



**KSADS-PL DSM-5 November 2016:**

**SUPPLEMENT # 2**

**SCHIZOPHRENIA SPECTRUM AND OTHER  
PSYCHOTIC DISORDERS SUPPLEMENT**

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Subject

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Date

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Interviewer

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**Probes:** In addition to the probes provided below for assessing the specific categories of hallucinations, use some of the following probes to further evaluate the validity of the reported hallucinations.

**Follow up on data obtained during the screen interview.** Use the language the child used earlier in discussing possible hallucinations to elicit the information below.

*These voices you hear (or other hallucinations), do they occur when you are awake or asleep? Could it be a dream? Do they happen when you are falling asleep? Waking up? Only when it is dark? Do they happen at any other time also? Were you sick with fever when they occurred? Was it like a thought or more like a voice (noise) or a vision? Was it like you were imagining things? Did you have any control over it? Could you stop it if you wanted to? Were you having a seizure? Had you been drinking beer, wine, liquor, or taking any drugs when it happened?*

**NOTE: CAREFULLY ASSESS RELATIONSHIP BETWEEN ALCOHOL AND DRUG USE AND PSYCHOTIC-LIKE SYMPTOMS.**

**NOTE: COMPLETE BOTH HALLUCINATIONS AND DELUSIONS SECTIONS FOR ALL SUBJECTS WHO SCORED POSITIVELY ON EITHER HALLUCINATION OR DELUSION SCREEN ITEMS.**

**NOTE: BE SURE TO DIFFERENTIATE BETWEEN ILLUSIONS VS. HALLUCINATIONS. IN MOST CASES, SPORADICALLY HEARING NAME BEING CALLED IS NOT A TRUE PSYCHOTIC SYMPTOM.**

**NOTE: TRANSIENTLY HEARING THE VOICE OR SEEING THE IMAGE OF A DECEASED PERSON MAY BE BETTER ACCOUNTED FOR BY BEREAVEMENT.**

**Criteria**  
 0 = No Information.  
 1 = Not present.  
 2 = Subthreshold: Suspected or likely.  
 3 = Threshold: Definite.

**1. Auditory Hallucinations**

a. Non-Verbal Sounds (e.g., Music)

Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

*Do you hear music or other noises that other people cannot hear?*

b. Command Hallucinations

0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

*Do the voices tell you to do anything? (What?) (Good or bad?)  
 Have they ever told you to hurt or kill yourself? How?  
 Have they ever told you to hurt or kill someone else? Who? How?  
 Have you ever done things that the voices told you to do?*

(Specify if content always related to depression or mania)

<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no
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c. Running Commentary (Commenting Voice)

0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

*Do you hear voices that talk about what you're doing? Or feeling? Or thinking?*

(Specify if content always related to depression or mania)

<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no
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Subject



**Criteria**

0 = No Information.  
 1 = Not present.  
 2 = Subthreshold: Suspected or likely.  
 3 = Threshold: Definite.

**d. Conversing Voices**

Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

How many voices do you hear?  
 What do they say?  
 Do they talk with each other?

(Specify if content always related to depression or mania)

<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no
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**e. Thoughts Aloud**

Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Do you ever hear your thoughts spoken aloud?  
 If somebody stood next to you, could they hear your thinking?  
 Is it a real voice outside your head?

**f. Other Verbal Hallucinations**

Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Have there been other noises or voices you have heard that you have not told me about?  
 Do the voices ever criticize you? Make fun of you? Say they are going to do things to you?  
 Has God (Jesus), angels, demons, the Virgin Mary, or saints talked to you?  
 Are there any other people you know who had ( ) talk to them?

(Specify if content always related to depression or mania)

<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no
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**2. Location of Voices/Noises**

**a. Inside Head Only**

Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Where did the voices come from? From inside your head?  
 Was it your thoughts you heard?  
 Could other people hear the voices?

**b. Outside Head Only**

Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

From outside your head, through your ears?  
 Did it sound as clear as my voice does talking to you right now?

**c. Combination**

Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Have the voices sometimes seemed to be inside your head, and other times outside your head?  
 Sometimes like thoughts and other times like my voice now?

Subject

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Hallucinations

**Criteria**

- 0 = No Information.
- 1 = Not present.
- 2 = Subthreshold: Suspected or likely.
- 3 = Threshold: Definite.

3. Visual Hallucinations

Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Do you see things other children don't?  
 What do you see?  
 Did you see something real, or was it just like a shadow moving? How clear was it?  
 Did you see it several times for several days in a row?

