



Draft

MHCRC FOR LATE LIFE MOOD DISORDERS

CUMULATIVE ILLNESS RATING SCALE FOR GERIATRICS

ID#: <input style="width: 100%; height: 20px;" type="text"/>	Test Date: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">1</td> <td style="width: 15%; text-align: center;">9</td> <td style="width: 15%; text-align: center;">/</td> <td style="width: 15%; text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="width: 15%; text-align: center;">/</td> <td style="width: 15%; text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td style="text-align: center;">Year</td> <td></td> <td></td> <td style="text-align: center;">Month</td> <td></td> <td style="text-align: center;">Day</td> </tr> </table>	1	9	/	<input style="width: 20px; height: 20px;" type="text"/>	/	<input style="width: 20px; height: 20px;" type="text"/>	Year			Month		Day	OBS: <input style="width: 100%; height: 20px;" type="text"/>
1	9	/	<input style="width: 20px; height: 20px;" type="text"/>	/	<input style="width: 20px; height: 20px;" type="text"/>									
Year			Month		Day									

INSTRUCTIONS: Please refer to the CIRS-G Manual. Write brief descriptions of the medical problem(s) that justified the endorsed score in the box besides each category. Use back space for any additional comments.

RATING STRATEGY

0 = No Impairment

1 = Current Mild Problem or Past Significant Problem

2 = Moderate Disability or Morbidity - Requires "First Line" Therapy

3 = Severe/Constant Significant Disability - "Uncontrollable" Chronic Problems

4 = Extremely Severe - Immediate Treatment Required - End Organ Failure - Severe Impairment in Function

1. Heart	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input style="width: 100%; height: 20px;" type="text"/>
2. Vascular	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4	<input style="width: 100%; height: 20px;" type="text"/>
3. Hematopoietic	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input style="width: 100%; height: 20px;" type="text"/>
4. Respiratory	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input style="width: 100%; height: 20px;" type="text"/>
5. Eyes, Ears, Nose, Throat and Larynx	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input style="width: 100%; height: 20px;" type="text"/>
6. Upper GI	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input style="width: 100%; height: 20px;" type="text"/>
7. Lower GI	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input style="width: 100%; height: 20px;" type="text"/>
8. Liver	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input style="width: 100%; height: 20px;" type="text"/>
9. Renal	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input style="width: 100%; height: 20px;" type="text"/>
10. Genitourinary	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input style="width: 100%; height: 20px;" type="text"/>
11. Musculoskeletal/Integument	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input style="width: 100%; height: 20px;" type="text"/>
12. Neurological	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input style="width: 100%; height: 20px;" type="text"/>
13. Endocrine/Metabolic and Breast	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input style="width: 100%; height: 20px;" type="text"/>
14. Psychiatric	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input style="width: 100%; height: 20px;" type="text"/>

TOTAL NUMBER OF CATEGORIES

TOTAL SCORE

Severity Index: (Total score/total number of categories endorsed)

Number of categories at level 3 severity:

Number of categories at level 4 severity:

Reference: **Rating Chronic Medical Illness Burden in Geropsychiatric Practice and Research: Application of the Cumulative Illness Rating Scale**

Psychiatry Research, 41:237-248 Elsevier

Mark D. Miller, et. al.

3811 O'Hara St.

Western Psychiatric Institute and Clinic

Pittsburgh, PA. 15217