

Figure 5. Psychoactive Medication Quality Assurance Rating Survey (PQRS) Screening Criteria

Person's Full Name	
Person's Case Number	

INSTRUCTIONS TO RATER:

- These guidelines apply to all items unless indicated otherwise.
- After reviewing the person's chart for the twelve (12) months before the rating date, circle Y if the stated item is true. For example, if the response to the item is NO, NOT APPLICABLE, NONE, DON'T KNOW, OTHER, or any response other than YES for an item, leave it blank.
- You may write any additional information on the backs of the pages.
- Key:
*This criterion indicates that further investigation is required prior to treatment with psychoactive medication.

IDENTIFYING PERSONAL INFORMATION	
1. Case number	
2. Form number	
3. Time number	
4. Rater code number	
5. Subject number	
6. Rating date	
7. Today's date	
8. Person's sex is male.	Y
9. Person's date of birth	
10. Person's age in years	
11. Person's street address	
12. Person's apartment number	
13. Person's city	
14. Person's state, province, or region	
15. Person's postal code	
16. Person's telephone number	

17. a. Person's racial/ethnic origin

1	African American, Black, or Negro
2	Alaska Native, Aleut, American Indian, Eskimo, or Native American
3	Asian, Asian Indian, Chamorro, Chinese, Filipino, Guamanian, Japanese, Korean, Native Hawaiian, Pacific Islander, Samoan, or Vietnamese
4	Caucasian, European, or White
5	Other
	Please write all other ethnicities. _____
9	Don't know

17. b. Person's Spanish/Hispanic/Latino origin

	The person is Chicano, Cuban, Hispanic, Latino, Mexican, Mexican American, Puerto Rican, or Spanish.
0	No
1	Yes
9	Don't know

17. c. Person's multiracial status

	The person is multiracial.
0	No
1	Yes
9	Don't know

18. Person's living unit

19. Person's date of admission to this institution

20T. The level of mental retardation is profound.

Y

CURRENT BEHAVIORAL EVALUATION AND DIAGNOSES

39. Focused behavioral evaluation is initiated.*	Y
40. Focused behavioral evaluation is adequate for initiating treatment.*	Y
69. Other informal clinical symptom diagnoses, eg, self-injurious behavior, are given.	Y

SPECIFIC MEDICAL AND PSYCHIATRIC DIAGNOSES

49. Constipation is diagnosed.	Y
51. Ear, nose, or throat disease is diagnosed.	Y
54. Seizures are diagnosed.	Y
76. Self-injurious behavior has been recorded.	Y
77. Aggression toward others has been recorded.	Y

TARGET SYMPTOMS

82. More than one staff member has recorded each significant symptom.*	Y
85. More than one significant symptom is observed.	Y
87. Target symptom(s) for treatment are established.*	Y

TREATMENT SELECTION

94. Beneficial and adverse effects of each psychoactive treatment are reviewed.*	Y
96. Caution to do no harm to person in treatment selection.*	Y
97. Informed consent is obtained prior to starting psychoactive medication.*	Y
99. Class of psychoactive medication selected in relation to target behavioral symptom(s).*	Y

TREATMENT MONITORING PROTOCOLS

104. A behavioral treatment plan is specified.*	Y
107. After the monthly review of the symptoms of the person, medication renewals are completed.*	Y

MEDICATION DOSAGE RANGE

--	--

117. Psychoactive drug dosage in usual range according to <i>2004 Physicians' Desk Reference</i> (PDR) (58th ed, Thomson Healthcare, Montvale, New Jersey, 2003; www.PDR.net).*	Y
--	---

MONITORING MEDICATION DOSAGE AND TREATMENT EFFECTS

125. Appropriate beneficial behavioral effects are monitored.*	Y
126. Appropriate medication side effects are monitored.*	Y
128. Monitoring by staff observation, with chart notes, at two or more sites (including both day program and living unit).	Y

USE OF PSYCHOACTIVE MEDICATION

184T. Person received psychoactive medication on the rating date.	Y
---	---

Reproduced with permission from Brasic, Furman, Conte, et al. (2003b)