

Client ID # \_\_\_\_\_

Date of Administration: \_\_\_\_\_

# FUNCTIONING

## CLINICIAN-COMPLETED

### Global Functioning: Social Scale

Please rate the client's most impaired level of functioning in occupational, educational, and/or homemaker roles, as appropriate, in the past month. Rate actual functioning regardless of etiology of occupational/educational problems.

Rating (1-10): \_\_\_\_\_