(Specify if content always related to depression or mania)

<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no
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4. Tactile Hallucinations

Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Do you ever feel like someone or something is touching you, but when you look there is nothing there? Tell me about it?

(Specify if content always related to depression or mania)

<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> no
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5. Olfactory Hallucinations

Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Do you ever smell things other people don't smell? What is it?

6. Illusions

False perceptions stimulated by a real perception which is momentarily transformed. They occur frequently due to poor perceptual resolution (darkness, noisy locale) or inattention and they are immediately corrected when attention is focused on the external sensory stimulus or perceptual resolution improves.

Have you ever seen things around your room at night that you thought were something else? Like did you ever look at one of your stuffed animals or a shirt and think it was something that could get you? Have you ever looked at a rope and thought it was a snake? Other things?

7. Interviewer rating

Considering all above items; are true hallucinations present?

0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )

Subject

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Codes for Remaining Items: 0 = No Information 1 = No 2 = Yes

	Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP		
<u>8. Cultural Acceptance of Hallucinations</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Does anyone else in your family or any members of your church experience the same (specify hallucination)?

<u>9. Duration of Hallucinations</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

One or a combination of hallucinations lasted throughout the day for several days or several times a week for several weeks.

<u>10. Association with Affective Illness</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Hallucinations always occurred during or within 2 weeks of an affective illness.

Specify: (MDD, Mania or both)

<u>11. Association with Trauma</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Hallucinations themes reflect past traumatic experiences.

Specify:

<u>12. Association with Substance Use or Medical Condition (high fever, seizure, medication)</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Hallucinations always occurred after substance use or in the course of a medical condition.

Specify:

<u>13. Evidence of a Precipitant</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Specify:

<u>14. Duration of Symptoms one week or greater</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Specify Duration:

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Weeks

Subject

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Delusions

**Probes:** In addition to the probes provided below for assessing the specific types of delusions, use some of the following probes to further evaluate the validity of the reported delusions.

- Are you sure that this \_\_\_\_\_ is this way?
- Could there be any other reason for it?
- How do you know that it happens as you say?
- Any other possible explanation?
- Is what you told me make believe or real? (You might suggest other possible explanations and see how the subject reacts to them.)

**Follow up on data obtained during the screen interview. Use the language the child used earlier in discussing possible delusions to elicit the information below.**

**Rate fixed false beliefs that are above and beyond what would be expected from a child of same age. Also keep in mind cultural beliefs. Do not rate symptoms that are exclusively accounted for by OCD, GAD, PDD, Somatoform Disorders, or Eating Disorders.**

**Criteria**

- 0 = No Information
- 1 = Absent
- 2 = Subthreshold: Suspected or Likely
- 3 = Threshold: Definite

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
<u>1. Grandiosity</u>	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Do you feel that you are a very important person or that you have special powers or abilities? What are they?  
 Are you related to important people like kings or the president or a sports figure?  
 Do you have special powers like reading people's minds? Tell me more about it?  
 Has God chosen you to perform any special tasks for Him?

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
<u>2. Guilt/Sin</u>	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Do you ever feel like you did something terrible?  
 What is the worst thing that you ever did?  
 Do you deserve punishment?

	Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
<u>3. Delusions of Control</u>	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Do you have the feeling that you are being controlled by some force or power outside yourself? Whose power?  
 Do you feel sometimes that you are a puppet or a robot and can't control what you do?  
 Or that you are forced to move or say things that you don't want to?

Subject 

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Delusions

**Criteria**

- 0 = No Information
- 1 = Absent
- 2 = Subthreshold: Suspected or Likely
- 3 = Threshold: Definite

4. Somatic Delusions

Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

*Do you think you have any serious diseases? How do you know? Are you sure?  
 Has something happened to your body or insides? Tell me about it.  
 Maybe you just feel these things but nothing is wrong with you. Could that be?*

4a. Only during Affective Episode

( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
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5. Nihilism

( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
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*Do you feel that something terrible will happen or has happened? What will happen?  
 Have you felt that the world is coming to an end? When?*

6. Thought Broadcasting

( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
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*Do you ever feel that your thoughts are broadcast out loud so that other people know what you are thinking? Like on a radio, so that anyone listening could hear them?  
 Have you actually heard your thoughts spoken out loud? Have others heard them?*

