



County of Santa Cruz - Behavioral Health Services

ANSA 18 years and older

Client: _____

OVERVIEW

Assessment Date _____ Caregiver Name _____
 Assessment Type Admission, Update, Discharge
 Current Age Group 18 and over
 Draft Final

KEY: 0=Centerpiece 1=Useful Strength 2=Potential Strength 3=Not Identified/No Evidence NA/Unk=Not Applicable/Unknown

STRENGTHS DOMAIN

Family	0 1 2 3 U	Volunteering	0 1 2 3 U
Interpersonal/Social Connectedness	0 1 2 3 U	Job History/Vocational	0 1 2 3 U
Optimism	0 1 2 3 U	Spiritual/Religious	0 1 2 3 U
Special Skills/Talents/Interests	0 1 2 3 U	Community Life/Connectedness	0 1 2 3 U
Educational	0 1 2 3 U	Natural Supports	0 1 2 3 U
		Resiliency	0 1 2 3 U
		Resourcefulness	0 1 2 3 U

KEY: 0=No Evidence of Need 1=Watch/Prevent 2=Action Needed 3=Immediate Action NA/Unk=Not Applicable/Unknown

LIFE DOMAIN FUNCTIONING

Intellectual/Development

Intellectual/Developmental (IQ) (T) 0 1 2 3 U

Intellectual/Development Module

Cognitive (M) 0 1 2 3 U Developmental (Delays, Autistic Spectrum)(M) 0 1 2 3 U
 Communication (M) 0 1 2 3 U Self Care/Independent Daily Living Skills (M) 0 1 2 3 U

Medical/Physical

Medical/Physical (18+) (T) 0 1 2 3 U

Medical/Physical Module

Primary Care Physician Connected 0 1 2 3 U Medical/ER Hospital Visits (M) 0 1 2 3 U
 Chronic Health Conditions (M) 0 1 2 3 U

Family/Family Functioning

Sleep 0 1 2 3 U
 Recreational 0 1 2 3 U
 Legal 0 1 2 3 U
 Sexuality 0 1 2 3 U
 Residential Stability 0 1 2 3 U
 Decision Making 0 1 2 3 U
 Involvement in Recovery 0 1 2 3 U
 Transportation 0 1 2 3 U
 Medication Involvement 0 1 2 3 U

(T) = Trigger Question (1,2,3 Complete Module) (M) = Module Question

EmploymentEmployment/Job Functioning (18+) (T) **0 1 2 3 U****Employment Module**

Career Aspirations (M)	0 1 2 3 U	Job Performance (M)	0 1 2 3 U
Job Time (M)	0 1 2 3 U	Job Relations (M)	0 1 2 3 U
Job Attendance (M)	0 1 2 3 U	Job Skills (M)	0 1 2 3 U

KEY: 0=No Evidence of Need 1=Watch/Prevent 2=Action Needed 3=Immediate Action NA/Unk=Not Applicable/Unknown**ACCULTURATION**

Language	0 1 2 3 U
Identity	0 1 2 3 U
Ritual	0 1 2 3 U
Cultural Stress	0 1 2 3 U

KEY: NA/Unk=No Caregiver Identified 0=No Evidence of Need 1=Watch/Prevent 2=Action Needed 3=Immediate Action**CAREGIVER NEEDS**

Involvement with Care	0 1 2 3 U	Behavioral /Mental Health	0 1 2 3 U
Physical Health	0 1 2 3 U		
Knowledge	0 1 2 3 U		
Social Resources	0 1 2 3 U		
Safety	0 1 2 3 U		
Family Stress	0 1 2 3 U		

KEY: 0=No Evidence of Need 1=History, Watch/Prevent 2=Action Needed Consistent with Dx Disorder 3=Immediate Action**MENTAL HEALTH / BEHAVIORIAL AND EMOTIONAL NEEDS**

Psychosis	0 1 2 3 U	Depression	0 1 2 3 U
Cognition	0 1 2 3 U	Anxiety	0 1 2 3 U
Impulse Control	0 1 2 3 U	Conduct/Antisocial Behavior	0 1 2 3 U
Anger Control	0 1 2 3 U	Mania	0 1 2 3 U
Eating Disturbance	0 1 2 3 U	Interpersonal Problems	0 1 2 3 U

