

Schedules
for
Clinical
Assessment
in
Neuropsychiatry

Version 2.1

INTERVIEW

Present State Examination
Item Group Checklist
Clinical History Schedule

Sample for personal inspection only

World Health Organization
Assessment, Classification and Epidemiology
Geneva 1999

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LIST OF AUTHORS AND MEMBERS OF THE WHO SCAN ADVISORY COMMITTEE

Dr A Bertelsen, Institute of Psychiatric Demography, Århus Psychiatric Hospital, DK-8240 Risskov, Denmark.

Dr JL Vazquez-Barquero, Hospital Universitario “Marques deValdecilla”, Av Valdecilla S/N, 3908 Santander, Spain.

Dr TS Brugha, Department of Psychiatry, University of Leicester, Clinical Sciences Building, Leicester Royal Infirmary, Leicester LE2 7LX, UK.

Dr S Chatterji, National Institute of Mental Health and Neurosciences, Department of Psychiatry, Post Bag No 2979, Bangalore 560029, India.

Dr WM Compton III, Department of Psychiatry, Washington University School of Medicine, 4940 Children's Place, St Louis, Missouri 63110, USA.

Dr A Göğüş, Department of Psychiatry, Hacettepe University Medical School, 06100 Ankara, Turkey.

Dr G Harrison, Professorial Unit, Mapperley Hospital, Porchester Road, Nottingham NG3 6AA, UK.

Dr V Mavreas, Department of Psychiatry, Eginition Hospital, 74 Vas. Sophias Avenue, 11528 Athens, Greece.

Dr FJ Nienhuis, Department of Social Psychiatry, Academisch Ziekenhuis, PO Box 3001, 9700RB Groningen, The Netherlands.

Dr C Pull, Centre Hospitalier de Luxembourg, Service de Neuropsychiatrie, 4 rue Barblé, Luxembourg.

Dr N Sartorius, University of Geneva, Switzerland.

Dr AY Tien, The Johns Hopkins University School of Hygiene and Public Health, Department of Mental Hygiene, 624 North Broadway, Baltimore, Maryland 21205, USA.

Dr JK Wing, College Research Unit, Royal College of Psychiatrists, 11 Grosvenor Crescent, London SW1X 7EE, UK.

Dr TB Üstün, Assessment, Classification and Epidemiology, WHO, Geneva 27, CH1211 Switzerland.

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Organization (WHO) and National Institutes of Health (NIH) *Joint Project on Diagnosis and Classification of Mental Disorders, Alcohol and Drug Related Problems* (Principal Investigator, *N Sartorius*, 1993 on Dr. TB Üstün WHO). Development of SCAN was funded by WHO, NIH, and other institutions employing collaborators who took part in the project.

SCAN had its origins in an existing instrument, the Present State Examination (PSE). A brief introduction to the earlier history of the PSE, to the structure of SCAN, and to the development of other instruments in the Joint Project, will be found below.

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Task Force on Diagnostic Instruments:

JK Wing (chair), *M von Cranach*, *C Pull*, *L Robins*, *H-U Wittchen*, investigators from Field Trial Centers, and staff of WHO and NIH.

SCAN-1 (1982-1992)

WHO: *N Sartorius, A Jablensky, TB Üstün, M Grant*
 NIH: *J Blaine (NIDA), J Burke (NIMH), B Grant (NIAAA), R Hirschfeld (NIMH), D Regier (NIMH), L Towle (NIAAA)*

Field Trial Centers, Principal Investigators:

SCAN Field Trial Centers are listed on page 10, in the list of SCAN Training and Reference Centers.

Contributions to the design and trial of particular sections of SCAN-1:

Alcohol and drug:	<i>T Babor, A Bertelsen, A Göğüş B Grant, V Nikolov, J Strang, T Tomov, JL Vazquez-Barquero</i>
Cognitive:	<i>V Mavreas, JL Vazquez-Barquero, M Roth</i>
Computer assisted interview:	<i>G Glover</i>
Computer design and programs:	<i>G Der, N Contractor, S Gauthier, E Glover</i>
Consultants:	<i>H Pfister, D Rae</i>
General editing and improvement:	<i>P Bebbington, A Bertelsen, T Brugha, J Cooper, J Escobar, A Farmer, V Gentil, R Giel, AS Henderson, A Jablensky, TB Üstün</i>
Glossary:	<i>T Babor, P Bebbington, R Campbell, TB Üstün</i>

Obsessional:	<i>G Andrews</i>
Print and graphic design:	<i>Design Locker (M Locker, J Stevenson), G Der, JK Wing, and others</i>
Social impairment:	<i>LG Wing</i>
Somatoform:	<i>P Morosini, TB Üstün</i>

General development of SCAN system and relevant training, coordination, data management and analysis: MRC Social Psychiatry Unit, Institute of Psychiatry, London.

Chief Editor:	<i>JK Wing</i>
---------------	----------------

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An Editorial Committee supervised changes necessary to incorporate the final revision of ICD-10 DCR and DSM-IV: *JK Wing (Chair), T Babor, JL Vazquez-Barquero, PE Bebbington, A Bertelsen, TS Brugha, S Chatterji, W Compton III, G Harrison, V Mavreas, AJ Romanoski, N Sartorius, AY Tien* and at WHO: *TB Üstün, A Janca*.

Textual changes were edited by *A Bertelsen, T Brugha, S Chatterji, W Compton III, RY Mehta, AJ Romanoski, and AY Tien*.

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Administrative and secretarial assistance: *R Barrelet, J Head (London), G Covino, J Wilson (Geneva), M Brugha, I Chenery (Leicester), D Tien, M Tseng (Baltimore)*.

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The WHO SCAN Advisory Committee supervised changes from SCAN Version 2 to SCAN Version 2.1: *A Bertelsen (Chair), JL Vazquez-Barquero, TS Brugha, S Chatterji, W Compton III, F Nienhuis, A Göğüş, G Harrison, V Mavreas, C Pull, N Sartorius, AY Tien, JK Wing* and at WHO: *TB Üstün*.

Errata lists were contributed by *TS Brugha, S Chatterji, WM Compton, JL Vazquez-Barquero, A Bertelsen, CG Lyketsos, F Nienhuis, and A Göğüş*. Further suggestions for changes were contributed by *CG Lyketsos* and *S Bassett*. Textual changes were edited by *A Bertelsen, T Brugha, S Chatterji, and AY Tien*.

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Computer Program and the Diagnostic Algorithms for were designed & checked by the SCAN Advisory Committee, in particular by *FJ Nienhuis, WM Compton, A Bertelsen, L Andrade and TS Brugha*.

Administrative and secretarial help: *D Eggertsen (Aarhus), G Covino, J Wilson, R. Westermeyer (Geneva), M Brugha, I Chenery (Leicester)*.

SCAN Training and Reference Centers (*Field Trial Centers)

Complete addresses are listed at the end of the Glossary in the Appendix.

Århus, Denmark	<i>A Bertelsen</i>
Ankara, Turkey*	<i>A Göğüş</i>
Athens, Greece*	<i>V Mavreas</i>
Baltimore, USA	<i>A Tien</i>
Bangalore, India*	<i>M Isaac</i>
Beijing, China*	<i>Shu Liang</i>
Canberra, Australia*	<i>B Hughson</i>
Cardiff, UK	<i>A Farmer</i>
Farmington, USA*	<i>J Escobar, T Babor</i>
Geneva, Switzerland*	<i>L Barrelet</i>
Groningen, The Netherlands*	<i>W van den Brink</i>
Leicester, UK*	<i>T Brugha</i>
London, UK*	<i>P Bebbington</i>
Lübeck, Germany*	<i>H Freyberger</i>
Luxembourg	<i>C Pull</i>
Manchester, Germany	<i>L Appleby</i>
Mannheim, Germany*	<i>K Maurer</i>
Nagasaki, Japan	<i>Y Nakane</i>
Nottingham, UK*	<i>G Harrison</i>
Sao Paulo, Brazil*	<i>L Andrade</i>
Santander, Spain*	<i>J Vazquez-Barquero</i>
Sofia, Bulgaria*	<i>V Nikolov</i>
St. Louis, USA	<i>W Compton</i>
Sydney, Australia*	<i>G Andrews</i>

INTRODUCTION TO SCAN

The Joint Project on Diagnosis (see acknowledgments) set up a Task Force on Diagnostic Instruments in 1980. This group decided to develop further two of the then most widely used instruments in epidemiological research. The NIMH-DIS, version III (with some input from PSE9, see below) formed the basis for the development and field trials of a new instrument, the Composite International Diagnostic Interview (CIDI), which has now been published by WHO. SCAN was the second instrument to be commissioned. The Task Force also commissioned a new instrument, the International Personality Disorder Examination (IPDE).

SCAN (Schedules for Clinical Assessment in Neuropsychiatry) represents the latest stage in a 30-year line of development that began in the late 1950s. PSE9 was the first of the series to be published, following 15 years of work on earlier versions, including two large multicenter international projects – the US-UK Diagnostic Project and the International Pilot Study of Schizophrenia. PSE9 consists of only 140 items, compared to the 500–600 of PSE7 and PSE8. It has been widely used, as evidenced by its translation into 35 or more languages, but many users have regretted that the longer preceding editions were withdrawn; they would have preferred a choice, which is now provided by PSE10.

SCAN is a set of instruments aimed at assessing, measuring and classifying the psychopathology and behavior associated with the major psychiatric syndromes of adult life. It has 4 components: the tenth edition of the Present State Examination (PSE10), the Glossary of Differential Definitions, the Item Group Checklist (IGC) and the Clinical History Schedule (CHS). PSE10 itself has two parts. Part One covers somatoform, dissociative, anxiety, depressive and bipolar disorders, and problems associated with basic bodily functions and use of alcohol and other substance use. There is a screen for Part Two conditions. Part Two covers psychotic and cognitive disorders and observed abnormalities of speech, affect and behavior.

Data from the schedules can be recorded in a variety of ways: in the SCAN Schedules themselves, in Coding Booklets, or by the computer program.

A set of computer algorithms will process data entered from SCAN schedules. Output is presented as a series of options, including a range of profiles of symptom and IGC scores, an Index of Definition, ICD-10, DSM-IV, and possibly ICD-9 and DSM-III-R categories, and a prediagnostic profile of categories. It may be possible to derive SCAN Version 1 items from Version 2.1 of SCAN.

Further details concerning the development of SCAN, instructions as to its use, and results of international trials are in the Glossary, Training Pack and Reference Manual. SCAN is intended for use by clinicians with an adequate

knowledge of psychopathology who have taken a course at a WHO-designated training center. A shortened version of Part One of PSE10 can be used (e.g. in two-stage population surveys, as with the equivalent version of PSE9) by lay interviewers trained in these centers. All interviewers using SCAN should be fully familiar with the Glossary.

0 SCAN face sheet

- 0.001 *Version of SCAN*
- 0.002 *Project/Center number*
- 0.003 *Respondent number*
- 0.004 *Rater number*
- 0.005 *Key date of first PSE examination* [Day Month Year] D M Y

[If no examination, date of completion of first schedule]

SKIP => to 0.016 if non-routine option is chosen.

Only two periods may be rated using the routine option using the paper version of SCAN, e.g. a PSE and/or IGC for each period. If the computer version is used, the onset and offset of individual SCAN items may be dated individually, and as many periods as needed can be rated.

