

# 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:

**4. Symptom Severity Rating:**

Location:

Onset:

Character:

Aggravating Factors:

Alleviating Factors:

**5. Symptom Severity Rating:**

Location:

Onset:

Character:

Aggravating Factors:

Alleviating Factors:

**Additional Comments/Notes (optional)**

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