



DIAGNOSTIC INTERVIEW FOR PSYCHOSIS AND AFFECTIVE DISORDERS

Updated for OPCRIT 4.0
DSM-IV & ICD-10 algorithms

DI-PAD CGP version 1.5

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CENTER FOR GENOMIC PSYCHIATRY
VERSION 1.5

Table of Contents

A.	GENERAL	1
1.	Source of rating (OPCRIT 1)	1
2.	Sex code (OPCRIT 3).....	1
3.	Age	1
4.	Single (OPCRIT 6).....	1
5.	Age of onset (OPCRIT 4)	2
6.	Mode of onset (OPCRIT 5).....	2
7.	Psychosocial stressors prior to onset of first episode (OPCRIT 16).....	3
8.	Employment status at onset (OPCRIT 7)	4
9.	Premorbid work adjustment (OPCRIT 9).....	4
10.	Premorbid social adjustment (OPCRIT 10)	4
11.	Coarse brain disorder prior to onset (OPCRIT 15).....	5
B.	FAMILY HISTORY.....	6
12.	Family history of schizophrenia (OPCRIT 13)	6
13.	Family history of psychiatric disorder other than schizophrenia (OPCRIT 14).....	6
C.	DEPRESSION	7
14.	Dysphoria (OPCRIT 37)	7
15.	Loss of pleasure (OPCRIT 39)	8
16.	Loss of energy or fatigue (OPCRIT 25).....	9
17.	Slowed activity (OPCRIT 24).....	9
18.	Impaired concentration (OPCRIT 41)	9
19.	Altered libido (OPCRIT 40).....	10
20.	Excessive self reproach (OPCRIT 42).....	10
21.	Suicidality (OPCRIT 43)	11
22.	Decreased appetite (OPCRIT 48)	12
23.	Weight loss (OPCRIT 49).....	12
24.	Increased appetite (OPCRIT 50).....	12
25.	Weight gain (OPCRIT 51).....	13
26.	Initial insomnia (OPCRIT 44).....	13
27.	Middle insomnia (OPCRIT 45).....	13
28.	Terminal insomnia (OPCRIT 46)	14
29.	Excessive sleep (OPCRIT 47).....	14
30.	Diurnal variation (OPCRIT 38).....	14

D.	MANIA	15
31.	Elevated mood (OPCRIT 35).....	15
32.	Irritable mood (OPCRIT 36).....	15
33.	Pressured speech (OPCRIT 30).....	16
34.	Racing thoughts (OPCRIT 31).....	16
35.	Distractibility (OPCRIT 21)	16
36.	Reduced need for sleep (OPCRIT 22)	17
37.	Excessive activity (OPCRIT 19)	17
38.	Reckless activity (OPCRIT 20).....	17
39.	Increased sociability (OPCRIT 53)	18
40.	Increased self-esteem (OPCRIT 56).....	18
E.	HALLUCINATIONS	19
41.	Hallucinations in any modality (OPCRIT 77)	19
42.	Neutral voices or non-verbal hallucinations (OPCRIT 76).....	20
43.	Command, accusatory, abusive, or persecutory voices (OPCRIT 75).....	20
44.	Running commentary (OPCRIT 74)	20
45.	Third person auditory hallucinations (OPCRIT 73).....	21
F.	SUBJECTIVE THOUGHT DISORDER.....	22
46.	Thought insertion (OPCRIT 66).....	22
47.	Thought broadcast (OPCRIT 68).....	22
48.	Thought withdrawal (OPCRIT 67)	23
49.	Thought echo (OPCRIT 72).....	23
G.	DELUSIONS	24
50.	Screen for Delusions	24
51.	Delusions of guilt (OPCRIT 69)	24
52.	Delusions of poverty (OPCRIT 70).....	25
53.	Nihilistic delusions (OPCRIT 71)	25
54.	Delusions of passivity (OPCRIT 61).....	26
55.	Delusions of influence (OPCRIT 58)	26
56.	Persecutory delusions (OPCRIT 54).....	27
57.	Grandiose delusions (OPCRIT 57).....	27
58.	Delusional moods (OPCRIT 63).....	28
59.	Primary delusional ideas (OPCRIT 62)	28
60.	Bizarre delusions (OPCRIT 59).....	29
61.	Insight (OPCRIT 85).....	30
62.	Relationship between psychotic and affective symptoms (OPCRIT 52)	30
63.	Psychotic symptoms respond to antipsychotic medications (OPCRIT 89).....	31
H.	INTERVIEWER RATINGS OF PSYCHOTIC SYMPTOMS	32
64.	Well organized delusions (OPCRIT 55).....	32
65.	Widespread delusions (OPCRIT 60)	32
66.	Delusions and hallucinations last for one week (OPCRIT 64).....	32
67.	Persecutory or jealous delusions and hallucinations (OPCRIT 65).....	32

