REFERENCES
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APPENDICES
<table>
<thead>
<tr>
<th>Items No.</th>
<th>Range of Scores</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>0-4</td>
<td>Guilt Self-reproach, feels he has let people down Ideas of guilt Present illness is a punishment Delusion of guilt Hallucinations of guilt</td>
</tr>
<tr>
<td>3.</td>
<td>0-4</td>
<td>Suicide Feels life is not worth living Wishes he were dead Suicidal ideas Attempt at suicide</td>
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<td>4.</td>
<td>0-2</td>
<td>Insomnia, Initial Difficulty in falling asleep</td>
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<tr>
<td>5.</td>
<td>0-2</td>
<td>Insomnia, Middle Patient restless and disturbed during the night. Waking during the night.</td>
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<tr>
<td>6.</td>
<td>0-2</td>
<td>Insomnia delayed Waking in the early hours of the morning and unable to fall asleep again.</td>
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<tr>
<td>7.</td>
<td>0-4</td>
<td>Work and Interests Feelings of incapacity. Listlessness, indecision and vacillation Loss of interest in Hobbies Decreased social activities Productivity decreased Unable to work</td>
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</tbody>
</table>
| 8. | 0-4 | Retardation  
Slowness of thought, speech & activity, Apathy  
Stupor:  
Slight retardation at interview ..1  
Obvious retardation at interview..2  
Interview difficult ..............3  
Complete stupor................4 |
| 9. | 0-4 | Agitation  
Restlessness associated with anxiety |
| 10. | 0-4 | Anxiety-Psychic  
Tension and irritability  
Worrying about minor matters  
Apprehensive attitude  
Fear |
| 11. | 0-4 | Anxiety-Somatic  
Gastrointestinal, wind, indigestion  
Cardiovascular, palpitations, headache, Respiratory, genito-urinary etc |
| 12. | 0-2 | Semantic Symptoms, gastrointestinal  
Loss of appetite  
Heavy feelings in abdomen  
Constipation |
| 13. | 0-2 | Semantic Symptoms, general  
Heaviness in limbs, back or head  
Diffuse Backache  
Loss of energy & fatiguability |
| 14. | 0-2 | Genital Symptoms  
Loss of libido  
Menstrual disturbances |
15. 0-4  Hypochondriasis
    Self-absorption (bodily)
    Preoccupation with health
    Querrulous attitude
    Hypochondriacal delusion

16. 0-2  Loss of weight

17. 0-2  Insight
    Loss of insight..................2.
    Partial or doubtful loss.........1.
    No loss............................0

18. 0-2  Diurnal variation
    Symptom worse in morning or evening
    (Note which it is).

19. 0-4  Depersonalization and Derealisation
    Feelings of unreality
    Nihilistic ideas (Specify)

20. 0-4  Paranoid symptoms
    Suspiciousness
    Ideas of reference
    Delusions of reference &
    Persecution
    Hallucinations, persecutory
    (Note, with a depressive quality)

21. 0-2  Obsessional Symptoms
    Obsessive thoughts and compulsions
    against which the patient struggles
SCALE FOR THE ASSESSMENT OF POSITIVE SYMPTOMS (SAPS)
SHORT FORM

Name: __________________________ Card No.: _______ ID No.: _______

Date: ______/____/____ Age: ______ Sex: ______ Diagnosis: ______ Medication: ______

0 = None; 1 = Questionable; 2 = Mild; 3 = Moderate; 4 = Marked; 5 = Severe

HALUCINATIONS

1. Auditory Hallucinations
   The patient reports voices, noises, or other sounds that no one else hears.

2. Voices Commenting
   The patient reports a voice which makes a running commentary on his behavior or thoughts.

3. Voices Conversing
   The patient reports hearing two or more voices conversing.

4. Somatic or Tactual Hallucinations
   The patient reports experiencing peculiar physical sensations in the body.

5. Olfactory Hallucinations
   The patient reports experiencing unusual smells which no one else notices.

6. Visual Hallucinations
   The patient sees shapes or people that are not actually present.

7. Global Rating of Hallucinations
   This rating should be based on the duration and severity of the hallucinations and their effects on the patient's life.

DELUSIONS

8. Persecutory Delusions
   The patient believes he is being conspired against or persecuted in some way.

9. Delusions of Jealousy
   The patient believes his spouse is having an affair with

10. Delusions of Guilt or Sin
    The patient believes that he has committed some terrible sin or done something unforgivable.

11.Grandiose Delusions
    The patient believes he has special powers or abilities.

12. Religious Delusions
    The patient is preoccupied with false beliefs of a religious nature.

13. Somatic Delusions
    The patient believes that somehow his body is diseased, abnormal, or changed.

14. Delusions of Reference
    The patient believes that insignificant remarks or events refer to him or have some special meaning.

15. Delusions of Being Controlled
    The patient feels that his feelings or actions are controlled by some outside force.

16. Delusions of Mind Reading
    The patient feels that people can read his mind or know his thoughts.
17. Thought Broadcasting
The patient believes that his thoughts are broadcast so that he himself or others can hear them.

18. Thought Insertion
The patient believes that thoughts that are not his own have been inserted into his mind.

19. Thought Withdrawal
The patient believes that thoughts have been taken away from his mind.

20. Global Rating of Delusions
This rating should be based on the duration and persistence of the delusions and their effect on the patient’s life.

BIZARRE BEHAVIOR

21. Clothing and Appearance
The patient dresses in an unusual manner or does other strange things to alter his appearance.

22. Social and Sexual Behavior
The patient may do things considered inappropriate according to usual social norms (e.g., masturbating in public).

