

CLINICAL RATINGS OF ILLNESS SEVERITY AND CHANGE IN SEVERITY

1. Date of rating: DD ____ MM ____ YY ____ **RATER:** _____ **PATIENT NAME:** _____

Short Version of the Positive and Negative Syndrome Scale (Refer to the PANSS rating descriptions on the reverse of this page)

	Absent	Minimal	Mild	Moderate	Mod Severe	Severe	Extreme
P1 Delusions	1	2	3	4	5	6	7
P2 Conceptual disorganisation	1	2	3	4	5	6	7
P3 Hallucinatory behaviour	1	2	3	4	5	6	7
P5 Grandiosity	1	2	3	4	5	6	7
P6 Suspiciousness/ persecution	1	2	3	4	5	6	7
G9 Unusual thought content	1	2	3	4	5	6	7

Total score

Clinical Global Impression of Illness Severity	Normal	Borderline	Mild	Moderate	Marked	Severe	Extreme
Severity compared to all others with the same diagnosis	1	2	3	4	5	6	7

Clinical Global Impression of Improvement	Improved			No Change	Worse		
	Very much	Much	Minimal		Minimal	Much	Very Much
Improvement from the last time this rating was made	1	2	3	4	5	6	7

Treatment at time the PANSS was completed (include non-medication treatment such as ECT)

Treatment that preceded this assessment	Dose	Planned treatment following this assessment	Dose

2. Date of rating: DD ____ MM ____ YY ____ **RATER:** _____

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P1. Delusions

Beliefs which are unfounded, unrealistic, and idiosyncratic. Basis for rating thought content expressed in the interview and its influence on social relations and behavior.

1 **Absent** - Definition does not apply

2 **Minimal** - Questionable pathology; may be at the upper extreme of normal limits.

3 **Mild** - Presence of one or two delusions which are vague, uncrystallized, and not tenaciously held. Delusions do not interfere with thinking, social relations, or behavior.

4 **Moderate** - Presence of either a kaleidoscopic array of poorly formed, unstable delusions or of a few wellformed delusions that occasionally interfere with thinking, social relations, or behavior.

5 **Moderate severe** - Presence of numerous well-formed delusions that are tenaciously held and occasionally interfere with thinking, social relations, or behavior.

6 **Severe** - Presence of a stable set of delusions which are crystallized, possibly systematized, tenaciously held, and clearly interfere with thinking, social relations, and behavior.

7 **Extreme** - Presence of a stable set of delusions which are either highly systematized or very numerous, and which dominate major facets of the patient's life. This frequently results in inappropriate and irresponsible action, which may even jeopardize the safety of the patient or others.

P2. Conceptual disorganization

Disorganized process of thinking characterized by disruption of goal-directed sequencing, e.g., circumstantiality, tangentiality, loose associations non sequiturs, gross illogicality, or thought block. Basis for rating: cognitive-verbal processes observed during the course of interview.

1 **Absent** - Definition does not apply

2 **Minimal** - Questionable pathology; may be at the upper extreme of normal limits.

3 **Mild** - Thinking is circumstantial, tangential, or paralogical. There is some difficulty in directing thoughts toward a goal and some loosening of associations may be evidenced under pressure.

4 **Moderate** - Able to focus thoughts when communications are brief and structured, but becomes loose or irrelevant when dealing with more complex communications or when under minimal pressure.

5 **Moderate severe** - Generally has difficulty in organizing thoughts, as evidenced by frequent irrelevances, disconnectedness. or loosening of associations even when not under pressure.

6 **Severe** - Thinking is seriously derailed and internally inconsistent, resulting in gross irrelevancies and disruption of thought processes, which occur almost constantly.

7 **Extreme** - Thoughts are disrupted to the point where the patient is incoherent. There is marked loosening of associations, which results in total failure of communication, e.g., "word salad. or mutism.

P3. Hallucinatory behavior

Verbal report or behavior indicating perceptions which are not generated by external stimuli. These may occur in the auditory visual, olfactory, or somatic realms. Basis for rating: Verbal report and physical manifestations during the course of interview as well as reports of behavior by primary care workers or family.

1 **Absent** - Definition does not apply

2 **Minimal** - Questionable pathology; may be at the upper extreme of normal limits.

