

Child and Adolescent Needs and Strengths for Children with Mental Health Challenges (CANS-MH)

(For use with manual dated 3/15/00)

Agency name <input style="width: 95%;" type="text"/>	Facility name <input style="width: 95%;" type="text"/>
Program unit <input style="width: 95%;" type="text"/>	Program type <input style="width: 95%;" type="text"/>
Client name <input style="width: 95%;" type="text"/>	DOB <input style="width: 15%;" type="text"/> Client ID <input style="width: 15%;" type="text"/> <input style="width: 15%;"/>
Date <input style="width: 20%;" type="text"/> <input style="width: 10%;"/>	

Overall, how would you rate (Select one response)

Scale: 0 - Not Evident 1 - Mild 2 - Moderate 3 - Severe U - Unknown NA - Not Applicable

Problem Presentation (Select one response)

	0	1	2	3	U	NA
Psychosis	<input type="radio"/>					
Attention deficit / impulse	<input type="radio"/>					
Depression / anxiety	<input type="radio"/>					
Oppositional behavior	<input type="radio"/>					
Antisocial behavior	<input type="radio"/>					
Substance abuse	<input type="radio"/>					
Adjustment to trauma	<input type="radio"/>					
Attachment	<input type="radio"/>	<input checked="" type="radio"/>				
Situational consistency	<input type="radio"/>					
Temporal consistency	<input type="radio"/>					

Risk Behavior (Select one response)

	0	1	2	3	U
Danger to self	<input type="radio"/>				
Danger to others	<input type="radio"/>				
Elopement	<input type="radio"/>				
Sexually abusive behavior	<input type="radio"/>				
Social behavior	<input type="radio"/>				
Crime / delinquency	<input type="radio"/>				

Comments

Comments

Overall, how would you rate (Select one response)

Scale: 0 - Not Evident 1 - Mild 2 - Moderate 3 - Severe U - Unknown NA - Not Applicable

Functioning (Select one response)

	0	1	2	3	U	NA
Intellectual / developmental	<input type="radio"/>					
Physical / medical	<input type="radio"/>					
Family	<input type="radio"/>	<input checked="" type="radio"/>				
School Achievement	<input type="radio"/>					
School Behavior	<input type="radio"/>					
School Attendance	<input type="radio"/>					
Sexual development	<input type="radio"/>					

Care Intensity & Organization (Select one response)

	0	1	2	3	U
Monitoring	<input type="radio"/>				
Treatment	<input type="radio"/>				
Transportation	<input type="radio"/>				
Service permanence	<input type="radio"/>				

Comments

Comments

Overall, how would you rate (Select one response)

Scale: 0 - Not Evident 1 - Mild 2 - Moderate 3 - Severe U - Unknown NA - Not Applicable

**Caregiver Capacity (needs and strengths)
(Select one response)**

	0	1	2	3	U
Physical / behavioral health	<input type="radio"/>				
Supervision	<input type="radio"/>				
Involvement	<input type="radio"/>				
Knowledge	<input type="radio"/>				
Organization	<input type="radio"/>				
Resources	<input type="radio"/>				
Residential stability	<input type="radio"/>				
Safety	<input type="radio"/>				

Strengths (Select one response)

	0	1	2	3	U	NA
Family	<input type="radio"/>					
Interpersonal	<input type="radio"/>					
Relationship permanence	<input type="radio"/>					
Educational	<input type="radio"/>					
Vocational	<input type="radio"/>	<input checked="" type="radio"/>				
Well-being	<input type="radio"/>					
Optimism	<input type="radio"/>					
Spiritual / religious	<input type="radio"/>					
Talent / interests	<input type="radio"/>					
Inclusion	<input type="radio"/>					

Comments

Comments

Information entered by

Person providing the information

Help

Exit

Clear

Save