
**STRUCTURED INTERVIEW FOR
PSYCHOSIS-RISK SYNDROMES**
ENGLISH LANGUAGE

Thomas H. McGlashan, M.D.
Barbara C. Walsh, Ph.D.
Scott W. Woods, M.D.

*PRIME Research Clinic
Yale School of Medicine
New Haven, Connecticut
USA*

CONTRIBUTORS

Jean Addington, PhD, Kristin Cadenhead, MD, Tyrone Cannon, PhD,
Barbara Cornblatt, PhD, Larry Davidson, PhD,
Robert Heinssen, PhD, Ralph Hoffman, MD, TK Larsen, MD,
Tandy Miller, PhD, Diane Perkins, MD, Larry Seidman, PhD,
Joanna Rosen, PsyD, Ming Tsuang, MD, PhD, Elaine Walker, PhD

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Patient I.D.: _____ Date: _____

Interviewer: _____ Rater: _____ Other Raters Present: _____

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STRUCTURED INTERVIEW FOR PSYCHOSIS-RISK SYNDROMES

OVERVIEW:

The aims of the interview are to:

- I. Rule out past and/or current psychosis
- II. Rule in lifetime history of one or more of the three types of psychosis-risk syndromes
- III. Determine the current status of each psychosis-risk syndrome that is present lifetime
- IV. Rate the current severity of the psychosis-risk symptoms

I. Rule out a past and/or current psychotic syndrome

A past psychosis should be ruled out using information obtained through either the initial screen or the Overview (pp. 5-6) and evaluated using the Presence of Psychotic Symptoms criteria (POPS).

Current psychosis is defined by the presence of Positive Symptoms. Ruling out a current psychosis requires the questioning of and rating on the five Positive Symptom items outlined in the measure: Unusual Thought Content/Delusions, Suspiciousness, Grandiosity, Perceptual Abnormalities/Hallucinations, and Disorganized Speech.

PRESENCE OF PSYCHOTIC SYMPTOMS CRITERIA (POPS)

Current psychosis is defined as follows:

Both **(A)** and **(B)** are required.

(A) Positive Symptoms are present at a psychotic level of intensity (*Rated at level "6"*):

- Unusual thought content, suspiciousness/persecution, or grandiosity with delusional conviction

AND/OR

- Perceptual abnormality of hallucinatory intensity

AND/OR

- Speech that is incoherent or unintelligible

(B) Any **(A)** criterion symptom at sufficient frequency and duration or urgency:

- At least one symptom from **(A)** has occurred over a period of one month for at least one hour per day at a minimum average frequency of 4 days per week

OR

- Symptom that is seriously disorganizing or dangerous

Positive Symptoms are rated on scales P1-P5 of the Scale of Psychosis-risk Symptoms (SOPS). A score of "1" to "5" on one or more of scales P1-P5 indicates a Positive Symptoms that is at a non-psychotic level intensity. A score of "6" on one or more of scales P1-P5 indicates that a Positive Symptom is at a "*Severe and Psychotic*" level of intensity and thus, the **(A)** criteria is met.

The presence of a current psychosis, however, depends also upon the frequency or urgency of the **(A)** criterion symptom(s). If a Positive Symptom also satisfies the **(B)** criterion, a current psychosis is defined.

II. Rule in lifetime history of one or more of the three types of psychosis-risk syndromes

(Criteria Summaries on p. 40-43).

PLEASE NOTE THAT THE THREE PSYCHOSIS-RISK SYNDROMES ARE NOT MUTUALLY EXCLUSIVE. PATIENTS CAN MEET CRITERIA FOR ONE OR MORE SYNDROME TYPES.

Patients not meeting criteria for a past or current psychosis are evaluated on the Criteria of Psychosis-risk Syndromes (COPS) for the lifetime presence of one or more of three psychosis-risk syndromes: Brief Intermittent Psychotic Syndrome, Attenuated Positive Symptom Syndrome, and Genetic Risk and Deterioration Syndrome.

CRITERIA OF PSYCHOSIS-RISK SYNDROMES:**1. Lifetime Brief Intermittent Psychotic Syndrome (BIPS)**

A lifetime Brief Intermittent Psychotic Syndrome is defined by frankly psychotic symptoms that are very brief and recent or intermittent. To meet lifetime criteria for BIPS, a psychotic intensity symptom (SOPS score = 6, “severity criterion”), must have been present at least several minutes a day at a frequency of at least once per month (“frequency criterion”), and must not have been likely due to another disorder (“attribution criterion”). Even though these Positive Symptoms are or were present at a psychotic level of intensity (SOPS score = 6), a current or past psychotic syndrome can be ruled out if the POPS (**B**) criteria for sufficient frequency and duration or urgency were not met (See p. 1).

2. Lifetime Attenuated Positive Symptom Syndrome (APSS)

A lifetime Attenuated Positive Symptom Syndrome is defined by the presence of recent attenuated positive symptoms of sufficient severity and frequency. To meet criteria for an attenuated symptom, a patient must receive a rating of level “3”, “4”, or “5” on at least one of the P1-P5 Positive Symptom items of the SOPS (“severity criterion”). The symptom(s) must have occurred at the current intensity level at an average frequency of at least once per week in the past month (“frequency criterion”), and must not have been likely due to another disorder (“attribution criterion”).

3. Lifetime Genetic Risk and Deterioration syndrome (GRD)

A lifetime Genetic Risk and Deterioration syndrome is defined by a combined genetic risk for a schizophrenic spectrum disorder and history of functional deterioration. The genetic risk criterion can be met if the patient has a first degree relative with any affective or nonaffective psychotic disorder (See p. 7, item 3) and/or the patient has ever met criteria for DSM-5 Schizotypal Personality Disorder criteria (See p. 38). Functional deterioration is operationally defined as a 30% or greater drop in the GAF score within a year (See p. 37).

III. Determine the current status of each psychosis-risk syndrome that is present lifetime

(Criteria Summaries on p. 40-43).

For each lifetime psychosis-risk syndrome, a current status is established. There are four current statuses: Progression, Persistence, Partial Remission, and Full Remission. Criteria for each status are specific for each psychosis-risk syndrome. For BIPS Progression, symptoms meeting BIPS severity, frequency, and attribution criteria must be currently present and must have begun or worsened in the past three months. For APSS Progression, symptoms must have begun in the past year or must currently rate at least one scale point higher than it would if rated 12 months ago. BIPS or APSS Persistence is selected when symptoms severity, frequency, and attribution but not worsening criteria. BIPS or APSS Partial Remission is selected when previous lifetime symptoms no longer meet frequency or attribution criteria or have no longer met severity criteria but for six months or less. BIPS or APSS Full Remission is selected means that no symptom has met severity criteria for more than six months. GRD Progression requires a GAF drop of at least 30% in the previous year. When the GAF is not progressing but remains below 90% of its level 12 months prior to first lifetime qualification, GRD persistence is selected. GAFs higher than the persistence criterion qualify for GRD Partial Remission if present for 6 months or less and for GRD Full Remission if for more than 6 months.

The overall psychosis-risk syndrome current status is then defined according to the rule “Progression trumps Persistence trumps Partial Remission trumps Full Remission” (page 44). If desired, SIPS 5.5 also generates DSM-5 Section 3 Attenuated Psychosis Syndrome diagnoses (page 45).

IV. Rate the current severity of the psychosis-risk symptoms

Patients meeting criteria for one or more psychosis-risk syndromes are further evaluated using the SOPS rating scales for Negative Symptoms, Disorganizing Symptoms, and General Symptoms. While this additional information will not contribute to the diagnosis of a psychosis-risk syndrome, it will provide both a descriptive and quantitative estimate of the diversity and severity of psychosis-risk symptoms. Some investigators may wish to obtain a full SOPS with all patients.

SCALE OF PSYCHOSIS-RISK SYMPTOMS (SOPS)

INSTRUCTIONS FOR USING THE RATING SCALES:

The SOPS describes and rates psychosis-risk and other symptoms that have occurred in the past month (or since the last rating if more recently).

The SOPS is organized in four primary sections: **(P.) Positive Symptoms, (N.) Negative Symptoms, (D.) Disorganized Symptoms, (G.) General Symptoms.** The SOPS final ratings are recorded on a summary sheet located at the end of the SIPS (See p. 40).

INQUIRY

Within each section of the SOPS, a series of questions are listed with space provided for recording responses (“N” = No; “NI”= No Information; “Y” = Yes). **All boldface inquiries should be asked.** Questions that are not printed in boldface are optional and can be included for clarification or elaboration of positive responses.

QUALIFIERS

Following each set of questions, a series of qualifiers is listed. Each question that elicits a positive (i.e. “Y”) response should be followed by these qualifiers in order to obtain more detailed information. The qualifier box is listed below:

QUALIFIERS: For all “Y” responses, record:

- **DESCRIPTION-ONSET-DURATION-FREQUENCY**
- **DEGREE OF DISTRESS: What is this experience like for you? Does it bother you?**
- **DEGREE OF INTERFERENCE WITH LIFE: Do you ever act on this experience? Does having the experience ever cause you to do anything differently?**
- **DEGREE OF CONVICTION/MEANING: How do you account for this experience? Do you ever feel that it could just be in your head? Do you think this is real?**

SCALES

Two different severity scales are used for measuring indicated symptoms. **Positive Symptoms are rated on one severity scale while Negative, Disorganized, and General Symptoms are rated using a second severity scale.**

Anchors in each scale are intended to provide guidelines and examples of signs for every symptom observed. It is not necessary to meet every criterion in any one anchor to assign a particular rating. When patients meet some criteria within one anchor and some criteria within an adjacent anchor such that a clear anchor cannot be chosen, rate to the extreme. Basis for ratings includes both interviewer observations and patient reports. Third party reports alone do not qualify.

Both scales are listed below.

Positive Symptoms Scale:

Positive Symptoms are rated on a SOPS scale that ranges from 0 (Absent) to 6 (Severe and Psychotic):

Positive Symptom SOPS

0	1	2	3	4	5	6
Absent	Questionably Present	Mild	Moderate	Moderately Severe	Severe but Not Psychotic	Severe and Psychotic

Negative/Disorganized/General Symptoms Scale:

Negative/Disorganized/General Symptom Symptoms are rated on a SOPS scale that ranges from 0 (Absent) to 6 (Extreme):

Negative/Disorganized/General Symptom SOPS

0	1	2	3	4	5	6
Absent	Questionably Present	Mild	Moderate	Moderately Severe	Severe	Extreme

RATING RATIONALE

Each severity scale is followed by a “**Rating based on:**” section. After a rating is assigned, provide a brief description of the symptom(s) and the rationale for assigning the specific rating.

