STRUCTURED INTERVIEW FOR PSYCHOSIS-RISK SYNDROMES

ENGLISH LANGUAGE

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Patient I.D.:		Date:	
Interviewer:	Rater:	 Other Raters Present:	

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STRUCTURED INTERVIEW FOR PSYCHOSIS-RISK SYNDROMES

OVERVIEW:

The aims of the interview are to:

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

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

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

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

PRESENCE OF PSYCHOTIC SYMPTOMS CRITERIA (POPS)

Current psychosis is defined as follows:

Both (A) and (B) are required.

- (A) Positive Symptoms are present at a psychotic level of intensity (*Rated at level "6"*):
 - Unusual thought content, suspiciousness/persecution, or grandiosity with delusional conviction

AND/OR

Perceptual abnormality of hallucinatory intensity

AND/OR

- Speech that is incoherent or unintelligible
- **(B)** Any **(A)** criterion symptom at sufficient frequency and duration or urgency:
 - At least one symptom from (A) has occurred over a period of one month for at least one hour per day at a minimum average frequency of 4 days per week

OR

• Symptom that is seriously disorganizing or dangerous

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

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

II. Rule in lifetime history of one or more of the three types of psychosis-risk syndromes (Criteria Summaries on p. 40-43).

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

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

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CRITERIA OF PSYCHOSIS-RISK SYNDROMES:

1. Lifetime Brief Intermittent Psychotic Syndrome (BIPS)

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

2. Lifetime Attenuated Positive Symptom Syndrome (APSS)

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

3. Lifetime Genetic Risk and Deterioration syndrome (GRD)

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

III. Determine the current status of each psychosis-risk syndrome that is present lifetime (Criteria Summaries on p. 40-43).

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

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

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

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

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SCALE OF PSYCHOSIS-RISK SYMPTOMS (SOPS)

INSTRUCTIONS FOR USING THE RATING SCALES:

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

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

INQUIRY

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

QUALIFIERS

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

QUALIFIERS: For all "Y" responses, record:

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

SCALES

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

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

Both scales are listed below.

Positive Symptoms Scale:

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

Positive Symptom SOPS

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

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RATING RATIONALE

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

SYMPTOM ONSET, WORSENING, AND FREQUENCY

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

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

Under Symptom Worsening, record the most recent date when the symptom increased in severity by one point. Under Symptom Frequency, check the boxes that map onto the COPS criteria. For Negative, Disorganized, and General Symptoms, an abbreviated symptom onset box is listed.

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

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

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

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

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

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 Social history and any recent changes Trauma history History of substance use Now I'd like to ask you some more general questions. How have things been going for you recently?

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Overview (cont'd)	• •					
-						

PtID	Date:	/	/	Interviewer Code:	SIPS
	<u>F</u>	AMILY HIS	STORY OF MEN	TAL ILLNESS	
1. Who ar	e your first-de	gree relatives	s (i.e. parent, full s	sibling, child)?	
Relationship	Age	Name		History of mental illness? (Y/N)	
	l				

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 dis	order (S	Schizophrenia,
Schizophreniform Disorder, Brief Psychosis, Delusional Disorder, Psy	ychotic	Disorder NOS,
Schizoaffective Disorder, Psychotic Mania, Psychotic Depression)?	Yes	No

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<u>P. PC</u>	<u>OSITIVE SYMPTOMS</u>			
P. 1.	UNUSUAL THOUGHT CON	TENT/DELUSIONAL IDEAS	S	
	The following questions are organi psychotic, unusual thought content. These experiences are rated on the	t.	psychotic, delusional thinking and for nuries.	ion-
Y=YE	S N=NO NI=NO INFORMATI	ION		
PERP	LEXITY AND DELUSIONAL M	OOD		
INQU	TRY:			
 Ha sor Ha exp Do Un Do un Do 	ve you had the feeling that someth nething is wrong that you can't expected at times or imaginary? familiar people or surroundings expected? Not a part of the living world? es your experience of time seem to naturally slower? you ever seem to live through ever methods.	plain? s whether something you have ver seem strange? Confusing? Alien? Inhuman? Evil? have changed? Unnaturally fast	N NI Y (Record Qualifiers)	
			,	
•	do anything differently?	perience like for you? (Does it bothe: Do you ever act on this experience	er you?) ? Does having the experience ever cause you? ace? Do you ever feel that it could just be	

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	RST RANK SYMP	ΓOMS					
V	QUIRY:						
				vn ideas or thoughts?	N	NI	Y (Record Qualifiers)
				to your head or taken			
	·	•	that some person of	or force may be controlling or			
	interfering with your	_			N	NI	Y (Record Qualifiers)
			ts are being said	out loud so that other	•		Y/ (D. 10 110)
	people can hear the		141 11 4				Y (Record Qualifiers)
	Do you ever think t						Y (Record Qualifiers)
	Do you ever think t Do you ever feel th						Y (Record Qualifiers) Y (Record Qualifiers)
•	Do you ever feel the	craulo or 1 v is	s communicating	unectly to you.	1	111	i (Record Quanners)
	QUALIFIERS: For						
	DESCRIPTION-ON: DESCRIPTION OF DESCRIPTION			9 (Day 24 by 4by 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1			
				or you? (Does it bother you?) ct on this experience? Does ha	vinc	tha	ONDORIONOO ONOR OODEO NOD
	do anything differ		are: Do you ever a	ct on this experience. Does na	viiig	, the	experience ever cause you
			G: How do you acc	ount for this experience? Do yo	ou e	ver f	feel that it could just be in
	your head? Do yo						· ·
V	ERVALUED BEL	IEFS					
N	QUIRY:						
•	-	ng feelings or h	eliefs that are vei	y important to you,			
•	about such things				N	NI	Y (Record Qualifiers)
				ied with stories, fantasies,	- '	- 1-	1 (110001# Qumilio18)
•	or ideas? Do you						
	imagination or real			8 - y - i	N	NI	Y (Record Qualifiers)
			e superstitious?	Are you superstitious?			(111 11 (11 11 11 11 11 11 11 11 11 11
	Does it affect you		•		N	NI	Y (Record Qualifiers)
			ır ideas or beliefs	are unusual or bizarre?			Y (Record Qualifiers)
	If so, what are the						,
•	Do you ever feel y				N	NI	Y (Record Qualifiers)
_	QUALIFIERS: For	all "Y" response	es. record:				
	DESCRIPTION-ON:						
	• DEGREE OF DISTR	ESS: What is this	s experience like fo	or you? (Does it bother you?)			
			IFE: Do you ever a	ct on this experience? Does ha	ving	the the	experience ever cause you
	do anything differ						
				ount for this experience? Do yo	ou e	ver i	eel that it could just be in
	your head? Do yo	u think this is re	a1;				
_							

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OTHER UNIONAL THOUGHTS/DELVSYONAL IDEAS	
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? 3. Ideas of Guilt: Do you ever find yourself thinking a lot about how to be 	N NI Y (Record Qualifiers)
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: Have you felt that things happening around you have a special meaning for just you? Have you had the sense that you are often the center of people's attention? Do you feel they have hostile or negative intentions? 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 h do anything differently? DEGREE OF CONVICTION/MEANING: How do you account for this experience? Do your head? Do you think this is real? 	

