide range of traumatic events, including but not limited to physical and sexual abuse, neglect, natural disasters, and accidents.

The CATS is considered a reliable and valid tool for identifying children and adolescents who may have experienced traumatic events and for assessing the severity of their trauma symptoms. It can be used in a variety of settings, such as schools, hospitals, and mental health clinics, and can be administered by a variety of professionals, such as school counselors, psychologists, and social workers. Results from the CATS can be used to guide treatment planning and monitor progress over time.

Emotional and Behavioral Disorders

Adult ADHD Self-Report Scale (ASRS)

The Adult ADHD Self-Report Scale (ASRS) is a self-report questionnaire used to assess symptoms of attention-deficit/hyperactivity disorder (ADHD) in adults. It is a widely used tool for screening and diagnosing ADHD in adults, and it can also be used to monitor treatment outcomes over time. The ASRS is a 18-item questionnaire that covers the six core symptoms of ADHD as defined in the DSM-5: Inattention, Hyperactivity/Impulsivity, and problems in executive function.

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Each item is rated on a 5-point Likert scale, with higher scores indicating greater impairment. It was developed by the World Health Organization (WHO) and the Workgroup on Adult ADHD, it has been translated in multiple languages. It is a valid and reliable tool and it can be used in clinical and research settings. It is recommended that scores be interpreted in conjunction with other clinical information, such as a thorough diagnostic interview, to make a final diagnosis. The ASRS can be used as a screening tool, to help identify adults who may have ADHD and may benefit from further evaluation and treatment. It also can be used to monitor the effectiveness of treatment over time, by measuring changes in symptoms after treatment has begun.

NICHQ Vanderbilt Assessment

The NICHQ Vanderbilt Assessment (NVA) is a comprehensive assessment tool used to evaluate attention-deficit/hyperactivity disorder (ADHD) in children and adolescents. It is a multi-informant tool, which means it gathers information from multiple sources, such as parents, teachers, and the child themselves. The NVA includes multiple scales to evaluate ADHD symptoms, including the Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS) and the Vanderbilt ADHD Diagnostic Teacher Rating Scale (VADTRS). It also includes a Conners' rating scale, which is a commonly used measure of problem behaviors in children and adolescents, and a Child Behavior Checklist (CBCL), which is a widely used measure of emotional and behavioral problems in children. The NVA is widely used in clinical and research settings to diagnose ADHD in children and adolescents. It is considered a valid and reliable tool for assessing ADHD symptoms, and it is also recommended by the American Academy of Pediatrics (AAP) as one of the tools that can be used to diagnose ADHD. The NVA is designed to be completed by multiple informants, such as parents, teachers, and the child themselves, to provide a comprehensive evaluation of symptoms and functional impairments.

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Pediatric Symptom Checklist (PSC)

The Pediatric Symptom Checklist (PSC) is a short questionnaire that can be used to detect and evaluate changes in emotional and behavioral issues in children. The PSC is utilized by pediatricians and other health professionals to identify psychosocial issues in children and to enhance treatment outcomes. The American Academy of Pediatrics recommends that all children and adolescents undergo psychosocial screening as part of their yearly medical examination.

Adverse Childhood Experiences Questionnaire (ACE)

The Adverse Childhood Experiences (ACE) Questionnaire is a self-report measure that was developed as a part of the ACE study. It is used to assess the presence and frequency of adverse childhood experiences (ACEs) in an individual's life. The questionnaire includes 10 items that correspond to the 10 types of ACEs identified in the original study: physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, exposure to domestic violence, exposure to substance abuse in the household, exposure to mental illness in the household, parental separation or divorce, and incarceration of a household member. Each item is rated on a yes/no scale, with a positive response indicating that the experience occurred. The ACE score is calculated by adding the number of positive responses to each item, with higher scores indicating a greater number of ACEs. The ACE Questionnaire is widely used in research and clinical settings to assess the prevalence of ACEs and their impact on health and well-being. It can be used to identify individuals who may be at risk for poor health outcomes due to their experiences in childhood. It can also be used to evaluate the effectiveness of interventions, such as therapy or community programs, that aim to prevent or mitigate the effects of ACEs. The questionnaire is also available in multiple languages, and it is considered a valid and reliable measure of ACEs.

Functional Assessments

GAIN Short Screener

The GAIN Short Screener (GSS) was first published in 2001 by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the United States as a part of Global Appraisal of Individual Needs (GAIN) assessment. It is a brief, self-administered assessment tool to identify individuals who may be in need of substance abuse or mental health services. The GSS includes questions about substance use, mental health, and overall functioning. It is intended to be used as a quick screening tool to identify individuals who may require further assessment or treatment. The GSS can be used in a variety of settings, such as primary care clinics, emergency departments, and mental health clinics. It can also be used in research studies to help identify individuals who may be at risk for substance use or mental health disorders.

