

Patient Global Impression of Severity (PGIS) – Physical Function Limitations

For the following question, choose the one response that best describes your experience **over the past week**.

Please choose the response that best describes the severity of your **physical function limitations**, including trouble walking, difficulties doing physical activities, and needing help taking care of yourself, **over the past week**.

- ☐ No physical function limitations
- ☐ Mild physical function limitations
- ☐ Moderate physical function limitations
- ☐ Severe physical function limitations
- ☐ Very severe physical function limitations

Adapted from: Guy W (ed). ECDEU Assessment Manual for Psychopharmacology. Rockville, MD: US Department of Health, Education, and Welfare Public Health Service Alcohol, Drug Abuse, and Mental Health Administration, 1976