INTERVIEWER MANUAL
for
POSITIVE SYMPTOMS AND DIAGNOSTIC CRITERIA FOR THE CAARMS HARMONIZED WITH THE SIPS

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OUTLINE

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1. Purpose of Present Version

The PSYCHS is a semi-structured interview used for ascertaining participants at clinical high risk for psychosis (CHR-P) and for rating their attenuated positive symptom severity.[1] The PSYCHS generates lifetime psychosis determinations, Structured Interview for Psychosis-risk Syndromes (SIPS) CHR diagnoses, Comprehensive Assessment of At Risk Mental States (CAARMS) ultra-high risk groupings, and native, CAARMS, and SIPS severity scores. The PSYCHS has two versions: a version for initial assessment and a version for subsequent assessments.

2. Rationale

The PSYCHS is intended as a harmonized version of two established instruments for rating attenuated positive symptom severity: the Structured Interview for Psychosis-risk Syndromes (SIPS, version 5.6.1) and the Comprehensive Assessment of At Risk Mental States (CAARMS 2015).

Harmonization was needed because: 1) overall attenuated positive symptom content was essentially identical in the two instruments, but some of the four attenuated positive symptom items of the CAARMS and the five attenuated positive symptom items of the SIPS organized the same content in different ways; 2) some items organized content identically across the two instruments, but those items were scaled differently, and 3) the instruments have somewhat differing overall concepts of severity.

These three important differences make it challenging, if not impossible, to translate scores accurately from one instrument to another and consequently generate uncertainty about comparing clinical trial findings for studies that use the SIPS with findings from studies that use the CAARMS. Using both instruments in a single trial is impractical due to cost and subject burden considerations. Therefore harmonization seemed to be the optimal practical solution.

3. Development Process

The initial process that led to the development of the PSYCHS began in an the NIMH-hosted workshop February 13th and 14th 2020 attended by more than two dozen international CHR-P experts.[2] After the workshop, the lead representatives of the SIPS and CAARMS (SWW and ARY), each with 25 years of experience in CHR-P research, assembled the current instruments and manuals and began a series of videoconference meetings in April 2020 facilitated by Andrea Wijtenburg of NIMH to consider workshop recommendations and unresolved issues. These meetings were generally held weekly for two hours and have continued. Beginning in January 2021, additional members with extensive practical experience with CAARMS (SP, MJK) and SIPS (BCW, JA, CVM) joined the meetings.

Meeting time was spent in reviewing literature, comparing item content between the SIPS and CAARMS, ensuring that all attenuated positive symptom content in both instruments was captured in the PSYCHS, reformulating the joint item content into new and distinct items, ensuring the consistency of measurement concepts across items, harmonizing scaling, ensuring that the harmonized 0-6 scale anchors for each item were distinct, ordered, and graded according to similar intervals within each measurement concept, and crafting interviewer and scoring instructions. All decisions were made by consensus. Meetings were recorded and minutes were taken by NIMH Program Officer Andrea Witjenburg.

4. General Instructions for Conducting the Interview

When using the PSYCHS Outcomes Assessment Version there is no need to begin the interview with an overview section. It is assumed that the interviewer has already established rapport with the participant and is familiar with the participant's history and current situation from the study's screening/ascertainment procedures or by reviewing the earlier medical / intake record. If the interviewer is meeting the participant again after an

intervening interval, the interviewer should instead begin with a general inquiry, such as “how have things been since we last met?”

The interviewer should introduce the assessment explaining that the questions that they will be asking are not designed specifically for that person’s experiences but rather are a generic set of questions the interviewers ask every participant. Interviewers should emphasize that there are no right or wrong answers as participants all have different experiences, and that the person should report whatever experiences occur for them.

It is important that interviewers utilize an open-ended style of questioning. When Inquiries are endorsed, the interviewer should follow each affirmative answer with an open ended question like “How so?”, “Can you tell me more about that?”, “Can you give me an example?” An open-ended approach encourages the participant to give details of their experience and how they perceived it. A full set of open ended questions are included at the beginning of the PSYCHS measure.

A participant may respond to an Inquiry with content from a different symptom. For example, when asked the first question for P1 Unusual Thoughts and Experiences (“Have you had the feeling something odd is going on?”), the participant may respond by describing persecutory ideas (his peers starting to talk behind his back, laughing about him etc.) that are rated on P2 - Suspiciousness. The interviewer may if convenient shift to the P2 inquiries and then return to P1 or instead say something like “We’ll get back to people talking behind you back in a minute. Have any other odd things been going on?”

5. Attenuated Positive Symptoms

Fully-formed or frank positive symptoms are characteristic of schizophrenia and other psychoses. The three main types are hallucinations, delusions, and thought disorder. These are considered “positive,” not of course in the sense of “good,” but in the sense that they are present in persons with schizophrenia and not in typically-developing persons. At least one frank positive symptom type is necessary to meet symptom criteria for a schizophrenia diagnosis, and the presence of two frank positive symptom types is sufficient.[3]

Attenuated positive symptoms are similar but less severe symptoms that appear on average two years before the onset of frank psychosis.[4]

5.a. Item Features

5.a.1. Content. SIPS 5.6.1 conceptualized attenuated positive symptoms as mapping onto five items, and CAARMS 2015 as mapping onto four. On careful review of the instruments and their rating manuals, the various subtypes of positive symptoms and their distinction from each other according to classical psychopathology were identical across instruments. However, the two instruments organized the same content into items differently, requiring that positive symptom content be split into 15 items, from which the original SIPS- and CAARMS-defined items could be reconstructed when desired. The 15 PSYCHS items and a key to their content in SIPS and CAARMS items are shown in Table 1.

Table 1. Content of PSYCHS items mapped onto SIPS and CAARMS items.

	PSYCHS Item	SIPS Item	CAARMS Item
1	Unusual Thoughts and Experiences: including perplexity and delusional mood, first rank symptoms, nihilism, overvalued beliefs, magical thinking, and non-persecutory ideas of reference	P1	P1
2	Suspiciousness/Paranoia, including persecutory ideas of reference	P2	P2
3	Unusual Somatic Ideas	P1	P2
4	Ideas of Guilt	P1	P2
5	Jealous Ideas	P1	P2
6	Unusual Religious Ideas	P1	P2
7	Erotomanic Ideas	P3	P2
8	Grandiosity	P3	P2
9	Auditory Perceptual Abnormalities	P4	P3
10	Visual Perceptual Abnormalities	P4	P3
11	Olfactory Perceptual Abnormalities	P4	P3
12	Gustatory Perceptual Abnormalities	P4	P3
13	Tactile Perceptual Abnormalities	P4	P3
14	Somatic Perceptual Abnormalities	P4	P3
15	Disorganized Communication Expression	P5	P4

Each original instrument also provided for rating symptoms other than attenuated positive symptoms. Given the increase in subject and interviewer burden associated with 15 attenuated positive symptom items, these other symptom types are not included in the PSYCHS.

5.a.2. Source of information. Ratings for most items are derived from the interviewer's interpretation of the participant's report. The family/caregiver report, if available, is also used to ensure that the participant has not overlooked symptoms, but the family/caregiver report does not contribute independently to the ratings. For current symptoms the participant must confirm the family/caregiver's report, or else the family/caregiver's report is not considered in making the ratings. For past symptoms, where the participant cannot recall the period in question, family/caregiver report may be considered with the participant's consent.

Two items make use of the interviewer's observations of participant behavior (clinical signs) in addition to the participant's report: P2 Suspiciousness and P15 Disorganized Communication Expression. Please see the description of content for these items for guidance on how interviewer observations are integrated into the rating, as well as guidance in section 5.j. on rating frequency and onset/worsening dates in this situation.

5.a.3. Scaling. All positive symptoms on the SIPS were scaled 0-6, with 0-2 indicating the normative range, 3-5 the CHR-P range, and 6 to indicate fully psychotic level. CAARMS positive symptom P3, however, was scaled 0-2 indicating the normative range, 3-4 the UHR range, and 5-6 fully psychotic. CAARMS item P4 was scaled with 0-3 indicating the normative range, 4-5 the UHR range, and 6 fully psychotic. In the PSYCHS great care was taken to reword the scale point anchors so that each item could be scaled identically 0-6, with 0-2 indicating the normative range, 3-5 the UHR range, and 6 fully psychotic level, while retaining the original content of the original items from both instruments.

5.a.4. Measurement Concepts. Each scale level for each symptom is closely anchored for three or four measurement concepts depending on the item being rated:

1) Symptom Description (all symptoms);
2) Symptom Tenacity (for P1 to P8), symptom Source (P9 to P14), or symptom Self-correction (P15);
3) Distress due to the symptom (all symptoms except P8 Grandiosity); and
4) Interference due to the symptom (all symptoms).

These measurement concepts are defined according to Table 3 below:

Table 2. Definitions of attenuated positive symptom measurement concepts.

Measurement Concept	Title	Role	Symptoms	Definition
First	Description	Primary	All	The specific content of the belief or experience that distinguishes it from other symptoms, and the degree to which it is unusual, improbable, and/or illogical.
Second	Tenacity	Primary	P1-P8	The degree of conviction or lack of doubt with which the belief is held.
	Source		P9-P14	The degree to which the sensory experience is perceived as real and distinct from the person's own imagination.
	Self-correction		P15	The degree to which the participant recognizes and corrects disorganized communication, and the effort required from others to correct the disorganized communication.
Third	Distress	Secondary	All but P8	The degree of suffering or anxiety the participant feels because of the symptom.
Fourth	Interference	Secondary	All	The degree to which the participant's symptom interferes with thinking, feelings, or social relations, or behaviour.

These measurement concepts are synthesized into a **single** overall severity/intensity rating for the item as follows (see Figure 1):

The first two measurement concepts are co-primary and often determine the item's overall severity/intensity rating.

The "Symptom Description" and "Symptom Tenacity/Source/Self-correction" measurement concepts are primary rather than secondary because they are essential concepts that in and of themselves encompass the severity of attenuated positive symptoms. They are co-primary because they are given equal weight in determining the overall severity/intensity level. When the two co-primary measurement concepts match, or when they can be averaged to a whole number, they fully determine the overall severity/intensity rating, without reference to the secondary measurement concepts.

The secondary measurement concepts are secondary because, although they are likely to be partly determined by attenuated positive symptom severity/intensity, they are also affected by, and interact with, concepts other than severity/intensity of attenuated psychotic symptoms. For example, a person high on the personality trait of neuroticism may experience more distress due to the same attenuated positive symptom than a person who is low on neuroticism. Similarly, a person high on the personality trait of grit may experience less interference due to the same attenuated positive symptom than a person who is low on grit. Many other factors, including stress, trauma, and stigma, may influence distress and/or interference associated with attenuated positive symptoms. For these reasons, the secondary measurement concepts only contribute to the overall severity/intensity rating when the co-primary measurement concepts do not match and cannot be averaged to a whole number.

When the co-primary measurement concepts match the same level. In some cases, after careful review of the anchors and interviewing of the participant about details, the interviewer will determine that symptom description and symptom tenacity/source/self-correction match the same level. In those cases, that level is the overall severity/intensity rating. For example, if an interviewer determines that symptom description matches anchor text for 5, and symptom tenacity/source/self-correction matches anchor text for 5, the item overall severity/intensity rating for that timeframe is 5. So the interviewer should record the number of both co-primary measurement concepts as the overall severity/intensity rating.

When the co-primary measurement concepts match adjacent levels. In this situation the two co-primary measurement concepts will not average to a whole number. The secondary measurement concepts are then taken into account by determining whether anchor text for either secondary measurement concept (distress or interference) is greater than or equal to the higher of the two levels under consideration. For example, when the interviewer is reasonably confident that symptom description matches anchor text for 5 and symptom tenacity/source/self-correction matches anchor text for 4, or vice-versa, if either distress or impairment due to the symptom matches anchor text in the 5 or 6 range, the overall severity/intensity rating for that item within the timeframe will be a 5. If both distress and impairment due to the symptom match anchor text in the 4 or lower range, the overall rating for that item within the timeframe will be 4.