7. Thought Insertion

( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
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*Do you feel that thoughts are put into your mind that are not your own?  
 Who put them there? How? Why?*

8. Thought Withdrawal

( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
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*Have you had thoughts taken out of your mind by someone or some special force?  
 Tell me what happened.*

9. Message from TV/Radio

( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
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*Does your TV or radio ever talk about you or send you messages?  
 What about songs?*

Subject

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Draft



Delusions

**Criteria**

- 0 = No Information
- 1 = Absent
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- 3 = Threshold: Definite

10. Delusions of Persecution

*Has anyone been making things hard, or purposely causing you trouble, or trying to hurt you, or plotting against you?  
How come?*

Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

11. Delusions That Others Can Read His/Her Mind

*Can people know what you are thinking in some strange way?  
Is that because of the way you look or is it just because they know what you are thinking because they can read your mind?*

Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

12. Delusions of Reference

*Do people seem to drop hints about you?  
Do people say things with a double meaning?  
Do they do things in a special way to tell you something?  
Have things seemed especially arranged so only you understand the meaning?*

Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

13. Other Bizarre Delusions

*Any other special thoughts that you want to tell me about?*

Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

14. Interviewer Rating

Consider all above items: Are true delusions present?

Parent CE				Parent MSP				Child CE				Child MSP				Summary CE				Summary MSP							
0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

**Codes for Remaining Items:** 0 = No Information 1 = No 2 = Yes

15. Subcultural or Family Delusions

*Do other people in your family also believe in what you say (ask the mother and if necessary other members of the family)?  
Do other members of your religion believe in that too?  
Do other children like your friends believe in what you believe?*

Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP		
0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Subject

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Draft





**Delusions**

**Codes for Remaining Items:** 0 = No Information 1 = No 2 = Yes

	Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP		
<u>16. Multiple Delusions</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

<u>17. Delusions always occurred during or within 2 weeks of an affective illness.</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Specify: (MDD, Mania or Both)

<u>18. Delusions always occurred in the context of substance use or during the course of a medical illness.</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

<u>19. Content of Delusions always related to depressed or elated mood.</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

<u>20. Evidence of a Precipitant</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

<u>21. Duration of Symptoms one week or more.</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Specify Duration:    Weeks

Subject

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Codes for Remaining Items:** 0 = No Information 1 = No 2 = Yes

Rate based on observation during interview.

	Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP		
<b>1a. Flat Affect</b>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Deficit in emotional contact not explainable by severe mood disturbance or preoccupation, i.e. even with adequate efforts on the part of the interviewer to establish appropriate emotional contact, the subject does not give back signs of emotional response such as occasional smiling, tearfulness, laughing, or looking directly at the interviewer. At the "moderate" level or above, there is flatness of affect as indicated by monotonous voice and facial expression lacking signs of emotion.

<b>1b. Inappropriate Affect/Grossly Disorganized</b>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Affect is incongruous with content of speech, for example, giggles while discussing reason for hospitalization (e.g., incongruity does not mean excessive intensity but qualitative inconsistency with thought content and/ or environmental circumstance); or grossly disorganized behavior (e.g., defecate or run naked in public).

<b>2a. Disorganized Speech/ Incoherence</b>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Speech that is generally not understandable, running together of thoughts or words with no logical or grammatical connections, resulting in disorganization.

**Do not rate if due to learning disabilities, low IQ, or speech disorders.**

<b>2b. Loosening of Associations</b>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

Flow of thought in which ideas shift from one subject to another in a completely unrelated way.

**Do not rate if due to learning disabilities, low IQ, or speech disorders.**

Subject

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**Codes for Remaining Items:** 0 = No Information 1 = No 2 = Yes

	Parent CE			Parent MSP			Child CE			Child MSP			Summary CE			Summary MSP		
<u>3. Catatonic Behavior</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
Motor anomalies including immobility, stupor, rigidity, bizarre posturing, waxy flexibility, and excited movements (purposeless and stereotyped excited motor activity not influenced by external stimuli).																		