23. Aggressive and Agitated Behavior
The patient may behave in an aggressive, agitated manner, often unpredictably.

24. Repetitive or Stereotyped Behavior
The patient develops a set of repetitive actions or rituals that he must perform over and over.

25. Global Rating of Bizarre Behavior
This rating should reflect the type of behavior and the extent to which it deviates from social norms.

POSITIVE FORMAL THOUGHT DISORDER

26. Derailment
A pattern of speech in which ideas slip off track onto ideas obliquely related or unrelated.

27. Tangentiality
Replying to a question in an oblique or irrelevant manner.

28. Incoherence
A pattern of speech which is essentially incomprehensible at times.

29. Illogicality
A pattern of speech in which conclusions are reached which do not follow logically.

30. Circumstantiality
A pattern of speech which is very indirect and delayed in reaching its goal idea.

31. Pressure of Speech
The patient’s speech is rapid and difficult to interrupt; the amount of speech produced is greater than that considered normal.

32. Distractible Speech
The patient is distracted by nearby stimuli which interrupt his flow of □□□□□

33. Clanging
A pattern of speech in which sounds rather than meaningful relationships govern word choice.

34. Global Rating of Positive Formal Thought Disorder
This rating should reflect the frequency of abnormality and degree to which it affects the patient’s ability to communicate.
**SCALE FOR THE ASSESSMENT OF NEGATIVE SYMPTOMS (SANS) SHORT FORM**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Card No.:</th>
<th>ID No.:</th>
<th>Date:</th>
<th>Age:</th>
<th>Sex:</th>
<th>Diagnosis:</th>
<th>Medication:</th>
</tr>
</thead>
</table>

0 = None; 1 = Questionable; 2 = Mild; 3 = Moderate; 4 = Marked; 5 = Severe

**AFFECTIVE FLATTENING OR BLUNTING**

1. **Unchanging Facial Expression**
   - The patient's face appears wooden, changes less than expected as emotional content of discourse changes.
   - 0 1 2 3 4 5 [27]

2. **Decreased Spontaneous Movements**
   - The patient shows few or no spontaneous movements, does not shift position, move extremities, etc.
   - 0 1 2 3 4 5 [28]

3. **Paucity of Expressive Gestures**
   - The patient does not use hand gestures, body position, etc., as an aid to expressing his ideas.
   - 0 1 2 3 4 5 [29]

4. **Poor Eye Contact**
   - The patient avoids eye contact or "stares through" interviewer even when speaking.
   - 0 1 2 3 4 5 [30]

5. **Affective Nonresponsivity**
   - The patient fails to smile or laugh when prompted.
   - 0 1 2 3 4 5 [31]

6. **Inappropriate Affect**
   - The patient's affect is inappropriate or incongruous, not simply flat or blunted.
   - 0 1 2 3 4 5 [32]

7. **Lack of Vocal Inflections**
   - The patient fails to show normal vocal emphasis patterns, is often monotonic.
   - 0 1 2 3 4 5 [33]

8. **Global Rating of Affective Flattening**
   - This rating should focus on overall severity of symptoms, especially unresponsiveness, eye contact, facial expression, and vocal inflections.
   - 0 1 2 3 4 5 [34]

**ALOGIA**

9. **Poverty of Speech**
   - The patient's replies to questions are restricted in amount, tend to be brief, concrete, and unelaborated.
   - 0 1 2 3 4 5 [35]

10. **Poverty of Content of Speech**
    - The patient's replies are adequate in amount but tend to be vague, overconcrete, or overgeneralized, and convey little information.
    - 0 1 2 3 4 5 [36]

11. **Blocking**
    - The patient indicates, either spontaneously or with prompting, that his train of thought was interrupted.
    - 0 1 2 3 4 5 [37]

12. **Increased Latency of Response**
    - The patient takes a long time to reply to questions; prompting indicates the patient is aware of the question.
    - 0 1 2 3 4 5 [38]

13. **Global Rating of Alogia**
    - The core features of alogia are poverty of speech and poverty of content.
    - 0 1 2 3 4 5 [39]
AVOLITION - APATHY

10. Grooming and Hygiene
    The patient's clothes may be sloppy or soiled, and he may have greasy hair, body odor, etc.

15. Impersonation at Work or School
    The patient has difficulty seeking or maintaining employment, completing school work, keeping house, etc. If an inpatient, cannot persist at ward activities, such as OT, playing cards, etc.

16. Physical Anergia
    The patient tends to be physically inert. He may sit for hours and not initiate spontaneous activity.

17. Global Rating of Avolition-Apathy
    Strong weight may be given to one or two prominent symptoms if particularly striking.

ANHEDONIA - ASOCIALITY

10. Recreational Interests and Activities
    The patient may have few or no interests. Both the quality and quantity of interests should be taken into account.

19. Sexual Activity
    The patient may show a decrease in sexual interest and activity, or enjoyment when active.

20. Ability to Feel Intimacy and Closeness
    The patient may display an inability to form close or intimate relationships, especially with the opposite sex and family.

21. Relationships with Friends and Peers
    The patient may have few or no friends and may prefer to spend all his time isolated.

22. Global Rating of Anhedonia-Asociality
    This rating should reflect overall severity, taking into account the patient's age, family status, etc.

ATTENTION

23. Social Inattentiveness
    The patient appears uninvolved or unengaged. He may seem "spacy."

24. Inattentiveness During Mental Status Testing
    Tests of "serial 7s" (at least five subtractions) and spelling "world" backwards:
    Score 2 = 1 error, score 3 = 2 errors, score 4 = 3 errors

25. Global Rating of Attention
    This rating should assess the patient's overall concentration, clinically and on tests.

Sources: Interview: Family: Friends: Other: 75 74 75 76 77

Reliability: 1 2 3 4 5 Form No.: 75 80