

# PANSS

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## Rating Criteria

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### *Positive Scale (P)*

**P1. Delusions.** Beliefs which are unfounded, unrealistic, and idiosyncratic. *Basis for rating:* thought content expressed in the interview and its influence on social relations and behavior as reported by primary care workers or family.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Presence of one or two delusions, which are vague, uncrystallized, and not tenaciously held. Delusions do not interfere with thinking, social relations, or behavior.
4	Moderate	Presence of either a kaleidoscopic array of poorly formed, unstable delusions or a few well-formed delusions that occasionally interfere with thinking, social relations, or behavior.
5	Moderate	Presence of numerous well-formed delusions that are tenaciously held and occasionally interfere with thinking, social relations, or behavior.
6	Severe	Presence of a stable set of delusions which are crystallized, possibly systematized, tenaciously held, and clearly interfere with thinking, social relations, and behavior.
7	Extreme	Presence of a stable set of delusions which are either highly systematized or very numerous, and which dominate major facets of the patient's life. This frequently results in inappropriate and irresponsible action, which may even jeopardize the safety of the patient or others.

### *Positive Scale (P)*

**P2. Conceptual disorganization.** Disorganized process of thinking characterized by disruption of goal-directed sequencing, e.g., circumstantiality, tangentiality, loose associations, non-sequiturs, gross illogicality, or thought block. *Basis for rating:* cognitive-verbal processes observed during the course of interview.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Thinking is circumstantial, tangential, or paralogical. There is some difficulty in directing thoughts toward a goal, and some loosening of associations may be evidenced under pressure.
4	Moderate	Able to focus thoughts when communications are brief and structured, but becomes loose or irrelevant when dealing with more complex communications or when under minimal pressure.
5	Moderate Severe	Generally has difficulty in organizing thoughts, as evidenced by frequent irrelevancies, disconnectedness, or loosening of associations even when not under pressure.
6	Severe	Thinking is seriously derailed and internally inconsistent, resulting in gross irrelevancies and disruption of thought processes, which occur almost constantly.
7	Extreme	Thoughts are disrupted to the point where the patient is incoherent. There is marked loosening of associations, which results in total failure of communication, e.g., "word salad" or mutism.

### ***Positive Scale (P)***

**P3. Hallucinatory behavior.** Verbal report or behavior indicating perceptions which are not generated by external stimuli. These may occur in the auditory, visual, olfactory, or somatic realms. *Basis for rating:* verbal report and physical manifestations during the course of interview as well as reports of behavior by primary care workers or family.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	One or two clearly formed but infrequent hallucinations, or else a number of vague abnormal perceptions, which do not result in distortions of thinking or behavior.
4	Moderate	Hallucinations occur frequently but not continuously, and the patient's thinking and behavior are affected only to a minor extent.
5	Moderate Severe	Hallucinations are frequent, may involve more than one sensory modality, and tend to distort thinking and/or disrupt behavior. Patient may have delusional interpretation of these experiences and respond to them emotionally and, on occasion, verbally as well.
6	Severe	Hallucinations are present almost continuously, causing major disruption of thinking and behavior. Patient treats these as real perceptions, and functioning is impeded by frequent emotional and verbal responses to them.
7	Extreme	Patient is almost totally preoccupied with hallucinations, which virtually dominate thinking and behavior. Hallucinations are provided a rigid delusional interpretation and provoke verbal and behavioral responses, including obedience to command hallucinations.

### ***Positive Scale (P)***

**P4. Excitement.** Hyperactivity as reflected in accelerated motor behavior, heightened responsiveness to stimuli, hypervigilance, or excessive mood lability. *Basis for rating:* behavioral manifestations during the course of interview as well as reports of behavior by primary care workers or family.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Tends to be slightly agitated, hypervigilant, or mildly overaroused throughout the interview, but without distinct episodes of excitement or marked mood lability. Speech may be slightly pressured.
4	Moderate	Agitation or overarousal is clearly evident throughout the interview, affecting speech and general mobility, or episodic outbursts occur sporadically.
5	Moderate Severe	Significant hyperactivity or frequent outbursts of motor activity are observed, making it difficult for the patient to sit still for longer than several minutes at any given time.
6	Severe	Marked excitement dominates the interview, delimits attention, and to some extent affects personal functions such as eating and sleeping.
7	Extreme	Marked excitement seriously interferes in eating and sleeping and makes interpersonal interactions virtually impossible. Acceleration of speech and motor activity may result in incoherence and exhaustion.

