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Structured Clinical Interview –
Positive and Negative
Syndrome Scale

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Patient Name or ID: _____

Interviewer: _____ Date: ____ / ____ / ____

Data on "Lack of Spontaneity and Flow of Conversation" (N6),
"Poor Rapport" (N3), and "Conceptual Disorganization" (P2)

Hi, I'm ... We're going to be spending the next 30 to 40 minutes talking about you and your reasons for being here. Maybe you can start out by telling me something about yourself and your background?

(Instruction to interviewer: Allow at least 5 minutes for a non-directive phase serving to establish rapport in the context of an overview before proceeding to the specific questions listed below.)

Data on "Anxiety" (G2)

1. Have you been feeling worried or nervous in the past week? _____

IF YES, skip to question 3. IF NO, continue.

2. Would you say that you're usually calm and relaxed? _____

IF YES, skip to question 8. IF NO, continue.

3. What's been making you feel nervous (worried, not calm, not relaxed)? _____

4. Just how nervous (worried, etc.) have you been feeling? _____

5. Have you been shaking at times, or has your heart been racing? _____

6. Do you get into a state of panic? _____

7. Has your sleep, eating, or participation in activities been affected? _____

Data on "Delusions (General)" (P1) and "Unusual Thought Content" (G9)

8. Have things been going well for you? _____

9. Has anything been bothering you lately? _____

10. Can you tell me something about your thoughts on life and its purpose? _____



- 11. Do you follow a particular philosophy (any special rules, teachings, or religious doctrine)? _____
- 12. Some people tell me they believe in the Devil; what do you think? _____

IF NO (i.e., he/she doesn't believe in the Devil), skip to question 14.

IF YES (i.e., he/she does believe), continue.

- 13. Can you tell me more about this? _____
- 14. Can you read other people's minds? _____

IF NO, skip to question 16. IF YES, continue.

- 15. How does that work? _____
- 16. Can others read your mind? _____

IF NO, skip to question 19. IF YES, continue.

- 17. How can they do that? _____
- 18. Is there any reason that someone would want to read your mind? _____
- 19. Who controls your thoughts? _____

Data on "Suspiciousness/Persecution" (P6) and "Poor Impulse Control" (G14)

- 20. How do you spend your time these days? _____
- 21. Do you prefer to be alone? _____
- 22. Do you join in activities with others? _____

IF YES, skip to question 25. IF NO, continue.

- 23. Why not? ... Are you afraid of people, or do you dislike them? _____

IF NO, skip to question 26. IF YES, continue.

- 24. Can you explain? _____

Skip to question 26.

- 25. Tell me about it. _____
- 26. Do you have many friends? _____

IF YES, skip to question 30. IF NO, continue.

- 27. Just a few? _____

IF YES, skip to question 29. IF NO, continue.

28. Any? Why? _____

Skip to question 32.

29. Why just a few friends? _____

30. Close friends? _____

IF YES, skip to question 32. IF NO, continue.

31. Why not? _____

32. Do you feel that you can trust most people? _____

IF YES, skip to question 34. IF NO, continue.

33. Why not? _____

34. Are there some people in particular who you don't trust? _____

IF NO to question 34 and YES to question 32, skip to question 41.

IF NO to question 34 and NO to question 32, skip to question 36.

IF YES to question 34, continue.

35. Can you tell me who they are? _____

36. Why don't you trust people (or name specific person)? _____

IF "DON'T KNOW" OR "DON'T WANT TO SAY," continue. Otherwise, skip to question 41.

37. Do you have a good reason not to trust ...?

38. Is there something that did to you? _____

39. Perhaps something that ... might do to you now? _____

IF NO, skip to question 41. IF YES, continue.

40. Can you explain to me? _____

41. Do you get along well with others? _____

IF YES, skip to question 43. IF NO, continue.

42. What's the problem? _____

43. Do you have a quick temper? _____



44. Do you get into fights? _____

IF NO, skip to question 48. IF YES, continue.

45. How do these fights start? _____

46. Tell me about these fights. _____

47. How often does this happen? _____

48. Do you sometimes lose control of yourself? _____

IF NO, skip to question 50. IF YES, continue.

49. What happens when you lose control of yourself? _____

50. Do you like most people? _____

IF YES, skip to question 52. IF NO, continue.

