GENERAL FUNCTIONING

SAS-A₃
ASSESSMENT PROTOCOL

Name: _____   Date: _____

First, read a descriptor to identify different areas of personal distress. *Next*, Rate your sense of distress using the first number that comes to mind. *Mark* your answer by **circling** a number on the graph that best represents your high point and a number for your low point during the last **seven** days. For example, if your pain was 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 are you experiencing in your body?

Behavior: How troubled are you by your words, actions, or past behavior?

Isolation: How much isolation, shyness, loneliness, or powerlessness are you experiencing?

Sadness: How much sadness, hopelessness, or worthlessness are you experiencing?

Anxiety: How much anxiety, nervousness, or panic are you experiencing?

Anger: How much anger, irritability, resentment, or violent urges are you experiencing?

Fear: How much fear, insecurity, or phobic avoidance are you experiencing?

Threats: How concerned are you about the intentions or threatening actions of others?

Thinking: How troubled are you by unwelcome thoughts or strange ideas?

Sexuality: How troubled are you by nudity, sexual desire, or other's sexual expectations?

Circle high scores for most severe distress over 7 days

GRAPH

Pain	Behavior	Isolation	Sadness	Anxiety	Anger	Fear	Threats	Thinking	Sexuality
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 this space blank)

_____

_____

_____

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