

Psychiatric Symptoms Assessment Instructions

To prepare the form for individualized use:

Form is best completed by a QMRP, nurse, or professional/paraprofessional

- 1) In box entitled "**Name**" at top left corner of form: enter in person's name.
- 2) In box entitled "**Focus of Treatment (diagnosis)**": enter in the person's formal psychiatric diagnosis that will be assessed for presence of symptoms. This diagnosis is given by the psychologist, psychiatrist, or physician. For those with more than one psychiatric diagnosis, a separate form will need to be completed for each diagnosis.
- 3) In box entitled "**Medication(s)/Date**": enter in the medication or medications currently prescribed to treat the formal psychiatric diagnosis listed. Next to each medication, enter in the date that the medication was prescribed.
- 4) In the table in the middle of the form, in the left-hand column entitled "**Symptom**" list 2 or 3 of the most prominent symptoms related to the person's psychiatric diagnosis. This information can be provided by the psychologist, psychiatrist, or physician. Provide a brief, but detailed description of the symptom.
 - Example: Diagnosis = Depression
 Symptoms:
 1. loss of energy: seems tired, sluggish, sits and watches television a lot
 2. loss of pleasure: does not seem to enjoy things she used to, doesn't show any interest or excitement in favorite activities
 3. sleep disturbance: sleeping too much, sleeping too little

To record data on the form:

Data can be recorded by a QMRP, nurse, or direct service worker

- 5) 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. *Note: The frequency of a symptom can be determined by speaking with the person and asking him/her questions about how he/she feels (i.e., loss of pleasure) or observing for outward signs of a symptom (i.e., sleep disturbance).*
- 6) Rate each symptom 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.
- 7) In "**Initials**" box, staff completing the assessment should sign their initials

Scoring the symptoms (Index Score)

- 8) Use the frequency/intensity grid on the bottom of the form to determine the overall score for each symptom.
 - Example: frequency of 2 (move down) and intensity of 1 (move right)= overall index score of 5
- 9) In the "**Index Score**" boxes in the right-hand column, write in the overall index score corresponding to each symptom.