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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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. "Dangerous" means physically dangerous to life or health. "Seriously disorganizing" means dangerous to personal dignity or reputation.

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. **Diagnosis of Brief Intermittent Psychotic Syndrome (BIPS)**
   A diagnosis of Brief Intermittent Psychotic Syndrome is defined by frankly psychotic symptoms that are very brief or intermittent. To meet diagnostic criteria for BIPS, a psychotic intensity symptom (SOPS score = 6, "severity criterion"), must at some point 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. **Diagnosis of Attenuated Positive Symptom Syndrome (APSS)**
   A diagnosis of 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 at some point have rated 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 then-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. **Diagnosis of Genetic Risk and Deterioration syndrome (GRD)**
   A diagnosis of 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 diagnosis
(Criteria Summaries on p. 40-43).

For each psychosis-risk syndrome diagnosis, 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 previously qualifying symptoms no longer meet frequency or attribution criteria or have no longer met severity criteria but for six months of less. BIPS or APSS Full Remission is selected when no qualifying 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 5.6 also generates DSM-5 Section 3 Attenuated Psychosis Syndrome diagnoses (page 44).

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). Rate the highest the symptom has been for at least several minutes within this time period.

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. The interview is semi-structured, meaning that the interviewer may include additional unstructured questions if needed to establish rating.

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/TENACITY: 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 subject 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

INSTRUCTIONS: SOPS ITEM RATINGS

Each item is based on measurement concepts articulated in the Inquiry, Qualifier, and Description sections for that item and enumerated in the bold text just above the severity scale. Some items address only one measurement concept and others address as many as four. For each item, at least one measurement concept is *deterministic* of the rating, as indicated by the bold text just above the severity scale saying that the rating is "based on" these concept(s). When more than one concept is deterministic, choose a single rating for the item, weighting each deterministic concept equally.

Some items have additional measurement concepts that are not deterministic but *supportive*. The rating based on the deterministic concepts will generally, but need not necessarily, match the anchor descriptions of the corresponding supportive measurement concepts.

When having difficulty deciding between two levels based on the deterministic concept(s), employ the following strategies, in order. First, take into account item anchor descriptions concerning any supportive concepts. For example, if undecided on a positive item between 4 and 5 and anchor descriptions of distress and interference match 4, rate 4. If still undecided, consider which anchor title/header globally fits better (e.g. moderate vs moderately severe unusual thoughts). If still undecided, rate to the extreme of the scale at either end (e.g. if undecided between 2 and 3, rate 2; if undecided between 3 and 4, rate 4).

Positive Symptoms

- Ratings of 0-2 are in the normal range. A rating of 0 is completely normal and 1 and 2 are less frequent gradations of normal.
- Ratings of 3 to 5 are in the risk syndrome range.
- A rating of 6 is frankly psychotic symptom severity. Note that while other rating scales may provide gradations for the severity of frank psychosis, such as moderate frank psychosis, severe frank psychosis, extreme frank psychosis, etc, the SOPS does not.
- A rating of 3 is when a symptom meets criteria for psychopathology (not in the normal range). The person must readily self-disclose skepticism as to the reality of the symptom. Generally the symptom is also distressing to the person and/or interferes with thinking, feeling, or social relations, but not necessarily.
- A rating of 4 is when a symptom meets criteria for psychopathology that is formed or more intense. The person can still self-generate skepticism, but doing so requires some time and effort. Generally the symptom is also distressing and/or interferes with thinking, feeling, or social relations *and* sometimes causes a change in their behavior, but not necessarily.
- A rating of 5 is when there is all but delusional conviction. Skepticism can only be elicited by others.
- A rating of 6 is when there is delusional conviction. Skepticism cannot be induced. If no one is/was present to challenge beliefs, infer delusional conviction at the time from effects on behavior.
- Must always consider the impact of subcultural beliefs on the item. If consistent with identifiable subcultural norms, do not rate higher than 2.
- Symptoms can affect social relations without affecting a person's behavior, if the symptom only causes changes in other people's behavior.
- A "reality check," meaning an expected reaction to determine whether the symptom is really happening, such as turning to look when hearing one's name called, does not qualify as affecting behavior.

Negative, Disorganization, and General Symptoms

- A rating of 0 is completely normal and 1 and 2 are less frequent gradations of normal. Risk syndrome patients or frankly psychotic patients can score at any level, including 0 and 6.

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

INSTRUCTIONS: SYMPTOM ONSET, WORSENING, AND FREQUENCY

Following each **Rating rationale:** section, a rating box is shown. For positive symptoms the box has four parts (see below); for other symptoms one part (symptom onset).

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 psychiatric, medical, or substance disorder or by medication side effects. 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: ☐ "Ever since I can recall" ☐ 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: ☐ ≥ 1h/d, ≥ 4d/wk ☐ ≥ several minutes/d, ≥ 1x/mo ☐ ≥ 1x/wk ☐ none of above	Symptoms are better explained by another DSM disorder. Check one: ☐ Likely ☐ Not likely

THE SIPS INTERVIEW

Subject Overview:

The purpose of the overview is to obtain information about what has brought the person to the interview, recent functioning, and educational, developmental, occupational, and social history.

The overview should include:

- Any behaviors and symptoms obtained from the phone screen or prescreen (if applicable).
- Occupational or academic functioning history, including any recent changes. Include participation in special education programs.
- Developmental history, including pregnancy and delivery
- Social history and any recent changes
- Trauma history
- History of substance use
- Medical history, including hospitalizations, operations, head injuries, and medical conditions

Now I'd like to ask you some more general questions. How have things been going for you recently?

Overview (cont'd):

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___

P. POSITIVE SYMPTOMS

P. 1. UNUSUAL THOUGHT CONTENT/DELUSIONAL IDEAS

The following questions are organized in sections and probe for both psychotic, delusional thinking and for non-psychotic, unusual thought content.
These experiences are rated on the SOPS P1 Scale at the end of the inquiries.