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

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

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

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

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

Rating based on:	 	

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

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P. 2	SUSPICIOUSNESS/PER	RSECUTORY	/ IDEAS		
	The following questions probare rated on the SOPS P2 Sca		ideas of reference, paranoid thinking the queries.	ng or suspiciousness. They	
SUS	PICIOUSNESS/PERSECUTO	RY IDEAS			
INQ	UIRY:				
	o you ever feel that people aro egative way?	und you are th	ninking about you in a		
	ave you ever found out later that	t this was not tr	ue or that your suspicions were		
u:	nfounded?		-	N NI Y (Record Qualifiers)	
3. D	o you ever feel that you have t	o pay close att	ful or suspicious of other people? ention to what's going on		
	ound you in order to feel safe' o you ever feel like you are bei		or watched?	N NI Y (Record Qualifiers) N NI Y (Record Qualifiers)	
5. D	o you ever feel people might be		harm you? Do you have a sense	1 1 1 1 2 (210001 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
0	who that might be?			N NI Y (Record Qualifiers)	
	DEGREE OF INTERFERENCE WITH do anything differently?	N-FREQUENCY this experience l H LIFE: Do you e ING: How do yo	like for you? (Does it bother you?) ever act on this experience? Does have u account for this experience? Do yo		
	J J				
					—
					—

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P.2 DESCRIPTION: SUSPICIOUSNESS/PERSECUTORY IDEAS

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

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

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

Rating based on:			

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

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P. 3.	GRANDIOSE IDEAS		
	The following questions probe for ps They are rated on the SOPS P3 Scale	sychotic grandiosity, non-psychotic grant at the end of the queries.	diosity, and inflated self-esteem.
GRAI	NDIOSE IDEAS		
INQU			
1. Do uni oth	you feel you have special gifts or tale isually gifted in any particular area? Der people? ve you ever behaved without regard	o you talk about your gifts with	N NI Y (Record Qualifiers)
	ample, do you ever go on excessive sp people ever tell you that your plans	ending sprees that you can't afford?	N NI Y (Record Qualifiers)
the 4. Do	se plans? How do you imagine accomp	olishing them? us or particularly important person?	N NI Y (Record Qualifiers) N NI Y (Record Qualifiers)
	you ever feel as if you can save others		N NI Y (Record Qualifiers)

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	P.3 DESCRIPTION: GRANDIOSE IDEAS a. Exaggerated self-opinion and unrealistic sense of superiority. b. Some expansiveness or boastfulness. c. Occasional clear-cut grandiose delusions that can influence behavior. Anchors in each scale are intended to provide guidelines and examples of signs for every symptom observed. It is not necessary to meet every criterion in any one anchor to assign a particular rating. Basis for ratings includes both interviewer observations and patient reports.							
	-	•		S				
1	GRANDIO	SE IDEAS		Severity Scale (ci	· /	5	(7
	0 4 haant	Overtionably	Mild	Moderate	4 Madagataki Sayaga	Severe but Not	6 Savara and	
	Absent	Questionably Present	WIIIG	Wioderate	Moderately Severe	Psychotic	Severe and Psychotic	
		Private	Mostly private	Notions of	Beliefs of talent,	Compelling beliefs	Delusions of	
		thoughts of	thoughts of	being unusually	influence, and	of superior intellect,	grandiosity	
		heing hetter	heing talented	gifted nowerful	abilities Unrealistic	attractiveness	with	

goals that may affect

responsive to other's

concerns and limits.

functioning, but

plans and

power, or fame.

Skepticism and

elicited by the

efforts of others.

modesty can only be

Affects functioning.

conviction (no doubt) at least

intermittently

Interferes

persistently

with thinking,

feeling, social

relations, or

than others.

understanding,

or gifted.

or special and

exaggerated

expectations.

expansive but

can redirect to

the everyday on

have

May be

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

P. 4.	PERCEPTUAL ABNORMALITIES/HALLUCINATIONS	
	The following questions probe for both hallucinations and nonpsychotic perothe SOPS P4 Scale at the end of the queries.	ceptual abnormalities. They are rated on
PER	CEPTUAL DISTORTIONS, ILLUSIONS, HALLUCINATIONS	
	UIRY:	
_	Oo 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 I do anything differently? DEGREE OF CONVICTION/MEANING: How do you account for this experience? Do your head? Do you think this is real?	naving the experience ever cause you to
AUD	NTODY DISTORTIONS II I USIONS HALL USINATIONS	
	UITORY DISTORTIONS, ILLUSIONS, HALLUCINATIONS	
1. D	UIRY: o you ever feel that your ears are playing tricks on you? ave you been feeling more sensitive to sounds? Have sounds seemed	N NI Y (Record Qualifiers)
3. D	fferent? Louder or softer? o you ever hear unusual sounds like banging, clicking, hissing, clapping,	N NI Y (Record Qualifiers)
4. D	nging in your ears? o you ever think you hear sounds and then realize that there is probably	N NI Y (Record Qualifiers)
5. D	othing there? o you ever hear your own thoughts as if they are being spoken outside our head?	N NI Y (Record Qualifiers) N NI Y (Record Qualifiers)
6. D	o you ever hear a voice that others don't seem to or can't hear? Does it ound clearly like a voice speaking to you as I am now? Could it be your own	N W 1 (Record Quantiers)
	oughts or is it clearly a voice speaking out loud?	N NI Y (Record Qualifiers)

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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	N NI Y (Record Qualifiers)
appear different in color, brightness or dullness; or have they changed in some other way?	,
3. Have you ever seen unusual things like flashes, flames, vague figures,	N NI Y (Record Qualifiers)
shadows, or movement out of the corner of your eye?	,
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 h	aving the experience ever cause you to
do anything differently?	C. labata a little abote
• DEGREE OF CONVICTION/MEANING: How do you account for this experience? Do your head? Do you think this is real?	you ever feel that it could just be in
jour nount 20 you chimi this 10 remr	
SOMATIC DISTORTIONS, ILLUSIONS, HALLUCINATIONS INQUIRY: 1. Have you noticed any unusual bodily sensations such as tingling, pulling, pressure, aches, burning, cold, numbness, vibrations, electricity, or pain?	N NI Y (Record Qualifiers)
OLFACTORY AND GUSTATORY DISTORTIONS, ILLUSIONS, HALLUCIN	NATIONS
INQUIRY: 1. Do you ever smell or taste things that other people don't notice?	N NI Y (Record Qualifiers)
QUALIFIERS: For all "Y" responses, record: • DESCRIPTION-ONSET-DURATION-FREQUENCY	
 DEGREE OF DISTRESS: What is this experience like for you? (Does it bother you?) DEGREE OF INTERFERENCE WITH LIFE: Do you ever act on this experience? Does h 	aving the experience ever cause you to
 do anything differently? DEGREE OF CONVICTION/MEANING: How do you account for this experience? Do your head? Do you think this is real? 	you ever feel that it could just be in

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PtID		Date:		Intervie	ewer Code:	SIPS
necessary	a. Unusual pe illusions.b. Pseudo-hal nature.)c. Occasionalin each scale are	rceptual experie lucinations or ha frank hallucinat intended to proveriterion in any or	nces. Heightened allucinations into w ions that may min- vide guidelines and	which the subject has imally influence this examples of signs fo	ns, vivid sensory s insight (i.e. is a nking or behavio or every symptom	
PERCEPTU 0 Absent	1 Questionably Present Minor, but noticeable perceptual sensitivity (e.g. heightened, dulled, distorted, etc.).	Mild Unformed perceptual experiences/ changes that are noticed but not considered to be significant.	Recurrent, unformed, images (e.g., shadows, trails, sounds, etc.), illusions, or persistent perceptual distortions that are puzzling and experienced as unusual.	Moderately Severe Illusions or momentary formed hallucinations that are ultimately recognized as unreal yet can be distracting, curious, unsettling. May affect functioning.	Severe but No Psychotic Hallucinations experienced as external to self though skepticis can be induced by others. mesmerizing, distressing. Affects daily functioning.	Psychotic Hallucinations perceived as real and distinct from
	pased on:		For Symptoms Ra	ated at Level 3 or Hi		Better Explained
	date when a po		most recent date	Check all that a		Symptoms are better

