# The UKU Side Effect Rating Scale, Self-rating version

**UKU-SERS-Pat - Summary Form**

(Nord J Psychiatry 2001;55, Supplement 44:5-10)

**PLEASE PRINT LEGIBLY**

**USE BLACK BALL POINT PEN**

**ANSWER ALL QUESTIONS**

**Patient name (init.)**  
**Sex** M F  
**Patient no**  
**Date of assessment** Day Mth Year Hour Min  
**Assessment No.**  

CHECK THE APPROPRIATE BOX FOR EACH ITEM. THE FOUR RESPONSE ALTERNATIVES IN THE PATIENT FORM CORRESPOND TO DEGREES OF SEVERITY (0-1-2-3). Information on causal relationship might be obtained by interviewing the patient after completion of the self-rating scale.

<table>
<thead>
<tr>
<th>Item nr</th>
<th>Symptom</th>
<th>Not ass.</th>
<th>Degree last days/weeks</th>
<th>Causal relationship*</th>
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<tr>
<td>1. Psychic Side Effects</td>
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<td>1.1</td>
<td>Concentration difficulties</td>
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<td>1.2</td>
<td>Asthenia/Lassitude/Increased fatigability</td>
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<td>1.3</td>
<td>Sleepiness/Sedation</td>
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<td>1.4</td>
<td>Failing memory</td>
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<td>1.5</td>
<td>Depression</td>
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<td>1.6</td>
<td>Tension/Inner unrest</td>
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<td>1.7</td>
<td>Increased duration of sleep</td>
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<td>1.8</td>
<td>Reduced duration of sleep</td>
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<td>1.9</td>
<td>Increased dream activity</td>
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<td>1.10</td>
<td>Emotional indifference</td>
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<td>2. Neurological Side Effects</td>
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<td>2.1</td>
<td>Dystonia</td>
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<td>Rigidity</td>
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<td>2.3</td>
<td>Hypokinesia/Akinesia</td>
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<td>Akathisia</td>
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<td>Epileptic seizures</td>
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<td>2.8</td>
<td>Paraesthesias</td>
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<td>2.9</td>
<td>Headache</td>
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<td>3. Autonomic Side Effects</td>
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<td>3.1</td>
<td>Accommodation disturbances</td>
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<td>3.2</td>
<td>Increased salivation</td>
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<td>3.3</td>
<td>Reduced salivation (Dryness of mouth)</td>
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<td>3.4</td>
<td>Nausea/Vomiting</td>
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<td>3.5</td>
<td>Diarrhoea</td>
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<td>Constipation</td>
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<td>3.7</td>
<td>Micturition disturbances</td>
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<td>3.8</td>
<td>Polyuria/Polydipsia</td>
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<td>3.9</td>
<td>Orthostatic dizziness</td>
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<td>3.10</td>
<td>Palpitations/Tachycardia</td>
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<td>3.11</td>
<td>Increased tendency to sweating</td>
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<td>4.</td>
<td>Other Side Effects</td>
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<td>4.1</td>
<td>Rash</td>
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<td>4.2</td>
<td>Pruritus</td>
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<td>4.3</td>
<td>Photosensitivity</td>
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<td>4.4</td>
<td>Increased pigmentation</td>
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<td>4.5</td>
<td>Weight gain</td>
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<td>4.6</td>
<td>Weight loss</td>
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<td>4.7a</td>
<td>Menorrhagia</td>
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<td>Metrorragia</td>
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<td>Amenorrhoea</td>
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<td>Galactorrhoea</td>
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<td>Gynecomastia</td>
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<td>4.11</td>
<td>Increased sexual desire</td>
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<td>4.12</td>
<td>Diminished sexual desire</td>
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<td>4.13</td>
<td>Erectile dysfunction</td>
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<td>4.14a</td>
<td>Ejaculatory dysfunction</td>
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<td>4.14b</td>
<td>Premature ejaculation</td>
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<td>4.15</td>
<td>Orgasmic dysfunction</td>
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<td>4.16</td>
<td>Dry vagina</td>
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* Optional: imp = improbable, pos = possible, prb = probable

Date: | Day | Mth. | Year | Staff Signature:
UKU Side Effect Rating Scale, Self-rating version
UKU-SERS-Pat – Patient Form
(Nord J Psychiatry 2001;55, Supplement 44:5-10)

We wish to know how you experience the medication you are prescribed. For each symptom/discomfort mentioned below, we ask you to check the alternative that best corresponds to your condition during the past ____ days (weeks). Do not check any alternative, if you cannot answer for any reason.