Y=YES N=NO NI=NO INFORMATION

PERPLEXITY AND DELUSIONAL MOOD

INQUIRY:

1. Have you had the feeling that something odd is going on or that something is wrong that you can't explain? **N NI Y (Record Qualifiers)**

2. Have you ever been confused at times whether something you have experienced is real or imaginary? **N NI Y (Record Qualifiers)**

3. Do familiar people or surroundings ever seem strange? Confusing? Unreal? Not a part of the living world? Alien? Inhuman? Evil? **N NI Y (Record Qualifiers)**

4. Does your experience of time seem to have changed? Unnaturally faster, unnaturally slower? **N NI Y (Record Qualifiers)**

5. Do you ever seem to live through events exactly as you have experienced them before? **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? Does it affect your thinking or your feelings or your relations with others?**
- **DEGREE OF CONVICTION/MEANING/TENACITY: 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?**

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? What about a computer, cell phone, or other electronic device?** **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? Does it affect your thinking or your feelings or your relations with others?**
- **DEGREE OF CONVICTION/MEANING/TENACITY: 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?** For younger adolescents include ghosts, demons, witchcraft. **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? Does it affect your thinking or your feelings or your relations with others?**
- **DEGREE OF CONVICTION/MEANING/TENACITY: 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? Does it affect your thinking or your feelings or your relations with others?**
- **DEGREE OF CONVICTION/MEANING/TENACITY: 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?**

DESCRIPTION: TYPES OF UNUSUAL THOUGHT CONTENT/DELUSIONAL IDEAS

Some types of unusual thought content are common in the general population or subcultures, such as déjà vu or memory "mind tricks" or superstitions or unusually valued ideas on religious, existential etc themes but within cultural norms. Such symptoms generally do not cause distress or interfere with thinking, feeling, social relations, or behavior. These types rate 1-2. Other types of unusual thought content listed below are pathological and uncommon in the general population or subcultures and thus rate 3-6. Symptoms of this type will generally be distressing and/or interfere with thinking, feeling, social relations, or behavior.

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.
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 ideas. Preoccupation with religious, meditation, philosophical, or existential themes. Magical thinking (e.g. belief in clairvoyance, uncommon religious beliefs).
e. Unusual ideas about the body, guilt, nihilism, jealousy and religion.

P. 1. UNUSUAL THOUGHT CONTENT/DELUSIONAL IDEAS

From the preceding Inquiries, Qualifiers, and Description, choose the level that best describes the subject on the scale below, based equally on the type of unusual ideas and the tenacity of belief in the unusual ideas. That level will generally but not necessarily match the supporting descriptions of distress from the unusual ideas and/or interference with life or functioning by unusual ideas. Basis for ratings includes both interviewer observations and subject reports.

UNUSUAL THOUGHT CONTENT/DELUSIONAL IDEAS **Positive Symptom 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
No unusual thoughts.	Unusual thoughts such as déjà vu or other "mind tricks" that occur often in the general population.	Unusual thoughts such as over interested in fantasy life or unusually valued ideas/beliefs or superstitions. Beliefs beyond what might be expected by the average person but within cultural norms.	Unusual thoughts such as pathological ideas/experiences/ mental events that seem to come from within and to be imaginary.	Unusual thoughts with the sense that pathological ideas/experiences /mental events may be coming from outside oneself or may be real.	Unusual thoughts such as pathological ideas/experiences/ mental events that seem real and external to self.	Unusual thoughts such as pathological ideas /experiences/ mental events that feel completely real and distinct from the person's own experiences.
No tenacity of unusual thoughts.	Fleeting sense that something is different.	May defend beliefs.	Experiences seem meaningful because they recur and will not go away. Self-generates skepticism with little effort.	Able to self-generate skepticism with effort.	Skepticism can be induced, but only by the efforts of others.	Qualifies as delusional conviction: skepticism cannot be induced, at least intermittently.
No distress from unusual thoughts.	May be experienced as curious.	May be puzzling but not distressing. Ignorable.	May be unanticipated, puzzling and distressing. Unwilled, and not easily ignored.	May be distracting, bothersome.	Content may be familiar, anticipated. May cause significant distress.	May cause severe distress.
No interference by unusual thoughts.	Thinking, feeling, social relations and behavior not affected.	Thinking, feeling, or social relations may be altered but not impaired. Behavior not affected.	Thinking, feeling, or social relations may sometimes be affected. Behavior not affected.	Thinking, feeling, or social relations may often be affected. Behavior may sometimes be affected.	Thinking, feeling, or social relations may be affected daily. Behavior may often be affected.	May interfere persistently with thinking, feeling, or social relations and with behavior.

Rating rationale:_____

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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: ☐ "Ever since I can recall" ☐ Date of onset ___/___ Month/Year	Record most recent date when a positive symptom currently rated 3-6 experienced an increase by at least one point: Date of worsening ___/___ Month/Year	Check all that apply: ☐ ≥ 1h/d, ≥ 4d/wk ☐ ≥ several minutes/d, ≥ 1x/mo ☐ ≥ 1x/wk ☐ none of above	Symptoms are better explained by another DSM disorder. Check one: ☐ Likely ☐ Not likely

P. 2. SUSPICIOUSNESS/PERSECUTORY IDEAS

The following questions probe for paranoid ideas of reference, paranoid thinking or suspiciousness. They are rated on the SOPS P2 Scale at the end of the queries.

SUSPICIOUSNESS/PERSECUTORY IDEAS

INQUIRY:

1. Do you ever feel that people around you are thinking about you in a negative way?
Have you ever found out later that this was not true or that your suspicions were unfounded? **N NI Y (Record Qualifiers)**

2. Have you ever found yourself feeling mistrustful or suspicious of other people? N NI Y (Record Qualifiers)

3. Do you ever feel that you have to pay close attention to what's going on around you in order to feel safe? N NI Y (Record Qualifiers)

4. Do you ever feel like you are being singled out or watched? N NI Y (Record Qualifiers)

5. Do you ever feel people might be intending to harm you? Do you have a sense of who that might be? **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? Does it affect your thinking or your feelings or your relations with others?**
- **DEGREE OF CONVICTION/MEANING/TENACITY: 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?**

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DESCRIPTION: TYPES OF SUSPICIOUSNESS/PERSECUTORY IDEAS

Some types of suspicious ideas are common in the general population or subcultures and generally do not cause distress or interfere with thinking, feeling, social relations, or behavior. These types rate 1-2. Other types of suspicious ideas listed below are pathological and uncommon in the general population or subcultures and thus rate 3-6. Symptoms of this type will generally be distressing and/or interfere with thinking, feeling, social relations, or behavior.

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

P. 2. SUSPICIOUSNESS/PERSECUTORY IDEAS

From the preceding Inquiries, Qualifiers, and Description, choose the level that best describes the subject on the scale below, based equally on the type of suspicious ideas and the tenacity of belief in the suspicious ideas. That level will generally but not necessarily match the supporting descriptions of distress from the suspicious ideas and/or interference with life or functioning by suspicious ideas. Basis for ratings includes both interviewer observations and subject reports.