Period(s) rated using PSE(s) - any source of information.

- 0 PSE not rated.
- 1 PSE rated for the period stated.

- 0.006 *Present state (PS)*
- 0.007 *Representative previous episode (RE)*
- 0.008 *Lifetime before PS (LB)*
- 0.009 *This PSE completed by*

- 0 PSE not used (IGC used instead).
- 1 Interviewer rating own interview.
- 2 Observer rating interview.
- 3 Rating from videotape.
- 4 Rating from audiotape.
- 5 Other, specify

0.010 Source of information used to rate PSE

[Use left box for PS, right box for RE or LB.]

- 0 PSE not used [Only IGCs].
- 1 Respondent only.
- 2 Respondent and other sources.
- 3 Case records only.
- 4 Informant/s only.
- 5 Case records and informant/s. Specify relative, professional, etc.....
- 6 Prepared abstract.....

Period rated using IGC(s)

- 0 IGC not used.
- 1 IGC used for the period stated.

0.011 Present state (PS)

0.012 Representative previous episode (RE)

0.013 Lifetime before (LB)

0.014 Source of information used to rate IGC

[Use left box for PS, right box for RE or LB.]

- 0 IGC not used.
- 1 Respondent only [e.g. observed behavior ratings only].
- 2 Respondent and other sources.
- 3 Case records only.
- 4 Informant/s only.
- 5 Case records and informant/s. Specify relative, professional, etc..
- 6 Prepared abstract.....

1 Beginning the interview

The purpose of Section 1 is to obtain a preliminary overview of the possible problems that the respondent (R) may have. Almost every item recorded in Section 1 can be rated with detail and precision in later Sections. The interviewer should be well informed before starting the interview and be prepared for the following possibilities.

In general

Begin with Section 1 and then proceed to those sections containing items that R most wants to discuss or that are clearly predominant. This will provide more complete coverage on the important topics. If the interview is likely to be incomplete, try to complete sections with highly relevant items first.

Consider the approach and interview strategy likely to be needed.

Prior to beginning, the interviewer should be as well informed as possible. Usually there will be information as to whether R is likely to be able to answer questions and give a fair account of any problems. Several contingencies are outlined below.

If none of the following contingencies apply, begin the interview at next page.

CONTINGENCIES

1 Severe language disorders/or cognitive impairment

- Rate Section 15 for language disorders.
- Rate Section 21 (behavioral and history items).
- Rate Sections 22 - 25.
- Complete Clinical History Schedule.

2 Severe behavior disturbance, uncooperativeness or likelihood of premature termination

Begin with those Sections that are most relevant to R. Keep conversation going while observing speech, affect and behavior (Sections 22 - 25). If necessary complete the examination in stages. All stages can be rated on one schedule if the full SCAN can be completed within a few days. Be sure to rate adequacy items (**13.125 20.113-20.115, and 24.045**).

- Re-interview with PSE10 as opportunity affords.
- If interview impossible, rate PS on Item Group Checklist.
- Use all information available to rate Item Group Checklist for previous episode if necessary.

- Complete Clinical History Schedule.

3 Recent catastrophic trauma or psychosocial stressor

- Begin with Section 13 and complete required checklist items if needed.
- Use informant records and ascertain details of event.
- Complete the full SCAN as soon as possible, and make attributions of effects of stressors in Section 13, if possible, delaying until precise "causal" influence of any trauma/stressor is clear.

4 Dissociative symptoms

- Complete items **2.102 - 2.117**.
- Obtain information from informants/records.
- Complete the full PSE10.

5 Drug or alcohol use

If the main problem, it is advisable to consider Sections 11 and 12 first, but the whole of PSE10 must be completed. Attributions of cause and effect may be rated in Section 13, preferably after their influence has been clearly established.

6 Eating disorders

- If the main problem, begin with Sections 8 - 9.
- Return to Section 1 and complete PSE.

INTRODUCTIONS AND OVERVIEW

The Clinical History Schedule contains a more comprehensive clinical and social history, which may be completed with the additional aid of case-records and informants. There is a reminder in CHS to check all PSE history items in the light of information from case records and informants.

The Glossary notes on rating episodes should be used when completing this section.

Always be as fully informed as possible, e.g. from case-records and/or other informants before starting.

My name is [I am] ... What is your name?
[Offer to shake hands]

Obtain permission to proceed and to use any recording equipment. Explain the purpose of the interview, for example:

We are making a survey in this neighborhood in order to:

Or:

This is part of the routine medical examination of people who come to the hospital, except that we should like to take time to discuss problems in more detail than usual because ...

Or:

We are making a study of ... and would like to ask you about any health problems you have been having

Or:

[Other introduction and explanation]

Is that all right with you?

To begin with, I should like to get a general view of the kind of health problems, physical and mental, that might have troubled you recently. Would you say that you had recently enjoyed good mental and physical health or have you had any problems?

Allow or prompt R to give a narrative account. Ask clarifying questions only, as in the following prompts:

- *Could you describe what ... was like?*

- *Could you give me an example of ...?*
- *Do you still ...?*
- *When did ... start?*
- *Are you taking any medication? (What kind?)*
- *Are you receiving any other help or therapy?*

If R describes no relevant symptoms, ask:

Would you say you had enjoyed excellent physical and mental health recently, with no real problems?

1.001 R's unprompted response to initial questions

- 0 R does not describe having had psychotic, affective, or neurotic symptoms recently.
- 1 R spontaneously describes such symptoms.
- 2 R reluctant to describe symptoms but does so after probing.
- 8 R's reply is uninformative.

Use all information from other sources to rate whether the following symptom types have ever been present:

[Use colloquial terms. Do not ask questions that R has already answered, but confirm them, e.g. 'So you have had ...']

Were specified symptom groups ever present?

*May I mention some problems that many people experience at some time in their lives, and ask whether you have **ever** been troubled by any of them, and if so how distressing or disabling they were?*

For each type of symptom ever present, ask:

- *Could you describe what it was like?*
- *When did it first start?*
- *How old were you then?*
- *Has it been continuous or intermittent?*
- *And how long has this recent period lasted?*

- 0 No evidence that symptom category was ever present.
- 1 Present, but only mildly distressing or disabling.
- 2 Present and moderately distressing or disabling.
- 3 Present and severely distressing or disabling.

- 1.002** *Anxious or panicky feelings, often in particular situations?*
- 1.003** *Feeling very low in spirits?*
- 1.004** *Feeling the opposite - feeling much too 'high' or elated or very irritable without much reason?*
- 1.005** *Experiences that are difficult to explain or understand like hearing voices or seeing things?*
- 1.006** *Having problems due to alcohol or other substances?*

CUT OFF => to 2.001 and begin PS - check if 1.002 - 1.006 are all rated 0.

SELECTION OF EPISODES

Decide provisionally, on the basis of this information, which periods represent the most clinically significant symptoms (of neurotic, affective or psychotic disorders) during the clinical course. See Glossary notes on choice of episodes. Time periods of symptoms that do not fit the pattern established here in Section 1 can be recorded separately at the end of each Section.

- 1.007** *Onset of Present Episode, PE*

Onset date must follow 2 months or more without significant clinical symptoms. R must have had clinically significant symptoms (any severity level) within approximately the month before the interview. See notes for full definition. If not 'in episode' at interview, leave blank, but complete a PS-check for 4 weeks before examination. September, 1994 is entered 0994.

- 1.008** *Number of days in PS*

This period should usually be 28 days and end at the date of examination. See Glossary notes for permissible extensions, e.g. 'notional month'.

1.009 *Dates of representative episode, RE*

					to					
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1.010 *Duration of RE, in weeks*

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Use RE if a single discrete episode, together with PS, adequately represents the course of clinically significant symptoms. See Glossary for full definition. March 1971 to May 1973 is entered as 0371 to 0573, duration 112 weeks. If RE is contiguous with the beginning of PS, PS+RE=PE. Variations in the timing of RE between different syndromes, if necessary, can be recorded separately within each Section.

SKIP => to 1.015 if RE used. If RE not used, leave RE dates blank, and consider 1.011 - 1.014. Record the option chosen for PERIOD (PS, RE, LB) at 0.006 - 0.008.

Dates of Lifetime Before, LB

LB is dated from onset of the first episode to the start of PS. LB can represent one continuous episode or contain several discrete episodes. Use LB if PS and RE together do not adequately represent the clinically significant symptoms manifested during the course. It would not usually be sensible to rate more than 2 episodes in LB if R is also in episode at PS. See Glossary for full definition and rating instructions. Leave blank if never present. Sections not referred to here are rated for specific periods referred to above (contingencies), i.e. Sections 2, 9, 11, 12 and 21.

1.011 *Episode of Neurotic symptoms*

					to					
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1.012 *Episode of Depressive symptoms*

					to					
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1.013 *Episode of Manic symptoms*

					to					
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1.014 *Episode of Psychotic symptoms*

					to					
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Date approximate age of first onset of symptom types in LB

This estimate should represent the first onset of a clinically significant group of symptoms of the type listed, causing at least moderate distress or disability. 98 = NK. 99 = NA. Further details can be recorded at **1.046 - 1.049** and in **CHS**.

1.015 *Age at first onset of Neurotic symptoms*

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Rating scales in Part One

GENERAL POINTS

The main rating scale in Part One is Scale I. The rating points are specified below, and are elaborated on in the Glossary.

However, many items (particularly in sections other than 3-6 of Part One) have their own individual rating scales, which are specified within their item blocks. It should be noted that all symptom items can be rated 0, 5, 8, or 9, using the definitions given in Scale I, whether or not these points are specified in the text.

For making etiological attributions, many items have boxes with dashed line below the episode rating boxes. These are optional ratings that are not required, but which may be useful for research purposes, and in certain clinical situations. The purpose is to separate the ratings of phenomenology from any ratable etiological factors; for example Parkinson's disease, or the effects of alcohol or other drugs. The etiology scale should be used to code any attribution of etiology. Further details are elaborated on page 29.

RATING SEVERITY

The severity of a symptom can be assessed in terms of duration, persistence, degree of interference with other mental functions, distress, impairment of everyday activities, effect on other people, and contact with services of various kinds. In SCAN, the approach is to measure clinical severity by the duration and frequency of the symptom and the degree of interference with mental functions (intensity). Social and occupational performance, other people's reactions, and help-seeking behavior (all of which can be influenced by many other factors), are assessed separately.

Somewhere between the two lies the respondent's own reaction, but this may be stoical or distressed according to temperament and circumstances, and is therefore also regarded as adding a degree of ambiguity to the rating. Distress is only mentioned in items which use criteria from a rule-based system that requires it to be present.

These points hold good for ratings throughout SCAN and, in particular, for the four main Rating Scales.

RATING SCALE I

Many items in Sections 2-6 are rated on this standard 4-point scale (0-3). The factors chiefly involved are intensity (intrusiveness and extent of interference with mental functions) and frequency of the symptoms. The

standard definitions are suitable for a period of about 4 to 6 weeks. This is the period of the 'Present State', from which the PSE originally derived its name.

In longer episodes, it is often possible to select (with R) a period of equivalent length during which most of the symptoms characteristic of the episode were present (a 'representative month').