I.	INTERVIEWER RATINGS OF DURATION AND COURSE	33
68.	Duration of illness in weeks (OPCRIT 8)	33
69.	Impairment or incapacity during disorder (OPCRIT 87)	33
70.	Deterioration from premorbid level of functioning (OPCRIT 88).....	33
71.	Course of disorder (OPCRIT 90).....	34
72.	Rapport (OPCRIT 86).....	34
73.	Credibility of information (OPCRIT 84).....	34
J.	INTERVIEWER RATINGS OF BEHAVIORS AND AFFECT	35
74.	Catatonia (OPCRIT 18)	35
75.	Bizarre behavior (OPCRIT 17)	35
76.	Agitated activity (OPCRIT 23)	36
77.	Restricted affect (OPCRIT 32).....	36
78.	Blunted affect (OPCRIT 33).....	36
79.	Inappropriate affect (OPCRIT 34).....	36
80.	Speech difficult to understand (OPCRIT 26)	37
81.	Speech incoherent (OPCRIT 27).....	37
82.	Positive formal thought disorder (OPCRIT 28).....	37
83.	Negative formal thought disorder (OPCRIT 29)	37

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Subject ID _____

Interviewer Name _____

Interview Date _____

Place DI-PAD identification label here

Who is being interviewed?

- | | | |
|---|--|---|
| <input type="radio"/> Proband | <input type="radio"/> Proband's maternal grandmother | <input type="radio"/> Proband's paternal uncle |
| <input type="radio"/> Proband's mother | <input type="radio"/> Proband's maternal grandfather | <input type="radio"/> Proband's maternal cousin |
| <input type="radio"/> Proband's father | <input type="radio"/> Proband's paternal grandmother | <input type="radio"/> Proband's paternal cousin |
| <input type="radio"/> Proband's sister | <input type="radio"/> Proband's paternal grandfather | <input type="radio"/> Proband's daughter |
| <input type="radio"/> Proband's brother | <input type="radio"/> Proband's maternal aunt | <input type="radio"/> Proband's son |
| <input type="radio"/> Proband's half-sister (affected) | <input type="radio"/> Proband's maternal uncle | <input type="radio"/> Proband's niece |
| <input type="radio"/> Proband's half-brother (affected) | <input type="radio"/> Proband's paternal aunt | <input type="radio"/> Proband's nephew |

A. GENERAL**1. Source of rating (OPCRIT 1)**

- 1 • Hospital case notes (charts)
- 2 • Structured interview with subject
- 3 • Prepared abstract
- 4 • Interview with informant
- 5 • Combined sources including structured interview
- 6 • Combined sources not including structured interview

2. Sex code (OPCRIT 3)*Code biological sex.*

- 0 • Male
- 1 • Female

3. Age

• How old are you?

 Age range • 01 – 98
4. Single (OPCRIT 6)

- 0 • Married, has been married or has lived with the same partner for at least six months
- 1 • Single; has never married or lived as married

5. Age of onset (OPCRIT 4)

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

Age of onset is defined as the earliest age at which psychiatric treatment was sought OR when symptoms began to cause subjective distress or impair functioning, whichever occurs first. If denies illness, use all available sources (e.g. hospital records, family informants). Code earliest age.

Age range • 01 – 98
 No episode • 00
 Unknown • 99

6. Mode of onset (OPCRIT 5)

- How did that first episode of psychiatric illness start?
 - Did the problem start quickly, or was there a long period when you knew you were becoming ill?
 - How long would you say that was?
- 0 • No episode
 1 • Abrupt onset definable within hours or days
 2 • Acute onset definable within one month
 3 • Moderately acute onset definable within one month
 4 • Gradual onset over period up to six months
 5 • Insidious onset over period greater than six months

Note:

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

Notes about age and mode of onset:

7. Psychosocial stressors prior to onset of first episode (OPCRIT 16)

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

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

- Natural disaster (e.g. fire, flood, hurricane, tornado, earthquake)
- Transportation accident (e.g. car or boat accident, train wreck, plane crash)
- Serious accident at work, home, or during recreational activity (e.g. accident with machinery, explosion, exposure to toxic substances)
- Physical assault (e.g. being attacked, hit, slapped, kicked, beaten up)
- Assault with a weapon (e.g. shot or stabbed, threatened with knife, gun, bomb)
- Sexual assault (e.g. rape, attempted rape, made to perform any type of sexual act through force or threat of harm)
- Combat or exposure to a war zone (in the military or as a civilian)
- Captivity (e.g. being kidnapped, abducted, held hostage, prisoner of war)
- Life threatening illness or injury
- Sudden, violent death (for example, homicide, suicide) or serious injury, harm or death you caused to someone else

- 0 • Stressor not present
- 1 • Stressor present

Notes about psychosocial stressors:

8. Employment status at onset (OPCRIT 7)

- At the time you first became ill, were you working or studying full time, a homemaker, or retired?
 - 0 • Employed at onset (includes full time students and homemakers)
 - 1 • Not employed at onset

9. Premorbid work adjustment (OPCRIT 9)

- Tell me about jobs you had before you became ill?
- What was the longest time you worked in one job before you first became ill?