SYMPTOM ONSET, WORSENING, AND FREQUENCY

Following each **Rating based on:** section, a four-part rating box is shown.

For Positive symptoms rated at a level 3 or higher, under Symptom Onset record the date when the earliest symptom first occurred in the 3-6 range.

Under Symptom Worsening, record the most recent date when the symptom increased in severity by one point.

Under Symptom Frequency, check the boxes that map onto the COPS criteria. For Negative, Disorganized, and General Symptoms, an abbreviated symptom onset box is listed.

Under Better Explained, also rate for positive symptoms whether the symptom is better explained by another DSM disorder. There are two tests.

The first test is temporal sequence. If the positive symptoms were present before onset of the co-occurring disorder or persist when the co-occurring diagnosis is in remission, rate NOT better explained. If the co-occurring diagnosis has been present continuously during the period of positive symptoms, the second test is applied.

The second test is whether the positive symptoms are more characteristic of a psychosis risk syndrome or of the co-occurring disorder. When the positive symptoms are more characteristic of the other disorder, the symptoms are considered better explained by the other disorder. For example: feelings of impending death during a panic attack are better explained by panic disorder than by a psychosis risk syndrome, feelings of personal worthlessness in a depressed patient are better explained by depression than by a psychosis risk syndrome, feelings of personal superiority in a patient with frank mania is better explained by the mania, and feelings of personal disintegration precipitated by stress and relieved by wrist-cutting in a borderline patient is better explained by the personality disorder. The sole exception is for schizotypal personality disorder: Positive symptoms that are worsening are always rated as NOT better explained by SPD.

In cases of ambiguity, tend toward rating NOT better explained. For example, momentary illusions of “black shadows” with vague persecutory intent in a patient with comorbid depression is rated as NOT better explained, because such illusions are more characteristic of a risk syndrome than depression, despite the possibility that the “black” quality could relate to depressive themes.

For Symptoms Rated at Level 3 or Higher			
Symptom Onset	Symptom Worsening	Symptom Frequency	Better Explained
Record date when a positive symptom first reached at least a 3: <input type="checkbox"/> “Ever since I can recall” <input type="checkbox"/> Date of onset ____/____ Month/Year	Record most recent date when a positive symptom currently rated 3-6 experienced an increase by at least one rating point: Date of worsening ____/____ Month/Year	Check all that apply: <input type="checkbox"/> ≥ 1h/d, ≥ 4d/wk <input type="checkbox"/> ≥ several minutes/d, ≥ 1x/mo <input type="checkbox"/> ≥ 1x/wk <input type="checkbox"/> none of above	Symptoms are better explained by another DSM disorder. Check one: <input type="checkbox"/> Likely <input type="checkbox"/> Not likely

FAMILY HISTORY OF MENTAL ILLNESS

1. Who are your first-degree relatives (i.e. parent, full sibling, child)?

Relationship	Age	Name	History of mental illness? (Y/N)

2. For those first-degree relatives who have a history of mental illness:

Name of relative	Name of problem	Symptoms	Duration	Treatment history

3. Does the patient have any first degree relatives with a psychotic disorder (Schizophrenia, Schizophreniform Disorder, Brief Psychosis, Delusional Disorder, Psychotic Disorder NOS, Schizoaffective Disorder, Psychotic Mania, Psychotic Depression)? Yes___ No___

FIRST RANK SYMPTOMS

INQUIRY:

- | | |
|--|----------------------------|
| 1. Have you felt that you are not in control of your own ideas or thoughts? | N NI Y (Record Qualifiers) |
| 2. Do you ever feel as if somehow thoughts are put into your head or taken away from you? Do you ever feel that some person or force may be controlling or interfering with your thinking? | N NI Y (Record Qualifiers) |
| 3. Do you ever feel as if your thoughts are being said out loud so that other people can hear them? | N NI Y (Record Qualifiers) |
| 4. Do you ever think that people might be able to read your mind? | N NI Y (Record Qualifiers) |
| 5. Do you ever think that you can read other people's minds? | N NI Y (Record Qualifiers) |
| 6. Do you ever feel the radio or TV is communicating directly to you? | N NI Y (Record Qualifiers) |

QUALIFIERS: For all "Y" responses, record:

- DESCRIPTION-ONSET-DURATION-FREQUENCY
- DEGREE OF DISTRESS: What is this experience like for you? (Does it bother you?)
- DEGREE OF INTERFERENCE WITH LIFE: Do you ever act on this experience? Does having the experience ever cause you to do anything differently?
- DEGREE OF CONVICTION/MEANING: How do you account for this experience? Do you ever feel that it could just be in your head? Do you think this is real?

OVERVALUED BELIEFS

INQUIRY:

- | | |
|---|----------------------------|
| 1. Do you have strong feelings or beliefs that are very important to you, about such things as religion, philosophy, or politics? | N NI Y (Record Qualifiers) |
| 2. Do you daydream a lot or find yourself preoccupied with stories, fantasies, or ideas? Do you ever feel confused about whether something is your imagination or real? | N NI Y (Record Qualifiers) |
| 3. Do you know what it means to be superstitious? Are you superstitious? Does it affect your behavior? | N NI Y (Record Qualifiers) |
| 4. Do other people tell you that your ideas or beliefs are unusual or bizarre? If so, what are these ideas or beliefs? | N NI Y (Record Qualifiers) |
| 5. Do you ever feel you can predict the future? | N NI Y (Record Qualifiers) |

QUALIFIERS: For all "Y" responses, record:

- DESCRIPTION-ONSET-DURATION-FREQUENCY
- DEGREE OF DISTRESS: What is this experience like for you? (Does it bother you?)
- DEGREE OF INTERFERENCE WITH LIFE: Do you ever act on this experience? Does having the experience ever cause you to do anything differently?
- DEGREE OF CONVICTION/MEANING: How do you account for this experience? Do you ever feel that it could just be in your head? Do you think this is real?

OTHER UNUSUAL THOUGHTS/DELUSIONAL IDEAS

INQUIRY:

1. **Somatic Ideas:** Do you ever worry that something might be wrong with your body or your health? N NI Y (Record Qualifiers)
 2. **Nihilistic Ideas:** Have you ever felt that you might not actually exist?
Do you ever think that the world might not exist? N NI Y (Record Qualifiers)
 3. **Ideas of Guilt:** Do you ever find yourself thinking a lot about how to be good or begin to believe that you deserve to be punished in some way? N NI Y (Record Qualifiers)
-
-
-
-
-
-
-
-
-
-

NON-PERSECUTORY IDEAS OF REFERENCE

INQUIRY:

1. Have you felt that things happening around you have a special meaning for just you? N NI Y (Record Qualifiers)
2. Have you had the sense that you are often the center of people’s attention?
Do you feel they have hostile or negative intentions? N NI Y (Record Qualifiers)

QUALIFIERS: For all “Y” responses, record:

- **DESCRIPTION-ONSET-DURATION-FREQUENCY**
- **DEGREE OF DISTRESS: What is this experience like for you? (Does it bother you?)**
- **DEGREE OF INTERFERENCE WITH LIFE: Do you ever act on this experience? Does having the experience ever cause you to do anything differently?**
- **DEGREE OF CONVICTION/MEANING: How do you account for this experience? Do you ever feel that it could just be in your head? Do you think this is real?**

P. 1. DESCRIPTION: UNUSUAL THOUGHT CONTENT/DELUSIONAL IDEAS

- a. Perplexity and delusional mood. Mind tricks, such as the sense that something odd is going on or puzzlement and confusion about what is real or imaginary. The familiar feels strange, confusing, ominous, threatening, or has special meaning. Sense that self, others, the world have changed. Changes in perception of time. Déjà vu experience.
- b. Non-persecutory ideas of reference.
- c. First rank phenomenology. Mental events such as thought insertion/interference/withdrawal/broadcasting/telepathy/external control/radio and TV messages.
- d. Overvalued beliefs. Preoccupation with unusually valued ideas (religion, meditation, philosophy, existential themes). Magical thinking that influences behavior and is inconsistent with subculture norms (e.g. being superstitious, belief in clairvoyance, uncommon religious beliefs).
- e. Unusual ideas about the body, guilt, nihilism, jealousy and religion. Delusions may be present but are not well organized and not tenaciously held.

Anchors in each scale are intended to provide guidelines and examples of signs for every symptom observed. It is not necessary to meet every criterion in any one anchor to assign a particular rating. Basis for ratings includes both interviewer observations and patient reports.

UNUSUAL THOUGHT CONTENT/DELUSIONAL IDEAS Severity Scale (circle one)

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe but Not Psychotic	6 Severe and Psychotic
	"Mind tricks" that are puzzling. Sense that something is different.	Overly interested in fantasy life. Unusually valued ideas/beliefs. Some superstitions beyond what might be expected by the average person but within cultural norms.	Unanticipated mental events that are puzzling, unwilled, but not easily ignored. Experiences seem meaningful because they recur and will not go away. Functions mostly as usual.	Sense that ideas/experiences/beliefs may be coming from outside oneself or that they may be real, but doubt remains intact. Distracting, bothersome. May affect functioning.	Experiences familiar, anticipated. Doubt can be induced by contrary evidence and others' opinions. Distressingly real. Affects daily functioning.	Delusional conviction (with no doubt) at least intermittently. Interferes persistently with thinking, feeling, social relations, and/or behavior.

Rating based on: _____

For Symptoms Rated at Level 3 or Higher			
Symptom Onset	Symptom Worsening	Symptom Frequency	Better Explained
Record date when a positive symptom first reached at least a 3: <input type="checkbox"/> "Ever since I can recall" <input type="checkbox"/> Date of onset ____/____ Month/Year	Record most recent date when a positive symptom currently rated 3-6 experienced an increase by at least one rating point: Date of worsening ____/____ Month/Year	Check all that apply: <input type="checkbox"/> ≥ 1h/d, ≥ 4d/wk <input type="checkbox"/> ≥ several minutes/d, ≥ 1x/mo <input type="checkbox"/> ≥ 1x/wk <input type="checkbox"/> none of above	Symptoms are better explained by another DSM disorder. Check one: <input type="checkbox"/> Likely <input type="checkbox"/> Not likely

P.2 DESCRIPTION: SUSPICIOUSNESS/PERSECUTORY IDEAS

- a. Persecutory ideas of reference.
- b. Suspiciousness or paranoid thinking.
- c. Presents a guarded or even openly distrustful attitude that may reflect delusional conviction and intrude on the interview and/or behavior.