When rating a period longer than a month it may be difficult to specify the proportion of time during which a symptom has been present.

In such cases, rate mainly on clinical intensity rather than duration. Frequency can still, however, be used as appropriate.

Do not be too pedantic when asking about each symptom. It is usually sufficient to establish an overall frequency and intensity for a group of symptoms and then to establish any variation in particular items.

0. This is a positive rating of absence. It does not mean 'not known' or 'uncertain whether present or not'. It can only be used if sufficient information is available to establish its accuracy.
1. This is a positive rating of presence, but presence of such a minor degree that it is not appropriate for use in classification. Like (0), it does not mean 'not known' or 'uncertain'. Ratings of (1) count in scores (but not for diagnostic purposes), which in turn influence the level allocated on the Index of Definition.
2. This rating means that the item is present at a level sufficient to use in classification. For this purpose it is equivalent to 3, but it contributes less to scores. In general, it is used when symptoms are of moderate severity during most of the period being assessed.
3. A rating of (3) is similar to (2) except that the symptom is present in severe form for most of the period under review.
5. The presence of psychotic symptoms can make the rating of Part One items very difficult, because of problems in interpreting the meaning of what R says, or because the symptoms (for example, anxiety or a phobia about leaving one's house) may themselves be based in psychotic experiences. The rating should only be made when there is genuine doubt about the nature of the symptom or the balance is in favor of the symptom being psychotic.
8. If, after an adequate examination, the interviewer is still not sure whether a symptom is present (rated 1-3) or absent (rated 0), the rating is (8). This is the only circumstance in which (8) is used. It should not be used to indicate a mild form of the symptom.

9. This rating is only used if the information needed to rate an item is incomplete in some respect, for example because of language or cognitive disorder, or lack of cooperation, or because the interviewer forgot to probe sufficiently deeply. It is distinguished from (8) because the examination was not, for whatever reason, carried out adequately.

In the SCAN text, an instruction to 'use Scale I' simply means that it is not necessary to point out any individual rating characteristics for that item. Any point on Scale I can be selected, according to clinical judgement.

For duration ratings, duration less than 1 week/month should be rated 1. A rating of 0 thus means that the phenomenon has been totally absent.

2 Somatoform and dissociative symptoms

Adapt questions about disorders and treatments to local usage. Use information from informants and case records. Note that Section 2 generally defines episodes based on a much longer duration than other Sections.

2.001 *Physical fitness*

Now I should like to ask you some questions about your physical health. During the past month or so would you say your physical health has been excellent, good, fair or poor? How about before the past month? [Rate two standard periods].

- | | | | |
|---|------------|---|-------|
| 1 | Excellent. | 3 | Fair. |
| 2 | Good. | 4 | Poor. |

If fair: What makes you say 'fair' rather than 'good'?

Continue with **2.002** if poor; otherwise, go to **2.003**.

If poor:

2.002 *Length of unfitness*

For how long has your physical health been poor?

Specify in years and months. One year and 6 months is entered '01 06'.
Leave blank if physical health has been at least fair.

2.003 *Change in weight, past year*

Have you lost or gained any weight during the past year? [1 kg = 2.2 lb].

- Over what period of time?

- 0 Virtually no change.
- 1 Less than 2 kg (<5 lb) change.
- 2 Lost 2+kg (5+lb) within 6 week period.
- 3 Gained 2+kg (5+lb) within 6 week period.
- 4 Weight has fluctuated, outside 2+kg (5+lb) loss or gain.

Items **8.006** and **8.007** deal with weight change in more detail.

2.004 Physical illnesses or disabilities, past year

In the past year, have you had any bodily aches or pains, or weakness, or physical illnesses or injuries, or disabilities that limited your activities in any way?

- *What sort of problems have you had?*
- *Did the doctor/specialist tell you what was the matter?*

- 0 None.
- 1 Describes somatic symptoms or disorder without clear diagnosis.

SKIP => to 2.007 or 2.008

- 2 Has clear physical diagnosis.

DIAGNOSABLE PHYSICAL ILLNESS OR DISABILITY

Conditions associated with mental retardation and/or autism, e.g. Down's Syndrome, fetal rubella, etc., should be checked in CHS. The first box should contain a letter indicating the ICD-10 chapter, followed by up to 3 digits. If none leave blank.

2.005 Diagnosis 1**2.006** Diagnosis 2

Women only: [Show a card if it would be helpful.]

2.007 Pre-menstrual symptoms, past year

Have you had any symptoms before menstruation which stop as soon as the period starts? Such as:

- Irritability, depression;*
- Feeling of being bloated or gaining weight;*
- Tenderness or swelling of the breasts;*
- Muscular tension;*
- Aches and pains such as headaches, backache, etc.;*
- Poor concentration;*
- Cravings.*

Enter number positive; if 7 or 8 rate 7 as 8 = NK. Ideally this rating should be based on a concurrent diary using a systematic inventory covering at least two cycles.

2.008 *Limitations on physical activities, past year*

Have any of these problems (2.001 - 2.007) limited your well-being or activities in the past year?

- *How severe has the limitation on your physical activities been?*

- 0 None.
- 1 Mild.
- 2 Moderate.
- 3 Severe to incapacitating.

2.009 *Satisfaction with care, past year*

Have you had expert advice about ... (physical problems)?

- *How much contact have you had with doctors [healers, etc.]?*
- *What did the doctor say was wrong?*
- *Are you reasonably satisfied that the problem has been thoroughly investigated and you have received good advice?*
- *Have you any more appointments with a doctor?*

- 0 R is satisfied that the problem has been investigated and treated with reasonable care, is reasonably dissatisfied, or had no expert advice.
- 1 R is unreasonably dissatisfied with medical care.
- 8 Unclear whether dissatisfaction is due to R's overconcern or to reasonable grievance.

CUT OFF => to 3.001 if there is no evidence from interview, records, or informants of somatoform or dissociative symptoms.

Always continue if symptoms have no convincing medical explanation.

RATING SCALE I

0. This is a positive rating of absence. It does not mean 'not known' or 'uncertain whether present or not'. It can only be used if sufficient information is available to establish its accuracy.
1. This is a positive rating of presence, but presence of such a minor degree that it is not appropriate for use in classification. Like (0), it does not mean 'not known' or 'uncertain'. Ratings of (1) count in scores (but not for diagnostic purposes), which in turn influence the level allocated on the Index of Definition.
2. This rating means that the item is present at a level sufficient to use in classification. For this purpose it is equivalent to 3, but it contributes less to scores. In general, it is used when symptoms are of moderate severity during most of the period being assessed.
3. A rating of (3) is similar to (2) except that the symptom is present in severe form for most of the period under review.
5. The presence of psychotic symptoms can make the rating of Part One items very difficult, because of problems in interpreting the meaning of what R says, or because the symptoms (for example, anxiety or a phobia about leaving one's house) may themselves be based in psychotic experiences. The rating should only be made when there is genuine doubt about the nature of the symptom or the balance is in favor of the symptom being psychotic.
8. If, after an adequate examination, the interviewer is still not sure whether a symptom is present (rated 1-3) or absent (rated 0), the rating is (8). This is the only circumstance in which (8) is used. It should not be used to indicate a mild form of the symptom.
9. This rating is only used if the information needed to rate an item is incomplete in some respect, for example because of language or cognitive disorder, or lack of cooperation, or because the interviewer forgot to probe sufficiently deeply. It is distinguished from (8) because the examination was not, for whatever reason, carried out adequately.

3 Worrying, tension, etc.

Before rating any item that might be present, always establish whether there has been a period of 'normality' before onset. Symptom ratings require there to have been a definite deviation from a previous state when the symptom was absent.

Use Scale I to rate all Section 3 items except **3.004**.

First I should like to ask about some very common experiences and see whether you have had any of them recently.

3.001 Worrying

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Have you worried a great deal during [PERIOD]?

- *What is it like when you worry?*
- *Do unpleasant thoughts go round and round in your mind?*
- *Do you worry more than is necessary, given the problem?*
- *What happens when you try to turn your attention to something else?*
- *Can you stop worrying by looking at TV or reading or thinking about something you usually enjoy?*

A round of painful thought which cannot be stopped and is out of proportion to the topic of worry. Worries 'too much' but only in relation to real problems = mild.

3.002 Feeling of nervous tension

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Have you often felt on edge or keyed up or mentally strained?

- *What is that like?*
- *How severe is it?*
- *Do everyday problems get on top of you?*
- *Do you tend to startle too easily?*

There is no need for autonomic accompaniments for this symptom to be rated present though they usually are. Include exaggerated startle response. Feels strain only in relation to real problems = mild. If R says she or he is anxious but does not describe autonomic symptoms, consider rating here.

3.003 General muscular tension

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Have you had difficulty in relaxing during [PERIOD]?

- Do your muscles feel tensed up?
- Where do you feel it?
- Can you relieve it by relaxing?

Tension only in relation to real problems = mild.

If 3.001 - 3.003 are rated 0 ask 3.004.

3.004 Calmness in the face of problems

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

These questions have been about nervous problems. Could I ask you the opposite kind of question? Would you say you were more calm and collected, less prone to irritability, restlessness, self-consciousness or nervous fatigue than most people during [PERIOD]?

- That you would only get upset if something really serious happened to cause it?

Probe for items 3.001 - 3.013 as appropriate.

- 1 Less prone to Section 3 problems than most.
- 2 About average.
- 3 More nervous than average.
- 4 Severe nervousness.

CUT OFF => to 4.001 if 3.001 - 3.003 rated 0 and 3.004 rated 1 or 2

3.005 Localized tension pains

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Have you had aches and pains, like headaches, neckache, backache, aching muscles, during the [PERIOD]?

- What is it like?

'Band round head', 'pressure', 'tightness in scalp', 'ache in back of neck', etc., but **not** migraine or other specific syndrome. If probable physical cause, use etiology option with dashed boxes or at **13.035**.

3.006 Subjectively described restlessness

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Have you been so fidgety and restless that you couldn't sit still?

- *Did you have to keep pacing up and down?*

Fidgety = mild. Restlessness = moderate. Pacing = severe. Use judgement in rating. Do not automatically accept R's reply.

3.007 Fatiguability and exhaustion

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Have you been getting exhausted and worn out during the day, even when you haven't been working very hard?

Exclude hypersomnia = **8.016**. Unduly tired = mild. Feels worn out, effort to carry on = moderate. Completely exhausted = severe.

3.008 Sensitivity to noise

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Have you found that noise upsets you?

- *Do noises that other people find tolerable seem to penetrate or go through your head?*
- *More than ordinary dislike of loud noises?*
- *Do you have to put up with a lot of noise?*
- *Are you able to work or think in noisy places?*

Exclude ordinary dislike of loud noise. Sensitive but copes = mild.

3.009 Irritability

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Have you been very much more impatient or irritable than usual during [PERIOD]?

- *How has that shown itself?*
- *Do you keep it to yourself or raise your voice or flare up without reason?*
- *Have you really lost your temper or your control?*

- 1 Mild irritability, unusual for R, or brief domestic quarrels out of the ordinary.
- 2 Raised voice, anger, shouting, more frequently picking quarrels.
- 3 Pushing, hitting, lost control.

3.010 Simple ideas of reference

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Are you self-conscious in public?