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

- 0 • Good premorbid work adjustment
- 1 • Poor premorbid work adjustment

10. Premorbid social adjustment (OPCRIT 10)

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

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

- 0 • Good premorbid social adjustment
- 1 • Poor premorbid social adjustment

Notes about premorbid adjustment:

11. Coarse brain disorder prior to onset (OPCRIT 15)

- Were you suffering from any physical or neurological disorders before you first became psychiatrically ill?
- What was it?
- How long did you have this problem before psychiatric symptoms appeared?

Considerable evidence of a physical illness that could explain most or all psychiatric symptoms. This may include overt brain lesions or marked metabolic disturbances known to cause psychotic symptoms. Non-specific abnormalities (e.g. enlarged lateral ventricles on brain scan) should not be included.

- 0 • No prior brain disease present
- 1 • Prior brain disease present

Note:

- Include medical screening questions and medical records when determining this answer.
- Rate only if clear evidence is present.

Notes about coarse brain disorder:

B. FAMILY HISTORY

12. Family history of schizophrenia (OPCRIT 13)

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

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

- 0 • No family history of schizophrenia
- 1 • Family history of schizophrenia

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

- Do you know of anyone in your family (including aunts, uncles, cousins) who has had any other psychiatric disorder?

- Did they see a doctor for that problem?
- Have they been in hospital for that problem?
- Do you know what treatment they received (medications, ECT)?
- Do you know what the doctors said was wrong with them?

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

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

Notes about family history: **Please draw Pedigree**

C. DEPRESSION

I would now like to ask you about your mood (i.e. how happy or sad you have been).

14. Dysphoria (OPCRIT 37)

14.01 • Have you ever been sad, down, depressed, or blue most of the day, nearly every day, for at least one week?

- 0 • Not present
 1 • Present

• How long did you feel like that?

14.02 • Have you ever found you were easily irritated, that any little problem provoked you, or that other people said you were much too impatient? Did this last most of the day, nearly every day for at least one week?

- 0 • Not present
 1 • Present

• How long did you feel like that?

If more than one episode, interview for the most severe depressive episode. Rate mood on subjective description. Remember that occasional sadness is part of normal human expression; it becomes pathological when it is persistent, pervasive, unresponsive, or out of proportion to events or circumstances.

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

Note:

- Code maximum time during the most severe episode of either depressed mood or irritable mood, whichever is longer.

Please indicate the number of major depressive episodes:

Enter 88 – If data not collected
 Enter 99 – If too many to count

Please ask the respondent to estimate the number of depressive episodes s/he has had. Enter 0 if no depressive episodes, and enter 99 for 'too many episodes to count.'

Notes about dysphoria: **Identify the worst episode**

15. Loss of pleasure (OPCRIT 39)

- Did you ever have a period of time when you were unable to enjoy things as much as usual? For example, taking a walk, spending time with friends, or working at your hobbies or interests? Did this last most of the day, nearly every day for at least one week?
- Did you lose interest in your work, recreation activities or your dress and appearance for more than a week?
- How long did you feel like that?

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

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

Notes about anhedonia:

**If NO to item 14 (dysphoria) and NO to item 15 (loss of pleasure)
SKIP to item 31 (elevated mood).**

**Rate items 16 – 30 in relation to the most severe depressive episode
identified in item 14 (dysphoria) and item 15 (loss of pleasure).**

16. Loss of energy or fatigue (OPCRIT 25)

- **During that time, did you have as much energy as usual?**
- Did you get exhausted and worn out during the day, even when you weren't working very hard?
- Did you feel you had to push yourself to do things?
- Did you feel as though everything was too much trouble or that you couldn't be bothered?
- How long did you feel like that?

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

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

17. Slowed activity (OPCRIT 24)

- **During that time, did you feel as though you were slowed down in your movements or speech?**
- Did your arms and legs feel heavy?
- Did you feel as though you were talking too slowly?
- How long did you feel like that?

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

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

18. Impaired concentration (OPCRIT 41)

- **During that time, was your concentration as good as usual or did your attention wander?**
- Were you able to read an article in the paper or watch a TV program and pay attention to what you were reading or watching?
- Could you concentrate sufficiently to complete tasks properly (e.g. cooking, conversation, work)?
- How long did that last?
- Was it difficult to make decisions?
- How long did you feel like that?

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

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

19. Altered libido (OPCRIT 40)

- During that time, did your interest in sex change?
- Were you more or less interested in sex?
- How long did you feel like that?

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

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

20. Excessive self reproach (OPCRIT 42)

- During that time, did you blame yourself for things you did or thought, or feel very guilty or ashamed of yourself?
- What kind of things did you blame yourself for or feel guilty about?
- How much of the time each day did you have these thoughts?
- Did you have these thoughts nearly every day?
- How long did you feel like that?

Subject describes extreme feelings of guilt or unworthiness.

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

Notes about depressive symptoms:

21. Suicidality (OPCRIT 43)

- During that time, did you feel that life was not worth living?
- Were you thinking about death or dying a lot?
- Did you think about harming yourself or even made an attempt at suicide?
- What happened?
- When was this?
- How long did you feel like that?