When the co-primary measurement concepts match different levels and can be averaged to a whole number. In some cases, after careful review of the anchors and interviewing the participant about details, the interviewer will determine that symptom description and symptom tenacity/source/self-correction match different levels. When that occurs, the interviewer will determine whether the two co-primary measurement concepts can be averaged to a whole number. For example, when the interviewer is reasonably confident that symptom description matches anchor text for 5 and symptom tenacity/source/self-correction matches anchor text for 3, or vice-versa, 5 and 3 average to 4, a whole number, and this means the overall severity intensity rating is a 4.

When the co-primary measurement concepts match different levels and cannot be averaged to a whole number. In these cases the interviewer will take into account the third and fourth measurement concepts (distress and interference), which are secondary. *The secondary measurement concepts only contribute to the overall rating in the situation when the two co-primary measurement concepts clearly match to two different levels and cannot*

be averaged to a whole number. The most common such situation is when the co-primary measurement concepts match adjacent levels, as discussed above.

When the co-primary measurement concepts match different levels that are not adjacent. When this circumstance occurs the interviewer should re-review the anchors and be confident the co-primaries are further apart than adjacent. When this circumstance applies, the interviewer should synthesize the overall severity/intensity rating as shown in the Table below. When the co-primaries can be averaged to a whole number, take the average. When the co-primaries cannot be averaged to a whole number, take into account the secondary measurement concepts.

Figure 1. Synthesis of measurement concepts into a single overall severity/intensity rating.

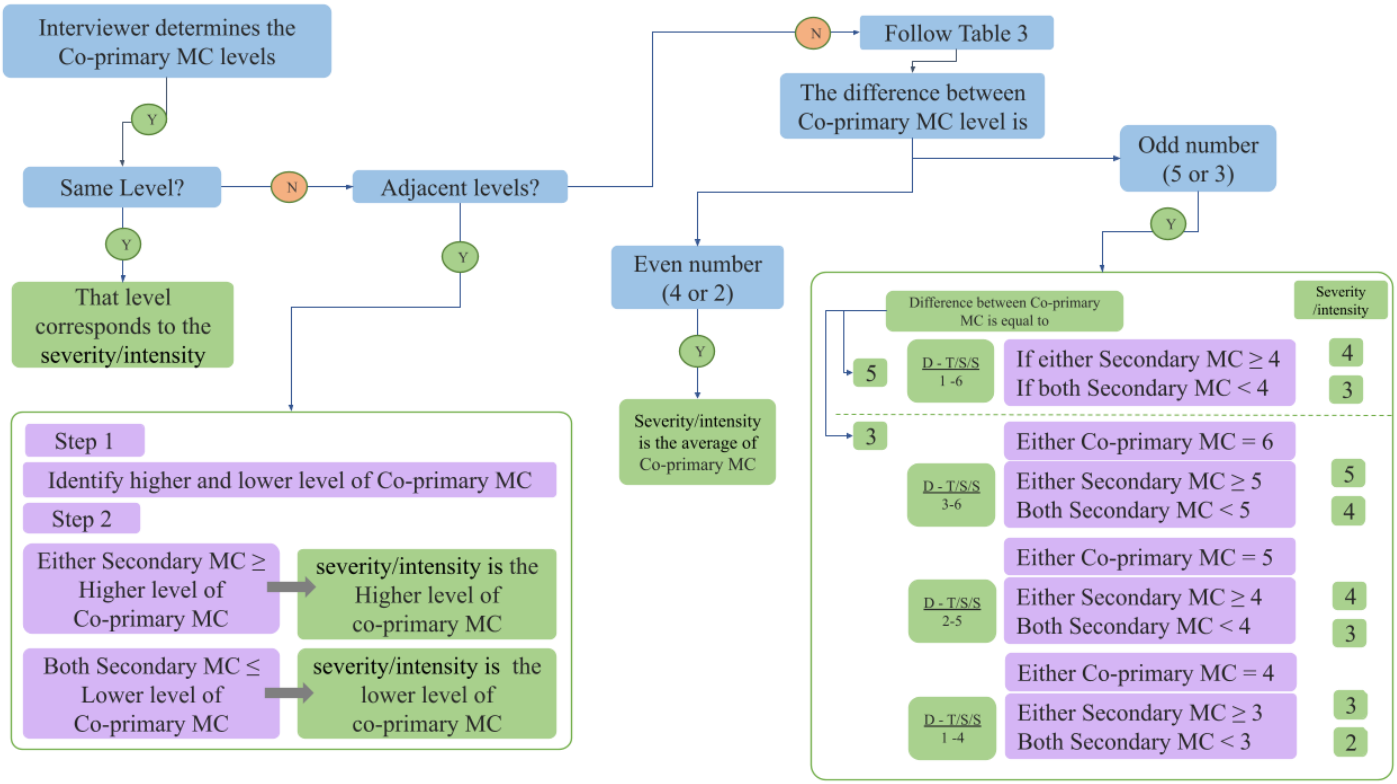

Table 3 presents the same information as in Figure 1 but in tabular form.

Table 3. Tabular presentation of synthesis of measurement concepts into a single overall severity/intensity rating.

Co-primary Level Difference	Description	Tenacity/Source/Self-Correction	Severity/Intensity Rating
5	6 1	1 6	4 if Distress or Interference ≥4 3 if Distress and Interference <4
4	6 2	2 6	**4.** (No need to refer to secondary anchors)
	5 1	1 5	**3.** (No need to refer to secondary anchors)
3	6 3	3 6	5 if Distress or Interference ≥5 4 if Distress and Interference <5
	5 2	2 5	4 if Distress or Interference ≥4 3 if Distress and Interference <4
	4 1	1 4	3 if Distress or Interference ≥3 2 if Distress and Interference <3
2	6 4	4 6	**5.** (No need to refer to secondary anchors)
	5 3	3 5	**4.** (No need to refer to secondary anchors)
	4 2	2 4	**3.** (No need to refer to secondary anchors)
	3 1	1 3	**2.** (No need to refer to secondary anchors)

Other procedures that may have been employed in the past for the CAARMS or SIPS, whether formally articulated in manuals or informally used in particular sites, *are not relevant for the PSYCHS.* For example, rules of thumb such as rating up, or rating down, or rating to the extreme, or rating to what will qualify as CHR/UHR, are not used in the PSYCHS.

Symptoms that have not been present in the past month match the 0 level both for Description and for Tenacity/Source/Self-Correction and receive a 0 rating.

5.b. Concept of Severity

The two instruments conceptualize severity similarly in most regards, but with one important difference. The SIPS conceptualizes severity of each attenuated positive symptom as composed of up to four measurement concepts (see below). The CAARMS conceptualizes the same four measurement concepts as *intensity* rather than as severity and adds an additional dimension of symptom *frequency* that combines with intensity to yield severity. As a harmonized measure, the PSYCHS generates scores for both conceptions of severity. The rating

based on the four common measurement concepts are referred to as “severity/intensity.”

5.c. Independent Rating of Items

The same symptom is not “double-rated” on the PSYCHS, meaning that the same symptom is not rated on more than one item. On the other hand, related aspects of the same participant experience may qualify as separate symptoms, and so may be rated on separate items.

Examples where only one symptom is rated.

Example 1: Suspiciousness and jealousy. A participant is suspicious that their partner is unfaithful. This is the same symptom, and is rated under P5 Jealous Ideas, not under both P2 Suspiciousness and P5 Jealous Ideas. “Double-rating” the same symptom would inflate the severity score. On the other hand, a participant who is suspicious that the CIA is following them and that their partner is unfaithful is having two symptoms that are rated on P2 and P5.

Example 2: Perplexity and auditory perceptual abnormalities. If a participant's response to an Inquiry about delusional mood/perplexity in P1 Unusual Thoughts and Experiences is caused by a phenomenon rated elsewhere (e.g. feeling perplexed about the experience of hearing a vague voice), then rate the perplexed feeling as distress related to the other phenomenon. If the delusional mood/perplexity occurs on its own and is not connected to any other rated experience, it should be rated on its own under P1 Unusual Thoughts and Experiences.

Examples where two symptoms are rated.

Example 3: Suspiciousness and unusual religious ideas. A participant is suspicious that an evil force is thwarting their special mission assigned by God to save humanity. This overall participant experience is composed of two symptoms and is rated under both P2 Suspiciousness and P6 Unusual Religious Ideas.

Example 4: Somatic perceptual abnormalities and unusual somatic ideas. A participant experiences pain and a growing sensation behind their belly button. This is a perceptual experience rather than a belief and is rated on P14 Somatic Perceptual Abnormalities but not also on P3 Unusual Somatic Ideas. However, if the participant also believes the pain and growing sensation are caused by an evil twin developing inside them, the participant's experience is composed of two symptoms, which are rated on P14 and P3.

Example 5: Unusual thoughts & experiences and unusual religious ideas. A participant sees a new poster at a bus stop and instantly believes the poster was placed there especially for them. Subsequently, the participant concludes that the poster was placed there by God who had chosen them for a special mission. This experience qualifies as two separate symptoms: one for the self-referential experience, of the poster being placed just for them, that should be rated in P1 Unusual Thoughts & Experiences, and one for the religious belief of having been chosen by God that should be rated on P6 Unusual Religious Ideas.

5.d. Atheoretical Rating of Items

The PSYCHS interviewer must take an atheoretical, or empirical, or purely descriptive approach to assessing symptom severity. This means that the ratings are based solely on the participant’s report or the interviewer’s observation of the participant’s appearance or behavior. Severity ratings should NEVER be influenced by interviewer inference as to the cause of a symptom, interviewer awareness of any diagnostic implications of the symptom, or interviewer desire to ameliorate the symptom, however well-intended.

The interviewer should ALWAYS rate the experience, regardless of how the symptom developed or what it is

in relation to. The interviewer should not discount attenuated positive symptoms because they seem caused by any particular antecedent or disorder. For example, if the participant is anxious or has a history of abuse the interviewer must not down-rate the attenuated positive symptom because it might be caused by the anxiety or because its presence is understandable in the context of the abuse. Essentially the interviewer does not formulate, they document. Similarly, while a therapist may be able to reduce distress due to a symptom or reduce symptom severity itself by helping the participant to "normalize" the symptom, the PSYCHS interviewer should rate the severity the participant reports, not the severity that the interviewer believes would be helpful for them to report. Lastly, the interviewer should never "up-rate" or "down-rate" a symptom because it might qualify or disqualify a participant from receiving a particular diagnosis.

5.e. Examples Mentioned in Anchors

Interviewers should not interpret specific example symptoms in the anchors concretely. For example, "a detailed but not vivid description such as feeling resembling bugs crawling over their skin" is listed as an example in anchor level 5 for P13 Tactile Perceptual Abnormalities. Inclusion of this example does not mean that any mention of "bugs" will automatically lead to a rating of 5. "Bugs" could be rated at other levels, for example at a 4 if the feeling was better described as "ill-defined but identifiable" or at a 6 if the feeling was "exactly like a real tactile sensation."

5.f. Inquiries

Ask every bolded symptom inquiry verbatim for each item endorsed, unless the material has already been covered in exploring a previous item, in which cases the content should be reframed/confirmed. Record a Yes if the participant endorses any bolded question in the Inquiry and a No if they do not.

Pursue every endorsed Inquiry with an open-ended question such as "How so?" or "Can you say a little more?" Very often the participant will mistake the intent of the Inquiry in asking about unusual experiences and will instead describe a commonplace one. The PSYCHS is designed intentionally for this participant mistake to occur so that the interview does not overlook true symptoms that may be present. For example, when the interviewer asks the Inquiry "Have you thought that people might be able to read your mind?" and the participant answers, "Yes, that happens very often - my best friend always knows what I am thinking..." The interviewer then will inquire further about whether the friend literally reads their mind or is just very familiar with the participant due to long and intimate experience. If the latter, the interviewer will still record that the participant endorsed the Inquiry, but will explain the commonplace experience in the Notes and, barring other experiences that would qualify, rate a zero.

Some items include non-bolded instructions outlining additional content interviewers should address if the bolded inquiry is not endorsed (P6) or instructions or additional questions to ask when the bolded inquiry is endorsed (P2, P3, P5, P7-15).