### *Positive Scale (P)*

**PS. Grandiosity.** Exaggerated self-opinion and unrealistic convictions of superiority, including delusions of extraordinary abilities, wealth, knowledge, fame, power, and moral righteousness. *Basis for rating:* thought content expressed in the interview and its influence on behavior as reported by primary care workers or family.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Some expansiveness or boastfulness is evident, but without clear-cut grandiose delusions.
4	Moderate	Feels distinctly and unrealistically superior to others. Some poorly formed delusions about special status or abilities may be present but are not acted upon.
5	Moderate Severe	Clear-cut delusions concerning remarkable abilities, status, or power are expressed and influence attitude but not behavior.
6	Severe	Clear-cut delusions of remarkable superiority involving more than one parameter (wealth, knowledge, fame, etc.) are expressed, notably influence interactions, and may be acted upon.
7	Extreme	Thinking, interactions, and behavior are dominated by multiple delusions of amazing ability, wealth, knowledge, fame, power, and/or moral stature, which may take on a bizarre quality.

### *Positive Scale (P)*

**P6. Suspiciousness/persecution.** Unrealistic or exaggerated ideas of persecution, as reflected in guardedness, a distrustful attitude, suspicious hypervigilance, or frank delusions that others mean one harm. *Basis for rating:* thought content expressed in the interview and its influence on behavior as reported by primary care workers or family.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Presents a guarded or even openly distrustful attitude, but thoughts, interactions, and behavior are minimally affected.
4	Moderate	Distrustfulness is clearly evident and intrudes on the interview and/or behavior, but there is no evidence of persecutory delusions. Alternatively, there may be indication of loosely formed persecutory delusions, but these do not seem to affect the patient's attitude or interpersonal relations.
5	Moderate Severe	Patient shows marked distrustfulness, leading to major disruption of interpersonal relations, or else there are clear-cut persecutory delusions that have limited impact on interpersonal relations and behavior.
6	Severe	Clear-cut pervasive delusions of persecution which may be systematized and significantly interfere in interpersonal relations.
7	Extreme	A network of systematized persecutory delusions dominates the patient's thinking, social relations, and behavior.

### ***Positive Scale (P)***

**P7. Hostility.** Verbal and nonverbal expressions of anger and resentment, including sarcasm, passive-aggressive behavior, verbal abuse, and assaultiveness. *Basis for rating:* interpersonal behavior observed during the interview and reports by primary care workers or family.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Indirect or restrained communication of anger, such as sarcasm, disrespect, hostile expressions, and occasional irritability.
4	Moderate	Presents an overtly hostile attitude, showing frequent irritability and direct expression of anger or resentment.
5	Moderate Severe	Patient is highly irritable and occasionally verbally abusive or threatening.
6	Severe	Uncooperativeness and verbal abuse or threats notably influence the interview and seriously impact upon social relations. Patient may be violent and destructive but is not physically assaultive toward others.
7	Extreme	Marked anger results in extreme uncooperativeness, precluding other interactions, or in episode(s) of physical assault toward others.

### ***Negative Scale (N)***

**N1. Blunted affect.** Diminished emotional responsiveness as characterized by a reduction in facial expression, modulation of feelings, and communicative gestures. *Basis for rating:* observation of physical manifestations of affective tone and emotional responsiveness during the course of interview.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Changes in facial expression and communicative gestures seem to be stilted, forced, artificial, or lacking in modulation.
4	Moderate	Reduced range of facial expression and few expressive gestures result in a dull appearance.
5	Moderate Severe	Affect is generally "flat," with only occasional changes in facial expression and a paucity of communicative gestures.
6	Severe	Marked flatness and deficiency of emotions exhibited most of the time. There may be unmodulated extreme affective discharges, such as excitement, rage, or inappropriate uncontrolled laughter.
7	Extreme	Changes in facial expression and evidence of communicative gestures are virtually absent. Patient seems constantly to show a barren or "wooden" expression.

### *Negative Scale (N)*

**N2. Emotional withdrawal.** Lack of interest in, involvement with, and affective commitment to life's events. *Basis for rating:* reports of functioning from primary care workers or family and observation of interpersonal behavior during the course of interview.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Usually lacks initiative and occasionally may show deficient interest in surrounding events.
4	Moderate	Patient is generally distanced emotionally from the milieu and its challenges but, with encouragement, can be engaged.
5	Moderate Severe	Patient is clearly detached emotionally from persons and events in the milieu, resisting all efforts at engagement. Patient appears distant, docile, and purposeless but can be involved in communication at least briefly and tends to personal needs, sometimes with assistance.
6	Severe	Marked deficiency of interest and emotional commitment results in limited conversation with others and frequent neglect of personal functions, for which the patient requires supervision.
7	Extreme	Patient is almost totally withdrawn, uncommunicative, and neglectful of personal needs as a result of profound lack of interest and emotional commitment.