51. Why not? _____

52. Are there perhaps some people who don't like you? _____

IF NO, skip to question 54. IF YES, continue.

53. For what reason? _____

54. Do others talk about you behind your back? _____

IF NO, skip to question 57. IF YES, continue.

55. What do they say about you? _____

56. Why? _____

57. Does anyone ever spy on you or plot against you? _____

58. Do you sometimes feel in danger? _____

IF NO, skip to question 64. IF YES, continue.

59. Would you say that your life is in danger? _____

60. Is someone thinking of harming you or even perhaps thinking of killing you? _____

61. Have you gone to the police for help? _____

62. Do you sometimes take matters into your own hands or take action against those who might harm you?

IF NO, skip to question 64. IF YES, continue.



63. What have you done? _____

Data on "Hallucinatory Behavior" (P3) and associated delusions

64. Do you once in a while have strange or unusual experiences? _____

65. Sometimes people tell me that they can hear noises or voices inside their head that others can't hear. What about you? _____

IF YES, skip to question 68. IF NO, continue.

66. Do you sometimes receive personal communications from the radio or TV? _____

IF YES, skip to question 68. IF NO, continue.

67. From God or the Devil?: _____

IF NO, skip to question 83. IF YES, continue.

68. What do you hear? _____

69. Are these as clear and loud as my voice? _____

70. How often do you hear these voices, noises, messages, etc.? _____

71. Does this happen at a particular time of day or all the time? _____

IF HEARING NOISES ONLY, skip to question 80. IF HEARING VOICES, continue.

72. Can you recognize whose voices these are? _____

73. What do the voices say? _____

74. Are the voices good or bad? _____

75. Pleasant or unpleasant? _____

76. Do the voices interrupt your thinking or your activities? _____

77. Do they sometimes give you orders or instructions? _____

IF NO, skip to question 80. IF YES, continue.

78. For example? _____

79. Do you usually obey these orders (instructions)? _____

80. What do you make of these voices (or noises); where do they really come from? _____

81. Why do you have these experiences? _____

82. Are these normal experiences? _____

83. Do ordinary things sometimes look strange or distorted to you? _____

84. Do you sometimes have “visions” or see things that others can’t see? _____

IF NO, skip to question 88. IF YES, continue.

85. For example? _____

86. Do these visions seem very real or life-like? _____

87. How often do you have these experiences? _____

88. Do you sometimes smell things that are unusual or that others don’t smell? _____

IF NO, skip to question 90. IF YES, continue.

89. Please explain. _____

90. Do you get any strange or unusual sensations from your body? _____

IF NO, skip to question 92. IF YES, continue.

91. Tell me about this. _____

Data on “Somatic Concern” (GI)

92. How have you been feeling in terms of your health? _____

IF OTHER THAN “GOOD,” skip to question 94. IF “GOOD,” continue.

93. Do you consider yourself to be in top health? _____

IF YES, skip to question 95. IF NO, continue.

94. What has been troubling you? _____

95. Do you have any medical illness or disease? _____

96. Has any part of your body been troubling you? _____

IF YES, skip to question 98. IF NO, continue.

97. How is your head? Your heart? Stomach? The rest of your body? _____

98. Could you explain? _____

99. Has your head or body changed in shape or size? _____

IF NO, skip to question 102. IF YES, continue.

100. Please explain. _____

101. What is causing these changes? _____

Data on "Depression" (G6)

102. How has your mood been in the past week: mostly good, mostly bad? _____

IF "MOSTLY BAD," skip to question 104. IF "MOSTLY GOOD," continue.

103. Have there been times in the past week when you were feeling sad or unhappy? _____

IF NO, skip to question 114. IF YES, continue.

104. Is there something in particular that is making you sad? _____

105. How often do you feel sad? _____

106. Just how sad have you been feeling? _____

107. Have you been crying lately? _____

108. Has your mood in any way affected your sleep? _____

109. Has it affected your appetite? _____

110. Do you participate less in activities on account of your mood? _____

111. Have you had any thoughts of harming yourself? _____

IF NO, skip to question 114. IF YES, continue.

112. Any thoughts about ending your life? _____

IF NO, skip to question 114. IF YES, continue.