The interviewer may ask any additional questions that they think are necessary to make a good rating. The PSYCHS is therefore a semi-structured interview, not a fully-structured one.

5.g. Follow-up Questions

Whenever an Inquiry for any symptom is endorsed, ask as many of these as necessary to be confident of your rating.

Can you tell me more about it?
What was it like?
Can you give me an example?
What did you make of it?
How did you explain it?
How sure were you that it really happened?

Cover these domains whenever a bolded symptom inquiry is endorsed unless you are confident the rating is zero.

How did it make you feel?
Did it bother you?
Did you do anything differently because of it?
When did it start?
Did it stop? When?
How often did it happen?
When it was there how long did it last?

Interviewers may ask as many additional questions when an Inquiry is endorsed as they need to be confident of their rating.

5.h. Rating Time Frames

FOR EACH SYMPTOM AT INITIAL ASSESSMENT, THERE ARE THREE TIME FRAMES: LIFETIME, PAST YEAR, AND PAST MONTH.

FOR EACH SYMPTOM AT FOLLOW-UP ASSESSMENT, THERE ARE TWO TIME FRAMES: SINCE THE PREVIOUS VISIT AND PAST MONTH.

The past month is part of the past year.

The past year is part of the lifetime.

When follow-up ratings are conducted less frequently than monthly, the past month is part of since the previous visit.

When follow-up ratings are conducted more frequently than monthly, since the previous visit is part of the past month.

5.i. Instructions for Severity/Intensity Ratings

FOR EACH SYMPTOM, THE TIME FRAME for severity/intensity ratings (aka the recall interval) IS: THE PAST MONTH. The interviewer rates the highest rating the participant's symptom qualifies at any time during the past month. The lifetime and past year timeframes are used only for diagnostic grouping.

Over the past month, a single rating is made for each symptom on a 0-6 scale.

Descriptors for each point that are identical across item are included at the top of each scale (Table 4):

Table 4. Symptom severity/intensity anchor headers.

0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but Not Psychotic	6 Psychotic and Very Severe

Each point on the 0-6 scale for each symptom is further described by detailed anchor text. Each anchor is composed of three or four MEASUREMENT CONCEPTS:

1) Symptom Description;
2) Symptom Tenacity (for P1 to P8), Symptom Source (P9 to P14), or Symptom Self-correction (P15);
3) Distress due to the symptom (all symptoms except P8 Grandiosity); and
4) Interference due to the symptom.

Symptom Description is detailed below for each symptom. In general, the interviewer must always consider the impact of subculture beliefs on the item. For example, a participant may be taught by her family that she is a witch and descended from witches, and her family members may all hold the same belief. Similarly, a participant may report seeing spirits and belong to a religious organization where members also report seeing spirits. If consistent with identifiable subcultural norms, the interviewer should not rate higher than a 2.

Symptom Tenacity is the second co-primary measurement concept for items P1-P8 related to unusual thoughts, ideas, or beliefs. The measurement concept is how tenaciously the unusual thoughts, ideas, or beliefs are held. When there are no unusual thoughts, ideas, or beliefs, there can be no tenacity with which unusual thoughts/ideas/beliefs are held. To match level 1 on tenacity, the participant must immediately dismiss the reality of the symptom. To match level 2 on tenacity, the participant must easily self-disclose skepticism as to the reality of the symptom. To match level 3 on tenacity, the participant must readily self-disclose skepticism as to the reality of the symptom. To match level 4 on tenacity, the participant can still self-generate skepticism, but doing so requires considerable time and effort. To match level 5 on tenacity, there is all but delusional conviction. Skepticism can only be elicited by others. To match level 6 on tenacity there must be delusional conviction. Skepticism cannot be induced. If no one is/was present to challenge beliefs, infer delusional conviction about the participant's ideas/beliefs at the time from their behavior.

For items P9-P14 related to unusual sensory perceptions, Symptom Source is the second co-primary measurement concept. The measurement concept is the degree to which the symptom is perceived as real and experienced as distinct from the person's imagination. When there are no unusual sensory perceptions there is no source for unusual sensory perceptions. To match level 1 on source, the participant must immediately recognize the symptom as ordinary and derived from their own imagination. To match level 2 on source, the participant must be confident after brief reflection that the symptom derives from their own imagination, or the symptom must be consistent with subcultural norms. To match level 3 on source, the participant must perceive the symptom as probably not real and be unclear if the symptom derives from their own imagination. To match level 4 on source, the participant must perceive the symptom as possibly real and that it may or may not derive from their own imagination. To match level 5 on source, the participant must perceive the symptom as seeming real and mostly distinct from their own imagination. To match level 6 on source, the participant must perceive the symptom as completely real and clearly distinct from their own imagination.

Symptom Self-correction is the second co-primary measurement concept for item P15 Disorganized Communication Expression. The measurement concept is the degree to which the participant is aware of the

communication difficulty and seeks to correct it. When there is no disorganized communication there is no need to correct disorganized communication. To match level 1 on self-correction, the participant must report or the interviewer must observe that the participant is always aware of the difficulty and always seeks to be better understood. To match level 2 on self-correction, the participant must report or the interviewer must observe that the participant is usually aware of the difficulty and usually seeks to be better understood. To match level 3 on self-correction, the interviewer must observe that the participant does not self-correct most unusual words or that the participant goes off track but redirects with no need for assistance from the interviewer. To match level 4 on self-correction, the interviewer must observe that the participant can be redirected with occasional questions and structuring. To match level 5 on self-correction, the participant must require frequent prompts or questions to be able to return to the thread of the conversation. To match level 6 on self-correction, the participant must be unable to return to the thread of the conversation despite all interviewer attempts to redirect.

Distress due to the symptom is the third measurement concept and first secondary measurement concept for all symptoms except P8 Grandiosity. Distress unrelated to the symptom is not rated here. Generally the higher the symptom level on the first two measurement concepts the more the symptom is distressing to the person, but not necessarily. A participant could show a frankly psychotic symptom level on the first two primary measurement concepts and report even zero distress about that symptom. Conversely a symptom matching a low level on the first two measurements concepts can be highly distressing to a particular participant. Distress includes distress at the time the symptom is experienced as well as after.

Interference due to the symptom. Interference means an undesirable effect on thoughts, feelings, social relations, or behavior. Attenuated positive symptoms can cause thoughts or feelings of being inadequate or "crazy" or trigger thoughts of suicide. Symptoms can affect social relations without affecting a person's behavior, if the symptom only causes changes In other people's behavior, such as avoiding the participant. A "reality check", meaning an expected reaction to determine whether the symptom is really happening, such as turning to look when hearing one's name called, does not qualify as affecting behavior. An example of a symptom affecting behavior would be if a participant avoids a particular hallway at school because of the strange whisperings likely to occur there. Interference includes interference at the time the symptom is experienced as well as after.

5.j. Instructions for CAARMS Symptom Frequency Ratings

The rating scale for the Lifetime and Past Year timeframes is shown below.

Table 5. CAARMS Frequency for Lifetime and Past Year Timeframes.

0	1	2	3	4	5	6
Absent	Less than one day a month	One day a month to two days a week - **less** than one hour a day	One day a month to two days a week - one hour or **more** a day **OR** 3-6 days a week - **less** than one hour a day	3-6 days a week - one hour or **more** a day **OR** daily - **less** than one hour a day	Daily - one hour or **more** a day **OR** several times a day	Continuous

CAARMS frequency rating of the Lifetime timeframe is only relevant when the symptom highest severity/intensity over the lifetime is 6 for the determination of ruling out or in lifetime frank psychosis. The frequency is rated during the time when severity/intensity was equal to 6. If there has been more than one

episode during the lifetime that met severity/intensity = 6, or if there has been variation in symptom frequency within an episode, the interviewer should select the frequency during the single week within the lifetime when frequency was the highest. If during that week, they meet criteria for two different frequencies, rate them at the higher frequency.

CAARMS frequency rating of the Past Year timeframe is only relevant when the symptom highest severity/intensity over the lifetime is 3-6.

For both the Lifetime and Past Year timeframes, the interviewer begins by establishing the first and last days within the timeframe when the symptom was experienced at the highest severity/intensity level. Then the interviewer rates the highest frequency between those two days that the anchors qualify for.

To illustrate the "highest level" of frequency, consider a participant being rated over the Past Year (January-December) and where the highest severity intensity over the past year = 6. If the participant experienced the symptom at level 6 only on three days in the past year (once in February, once in June, once in October), then the CAARMS highest frequency is 1 (less than one day a month).

If however, the participant experienced the symptom at severity/intensity = 6 only on three days in the past year (one day each in three consecutive months in June, July, and August), the highest rating would qualify for a CAARMS frequency of 2 or a 3 based on its occurring once a month. That highest qualification for a 2 or 3 would not change even if there were an isolated fourth day in December where the participant also experienced the symptom at severity/intensity = 6, even though the frequency between June and December was less than one day a month, because the higher rating for the June through August period trumps the lower rating. The interviewer would then distinguish between the 2 and 3 based on the duration the symptom lasted on days when it was experienced.

"One hour or more a day" means that the participant experienced the symptom at that severity/intensity for at least the minimum number of days for that frequency level. If the participant appears to meet criteria for two different frequencies, rate them at the higher frequency.

To continue with the last example, if the duration on the day in June and the day in July were each 10 minutes and the duration on the day in August was 90 minutes, the CAARMS frequency rating would be a 3, because the duration was an hour or more on the minimum number of days for the frequency rating of 3.

Similarly, if the participant experienced the symptom at severity/intensity = 6 only on three days in the past year and these three days were all in the same week in June, the highest severity/intensity would qualify for a CAARMS frequency of 3 or a 4 based on its occurring three days or more a week, regardless of whether there were an isolated fourth day in December where the participant also experienced the symptom at severity/intensity=6. The interviewer would distinguish between the 3 and 4 based on the duration the symptom lasted on the days when it was experienced.

To introduce another example, if the participant experienced the symptom at severity/intensity = 6 on seven days in the past year, but these seven days were seven days consecutively, the highest rating would qualify for a CAARMS frequency of 4 or a 5 based on its occurring daily for at least a week. The interviewer would distinguish between the 4 and 5 based on the duration the symptom lasted on days when it was experienced.

"Daily one hour or more a day" means a total of an hour or more on each day for at least seven days consecutively.

"Continuous" requires the symptom to be present all day while awake each day for seven consecutive days. If the symptom was present on only one day during the timeframe, rate 1 (less than one day a month), unless

that single day was the current day, in which case revaluation is needed.

For determining whether the symptom lasted less than an hour or an hour or more a day when the participant experiences multiple occurrences within a day, include the total duration of time the symptom is experienced at that severity/intensity across all occurrences within the day.

For the Past Month timeframe, the CAARMS Frequency rating scale is shown below (Table 6):

Table 6. CAARMS Frequency for Past Month Timeframe.

0	1	2	3	4	5	6
Absent	One day a month to two days a week - **less** than one minute a day	One day a month to two days a week - one minute or **more** but **less** than one hour a day	One day a month to two days a week - one hour or **more** a day **OR** 3-6 days a week - **less** than one hour a day	3-6 days a week - one hour or **more** a day **OR** daily - **less** than one hour a day	Daily - one hour or **more** a day **OR** several times a day	Continuous

IF HIGHEST SEVERITY/INTENSITY=6, RATE FREQUENCY OVER THE PERIOD WHEN SEVERITY/INTENSITY=6.
IF HIGHEST SEVERITY/INTENSITY=3-5, RATE FREQUENCY OVER THE PERIOD WHEN SEVERITY/INTENSITY=3-5.
IF HIGHEST SEVERITY/INTENSITY=1-2, RATE FREQUENCY OVER THE PERIOD WHEN SEVERITY/INTENSITY=1-2.
IF HIGHEST SEVERITY/INTENSITY=0, RATE FREQUENCY = 0.

Otherwise the CAARMS frequency for the period of time within the past month is rated as for Lifetime and the Past Year: the interviewer begins by establishing the first and last days within the past month when the symptom was experienced at the highest severity/intensity level. Then the interviewer rates the highest frequency between those two days that the anchors qualify for. If the symptom was present on only one day during the past month, rate 1 or 2, depending on how long the symptom lasted in that day.

