

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.

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?

- | | | | | | |
|--|---|--|---|--|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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?

- | | | | | | |
|---|--|---------------------------------------|--|---|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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 employment goal ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has s/he demonstrated progress towards achieving his/her housing goal ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Has s/he demonstrated progress towards achieving his/her education goal ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Client ID: _____

Date completed (MM/DD/YYYY): _____