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# DIAGNOSTIC INTERVIEW FOR PSYCHOSES

Diagnostic Module  
Updated for DSM-IV / ICD-10 algorithm

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DIP-DM

with SCAN 2.1 concordance

2005-2008

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# DIAGNOSTIC INTERVIEW FOR PSYCHOSES DIAGNOSTIC MODULE

DIP-DM SCHEDULE

<p><b>ID NUMBER</b></p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p><b>GENERAL ITEMS</b></p> <p><b>1. Source of rating (OPCRIT 1)</b></p> <p>1 = Hospital case notes (charts) 2 = Structured interview with respondent 3 = Prepared abstract 4 = Interview with informant 5 = Combined sources including structured interview 6 = Combined sources not including structured interview</p>	<p>1. Source</p> <p><input type="checkbox"/></p>
<p><b>2. Time frame (OPCRIT 2)</b></p> <p>1 = Present or most recent episode 2 = Worst ever episode 3 = Lifetime ever occurrence of symptoms and signs 4 = Other specified episode or time period</p>	<p>2. Time frame</p> <p><input type="checkbox"/></p>
<p><b>3. Sex code (OPCRIT 3)</b></p> <p><i>Code biological sex.</i></p> <p>0 = Male 1 = Female</p>	<p>3. Sex code</p> <p><input type="checkbox"/></p>

OPTIONAL ITEMS

The following Items 4-8 are optional and are not required for an OPCRIT diagnosis.

<p><b>4. Date of interview (day / month / year)</b></p>	<p>4. Date of interview</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>D D M M Y Y Y Y</p>
<p><b>5. Date of birth (day / month / year)</b></p> <p>▪ What is your date of birth?</p>	<p>5. Date of birth</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>D D M M Y Y Y Y</p>
<p><b>6. Reported age</b></p> <p>▪ How old are you?</p> <p>00 – 99 = Range</p>	<p>6. Age</p> <p><input type="text"/> <input type="text"/></p>
<p><b>7. Country of birth</b></p> <p>▪ What country were you born in?</p> <p>01 = Australia          02 = UK &amp; Ireland          03 = Europe (including former USSR)          04 = North America          05 = Central &amp; South America          06 = NZ, Pacific Islands, PNG          07 = South East Asia          08 = Indian Subcontinent &amp; Other Asia          09 = Middle East          10 = North Africa          11 = Central &amp; South Africa          12 = Other</p>	<p>7. Country of birth</p> <p><input type="text"/> <input type="text"/></p>
<p><b>8. Age at migration</b></p> <p>▪ What age were you when you arrived in Australia?</p> <p>00 – 98 = Range          99 = Not applicable</p>	<p>8. Age at migration</p> <p><input type="text"/> <input type="text"/></p>

**FURTHER GENERAL ITEMS**

**9. Single (OPCRIT 6)**

- **What is your marital status?**
- Have you ever been living with a partner for six months or more?

0 = Is currently, or has been married (includes same sex & de facto partnership at least 6 months)  
 1 = Single; has never married or lived as married

9. Single

LT

**10. Age of onset (OPCRIT 4)**

- **I would like to ask about the first time you became ill with a psychiatric problem.**
- When did you first experience psychiatric problems?
- When did others first say that they thought you had a psychiatric problem?
- How old were you when you first had contact with psychiatric services?
- Can you tell me about that?

*Enter age in years, e.g. 35. This should be given to the nearest year and is defined as the earliest age at which medical advice was sought for psychiatric reasons OR at which symptoms began to cause subjective distress or impair functioning. If age at first hospital admission only available, then score that age. If denies illness, use all available sources (e.g. hospital records). Code earliest age.*

99 = No episode  
 00 – 98 = Range

**Note:**

- If no episode of psychiatric disorder (e.g. control) rate 99.

10. Age of onset

## 11. Mode of onset (OPCRIT 5)

- **How did that first episode of psychiatric illness start?**
- Did the problem start very abruptly, or was there quite a long period when you knew you were becoming unwell?
- How long would you say that was?

- 0 = No episode
- 1 = Abrupt onset definable within hours or days
- 2 = Acute onset definable to within one week
- 3 = Moderately acute onset definable within one month
- 4 = Gradual onset over period up to six months
- 5 = Insidious onset over period greater than six months

**Note:**

- Rate up if in doubt (e.g. '4' rather than '3').

11. Mode of onset

## 12. Definite psychosocial stressor prior to onset of first episode (OPCRIT 16)

- **What was going on in your life when you first became unwell?**
- Were there a lot of stresses in your life at that time?
- Can you tell me what sort of things were going on then?

*A severely or moderately severely threatening event has occurred prior to onset of disorder that is unlikely to have resulted from the respondent's own behaviour. (i.e. The event can be seen as independent or uncontrollable).*

Examples of stressful life events:

*If any such event had occurred, use judgement to decide whether it was independent in the sense indicated above.*

Problems with primary support group: death, health problems in family; disruption of family; sexual / physical abuse.

Educational: problems at school; discord with teachers or classmates.

Social environment: loss of friend; break-up of important relationship; social isolation; acculturation / discrimination.

Occupational: unemployment or threat of job loss; stressful job change; work conditions; discord at workplace.

Housing: homeless; unsafe neighbourhood; discord with neighbour or landlord.

Economic: extreme poverty; insufficient welfare support; heavy indebtedness.

Legal: arrest; litigation; victim of crime.

Other: disaster; war; catastrophic stress e.g. witnessing a gruesome scene.

- 0 = Not present
- 1 = Present at least one week

12. Stressor

### 13. Unemployed at onset (OPCRIT 7)

- **At the time you first became ill, were you working (or studying) (or a housewife) (or retired)?**

*Respondent was not working full time or regular part time at onset of illness (includes women working full time in the home; students attending classes in full or part time course; persons retired after history of employment).*

0 = Employed at onset  
1 = Not employed at onset

13. Unemployed

### 14. Poor premorbid work adjustment (OPCRIT 9)

- **Tell me about jobs you had before you first became ill?**
- **What was the longest time you worked in one job before you first became ill?**  
(If student ask about studies; if housewife, ask about standard of housework.)

*Refers to work history before onset of illness. If working and unable to keep any job for more than six months, had a history of frequent changes of job or was only able to sustain a job well below that expected by his/her educational level or training at time of first psychiatric contact. If housewife and persistently very poor standard of housework. If student and badly failing to keep up with studies.*

0 = Good premorbid work adjustment  
1 = Poor premorbid work adjustment

14. Premorbid work

## 15. Poor premorbid social adjustment (OPCRIT 10)

- **Before you had psychiatric problems for the first time, what sort of person were you?**
- Were you the sort of person who had a lot of friends, or just a few special friends, or no friends?
- Did you get on easily with other people?
- Did you tend to do things alone or with others?
- Were you a suspicious sort of person?
- Were you a moody sort of person?
- Had you ever been in trouble with the law before you became ill? Can you tell me about that?

*Refers to social adjustment before onset of illness. Rate if respondent found difficulty entering or maintaining normal social relationships, showed persistent social isolation, withdrawal or maintained solitary interests prior to onset of psychotic symptoms.*

0 = Good premorbid social adjustment  
 1 = Poor premorbid social adjustment

15. Premorbid social

## 16. Premorbid personality disorder (OPCRIT 11)

*Evidence of inadequate / schizoid / schizotypal / paranoid / cyclothymic / psychopathic / sociopathic personality disorder present since adolescence and prior to the onset of psychotic symptoms.*

0 = No premorbid personality disorder evident  
 1 = Premorbid personality disorder evident

16. Personality disorder

## 17. Coarse brain disorder prior to onset (OPCRIT 15)

- Were you suffering from any physical or neurological disorders before you first became psychiatrically unwell?
- What was it?
- Have you ever been knocked unconscious? Or suffered from blackouts? Or had epilepsy?
- How long had you had it before psychiatric symptoms appeared?

*Considerable evidence from case notes, physical examination and/or special investigations of physical illness that could explain all or most mental symptoms. This may include overt brain lesion/s or marked metabolic disturbance known to cause psychotic disturbance, confusion or alteration of conscious level. Non specific abnormalities (eg. enlarged lateral ventricles on brain scan) should not be included.*

0 = No prior brain disease present

1 = Prior brain disease present

**Note:**

- Rate only if clear evidence present.

17. Coarse brain  
disease

FAMILY HISTORY

**18. Family history of psychiatric disorder other than schizophrenia (OPCRIT 14)**

- **Do you know of anyone in your family (including aunts, uncles, cousins) who has had a psychiatric disorder?**
- Did they see a doctor for that problem?
- Have they been in hospital for that problem?
- Do you know what treatment they received (medication, ECT)?
- Do you know what the doctors said was wrong with them?

