Comprehensive Assessment of At-Risk Mental States (CAARMS) 23

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INTRODUCTION

The Comprehensive Assessment of At-Risk Mental States 23 (CAARMS 23) is a semi-structured assessment tool used by mental health professionals and researchers to identify help-seeking young people who are at ultra-high risk of developing psychosis.

The CAARMS 23 updates the original CAARMS instrument (1) and is derived from the Positive SYmptoms and Diagnostic Criteria Harmonised with SIPS (PSYCHS) instrument. This latter instrument was developed through a harmonisation and refinement of the CAARMS with the Structured Interview for Prodromal Syndromes (SIPS) measure (2) for use in international multi-site studies.

The CAARMS 23 is appropriate for use in clinical settings to assess the presence of an at-risk mental state (ultra-high risk state) indicating risk of developing a psychotic disorder and for assessing the presence of psychotic symptoms of sufficient severity and frequency to warrant the diagnosis of a psychotic disorder.

Ratings generated from the CAARMS 23 should be recorded on the separate CAARMS 23 Record Form.

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AIMS

- To determine if an individual meets the criteria for an at risk mental state (ARMS) or 'ultra-high risk' (UHR) status.
- To rule out, or confirm, criteria for a psychotic disorder.

STRUCTURE OF THE CAARMS 23

Ratings are made on Intensity, Conviction/Source/Self-correction, Distress caused, and Interference caused. The overall severity rating is derived from either two or four of these dimensions see General instructions for more details. Frequency of symptoms should also be rated for each symptom.

OVERVIEW OF SYMPTOMS AND FUNCTIONING – LONGITUDINAL CHANGE

At the first interview (not follow-up assessments), the CAARMS 23 aims to obtain a general overview of the history of change from the premorbid state. All available information should be used.

Record the time of first noted change – date and age of respondent in years:

Date: _____

Age: _____

Note first ever symptoms or signs:

_____

_____

_____

Record the time when symptoms were the worst/most severe – date and age in years:

Date: _____

Age: _____

Note worst symptoms or signs:

_____

_____

_____

PREVIOUS PSYCHOTIC EPISODE

It is important to determine if the person has ever had a psychotic episode. A previous psychotic episode, treated or untreated, of at least 7 days means that the person cannot be classified as UHR.

Have you ever had a full **psychotic episode***?

Ask questions to gain a description and understanding of any suspected previous psychotic episode of longer than one week. If duration or veracity of symptoms is unclear, proceed with CAARMS 23 assessment.

YES ☐ NO ☐

Date: _____

*A full psychotic episode refers to experiencing persistent psychotic symptoms-such as hearing voices, seeing things others cannot, or being completely convinced of something unlikely (like being spied on) for more than a week. These symptoms significantly impact daily life, often requiring medical attention, such as treatment from medical professionals or the use of antipsychotic medication. A medical professional may have used the terminology 'psychosis' to classify your symptoms. In some cases, this may lead to a diagnosis of schizophrenia or schizoaffective disorder.

GENERAL INSTRUCTIONS

The interviewer should introduce the CAARMS 23 explaining that they will ask a series of questions and that these questions are not designed specifically for that person's experiences but rather are a standard set of questions asked during every CAARMS 23 assessment. Interviewers should emphasise that there are no right or wrong answers as everyone has different experiences, and that the person should report the symptoms that they have experienced in as much detail as they can.

Interviewers should ask the questions for each of the 15 symptoms and where applicable, use additional questions to assist with ratings. The time period to determine UHR status is within the last year, i.e., the person is determined to be UHR if they meet the UHR criteria at any point over the last 12 months regardless of whether they are currently symptomatic.

SYMPTOM DIMENSIONS AND OVERALL SEVERITY RATINGS OF THE CAARMS 23:

THE FOUR SYMPTOM DIMENSIONS OF THE CAARMS 23:

Primary Symptom Dimensions:

1. Intensity of symptoms
2. Conviction (for symptoms 1-8), source (for symptoms 9 - 14), self-correction (for symptom 15).

Secondary Symptom Dimensions

3. Distress due to the symptoms
4. Interference due to the symptoms

The CAARMS 23 uses these four symptom dimensions to describe the experience and impact of attenuated psychotic symptoms and to generate an overall severity rating for each symptom.

A series of questions is asked for each symptom that allows rating on each of the four symptom dimensions: Intensity, Conviction/Source/Self-correction, Distress and Interference. Together, these determine the Overall Severity rating for that symptom. The first two symptom dimensions are considered primary and are used to make the Overall Severity rating, unless the ratings on these first two symptom dimensions differ and cannot be averaged to a whole number. In this case, the Distress and Interference ratings (secondary symptom dimensions) are also considered in order to derive the Overall Severity rating.

DERIVING THE OVERALL SYMPTOM SEVERITY RATING:

When the same rating is given for both primary symptom dimensions (i.e., Intensity and Conviction/Source/Self-correction) for a symptom, this is the overall severity rating given for this symptom.

If the Intensity and Conviction/Source/Self-correction ratings differ by only 1 point, the secondary severity dimensions also need to be considered. In these cases, the higher rating is taken as the overall severity rating if either of the secondary symptom dimension ratings for this symptom are equal to or higher than the higher of the two primary symptom dimension ratings. If neither Distress or Interference are rated equal to or higher than the Intensity or Conviction/Source/Self-correction rating (Primary Symptom Dimensions), then the lower of the two primary symptom dimension ratings is taken as the overall severity rating.

For example, if Intensity is rated 5 and Conviction/Source/Self-correction is rated 4, an overall severity rating of 5 is given if either Distress or Impairment is rated 5 or 6. An overall severity rating of 4 is given if both Distress and Interference are rated 4 or lower.

If the Intensity and Conviction/Source/Self-correction differ by more than 1 point, the following table is used to derive the overall severity rating, based on the difference between the ratings of Intensity and Conviction/Source/Self-correction.

Symptom Dimension Level Difference	Intensity	Conviction/Source/ Self-correction	Overall Severity Rating
5	6 1	1 6	4 if Distress or Interference ≥4 3 if Distress and Interference <4
4	6 2	2 6	4 (No need to refer to secondary anchors)
	5 1	1 5	3 (No need to refer to secondary anchors)
3	6 3	3 6	5 if Distress or Interference ≥5 4 if Distress and Interference <5
	5 2	2 5	4 if Distress or Interference ≥4 3 if Distress and Interference <4
	4 1	1 4	3 if Distress or Interference ≥3 2 if Distress and Interference <3
2	6 4	4 6	5 (No need to refer to secondary anchors)
	5 3	3 5	4 (No need to refer to secondary anchors)
	4 2	2 4	3 (No need to refer to secondary anchors)
	3 1	1 3	2 (No need to refer to secondary anchors)

QUESTIONS

The interviewer should ask all symptom questions verbatim for each of the fifteen symptoms. Record a “Yes” if the person endorses any question and a “No” if they do not.

The interviewer should explore any YES responses further by asking open-ended questions – examples appear below. The interviewer needs to ask as many questions as necessary to be confident in rating each of the symptom dimensions, deriving an overall severity rating for each symptom and rating the frequency of occurrence of the symptom.

Follow-up Questions after a YES response are listed below:

- Can you tell me more about it?
- What was it like?
- Can you give me an example?
- What did you make of it?
- How did you explain it?
- How did it make you feel?
- How sure were you that it really happened?

Distress, Interference and Frequency Questions:

Following the detection of a symptom, questions need to be asked so that ratings of Distress and Interference caused by the symptom can be made. The frequency of the occurrence of the symptom also needs to be rated in order to establish if the respondent meets UHR or FEP criteria.

The following questions should be asked. These also appear throughout the instrument after each symptom.

- When was it present?
- How often did it happen?
- When it was there how long did it last?
- Do you find this distressing? How would you rate it from 0 (not distressing) to 6 (extremely distressing/terrifying)
- Does it interfere with your usual activities? How would you rate the level of interference with your usual activities for 0 (no interference) to 6 (complete interference, unable to do anything when it occurs)

CAARMS 23: SYMPTOMS

The CAARMS 23 is composed of 15 positive symptom that are each rated 0 - 6 on 4 symptom dimensions (intensity, conviction/source/ self-correction, distress and interference) and frequency. The 15 positive symptoms are:

- 1. Unusual thoughts and experiences
- 2. Suspiciousness
- 3. Unusual somatic ideas
- 4. Ideas of guilt
- 5. Jealous ideas
- 6. Unusual religious ideas
- 7. Erotomanic ideas
- 8. Grandiosity
- 9. Auditory perceptual abnormalities
- 10. Visual perceptual abnormalities
- 11. Olfactory perceptual abnormalities
- 12. Gustatory perceptual abnormalities
- 13. Tactile perceptual abnormalities
- 14. Somatic perceptual abnormalities
- 15. Disorganised Communication Expression

1: UNUSUAL THOUGHTS AND EXPERIENCES

QUESTIONS

1. Have you ever had the feeling that something odd is going on or that something is wrong?
2. Have you ever been confused whether something you have experienced is real or imaginary?
3. Have you ever daydreamed a lot or found yourself preoccupied with stories, fantasies, or ideas?
4. Has your experience of time ever seemed to have changed? Has it become unnaturally faster or unnaturally slower?
5. Have you ever seemed to live through events exactly as you have experienced them before?
6. Do familiar people or surroundings ever seem strange?
7. Do you feel that you, others, or the world have changed in some way?
8. Have you ever felt that you might not actually exist? Or that the world might not exist?
9. Do you ever feel you can predict the future?
10. Have you felt that things that were happening around you had a special meaning just for you?
11. Do you ever feel the radio, TV or other electronic devices are communicating directly with you?
12. Do you know what it means to be superstitious? Are you superstitious?
13. Have you ever felt that some person or force outside yourself has been controlling or interfering with your thoughts, feelings, actions or urges?
14. Have you ever felt that ideas or thoughts that are not your own have been put into your head? Or that your own thoughts have been taken out of your head?
15. Are your thoughts ever broadcast so that other people know what you are thinking? Or ever said out loud so that other people can hear them?
16. Do you ever think that people might be able to read your mind? Or that you could read other people's minds?

Symptom Present: If a symptom is present, please ask the following questions:

17. When was it present?
18. How often did it happen?
19. When the symptom was present, how long did it last?
20. Do you find this distressing? How would you rate it from 0 (not distressing) to 6 (extremely distressing/terrifying) – please transfer rating to record form.
21. Does it interfere with your usual activities? How would you rate the level of interference with your usual activities for 0 (no interference) to 6 (complete interference), unable to do anything when it occurs) – please transfer rating to record form.