Katz Index of Independence in Activities of Daily Living (ADL)

The Katz Index of Independence in Activities of Daily Living (ADL) is a scale used to measure the level of functional independence in older adults. It is a 6-item questionnaire that assesses an individual's ability to perform basic ADLs, such as bathing, dressing, toileting, transferring, continence, and feeding. The scale ranges from 0-6, with a score of 0 indicating complete dependence and a score of 6 indicating complete independence.

The Katz Index is commonly used in geriatric research and clinical practice to assess the functional status of older adults, particularly those who are older, frail, or have chronic health conditions such as dementia. It can be used to identify older adults who are at risk for functional decline and to monitor changes in functional status over time. It also can be used in long-term care facilities to assess the need for assistance with daily activities, and determine the level of care required for each individual.

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Quality of Life Scale (QOLS)

The Quality of Life Scale is a measure used to assess an individual's subjective perception of their overall well-being and satisfaction with different aspects of their life. The QOLS was originally a 15-item instrument that measured five conceptual domains of quality of life: material and physical well-being, relationships with other people, social, community, and civic activities, personal development and fulfillment, and recreation. After descriptive research that queried persons with chronic illness on their perceptions of quality of life, the instrument was expanded to include one more item: Independence, the ability to do for yourself. Thus, the QOLS in its present format contains 16 items. The QOLS is scored by adding up the score on each item to yield a total score for the instrument. Scores can range from 16 to 112. The QOLS scores are summed so that a higher score indicates higher quality of life. Average total score for healthy populations is about 90.

Satisfaction with Life Scale (SWLS)

The Satisfaction with Life Scale (SWLS) is a 5-item self-report measure used to assess an individual's overall satisfaction with their life. The scale measures cognitive judgments of satisfaction with one's life and it is not intended to measure emotions or moods. The SWLS has been found to be reliable and valid across a wide range of cultures and populations. The SWLS is widely used in research and clinical practice to assess overall well-being and life satisfaction. It can be used to evaluate the effectiveness of interventions, such as therapy or medication, and to monitor changes in satisfaction over time. It can also be used to identify individuals who may be at risk for depression or other mental health disorders. The SWLS can be used in both cross-sectional and longitudinal studies, and has been widely used in research on aging, mental health, and physical health. The SWLS is easy to administer and score, which makes it a popular choice for researchers and clinicians who want to quickly and easily assess overall satisfaction with life.

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Children's Functional Assessment Rating Scale (CFARS)

The Children's Functional Assessment Rating Scale (CFARS) is a tool used to assess the functional abilities and behaviors of children with developmental disabilities. It is a parent-report measure that assesses a child's abilities in areas such as communication, daily living skills, socialization, and problem behavior. The CFARS provides a comprehensive evaluation of a child's functional abilities and behaviors and it is used for children aged birth to 18 years old. The CFARS includes a total of 60 items, divided into five main domains: communication, daily living skills, socialization, problem behavior, and maladaptive behavior. Each item is rated on a four-point scale, with higher scores indicating greater impairment. The CFARS can be used to identify areas of strength and weakness in a child's functioning and to monitor changes in behavior and ability over time.

Family Assessments

Marital Status Inventory (MSI)

The Marital Status Inventory (MSI) is a self-report measure that assesses an individual's perceptions of their current marital relationship, including the level of satisfaction, communication, and conflict. It is a widely used tool for assessing the quality of a person's current marriage or committed relationship. The MSI includes a total of 16 items, divided into four main domains: satisfaction, communication, conflict resolution, and affective expression. Each item is rated on a five-point Likert scale, with higher scores indicating greater satisfaction and positive aspects of the relationship. The MSI can be used in both research and clinical settings. It can be used to identify areas of strength and weakness in a person's relationship, and to monitor changes in relationship quality over time. It can also be used to evaluate the effectiveness of interventions, such as therapy or communication training, that aim to improve relationship satisfaction and quality. The MSI is a valid and reliable tool, and it is available in multiple languages.