SUSPICIOUSNESS/PERSECUTORY IDEAS **Positive Symptom 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
No suspicious ideas.	Suspicious ideas such as occasional uncertainty about others' meaning or intent. Cautious.	Suspicious ideas such as concerns about safety. Beliefs beyond what might be expected by the average person but within cultural norms.	Suspicious ideas such as unfounded sense that people might be thinking or saying negative things about person. Concerns that people are untrustworthy and/or may harbor ill will.	Suspicious ideas such as being the object of negative attention. Sense that people may wish harm. Sense that ideas/experiences/ beliefs may be real.	Suspicious ideas such as beliefs about danger from hostile intentions of others that seem real.	Suspicious ideas such as ideas /experiences/ beliefs that feel completely real.
No tenacity of suspicious ideas.	Fleeting sense that something is different.	May defend beliefs.	Experiences seem meaningful because they are recurrent and will not go away. Self-generates skepticism with little effort.	Able to self-generate skepticism with effort.	Skepticism can be induced, but only by the efforts of others.	Qualifies as paranoid delusional conviction: skepticism cannot be induced, at least intermittently.
No distress from suspicious ideas.	May have wariness.	May be some apprehension but not distressing.	May have sense of unease.	May be preoccupying, distressing.	May be anxious, unsettled. May often cause significant distress.	May be severely distressed: frightened, avoidant, watchful.
No interference by suspicious ideas.	Thinking, feeling, social relations and behavior not affected.	Thinking, feeling, or social relations may be altered but not impaired. Behavior not affected.	May have sense of need for vigilance (often unfocused) and/or be mistrustful. Behavior not affected.	Thinking, feeling, or social relations may often be affected. May appear defensive in response to questioning. Other behavior sometimes affected.	Thinking, feeling, or social relations may be affected daily. Guarded presentation may diminish information gathered in the interview. Other behavior may often be affected.	May interfere persistently with thinking, feeling, or social relations and with behavior.

Rating rationale:

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: ☐ "Ever since I can recall" ☐ Date of onset ___/___ Month/Year	Record most recent date when a positive symptom currently rated 3-6 experienced an increase by at least one point: Date of worsening ___/___ Month/Year	Check all that apply: ☐ ≥ 1h/d, ≥ 4d/wk ☐ ≥ several minutes/d, ≥ 1x/mo ☐ ≥ 1x/wk ☐ none of above	Symptoms are better explained by another DSM disorder. Check one: ☐ Likely ☐ Not likely

P. 3. GRANDIOSE IDEAS

The following questions probe for psychotic grandiosity, non-psychotic grandiosity, and inflated self-esteem. They are rated on the SOPS P3 Scale at the end of the queries.

GRANDIOSE IDEAS

INQUIRY:

1. Do you feel you have special gifts or talents? Do you feel as if you are unusually gifted in any particular area? Do you talk about your gifts with other people? **N NI Y (Record Qualifiers)**

2. **Have you ever behaved without regard to painful consequences? For example, do you ever go on excessive spending sprees that you can't afford?** **N NI Y (Record Qualifiers)**

3. Do people ever tell you that your plans or goals are unrealistic? What are these plans? How do you imagine accomplishing them? **N NI Y (Record Qualifiers)**

4. Do you ever think of yourself as a famous or particularly important person? Do you have a relationship with a famous or particularly important person? **N NI Y (Record Qualifiers)**

5. Do you ever feel that you have been chosen by God for a special role? Do you ever feel as if you can save others? **N NI Y (Record Qualifiers)**

QUALIFIERS: For all "Y" responses, record:

- **DESCRIPTION-ONSET-DURATION-FREQUENCY**
- **DEGREE OF INTERFERENCE WITH LIFE: Do you ever act on this experience? Does having the experience ever cause you to do anything differently? Does it affect your thinking or your feelings or your relations with others?**
- **DEGREE OF CONVICTION/MEANING/TENACITY: 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. 3. DESCRIPTION: TYPES OF GRANDIOSE IDEAS

Some types of grandiose ideas are common in the general population or subcultures, such as those kept to oneself, and generally do not interfere with thinking, feeling, social relations, or behavior. These types rate 1-2. Other types of grandiose ideas listed below are pathological and uncommon in the general population or subcultures and thus rate 3-6. Symptoms of this type will generally interfere with thinking, feeling, social relations, or behavior.

a. Exaggerated self-opinion and unrealistic sense of superiority.
b. Expansiveness or boastfulness.
c. Clear-cut grandiose delusions that can influence behavior.

P. 3. GRANDIOSE IDEAS

From the preceding Inquiries, Qualifiers, and Description, choose the level that best describes the subject on the scale below, based equally on the type of grandiose ideas and the tenacity of belief in the grandiose ideas. That level will generally but not necessarily match the supporting description of interference with life or functioning by grandiose ideas. Basis for ratings includes both interviewer observations and subject reports.

GRANDIOSE IDEAS **Positive Symptom 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
No grandiose ideas.	Grandiose ideas such as private thoughts of being better than others.	Grandiose ideas such as mostly private thoughts of being talented, understanding, or gifted. Beliefs beyond what might be expected by the average person but within cultural norms.	Grandiose ideas such as unfounded notions of being unusually gifted, powerful or special. Can wonder if ideas/experiences/ beliefs are shared by others.	Grandiose ideas such as beliefs of talent, influence, and abilities. Sense that ideas/experiences/beliefs may be real or shared by others.	Grandiose ideas such as compelling beliefs of superior intellect, attractiveness, power, or fame that seem real. May expect admiration.	Grandiose ideas such as ideas /experiences/beliefs that feel completely real. Fully expects others to share beliefs.
No tenacity of grandiose ideas.	Fleeting sense of importance.	May defend beliefs.	Can redirect to the everyday on own. Self-generates skepticism with little effort.	Able to self-generate skepticism with effort.	Skepticism and modesty can be induced, but only by the efforts of others.	Qualifies as delusions of grandeur with conviction: skepticism cannot be induced, at least intermittently.
No interference by grandiose ideas.	Thinking, feeling, social relations and behavior not affected.	Thinking, feeling, or social relations may be altered but not impaired. Behavior not affected.	May have exaggerated expectations. May be expansive. Behavior not affected.	May have unrealistic goals that may affect plans. Thinking, feeling, or social relations may often be affected. Behavior sometimes affected.	Thinking, feeling, or social relations may be affected daily. Behavior may often be affected.	May interfere persistently with thinking, feeling, or social relations and with behavior.