1: UNUSUAL THOUGHTS AND EXPERIENCES

	0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but not psychotic	6 Psychotic and very severe
Intensity	No unusual thought content.	Unusual thoughts or experiences such as déjà vu or other "mind tricks" that occur not uncommonly in the general population.	Unusual thoughts or experiences such as over-interested in fantasy life or unusually valued ideas/ beliefs or superstitions. Feeling of unease in absence of reason or cause that person can identify. Premonitions. Beliefs beyond what would be expected of the average person but within cultural norms.	Unusual thoughts or experiences such as ideas/mental events that are meaningful, puzzling, unwilled, and not easily ignored. Sense that something is different or not quite right or that things are different with the world. Seems to the person most likely imaginary.	Unusual thoughts or experiences such as unlikely or referential ideas /mental events with the sense that they may be real.	Unusual thoughts or experiences such as peculiar or improbable ideas/ mental events that seem real.	Unusual thoughts or experiences such as strange and/or highly improbable ideas /mental events that feel completely real.
Conviction	No conviction of unusual thoughts/ experiences.	Spontaneously rejects unusual thoughts/ experiences.	If within cultural norms, may defend unusual thoughts/experiences. Otherwise, self-generates scepticism with very little effort.	Self-generates doubt or scepticism about unusual thoughts/ experiences with little effort.	Able to self-generate doubt or scepticism about unusual thoughts/ experiences with effort.	Doubt or scepticism about unusual thoughts/ experiences can only be induced when challenged by others.	Unusual thoughts/ experiences held with delusional conviction: no doubt, scepticism cannot be induced.
Distress	No distress from unusual thoughts/ experiences.	May have minor concerns from unusual thoughts/ experiences but not distressing.	May have some unease from unusual thoughts/ experiences but not distressing.	May have sense of apprehension from unusual thoughts/ experiences or may be somewhat distressing.	Unusual thoughts/ experiences may be preoccupying or distressing.	Unusual thoughts/ experiences may be disturbing or severely distressing.	Unusual thoughts/ experiences may be frightening or extremely distressing.
Interference	No interference by unusual thoughts/ experiences.	Unusual thoughts/ experiences do not affect other thoughts, feelings, social relations, or behaviour.	Unusual thoughts/ experiences may affect but do not interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Unusual thoughts/ experiences may slightly interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Unusual thoughts/ experiences may somewhat interfere with other thoughts, feelings, or social relations. Behaviour may be slightly affected.	Unusual thoughts/ experiences may clearly interfere with other thoughts, feelings, or social relations. Behaviour may be somewhat affected.	Unusual thoughts/ experiences may significantly interfere with other thoughts, feelings, or social relations. Behaviour may be clearly affected.

1: FREQUENCY SCALE – UNUSUAL THOUGHTS AND EXPERIENCES

0	1	2	3	4	5	6
Absent.	Less than one day a month.	One day a month to two days a week – less than one hour a day.	One day a month to two days a week – more than one hour a day or 3–6 days a week – less than one hour a day.	3–6 days a week – more than one hour a day or daily – less than one hour a day.	Daily – more than one hour per day or several times a day.	Continuous.

2: SUSPICIOUSNESS/PARANOIA, INCLUDING PERSECUTORY IDEAS OF REFERENCE

QUESTIONS

1. Do you ever feel like people have been talking about you, laughing at you or thinking about you in a negative way?
2. Have you ever found yourself feeling mistrustful or suspicious of other people?
3. Do you ever feel that you have to pay close attention to what's going on around you in order to feel safe?
4. Do you ever feel like you are being singled out or watched?
5. Has anybody been giving you a hard time or trying to hurt you? Do you have a sense of who that might be? Do you feel they have hostile or negative intentions?

Symptom Present: If a symptom is present, please ask the following questions:

6. When was it present?
7. How often did it happen?
8. When the symptom was present, how long did it last?
9. Do you find this distressing? How would you rate it from 0 (not distressing) to 6 (extremely distressing/terrifying). Please transfer rating to the record form.
10. Does it interfere with your usual activities? How would you rate the level of interference with your usual activities for 0 (no interference) to 6 (complete interference), unable to do anything when it occurs. Please transfer rating to the record form.

2: SUSPICIOUSNESS/PARANOIA

	0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but not psychotic	6 Psychotic and very severe
Intensity	No suspicious ideas.	Suspicious ideas that could be reality-based such as uncertainty about others' meaning or intent. Cautious.	Suspicious ideas beyond what might be expected by the average person but within cultural norms, such as concerns about undue scrutiny or increased self-consciousness.	Suspicious ideas beyond cultural norms that may be plausible (may have some logical evidence) and seem meaningful but also (to the person) most likely imaginary. Such as that people might be thinking or saying negative things about person or concerns that people are untrustworthy and/or may harbour ill will.	Suspicious ideas beyond cultural norms with the sense that they may be real. Although theoretically possible, ideas have arisen without logical evidence, such as being the object of negative attention. Sense that others may wish harm.	Suspicious ideas beyond cultural norms that seem real despite lack of evidence, such as improbable beliefs about danger from hostile intentions of others.	Suspicious ideas beyond cultural norms that feel completely real despite evidence to the contrary, such as highly improbable beliefs about danger from hostile intentions of others.
Conviction	No conviction of suspicious ideas.	Spontaneously rejects suspicious ideas.	If within cultural norms, may defend suspicious ideas. Otherwise, self-generates scepticism with very little effort.	Self-generates doubt or scepticism about suspicious ideas with little effort.	Able to self-generate doubt or scepticism about suspicious ideas with effort.	Doubt or scepticism about suspicious ideas can only be induced when challenged by others.	Suspicious ideas held with delusional conviction: no doubt, scepticism cannot be induced.
Distress	No distress from suspicious ideas.	May have minor concerns from suspicious ideas but not distressing.	May have some unease from suspicious ideas but not distressing.	May have sense of apprehension from suspicious ideas or may be somewhat distressing.	Suspicious ideas may be preoccupying or distressing.	Suspicious ideas may be disturbing or severely distressing.	Suspicious ideas may be frightening or extremely distressing.
Interference	No interference by suspicious ideas.	Suspicious ideas do not affect other thoughts, feelings, social relations, or behaviour.	Suspicious ideas may affect but do not interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Suspicious ideas may slightly interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Suspicious ideas may somewhat interfere with other thoughts, feelings, or social relations. Behaviour may be slightly affected.	Suspicious ideas may clearly interfere with other thoughts, feelings, or social relations. Behaviour may be somewhat affected.	Suspicious ideas may significantly interfere with other thoughts, feelings, or social relations. Behaviour may be clearly affected.

2: FREQUENCY SCALE – SUSPICIOUSNESS

0	1	2	3	4	5	6
Absent.	Less than one day a month.	One day a month to two days a week – less than one hour a day.	One day a month to two days a week – more than one hour a day or 3–6 days a week – less than one hour a day.	3–6 days a week – more than one hour a day or daily – less than one hour a day.	Daily – more than one hour per day or several times a day.	Continuous.

3: UNUSUAL SOMATIC IDEAS

QUESTIONS

1. Do you ever worry that something might be wrong with your body, your health or a part of your body?
2. Do you worry about your body shape?
3. Have you had the feeling that something odd is going on with your body that you can't explain?

Symptoms Present: If symptom is present, please ask the following questions:

4. When was it present?
5. How often did it happen?
6. When the symptom was present, how long did it last?
7. Do you find this distressing? How would you rate it from 0 (not distressing) to 6 (extremely distressing/terrifying). Please transfer the rating to the record form.
8. Does it interfere with your usual activities? How would you rate the level of interference with your usual activities for 0 (no interference) to 6 (complete interference), unable to do anything when it occurs. Please transfer the rating to the record form.

3: UNUSUAL SOMATIC IDEAS

	0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but not psychotic	6 Psychotic and very severe
Intensity	No unusual somatic ideas.	Unusual somatic ideas that could be reality-based such as possible over-focus about their body or body part traits.	Unusual somatic ideas beyond what might be expected by the average person but within cultural norms, such as concerns about their body or body part traits.	Unusual somatic ideas beyond cultural norms that may be plausible (may have some logical evidence), such as preoccupation with body or body part traits. Experiences seem meaningful. Seems (to the person) most likely imaginary.	Unusual somatic ideas beyond cultural norms with the sense that they may be real. Although theoretically possible, ideas have arisen without logical evidence, such as exaggeration of body or body part traits.	Unusual somatic ideas beyond cultural norms that seem real despite lack of evidence, such as improbable beliefs about their body or body part traits.	Unusual somatic ideas beyond cultural norms that feel completely real despite evidence to the contrary, such as highly improbable beliefs about their body or body part traits.
Conviction	No conviction of unusual somatic ideas.	Spontaneously rejects unusual somatic ideas.	If within cultural norms, may defend unusual somatic ideas. Otherwise, self-generates scepticism with very little effort.	Self-generates doubt or scepticism about unusual somatic ideas with little effort.	Able to self-generate doubt or scepticism about unusual somatic ideas with effort.	Doubt or scepticism about unusual somatic ideas can only be induced when challenged by others.	Unusual somatic ideas held with delusional conviction: no doubt, scepticism cannot be induced.
Distress	No distress from unusual somatic ideas.	May have minor concerns from unusual somatic ideas but not distressing.	May have some unease from unusual somatic ideas but not distressing.	May have sense of apprehension from unusual somatic ideas or may be somewhat distressing.	Unusual somatic ideas may be preoccupying or distressing.	Unusual somatic ideas may be disturbing or severely distressing.	Unusual somatic ideas may be frightening or extremely distressing.
Interference	No interference by unusual somatic ideas.	Unusual somatic ideas do not affect other thoughts, feelings, social relations, or behaviour.	Unusual somatic ideas may affect but do not interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Unusual somatic ideas may slightly interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Unusual somatic ideas may somewhat interfere with other thoughts, feelings, or social relations. Behaviour may be slightly affected.	Unusual somatic ideas may clearly interfere with other thoughts, feelings, or social relations. Behaviour may be somewhat affected.	Unusual somatic ideas may significantly interfere with other thoughts, feelings, or social relations. Behaviour may be clearly affected.