- Do you get the feeling that other people are taking particular notice of you, for example in the street or in a restaurant?
- Are they really taking a special interest in you or are you sensitive?

R must recognize that the feelings originate from within but nevertheless cannot help thinking people talk, laugh, criticism, notice etc. Delusions of reference = 5.

3.011 Suspiciousness

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Have you tended to be more suspicious than usual?

3.012 Depersonalization and derealization

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Have you felt that things around you, or other people, or you yourself were unreal? [see **16.006 - 16.009**]

Exclude if solely in context of anxiety; see **4.026**. If any evidence for depersonalization, complete Section 16.

3.013 Non-delusional jealousy

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Have you been more inclined to be jealous? [check at **19.015**]

3.014 Timing of PERIOD/s of Section 3 symptoms

It is necessary to record only if dates of symptoms in this Section are different from PERIOD rated in Section 1 (items **1.007-1.014**).

Date of onset in PS or PE (DD MM YY)

D	<input type="checkbox"/>	<input type="checkbox"/>	M	<input type="checkbox"/>	<input type="checkbox"/>	Y	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	---	--------------------------	--------------------------	---	--------------------------	--------------------------

Duration in PS or PE in days

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Date of onset in RE or LB

M	<input type="checkbox"/>	<input type="checkbox"/>	Y	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	---	--------------------------	--------------------------

Duration in RE or LE in weeks

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3.015 Interference with activities due to Section 3 symptoms

You have mentioned [summarize symptoms] during PERIOD. Overall, how much interference has there been with your everyday activities because of these problems?

Rate interference due to symptoms in Section 3.

- 0 No Section 3 symptoms present in significant degree.
- 1 Symptom/s present but little interference.
- 2 Moderate or intermittent interference.
- 3 Severe to incapacitating interference.

Although rating attribution of physical (including alcohol, drugs, medical condition etc.) cause is possible using the optional attributional scale with the dashed boxes or in Section 13, items **3.016** and **3.017** allow the user to rate organic cause at the section or syndrome level. For example, consider effects of amphetamines and if present whether these provide a sufficient reason for the items rated.

3.016 Organic cause of symptoms in Section 3

Use the four criteria listed in Glossary.

- 0 Absent.
- 1 Probable organic cause; not fully confirmed.
- 2 Definite; confirmed by expert investigation.
- 8 Uncertain whether organic or not.

3.017 Identify organic cause of Section 3 symptoms

For identifiable causes, enter ICD-10 chapter letter and up to 4 digits. If two periods are rated, use top row boxes for the first period (PS) and the bottom row for the second period (RE or LB). If none leave blank. Organic cause may also be rated with the attributional scale at the item level.

4 Panic, Anxiety and Phobias

If present but judged to be due to physical cause, e.g. hyperthyroidism, cardiothoracic disease, stimulants, withdrawal from drugs (e.g. benzodiazepines), etc., users may rate individual items with the optional attribution scale or rate entire section at end of Section 4 or in Section 13. Consider stress reaction in Section 13. If R says he or she is anxious but does not describe autonomic symptoms, consider rating elsewhere, e.g., Section 3.

4.001 General rating of anxiety

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Now I should like to ask about feelings of anxiety or attacks of panic during PERIOD.

When people get anxious or panicky they often feel very fearful. They may feel their heart beating fast, or they may start shaking or sweating, or feel they can't get their breath. Have you had feelings like that? (Can you describe it?)

- 0 Anxiety and panic attacks absent.
- 1 Anxiety and/or panic attacks present.

4.002 General rating of phobias

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Some people have phobias. They feel anxious, or panicky or scared in certain situations, like being afraid of heights, or open spaces, or certain animals or insects, or in some social situations. They try to avoid them or avoid even thinking about them.

Would that be true of your experience?

- 0 Phobias absent.
- 1 Phobias present.

How long have you noticed this? When did it first start?

Check ages at **4.056** and record duration of period at **4.059** unless same as in item **1.007**.

Symptoms of anxiety or panic are listed in items **4.003 - 4.019**. Those marked + are autonomic arousal symptoms specified in ICD-10 as especially important for panic states. The computer program sums them separately.

The list may be presented by the interviewer one item at a time, or as prompt card, to R directly. In either case, the terminology used should be appropriate for local circumstances and culture. For example, 'butterflies' will only be understood in a few parts of the world. Other examples should be found for the same symptom.

Some respondents may attest to these symptoms in addition to other somatic complaints but attribute them to a disabling physical cause for which they have sought medical help, or if that is not available have engaged in self treatment with physical remedies. Use somatoform checklists in Section 2 and rate **2.127** if panic attacks (**4.020**) are also rated present in this Section.

When rating these items, ask first the presence of each item, making a tick mark. Then determine the temporal relationships between items and rate 1, 2 or 3 as appropriate.

Do not rate anxiety if due to appropriate environmental circumstances.

I should like to ask about a list of symptoms that some people get when they are anxious or have attacks of panic. Do you have any of these?

Rate items **4.003 - 4.019**.

- 0 Absent.
- 1 Symptoms present at different times (in isolation).
- 2 Symptoms rated as occurring together (e.g. during an attack of panic).
- 3 Both situations present.

4.003 <i>Can't get breath and smothering feeling</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4.004+ <i>Heart pounding, missing beats, faster</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4.005 <i>Dizzy, light-headed, faint, unsteady</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4.006 <i>Tingling, numbness in face/fingers</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

- 4.007 *Tightness, discomfort or pain in chest*
- 4.008+ *Dry mouth not due to medication or dehydration*
- 4.009 *Difficulty in swallowing, lump in throat*
- 4.010+ *Sweating, e.g. palms*
- 4.011+ *Trembling or shaking, e.g. of hands or limbs*
- 4.012 *Hot or cold sweats or flushes*
- 4.013 *Unreality, 'not really here'. Like an actor*
- 4.014 *Churning stomach, nausea, butterflies*
- 4.015 *Fear of dying*
- 4.016 *Feeling of choking*
- 4.017 *Fear of going crazy, or fear of losing emotional control or passing out*

4.018 *Apprehension, jumpiness, or increased startle response*

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

4.019 *Other, e.g. urinary frequency, etc*

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

CUT OFF => to 5.001 if 4.001 and 4.002 are rated 0, and no anxiety symptoms are present.

If some evidence of past anxiety symptoms, ask:

You suggested that you did have problems with [anxiety and/or phobias] but you have not had any of these anxiety symptoms during PERIOD. Is that because you have not been in situations that provoke them?

SKIP => to 4.027 if no anxiety symptoms occur because of avoidance.

4.020 *Frequency of panic attacks with autonomic symptoms*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Have you had any attacks of panic, or sudden attacks of anxiety, with unpleasant feelings like these (4.003 - 4.019), which very quickly became intolerable?

- *Can you describe a typical recent attack?*
- *How often did these attacks occur, say in a 4 week PERIOD?*
- *Did you only get them in certain situations?*
- *What situations?*

Include if they occur out of the blue, or in phobic situations, or apparently triggered by alarming thoughts or internal sensations. There is usually a sudden onset with a rapid crescendo to maximum. Consider the possible contribution of a cardiothoracic or other physical disease and if an attributable cause, consider using the etiology options. Record approximate number in a 4 week period up to 40. If there is doubt about this occurrence of panic attacks, rate 88.

- 00 No attacks.
- 40 40 or more.
- 55 Psychotic symptoms make rating difficult.
- 88 NK.

5 Obsessional symptoms

The ideas and impulses are experienced as entering the mind against conscious resistance. R tries to resist them but fails. They are unpleasantly repetitive. They are acknowledged as excessive or unreasonable and recognized as part of R's own thoughts and much distress is caused by this, since the thoughts may be embarrassing or blasphemous. Thoughts (obsessions) and actions (compulsions) are closely connected and can be rated together under each item. In very chronic conditions, the resistance may lose force; therefore take history into account.

- 1 **This rating is not appropriate in the case of obsessions and should not be used.**
- 2 Most days for at least 2 weeks, moderate severity.
- 3 As 2 but severe.
- 5 Difficult to differentiate from psychotic symptoms.

Ask these general probes:

Some people find that they have to keep on checking things that they know they have done; like gas taps, light switches, whether the front door is locked, and so on. Do you have problems like that?

Another problem with some people is that they have to keep things round them in a special order, far beyond ordinary tidiness. Is that true of you?

And what about keeping things clean? Do you have to spend a lot of time washing things repeatedly that are already clean?

- *There are other difficulties of a similar kind, like unpleasant and unwanted thoughts or images coming into the mind, which can't be resisted. Has that been a problem?*

If any evidence that there might be section 5 symptoms, probe further:

- *Can you describe what it is like?*
- *Where do these ideas or impulses come from?*
- *Do you try to resist them - for example, to stop yourself from ... ? (What happens?)*
- *Do you get very upset or distressed when you can't control it?*
- *How severe has it been?*
- *How often has it occurred during PERIOD? Most days? For as long as a fortnight? Longer?*

5.001 Evidence for obsessional and compulsive symptoms

- 0 No evidence.
- 1 Sufficient to proceed below cut off.

6 Depressed mood and ideation

Remember that Sections do not always have to be taken in strict numerical order. If it is more appropriate to take items in Section 7 or 8 relevant to depressed mood first, that is the optimal order.

Symptoms of Depression

Before rating any item that might be present, always establish whether there has been a period of 'normality' before onset. Symptom ratings require there to have been a definite deviation from a previous state when the symptom was absent. Use Scale 1 for rating unless otherwise specified.

Dysthymia

This is a condition of persistent despondency or gloom lasting for 2 years or more; with poor sleep, low energy, tedium vitae and a feeling of insufficiency. There can be periods of normal mood and basic coping is not impaired. If answers to the first items suggest a chronic condition, complete Section 6, and items **6.044 - 6.071**.

Recurrent Brief Depressive Disorder

Complete Section 6. Then rate items **6.072 - 6.077**.

May I ask some questions about feelings of sadness or depression?

6.001 Depressed mood

Have you been feeling low in spirits recently/[PERIOD]?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- *Would you describe your mood as sad, downcast, gloomy, despairing or deeply depressed?*
- *Has it been mild, moderate or severe?*
- *How much of the time were you in reasonable spirits?*
- *And how much of the time were you really low?*
- *When did you last feel your usual self?*

When rating clinical severity of depression, remember that deeply depressed people may not necessarily cry, and that retardation may produce an impression of apathy and empty mood (see **6.007**). Irritability (item **3.009**) may also mask depression. Rate mood on subjective description of peak period. Manifestations at interview are rated at **23.001**. Consult Glossary.

6.002 *'Masked' depression*

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If **6.001** is rated 0 or 1, but the interviewer considers that a depressed mood is masked by other symptoms (e.g. irritability), or difficulty in introspecting (e.g. cognitive impairment from any cause, or educational problem), or a cultural tendency to manifest depression in other forms than mood, e.g. in somatic symptoms, rate here. If uncertain, rate 8. See Glossary.

- 1 Circumstances suggest that depressed mood might be present but a definite rating cannot be made [continue beyond cut-off].
- 2 Masked depression of mood very probably present.

6.003 *Tearfulness and crying*

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Do you often feel like crying?

- *Do you actually cry?*
- *How often does that happen?*
- *For how long has it been going on?*
- *What starts you off?*

Mild = tears in eyes;
 Moderate = tearfulness;
 Severe = long periods of weeping, nearly every day, much of the day.

