

**GENERAL FUNCTIONING**

Name of Person Completing the Form: \_\_\_\_\_

Name of Person Observed: \_\_\_\_\_ Date: \_\_\_\_\_

Rate your observations of your child or family member's functioning during the past **seven** days by reading the descriptors to identify different areas of distress. Indicate the intensity by **circling** a number on the graph representing the high point and a number for his/her lowest levels of distress, over seven days. For example, if pain seemed as high as 10 but never less than 7, then the numbers "10" and "7" would be circled in the column marked "Pain."

**DESCRIPTORS**

- Pain:** How much pain, discomfort, tension, or physical distress is the family member experiencing?
- Behavior:** How much distress is created by his/her words, actions, or failure to act?
- Isolation:** How much isolation, shyness, loneliness, or powerlessness is the family member experiencing?
- Sadness:** How much sadness, hopelessness, or worthlessness is the family member experiencing?
- Anxiety:** How much anxiety, nervousness, or panic is the family member experiencing?
- Anger:** How much anger, irritability, resentment, or violent urges is the family member experiencing?
- Fear:** How much fear, insecurity, or phobic avoidance is the family member experiencing?
- Threats:** How worried is he/she about the intentions or threatening actions of others in the family?
- Thinking:** How distressed is the family member over his/her own unwelcome thoughts or strange ideas?
- Support:** How distressed is the family member over a perceived lack of support or care from others?

**Circle high scores for most severe distress over 7 days**

	Pain	Behavior	Isolation	Sadness	Anxiety	Anger	Fear	Threats	Thinking	Support
<b>GRAPH</b>	10	10	10	10	10	10	10	10	10	10
	9	9	9	9	9	9	9	9	9	9
	8	8	8	8	8	8	8	8	8	8
	7	7	7	7	7	7	7	7	7	7
	6	6	6	6	6	6	6	6	6	6
	5	5	5	5	5	5	5	5	5	5
	4	4	4	4	4	4	4	4	4	4
	3	3	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1	1	1
	0	0	0	0	0	0	0	0	0	0

**And, circle low scores for least severe distress over 7 days**

**NOTES**

List anything that is important for the therapist to know for today's session: (you may leave the space blank)

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