3: FREQUENCY SCALE – UNUSUAL SOMATIC IDEAS

0	1	2	3	4	5	6
Absent.	Less than one day a month.	One day a month to two days a week – less than one hour a day.	One day a month to two days a week – more than one hour a day or 3–6 days a week – less than one hour a day.	3–6 days a week – more than one hour a day or daily – less than one hour a day.	Daily – more than one hour per day or several times a day.	Continuous.

4: IDEAS OF GUILT

QUESTIONS

1. Do you ever find yourself thinking about how to be good?
2. Have you been thinking about past problems?
3. Is there anything you feel guilty about?
4. Do you tend to blame yourself for things that have happened in the past?
5. Do you believe that you deserve to be punished in some way?
6. Have you done anything you're still ashamed of or remorseful about?

Symptoms Present: If symptom is present, please ask the following questions:

7. When was it present?
8. How often did it happen?
9. When the symptom was present, how long did it last?
10. Do you find this distressing? How would you rate it from 0 (not distressing) to 6 (extremely distressing/terrifying). Please transfer the rating to the record form.
11. Does it interfere with your usual activities? How would you rate the level of interference with your usual activities for 0 (no interference) to 6 (complete interference), unable to do anything when it occurs. Please transfer the rating to the record form.

4: IDEAS OF GUILT

	0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but not psychotic	6 Psychotic and very severe
Intensity	No ideas of guilt.	Ideas of guilt that could be reality-based, such as uncertainty about the impact of the person's actions.	Ideas of guilt beyond what might be expected by the average person but within cultural norms, such as feeling overly remorseful for consequences of the person's action.	Ideas of guilt beyond cultural norms that may be plausible (may have some logical evidence), such as self-blame for the consequences of the person's action. Experiences seem meaningful. Seems (to the person) most likely imaginary.	Ideas of guilt beyond cultural norms with the sense that they may be real. Although theoretically possible, ideas have arisen without logical evidence, such as excessive self-blame for the consequences of the person's action.	Ideas of guilt beyond cultural norms that seem real despite lack of evidence, such as improbable beliefs about responsibility for events or situations that are out of the person's control.	Ideas of guilt beyond cultural norms that feel completely real despite evidence to the contrary, such as highly improbable beliefs about responsibility for events or situations that are completely out of the person's control.
Conviction	No conviction of ideas of guilt.	Spontaneously rejects ideas of guilt.	If within cultural norms, may defend ideas of guilt. Otherwise, self-generates scepticism with very little effort.	Self-generates doubt or scepticism about ideas of guilt with little effort.	Able to self-generate doubt or scepticism about ideas of guilt with effort.	Doubt or scepticism about ideas of guilt can only be induced when challenged by others.	Ideas of guilt held with delusional conviction: no doubt, scepticism cannot be induced.
Distress	No distress from ideas of guilt.	May have minor concerns from ideas of guilt but not distressing.	May have some unease from ideas of guilt but not distressing.	May have sense of apprehension from ideas of guilt or may be somewhat distressing.	Ideas of guilt may be preoccupying or distressing.	Ideas of guilt may be disturbing or severely distressing.	Ideas of guilt may be frightening or extremely distressing.
Interference	No interference by ideas of guilt.	Ideas of guilt do not affect other thoughts, feelings, social relations, or behaviour.	Ideas of guilt may affect but do not interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Ideas of guilt may slightly interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Ideas of guilt may somewhat interfere with other thoughts, feelings, or social relations. Behaviour may be slightly affected.	Ideas of guilt may clearly interfere with other thoughts, feelings, or social relations. Behaviour may be somewhat affected.	Ideas of guilt may significantly interfere with other thoughts, feelings, or social relations. Behaviour may be clearly affected.

4: FREQUENCY SCALE (IDEAS OF GUILT)

0	1	2	3	4	5	6
Absent.	Less than one day a month.	One day a month to two days a week – less than one hour a day.	One day a month to two days a week – more than one hour a day or 3–6 days a week – less than one hour a day.	3–6 days a week – more than one hour a day or daily – less than one hour a day.	Daily – more than one hour per day or several times a day.	Continuous.

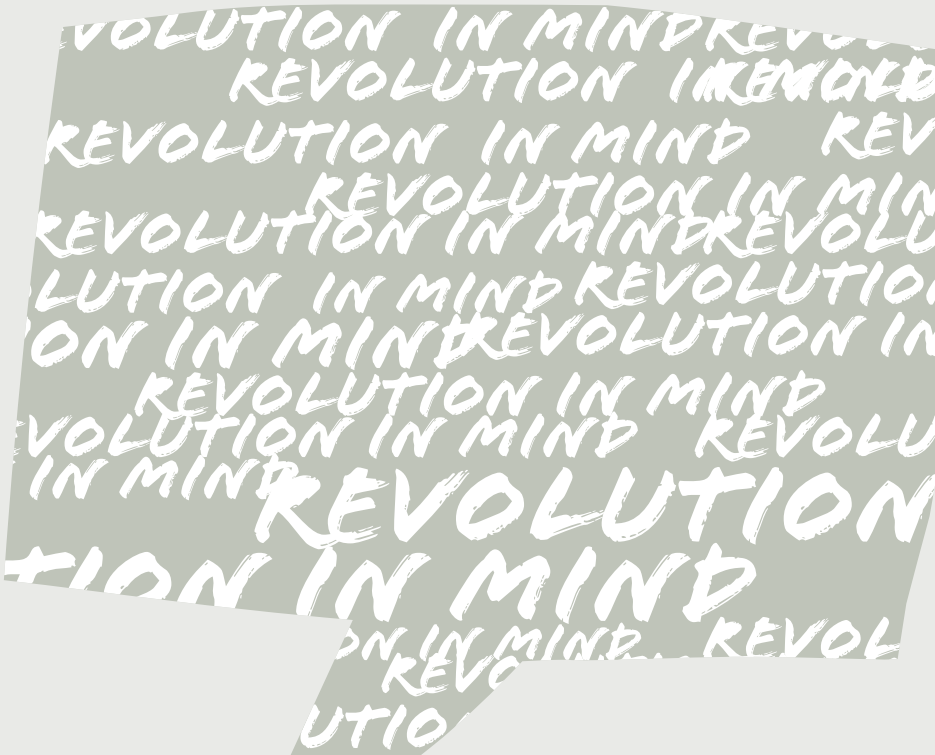
5: JEALOUS IDEAS

QUESTIONS

1. Has there ever been anyone in your life that you've been jealous of, for example a work colleague, friend or partner? What was it about these people that made you jealous?
2. Did these people/your partner have any relationships with anyone that you worried about?
3. Have you been concerned that these people/ your partner spent too much time with other people?
4. Have you ever found yourself checking these people's/your partner's pockets, phone, or social media?
5. Have these people/your partner ever acted suspiciously – like they're trying to hide something?
6. Have you ever been concerned a partner was cheating on you? How sure were you that the partner was cheating on n you? What evidence did you have that partner was cheating on you?

Symptom Present: If symptom is present, please ask the following questions:

7. When was it present?
8. How often did it happen?
9. When the symptom was present, how long did it last?
10. Do you find this distressing? How would you rate it from 0 (not distressing) to 6 (extremely distressing/terrifying). Please transfer the rating to the record form.
11. Does it interfere with your usual activities? How would you rate the level of interference with your usual activities for 0 (no interference) to 6 (complete interference), unable to do anything when it occurs. Please transfer the rating to the record form.



5: JEALOUS IDEAS

	0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but not psychotic	6 Psychotic and very severe
Intensity	No jealous ideas.	Jealous ideas that could be reality-based such as uncertainty about others' allegiance.	Jealous ideas beyond what might be expected by the average person but within cultural norms, such as envy of others' attributes or accomplishment or jealous thoughts easily dismissed.	Jealous ideas beyond cultural norms that may be plausible (may have some logical evidence), such as concerns about infidelity. Experiences seem meaningful. Seems (to the person) most likely imaginary.	Jealous ideas beyond cultural norms with the sense that they may be real. Although theoretically possible, ideas have arisen without logical evidence, such as suspected infidelity of others.	Jealous ideas beyond cultural norms that seem real despite lack of evidence, such as improbable beliefs about infidelity of others.	Jealous ideas beyond cultural norms that feel completely real despite evidence to the contrary, such as highly improbable beliefs about infidelity of others.
Conviction	No conviction of jealous ideas.	Spontaneously rejects jealous ideas.	If within cultural norms, may defend jealous ideas. Otherwise, self-generates scepticism with very little effort.	Self-generates doubt or scepticism about jealous ideas with little effort.	Able to self-generate doubt or scepticism about jealous ideas with effort.	Doubt or scepticism about jealous ideas can only be induced when challenged by others.	Jealous ideas held with delusional conviction: no doubt, scepticism cannot be induced.
Distress	No distress from jealous ideas.	May have minor concerns from jealous ideas but not distressing.	May have some unease from jealous ideas but not distressing.	May have sense of apprehension from jealous ideas or may be somewhat distressing.	Jealous ideas may be preoccupying or distressing.	Jealous ideas may be disturbing or severely distressing.	Jealous ideas may be enraging or extremely distressing.
Interference	No interference by jealous ideas.	Jealous ideas do not affect other thoughts, feelings, social relations, or behaviour.	Jealous ideas may affect but do not interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Jealous ideas may slightly interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Jealous ideas may somewhat interfere with other thoughts, feelings, or social relations. Behaviour may be slightly affected.	Jealous ideas may clearly interfere with other thoughts, feelings, or social relations. Behaviour may be somewhat affected.	Jealous ideas may significantly interfere with other thoughts, feelings, or social relations. Behaviour may be clearly affected.

5: FREQUENCY SCALE – JEALOUS IDEAS

0	1	2	3	4	5	6
Absent.	Less than one day a month.	One day a month to two days a week – less than one hour a day.	One day a month to two days a week – more than one hour a day or 3–6 days a week – less than one hour a day.	3–6 days a week – more than one hour a day or daily – less than one hour a day.	Daily – more than one hour per day or several times a day.	Continuous.

6: UNUSUAL RELIGIOUS IDEAS

QUESTIONS

1. Are you very religious?
2. Have you had any religious experiences?
3. Do you ever feel that you have been chosen by God for a special role?
4. Do you ever feel as if you can save others?
5. Do you have strong feelings or beliefs that are very important to you, about such things as religion, philosophy? Include ghosts, demons, witchcraft, especially for younger adolescents.