Anchors in each scale are intended to provide guidelines and examples of signs for every symptom observed. It is not necessary to meet every criterion in any one anchor to assign a particular rating. Basis for ratings includes both interviewer observations and patient reports.

SUSPICIOUSNESS/PERSECUTORY IDEAS

Severity Scale (circle one)

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe but Not Psychotic	6 Severe and Psychotic
	Wariness.	Concerns about safety. Hypervigilance without clear source of danger.	Concerns that people are untrustworthy and/or may harbor ill will. Sense of unease and need for vigilance (often unfocused). Mistrustful. Recurrent (yet unfounded) sense that people might be thinking or saying negative things about person..	Thoughts of being the object of negative attention. Sense that people may wish harm. Self-generated skepticism present. Preoccupying, distressing. May affect daily functioning. May appear defensive in response to questioning.	Beliefs about danger from hostile intentions of others. Skepticism and perspective can prevail with non-confirming evidence or other’s opinion. Anxious, unsettled. Daily functioning affected. Guarded presentation may diminish information gathered in the interview.	Delusional paranoid conviction (no doubt) at least intermittently. Frightened, avoidant, watchful. Interferes persistently with thinking, feeling, social relations, and/or behavior.

Rating based on:

For Symptoms Rated at Level 3 or Higher			
Symptom Onset	Symptom Worsening	Symptom Frequency	Better Explained
Record date when a positive symptom first reached at least a 3: <input type="checkbox"/> “Ever since I can recall” <input type="checkbox"/> Date of onset ____/____ Month/Year	Record most recent date when a positive symptom currently rated 3-6 experienced an increase by at least one rating point: Date of worsening ____/____ Month/Year	Check all that apply: <input type="checkbox"/> ≥ 1h/d, ≥ 4d/wk <input type="checkbox"/> ≥ several minutes/d, ≥ x/mo <input type="checkbox"/> ≥ 1x/wk <input type="checkbox"/> none of above	Symptoms are better explained by another DSM disorder. Check one: <input type="checkbox"/> Likely <input type="checkbox"/> Not likely

P.3 DESCRIPTION: GRANDIOSE IDEAS

- a. Exaggerated self-opinion and unrealistic sense of superiority.
- b. Some expansiveness or boastfulness.
- c. Occasional clear-cut grandiose delusions that can influence behavior.

Anchors in each scale are intended to provide guidelines and examples of signs for every symptom observed. It is not necessary to meet every criterion in any one anchor to assign a particular rating. Basis for ratings includes both interviewer observations and patient reports.

GRANDIOSE IDEAS

Severity Scale (circle one)

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe but Not Psychotic	6 Severe and Psychotic
	Private thoughts of being better than others.	Mostly private thoughts of being talented, understanding, or gifted.	Notions of being unusually gifted, powerful or special and have exaggerated expectations. May be expansive but can redirect to the everyday on own.	Beliefs of talent, influence, and abilities. Unrealistic goals that may affect plans and functioning, but responsive to other's concerns and limits.	Compelling beliefs of superior intellect, attractiveness, power, or fame. Skepticism and modesty can only be elicited by the efforts of others. Affects functioning.	Delusions of grandiosity with conviction (no doubt) at least intermittently. Interferes persistently with thinking, feeling, social relations, or behavior.

Rating based on:

For Symptoms Rated at Level 3 or Higher			
Symptom Onset	Symptom Worsening	Symptom Frequency	Better Explained
Record date when a positive symptom first reached at least a 3: <input type="checkbox"/> "Ever since I can recall" <input type="checkbox"/> Date of onset ____/____ Month/Year	Record most recent date when a positive symptom currently rated 3-6 experienced an increase by at least one rating point: Date of worsening ____/____ Month/Year	Check all that apply: <input type="checkbox"/> ≥ 1h/d, ≥ 4d/wk <input type="checkbox"/> ≥ several minutes/d, ≥ 1x/mo <input type="checkbox"/> ≥ 1x/wk <input type="checkbox"/> none of above	Symptoms are better explained by another DSM disorder. Check one: <input type="checkbox"/> Likely <input type="checkbox"/> Not likely

P. 4. PERCEPTUAL ABNORMALITIES/HALLUCINATIONS

The following questions probe for both hallucinations and nonpsychotic perceptual abnormalities. They are rated on the SOPS P4 Scale at the end of the queries.

PERCEPTUAL DISTORTIONS, ILLUSIONS, HALLUCINATIONS

INQUIRY:

1. Do you ever feel that your mind is playing tricks on you? N NI Y (Record Qualifiers)

QUALIFIERS: For all "Y" responses, record:

- **DESCRIPTION-ONSET-DURATION-FREQUENCY**
- **DEGREE OF DISTRESS: What is this experience like for you? (Does it bother you?)**
- **DEGREE OF INTERFERENCE WITH LIFE: Do you ever act on this experience? Does having the experience ever cause you to do anything differently?**
- **DEGREE OF CONVICTION/MEANING: How do you account for this experience? Do you ever feel that it could just be in your head? Do you think this is real?**

AUDITORY DISTORTIONS, ILLUSIONS, HALLUCINATIONS

INQUIRY:

1. Do you ever feel that your ears are playing tricks on you? N NI Y (Record Qualifiers)

2. Have you been feeling more sensitive to sounds? Have sounds seemed different? Louder or softer? N NI Y (Record Qualifiers)

3. Do you ever hear unusual sounds like banging, clicking, hissing, clapping, ringing in your ears? N NI Y (Record Qualifiers)

4. Do you ever think you hear sounds and then realize that there is probably nothing there? N NI Y (Record Qualifiers)

5. Do you ever hear your own thoughts as if they are being spoken outside your head? N NI Y (Record Qualifiers)

6. Do you ever hear a voice that others don't seem to or can't hear? Does it sound clearly like a voice speaking to you as I am now? Could it be your own thoughts or is it clearly a voice speaking out loud? N NI Y (Record Qualifiers)

VISUAL DISTORTIONS, ILLUSIONS, HALLUCINATIONS

INQUIRY:

- 1. Do you ever feel your eyes are playing tricks on you? N NI Y (Record Qualifiers)
- 2. Do you seem to feel more sensitive to light or do things that you see ever appear different in color, brightness or dullness; or have they changed in some other way? N NI Y (Record Qualifiers)
- 3. Have you ever seen unusual things like flashes, flames, vague figures, shadows, or movement out of the corner of your eye? N NI Y (Record Qualifiers)
- 4. Do you ever think you see people, animals, or things, but then realize they may not really be there? Do you ever "mis-see" things? N NI Y (Record Qualifiers)
- 5. Do you ever see things that others can't or don't seem to see? N NI Y (Record Qualifiers)

QUALIFIERS: For all "Y" responses, record:

- DESCRIPTION-ONSET-DURATION-FREQUENCY
- DEGREE OF DISTRESS: What is this experience like for you? (Does it bother you?)
- DEGREE OF INTERFERENCE WITH LIFE: Do you ever act on this experience? Does having the experience ever cause you to do anything differently?
- DEGREE OF CONVICTION/MEANING: How do you account for this experience? Do you ever feel that it could just be in your head? Do you think this is real?

SOMATIC DISTORTIONS, ILLUSIONS, HALLUCINATIONS

INQUIRY:

- 1. Have you noticed any unusual bodily sensations such as tingling, pulling, pressure, aches, burning, cold, numbness, vibrations, electricity, or pain? N NI Y (Record Qualifiers)

OLFACTORY AND GUSTATORY DISTORTIONS, ILLUSIONS, HALLUCINATIONS

INQUIRY:

- 1. Do you ever smell or taste things that other people don't notice? N NI Y (Record Qualifiers)

QUALIFIERS: For all "Y" responses, record:

- DESCRIPTION-ONSET-DURATION-FREQUENCY
- DEGREE OF DISTRESS: What is this experience like for you? (Does it bother you?)
- DEGREE OF INTERFERENCE WITH LIFE: Do you ever act on this experience? Does having the experience ever cause you to do anything differently?
- DEGREE OF CONVICTION/MEANING: How do you account for this experience? Do you ever feel that it could just be in your head? Do you think this is real?

P. 4. DESCRIPTION: PERCEPTUAL ABNORMALITIES/HALLUCINATIONS

- a. Unusual perceptual experiences. Heightened or dulled perceptions, vivid sensory experiences, distortions, illusions.
- b. Pseudo-hallucinations or hallucinations into which the subject has insight (i.e. is aware of their abnormal nature.)
- c. Occasional frank hallucinations that may minimally influence thinking or behavior.

Anchors in each scale are intended to provide guidelines and examples of signs for every symptom observed. It is not necessary to meet every criterion in any one anchor to assign a particular rating. Basis for ratings includes both interviewer observations and patient reports.

PERCEPTUAL ABNORMALITIES/HALLUCINATIONS Severity Scale (circle one)

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe but Not Psychotic	6 Severe and Psychotic
	Minor, but noticeable perceptual sensitivity (e.g. heightened, dulled, distorted, etc.).	Unformed perceptual experiences/ changes that are noticed but not considered to be significant.	Recurrent, unformed, images (e.g., shadows, trails, sounds, etc.), illusions, or persistent perceptual distortions that are puzzling and experienced as unusual.	Illusions or momentary formed hallucinations that are ultimately recognized as unreal yet can be distracting, curious, unsettling. May affect functioning.	Hallucinations experienced as external to self though skepticism can be induced by others. mesmerizing, distressing. Affects daily functioning.	Hallucinations perceived as real and distinct from the person's thoughts. Skepticism cannot be induced. Captures attention, frightening. Interferes persistently with thinking, feeling, social relations and/or behavior.

