### Subject ID:  
**Rater:**  
**Date:**  
**Interview:**  
**Apparent onset:**  
**First treatment:**  

<table>
<thead>
<tr>
<th>Duration</th>
<th>Severity</th>
<th>1 - &lt; 2 wk (≥ hrs)</th>
<th>2 - 2+ wk</th>
<th>3 - 2+ mo or 2+ ep of ≥ 2 wk</th>
<th>4 - 2+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>Absent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>0</td>
<td>Minimal. Very mild sx or only suspected</td>
<td>Moderate. Definite, clinically significant sx.</td>
<td>Severe. Clearly interferes with function or preoccupies</td>
<td>Very severe. Gross or nearly constant effect on function</td>
</tr>
</tbody>
</table>

**DURATION SEVERITY**  
<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>
| P-1. Any delusions. Any type, not limited to the following (check all that apply):  
  _a_. Paranoid  
  _b_. Non-paranoid  
  _c_. Grandiose  
  _d_. Somatic  
  _e_. Religious  
  _f_. Nihilistic  
  _g_. Delusions accompanied by hallucinations for at least one week  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
| P-2. Paranoia (preoccupation with persecutory ideas, delusional or not)  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
| P-3. Any hallucinations. (Abnormal full sensory perception when awake.) Any type, not limited to the following:  
  _a_. Non-affective verbal hallucinations spoken to the subject  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
| S-1. Control delusions.  
  _a_. Thought insertion  
  _b_. Thought withdrawal  
  _c_. Control of thought/actions  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
| S-2. Other bizarre delusions. (Implausible, impossible, other than control delusions)  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
  _a_. Voices conversing  
  _b_. Voices commenting  
  _c_. Continuous (throughout the day for several days)  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
| S-4. Abnormal perception of thought.  
  _a_. Thought broadcasting  
  _b_. Audible thoughts  
  _c_. Thought echo  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
| NAP. Psychosis (2+ weeks) without prominent mood symptoms:  
  _a_. After mania  
  _b_. After depression  
  _c_. Neither  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
| N-1. Blunted (restricted) affect.  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
| N-2. Poverty of speech. (Negative thought disorder)  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
| D-1. Formal thought disorder. (Impaired understanding; abnormal use of words)  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
| D-2. Bizarre behavior. (Grossly unusual dress or social/sexual/agitated/ritualistic behavior likely due to psychosis)  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
| DE-1. Depression. (Dysphoria and associated symptoms. Severity of 3-4 requires full major depressive syndrome.)  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
| DE-2. Maximum # of 9 depressive features (a-i below) concurrent for 2+ weeks ever.  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
| M-1. Mania. (Manic mood and associated symptoms. Severity of 3-4 requires full manic syndrome.)  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
| MP-1. Concurrent depressive mood + delusions or hallucinations of:  
  _a_. A. Guilt  
  _b_. Catastrophe/nihilism  
  _c_. Suicide  
  _d_. Disease (non-bizarre)  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
| MP-2. Concurrent grandiose/manic mood + delusions or hallucinations of:  
  _a_. Importance/power  
  _b_. Special relationship with God /mission  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
| C. Deterioration. Residuum between exacerbations is: 0-Absent 1-Mild 2-Significant 3-Severe 4-Severe, > 5 yr  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
| A. Complicating factors are 0-Absent 1-Present but unlikely to be causative 2-Strongly suspected or likely causes of psychosis. Specify:  
  _a_. Substance abuse  
  _b_. Organic  
  _c_. Atypical features  
  _d_. Personality disorder  
  _e_. Dissociative  
| 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |

### Depression and mania checklists are provided to assist in reviewing cases. Use ticks to not presence in different episodes. Use next line to note rated episodes.  

| __ |  
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| a. Depressed mood.  
| x. Abnormally and persistently elevated or expansive mood.  
| b. Markedly diminished pleasure in most/all activities.  
| y. Abnormally and persistently Irritable mood (with excitement or agitation),  
| c. Increased or decreased weight (>5%) or appetite.  
| a. Inflated self-esteem or grandiosity.  
| d. Increased/decreased sleep.  
| b. Decreased need for sleep.  
| e. Observeable psychomotor agitation or retardation.  
| c. More talkative than usual or pressure to keep talking.  
| f. Fatigue or loss of energy.  
| d. Flight of ideas or subjectively racing thoughts.  
| g. Worthlessness or excessive/inappropriate guilt (not just about being sick).  
| e. Distraction (attention too easily drawn to unimportant/irrelevant external stimuli).  
| h. Diminished ability to think/concentrate/decisiveness, due to depression.  
| f. Increased goal-directed activity (social/sexual/work) or psychomotor agitation.  
| i. Recurrent thoughts of death or suicide, or suicide attempt or plan.  
| g. Excessive pleasurable activities with high potential for painful consequences.