Rating rationale: _____

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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: ☐ "Ever since I can recall" ☐ Date of onset ___/___ Month/Year	Record most recent date when a positive symptom currently rated 3-6 experienced an increase by at least one point: Date of worsening ___/___ Month/Year	Check all that apply: ☐ ≥ 1h/d, ≥ 4d/wk ☐ ≥ several minutes/d, ≥ 1x/mo ☐ ≥ 1x/wk ☐ none of above	Symptoms are better explained by another DSM disorder. Check one: ☐ Likely ☐ 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? Does it affect your thinking or your feelings or your relations with others?**
- **DEGREE OF CONVICTION/MEANING/TENACITY: 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)**

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)**

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? Does it affect your thinking or your feelings or your relations with others?**
- **DEGREE OF CONVICTION/MEANING/TENACITY: 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)**

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? Does it affect your thinking or your feelings or your relations with others?**
- **DEGREE OF CONVICTION/MEANING/TENACITY: 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?**

DESCRIPTION: PERCEPTUAL ABNORMALITIES/HALLUCINATIONS

Some types of perceptual abnormalities are common in the general population or subcultures, such as heightened or dulled perceptions, vivid sensory experiences, and distortions, and generally do not cause distress or interfere with thinking, feeling, social relations, or behavior. These types rate 1-2. Other types of perceptual abnormalities listed below are pathological and uncommon in the general population or subcultures and thus rate 3-6. Symptoms of this type will generally be distressing and/or interfere with thinking, feeling, social relations, or behavior.

a. Unusual perceptual experiences. Illusions.
b. Pseudo-hallucinations or hallucinations into which the subject has insight (i.e. is aware of their abnormal nature.)
c. Frank hallucinations that can influence behavior.

P. 4. PERCEPTUAL ABNORMALITIES/HALLUCINATIONS

From the preceding Inquiries, Qualifiers, and Description, choose the level that best describes the subject on the scale below, based equally on the type of perceptual abnormalities and the tenacity of belief in the perceptual abnormalities. That level will generally but not necessarily match the supporting descriptions of distress from the perceptual abnormalities and/or interference with life or functioning by perceptual abnormalities. Basis for ratings includes both interviewer observations and subject reports.

PERCEPTUAL ABNORMALITIES/HALLUCINATIONS **Positive Symptom 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
No perceptual abnormalities.	Perceptual abnormalities such as minor sensitivity changes (e.g. heightened, dulled, etc).	Perceptual abnormalities such as momentary perceptual ambiguities or distortions. Also experiences beyond what might be expected by the average person but within cultural norms.	Perceptual abnormalities such as recurrent, unformed images, illusions or persistent perceptual distortions that seem to come from within and be imaginary.	Formed perceptual abnormalities that may be coming from outside oneself or that may be real.	Formed perceptual abnormalities that seem real and external to self.	Formed perceptual abnormalities perceived as completely real and distinct from the person's own experiences.
No tenacity of perceptual abnormalities.	Fleeting wonder about significance.	May defend experiences.	Experiences seem meaningful because they recur and will not go away. Self-generates skepticism with little effort.	Able to self-generate skepticism with effort.	Skepticism can be induced, but only by the efforts of others.	Qualifies as hallucinations: skepticism cannot be induced, at least intermittently.
No distress from perceptual abnormalities.	May be experienced as curious.	May be puzzling but not distressing. Noticed but not considered to be significant.	Puzzling and distressing. Unanticipated, experienced as unusual, unwilled, not easily ignored.	Distracting, unsettling, bothersome.	Mesmerizing, familiar, anticipated. Often causes significant distress.	Captures attention. May cause severe distress.
No interference by perceptual abnormalities.	Thinking, feeling, social relations and behavior not affected.	Thinking, feeling, or social relations may be altered but not impaired. Behavior not affected.	Thinking, feeling, or social relations sometimes affected. Behavior not affected.	Thinking, feeling, or social relations often affected. Behavior sometimes affected.	Thinking, feeling, or social relations affected daily. Behavior often affected.	Interferes persistently with thinking, feeling, or social relations and with behavior.

Rating rationale: _____

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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: ☐ "Ever since I can recall" ☐ Date of onset ___/___ Month/Year	Record most recent date when a positive symptom currently rated 3-6 experienced an increase by at least one point: Date of worsening ___/___ Month/Year	Check all that apply: ☐ ≥ 1h/d, ≥ 4d/wk ☐ ≥ several minutes/d, ≥ 1x/mo ☐ ≥ 1x/wk ☐ none of above	Symptoms are better explained by another DSM disorder. Check one: ☐ Likely ☐ Not likely

P. 5. DISORGANIZED COMMUNICATION

The following questions probe for thought disorder and other difficulties in thinking as reflected in speech. They are rated on the SOPS P5 Scale.

Note: Basis for rating includes: Verbal communication and coherence during the interview as well as reports of problems with speech.

COMMUNICATION DIFFICULTIES

INQUIRY:

1. **Do people ever tell you that they can't understand you? Do people ever seem to have difficulty understanding you?** **N NI Y (Record Qualifiers)**
2. **Are you aware of any ongoing difficulties getting your point across, such as finding yourself rambling or going off track when you talk?** **N NI Y (Record Qualifiers)**
3. **Do you ever completely lose your train of thought or speech, like suddenly blanking out?** **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? Does it affect your thinking or your feelings or your relations with others?**
- **DEGREE OF CONVICTION/MEANING/TENACITY: 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?**

DESCRIPTION: TYPES OF DISORGANIZED COMMUNICATION

Some types of disorganized communication are common in the general population or subcultures, such as odd speech that is vague, metaphorical, overelaborate, or stereotyped, and generally do not cause distress or interfere with thinking, feeling, social relations, or behavior. These types rate 1-2. Other types of disorganized communication listed below are pathological and uncommon in the general population or subcultures and thus rate 3-6. Symptoms of this type will generally be distressing and/or interfere with thinking, feeling, social relations, or behavior.

a. Confused, muddled, racing or slowed down speech, using the wrong words, talking about things irrelevant to context or going off track.

b. Speech is circumstantial, tangential or paralogical. There is some difficulty in directing sentences toward a goal.

c. Loosening or paralysis (blocking) of associations may be present and make speech hard to follow or unintelligible.

P. 5. DISORGANIZED COMMUNICATION

From the preceding Inquiries, Qualifiers, and Description, choose the level that best describes the subject on the scale below, based equally on the type of disorganized communication and the tenacity of disorganized communication. That level will generally but not necessarily match the supporting descriptions of distress from disorganized communication and/or interference with life or functioning by disorganized communication. Basis for ratings includes both interviewer observations and subject reports.

