

Children's Global Assessment Scale (CGAS) For Children 4–16 Years of Age

David Shaffer, F.R.C.P., F.R.C.Psych.; Madelyn Gould, Ph.D., M.P.H.; Hector Bird, M.D.; Prudence Fisher, Ph.D.

Adaptation of the Adult Global Assessment Scale

(Robert L. Spitzer, M.D.; Miriam Gibbon, M.S.W.; Jean Endicott, Ph.D.)

Rate the subject's most impaired level of general functioning for the specified time period by selecting the lowest level that describes his/her functioning on a hypothetical continuum of health–illness. Use intermediary levels (e.g., 35, 58, 62).

Rate actual functioning regardless of treatment or prognosis.

The examples of behavior provided are only illustrative and are not required for a particular rating.

Specified Time Period: 1 Month

100–91 Superior functioning in all areas (at home, at school, and with peers), involved in a range of activities and has many interests (e.g., has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc.). Likeable, confident, “everyday” worries never get out of hand. Doing well in school. No symptoms.

90–81 Good functioning in all areas. Secure in family, school, and with peers. There may be transient difficulties and “everyday” worries that occasionally get out of hand (e.g., mild anxiety associated with an important exam, occasionally “blow-ups” with siblings, parents, or peers).

80–71 No more than slight impairment in functioning at home, in school, or with peers. Some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental separations, deaths, birth of a sibling), but these are brief and interference with functioning is transient. Such children are only minimally disturbing to others and are not considered deviant by those who know them.

70–61 Some difficulty in a single area, but generally functioning pretty well (e.g., sporadic or isolated anti-social acts, such as occasionally playing hooky or petty theft, consistent minor difficulties with schoolwork, mood changes of brief duration, fears and anxieties that do not lead to gross avoidance behavior, self-doubts). Has some meaningful interpersonal relationships. Most people who do not know the child well would not consider him/her deviant, but those who do not know him/her well might express concern.

60–51 Variable functioning with sporadic difficulties or symptoms in several, but not all, social areas. Disturbance would be apparent to those who encounter the child in a dysfunctional setting or time, but not to those who see the child in other settings.

50–41 Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, frequent episodes of aggressive or other anti-social behavior with some preservation of meaningful social relationships.

40–31 Major impairment in functioning in several areas and unable to function in one of these areas, i.e., disturbed at home, at school, with peers, or in the society at large, e.g., persistent aggression without clear instigation, markedly withdrawn and isolated behavior due to either mood or thought disturbance, suicidal attempts with clear lethal intent. Such children are likely to require special schooling and/or hospitalization or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).

30–21 Unable to function in almost all areas, e.g., stays at home, in ward, or in bed all day without taking part in social activities, OR severe impairment in reality testing, OR serious impairment in communication (e.g., sometimes incoherent or inappropriate).

20–11 Needs considerable supervision to prevent hurting others or self, e.g., frequently violent, repeated suicide attempts, OR to maintain personal hygiene, OR gross impairment in all forms of communication, e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.

10–1 Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.

Reprinted with permission from the authors.