

Functional Assessment Rating Scale – Florida Version

Name of person being evaluated (*Optional – required only if needed by your agency or a paper copy of this form is retained in clinical record, please print*):

Date of Birth (*Required*):

Gender:

SSN of person being Evaluated (*Required*):

Provider Agency Tax ID (*Required*):

Sub-Contractor Tax ID (*if FARS done by Sub*):

Date of Assessment (*Required*):

Purpose of Evaluation

DCF Outcomes Report (*Required*) mark only one

Admission to Provider

Post Admission Evaluation (e.g., six months, annual, etc.)

Discharge from Provider

Administrative/Immediate Discharge

None of the above

Program Evaluation (*Optional*)

6 Months After Admission to Program

Annually after Admission to Program

Planned Discharge from, or Transfer to another Program within agency

Administrative/Immediate Discharge

None of the above

DSM-5 Code for Primary Diagnosis (*Optional*):

DSM-5 Code for Secondary Diagnosis (*Optional*):

Substance Abuse History (*Required*)

This person indicates that have abused drugs or alcohol within past six months: Yes No

FARS Rater Information

Educational Category of FARS Rater

(Please refer to DCF Pamphlet 155-2 for complete description of each category)

- Mark Only One Category:
- (01) Non-degree tech.
 - (02) AA degree tech.
 - (03) Unlicensed Bachelor's degree
 - (04) Unlicensed Master's degree
 - (05) Licensed CSW/MFT/MHC/AARNP/PA
 - (06) Ph.D., Ed.D. or Licensed Psychologist
 - (07) M.D., D.O. Licensed Board Certified Psychiatrist

Nine Digit Certified FARS Rater ID Number of person completing the Problem Severity Rating on the back of this form (Required): (note: free training and certification available at <http://outcomes.fmhi.usf.edu>)

FARS Rater's Notes (Optional):

(Optional – required only if needed by your agency or a paper copy of this form is retained in clinical record)

FARS Problem Severity Ratings

Use the following 1 to 9 scale to rate the individual's current (within last 3 weeks) problem severity from each functional domain listed below. Place your rating number on the line to the right of the Domain name. Also, using the list below each domain rating, check next to the adjectives or phrases that describe symptoms or assets. (Refer to FARS User's Manual for specific examples of use of this scale...available at <http://outcomes.fmhi.usf.edu>)

1	2	3	4	5	6	7	8	9
No Problem	Less than Slight	Slight Problem	Slight to Moderate	Moderate Problem	Moderate to Severe	Severe Problem	Severe to Extreme	Extreme Problem

Depression

Depressed Mood	Worthless	Lonely
Anhedonic	Hopeless	Sleep Problems
Sad	Happy	Anti-Depression Meds

Anxiety

Anxious	Calm	Guilt
Tense	Fearful	Anti-Anxiety Meds
Obsessive	Panic	

Hyper Active

Manic	Elevated Mood	Agitated
Sleep Deficit	Overactive	Mood Swings
Pressured Speech	Relaxed	Anti-Manic Meds

Thought Process

Illogical	Delusional	Hallucinations
Paranoid	Ruminative	Intact
Derailed Thinking	Loose Associations	Anti-Psych. Med.

Cognitive Performance

Poor Memory	Low Self-Awareness	Impaired Judgment
Short Attention	Developmental Disability	Slow Processing
Insightful	Poor Concentration	Oriented times 4
Not Oriented to Person	Not Oriented to Place	
Not Oriented to Time	Not Oriented to Circumstance	

Medical/Physical

Acute Illness	Handicap or Perm. Dis.	Good Health
CNS Disorder	Chronic Illness	Need Health Care
Pregnant	Poor Nutrition	Enuretic/Encopretic
Eating Disorder	Seizures	Stress-Related Illness

Traumatic Stress

Acute	Dreams/Nightmares
Chronic	Detached
Avoidant	Repression/Amnesia
Upsetting Memories	

Substance Use

Alcohol	Drug(s)	Dependence
Abuse	Family History	Cravings/Urges
DUI	Abstinent	Med. Control
Recovery	Interfere w/Duties	I.V. Drugs

Interpersonal Relationships

Problems w/Friends	Diff. Estab./Maintain Relationships
Poor Social Skills	Difficulty Maintaining Relationships
Adequate Social Skills	Supportive Relationships

Family Relationships

No Contact with Family	Poor Parenting Skills	
Supportive Family	Difficulty with Partner	Acting Out
No Family	Conflict w/Relative	Difficulty with Child
Difficulty with Parent		

Family Environment

Family Instability	Separation	Custody
Family Legal Problems	Stable Home	Divorce
Single Parent	Birth in Family	Death in Family

Socio-Legal

Disregards Rules	Probation	Pending Charges
Dishonesty	Uses or Cons Other(s)	Reliable
Offense/Property	Offense/Person	

Select: Work/School

Absenteeism	Poor Performance	Attends School
Dropped Out	Learning Disabilities	Seeking Employment
Employed	Doesn't Read/Write	Tardiness
Disabled	Not Employed	

Ability to Care for Self

Able to Care for Self	Risk of Harm
Suffers from Neglect	Refuses to Care for Self
Not Able to Survive without Help	
Alternative Care not Available	

Danger to Others

Violent Temper	Threatens Others
Physical Abuser	Homicidal Ideation
Hostile	Homicidal Threats
Assaultive	Homicide Attempt
Does Not Appear Dangerous to Others	

ADL Functioning

Money Management Problems	Meal Preparation Difficulties
Personal Hygiene Problems	Transportation Problems
Problem Obtain/Maintain Employment	
Problem Obtain/Maintain Housing	

Danger to Self

Suicidal Ideation	Current Plan	Recent Attempt
Past Attempt	Self-Injury	Self-Mutilation

Security/Management Needs

Home w/o Supervision	Suicide Watch
Behavioral Contract	Locked Unit
Protection from Others	Seclusion
Home w/Supervision	Run/Escapes Risk
Restraint	Involuntary Exam/Commitment

Adapted from the Colorado Client Assessment Record (CCAR)

FARS – J. Ward, & M. Dow, 1994, 1996, 1997, 1999, 2000, 2004,

USF/FMHI/DCF

<http://outcomes/fmhi.usf.edu>