TraumaAdjustment to Trauma (18+) (T) **0 1 2 3 U****Trauma Module (18+)**

Physical Abuse (M)	0 1 2 3 U	Sexual Abuse (18+) (M)	0 1 2 3 U
Emotional Abuse (M)	0 1 2 3 U	Witness to Community Violence (M)	0 1 2 3 U
Medical Trauma (M)	0 1 2 3 U	Witness/Victim - Criminal Acts (M)	0 1 2 3 U
Natural Disaster (M)	0 1 2 3 U	War Affected (M)	0 1 2 3 U
Witness to Family Violence (M)	0 1 2 3 U	Terrorism Affected (M)	0 1 2 3 U
		Other Trauma (M)	0 1 2 3 U

Describe other Trauma _____

Adjustment Sub Module (6-17 and 18+)

Affect Regulation (M)	0 1 2 3 U	Attachment (M)	0 1 2 3 U
Intrusions (M)	0 1 2 3 U	Dissociation (M)	0 1 2 3 U

Substance UseSubstance Use (T) **0 1 2 3 U****Substance Use Module**

Severity of Use (M)	0 1 2 3 U	Parental Influence (M)	0 1 2 3 U
Duration of Use (M)	0 1 2 3 U	Environmental Influences (M)	0 1 2 3 U
Stage of Recovery (M)	0 1 2 3 U	Recovery Support in Community (M)	0 1 2 3 U
Peer Influences (M)	0 1 2 3 U		

RISK BEHAVIOR

Self Mutilation/Self Injurious Behavior 0 1 2 3 U Other Self Harm 0 1 2 3 U

Danger to Self

Suicide Risk (T) **0 1 2 3 U**

Suicide Module

Suicide Ideation (M) 0 1 2 3 U Suicide History (M) 0 1 2 3 U
 Suicide Intent (M) 0 1 2 3 U History of Family/Friend Suicide (M) 0 1 2 3 U
 Suicide Planning (M) 0 1 2 3 U

Danger to Others / Violence Module

Danger to Others (18+) (T) **0 1 2 3 U**

Historical Risk Factors

History of Violence (M) 0 1 2 3 U

Emotional Behavioral Risks

Dangerous Activity Intent (M) 0 1 2 3 U Hostility (M) 0 1 2 3 U
 Dangerous Activity Planning (M) 0 1 2 3 U Paranoid Thinking (M) 0 1 2 3 U
 Frustration Management (M) 0 1 2 3 U Secondary Gain From Anger (M) 0 1 2 3 U
 Violent Thinking (M) 0 1 2 3 U

Resiliency Factors

Aware of Violence Potential (M) 0 1 2 3 U Commitment to Self Control (M) 0 1 2 3 U
 Response to Consequences (M) 0 1 2 3 U Treatment Involvement (M) 0 1 2 3 U

Sexual Aggression

Sexual Aggression (T) **0 1 2 3 U**

Sexually Aggressive Behavior Module

Relationship (M) 0 1 2 3 U Response to Accusation (M) 0 1 2 3 U
 Physical Force/Threat (M) 0 1 2 3 U Temporal Consistency (M) 0 1 2 3 U
 Sexual Activity Planning (M) 0 1 2 3 U Hx of Sexual Aggressive (towards others) (M) 0 1 2 3 U
 Age Differential (M) 0 1 2 3 U Severity of Sexual Abuse (M) 0 1 2 3 U
 Type of Sex Act (M) 0 1 2 3 U Prior Treatment (M) 0 1 2 3 U

Delinquency/Criminal Behavior

Delinquent/Criminal Behavior (T) **0 1 2 3 U**

Delinquency/Criminal Module

Criminal/Delinquent Seriousness (M) 0 1 2 3 U Legal Compliance (M) 0 1 2 3 U
 Criminal/Delinquent History (M) 0 1 2 3 U Peer Influence (M) 0 1 2 3 U
 Criminal/Delinquent Planning (M) 0 1 2 3 U Parent Criminal Behavior (M) 0 1 2 3 U
 Arrests (M) 0 1 2 3 U Environmental Influences (M) 0 1 2 3 U
 Criminal/Delinquent Community Safety (M) 0 1 2 3 U
 Exploitation 0 1 2 3 U Sexual Inappropriate Behavior 0 1 2 3 U
 Gambling 0 1 2 3 U

Clinician Completing Assessment:

Signature:

Title:

Date: