Clinician-Rated Dimensions of Psychosis Symptom Severity

Patient Name _____ DOB _____ Female ☐ Other ☐

Provider Name _____ Date _____ Male ☐

Instructions: Based on all the [Clear fields] [Save PDF] [Print PDF] [Email PDF] rate (with checkmark) the presence and severity of the following symptoms as experienced by the individual in the past seven (7) days.

Domain	0	1	2	3	4	Score
I. Hallucinations	☐ Not present	☐ Equivocal (severity or duration not sufficient to be considered psychosis)	☐ Present, but mild (little pressure to act upon voices, not very bothered by voices)	☐ Present and moderate (some pressure to respond to voices, or is somewhat bothered by voices)	☐ Present and severe (severe pressure to respond to voices, or is very bothered by voices)	
II. Delusions	☐ Not present	☐ Equivocal (severity or duration not sufficient to be considered psychosis)	☐ Present, but mild (little pressure to act upon delusional beliefs, not very bothered by beliefs)	☐ Present and moderate (some pressure to act upon beliefs, or is somewhat bothered by beliefs)	☐ Present and severe (severe pressure to act upon beliefs, or is very bothered by beliefs)	
III. Disorganized speech	☐ Not present	☐ Equivocal (severity or duration not sufficient to be considered disorganization)	☐ Present, but mild (some difficulty following speech)	☐ Present and moderate (speech often difficult to follow)	☐ Present and severe (speech almost impossible to follow)	
IV. Abnormal psychomotor behavior	☐ Not present	☐ Equivocal (severity or duration not sufficient to be considered abnormal psychomotor behavior)	☐ Present, but mild (occasional abnormal or bizarre motor behavior or catatonia)	☐ Present and moderate (frequent abnormal or bizarre motor behavior or catatonia)	☐ Present and severe (abnormal or bizarre motor behavior or catatonia almost constant)	
V. Negative symptoms (restricted emotional expression or avolition)	☐ Not present	☐ Equivocal decrease in facial expressivity, prosody, gestures, or self-initiated behavior	☐ Present, but mild decrease in facial expressivity, prosody, gestures, or self-initiated behavior	☐ Present and moderate decrease in facial expressivity, prosody, gestures, or self-initiated behavior	☐ Present and severe decrease in facial expressivity, prosody, gestures, or self-initiated behavior	
VI. Impaired cognition	☐ Not present	☐ Equivocal (cognitive function not clearly outside the range expected for age or SES; i.e., within 0.5 SD of mean)	☐ Present, but mild (some reduction in cognitive function; below expected for age and SES, 0.5–1 SD from mean)	☐ Present and moderate (clear reduction in cognitive function; below expected for age and SES, 1–2 SD from mean)	☐ Present and severe (severe reduction in cognitive function; below expected for age and SES, > 2 SD from mean)	
VII. Depression	☐ Not present	☐ Equivocal (occasionally feels sad, down, depressed, or hopeless; concerned about having failed someone or at something but not preoccupied)	☐ Present, but mild (frequent periods of feeling very sad, down, moderately depressed, or hopeless; concerned about having failed someone or at something, with some preoccupation)	☐ Present and moderate (frequent periods of deep depression or hopelessness; preoccupation with guilt, having done wrong)	☐ Present and severe (deeply depressed or hopeless daily; delusional guilt or unreasonable self-reproach grossly out of proportion to circumstances)	
VIII. Mania	☐ Not present	☐ Equivocal (occasional elevated, expansive, or irritable mood or some restlessness)	☐ Present, but mild (frequent periods of somewhat elevated, expansive, or irritable mood or restlessness)	☐ Present and moderate (frequent periods of extensively elevated, expansive, or irritable mood or restlessness)	☐ Present and severe (daily and extensively elevated, expansive, or irritable mood or restlessness)	

Note. SD = standard deviation; SES = socioeconomic status.

[Clear fields] [Save PDF] [Print PDF] [Email PDF]

TOTAL: 0

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Instructions to Clinicians

The Clinician-Rated Dimensions of Psychosis Symptom Severity is an 8-item measure that assesses the severity of mental health symptoms that are important across psychotic disorders, including delusions, hallucinations, disorganized speech, abnormal psychomotor behavior, negative symptoms (i.e., restricted emotional expression or avolition), impaired cognition, depression, and mania. The severity of these symptoms can predict important aspects of the illness, such as the degree of cognitive and/or neurobiological deficits. The measure is intended to capture meaningful variation in the severity of symptoms, which may help with treatment planning, prognostic decision-making, and research on pathophysiological mechanisms. The measure is completed by the clinician at the time of the clinical assessment. Each item asks the clinician to rate the severity of each symptom as experienced by the individual during the past 7 days.

Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (0=none; 1=equivocal; 2=present, but mild; 3=present and moderate; and 4=present and severe) with a symptom-specific definition of each rating level. The clinician may review all of the individual's available information and, based on clinical judgment, select (✓) the level that most accurately describes the severity of the individual's condition. The clinician then indicates the score for each item in the "Score" column provided. The response on each item should be interpreted independently when assessing the severity of the psychotic disorder.

Frequency of Use

To track changes in the individual's symptom severity over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual's symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the individual that might warrant further assessment, treatment, and follow-up. Clinical judgment should guide decision making.

The APA is offering a number of "emerging measures" for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5. The APA requests that clinicians and researchers provide further data on the instruments' usefulness in characterizing patient status and improving patient care at http://www.dsm5.org/Pages/Feedback-Form.aspx.

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