

Psychiatric Symptoms Assessment:

Name:

Focus of Treatment (diagnosis):

Medication(s)/Date:

Instructions: Below are symptoms of the person's disorder/diagnosis. To determine if his/her psychotropic medication is helping, please do the following:

- 1) Rate each symptom according to how often it has occurred during the past week. Refer to the "Frequency" key on the form which provides rating descriptors. Circle the corresponding number in the **Frequency** column.
- 2) Rate each symptoms according to its intensity how disruptive it is to person and/or others). Refer to the "Intensity" key on the form which provides rating descriptors. Circle the corresponding number in the **Intensity** column
- 3) Use the Frequency/Intensity grid below to determine the overall index score for each symptom (*Example: frequency of 2 and intensity of 1 = overall index score of 5*).
- 4) The overall index score for each symptom should be placed in the "**Index Score**" box.
- 5) "In "**Initials**" box, staff completing the assessment should sign their initials.

Symptom	Frequency	Intensity	Index Score	
	0 1 2 3	0 1 2		Initials:
	0 1 2 3	0 1 2		Initials:
	0 1 2 3	0 1 2		Initials:

Frequency	Intensity
Happens rarely, seldom (0) Happens occasionally (1) Happens a lot (2) Happens almost constantly (3)	Not disruptive or dangerous (0) A little disruptive, but can be stopped or redirected (1) Disruptive, dangerous, very difficult to stop or redirect (2)

Frequency

		1	2	3
Intensity	0	1	2	3
	1	4	5	6
	2	7	8	9