

FERNZ-6 Months



Name of Service _____

Name of case manager _____

Clients First Name _____ Code No. _____

*Date of birth ____/____/____ *NHI number: _____

New Zealand Early Intervention in
Psychosis Society (NZEIPS) Inc.

Date of this assessment _____

1* PHYSIOLOGICAL MEASURES

Height at 6 months (cms) _____

Weight at 6 months (kgs) _____

Waist Circumference (cms) _____

2*Fasting* Lipids / Glucose

HDL _____

LDL _____

Total _____

Glucose _____

Triglycerides _____

Date recorded _____

Global Assessment of Functioning Scale.

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations. **Code** (Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.)

- 100
- |
- 91
- |
- 90
- |
- 81
- |
- 80
- |
- 71
- |
- 70
- |
- 61
- |
- 60
- |
- 51
- |
- 50
- |
- 41
- |
- 40
- |
- 31
- |
- 30
- |
- 21
- |
- 20
- |
- 11
- |
- 10
- |
- 1
- |
- 0

Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.

Absent or minimal symptoms (e.g., mild anxiety before an exam), **good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns** (e.g., an occasional argument with family members).

If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); **no more than slight impairment in social, occupational, or school functioning** (e.g., temporarily falling behind in schoolwork).

Some mild symptoms (e.g., depressed mood and mild insomnia) **OR some difficulty in social, occupational, or school functioning** (e.g., occasional truancy, or theft within the household), **but generally functioning pretty well, has some meaningful interpersonal relationships.**

Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) **OR moderate difficulty in social, occupational, or school functioning** (e.g., few friends, conflicts with peers or co-workers).

Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) **OR any serious impairment in social, occupational, or school functioning** (e.g., no friends, unable to keep a job).

Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) **OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood** (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

Behavior is considerably influenced by delusions or hallucinations OR serious impairment, in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) **OR inability to function in almost all areas** (e.g., stays in bed all day, no job, home, or friends)

Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) **OR occasionally fails to maintain minimal personal hygiene** (e.g., smears feces) **OR gross impairment in communication** (e.g., largely incoherent or mute).

Persistent danger of severely hurting self or others (e.g., recurrent violence) **OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.**

Inadequate information.