When interviewer observation of participant behavior is the primary source of information for making the severity/intensity ratings for P15 Disorganized Communication, and less often for P2 Suspiciousness, the interviewer will generally have had only one occasion to observe the participant over the past month. In these situations the interviewer should first describe their observations to the participant, secure their understanding, and then ask the participant to describe the frequency of these behaviors. When this is not possible, the interviewer should attempt the same procedure with family members/caregivers or others who have observed the participant frequently over the past month. When this also is not possible, the alternative frequency scale below (Table 7) that focuses exclusively on time during the interview may be used.

The rating of onset and worsening dates when the severity/intensity rating is based on interviewer observation follows a similar procedure as for rating frequency. In these situations the interviewer should first describe their observations to the participant, secure their understanding, and then ask the participant to estimate the onset date and/or date of worsening for these behaviors. When this is not possible, the interviewer should attempt the same procedure with family members or others who have observed the participant frequently over the relevant time frame. When this also is not possible, rate the onset date as the date of the interview.

Table 7. Alternative CAARMS Frequency Scale for Past Month Timeframe When Interviewer Observation of Participant Behaviour is the Primary Source of Information.

0	1	2	3	4	5	6
Absent	Occurs 1-2 times during the interview - <5 seconds a time	Occurs 1-2 times during the interview - ≥5 seconds and <2 minutes a time	Occurs 1-2 times during the interview - ≥2 minutes and <4 minutes a time **OR** Occurs 3-6 times during the interview - <2 minutes a time	Occurs 1-2 times during the interview - ≥4 minutes and <10 minutes a time **OR** Occurs 3-6 times during the interview - ≥2 minutes and <4 minutes a time	Occurs 1-2 times during the interview - ≥10 minutes and < 30 minutes a time **OR** Occurs 3-6 times during the interview - ≥4 minutes and <10 minutes a time	Continuous throughout the interview

Example situations outside the PSYCHS interview where the interviewer may observe disorganized communication or suspiciousness include in the waiting room, at the prescreen or consent interviews, or on for other instruments.

When the alternative frequency scale is used for the Past Year or Lifetime timeframes, levels 1 and 2 are rated as below (Table 8).

Table 8. Alternative CAARMS Frequency Scale for Lifetime and Past Year Timeframes When Interviewer Observation of Participant Behaviour is the Primary Source of Information.

0	1	2	3	4	5	6
Absent	Present only outside the interview	Occurs 1-2 times during the interview - <2 minutes a time	Occurs 1-2 times during the interview - ≥2 minutes and <4 minutes a time **OR** Occurs 3-6 times during the interview - <2 minutes a time	Occurs 1-2 times during the interview - ≥4 minutes and <10 minutes a time **OR** Occurs 3-6 times during the interview - ≥2 minutes and <4 minutes a time	Occurs 1-2 times during the interview - ≥10 minutes and < 30 minutes a time **OR** Occurs 3-6 times during the interview - ≥4 minutes and <10 minutes a time	Continuous throughout the interview

5.k. The Description Measurement Concept for Each of the 15 Symptoms

As guidance for interviewing about and rating the first measurement concept (symptom Description), this manual includes up to three subsections for each of the 15 attenuated positive symptoms. Defining the symptom description measurement concept identifies the type of psychopathology that *is* rated on the symptom. Symptoms to be distinguished identifies the type of psychopathology that *is not* rated on the symptom. Distinguishing between levels of the symptom description measurement concept offers guidance for interpreting the symptom anchors in the instrument for psychopathology that *is* rated on the symptom.

Some participants will not endorse any Inquiries. These participants will rate 0. Other participants will endorse an Inquiry but then go on to describe an experience that is not unusual. These participants will also rate 0.

Some types of symptoms are unusual but are nevertheless not uncommon to the general population or subcultures. When present these types meet level rate 1 – 2 for the first measurement concept (symptom Description).

Other types of symptoms are pathological and uncommon in the general population or subcultures and thus meet level rate 3 – 6 for the first measurement concept. Symptoms of this type will generally but not always be distressing and/or interfere with thinking, feeling, social relations, or behavior. These secondary measurement concepts (Distress, Interference) will be synthesized with Description and Tenacity/Source/Self-correction into the overall severity rating as described above in Item Features 5.a.4.

To review, the rest of this section focuses exclusively on interviewing about and rating the first measurement concept (Symptom Description).

5.k.1. Unusual Thoughts and Experiences

Defining the symptom description measurement concept. This symptom focuses on perplexity and delusional mood; non-persecutory ideas of reference; mental events such as thought insertion, thought interference, thought withdrawal, thought broadcasting, telepathy, external control, and radio and TV messages; nihilism, and magical thinking.

Perplexity and delusional mood includes the sense that something odd is going on or puzzlement and confusion about what is real or imaginary. The familiar feels strange, confusing, ominous, threatening, or has special meaning. It includes a feeling that self, others, or the world have changed and changes in perception of time.

Ideas of reference are the feeling that things or people have special meaning or significance to oneself. They can include a belief or feeling that specific, personalized messages are being conveyed through TV, radio, or newspapers. Ideas of reference are rated on P1 unless the specific, personalized messages have persecutory content, in which case they are rated on P2 Suspiciousness.

Mental events include what is classically called first rank phenomenology. “Mental events” means that the experiences are non-sensory. Mental events include experiences of thought control, thought insertion, thought withdrawal, thought broadcasting, and mind reading. They also include somatic passivity – the belief that bodily sensations are being imposed upon or controlled by an external force (e.g. another person, electrical currents or laser beams).

Nihilism is the belief that the world, or the self, do not exist, have never existed, are not real, or are only a dream. Nihilistic ideas can also include the feeling that one is dead.

Magical thinking includes belief in clairvoyance, preoccupation with fantasies, and superstitiousness.

Symptoms to be distinguished. Perplexity about other listed symptoms, for example perplexity about why a famous person does not more directly express their love for the participant, is not rated on P1 but should be considered distress due to the other symptom, in this case distress due to P7 Erotomanic Ideas.

Ideas of reference that have persecutory content are rated on P2 Suspiciousness.

Mental events do not include experiences perceived by the six senses of hearing, vision, smell, taste, touch, and interoception. These are rated on P9-P14.

Magical thinking does not include a participant's belief of possessing magical powers. This belief is rated on P8 Grandiosity.

Distinguishing between levels of the symptom description measurement concept. An example of Unusual Thoughts and Experiences description **level 0** when an Inquiry is endorsed is they think they are not in control of their own thoughts because their parents tell them what to do, where to go and what to wear. The description does not meet level 1 for the first measurement concept because this is not an unusual experience and because they are not answering yes to the true essence of the question.

An example of Unusual Thoughts and Experiences description **level 1** is when a participant reports having deja vu's on occasion. The description does not meet level 0 because they are reporting something unusual that does occur. The description does not meet level 2 because it is more than a mind trick that occurs commonly in the general population. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Unusual Thoughts and Experiences description **level 2** is when a participant reports that they and their family believe that a black cat crossing their path is bad luck. The description does not meet level 1 because it is beyond what might be experienced by the general population. The description does not meet level 3 because it is within the norm a subcultural norm of their family. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Unusual Thoughts and Experiences description **level 3** is when a participant reports the belief that something feels not right with them and the world because they are changing and are different and not themselves anymore. The description does not meet level 2 because it is stronger than a feeling of unease. The description does not meet level 4 because they have a sense that the experience is not real. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Unusual Thoughts and Experiences description **level 4** is when a participant reports that they saw four butterflies on the day of their grandmother's funeral and now whenever they see a butterfly they think it could be their grandmother sending them a message. The description does not meet level 3 because they think this may be real. The description does not meet level 5 because while they sense it may be real, they do not endorse that the event actually seems real. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Unusual Thoughts and Experiences description **level 5** is when a participant won't go to the dentist for fear that the dentist will put a computer chip under their filling so someone could follow them. The description does not meet level 4 because the anticipated event is more improbable than unlikely, and the participant believes it is likely to occur rather than that it might occur. The description does not meet level 6 because the participant does not endorse certainly that the anticipated event will occur. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Unusual Thoughts and Experiences description **level 6** is when a participant reports that he had to remove a filling in his tooth because they believe that the dentist put a computer chip under the filling and the government is tracking him. The description does not meet level 5 because it is stronger than a sense that it might be real. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

5.k.2. Suspiciousness

Defining the symptom description measurement concept. This symptom focuses on the belief of being watched, followed, monitored or talked about. It also includes ideas around persecutory themes that may include the feeling that other participants are out to cause harm to the self or others as well as persecutory ideas of reference, paranoid thinking, presenting with a guarded or even openly distrustful attitude that may reflect delusional conviction and intrude on the interview and/or behavior.

At times these experiences can have factual basis. If the interviewer is unsure whether someone's experiences are real or not, e.g. feeling paranoid because the police or gangs really are after them, ask about the reaction of friends and family (i.e. do they feel that the young person's reaction is appropriate?).

As also described in 5.k.1, ideas of reference are the feeling that things or people have special meaning or significance to oneself. Ideas of reference that have persecutory content are rated here on P2; ideas of reference that have exclusively non-persecutory content are rated on P1 Unusual Thought and Experiences.

Symptoms to be distinguished. Social anxiety is anxiety that is isolated to social situations. In addition to typical anxiety symptoms that are not rated on the PSYCHS, social anxiety includes a suspicious idea that others will form a mental judgment about the participant. Concern about mental judgments from others should be rated no higher than a 2 on severity/intensity. To be rated higher, there needs to be an element beyond anticipated mental judgment of others such as suspecting deliberate ill will or an anticipated threat of social or physical harm.

Distinguishing between levels of the symptom description measurement concept. Some types of suspicious ideas are common to the general population or subcultures. When present these types meet level 1 – 2 for the first measurement concept (description). Other types of suspicious ideas are pathological and uncommon in the general population or subcultures and thus meet level 3 – 6 for the first measurement concept. Symptoms of this type will generally but not always be distressing and/or interfere with thinking, feeling, social relations, or behavior. These secondary measurement concepts (distress, interference) will be synthesized into the overall severity rating as described above in Item Features 5.a.4.

An example of Suspiciousness description **level 0** when an Inquiry is endorsed is they have to pay close attention to what's going on around them in order to feel safe and further describe that they need to remind themselves to wear their seatbelt when they drive. The description does not meet level 1 for the first measurement concept because this is not an unusual event, and they are not answering yes to the true essence of the question about unusual ideas, and there is no uncertainty about other's intent.

An example of Suspiciousness description **level 1** is when a participant endorses that sometimes they wonder whether other people might not have their best interests at heart and so they feel cautious around new people. The description does not meet level 0 for the first measurement concept because they do experience a momentary feeling of suspicious ideas. The description does not meet level 2 for the first measurement concept because the average person would be expected to have similar concerns meeting new people and so it is not beyond what might be expected by the average person. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Suspiciousness description **level 2** is when a participant reports that they wonder if they can trust men who wear a hat inside another person's home. They explained that their family taught them that men should never wear hats inside, and that if they do they should not be trusted. The description does not meet level 1 for the first measurement concept because not trusting in this situation is beyond what would be considered by the average person. The description does not meet level 3 for the first measurement concept because it is within their family's subcultural norms. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Suspiciousness description **level 3** is when a participant reports that whenever they pass a group of people who are talking or laughing together, the participant thinks that they are talking about and laughing at them. The participant reports that they do observe the group talking and laughing at other times. But the participant is still concerned that they can't trust these people because of it. The description does not meet level 2 for the first measurement concept because the participant feels it is more than undue scrutiny or a feeling of being self-conscious. The description does not meet level 4 for the first measurement concept because the participant is not worried that others wish them harm. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Suspiciousness description **level 4** is when a participant reports that whenever they are eating in a restaurant, they must sit with their back to the wall with a clear view of the exit to avoid anyone harming them. The participant reports that this may be unnecessary but if they don't do it, they will be extremely uncomfortable throughout the meal and won't be able to concentrate on interacting with their friends or family. The description does not meet level 3 for the first measurement concept because it is more intense than just thinking that someone will say negative things about them. The description does not meet level 5 for the first measurement concept because it is not as intense as danger from hostile intentions or others. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Suspiciousness description **level 5** is when a participant reports that they think a man in a yellow coat that they see regularly at the store or coffee shop may be intending to cause them harm. When questioned about this, they could acknowledge that perhaps the man just lives in their neighborhood and shops at the same market but admit that most of the time they are fearful of his intentions toward them. The description does not meet level 4 for the first measurement concept because it involves the fear of physical harm as opposed to just negative attention. The description does not meet level 6 for the first measurement concept because the experience is not completely real to them. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Suspiciousness description level 6 is when a participant reports that they went to the dentist to have a cavity fixed and when they returned home, they chipped out the filling because they were convinced that the dentist put a computer chip under the filling so the government could track them. The participant refused to return to the dentist to have the tooth fixed because they were convinced he would do it again. The description does not meet level 5 for the first measurement concept because the belief was highly improbable and felt completely real. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

Generally the interviewer will make the P2 Suspiciousness rating based on what the participant tells them. However, the interviewer should be aware that the more severe suspiciousness becomes, the more likely suspiciousness will cause the participant to withhold information. The participant may be suspicious of others in general, and/or they may be specifically suspicious of the interviewer or the interview or study processes.