### *Negative Scale (N)*

**N3. Poor rapport.** Lack of interpersonal empathy, openness in conversation, and sense of closeness, interest, or involvement with the interviewer. This is evidenced by interpersonal distancing and reduced verbal and nonverbal communication. *Basis for rating:* interpersonal behavior during the course of interview.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Conversation is characterized by a stilted, strained, or artificial tone. It may lack emotional depth or tend to remain on an impersonal, intellectual plane.
4	Moderate	Patient typically is aloof, with interpersonal distance quite evident. Patient may answer questions mechanically, act bored, or express disinterest.
5	Moderate Severe	Disinvolvement is obvious and clearly impedes the productivity of the interview. Patient may tend to avoid eye or face contact.
6	Severe	Patient is highly indifferent, with marked interpersonal distance. Answers are perfunctory, and there is little nonverbal evidence of involvement. Eye and face contact are frequently avoided.
7	Extreme	Patient is totally uninvolved with the interviewer. Patient appears to be completely indifferent and consistently avoids verbal and nonverbal interactions during the interview.

## *Negative Scale (N)*

**N4. Passive/apathetic social withdrawal.** Diminished interest and initiative in social interactions due to passivity, apathy, anergy, or avolition. This leads to reduced interpersonal involvements and neglect of activities of daily living. *Basis for rating:* reports on social behavior from primary care workers or family.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Shows occasional interest in social activities but poor initiative. Usually engages with others only when approached first by them.
4	Moderate	Passively goes along with most social activities but in a disinterested or mechanical way. Tends to recede into the background.
5	Moderate Severe	Passively participates in only a minority of activities and shows virtually no interest or initiative. Generally spends little time with others.
6	Severe	Tends to be apathetic and isolated, participating very rarely in social activities and occasionally neglecting personal needs. Has very few spontaneous social contacts.
7	Extreme	Profoundly apathetic, socially isolated, and personally neglectful.

## *Negative Scale (N)*

**NS. Difficulty in abstract thinking.** Impairment in the use of the abstract-symbolic mode of thinking, as evidenced by difficulty in classification, forming generalizations, and proceeding beyond concrete or egocentric thinking in problem-solving tasks. *Basis for rating:* responses to questions on similarities and proverb interpretation, and use of concrete vs. abstract mode during the course of the interview.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Tends to give literal or personalized interpretations to the more difficult proverbs and may have some problems with concepts that are fairly abstract or remotely related.
4	Moderate	Often utilizes a concrete mode. Has difficulty with most proverbs and some categories. Tends to be distracted by functional aspects and salient features.
5	Moderate Severe	Deals primarily in a concrete mode, exhibiting difficulty with most proverbs and many categories.
6	Severe	Unable to grasp the abstract meaning of any proverbs or figurative expressions and can formulate classifications for only the most simple of similarities. Thinking is either vacuous or locked into functional aspects, salient features, and idiosyncratic interpretations.
7	Extreme	Can use only concrete modes of thinking. Shows no comprehension of proverbs, common metaphors or similes, and simple categories. Even salient and functional attributes do not serve as a basis for classification. This rating may apply to those who cannot interact even minimally with the examiner due to marked cognitive impairment.

### *Negative Scale (N)*

**N6. Lack of spontaneity and flow of conversation.** Reduction in the normal flow of communication associated with apathy, avolition, defensiveness, or cognitive deficit. This is manifested by diminished fluidity and productivity of the verbal-interactive process. *Basis for rating:* cognitive-verbal processes observed during the course of interview.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Conversation shows little initiative. Patient's answers tend to be brief and unembellished, requiring direct and leading questions by the interviewer.
4	Moderate	Conversation lacks free flow and appears uneven or halting. Leading questions are frequently needed to elicit adequate responses and proceed with conversation.
5	Moderate Severe	Patient shows a marked lack of spontaneity and openness, replying to the interviewer's questions with only one or two brief sentences.
6	Severe	Patient's responses are limited mainly to a few words or short phrases intended to avoid or curtail communication. (E.g., "I don't know," "I'm not at liberty to say.") Conversation is seriously impaired as a result, and the interview is highly unproductive.
7	Extreme	Verbal output is restricted to, at most, an occasional utterance, making conversation impossible.