Psychic functions

1.1 Do you have difficulties in collecting your thoughts, or understanding the context when you are reading, talking to somebody, watching TV or listening to the radio?

☐ Not at all
☐ A little more than usual
☐ More than usual
☐ Much more than usual

1.2 Do you feel tired, or do you quickly become exhausted, or do you need to rest often in order to manage to continue your activities?

0 Not at all
0 A little more than usual
0 More than usual
0 Much more than usual

1.3 Do you feel sleepier than usual, or is it difficult staying awake during the daytime?

0 Not at all
0 A little more than usual
0 More than usual
0 Much more than usual

1.4 Have you noticed that you are more forgetful than usual, or that you do not remember simple things, or that your memory fails you?

0 Not at all
0 A little more than usual
0 More than usual
0 Much more than usual
1.5 Do you have feelings of sadness, depression, listlessness/dispiritedness or meaninglessness?

- Not at all
- Somewhat more than usual
- More than usual
- Much more than usual

1.6 Do you feel nervous, restless, tense, or do you have trouble relaxing?

- Not at all
- A little more than usual
- More than usual
- Much more than usual

1.7 Do you sleep more, longer or heavier than usual?

- Not at all
- Slightly more than usual
- More than usual
- Much more than usual

1.8 Do you sleep less or less deeply than usual?

- Not at all
- A little more than usual
- More than usual
- Much more than usual

1.9 Are you dreaming more often or more vividly than usual?

- Not at all
- A little more than usual
- More than usual
- Much more than usual

1.10 Do you have a feeling of indifference or apathy for things happening around you?

- Not at all
- A little more than usual
- More than usual
- Much more than usual
Neurological signs/symptoms

2.1 Are you troubled by muscle ache, tension or cramps anywhere in your body?

θ Not at all
θ Mild, occasionally
θ Moderate, yes definitely
θ Severe, frequently

2.2 Are you troubled by stiffness/rigidity in your muscles when resting or moving?

θ Not at all
θ Mild, occasionally
θ Moderate, yes definitively
θ Severe, frequently

2.3 Are you troubled by difficulty moving, or are your movements slower/more sluggish than usual?

θ Not at all
θ A little more than usual
θ More than usual
θ Much more than usual

2.4 Are you troubled more often than usual by involuntary movements/spasms, for instance in your head and neck, face, arms, legs or upper body?

θ No, not at all
θ Yes, occasionally
θ Yes, quite often
θ Yes, almost constantly

2.5 Are you troubled more often than usual by tremors or shakings in your hands, feet or elsewhere?

θ No, not at all
θ Yes, occasionally
θ Yes, quite often
θ Yes, almost constantly

2.6 Have you noticed an increased urge to move about, to keep walking around, or difficulty sitting still or standing still?

θ Not at all
θ I like to keep moving around, but have no difficulty sitting or standing still
θ I have to force myself to sit down or stand still
θ I have to keep walking around all the time
2.7 Have you experienced fainting spells or short blackouts, or have you had a seizure with loss of consciousness?

0 Not at all
0 Occasionally
0 On several occasions
0 Daily, one or more times each day

2.8 Do you suffer from pricking, tingling or burning sensations in your skin anywhere on your body?

0 Not at all
0 Occasionally
0 Yes, often
0 Almost all the time

2.9 Do you suffer headaches more often or more severely than usual?

0 Not at all
0 A little more than usual
0 More than usual
0 Much more than usual

Autonomous side effects

3.1 Have you been troubled more than usual by difficulties in focusing (blurred vision), for instance when reading, writing by hand, knitting, embroidering, working with crochet or comparable?

0 Not at all
0 Some difficulty
0 Can only read large letters, or work with larger objects
0 Cannot read or do handicraft work at all

3.2 Have you been troubled by increased salivation (mouth watering)?

0 Not at all
0 Increased salivation, but not a problem
0 Must spit often
0 Profuse salivation. I must often wipe my mouth. Pillow gets wet at night while sleeping.