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Parental Stress Index (PSI)

The Parental Stress Index (PSI) is a self-report measure that assesses the level of stress experienced by parents of children with developmental or behavioral disorders. It is a widely used tool for evaluating the impact of parenting a child with a special need on the parent's psychological well-being. The PSI includes a total of 150 items, divided into three main scales: parent distress, parent-child dysfunctional interaction, and difficult child. Each item is rated on a five-point Likert scale, with higher scores indicating greater levels of stress, distress and dysfunctional interaction. The PSI can be used to identify areas of stress, emotional distress, and dysfunctional interactions in the parent-child relationship, and to monitor changes over time. It can also be used to evaluate the effectiveness of interventions, such as therapy or support groups, that aim to improve the parent's emotional well-being and the parent-child relationship. The PSI is considered a valid and reliable tool and it is available in multiple languages.

Development Disorders

Ritvo Autism-Asperger's Diagnostic Scale (RAADS)

The Ritvo Autism-Asperger's Diagn Scale (RAADS) is a diagnostic tool that assesses the presence and severity of autism spectrum disorder (ASD) symptoms in adults. It is widely used to identify and diagnose autism and Asperger's syndrome in adults. The RAADS includes a total of 84 items, divided into four main scales: social interaction, communication, restrictive and repetitive behaviors, and sensory and cognitive aspects. Each item is rated on a four-point Likert scale, with higher scores indicating greater levels of ASD symptoms.

Personality Disorders

Borderline Personality Screener (BPS)

The Borderline Personality Screener (BPS) is a self-report measure that assesses the presence and severity of symptoms of borderline personality disorder (BPD) in adults. It is widely used as a screening tool for identifying individuals who may be at risk for BPD. The BPS includes a total of 9 items that are related to the criteria for BPD as listed in the DSM-5. Each item is rated on a four-point Likert scale, with higher scores indicating greater levels of BPD symptoms.

International Adjustment Disorder Questionnaire

The International Adjustment Disorder Questionnaire (IADQ) is a self-report measure that assesses the presence and severity of symptoms of Adjustment Disorder (AD) in adults. It is widely used as a tool for identifying individuals who may be at risk for AD. Adjustment disorder is a condition characterized by emotional or behavioral symptoms that occur in response to a specific stressor, such as a loss of a job, divorce, or the death of a loved one. The IADQ includes a total of 20 items that are related to the criteria for AD as listed in the DSM-5. Each item is rated on a four-point Likert scale, with higher scores indicating greater levels of AD symptoms.

Cognitive Disorders

Six-Item Cognitive Impairment Test (6CIT)

The Six-Item Cognitive Impairment Test (6CIT) is a brief screening tool that assesses cognitive impairment in adults. It is widely used to identify individuals who may be at risk for cognitive impairment, such as dementia or mild cognitive impairment (MCI), and to track changes in cognitive function over time. The 6CIT includes six simple items that assess an individual's ability to remember a list of words, repeat a simple phrase, follow a one-step command, copy a simple design, perform simple arithmetic, and name the days of the week. Each item is scored on a three-point scale, with higher scores indicating better cognitive function.

Movement Disorders

Abnormal Involuntary Movement Scale (AIMS)

Abnormal Involuntary Movement Scale (AIMS)

Persons taking any kind of antipsychotic medication need to be monitored for movement disorders. The AIMS aids in the early detection of tardive dyskinesia as well as providing a method for ongoing surveillance.

Although the incidence of TD has been relatively low in recent years, changes in prescribing may result in increased occurrence. Clinicians will need to be alert to these possibilities and employ tools that will help them pick up developing problems as soon as possible.

This simple checklist takes only 10 minutes to complete and uses a 5-point rating scale for recording scores for 7 body areas: face, lips, jaw, tongue, upper extremities, lower extremities, and trunk.

Verifying Copyright Status

There are several ways to check the copyright status of a behavioral health assessment tool:

1. Check the publisher's website: Many publishers of behavioral health assessment tools will provide information about copyright status on their websites.
2. Contact the authors: If you are unable to find information about the copyright status on the publisher's website, you can try contacting the authors of the assessment tool directly. They may be able to provide information about copyright status and terms of use.
3. Search online databases: There are several online databases that provide information about copyrighted materials, such as the United States Copyright Office's database.
4. Search for the tool on the internet: You can also try to search for the assessment tool on the internet, you might find some information about copyright status and terms of use on the websites of organizations, research centers, or educational institutions that have used the tool.

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It's important to note that, if an assessment tool is copyrighted, it means that the copyright holder has the exclusive right to reproduce, distribute, and display the work. Therefore, you would need to obtain permission from the copyright holder to use the assessment tool.

All of the assessments listed in this guide are available for completion electronically in the [ICANotes Behavioral Health EHR](#).

With an intuitive, chart-centric workflow, ICANotes is the only fully configured EHR software for behavioral health, therapy, psychiatry, and addiction treatment. Our robust behavioral health content engine and customizable menu-driven templates reduce the time you spend documenting patient care while enabling you to confidently bill at the maximum level of reimbursement.