Symptom Present: If symptom is present, please ask the following questions:

6. When was it present?
7. How often did it happen?
8. When the symptom was present, how long did it last?
9. Do you find this distressing? How would you rate it from 0 (not distressing) to 6 (extremely distressing/terrifying). Please transfer the rating to the record form.
10. Does it interfere with your usual activities? How would you rate the level of interference with your usual activities for 0 (no interference) to 6 (complete interference), unable to do anything when it occurs. Please transfer the rating to the record form.

6: UNUSUAL RELIGIOUS IDEAS

	0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but not psychotic	6 Psychotic and very severe
Intensity	No unusual religious ideas.	Slightly unusual religious ideas such as beliefs about God or spirituality	Unusual religious ideas such as beliefs about God or divine powers or spirituality beyond what might be expected by the average person but within cultural norms.	Unusual religious ideas such as beliefs about God or divine powers or spirituality that are somewhat idiosyncratic and somewhat discordant from cultural norms. Experiences seem meaningful.	Unusual religious ideas such as beliefs about God or divine powers or spirituality that are clearly idiosyncratic and clearly discordant from cultural norms.	Unusual religious ideas such as beliefs about God or divine powers or spirituality that are particularly idiosyncratic and particularly discordant from cultural norms.	Unusual religious ideas such as beliefs about God or divine powers or spirituality that are extremely idiosyncratic and extremely discordant from cultural norms.
Conviction	No conviction of unusual religious ideas.	Spontaneously rejects unusual religious ideas.	If within cultural norms, may defend unusual religious ideas. Otherwise, self-generates scepticism with very little effort.	Self-generates doubt or scepticism about unusual religious ideas with little effort.	Able to self-generate doubt or scepticism about unusual religious ideas with effort.	Doubt or scepticism about unusual religious ideas can only be induced when challenged by others.	Unusual religious ideas held with delusional conviction: no doubt, scepticism cannot be induced.
Distress	No distress from unusual religious ideas.	May have minor concerns from unusual religious ideas but not distressing.	May have some unease from unusual religious ideas but not distressing.	May have sense of apprehension from unusual religious ideas or may be somewhat distressing.	Unusual religious ideas may be preoccupying or distressing.	Unusual religious ideas may be disturbing or severely distressing.	Unusual religious ideas may be frightening or extremely distressing.
Interference	No interference by unusual religious ideas.	Unusual religious ideas do not affect other thoughts, feelings, social relations, or behaviour.	Unusual religious ideas may affect but do not interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Unusual religious ideas may slightly interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Unusual religious ideas may somewhat interfere with other thoughts, feelings, or social relations. Behaviour may be slightly affected.	Unusual religious ideas may clearly interfere with other thoughts, feelings, or social relations. Behaviour may be somewhat affected.	Unusual religious ideas may significantly interfere with other thoughts, feelings, or social relations. Behaviour may be clearly affected.

6: FREQUENCY SCALE – UNUSUAL RELIGIOUS IDEAS

0	1	2	3	4	5	6
Absent.	Less than one day a month.	One day a month to two days a week – less than one hour a day.	One day a month to two days a week – more than one hour a day or 3–6 days a week – less than one hour a day.	3–6 days a week – more than one hour a day or daily – less than one hour a day.	Daily – more than one hour per day or several times a day.	Continuous.

7: EROTOMANIC IDEAS

QUESTIONS

1. Does anyone have a crush on you?
2. Is anyone in love with you?

Item-specific follow-ups: if either of the above are endorsed, ask the following.

3. Who is this person? Are they famous or well-known in any way?
4. Do you return his/her feelings?
5. Do you consider yourself in a relationship with this person?
6. Does this person communicate with you to demonstrate their love and affection for you? Has this person ever sent you a special gift or a secret message?
7. How did you know it was this person who sent you the gift/message? What sort of activities have you carried out to make contact with this person? Try to elicit here if there has been any stalking-like behaviour/harassing the individual etc.

Symptom Present: If symptom is present, please ask the following questions:

8. When was it present?
9. How often did it happen?
10. When the symptom was present, how long did it last?
11. Do you find this distressing? How would you rate it from 0 (not distressing) to 6 (extremely distressing/terrifying). Please transfer the rating to the record form.
12. Does it interfere with your usual activities? How would you rate the level of interference with your usual activities for 0 (no interference) to 6 (complete interference), unable to do anything when it occurs. Please transfer the rating to the record form.

7: EROTOMANIC IDEAS

	0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but not psychotic	6 Psychotic and very severe
Intensity	No erotomanic ideas.	Erotomanic ideas that could be reality-based such as attributing flirtatiousness when other is merely friendly.	Erotomanic ideas beyond what might be expected by the average person but within cultural norms, such as attribution of affection to others (e.g. a crush).	Erotomanic ideas beyond cultural norms that may be plausible (may have some logical evidence), such as notions about love or adoration from others. Experiences seem meaningful. Seems (to the person) most likely imaginary.	Erotomanic ideas beyond cultural norms with the sense that they may be real. Although theoretically possible, ideas have arisen without logical evidence, such as suspected love or adoration from others.	Erotomanic ideas beyond cultural norms that seem real despite lack of evidence, such as improbable beliefs about love or adoration from others.	Erotomanic ideas beyond cultural norms that feel completely real despite evidence to the contrary, such as highly improbable beliefs about love or adoration from others.
Conviction	No conviction of erotomanic ideas.	Spontaneously rejects erotomanic ideas.	If within cultural norms, may defend erotomanic ideas. Otherwise, self-generates scepticism with very little effort.	Self-generates doubt or scepticism about erotomanic ideas with little effort.	Able to self-generate doubt or scepticism about erotomanic ideas with effort.	Doubt or scepticism about erotomanic ideas can only be induced when challenged by others.	Erotomanic ideas held with delusional conviction: no doubt, scepticism cannot be induced.
Distress	No distress from erotomanic ideas.	May have minor concerns from erotomanic ideas but not distressing.	May have some unease from erotomanic ideas but not distressing.	May have sense of apprehension from erotomanic ideas or may be somewhat distressing.	Erotomanic ideas may be preoccupying or distressing.	Erotomanic ideas may be disturbing or severely distressing.	Erotomanic ideas may be enraging or extremely distressing.
Interference	No interference by erotomanic ideas.	Erotomanic ideas do not affect other thoughts, feelings, social relations, or behaviour.	Erotomanic ideas may affect but do not interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Erotomanic ideas may slightly interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Erotomanic ideas may somewhat interfere with other thoughts, feelings, or social relations. Behaviour may be slightly affected.	Erotomanic ideas may clearly interfere with other thoughts, feelings, or social relations. Behaviour may be somewhat affected.	Erotomanic ideas may significantly interfere with other thoughts, feelings, or social relations. Behaviour may be clearly affected.

7: FREQUENCY SCALE – EROTOMANIC IDEAS

0	1	2	3	4	5	6
Absent.	Less than one day a month.	One day a month to two days a week – less than one hour a day.	One day a month to two days a week – more than one hour a day or 3–6 days a week – less than one hour a day.	3–6 days a week – more than one hour a day or daily – less than one hour a day.	Daily – more than one hour per day or several times a day.	Continuous.

8: GRANDIOSITY

QUESTIONS

1. Have you been feeling that you are especially important in some way, or that you have gifts or special powers to do things that other people can't do?
2. Have you ever behaved without regard to negative consequences? For example, do you ever go on excessive spending sprees that you can't afford?
3. Do people ever tell you that your plans or goals are unrealistic? What are these plans or goals? How do you imagine accomplishing them?
4. Do you ever think of yourself as a famous or particularly important person?
5. Have you had the sense that you are often the centre of people's attention?

Symptom Present: If symptom is present, please ask the following questions:

6. When was it present?
7. How often did it happen?
8. When the symptom was present, how long did it last?
9. Do you find this distressing? How would you rate it from 0 (not distressing) to 6 (extremely distressing/terrifying). Please transfer the rating to the record form.
10. Does it interfere with your usual activities? How would you rate the level of interference with your usual activities for 0 (no interference) to 6 (complete interference), unable to do anything when it occurs. Please transfer the rating to the record form.

8: GRANDIOSITY

	0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but not psychotic	6 Psychotic and very severe
Intensity	No grandiosity.	Grandiosity that could be reality-based such as private ideas of being better than others.	Grandiosity beyond what might be expected by the average person but within cultural norms, such as mostly private thoughts of particular aptitudes or skills.	Grandiosity beyond cultural norms that may be plausible (may have some logical evidence), such as notions of being unusually gifted; and/or has boastful speech.	Grandiosity beyond cultural norms with the sense that it may be real. Although theoretically possible, ideas have arisen without logical evidence, such as beliefs of talent, influence, and abilities.	Grandiosity beyond cultural norms that seems real despite lack of evidence, such as improbable beliefs of superior intellect, attractiveness, power, or fame.	Grandiosity beyond cultural norms that feels completely real despite evidence to the contrary, such as highly improbable beliefs about unique and special purpose, powers, or abilities.
Conviction	No conviction of grandiosity.	Spontaneously rejects grandiosity.	If within cultural norms, may defend grandiosity. Otherwise, self-generates scepticism with very little effort.	Self-generates doubt or scepticism about grandiosity with little effort.	Able to self-generate doubt or scepticism about grandiosity with effort.	Doubt or scepticism about grandiosity can only be induced when challenged by others.	Grandiosity held with delusional conviction: no doubt, scepticism cannot be induced.
Interference	No interference by grandiosity.	Grandiosity does not affect other thoughts, feelings, social relations, or behaviour.	Grandiosity may affect but does not interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Grandiosity may slightly interfere with other thoughts, feelings, or social relations, e.g. may have exaggerated expectations. Behaviour not affected.	Grandiosity may somewhat interfere with other thoughts, feelings, or social relations, e.g. may have unrealistic goals that may affect plans. Behaviour may be slightly affected.	Grandiosity may clearly interfere with other thoughts, feelings, or social relations, e.g. expectations of exceptional performance without preparation. Behaviour may be somewhat affected.	Grandiosity may significantly interfere with other thoughts, feelings, or social relations. Behaviour may be clearly affected, e.g. trying to board plane without ticket due to fame or importance.

8: FREQUENCY SCALE – GRANDIOSITY

0	1	2	3	4	5	6
Absent.	Less than one day a month.	One day a month to two days a week – less than one hour a day.	One day a month to two days a week – more than one hour a day or 3–6 days a week – less than one hour a day.	3–6 days a week – more than one hour a day or daily – less than one hour a day.	Daily – more than one hour per day or several times a day.	Continuous.