When the interviewer is concerned that suspiciousness is leading the participant to withhold information, the interviewer's observation of the participant's appearance and behavior is used to supplement (but not replace) the anchor text for the Description measurement concept. Supplementary descriptive content for each level is as follows:

0 = Absent. No appearance or behavior suggesting suspiciousness.

1 = Questionable. May appear wary.

2 = Mild. May appear apprehensive.

3 = Moderate. May appear vigilant.

4 = Marked. May appear defensive or hypervigilant in response to questioning.

5 = Severe but not Psychotic. Guarded presentation appears to diminish information gathered in the interview. May openly question interviewer intentions.

6 = Psychotic and Very Severe. Very severe guardedness prevents disclosure of internal mental state. Or directly accuses the interviewer of intent to harm.

5.k.3. Unusual Somatic Ideas

Defining the symptom description measurement concept. This symptom focuses on the belief that the body has in some way changed in appearance or function. This could include beliefs that the body is diseased or infected or distorted.

Symptoms to be distinguished. Unusual somatic ideas are thoughts or beliefs or ideas, not sensory perceptions. For example, if a participant experiences pain and a growing sensation behind their belly button, these are perceptual experiences rather than beliefs and are rated on P14 Somatic Perceptual Abnormalities. However, if the participant believes they have an evil twin developing inside them, the participant's experience would be rated on P3. Lastly, if the participant experiences pain/growing sensation and believes these sensory experiences are caused by an evil twin, the participant's symptoms would be rated separately on two symptoms, P14 and P3.

Participants often respond to the Inquiry about body shape with explanations that they should get more exercise or are a bit overweight. These thoughts are not unusual and are rated zero, unless the body or a body part are believed to be misshapen or distorted. The Inquiry has deliberately been left general in order not to miss the real symptoms.

Distinguishing between levels of the symptom description measurement concept. Some types of unusual somatic ideas are common to the general population or subcultures. When present these types meet level rate 1 – 2 for the first measurement concept (description). Other types of unusual somatic ideas are pathological and uncommon in the general population or subcultures and thus meet level rate 3 – 6 for the first measurement concept. Symptoms of this type will generally but not always be distressing and/or interfere with thinking, feeling, social relations, or behavior. These secondary measurement concepts (distress, interference) will be synthesized into the overall severity rating as described above in Item Features 5.a.4.

An example of Unusual Somatic Ideas description **level 0** when a participant endorses an Inquiry about worry about health and explains that they have migraines. The description does not meet level 1 for the first measurement concept because the participant actually does suffer from migraines and is currently being treated for them and therefore it is not unusual.

An example of Unusual Somatic Ideas description **level 1** is when a participant reports that they feel their lips are not full enough. The description does not meet level 0 because they do think about it and the thought is a bit unusual. The description does not meet level 2 because other people in general agree that the participant's lips are in fact rather on the thin side and so the participant's belief could be reality-based. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Unusual Somatic Ideas description **level 2** is when a participant believes that they bruise more easily than most other people. The description does not meet level 1 because there is no reality based evidence to support easy bruising. The description does not meet level 3 because all of the participant's family members believe that easy bruising is a family trait. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Unusual Somatic Ideas description **level 3** is when a participant endorses that their father had diabetes, so they think they have diabetes as well even though they have never been to the doctor. The description does not meet level 2 because the average person would be expected to suspend judgment until they got tested. The description does not meet level 4 because the idea has not arisen without some logical evidence. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Unusual Somatic Ideas description **level 4** is when a participant has the idea that they may have a brain tumor because they get headaches, even though the doctors have reassured them that they are fine. The description does not meet level 3 because they do not endorse that the idea is likely imaginary. The description does not meet level 5 because the participant has not undergone MRI so a brain tumor is more theoretically possible than it is improbable and because relevant evidence cannot be rated as lacking since the MRI is not known to be normal. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Unusual Somatic Ideas description **level 5** is when a participant has the idea that their left hand seems to be under the control of someone else. The description does not meet level 4 because their idea is stronger than a sense that the experience may be real. The description does not meet level 6 because their idea does not feel completely real. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Unusual Somatic Ideas description **level 6** is when a participant reports that they believe there is a lawn (grass) growing in their stomach and it is strangling their intestines. The description does not meet level 5 because they believe it is completely real despite evidence to the contrary. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

5.k.4. Ideas of Guilt

Defining the symptom description measurement concept. This symptom focuses on concern, remorse, regret, or shame for past behavior. It can also include a belief around deserving blame or punishment.

Symptoms to be distinguished. Guilt is when a participant feels bad about themselves for doing something wrong or for failing to do something. Feeling blamed is not the same thing as feeling guilt. The participant who feels blamed but not guilty feels they did nothing wrong.

Distinguishing between levels of the symptom description measurement concept. Some types of ideas of guilt are common to the general population or subcultures. When present these types meet level rate 1 – 2 for the first measurement concept (description). Other types of ideas of guilt are pathological and uncommon in the general population or subcultures and thus meet level rate 3 – 6 for the first measurement concept. Symptoms of this type will generally but not always be distressing and/or interfere with thinking, feeling, social relations, or behavior. These secondary measurement concepts (distress, interference) will be synthesized into the overall severity rating as described above in Item Features 5.a.4.

An example of Ideas of Guilt description **level 0** when an Inquiry is endorsed is when a participant explains that their parent blames them for breaking a glass, but they say it was not their fault and they were unjustly blamed. The description does not meet level 1 for the first measurement concept because the participant is experiencing no guilt.

An example of Ideas of Guilt description **level 1** is when a participant says they feel bad because they said something mean to their friend and hurt their feelings. The description does not meet level 0 because their response is about guilt. The description does not meet level 2 because they are not overly guilty. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Ideas of Guilt description **level 2** is when a participant feels guilty after they challenged a friend to race up a hill while out jogging, and the friend fell over. They feel guilty but recognize that it wasn't entirely their fault. The description does not meet level 1 because they feel overly guilty for this situation. The description does not meet level 3 because there is some plausibility for their guilt. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Ideas of Guilt description **level 3** is a participant who blames themselves and feels guilty about the overdose of a sibling because they had an argument a month before this happened. This is despite the participant acknowledging that there were other major contributing factors such as their sibling's recent separation from their partner. The description does not meet level 2 because it is beyond what an average person would feel in such circumstances. The description does not meet level 4 because there is some evidence that they could have played a role, but this is unlikely. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Ideas of Guilt description **level 4** is when a participant feels very guilty because they told a friend 'that nothing much happens around here' and the friend then set fire to a large dumpster and was arrested. The description does not meet level 3 because there is no logical evidence that the participant contributed to the situation. The description does not meet level 5 because there is a reason why they may blame themselves. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Ideas of Guilt description **level 5** is when a participant feels guilty that they caused a tennis player to lose a match at a major Grand Slam tournament because they yelled out 'whoop' at the beginning of the match. The description does not meet level 4 because this is not theoretically possible. The description does not meet level 6 because these events are connected. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Ideas of Guilt description **level 6** is a participant blames themselves for the death of the Queen of the UK and the war in Ukraine because they wished that something exciting happened in the world, and that by thinking this, they caused these events to occur. The description does not meet level 5 because the events are completely out of the participant's control and highly improbable. The overall severity/intensity rating will also

incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

5.k.5. Jealous Ideas

Defining the symptom description measurement concept. Jealous ideas can present as mistrust around relationships or the belief that a partner is being unfaithful. These ideas commonly are associated with close or romantic relationships.

Symptoms to be distinguished. Envy is a type of jealous idea characterized by discontented longing for someone else's advantages. If a participant seems to endorse only envy, their symptom will not rate higher than a 2. Higher ratings require a more negative connotation or feeling about a closely connected person, especially when the participant and the closely connected other are physically apart. More negative connotations or feelings include suspicion of infidelity, apprehension of rivalry, resentment, or hostility.

Distinguishing between levels of the symptom description measurement concept. Some types of ideas of guilt are common to the general population or subcultures. When present these types meet level rate 1 – 2 for the first measurement concept (description). Other types of ideas of guilt are pathological and uncommon in the general population or subcultures and thus meet level rate 3 – 6 for the first measurement concept. Symptoms of this type will generally but not always be distressing and/or interfere with thinking, feeling, social relations, or behavior. These secondary measurement concepts (distress, interference) will be synthesized into the overall severity rating as described above in Item Features 5.a.4.

An example of Jealous Ideas description **level 0** is when a participant endorses that they have been concerned about their partner spending too much time with other people and then explain that their partner was spending too much time in work meetings only because of a major project deadline. The description does not meet level 1 for the first measurement concept because they clarified they were not questioning whether their partner preferred to be in the meeting.

An example of Jealous Ideas description **level 1** is a participant reporting jealousy about a close friend being invited to a party by an old friend. The participant fell out with the old friend some time ago and hasn't been invited and perhaps their close friends' acceptance of the invitation is showing that they haven't taken the participants' side in the argument. The description does not meet level 0 because they report some jealous ideas. The description does not meet level 2 because there is possible cause for considering the close friend's allegiance given the context. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Jealous Ideas description **level 2** is when a participant worries that their partner might have an affair in the future with a new colleague at work because the partner seems to talk a lot about them. The thoughts are easily dismissed when the partner spontaneously mentions that the colleague seems to be smart but is unattractive. The description does not meet level 1 because the jealous ideas are more specific than uncertainty about allegiance. The description does not meet level 3 because the concerns do not seem meaningful and are easily dismissed. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Jealous Ideas description **level 3** is the description given by a participant where their partner is chatting on the phone with someone after returning home late from drinking with work colleagues. They are concerned that their partner may be making plans to meet up in secret. They feel this concern may be telling them something and they might need to watch out for what happens. On further questioning the participant clarifies that this concern may be in their own mind even though it still feels meaningful. The description does

not meet level 2 because the concerns could not be construed as merely envy and are not easily dismissed. The description does not meet level 4 because there is some logical evidence to give rise to their concerns and the person doesn't endorse that their ideas may well be real. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Jealous Ideas description **level 4** is of a participant describing having concerns that their partner has been unfaithful whilst out with their friends. They report that there is nothing in particular which has led them to suspect their partner, however they can't shake the sense that this may have happened. The description does not meet level 3 because there is no logical evidence to have caused this concern and the person has a sense that their ideas may be real rather than just in their own mind. The description does not meet level 5 because the ideas don't seem real as required for a level 5, and the infidelity is still theoretically possible. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Jealous Ideas description **level 5** is where a participant describes that it seems as if their partner is having a relationship with someone despite the fact that they haven't found any evidence to support this. The description does not meet level 4 because the concerns about their partners' infidelity is more than a sense that they may be real and there is no evidence to support the concern they have. The description does not meet level 6 because the ideas about infidelity are not felt to be completely real and, whilst there is no evidence to support the concern, the ideas are not highly improbable. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Jealous Ideas description **level 6** is a person who is jealous their partner is having an affair even though there is clear evidence that the partner never meets anyone outside of their presence. The description does not meet level 5 because the person insisted that the infidelity was real and it was highly improbable given the evidence. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

5.k.6. Unusual Religious Ideas

Defining the symptom description measurement concept. Unusual religious ideas include unusual beliefs about God, the Devil, spirituality, divine powers, spirits, ghosts, demons, witchcraft, or philosophy.