Rating based on:

For Symptoms Rated at Level 3 or Higher			
Symptom Onset	Symptom Worsening	Symptom Frequency	Better Explained
Record date when a positive symptom first reached at least a 3: <input type="checkbox"/> "Ever since I can recall" <input type="checkbox"/> Date of onset ____/____ Month/Year	Record most recent date when a positive symptom currently rated 3-6 experienced an increase by at least one rating point: Date of worsening ____/____ Month/Year	Check all that apply: <input type="checkbox"/> ≥ 1h/d, ≥ 4d/wk <input type="checkbox"/> ≥ several minutes/d, ≥ 1x/mo <input type="checkbox"/> ≥ 1x/wk <input type="checkbox"/> none of above	Symptoms are better explained by another DSM disorder. Check one: <input type="checkbox"/> Likely <input type="checkbox"/> Not likely

P. 5. DESCRIPTION: DISORGANIZED COMMUNICATION

- a. Odd speech. Vague, metaphorical overelaborate, stereotyped.
- b. Confused, muddled, racing or slowed down speech, using the wrong words, talking about things irrelevant to context or going off track.
- c. Speech is circumstantial, tangential or paralogical. There is some difficulty in directing sentences toward a goal.
- d. Loosening or paralysis (blocking) of associations may be present and make speech hard to follow or unintelligible.

Anchors in each scale are intended to provide guidelines and examples of signs for every symptom observed. It is not necessary to meet every criterion in any one anchor to assign a particular rating. Basis for ratings includes both interviewer observations and patient reports.

DISORGANIZED COMMUNICATION

Severity Scale (circle one)

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe but Not Psychotic	6 Severe and Psychotic
	Occasional word or phrase doesn't make sense.	Speech that is slightly vague, muddled, overelaborate or stereotyped.	Incorrect words, irrelevant topics. Goes off track, but redirects on own.	Speech is circumstantial (i.e. eventually getting to the point). Difficulty directing sentences toward a goal. Sudden pauses. Can be redirected with occasional questions and structuring.	Speech tangential (i.e. never getting to the point). Some loosening of associations or blocking. Can reorient briefly with frequent prompts or questions.	Communication persistently loose, irrelevant, or blocked and unintelligible when under minimal pressure or when the content of the communication is complex. Not responsive to structuring of the interview.

Rating based on:

For Symptoms Rated at Level 3 or Higher			
Symptom Onset	Symptom Worsening	Symptom Frequency	Better Explained
Record date when a positive symptom first reached at least a 3: <input type="checkbox"/> "Ever since I can recall" <input type="checkbox"/> Date of onset ____/____ Month/Year	Record most recent date when a positive symptom currently rated 3-6 experienced an increase by at least one rating point: Date of worsening ____/____ Month/Year	Check all that apply: <input type="checkbox"/> ≥ 1h/d, ≥ 4d/wk <input type="checkbox"/> ≥ several minutes/d, ≥ 1x/mo <input type="checkbox"/> ≥ 1x/wk <input type="checkbox"/> none of above	Symptoms are better explained by another DSM disorder. Check one: <input type="checkbox"/> Likely <input type="checkbox"/> Not likely

N. NEGATIVE SYMPTOMS

N. 1. SOCIAL ANHEDONIA

INQUIRY:

- 1. **Do you usually prefer to be alone or with others?** (If prefers to be alone, specify reason.) Social apathy? Ill at ease with others? Anxiety? Other? **Record Response**
- 2. **What do you usually do with your free time?** Would you be more social if you had the opportunity? **Record Response**
- 3. **How often do you spend time with friends outside of school/work?** Who are your three closest friends? What sorts of activities do you do together? **Record Response**
- 4. **Who tends to initiate social contact, you or others?** **Record Response**
- 5. **How often do you spend time with family members?** What do you do with them? **Record Response**

FOR ALL RESPONSES, RECORD: DESCRIPTION, ONSET, DURATION, AND CHANGE OVER TIME.

N. 1. DESCRIPTION: SOCIAL ANHEDONIA

- a. Lack of close friends or confidants other than first degree relatives.
- b. Prefers to spend time alone, although participates in social functions when required. Does not initiate contact.
- c. Passively goes along with most social activities but in a disinterested or mechanical way. Tends to recede into the background.

Anchors in each scale are intended to provide guidelines and examples of signs for every symptom observed. It is not necessary to meet every criterion in any one anchor to assign a particular rating. Basis for ratings includes both interviewer observations and patient reports.

SOCIAL ANHEDONIA OR WITHDRAWAL Negative Symptom Scale

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
	Slightly socially awkward but socially active.	Ill at ease with others. Only mildly interested in social situations but socially present.	Participates socially only reluctantly due to disinterest. Passively goes along with social activities	Few friends outside of extended family. Socially apathetic. Minimal social participation	Significant difficulties with relationships or no close friends. Prefers to be alone. Spends most time alone or with first-degree relatives.	No friends. Prefers being alone.

Rating based on:

Symptom Onset (for symptoms rated at a level 3 or higher)

Record date when the earliest symptom first occurred:

Entire lifetime or “ever since I can remember”

Cannot be determined

Date of onset _____ / _____

Month Year

N. 2. AVOLITION

INQUIRY:

- 1. Do you find that you have trouble getting motivated to do things? N NI Y (Record Response)
- 2. Are you having a harder time getting normal daily activities done? N NI Y (Record Response)
 Sometimes? Always? Does prodding work? Sometimes? Never?
- 3. Do you find that people have to push you to get things done? Have you N NI Y (Record Response)
 stopped doing anything that you usually do?

FOR ALL RESPONSES, RECORD: DESCRIPTION, ONSET, DURATION, AND CHANGE OVER TIME.

N. 2. DESCRIPTION: AVOLITION

- a. Impairment in the initiation, persistence, and control of goal-directed activities.
- b. Low drive, energy, or productivity.

Anchors in each scale are intended to provide guidelines and examples of signs for every symptom observed. It is not necessary to meet every criterion in any one anchor to assign a particular rating. Basis for ratings includes both interviewer observations and patient reports.

AVOLITION

Negative Symptom Scale

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
	Focus on goal-directed activities but less than what would be considered average.	Low drive or energy level. Simple tasks require effort or take longer than what would be considered normal. Productivity is considered average or is within normal limits.	Low levels of motivation to participate in goal-directed activities. Impairment in task initiation and/or persistence. Initiation or task completion requires some prodding.	Minimal levels of motivation to participate in or complete goal-directed activities. Prodding needed regularly.	Lack of drive/energy results in a significantly low level of achievement. Most goal-directed activities relinquished. Prodding is needed all of the time, but may not be successful.	Prodding unsuccessful. Not participating in virtually any goal-directed activities.

Rating based on:

Symptom Onset (for symptoms rated at a level 3 or higher)

Record date when the earliest symptom first occurred:

- Entire lifetime or “ever since I can remember”
- Cannot be determined
- Date of onset _____ / _____

Month
Year

N. 4. EXPERIENCE OF EMOTIONS AND SELF

INQUIRY:

- 1. **Do your emotions feel less strong in general than they used to? Do you ever feel numb?** N NI Y (Record Response)
- 2. **Do you find yourself having a harder time distinguishing different emotions/feelings?** N NI Y (Record Response)
- 3. **Are you feeling emotionally flat?** N NI Y (Record Response)
- 4. **Do you ever feel a loss of sense of self or feel disconnected from yourself or your life? Like a spectator in your own life?** N NI Y (Record Response)

FOR ALL RESPONSES, RECORD: DESCRIPTION, ONSET, DURATION, AND CHANGE OVER TIME.

N. 4. DESCRIPTION: EXPERIENCE OF EMOTIONS AND SELF

- a. Emotional experiences and feelings less recognizable and genuine, appropriate.
- b. Sense of distance when talking to others, not feeling rapport with others.
- c. Emotions disappearing, difficulty feeling happy or sad.
- d. Sense of having no feelings: Anhedonia, apathy, loss of interest, boredom.
- e. Feeling profoundly changed, unreal, or strange.
- f. Feeling depersonalized, at a distance from self.
- g. Loss of sense of self.

Anchors in each scale are intended to provide guidelines and examples of signs for every symptom observed. It is not necessary to meet every criterion in any one anchor to assign a particular rating. Basis for ratings includes both interviewer observations and patient reports.

EXPERIENCE OF EMOTIONS AND SELF **Negative Symptom Scale**

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
	Feeling distant from others. Everyday feelings muted.	Lack of strong emotions or clearly defined feelings.	Emotions feel like they are blunted or not easily distinguishable.	Sense of deadness, flatness or undifferentiated aversive tension. Difficulty feeling emotions, even emotional extremes, (e.g. happy/sad).	Feeling a loss of sense of self. Feeling depersonalized, unreal or strange. May feel disconnected from body, from world, from time. No feelings most of the time.	Feeling profoundly changed and possibly alien to self. No feelings.

Rating based on:

Symptom Onset (for symptoms rated at a level 3 or higher)

Record date when the earliest symptom first occurred:

- Entire lifetime or “ever since I can remember”
- Cannot be determined
- Date of onset _____ / _____
Month Year

N. 6. OCCUPATIONAL FUNCTIONING

INQUIRY:

- 1. Does your work take more effort than it used to? N NI Y (Record Response)
- 2. Are you having a hard time getting your work done? N NI Y (Record Response)
- 3. Have you been doing worse in school or at work? Have you been put on probation or otherwise given notice due to poor performance? Are you failing any classes or considering dropping out of school? Have you ever been “let go” from a job, or are otherwise having trouble keeping a job? N NI Y (Record Response)

FOR ALL RESPONSES, RECORD: DESCRIPTION, ONSET, DURATION, AND CHANGE OVER TIME.

N. 6. DESCRIPTION: OCCUPATIONAL FUNCTIONING

- a. Difficulty performing role functions (e.g. wage earner, student, homemaker) that were previously performed without problems.
- b. Having difficulty in productive, instrumental relationships with colleagues at work or school.

Anchors in each scale are intended to provide guidelines and examples of signs for every symptom observed. It is not necessary to meet every criterion in any one anchor to assign a particular rating. Basis for ratings includes both interviewer observations and patient reports.

OCCUPATIONAL FUNCTIONING

Negative Symptom Scale

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
	More than average effort and focus required to maintain usual level of performance at work, school.	Difficulty in functioning at work or school that is becoming evident to others.	Definite problems in accomplishing work tasks or a drop in Grade Point Average.	Failing one or more courses. Receiving notice or being on probation at work.	Suspended, failing out of school, or other significant interference with completing requirements. Problematic absence from work. Unable to work with others.	Failed or left school, left employment or was fired.