*First or second degree relative has a psychiatric disorder (other than schizophrenia) severe enough to warrant psychiatric referral.*

0 = No family history  
1 = Family history of psychiatric disorder other than schizophrenia

18. Family history psych. disorder

**19. Family history of schizophrenia (OPCRIT 13)**

- **Do you know of anyone in your family (including aunts, uncles, cousins) who has had schizophrenia?**

*First or second degree relative has schizophrenia severe enough to warrant psychiatric referral.*

0 = No family history of schizophrenia  
1 = Family history of schizophrenia

19. Family history schizophrenia

DEPRESSION

## 20. Dysphoria (OPCRIT 37)

Depressed mood (SCAN 6.001)

Loss of interests (SCAN 7.004)

- I would now like to ask you about your mood (i.e. how happy or sad you have been).
- Have you ever been persistently in low spirits for more than a week?
- Have you ever lost interest in your work, recreation activities or your dress and appearance for more than a week?
- Have you ever found you were easily irritated, that any little problem provoked you, or that other people said you were much too impatient? Did this last for at least a week?

*If evidence of current mood disorder, ask the questions given below as worded; if evidence of a past episode/episodes, adjust the questions accordingly. If more than one episode, interview for the most severe depressive episode.*

- Have you been feeling down recently?
- Would you describe your mood as sad, downcast, gloomy, despairing or deeply depressed?
- Have you been feeling down for most of the day?
- How long has it been going on?

*Rate mood on subjective description. Remember that occasional sadness is part of normal human expression; it becomes pathological when it is persistent, pervasive, unresponsive, painful and out of proportion to events/circumstances.*

- 0 = Not present
- 1 = Present at least one week
- 2 = Present at least two weeks
- 3 = Present at least one month

20. Dysphoria

PS PY LT

## 21. Loss of pleasure (OPCRIT 39)

Anhedonia (SCAN 6.004)

- **Have you ever been unable to enjoy things as much as usual?**
- **For example, taking a walk, spending time with friends, or working at your hobbies or interests?**
- **Has your interest in sex ever been a lot less than usual? Has this loss of interest been associated with your depressed mood?**

*If evidence of loss of capacity for enjoyment, ask:*

- How long has it been like that?
- How much of the time during that period have you been unable to enjoy things?
- If something good happens can you brighten up?
- When did you last really enjoy something? What?
- Do you keep up the appearance of enjoyment?

*Pervasive inability to enjoy activities. This should be a definite loss compared with the normal state.*

0 = Not present  
1 = Present at least one week  
2 = Present at least two weeks  
3 = Present at least one month

**Note:**

- Use 1 as a default rating if symptom present but duration impossible to specify.

21. Loss of pleasure

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PS PY LT

## 22. Suicide (OPCRIT 43)

**Suicide or self-harm** (SCAN 6.011)

**Preoccupation with death or catastrophe** (SCAN 6.010)

- **Have you ever felt that life was not worth living?**
- **Have you ever tended to brood over possible disasters, like death or ruin, or some catastrophe that could occur to you or others?**
  
- Have you thought about harming yourself or even made an attempt at suicide?
- What happened? When was this?

*Thinking of suicide, wishing to be dead, attempts to kill self, whether depressed or not. Preoccupation with death, not necessarily one's own death.*

0 = Not present

1 = Suicidal ideation present at least one week or suicide attempt

2 = Suicidal ideation present at least two weeks

3 = Suicidal ideation present at least one month

**Do not rate:**

- Self harming behaviour outside the context of suicidal ideation or intent.

22. Suicidal Ideation

PS PY LT

**If NO to Dysphoria (Item 20) and NO to Loss of Pleasure (Item 21), regardless of response to Suicide (Item 22):** \_\_\_\_\_ →

**Skip to Item 40: Elevated mood**

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**Rate Items 23 to 39 in relation to the depressive episodes identified by Items 20 and 21. Items 23 to 29 represent symptoms of depression.**

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## 23. Diurnal variation (OPCRIT 38)

Morning depression (SCAN 6.009)

- **Is there any time of the day when the depression feels worse?**

0 = No depression, or not worse early  
1 = Regularly feels worse early in the day

23. Diurnal variation

PS PY LT

## 24. Poor concentration (OPCRIT 41)

Loss of concentration (SCAN 7.002)

- **Has your concentration been as good as usual or does your attention wander?**
- Are you able to read an article in the paper or watch a TV program right through?
- Do you find you can't concentrate sufficiently to complete tasks properly e.g., cooking, conversation, work?
- How long has your concentration been not as good as usual?

*Subjective complaint of being unable to think clearly, make decisions etc., which is a definite loss compared with the normal state.*

0 = Not present  
1 = Present at least one week  
2 = Present at least two weeks  
3 = Present at least one month

24. Poor concentration

PS PY LT

## 25. Slowed activity (OPCRIT 24)

Subjective feeling of retardation (SCAN 7.005)

- **Have you felt as though you were slowed down in your movements or speech?**
- As though everyone and everything else was moving or talking much faster?
- Have your arms and legs felt heavy, like lead?
- How long have you felt like this?

*Respondent complains that he/she feels slowed down and unable to move. Others may report subjective feelings of retardation or retardation may be noted by examining clinician.*

- 0 = Not present
- 1 = Present at least one week
- 2 = Present at least two weeks
- 3 = Present at least one month

25. Slowed activity

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PS PY LT

## 26. Loss of energy / tiredness (OPCRIT 25)

Loss of energy (drive) (SCAN 7.006)

Fatiguability and exhaustion (SCAN 3.007)

- **Have you had as much energy as usual?**
- Do you get exhausted and worn out during the day, even when you haven't been working very hard?
- Do you feel you have to push yourself to do things?
- Have you lost your vital spark, as though everything was too much trouble; that you couldn't bother?
- How long have you had this?

*Subjective complaint of being excessively tired, with no energy. There should be a definite loss compared with the normal state.*

- 0 = Not present
- 1 = Present at least one week
- 2 = Present at least two weeks
- 3 = Present at least one month

26. Loss of energy

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PS PY LT

## 27. Altered libido (OPCRIT 40)

Loss of libido associated with depression (SCAN 8.025)

- **Have you found your interest in sex has changed from usual?**
- **How long have you felt like this?**

*Definite and persistent change in sexual drive or interest as compared with before onset of depressive episode.*

- 0 = No change
- 1 = Loss of libido for at least one week
- 2 = Increase in libido for at least one week

27. Altered libido

PS PY LT

## 28. Poor appetite (OPCRIT 48)

Change in appetite (SCAN 8.005, SCAN rating 1,2 & 3)

- **What is your appetite like?**
- How long has it been poor?
- Do you eat the same amount without really enjoying it?
- What was it due to? Has it been associated with recent symptoms?

*Subjective complaint of poor appetite, not necessarily observed to be eating less.*

- 0 = Not present
- 1 = Present at least one week
- 2 = Present at least two weeks
- 3 = Present at least one month

28. Poor appetite

PS PY LT

## 29. Increased appetite (OPCRIT 50)

Change in appetite (SCAN 8.005 rating 4 & 5)

- **How long have you been eating more than usual?**
- Sometimes when people feel depressed they comfort eat; do you do that?
- How long have you been doing this?

*Respondent reports increased appetite and/or 'comfort eating'.*

- 0 = Not present
- 1 = Present at least one week
- 2 = Present at least two weeks
- 3 = Present at least one month

29. Increased appetite

PS PY LT

### 30. *Weight loss* (OPCRIT 49)

Loss of weight (SCAN 8.006)

- **Has there been any change in your weight during [the PERIOD]?**
- Did you lose weight?
- What was the most you lost in a month?
- Did you deliberately try to lose weight?

*The weight loss must be the result of 'poor appetite' as rated in Item 28.*

- 0 = No loss
- 1 = Loss of 0.5kg (1lb) per week over several weeks
- 2 = Loss of at least 1kg (2lbs) a week over several weeks
- 3 = Loss of at least 5kg (10lbs) over one year

**Do not rate:**

- Loss of weight due to dieting.

30. Weight loss

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PS PY LT

**NOTE:**

[the PERIOD] above and thereafter refers to the past episode of symptomatology which is being inquired about.

## 31. Weight gain (OPCRIT 51)

**Gain of weight** (SCAN 8.007)

- **Did you gain weight?**
- What was the most you gained in a month?
- Do you think it was a result of medication you are taking?