If > 2 years, consider dysthymia.

6.004 Anhedonia

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Have you been able to positively enjoy things like taking a walk, working at your hobbies or interests, having a nice meal with friends, winning a game or receiving a compliment?

Or do you seem unable to find pleasure even in things you used to enjoy?

- *How much of the time were you unable to enjoy things as much as usual?*
- *When did you last really enjoy something? What?*
- *Do you keep up the appearance of enjoyment?*

This should be a definite loss compared with the normal state but the loss need not have begun during PERIOD.

If > 2 years, consider dysthymia

6.005 Duration of depressed mood or anhedonia

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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How long have you been feeling like this?

When was the last time you usually felt free of this feeling?

Enter number of weeks up to 80 (88 = unsure, but always try to rate approximate duration conservatively, i.e. if it is at least a month, rate 04 and not 88):

If > 2 years, consider dysthymia.

If **6.001** is rated from 1 - 3, ask:

What do you think is the cause?

Note the answers for items in section 13.

CUT OFF => to 7.001 if no evidence of depressed mood or other Section 6 symptoms.

If Section 6 symptoms may be present without a context of depression, complete the relevant items.

If depressed for more than two years, continue but consider dysthymia **6.044** - **6.071** throughout the section unless clearly severe and episodic.

6.006 Loss of hope for the future

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

How do you see the future?

- *Do you think there are some good days still to come?*
- *How much of the time does everything seem quite hopeless?*
- *When did you last feel you could see a reasonable future? What were you looking forward to?*

This should be a definite loss compared with the normal state but the loss need not have begun during PERIOD.

Consider dysthymia if > 2 years.

6.007 Feeling of loss of feeling

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Sometimes people don't describe sadness or depression as such but say they have lost the ability to feel any emotion at all. They can't feel sad and can't cry. Have you actually experienced that lack?

- *What is it like compared with your ordinary mood?*
- *How severe or continuous was it during the PERIOD?*
- *Have you been free of it at all?*

This should be a definite loss compared with the normal state but the loss need not have begun during PERIOD. The loss of feeling is felt, the numbness perceived, the lifelessness experienced' (E Bleuler). See Glossary definition. Constricted affect but not as a positive feeling = 1.

6.008 Loss of reactivity

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Does the depressed mood come and go, or does it seem to be always there, even if only in the background?

- *Does it get better or worse with circumstances or is it always much the same?*

- 0 Depressed mood absent.
- 1 Depressed mood reactive to circumstances on most days.
- 2 Depressed mood variable but not event-reactive.
- 3 Depressed mood persistent through most of period; not reactive.

6.009 Morning depression

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

What time of day does the depression feel worst?

- Is there any time when it is less severe?

- 0 No depression, or not worst early.
1 Regularly feels worst early in the day.

6.010 Preoccupation with death or catastrophe

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Do you tend to brood over possible disasters, like death or ruin or some catastrophe that could occur to you or others?

- How much of the time have you been free of this?
- How often was the brooding really intense and continuous?

If delusional, rate at 6.019.

If > 2 years consider dysthymia.

6.011 Suicide or self-harm

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Have you thought about harming yourself or even made an attempt at suicide, during [PERIOD]?

- What happened?

Include whether thought due to depression or not:

- 0 Absent.
1 Deliberately considered suicide or self-injury (intrusive thoughts) but made no attempt.
2 Injured self or made an attempt but no serious harm resulted.
3 As 2 but with serious self-harm.
4 Made an attempt at suicide designed to result in death.

If 6.011 is rated 0, ask 6.012.

6.012 Tedium vitae

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Have you felt, during the [PERIOD], that life was not worth living or that you would not care if you didn't wake in the morning?

- Would you even wish to have some fatal disease or accident?
- How much of the time did the feeling last?
- Recurrent thoughts of death, death-wish?

6.013 Pathological guilt

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Do you tend to blame yourself for something you have done or thought; to feel guilty or ashamed of yourself?

- What is it that you think you have done wrong?
- How much of the time, in [PERIOD], have you been free of it?
- How often did you feel guilty?

Rate only if guilt is not realistic; not if actions have been blameworthy and guilt proportional. **6.013** and **6.014** can co-exist. If so, rate both.

If delusional, rate at 6.018.

6.014 Guilty ideas of reference

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Do you have the feeling that you are being blamed or accused by others because of some action or lapse or deficiency that you yourself feel was blameworthy?

- How much of the time, in the [PERIOD] have you been free of the feeling?
- How often have you had the feeling that you were being blamed for something really serious?

Rate only if guilt is not realistic. Omit if actions have been blameworthy and reference could be just. If delusional, rate at **19.010**. Check **3.010**.

SELF ATTITUDES**6.015 Loss of self-confidence with other people**

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

How confident do you feel in yourself? For example, in talking to others or in managing your relationships with other people?

- *When could you last feel confident in that way?*
- *Was there any change or has it always been like that?*

This should be a definite loss compared with the normal state but it need not have begun during Period.

If 6.015 is traitlike consider rating of 27.034. If > 2 years consider dysthymia.

6.016 Social withdrawal

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Have you wanted to stay away from other people? Do you answer the door bell or the telephone? Do you try to avoid the company of other people?

Check item **3.011**.

If 6.016 is prolonged or life-long consider rating of 27.033.

6.017 Loss of self-esteem

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

What is your opinion of yourself compared to other people?

- *Do you seem to feel less competent than they are?*
- *In what way?*
- *Do you feel inferior, or worthless?*
- *Is that new or have you always felt that way?*

This should be a definite change compared with the normal state but the change need not have begun during PERIOD. Worthless = 3.

If 6.017 is prolonged or life-long consider rating of 27.034.

If > 2 years consider dysthymia.

PSYCHOTIC AFFECTIVE SYMPTOMS

Part II of PSE10, from which the following 4 items are taken, should always be completed if any psychotic symptom is present. Rate as below.

- 1 Rare.
- 2 Occasional. (Scale II, p. 211).
- 3 Frequent.

6.018 *Delusions of guilt or worthlessness in context of depression*

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Unshakeable conviction, in context of depression, of guilt, crime, evil, harm to others, worthlessness, etc., for which R feels culpable and deserving of punishment. [19.025].

6.019 *Delusions of catastrophe in context of depression*

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Unshakeable conviction, in context of depression, that the world is about to end, the country is evil and will be destroyed, that R or family will be ruined, etc. R feels responsible. [19.026].

6.020 *Hypochondriacal delusions in context of depression*

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Unshakeable conviction that bowels are stopped up, insides are rotting, etc., in context of depressed mood. [19.027].

6.021 *Congruence of auditory hallucinations with affective state*

<input type="checkbox"/>	<input type="checkbox"/>
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Rate congruence if, for example, content based on guilt: 'You deserve to die you sinner' etc., or on delusions of grandeur: 'Go to the palace. You are the King', etc. If unsure, rate 8. Include if content was congruent earlier but mood has improved before AH disappeared. [Check at 17.010]

- 0 No auditory hallucinations (AH).
- 1 Virtually all content congruent with affective state.
- 2 More congruent than not.
- 3 Congruent and incongruent AH equally.
- 4 More incongruent than congruent.
- 5 Virtually all content incongruent.

GENERAL RATINGS OF DEPRESSION

To rate the following items it is not necessary to make a firm diagnosis of depression. The items should be rated if there is any possibility of the diagnosis. **If both depression and anxiety, somatoform or obsessional symptoms present:**

6.022 *Depression or anxiety primary*

You have mentioned that you have felt both anxious and depressed [in PERIOD]. You mentioned ... [summarize symptoms for R]

- *Some people say they are depressed because they have phobias or anxiety; they are miserable because of that. If the phobias or anxiety cleared up they would not be depressed any more.*
- *Other people say that if only the depression would go, they would stop being anxious.*
- *Can you decide if one or the other is more important for you or is there little to choose between them?*

Probe further. Use examples below if appropriate.

Anxiety and depression must both be rated present for this item to be meaningful.

- 0 Absent, or symptoms of one type only.
- 1 Anxiety is primary. Depression appears to be entirely explicable in terms of the limitations placed on the subject by the symptoms of anxiety, e.g. being unable to leave the house, travel, meet people, etc., or being afraid of heart disease because of palpitations.
- 2 Anxiety and depression both present but seem independent of each other, or fluctuating in predominance; e.g. onset of depression makes any preceding anxiety more severe, or vice versa.
- 3 Depression is primary. Anxiety is either a result of the depression (e.g. subject is frightened because of morbid or suicidal ideas) or it takes the form of fears of catastrophe, forebodings about illness or death, dread of having to face the day when first waking in the morning, preoccupation that something awful is going to happen. Panic attacks and situational anxiety, if present, are secondary to depression.
- 8 Uncertain, e.g. because of lack of information.

In Section 13 reconsider clinical judgement of relationship of depressive syndrome to other syndromes.

6.023 Relation of somatoform to depressive symptoms

Respondents with somatoform symptoms may deny depressive symptoms. Information from informants and records may be required. Review, if necessary, ratings of **6.002** and **6.004**. If symptoms of depression have been present at the same time as somatoform symptoms, which were most severe or started first?

- 0 Absent, or symptoms of one type only.
- 1 Depressive symptoms more severe or started first.
- 2 Symptoms occurring together.
- 3 Somatoform symptoms more severe or started first.
- 8 Uncertain.

6.024 Relation of obsessional to depressive symptoms

If symptoms of depression have been present at the same time as obsessional symptoms, which were most severe or started first? [Check **5.009**].

- 0 Absent, or symptoms of one type present only.
- 1 Depressive symptoms more severe or started first.
- 2 Symptoms occurring together.
- 3 Obsessional symptoms more severe or started first.
- 8 Unsure.

6.025 Age of first onset of depressive symptoms

How old were you when these feelings of depression first started?

When did you first feel really distressed by them or they first started to limit your daily activities?

Check dates of LB and first onset at **1.012** and **1.016** and duration current depressive symptoms PE at **6.026**. If PE represents a relapse or recurrence, record dates of most recent episodes at **6.038 - 6.043**.

6.026 Timing of PERIOD/s of Section 6 depressive symptoms

For short depressive episodes it is important to rate time in detail in order to decide whether the duration has been 14 days or longer.

Date of onset in PS or PE (DD MM YY)

D M Y

Duration in PS or PE in days

Date of onset in RE or LB

M Y

Duration in RE or LB in weeks

6.027 Interference with activities due to depression

How much interference has there been with your everyday activities because of depression?

- *What sort of problem is it?*

If an in-patient, consider period up to admission. Check at **13.006**.

- 0 No significant depression present.
- 1 Symptoms present but little interference.
- 2 Moderate or intermittent interference.
- 3 Severe to incapacitating.

Although rating attribution of physical (including alcohol, drug, medical condition, ect.) cause is possible using the optional attributional scale with the dashed boxes or in section 13, items below allow rating of organic cause at the section or syndrom level.

6.028 Organic cause of depressive symptoms

Use the four criteria listed in Section 13.

- 0 Absent.
- 1 Probable organic cause; not fully confirmed.
- 2 Definite; confirmed by expert investigation.
- 8 Uncertain whether organic or not.