Rating based on:

Symptom Onset (for symptoms rated at a level 3 or higher)

Record date when the earliest symptom first occurred:

- Entire lifetime or “ever since I can remember”
- Cannot be determined
- Date of onset _____ / _____

Month Year

D. DISORGANIZATION SYMPTOMS

D. 1. ODD BEHAVIOR OR APPEARANCE

INQUIRY:

- 1. What kinds of activities do you like to do? (Record Response)
- 2. Do you have any hobbies, special interests or collections? N NI Y (Record Response)
- 3. Do you think others ever say that your interests are unusual or that you are eccentric? N NI Y (Record Response)

FOR ALL RESPONSES, RECORD: DESCRIPTION, ONSET, DURATION, AND CHANGE OVER TIME.

Note: Basis for rating includes: Interviewer observations of unusual or eccentric appearance as well as reports of eccentric, unusual, or bizarre behavior or appearance.

D. 1. DESCRIPTION: ODD BEHAVIOR OR APPEARANCE

- a. Behavior or appearance that is odd, eccentric, peculiar, disorganized, or bizarre.
- b. Appears preoccupied with and/or interactive with own thoughts.
- c. Inappropriate affect.

Anchors in each scale are intended to provide guidelines and examples of signs for every symptom observed. It is not necessary to meet every criterion in any one anchor to assign a particular rating. Basis for ratings includes both interviewer observations and patient reports.

ODD BEHAVIOR/APPEARANCE

Disorganization Symptom Scale

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
	Questionably unusual appearance, behavior.	Behavior or appearance that appears minimally unusual or odd.	Odd, unusual behavior, interests, appearance, hobbies, or preoccupations that are likely to be considered outside of cultural norms. May exhibit some inappropriate behavior.	Behavior or appearance, that is unconventional by most standards. May appear distracted by apparent internal stimuli. May seem disengaging or off-putting.	Highly unconventional strange behavior or appearance. May, at times, seem preoccupied by apparent internal stimuli. May provide noncontextual responses, or exhibit inappropriate affect. May be ostracized by peers.	Grossly bizarre appearance or behavior (e.g. collecting garbage, talking to self in public). Disconnection of affect and speech.

Rating based on:

Symptom Onset (for symptoms rated at a level 3 or higher)

Record date when the earliest symptom first occurred:

- Entire lifetime or “ever since I can remember”
- Cannot be determined
- Date of onset _____ / _____
Month Year

D. 3. TROUBLE WITH FOCUS AND ATTENTION

INQUIRY:

1. **Have you had difficulty concentrating or being able to focus on a task?**
 Reading? Listening? Is this getting worse than it was before? N NI Y (Record Response)
2. **Are you easily distracted? Easily confused by noises, by other people speaking? Is this getting worse? Have you had trouble remembering things?** N NI Y (Record Response)

FOR ALL RESPONSES, RECORD: DESCRIPTION, ONSET, DURATION, AND CHANGE OVER TIME.

Note: Basis for rating includes: Interviewer observations or patient reports of trouble with focus and attention.

D. 3. DESCRIPTION: TROUBLE WITH FOCUS AND ATTENTION

- a. Failure in focused alertness, manifested by poor concentration, distractibility from internal and external stimuli.
- b. Difficulty in harnessing, sustaining, or shifting focus to new stimuli.
- c. Trouble with short-term memory including holding conversation in memory.

Anchors are intended to provide guidelines and examples of signs for every symptom observed. It is not necessary to meet every criterion in any one anchor to assign a particular rating. Basis for ratings includes interviewer observations and patient reports.

TROUBLE WITH FOCUS AND ATTENTION **Disorganization Symptom Scale**

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
	Lapses of focus under pressure.	Inattention to everyday tasks or conversations.	Problems maintaining focus and attention. Difficulty keeping up with conversations.	Distracted and often loses track of conversations.	Can maintain attention and remain in focus only with outside structure or support.	Unable to maintain attention even with external refocusing.

Rating based on:

Symptom Onset (for symptoms rated at a level 3 or higher)

Record date when the earliest symptom first occurred:

Entire lifetime or “ever since I can remember”

Cannot be determined

Date of onset ____/____/____
Month Year

D. 4. IMPAIRMENT IN PERSONAL HYGIENE

INQUIRY:

- 1. Are you less interested in keeping clean or dressing well? N N I Y (Record Response)
- 2. How often do you shower? (Record Response)
- 3. When is the last time you went shopping for new clothes? (Record Response)

FOR ALL RESPONSES, RECORD: DESCRIPTION, ONSET, DURATION, AND CHANGE OVER TIME.

D. 4. DESCRIPTION: IMPAIRMENT IN PERSONAL HYGIENE

a. Impairment in personal hygiene and grooming. Self neglect.

Anchors in each scale are intended to provide guidelines and examples of signs for every symptom observed. It is not necessary to meet every criterion in any one anchor to assign a particular rating. Basis for ratings includes both interviewer observations and patient reports.

IMPAIRMENT IN PERSONAL HYGIENE **Disorganization Symptom Scale**

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
	Low attention to personal hygiene, but still concerned with appearances.	Low attention to personal hygiene and little concern with physical or social appearance, but still within bounds of convention and/or subculture.	Indifference to conventional and/or subcultural conventions of dress and social cues.	Neglect of social or subcultural norms of hygiene.	Does not bathe regularly. Clothes unkempt, unchanged, unwashed. May have developed an odor.	Poorly groomed and appears not to care or even notice. No bathing and has developed an odor. Inattentive to social cues and unresponsive even when confronted.

Rating based on:

Symptom Onset (for symptoms rated at a level 3 or higher)

Record date when the earliest symptom first occurred:

- Entire lifetime or “ever since I can remember”
- Cannot be determined
- Date of onset _____ / _____

Month
Year

G. GENERAL SYMPTOMS

G.1. SLEEP DISTURBANCE

INQUIRY:

1. **How have you been sleeping recently?** What kinds of difficulty have you been having with your sleep? (include time to bed, to sleep, and to awake, hours of sleep in a 24-hour period, difficulty falling asleep, early awakening, day/night reversal). **(Record Response)**
2. **Do you find yourself tired during the day?** Is your problem with sleeping making it difficult to get through your day? Do you have trouble waking up? **N N I Y (Record Response)**

FOR ALL RESPONSES, RECORD: DESCRIPTION, ONSET, DURATION, AND CHANGE OVER TIME.

Note: Basis for rating includes: Hypersomnia and hyposomnia.

G.1. DESCRIPTION: SLEEP DISTURBANCE

- a. Having difficulty falling asleep.
- b. Waking earlier than desired and not able to fall back asleep.
- c. Daytime fatigue and sleeping during the day.
- d. Day night reversal.
- e. Hypersomnia.

Anchors in each scale are intended to provide guidelines and examples of signs for every symptom observed. It is not necessary to meet every criterion in any one anchor to assign a particular rating. Basis for ratings includes both interviewer observations and patient reports.

SLEEP DISTURBANCE **General Symptom Scale**

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
	Restless sleep.	Some mild difficulty falling asleep or getting back to sleep.	Daytime fatigue resulting from difficulty falling asleep at night or early awakening. Sleeping more than considered average.	Sleep pattern significantly disrupted and has intruded on other aspects of functioning (e.g. trouble getting up for school or work). Difficult to awaken for appointments. Spending a large part of the day asleep.	Significant difficulty falling asleep or awakening early on most nights. May have day/night reversal. Usually not getting to scheduled activities at all.	Unable to sleep at all for over 48 hours.

Rating based on:

Symptom Onset (for symptoms rated at a level 3 or higher)

Record date when the earliest symptom first occurred:

Entire lifetime or “ever since I can remember”

Cannot be determined

Date of onset _____ / _____

Month Year

G. 3. MOTOR DISTURBANCES

INQUIRY:

1. Have you noticed any clumsiness, awkwardness, or lack of coordination in your movements?

N NI Y (Record Response)

FOR ALL RESPONSES, RECORD: DESCRIPTION, ONSET, DURATION, AND CHANGE OVER TIME.

G. 3. DESCRIPTION: MOTOR DISTURBANCES

- a. Reported or observed clumsiness, lack of coordination, difficulty performing activities that were performed without problems in the past.
- b. The development of a new movement such as a nervous habit, stereotypes, characteristic ways of doing something, posture, or copying other peoples’ movements (echopraxia).
- c. Motor blockages (catatonia).
- d. Loss of automatic skills.
- e. Compulsive motor rituals.
- f. Dyskinetic movements of head, face, extremities.

Anchors in each scale are intended to provide guidelines and examples of signs for every symptom observed. It is not necessary to meet every criterion in any one anchor to assign a particular rating. Basis for ratings includes both interviewer observations and patient reports.

MOTOR DISTURBANCES

General Symptom Scale

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
	Awkward.	Reported or observed clumsiness.	Poor coordination. Difficulty performing fine motor movements.	Stereotyped, often inappropriate movements.	Nervous habits, tics, grimacing. Posturing. Compulsive motor rituals.	Loss of natural movements. Motor blockages. Echopraxia. Dyskinesia.

Rating based on:

Symptom Onset (for symptoms rated at a level 3 or higher)

Record date when the earliest symptom first occurred:

Entire lifetime or “ever since I can remember”

Cannot be determined

Date of onset _____ / _____

Month Year

G. 4. IMPAIRED TOLERANCE TO NORMAL STRESS

INQUIRY:

- 1. Are you feeling more tired or stressed than the average person at the end of a usual day? N NI Y (Record Response)
- 2. Do you get thrown off by unexpected things that happen to you during the day? N NI Y (Record Response)
- 3. Are you finding that you are feeling challenged or overwhelmed by some of your daily activities? Are you avoiding any of your daily activities? N NI Y (Record Response)
- 4. Are you finding yourself too stressed, disorganized, or drained of energy and motivation to cope with daily activities? N NI Y (Record Response)

FOR ALL RESPONSES, RECORD: DESCRIPTION, ONSET, DURATION, AND CHANGE OVER TIME.

G. 4. DESCRIPTION: IMPAIRED TOLERANCE TO NORMAL STRESS

- a. Avoids or exhausted by stressful situations that were previously dealt with easily.
- b. Marked symptoms of anxiety or avoidance in response to everyday stressors.
- c. Increasingly affected by experiences that were easily handled in the past. More difficulty habituating.

Anchors in each scale are intended to provide guidelines and examples of signs for every symptom observed. It is not necessary to meet every criterion in any one anchor to assign a particular rating. Basis for ratings includes both interviewer observations and patient reports.