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

P. 5.	DISORGANIZED COMMUNICATION	
	The following questions probe for thought disorder and other difficulties in thinking a the SOPS P5 Scale.	is reflected in speech. They are rated or
	Note: Basis for rating includes: Verbal communication and coherence during the interwith speech.	rview as well as reports of problems
COM	MUNICATION DIFFICULTIES	
INQU	JIRY:	
to	people ever tell you that they can't understand you? Do people ever seem have difficulty understanding you?	N NI Y (Record Qualifiers)
fir	re you aware of any ongoing difficulties getting your point across, such as adding yourself rambling or going off track when you talk?	N NI Y (Record Qualifiers)
	you ever completely lose your train of thought or speech, like suddenly anking out?	N NI Y (Record Qualifiers)
	UALIFIERS: 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 had do anything differently? DEGREE OF CONVICTION/MEANING: How do you account for this experience? Do you your head? Do you think this is real?	
	·	
		_

PtID ______Date:_____/_____Interviewer Code:______SIPS

PtID	Date: /	/	Interviewer Code:	SIPS
1 111	Butc			

P. 5. DESCRIPTION: DISORGANIZED COMMUNICATION

2

Mild

DISORGANIZED COMMUNICATION

Questionably

Present

Absent

- a. Odd speech. Vague, metaphorical overelaborate, stereotyped.
- b. Confused, muddled, racing or slowed down speech, using the wrong words, talking about things irrelevant to context or going off track.
- c. Speech is circumstantial, tangential or paralogical. There is some difficulty in directing sentences toward a goal.

Moderately

Severe

Severe but Not

Psychotic

Severe and Psychotic

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

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

Severity Scale (circle one)

Moderate

	Occasional	Speech that is	incorrect words,	Speech is	Speech	Communication
	word or	slightly vague,	irrelevant topics.	circumstantial (i.e.	tangential (i.e.	persistently loose,
	phrase	muddled,	Goes off track,	eventually getting	never getting to	irrelevant, or blocked
	doesn't make	overelaborate	but redirects on	to the point).	the point). Some	and unintelligible when
	sense.	or stereotyped.	own.	Difficulty	loosening of	under minimal pressure
				directing	associations or	or when the content of
				sentences toward	blocking. Can	the communication is
				a goal. Sudden	reorient briefly	complex. Not
				pauses. Can be	with frequent	responsive to
				redirected with	prompts or	structuring of the
				occasional	questions.	interview.
				questions and		
				structuring.		
Rating b	oased on:					

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

PtID		Date:/_	/	Interviewer Co	ode:	SIP
spec 2. Wha if yo 3. How Who 4. Who 5. How	RY: you usually pre ify reason.) Soc at do you usual ou had the oppor y often do you s o are your three o tends to initia y often do you s them?	fer to be alone or with tial apathy? Ill at ease lly do with your free to tunity? spend time with friend closest friends? What ate social contact, you spend time with famil	with others? Anxiety ime? Would you be a ds outside of school/s sorts of activities do yor others? y members? What d	? Other? more social work? you do together? o you do	Record Responses Record Response Record Responses Record Responses Record Responses Record Response Record Res	nse nse nse
	Fo	OR ALL RESPONSES, RECO	ORD: DESCRIPTION, ONS	SET, DURATION, ANI	CHANGE OVER TIME	TE.
-						
necessai	b. Prefers to s contact.c. Passively g recede into	ose friends or confidant spend time alone, although goes along with most so the background. re intended to provide g criterion in any one and t reports.	ugh participates in so- ocial activities but in a uidelines and example	cial functions when disinterested or response of signs for every	nechanical way. T	Cends to
	ANHEDONIA		Negative Symptom Sca			6
0 Absent	Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
	Slightly socially awkward but socially active.	Ill at ease with others. Only mildly interested in social situations but socially present.	Participates socially only reluctantly due to disinterest. Passively goes along with social activities	Few friends outside of extended family. Socially apathetic. Minimal social participation	Significant difficulties with relationships or no close friends. Prefers to be alone. Spends most time alone or with first-degree relatives.	No friends. Prefers being alone.
Rating b	oased on:					
		Symptom Onset	(for symptoms rate	d at a level 3 or h	igher)	
		Record date when the	e earliest symptom fir or "ever since I can r	st occurred:		

Year

 \square Cannot be determined

Month

☐ Date of onset _

D		Date:	_/	Interviewer C	Code:	
QUIRY Do you Are yo Somet Do you	i find that you ou having a hai imes? Always? i find that peo	der time getting Does prodding v ple have to push	ting motivated to do normal daily activi work? Sometimes? I you to get things do	ties done? Never?	N NI Y (Reco	ord Response)
stoppe	d doing anythin	g that you usually	do?		N NI Y (Reco	rd Response)
	For	ALL RESPONSES, RE	ECORD: DESCRIPTION,	ONSET, DURATION, AN	D CHANGE OVER TIM	IE.
		: AVOLITION			,,.	
	Low drive, en	nergy, or productiving the state of the stat	vity. <mark>e guidelines and exan</mark>	ol of goal-directed ac	y symptom observed	
ervatio	ns and patient r	eports.	anchor to assign a pai	rticular rating. Basis	for ratings includes	both interview
OLITION 0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
	Focus on goal-directed activities but less than what would be considered average.	Low drive or energy level. Simple tasks require effort or take longer than what would be considered normal. Productivity is considered average or is within normal limits.	Low levels of motivation to participate in goal-directed activities. Impairment in task initiation and/or persistence. Initiation or task completion requires some prodding.	Minimal levels of motivation to participate in or complete goal-directed activities. Prodding needed regularly.	Lack of drive/energy results in a significantly low level of achievement. Most goal-directed activities relinquished. Prodding is needed all of the time, but may not be successful.	Prodding unsuccessful. Not participating in virtually any goal- directed activities.
ting ba	sed on:					
		Symptom One	set (for symptoms r	ated at a level 3 or l	nigher)	
	I		the earliest symptom		ngavi)	

Year

☐ Entire lifetime or "ever since I can remember"

Month

☐ Cannot be determined

 \Box Date of onset

	FOR A	ALL RESPONSES, R	ECORD: DESCRII	PTION, ONSET, DURATION	ON, AND CHANGE OV	ER TIME.
1	Note: Basis for rati	ng includes: Obser	ved flattened aff	ect as well as reports o	f decreased expression	n of emotions.
t	a. Flat, constrict modulation o b. Lack of spont shows little it questions by a c. Poor rapport. involvement	of feelings (e.g. m taneity and flow onitiative. Patient' interviewer. Lack of interper	motional respondence of conversation is answers tend	nsiveness as characte n) and communication . Reduction in the no	n gestures (e.g. dull ormal flow of commabellished, requiring sation, sense of close	appearance). nunication. Conversat g direct and sustained eness, interest, or
				d examples of signs fo		
-	y to meet every cr ions and patient r		anchor to assig	n a particular rating.	Basis for ratings inc	cludes both interviewe
	ON OF EMOTION		Negative Sym	ptom Scale		
0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
	Emotional	Conversation lacks liveliness,	Emotional expression minimal at	Difficulty in sustaining conversation.	Starting and maintaining conversation requires direct and	Flat affect, monotone speech. Unable to become
	responsiveness slightly delayed or blunted.	feels stilted.	times but maintains flow of conversation.	Speech mostly monotone. Minimal interpersonal empathy. May avoid eye contact.	sustained questioning by the interviewer. Affect constricted. Total lack of	interviewer or maintain conversation despite active questioning by the
Rating h	slightly delayed or blunted.	feels stilted.	times but maintains flow of	monotone. Minimal interpersonal empathy. May	sustained questioning by the interviewer. Affect constricted.	interviewer or maintain conversation despite active
Rating b	slightly delayed or	feels stilted.	times but maintains flow of	monotone. Minimal interpersonal empathy. May	sustained questioning by the interviewer. Affect constricted. Total lack of	interviewer or maintain conversation despite active questioning by the
Rating b	slightly delayed or blunted.	feels stilted.	times but maintains flow of	monotone. Minimal interpersonal empathy. May	sustained questioning by the interviewer. Affect constricted. Total lack of	interviewer or maintain conversation despite active questioning by the
Rating b	slightly delayed or blunted.	feels stilted.	times but maintains flow of	monotone. Minimal interpersonal empathy. May	sustained questioning by the interviewer. Affect constricted. Total lack of	interviewer or maintain conversation despite active questioning by the

