

PHASE-20 — rating scale for possible drug-related symptoms

Patient name		NHS number	N.I. number	Date	
Diagnoses					
The patient has completed the document: <input type="checkbox"/> Independently <input type="checkbox"/> With some support Carers signature:					
The patient is: <input type="checkbox"/> Mobile <input type="checkbox"/> Chairbound <input type="checkbox"/> Bedbound					
Height:	Weight:	BP sitting:	Pulse:	S-Creatinine:	Kidney function results:
Date:	Date:	BP standing: Date:	Date:	Date:	Date:
Tick the box next to the option that best describes the patient's symptoms during the last two weeks. <u>Circle</u> the symptoms that are particularly dominant and cross out those that are not applicable. Please leave clarifying comments in the margin as necessary.					
	No problem	Minor problem	Moderate problem	Severe problem	Comments
1. Dizzy/unsteady/high risk of falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Tired/exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Poor sleep pattern/nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Abdominal pain/chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Low mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Worried/anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Forgetful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Poor appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Dry mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Nausea/vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Palpitations (rapid/irregular heartbeat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Swollen legs/ankles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Short of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Frequent urination/incontinent of urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Itching/rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Other symptoms, which you have experienced during the past two weeks, (for example pain), indicate which -----					
<input type="checkbox"/> Minor problem <input type="checkbox"/> Moderate problem <input type="checkbox"/> Severe problem					

Additional comments:**PHASE-20 – PHarmacotherapeutical Symptom Evaluation, 20 questions**

PHASE-20 is a rating scale used to identify symptoms in the older person that can be related to the medical treatment, for example side effects, interactions, and inappropriate dosage. PHASE-20 is used for persons who can participate at least partly in the assessment. If the person is not able to participate at all, PHASE-Proxy should be used.

Kidney function

S-Creatinine is not a reliable measure of kidney function in older people, partly due to reduced muscle mass. The kidney function could therefore be calculated alternatively.

Mariann Hedström, Marianne Carlsson, Anna Ekman, Ulrika Gillespie, Christina Mörk & Kerstin Hultér Åsberg (2016): Development of the PHASE-Proxy scale for rating drug-related signs and symptoms in severe cognitive impairment, *Aging & Mental Health*, DOI: 10.1080/13607863.2016.1232364

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