IMPAIRED TOLERANCE TO NORMAL STRESS

General Symptom Scale

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
	Tired or stressed at end of usual day.	Daily stress brings on symptoms of anxiety beyond what might be expected.	Thrown off by unexpected happenings in the usual day.	Increasingly "challenged" by daily experiences.	Avoids or is overwhelmed by stressful situations that arise during day.	Disorganization, panic, apathy, or withdrawal in response to everyday stress.

Symptom Onset (for symptoms rated at a level 3 or higher)

Record date when the earliest symptom first occurred:

- Entire lifetime or "ever since I can remember"
- Cannot be determined
- Date of onset _____ / _____
Month Year

GLOBAL ASSESSMENT OF FUNCTIONING

GAF-M: When scoring consider psychological, social, and occupational functioning on a hypothetical continuum of mental health/illness. Do not include impairment in functioning due to physical health (or environmental) limitations.

<p>NO SYMPTOMS: 100 - 91</p> <p>Superior functioning in a wide range of activities Life's problems never seem to get out of hand Sought out by others because of his or her many positive qualities <i>A person doing exceptionally well in all areas of life = rating 95-100</i> <i>A person doing exceptionally well with minimal stress in one area of life = rating 91-94</i></p>
<p>ABSENT OR MINIMAL SYMPTOMS: 90 - 81</p> <p>Minimal or absent symptoms (e.g. mild anxiety before an examination) Good functioning in all areas and satisfied with life Interested and involved in a wide range of activities Socially effective No more than everyday problems or concerns (e.g. an occasional argument with family members) <i>A person with no symptoms or everyday problems = rating 88-90</i> <i>A person with minimal symptoms or everyday problems = rating 84-87</i> <i>A person with minimal symptoms and everyday problems = rating 81-83</i></p>
<p>SOME TRANSIENT SYMPTOMS: 80 - 71</p> <p>Mild symptoms are present, but they are transient and expectable reactions to psychosocial stressors (e.g. difficulty concentrating after family argument) Slight impairment in social, work, or school functioning (e.g. temporarily falling behind in school or work) <i>A person with EITHER mild symptom(s) OR mild impairment in social, work, or school functioning = rating 78-80</i> <i>A person with mild impairment in more than 1 area of social, work, or school functioning = rating 74-77</i> <i>A person with BOTH mild symptoms AND slight impairment in social, work, and school functioning = rating 71-73</i></p>
<p>SOME PERSISTENT MILD SYMPTOMS: 70 - 61</p> <p>Mild symptoms are present that are NOT just expectable reactions to psychosocial stressors (e.g. mild or lessened depression and/or mild insomnia) Some persistent difficulty in social, occupational, or school functioning (e.g. occasional truancy, theft within the family, or repeated falling behind in school or work) BUT has some meaningful interpersonal relationships <i>A person with EITHER mild persistent symptoms OR mild difficulty in social, work, or school functioning = rating 68-70</i> <i>A person with mild persistent difficulty in more than 1 area of social, work, or school functioning = rating 64-67</i> <i>A person with BOTH mild persistent symptoms AND some difficulty in social, work, and school functioning = rating 61-63</i></p>
<p>MODERATE SYMPTOMS: 60 - 51</p> <p>Moderate symptoms (e.g. frequent, depressed mood and insomnia and/or moderate ruminating and obsessing; or occasional anxiety attacks; or flat affect and circumstantial speech; or eating problems and below minimum safe weight without depression) Moderate difficulty in social, work, or school functioning (e.g. few friends or conflicts with co-workers) <i>A person with EITHER moderate symptoms OR moderate difficulty in social, work, or school functioning = rating 58-60</i> <i>A person with moderate difficulty in more than 1 area of social, work, or school functioning = rating 54-57</i> <i>A person with BOTH moderate symptoms AND moderate difficulty in social, work, and school functioning = rating 51-53</i></p>

Global Assessment of Functioning (cont'd)

SOME SERIOUS SYMPTOMS OR IMPAIRMENT IN FUNCTIONING: 50 - 31

Serious impairment with work, school, or housework if a housewife/househusband (e.g. unable to keep a job or stay in school, or failing school, or unable to care for family and house)
 Frequent problems with the law (e.g. frequent shoplifting, arrests) or occasional combative behavior
 Serious impairment in relationships with friends (e.g. very few or no friends, or avoids what friends s/he has)
 Serious impairment in relationships with family (e.g. frequent fights with family and/or neglects family or has no home)
 Serious impairment in judgment (including inability to make decisions, confusion, disorientation)
 Serious impairment in thinking (including constant preoccupation with thoughts, distorted body image, paranoia)
 Serious impairment in mood (including constant depressed mood plus helplessness and hopelessness, or agitation, or manic mood)
 Serious impairment due to anxiety (panic attacks, overwhelming anxiety)
 Other symptoms: some hallucinations, delusions, or severe obsessional rituals
 Passive suicidal ideation
A person with 1 area of disturbance = rating 48-50
A person with 2 areas of disturbance = rating 44-47
A person with 3 areas of disturbance = rating 41-43
A person with 4 areas of disturbance = rating 38-40
A person with 5 areas of disturbance = rating 34-37
A person with 6 areas of disturbance = rating 31-33

INABILITY TO FUNCTION IN ALMOST ALL AREAS: 30 - 21

Suicidal preoccupation or frank suicidal ideation with preparation
 OR behavior considerably influenced by delusions or hallucinations
 OR serious impairment in communication (sometimes incoherent, acts grossly inappropriately, or profound stuporous depression)
 Serious impairment with work, school, or housework if a housewife/househusband (e.g. unable to keep a job or stay in school, or failing school, or unable to care for family and house)
 Frequent problems with the law (e.g. frequent shoplifting, arrests) or occasional combative behavior
 Serious impairment in relationships with friends (e.g. very few or no friends, or avoids what friends s/he has)
 Serious impairment in relationships with family (e.g. frequent fights with family and/or neglects family or has no home)
 Serious impairment in judgment (including inability to make decisions, confusion, disorientation)
 Serious impairment in thinking (including constant preoccupation with thoughts, distorted body image, paranoia)
 Serious impairment in mood (including constant depressed mood plus helplessness and hopelessness, or agitation, or manic mood)
 Serious impairment due to anxiety (panic attacks, overwhelming anxiety)
 Other symptoms: some hallucinations, delusions, or severe obsessional rituals
 Passive suicidal ideation
A person with any 1 of the first 3 (unique) criteria = rating 21
OR a person with 7 of the combined criteria = rating 28-30
A person with 8-9 of the combined criteria = rating 24-27
A person with 10 of the combined criteria = rating 20-23

Global Assessment of Functioning (cont'd)

IN SOME DANGER OF HURTING SELF OR OTHERS: 20 - 11
<p>Suicide attempts without clear expectation of death (e.g. mild overdose or scratching wrists with people around) Some severe violence or self-mutilating behaviors Severe manic excitement, or severe agitation and impulsivity Occasionally fails to maintain minimal personal hygiene (e.g. diarrhea due to laxatives, or smearing feces) Urgent/emergency admission to the present psychiatric hospital In physical danger due to medical problems (e.g. severe anorexia or bulimia and some spontaneous vomiting or extensive laxative/diuretic/diet pill use, but without serious heart or kidney problems or severe dehydration and disorientation) <i>A person with 1-2 of the 6 areas of disturbance in this category = rating 18-20</i> <i>A person with 3-4 of the 6 areas of disturbance in this category = rating 14-17</i> <i>A person with 5-6 of the 6 areas of disturbance in this category = rating 11-13</i></p>
IN PERSISTENT DANGER OF SEVERELY HURTING SELF OR OTHERS: 10 - 1
<p>Serious suicidal act with clear expectation of death (e.g. stabbing, shooting, hanging, or serious overdose, with no one present) Frequent severe violence or self-mutilation Extreme manic excitement, or extreme agitation and impulsivity (e.g. wild screaming and ripping the stuffing out of a bed mattress) Persistent inability to maintain minimal personal hygiene Urgent/emergency admission to present psychiatric hospital In acute, severe danger due to medical problems (e.g. severe anorexia or bulimia with heart/kidney problems, or spontaneous vomiting WHENEVER food is ingested, or severe depression with out-of-control diabetes) <i>A person with 1-2 of the 6 areas of disturbance in this category = rating 8-10</i> <i>A person with 3-4 of the 6 areas of disturbance in this category = rating 4-7</i> <i>A person with 5-6 of the 6 areas of disturbance in this category = rating 1-3</i></p>

Adapted from: Hall, R. (1995). Global assessment of functioning: A modified scale, *Psychosomatics*, 36, 267-275.

Current Score: _____ **Score One Year Ago:** _____

SCHIZOTYPAL PERSONALITY DISORDER CRITERIA

Genetic Risk and Deterioration Prodromal State - Genetic risk as defined by SIPS 5.5 involves meeting DSM-5 criteria for lifetime Schizotypal Personality Disorder (See below) and/or having a first degree relative with a psychotic disorder (See p. 7).

DSM-5 - Schizotypal Personality Disorder:

A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior. Onset can be traced back at least to adolescence or early adulthood. In persons under age 18 years, features must have been present for at least 1 year.

LIFETIME SCHIZOTYPAL PERSONALITY DISORDER as indicated by five (or more) of the following occurring during the same month at some time:

DSM-5 Schizotypal Personality Disorder Criteria - Rated based on responses to the interview.	Yes	No
a. Ideas of reference (excluding delusions of reference)		
b. Odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms (e.g., superstitiousness, belief in clairvoyance, telepathy, or “sixth sense”; in children and adolescents, bizarre fantasies or preoccupations)		
c. Unusual perceptual experiences, including bodily illusions		
d. Odd thinking and speech (e.g., vague, metaphorical, overelaborate, or stereotyped)		
e. Suspiciousness or paranoid ideation		
f. Inappropriate or constricted affect		
g. Behavior or appearance that is odd, eccentric, or peculiar		
h. Lack of close friends or confidants other than first-degree relatives		
i. Excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self		
Does the patient meet lifetime criteria for DSM-5 Schizotypal Personality Disorder?		

