

Clinical Global Impression

(To be completed by clinician)

Severity of illness	Date:
Considering your total clinical experience with this particular population, how unwell is the patient at this time?	<input type="checkbox"/> Not at all unwell <input type="checkbox"/> Borderline mentally unwell <input type="checkbox"/> Mildly unwell <input type="checkbox"/> Moderately unwell <input type="checkbox"/> Markedly unwell <input type="checkbox"/> Severely unwell <input type="checkbox"/> Among the most extremely unwell

Global improvement	Date:
Compared to the patient's condition when you completed the box above, how much has it changed?	<input type="checkbox"/> Very much improved <input type="checkbox"/> Much improved <input type="checkbox"/> Minimally improved <input type="checkbox"/> No change <input type="checkbox"/> Minimally worse <input type="checkbox"/> Much worse <input type="checkbox"/> Very much worse