Psychological Functioning

Participant Name: _____ MSSP #: _____
Assessment Date: _____ Staff Code: _____

Psychological Function	Evidence of Problem Select None / Some / Severe	Comments-Describe
Memory	☐ None ☐ Some ☐ Severe	
Orientation	☐ None ☐ Some ☐ Severe	
Judgment	☐ None ☐ Some ☐ Severe	
Anxiety	☐ None ☐ Some ☐ Severe	
Combative, Abusive, or Hostile Behavior	☐ None ☐ Some ☐ Severe	
Depression	☐ None ☐ Some ☐ Severe	
Delusions, Hallucinations	☐ None ☐ Some ☐ Severe	
Paranoid Thinking, Suspiciousness	☐ None ☐ Some ☐ Severe	
Wandering	☐ None ☐ Some ☐ Severe	
Suicidal	☐ None ☐ Some ☐ Severe	
Other	☐ None ☐ Some ☐ Severe	

Adaptive/Coping Skills:

Other notes (optional)

Any indications observed of abuse, neglect (including self-neglect), or exploitation?

Comments/Describe:

Who provided assessment information? How reliable is this source?

Staff Signature/Date Print Name