**IMPAIRED FUNCTIONING DURING ACTIVE ILLNESS**

<u>1. Impaired School Performance</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
<u>2. Impaired Peer Relations</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
<u>3. Impaired Family Relations</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )
<u>4. Impaired Self Care</u>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )	( )

**COMPLETE DIAGNOSTIC TREES BEGINNING ON PAGE 11 OF THIS SUPPLEMENT.**

Subject 

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**Codes for Following Items:** 0 = No Information 1 = No 2 = Yes

	Parent			Child			Summary		
	0	1	2	0	1	2	0	1	2
Ever had psychotic symptoms <u>not</u> associated with depression or mania. (If psychosis is better accounted for by depression, or mania rate as 1)	0 ( )	1 ( )	2 ( )	0 ( )	1 ( )	2 ( )	0 ( )	1 ( )	2 ( )

**1. Evidence of Schizophrenia**

*DSM-5 Criteria*

- A. Two (or more) of the following, each present for a significant portion of time during a one month period (or less if symptoms successfully treated). At least one of these must be (1), (2), or (3):
- 1) Delusions
  - 2) Hallucinations
  - 3) Disorganized speech (e.g., frequent derailment or incoherence)
  - 4) Grossly disorganized or catatonic behavior
  - 5) Negative symptoms (e.g., affective flattening, alogia, or avolition)
- B. Social/ occupational dysfunction: For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational functioning).
- C. Duration: Continuous signs of the disturbance persist for at least six months. This 6-month period must include at least one month of symptoms (or less if successfully treated) that meet criterion (A) (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbances may be manifested by only negative symptoms or by two or more symptoms listed in criterion (A) present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).
- D. Schizoaffective and Mood Disorder exclusion: Schizoaffective and Mood Disorder With Psychotic Features have been ruled out because either:
- 1) no Major Depressive, Manic, or Mixed Episodes have occurred concurrently with the active-phase symptoms; or
  - 2) if mood episodes have occurred during the active-phase symptoms, their total duration has been brief relative to the duration of the active and residual periods.
- E. Substance/ general medical condition exclusion: The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.
- F. Relationship to Autism Spectrum Disorders: If there is a history of Autism Spectrum Disorder, the additional diagnosis of Schizophrenia is made only if prominent delusions or hallucinations are also present for at least one month (or less if successfully treated).

Summary CE			Summary MSP		
0	1	2	0	1	2
( )	( )	( )	( )	( )	( )

**If meets criteria for SCHIZOPHRENIA, specify:**

	CE			MSP		
	0	1	2	0	1	2
1. First episode, currently in acute episode	0 ( )	1 ( )	2 ( )	0 ( )	1 ( )	2 ( )
2. First episode, currently in partial remission	0 ( )	1 ( )	2 ( )	0 ( )	1 ( )	2 ( )
3. First episode, currently in full remission	0 ( )	1 ( )	2 ( )	0 ( )	1 ( )	2 ( )
4. Multiple episodes, currently in acute episode	0 ( )	1 ( )	2 ( )	0 ( )	1 ( )	2 ( )

Subject

**Codes for Following Items:** 0 = No Information 1 = No 2 = Yes

If meets criteria for <b>SCHIZOPHRENIA</b> , specify (con't):	Summary CE	Summary MSP
5) Multiple episodes, currently in partial remission	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
6) Multiple episodes, currently in full remission (Unspecified Describe) _____	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
<b>2. DSM-5 Criteria: Evidence of Schizophreniform Disorder</b>	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
A. Two (or more) of the following, each present for a significant portion of the time during a 1 month period (or less if successfully treated). At least one of these must be (1), (2), or (3): (1) Delusions; (2) Hallucinations; (3) Disorganized speech; (4) Grossly disorganized or catatonic behavior; (5) Negative symptoms. B. Duration: At least 1 month but less than 6 months. C. Schizoaffective disorder and depressive or bipolar disorder with psychotic features have been ruled out. D. Not attributable to the physiological effects of a substance (e.g., drug of abuse, a medication) or another medical condition.		
<b>If meets criteria for SCHIZOPHRENIFORM DISORDER, specify if:</b>	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
A. With Good Prognostic Features (as evidenced by two (or more) of the following): 1. Onset of prominent psychotic symptoms within four weeks of the first noticeable change in usual behavior or functioning. 2. Confusion or perplexity. 3. Good premorbid social and occupational functioning. 4. Absence of blunted or flat affect.		
B. Without Good Prognostic Features Two or more of the above good prognostic features not present.	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
<b>3. For diagnosis of Brief Psychotic Disorder (the following criteria are required)</b>	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
<b>DSM-5- Criteria</b>		
A. Presence of one (or more) of the following symptoms. At least one of these must be (1), (2) or (3): 1. Delusions. 2. Hallucinations. 3. Disorganized speech (e.g., frequent derailment or incoherence). 4. Grossly disorganized or catatonic behavior.		
<b>NOTE: DO NOT INCLUDE A SYMPTOM IF IT IS A CULTURALLY SANCTIONED RESPONSE PATTERN.</b>		
B. Duration of an episode of disturbance is at least one day but less than one month, with eventual full return to premorbid level of functioning.		
C. The disturbance is not better accounted for by a Mood Disorder with Psychotic features, Schizoaffective Disorder, or Schizophrenia and is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.		
<b>If meets criteria for BRIEF PSYCHOTIC DISORDER, specify if:</b>	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
A. With Marked Stressor(s): If symptoms occur shortly after and apparently in response to events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the person's culture.		
B. Without Marked Stressor(s): If symptoms do <b>not</b> occur shortly after, or are <b>not</b> apparently in response to events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the person's culture.	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )
C. Postpartum Onset: If onset within four weeks post-partum.	0 1 2 ( ) ( ) ( )	0 1 2 ( ) ( ) ( )