6.029 Identify organic cause of depressive symptoms

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For identifiable causes, enter ICD-10 chapter letter and up to 4 digits. If none leave blank. If two periods are rated, use top row boxes for the first period (PS) and the bottom row for the second period (RE or LB). Cause may also be rated with the attributional scale at the item level.

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SKIP => to 6.044 if R now in first ever episode or if never depressed.

HISTORY ITEMS

It is essential to rate **6.030- 6.036**, if there is any possibility that a depressive syndrome is present. For recurrent episodes (i.e. seasonal, rapid cycling) rate **6.037** and **6.072 - 6.077**. The actual classification will be made by the computer program.

Rate the whole course if information is available.

6.030 Episodes of major affective disorder

There have been at least two episodes of major affective (manic, mixed and/or depressive) disorder during the course (including PS), demarcated by a switch to an episode of opposite or mixed polarity, or separated by a period of normal mood of at least 2 months.

- 0 Not rated.
- 1 Only one affective episode in whole course.
- 2 At least 2 affective episodes.
- 3 3 + episodes.
- 4 4 + episodes within a 12-month period.
- 5 Most recent 4 episodes within a 12-month period.
- 8 Uncertain.
- 9 Not applicable. No affective episode during course.

6.031 Personality prior to depression onset

- 0 Within normal range.
- 1 Significant personality disturbance before first major depressive episode.

6.032 *Severity of affective episodes*

How severe have episodes been, in general?

- 0 Not rated.
- 1 Mild episodes predominant.
- 2 Moderate episodes predominant.
- 3 Severe episodes predominant.
- 8 Uncertain which were predominant.
- 9 No episodes/ not applicable.

6.033 *Two or more depressive episodes with recovery*

Have there been at least two major depressive episodes, each followed by recovery for 2 months or more? Consider the whole clinical course.

- 0 Not rated.
- 1 Only one such episode.
- 2 At least 2 such episodes.
- 3 Complete remission occurred between 2 most recent episodes.
- 8 Uncertain.
- 9 NA.

6.034 *Response to adequate antidepressive therapy*

Have symptoms in the Major Depressive Disorders shown a good response to adequate antidepressive therapy?

- 0 Not rated.
- 1 Response has not been satisfactory.
- 2 Response has been satisfactory.
- 8 Uncertain.
- 9 NA.

6.035 *One or more manic or mixed episodes during the course*

Has there been at least one manic, hypomanic or mixed episode during the course (including PS/PE)?

- 0 Not rated.
- 1 There have been no hypo/manic or mixed episodes.
- 2 At least one manic or hypomanic or mixed episode.
- 8 Uncertain.
- 9 NA.

PERSISTENT DEPRESSIVE STATES, DYSTHYMIA

Dysthymia consists of persistent despondency or gloom lasting for at least 2 years; with poor sleep, low energy, tedium vitae, and brooding. However, there is basic coping (though a feeling of insufficiency), and occasional brief periods of normal mood. Most items in the checklist have been covered in Section 6 or elsewhere in the PSE, and the interviewer will have noted which have occurred frequently over a two year period.

It will be useful to consult case records and/or an informant.

Rate only for period of 2 years before interview. Do not record dates in optional depressive episode lists **6.038 - 6.043, 1.020 - 1.025**.

[**6.044** and at least three of the features **6.045 - 6.059** should be present during at least some of the episodes during the two years.]

6.044 *2+ years depression; remissions for few weeks only*

(0 = no, 1 = yes, 8 = uncertain).

Skip => to 6.072 if 6.044 = 0

Rate items **6.045 - 6.061**:

- 0 No.
- 1 Yes, but isolated occurrence. (Checklist items covered elsewhere in the PSE fulfil the designated severity criteria)
- 2 Present at same time as all other items rated 2 (**6.045 - 6.061**).
- 9 NA.

6.045 *A reduction in energy or activity (7.006, see 22.003, 22.005)*

6.046 *Insomnia (8.009 and 8.011 - 8.015)*

6.047 *Hypersomnia (8.016)*

6.048 *Loss of self-confidence, feelings of inadequacy or low self-esteem (6.015, 6.017)*

6.049 *Difficulty in concentrating or making decisions (7.002, 7.003)*

- 6.050** *Frequent tearfulness (6.003)*
- 6.051** *Generalized loss of interest or enjoyment in pleasurable activities (6.004)*
- 6.052** *Loss of interest or enjoyment in sex (8.024 and 8.025)*
- 6.053** *Feeling of hopelessness or despair (6.006)*
- 6.054** *Decreased productivity, effectiveness, or perceived inability to cope with the routine responsibilities of everyday life (7.007)*
- 6.055** *Pessimism about the future or brooding over the past*
- 6.056** *Social withdrawal (6.016)*
- 6.057** *Reduced talkativeness*
- 6.058** *Poor appetite or over-eating (8.005, 8.006, 8.007)*
- 6.059** *Chronic fatigue or tiredness (3.007)*
- 6.060** *Feelings of guilt (6.013)*
- 6.061** *Subjective feelings of irritability or excessive anger (3.009)*
- 6.062** *Interference with activities due to symptoms rated at 6.044 - 6.061*

You have mentioned [summarize symptoms] during PERIOD. Overall, how much interference has there been with your everyday activities because of these problems?

Rate interference:

- 0 No dysthymic symptoms present in significant degree.
- 1 Symptom/s present but little interference.
- 2 Moderate or intermittent interference.
- 3 Severe to incapacitating interference.

- 6.063** *Age when present episode of dysthymia began.*

Rate items **6.064 - 6.066** and **6.068 - 6.069**:

- 0 No.
1 Yes.

- 6.064** *Did an episode of major depression precede the present episode of dysthymia?*
- 6.065** *If 6.064 = 1, did a period of full remission, lasting 6 months or more, intervene between the two episodes?*
- 6.066** *Did a major depressive syndrome begin during the first 2 years of the present episode of dysthymia? Rate even if unsure whether full criteria for major depressive episode have been met.*
- 6.067** *Age at first onset of any episode of dysthymia*
- 6.068** *Did an episode of major depression precede the first episode of dysthymia?*
- 6.069** *If 6.068 = 1, did a period of full remission, lasting 6 months or more, intervene between the previous two episodes?*

Rate attribution of physical cause (including alcohol, drugs, medical condition, etc.) of dysthymia symptoms using etiology option for individual items or below at syndrome level.

- 6.070** *Organic cause of dysthymia symptoms*

Use the four criteria listed in Section 13.

- 0 Absent.
1 Probable organic cause; not fully confirmed.
2 Definite; confirmed by expert investigation.
8 Not known whether organic or not.

- 6.071** *Identify organic cause of dysthymia symptoms*

For identifiable causes, enter ICD-10 chapter letter and up to 4 digits. If none leave blank. Organic cause may also be rated with the attributional scale at the item level.

Consider cyclothymia at 10.031 - 10.057.

RECURRENT BRIEF DEPRESSIVE DISORDER

Rate the following items.

- 0 Absent.
- 1 Present.
- 8 NK.

6.072 Recurrent brief depressive phase

There must have been a brief depressive phase recurring at least once a month over the past year.

6.073 Short duration of depressive phase

The phases of depression must have lasted less than two weeks, and usually only 2-3 days, during the past year.

6.074 Not solely in relation to the menstrual cycle

The phases of depression must not have occurred solely in relation to the menstrual cycle, i.e., during the last week of the luteal phase with remission within a few days of the onset of menses.

6.075 Interference with activities due to brief recurrent depressive disorder

- 0 Syndrome absent or not rated.
- 1 Syndrome present, but little interference.
- 2 Moderate or intermittent interference.
- 3 Severe to incapacitating interference.

Although rating attribution of physical (including alcohol, drugs, medical condition, etc.) cause is possible using the optional attributional scale with the dashed boxes or in Section 13, items below allow re-rating of organic cause at the section or syndrome level.

6.076 *Organic cause of brief depressive phase*

Use the four criteria listed in Section 13.

- 0 Absent.
- 1 Probable organic cause; not fully confirmed.
- 2 Definite; confirmed by expert investigation.
- 8 Uncertain whether organic or not.

6.077 *Identify organic cause of brief depressive phase*

For identifiable causes, enter ICD-10 chapter letter and up to 4 digits. If none leave blank. If two periods are rated, use top row boxes for the first period (PS) and the bottom row for the second period (RE or LB). Organic cause may also be rated with the attributional scale at the item level.

14 Screen for items in Part Two

SKIP => to Section 15 if Part Two is used. This screen is optional.

This screen is composed of items relevant to items in Part Two, which is a separate schedule and not to be included with Part One, except when the purposes of the investigator require it. The screen may be useful also when both parts are to be used, but then any positive screen items should be rated on the full scale in the appropriate section. It is essential to record R's description of any positive symptoms.

14.001 *Change in appearance of things*

Some people occasionally get a feeling that the appearance of things, or people, or even themselves, has changed. That things look or sound or smell unusual or that time has become distorted. Have you had such feelings in [PERIOD]?

Probe as necessary then rate.

- 0 No.
1 Yes.

14.002 *Delusional mood and perplexity*

Have you had the feeling that something odd is going on that you can't explain?

- *What is it like?*
- *Do you feel puzzled by strange happenings that are difficult to account for?*

R feels that the familiar environment has changed in a way that puzzles her or him and which she or he may not be able to describe clearly. The feeling often accompanies delusion formation.

- 0 No.
1 Yes.

14.003 Interference with thoughts

Can you think quite clearly, or does there seem to be some kind of interference with your thoughts?

- *What is that like?*
- *Are you fully in control of your thoughts and actions?*

Probe as necessary then rate. Exclude slowness or muddled thinking, e.g. in depressive states.

- 0 No.
- 1 Yes.

14.004 Second sight, strange presences

What about other unusual experiences that some people have, such as seeing things that others cannot see, having second sight, or being aware of strange presences?

- *Can you describe such an experience?*

Probe as necessary then rate:

- 0 No.
- 1 Yes.

14.005 Hearing voices

We ask this question of everyone and would like to ask you. Do you ever seem to hear noises or voices when there is nobody about and no ordinary explanation seems possible?

- *What is that like?*

- 0 No.
- 1 Yes.

14.006 People too interested in R

Have you had a feeling that people were too interested in you?

- *Or that things were arranged so as to have a special meaning for you, or even that harm might come to you?*
- *Can you describe that?*

Probe as necessary then rate:

- 0 No.
- 1 Yes.

14.007 Odd or unpleasant experiences

Have there been any other odd or unpleasant experiences of any kind recently?

- *What happened?*

Probe as necessary then rate:

- 0 No.
- 1 Yes.

14.008 Subjectively described memory problems

Have you had any difficulty with your memory?

- *Is it more difficult to remember things than it used to be?*
- *Can you give me an example?*
- *When did the problem start?*

Do not include trait inattention or 'absent-mindedness'. There must be a definite loss of memory function, though not necessarily with onset in [PERIOD].

- 0 None.
- 1 Mild difficulty such as 'forgetfulness' that might be due to impaired concentration, worry, etc.
- 2 Serious memory loss, unlikely to be due solely to inattention, worry, etc.

Record examples.

14.009 Compensation for memory impairment

Do you have to keep notes to remind you of things to be done?

There must be a definite change, though not necessarily with onset in [PERIOD].