PtID ______Date:____/_____Interviewer Code:_____SIPS

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)

PtID Date: / Interviewer Code:

SIPS

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

N. 4. DESCRIPTION: EXPERIENCE OF EMOTIONS AND SELF

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

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

EXPERIENCE OF EMOTIONS AND SELF Negative Symptom Scale

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

Rating based on:

Symptom Onset	t (for symptoms	s rated at a level 3 or higher)					
Record date when th	e earliest symnt	tom first occurred:					
	Record date when the earliest symptom first occurred:						
☐ Entire lifetime	e or "ever since."	I can remember"					
☐ Cannot be det	ermined						
☐ Date of onset		/					
	Month	Year					

you be	ı sometimes fii cause you don	nd it hard to un 't understand more use word	what they mea		tell N NI Y (Recor N NI Y (Recor	
	For	ALL RESPONSES	, RECORD: DESCI	RIPTION, ONSET, DURATION	ON, AND CHANGE OVER TIMI	Ε
BSTRAC'	TION QUESTION	NS:				
imilarities	- How are the fol	llowing alike?		Proverbs - "What does	s this saying mean?"	
ball and a	n orange?			a. Don't judge a book	by its cover	
in apple an	d a banana?			h D'tt	:-1164114-1-	
	nd a poem? er?			b. Don't count your en	ickens before they hatch	
ecessary	Simple words Difficulty in a difficulty in cl solving tasks; a each scale are	bstract thinking. assification, form often utilizes a co intended to proviterion in any or	Interpretation of the control of the	ne use of the abstract-sympons, and proceeding beyon and examples of signs for	difications (adjectives/advert bolic mode of thinking, as ev and concrete or egocentric thin r every symptom observed. Basis for ratings includes b	videnced by nking in problen It is not
IDEATION	AL RICHNESS		Negativ	e Symptom Scale		
0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
	Some conversa- tional awkwardness.	Trouble grasping nuances of conversation. Diminished conversational give and take.	Correctly interprets most similarities and proverbs. Uses few modifiers (adjectives and adverbs). May miss some abstract comments.	At times misses the "gist" of reasonably uncomplicated conversation. Verbal content may be repetitious and perseverative. Uses simple words and sentence structure without many modifiers. Misses or interprets many similarities and proverbs concretely.	Able to follow and answer simple statements and questions, but has difficulty independently articulating thoughts and experiences. Verbal content restricted and stereotyped. Verbal expression limited to simple, brief sentences. May be unable to interpret most similarities and proverbs.	Unable, at times, to follow any conversation no matter how simple. Verbal content and expression mostly limited to single words and yes/no responses.
		1		proveros concretely.	similarities and proverbs.	responses.
Rating ba		Record date wh	en the earliest s	otoms rated at a level ymptom first occurred: since I can remember"		

PtID ______Date:____/_____Interviewer Code:_____SIPS

Month

Year

☐ Date of onset _

tID		Date:	///	Interview	ver Code:	SIPS
N. 6. (OCCUPATIO	NAL FUNCT	ΓΙΟΝΙΝG			
. Are y . Have proba	your work tak you having a ha you been doin tion or otherwis	ard time getting g worse in schoolse given notice	due to poor perform	ave you been put on nance? Are you failing		
			out of school? Have crouble keeping a jo	e you ever been "let g b?	N NI Y (Recoi	d Response)
	For	R ALL RESPONSES	S, RECORD: DESCRIPT	TION, ONSET, DURATION	N, AND CHANGE OVER TIMI	Ε.
ichors i	in each scale are ry criterion in ar	iculty in produce intended to pro	ovide guidelines and	examples of signs for	eagues at work or schoo every symptom observed. ags includes both interview	It is not necessary
	IONAL FUNCTIONI	NG	Negative Sv	mptom Scale		
0	1	2	3	4	5	6
Absent	Questionably Present	Mild	Moderate	Moderately Severe	Severe	Extreme
	More than average effort and focus required to maintain usual level of performance at work, school.	Difficulty in functioning at work or school that is becoming evident to others.	Definite problems in accomplishing work tasks or a drop in Grade Point Average.	Failing one or more courses. Receiving notice or being on probation at work.	Suspended, failing out of school, or other significant interference with completing requirements. Problematic absence from work. Unable to work with others.	Failed or left school, left employment or was fired.
ating b	oased on:					
		Symptom	Onset (for sympto	ms rated at a level 3	or higher)	
		☐ Entire li	hen the earliest sym fetime or "ever sind be determined	aptom first occurred: ee I can remember"		
		\Box Date of	onset	/		

D. <u>1</u>	DISORGANI	ZATION S	YMPTOMS			
D. 1. (ODD BEHAV	TOR OR A	PPEARANCE			
2. Do yo	t kinds of activ ou have any ho ou think others	bbies, specia	ike to do? l interests or collection t your interests are ur		N NI Y (R	ecord Response) ecord Response ecord Response)
	Foi	R ALL RESPONS	SES, RECORD: DESCRIPTION	ON, ONSET, DURATION,	, AND CHANGE OVER TIM	Ε.
	: Basis for rating ual, or bizarre bel		viewer observations of un irance.	usual or eccentric appo	earance as well as reports	of eccentric,
Anchors inecessary	a. Behavior orb. Appears prec. Inappropriain each scale are	appearance to coccupied with te affect. contended to periterion in an	HAVIOR OR APPEA hat is odd, eccentric, pe h and/or interactive with provide guidelines and expression and expression and expression and expression and expression and expression are anchor to assign a	eculiar, disorganized, h own thoughts.	very symptom observed.	
	AVIOR/APPEARAN	•	Disorganization Sy	mptom Scale		
0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
	Questionably unusual appearance, behavior.	Behavior or appearance that appears minimally unusual or odd.	Odd, unusual behavior, interests, appearance, hobbies, or preoccupations that are likely to be considered outside of cultural norms. May exhibit some inappropriate behavior.	Behavior or appearance, that is unconventional by most standards. May appear distracted by apparent internal stimuli. May seem disengaging or off-putting.	Highly unconventional strange behavior or appearance. May, at times, seem preoccupied by apparent internal stimuli. May provide noncontextual responses, or exhibit inappropriate affect. May be ostracized by peers.	Grossly bizarre appearance or behavior (e.g. collecting garbage, talking to self in public). Disconnection of affect and speech.
Rating b	pased on:					
		Sympton	n Onset (for symptom	s rated at a level 3 (or higher)	
		Record date □ Entire	when the earliest sympt lifetime or "ever since at be determined	tom first occurred:	9 /	

PtID ______Date:____/_____Interviewer Code:_____

Year

Month

N	For					
N		R ALL RESPONS	SES, RECORD: DESCRIPTION	ON, ONSET, DURATION, AND	CHANGE OVER TIM	ME.
	lote: Basis for ra	ting includes:	Observations of unusual o	or bizarre thinking as well as	reports of unusual	or bizarre thinki
a. nchors i cessary	. Thinking cha	racterized by e intended to periterion in an	provide guidelines and ex	zarre ideas that are distort xamples of signs for every particular rating. Basis fo	symptom observe	d. It is not
	HINKING	reports	Disorganization S	symptom Scale		
0 Absent	1 Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
	"Quirky" ideas that are easily abandoned.	Unusual ideas, illogical or distorted thinking.	Unusual ideas, illogical or distorted thoughts that are held as a belief or philosophical system within the realm of subcultural variation.	Unusual ideas or illogical thinking that is embraced but which violates the boundary of most conventional religious or philosophical thoughts.	Strange ideas that are difficult to understand.	Thoughts that are fantastic, patently absurd fragmented, and impossible to understand.
ting ba	ased on:					