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Substance-Use Disorders				
Name of Assessment	Year Created	Patient Population	Completed by	Number of Questions
Addiction Severity Index	1992	Adults	Clinician	16
AUDIT-C: Alcohol Use Disorders Identification Test-Concise	1998	Adults	Clinician or Patient	3
Brief Addiction Monitor	2013	Adults	Clinician or Patient	17
CAGE: Substance Abuse Screening Tool	1968	Adults	Clinician or Patient	4
CIWA-Ar: Clinical Institute Withdrawal Assessment for Alcohol	1989	Adults	Clinician	10
CIWA-b: Benzodiazepine Withdrawal Scale	1989	Adults	Clinician	22
COWS: Clinical Opiate Withdrawal Scale	2003	Adults	Clinician	11
DAST-10: Drug Abuse Screening Test	1982	Adults	Clinician or Patient	10
MAST: Michigan Alcohol Screening Test	1971	Adults	Patient	22
SOCRATES: Personal Drinking Questionnaire	1986	Adults	Patient	19
SOAPP-R: Screener and Opioid Assessment for Patients with Pain	2009	Adults	Patient	24
TCU Drug Screen V	2020	Adults	Patient	17
URICA: Change Assessment Scale – Alcohol	2001	Adults	Patient	32
URICA: Change Assessment Scale – Drug	2001	Adults	Patient	32
URICA: Change Assessment Scale – Psych	2001	Adults	Patient	32
CRAFFT Screening Test	1998	Adolescents	Clinician or Patient	6
CRAFFT 2.1+N Interview	1998	Adolescents	Clinician or Patient	17
RAPI: Rutgers Alcohol Problem Index	1989	Adolescents	Patient	18
POSIT: Problem Oriented Screening Instrument for Teenagers	1991	Adolescent	Patient	70

Mood Disorders				
Name of Assessment	Year Created	Patient Population	Completed by	Number of Questions
Bipolar Spectrum Diagnostic Scale	2005	Adults	Patient	20
CES-D: Center for Epidemiologic Studies Depression Scale	1977	Adults	Patient	20
CES-DC: Center for Epidemiologic Studies Depression Scale-Children	1989	Child/Adolescent	Patient	20
Columbia Depression Scale	2004	Adolescent (11+)	Patient	22
DASS-21: Depression Anxiety Stress Scale	2005	Adults	Patient	21
DASS-42: Depression Anxiety Stress Scale	1995	Adults	Patient	42
Edinburgh Postnatal Depression Scale	1987	Adults	Patient	10
Geriatric Depression Scale	1983	Older Adults	Patient	15
Geriatric Depression Scale Long Form	1982	Older Adults	Patient	30
Hamilton Depression Rating Scale	1960	Adults	Clinician	17
Major Depression Inventory	1970	Adults	Patient	12
Mood Disorder Questionnaire	2000	Adults	Patient	13
MFQ-Parent: Mood and Feelings Questionnaire	1992	Child/Adolescent	Parent	32
MFQ-Child: Mood and Feelings Questionnaire	1992	Child/Adolescent	Patient	32
PHQ-9: Patient Health Questionnaire	1999	Adults	Patient	9
PHQ-A: Patient Health Questionnaire, Adolescent	2004	Adolescents	Patient	9
Penn State Worry Questionnaire	1989	Adult	Patient	16
QIDS-C: Quick Inventory of Depressive Symptomatology	2003	Adult	Patient	16
Young Mania Rating Scale	1978	Adult	Clinician	11
Zung Self-Rating Depression Scale	1965	Adult	Patient	20
RCADS: Revised Children’s Anxiety and Depression Scale	2004	Child/Adolescent	Patient	47
RCADS-P: Revised Children’s Anxiety and Depression Scale, Parents	2004	Child/Adolescent	Parent	47

Suicide Assessments				
Name of Assessment	Year Created	Patient Population	Completed by	Number of Questions
Columbia Suicide Severity Rating Scale	2007	Adults	Clinician	10
Columbia Suicide Severity Rating Scale Self-Report	2010	Adults	Patient	6

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Anxiety Disorders				
Name of Assessment	Year Created	Patient Population	Completed by	Number of Questions
GAD-7: Generalized Anxiety Disorder Screener	2003	Adults	Patient	7
Hamilton Anxiety Rating Scale	1959	Adults	Clinician	14
Level 2 Thoughts and Behaviors	2016	Adult	Patient	5
Zung Scales for Anxiety	1965	Adult	Patient	20
SCARED: Screen for Child Anxiety Related Orders	1997	Child/Adolescent	Clinician or Parent	41
DASS-21: Depression Anxiety Stress Scale	2005	Adults	Patient	21
DASS-42: Depression Anxiety Stress Scale	1995	Adults	Patient	42