- 0 None or rare.
- 1 Mild difficulty that might be due to inattention, worry, etc.
- 2 Partial use of reminders to compensate for difficulty possibly due to inattention, worry, etc.
- 3 Substantial compensation behavior for serious memory loss, unlikely to be due solely to inattention, worry, etc.

Thank you very much for your help. I hope the questions did not worry you. Most people are quite interested to answer them. Have you any comments or questions?

Rate the following items from Sections 22 - 24 but rate the full sections if this selection does not cover all the signs present.

- 0 Symptoms did not occur during period of observation.
- 1 Definitely present in moderate degree.
- 2 Present in severe degree.

14.010 Slowness

Very slow to move. Unusual for age and physical condition. Motor retardation.

14.011 Restlessness

- 1 Noticeably restless, not amounting to 2.
- 2 Constantly fiddling, changing position, standing or sitting down, etc.

14.012 Odd or inappropriate appearance

Odd clothes, ornaments etc. Would look odd due to posture, gait etc.

14.013 Self neglect

Clothes inadequate for warmth and protection. Irrespective of whether odd or embarrassing. Unshaved, unkempt, dirty.

- 14.014 *Observed anxiety***
Fearful apprehensive look, frightened tone of voice, tremor in voice or hands, autonomic signs.
- 14.015 *Observed depression***
Sad, mournful look, tears, gloomy tone of voice, deep sighing, voice chokes on distressing topic.
- 14.016 *Blunting or flattening of affect***
Decrease in emotional responsiveness shown in facial expression, tone of voice, use of gesture, etc.
1 Blunting. Quantitative decrease compared with expectation.
2 Severe and uniform flatness of affect.
- 14.017 *Incoherence of speech***
The subject's meaning is obscured by distorted grammar, lack of logical connection between one part of a sentence and another or between sentences, sudden irrelevancies or 'Knight's move', incomprehensible associations, etc.
Do not rate this symptom present unless examples are written down.
- 14.018 *Magical or markedly illogical thinking***
See Glossary for examples.
- 14.019 *Rate restricted quantity of speech***
Subject frequently fails to answer, questions have to be repeated, restricted to minimum necessary, no extra sentences, no additional comments.
- 14.020 *Poor use of non-verbal communication during interview***
Lack or under-use of normal non-verbal gestures, facial expressions, changes of tone and pitch and loudness, eye-contact, etc., during conversation.
- CUT OFF => to Clinical History Schedule (Section 27) if Part Two and IGC are not used.**

19 Delusions

It will usually be evident by this stage in the interview whether delusions are present or not. Use judgement to how to word questions.

Use Scale II for rating, but note that Scale II is anchored on frequency or duration, which may not directly reflect on the clinical status of delusional beliefs.

Record descriptions of items when present.

19.001 *Probe for delusions of reference*

*Have you felt that people are unduly interested in you?
Or that things were arranged so as to have a special meaning?
Or even that harm might come to you?*

- *Can you describe that?*

- 0 No.
1 Yes.

19.002 *Probe for other delusions*

What about other unusual abilities or talents that some people have, such as having second sight, or being aware of strange powers or presences?

- *Are you superstitious?*
- *Do you have any special powers that most people lack?*
- *What is that like?*
- *Do you belong to a group of people who also have these experiences or powers?*

Include odd beliefs, magical powers, marked superstitions, clairvoyance, telepathy, etc. The experiences are not psychotic and may be normal within R's culture, religion or sect. However, they may also be indicators for individual psychopathology, in which case Sections 16 - 19 should be completed. Consider also dissociative symptoms rated at items **2.102 - 2.117**.

- 0 Absent.
1 Present.

CUT OFF => to 20.001 if no evidence of delusions.

DELUSIONS OF MISINTERPRETATION, MISIDENTIFICATION, AND REFERENCE**19.003 Delusions of being spied upon**

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Do people seem to talk about you, check up on you to find out where you are, or follow you about, or record your movements?

- *Do they take a special interest or try to photograph you?*
- *How do you know this?*

19.004 Delusions of reference

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Do people seem to drop hints meant for you, or say things with double meanings?

- *Do you see messages for yourself in the newspapers or on TV or radio?*
- *Can you describe an example?*

19.005 Delusional misinterpretation

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Do you sometimes see coded messages or a special significance in the way objects are arranged, or in colors, or in the way things happen?

- *Can you describe it?*

19.006 Quotation of ideas

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Do you find that something you have previously thought or discussed is quoted on TV or in the newspapers or used in some other way to indicate a reference to you?

19.007 Delusional misidentification

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Are there people about who are not what they seem? Who are perhaps in disguise?

- *Do you see people around whom you recognise from earlier in life?*
- *Can you give an example?*

19.008 Familiar people impersonated

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Do you feel that the appearance of any people you know well has changed in ways that suggest that someone might be impersonating them?

This symptom may occur in a variety of clinical pictures. Rate all varieties of the delusion under this item.

19.009 Delusional perception

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Take examples of delusions rated above. Remind R of the interpretation given.

When you [saw ... this event] how did you know what it meant?

- *Are you quite sure, or could you be mistaken?*
- *Is there no natural explanation?*
- *Have you had any previous experience that made you suspect something like this would happen?*
- *Did it come out of the blue?*

Intrusive, often sudden knowledge of a radically transformed meaning of a common perception. See definition for examples. Exclude if apparently based on abnormal mood, except delusional perplexity, or is part of a culture bound religious experience.

19.010 Delusional ideas of reference based on guilt

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Must be understandable to some extent in terms of recent depressed mood, though the ideas may persist for a time after mood has improved: e.g. R has become depressed and guilty and now believes that when people shake their heads it means that she or he is to be executed for some nameless crime.

- 0 No such experience present.
- 1 Definite description of such an experience but frequency rare.
- 2 Such experiences have occurred frequently.
- 8 Uncertain whether present, even after adequate examination.

19.011 Delusional ideas of reference based on expansive mood

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Must be understandable to some extent in terms of recent expansive mood, although the ideas may persist for a time after mood has improved: e.g. during a post-partum episode of elation and heightened sexuality, R thinks that the way doctors act means that they are in love with him or her and are making him or her feel sexy.

NB: This is not a delusion of control.

- 0 No such experience present.
- 1 Definite description of such an experience but frequency rare.
- 2 Such experiences occurred frequently.
- 8 Uncertain whether present, after adequate examination.

DELUSIONS OF PERSECUTION**19.012 Delusions of persecution**

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Does anyone seem to be trying to harm you (trying to poison you or kill you)?

- *Are they particularly singling you out?*
- *How do you experience this?*

Record description. Include explanations of other psychotic experiences in terms of persecution.

19.013 Delusions of conspiracy

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Does there seem to be a plot or a conspiracy behind it?

- *How do you recognise it?*

Include explanations of other psychotic experiences in terms of conspiracy.

Rate insight into delusions at **19.039**. Rate acting on delusions at **19.040**.

SEXUAL DELUSIONS

Sexual delusions based on hallucinations have been rated in Section 17.
Rate here only delusions without evidence of hallucinations.

19.014 Delusional jealousy

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Do people say you are the jealous type?

- *Is it true? Are you jealous of your spouse/friend?*
- *What do you do to convince yourself that nothing is going on?*

Spies on actions. Smells clothes. Misinterprets, etc.

19.015 Non-delusional jealousy (check at item 3.013.)

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

19.016 Delusions of pregnancy

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

19.017 Delusional lover

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Are you loved by someone who does not publicly acknowledge it?

- *Who is it?*
- *Was she or he the first to try to begin an affair?*
- *What evidence have you had of these advances?*
- *Do you try to make contact? In what way?*

An idealised love, usually with someone of higher status (de Clérambault syndrome) but not necessarily. May persistently follow and pester the supposed lover. Fully delusional. For sexual delusions associated with sexual hallucinations, see **17.027**.

19.018 Delusion that others accuse R of homosexuality

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Do people seem to suggest that you are homosexual?

OTHER DELUSIONS AND DELUSIONAL EXPLANATIONS**19.019 *Delusional memories and fantastic delusions***

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

England's coast melting. Has lived for 100 years. Came down to earth on a silver star, is from the planet Pluto, etc.

19.020 *Preoccupation with previous delusions*

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

19.021 *Religious delusions*

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

What is the explanation for these experiences? Do you think there is a religious explanation?

Include only other psychotic experiences or delusional religious beliefs that are explanations of delusions and are themselves delusional. Be careful not to rate well accepted religious or spiritual beliefs, which may colour R's reaction to psychotic symptoms, as themselves delusional.

Scale II

19.022 *Delusional paranormal explanations*

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Is anything like hypnotism or telepathy going on?

- *What is it like?*

Occult influences, hypnotism, telepathy, ESP, etc.

Scale II

19.023 *Delusional physical explanations*

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Are you influenced or affected by X-rays, radio waves, neutrons, electrons, or machines or anything like that?

Radio waves, X-rays, laser beams, electricity, computers, television, machines etc.

Scale II

Rate insight into delusions at **19.039**. E.g. mental or physical illness. Unconscious thoughts, etc. Rate tendency to act on at **19.040**.

19.024 *Specifically named local syndrome*

Annex 2 of ICD-10 DCR contains a proposed classification of Culture Specific Disorders. Most suggested ICD-10 codes are in F4, and occasionally F3 or F68.8. Examiners should be particularly cautious before making ratings in Part Two of SCAN on respondents who appear to exhibit features similar to those specified in Annex 2. The examiner should consider carefully ratings in Part One, Section 2 (dissociative and somatoform disorders), Sections 3 and 4 (anxiety disorders) and Section 6. The clinical history schedule (Section 27) should also be completed (*i.e.* **27.053 - 27.069**). Examiners who are not members of R's culture should carefully reconsider whether it is possible to complete, unaided, a reliable SCAN assessment (item **20.114**).

Include Koro, Latah, Witigo, or other such specified condition. The item should be rated 1 only if a full PSE10 interview has been completed, and ICD-10 DCR Annex 2 used to match clinical presentation with description in DCR.

- 0 Absent.
 1 A full description of the state is obtained and PSE10 completed including Part One and Clinical History Schedule.

Specify the name of the state, and the main features shown:

DELUSIONS REVIEWED ELSEWHERE

These ratings will have been considered in the appropriate sections but should be reviewed here on the basis of the complete interview, particularly sections dealing with other psychotic symptoms. Also check delusions with hallucinations: **17.023, 17.025, 17.027** and **17.029**.

Rate using Scale II unless otherwise specified.

19.025 *Delusions of guilt or worthlessness in context of depression*

Unshakeable conviction, in context of depression, of guilt, crime, evil, harm to others, worthlessness, etc., for which R feels culpable and deserving of punishment. Check **6.018**.

- 19.026 *Delusions of catastrophe in context of depression***

 Unshakeable conviction, in context of depression that the world is about to end, the country is evil and will be destroyed, etc. R feels responsible. Check **6.019**.
- 19.027 *Hypochondriacal delusions in context of depression***

 Unshakeable conviction that bowels are stopped up, insides are rotting, etc. in context of depressed mood. Check **6.020**.
- 19.028 *Hypochondriacal delusions not in the context of depression***

 Rate delusional preoccupation with disease, which may involve the same symptoms as **19.027** but not the mood. Distinguish from delusions about appearance rated **16.012**; delusional explanations of somatic hallucinations rated at **17.029**. Check **2.086**.
- 19.029 *Delusions of grandiose abilities***

 Check **10.016**.
- 19.030 *Delusions of grandiose identity***

 Check **10.017**.
- 19.031 *Delusions concerning appearance***

 Include dysmorphophobic delusions. Check **16.012**.
- 19.032 *Delusion of depersonalization or derealization***

 Delusion that some part of the body is missing; e.g. no head or no brain, no thoughts or no mind (symptom of Cotard). Some part of the external world may be missing. Check **16.013**.