PtID ______Date:_____/_____Interviewer Code:______SIPS

PtID _		Date:	/	Interview	ver Code:	SIPS
D. 3.	TROUBLE V	WITH FOCUS	S AND ATTENTI	ON		
Read 2. Are	e you had diffi ding? Listening you easily dist	g? Is this getting racted? Easily	ating or being able worse than it was b confused by noises Have you had troul	efore?		cord Response) cord Response)
	Fo	OR ALL RESPONSE	S, RECORD: DESCRIPT	TION, ONSET, DURATION	N, AND CHANGE OVER T	IME.
<u>N</u>	Note: Basis for rat	ting includes: Inte	rviewer observations	or patient reports of tro	uble with focus and atter	ntion.
Anchors	 a. Failure in fastimuli. b. Difficulty in the control of the co	n harnessing, su th short-term me	staining, or shifting emory including hole	focus to new stimuli. ding conversation in a		necessary to meet
	E WITH FOCUS AN		Disorganization Sym		_	
0 Absent	l Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
	Lapses of focus under pressure.	Inattention to everyday tasks or conversations.	Problems maintaining focus and attention. Difficulty keeping up with conversations.	Distracted and often loses track of conversations.	Can maintain attention and remain in focus only with outside structure or support.	Unable to maintain attention even with external refocusing.
Rating	based on:					
		Record date w	` <u> </u>	ms rated at a level 3	or higher)	
			be determined	Vear		

PtID		Date:		Interviewer	Code:	SIPS
D. 4. IN	MPAIRMENT	Γ IN PERSONAI	. HYGIENE			
INQUIR 1. Are y 2. How	RY: you less interes often do you sl	ted in keeping clea	n or dressing well		N NI Y	(Record Response) (Record Response) (Record Response)
	Foi	R ALL RESPONSES, RE	CORD: DESCRIPTION	, ONSET, DURATION, A	ND CHANGE OV	'ER TIME.
1 j	a. Impairment Anchors in each necessary to mee interviewer obse	et every criterion in a rvations and patient	e and grooming. Se o provide guidelines any one anchor to as reports.	elf neglect. and examples of sign sign a particular rati		nptom observed. It is not eatings includes both
0 Absent	1 Questionably Present	AYGIENE DIS 2 Mild	sorganization Sympt 3 Moderate	4 Moderately Severe	5 Severe	6 Extreme
	Low attention to personal hygiene, but still concerned with appearances.	Low attention to personal hygiene and little concern with physical or social appearance, but still within bounds of convention and/or subculture.	Indifference to conventional and/or subcultural conventions of dress and social cues.	Neglect of social or subcultural norms of hygiene.	Does not bathe regularly. Clothes unkempt, unchanged, unwashed. May have developed an odor.	Poorly groomed and appears not to care or even notice. No bathing and has developed an odor. Inattentive to social cues and unresponsive even when confronted.
Rating	based on:					
	_					
		Record date when	the earliest symptome or "ever since I determined		higher)	

<u>G</u> .	GENERAL S	YMPTOMS	<u>S</u>			
G. 1.	SLEEP DIST	TIRRANCI	7			
		UNDANCI	2			
INQUIR		slooning roo	ontly 2 What kind	de of difficulty hove you be	on having	
				ds of difficulty have you be to awake, hours of sleep in		
				ay/night reversal).		Response)
				ur problem with sleeping	(220002 4)	eresponse,
maki	ing it difficult to	get through	your day? Do yo	u have trouble waking up?	N NI Y (Record I	Response)
	For	D ALL DESPON	SES DECODD: DESC	CRIPTION, ONSET, DURATION,	AND CHANCE OVED TIME	
N.					THE CHARGE OVER TIME.	
INC	ote: Basis ioi iati	ng includes. H	ypersomnia and hy	posoninia.		
	DECODIBITIO	N. CLEEDI	NOTHERANCE			
		N: SLEEP I iculty falling	DISTURBANCE asleen			
				o fall back asleep.		
			ping during the da			
	d. Day night r	_	F 8 8			
6	e. Hypersomn					
				and examples of signs for ev		
	y to meet every t ions and patient		y one anchor to as	sign a particular rating. Ba	isis for ratings includes both	interviewer
observati	ions and patient	терогиз.				
SLEEP DIS	TURBANCE		General Symptom	Scale		
0	1	2	3	4	5	6
Absent	Questionably	Mild	Moderate	Moderately Severe	Severe	Extreme
	Present	G	De diese Calie	C1	GiiC	TT1.14.
	Restless	Some mild	Daytime fatigue resulting from	Sleep pattern significantly	Significant difficulty	Unable to
	sleep.	difficulty falling	difficulty	disrupted and has intruded on other aspects of	falling asleep or awakening early on most	sleep at all for over
		asleep or	falling asleep at	functioning (e.g. trouble	nights. May have	48 hours.
		getting	night or early	getting up for school or	day/night reversal.	40 nours.
		back to	awakening.	work). Difficult to	Usually not getting to	
		sleep.	Sleeping more	awaken for appointments.	scheduled activities at all.	
			than considered	Spending a large part of		
			average.	the day asleep.		
Rating h	pased on:					
						
	Γ	C	m Ongot (for or	antoms nated at a land 2	ar highar)	
	-		ì	iptoms rated at a level 3 o	or nigner)	
				symptom first occurred:		
				since I can remember"		
			ot be determined	1		
		☐ Date of	Month	/		
	L		MINIOIM	I cai		

PtID ______Date:_____/_____Interviewer Code:______SIPS

G.2 DYSPHORIC MOOD	
INQUIRY:	
1. What has your mood been like recently?	(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	e?
Your sleep? Your ability to work?	N NI Y (Record Response)
4. Have you had thoughts of harming yourself or ending your life? Ha	ave you
ever attempted suicide?	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 a	ingry
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 yo	ou
to relax?	N NI Y (Record Response)

Date: / / Interviewer Code:

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.

ALSO:

a. Anxiety, panic, multiple fears and phobias.

SIPS

- b. Irritability, hostility, rage.
- c. Restlessness, agitation, tension.
- d. Unstable mood.

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

DYSPHORIC MOOD General Symptom Scale

0	1	2	3	4	5	6
Absent	Questionably	Mild	Moderate	Moderately	Severe	Extreme
	Present			Severe		
	Feeling	Occasional unstable	Feelings like	Recurrent	Persistent	Painfully unpleasant
	"down" or	and/or unpredictable	the "blues" or	periods of	unpleasant mixtures	mixtures of
	edgy often.	periods of sad, bad,	other anxieties	sadness,	of depression,	depression,
		or dark feelings that	or discontents	irritability,	irritability or	irritability, or
		may be a mixture of	have "settled	or	anxiety. Avoidance	anxiety that may
		depression,	in."	depression.	behaviors such as	trigger highly
		irritability, or			substance use or	destructive
		anxiety.			sleep.	behaviors like
						suicide attempts or
						self-mutilation.

