# (MH) InterRAI™ Mental Health (MH) Assessment Form

[CODE FOR LAST 3 DAYS, UNLESS OTHERWISE SPECIFIED]

interRAI™

## SECTION A. Identification Information

**1. NAME**

a. (First) b. (Middle Initial) c. (Last) d. (Jr./Sr.)

**2. SEX**

1 Male 2 Female

**3. BIRTHDATE** ☐☐☐☐ — ☐☐ — ☐☐
Year Month Day

**4. MARITAL STATUS**

1 Never married
2 Married
3 Partner / Significant other
4 Widowed
5 Separated
6 Divorced

**5. NUMERIC IDENTIFIERS [EXAMPLE — CANADA]**

a. **Health Card Number**

b. **Case Record Number**

**6. PROVINCE OR TERRITORY OF USUAL LIVING ARRANGEMENT AND FACILITY AND UNIT IDENTIFIERS [EXAMPLE — CANADA]**

a. **Province or Territory**
b. **Facility Identifier**
c. **Unit Identifier**

**7. CURRENT PAYMENT SOURCES FOR IN-PATIENT STAY [EXAMPLE — CANADA]**

0 No 1 Yes

a. **Provincial or territorial government plan (this province or territory)**
b. **Provincial or territorial government plan (other province or territory)**
c. **Federal government**—Veterans Affairs Canada (VAC)
d. **Federal government**—First Nations and Inuit Health Branch (FNIHB)
e. **Federal government**—Other
f. **Workers' Compensation Board (WCB / WSIB)**
g. **Canadian resident, insurance pay**
h. **Canadian resident, public trustee pay**
i. **Canadian resident, self-pay**
j. **Other country resident, self-pay**
k. **Responsibility for payment unknown or unavailable**

**8. REASON FOR ASSESSMENT**

1 First assessment
2 Routine reassessment
3 Return assessment
4 Significant change in status reassessment
5 Discharge assessment, covers last 3 days of service
6 Discharge tracking only
7 Other—e.g., research

**9. ASSESSMENT REFERENCE DATE**

2 0 ☐☐ — ☐☐ — ☐☐
Year Month Day

**10. PERSON'S EXPRESSED GOALS OF CARE**

*Enter primary goal in boxes at bottom*

**11. IN-PATIENT STATUS [EXAMPLE — CANADA]**

1 Application for psychiatric assessment (exclude forensic)
2 Voluntary
3 Informal
4 Involuntary
5 Forensic, including forensic assessment, unfit to plead, not criminally responsible

a. **At time of admission**
b. **At time of assessment**

**12. CAPACITY [EXAMPLE — CANADA]**

0 No 1 Yes

a. **Capable to consent to treatment**
b. **Capable to disclose information relating to clinical record**
c. **Capable to manage property**
d. **Has a substitute decision maker for personal care or financial decisions**

## SECTION B. Intake and Initial History

*[Note: Complete Section B at Admission / First Assessment only]*

**1. REASONS FOR ADMISSION**

0 No 1 Yes

a. **Threat or danger to self**
b. **Threat or danger to others**
c. **Inability to care for self due to mental illness**
d. **Problem with addiction or dependency**
e. **Specific psychiatric symptoms**—e.g., depression, hallucinations, medication side effects
f. **Involvement with criminal justice system, or forensic admission**

**2. DATE STAY BEGAN**

☐☐☐☐ — ☐☐ — ☐☐
Year Month Day

**3. ORIGIN IS INUIT, MÉTIS, OR FIRST NATIONS [EXAMPLE — CANADA]**

0 No 1 Yes

**4. PRIMARY LANGUAGE [EXAMPLE — CANADA]** ☐☐☐

**eng** English **fre** French

*(See appendix in manual for additional codes)*

**5. INTERPRETER NEEDED**

0 No 1 Yes

**6. ADMITTED FROM AND USUAL RESIDENCE**

1 Private home / apartment / rented room
2 Board and care
3 Assisted living or semi-independent living
4 Mental health residence—e.g., psychiatric group home
5 Group home for persons with physical disability
6 Setting for persons with intellectual disability
7 Psychiatric hospital or unit
8 Homeless (with or without shelter)
9 Long-term care facility (nursing home)
10 Rehabilitation hospital / unit
11 Hospice facility / palliative care unit
12 Acute care hospital
13 Correctional facility
14 Other

a. **Admitted from**
b. **Usual residential status**

**7. POSTAL CODE OF USUAL LIVING ARRANGEMENT [EXAMPLE — CANADA]** ☐☐☐ ☐☐☐

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ISBN: 978-1-936865-10-3