### *Negative Scale (N)*

**N7. Stereotyped thinking.** Decreased fluidity, spontaneity, and flexibility of thinking, as evidenced in rigid, repetitious, or barren thought content. *Basis for rating:* cognitive-verbal processes observed during the interview.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Some rigidity shown in attitudes or beliefs. Patient may refuse to consider alternative positions or have difficulty in shifting from one idea to another.
4	Moderate	Conversation revolves around a recurrent theme, resulting in difficulty in shifting to a new topic.
5	Moderate Severe	Thinking is rigid and repetitious to the point that, despite the interviewer's efforts, conversation is limited to only two or three dominating topics.
6	Severe	Uncontrolled repetition of demands, statements, ideas, or questions which severely impairs conversation.
7	Extreme	Thinking, behavior, and conversation are dominated by constant repetition of fixed ideas or limited phrases, leading to gross rigidity, inappropriateness, and restrictiveness of patient's communication.

## *General Psychopathology Scale (G)*

**G1. Somatic concern.** Physical complaints or beliefs about bodily illness or malfunctions. This may range from a vague sense of ill being to clear-cut delusions of catastrophic physical disease. *Basis for rating:* thought content expressed in the interview.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Distinctly concerned about health or somatic issues, as evidenced by occasional questions and desire for reassurance.
4	Moderate	Complains about poor health or bodily malfunction, but there is no delusional conviction, and over-concern can be allayed by reassurance.
5	Moderate Severe	Patient expresses numerous or frequent complaints about physical illness or bodily malfunction, or else patient reveals one or two clear-cut delusions involving these themes but is not preoccupied by them.
6	Severe	Patient is preoccupied by one or a few clear-cut delusions about physical disease or organic malfunction, but affect is not fully immersed in these themes, and thoughts can be diverted by the interviewer with some effort.
7	Extreme	Numerous and frequently reported somatic delusions, or only a few somatic delusions of a catastrophic nature, which totally dominate the patient's affect and thinking.

## *General Psychopathology Scale (G)*

**G2. Anxiety.** Subjective experience of nervousness, worry, apprehension, or restlessness, ranging from excessive concern about the present or future to feelings of panic. *Basis for rating:* verbal report during the course of interview and corresponding physical manifestations.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Expresses some worry, over-concern, or subjective restlessness, but no somatic and behavioral consequences are reported or evidenced.
4	Moderate	Patient reports distinct symptoms of nervousness, which are reflected in mild physical manifestations such as fine hand tremor and excessive perspiration.
5	Moderate Severe	Patient reports serious problems of anxiety, which have significant physical and behavioral consequences, such as marked tension, poor concentration, palpitations, or impaired sleep.
6	Severe	Subjective state of almost constant fear associated with phobias, marked restlessness, or numerous somatic manifestations.
7	Extreme	Patient's life is seriously disrupted by anxiety, which is present almost constantly and, at times, reaches panic proportion or is manifested in actual panic attacks.

### **General Psychopathology Scale (G)**

**G3. Guilt feelings.** Sense of remorse or self-blame for real or imagined misdeeds in the past. *Basis for rating:* verbal report of guilt feelings during the course of interview and the influence on attitudes and thoughts.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Questioning elicits a vague sense of guilt or self-blame for a minor incident, but the patient clearly is not overly concerned.
4	Moderate	Patient expresses distinct concern over his or her responsibility for a real incident in his or her life but is not preoccupied with it, and attitude and behavior are essentially unaffected.
5	Moderate Severe	Patient expresses a strong sense of guilt associated with self-deprecation or the belief that he or she deserves punishment. The guilt feelings may have a delusional basis, may be volunteered spontaneously, may be a source of preoccupation and/or depressed mood, and cannot be allayed readily by the interviewer.
6	Severe	Strong ideas of guilt take on a delusional quality and lead to an attitude of hopelessness or worthlessness. The patient believes he or she should receive harsh sanctions for the misdeeds and may even regard his or her current life situation as such punishment.
7	Extreme	Patient's life is dominated by unstable delusions of guilt, for which he or she feels deserving of drastic punishment, such as life imprisonment, torture, or death. There may be associated suicidal thoughts or attribution of others' problems to one's own past misdeeds.