DISORGANIZED COMMUNICATION **Positive Symptom 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
No disorganized communication.	Disorganized communication such as occasional word or phrase that is awkward or hesitant. Overuse of jargon. May or may not be observed.	Disorganized communication such as speech that is slightly vague, muddled, overelaborate or stereotyped. May or may not be observed.	Disorganized communication such as incorrect words, irrelevant topics.	Disorganized communication such as observed circumstantial speech (i.e. eventually getting to the point). Difficulty directing sentences toward a goal. Sudden pauses.	Disorganized communication such as observed tangential speech (i.e. never getting to the point). Some loosening of associations or blocking.	Disorganized communication such as persistently loose, irrelevant, or blocked and unintelligible speech when under minimal pressure or when the content of the communication is complex.
No tenacity of disorganized communication.	Does not go off track or need to redirect.	Does not go off track or need to redirect.	Goes off track, but redirects on own.	Can be redirected with occasional questions and structuring.	Requires frequent prompts or questions or other structuring to reorient.	Qualifies as observed derailment: not responsive to structuring of the interview, at least intermittently.
No distress from disorganized communication.	May be experienced as curious.	May be puzzling but not distressing. Noticed but not considered to be significant.	May be puzzled, may be annoyed at self.	May be distressing or bothersome, especially when redirected.	May cause significant distress, especially when redirected.	May cause severe distress.
No interference by disorganized communication.	Thinking, feeling, social relations and behavior not affected.	Thinking, feeling, or social relations may be altered but not impaired. Behavior not affected.	Thinking, feeling, or social relations may sometimes be affected. Behavior not affected.	Thinking, feeling, or social relations may often be affected. Behavior sometimes affected.	Thinking, feeling, or social relations may be affected daily. Behavior may often be affected.	May interfere persistently with thinking, feeling, or social relations and with behavior.

Rating rationale:

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: ☐ "Ever since I can recall" ☐ Date of onset ___/___ Month/Year	Record most recent date when a positive symptom currently rated 3-6 experienced an increase by at least one point: Date of worsening ___/___ Month/Year	Check all that apply: ☐ ≥ 1h/d, ≥ 4d/wk ☐ ≥ several minutes/d, ≥ 1x/mo ☐ ≥ 1x/wk ☐ none of above	Symptoms are better explained by another DSM disorder. Check one: ☐ Likely ☐ 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? **N NI Y (Record Response)**
2. **What do you usually do with your free time?** Would you be more social if you had the opportunity? **N NI Y (Record Response)**
3. **How often do you spend time with friends outside of school/work?** Do you date? Who are your three closest friends? What sorts of activities do you do together? **N NI Y (Record Response)**
4. **Who tends to initiate social contact, you or others?** **N NI Y (Record Response)**
5. **How often do you spend time with family members?** What do you do with them? **N NI Y (Record Response)**

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

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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.

From the preceding Inquiries, Qualifiers, and Description, rate the subject on the scale below, based on social interest. That level will generally but not necessarily match the supporting description of social activity. Rating is not based on social fear, social skill, social conflict, or social rejection. Basis for ratings includes both interviewer observations and subject reports.

SOCIAL ANHEDONIA **Negative Symptom Severity Scale (circle one)**

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
Average or higher social interest.	Social interest in low average range.	Only mildly interested in social situations.	Socially disinterested.	Socially apathetic.	Often prefers to be alone.	Usually prefers being alone.
Average or higher social activity.	Socially active but awkward and in low average range.	Socially present but can be ill at ease.	Passively goes along with social activities.	Minimal social participation. Few friends outside of extended family.	Spends most time alone or with first-degree relatives. No close friends.	No friends.

Rating based on: _____

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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 stopped doing anything that you usually do? **N NI Y (Record Response)**

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

N. 2. DESCRIPTION: AVOLITION

a. Low drive, energy, or motivation.
b. Need for prodding.
c. Impairment in the initiation, persistence, and control of goal-directed activities.
d. Low productivity.

N. 2. AVOLITION

From the preceding Inquiries, Qualifiers, and Description, choose the level that best describes the subject on the scale below, based equally on drive, energy, and motivation and the degree of prodding needed. That level will generally but not necessarily match the supporting descriptions of task initiation and persistence and/or productivity. Basis for ratings includes both interviewer observations and subject reports.

AVOLITION **Negative Symptom Severity Scale (circle one)**

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
Average or better drive, energy, and motivation.	Drive, energy, and/or motivation in low average range.	Low levels of drive, energy, and/or motivation beyond the low average range but within normal limits.	Impaired levels of drive, energy, and/or motivation to participate in goal-directed activities.	Minimal levels of drive, energy, and motivation to participate in or complete goal-directed activities.	Lack of drive/energy/motivation results in a significantly low level of achievement.	Drive, energy, and motivation levels extremely impaired.
No prodding is needed.	No prodding is needed.	Little prodding is needed.	Initiation or task completion requires some prodding.	Prodding needed regularly.	Prodding is needed all of the time, but may not be successful.	Prodding unsuccessful.
Average or better task initiation and persistence.	Generally initiates and persists in tasks.	Simple tasks require effort to initiate/persist in or take longer than what would be considered average.	Sometimes impaired in task initiation and/or persistence.	Often impaired in task initiation and/or persistence.	Daily impairment in initiation or persistence in goal directed activity.	Persistently impaired in initiation or persistence in goal directed activity.
Average or better productivity.	Productivity in low average range.	Productivity below the low average range but within normal limits.	Productivity sometimes impaired.	Productivity often impaired.	Most goal-directed activities relinquished.	Not participating in virtually any goal-directed activities.

Rating rationale: _____

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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. 3. EXPRESSION OF EMOTION

INQUIRY:

1. Has anyone pointed out to you that you are less emotional or connected to people than you used to be? **N NI Y (Record Response)**

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

Note: Basis for rating includes: Observed flattened affect as well as reports of decreased expression of emotions.

N. 3. DESCRIPTION: EXPRESSION OF EMOTION

a. Flat, constricted, diminished emotional responsiveness as characterized by a decrease in expression, modulation of feelings (e.g. monotone speech) and communication gestures (e.g. dull appearance).
b. Lack of spontaneity and flow of conversation. Reduction in the normal flow of communication. Conversation shows little initiative. Patient's answers tend to be brief and unembellished, requiring direct and sustained questions by interviewer.
c. Poor rapport. Lack of interpersonal empathy, openness in conversation, sense of closeness, interest, or involvement with the interviewer. This is evidenced by interpersonal distancing and reduced verbal and non-verbal communication.

From the preceding Inquiries, Qualifiers, and Description, choose the level that best describes the subject on the scale below, based equally on emotional responsiveness and conversational empathy and flow. Basis for ratings includes both interviewer observations and subject reports.

