



## ADULT DLA-20 Behavioral Health Functional Assessment Questions:

**The following questions are offered if more time and detailed follow up is an option:**

I want a better understanding of how your symptoms impact you all day, all week in your daily living activities. When you describe how you handle these activities, we are going to compare to those who act independently so we need to rate the lower score. We can talk about how other people your age handle their activities, whether they are sick or well, e.g., we can see how others cope, prioritize your wishes and create a plan for you to recover. Together, we want to create your plan for wellness. We can consider any problems you experience due to physical limitations as well as those due to mental signs and symptoms. We may not need more than the 1<sup>st</sup> question in each section in order to rate "Need" or "Strength".

**1. Healthcare:** Services and people that provide physical and mental healthcare.

A.) What symptoms are you currently experiencing? Is this a serious or severe problem? Are you currently distressed WITH physical problems, symptoms as well?

B.) Are you taking medications? exactly as prescribed?

**DLA20 Score  $\leq 3$  for problems with A or B. Note:** Adjust scores lower for # of biomedical concerns, health issues that they are or are not handling independently, e.g., HIV, sexual infections, etc.

C.) Are you managing routine health concerns, aches, and pain?

D.) Do you have any special health concerns or reoccurring aches, pain? Comments:

E.) Do current medical problems routinely interfere with your day-to-day functioning?

F.) Where do you usually go for help with a medical need?

Names, Locations: \_\_\_\_\_

**2. Housing:** Decent place to live, clean laundry, household

A.) Where are you living and does that meet need? Please specify:

B.) Independent home\_\_\_\_, apartment\_\_\_\_, group residence\_\_\_\_, other\_\_\_\_?

**DLA20 Score  $\leq 2$  for homeless, protective 24/7 living arrangements. Hospitalized in last month or in jail/prison would be example of DLA=1.**

C.) Do you have any problems at your place of residence?

D.) Any problems keeping up with your place? Do you routinely complete housekeeping tasks such as throwing out trash, dusting, cleaning?

**3. Communication:** adequate verbal speech, nonverbal communications or sign language

A) Do you have any difficulties expressing what you think?

**DLA20 Score  $\leq 3$  if speech for mental status is incongruent or impaired & go to #4**

B) Do you find yourself routinely isolating? (OR) Do you find yourself yelling, threatening someone in order to communicate?

C) Do people sometimes complain that you speak too slowly or too loud?

#### 4. Safety outside home and safe alone at home

A) Have you thought about ending your life or harming yourself in the last month?

B) (If yes) Have you ever planned how you would do it? Explain: \_\_\_\_\_

DLA20 Score  $\leq 3$  if suicidal thought,  $\leq 2$  if there is a plan, score 1 if act in last mo.

C) Are you able to be safe when involved in routine tasks, e.g., driving car, preparing meals, using knives, matches, even climbing stairs, walking in neighborhood?

#### 5. Time Management

A) Do you have trouble falling or staying asleep ...or sleeping too much?

B) Do you have a daily routine? For example, do you routinely go to bed at a regular time, wake up and eat and take medications at a regular time?

DLA20 Score  $\leq 3$  if no routine schedule or not sleeping approx 5+ hours/night

C) Do you have trouble concentrating, such as getting dressed to be somewhere on time?

#### 6. Managing Money (Financial):

A.) Do you have regular income? (What is the source of income? Job, disability, a payee?)

DLA20 Score  $\leq 2$  if they have payee, & not responsible for finances

B.) Do you routinely meet your monthly expenses, for example, ...

C.) Are you able to meet your basic needs of food, shelter and clothing?

D.) Do you often spend money on things that you later wish you had not?

#### 7. Nutrition (Food accessible and eats)

A) Eat at least 2 meals on regular schedule?

DLA20 Score  $\leq 2$  for active eating disorder, no accessible food, "can't eat"

B) What are favorite foods, typical dinner...breakfast that you eat with medications? Do you keep caffeine and sugar to a minimum?

C) Do meals routinely include fruits, vegetables and meat; can you shop & cook but need special diet or shopping help? Or are you dependent on fast food?

#### 8. Problem solving (include Cognitive Functioning) – observe involvement in treatment planning around presenting problems.

A) Do you easily make decisions when faced with problems or choices?

DLA20 Score  $\leq 3$  if answers "no" to A or B

B) Or, Are you easily distracted, Are you able to stay alert all day, able to focus and shift attention as necessary?

C) Do thoughts often repeat ...over and over, becoming increasingly stressful?  
Do you have an example? \_\_\_\_\_

9. **Family:** Birth or marital family who provide emotional support and guidance in healthy, loving relationships.

A.) Do you currently have family members in the area who provide you with support?

B.) Are any immediate relationships with family strained and stressful?

Score DLA20  $\leq 3$  for strained family interactions or 4 if no family

C.) How often do you have contact with these family members?

