

Symptom Severity Scale Assessment

Patient Information

Patient Name:

Date of Assessment:

Symptom(s) being assessed:

Instructions: Please rate the severity of each symptom listed below based on your experience over the specified period. Use the provided scale to indicate the severity level.

Severity Scale

- 0 - No symptoms
- 1 - Mild symptoms (barely noticeable)
- 2 - Moderate symptoms (interferes with daily activities)
- 3 - Severe symptoms (significantly impact daily activities)
- 4 - Very severe symptoms (unable to carry out daily activities)

1. Symptom Severity Rating:

Location:

Onset:

Character:

Aggravating Factors:

Alleviating Factors:

2. Symptom Severity Rating:

Location:

Onset:

Character:

Aggravating Factors:

Alleviating Factors:

3. Symptom Severity Rating:

Location:

Onset:

Character:

Aggravating Factors:

Alleviating Factors:

