

| Visit: | REVISIT-C | | | | | | | | | | | | | | | | |
|--|-----------------|---|---|--------------|---|---|---|-------------------|-----------|---|---|---|---|---|---|---|---|
| <input type="checkbox"/> Week 0 <input type="checkbox"/> Week 4 <input type="checkbox"/> Week 8 <input type="checkbox"/> Week 16 <input type="checkbox"/> Week 24 <input type="checkbox"/> Other: _____ | Rater Initials: | | | Site Number: | | | | Subject Initials: | | | | A | B | | C | | |
| | A | B | C | # | # | # | # | Date: | D | D | M | M | M | Y | Y | Y | Y |
| | Subject Number: | | | | | | | Start Time: | H | H | | : | M | | M | | |
| | # | # | # | # | # | # | # | # | End Time: | H | H | | : | M | | M | |

Clinician Global Impression of Severity (CGI-S) – Overall Severity

Considering your total clinical experience with this particular population, how mentally ill is the participant at this time?

| Score | Description |
|----------------------------|--|
| <input type="checkbox"/> 1 | Normal No symptoms of mental illness present |
| <input type="checkbox"/> 2 | Borderline mental illness Symptoms of mental illness are few and only intermittently present. There is no interference in functioning or no interference in the participant's usual and occupational roles |
| <input type="checkbox"/> 3 | Mild mentally illness Few or mild symptoms of illness with effective functioning or very little interference in participant's usual and occupational roles |
| <input type="checkbox"/> 4 | Moderate mental illness Some prominent symptoms of mental illness with some interference in the level of daily functioning |
| <input type="checkbox"/> 5 | Marked mental illness Significant symptoms of mental illness with very substantial interference in the participant's usual roles |
| <input type="checkbox"/> 6 | Severe mental illness Very marked symptoms of mental illness. Participant is unable to function in most areas of daily activities |
| <input type="checkbox"/> 7 | Extreme mental illness Symptoms of mental illness are extreme. Participant is completely incapacitated and requires extra care and supervision |