# Clinician Assessment Phase II

#### **Directions for Completion**

Thank you for participating in this assessment of a new questionnaire. The questionnaire is experimental, and at this point we do not know what if any questions are important for determining capability. Because this instrument is experimental, you should not copy this questionnaire, or copy material from it into your client's chart.

Please follow the specific directions in the questionnaire to rate all items. You should rate each item using any information that you would use for a Social Security disability application (initial application for disability or a review of existing disability). Please use all sources of information available to you. You may review your client's chart and/or ask your client to get the information.

Answer ALL items to the best of your knowledge. Do not leave any items blank.

#### PART A

1.	Clinician Identific	ation #			
2.	How many month	hs have you worked	d with this client?		
3.	How many times	have you met with	this client in the last 60 days	s?	
4.	What best descri	bes your current ro	le?		
	Psychiatrist	Psychologist	Social Worker		
	Mental Health W	orker Other [		1	

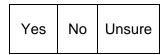
Please provide your response to the questions below by circling the best choice. Please answer questions 5 and 6 in sequence and do not change responses once made.

5. Some individuals age 18 and older who have mental or physical impairments are not capable of handling their funds or directing others how to handle them to meet their basic needs, so Social Security Administration selects a representative payee to receive their payments. Examples of impairments which may cause incapability are senility, severe brain damage or chronic schizophrenia. However, even though a person may need some assistance with such things as bill paying, etc., does not necessarily mean he/she cannot make decisions concerning basic needs and is incapable of managing his/her own money.

Do you believe the patient is capable of managing or directing the management of benefits in his or her own best interest?

Being capable means that the patient:

- Is able to understand and act on the ordinary affairs of life, such as providing for own adequate food, housing, clothing, etc., and
- Is able, in spite of physical impairments, to manage funds or direct others how to manage them.



6. Do you expect the patient to be able to manage funds in the future (for example, the patient is temporarily unconscious)?



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**Directions for Part B:** Using the rating scale below, indicate to what extent each problem was present in your client's life during the PAST SIX MONTHS. If you are unsure about an item, refer to all available sources of data, including the client, the client's medical chart, family, friends, and other providers. Please provide your best estimate for each item; do not leave any items blank.

Responses for Part B Items: 0: No Problem 1: Minor problem 2: Major problem

### Part B

In the	PAST SIX MONTHS, the client	No Problem	Minor Problem	Major Problem
1.	Did not have enough money to make the full rent payment	0	1	2
2.	Had no stable address	0	1	2
3.	Had no utilities – lacked heat, water, or electricity	0	1	2
4.	Spent money he/she could not afford to spend	0	1	2
5.	Did not have adequate clothing	0	1	2
6.	Had food problems – got free food from a soup kitchen, church or other place because he/she could not afford to buy food	0	1	2
7.	Failed to pay a bill resulting in conflict with significant others, legal problems, or risk of eviction	0	1	2
8.	Borrowed money from other people to meet living expenses	0	1	2

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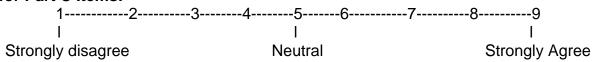
In the PAST SIX MONTHS, the client	No Problem / Not Aware of Problem	Minor Problem	Major Problem
9. Impulsively spent money/check as soon as he/she got it	0	1	2
10. Lost more than a small amount gambling (betting, lottery tickets, on-line gambling, playing numbers)	0	1	2
11. Made purchases that interfered with ability to meet basic needs for food, shelter, clothing, or medical care	0	1	2
12. Spent money that was needed for other purposes on alcohol or drugs	0	1	2
13. Begged for money, or stole money	0	1	2
14. Drank alcohol to intoxication (enough to get a buzz)	0	1	2
15. Had alcohol-related problems: social, psychological, medical or legal	0	1	2
16. Had drug problems: social, psychological, medical or legal	0	1	2
17. Used illicit drugs he/she bought	0	1	2
18. Spent enough money on drugs or alcohol to cause harm or risk of harm. Examples include worse psychiatric symptoms, medical worsening, conflict with someone, loss of housing	0	1	2
19. Was worse when he/she got money or checks. Examples of being worse include using drugs/alcohol, missing appointments, losing housing, being hospitalized	0	1	2
20. Had substance use that interfered with rational financial decision-making	0	1	2

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#### **Clinician Assessment**

**Directions for Part C:** Using the rating scale below, indicate to what extent you agree or disagree with each statement about your client's ability to manage his/her financial affairs over the NEXT SIX MONTHS. Please provide your best estimate for each item.





## Part C

In the NEXT SIX MONTHS									
The client will lack the judgment to manage his/her funds	1	2	3	4	5	6	7	8	9
2. The client will not understand the consequences of his/her s	pending decisions 1	2	3	4	5	6	7	8	9
3. Substantial debt will put the client at risk of harm. Examples action, eviction, loss of utilities, and physical harm.	nclude risk of legal 1	2	3	4	5	6	7	8	9
4. Psychiatric issues will prevent rational financial decision-makes	ring 1	2	3	4	5	6	7	8	9
<ol><li>A mental impairment (such as disorganized thinking, depress problem) will interfere with making necessary expenditures</li></ol>	sion, or cognitive 1	2	3	4	5	6	7	8	9
<ol> <li>The client will spend much of his/her income to fund a compaddiction</li> </ol>	ulsion, habit, or 1	2	3	4	5	6	7	8	9
7. Substance use issues will interfere with rational financial dec	ision-making 1	2	3	4	5	6	7	8	9

## Part D

Overall, how certain are you about your answers to the questions on this form?

- 0 = Not at all certain
- 1 = Slightly certain
- 2 = Moderately certain
- 3 = Mostly certain
- 4 = Completely certain