4-ITEM POSITIVE SYMPTOM RATING SCALE AND BRIEF NEGATIVE SYMPTOM ASSESSMENT

4-Item Positive Symptom Rating Scale*
NA = not able to be assessed, 1 = symptom not present, 6/7 = severe/extremely severe

1. Suspiciousness NA 1 2 3 4 5 6 7
2. Unusual Thought Content NA 1 2 3 4 5 6 7
3. Hallucinations NA 1 2 3 4 5 6 7
4. Conceptual Disorganization NA 1 2 3 4 5 6 7 SCORE: _____

* A response is considered a 20% reduction in symptoms from initiation of treatment.

4-Item Negative Symptom Rating Scale
1 = symptom not present, 6 = severe

1. Prolonged Time to Respond 1 2 3 4 5 6
2. Emotion. Unchanging facial expression
   Blank, expressionless face 1 2 3 4 5 6
3. Reduced Social Drive 1 2 3 4 5 6
4. Poor Grooming and Hygiene 1 2 3 4 5 6 SCORE: _____

Source of Information (check all applicable): Explain here if validity of assessment is questionable:

_____ Patient
_____ Parents/Relatives
_____ Mental Health Professionals
_____ Chart

_____ Symptoms possibly drug-induced
_____ Underreported due to lack of rapport
_____ Underreported due to negative symptoms
_____ Patient uncooperative
_____ Difficult to assess due to formal thought disorder
   _____ Other

Confidence in Assessment (scale of 0 to 5)
1 = not at all, 5 = very confident SCORE: _____

Patient Global Self Report (scale of 0 to 10)
0 = no symptoms/side effects, 5 = moderate; 10 = very severe

Symptoms SCORE: _____
Side Effects SCORE: _____