*The weight gain must be the result of 'increased appetite' as rated in Item 29.*

- 0 = No gain
- 1 = Gain of 0.5kg (1lb) a week over several weeks
- 2 = Gain of at least 1kg (2lbs) a week over several weeks
- 3 = Gain of at least 5kg (10lbs) over one year

**Do not rate:**

- If clear evidence that any weight gain is related to medication such as atypical antipsychotics, antidepressants or steroids.

31. Weight gain

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PS PY LT

## 32. Initial insomnia (OPCRIT 44)

**Delayed sleep** (SCAN 8.011)

- **Has there been any change in your sleep during [the PERIOD]?**
- Do you have problems falling asleep?
- How long ago did you lose your normal sleep pattern?
- How long does it take you to get to sleep?
- How long has it been going on for?

*Respondent complains that he/she is unable to get off to sleep and lies awake for at least one hour.*

- 0 = Not present
- 1 = Present at least one week
- 2 = Present at least two weeks
- 3 = Present at least one month

32. Initial insomnia

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PS PY LT

### 33. Middle insomnia (OPCRIT 45)

Middle insomnia (SCAN 8.013)

- **Do you wake during the night?**
- How often does this happen?
- How many times each night?
- Do you have difficulty getting back to sleep?
- How long do you lie awake?

*Sleep is disturbed on most nights; respondent wakes in the middle of sleep AND experiences difficulty in getting back to sleep.*

0 = No waking  
1 = Middle insomnia present

33. Middle insomnia

PS PY LT

**NOTE:**

If you only have information on "insomnia" score on Initial insomnia (Item 32) and Middle insomnia (Item 33)

### 34. *Early morning waking* (OPCRIT 46)

Early waking (SCAN 8.014)

- **What time do you usually wake in the morning when you are sleeping normally?**
- Have you been waking much earlier than this?
- Was it because you had to get up early?

*Use frequency and time probes, making due allowances for unusual working hours. Respondent complains that he/she persistently wakes up at least one hour earlier than usual waking time.*

- 0 = Not present
- 1 = Present at least one week
- 2 = Present at least two weeks
- 3 = Present at least one month

34. Early morning waking

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PS PY LT

### 35. *Excessive sleep* (OPCRIT 47)

Hypersomnia (SCAN 8.016)

- **Do you find that you are very sleepy during the daytime and you have attacks of sleep that you can't resist?**

*[When respondent would normally be awake]*

- How long has it been happening? How often? More or less every day?
- Does it happen only because you are not sleeping at night?

*Respondent complains of sleeping at least two hours longer than usual, more or less daily. May be accompanied by irresistible sleepiness, and/or a period of "sleep drunkenness" after waking.*

- 0 = Not present
- 1 = Present at least one week
- 2 = Present at least two weeks
- 3 = Present at least one month

35. Excessive sleep

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PS PY LT

### 36. Excessive self reproach (OPCRIT 42)

Pathological guilt (SCAN 6.013)

- **Do you tend to blame yourself for something you have done or thought; or feel guilty or ashamed of yourself?**
- What do you blame yourself for or feel guilty about?
- What is it that you think you have done wrong?
- How much of the time during each day do you have these thoughts?

*Respondent describes extreme feelings of guilt or unworthiness. If delusional ('worst person in the world') rate both Item 36 and Item 37 (Delusions of guilt).*

- 0 = Not present
- 1 = Present at least one week
- 2 = Present at least two weeks
- 3 = Present at least one month

36. Excessive self reproach

PS PY LT

### 37. Delusions of guilt (OPCRIT 69)

Delusions of guilt/worthlessness in context of depression (SCAN 6.018)  
(SCAN 19.025)

- **Do you really believe that was so?**

*Use information from Item 36 above. Firm belief held by respondent that he/she has committed some sin, crime or caused harm to others despite absence of any evidence to support this.*

- 0 = No delusions of guilt
- 1 = Present at least one week
- 2 = Present at least two weeks
- 3 = Present at least one month

37. Delusions of guilt

PS PY LT

### 38. Delusions of poverty (OPCRIT 70)

- **Have you had concerns about your financial situation?**
- **For example, thoughts about being ruined and doomed to die in poverty?**

- With no means to support yourself or your family?
- Have you actually lost money or property?

*Firm belief held by respondent that he/she has lost all or much of their money or property and has become impoverished despite the absence of any evidence to support this.*

- 0 = No delusions of poverty
- 1 = Present at least one week
- 2 = Present at least two weeks
- 3 = Present at least one month

38. Delusions of poverty

PS PY LT

### 39. Nihilistic delusions (OPCRIT 71)

Hypochondriacal delusions in context of depression (SCAN 19.027)

- **How is your physical health?**
- **Sometimes when people are depressed they believe that their body is unhealthy or diseased; for example, that their bowels are stopped up, or that their insides have rotted away, or that some part of their body is missing?**
- **Have you had thoughts like that?**

*Firmly held belief, i.e. delusional intensity, in the context of depression, that some part of respondent's body has disappeared or is rotting away or is affected by some devastating or malignant disorder despite a lack of any objective supporting evidence*

- 0 = No nihilistic delusions
- 1 = Present at least one week
- 2 = Present at least two weeks
- 3 = Present at least one month

**Note:**

- Often over rated; if in doubt, rate 0.

39. Nihilistic delusions

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PS PY LT

MANIA

### 40. Elevated mood (OPCRIT 35)

Expansive (elevated) mood (SCAN 10.001)

- I have asked you some questions about depression; I now want to ask about whether you have ever felt the opposite of depressed, i.e. intensely happy or elated, without reason?

*If evidence of current mood disorder, ask the questions given below as worded; if evidence of a past episode/episodes, adjust the questions accordingly. If more than one episode, interview for the most severe episode.*

- So elated that it was unnatural?
- Can you describe that feeling?
- Was it out of character for you?
- How long did it last? Days? More than a week?
- Have you been taking drugs to make you 'high'?

*Respondent's predominant mood is one of elation and is out of proportion to respondent's circumstances.*

- 0 = Not present
- 1 = Present for at least four days
- 2 = Present for at least one week
- 3 = Present for at least two weeks OR if lasted < one week but hospitalised for affective disorder

40. Mania

PS PY LT

### 41. Irritable mood (OPCRIT 36)

Irritable mood (SCAN 10.002)

- I now want to ask whether you have ever felt very irritable or excessively annoyed with others, such that you lost your temper often?
- Have other people commented on that or said you were much too impatient?
- How long did you feel like that?

*Respondent's mood is predominantly irritable.*

- 0 = Not present
- 1 = Present for at least four days
- 2 = Present for at least one week
- 3 = Present for at least two weeks OR if lasted < one week but hospitalised for affective disorder

41. Irritable mood

PS PY LT

**If NO to both Elevated mood (Item 40) and Irritable mood (Item 41):**

**Skip to Item 49: Hallucinations**



**Rate Items 42 to 48 in relation to the episodes of elation or mania identified by Items 40 and 41.**

**Items 42 to 48 represent symptoms of elated mood or mania.**

---

## 42. Thoughts racing (OPCRIT 31)

Pressing and racing thoughts (SCAN 10.004)

- **Do you find your thoughts crowding into and racing through your mind?**
- So you can't keep up with them?
- Could you describe that?
- How long did it last?

*Respondent experiences thoughts racing through his/her head, or others observe flight of ideas and find difficulty in following what respondent is saying or in interrupting because of the rapidity and quantity of speech.*

- 0 = Not present
- 1 = Present for at least four days
- 2 = Present for at least one week
- 3 = Present for at least two weeks

42. Thoughts racing

PS PY LT

## 43. Distractibility (OPCRIT 21)

Distractibility (SCAN 10.006)

- **Have you been easily distracted by irrelevant things happening around?**
- Have you been able to keep your attention on one subject long enough to deal with it properly?
- How long have you been like this?

*Respondent experiences difficulties concentrating on what is going on around him/her because attention is too easily drawn to irrelevant or extraneous factors.*

- 0 = Not present
- 1 = Present for at least four days
- 2 = Present for at least one week
- 3 = Present for at least two weeks

43. Distractibility

PS PY LT

## 44. Excessive activity (OPCRIT 19)

Self-reported overactivity (SCAN 10.007)

- **Have you been more active than usual – so active that you or others thought something was wrong?**
- How long did it last?
- What sort of things were you doing?