Symptoms to be distinguished. Belief in "divine powers" in this item refers to belief in god-like entities, not to beliefs about the participant's self. The belief of a participant that they are a god, or a messenger from God, is rated under P6 Unusual Religious Ideas and not under P7 Grandiosity.

Distinguishing between levels of the symptom description measurement concept. Some types of unusual religious ideas are common to the general population or subcultures. When present these types rate 1 – 2. Other types of unusual religious ideas are pathological and uncommon in the general population or subcultures and thus rate 3 – 6. Symptoms of this type will generally but not always be distressing and/or interfere with thinking, feeling, social relations, or behavior.

Ratings based on cultural beliefs should be reduced, but not omitted, if the experience is within cultural norms. Exploring whether family or community members share similar religious beliefs is important, since if they do the symptom will not rate higher than a 2.

An example of Unusual Religious Ideas description **level 0** when an Inquiry is endorsed is when a participant endorses having had a religious experience and then explains that they attended a friend's son church wedding.

The description does not meet level 1 for the first measurement concept because attending a religious event is a commonplace event and not in any way an unusual religious experience.

An example of Unusual Religious Ideas description l**evel 1** is a participant who believes that karma has a direct effect on people's lives. The description does not meet level 0 because it is a religious/spiritual idea. The description does not meet level 2 because such ideas are an elaboration of the common "golden rule" and not more than slightly unusual. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Unusual Religious Ideas description **level 2** is a participant who belongs to a faith community that believes their minister can heal the sick by the laying on of hands. The description does not meet level 1 because this is more than a slightly unusual belief. The description does not meet level 3 because it is within norms for this participant's subculture. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Unusual Religious Ideas description **level 3** is when a participant believes they have a special connection to God, who responds to their prayers more than to prayers of others in their faith. The description does not meet level 2 because the belief goes beyond what might be expected of other devout members of their faith. The description does not meet level 4 because the belief in God responding to prayer is not unique in her community. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Unusual Religious Ideas description **level 4** is when a participant believes God has assigned them a unique and personal mission to get other people on a righteous, spiritual path here on earth, a belief not shared by their mainstream faith group. The description does not meet level 3 because this belief is clearly idiosyncratic for this participant. The description does not meet level 5 because in some religious communities this would be a common belief. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Unusual Religious Ideas description **level 5** is a participant believing that they may have sold their soul to the Devil in exchange for a loved one surviving a serious illness and thinking they may be living in limbo between reality and Hell. The description does not meet level 4 because the rich details qualify as particularly idiosyncratic. The description does not meet level 6 because people can sometimes think about trying to strike some kind of bargain to save a loved one, and some people do believe in limbo, so the ideas are not extremely idiosyncratic. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Unusual Religious Ideas description **level 6** is the participant who believes they have turned into the Archangel Michael. The description does not meet level 5 because no religious organization of any kind supports that belief, making this an extremely idiosyncratic idea. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

5.k.7. <u>Erotomanic Ideas</u>

<u>Defining the symptom description measurement concept</u>. This symptom focuses on thoughts and feelings about love relationships that may not actually exist. It can include a person believing or feeling that others they do not know or hardly know are in love with them.

<u>Symptoms to be distinguished</u>. Ideas that include affiliation with a famous person/being, such as a participant's belief that they are God's chosen messenger, are rated on P8 Grandiosity and not on P7 Erotomanic Ideas.

Ideas that a famous person is in romantic love with the participant are rated on P7 Erotomanic Ideas and not on P8 Grandiosity.

Distinguishing between levels of the symptom description measurement concept. Some types of erotomanic ideas are common to the general population or subcultures. When present these types meet level rate 1 – 2 for the first measurement concept (description). Other types of erotomanic ideas are pathological and uncommon in the general population or subcultures and thus meet level rate 3 – 6 for the first measurement concept. Symptoms of this type will generally but not always be distressing and/or interfere with thinking, feeling, social relations, or behavior. These secondary measurement concepts (distress, interference) will be synthesized into the overall severity rating as described above in Item Features 5.a.4.

An example of Erotomanic Ideas description **level 0** when an Inquiry is endorsed is when a participant endorses that yes someone is in love with them and explains it's their partner. The description does not meet level 1 for the first measurement concept because the belief is not unusual.

An example of Erotomanic Ideas description **level 1** is a participant believing a work colleague or friend is flirting with the participant when they are merely being friendly. The description does not meet level 0 because there is a possibly mistaken belief. The description does not meet level 2 because the participant is not suggesting that the person has a crush on them but that they're merely being flirtatious. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Erotomanic Ideas description **level 2** is a participant believing someone has a crush on them. The description does not meet level 1 because it has gone beyond the concept of flirtatious to believing that someone may have some affection for them. The description does not meet level 3 because there are no notions of love or adoration from others. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Erotomanic Ideas description **level 3** is a participant believing that someone is possibly in love with them or demonstrating adoration toward them. The description does not meet level 2 because the belief has gone beyond a crush. The description does not meet level 4 because the participant feels that their attribution of love may be imaginary. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Erotomanic Ideas description **level 4** is a participant suspecting that a colleague is in love with them or is demonstrating an adoration toward them despite this colleague not paying them any unusual attention. The description does not meet level 3 because the participant has the sense this might be real. The description does not meet level 5 because the colleague is someone that they know and work closely with, so an unprofessed love is theoretically possible. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Erotomanic Ideas description **level 5** is a participant believing someone they have met only infrequently is in love with them. The description does not meet level 4 because the belief is more improbable than it is theoretically possible. The description does not meet level 6 because the belief is not highly improbable since they do know the other person. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Erotomanic Ideas description **level 6** is a participant feeling it's completely real that a celebrity they've never met is passionately in love with them. The description does not meet level 5 because the belief is highly improbable. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

5.k.8. Grandiosity

Defining the symptom description measurement concept. This symptom focuses on exaggerated self-opinion, unrealistic beliefs of being special or superior, unrealistic beliefs in special abilities or powers. Grandiosity can also include self-identifying as someone who is rich, famous, or closely linked to a rich or famous personality.

Symptoms to be distinguished. Ideas that a famous person is in romantic love with the participant are rated on P7 Erotomanic Ideas and not on grandiosity. Ideas that include affiliation with a famous person/being without romantic love are rated on P8 Grandiosity. The belief of a participant that they are a god, or a messenger from God, is rated under P6 Unusual Religious Ideas and not under P7 Grandiosity.

Distinguishing between levels of the symptom description measurement concept. Some types of grandiosity are common to the general population or subcultures. When present these types meet level rate 1 – 2 for the first measurement concept (description). Other types of grandiosity are pathological and uncommon in the general population or subcultures and thus meet level rate 3 – 6 for the first measurement concept. Symptoms of this type will generally but not always be distressing and/or interfere with thinking, feeling, social relations, or behavior. These secondary measurement concepts (distress, interference) will be synthesized into the overall severity rating as described above in Item Features 5.a.4.

An example of Grandiosity description **level 0** when an Inquiry is endorsed is a participant saying "I am important to my family" when asked if they are especially important in some way. The description does not meet level 1 because this belief is not unusual.

An example of Grandiosity description **level 1** is when a participant believes they are better looking than others. The description does not meet level 0 because there are thoughts of feeling better than others. The description does not meet level 2 because they normally keep these thoughts to themselves and only mentioned because they were specifically asked. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Grandiosity description **level 2** is when a participant believes that they have natural talent as a dancer. The description does not meet level 1 because the participant rarely dances and rarely gets compliments when they do. The description does not meet level 3 because the participant does not have a notion of being unusually gifted and doesn't display boastful speech. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Grandiosity description **level 3** is when a participant who plays team sports overestimates their athletic prowess by claiming to be the best player on their team. The description does not meet level 2 because the belief is not kept private and is readily shared with others. The description does not meet level 4 because there may be some logical evidence since they actually are on the team. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Grandiosity description **level 4** is when a participant believes they *may* have highly superior intelligence because their parent tells them so (and no one else does). The description does not meet level 3 because a parental eye alone is not necessarily logical evidence of talents, influences or abilities. The description does not meet level 5 because high intelligence is theoretically possible and has some evidence (even though it is not especially logical). The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Grandiosity description **level 5** is when a participant who is a student believes they have such superior intelligence that they no longer need to study or do homework or go to class in order to get A's. The description does not meet level 4 because the participant's belief is stronger than that it *may* be real. The description does not meet level 6 because the belief does not feel completely real despite the participant's scoring in the average range on standardized testing or despite actually receiving failing grades. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Grandiosity description **level 6** is when a participant believes they have the ability to control the entire world and everything that happens in it. The description does not meet level 5 because the belief is clearly highly improbable rather than merely improbable and the beliefs feel completely real to the person. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

5.k.9. Auditory Perceptual Abnormalities

Defining the symptom description measurement concept. This symptom focuses on unusual perceptual experiences, illusions, pseudo-hallucinations, or hallucinations in the auditory (hearing) perceptual modality. When the participant hears sounds or fully-formed voices, it is not important whether they are perceived as originating from inside or outside the person's head.

Symptoms to be distinguished. To be rated on P9, the experience must be a direct auditory sensation. An "intuitive sense" or non-perceptual experiences described by the participant as a 'sense' or direct mental contact with another person are rated as mental events under P1 Unusual Thought and Experiences.

Distinguishing between levels of the symptom description measurement concept. Some types of auditory perceptual abnormalities are common to the general population or subcultures. When present these types meet level rate 1 – 2 for the first measurement concept (description). Other types of auditory perceptual abnormalities are pathological and uncommon in the general population or subcultures and thus meet level rate 3 – 6 for the first measurement concept. Symptoms of this type will generally but not always be distressing and/or interfere with thinking, feeling, social relations, or behavior. These secondary measurement concepts (distress, interference) will be synthesized into the overall severity rating as described above in Item Features 5.a.4.

An example of Auditory Perceptual Abnormalities description **level 0** when an Inquiry is endorsed is that the participant states their hearing has changed because they've just come from swimming, and they still have water in their ears. The description does not meet level 1 for the first measurement concept because the experience is not unusual and also does not gain more than usual attention for this circumstance.

An example Perceptual Abnormalities description at **level 1** is when a participant reports that they momentarily hear a sound in the distance: for example, a vague sound of a cow mooing when this sound is actually coming from another source. The description does not meet level 0 because they do endorse hearing a sound momentarily. The description does not meet level 2 because the misidentification of the noise was only momentary. The overall rating will also incorporate the second and possibly also the third and fourth measurement concepts where applicable as described above in Item Features 5.a.4.

An example of Auditory Perceptual Abnormalities description **level 2** is when a participant describes a heightened sensitivity to sounds. The participant may describe that things seem to be louder than normal. The description does not meet level 1 because such experiences are unusual. The description does not meet level 3 because there are no discernible words or murmuring or whispering. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features, point

An example of Auditory Perceptual Abnormalities description **level 3** is an indiscernible sound the participant hears such as non-distinct murmuring or whispers. The description does not meet level 2 because it is more pronounced and distinct than a heightened sensitivity to sound. The description does not meet level 4 because there are no clearly discernible words. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Auditory Perceptual Abnormalities description **level 4** is when the participant experiences a clear sound like hearing their name being called or loud internal thoughts that could be perceived as a voice. The description does not meet level 3 because the sounds are clearer and discernible. The description does not meet level 5 because there is no complex content. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Auditory Perceptual Abnormalities description l**evel 5** is a participant who hears voices where the sentences and meaning are intelligible but have an "echo-y" or garbled quality. The description does not meet level 4 because the content is complex. The description does not meet level 6 because the participant describes how the voices differ from real ones. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Auditory Perceptual Abnormalities description **level 6** is a participant who hears voices of several different people talking among themselves and commenting about the participant exactly as if the people were right in the room. The description does not meet level 5 because the participant cannot describe any difference between these voices and actual voices of real people present. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

Hypnagogic experiences are those that occur as the person is drifting off to sleep, and hypnopompic experiences are just as the person is waking up. These occur exclusively at these times and are related to the sleep-wake cycle. Sometimes people think they are fully awake at these times but are actually still in light asleep and dreaming. Ask for evidence that someone is fully awake such as execution of voluntary physical behavior. Hypnagogic or hypnopompic perceptual disturbance, regardless of the quality of the experience, should be rated as a severity/intensity score of 2.