Rat	ing	base	ed on:	:

Symptom Onset	(for symptoms rat	ted at a level 3 or higher)
Record date when the	earliest symptom	first occurred:
☐ Entire lifetime		
☐ Cannot be dete	rmined	
☐ Date of onset		/
	Month	Year

PtID _		Date:	///	Interviewe	r Code:	SIPS
G. 3. INQUI		STURBANCE	ES			
	ve you noticed a our movements		awkwardness, or la	ck of coordination	N NI Y (Re	cord Response)
	Fo	R ALL RESPONSES	S, RECORD: DESCRIPTION	ON, ONSET, DURATION,	, AND CHANGE OVER T	IME.
G. 3.	DESCRIPTIO	N: MOTOR D	ISTURBANCES			
necessa	without pro b. The develop something, c. Motor block d. Loss of auto e. Compulsive f. Dyskinetic s in each scale arry to meet every	blems in the past pment of a new posture, or copy kages (catatonia omatic skills. e motor rituals. movements of he intended to pro- criterion in any of	movement such as a ring other peoples' m	nervous habit, stereo lovements (echopraxi	types, characteristic a).	ways of doing
	tions and patient	reports.	Consul Same	udam Caala		
0	DISTURBANCES 1	2	General Sym	4	5	6
Absent	Questionably Present	Mild	Moderate	Moderately Severe	Severe	Extreme
	Awkward.	Reported or observed clumsiness.	Poor coordination. Difficulty performing fine motor movements.	Stereotyped, often inappropriate movements.	Nervous habits, tics, grimacing. Posturing. Compulsive motor rituals.	Loss of natural movements. Motor blockages. Echopraxia. Dyskinesia.
Rating	based on:				,	
		Symptom	Onset (for symptom	s rated at a level 3 (or higher)	
		Record date w	hen the earliest symp fetime or "ever since be determined	tom first occurred:		

G. 4. IMPAIRED TOLI NQUIRY: . Are you feeling more tire of a usual day? 2. Do you get thrown off by the day? 3. Are you finding that you some of your daily activi activities? 4. Are you finding yourself and motivation to cope w	ed or stressed unexpected are feeling cties? Are you too stressed, with daily act	d than the avera things that hap challenged or over avoiding any of disorganized, of	age person at the end open to you during verwhelmed by f your daily	N NI Y (1 N NI Y (1 N NI Y (1	Record Response) Record Response)
 Are you feeling more tire of a usual day? Do you get thrown off by the day? Are you finding that you some of your daily activities? Are you finding yourself and motivation to cope w 	are feeling c ties? Are you too stressed, with daily act	things that hap challenged or over a avoiding any of disorganized, o	open to you during verwhelmed by f your daily	N NI Y (1 N NI Y (1 N NI Y (1	- '
 Are you feeling more tire of a usual day? Do you get thrown off by the day? Are you finding that you some of your daily activities? Are you finding yourself and motivation to cope w 	are feeling c ties? Are you too stressed, with daily act	things that hap challenged or over a avoiding any of disorganized, o	open to you during verwhelmed by f your daily	N NI Y (1 N NI Y (1 N NI Y (1	- '
of a usual day? Do you get thrown off by the day? Are you finding that you some of your daily activities? Are you finding yourself and motivation to cope w	are feeling c ties? Are you too stressed, with daily act	things that hap challenged or over a avoiding any of disorganized, o	open to you during verwhelmed by f your daily	N NI Y (1 N NI Y (1 N NI Y (1	- '
 Do you get thrown off by the day? Are you finding that you some of your daily activities? Are you finding yourself and motivation to cope w 	are feeling c ties? Are you too stressed, with daily act	challenged or over avoiding any of the disorganized, of	verwhelmed by f your daily	N NI Y (I	- '
the day? Are you finding that you some of your daily activities? Are you finding yourself and motivation to cope w	are feeling c ties? Are you too stressed, with daily act	challenged or over avoiding any of the disorganized, of	verwhelmed by f your daily	N NI Y (Record Response)
 Are you finding that you some of your daily activi activities? Are you finding yourself and motivation to cope w 	ties? Are you too stressed, vith daily act	avoiding any of	f your daily	N NI Y (record response)
some of your daily activi activities? Are you finding yourself and motivation to cope w	ties? Are you too stressed, vith daily act	avoiding any of	f your daily		
activities? Are you finding yourself and motivation to cope w	too stressed,	, disorganized, o			
. Are you finding yourself and motivation to cope w	vith daily act		or drained of energy		Record Response)
and motivation to cope w	vith daily act				response)
					Record Response)
FOR ALL	RESPONSES, RI				
		ECORD: DESCRIPT	ΓΙΟΝ, ONSET, DURATION	N, AND CHANGE OVE	R TIME.
b. Marked sympton c. Increasingly affect anchors in each scale are interpret every criterion in any one atient reports.	sted by stressf as of anxiety of cted by exper- aded to provide anchor to ass	ful situations that or avoidance in a ciences that were le guidelines and sign a particular General Sympt	t were previously dearesponse to everyday easily handled in the examples of signs for rating. Basis for rating	It with easily. stressors. past. More difficu every symptom obse gs includes both int	erved. It is not necessar terviewer observations a
0 1	2	3	4 Madamatal Caran	5	6
Absent Questionably Present	Mild	Moderate	Moderately Severe	Severe	Extreme
Tired or Dail stressed at brin end of usual sym	ly stress gs on ptoms of lety beyond t might be ected.	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.
wha					
wha	Symptom On	· •	ms rated at a level 3 aptom first occurred:	or higher)	

Year

 $\hfill\Box$ Cannot be determined

Month

 \Box Date of onset

PtID	Date: /	/ In	nterviewer Code: S	IP9
IUD	Date.	/ 111	iterviewer code.	-11 r

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

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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

PtID	Date:		/	Interviewer Code:	SIPS
Global Asse	essment of Functioning (co	nt'd)			
IN	SOME DANGER OF H	URTING SELI	F OR OTHE	CRS: 20 - 11	
arous Son Sev Occ Urg In p or e and A po A po IN Serio out Persurg In a or s A po A	me severe violence or selectere manic excitement, or casionally fails to maintagent/emergency admission obysical danger due to me extensive laxative/diuretic disorientation) erson with 1-2 of the 6 and erson with 3-4 of the 6 and erson with 5-6 of the 6 and erson with 5-6 of the 6 and erson with cleane present) quent severe violence or reme manic excitement, of a bed mattress) sistent inability to maintagent/emergency admission occute, severe danger due	E-mutilating behasevere agitation in minimal person to the present pedical problems (conditional problems) and the problems of the disturbance of the disturbance of the disturbance of the present problems of the present psychological problems of the disturbance of the present psychological problems of the present psychological psycholog	and impulsinal hygiene obsychiatric hoge, severe a ce in this cance in this cancer in the cancer in this cancer in the cancer in t	ge.g. diarrhea due to laxatives, or smoospital norexia or bulimia and some spontatious heart or kidney problems or severe geory = rating 18-20 regory = rating 14-17 regory = rating 11-13 regory = rating 11-13 regory = rating 11-13 regory = rating 11-10 regory = rating 11-10 regory = rating 11-10 regory = rating 8-10 regory = rating 8-10 regory = rating 4-7	earing feces) neous vomiting vere dehydration us overdose, with ping the stuffing
Ada 275	=	5). Global asses	sment of fun	actioning: A modified scale, Psychos	comatics, 36, 267-
C	rrant Saara	Score	One Veer	\go:	

PtID	Date:	//	Interviewer Code:	SIPS

SCHIZOTYPAL PERSONALITY DISORDER CRITERIA

Genetic Risk and Deterioration Prodromal State - Genetic risk as defined by SIPS 5.5 involves meeting DSM-5 criteria for <u>lifetime</u> 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	Yes	No
interview.		
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?		