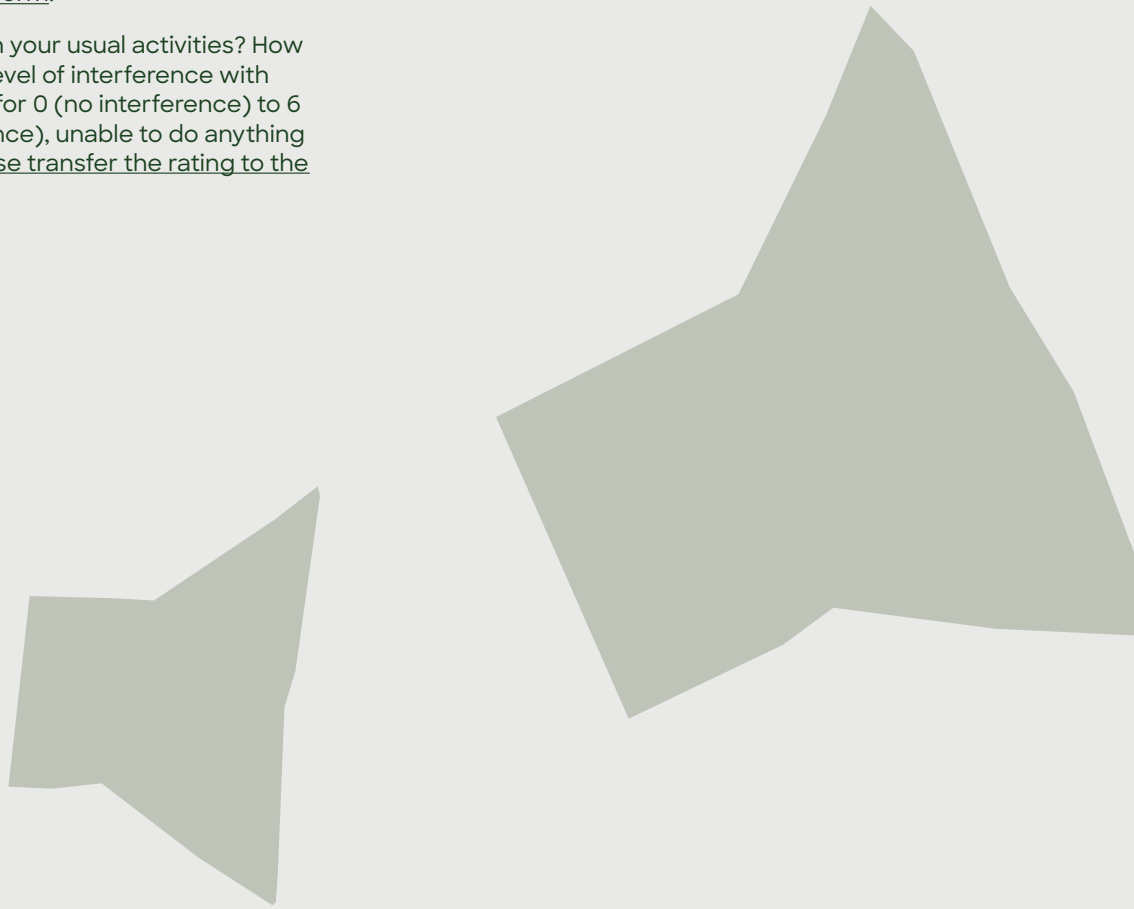
9: AUDITORY PERCEPTUAL ABNORMALITIES

QUESTIONS

1. Is there any change in the way things sound to you?
2. Do things somehow sound different or abnormal?
3. Have you been feeling more sensitive to sounds? Louder or softer?
4. Do you ever hear unusual sounds like banging, clicking, hissing, clapping, ringing in your ears?
5. Do you ever hear things that may not really be there?
6. Do you ever hear your own thoughts as if they are being spoken outside your head?
7. Do you ever hear a voice that others don't seem to or can't hear? Does it sound clearly like a voice speaking to you as I am now? Could it be your own thoughts or is it clearly a voice speaking out loud?

Symptom Present: If symptom is present, please ask the following questions:

8. When was it present?
9. How often did it happen?
10. When the symptom was present, how long did it last?
11. Do you find this distressing? How would you rate it from 0 (not distressing) to 6 (extremely distressing/terrifying). Please transfer the rating to the record form.
12. Does it interfere with your usual activities? How would you rate the level of interference with your usual activities for 0 (no interference) to 6 (complete interference), unable to do anything when it occurs. Please transfer the rating to the record form.



9: AUDITORY PERCEPTUAL ABNORMALITIES

	0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but not psychotic	6 Psychotic and very severe
Intensity	No unusual auditory perceptual experiences or abnormalities.	Auditory perceptual experiences that gain more than usual attention, or momentarily misidentifying one common sound for another, such as the distant sound of a dog barking for a baby crying.	Auditory perceptual experiences such as sensitivity changes e.g. heightened or dulled sounds. Hypnagogic or hypnopompic auditory experiences. Or auditory illusions slightly different from actual stimulus. Or auditory experiences beyond what might be expected by the average person but within cultural norms.	Auditory perceptual abnormalities in absence of actual stimulus with no discernible words such as indistinct murmuring or whispering. Or auditory illusions or distortions in quality of sounds that are unusual and significantly different from actual stimulus.	Auditory perceptual abnormalities in absence of actual stimulus with some discernible words such as name being called, phone ringing, but no complex content, or loud internal thoughts that could be perceived as a voice.	Auditory perceptual abnormalities in absence of actual stimulus with fully discernible words and sentences but lacking the quality of a true perception, e.g. can explain a difference from a real voice, or loud internal thoughts that are mostly perceived as a voice.	Auditory perceptual abnormalities that have the quality of a true perception, person gives a vivid description, e.g. sounds exactly like a real voice. Could be located inside or outside the body.
Source	No source for auditory perceptual experiences or abnormalities.	Recognised as ordinary.	Confident it is their own thoughts and experiences. Or if within cultural norms, may defend auditory experiences.	Perceived as probably not real and person is not clear if it's their own thoughts and experiences.	Perceived as possibly real and may, or may not be distinct from person's own thoughts and experiences.	Perceived as seeming real and mostly distinct from the person's own thoughts and experiences.	Perceived as completely real and clearly distinct from the person's own thoughts and experiences.
Distress	No distress from auditory perceptual experiences or abnormalities.	May have minor concerns from auditory perceptual experiences or abnormalities but not distressing.	May have some unease from auditory perceptual experiences or abnormalities but not particularly distressing.	May have sense of apprehension from auditory perceptual abnormalities or may be somewhat distressing.	Auditory perceptual abnormalities may be preoccupying or distressing.	Auditory perceptual abnormalities may be disturbing or severely distressing.	Auditory perceptual abnormalities may be frightening or extremely distressing.
Interference	No interference by auditory perceptual experiences or abnormalities.	Auditory perceptual experiences do not affect other thoughts, feelings, social relations, or behaviour.	Auditory perceptual experiences may affect but do not interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Auditory perceptual abnormalities may slightly interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Auditory perceptual abnormalities may somewhat interfere with other thoughts, feelings, or social relations. Behaviour may be slightly affected.	Auditory perceptual abnormalities may clearly interfere with other thoughts, feelings, or social relations. Behaviour may be somewhat affected.	Auditory perceptual abnormalities may significantly interfere with other thoughts, feelings, or social relations. Behaviour may be clearly affected.

9: FREQUENCY SCALE – AUDITORY PERCEPTUAL ABNORMALITIES

0	1	2	3	4	5	6
Absent.	Less than one day a month.	One day a month to two days a week – less than one hour a day.	One day a month to two days a week – more than one hour a day or 3–6 days a week – less than one hour a day.	3–6 days a week – more than one hour a day or daily – less than one hour a day.	Daily – more than one hour per day or several times a day.	Continuous.

10: VISUAL PERCEPTUAL ABNORMALITIES

QUESTIONS

1. Do you ever feel your eyes are playing tricks on you?
2. Do you seem to feel more sensitive to light or do things that you see appear different in colour, brightness or dullness; or have they changed in some other way? Are there alterations in the size and shape of objects? Do they seem to be moving?
3. Have you ever seen unusual things like flashes, flames, vague figures, shadows, or movement out of the corner of your eye?
4. Do you ever think you see people, animals, or things that others don't seem to or can't see? At the time that you see these things, how real do they seem?
5. Do you ever "mis-see" things?

Symptom Present: If symptom is present, please ask the following questions:

6. When was it present?
7. How often did it happen?
8. When the symptom was present, how long did it last?
9. Do you find this distressing? How would you rate it from 0 (not distressing) to 6 (extremely distressing/terrifying). Please transfer the rating to the record form.
10. Does it interfere with your usual activities? How would you rate the level of interference with your usual activities for 0 (no interference) to 6 (complete interference), unable to do anything when it occurs. Please transfer the rating to the record form.

10: VISUAL PERCEPTUAL ABNORMALITIES

	0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but not psychotic	6 Psychotic and very severe
Intensity	No unusual visual perceptual experiences or abnormalities.	Visual perceptual experiences that are not unusual but gain more than usual attention, or momentarily misidentifying one common object for another in peripheral vision.	Visual perceptual experiences such as shadows or sensitivity changes e.g. heightened or dulled colours. Hypnagogic or hypnopompic visual experiences. Or visual illusions slightly different from actual stimulus. Or visual experiences beyond what might be expected by the average person but within cultural norms.	Visual perceptual abnormalities in absence of actual stimulus with no discernible physical features such as a flash of movement or fuzzy undefined shape. Or visual illusions that are unusual and significantly different from actual stimulus.	Visual perceptual abnormalities in absence of actual stimulus with some discernible physical features such as ill-defined but identifiable figures or objects.	Visual perceptual abnormalities in absence of actual stimulus with fully discernible physical features but lacking the quality of a true perception, e.g. can explain a difference from a real person, creature, or object.	Visual perceptual abnormalities in absence of actual stimulus that have the quality of a true perception, person gives a vivid description, e.g. looks exactly like a real person, creature, or object.
Source	No source for visual perceptual experiences or abnormalities.	Recognised as ordinary.	Confident it is their own imagination. Or if within cultural norms, may defend visual experiences.	Perceived as probably not real and person is not clear if it's their own imagination.	Perceived as possibly real and may, or may not be distinct from person's own imagination.	Perceived as seeming real and mostly distinct from the person's own imagination.	Perceived as completely real and clearly distinct from the person's own imagination.
Distress	No distress from visual perceptual experiences or abnormalities.	May have minor concerns from visual perceptual experiences or abnormalities but not distressing.	May have some unease from visual perceptual experiences or abnormalities but not particularly distressing.	May have sense of apprehension from visual perceptual abnormalities or may be somewhat distressing.	Visual perceptual abnormalities may be preoccupying or distressing.	Visual perceptual abnormalities may be disturbing or severely distressing.	Visual perceptual abnormalities may be frightening or extremely distressing.
Interference	No interference by visual perceptual experiences or abnormalities.	Visual perceptual experiences do not affect other thoughts, feelings, social relations, or behaviour.	Visual perceptual experiences may affect but do not interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Visual perceptual abnormalities may slightly interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Visual perceptual abnormalities may somewhat interfere with other thoughts, feelings, or social relations. Behaviour may be slightly affected.	Visual perceptual abnormalities may clearly interfere with other thoughts, feelings, or social relations. Behaviour may be somewhat affected.	Visual perceptual abnormalities may significantly interfere with other thoughts, feelings, or social relations. Behaviour may be clearly affected.