GENERAL RATINGS**19.033 Duration of any delusion(s)**

Rate in number of weeks.

87 = 87 weeks or more.

19.034 Monothematic delusions

Only one type of delusion is present though it may be predominant in the clinical picture and dominate the behaviour of R. Any development of delusions on other topics should be rated 1 here. Delusions that others think R smells, or is homosexual; delusions that R is pregnant, or has misshaped teeth; delusion of jealousy, etc. Direct elaboration of the central delusion e.g. when a jealous R interprets a light being switched on as a signal to a lover, is acceptable.

- 0 No delusions.
- 1 Delusions are not monothematic.
- 2 Monothematic delusion (plus accessories) only.

19.035 Systematization of delusions

Base the rating on the extent to which all the delusions have a common theme or development.

- 0 No delusions.
- 1 No systematization present. Delusions unrelated.
- 2 Some systematization.
- 3 Close systematization. Most delusions are related to one 'scenario' though this may undergo elaborations or modifications from time to time.
- 4 Completely systematized delusions.

19.036 Prominence of delusions

- 0 No delusions.
- 1 Delusions present but not a central feature of the clinical picture.
- 2 Delusions are a prominent feature of the clinical picture compared to other symptoms.

19.037 Congruence of delusions with affective state

Take into account all delusions present.

- 0 No delusions.
- 1 Most delusions are congruent with mood.
- 2 Mixed congruent and incongruent.
- 3 Most delusions are mood-incongruent.

19.038 Mood rated congruent with delusions

- 0 No or very little congruence.
- 1 Congruence mainly with depressed mood
- 2 Congruence with both depressed and elated mood
- 3 Congruence mainly with elated mood.

19.039 Conviction about delusions or hallucinations [insight]

Include all symptoms in Sections 17 - 19 rated positively. Consider explanations in terms of natural causes as well as those rated at items **19.021 - 19.024**.

- 0 No delusions or hallucinations.
- 1 Aware of delusions or hallucinations during period but also aware of their abnormal delusional nature.
- 2 Brief periods of doubt but generally convinced.
- 3 Unshakeably convinced.

19.040 Actions based on delusions or hallucinations

- 0 No delusions or hallucinations or no acting on.
- 1 Actions without serious social or family effects.
- 2 Some seriously embarrassing or distressing effect.
- 3 Aggressive or violent consequences.

19.041 Bizarreness of delusions

Rate bizarreness of delusions according to the definition given in the Glossary.

- 0 Absent.
- 1 Present.

19.042 Age at first ever onset of delusions

Check **1.018**.

19.043 Timing of PERIOD/s of Section 19 symptoms

It is necessary to record only if dates of symptoms in this Section are different from PERIOD rated in Section 1 (items **1.007-1.014**), or to record duration in number of days.

Date of onset in PS or PE (DD MM YY) D M Y

Duration in PS or PE in days

Date of onset in RE or LB M Y

Duration in RE or LB in weeks

19.044 Interference with activities due to Section 19 symptoms

You have mentioned [summarize symptoms] during PERIOD. Overall, how much interference has there been with your everyday activities because of these problems?

Interference due to symptoms is also rated in Section 20.

- 0 No section 19 symptoms present in significant degree.
- 1 Symptom/s present but little interference.
- 2 Moderate or intermittent interference.
- 3 Severe to incapacitating interference.

Although opportunity to rate attribution of physical (including alcohol, drugs, medical condition, etc.) cause is present using the optional attributional scale and the dashed boxes, items **19.044** and **19.045** allow rating of organic cause at the section or syndrome level.

19.045 Organic cause of Section 19 symptoms

- 0 Absent.
- 1 Probable organic cause; not fully confirmed.
- 2 Definite; confirmed by expert investigation.
- 8 Uncertain whether organic or not.

19.046 Identify the organic cause of Section 19 symptoms

For identifiable causes, enter ICD-10 chapter letter and up to 4 digits. If none leave blank. Cause may also be rated with the attributional scale at the item level.

Remember to complete course items for psychotic and affective disorders [**20.001 - 20.013**] if relevant.

Participants in SCAN field trial centers**Ankara**

Hacettepe University, Faculty of Medicine, Department of Psychiatry 56, Ankara 06100, Turkey

Dr A Göğüş, Dr TB Üstün, Dr B Uluğ, Dr A Uluşahin, Dr KR Özbayrak, Dr M Rezaki, Dr MK Yazıcı, Dr F Dereboy, Dr C Kılıç

Athens

Department of Psychiatry, Eginition Hospital, Athens University Medical School, 74 Vasillissis Sophias Avenue, Athens, Greece

Dr C Stefanis, Dr V Mavreas, Dr V Kontaxakis, Dr M Economou, Dr D Ploumbidis

Bangalore

National Institute of Mental Health and Neuro Sciences, P.O.Box no. 2900, Bangalore 560029, India

Dr M Isaac, Dr S Chatterji, Dr TG Sriram, Dr C Chandrashekar, Dr RS Murthy

Beijing

Institute of Mental Health, Beijing Medical College, Beijing, People's Republic of China

Dr She Liang, Dr Xu Yu-Xin

Canberra

Social Psychiatry Research Unit, The Australian National University, A.C.T. 2601, Australia

Dr B Hughson, Dr AS Henderson, Dr M Pentony, Dr V Kingham, Dr M Christie, Dr M Hayes, Dr MSR Scott

Farmington

School of Medicine, Department of Psychiatry, University of Connecticut Health Center, Farmington, Ct 06032, USA

Dr J Escobar, Dr T Babor, Dr J Brown, Dr R Salomon, Dr N Liebowitz, Dr M Bohn

Geneva

Clinic Psychiatric Cantonal, 2018 Perreux, Switzerland

Dr L Barrelet, Dr M Touabi

Groningen

Psychiatric Clinic, Academisch Ziekenhuis, Groningen, Oostersingel 59, PO Box 3001, 9900 Groningen, The Netherlands

Dr W van den Brink, Dr RJ van den Bosch, Dr F Nienhuis, Dr R Giel, Dr C Slooff, Dr L Mulder

Leicester

Department of Psychiatry, University of Leicester, Clinical Sciences Building, Leicester Royal Infirmary, PO Box 65, Leicester LE2 7LX, UK

Dr T Brugha, Dr N Agnew, Dr J Bruce, Dr S Deb, Dr K de Pauw, Dr S Fallow, Dr C Maloney, Dr E Napier, Dr S Nayani, Dr J Warrington

London

MRC Social Psychiatry Research Unit, Institute of Psychiatry, DeCrespigny Park, London SE5 8AF, UK

Dr P Bebbington, Dr L Appleby, Dr M Perkins, Dr P Silverstone

Lübeck

Klinik für Psychiatrie der Medizinischen Universität, Ratzeburger Allee 160, 2400 Lübeck, Germany

Dr H Freyberger, Dr H Dilling, Dr V Dittman

Mannheim

Central Institute of Mental Health, J.5/POB 122220, 6800 Mannheim 1, Germany

Dr K Maurer, Dr H Häfner, Dr A Hillig, Dr R Olbrich, Dr S Velthaus, Dr M van Gülick-Bailer

Nottingham

Department of Psychiatry, Queen's Medical Centre, Nottingham NG7 2UH, UK

Dr G Harrison, Dr T Friedman, Dr P Mason, Dr I Medley

Santander

Social Psychiatry Research Unit of Cantabria, Hospital Nacional 'Marques de Valdecilla', 39008 Santander, Spain

Dr JL Vázquez-Barquero, Dr JF Diaz Manrique, Dr L Gaité, Dr T Arenal, Dr S Herrera Castenedo, Dr C Peña, Dr J Artal

Sao Paulo

Departamento de Psiquiatria, Faculdade de Medicina de Universidade de Sao Paulo, Avenida Dr Arnaldo 455 – CEP 01246, Caixa Postal 8921, Sao Paulo – SP Brazil

Dr L Andrade, Dr F Lotufo, Dr V Gentil, Dr H Vallada

Sofia

Neuroscience and Behavior Research Program, WHO Collaborating Centre for Mental Health, Medical Academy, Boulevard D Nestorov 15, Sofia 1431, Bulgaria

Dr V Nikolov, Dr T Tomov, Dr K Ganey, Dr A Jablensky

Sydney

Clinical Research Unit for Anxiety Disorders, St Vincent's Hospital, 299 Forbes Street, Darlinghurst, NSW 2010, Australia

Dr G Andrews, Dr R Mattick

Rating scale III Behavior, speech and affect

NB: Consider behavioral items for cognitive impairment also.

Most items in Sections 22 – 24 are rated on a 3-point scale (0–2) on the basis of severity and frequency during the past month. Information from records for the period should be used as well.

The examination should be supplemented by taking into account any other observations of relevance, e.g. in case records or information from professionals or relatives. Severe behavioral abnormalities may not be observed at examination because of the short time sample, but when they are present skilled direct observations are of great importance. The items listed are also worth rating because of their possible juxtaposition with other symptoms. The time period rated is the month before examination.

Many behavioral items are also included in Item Groups and can be rated in the Checklist.

- 0 Behavior not present during past month.
- 1 Unequivocally present during past month, moderate severity only. Use all information available.
- 2 Present in severe form during past month or at examination.
- 8 Unsure whether present or not after adequate examination.
- 9 Not appropriate to make a rating because examination or records are incomplete, or behavior is due to a physical factor.

Rating scale II

- 0 Symptom did not occur during PERIOD.
- 1 Symptom definitely occurred during the period but was probably uncommon or transitory.
- 2 Symptom was definitely present, on multiple occasions or for part of the time, during the period.
- 3 Symptom was present more or less continuously throughout the period.
- 5 Language difficulty, rated as present in Section 15, makes replies difficult to interpret.
- 8 Rater is unsure whether the phenomenon is present or absent, even after adequate examination
- 9 Not appropriate to make a rating because examination incomplete, e.g. because of refusal, omission, etc.

Rating Scale I

- 0 Symptom absent after adequate examination (PSE9 = 0).
- 1 Symptom has been present during the period but only in mild degree. Below threshold for diagnosis but counts in scores. It is not the same as 8 (PSE9 = 0).
- 2 Symptom definitely present but of moderately severe intensity or, if severe, present for less than half the time. If unsure whether 1 or 2, rate 1 (PSE9 = 1).
- 3 Severe for more than half the period. If unsure whether 2 or 3, rate 2 (PSE9 = 2).
- 5 Psychotic symptoms make rating of subjective symptoms difficult.
- 8 Not known whether the phenomenon is present or absent, even after adequate examination. This rating should not be confused with 1 (= mild).
- 9 Not appropriate to make a rating because examination is incomplete in some relevant respect, e.g. because of language disorder, refusal, omission, irrelevance. Examination either not possible or not necessary.