### **General Psychopathology Scale (G)**

**G4. Tension.** Overt physical manifestations of fear, anxiety, and agitation, such as stiffness, tremor, profuse sweating, and restlessness. *Basis for rating:* verbal report attesting to anxiety and, thereupon, the severity of physical manifestations of tension observed during the interview.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Posture and movements indicate slight apprehensiveness, such as minor rigidity, occasional restlessness, shifting of position, or fine rapid hand tremor.
4	Moderate	A clearly nervous appearance emerges from various manifestations, such as fidgety behavior, obvious hand tremor, excessive perspiration, or nervous mannerisms.
5	Moderate Severe	Pronounced tension is evidenced by numerous manifestations, such as nervous shaking, profuse sweating, and restlessness, but conduct in the interview is not significantly affected.
6	Severe	Pronounced tension to the point that interpersonal interactions are disrupted. The patient, for example, may be constantly fidgeting, unable to sit still for long, or show hyperventilation.
7	Extreme	Marked tension is manifested by signs of panic or gross motor acceleration, such as rapid restless pacing and inability to remain seated for longer than a minute, which makes sustained conversation not possible.

## *General Psychopathology Scale (G)*

**GS. Mannerisms and posturing.** Unnatural movements or posture as characterized by an awkward, stilted, disorganized, or bizarre appearance. *Basis for rating:* observation of physical manifestations during the course of interview as well as reports from primary care workers or family.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Slight awkwardness in movements or minor rigidity of posture.
4	Moderate	Movements are notably awkward or disjointed, or an unnatural posture is maintained for brief periods.
5	Moderate Severe	Occasional bizarre rituals or contorted posture are observed, or an abnormal position is sustained for extended periods.
6	Severe	Frequent repetition of bizarre rituals, mannerisms, or stereotyped movements, or a contorted posture is sustained for extended periods.
7	Extreme	Functioning is seriously impaired by virtually constant involvement in ritualistic, manneristic, or stereotyped movements or by an unnatural fixed posture which is sustained most of the time.

## *General Psychopathology Scale (G)*

**G6. Depression.** Feelings of sadness, discouragement, helplessness, and pessimism. *Basis for rating:* verbal report of depressed mood during the course of interview and its observed influence on attitude and behavior as reported by primary care workers or family.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Expresses some sadness or discouragement only on questioning, but there is no evidence of depression in general attitude or demeanor.
4	Moderate	Distinct feelings of sadness or hopelessness, which may be spontaneously divulged, but depressed mood has no major impact on behavior or social functioning, and the patient usually can be cheered up.
5	Moderate Severe	Distinctly depressed mood is associated with obvious sadness, pessimism, loss of social interest, psychomotor retardation, and some interference in appetite and sleep. The patient cannot be easily cheered up.
6	Severe	Markedly depressed mood is associated with sustained feelings of misery, occasional crying, hopelessness, and worthlessness. In addition, there is major interference in appetite and/or sleep as well as in normal motor and social functions, with possible signs of self-neglect.
7	Extreme	Depressive feelings seriously interfere in most major functions. The manifestations include frequent crying, pronounced somatic symptoms, impaired concentration, psychomotor retardation, social disinterest, self-neglect, possible depressive or nihilistic delusions, and/or possible suicidal thoughts or actions.

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## **General Psychopathology Scale (G)**

**G7. Motor retardation.** Reduction in motor activity as reflected in slowing or lessening of movements and speech, diminished responsiveness to stimuli, and reduced body tone. *Basis for rating:* manifestations during the course of interview as well as reports by primary care workers or family.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Slight but noticeable diminution in rate of movements and speech. Patient may be somewhat underproductive in conversation and gestures.
4	Moderate	Patient is clearly slow in movements, and speech may be characterized by poor productivity, including long response latency, extended pauses, or slow pace.
5	Moderate Severe	A marked reduction in motor activity renders communication highly unproductive or delimits functioning in social and occupational situations. Patient can usually be found sitting or lying down.
6	Severe	Movements are extremely slow, resulting in a minimum of activity and speech. Essentially the day is spent sitting idly or lying down.
7	Extreme	Patient is almost completely immobile and virtually unresponsive to external stimuli.