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

- 0 • Not present
- 1 • Suicidal ideation present at least one week
- 2 • Suicidal ideation present at least two weeks or suicide attempt
- 3 • Suicidal ideation present at least one month or suicide attempt

Note:

- Do not rate self harming behavior outside the context of suicidal ideation or intent.

Notes about suicidality:

22. Decreased appetite (OPCRIT 48)

- During that time, did your appetite decrease?
- Did you eat the same amount without really enjoying it?
- How long did that last?

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

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

23. Weight loss (OPCRIT 49)

- During that time, did you lose weight?
- How much weight did you lose?
- Over what period of time?
- Were you deliberately trying to lose weight?

The weight loss must be the result of 'poor appetite' as rated in item 22

- 0 • No loss
- 1 • Loss of at least 1+ lb (0.5 kg) per week for 3 or more weeks
– or – 4 lbs (2 kg) in less than 3 weeks
- 2 • Loss of at least 2+ lbs (1 kg) per week for 3 or more weeks
– or – 5 to 9 lbs (2.5 to 4.5 kg) in less than 3 weeks
- 3 • Loss of at least 10+ lbs (5 kg) in less than 1 year

Note:

- Do not rate intentional weight loss due to dieting.

24. Increased appetite (OPCRIT 50)

- During that time, did your appetite increase?
- Sometimes when people feel depressed they comfort eat; did you do that?
- How long did that last?

Subject reports increased appetite or 'comfort eating'.

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

25. Weight gain (OPCRIT 51)

- During that time, did you gain weight?
- How much weight did you gain?
- Over what period of time?
- Were you deliberately trying to gain weight?
- Do you think it was a result of medication you are taking?

The weight gain must be the result of 'increased appetite' as rated in item 24.

- 0 • No gain
- 1 • Gain of at least 1+ lb (0.5 kg) per week for 3 or more weeks
– or – 4 lbs (2 kg) in less than 3 weeks
- 2 • Gain of at least 2+ lbs (1 kg) per week for 3 or more weeks
– or – 5 to 9 lbs (2.5 to 4.5 kg) in less than 3 weeks
- 3 • Gain of at least 10+ lbs (5 kg) in less than 1 year

Note:

- Do not rate if there is clear evidence that weight gain is related to medications such as atypical antipsychotics, antidepressants, or steroids.

26. Initial insomnia (OPCRIT 44)

- During that time, did you have problems falling asleep?
- How long did it take you to get to sleep?
- How long did you have problems falling asleep?

Subject complains that he/she is unable to fall asleep and lies awake for at least one hour.

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

27. Middle insomnia (OPCRIT 45)

- During that time, did you wake during the night?
- How many times each night?
- Did you have difficulty getting back to sleep?
- How long did you lie awake before you fell asleep again?

Sleep is disturbed on most nights; subject wakes in the middle of sleep and experiences difficulty in getting back to sleep.

- 0 • No waking
- 1 • Middle insomnia present

28. Terminal insomnia (OPCRIT 46)

- During that time, did you wake up much earlier than usual?
- What time do you usually wake up in the morning when you are sleeping normally?
- Were you waking much earlier than this?
- Were you able to get back to sleep?
- How long did you have problems waking up too early?

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

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

29. Excessive sleep (OPCRIT 47)

- During that time, were you sleeping much more than usual?

- 29.01 How many hours do you normally sleep?
Range • 00 – 24
- 29.02 How many hours were you sleeping then?
Range • 00 – 24

- How long did you have problems sleeping more than usual?

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

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

30. Diurnal variation (OPCRIT 38)

- Was there any time of the day when the depression felt worse?

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

D. **MANIA**

31. Elevated mood (OPCRIT 35)

- I have asked you some questions about depression; I now want to ask about whether you have ever felt the opposite of depressed (i.e. intensely happy or elated), in a way that was clearly different than your normal self?
- Did something happen in your life that made you feel this good?
- Can you describe that feeling?
- Was it out of character for you?
- How long were you feeling like that?
- Were you drinking excessively or taking drugs to get "high"?

Subject's predominant mood is one of elation and is out of proportion to circumstances.

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

32. Irritable mood (OPCRIT 36)

- Have you ever felt very irritable or excessively annoyed with others, such that you lost your temper often, shouted at people, or even got into fights?
- Did other people comment on that or say you were much too impatient?
- Can you describe that feeling?
- Was it out of character for you?
- How long were you feeling like that?

Subject's mood is predominantly irritable.

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

Please indicate the number of manic episodes:

Enter 88 – If data was not collected
Enter 99 – If too many to count

Please ask the respondent to estimate the number of manic episodes s/he has had. Enter 0 if no manic episodes, enter 88 if data was not collected, and enter 99 for "too many episodes to count."

**If NO to item 31 (elevated mood) and item 32 (irritable mood),
SKIP to item 41 (hallucinations).**

Rate items 33 – 40 in relation to the most severe manic episode identified in item 31 (elevated mood) and item 32 (irritable mood).

33. Pressured speech (OPCRIT 30)

- **During that time, were you more talkative than usual or did you feel pressure to keep on talking?**
- Did you talk so much or so fast that it was difficult for people to follow what you were saying?
- How long were you acting like that?