10: FREQUENCY SCALE – VISUAL PERCEPTUAL ABNORMALITIES

0	1	2	3	4	5	6
Absent.	Less than one day a month.	One day a month to two days a week – less than one hour a day.	One day a month to two days a week – more than one hour a day or 3–6 days a week – less than one hour a day.	3–6 days a week – more than one hour a day or daily – less than one hour a day.	Daily – more than one hour per day or several times a day.	Continuous.

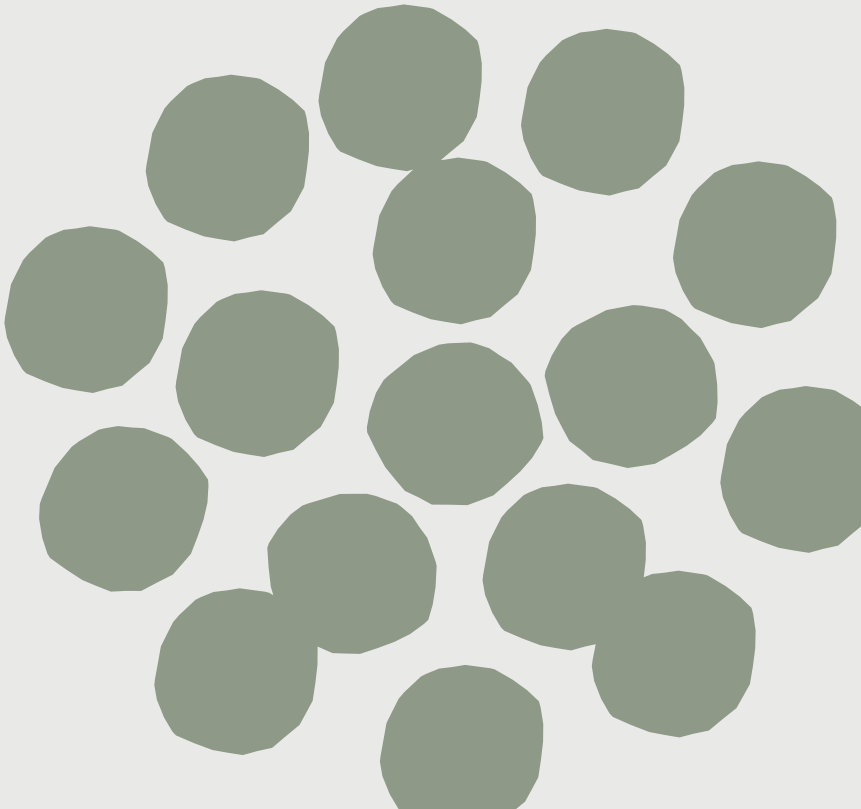
11: OLFACTORY PERCEPTUAL ABNORMALITIES

QUESTIONS:

1. Does your sense of smell seem to be different, such as more, or less intense, than usual?
2. Do you ever smell things that other people don't notice? At the time that you smell these things, how real do they seem?

Symptom Present: If symptom is present, please ask the following questions:

3. How often did it happen?
4. When the symptom was present, how long did it last?
5. Do you find this distressing? How would you rate it from 0 (not distressing) to 6 (extremely distressing/terrifying). Please transfer the rating to the record form.
6. Does it interfere with your usual activities? How would you rate the level of interference with your usual activities for 0 (no interference) to 6 (complete interference), unable to do anything when it occurs. Please transfer the rating to the record form.



11: OLFACTORY PERCEPTUAL ABNORMALITIES

	0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but not psychotic	6 Psychotic and very severe
Intensity	No unusual olfactory experiences or abnormalities.	Olfactory perceptual experiences that are not unusual but gain more than usual attention, such as someone walking by smelling unclean.	Olfactory perceptual experiences such as odour changes, e.g. developing a stronger sense of smell. Hypnagogic or hypnopompic odours. Or odours beyond what might be expected by the average person but within cultural norms.	Olfactory perceptual abnormalities in absence of actual stimulus with only vague discernible features, such as a sweet odour that is not identifiable as the odour of a specific sweet object. Or odour illusions that are unusual and significantly different from actual stimulus.	Olfactory perceptual abnormalities in absence of actual stimulus with some discernible features i.e. an ill-defined but identifiable odour, such as the smell of sea air and salt water.	Olfactory perceptual abnormalities in absence of actual stimulus with fully discernible features but lacking the quality of a true perception, i.e. can explain a difference from a real odour and give a detailed but not vivid description, such as a smell resembling body or animal odour.	Olfactory perceptual abnormalities in absence of actual stimulus that have the quality of a true perception, i.e. smells exactly like a real odour and gives a vivid description such as smelling the odour of rotting flesh clinging to their clothes.
Source	No source for olfactory perceptual experiences or abnormalities.	Recognised as ordinary.	Confident it is their own imagination. Or if within cultural norms, may defend olfactory perceptual experiences.	Perceived as probably not real and person is not clear if it's their own imagination.	Perceived as possibly real and may, or may not be distinct from person's own imagination.	Perceived as seeming real and mostly distinct from the person's own imagination.	Perceived as completely real and clearly distinct from the person's own imagination.
Distress	No distress from olfactory perceptual experiences or abnormalities.	May have minor concerns from olfactory perceptual experiences or abnormalities but not distressing.	May have some unease from olfactory perceptual experiences or abnormalities but not particularly distressing.	May have sense of apprehension from olfactory perceptual abnormalities or may be somewhat distressing.	Olfactory perceptual abnormalities may be preoccupying or distressing.	Olfactory perceptual abnormalities may be disturbing or severely distressing.	Olfactory perceptual abnormalities may be frightening or extremely distressing.
Interference	No interference by olfactory perceptual experiences or abnormalities.	Olfactory perceptual experiences do not affect other thoughts, feelings, social relations, or behaviour.	Olfactory perceptual experiences may affect but do not interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Olfactory perceptual abnormalities may slightly interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Olfactory perceptual abnormalities may somewhat interfere with other thoughts, feelings, or social relations. Behaviour may be slightly affected.	Olfactory perceptual abnormalities may clearly interfere with other thoughts, feelings, or social relations. Behaviour may be somewhat affected.	Olfactory perceptual abnormalities may significantly interfere with other thoughts, feelings, or social relations. Behaviour may be clearly affected.

11: FREQUENCY SCALE – OLFACTORY PERCEPTUAL ABNORMALITIES

0	1	2	3	4	5	6
Absent.	Less than one day a month.	One day a month to two days a week – less than one hour a day.	One day a month to two days a week – more than one hour a day or 3–6 days a week – less than one hour a day.	3–6 days a week – more than one hour a day or daily – less than one hour a day.	Daily – more than one hour per day or several times a day.	Continuous.

12: GUSTATORY PERCEPTUAL ABNORMALITIES

QUESTIONS:

1. Does your sense of taste seem to be different, such as more, or less intense, than usual?

2. Do you ever get any odd tastes in your mouth? At the time that you taste these things, how real do they seem?

Symptom Present: If symptom is present, please ask the following questions:

3. When was it present?

4. How often did it happen?

5. When the symptom was present, how long did it last?

6. Do you find this distressing? How would you rate it from 0 (not distressing) to 6 (extremely distressing/terrifying). Please transfer the rating to the record form.

7. Does it interfere with your usual activities? How would you rate the level of interference with your usual activities for 0 (no interference) to 6 (complete interference), unable to do anything when it occurs. Please transfer the rating to the record form.

12: GUSTATORY PERCEPTUAL ABNORMALITIES

	0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but not psychotic	6 Psychotic and very severe
Intensity	No unusual gustatory experiences or abnormalities.	Gustatory perceptual experiences that are not unusual but gain more than usual attention such as a taste of tooth decay.	Gustatory perceptual experiences such as taste change, e.g. developing a stronger sense of taste. Hypnagogic or hypnopompic tastes. Or tastes beyond what might be expected by the average person but within cultural norms.	Gustatory perceptual abnormalities in absence of actual stimulus with only vague discernible features, such as a sweet or sour taste that is not identifiable as any specific sweet or sour flavour. Or gustatory illusions that are unusual and significantly different from actual stimulus such as water that seems tainted.	Gustatory perceptual abnormalities in absence of actual stimulus with some discernible features i.e. an ill-defined but identifiable taste such as a metallic taste.	Gustatory perceptual abnormalities in absence of actual stimulus with fully discernible features but lacking the quality of a true perception, i.e. can explain a difference from a real taste and gives a detailed but not vivid description, such as a taste resembling blood or spoiled food.	Gustatory perceptual abnormalities in absence of actual stimulus that have the quality of a true perception, i.e. tastes exactly like a real taste and gives a vivid description such as tasting rotten flesh or faeces.
Source	No source for gustatory perceptual experiences or abnormalities.	Recognised as ordinary.	Confident it is their own imagination. Or if within cultural norms, may defend gustatory perceptual experiences.	Perceived as probably not real and person is not clear if it's their own imagination.	Perceived as possibly real and may, or may not be distinct from person's own imagination.	Perceived as seeming real and mostly distinct from the person's own imagination.	Perceived as completely real and clearly distinct from the person's own imagination.
Distress	No distress from gustatory perceptual experiences or abnormalities.	May have minor concerns from gustatory perceptual experiences or abnormalities but not distressing.	May have some unease from gustatory perceptual experiences or abnormalities but not particularly distressing.	May have sense of apprehension from gustatory perceptual abnormalities or may be somewhat distressing.	Gustatory perceptual abnormalities may be preoccupying or distressing.	Gustatory perceptual abnormalities may be disturbing or severely distressing.	Gustatory perceptual abnormalities may be frightening or extremely distressing.
Interference	No interference by gustatory perceptual experiences or abnormalities.	Gustatory perceptual experiences do not affect other thoughts, feelings, social relations, or behaviour.	Gustatory perceptual experiences may affect but do not interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Gustatory perceptual abnormalities may slightly interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Gustatory perceptual abnormalities may somewhat interfere with other thoughts, feelings, or social relations. Behaviour may be slightly affected.	Gustatory perceptual abnormalities may clearly interfere with other thoughts, feelings, or social relations. Behaviour may be somewhat affected.	Gustatory perceptual abnormalities may significantly interfere with other thoughts, feelings, or social relations. Behaviour may be clearly affected.