The difference in symptom Description between a 5 and 6 on P9 is that a 6 is a "true hallucination." That is, it has the quality of a real perception, e.g. the voice sounds exactly like a real person talking.

Be sure to check out whether there is an unusual or non-reality based element to the experience being described: If you are unsure if someone's experiences are real or not e.g. hearing children's torments from the street while in the house, ask about the reaction of friends and family (i.e. do they hear what the person is hearing?).

5.k.10. Visual Perceptual Abnormalities

Defining the symptom description measurement concept. This symptom focuses on unusual perceptual experiences, illusions, pseudo-hallucinations, or hallucinations in the visual (seeing) perceptual modality.

Symptoms to be distinguished. To be rated on P10, the experience must be a direct visual sensation. An "intuitive sense" or non-perceptual experiences described by the participant as a 'sense' are rated as mental events under P1 Unusual Thought and Experiences.

Distinguishing between levels of the symptom description measurement concept. Some types of visual perceptual abnormalities are common to the general population or subcultures. When present these types meet

level rate 1 – 2 for the first measurement concept (description). Other types of visual perceptual abnormalities are pathological and uncommon in the general population or subcultures and thus meet level rate 3 – 6 for the first measurement concept. Symptoms of this type will generally but not always be distressing and/or interfere with thinking, feeling, social relations, or behavior. These secondary measurement concepts (distress, interference) will be synthesized into the overall severity rating as described above in Item Features 5.a.4.

An example of Visual Perceptual Abnormalities description **level 0** when an Inquiry is endorsed is that the participant endorses that things look blurry and explains that it only occurs when they do not have their contacts in or their glasses on. The description does not meet level 1 for the first measurement concept because this is an experience that only occurs for a reason, not wearing their corrective lenses, and is not unusual and also does not gain more than usual attention for this circumstance.

An example of Visual Perceptual Abnormalities description **level 1** is when a participant reports that when they look quickly, out of the corner of their eye, they mistake the trash basket for a dog. The description does not meet level 0 because they do endorse this experience momentarily. The description does not meet level 2 because the misidentification was only momentary. The overall rating will also incorporate the second and possibly also the third and fourth measurement concepts where applicable as described above in Item Features 5.a.4.

An example of Visual Perceptual Abnormalities description **level 2** is when a participant reports that when they are dozing on the couch they will see shadows in the room. This does not occur when they are wide awake. The description does not meet level 1 because they do clearly see something (a shadow) when nothing is there. The description does not meet level 3 because it only occurs in the hypnagogic state. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Visual Perceptual Abnormalities description **level 3** is when a participant reports that a couple of times a week, while they are wide awake, they will see a flash of movement in the room. They think that perhaps their cat ran by but quickly realize that their cat isn't in the room, and it is unsettling. The description does not meet level 2 because it is beyond what might be experienced by the average person and not within any cultural norms. The description does not meet level 4 because it does not contain discernible features. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Visual Perceptual Abnormalities description **level 4** is when a participant reports seeing what looks like the figure of a man standing in the corner of the room. The description does not meet level 3 because it is more defined than a fuzzy shapeless mass. The description does not meet level 5 because the man-like figure lacks fully defined, discernible features. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Visual Perceptual Abnormalities description **level 5** is when a participant describes seeing a translucent woman, dressed in a gauzy white dress with lace, wearing flowers in her hair. The description does not meet level 4 because of the defined description of the dress and hair. The description does not meet level 6 because the participant does not appear as solid as a real person. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Visual Perceptual Abnormalities description **level 6** is when a participant reports seeing a young girl, about ten years old, with long blond hair wearing overalls, following her around the room. They also describe the young girl as wearing a menacing look on her face. The description does not meet level 5 because

it appears exactly like a real person to the participant. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

Hypnagogic experiences are those that occur as the person is drifting off to sleep, and hypnopompic experiences are just as the person is waking up. These occur exclusively at these times and are related to the sleep-wake cycle. Sometimes people think they are fully awake at these times but are actually still in light asleep and dreaming. Ask for evidence that someone is fully awake. Hypnagogic or hypnopompic perceptual disturbance, regardless of the quality of the experience, should be rated as a severity/intensity score of 2.

5.k.11. Olfactory Perceptual Abnormalities

Defining the symptom description measurement concept. This symptom focuses on unusual perceptual experiences, illusions, pseudo-hallucinations, or hallucinations in the olfactory (smelling or odor) perceptual modality.

Symptoms to be distinguished. To be rated on P11, the experience must be a direct olfactory sensation. An "intuitive sense" or non-perceptual experiences described by the participant as a ‘sense’ are rated as mental events under P1 Unusual Thought and Experiences.

Distinguishing between levels of the symptom description measurement concept. Some types of olfactory perceptual abnormalities are common to the general population or subcultures. When present these types meet level rate 1 – 2 for the first measurement concept (description). Other types of olfactory perceptual abnormalities are pathological and uncommon in the general population or subcultures and thus meet level rate 3 – 6 for the first measurement concept. Symptoms of this type will generally but not always be distressing and/or interfere with thinking, feeling, social relations, or behavior. These secondary measurement concepts (distress, interference) will be synthesized into the overall severity rating as described above in Item Features 5.a.4.

An example of Olfactory Perceptual Abnormalities description **level 0** when an Inquiry is endorsed is when the participant reports their sense of smell has changed because in the last week they can smell flowers because it is spring and the flowers have just appeared. The description does not meet level 1 for the first measurement concept because the participant reports nothing that is either unusual or gaining an unusual amount of attention.

An example of Olfactory Perceptual Abnormalities description **level 1** is when the participant reports that whenever they enter the locker rooms at a swimming pool they notice and mentally remark upon a smell of chlorine. The description does not meet level 0 because the smell of chlorine is gaining more attention than usual. The description does not meet level 2 because this may be expected by most people entering the pool locker rooms. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Olfactory Perceptual Abnormalities description **level 2** is when the participant reports that their sense of smell has increased such that they can smell their roommate's body wash while the roommate was showering in a different room. The description does not meet level 1 because this experience is clearly unusual. The description does not meet level 3 because there is no absence of an actual stimulus nor is the smell different from the actual stimulus. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Olfactory Perceptual Abnormalities description **level 3** is when the participant reports that they smell a chemical-like smell several times a week in different places that others do not notice. They are unable to say if it is like a smell for example in a lab or a smell from cleaning products. The description does not meet level 2 because it is beyond what would be expected for the average person and there is no actual stimulus. The

description does not meet level 4 because the odor cannot be identified and the participant is unable to mention any discernible features. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Olfactory Perceptual Abnormalities description **level 4** is the participant in their math classroom who several times a week will experience odors that are similar to people sunbathing at the beach where there are odors such as coconut sunscreen oil or sea water. The description does not meet level 3 because the participant is able to offer definite discernible features. The description does not meet level 5 because the participant cannot report a detailed description. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Olfactory Perceptual Abnormalities description **level 5** is when the participant has been given some files at work on several occasions that smell like rotten eggs. Others do not smell them nor is there any reason why they would smell that way. The participant can describe how rotten eggs might smell and reports that the files kind of smell like that. The description does not meet level 4 because the odor can be clearly defined and the participant is able to describe what rotten eggs might smell like. The description does not meet level 6 because the participant reports the files usually have a smell that reminds them of rotten eggs but it is not exactly like rotten eggs. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Olfactory Perceptual Abnormalities description **level 6** is when the participant reports smelling vomit in the meeting rooms at work several times per week. The participant can describe exactly what vomit would smell like and there is never any actual stimulus. The description does not meet level 5 because the participant reports that the vomit smell is exactly like vomit and under no circumstances can it be anything else. The participant denies any difference from what they smell and what vomit smells like. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

Hypnagogic experiences are those that occur as the participant is drifting off to sleep, and hypnopompic experiences are just as the participant is waking up. These occur exclusively at these times and are related to the sleep-wake cycle. Sometimes people think they are fully awake at these times but are actually still in light asleep and dreaming. Ask for evidence that someone is fully awake. Hypnagogic or hypnopompic perceptual disturbance, regardless of the quality of the experience, should be rated as a severity/intensity score of 2.

5.k.12. Gustatory Perceptual Abnormalities

Defining the symptom description measurement concept. This symptom focuses on unusual perceptual experiences, illusions, pseudo-hallucinations, or hallucinations in the gustatory (tasting) perceptual modality.

Symptoms to be distinguished. To be rated on P12, the experience must be a direct gustatory sensation. An "intuitive sense" or non-perceptual experiences described by the participant as a ‘sense’ are rated as mental events under P1 Unusual Thought and Experiences.

Distinguishing between levels of the symptom description measurement concept. Some types of gustatory perceptual abnormalities are common to the general population or subcultures. When present these types meet level rate 1 – 2 for the first measurement concept (description). Other types of gustatory perceptual abnormalities are pathological and uncommon in the general population or subcultures and thus meet level rate 3 – 6 for the first measurement concept. Symptoms of this type will generally but not always be distressing and/or interfere with thinking, feeling, social relations, or behavior. These secondary measurement concepts (distress, interference) will be synthesized into the overall severity rating as described above in Item Features 5.a.4.

An example of Gustatory Perceptual Abnormalities description **level 0** when an Inquiry is endorsed is when a participant describes always experiencing coriander (cilantro) as unpleasant, a not unusual experience for many in the general population. The description does not meet level 1 because the participant is describing a usual experience that does not particularly attract their attention.

An example of Gustatory Perceptual Abnormalities description **level 1** is when a participant pays more attention to certain tastes than most people but denies any recent gustatory changes or having a stronger sense of taste. The description does not meet level 0 because this experience has gained more than usual attention from the participant, enough so that they mentioned it to the interviewer. The description does not meet level 2 because there is nothing unusual about their report and they deny a stronger sense of taste. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Gustatory Perceptual Abnormalities description **level 2** is when a participant reports they will sometimes experience a stronger sense of taste when eating certain foods. For example, they report that sweet foods have been tasting sweeter and salty foods have been tasting saltier. The description does not meet level 1 because they are describing a somewhat unusual gustatory experience in that they are noticing a more intense sense of taste with specific foods. The description does not meet level 3 because there is always a stimulus (sweet or salty food) when they have the gustatory experience (stronger taste). The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Gustatory Perceptual Abnormalities description **level 3** is when the participant reports experiencing a “strange” and “bad” taste in their mouth when they are not eating or drinking anything. The description does not meet level 2 because they are experiencing a taste, though vague, in the absence of a stimulus. The description does not meet level 4 because the participant did not report any specific and identifiable features of the taste and only that it is “strange” and “bad”. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Gustatory Perceptual Abnormalities description **level 4** is when the participant reports a “funny” taste in their mouth, maybe “something like” what they remember from early childhood putting coins in their mouth. The description does not meet level 3 because there are some identifiable features, such as “something like coins”, in their description. The description does not meet level 5 because the participant could not provide a more detailed description of the taste or any fully discernible features. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Gustatory Perceptual Abnormalities description **level 5** is when the participant reports having “disgusting” tastes in their mouth when they are not eating or drinking anything. They explain the taste as like “weeks old milk” or as like “a bloody barely cooked piece of meat”. The description does not meet level 4 because there are fully defined, discernible features of the taste. The description does not meet level 6 because the participant describes the taste as “like” something else and denies it tastes “exactly” like the real taste. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4

An example of Gustatory Perceptual Abnormalities description **level 6** is when the participant reports tasting spoiled food such as “bad oysters” when they are not eating or drinking anything. The participant reports it tastes exactly like what bad oysters taste like, describing a “rancid, rotten fishy” taste. The description does not meet level 5 because the experience has the quality of a true perception and because the participant cannot tell

the difference between the real taste and the gustatory experience in the moment. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

Hypnagogic experiences are those that occur as the participant is drifting off to sleep, and hypnopompic experiences are just as the participant is waking up. These occur exclusively at these times and are related to the sleep-wake cycle. Sometimes people think they are fully awake at these times but are actually still in light asleep and dreaming. Ask for evidence that someone is fully awake. Hypnagogic or hypnopompic perceptual disturbance, regardless of the quality of the experience, should be rated as a severity/intensity score of 2.