3.3 Has a dry mouth troubled you?

0 Not at all
3.4 Have you been troubled by nausea (feeling sick) and/or vomiting?

0 Not at all
0 Some nausea
0 Severe nausea
0 Vomited on one or more occasions

3.5 Has loose stools or diarrhoea troubled you?

0 Not at all
0 A little, but not problematic
0 Need to empty my bowels frequently
0 Severe diarrhoea, difficulty keeping continence

3.6 Have you been troubled by constipation?

0 Not at all
0 A little, but not problematic
0 Constipated
0 Constipated, need to take laxatives

3.7 Have you experienced difficulties in passing your urine?

0 Not at all
0 Difficulty in beginning urination
0 The flow is weak. It takes longer than usual to empty my bladder
0 Cannot empty my bladder, need help

3.8 Do you need to urinate more frequently than normally and drink water more often than usual?

0 Not at all
0 Yes, must urinate more often, have to get up at night
0 Yes, have to urinate several times day and night, often thirsty
0 Yes, very often, even at night, need to drink frequently

3.9 Does dizziness or fainting fits when getting up from a lying or sitting position trouble you?

0 Not at all
Sometimes, but I can stand up without problems
Must rise slowly from sitting or lying positions
Difficulty in standing up due to dizziness or feeling faint

3.10 Do palpitations or irregular heartbeats trouble you?

0 Not at all
0 Occasionally, not troublesome
0 Often, troublesome
0 Very often, severe problem

3.11 Does increased body sweat trouble you?

0 Not at all
0 A little more than normal
0 More than normal
0 Much more than normal

Other side effects

4.1 Do you have, or have you had a rash?

0 Not at all
0 Light rash on limited area
0 Rash on part of body
0 Break out all over body

4.2 Does itching trouble you?

0 Not at all
0 Light itching
0 Severe itching
0 Very severe, must scratch constantly

4.3 Have you noticed any increased sensitivity to sunlight (reddening of the skin, severe sunburn)?

0 Not at all
0 A little more than usual
0 More pronounced than usual, irritating
0 So pronounced and irritating that my medication had to be withdrawn

4.4 Have you noticed any skin discoloration (brown or other colour), localised to parts of skin exposed to light?

0 Not at all
0 Slight increase in pigmentation
0 Marked increase in pigmentation
So pronounced pigmentation that other people have made remarks about it

4.5 Have you gained weight during the past four weeks?

- Not at all
- Gained 1-2 kg (2-4 pounds)
- Gained 3-4 kg (6-8 pounds)
- Gained more than 4 kg (more than 8 pounds)

4.6 Have you lost weight during the past month?

- Not at all
- Lost 1-2 kg (2-4 pounds)
- Lost 3-4 kg (6-8 pounds)
- Lost more than 4 kg (more than 8 pounds)

4.9 Have you noticed milk from your nipples?

- Not at all
- Some
- Yes, but not troublesome
- Much, stains my underwear

4.10 Have you experienced tension or swelling in your breasts?

- Not at all
- Some tension and swelling
- Breasts are tense and larger than normal
- Breasts clearly enlarged

4.11 Have you experienced increased sexual interest or increased sexual desire?

- Not at all
- Somewhat more than normal
- More than normal
- Much more than normal

4.12 Have you experienced decreased sexual interest or decreased sexual desire?

- Not at all
- A little less than normal
- Less than normal
- Much less than normal
Females only

4.7a Have you noticed more discharge/bleeding when menstruating?
   0 Not at all
   0 Somewhat more than normally
   0 More than normally
   0 Profuse discharge/bleeding

4.7b Have you noticed discharge/bleeding between periods?
   0 Not at all
   0 Occasional discharge/bleeding
   0 Substantial discharge/bleeding, occasionally
   0 Frequent discharge/bleeding between periods

4.8 Have you noticed less discharge/bleeding when menstruating?
   0 Not at all
   0 Slightly less than normal
   0 Less than normal
   0 Menstruation has not occurred

4.15 Have you experienced difficulty in reaching orgasm?
   0 Not at all
   0 Some difficulty
   0 More difficult than normal
   0 Rarely have orgasm

4.16 Do you have problems with a dry vagina during intercourse?
   0 Not at all
   0 Some dryness
   0 More problems than normal
   0 Severe problems, must use lubrication

Males only

4.13 Have you experienced difficulty in reaching erection?
   0 Not at all

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0 Slightly more difficult than normal
0 More difficult than normal
0 Cannot get erection

4.14a Have you experienced difficulties in ejaculation?

0 Not at all
0 Ejaculation slightly delayed
0 Ejaculation delayed
0 Cannot ejaculate

4.14b Have you experienced early (premature) ejaculation?

0 Not at all
0 Ejaculation slightly early
0 Ejaculation early
0 Spontaneous ejaculations