D.) If you have an urgent need, is there one specific person you can call for help?

#### 10. Alcohol/Drug: insert CAGE questions and add these functional questions

A) Do you smoke cigarettes? Approximately, how much/day?

<1 pack? \_\_\_\_ 1-2packs? \_\_\_\_ >=2packs? \_\_\_\_

- B) Over the last week, how many beers or other alcohol drinks might be daily?

Score DLA20 <=2 if cigarettes plus alcohol/drug abuse

- C) Do you take any other drugs or medications that are not prescribed? Please specify.

Score DLA20= 5 if no cigs, no alc., no drugs but has history and 7 if none & no history

### 11. Leisure:

- A) Do you have any hobbies or favorite activities, play any musical instruments?

What would you like to do if you were feeling better? \_\_\_\_\_

- B) Have you had the energy and focus to continue these interests in the last month?

### 12. Community Resources, Involvement/Support, Transportation:

(MH, PH Services & case management, church who help recovery in natural community settings)

- A.) Do you currently drive a car and shop independently? OR...

- B.) Do you have a friend or family member who can transport you?

- C.) Do you have access to a bus or other public transportation?

- D.) Are you currently involved in church, support groups or other activities in the community on a regular basis?

- E.) Do you know how to find people who have similar interests and needs as yourself?

Score DLA20>=4 if 3 out of 5 answers are yes

### 13. Social Network: Peers at work, friends, neighbors, housemates

- A) Do you currently get along with friends in the area who provide support?

- B) How often do you have contact with these persons?

- C) Are any relationships strained and stressful?

- D) If you had an urgent need, is there one person you could call?

### 14. Sexuality

Score DLA20 <=4 if sexual abuse, promiscuity, rape, sexual orientation problems in last 30 days

- A) Sometimes medications affect sexual health – do you have any concerns?

- B) Do you have sexually intimate relationships? One partner?

- C) Do you have concerns about intimate relationships, related sexual health?

- D) Have you been hurt or hurt someone else during an intimate relationship?

- E) IF yes to B-D, Do you have practice safe sex for you, infections, HIV, birth control?

### 15. Productivity: work for the integration of consumers into natural community settings.

- A.) Do you currently work? At home, school or on a job?

Score DLA20 >=4 if yes

- B.) Or do you expect to go back to work, get a job?

- C.) Do you have your GED?

- D.) Do you want to increase your ability to read or write, obtain a GED, attend college or achieve technical skills in a chosen area?

- E.) What are your career or work interests?

- F.) What skills do you have or need in order to obtain your goals?

- G.) Where would you go or whom would you call to take the first step towards an enjoyable job or career?

**16. Coping Skills: actions** to deal with reoccurring signs and symptoms of diagnosis

- A) Do you know the name and nature of your illnesses, signs and symptoms?
- B) What does the mental health diagnosis mean to you? \_Recovery possible?
- C) Do you routinely recognize the symptoms in certain circumstances or time of day?  
Please give examples\_\_\_\_\_
- D) Do you routinely find ways to cope, maybe even interrupt any fear of loss of control?  
Please give examples\_\_\_\_\_
- E) In the last 30 days, have you had difficulty coping with your diagnosis? Have you thought about purposely hurting yourself or suicide? Do you currently have a plan?
- F) Are you willing to contract with us not to act on that plan? (No? score 1)
- G) What behaviors, activities or actions generally help you to restore peace of mind, calming, self-control when you recognize the signs and symptoms?

**17. Community Norms:**

Score DLA20  $\leq 3$  for outstanding warrants, active parole, DUI, or just getting out of prison or jail.

- A) In the last 30 days, have you been arrested or charged with an offense or are you currently involved with charges, courts, trials, etc? Please explain\_\_\_\_\_
- B) In the last 30 days, have you lost control, been aggressive or violent?
- C) Has anyone in your neighborhood or community complained about you?

**18, 19, 20. Hygiene, Grooming, Dress:** clinical observations aid in appropriate questions

- A) Often, stress, illnesses, symptoms impact hygiene. Do you have any concerns about hygiene problems, any pain with teeth or gums, unusual sensitivities?
- B) Any problems independently bathing, e.g., without assistance or other help?
- C) Any problems with general appearance, washing hair, hands, grooming without undue difficulty or time constraints?
- D) Independently & easily able to keep clothes clean and comfortable for the day?

DLA20©, when used in conjunction with the anchors, estimates GAF, mGAF, LOF. The estimates are based on aggregated ratings from 1 (pervasive high risk problems and dependence on paid supports) to 7 (independent strengths) for each of the 20 ADLs and IADLS specified above. The rating scale and DLA20 tool is copyrighted to protect inter-rater reliability and validity with process and outcome measures. Training is required to meet copyright and is available from MTM Services, consultants to National Council Community Behavior Health (NCCBH.ORG).

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