PtID	Date: /	/ Interviewer Code:	SIP
כנוט	Date. /	/ IIILELVIEWEL COUE.	1311

SUMMARY OF SIPS DATA

Positive Symptom Scale

0	1	2	3		4		5			6
Absent	Questionably	Mild	Moderate	Mo	derately	Se	evere but	Not	Seve	ere and
	Present			S	evere		Psychot	ic	Psy	chotic
Positive Sy	ymptoms									
P1. Unusual Thought Content/Delusional Ideas (p. 11)			eas (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. Disorga	anized Communica	ation (p. 20)		0	1	2	3	4	5	6

Negative, Disorganized, General Symptom Scale

0	1	2	3		4		5		6	
Absent	Questionably	Mild	Moderate	Мо	derately		Severe		Extreme	
	Present				evere					
						•		•		
Negative S	Symptoms									
N1. Social	Anhedonia (p. 21))		0	1	2	3	4	5	6
N2. Avolit	ion (p. 22)			0	1	2	3	4	5	6
N3. Expres	ssion of Emotion (p. 23)		0	1	2	3	4	5	6
N4. Experi	ence of Emotions	and Self (p. 24))	0	1	2	3	4	5	6
N5. Ideation	onal Richness (p. 2	5)		0	1	2	3	4	5	6
N6. Occup	ational Functionin	g (p. 26)		0	1	2	3	4	5	6
Disorganiz	zation Symptoms									
D1. Odd B	ehavior or Appear	ance (p. 27)		0	1	2	3	4	5	6
D2. Bizarro	e Thinking (p. 28)			0	1	2	3	4	5	6
D3. Troubl	e with Focus and	Attention (p. 29))	0	1	2	3	4	5	6
D4. Person	al Hygiene (p. 30)			0	1	2	3	4	5	6
General S	ymptoms									
	Disturbance (p. 31)		0	1	2	3	4	5	6
	oric Mood (p. 32)	•		0	1	2	3	4	5	6
	Disturbances (p. 3	3)		0	1	2	3	4	5	6
	ed Tolerance to N		. 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)	ves	no

PtID	Date:	/	/	Interviewer Code:		SIPS
	SUM	MARY O	F SIPS SYN	DROME CRITERIA		
	time psychosis: PRESE	NCE OF PS	YCHOTIC SY	NDROME (POPS)		
Psychotic Syno					Yes	No
	f the SOPS P1-P5 Scales s		•			
				ous, or have they ever been?		
	A, did the symptoms ever one month?	occur for at I	east one hour p	er day at an average frequency of four days	s per	
If Yes to A and B	or A and C, the subject n	neets criteria	for lifetime psy	ychosis.		
Note: Date when	criteria first achieved (mn	n/dd/yy):				
Syndromes, COPS met and if so then	S 5.5). For each of the thin identify the appropriate of	ree syndrome current status	es (BIPS, APSS s.	OSIS RISK SYNDROMES (Criteria Of Ps 5, GRD), first determine whether lifetime c		ver been
A. Lifetime BI	nittent Psychosis psychos	sis-risk Sync	irome (BIPS)		Yes	No
	f the SOPS P1-P5 Scales	ever scored 6	currently or in	the nact?	168	110
				by another DSM disorder?		
	mptoms where 2=Yes ev			everal minutes per day at a frequency of at	-	
		1 1 . 3	TOTE (110 till	· · · · · · · · · · · · · · · · · · ·		
	No, check here The s	ubject does I	NOT meet lifeti	me criteria for BIPS.		
If <u>all</u> of 1-3 are Ye Check which sym	es, check here The suptoms have met lifetime lifetime BIPS criteria were	BIPS criteria	:: P1, P2,	P3, P4, P5	·	
B. BIPS Progr	ression				Yes	No
1. Are any life	time qualifying symptom	s for BIPS co	urrently scored	6 over the past month?		
2. Are any syn	nptoms where 1=Yes curr	ently not exp	plained better by	y another DSM disorder?		
				ninutes per day at least once in the past mo	nth?	
4. Did any syn	nptoms where 3=Yes beg	in or worsen	to a 6 in the par	st three months?		
If <u>any</u> of 1-4 are N Proceed to C. BIP	· —	ubject does l	NOT meet criter	ria for BIPS Progression.		
Check which lifet Note date when co		currently m began (mm/d	eet BIPS Progre d/yy):	or BIPS Progression. ession criteria: P1, P2, P3, P4,	P5	
C. BIPS Persi	istence				Yes	No
	above all=Yes?					
2. Does B.4 ab	oove=No?					
	here The subject doe PS Partial Remission, first		criteria for BIP	S Persistence.	<u>.</u>	
	h Yes, check here Th		ES meet criteri	ia for BIPS Persistence		
Check which lifet	time qualifying symptoms	currently m	eet BIPS Persis	tence criteria: P1, P2, P3, P4,	P5 .	
	urrent BIPS Persistence b				· —-	

2. Does B.4 above 110:
If 1 is No, check here The subject does NOT meet criteria for BIPS Persistence. Proceed to D. BIPS Partial Remission, first pathway.
If 1 and 2 are both Yes, check here The subject DOES meet criteria for BIPS Persistence. Check which lifetime qualifying symptoms currently meet BIPS Persistence criteria: P1 , P2 , P3 , P4 , P5
Note date when current BIPS Persistence began (mm/dd/yy):
Skip to Quality Check and CURRENT STATUS OF BIPS.

D. BIPS Partial Remission, first pathway	Yes	No
1. Is B.1 above=Yes?		
2. Is B.2 above=Yes?		
3. Have any lifetime qualifying symptoms for BIPS where 1 or 2=No been so for six months or less?		
If 1 and 2 are both Yes, check here Proceed to E. BIPS Partial Remission, second pathway.		
If 1 or 2 are No, and if 3 is No, check here The subject does NOT meet criteria for BIPS Partial Remission. Skip to F. BIPS Full Remission.		
If 1 or 2 is No, and if 3 is Yes, check here The subject DOES meet criteria for BIPS Partial Remission. Check which lifetime qualifying symptoms currently meet BIPS Partial Remission criteria: P1, P2, P3, P4, Note date when current BIPS Partial Remission began (mm/dd/yy): Skip to Quality Check and CURRENT STATUS OF BIPS.	P5	
E. BIPS Partial Remission, second pathway	Yes	No
1. Has any symptom where D.1 and D.2 both=Yes currently failed to occur at least several minutes per day at least once in the past month?		
If 1 is Yes, check here The subject DOES meet criteria for BIPS Partial Remission. Check which lifetime qualifying symptoms currently meet BIPS Partial Remission criteria: P1, P2, P3, P4, Note date when current BIPS Partial Remission began (mm/dd/yy): Skip to Quality Check and CURRENT STATUS OF BIPS.	P5	
	Ves	Na
F. BIPS Full Remission 1. Do all lifetime qualifying symptoms for BIPS currently score 5 or lower for more than six months?	Yes	No
Are all symptoms where 1=No currently explained better by another DSM disorder and for more than six months?		
If 1 or 2 are Yes, check here The subject DOES meet criteria for BIPS Full Remission. Check which lifetime qualifying symptoms currently meet BIPS Full Remission criteria: P1, P2, P3, P4, P5 Note date when current BIPS Full Remission began (mm/dd/yy): Proceed to Quality Check and CURRENT STATUS OF BIPS.		
Quality Check: If the subject meets BIPS lifetime criteria (A above), at least one positive symptom must currently meet persistence or partial remission criteria OR all lifetime qualifying symptoms for BIPS must currently meet full remission. Check that this test is met		
CURRENT STATUS OF BIPS (please check one):		
NA (never BIPS lifetime)		
BIPS current progression		
BIPS current persistence		
BIPS current partial remission		
BIPS current full remission		
III. Attenuated Positive Symptom psychosis-risk Syndrome (APSS) A. Lifetime APSS	Yes	No
1. Have any of the SOPS P1-P5 Scales ever scored 3-5, currently or in the past?	1 68	110
2. Have any symptoms where 1=Yes ever <i>not</i> been explained better by another DSM disorder?		
3. Have any symptoms where 2=Yes ever been present at an average frequency of at least once per week over a month?		
If <u>any</u> of 1-3 are No, check here The subject does NOT meet lifetime criteria for APSS. Skip to CURRENT STATUS OF APSS.		
If <u>all</u> of 1-3 are Yes, check here The subject DOES meet lifetime criteria for APSS. Check which symptoms have met lifetime APSS criteria: P1, P2, P3, P4, P5 Note date when Lifetime APSS criteria were first achieved (mm/dd/yy): Proceed to B. APSS Progression.		
Trocced to D. At 55 I togicoston.		