SUMMARY OF SIPS DATA

Positive Symptom Scale

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe but Not Psychotic	6 Severe and Psychotic
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Positive Symptoms

P1. Unusual Thought Content/Delusional Ideas (p. 11)	0	1	2	3	4	5	6
P2. Suspiciousness/Persecutory Ideas (p. 13)	0	1	2	3	4	5	6
P3. Grandiosity (p. 15)	0	1	2	3	4	5	6
P4. Perceptual Abnormalities/Hallucinations (p. 18)	0	1	2	3	4	5	6
P5. Disorganized Communication (p. 20)	0	1	2	3	4	5	6

Negative, Disorganized, General Symptom Scale

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
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Negative Symptoms

N1. Social Anhedonia (p. 21)	0	1	2	3	4	5	6
N2. Avolition (p. 22)	0	1	2	3	4	5	6
N3. Expression of Emotion (p. 23)	0	1	2	3	4	5	6
N4. Experience of Emotions and Self (p. 24)	0	1	2	3	4	5	6
N5. Ideational Richness (p. 25)	0	1	2	3	4	5	6
N6. Occupational Functioning (p. 26)	0	1	2	3	4	5	6

Disorganization Symptoms

D1. Odd Behavior or Appearance (p. 27)	0	1	2	3	4	5	6
D2. Bizarre Thinking (p. 28)	0	1	2	3	4	5	6
D3. Trouble with Focus and Attention (p. 29)	0	1	2	3	4	5	6
D4. Personal Hygiene (p. 30)	0	1	2	3	4	5	6

General Symptoms

G1. Sleep Disturbance (p. 31)	0	1	2	3	4	5	6
G2. Dysphoric Mood (p. 32)	0	1	2	3	4	5	6
G3. Motor Disturbances (p. 33)	0	1	2	3	4	5	6
G4. Impaired Tolerance to Normal Stress (p. 34)	0	1	2	3	4	5	6

GAF (p. 37) Current _____ One Year Ago _____

Schizotypal Personality Disorder (p. 38) yes _____ no _____

Family History of Psychotic Illness (p. 7) yes _____ no _____

SUMMARY OF SIPS SYNDROME CRITERIA

I. Rule out lifetime psychosis: PRESENCE OF PSYCHOTIC SYNDROME (POPS)

Psychotic Syndrome		Yes	No
A.	Are any of the SOPS P1-P5 Scales scored 6, or have they ever been?		
B.	If Yes to A, are the symptoms seriously <i>disorganizing</i> or <i>dangerous</i> , or have they ever been?		
C.	If Yes to A, did the symptoms ever occur for at least one hour per day at an average frequency of four days per week over one month?		

If Yes to A and B or A and C, the subject meets criteria for lifetime psychosis.

Note: Date when criteria first achieved (mm/dd/yy): _____

IF LIFETIME PSYCHOSIS IS RULED OUT, then RULE IN PSYCHOSIS RISK SYNDROMES (Criteria Of Psychosis-risk Syndromes, COPS 5.5). For each of the three syndromes (BIPS, APSS, GRD), first determine whether lifetime criteria have ever been met and if so then identify the appropriate current status.

II. Brief Intermittent Psychosis psychosis-risk Syndrome (BIPS)

A. Lifetime BIPS		Yes	No
1.	Have any of the SOPS P1-P5 Scales ever scored 6, currently or in the past?		
2.	Have any symptoms where 1=Yes ever <i>not</i> been explained better by another DSM disorder?		
3.	Have any symptoms where 2=Yes ever been present for at least several minutes per day at a frequency of at least once per month?		

If any of 1-3 are No, check here _____. The subject does NOT meet lifetime criteria for BIPS.

Skip to CURRENT STATUS OF BIPS.

If all of 1-3 are Yes, check here _____. The subject DOES meet lifetime criteria for BIPS.

Check which symptoms have met lifetime BIPS criteria: P1 __, P2 __, P3 __, P4 __, P5 __.

Note date when Lifetime BIPS criteria were first achieved (mm/dd/yy): _____.

Proceed to B. BIPS Progression.

B. BIPS Progression		Yes	No
1.	Are any lifetime qualifying symptoms for BIPS currently scored 6 over the past month?		
2.	Are any symptoms where 1=Yes currently <i>not</i> explained better by another DSM disorder?		
3.	Do any symptoms where 2=Yes currently occur at least several minutes per day at least once in the past month?		
4.	Did any symptoms where 3=Yes begin or worsen to a 6 in the past three months?		

If any of 1-4 are No, check here _____. The subject does NOT meet criteria for BIPS Progression.

Proceed to C. BIPS Persistence.

If all of 1-4 are Yes, check here _____. The subject DOES meet criteria for BIPS Progression.

Check which lifetime qualifying symptoms currently meet BIPS Progression criteria: P1 __, P2 __, P3 __, P4 __, P5 __.

Note date when current BIPS Progression began (mm/dd/yy): _____.

Skip to Quality Check and CURRENT STATUS OF BIPS.

C. BIPS Persistence		Yes	No
1.	Do B.1-B.3 above all=Yes?		
2.	Does B.4 above=No?		

If 1 is No, check here _____. The subject does NOT meet criteria for BIPS Persistence.

Proceed to D. BIPS Partial Remission, first pathway.

If 1 and 2 are both Yes, check here _____. The subject DOES meet criteria for BIPS Persistence.

Check which lifetime qualifying symptoms currently meet BIPS Persistence criteria: P1 __, P2 __, P3 __, P4 __, P5 __.

Note date when current BIPS Persistence began (mm/dd/yy): _____.

Skip to Quality Check and CURRENT STATUS OF BIPS.

D. BIPS Partial Remission, first pathway		Yes	No
1.	Is B.1 above=Yes?		
2.	Is B.2 above=Yes?		
3.	Have any lifetime qualifying symptoms for BIPS where 1 or 2=No been so for six months or less?		

If 1 and 2 are both Yes, check here ____.

Proceed to E. BIPS Partial Remission, second pathway.

If 1 or 2 are No, and if 3 is No, check here _____. The subject does NOT meet criteria for BIPS Partial Remission.

Skip to F. BIPS Full Remission.

If 1 or 2 is No, and if 3 is Yes, check here _____. The subject DOES meet criteria for BIPS Partial Remission.

Check which lifetime qualifying symptoms currently meet BIPS Partial Remission criteria: P1 __, P2 __, P3 __, P4 __, P5 __.

Note date when current BIPS Partial Remission began (mm/dd/yy): _____.

Skip to Quality Check and CURRENT STATUS OF BIPS.

E. BIPS Partial Remission, second pathway		Yes	No
1.	Has any symptom where D.1 and D.2 both=Yes currently failed to occur at least several minutes per day at least once in the past month?		

If 1 is Yes, check here _____. The subject DOES meet criteria for BIPS Partial Remission.

Check which lifetime qualifying symptoms currently meet BIPS Partial Remission criteria: P1 __, P2 __, P3 __, P4 __, P5 __.

Note date when current BIPS Partial Remission began (mm/dd/yy): _____.

Skip to Quality Check and CURRENT STATUS OF BIPS.

F. BIPS Full Remission		Yes	No
1.	Do all lifetime qualifying symptoms for BIPS currently score 5 or lower for more than six months?		
2.	Are all symptoms where 1=No currently explained better by another DSM disorder and for more than six months?		

If 1 or 2 are Yes, check here _____. The subject DOES meet criteria for BIPS Full Remission.

Check which lifetime qualifying symptoms currently meet BIPS Full Remission criteria: P1 __, P2 __, P3 __, P4 __, P5 __.

Note date when current BIPS Full Remission began (mm/dd/yy): _____.

Proceed to Quality Check and CURRENT STATUS OF BIPS.

Quality Check: If the subject meets BIPS lifetime criteria (A above), at least one positive symptom must currently meet progression, persistence or partial remission criteria OR all lifetime qualifying symptoms for BIPS must currently meet full remission criteria.

Check that this test is met _____.

CURRENT STATUS OF BIPS (please check one):

- NA (never BIPS lifetime)
- BIPS current progression
- BIPS current persistence
- BIPS current partial remission
- BIPS current full remission

III. Attenuated Positive Symptom psychosis-risk Syndrome (APSS)

A. Lifetime APSS		Yes	No
1.	Have any of the SOPS P1-P5 Scales ever scored 3-5, currently or in the past?		
2.	Have any symptoms where 1=Yes ever <i>not</i> been explained better by another DSM disorder?		
3.	Have any symptoms where 2=Yes ever been present at an average frequency of at least once per week over a month?		

If any of 1-3 are No, check here _____. The subject does NOT meet lifetime criteria for APSS.

Skip to CURRENT STATUS OF APSS.

If all of 1-3 are Yes, check here _____. The subject DOES meet lifetime criteria for APSS.

Check which symptoms have met lifetime APSS criteria: P1 __, P2 __, P3 __, P4 __, P5 __.

Note date when Lifetime APSS criteria were first achieved (mm/dd/yy): _____.

Proceed to B. APSS Progression.

B. APSS Progression		Yes	No
1.	Are any lifetime qualifying symptoms for APSS currently scored 3-5 over the past month?		
2.	Are any symptoms where 1=Yes currently <i>not</i> explained better by another DSM disorder?		
3.	Do any symptoms where 2=Yes currently occur at an average frequency of at least once per week over the past month?		
4.	Did any symptoms where 3=Yes begin within the past year, or do any currently rate one or more scale points higher compared to 12 months ago?		

If any of 1-4 are No, check here _____. The subject does NOT meet criteria for APSS Progression.
 Proceed to C. APSS Persistence.

If all of 1-4 are Yes, check here _____. The subject DOES meet criteria for APSS Progression.
 Check which lifetime qualifying symptoms currently meet APSS Progression criteria: P1 __, P2 __, P3 __, P4 __, P5 __.
 Note date when current APSS Progression began (mm/dd/yy): _____.
 Skip to Quality Check and CURRENT STATUS OF APSS.

C. APSS Persistence		Yes	No
1.	Do B.1-B.3 above all=Yes?		
2.	Does B.4 above=No?		

If 1 is No, check here _____. The subject does NOT meet criteria for APSS Persistence.
 Proceed to D. APSS Partial Remission, first pathway.

If 1 and 2 are both Yes, check here _____. The subject DOES meet criteria for APSS Persistence.
 Check which lifetime qualifying symptoms currently meet APSS Persistence criteria: P1 __, P2 __, P3 __, P4 __, P5 __.
 Note date when current APSS Persistence began (mm/dd/yy): _____.
 Skip to Quality Check and CURRENT STATUS OF APSS.