113. Have you attempted suicide? _____

Data on "Guilt Feelings" (G3) and "Grandiosity" (P5)

114. If you were to compare yourself to the average person, how would you come out: a little better, maybe a little worse, or about the same? _____

IF "BETTER," skip to question 117.
IF "ABOUT THE SAME," skip to question 118.
IF "WORSE," continue.

115. Worse in what ways? _____

116. Just how do you feel about yourself? _____

Skip to question 120.

117. Better in what ways? _____

Skip to question 120.

118. Are you special in some ways? _____

IF NO, skip to question 120. IF YES, continue.

119. In what ways? _____

120. Would you consider yourself gifted? _____

121. Do you have talents or abilities that most people don't have? _____

IF NO, skip to question 123. IF YES, continue.

122. Please explain. _____

123. Do you have any special powers? _____

IF NO, skip to question 126. IF YES, continue.

124. What are these? _____

125. Where do these powers come from? _____

126. Do you have extrasensory perception (ESP), or can you read other people's minds? _____

127. Are you very wealthy? _____

IF NO, skip to question 129. IF YES, continue.

128. Explain please. _____

129. Can you be considered to be very bright? _____

IF NO, skip to question 131. IF YES, continue.

130. Why would you say so? _____

131. Would you describe yourself as famous? _____

132. Would some people recognize you from TV, radio, or the newspaper? _____

IF NO, skip to question 134. IF YES, continue.

133. Can you tell me about it? _____

134. Are you a religious person? _____

IF NO, skip to question 140. IF YES, continue.

135. Are you close to God? _____

IF NO, skip to question 140. IF YES, continue.

136. Did God assign you some special role or purpose? _____

137. Can you be one of God's messengers or angels? _____

IF NO, skip to question 139. IF YES, continue.

138. What special powers do you have as God's messenger (angel)? _____

139. Do you perhaps consider yourself to be God? _____

140. Do you have some special mission in life? _____

IF NO, skip to question 143. IF YES, continue.

141. What is your mission? _____

142. Who assigned you to that mission? _____

143. Did you ever do something wrong — something you feel bad or guilty about? _____

IF NO, skip to question 149. IF YES, continue.

144. Just how much does that bother you now? _____

145. Do you feel that you deserve punishment for that? _____

IF NO, skip to question 149. IF YES, continue.

146. What kind of punishment would you deserve? _____

147. Have you at times thought of punishing yourself? _____

IF NO, skip to question 149. IF YES, continue.

148. Have you ever acted on those thoughts of punishing yourself? _____

Data on "Disorientation" (GIO)

149. Can you tell me today's date (i.e., the day, month, and year)? _____

IF YES, skip to question 151. IF NO, continue.

150. Can you tell me what day of the week it is? _____

151. What is the name of the place that you are in now? _____

IF NOT HOSPITALIZED, skip to question 154. IF HOSPITALIZED, continue.

152. What ward are you on? _____

153. What is the address of where you're now staying? _____

IF ABLE TO TELL, skip to question 155. IF NOT ABLE TO TELL, continue.

154. Can you tell me your home address? _____

IF NOT HOSPITALIZED, skip to question 156. IF HOSPITALIZED, continue.

155. If someone had to reach you by phone, what number would that person call? _____

156. If someone had to reach you at home, what number would that person call? _____

157. What is the name of the doctor who is treating you? _____

IF NOT HOSPITALIZED, skip to question 159. IF HOSPITALIZED, continue.

158. Can you tell me who else is on the staff and what they do? _____

159. Do you know who is currently the president (prime minister, etc.)? _____

160. Who is our governor (premier, etc.)? _____

161. Who is the mayor (town supervisor, etc.) of this city (town, etc.)? _____



Data on “Difficulty in Abstract Thinking” (N5)

I’m going to now say a pair of words, and I’d like you to tell me in what important way they’re alike. Let’s start, for example, with the words “apple” and “banana.” How are they alike — what do they have in common? **IF THE RESPONSE IS THAT “THEY’RE BOTH FRUIT”, THEN SAY:** Good. Now what about ...? (*Select three other items from the Similarities list at varying levels of difficulty from Appendix A.*)