Subject is much more talkative than usual or there seems to be undue pressure to get the words out. Speech may be over elaborated with unnecessary words added. Include manic type of formal thought disorder with clang associations, punning and rhyming, etc.

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

34. Racing thoughts (OPCRIT 31)

- **During that time, did you find your thoughts crowding into or racing through your mind. so that you felt like you couldn't keep up with them?**
- Can you describe what that felt like?
- How long were you feeling like that?

Subject experiences thoughts racing through his/her head or others observe flight of ideas that make it difficult to follow what subject is talking about.

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

35. Distractibility (OPCRIT 21)

- **During that time, were you easily distracted by irrelevant things happening around you?**
- Can you describe what that felt like?
- How long were you feeling like that?

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

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

36. Reduced need for sleep (OPCRIT 22)

- During that time, did you need far less sleep than usual without feeling tired?
- How many days were sleeping less than usual?

36.01 How many hours do you normally sleep?
Range • 00 – 24

36.02 How many hours were you sleeping then?
Range • 00 – 24

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

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

37. Excessive activity (OPCRIT 19)

- During that time, were you taking on more tasks or being more active than usual - so active that you or others thought something was wrong?
- What sort of things were you doing?
- How long were you acting like that?

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

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

38. Reckless activity (OPCRIT 20)

- During that time, did you do anything that could have gotten you into trouble — like spending too much money, making foolish business investments, have sexual indiscretions, or drive recklessly?
- Did any problems happen because of this?
- Did people think you were being reckless or foolish?
- Did you do things you later regretted?
- How long were you acting like that?

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

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

39. Increased sociability (OPCRIT 53)

- During that time, were you being much more sociable than usual?

- In what way?
- Do you think you were being overly friendly with other people?
- What sort of things were you doing?
- How long were you acting like that?

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

40. Increased self-esteem (OPCRIT 56)

- During that time, did you have grand beliefs or ideas that you later found out were not true?

- Like believing that you had special powers or abilities others did not have?
- Or that you could accomplish much more at work or in your daily activities, as if you had super powers or talents?
- How long did you feel like that?

Subject believes that he/she is an exceptional person with special powers, plans, talents or abilities. Rate positively here if overvalued idea.

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

Note:

- If subject describes delusions of grandiose abilities or grandiose identity, rate delusional beliefs on item 57 (grandiose delusions).

Notes about hallucinations:

E. HALLUCINATIONS

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

41. Hallucinations in any modality (OPCRIT 77)

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

Hears voices or sounds that other people do not hear.

- **Visual:** Have you ever had visions or seen things that other people could not see?

Sees objects, people, or images that other people do not see.

- **Olfactory:** Have you ever noticed unusual smells that you could not account for?

Smells odors (e.g. burning or death) that other people do not smell.

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

Feels that he/she is being touched when no one is present; feels electric shocks or waves going through the body; food tastes odd, etc.

- **Sexual or other:** Have you ever experienced any unusual sexual sensations without external stimulation? Or strange tastes in your mouth that you couldn't account for?

Feels sexual sensations or other stimulation when no one is present.

- Can you describe those experiences?
- What is the explanation? Could these be your own thoughts?
- How frequently did this happen?
- How long were you having experiences like that?

Rate any form of hallucination.

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

42. Neutral voices or non-verbal hallucinations (OPCRIT 76)

- **Have you ever heard noises like music or birds or muttering or whispering that no one else can hear?**
- Can you describe what you heard?
- Could you make out if there are any words?
- How often has this happened?
- How long were you hearing these things?

Include neutral voices and non-verbal hallucinations, such as tapping, hissing, etc.

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

**If NO to item 41 (hallucinations) and item 42 (non-verbal hallucinations)
SKIP to item 46 (subjective thought disorder).**

43. Command, accusatory, abusive, or persecutory voices (OPCRIT 75)

- **Did you ever hear voices that told you what to do, said bad things about you, or put you down?**
- What did the voices say?
- Was there more than one voice?
- How often did this happen?
- How long did you hear the voices?

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

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

44. Running commentary (OPCRIT 74)

- **Did you ever hear voices that commented on what you are thinking or doing?**
- For example, describing what you are reading, or watching on television, or commenting on what you are doing as you do it?
- How often did this happen?
- How long did you hear the voices?

Subject hears voices describing his/her actions, sensations, or emotions as they occur.

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

45. Third person auditory hallucinations (OPCRIT 73)

- Did you ever hear voices talking to each other about you, rather than talking directly to you?

- What did they say to each other?
- How often did this happen?
- How long did you hear the voices?

Rate two or more voices discussing the subject in the third person.

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

F. SUBJECTIVE THOUGHT DISORDER

46. Thought insertion (OPCRIT 66)

- Did you ever have thoughts in your mind which were not your own; which seemed to come from somewhere outside you?
- Who or what did you think was putting those thoughts into your mind?
- How often has this happened?
- How long did you have these thoughts?

Recognizes that thoughts are being put into his/her head which are not his/her own and which have probably or definitely been inserted by some external agency.

