

NAME: _____

DATE: _____

MD: _____

TRANSDIAGNOSTIC SYMPTOM SEVERITY TOOL

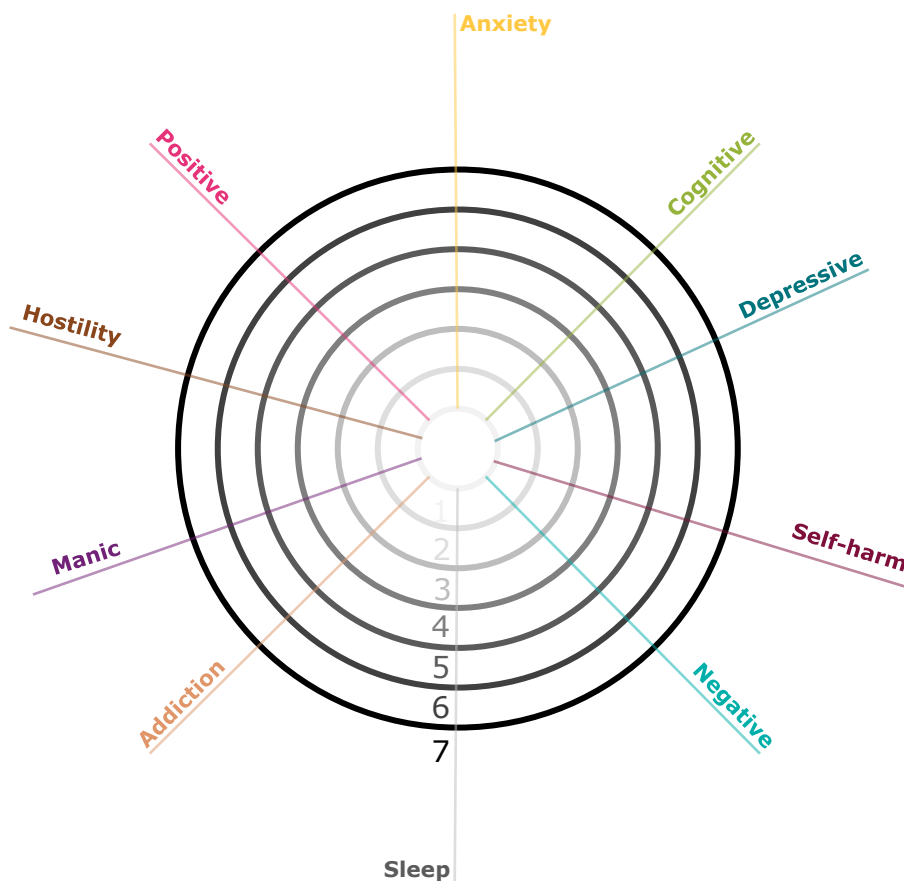
PART I.

The Symptom severity tool is rated on a 7-point scale using a range of responses from 1 (normal) through to 7 (extreme severity).
After or during the visit, please rate the severity of symptoms considering your total clinical experience with patients:

	Normal	Minimal	Mild	Moderate	Marked	Severe	Extreme
1. Positive symptoms <i>Delusions, hallucinations, disorganized thinking and speech as well as abnormal motor behaviour</i>	1	2	3	4	5	6	7
2. Negative symptoms <i>Blunted affect, avolition, asociality, avolition and anhedonia</i>	1	2	3	4	5	6	7
3. Manic symptoms <i>Grandiosity, racing thoughts, distractibility, and excessive involvement in pleasurable activities</i>	1	2	3	4	5	6	7
4. Depressive symptoms <i>Low mood, persistent feeling of sadness, hopelessness, and helplessness</i>	1	2	3	4	5	6	7
5. Addiction symptoms <i>Impaired control, craving and physical dependence</i>	1	2	3	4	5	6	7
6. Cognitive symptoms <i>Problems with concentration, attention and memory</i>	1	2	3	4	5	6	7
7. Anxiety symptoms <i>Feeling nervous, restless, or tense</i>	1	2	3	4	5	6	7
8. Sleep symptoms <i>Excessive daytime sleepiness or the contrary, insomnia</i>	1	2	3	4	5	6	7
9. Hostility symptoms <i>Anger, tension, uncooperativeness, impulsivity and aggression</i>	1	2	3	4	5	6	7
10. Self-harm symptoms <i>Non-suicidal self-injury, suicidal ideation, intent, attempt</i>	1	2	3	4	5	6	7

PART II.

To develop the Symptom severity footprint, please insert the scores to the circles. First choose a symptom line and then put a dot where the line crosses the circle with the adequate severity. After rating every symptom, connect the dots to develop a symptom shape. Use the Symptom severity tool every visit to compare changes and have a better understanding of the treatment progress.



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TRANSDIAGNOSTIC FUNCTIONAL DISABILITY TOOL

PART I.

The Functional disability tool is rated on a 7-point scale using a range of responses from 1 (normal) through to 7 (extreme disability).
After or during the visit, please rate the severity of disability considering your total clinical experience with patients:

	Normal	Minimal	Mild	Moderate	Marked	Severe	Extreme
1. Social interactions <i>Regular interaction with friends and family</i>	1	2	3	4	5	6	7
2. Leisure <i>Use of free time for enjoyment</i>	1	2	3	4	5	6	7
3. Self-care <i>The practice of taking action to preserve or improve one's own health</i>	1	2	3	4	5	6	7
4. Work & school <i>Spending valuable time at work or in school</i>	1	2	3	4	5	6	7

PART II.

To develop the Functional disability footprint, please insert the scores to the circles. First choose a functioning line and then put a dot where the line crosses the circle with the adequate severity. After rating every functioning, connect the dots to develop a functioning shape. Use the Functional disability tool every visit to compare changes and have a better understanding of the treatment progress.