*Respondent is markedly overactive and has tremendous energy. Over-activity includes speech, motor, social and sexual activity.*

- 0 = Not present
- 1 = Present for at least four days
- 2 = Present for at least one week
- 3 = Present for at least two weeks

44. Excessive activity

PS PY LT

## 45. Reduced need for sleep (OPCRIT 22)

Decreased need for sleep (SCAN 10.013)

- **Have you been able to manage with far less sleep than usual without seeming to get tired?**
- How much sleep have you needed?
- For how long has this been happening?

*Respondent sleeps less but there is no complaint of insomnia. Extra waking time is usually taken up with excessive activities.*

- 0 = Not present
- 1 = Present for at least four days
- 2 = Present for at least one week
- 3 = Present for at least two weeks

45. Reduced need for sleep

PS PY LT

## 46. Reckless activity (OPCRIT 20)

Actions based on expansive mood (SCAN 10.012)

- **Have you spent a lot more money than usual during [the PERIOD]?**
- Have any problems arisen? Do some people think you have been unwise?
- Have you done things you later regret?
- Have there been troubles in other ways, such as reckless driving?
- How long has this been a problem?

*Respondent is excessively involved in activities with high potential for painful consequences which is not recognised, e.g. excessive spending, sexual indiscretions, reckless driving, gambling etc.*

- 0 = Not present
- 1 = Present for at least four days
- 2 = Present for at least one week
- 3 = Present for at least two weeks

46. Reckless activity

PS PY LT

## 47. Increased sociability (OPCRIT 53)

Socially embarrassing behaviour (SCAN 10.014)

- **Have you been more sociable than usual?**
- In what way?
- Do you think you were over familiar with other people?
- Have you done things that might have seemed foolish and you would not do normally?

- 0 = Not present
- 1 = Over-familiarity present at least four days
- 2 = Loss of social inhibitions resulting in behaviour which is inappropriate to the circumstances and out of character (duration at least one week)
- 3 = Inappropriate behaviour lasting at least two weeks

47. Increased sociability

PS PY LT

## 48. Increased self-esteem (OPCRIT 56)

Exaggerated self-esteem (SCAN 10.010)

- **Have you been especially efficient at work or in your daily activities, as though you had super powers or talents?**
- How do you explain this?

*Respondent believes that he/she is an exceptional person with special powers, plans, talents or abilities. Rate positively here if overvalued idea. If in response to the above questions the respondent describes delusions of grandiose abilities or grandiose identity, rate delusional beliefs under Item 63, Grandiose delusions.*

- 0 = Not present
- 1 = Present for at least four days
- 2 = Present for at least one week
- 3 = Present at least two weeks

48. Increased  
self-esteem

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PS PY LT

I would now like to ask some questions we ask everybody.

## 49. Hallucinations in any modality (OPCRIT 77)

Probe for hallucinations (SCAN 17.001)

Auditory: (SCAN 17.003, 17.007, 17.008, 17.009)

- **Have you ever heard noises or voices when there is nobody about and no ordinary explanation seems possible?**

*Respondent hears voices or sounds that have no real origin in the outside world.*

Visual: (SCAN 17.015-17.020)

- **Have you ever had visions or seen things that other people cannot?**

*Respondent sees objects, people, or images that other people cannot see.*

Olfactory: (SCAN 17.022)

- **Have you ever noticed unusual smells you cannot account for?**

*Rate experiences such as smell of 'death' or burning, which other people cannot smell.*

Somatic: (SCAN 17.028)

- **Have you ever experienced any strange sensations in your body, e.g. of touch, or temperature, or pain, or floating, or being weightless? Or a crawling sensation under the skin?**

*Respondent complains of being touched when no one is present; of electric shocks or waves going through his/her body; or of food tasting acidic, etc.*

Sexual: (SCAN 17.026)

- **Have you ever had any unusual sexual sensations?**

*Respondent experiences sexual interference / stimulation when no one is present.*

- Can you describe them?
- What is the explanation?
- Could these be your own thoughts?

*Rate any form of hallucination.*

0 = No

1 = Present for less than 1 month or unspecified

2 = Present for significant proportion of a 1-month period

49. Hallucinations

PS PY LT

**If NO to Hallucinations (Item 49):**

**Skip to Item 54: Subjective thought disorder**



## 50. *Neutral voices or non-verbal hallucinations* (OPCRIT 76)

**Non-verbal auditory hallucinations** (SCAN 17.003)

- **Do you ever hear any noises like music or birds or muttering or whispering?**
- Can you describe it?
- Can you make out if there are any words?

*Includes neutral voices; and non verbal hallucinations, such as tapping, hissing etc.*

- 0 = Not present
- 1 = Present for less than one month or duration unspecified
- 2 = Present for at least a significant portion of time in a one month period

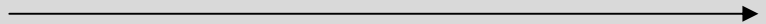
50. Neutral voices

PS PY LT

**If NO verbal hallucinations:**

**Skip to Item 54: Subjective thought disorder**



## 51. Accusatory / abusive / persecutory VOICES (OPCRIT 75)

- **Do you ever actually hear voices?**
- What did the voices say?

*Voices talking to the respondent in an accusatory, abusive, persecutory or commanding manner.*

- 0 = Not present
- 1 = Present for less than one month or duration unspecified
- 2 = Present for at least a significant portion of time in a one month period

51. Accusatory voices

PS PY LT

## 52. Running commentary (OPCRIT 74)

Voice(s) commenting on thoughts or actions (SCAN 17.008)

- **Does a voice ever comment on what you are thinking or doing?**
- Do you hear a voice saying what you are reading, or describing what you are seeing on television as you see it?
- Do you hear them in your head, or through your ears, as though coming from outside?
- How often does it happen?

*Respondent hears voice(s) describing his/her actions, sensations, or emotions as they occur. Rate running commentary whether internal voices ('pseudo' hallucinations) or external voices ('true' hallucinations).*

- 0 = Not present
- 1 = Present for less than one month or duration unspecified
- 2 = Present for at least a significant portion of time in a one month period

52. Running  
commentary

PS PY LT

## 53. Third person auditory hallucinations (OPCRIT 73)

Third person auditory hallucinations (SCAN 17.009)

- **Do you ever hear voices talking to each other rather than to you?**
- What do they say to each other?
- Do they talk about you between themselves?

*Rate two or more voices discussing the respondent in the **third person** whether internal voices ('pseudo' hallucinations) or external voices ('true' hallucinations)*

- 0 = Not present
- 1 = Present for less than one month or duration unspecified
- 2 = Present for at least a significant portion of time in one month period

53. Third person  
auditory  
hallucinations

PS PY LT

SUBJECTIVE THOUGHT DISORDER

**54. Thought insertion (OPCRIT 66)**

Thought insertion (SCAN 18.006)

- **Do there ever seem to be thoughts in your mind which are not your own; which seem to come from elsewhere?**
- How do you think they get into your mind?

*Recognises that thoughts are being put into his/her head which are not his/her own and which have probably or definitely been inserted by some external agency. For example, alien thoughts have been inserted into the mind from outside.*

- 0 = Not present
- 1 = Present for less than one month or duration unspecified
- 2 = Present for at least a significant portion of time in a one month period

54. Thought insertion

PS PY LT

**55. Thought broadcast (OPCRIT 68)**

Thought broadcast (SCAN 18.007)

- **Do your thoughts ever seem to be somehow public; not private to yourself, so that others can know what you are thinking?**
- Is it as though your thoughts leak out of your head?

*The experience must be described of thoughts diffusing out of respondent's mind so they can be shared or even heard by others. The experience is passive, i.e. not willed by respondent. Exclude delusions that respondent's own thoughts are quoted on TV, in newspapers, etc. Exclude merely the belief that thoughts are being read.*

- 0 = Not present
- 1 = Present for less than one month or duration unspecified
- 2 = Present for at least a significant portion of time in a one month period

55. Thought broadcast

PS PY LT

## 56. Thought withdrawal (OPCRIT 67)

Thought withdrawal (SCAN 18.010)

- **Are your thoughts ever actually taken out or sent out of your mind?**
- What is that like?
- Do they actually feel like they are being extracted from your head?
- So that they are outside your head?

*Respondent experiences thoughts ceasing in his/her head and may experience 'thought block' which is interpreted as thoughts being removed ('stolen') by some external agency. Must describe active extraction, not 'thoughts seem to be outside my head'. The experience is not willed by respondent.*

- 0 = Not present
- 1 = Present for less than one month or duration unspecified
- 2 = Present for at least a significant portion of time in a one month period

**Do not rate:**

- 'as if' statement, e.g. my thoughts are so powerful that everyone must know them.

56. Thought withdrawal

PS PY LT

## 57. Thought echo (OPCRIT 72)

Thought echo (SCAN 18.005)

- **Does a thought in your mind ever seem to be repeated as you think it, like an echo (not voices)?**
- What is it like?

