

OCAIRS Forensic Mental Health Interview (Form 2) Questions, Rating Scales and Notes

ROLES

FINAL NOTES

Do you have any family responsibilities? Are you managing to keep up with these?
 How much contact with family/friends? How often do they telephone/visit/write?
 Are you studying now or have any other responsibilities here?
 What are your needs relating to your culture or religion?
 How well are you able to _____ (for each role mentioned)?
 (For each role mentioned) How important is ____ to you?
 Do you enjoy _____?
 What else do you do? What other roles do you fill?

F	<input type="checkbox"/> Occupational roles reflect a highly productive lifestyle <input type="checkbox"/> High level of satisfaction with current roles <input type="checkbox"/> Fulfils a wide range of role responsibilities
A	<input type="checkbox"/> Occupational roles reflect a somewhat productive lifestyle <input type="checkbox"/> Some satisfaction with current roles <input type="checkbox"/> Minor difficulty in fulfilling a wide range of role responsibilities
I	<input type="checkbox"/> Occupational roles fail to constitute a productive lifestyle <input type="checkbox"/> Very little satisfaction with current roles <input type="checkbox"/> Major difficulty in fulfilling a wide range of role responsibilities
R	<input type="checkbox"/> No occupational roles <input type="checkbox"/> Alienated from roles <input type="checkbox"/> Cannot fulfill a wide range of role responsibilities

HABITS

What would you like your routine to be like?
 How is your sleep pattern now?
 Describe a typical weekday (before you were admitted here).
 Were your weekends any different?
 What is your routine now? Are you able to do what you want to do?
 Has your routine changed (since you index offense/admission here)? If so, how?
 Are you satisfied with your current routine?

F	<input type="checkbox"/> Highly organized daily schedule <input type="checkbox"/> Good balance between work, rest, self-care and leisure <input type="checkbox"/> Satisfied with daily routine
A	<input type="checkbox"/> Some organization of daily schedule <input type="checkbox"/> Some balance between work, self-care and leisure <input type="checkbox"/> Somewhat satisfied with daily routine
I	<input type="checkbox"/> Very little organization of daily schedule <input type="checkbox"/> Very little balance between work, self-care and leisure <input type="checkbox"/> Very little satisfaction with daily routine
R	<input type="checkbox"/> No organized daily schedule <input type="checkbox"/> No balance between work, self-care and leisure <input type="checkbox"/> Dissatisfied with daily routine

PERSONAL CAUSATION

How well do you think you understand your own abilities?
 What things do you feel you do well, or are proud of?
 What things have been difficult for you? Can you give me an example of something you have found difficult to cope with recently? How did you handle it?
 What is the most difficult thing for you at the moment?
 How successful do you think you will be over the next six months?
 How do you think you will achieve this?
 Is there anything you thought you may be able to do, but have probs achieving?

F	<input type="checkbox"/> Strong confidence in abilities <input type="checkbox"/> Anticipates success in next six months <input type="checkbox"/> Identifies a number of things (3 or more) done well/proud of
A	<input type="checkbox"/> Some confidence in abilities <input type="checkbox"/> Anticipates somewhat successful outcomes within next six months <input type="checkbox"/> Some difficulty in identifying something done well/proud of
I	<input type="checkbox"/> Very little confidence in abilities <input type="checkbox"/> Significant concerns about failures within next six months <input type="checkbox"/> Major difficulty in identifying something done well/proud of
R	<input type="checkbox"/> No confidence in abilities <input type="checkbox"/> Anticipates failure in next six months <input type="checkbox"/> Does not identify anything done well/proud of