## **General Psychopathology Scale (G)**

**G8. Uncooperativeness.** Active refusal to comply with the will of significant others, including the interviewer, hospital staff, or family, which may be associated with distrust, defensiveness, stubbornness, negativism, rejection of authority, hostility, or belligerence. *Basis for rating:* interpersonal behavior observed during the course of interview as well as reports by primary care workers or family.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Complies with an attitude of resentment, impatience, or sarcasm. May inoffensively object to sensitive probing during the interview.
4	Moderate	Occasional outright refusal to comply with normal social demands, such as making own bed, attending scheduled programs, etc. The patient may project a hostile, defensive, or negative attitude but usually can be worked with.
5	Moderate Severe	Patient frequently is incomppliant with the demands of his or her milieu and may be characterized by others as an "outcast" or having "a serious attitude problem." Uncooperativeness is reflected in obvious defensiveness or irritability with the interviewer and possible unwillingness to address many questions.
6	Severe	Patient is highly uncooperative, negativistic, and possibly also belligerent. Refuses to comply with most social demands and may be unwilling to initiate or conclude the full interview.
7	Extreme	Active resistance seriously impacts on virtually all major areas of functioning. Patient may refuse to join in any social activities, tend to personal hygiene, converse with family or staff, and participate even briefly in an interview.

## *General Psychopathology Scale (G)*

**G9. Unusual thought content.** Thinking characterized by strange, fantastic, or bizarre ideas, ranging from those, which are remote or atypical to those which are distorted, illogical, and patently absurd. *Basis for rating:* thought content expressed during the course of interview.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Thought content is somewhat peculiar or idiosyncratic, or familiar ideas are framed in an odd context.
4	Moderate	Ideas are frequently distorted and occasionally seem quite bizarre.
5	Moderate Severe	Patient expresses many strange and fantastic thoughts (e.g., being the adopted son of a king, being an escapee from death row) or some which are patently absurd (e.g., having hundreds of children, receiving radio messages from outer space through a tooth filling).
6	Severe	Patient expresses many illogical or absurd ideas or some, which have a distinctly bizarre quality (e.g., having three heads, being a visitor from another planet).
7	Extreme	Thinking is replete with absurd, bizarre, and grotesque ideas.

## *General Psychopathology Scale (G)*

**G10. Disorientation.** Lack of awareness of one's relationship to the milieu, including persons, place, and time, which may be due to confusion or withdrawal. *Basis for rating:* responses to interview questions on orientation.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	General orientation is adequate but there is some difficulty with specifics. For example, patient knows his or her location but not the street address; knows hospital staff names but not their functions; knows the month but confuses the day of week with an adjacent day; or errs in the date by more than two days. There may be narrowing of interest evidenced by familiarity with the immediate but not extended milieu, such as ability to identify staff but not the Mayor, Governor, or President.
4	Moderate	Only partial success in recognizing persons, places, and time. For example, patient knows he or she is in a hospital but not its name; knows the name of his or her city but not the borough or district, knows the name of his or her primary therapist but not many other direct care workers; knows the year and season but is not sure of the month.
5	Moderate Severe	Considerable failure in recognizing persons, place, and time. Patient has only a vague notion of where he or she is and seems unfamiliar with most people in his or her milieu. He or she may identify the year correctly or nearly so but not know the current month, day of week, or even the season.
6	Severe	Marked failure in recognizing persons, place, and time. For example, patient has no knowledge of his or her whereabouts; confuses the date by more than one year; can name only one or two individuals in his or her current life.
7	Extreme	Patient appears completely disoriented with regard to persons, place, and time. There is gross confusion or total ignorance about one's location, the current year, and even the most familiar people, such as parents, spouse, friends, and primary therapist.

## *General Psychopathology Scale (G)*

**G11. Poor attention.** Failure in focused alertness manifested by poor concentration, distractibility from internal and external stimuli, and difficulty in harnessing, sustaining, or shifting focus to new stimuli. *Basis for rating:* manifestations during the course of interview.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Limited concentration evidenced by occasional vulnerability to distraction or faltering attention toward the end of the interview.
4	Moderate	Conversation is affected by the tendency to be easily distracted, difficulty in long sustaining concentration on a given topic, or problems in shifting attention to new topics.
5	Moderate Severe	Conversation is seriously hampered by poor concentration, distractibility, and difficulty in shifting focus appropriately.
6	Severe	Patient's attention can be harnessed for only brief moments or with great effort, due to marked distraction by internal or external stimuli.
7	Extreme	Attention is so disrupted that even brief conversation is not possible.