*Respondent experiences thoughts repeated or echoed in his/her head or by a voice outside the head..*

- 0 = Not present
- 1 = Present for less than one month or duration unspecified
- 2 = Present for at least a significant portion of time in a one month period

**Do not rate:**

- Auditory hallucinations

57. Thought echo

PS PY LT



DELUSIONS

## 58. Other primary delusions (OPCRIT 63)

Delusional mood and perplexity (SCAN 18.001)

- I now want to ask you about any odd or unusual experiences you might have had.
- Have you ever had the feeling that something odd is going on that you can't explain?
  - Would it seem strange to other people? Why?
  - What is it like?
  - Do you feel puzzled by strange happenings that are difficult to account for?
  - Do familiar surroundings seem strange?

*Delusional mood is a strange mood in which the environment appears changed in a threatening way but the significance of the change cannot be understood by the respondent who is usually tense, anxious or bewildered. Can lead to a delusional belief.*

*A delusional idea appears abruptly in the respondent's mind fully developed and unheralded by any related thoughts or perceptions.*

0 = Not present

1 = Present for less than one month or duration unspecified

2 = Present for at least a significant portion of time in a one month period

**Note:**

- These are rare and should be rated down if in doubt.

58. Other primary delusions

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PS PY LT

## 59. Delusions of passivity (OPCRIT 61)

Replacement of will by external force (SCAN 18.012)

- **Have you ever felt your will was replaced by some force or power outside yourself?**
- Can you describe that? Is it like being a robot or zombie or puppet, controlled from elsewhere, without a will of your own? That your intentions have actually been replaced by those of some external power?
- Are your thoughts under the control of some outside agency, so that you do not recognise your thoughts as your own?
- Are your feelings controlled, or made by something, or somebody outside yourself?

*Respondent knows that his/her own feelings, impulses, volitional acts, or bodily sensations are controlled or imposed by an external agency. Include all 'made' sensations, emotions or actions. The experience of replacement is essential, the will is experienced as diminished or replaced by that of some other agency. The expansion of will in elation, so that respondent feels "as powerful as if God were strengthening his/her will", is not a delusion of control and should be excluded. Any answers obviously led by the questions must be verified against a free description by respondent.*

0 = Not present

1 = Present for less than one month or duration unspecified

2 = Present for at least a significant portion of time in a one month period

**Do not rate:**

- 'as if' answers.

59. Delusions of passivity

PS PY LT

## 60. Persecutory delusions (OPCRIT 54)

Delusions of persecution (SCAN 19.012)

Delusions of conspiracy (SCAN 19.013)

- **Have you ever felt that people were deliberately acting to harm you?**
- Are they particularly singling you out?
- Have you felt that a group of people was plotting to cause you harm or injury?
- How do you experience this?

*Includes all delusions with persecutory ideation, such as belief that someone is trying to harm them; damage their reputation; or drive them mad.*

- 0 = Not present
- 1 = Present for less than one month or duration unspecified
- 2 = Present for at least a significant portion of time in a one month period

60. Persecutory delusions

PS PY LT

## 61. Delusions of influence (OPCRIT 58)

Delusions of reference (SCAN 19.004)

Delusional misinterpretation (SCAN 19.005)

Simple ideas of reference (SCAN 3.010)

- **Have people ever seemed to drop hints meant for you, or say things with double meanings?**
- Do you see messages for yourself in the newspapers or on TV or radio?
- Can you describe an example?
- Do you sometimes see coded messages or a special significance in the way objects are arranged, or in colours, or in the way things happen? Can you describe it?

*Events, objects or other people in respondent's immediate surroundings have a special significance, often of a persecutory nature. Include ideas of reference from the TV or radio, or newspapers, where respondent believes that these are providing instructions or prescribing certain behaviour.*

- 0 = Not present
- 1 = Present for less than one month or duration unspecified
- 2 = Present for a significant proportion of time in a one month period

61. Delusions of influence

PS PY LT

## 62. Primary delusional perception (OPCRIT 62)

Delusional perception (SCAN 19.009)

- **When you saw [Take examples of delusions rated above this Item] how did you know what it meant?**
- Did you know at once what it meant?
- Are you quite sure, or could you be mistaken?
- Is there no natural explanation?
- Have you had any previous experience that made you suspect something like this would happen?

*Intrusive, often sudden knowledge of a radically transformed meaning of a common perception. The immediacy of the experience is its hallmark.*

*Respondent perceives something in the outside world which triggers a special, significant relatively non understandable belief of which he/she is certain and which is in some way loosely linked to the triggering perception. Example: a woman saw a plane cross the sun and at once knew that alien beings had chosen her for their ambassador on the earth. Exclude if apparently based on abnormal mood, except delusional perplexity, or is part of a culture bound religious experience.*

0 = Not present

1 = Present for less than one month or duration unspecified

2 = Present for a significant proportion of time in a one month period

**Note:**

- If in doubt, rate down as not present.

62. Primary delusional perception

PS PY LT

## 63. Grandiose delusions (OPCRIT 57)

Delusions of grandiose abilities (SCAN 19.029) (SCAN 10.016)

Delusions of grandiose identity (SCAN 19.030) (SCAN 10.017)

- **Have you ever thought that you were actually a special person because you have unusual abilities or talents?**
- **Or that you are famous, rich or related to prominent people?**
- Or, maybe, that you have been chosen by God for a special mission?
- Could this really be true?

*Respondent has grossly exaggerated sense of own importance, has exceptional abilities or believes that he/she is rich or famous, titled or related to Royalty. Also included are delusions of identification with God, angels, the Messiah, etc.*

- 0 = Not present
- 1 = Present for at least four days
- 2 = Present for at least one week
- 3 = Present at least two weeks

63. Grandiose delusions

PS PY LT

## 64. Bizarre delusions (OPCRIT 59)

Bizarreness of delusions (SCAN 19.041)

Delusional memories and fantastic delusions (SCAN 19.019)

- **Has there ever been anything very unusual going on, that is hard to believe?**
- Would other people find it hard to believe? Can you give me an example?
- Are you influenced or affected by X-rays, radio waves or machines or anything like that?

*Strange, absurd or fantastic delusions that are physically impossible, e.g. "my skin is inside out"; or "there were real little people inside the TV". The delusional content may have a mystical, magical or 'science fiction' quality. Consider the respondent's cultural, educational and social background.*

- 0 = Not present
- 1 = Present for less than one month or duration unspecified
- 2 = Present for a significant proportion of time in a one month period

64. Bizarre delusions

PS PY LT

INSIGHT AND MEDICATION

### 65. Lack of insight (OPCRIT 85)

Insight into Part Two positive symptoms (SCAN 20.113)

- **Do you feel you are / have been psychiatrically unwell?**
- If Yes, how do you explain it?
- Do you think you needed to see a psychiatrist / doctor?
- Do you feel you need medication and / or treatment?

*Rate here overall insight into the nature of psychotic symptoms more generally, including associated behaviour. Respondent is unable to recognise that his/her experiences are abnormal or that they are the product of anomalous mental processes, or recognises that his/her experiences are abnormal but gives a delusional explanation.*

0 = Insight present  
1 = Lack of insight

65. Lack of insight

LT

### 66. Psychotic symptoms respond to neuroleptics (OPCRIT 89)

- **What medication are you currently taking?**
- Do you feel it helps in any way? If yes, how?