D. APSS Partial Remission, first pathway		Yes	No
1.	Is B.1 above=Yes?		
2.	Is B.2 above=Yes?		
3.	Have any lifetime qualifying symptoms for APSS where 1 or 2=No been so for six months or less?		

If 1 and 2 are both Yes, check here _____.
 Proceed to E. APSS Partial Remission, second pathway.
 If 1 or 2 are No, and if 3 is No, check here _____. The subject does NOT meet criteria for APSS Partial Remission.
 Skip to F. APSS Full Remission.

If 1 or 2 is No, and if 3 is Yes, check here _____. The subject DOES meet criteria for APSS Partial Remission.
 Check which lifetime qualifying symptoms currently meet APSS Partial Remission criteria: P1 __, P2 __, P3 __, P4 __, P5 __.
 Note date when current APSS Partial Remission began (mm/dd/yy): _____.
 Skip to Quality Check and CURRENT STATUS OF APSS.

E. APSS Partial Remission, second pathway		Yes	No
1.	Has any symptom where and D.1 and D.2 both=Yes currently failed to occur at an average frequency of at least once per week over the past month?		

If 1 is Yes, check here _____. The subject DOES meet criteria for APSS Partial Remission.
 Check which lifetime qualifying symptoms currently meet APSS Partial Remission criteria: P1 __, P2 __, P3 __, P4 __, P5 __.
 Note date when current APSS Partial Remission began (mm/dd/yy): _____.
 Skip to Quality Check and CURRENT STATUS OF APSS.

F. APSS Full Remission		Yes	No
1.	Do all lifetime qualifying symptoms for APSS currently score 2 or lower for more than six months?		
2.	Are all symptoms where 1=No currently explained better by another DSM disorder and for more than six months?		

If 1 or 2 are Yes, check here _____. The subject DOES meet criteria for APSS Full Remission.
 Check which lifetime qualifying symptoms currently meet BIPS Full Remission criteria: P1 __, P2 __, P3 __, P4 __, P5 __.
 Note date when current APSS Full Remission began (mm/dd/yy): _____.
 Proceed to Quality Check and CURRENT STATUS OF APSS.

Quality Check: If the subject meets APSS lifetime criteria (A above), at least one positive symptom must currently meet progression, persistence or partial remission criteria OR all lifetime qualifying symptoms for APSS must currently meet full remission criteria.
 Check that this test is met _____.

CURRENT STATUS OF APSS (please check one):

- NA (never APSS lifetime)
- APSS current progression
- APSS current persistence
- APSS current partial remission
- APSS current full remission

IV. Genetic Risk and functional Decline psychosis-risk syndrome (GRD)

A. Lifetime GRD		Yes	No
1.	Have SIPS criteria for lifetime Schizotypal Personality Disorder ever been met, currently or in the past?		
2.	Is there a first degree relative with a psychotic disorder?		
3.	Has there ever been at least a 30% drop in GAF score over a 12 month period, currently or in the past?		

If 1 and 2 are No, or if 3 is No, check here _____. The subject does NOT meet lifetime criteria for GRD.

Skip to CURRENT STATUS OF GRD.

If 1 or 2 are Yes, and if 3 is also Yes, check here _____. The subject DOES meet lifetime criteria for GRD.

Note date when Lifetime GRD criteria were first achieved (mm/dd/yy): _____.

Record 4 GAFs: a. when Lifetime GRD criteria first achieved _____, b. 12 months before criteria first achieved _____, c. current (past month) _____, d. 12 months before current _____. %s: a/b _____, c/d _____, c/b _____.

Proceed to B. GRD Progression.

B. GRD Progression		Yes	No
1.	Is the current GAF score at least 30% lower than it was 12 months ago (c/d above)?		

If 1 is No, check here _____. The subject does NOT meet criteria for GRD Progression.

Proceed to C. GRD Persistence.

If 1 is Yes, check here _____. The subject DOES meet criteria for GRD Progression.

Note date when current GRD Progression began (mm/dd/yy): _____.

Skip to CURRENT STATUS OF GRD.

C. GRD Persistence		Yes	No
1.	Is current GAF < 90% of its level 12 months before the first lifetime qualification for GRD (c/b above)?		

If 1 is No, check here _____. The subject does NOT meet criteria for GRD Persistence.

Proceed to D. GRD Partial Remission.

If 1 is Yes, check here _____. The subject DOES meet criteria for GRD Persistence.

Note date when current GRD Persistence began (mm/dd/yy): _____.

Skip to CURRENT STATUS OF GRD.

D. GRD Partial Remission		Yes	No
1.	Has the current GAF score been at least 90% its level 12 months before the first lifetime GRD qualification (c/b above) and for six months or less?		

If 1 is No, check here _____. The subject does NOT meet criteria for GRD Partial Remission.

Proceed to E. GRD Full Remission.

If 1 is Yes, check here _____. The subject DOES meet criteria for GRD Partial Remission.

Note date when current GRD Partial Remission began (mm/dd/yy): _____.

Skip to CURRENT STATUS OF GRD.

E. GRD Full Remission		Yes	No
1.	Has the current GAF score been at least 90% of its level 12 months before the first lifetime GRD qualification (c/b above) and for more than six months?		

If 1 is Yes, check here _____. The subject DOES meet criteria for GRD Full Remission.

Note date when current GRD Full Remission began (mm/dd/yy): _____.

Proceed to CURRENT STATUS OF GRD.

CURRENT STATUS OF GRD (please check one):

- NA (never GRD lifetime)
- GRD current progression
- GRD current persistence
- GRD current partial remission
- GRD current full remission

V. Determine overall lifetime and current status of PSYCHOSIS-RISK SYNDROME: (COPS 5.5)

A. Lifetime Psychosis-risk Syndrome	Yes	No
Have lifetime criteria for any of BIPS, APSS, or GRD ever been met?		

If No, skip remainder of this section.

If Yes, the subject meets criteria for lifetime psychosis-risk syndrome.

Proceed to B to determine current status, following the dictum: Progression trumps Persistence trumps Partial Remission trumps Full Remission.

B. Psychosis-risk Syndrome, Current Progression	Yes	No
Are any of BIPS, APSS, or GRD currently progressive?		

If Yes, the subject meets criteria for psychosis-risk syndrome, CURRENTLY PROGRESSIVE.

If No, proceed to C. Current PERSISTENCE.

C. Psychosis-risk Syndrome, Current Persistence	NA	Yes	No
If no to B, are any of BIPS, APSS, or GRD currently persistent?			

If Yes, the subject meets criteria for psychosis-risk syndrome, CURRENTLY PERSISTENT.

If No, proceed to B. Current Progression.

D. Psychosis-risk Syndrome, Current Partial Remission	NA	Yes	No
If no to B and C, are any of BIPS, APSS, or GRD currently in partial remission?			

If Yes, the subject meets criteria for lifetime psychosis-risk syndrome, CURRENTLY PARTIALLY REMITTED.

If No, proceed to B. Current Progression.

E. Psychosis-risk Syndrome, Current Full Remission	NA	Yes	No
If no to B-D, are all Lifetime Psychosis-risk Syndromes currently in full remission?			

If Yes, the subject meets criteria for psychosis-risk syndrome, CURRENTLY FULLY REMITTED.

DSM-5 ATTENUATED PSYCHOSIS SYNDROME

and SIPS 5.5 criteria for lifetime DSM-5 Attenuated Psychosis Syndrome and current statuses

Published DSM-5 Criteria (APA, 2013) A. through F.		Yes	No
A-C, E, F.	Does patient meet SIPS 5.5 criteria for APSS current progression (III.B, page 42)?		
D.	Are current attenuated positive symptoms sufficiently distressing and disabling to the patient to warrant clinical attention?		

If both are Yes, the patient meets DSM-5 criteria for Attenuated Psychosis Syndrome.

SIPS 5.5 criteria for lifetime DSM-5 Attenuated Psychosis Syndrome and current statuses

SIPS 5.5 lifetime version of DSM-5 Criteria A. through F.		Yes	No
A-B, E, F.	Does the patient meet SIPS 5.5 criteria for lifetime APSS (III.A, page 42)?		
D.	When the attenuated positive symptoms are/were present, are/were they ever sufficiently distressing and disabling to the patient to warrant clinical attention?		

If both are Yes, the patient meets SIPS 5.5 criteria for a lifetime version of DSM-5 Attenuated Psychosis Syndrome.

SIPS 5.5 criteria for progressive current status of lifetime DSM-5 Attenuated Psychosis Syndrome		Yes	No
A-C, E, F.	Does the patient meet SIPS 5.5 criteria for APSS current progression? ((III.B, page 42)		
D.	Are attenuated positive symptoms sufficiently distressing and disabling to the patient to warrant clinical attention?		

If both are Yes, the patient meets SIPS 5.5 criteria for lifetime DSM-5 Attenuated Psychosis Syndrome, current progression.

SIPS 5.5 criteria for persistent current status of lifetime DSM-5 Attenuated Psychosis Syndrome		Yes	No
A-B, E, F.	Does the patient meet SIPS 5.5 criteria for APSS current persistence? ((III.C, page 42)		
D.	Are attenuated positive symptoms sufficiently distressing and disabling to the patient to warrant clinical attention?		

If both are Yes, the patient meets SIPS 5.5 criteria for lifetime DSM-5 Attenuated Psychosis Syndrome, current persistence.

SIPS 5.5 criteria for partial remission current status of lifetime DSM-5 Attenuated Psychosis Syndrome		Yes	No
A-F.	Does the patient meet SIPS 5.5 criteria for a lifetime version of DSM-5 Attenuated Psychosis Syndrome? (above)		
	Does the patient meet SIPS 5.5 criteria for APSS current partial remission, either pathway? (III.D or E3, pages 42-43)		

If both are Yes, the patient meets SIPS 5.5 criteria for lifetime DSM-5 Attenuated Psychosis Syndrome, current partial remission.

SIPS 5.5 criteria for full remission current status of lifetime DSM-5 Attenuated Psychosis Syndrome		Yes	No
A-F.	Does the patient meet SIPS 5.5 criteria for a lifetime version of DSM-5 Attenuated Psychosis Syndrome? (above)		
	Does the patient meet SIPS 5.5 criteria for APSS current full remission? (III.F, page 43)		

If both are Yes, the patient meets SIPS 5.5 criteria for lifetime DSM-5 Attenuated Psychosis Syndrome, current full remission.