

## PHASE-Proxy — rating scale for possible drug-related signs/symptoms in severe cognitive impairment

Patient name		NHS number	N.I. number	Date	
Diagnoses					
Completed by (name and relation to the patient):					
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:

Tick the box next to the option that best describes the patient's symptoms during the last two weeks.

Circle the symptoms that are particularly dominant and ~~cross-out~~ those that are not applicable. Please leave clarifying comments in the margin as necessary.

	No	Mildly/ occasionally	Severe/ often	Comments	Do not know
1. Appears 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4. Hallucinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5. Sounds or words that express discomfort/pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
6. Facial expressions that express discomfort/pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
7. Low mood/wishes to be left alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
8. Worried/restless/anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
9. Irritable/impulsive beha- viour/aggressive tendencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
10. Stiff facial expression/body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11. Poor appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
12. Dry lips/mouth/tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
13. Appears nauseous/vomits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
14. Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
15. Constipation	<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. Seems short of breath/breaths rapidly	<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 observed, (for example appears to be in pain), indicate which -----					
<input type="checkbox"/> Mildly/occasionally <input type="checkbox"/> Severe/often					

## Additional comments:

### User-instruction for PHASE-Proxy

PHASE-Proxy (PHArmacoTherapeutical Symptom Evaluation - version for Proxy rating) is used to highlight symptoms that may be related to medical treatment in individuals who cannot do the assessment themselves and are therefore dependent on others to assess their condition. Individuals who can complete the document themselves should use PHASE-20.

Tick the box that best describes the patient's symptoms over the last **two weeks**. Use the comments box to add more information concerning a specific symptom, for example if a symptom has recently appeared. If the symptoms vary during the day, it would be helpful if you could indicate when they are **most troublesome**. It is suggested that in order to achieve a more reliable result, it would be an advantage to ask a colleague to assist you.

Where more than one symptom is mentioned, for example *itching/rash*, identify the most dominant symptom by circling it, or indicate its absence by crossing it out. Example: If the symptom rash is particularly apparent and the symptom itching is absent, write ~~itching~~ (rash)

Some symptoms may seem difficult to assess. However, try to make a judgment based on your observations. The option *do not know* can be used in exceptional cases. The lining of the mouth can be assessed by inspection, check to see if the lining is red, dry or coated.

Please state whether *seems out of breath/breaths rapidly* occur during physical activity and/or at rest. To assess the symptom *rash* it is a good idea to observe this whilst carrying out care.

### 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 Hulter 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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