*Use all information available and rate globally over total period. Illness appears to respond to any type of neuroleptics, (depot or oral) OR if relapse occurs when medication is stopped. This is not a subjective judgement by the respondent but an objective rating by the interviewer.*

0 = No response to neuroleptics; or never been psychotic; or never had neuroleptics.  
1 = Response to neuroleptics

66. Response to neuroleptics

LT

**GENERAL RATINGS ON PSYCHOTIC SYMPTOMS**

<p><b>67. Well organised delusions (OPCRIT 55)</b>  <b>Systematisation of delusions (SCAN 19.035)</b></p> <p><i>Base the rating on the extent to which all the delusions have a common theme or development. Systematisation implies that if the initial premise is granted, the rest of the delusion is logically constructed and internally consistent.</i></p> <p>0 = Not present              1 = Present for less than one month or duration unspecified              2 = Present for at least a significant portion of time in a one month period</p>	<p>67. Well organised delusions</p> <p><input type="checkbox"/></p> <p>LT</p>
<p><b>68. Widespread delusions (OPCRIT 60)</b></p> <p><i>Delusions which intrude into most aspects of the respondent's life and/or preoccupy the respondent for most of his/her time.</i></p> <p>0 = Not present              1 = Present for less than one month or duration unspecified              2 = Present for at least a significant portion of time in a one month period</p>	<p>68. Widespread delusions</p> <p><input type="checkbox"/></p> <p>LT</p>
<p><b>69. Delusions and hallucinations last for one week (OPCRIT 64)</b></p> <p><i>Any type of delusion accompanied by hallucinations of any type lasting at least one week, i.e. both at the same time.</i></p> <p>0 = Not present              1 = Present for less than one month or duration unspecified              2 = Present for at least a significant portion of time in a one month period</p>	<p>69. Delusions &amp; hallucinations</p> <p><input type="checkbox"/></p> <p>LT</p>
<p><b>70. Persecutory / jealous delusions and hallucinations (OPCRIT 65)</b></p> <p><i>The abnormal beliefs are of delusional intensity and quality AND are accompanied by hallucinations, both at the same time.</i></p> <p>0 = Not present              1 = Present for less than one month or duration unspecified              2 = Present for at least a significant portion of time in a one month period</p>	<p>70. Persecutory delusions &amp; hallucinations</p> <p><input type="checkbox"/></p> <p>LT</p>

SUBSTANCE USE – ALCOHOL

**71. Alcohol: ever**

- Have you ever had an alcoholic drink?

0 = No  
1 = Yes

71. Alcohol: ever

LT

If NO alcohol use (Item 71):

Skip to Item 72: Drug use



**71.01. Alcohol: cut down**

- Have you ever felt you should cut down on your drinking?

0 = No  
1 = Yes

71.01. Alcohol: cut down

LT

**71.02. Alcohol: guilty**

- Have you ever felt guilty about your drinking?

0 = No  
1 = Yes

71.02. Alcohol: guilty

LT

**71.03. Alcohol: criticism**

- Have people ever annoyed you by criticising your drinking?

0 = No  
1 = Yes

71.03. Alcohol: criticism

LT

**71.04. Alcohol: morning**

- Have you ever needed a drink in the morning to get yourself going?

0 = No  
1 = Yes

71.04. Alcohol: morning

LT

### 71.05. Alcohol: frequency

- How often have you had an alcoholic drink in the last 12 months?

- 1 = Daily / almost daily
- 2 = 1-2 days / week
- 3 = 2-4 x / month
- 4 = < monthly
- 5 = not in the last 12 months
- 9 = Not known

71.05. Alcohol: frequency

PY

### 71.06. Alcohol: quantity

- How many standard drinks do you usually have on a day you drink (in the last 12 months)?

*If pattern irregular or bingeing, ask for number of drinks on the heaviest drinking day.*

*1 standard drink = 100ml wine*

*1 nip of spirits*

*1 middy of beer*

*12.5g pure alcohol*

- 00 - 98 = Range
- 99 = Not known

71.06. Alcohol: quantity

Past year (PY)

### 71.07a. Alcohol: previous frequency

- Has there ever been a time when you drank more than this? When?
- How often did you have an alcoholic drink in the heaviest drinking period?

- 0 = No time
- 1 = Daily / almost daily
- 2 = 1-2 days / week
- 3 = 2-4 x / month
- 4 = < monthly
- 9 = Not known

71.07a. Alcohol: previous frequency

LT

### 71.07b. Alcohol: previous quantity

- How many standard drinks would you usually have on a day in your heaviest drinking period?
- How many standard drinks would you usually have on a day in the 12 months before psychiatric symptoms first appeared?

*1 standard drink = 100ml wine  
1 nip of spirits  
1 middy of beer  
12.5g pure alcohol*

00 - 98 = Range  
99 = Not known

71.07b. Alcohol:  
previous  
quantity

Lifetime (LT)

### 71.08a. Alcohol: frequency prior to onset

- How often did you have an alcoholic drink in the 12 months before psychiatric symptoms first appeared?

0 = No time  
1 = Daily / almost daily  
2 = 1-2 days / week  
3 = 2-4 x / month  
4 = < monthly  
9 = Not known

71.08a. Alcohol:  
frequency prior  
to onset

In yea prior to  
Onset

### 71.08b. Alcohol: quantity prior to onset

- How many standard drinks would you usually have on a day in the 12 months before psychiatric symptoms first appeared?

*1 standard drink = 100ml wine  
1 nip of spirits  
1 middy of beer  
12.5g pure alcohol*

00 - 98 = Range  
99 = Not known

71.08b. Alcohol:  
quantity  
prior to onset

In yea prior to  
onset

### 71.09. Alcohol: work/school, family, police problems

- Have you ever had problems with work / schooling, family, or the police as a result of your drinking?

0 = No  
1 = Yes

71.09. Alcohol:  
work/school,  
family, police  
problems

LT

### 71.10. *Alcohol: injury*

- **Have you ever injured yourself as a result of your drinking?**

0 = No  
1 = Yes

71.10. Alcohol: injury

LT

### 71.11. *Alcohol: shaking, headaches, sweating*

- **Have you ever suffered from problems such as shaking, headaches, or sweating as a result of stopping or cutting down on alcohol?**

0 = No  
1 = Yes

71.11. Alcohol: shaking, headaches, sweating

LT

### 71.12. *Alcohol: health problems*

- **Have you ever had physical health problems such as liver disease, or pancreatitis, or had emotional or psychological problems as a result of your drinking?**

0 = No  
1 = Yes

71.12. Alcohol: health problems

LT

**SUBSTANCE USE – DRUG**

**72. Drugs: ever**

- **Have you ever used drugs or non prescription medication repeatedly or prescription drugs unsupervised?**

0 = No  
1 = Yes

72. Drugs: ever

LT

**If NO drug use (Item 72):**

**Skip to Item 73: Alcohol / drug abuse within one year of onset of psychotic symptoms**



**Probes for Items 72.01 – 72.12**

- **What have you used? Have you used .....**
- **How often were you using ..... at your heaviest time of use?**
- **Were you using ..... in the 12 months before your psychiatric symptoms first appeared?**
- **How often were you using ..... then?**

## 72.01. Cannabis

- Cannabis**

(cannabis, dope, grass, gunja, hashish, hemp, loco weed, marijuana, mull, pot, reefer)

- 0 = Not used
- 1 = Daily / almost daily
- 2 = 1-2 days / week
- 3 = 2-4 x month
- 4 = < monthly
- 9 = Not known

72.01. Cannabis

In year **LT**  
prior to  
onset

## 72.02. Amphetamines

- Amphetamines**

(ace, beans, crystal meth, crystals, dexies, hearts, pep pills, red ox, speed, uppers)

- 0 = Not used
- 1 = Daily / almost daily
- 2 = 1-2 days / week
- 3 = 2-4 x month
- 4 = < monthly
- 9 = Not known

72.02. Amphetamines

In year **LT**  
prior to  
onset

## 72.03. Tranquillisers

- Tranquillisers**

(benzos, serries, moggies, footies, green eggs)

- 0 = Not used
- 1 = Daily / almost daily
- 2 = 1-2 days / week
- 3 = 2-4 x month
- 4 = < monthly
- 9 = Not known

72.03. Tranquillisers

In year **LT**  
prior to  
onset

## 72.04. Heroin

- Heroin**

(China H, dope, dragon, hammer, harry, horse, rocks, shit, skag, smack, sweet Jane)

- 0 = Not used
- 1 = Daily / almost daily
- 2 = 1-2 days / week
- 3 = 2-4 x month
- 4 = < monthly
- 9 = Not known

72.04. Heroin

In year **LT**  
prior to  
onset

## 72.05. Cocaine

- **Cocaine**

(baseball, base, big C, candy, charlie, coke, crack, dust, snow, stardust, whizbang)

- 0 = Not used
- 1 = Daily / almost daily
- 2 = 1-2 days / week
- 3 = 2-4 x month
- 4 = < monthly
- 9 = Not known

72.05. Cocaine

In year **LT**  
prior to  
onset

## 72.06. LSD/hallucinogens

- **LSD**

(acid, batmans, blue meanies, cubes, dots, frogs, gold tops, lillies, magic eyes, red dragons)

- 0 = Not used
- 1 = Daily / almost daily
- 2 = 1-2 days / week
- 3 = 2-4 x month
- 4 = < monthly
- 9 = Not known

72.06. LSD/  
Hallucinogens

In year **LT**  
prior to  
onset

## 72.07. Ecstasy

- **Ecstasy**

(Adam, bickies, disc, doves, eccy, E's, love drug, New Yorkers, nike, X, yin yang)

