

HIV/AIDS Mental Health Diagnosis and Assessment Measure

The Mental Health Diagnosis and Assessment Measure is a clinician administered tool that track changes in the individual’s symptom presentation and captures their DSM-5 diagnosis category over time. It is intended to help clinicians identify additional areas of inquiry that may have significant impact on the individual’s treatment and prognosis. Each item asks about how much (or how often) the individual has experienced the specific symptom during the past 14 days.

Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (0=none or not at all; 1=slight or rare, less than a day or two; 2=mild or several days; 3=moderate or more than half the days; and 4=severe or nearly every day). The score on each item within a domain should be reviewed. Because additional inquiry is based on the highest score on any item within a domain, the clinician is asked to indicate that score in the “Highest Domain Score” column. A rating of mild (i.e., 2) or greater on any item within a domain (except for substance use, suicidal ideation, sexual behavior and psychosis) shall serve as a guide for additional inquiry. For substance use, suicidal ideation, sexual behavior and psychosis, a rating of slight (i.e., 1) or greater on any item within the domain indicates a need for further follow-up to determine if a more detailed assessment and/or immediate action is needed.

Frequency of Use – At baseline and minimally every ninety (90) days thereafter.

This tool shall be completed at regular intervals as clinically indicated, **but at a minimum at baseline and every 90 days thereafter. Results shall be captured in the Casewatch data system.** Consistently high scores on a particular domain may indicate significant and problematic symptoms for the individual that might warrant further assessment, treatment, and follow-up. Clinical judgment should guide decision making.

Table 1: Domains and thresholds for further inquiry

This measure consists of 28 questions that assess 15 domains, including depression, anger, mania, anxiety, trauma, suicidal ideation, psychosis, sleep problems, memory, repetitive thoughts and behaviors, stigma, personality functioning, substance use, sexual behavior and dissociation.

Domain	Domain Name	Threshold to guide further inquiry
I.	Depression	Mild or greater
II.	Anger	Mild or greater
III.	Mania	Mild or greater
IV.	Anxiety	Mild or greater
V.	Trauma	Mild or greater
VI.	Suicidal Ideation	Slight or greater
VII.	Psychosis	Slight or greater
VIII.	Sleep Problems	Mild or greater
IX.	Memory	Mild or greater
X.	Repetitive Thoughts and Behaviors	Mild or greater
XI.	Stigma	Mild or greater
XII.	Personality Functioning	Mild or greater
XIII.	Substance Use	Slight or greater
XIV.	Sexual Behavior	Mild or greater
XV.	Dissociation	Mild or greater

Mental Health Diagnosis

Name: _____ Date of Birth: _____ Today's Date: _____

Gender: Male Female Transgender Date of last HIV primary care visit _____

Legal: Was client incarcerated within the past 90 days? Yes No

Medications:

HIV Medications: Prescribed Not Prescribed

HIV Medication Adherence: Taking as prescribed Non-compliant

Psychotropic Medications: Prescribed Not Prescribed

Psychotropic Medication Adherence: Taking as prescribed Non-compliant

Risk Behaviors in the past 90 days:

- Unprotected Sex Used Illicit drugs in order to engage in sexual activities
 Any Sex without disclosing HIV status None

DSM-5 MAJOR CATEGORIES OF MENTAL DISORDER*** (Choose ONE from List Below)

- Trauma- and Stressor-Related Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Depressive Disorders
- Bipolar and Related Disorders
- Substance-Related and Addictive Disorders
- Disruptive, Impulse-Control, and Conduct Disorders
- Paraphilic Disorders
- Feeding and Eating Disorders
- Personality Disorders
- Schizophrenia Spectrum and Other Psychotic Disorders
- Dissociative Disorders
- Gender Dysphoria
- Neurodevelopmental Disorders
- Somatic Symptom and Related Disorders
- Sexual Dysfunctions
- Elimination Disorders
- Sleep-Wake Disorders
- Neurocognitive Disorders
 - Major or Mild Neurocognitive Disorder Due to HIV Infection

DSM V Diagnosis Code _____

*** See DSM-5 Diagnostic Categories Details for more information

Name: _____ Date of Birth: _____ Today's Date: _____

Clinician reads to client: "I will ask about things that you may have experienced during the **past Two (2) WEEKS**. Tell me on a scale of 0-5, 0 being lowest, that best describes how much/how often you have been affected/impacted/concerned by each issue." Once completed, enter results into Casewatch. **Conduct at baseline and every ninety (90) days thereafter.**

	During the past TWO (2) WEEKS , how much (or how often) have you:	None Not at all	Slight Rare, less than two days	Mild Several days	Moderate More than half the days	Severe Nearly every day	Highest Domain Score
I.	1. Had little interest or pleasure in doing things?	0	1	2	3	4	
	2. Felt down, depressed, or hopeless?	0	1	2	3	4	
II.	3. Felt more irritated, grouchy, or angry than usual?	0	1	2	3	4	
III.	4. Slept less than usual, but still have a lot of energy?	0	1	2	3	4	
	5. Started lots more projects than usual or doing riskier things than usual?	0	1	2	3	4	
IV.	6. Felt nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4	
	7. Felt panic or were unusually frightened?	0	1	2	3	4	
	8. Avoided situations that make you anxious?	0	1	2	3	4	
V.	9. Directly experienced or witnessed a traumatic event?	0	1	2	3	4	
	10. Attempted to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event?	0	1	2	3	4	
VI.	11. Had serious thoughts of hurting yourself?	0	1	2	3	4	
VII.	12. Heard things other people couldn't hear, such as voices even when no one was around?	0	1	2	3	4	
	13. Felt that someone could hear your thoughts, or that you could hear what another person was thinking?	0	1	2	3	4	
VIII.	14. Had problems with sleep that affected your sleep quality over all?	0	1	2	3	4	
IX.	15. Had problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	0	1	2	3	4	
X.	16. Had unpleasant thoughts, urges, or images that repeatedly enter your mind?	0	1	2	3	4	
	17. Felt driven to perform certain behaviors or mental acts over and over?	0	1	2	3	4	
XI.	18. Felt that people treated you differently because of your HIV status?	0	1	2	3	4	
	19. Felt out of place in society or that you do not belong?	0	1	2	3	4	
XII.	20. Not known who you were?	0	1	2	3	4	
	21. Not felt close to other people or enjoyed your relationships with them?	0	1	2	3	4	
XIII.	22. Drank at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4	
	23. Used more medication than prescribed for you or used recreational drugs to relax yourself or change your mood?	0	1	2	3	4	
	24. Tried to reduce or stop your drug or alcohol use?	0	1	2	3	4	
XIV.	25. Engaged in sexual activity to numb painful feelings and/or memories OR to reduce anxiety?	0	1	2	3	4	
	26. Felt guilt or shame either before or after engaging in sexual activity?	0	1	2	3	4	
	27. Engaged in sexual activity to numb painful feelings and/or memories OR to reduce anxiety?	0	1	2	3	4	
XV.	28. Feeling detached or distant from yourself, your body, your physical surroundings, or from your memories?	0	1	2	3	4	