

**Psychiatric University Hospital Zurich, Division of Clinical Psychiatry**

**CLINICAL GLOBAL IMPRESSION SCALE**

**C G I**

**ECDEU Assessment Battery**

<b>STUDY</b>	[ _ _ _ _ ]	1-4
<b>GROUP</b>	[ _ _ ]	5-6
<b>PATIENT</b>	[ _ _ _ ]	7-9
<b>RATING DAY</b>	[ _ _ _ ]	10-12
<b>CARD NUMBER</b>	[ _ _ ]	13-14
Sex (1=male, 2=female)	[ _ ]	15
Birthday (dd.mm.yyyy)	[ _ _ : _ _ : _ _ _ _ ]	16-23
Date of hospitalization (dd.mm.yyyy)	[ _ _ : _ _ : _ _ _ _ ]	24-31
First diagnosis	[ _ _ _ . _ _ ]	32-36
Second diagnosis	[ _ _ _ . _ _ ]	37-41
Diagnostic system (1=ICD9, 2=ICD10, 3=DSM3-R, 4=DSM4)	[ _ ]	42
Age at onset	[ _ _ ]	43-44
Course (1=first manifestation, 2=intermittent, 3=progreident, 4=chronic)	[ _ ]	45
Duration of Current Episode Prior to Hospitalization (days)	[ _ _ _ ]	46-48
Medication Prior to Hospitalization (0=none, 1=antidepr., 2=neuroleptics, 3=other)	[ _ ]	49
Current Medication (cf. list of codes)	[ _ _ _ ]	50-52
Educational level (1=remedial, 2=junior high, 3=high, 4=college)	[ _ ]	53
<b>DATE</b> (dd.mm.yyyy)	[ _ _ : _ _ : _ _ _ _ ]	54-61
<b>INTERVIEWER</b>	[ _ _ _ ]	62-64
<b>HOSPITAL</b>	[ _ _ ]	65-66
<b>PATIENT ID</b> (the hospital's internal PID)	[ _ _ _ _ _ _ _ _ _ _ ]	67-78



1. SEVERITY OF ILLNESS		2. GLOBAL IMPROVEMENT	
Considering your total clinical experience with this particular population, how mentally ill is the patient at this time?		Rate total improvement whether or not, in your judgment, it is due entirely to drug treatment. Compared to his condition at admission to the project, how much has he changed?	
Not assessed	<input type="checkbox"/> 0	Not assessed	<input type="checkbox"/> 0
Normal, not at all ill	<input type="checkbox"/> 1	Very much improved	<input type="checkbox"/> 1
Borderline mentally ill	<input type="checkbox"/> 2	Much improved	<input type="checkbox"/> 2
Mildly ill	<input type="checkbox"/> 3	Minimally improved	<input type="checkbox"/> 3
Moderately ill	<input type="checkbox"/> 4	No change	<input type="checkbox"/> 4
Markedly ill	<input type="checkbox"/> 5	Minimally worse	<input type="checkbox"/> 5
Severely ill	<input type="checkbox"/> 6	Much worse	<input type="checkbox"/> 6
Among the most extremely ill patients	<input type="checkbox"/> 7	Very much worse	<input type="checkbox"/> 7

1. Severity of illness

[ \_ ] 73

2. Global improvement

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3. EFFICACY INDEX		4. SIDE EFFECTS				
Rate this item on the basis of drug effects only. Select the terms which best describe the degrees of therapeutic effect and side effects and tick the number in the box where the two items intersect.		None	Do not significantly interfere with patient's functioning	Significantly interferes with patient's functioning	Outweighs therapeutic effect	
T H E R A P E U T I C  E F F E C T	<b>NOT ASSESSED</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 00			
	<b>MARKED</b> —vast improvement. Complete or nearly complete remission of all symptoms	<input type="checkbox"/> 1	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04
	<b>MODERATE</b> —decided improvement. Partial remission of symptoms	<input type="checkbox"/> 2	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08
	<b>MINIMAL</b> – slight improvement which does not alter the status of care of patient.	<input type="checkbox"/> 3	<input type="checkbox"/> 09	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
	<b>UNCHANGED OR WORSE</b>	<input type="checkbox"/> 4	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

3. Efficacy index

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4. Side effects

[ \_ \_ ] 76-77