## *General Psychopathology Scale (G)*

**G12. Lack of judgment and insight.** Impaired awareness or understanding of one's own psychiatric condition and life situation. This is evidenced by failure to recognize past or present psychiatric illness or symptoms, denial of need for psychiatric hospitalization or treatment, decisions characterized by poor anticipation of consequences, and unrealistic short-term and long-range planning. *Basis for rating:* thought content expressed during the interview.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Recognizes having a psychiatric disorder but clearly underestimates its seriousness, the implications for treatment, or the importance of taking measures to avoid relapse. Future planning may be poorly conceived.
4	Moderate	Patient shows only a vague or shallow recognition of illness. There may be fluctuations in acknowledgment of being ill or little awareness of major symptoms, which are present, such as delusions, disorganized thinking, suspiciousness, and social withdrawal. The patient may rationalize the need for treatment in terms of its relieving lesser symptoms, such as anxiety, tension, and sleep difficulty.
5	Moderate Severe	Acknowledges past but not present psychiatric disorder. If challenged, the patient may concede the presence of some unrelated or insignificant symptoms, which tend to be explained away by gross misinterpretation or delusional thinking. The need for psychiatric treatment similarly goes unrecognized.
6	Severe	Patient denies ever having had a psychiatric disorder. He or she disavows the presence of any psychiatric symptoms in the past or present and, though compliant, denies the need for treatment and hospitalization.
7	Extreme	Emphatic denial of past and present psychiatric illness. Current hospitalization and treatment are given a delusional interpretation (e.g., as punishment for misdeeds, as persecution by tormentors, etc.), and the patient may thus refuse to cooperate with therapists, medication, or other aspects of treatment.

## *General Psychopathology Scale (G)*

**G13. Disturbance of volition.** Disturbance in the willful initiation, sustenance, and control of one's thoughts, behavior, movements, and speech. *Basis for rating:* thought content and behavior manifested in the course of interview.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	There is evidence of some indecisiveness in conversation and thinking, which may impede verbal and cognitive processes to a minor extent.
4	Moderate	Patient is often ambivalent and shows clear difficulty in reaching decisions. Conversation may be marred by alteration in thinking, and in consequence verbal and cognitive functioning are clearly impaired.
5	Moderate Severe	Disturbance of volition interferes in thinking as well as behavior. Patient shows pronounced indecision that impedes the initiation and continuation of social and motor activities, and which also may be evidenced in halting speech.
6	Severe	Disturbance of volition interferes in the execution of simple, automatic motor functions, such as dressing and grooming, and markedly affects speech.
7	Extreme	Almost complete failure of volition is manifested by gross inhibition of movement and speech, resulting in immobility and/or mutism.

## *General Psychopathology Scale (G)*

**G14. Poor impulse control.** Disordered regulation and control of action on inner urges, resulting in sudden, unmodulated, arbitrary, or misdirected discharge of tension and emotions without concern about consequences. *Basis for rating:* behavior during the course of interview and reported by primary care workers or family.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Patient tends to be easily angered and frustrated when facing stress or denied gratification but rarely acts on impulse.
4	Moderate	Patient gets angered and verbally abusive with minimal provocation. May be occasionally threatening, destructive, or have one or two episodes involving physical confrontation or a minor brawl.
5	Moderate Severe	Patient exhibits repeated impulsive episodes involving verbal abuse, destruction of property, or physical threats. There may be one or two episodes involving serious assault, for which the patient requires isolation, physical restraint, or p.r.n. sedation.
6	Severe	Patient frequently is impulsively aggressive, threatening, demanding, and destructive, without any apparent consideration of consequences. Shows assaultive behavior and may also be sexually offensive and possibly respond behaviorally to hallucinatory commands.
7	Extreme	Patient exhibits homicidal attacks, sexual assaults, repeated brutality, or self-destructive behavior. Requires constant direct supervision or external constraints because of inability to control dangerous impulses.

## ***General Psychopathology Scale (G)***

**G15. Preoccupation.** Absorption with internally generated thoughts and feelings and with autistic experiences to the detriment of reality orientation and adaptive behavior. *Basis for rating:* interpersonal behavior observed during the course of interview.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Excessive involvement with personal needs or problems, such that conversation veers back to egocentric themes and there is diminished concern exhibited toward others.
4	Moderate	Patient occasionally appears self-absorbed, as if daydreaming or involved with internal experiences, which interferes with communication to a minor extent.
5	Moderate Severe	Patient often appears to be engaged in autistic experiences, as evidenced by behaviors that significantly intrude on social and communicational functions, such as the presence of a vacant stare, muttering or talking to oneself, or involvement with stereotyped motor patterns.
6	Severe	Marked preoccupation with autistic experiences, which seriously delimits concentration, ability to converse, and orientation to the milieu. The patient frequently may be observed smiling, laughing, muttering, talking, or shouting to himself or herself.
7	Extreme	Gross absorption with autistic experiences, which profoundly affects all major realms of behavior. The patient constantly may be responding verbally and behaviorally to hallucinations and show little awareness of other people or the external milieu.