IF AN ANSWER IS GIVEN THAT IS CONCRETE, TANGENTIAL, OR IDIOSYNCRATIC (E.G., “THEY BOTH HAVE SKINS,” “YOU CAN EAT THEM,” “THEY’RE SMALL,” OR “MONKEYS LIKE THEM”), THEN SAY: OK, but they’re both fruit. Now how about ... and ... : how are these alike? (*Select three other items from the Similarities list at varying levels of difficulty from Appendix A.*)

APPENDIX A

Items for Similarities in the evaluation of “Difficulty in Abstract Thinking”

Circle the Similarities Used

1. How are a ball and an orange alike?
2. Apple and banana ?
3. Pencil and pen?
4. Nickel and dime?

5. Table and chair?
6. Tiger and elephant?
7. Hat and shirt?
8. Bus and train?

9. Arm and leg?
10. Rose and tulip?
11. Uncle and cousin?
12. The sun and the moon?

13. Painting and poem?
14. Hilltop and valley?
15. Air and water?
16. Peace and prosperity?

Note on Appendix A: Similarities are generally assessed by sampling four items at different levels of difficulty (i.e., one item selected from each quarter of the full set). When using the PANSS longitudinally, items should be systematically altered with successive interviews so as to provide different selections from the various levels of difficulty and thus minimize repetition.

Notes on Similarities responses:

You’ve probably heard the expression, “Carrying a chip on the shoulder.” What does that really mean? There’s a very old saying, “Don’t judge a book by its cover.” What is the deeper meaning of this proverb? (*Select two other proverbs from the list in Appendix B at varying levels of difficulty.*)

APPENDIX B

Items for assessing PROVERB INTERPRETATION in the evaluation of “Difficulty in Abstract Thinking”

Circle the Proverbs Used

- What does the saying mean:
1. “Plain as the nose on your face”
 2. “Carrying a chip on your shoulder”
 3. “Two heads are better than one”
 4. “Too many cooks spoil the broth”

 5. “Don’t judge a book by its cover”
 6. “One man’s food is another man’s poison”
 7. “All that glitters is not gold”
 8. “Don’t cross the bridge until you come to it”

 9. “What’s good for the goose is good for the gander”
 10. “The grass always looks greener on the other side”
 11. “Don’t keep all your eggs in one basket”
 12. “One swallow does not make a summer”

 13. “A stitch in time saves nine”
 14. “A rolling stone gathers no moss”
 15. “The acorn never falls far from the tree”
 16. “People who live in glass houses should not throw stones at others”

Note on Appendix B: Proverb interpretation is generally assessed by sampling four items at different levels of difficulty (i.e., one item selected from each quarter of the full set). When using the PANSS longitudinally, items should be systematically altered with successive interviews so as to provide different selections from the various levels of difficulty and thus minimize repetition.

Notes on Proverb responses:



Data on "Lack of Judgment and Insight" (G12)

162. How long have you been in the hospital (clinic, etc.)? _____

163. Why did you come to the hospital (clinic, etc.)? _____

164. Did you need to be in a hospital (clinic, etc.)? _____

IF YES, skip to question 167. IF NO, continue.

165. Did you have a problem that needed treatment? _____

IF NO, skip to question 169. IF YES, continue.

166. Would you say that you had a psychiatric or mental problem? _____

IF NO, skip to question 169. IF YES, continue.

167. Why?...would you say that you had a psychiatric or mental problem? _____

IF NO, skip to question 169. IF YES, continue.

168. Can you tell me about it and what it consisted of? _____

169. In your own opinion, do you need to be taking medicine? _____

IF YES, skip to question 171.

IF NO and unmedicated, skip to question 172.

IF NO and medicated, continue.

170. Why then are you taking medicines? _____

Skip to question 172.

171. Why?... Does the medicine help you in any way? _____

172. Do you at this time have any psychiatric or mental problems? _____

IF YES, skip to question 174. IF NO, continue.

173. For what reason are you at the hospital (clinic, etc.)? _____

Skip to question 175.

174. Please explain _____

175. Just how serious are these problems? _____

IF UNHOSPITALIZED, skip to question 178.

IF HOSPITALIZED, continue.

176. Are you ready yet for discharge from the hospital? _____

177. Do you think you'll be taking medicine for your problems after discharge? _____

178. What are your future plans? _____

179. What about your longer-range goals? _____

Well, that's about all I have to ask of you now. Are there any questions that you might like to ask of me?
Thank you for your cooperation.





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