Subject 

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**Codes for Remaining Items:** 0 = No Information 1 = No 2 = Yes

	Summary CE			Summary MSP		
<u>4. For a diagnosis of Psychotic Disorder Due to General Medical Condition</u>	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )

*DSM-5- Criteria*

- A. Prominent hallucinations or delusions.
- B. There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of general medical condition.
- C. The disturbance is not better accounted for by another mental disorder.
- D. The disturbance does not occur exclusively during the course of a delirium.

<u>5. For a diagnosis of Substance-induced Psychotic Disorder</u>	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )

*DSM-5- Criteria*

- A. Prominent hallucinations or delusions.
- NOTE: DO NOT INCLUDE HALLUCINATIONS IF THE PERSON HAS INSIGHT THAT THEY ARE SUBSTANCE INDUCED.**
- B. There is evidence from the history, physical examination, or laboratory findings of either 1) or 2):
  - 1) The symptoms in Criterion (A) developed during, or within a month of, Substance Intoxication or Withdrawal.
  - 2) Medication use is etiologically related to the disturbance.
- C. The disturbance is not better accounted for by a Psychotic Disorder that is not substance induced. Evidence that the symptoms are better accounted for by a Psychotic Disorder that is not substance induced might include the following: the symptoms precede the onset of the substance use (or medication use); the symptoms persist for a substantial period of time (e.g., about a month) after the cessation of acute withdrawal or severe intoxication, or are substantially in excess of what would be expected given the type or the amount of the substance used or the duration of use; or there is other evidence that suggests the existence of an independent non-substance-induced Psychotic Disorder (e.g., a history of recurrent non-substance-related episodes).
- D. The disturbance does not occur exclusively during the course of a delirium.
- NOTE: THIS DIAGNOSIS SHOULD BE MADE INSTEAD OF A DIAGNOSIS OF SUBSTANCE INTOXICATION OR SUBSTANCE WITHDRAWAL ONLY WHEN THE SYMPTOMS ARE IN EXCESS OF THOSE USUALLY ASSOCIATED WITH THE INTOXICATION OR WITHDRAWAL SYNDROME AND WHEN THE SYMPTOMS ARE SUFFICIENTLY SEVERE TO WARRANT INDEPENDENT CLINICAL ATTENTION.**

<u>6. For a diagnosis of Psychotic Disorder Not Elsewhere Classified</u>	0	1	2	0	1	2
	( )	( )	( )	( )	( )	( )

*DSM-5- Criteria*

This category includes psychotic symptomatology (i.e., delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior) about which there is inadequate information to make a specific diagnosis or about which there is contradictory information, or disorders with psychotic symptoms that do not meet criteria for any specific psychotic disorder.

Examples include:

- 1) Postpartum psychosis that does not meet criteria for Mood Disorder with Psychotic Features, Brief Psychotic Disorder, Psychotic Disorder due to a General Medical Condition, or Substance-Induced Psychotic Disorder.
- 2) Psychotic symptoms that have lasted for less than 1 month but that have not yet remitted, so that the criteria for Brief Psychotic Disorder are not met.
- 3) Persistent auditory hallucinations in the absence of any other features.
- 4) Persistent nonbizarre delusions with periods of overlapping mood episodes that have been present for a substantial portion of the delusional disturbance.
- 5) Situations in which the clinician has concludes that a Psychotic Disorder is present, but is unable to determine whether it is primary, due to a general medical condition or substance induced.

Subject