Personality Disorders				
Name of Assessment	Year Created	Patient Population	Completed by	Number of Questions
Borderline Personality Screener	2002	Adult	Patient	36
Dissociative Experiences Scale II	2006	Adult	Patient	28
International Adjustment Disorder Questionnaire	2019	Adult	Patient	19
PID-5: The Personality Inventory for DSM-5, Adult	2013	Adult	Patient	220
PID-5: The Personality Inventory for DSM-5, Child	2013	Adolescent	Patient	220
Wahler Self-Description Inventory	1968	Adult	Patient	66

Psychotic Disorders				
Name of Assessment	Year Created	Patient Population	Completed by	Number of Questions
Dimensions of Psychosis Symptom Severity	2013	Adult	Clinician	8

Eating-Related Disorders				
Name of Assessment	Year Created	Patient Population	Completed by	Number of Questions
Eating Disorder Screener for DSM-5	2010	Adult	Patient	23
Mini Nutritional Assessment	2006	Older Adults	Clinician	6

Trauma-Related Disorders				
Name of Assessment	Year Created	Patient Population	Completed by	Number of Questions
International Trauma Questionnaire	2018	Adult	Patient	18
PCL-5: Post-Traumatic Stress Disorder Checklist	2013	Adult	Patient	20
CATS: Child and Adolescent Trauma Screen	2015	Child/Adolescent	Clinician	15
CPSS: Child PTSD Symptom Scale	2001	Child/Adolescent	Patient	24
TESI-C: Traumatic Events Screening Inventory for Children	2002	Child/Adolescent	Clinician	16

Cognitive Disorders				
Name of Assessment	Year Created	Patient Population	Completed by	Number of Questions
Six-Item Cognitive Impairment Test	2000	Older Adult	Clinician	7

Family Assessments				
Name of Assessment	Year Created	Patient Population	Completed by	Number of Questions
Marital Status Inventory	1980	Adults	Patient	14
Parental Stress Scale	1995	Adults	Patient	18

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Developmental Disorders				
Name of Assessment	Year Created	Patient Population	Completed by	Number of Questions
RAADS-14: Ritvo Autism-Asperger's Diagnostic Scale	2013	Adults	Patient	14
RAADS-R: Ritvo Autism-Asperger's Diagnostic Scale-Revised	2011	Adults	Clinician / Patient	80
Wender Utah Rating Scale	1993	Adult	Patient	61

Functional Assessments				
Name of Assessment	Year Created	Patient Population	Completed by	Number of Questions
1915(i)		Adult	Clinician	Multi-Module
DLA-20: Daily Living Activities	2009	Adult	Clinician	20
FAD: McMaster Family Assessment Device (Subscales)	1983	Families	Family members	60
FARS: Functional Assessment Rating Scale	1995	Adult	Clinician	18 domains
Flourishing Scale	2009	Adult	Patient	8
GAIN: Short Screener	2001	Adult	Patient	7
Katz Index of Independence in Activities of Daily Living	2003	Older Adults	Clinician	6
Kessler Psychological Distress Scale	1992	Adult	Patient	10
QOL: Quality of Life	1986	Adult	Patient	16
Rand 36-Item Survey	1994	Adult	Patient	36
Satisfaction with Life Scale	1985	Adult	Patient	5
Scale of Positive and Negative Experience	2009	Adult	Patient	12
WHODAS 2.0 36-Item Self*	2010	Adult	Patient	36
CFARS: Children's Functional Assessment Rating Scale	1991	Child	Clinician	16 domains
Children's Uniform Mental Health Assessment	2015	Child/Adolescent	Clinician	Multi-Module
POSIT: Problem Oriented Screening Instrument for Teenagers	1991	Adolescent	Patient	70

Emotional and Behavioral Assessments				
Name of Assessment	Year Created	Patient Population	Completed by	Number of Questions
ASRS: Adult ADHD Self-Report Scale	2004	Adults	Patient	18
ACE: Adverse Childhood Experience	1998	Adult	Patient	10
NICHQ Vanderbilt Assessment Scale	2002	Children	Teacher or Parent	55
PEARLS Pediatric ACEs and Related Life Events Screener	2020	Teens	Patient	19
Pediatric Symptom Checklist	1988	Children	Parent	35

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All of the assessments listed in this guide are available for completion electronically in the [ICANotes Behavioral Health EHR](#).

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