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

47. Thought broadcast (OPCRIT 68)

- Have your thoughts ever seemed to be public; not private to yourself, so that others knew what you were thinking?
- Did it feel like your thoughts were being broadcasted to other people?
- Did you ever feel as if other people could hear your thoughts?
- How often has this happened?
- How long did this experience last?

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

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

Note:

- Do not rate 'as if' statements (e.g. my thoughts are so powerful, it seems as if everyone must know them).

48. Thought withdrawal (OPCRIT 67)

- Did you ever feel that your thoughts were being taken out of or sent out of your head?
- Can you describe that?
- How often has this happened?
- How long did this experience last?

Subject experiences thoughts ceasing in his/her head, which may be a "thought block" being interpreted as thoughts being removed or "stolen" by some external agency. Must describe active extraction, not "thoughts seem to be outside my head." The experience is not willed by the subject.

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

49. Thought echo (OPCRIT 72)

- Did a single thought in your mind ever seem to be repeated over and over as you thought it?
- Was it like an echo of a voice?
- Can you describe that?
- How often has this happened?
- How long did this experience last?

Subject experiences thoughts repeated or echoed in his or her head.

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

Note:

- A thought echo is an auditory hallucination. Do not rate repetitive obsessive or ruminative thinking.

G. DELUSIONS

50. Screen for Delusions

I now want to ask you about any odd or unusual experiences you might have had.

- Have you ever had beliefs or ideas that others did not share or later found out were not true – like people being against you, people trying to harm you, or people talking about you, or believing you were given special messages (e.g., through the TV or the radio)?

- 0 • No delusions
- 1 • Delusions present

**If NO indications of any delusions, then SKIP to item 61 (insight).
If ANY indications of potentially delusional thinking exist, continue to item 51.
If in doubt, do NOT skip this section.**

51. Delusions of guilt (OPCRIT 69)

- Have you ever been convinced that you committed a crime, sinned greatly, or deserved punishment?
- Did you really believe that these thoughts were true?
- Did you believe these things only when you were feeling depressed?
- How often has this happened?
- How long did you feel like that?

Firm belief held by subject that he/she has committed some sin, crime or caused harm to others despite absence of any evidence to support this.

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

52. Delusions of poverty (OPCRIT 70)

- **Have you ever had needless concerns about your financial situation?**
- For example, having thoughts about being ruined and doomed to die in poverty?
- Or fearing that you would have no means to support yourself or your family?
- Did you actually lose money or property?
- How often has this happened?
- How long did you feel like that?

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

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

53. Nihilistic delusions (OPCRIT 71)

- **Have you ever believed that your body was unhealthy or strangely diseased (e.g., that your bowels were stopped up, or that your insides had rotted away, or that some part of your body was missing)?**
- Did you ever have thoughts like that?
- Can you describe what you felt was wrong with your body?
- Were you experiencing any serious health problems at that time?
- How often has this happened?
- How long did you feel like that?

Firmly held belief (i.e. delusional intensity), that some part of subject's body has disappeared or is rotting away or is affected by some devastating or malignant disorder despite a lack of any objective supporting evidence.

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

Note:

- **This is often over-rated. If in doubt, rate 0 'no nihilistic delusions'**

54. Delusions of passivity (OPCRIT 61)

- **Did you ever feel like your will had been replaced by some force or power outside yourself?**
- Did you feel that your intentions were replaced by those of some external power?
- Were your feelings controlled, or created by something or somebody outside yourself?
- Was it like being a robot, zombie, or puppet, controlled from elsewhere?
- Can you describe that?
- How often has this happened?
- How long did this experience last?

Subject knows that his/her own feelings, impulses, volitional acts, or bodily sensations are controlled or imposed by an external agency. Include all 'made' sensations, emotions or actions. The experience of replacement is essential, the will is experienced as diminished or replaced by that of some other agency.

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

55. Delusions of influence (OPCRIT 58)

- **Have people ever seemed to drop hints meant for you, or say things with double meanings?**
- Did you see messages for yourself in the newspapers or on TV or radio?
- Did you feel that something or person around you was giving you special messages?
- Do you sometimes see coded messages in how objects are arranged or in how things happen?
- Can you describe that?
- How often has this happened?
- How long did this experience last?

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

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

56. Persecutory delusions (OPCRIT 54)

- **Have you ever felt that people were deliberately acting to harm you?**
- Were they particularly singling you out?
- Have you felt that a group of people was plotting to cause you harm or injury?
- Can you describe what might have been happening?
- How often has this happened?
- How long did this experience last?

Includes all delusions with persecutory ideation, such as belief that someone is trying to harm them; damage their reputation; or drive them mad without reasonable cause.

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

57. Grandiose delusions (OPCRIT 57)

- **Have you ever felt that you had any special powers, talents, or abilities – much more than other people?**
- Have you ever felt that you had a special purpose, mission, or identity?
- Or that you were rich or famous, or related to prominent people?
- Or, maybe, that you had been chosen by God for a special mission?
- Do you believe that this really is true?
- How long have you felt like this?

