

FIBSER Scale

Please choose and circle your response based on side effects that you believe are caused by medications for depression **IN THE PAST WEEK**.

Do **NOT** rate side effects if you believe they are caused by medications for medical conditions other than depression.

1. IN THE PAST WEEK, how **much of the time** did you experience side effects caused by medications for depression?

0	1	2	3	4	5	6
None of the time (no side effects)	10% of the time	25% of the time	50% of the time	75% of the time	90% of the time	All the time

2. IN THE PAST WEEK, how **severe** were the side effects to your medications for depression?

0	1	2	3	4	5	6
None (no side effects)	Minimal severity	Mild severity	Moderate severity	Marked severity	Severe severity	Intolerable severity

3. IN THE PAST WEEK, how much have the side effects to your medications for depression **interfered** with your day-to-day activities?

0	1	2	3	4	5	6
No interference with activities	Minimal interference with activities	Mild interference with activities	Moderate interference with activities	Marked interference with activities	Severe interference with activities	Unable to function

Clinical Relevance: Question 3	
0 – 2	No changes needed.
3 – 4	Side effect should be addressed.
5 – 6	Change treatment.

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with permission from Wisniewski SR et al, *J Psychiatr Prac* 2006;12:71-9.