PtID ______Date:_____/_____Interviewer Code:______SIPS

PtID	Date:/Interviewer Code:		_SIPS
R	APSS Progression	Yes	No
1	Are any lifetime qualifying symptoms for APSS currently scored 3-5 over the past month?	103	110
2	Are any symptoms where 1=Yes currently <i>not</i> explained better by another DSM disorder?		
3.			
4.			
	y of 1-4 are No, check here The subject does NOT meet criteria for APSS Progression. eed to C. APSS Persistence.		
Chec	of 1-4 are Yes, check here The subject DOES meet criteria for APSS Progression. ck which lifetime qualifying symptoms currently meet APSS Progression criteria: P1, P2, P3, P4, P5	<u>.</u> .	
	date when current APSS Progression began (mm/dd/yy): to Quality Check and CURRENT STATUS OF APSS.		
C.	APSS Persistence	Yes	No
1.	Do B.1-B.3 above all=Yes?		
	Does B.4 above=No?		
	s No, check here The subject does NOT meet criteria for APSS Persistence. eed to D. APSS Partial Remission, first pathway.		
If 1 a	and 2 are both Yes, check here The subject DOES meet criteria for APSS Persistence.		
	ek which lifetime qualifying symptoms currently meet APSS Persistence criteria: P1, P2, P3, P4, P5		
Note	date when current APSS Persistence began (mm/dd/yy):		
Skip	to Quality Check and CURRENT STATUS OF APSS.		
D	APSS Partial Remission, first pathway	Yes	No
1	Is B.1 above=Yes?	103	110
2	Is B.2 above=Yes?		
	Have any lifetime qualifying symptoms for APSS where 1 or 2=No been so for six months or less?		
		II	
	and 2 are both Yes, check here eed to E. APSS Partial Remission, second pathway.		
Skip	or 2 are No, and if 3 is No, check here The subject does NOT meet criteria for APSS Partial Remission. to F. APSS Full Remission.		
Chec	or 2 is No, and if 3 is Yes, check here The subject DOES meet criteria for APSS Partial Remission. It which lifetime qualifying symptoms currently meet APSS Partial Remission criteria: P1, P2, P3, P4, date when current APSS Partial Remission began (mm/dd/yy): to Quality Check and CURRENT STATUS OF APSS.	P5	
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	103	110
	once per week over the past month?		
Chec Note	s Yes, check here The subject DOES meet criteria for APSS Partial Remission. k which lifetime qualifying symptoms currently meet APSS Partial Remission criteria: P1, P2, P3, P4, date when current APSS Partial Remission began (mm/dd/yy): to Quality Check and CURRENT STATUS OF APSS.	P5	
F.	APSS Full Remission	Yes	No
1.	Do all lifetime qualifying symptoms for APSS currently score 2 or lower for more than six months?		
2.	Are all symptoms where 1=No currently explained better by another DSM disorder and for more than six months?		
Chec	or 2 are Yes, check here The subject DOES meet criteria for APSS Full Remission. 2k which lifetime qualifying symptoms currently meet BIPS Full Remission criteria: P1, P2, P3, P4, P5 4date when current APSS Full Remission began (mm/dd/yy): 5eed to Quality Check and CURRENT STATUS OF APSS.	·	
persi	lity Check: If the subject meets APSS lifetime criteria (A above), at least one positive symptom must currently me stence or partial remission criteria OR all lifetime qualifying symptoms for APSS must currently meet full remissions that this test is met		

PtID	Date:/Interviewer Code:		_SIPS
CIII	RRENT STATUS OF APSS (please check one):		
COI	NA (never APSS lifetime)		
_	APSS current progression		
	APSS current persistence		
	APSS current partial remission APSS current full remission		
	netic Risk and functional Decline psychosis-risk syndrome (GRD)		
	fetime GRD ave SIPS criteria for lifetime Schizotypal Personality Disorder ever been met, currently or in the past?	Yes	No
	there a first degree relative with a psychotic disorder?	+ +	
	as there ever been at least a 30% drop in GAF score over a 12 month period, currently or in the past?		
	2 are No, or if 3 is No, check here The subject does NOT meet lifetime criteria for GRD. CURRENT STATUS OF GRD.		
Note dat	are Yes, and if 3 is also Yes, check here The subject DOES meet lifetime criteria for GRD. te when Lifetime GRD criteria were <u>first</u> achieved (mm/dd/yy):	<u></u> .	
	4 GAFs: a. when Lifetime GRD criteria first achieved, b. 12 months before criteria first achieved, c. current (past month), d. 12 months before current %s: a/b, c/d, c.	/b,	
	to B. GRD Progression.		
	RD Progression the current GAF score at least 30% lower than it was 12 months ago (c/d above)?	Yes	No
	o, check here The subject does NOT meet criteria for GRD Progression.		
Proceed	to C. GRD Persistence.		
	es, check here The subject DOES meet criteria for GRD Progression. te when current GRD Progression began (mm/dd/yy):		
	CURRENT STATUS OF GRD.		
	RD Persistence	Yes	No
	current GAF < 90% of its level 12 months before the first lifetime qualification for GRD (c/b above)?		
	o, check here The subject does NOT meet criteria for GRD Persistence. to D. GRD Partial Remission.		
	es, check here The subject DOES meet criteria for GRD Persistence. te when current GRD Persistence began (mm/dd/yy):		
	CURRENT STATUS OF GRD.		
	RD Partial Remission	Yes	No
1. Ha	as the current GAF score been at least 90% its level 12 months before the first lifetime GRD qualification (ove) and for six months or less?		110
	o, check here The subject does NOT meet criteria for GRD Partial Remission. to E. GRD Full Remission.		
If 1 is Yo	es, check here The subject DOES meet criteria for GRD Partial Remission.		
	te when current GRD Partial Remission began (mm/dd/yy): CURRENT STATUS OF GRD.		
E. GI	RD Full Remission	Yes	No
1. Ha	as the current GAF score been at least 90% of its level 12 months before the first lifetime GRD qualification		
	/b above) and for more than six months?		
Note dat	es, check here The subject DOES meet criteria for GRD Full Remission. te when current GRD Full Remission began (mm/dd/yy): to CURRENT STATUS OF GRD.		
	RRENT STATUS OF GRD (please check one):		
CON	NA (never GRD lifetime)		
	GRD current progression		
_	GRD current persistence GRD current partial remission GRD current full remission		
	GRD current full remission		

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

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

If No, skip remainder of this section.

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

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

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

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

If No, proceed to C. Current PERSISTENCE.

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

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

If No, proceed to B. Current Progression.

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

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

If No, proceed to B. Current Progression.

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

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

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าเบ	Date:	/	Interviewer Code.	SIPS

DSM-5 ATTENUATED PSYCHOSIS SYNDROME

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

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

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

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

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

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

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

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

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

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

SIPS 5.3	5 criteria for partial remission current status of lifetime DSM-5 Attenuated Psychosis Syndrome	Yes	No
A-F.	Does the patient meet SIPS 5.5 criteria for a lifetime version of DSM-5 Attenuated Psychosis Syndrome? (above)		
	Does the patient meet SIPS 5.5 criteria for APSS current partial remission, either pathway? (III.D or E3, pages 42-43)		

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

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

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