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

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

58. Delusional moods (OPCRIT 63)

- Did you ever have the feeling that something odd was going on that you couldn't explain?
- Can you describe what you felt was happening?
- Have you felt puzzled by strange happenings that were difficult to account for?
- Did familiar surroundings seem strange?
- How often has this happened?
- How long did you feel like that?

A delusional mood is a strange mood in which the environment appears changed in a threatening way but the significance of the change cannot be understood by the subject who is usually tense, anxious or bewildered.

A delusional idea appears abruptly in the subject's mind fully developed and is unrelated to other thoughts or perceptions. If a delusional idea is described, code it on item 59 (primary delusional ideas).

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

Note:

- These are rare. If in doubt, rate this down.

59. Primary delusional ideas (OPCRIT 62)

- When you experienced [examples of delusions from items 51 – 58], how did you know what it meant?
- Did you know at once what it meant?
- Did you have any other experiences that made you suspect something like this might happen?
- How often has this happened?
- How long did this experience last?

Intrusive, often sudden knowledge of a radically transformed meaning of a common perception. Subject has an ordinary perception which triggers a firmly held false belief. The belief arises from the perception in an inexplicable way. Example: a woman saw a plane cross the sun and at once knew that alien beings had chosen her for their ambassador on the earth. Exclude if apparently based on abnormal mood, or is part of a culture bound religious experience.

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

Note:

- If in doubt, rate 0 'not present'

60. Bizarre delusions (OPCRIT 59)

- **Have you ever had any odd or unusual experiences – things that other people don't usually experience or things that other people might find hard to believe?**
- Can you give me an example?
- Did you ever feel influenced or affected by X-rays, radio waves or machines or anything like that?
- How often has this happened?
- How long did this experience last?

Delusions are deemed "bizarre" if they are clearly implausible, not understandable, and do not derive from ordinary experiences. Strange, absurd or fantastic delusions that are physically impossible, e.g. "my skin is inside out"; or "there were real little people inside the TV". The delusional content may have a mystical, magical or 'science fiction' quality. Consider the subject's cultural, educational and social background.

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

Psychotic Symptoms present for 2 weeks in the absence of mood symptoms: Yes _____ NO _____

61. Insight (OPCRIT 85)

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

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

- 0 • Insight present
- 1 • Insight impaired

62. Relationship between psychotic and affective symptoms (OPCRIT 52)

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

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

Note:

- **This is a very important item. Use all information available.**
- **If necessary, ask additional clarifying questions.**
- **Rate over lifetime course.**
- **If no affective disorder or no psychosis ever, rate 0 'no co-occurrence'**

63. Psychotic symptoms respond to antipsychotic medications (OPCRIT 89)

- What medications are you currently taking?
- Do you feel the medications have helped in any way? If yes, how?
- Have you ever taken any medications that you felt were helpful in any way? If yes, how?

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

- 0 • No response to neuroleptics, never been psychotic, or never taken neuroleptics
- 1 • Positive response to neuroleptics

**Review all responses.
Make sure you have sufficient information to answer all interviewer rated items.
End interview and thank the participant.**

Before completing interviewer ratings, review the subject's responses to all interview questions. Clarify any inconsistencies and make sure that all questions have been answered.

Then complete interviewer ratings beginning with item 64.

H. INTERVIEWER RATINGS OF PSYCHOTIC SYMPTOMS

64. Well organized delusions (OPCRIT 55)

Base the rating on the extent to which all the delusions have a common theme or development. Systematization implies that if the initial premise is granted, the rest of the delusion is logically constructed and internally consistent.

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

65. Widespread delusions (OPCRIT 60)

Delusions which intrude into most aspects of the subject's life and/or preoccupy the subject for most of his/her time.

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

66. Delusions and hallucinations last for one week (OPCRIT 64)

Any type of delusion accompanied by hallucinations of any type lasting at least one week (both at the same time).

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

67. Persecutory or jealous delusions and hallucinations (OPCRIT 65)

The abnormal beliefs are of delusional intensity and quality and are accompanied by hallucinations (both at the same time).

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

I. INTERVIEWER RATINGS OF DURATION AND COURSE

Use all available information to determine the following ratings.

68. Duration of illness in weeks (OPCRIT 8)

Total duration of illness includes *PRODROMAL* and *RESIDUAL* disabilities as well as the active phase of illness. This must be calculated from first onset of disorder regardless of pattern or course of illness. Refer to question 6 to help determine the number of weeks of prodromal symptoms. Prodromal or residual phase is when any 2 of the following symptoms are present before (prodromal) or after (residual) an active episode:

- Social isolation / marked impairment in role
- Markedly peculiar behavior
- Marked impairment in personal hygiene
- Blunted, flat or inappropriate affect
- Digressive, vague, over-elaborate speech
- Odd or bizarre ideations
- Unusual perceptual experiences

Range • 00 – 99
Maximum • 99

69. Impairment or incapacity during disorder (OPCRIT 87)

Rate on basis of worst episode.

- 0 • No impairment.
- 1 • Subjective impairment only (at work, school, family or social functioning).
- 2 • Evidence of objective functional impairment in major life role with definite reduction in productivity and/or criticism about functioning or performance has been received.
- 3 • Inpatient treatment (any duration) has been received, or no functioning at all in major life role for more than two days, or active psychotic symptoms such as delusions or hallucinations have occurred.