3 **Mild** - One or two clearly formed but infrequent hallucinations, or else a number of vague abnormal perceptions which do not result in distortions of thinking or behavior.

4 **Moderate** - Hallucinations occur frequently but not continuously, and the patient's thinking and behavior are affected only to a minor extent.

5 **Moderate severe** - Hallucinations are frequent, may involve more than one sensory modality, and tend to distort thinking and/or disrupt behavior. Patient may have a delusional interpretation of these experiences and respond to them emotionally and, on occasion, verbally as well.

6 **Severe** - Hallucinations are present almost continuously, causing major disruption of thinking and behavior. Patient treats these as real perceptions, and functioning is impeded by frequent emotional and verbal responses to them.

7 **Extreme** - Patient is almost totally preoccupied with hallucinations, which virtually dominate thinking and behavior. Hallucinations are provided a rigid delusional interpretation and provoke verbal and behavioral responses, including obedience to command hallucinations.

P5. Grandiosity

Exaggerated self-opinion and unrealistic convictions of superiority, including delusions of extraordinary abilities, wealth, knowledge, fame, power, and moral righteousness. Basis for rating: thought content expressed in the interview and its influence on behavior.

1 **Absent** - Definition does not apply

2 **Minimal** - Questionable pathology; may be at the upper extreme of normal limits.

3 **Mild** - Some expansiveness or boastfulness is evident, but without clear-cut grandiose delusions.

4 **Moderate** - Feels distinctly and unrealistically superior to others. Some poorly formed delusions about special status or abilities may be present but are not acted upon.

5 **Moderate severe** - Clear-cut delusions concerning remarkable abilities, status, or power are expressed and influence attitude but not behavior.

6 **Severe** - Clear-cut delusions of remarkable superiority involving more than one parameter (wealth, knowledge, fame, etc.) are expressed, notably influence interactions, and may be acted upon.

7 **Extreme** - Thinking, interactions, and behavior are dominated by multiple delusions of amazing ability, wealth knowledge, fame, power, and/or moral stature; which may take on a bizarre quality.

P6. Suspiciousness/persecution

Unrealistic or exaggerated ideas of persecution, as reflected in guardedness, a distrustful attitude, suspicious hyper-vigilance, or frank delusions that others mean one harm. Basis for rating: thought content expressed in the interview and its influence on behavior.

1 **Absent** - Definition does not apply

2 **Minimal** - Questionable pathology; may be at the upper extreme of normal limits.

3 **Mild** - Presents a guarded or even openly distrustful attitude, but thoughts, interactions, and behavior are minimally affected.

4 **Moderate** - Distrustfulness is clearly evident and intrudes on the interview and/or behavior, but there is no evidence of persecutory delusions. Alternatively, there may be indication of loosely formed persecutory delusions, but these do not seem to affect the patient's attitude or interpersonal relations

5 **Moderate severe** - Patient shows marked distrustfulness, leading to major disruption of interpersonal relations, or else there are clear-cut persecutory delusions that have limited impact on interpersonal relations and behavior.

6 **Severe** - Clear-cut pervasive delusions of persecution which may be systematized and significantly interfere in interpersonal relations.

7 **Extreme** - A network of systematized persecutory delusions dominates the patient's thinking, social relations, and behavior.

G9. Unusual thought content

Thinking characterized by strange, fantastic, or bizarre ideas, ranging from those which are remote or atypical to those which are distorted, illogical, and patently absurd. Basis for rating: thought content expressed during the course of interview.

1 **Absent** - Definition does not apply

2 **Minimal** - Questionable pathology; may be at the upper extreme of normal limits.

3 **Mild** - Thought content is somewhat peculiar or idiosyncratic, or familiar ideas are framed in an odd context.

4 **Moderate** - Ideas are frequently distorted and occasionally seem quite bizarre.

5 **Moderate severe** - Patient expresses many strange and fantastic thoughts (e.g., being the adopted son of a king, being an escapee from death row) or some which are patently absurd (e.g., having hundreds of children, receiving radio messages from outer space through a tooth filling).

6 **Severe** - Patient expresses many illogical or absurd ideas or some which have a distinctly bizarre quality (e.g., having three heads, being a visitor from another planet).

7 **Extreme** - Thinking is replete with absurd, bizarre, and grotesque ideas.