12: FREQUENCY SCALE (GUSTATORY PERCEPTUAL ABNORMALITIES)

0	1	2	3	4	5	6
Absent.	Less than one day a month.	One day a month to two days a week – less than one hour a day.	One day a month to two days a week – more than one hour a day or 3–6 days a week – less than one hour a day.	3–6 days a week – more than one hour a day or daily – less than one hour a day.	Daily – more than one hour per day or several times a day.	Continuous.

13: TACTILE PERCEPTUAL ABNORMALITIES

QUESTIONS:

1. Do you ever get strange feelings on, or just beneath, your skin? At the time that you feel these things, how real do they seem?

2. Have you noticed any unusual bodily sensations such as tingling, pulling, pressure, aches, burning, cold, numbness, vibrations, electricity or pain?

Symptom Present: If symptom is present, please ask the following questions:

3. When was it present?

4. How often did it happen?

5. When the symptom was present, how long did it last?

6. Do you find this distressing? How would you rate it from 0 (not distressing) to 6 (extremely distressing/terrifying). Please transfer the rating to the record form.

7. Does it interfere with your usual activities? How would you rate the level of interference with your usual activities for 0 (no interference) to 6 (complete interference), unable to do anything when it occurs. Please transfer the rating to the record form.

13: TACTILE PERCEPTUAL ABNORMALITIES

	0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but not psychotic	6 Psychotic and very severe
Intensity	No unusual tactile experiences or abnormalities.	Tactile perceptual experiences that are not unusual but gain more than usual attention such as awareness of physical contact in a crowd or on public transport.	Tactile perceptual experiences such as tactile changes, e.g. feels an air current or shiver down the spine. Hypnagogic or hypnopompic tactile sensations. Or tactile sensations beyond what might be expected by the average person but within cultural norms.	Tactile perceptual abnormalities in absence of actual stimulus with only vague discernible features, such feels the brush on their arm skin feeling tingly or prickly or warm or cold. Or tactile illusions that are unusual and significantly different from actual stimulus.	Tactile perceptual abnormalities in absence of actual stimulus with some discernible features such as ill-defined but identifiable tactile sensation, such as pinpricks or stroking their hair or touching a part of their body.	Tactile perceptual abnormalities in absence of actual stimulus with fully discernible features but lacking the quality of a true perception, i.e. can explain a difference from a real tactile sensation and give a detailed but not vivid description, such as a feeling resembling bugs crawling over their skin or someone gripping or holding a body part or needles penetrating their skin.	Tactile perceptual abnormalities in absence of actual stimulus that have the quality of a true perception, i.e. feels exactly like a real tactile sensation and provides a vivid description such as feeling someone having sex with them or feeling their skin being pulled over their head.
Source	No source for tactile perceptual experiences or abnormalities.	Recognised as ordinary.	Confident it is their own imagination. Or if within cultural norms, may defend tactile perceptual experiences.	Perceived as probably not real and person is not clear if it's their own imagination.	Perceived as possibly real and may, or may not be distinct from person's own imagination.	Perceived as seeming real and mostly distinct from the person's own imagination.	Perceived as completely real and clearly distinct from the person's own imagination.
Distress	No distress from tactile perceptual experiences or abnormalities.	May have minor concerns from tactile perceptual experiences or abnormalities but not distressing.	May have some unease from tactile perceptual experiences or abnormalities but not particularly distressing.	May have sense of apprehension from tactile perceptual abnormalities or may be somewhat distressing.	Tactile perceptual abnormalities may be preoccupying or distressing.	Tactile perceptual abnormalities may be disturbing or severely distressing.	Tactile perceptual abnormalities may be frightening or extremely distressing.
Interference	No interference by tactile perceptual experiences or abnormalities.	Tactile perceptual experiences do not affect other thoughts, feelings, social relations, or behaviour.	Tactile perceptual experiences may affect but do not interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Tactile perceptual abnormalities may slightly interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Tactile perceptual abnormalities may somewhat interfere with other thoughts, feelings, or social relations. Behaviour may be slightly affected.	Tactile perceptual abnormalities may clearly interfere with other thoughts, feelings, or social relations. Behaviour may be somewhat affected.	Tactile perceptual abnormalities may significantly interfere with other thoughts, feelings, or social relations. Behaviour may be clearly affected.

13: FREQUENCY SCALE (TACTILE PERCEPTUAL ABNORMALITIES)

0	1	2	3	4	5	6
Absent.	Less than one day a month.	One day a month to two days a week – less than one hour a day.	One day a month to two days a week – more than one hour a day or 3–6 days a week – less than one hour a day.	3–6 days a week – more than one hour a day or daily – less than one hour a day.	Daily – more than one hour per day or several times a day.	Continuous.

14: SOMATIC PERCEPTUAL ABNORMALITIES

QUESTIONS:

1. Do you ever get strange feelings in your body?
2. Do you ever feel that parts of your body have changed in some way, or that things are working differently?
3. Do you feel or think that there is a problem with some part, or all of your body?
4. Do you feel or think that it looks different to others, or is different in some way? How real does it seem?

Symptom Present: If symptom is present, please ask the following questions:

5. When was it present?
6. How often did it happen?
7. When the symptom was present, how long did it last?
8. Do you find this distressing? How would you rate it from 0 (not distressing) to 6 (extremely distressing/terrifying). Please transfer the rating to the record form.
9. Does it interfere with your usual activities? How would you rate the level of interference with your usual activities for 0 (no interference) to 6 (complete interference), unable to do anything when it occurs. Please transfer the rating to the record form.

14: SOMATIC PERCEPTUAL ABNORMALITIES

	0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but not psychotic	6 Psychotic and very severe
Intensity	No unusual somatic experiences or abnormalities.	Somatic perceptual experiences that are not unusual but gain more than usual attention, such as a feeling of bloatedness.	Somatic perceptual experiences beyond what might be expected by the average person but within cultural norms, such as feeling heat inside the body. Hypnagogic or hypnopompic somatic sensations.	Somatic perceptual abnormalities in absence of actual stimulus with only vague discernible features, such as a feeling that their organs are swollen or itchy, feeling blood coursing through veins. Or somatic illusions that are unusual and significantly different from actual stimulus.	Somatic perceptual abnormalities in absence of actual stimulus with some discernible features i.e. ill-defined but identifiable sensations, such as feeling their organs moving around inside their body, feeling organs are distorted, feeling electricity inside the body.	Somatic perceptual abnormalities in absence of actual stimulus with fully discernible features but lacking the quality of a true perception, i.e. can explain a difference from a real sensation and give a detailed but not vivid description, such feeling of being touched inside the body or that their organs are diseased or stretched over each other, altered, or transformed.	Somatic perceptual abnormalities in absence of actual stimulus that have the quality of a true perception, i.e. feels exactly like a real sensation, and gives a vivid description such as feeling snakes moving inside the body and invading organs, feeling aliens inside the stomach.
Source	No source for somatic perceptual experiences or abnormalities.	Recognised as ordinary.	Confident it is their own imagination. Or if within cultural norms, may defend somatic perceptual experiences.	Perceived as probably not real and person is not clear if it's their own imagination.	Perceived as possibly real and may, or may not be distinct from person's own imagination.	Perceived as seeming real and mostly distinct from the person's own imagination.	Perceived as completely real and clearly distinct from the person's own imagination.
Distress	No distress from somatic perceptual experiences or abnormalities.	May have minor concerns from somatic perceptual experiences or abnormalities but not distressing.	May have some unease from somatic perceptual experiences or abnormalities but not particularly distressing.	May have sense of apprehension from somatic perceptual abnormalities or may be somewhat distressing.	Somatic perceptual abnormalities may be preoccupying or distressing.	Somatic perceptual abnormalities may be disturbing or severely distressing.	Somatic perceptual abnormalities may be frightening or extremely distressing.
Interference	No interference by somatic perceptual experiences or abnormalities.	Somatic perceptual experiences do not affect other thoughts, feelings, social relations, or behaviour.	Somatic perceptual experiences may affect but do not interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Somatic perceptual abnormalities may slightly interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Somatic perceptual abnormalities may somewhat interfere with other thoughts, feelings, or social relations. Behaviour may be slightly affected.	Somatic perceptual abnormalities may clearly interfere with other thoughts, feelings, or social relations. Behaviour may be somewhat affected.	Somatic perceptual abnormalities may significantly interfere with other thoughts, feelings, or social relations. Behaviour may be clearly affected.

14: FREQUENCY SCALE (SOMATIC PERCEPTUAL ABNORMALITIES)

0	1	2	3	4	5	6
Absent.	Less than one day a month.	One day a month to two days a week – less than one hour a day.	One day a month to two days a week – more than one hour a day or 3–6 days a week – less than one hour a day.	3–6 days a week – more than one hour a day or daily – less than one hour a day.	Daily – more than one hour per day or several times a day.	Continuous.

15: DISORGANISED COMMUNICATION EXPRESSION

QUESTIONS FOR SUBJECTIVE CHANGE

1. Do you notice any difficulties with your speech, or ability to communicate with others?
2. Do you have trouble finding the correct word at the appropriate time?
3. Do other people ever seem to have difficulty in understanding what you are trying to say, or do you have trouble getting your message across?
4. Do you have any difficulties getting your point across, such as finding yourself rambling or going off track when you talk? Are you aware of it or do people have to point it out to you?
5. Do you ever have to use gesture or mime to communicate due to trouble getting your message across? How bad is this?