70. Deterioration from premorbid level of functioning (OPCRIT 88)

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

For a significant portion of the time since onset there has been deterioration in work, interpersonal relations, or self-care. If the onset was in childhood or adolescence, there has been failure to achieve the expected interpersonal, academic, or occupational level.

- 0 • No deterioration present
- 1 • Deterioration from premorbid level of functioning

71. Course of disorder (OPCRIT 90)

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

Note:

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

72. Rapport (OPCRIT 86)

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

- 0 • Rapport established without difficulty
- 1 • Rapport difficult

Note:

- If rating from case records, rate 1 'rapport difficult' if poor quality information from case records.

73. Credibility of information (OPCRIT 84)

Subject gives misleading answers to questions or provides a jumbled, incoherent or inconsistent account. When rating from medical records, use own judgment to rate validity of available information.

- 0 • Information credible
- 1 • Information not credible

J. INTERVIEWER RATINGS OF BEHAVIORS AND AFFECT

Rate the following items on the basis of observation during the interview, history, and review of medical records when available. Must have a well documented history of symptom if the symptom is not present at time of interview.

74. Catatonia (OPCRIT 18)

- **Mannerisms:** Odd, idiosyncratic movements or actions, e.g. tapping foot four times before entering a doorway, may be suggestive of specific meaning or purpose.
- **Stereotypes:** Simple, repetitive movements, e.g. rocking, rubbing, nodding, swaying, feeling surfaces, which do not seem to have special significance.
- **Posturing:** Assumes and maintains for >10 minutes, or even hours at a time, odd postures of parts of body which would be very difficult for most people to sustain for long periods.
- **Flexibilitas cerea:** The muscles of a limb become fairly rigid (e.g., if an arm is raised by an examiner into a certain position, the patient will hold it for > 15 seconds).
- **Stupor:** Total or nearly total lack of spontaneous movement and marked decrease of reactivity to the environment.
- **Excitement:** Bouts of uncontrollable, chaotic over-activity (e.g., running around the room, jumping, perhaps shouting, may throw things or be aggressive during such episodes).
 - 0 • Not present
 - 1 • Present less than one month
 - 2 • Present most of the time in a one month period or longer

Note:

- **Such mannerisms should not be explainable by affective changes.**

75. Bizarre behavior (OPCRIT 17)

Grossly odd appearance or behaviors likely to be determined by the subject's psychotic symptoms, for example clothes or ornaments having special significance to the subject (do not include eccentricity determined by membership in a specific social or cultural group).

Includes behavior suggestive of response to auditory hallucinations or thought interference (e.g. lips moving soundlessly; looks around as if voices might be calling).

- 0 • Not present
- 1 • Present

Note:

- **These behaviors do not necessarily indicate hallucinations or thought interference.**

76. Agitated activity (OPCRIT 23)

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

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

77. Restricted affect (OPCRIT 32)

Subject's emotional responses are restricted in range and at interview there is an impression of bland indifference or 'lack of contact.'

- A relatively expressionless face or unchanging facial expression.
- Reduced expressive gestures.
- Diminished vocal inflection.
- Distinguish from a guarded speaking or a relatively normal reticence or shyness.

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

78. Blunted affect (OPCRIT 33)

A global diminution of emotional response. Subject's emotional responses are persistently flat and show a complete failure to 'resonate' to external change.

The difference between restricted and blunted affect should be regarded as one of degree, with 'blunted' only being rated in extreme cases.

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

79. Inappropriate affect (OPCRIT 34)

The range of emotional expression is not necessarily diminished but the subject's emotional responses are inappropriate to the circumstance (e.g. laughter when discussing painful or sad occurrences, fatuous giggling without apparent reason).

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

80. Speech difficult to understand (OPCRIT 26)

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

- 0 • Not present
- 1 • Present

81. Speech incoherent (OPCRIT 27)

As above but with added distortion of grammar. Normal grammatical sentence construction has broken down. Includes "word salad".

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

Note:

- Rate conservatively for only extreme forms of formal thought disorder.

82. Positive formal thought disorder (OPCRIT 28)

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

- Lack of logical connection between parts of a sentence or between sentences
- Totally unexpected shifts from topic to topic
- Answers past the point
- Answers have little relevance to the questions asked
- Bizarre use of words and phrases
- Words that have generally no accepted meaning

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

83. Negative formal thought disorder (OPCRIT 29)

Rate any of the following items:

- **Blocking:** Sudden interruption in speech without reason and then begins again on same or different topic. Not distraction, lapse of attention, lack of understanding.
- **Poverty of content of speech:** Talks freely but so vaguely that little information is given in spite of the number of words used. Exclude incoherence or flight of ideas. Rate only if severe.
- **Restricted quantity of speech:** Frequently fails to answer, questions have to be repeated, restricted to minimum necessary, no extra sentences, no additional comments.

- 0 • Not present
- 1 • Present less than one month
- 2 • Present most of the time in a one month period or longer

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