EXPRESSION OF EMOTION **Negative Symptom Severity Scale (circle one)**

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
Average or better emotional responsiveness.	Emotional responsiveness slightly delayed or blunted and in low average range.	Emotional responsiveness below the low average range but within normal limits.	Emotional responsiveness impaired such as emotional expression sometimes minimal.	Emotional responsiveness impaired such as speech often monotone.	Emotional responsiveness impaired such as affect constricted and total lack of gestures.	Emotional responsiveness impaired such as flat affect, monotone speech.
Average or better conversational empathy and flow.	Conversational empathy in low average range but maintains flow.	Conversational empathy below the low average range but within normal limits. Lacks liveliness and feels stilted but maintains flow.	Conversational empathy impaired but maintains flow.	Conversation impaired such as difficulty in sustaining flow or minimal interpersonal empathy. May avoid eye contact.	Starting and maintaining conversation requires direct and sustained questioning by the interviewer.	Unable to become involved with interviewer or maintain conversation despite active questioning by the interviewer.

Rating rationale:

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)**

QUALIFIERS: FOR ALL "Y" 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.

From the preceding Inquiries, Qualifiers, and Description, choose the level that best describes the subject on the scale below, based equally on experience of self and difficulty feeling emotions and conversational empathy and flow. Basis for ratings includes both interviewer observations and subject reports.

EXPERIENCE OF EMOTIONS AND SELF **Negative Symptom Severity Scale (circle one)**

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

Rating rationale: _____

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. 5. IDEATIONAL RICHNESS

INQUIRY:

1. **Do you sometimes find it hard to understand what people are trying to tell you because you don't understand what they mean?** **N NI Y (Record Response)**
2. **Do people more and more use words you don't understand?** **N NI Y (Record Response)**

QUALIFIERS: FOR ALL "Y" RESPONSES, RECORD: DESCRIPTION, ONSET, DURATION, AND CHANGE OVER TIME

ABSTRACTION QUESTIONS:

Similarities – How are the following alike?

A ball and an orange?_____
An apple and a banana?_____
A painting and a poem?_____
Air and water?_____

Proverbs – "What does this saying mean?"

a. Don't judge a book by its cover._____
_____

b. Don't count your chickens before they hatch._____
_____

N. 5. DESCRIPTION: IDEATIONAL RICHNESS

a. Unable to make sense of familiar phrases or to grasp the "gist" of a conversation or to follow everyday discourse.
b. Stereotyped verbal content. Decreased fluidity, spontaneity, and flexibility of thinking, as evidenced in repetitious, or simple thought content. Some rigidity in attitudes or beliefs. Does not consider alternative positions or has difficulty shifting from one idea to another.
c. Simple words and sentence structure; paucity of dependent clauses or modifications (adjectives/adverbs).
d. Difficulty in abstract thinking. Impairment in the use of the abstract-symbolic mode of thinking, as evidenced by difficulty in classification, forming generalizations, and proceeding beyond concrete or egocentric thinking in problem-solving tasks; often utilizes a concrete mode.

N. 5. IDEATIONAL RICHNESS

From the preceding Inquiries, Qualifiers, and Description, choose the level that best describes the subject on the scale below, based equally on verbal comprehension, verbal expression, and abstract thinking ability. Basis for ratings includes both interviewer observations and subject reports.

IDEATIONAL RICHNESS **Negative Symptom Severity Scale (circle one)**

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
Average or better verbal comprehension.	Verbal comprehension in low average range.	Trouble grasping nuances of conversation.	May miss some abstract comments.	At times misses the "gist" of reasonably uncomplicated conversation.	Able to follow and answer only simple statements and questions.	Unable, at times, to follow any conversation no matter how simple.
Average or better verbal expression.	Verbal expression in low average range.	Diminished conversational give and take.	Uses few modifiers (adjectives and adverbs).	Verbal content may be repetitious and perseverative. Uses simple words and sentence structure without many modifiers.	Has difficulty independently articulating thoughts and experiences. Verbal content restricted and stereotyped. Verbal expression limited to simple, brief sentences.	Verbal content and expression mostly limited to single words and yes/no responses.
Average or better abstract thinking.	Abstract thinking in low average range.	Abstract thinking below the low average range, but correctly interprets all similarities and proverbs.	Correctly interprets most similarities and proverbs.	Misses or interprets many similarities and proverbs concretely.	Unable to interpret most similarities and proverbs.	Unable to interpret any similarities or proverbs.

Rating rationale: _____

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)**

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

_____

_____

_____

_____

N. 6. DESCRIPTION: OCCUPATIONAL FUNCTIONING

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

From the preceding Inquiries, Qualifiers, and Description, rate the subject's occupational functioning on the scale below. Basis for ratings includes both interviewer observations and subject reports.

OCCUPATIONAL FUNCTIONING **Negative Symptom Severity Scale (circle one)**

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
Average or better occupational functioning.	Difficulties in occupational functioning such as more than average effort and focus required to maintain usual level of performance at work, school.	Difficulties in occupational functioning such as difficulty in functioning at work or school that is becoming evident to others, but overall performance still unchanged.	Difficulties in occupational functioning such as definite problems in accomplishing work tasks or a drop in Grade Point Average.	Difficulties in occupational functioning such as failing one or more courses. Receiving notice or being on probation at work.	Difficulties in occupational functioning such as suspended, failing out of school, or other significant interference with completing requirements. Problematic absence from work.	Difficulties in occupational functioning such as failed or left school, left employment or was fired.

Rating rationale: _____

_____

_____

_____

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?** **N NI Y (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)**

QUALIFIERS: FOR ALL "Y" 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

Behavior or appearance that is odd, eccentric, peculiar, disorganized, or bizarre. Includes appearing preoccupied with and/or interactive with own thoughts as well as inappropriate affect.

From the preceding Inquiries, Qualifiers, and Description, rate the subject's oddness of behavior and appearance on the scale below. Basis for ratings includes both interviewer observations and subject reports.

ODD BEHAVIOR/APPEARANCE **Disorganization Symptom Scale (circle one)**

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
No odd behavior or appearance.	Questionably unusual behavior or appearance.	Behavior or appearance that appears mildly 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 rationale: _____

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. 2. BIZARRE THINKING

INQUIRY:

1. Do people ever say your ideas are unusual or that the way you think is strange or illogical? **N NI Y (Record Response)**

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

Note: Basis for rating includes: Observations of unusual or bizarre thinking as well as reports of unusual or bizarre thinking.

D. 2. DESCRIPTION: BIZARRE THINKING

a. Thinking characterized by strange, fantastic or bizarre ideas that are distorted, illogical, or patently absurd.