- 0 = Not used
- 1 = Daily / almost daily
- 2 = 1-2 days / week
- 3 = 2-4 x month
- 4 = < monthly
- 9 = Not known

72.07. Ecstasy

In year **LT**  
prior to  
onset

## 72.08. Inhalants/solvents

- **Inhalants / solvents**

(glue, aerosols, paint, petrol – amyl, chroming, gas, snappers, toil, toylene, vollies)

- 0 = Not used
- 1 = Daily / almost daily
- 2 = 1-2 days / week
- 3 = 2-4 x month
- 4 = < monthly
- 9 = Not known

72.08. Inhalants/  
solvents

In year **LT**  
prior to  
onset

<p><b>72.09. Drug: other</b></p> <ul style="list-style-type: none"> <li>▪ <b>Other specify (include prescription drugs).....</b></li> </ul> <div style="margin-left: 40px;"> <p>0 = Not used</p> <p>1 = Daily / almost daily</p> <p>2 = 1-2 days / week</p> <p>3 = 2-4 x month</p> <p>4 = &lt; monthly</p> <p>9 = Not known</p> </div>	<p>72.09. Drug: other</p> <div style="margin-top: 10px;"> <input type="checkbox"/> <input type="checkbox"/> </div> <p>In year <b>LT</b> prior to onset</p>
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<p><b>72.10. Drug: work/school, family, police problems</b></p> <ul style="list-style-type: none"> <li>▪ <b>Have any of these drugs ever caused problems with family, friends, at work / school or with the police?</b></li> <li>▪ Which ones? Specify .....</li> </ul> <div style="margin-left: 40px;"> <p>0 = No</p> <p>1 = Yes</p> </div>	<p>72.10. Drug: work/school, family, police problems</p> <div style="margin-top: 10px;"> <input type="checkbox"/> </div> <p><b>LT</b></p>
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<p><b>72.11. Drug: cut down</b></p> <ul style="list-style-type: none"> <li>▪ <b>Have you ever wanted to cut down on any of these drugs but couldn't?</b></li> <li>▪ Which ones? Specify .....</li> </ul> <div style="margin-left: 40px;"> <p>0 = No</p> <p>1 = Yes</p> </div>	<p>72.11. Drug: cut down</p> <div style="margin-top: 10px;"> <input type="checkbox"/> </div> <p><b>LT</b></p>
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<p><b>72.12. Drug: shaking, sweating, restless, nervous</b></p> <ul style="list-style-type: none"> <li>▪ <b>Have you ever suffered from problems such as shaking, sweating, feeling very restless / nervous as a result of cutting down or stopping taking any of these drugs?</b></li> <li>▪ Which ones? Specify .....</li> </ul> <div style="margin-left: 40px;"> <p>0 = No</p> <p>1 = Yes</p> </div>	<p>72.12. Drug: shaking, sweating, restless, nervous</p> <div style="margin-top: 10px;"> <input type="checkbox"/> </div> <p><b>LT</b></p>
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**GENERAL RATINGS ON ALCOHOL / DRUGS**

Rate the following questions on the basis of responses to Items 71.01 to 72.12

**73. Alcohol / drug abuse within one year of onset of psychotic symptoms (OPCRIT 12)**

*Alcohol abuse: quantity is excessive (rater judgement) where alcohol related complications occur, during the year prior to first psychiatric contact.*

*Drug abuse: non-prescribed drugs are repeatedly taken or prescribed drugs are used in excessive quantities and without medical supervision in year prior to first psychiatric contact.*

*One of the above must have occurred persistently for at least 12 months, or repeatedly over a longer period.*

0 = Not present  
 1 = Present

73. Alcohol/ drug abuse and psychotic symptoms

In year prior to onset

**74. Life time diagnosis of alcohol abuse / dependence (OPCRIT 78)**

*Continued use despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by alcohol;*

*OR recurrent use in situations in which it is physically hazardous;*

*OR symptoms definitely indicative of dependence.*

*One of the above must have occurred persistently for at least 12 months, or repeatedly over a longer period.*

0 = Not present  
 1 = Present

74. Lifetime diagnosis alcohol abuse/ dependence

LT

## 75. Alcohol abuse / dependence with psychopathology (OPCRIT 81)

*Continued use despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by alcohol;*

*OR recurrent use in situations in which it is physically hazardous;*

*OR symptoms definitely indicative of dependence.*

*These characteristics should be ACCOMPANIED by any of the preceding items describing psychopathology.*

*One of the above must have occurred persistently for at least 12 months, or repeatedly over a longer period.*

0 = Not present

1 = Present

75. Alcohol abuse/  
dependence with  
psychopathology

LT

## 76. Life time diagnosis of cannabis abuse / dependence (OPCRIT 79)

*Continued use despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by cannabis;*

*OR recurrent use in situations in which it is physically hazardous;*

*OR symptoms definitely indicative of dependence.*

*One of the above must have occurred persistently for at least 12 months, or repeatedly over a longer period.*

0 = Not present

1 = Present

76. Lifetime diagnosis  
cannabis abuse/  
dependence

LT

## 77. Cannabis abuse / dependence with psychopathology (OPCRIT 82)

*Continued use despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by cannabis;*

*OR recurrent use in situations in which it is physically hazardous;*

*OR symptoms definitely indicative of dependence.*

*These characteristics should be ACCOMPANIED by any of the preceding items describing psychopathology.*

*One of the above must have occurred persistently for at least 12 months, or repeatedly over a longer period.*

0 = Not present  
1 = Present

77. Cannabis abuse/  
dependence with  
psychopathology

LT

## 78. Life time diagnosis of other abuse / dependence (OPCRIT 80)

*Continued use despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by a drug other than cannabis;*

*OR recurrent use in situations in which it is physically hazardous;*

*OR symptoms definitely indicative of dependence.*

*One of the above must have occurred persistently for at least 12 months, or repeatedly over a longer period.*

0 = Not present  
1 = Present

78. Lifetime diagnosis  
other abuse/  
dependence

LT

## 79. Other abuse / dependence with psychopathology (OPCRIT 83)

*Continued use despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by a drug other than cannabis;*

*OR recurrent use in situations in which it is physically hazardous;*

*OR symptoms definitely indicative of dependence.*

*These characteristics should be ACCOMPANIED by any of the preceding items describing psychopathology.*

*One of the above must have occurred persistently for at least 12 months, or repeatedly over a longer period.*

0 = Not present  
1 = Present

79. Other abuse/  
dependence with  
psychopathology

LT



DURATION AND COURSE

**80. Duration of illness in weeks (OPCRIT 8)**

Total duration of illness includes *PRODROMAL* and *RESIDUAL* disabilities as well as the active phase of illness.

In psychotic disorder 'prodromal / residual phase' symptoms count as any 2 of the following before (prodromal) or after (residual) an active episode:

Social isolation / marked impairment in role;

Markedly peculiar behaviour;

Marked impairment in personal hygiene;

Blunted, flat or inappropriate affect;

Digressive, vague, over-elaborate speech;

Odd or bizarre ideation;

Unusual perceptual experiences.

This must be calculated from first onset of disorder regardless of pattern or course of illness.

Coding range: 0-99.

99 = Maximum number of weeks

80. Duration of illness  
(weeks)

**81. Impairment / incapacity during disorder (OPCRIT 87)**

Rate on basis of worst episode.

0 = No impairment

1 = Subjective impairment only (at work, school or in social functioning)

2 = Evidence of objective impairment in major life role with definite reduction in productivity &/or criticism has been received.

3 = Inpatient treatment (any duration) has been received or no function at all in major life role for more than two days or active psychotic symptoms such as delusions or hallucinations have occurred.

**Note:**

- Rate functional impairment

81. Impairment

LT

**82. Deterioration from premorbid level of functioning (OPCRIT 88)**

Has not regained premorbid social, occupational or emotional functioning after an acute episode of illness.

0 = No deterioration present

1 = Deterioration from premorbid level of functioning

82. Deterioration

LT

### 83. Course of disorder (OPCRIT 90)

- 1 = Single episode with good recovery
- 2 = Multiple episodes with good recovery between
- 3 = Multiple episodes with partial recovery between
- 4 = Continuous chronic illness
- 5 = Continuous chronic illness with deterioration

**Note:**

- Rate functional impairment
- Score this item in hierarchical fashion, eg. If respondent's course in past rated '2', but subsequently changed to '4', then the correct rating is '4'. If in doubt, rate down (i.e. '2' rather than '3')
- Rate clinical symptoms

83. Course

LT

### 84. Relationship between psychotic & affective symptoms (OPCRIT 52)

- **Let us review what you told me about [refer to specific psychotic experiences, i.e. delusions, hallucinations, or subjective thought disorder], and also what you said about changes in mood or feelings. Would you say that the two always occur together, or seem to be independent of one another?**

*This is an important item. Use all information available and, if relevant, ask additional clarifying questions. Rate over lifetime course.*

- 0 = No co-occurrence
- 1 = Psychotic symptoms dominate the clinical picture although occasional affective disturbance may also occur.
- 2 = Psychotic and affective symptoms are balanced, with neither group of symptoms dominating the overall course of the illness.
- 3 = Affective symptoms predominate although psychotic symptoms may also occur.