QUESTIONS FOR OBJECTIVE CHANGE

1. Is it difficult to follow what the subject is saying at times due to using incorrect words, being circumstantial or tangential?
2. Is the subject vague, overly abstract or concrete?
3. Do they repeat words that you have used or adopt strange words (or 'non-words') in the course of regular conversation?

Symptom Present: If either subjective or objective symptoms are present, please ask the following questions:

- When was it present?
- How often did it happen?
- When the symptom was present, how long did it last?
- Do you find this distressing? How would you rate it from 0 (not distressing) to 6 (extremely distressing/terrifying). Please transfer the rating to the record form.
- Does it interfere with your usual activities? How would you rate the level of interference with your usual activities for 0 (no interference) to 6 (complete interference), unable to do anything when it occurs. Please transfer the rating to the record form.

15: DISORGANISED COMMUNICATION EXPRESSION

	0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but not psychotic	6 Psychotic and very severe
Intensity	No disorganised communication.	Disorganised communication such as a word or phrase that is awkward or hesitant. Overuse of jargon. Usually self-report only.	Disorganised communication such as speech that is slightly vague, over-elaborate or repeated use of one or more unusual or idiosyncratic words. Can be self-report only.	Disorganised communication such as incorrect words, irrelevant topics, brief observed circumstantiality (goes off track but readily gets to the point). Must be observed.	Disorganised communication such as observed prolonged circumstantial speech (goes off track but eventually gets to the point). Difficulty directing sentences toward a goal. Sudden pauses.	Disorganised communication such as observed tangential speech (i.e. never getting to the point). Some loosening of associations or some blocking.	Disorganised communication such as observed completely loose associations, derailment, irrelevant, internally inconsistent, echolalic, or blocked or unintelligible speech.
self-correction	No need to self-correct disorganised communication.	If observed, always aware of difficulty and seeks to be better understood.	If observed, usually aware of the difficulty and seeks to be better understood.	Does not self-correct most unusual words. Or goes off track, but redirects on own.	Can be redirected with occasional questions and structuring.	Requires frequent prompts or questions or other structuring to reorient.	Not responsive to structuring of the interview.
Distress	No distress from disorganised communication.	May have minor concerns from disorganised communication but not distressing.	May have some unease from disorganised communication but not distressing.	May have sense of apprehension from disorganised communication or may be somewhat distressing.	Disorganised communication may be preoccupying or distressing.	Disorganised communication may be disturbing or severely distressing.	Disorganised communication may be frightening or extremely distressing.
Interference	No interference by disorganised communication.	Disorganised communications do not affect other thoughts, feelings, social relations, or behaviour.	Disorganised communication may affect but do not interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Disorganised communication may slightly interfere with other thoughts, feelings, or social relations. Behaviour not affected.	Disorganised communication may somewhat interfere with other thoughts, feelings, or social relations. Behaviour may be slightly affected.	Disorganised communication may clearly interfere with other thoughts, feelings, or social relations. Behaviour may be somewhat affected.	Disorganised communication may significantly interfere with other thoughts, feelings, or social relations. Behaviour may be clearly affected.

15: FREQUENCY SCALE DISORGANISED COMMUNICATION EXPRESSION

0	1	2	3	4	5	6
Absent.	Less than one day a month.	One day a month to two days a week – less than one hour a day.	One day a month to two days a week – more than one hour a day or 3–6 days a week – less than one hour a day.	3–6 days a week – more than one hour a day or daily – less than one hour a day.	Daily – more than one hour per day or several times a day.	Continuous.

SOCIAL AND OCCUPATIONAL FUNCTIONING ASSESSMENT SCALE (SOFAS)[1].

Consider social and occupational functioning on a continuum from excellent functioning to grossly impaired functioning. Include impairments in functioning due to physical limitations, as well as due to mental impairments.

To be counted, impairment must be a direct consequence of mental and physical health problems: the effects of lack of opportunity and other environmental limitations are not to be considered.

Rating	
0	Inadequate information.
1 – 10	Persistent inability to maintain minimal personal hygiene. Unable to function without harming self or others without considerable external support (e.g. nursing care and supervision).
11– 20	Occasionally fails to maintain minimal personal hygiene. Unable to function independently.
21 – 30	Inability to function in almost all areas (e.g. stays in bed all say, no job, home or friends).
31 – 40	Major impairment in several areas such as work or school, family relations (e.g. depressed man avoids friends, neglects family and is unable to work, child frequently beats up younger children, is defiant at home, and is failing school).
41 – 50	Serious impairment in social, occupational, or school functioning (e.g. no friends, unable to keep a job).
51 – 60	Moderate difficulty in social, occupational or school functioning (e.g. few friends, conflicts with peers, co-workers).
61 – 70	Some difficulty in social, occupational or school functioning, but generally functioning well, has some meaningful interpersonal relationships.
71– 80	No more than a slight impairment in social, occupational, or school functioning (e.g. infrequent interpersonal conflict, temporarily falling behind in schoolwork).
81– 90	Good functioning in all areas, occupational and socially effective.
91 – 100	Superior functioning in a wide range of activities.

SOFAS Score: _____

UHR CRITERIA CHECKLIST

GROUP 1: VULNERABILITY GROUP

These criteria identifies people at risk of psychosis due to the combination of a trait risk factor and a significant deterioration in mental state and/or functioning.

	YES	NO
Family history of psychosis in first degree relative or schizotypal personality disorder in identified client.	☐	☐
plus		
30 per cent drop in SOFAS score from premorbid level, sustained for a month, occurred within past 12 months. or SOFAS score of 50 or less for past 12 months or longer.	☐	☐
Criteria met for group 1: Vulnerability group	☐	☐

GROUP 2: ATTENUATED PSYCHOSIS GROUP

These criteria identifies young people at risk of psychosis due to a subthreshold psychotic syndrome. That is, they have symptoms which do not reach threshold levels for psychosis due to subthreshold severity (the symptoms are not severe enough) or they have psychotic symptoms but at a subthreshold frequency (the symptoms do not occur often enough).

2a) Subthreshold severity (Attenuated psychotic symptoms, APS 2a):

	YES	NO
Overall Severity Rating of 3–5 on one or more of the 15 positive symptom(s) of the CAARMS.	☐	☐
plus		
Frequency Rating of 3–6 for the corresponding positive symptom(s).	☐	☐
plus Duration for at least a week within the past year.	☐	☐
2b) Subthreshold frequency (APS 2b):		
Overall Severity Rating of 6 on one or more of the 15 positive symptom(s) of the CAARMS.		
plus		
Frequency Rating of 3 for the corresponding positive symptom(s) that rated 6 and above.	☐	☐
plus Duration for at least a week within the past year.	☐	☐
Criteria met for group 2: Attenuated psychosis group	☐	☐

GROUP 3: BRIEF INTERMITTENT PSYCHOTIC SYMPTOMS (BLIPS) GROUP

These criteria identifies young people at risk of psychosis due to a recent history of frank psychotic symptoms that resolved spontaneously (without antipsychotic medication) within one week.

	YES	NO
Overall Severity Rating of 6 on one or more of the 15 positive symptom(s) of the CAARMS.	☐	☐
plus		
Frequency Rating of 4–6 on at least one of the positive symptom(s) that rated 6 above.	☐	☐
plus		
Each episode of symptoms is present for less than one week and symptoms spontaneously remit on every occasion.	☐	☐
plus		
Symptoms occurred during last year.	☐	☐
Criteria met for group 3: BLIPS group	☐	☐

PSYCHOSIS THRESHOLD

FIRST EPISODE PSYCHOSIS INCLUSION CRITERIA

	YES	NO
Overall Severity Rating of 6 on one or more of the 15 positive symptom(s) of the CAARMS.	☐	☐
plus		
Frequency Rating of greater than or equal to 4 on at least one of the positive symptom(s) that rated 6 above.	☐	☐
plus		
Symptoms present for longer than one week.	☐	☐
or		
Overall Severity rating of 6 on one or more of the 15 positive symptoms of the CAARMS	☐	☐
plus		
Symptom(s) while rated 6 was imminently dangerous (physically or to personal dignity or to social/family networks)	☐	☐
Psychosis threshold met	☐	☐

UHR groups for severity and frequency combinations

Frequency	Severity of positive symptoms						
	0	1	2	3	4	5	6
0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1	N/A	Below threshold	Below threshold	Below threshold	Below threshold	Below threshold	Below threshold
2	N/A	Below threshold	Below threshold	Below threshold	Below threshold	Below threshold	Below threshold
3	N/A	Below threshold	Below threshold	APS 2a	APS 2a	APS 2a	APS 2b
4	N/A	Below threshold	Below threshold	APS 2a	APS 2a	APS 2a	BLIPS*
5	N/A	Below threshold	Below threshold	APS 2a	APS 2a	APS 2a	BLIPS*
6	N/A	Below threshold	Below threshold	APS 2a	APS 2a	APS 2a	BLIPS*

APS 2a is Attenuated psychosis group with subthreshold severity

APS 2b is Attenuated Psychosis group with subthreshold frequency

BLIPS is Brief Limited Intermittent Psychosis group

Duration
For 2a and 2b duration is at least one week.

*For BLIPS duration – must resolve spontaneously with 7 days.

Recency
All categories – must have occurred in the last year.

References

1. Yung AR, Yuen HP, McGorry PD, Phillips LJ, Kelly D, Dell'Olio M, et al. Mapping the onset of psychosis: the Comprehensive Assessment of At-Risk Mental States, Aust N Z J Psychiatry. 2005; 39:964-971.
2. Miller TJ, McGlashan TH, Rosen JL, Cadenhead K, Ventura J, McFarlane W et al,.Prodromal assessment with the Structured Interview for Prodromal Syndromes and the Scale of Prodromal Symptoms: predictive validity, interrater reliability, and training to reliability. Schizophr Bull. 29(4):703-715, 2003.
3. Luborsky L. Clinicians Judgements of Mental Health, Gen Psychiatr. 1962; 7: 401-417.
4. Endicott J, Spitzer RL, Fleiss JL, Cohen J. The Global Assessment Scale: A procedure for measuring overall severity of psychiatric disturbance. Gen Psychiatr. 1976; 33(6):766-71.
5. Goldman HH, Skodol AF, Lave TR. Revising Axis V for DSM-IV: A review of measures of social functioning. Am J Psychiatry. 1992; 149: 1148-1156.

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