From the preceding Inquiries, Qualifiers, and Description, rate the subject on the bizarre ideas scale below. **Basis for ratings includes both interviewer observations and subject reports.**

BIZARRE THINKING **Disorganization Symptom Scale (circle one)**

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
No quirky, unusual or bizarre ideas.	"Quirky" ideas that are easily abandoned.	Unusual, illogical or distorted ideas that are under consideration.	Bizarre or illogical ideas that are held as a belief or philosophical system within the realm of subcultural variation.	Bizarre or illogical ideas that are embraced but which violate the boundary of most conventional religious or philosophical thoughts.	Bizarre ideas that are strange and difficult to understand.	Bizarre ideas that are fantastic, patently absurd, fragmented, and impossible to understand.

Rating rationale:

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)**
3. **Do you ever lose track of conversations? N NI Y (Record Response)**

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

Note: Basis for rating includes: Interviewer observations or subject 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.

From the preceding Inquiries, Qualifiers, and Description, rate the subject's focus and attention on the scale below. Basis for ratings includes both interviewer observations and subject reports.

TROUBLE WITH FOCUS AND ATTENTION **Disorganization Symptom Scale (circle one)**

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
No trouble with focus or attention.	Lapses of focus under pressure.	Some inattention to routine tasks or conversations.	Problems maintaining focus and attention sometimes even with enjoyable tasks. Difficulty keeping up with conversations.	Often distracted from tasks and 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 rationale:

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 NI Y (Record Response)**
2. How often do you shower? **N NI Y (Record Response)**
3. When is the last time you went shopping for new clothes? **N NI Y (Record Response)**

QUALIFIERS: FOR ALL "Y" 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.

From the preceding Inquiries, Qualifiers, and Description, rate the subject's impairment in personal hygiene on the scale below. Basis for ratings includes both interviewer observations and subject reports.

IMPAIRMENT IN PERSONAL HYGIENE **Disorganization Symptom Scale (circle one)**

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
No impairment in personal hygiene.	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 about hygiene and unresponsive even when confronted.

Rating rationale:

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). **N NI Y (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 NI Y (Record Response)**

QUALIFIERS: FOR ALL "Y" 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.

From the preceding Inquiries, Qualifiers, and Description, rate the subject's sleep disturbance on the scale below. Basis for ratings includes both interviewer observations and subject reports.

SLEEP DISTURBANCE **General Symptom Scale (circle one)**

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
No sleep disturbance.	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 rationale: _____

_____

_____

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. 2. DYSPHORIC MOOD

INQUIRY:

1. **What has your mood been like recently?** **N NI Y (Record Response)**
2. **Do you ever generally just feel unhappy for any length of time?** **N NI Y (Record Response)**
3. **Have you ever been depressed?** Do you find yourself crying a lot? Do you feel sad/bad/worthless/hopeless? Has your mood affected your appetite? Your sleep? Your ability to work? **N NI Y (Record Response)**
4. **Have you had thoughts of harming yourself or ending your life?** Have you ever attempted suicide? Cut or burned or scratched yourself? **N NI Y (Record Response)**
5. **Have you had thoughts of harming anyone else?** **N NI Y (Record Response)**
6. **Do you find yourself feeling irritable a lot of the time?** Do you get angry often? Do you ever hit anyone or anything? **N NI Y (Record Response)**
7. **Have you felt more nervous, anxious lately? Has it been hard for you to relax**? **N NI Y (Record Response)**

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

G. 2. DESCRIPTION: DYSPHORIC MOOD

a. Diminished interest in pleasurable activities.
b. Sleeping problems.
c. Poor or increased appetite
d. Feelings of loss of energy.
e. Difficulty concentrating.
f. Suicidal thoughts.
g. Feelings of worthlessness and/or guilt.
h. Anxiety, panic, multiple fears and phobias.
i. Irritability, hostility, rage.
j. Restlessness, agitation, tension.
k. Unstable mood.

From the preceding Inquiries, Qualifiers, and Description, choose the level that best describes the subject on the scale below, based on sadness, depression, irritability, and anxiety. That level will generally but not necessarily match the supporting description of the effect of these symptoms on behavior. Basis for ratings includes both interviewer observations and subject reports.

DYSPHORIC MOOD **General Symptom Scale (circle one)**

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
No sadness, depression, irritability, or anxiety.	Feeling "down," prickly, or edgy.	Occasional unstable and/or unpredictable periods of sad, bad, dark, crabby, or nervous feelings that may be a mixture of depression, irritability, or anxiety.	Intermittent feelings like the "blues," frustrated, or anxieties that can feel familiar.	Recurrent periods of sadness, depression, irritability, or anxiety.	Persistent unpleasant mixtures of depression, irritability, or anxiety.	Constant painfully unpleasant mixtures of depression, irritability, or anxiety.
No effect on behavior.	No effect on behavior.	No effect on behavior.	No effect on behavior.	Some effect on behavior, such as withdrawal or outbursts.	More severe, avoidance behaviors such as substance use or excessive sleep.	May trigger highly destructive behaviors like suicide attempts or self-mutilation.

Rating rationale: _____

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)**

QUALIFIERS: FOR ALL "Y" 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.

From the preceding Inquiries, Qualifiers, and Description, rate the subject's motor disturbances on the scale below. Basis for ratings includes both interviewer observations and subject reports.

MOTOR DISTURBANCES **General Symptom Scale (circle one)**

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
No motor disturbance.	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 rationale:

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? Do you have panic or anxiety attacks? **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)**

QUALIFIERS: FOR ALL "Y" 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.

From the preceding Inquiries, Qualifiers, and Description, rate the subject's impaired tolerance to normal stress on the scale below. Basis for ratings includes both interviewer observations and subject reports.

IMPAIRED TOLERANCE TO NORMAL STRESS **General Symptom Scale (circle one)**

0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
No impaired tolerance to normal stress.	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.

Rating rationale:

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.