## ***General Psychopathology Scale (G)***

**G16. Active social avoidance.** Diminished social involvement associated with unwarranted fear, hostility, or distrust. *Basis for rating:* reports of social functioning by primary care workers or family.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Patient seems ill at ease in the presence of others and prefers to spend time alone, although he or she participates in social functions when required.
4	Moderate	Patient grudgingly attends all or most social activities but may need to be persuaded or may terminate prematurely on account of anxiety, suspiciousness, or hostility.
5	Moderate Severe	Patient fearfully or angrily keeps away from many social interactions despite others' efforts to engage him. Tends to spend unstructured time alone.
6	Severe	Patient participates in very few social activities because of fear, hostility, or distrust. When approached, the patient shows a strong tendency to break off interactions, and generally he or she appears to isolate himself or herself from others.
7	Extreme	Patient cannot be engaged in social activities because of pronounced fears, hostility, or persecutory delusions. To the extent possible, he or she avoids all interactions and remains isolated from others.

### ***Supplementary Items for the Aggression Risk Profile***

**S1. Anger.** Subjective state of displeasure and irritation directed at others. *Basis for rating:* verbal report of angry feelings during the course of the interview and, thereupon, corresponding hostile behaviors observed during the interview or noted from reports by primary care workers or family.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Expresses some irritation or ill feelings toward others but, otherwise, shows no emotional or behavioral signs of anger.
4	Moderate	Presents an overtly angry exterior, but temper remains under control.
5	Moderate Severe	Patient appears highly irritable, and anger is vented through frequently raised voice, occasional verbal abuse, or thinly veiled threats.
6	Severe	Patient appears highly irritable, and anger is vented through repeated verbal abuse, overt threats, or destructiveness.
7	Extreme	An explosive level of anger is evidenced by physical abuse directed or attempted at others.

### ***Supplementary Items for the Aggression Risk Profile***

**S2. Difficulty in delaying gratification.** Demanding, insistent that needs be satisfied immediately, and noticeably upset when fulfillment of needs or desires is delayed. *Basis for rating:* observation of behavior during the course of the interview as well as reports from primary care workers or family.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Patient is occasionally demanding and impatient but settles down quickly when spoken to.
4	Moderate	Demanding behavior occurs more than just occasionally or else has an insistent quality that makes the patient a "nuisance." No outbursts of hostility, however, typically follow, and the patient ordinarily can be managed without difficulty.
5	Moderate Severe	Demanding behavior is both frequent and persistent, resulting in occasional confrontations with other patients, staff, or family. As a rule, however, the patient regains control without serious incident.
6	Severe	Patient gets seriously upset whenever needs or demands are not met immediately. Explosive or violent behavior may once or twice ensue, and loss of control is an ever-present possibility.
7	Extreme	The failure to instantly cater to the patient's needs or demands tends to provoke explosive, violent, or impulsive behavior. Close supervision is typically required.

### *Supplementary Items for the Aggression Risk Profile*

**S3. Affective lability.** Emotional expressions are unstable, fluctuating, inappropriate, and/or poorly controlled.  
*Basis for rating:* affective state observed during the course of the interview.

	<b>Rating</b>	<b>Criteria</b>
	Absent	Definition does not apply.
2	Minimal	Questionable pathology; may be at the upper extreme of normal limits.
3	Mild	Some incongruous affective responses are observed or a few unexplained shifts in emotional tone may occur.
4	Moderate	Affect is frequently incongruent with thoughts (e.g., inappropriate silliness, anger, or worry), or there are several radical changes in emotional tone during the course of the interview.
5	Moderate Severe	Emotional expressions are highly unstable and occasionally seem beyond the patient's control. The affective picture may show sudden shifts to the extremes, with generally poor modulation.
6	Severe	Emotions appear to be uncontrolled during most of the interview and may be dominated by autistic or irrelevant stimuli. The affective state takes on a fleeting quality, with peculiar or kaleidoscopic changes. Primitive emotional discharge, e.g., displays of ecstasy or rage, may be seen.
7	Extreme	Patient seems to lack any control over his or her emotional state, which fluctuates freely in response to inappropriate external or internal events. Extreme emotional states, such as excitement or fury, at times dominate.