84. Psychotic / affective

LT

### 85. Information not credible (OPCRIT 84)

**Misleading answers (SCAN 24.031)**

*Respondent gives misleading answers to questions or provides a jumbled, incoherent or inconsistent account. When rating from case records use own judgement to rate validity of information available.*

- 0 = Information credible
- 1 = Information not credible

85. Credibility

PS

## 86. Rapport difficult (OPCRIT 86)

**Adequacy of interview** (SCAN 20.114, SCAN 20.115, SCAN 13.125)

*Rapport difficult. Interviewer finds difficulty in establishing contact with respondent and in conducting examination because the respondent appears remote. Does not include respondents who are difficult to interview because of hostility or irritability. Use your own judgement to rate the adequacy of information from case records.*

0 = Rapport established without difficulty  
1 = Rapport difficult

Note:

- If rating from case records, rate 1 if poor quality information from case records

86. Rapport

PS

Rate the following Items 87-97 on the basis of observation during the interview and chart material where available. Must be a well documented history of symptom for a lifetime rating if symptom not present at time of interview

### BEHAVIOUR AND AFFECT

## 87. Agitated activity (OPCRIT 23)

**Restlessness / agitation** (SCAN 22.015-22.016)

*Excessive repetitive activity, such as fidgety restlessness, wringing of hands, pacing up and down, all usually accompanied by expression of mental anguish.*

0 = Not present  
1 = Present at least one week  
2 = Present at least two weeks  
3 = Present at least one month

87. Agitated

LT

## 88. Catatonia (OPCRIT 18)

**Catatonic behaviour** (SCAN 22.024 – 035)

*Mannerisms: odd, idiosyncratic movements or actions, e.g. tapping foot four times before entering a doorway, may be suggestive of specific meaning or purpose;*

*Stereotypies: simple, repetitive movements, e.g. rocking, rubbing, nodding, swaying, feeling surfaces, which do not seem to have special significance;*

*Posturing: assumes and maintains for >10 minutes or hours at a time odd postures of parts of body which would be very difficult for most people to sustain for long periods;*

*Flexibilitas cerea: the muscles of a limb become fairly rigid, e.g. if an arm is raised by examiner into a certain position the patient will hold it for >15 seconds;*

*Stupor: total or nearly total lack of spontaneous movement and marked decrease of reactivity to the environment;*

*Excitement: bouts of uncontrollable, chaotic overactivity, e.g. running about the room, jumping, perhaps shouting, may throw things or be aggressive during such episodes.*

*Note: Such mannerisms should not be explicable by affective changes.*

0 = Not present

1 = Present for less than one month or if duration unknown

2 = Present for at least a significant proportion of time during a 1 month period or more

88. Catatonia

LT

## 89. Bizarre behaviour (OPCRIT 17)

**Bizarre behaviour** (SCAN 22.043)

**Apparently hallucinating behaviour** (SCAN 22.054)

*Grossly odd appearance and behaviour likely to be determined by the respondent's psychotic symptoms e.g. clothes or ornaments with special significance (do not include eccentricity determined by belonging to a social subgroup). Includes behaviour suggestive of response to auditory hallucinations or thought interference e.g. lips moving soundlessly; looks around as though voices might be calling. Note that such behaviour does not necessarily indicate hallucinations or thought interference.*

0 = Not present

1 = Present

89. Bizarre behaviour

LT

## 90. Restricted affect (OPCRIT 32)

### Restricted affect (SCAN 20.089)

*A relatively expressionless face or unchanging facial expression;  
 Reduced expressive gestures;  
 Diminished vocal inflection  
 Respondent's emotional responses are restricted in range and at interview there is an impression of bland indifference or 'lack of contact'  
 (Distinguish from a guarded speaking style or a relatively normal reticence or shyness)*

- 0 = Not present
- 1 = Present for less than one month or duration is unspecified
- 2 = Present for at least a significant proportion of time in a one month period

90. Restricted affect

LT

## 91. Blunted affect (OPCRIT 33)

### Blunting or flattening of affect (SCAN 23.012)

*A global diminution of emotional response. The differences between restricted & blunted affect should be regarded as one of degree, with 'blunted' only being rated in extreme cases. Respondent's emotional responses are persistently flat and show a complete failure to 'resonate' to external change.*

- 0 = Not present
- 1 = Present for less than one month or duration is unspecified
- 2 = Present for at least a significant proportion of time in a one month period

91. Blunted affect

LT

## 92. Inappropriate affect (OPCRIT 34)

### Incongruity of affect (SCAN 23.013)

*The range of emotional expression is not necessarily diminished but the emotion expressed is not in keeping with that expected to accompany the concurrent thought process. Respondent's emotional responses are inappropriate to the circumstance, eg, laughter when discussing painful or sad occurrences, fatuous giggling without apparent reason.*

- 0 = Not present
- 1 = Present for less than one month or duration is unspecified
- 2 = Present for at least a significant proportion of time in a one month period

92. Inappropriate affect

LT

**SPEECH**

**93. Pressure of speech (OPCRIT 30)**

**Pressure of speech (SCAN 24.007)**

*Much more talkative than usual or there seems to be undue pressure to get the words out;*

*Speaks too fast;*

*Voice is too loud;*

*Unnecessary words are added.*

*Include manic type of formal thought disorder with clang associations, punning and rhyming, etc.*

0 = Not present

1 = Present for at least four days

2 = Present for at least one week

3 = Present for at least two weeks

93. Pressure of speech

LT

**94. Speech difficult to understand (OPCRIT 26)**

**Rambling speech (SCAN 24.017)**

*Rambling on in a vague, muddled way, beginning more or less on the point but gradually wandering far from it. The overall effect is one of speech that is difficult to understand but short sections of speech may appear within normal limits. Speech makes communication difficult because of a lack of logical or understandable organisation. Does not include dysarthria or speech impediment.*

0 = Not present

1 = Present

94. Speech difficult

LT

**95. Positive formal thought disorder (OPCRIT 28)**

**Neologisms (SCAN 24.021)**

**Magical or markedly illogical thinking (SCAN 24.023)**

*Lack of logical connection between parts of a sentence or between sentences;*

*Totally unexpected shifts from topic to topic;*

*Answers past the point;*

*Bizarre use of words and phrases;*

*Words that have generally no accepted meaning.*

*Respondent has fluent speech but tends to communicate poorly due to neologisms (made up words), bizarre use of words, derailments, loosening of associations.*

0 = Not present

1 = Present for less than one month or duration is unspecified

2 = Present for at least a significant proportion of time during a one month period

95. Thought disorder (positive)

LT

## 96. Incoherence of speech (OPCRIT 27)

### Incoherence of speech (SCAN 24.022)

*As above but with added distortion of grammar. Normal grammatical sentence construction has broken down. Includes "word salad". This item should only be rated conservatively for extreme forms of formal thought disorder.*

- 0 = Not present
- 1 = Present for less than one month or duration is unspecified
- 2 = Present for at least a significant proportion of time during a one month period

96. Incoherence of speech

LT

## 97. Negative formal thought disorder (OPCRIT 29)

### Poverty of content of speech (SCAN 24.025)

### Restricted quantity of speech (SCAN 24.026)

### Blocking (SCAN 24.024)

*Rate any of the following items; thought block; poverty of speech (only if severe); restricted quantity of speech:*

**Blocking:** *Sudden interruption in speech without reason and then begins again on same or different topic. Not distraction, lapse of attention, lack of understanding.*

**Poverty of content of speech:** *Talks freely but so vaguely that little information is given in spite of the number of words used. Exclude incoherence or flight of ideas.*

**Restricted quantity of speech:** *Frequently fails to answer, questions have to be repeated, restricted to minimum necessary, no extra sentences, no additional comments.*

- 0 = Not present
- 1 = Present for less than one month or duration is unspecified
- 2 = Present for at least a significant proportion of time during a one month period

97. Thought disorder (negative)

LT