NO SYMPTOMS: 100 - 91
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 *A person doing exceptionally well in all areas of life = rating 95-100* *A person doing exceptionally well with minimal stress in one area of life = rating 91-94*
ABSENT OR MINIMAL SYMPTOMS: 90 - 81
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) *A person with no symptoms or everyday problems = rating 88-90* *A person with minimal symptoms or everyday problems = rating 84-87* *A person with minimal symptoms and everyday problems = rating 81-83*
SOME TRANSIENT SYMPTOMS: 80 - 71
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) *A person with EITHER mild symptom(s) OR mild impairment in social, work, or school functioning = rating 78-80* *A person with mild impairment in more than 1 area of social, work, or school functioning = rating 74-77* *A person with BOTH mild symptoms AND slight impairment in social, work, and school functioning = rating 71-73*
SOME PERSISTENT MILD SYMPTOMS: 70 - 61
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 *A person with EITHER mild persistent symptoms OR mild difficulty in social, work, or school functioning = rating 68-70* *A person with mild persistent difficulty in more than 1 area of social, work, or school functioning = rating 64-67* *A person with BOTH mild persistent symptoms AND some difficulty in social, work, and school functioning = rating 61-63*
MODERATE SYMPTOMS: 60 - 51
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) *A person with EITHER moderate symptoms OR moderate difficulty in social, work, or school functioning = rating 58-60* *A person with moderate difficulty in more than 1 area of social, work, or school functioning = rating 54-57* *A person with BOTH moderate symptoms AND moderate difficulty in social, work, and school functioning = rating 51-53*

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
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) *A person with 1-2 of the 6 areas of disturbance in this category = rating 18-20* *A person with 3-4 of the 6 areas of disturbance in this category = rating 14-17* *A person with 5-6 of the 6 areas of disturbance in this category = rating 11-13*
IN PERSISTENT DANGER OF SEVERELY HURTING SELF OR OTHERS: 10 - 1
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) *A person with 1-2 of the 6 areas of disturbance in this category = rating 8-10* *A person with 3-4 of the 6 areas of disturbance in this category = rating 4-7* *A person with 5-6 of the 6 areas of disturbance in this category = rating 1-3*

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 5.6 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

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

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 disorganizing or dangerous, 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 5.6). For each of the three syndromes (BIPS, APSS, GRD), first determine whether diagnostic criteria have ever been met and if so then identify the appropriate current status.

II. Brief Intermittent Psychosis Syndrome (BIPS)

A. BIPS diagnosis		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 *not* 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 diagnostic criteria for BIPS.
Skip to CURRENT STATUS OF BIPS.

If all of 1-3 are Yes, check here ___. The subject DOES meet diagnostic criteria for BIPS.
Check which symptoms have ever qualified for BIPS diagnostic criteria: P1 __, P2 __, P3 __, P4 __, P5 __.
Note date when BIPS diagnostic criteria were first achieved (mm/dd/yy): _____.
Proceed to B. BIPS Progression.

B. BIPS Progression		Yes	No
1.	Are any qualifying symptoms for BIPS currently scored 6 over the past month?		
2.	Are any symptoms where 1=Yes currently *not* 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 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 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 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 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 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 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 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 diagnostic criteria (A above), at least one positive symptom must currently meet progression, persistence or partial remission criteria OR all 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)**
__ **BIPS current progression**
__ **BIPS current persistence**
__ **BIPS current partial remission**
__ **BIPS current full remission**

III. Attenuated Positive Symptom Syndrome (APSS)

A. APSS diagnostic criteria		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 *not* 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 diagnostic criteria for APSS.
Skip to CURRENT STATUS OF APSS.

If all of 1-3 are Yes, check here ___. The subject DOES meet diagnostic criteria for APSS.
Check which symptoms have ever qualified for APSS diagnostic criteria: P1 __, P2 __, P3 __, P4 __, P5 __.
Note date when APSS diagnostic criteria were first achieved (mm/dd/yy): _____.
Proceed to B. APSS Progression.

B. APSS Progression		Yes	No
1.	Are any qualifying symptoms for APSS currently scored 3-5 over the past month?		
2.	Are any symptoms where 1=Yes currently *not* 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 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 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 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 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 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 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 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 diagnostic criteria (A above), at least one positive symptom must currently meet progression, persistence or partial remission criteria OR all 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)**
__ **APSS current progression**
__ **APSS current persistence**
__ **APSS current partial remission**
__ **APSS current full remission**

IV. Genetic Risk and functional Decline syndrome (GRD)

A. GRD diagnostic criteria		**Yes**	**No**
1.	Have SIPS criteria for 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 diagnostic 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 diagnostic criteria for GRD.
Note date when GRD diagnostic criteria were first achieved (mm/dd/yy): _____.
Record 4 GAFs: a. when GRD diagnostic 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 diagnostic 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 diagnostic 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 diagnostic 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)**
__ **GRD current progression**
__ **GRD current persistence**
__ **GRD current partial remission**
__ **GRD current full remission**

V. Determine overall diagnostic and current status of PSYCHOSIS-RISK SYNDROME: (COPS 5.6)

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

If No, skip remainder of this section.

If Yes, the subject meets diagnostic criteria for 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 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 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 5.6 criteria for 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 5.6 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 5.6 criteria for DSM-5 Attenuated Psychosis Syndrome diagnosis and current statuses

SIPS 5.6 version of DSM-5 Criteria A. through F.		**Yes**	**No**
A-B, E, F.	Does the patient meet SIPS 5.6 diagnostic criteria for APSS (III.A, page 41)?		
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 5.6 diagnostic criteria for DSM-5 Attenuated Psychosis Syndrom**e.

SIPS 5.6 criteria for progressive current status of DSM-5 Attenuated Psychosis Syndrome		**Yes**	**No**
A-C, E, F.	Does the patient meet SIPS 5.6 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 5.6 criteria for DSM-5 Attenuated Psychosis Syndrome, **current progression**.

SIPS 5.6 criteria for persistent current status of DSM-5 Attenuated Psychosis Syndrome		**Yes**	**No**
A-B, E, F.	Does the patient meet SIPS 5.6 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 5.6 criteria for DSM-5 Attenuated Psychosis Syndrome, **current persistence**.

SIPS 5.6 criteria for partial remission current status of DSM-5 Attenuated Psychosis Syndrome		Yes	No
A-F.	Does the patient meet SIPS 5.6 diagnostic criteria for DSM-5 Attenuated Psychosis Syndrome? (above)		
	Does the patient meet SIPS 5.6 criteria for APSS current partial remission, either pathway? (III.D or III.E, page 42)		

If both are Yes, the patient meets SIPS 5.6 criteria for DSM-5 Attenuated Psychosis Syndrome, **current partial remission**.

SIPS 5.6 criteria for full remission current status of DSM-5 Attenuated Psychosis Syndrome		Yes	No
A-F.	Does the patient meet SIPS 5.6 diagnostic criteria for DSM-5 Attenuated Psychosis Syndrome? (above)		
	Does the patient meet SIPS 5.6 criteria for APSS current full remission? (III.F, page 42)		

If both are Yes, the patient meets SIPS 5.6 criteria for DSM-5 Attenuated Psychosis Syndrome, **current full remission**.