5.k.13. Tactile Perceptual Abnormalities

Defining the symptom description measurement concept. This symptom focuses on unusual perceptual experiences, illusions, pseudo-hallucinations, or hallucinations in the tactile (sense of touch) perceptual modality.

Symptoms to be distinguished. Tactile perceptions are felt on the skin. Somatic perceptions are felt deep within the body. When the distinction is not immediately clear, as sometimes for an “electric shock” sensation, the participant should be asked whether the sensation is more on the skin or more deep within the body, and the rating should be made on one or the other of the scales, not on both.

To be rated on P13, the experience must be a direct tactile sensation. An "intuitive sense", or other non-perceptual experiences described by the participant as a ‘sense,’ are rated as mental events under P1 Unusual Thoughts and Experiences.

Distinguishing between levels of the symptom description measurement concept. Some types of tactile perceptual abnormalities are common to the general population or subcultures. When present these types meet level rate 1 – 2 for the first measurement concept (description). Other types of tactile perceptual abnormalities are pathological and uncommon in the general population or subcultures and thus meet level rate 3 – 6 for the first measurement concept. Symptoms of this type will generally but not always be distressing and/or interfere with thinking, feeling, social relations, or behavior. These secondary measurement concepts (distress, interference) will be synthesized into the overall severity rating as described above in Item Features 5.a.4.

An example of Tactile Perceptual Abnormalities description **level 0** when an Inquiry is endorsed is if the participant reports that they don’t always feel things as well when their hands are cold. The description does not meet level 1 for the first measurement concept because the participant is not paying any particular attention to the decreased tactile experiences, and the diminished sensation is not unusual in this context.

An example of Tactile Perceptual Abnormalities description **level 1** is when the participant is aware of people pushing against them when they are standing in a crowded subway car. The description does not meet level 0 because the participant is reporting a heightened awareness of something that is actually happening. The description does not meet level 2 because this experience is not beyond what an average person would experience standing in a crowded subway car. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Tactile Perceptual Abnormalities description **level 2** is when a participant reports feeling a shiver run down their spine. The description does not meet level 1 because the participant has a true tactile experience that is somewhat unusual. The description does not meet level 3 because this experience is not beyond what is expected by the average person. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Tactile Perceptual Abnormalities description **level 3** is when a participant reports experiencing random sensations like tingling on their skin when nothing is touching it. The description does not meet level 2 because the participant is reporting abnormal features in the absence of a stimulus. The description does not meet level 4 because the description does not contain any clearly identifiable features. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Tactile Perceptual Abnormalities description **level 4** is when a participant reports that they feel as if someone is stroking their neck. The description does not meet level 3 because although ill-defined the stroking has some discernible features. The description does not meet level 5 because there are no fully discernible features, only an ill-defined sensation of stroking. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Tactile Perceptual Abnormalities description **level 5** is when a participant reports that it feels as if there is a bug crawling over their body a couple of times a day. The description does not meet level 4 because the participant is able to identify the perception as feeling like a bug crawling. The description does not meet level 6 because the participant can identify what a bug crawling would be like and what they are experiencing only resembles that. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Tactile Perceptual Abnormalities description **level 6** is when a participant describes feeling they have electricity in their veins. They describe what it is like in detail, and their description sounds plausible. The description does not meet level 5 because the participant can offer a vivid description of the electricity and state that it is electricity that they feel instead of just something resembling electricity. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

Hypnagogic experiences are those that occur as the participant is drifting off to sleep, and hypnopompic experiences are just as the person is waking up. These occur exclusively at these times and are related to the sleep-wake cycle. Sometimes people think they are fully awake at these times but are actually still in light asleep and dreaming. Ask for evidence that someone is fully awake. Hypnagogic or hypnopompic perceptual disturbance, regardless of the quality of the experience, should be rated as a severity/intensity score of 2.

5.k.14. Somatic Perceptual Abnormalities

Defining the symptom description measurement concept. This symptom focuses on unusual perceptual experiences, illusions, pseudo-hallucinations, or hallucinations in the somatic (interoceptive or deep within the body) perceptual modality.

Symptoms to be distinguished. Somatic perceptions are felt deep within the body. Tactile perceptions are felt on the skin. To be rated on P14, the experience must be a direct somatic sensation. An “intuitive sense” or other non-perceptual experiences described by the participant as a ‘sense’ related to the body (“I sense there is something wrong with my bile”), or an experience that is clarified as not perceptual but where the word “feel” is used, are rated under P3 Unusual Somatic Ideas.

Distinguishing between levels of the symptom description measurement concept. Some types of somatic perceptual abnormalities are common to the general population or subcultures. When present these types meet level rate 1 – 2 for the first measurement concept (description). Other types of somatic perceptual abnormalities are pathological and uncommon in the general population or subcultures and thus meet level rate 3 – 6 for the first measurement concept. Symptoms of this type will generally but not always be distressing and/or interfere

with thinking, feeling, social relations, or behavior. These secondary measurement concepts (distress, interference) will be synthesized into the overall severity rating as described above in Item Features 5.a.4.

An example of Somatic Perceptual Abnormalities description **level 0** when an Inquiry is endorsed is when the participant reports having a headache, only when they have a hangover (following a night of drinking alcohol). The description does not meet level 1 because it is not unusual and not gaining more than usual attention.

An example of Somatic Perceptual Abnormalities description **level 1** is when the participant reports sometimes feeling their heart fluttering or missing a beat, which they find distracting. The description does not meet level 0 because this experience gains more than usual attention. The description does not meet level 2 because this experience is not unusual. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Somatic Perceptual Abnormalities description **level 2** is when the participant reports feeling heat inside their body as they are falling asleep at night. The description does not meet level 1 because they are experiencing an unusual somatic experience inside their body. The description does not meet level 3 because this pain only occurs as they are falling asleep in bed and never occurs when they are fully awake. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Somatic Perceptual Abnormalities description **level 3** is when the participant reports a feeling like "itchiness" inside their body when fully awake – they can provide no further details about what this feels like other than "it's weird, it just feels sort of itchy, like I want to try to scratch it but of course I can't because not my skin but its inside my body." The description does not meet level 2 because the experience goes beyond what might be expected by the average person, and because hypnagogic and hypnopompic experiences were ruled out. The description does not meet level 4 because the "sort of itchy" sensation is vague, with no clearly identifiable features of the sensation. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Somatic Perceptual Abnormalities description **level 4** is when the participant reports feeling as if their intestines are moving inside their body. The description does not meet level 3 because there are some discernible features of the intestines moving. The description does not meet level 5 because it lacks detailed features. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Somatic Perceptual Abnormalities description **level 5** is when the participant reports their kidneys feel "somehow heavier" than they used to. They explain that "it's almost as if there are weights attached to them, like my kidneys are bulkier", but deny it feels exactly like their kidneys are heavier. The participant has no known medical conditions that could account for this sensation. The description does not meet level 4 because there are fully discernible features of the sensation and detailed descriptors. The description does not meet level 6 because it is lacking the quality of a true perception and the description is detailed but not vivid. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Somatic Perceptual Abnormalities description **level 6** is when the participant reports a "tugging" and "pulling" sensation inside their brain, stating that someone is pulling strings in their brain to make it "move" and "wiggle" from left to right. The sensation feels so real that afterwards the participant sometimes feels dizzy and as if they are suffering from motion sickness. The description does not meet level 5 because the participant describes a sensation that is exactly like a real sensation and provides vivid detail explaining it and the aftereffects. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

Hypnagogic experiences are those that occur as the person is drifting off to sleep, and hypnopompic experiences are just as the person is waking up. These occur exclusively at these times and are related to the sleep-wake cycle. Sometimes people think they are fully awake at these times but are actually still in light asleep and dreaming. Ask for evidence that someone is fully awake. Hypnagogic or hypnopompic perceptual disturbance, regardless of the quality of the experience, should be rated as a severity/intensity score of 2.

5.k.15. Disorganized Communication Expression

Defining the symptom description measurement concept. This symptom focuses on confused, muddled, racing or slowed down speech, using the wrong words, talking about things irrelevant to context or going off track, speech that is circumstantial, tangential or paralogical, and difficulty in directing sentences toward a goal. Loosening or paralysis (blocking) of associations may be present and make speech hard to follow or unintelligible. **Observed evidence from the interview is required for disorganized communication to rate > 2. If a person reports disorganized speech but it is not observed at all, then the description must rate 2 or lower.**

Distinguishing between levels of the symptom description measurement concept. Some types of disorganized communication expression are common to the general population or subcultures. When present these types meet level rate 1 – 2 for the first measurement concept (description). Other types of disorganized communication expression are pathological and uncommon in the general population or subcultures and thus meet level rate 3 – 6 for the first measurement concept. Symptoms of this type will generally but not always be distressing and/or interfere with thinking, feeling, social relations, or behavior. These secondary measurement concepts (distress, interference) will be synthesized into the overall severity rating as described above in Item Features 5.a.4.

An example of Disorganized Communication Expression description **level 0** when an Inquiry is endorsed is when the participant agrees to "other people having difficulty in understanding" but then explains their parents are out of touch with how young people feel these days. The description does not meet level 1 for the first measurement concept because there is nothing unusual about their communication.

An example of Disorganized Communication Expression description **level 1** is when the person states they sometimes pause momentarily to find the right word, but this is not observed by the interviewer. The description does not meet level 0 because they have endorsed a symptom associated with disorganized speech. The description does not meet level 2 because the person does not use idiosyncratic words or tend to employ vague sentences. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Disorganized Communication Expression description **level 2** is when a person reports slight subjective difficulties in their speech that are not observed by the interviewer. For example, they may report that in their own mind, they sometimes find it difficult to get a message across the first time around or their speech is sometimes slightly vague. However, this is not noticeable to others. The description does not meet level 1 because the person reports more than just an awkward word or phrase. The description does not meet level 3 because no disorganized speech was observed. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Disorganized Communication Expression description **level 3** is when a person's speech is observed to be disorganized to the extent of use of incorrect words and/or topics not related to the conversation or getting off track but back on quickly. The description does not meet level 2 because topics not related to the conversation are more than "slightly vague" and observed circumstantiality should rate higher than a 2. The description does not meet level 4 because the circumstantiality is not prolonged. The overall severity/intensity

rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Disorganized Communication Expression description **level 4** is when the person consistently goes off track when communicating and has difficulty directing their sentences to a specific topic but then eventually gets there. The description does not meet level 3 because the circumstantiality is more than brief and they do get back on track but not readily. The description does not meet level 5 because the person displays no evidence of tangentiality or thought blocking. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Disorganized Communication Expression description **level 5** is when a person displays some associations with no obvious connection between one thought and the next, and/or signs of losing track of the intended focus. The description does not meet level 4 because there is more than evidence of circumstantiality. The description does not meet level 6 because the person is not displaying a total lack of coherence or intelligible speech. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

An example of Disorganized Communication Expression description **level 6** is when a participant rapidly shifts between topics with no logical connection and cannot respond coherently to any question such as "as soon as the skull goes smash and one still has flowers with difficulty." The description does not meet level 5 because the speech is beyond tangential to unintelligible. The overall severity/intensity rating will also incorporate the second, and possibly third and fourth, measurement concepts as described above in Item Features 5.a.4.

6. Diagnostic Groupings

6.a. Psychosis determinations

The on-line adaptive versions of the PSYCHS contain a number of calculations that are used to summarize interviewer's ratings into diagnostic groupings, including the diagnostic grouping for lifetime frank psychotic disorder (in the initial assessment version) and the diagnostic grouping for new onset frank psychotic disorder since the previous visit (in the subsequent assessment version). These calculations are designed to save the interviewer time and to prevent arithmetic and clerical errors.

The harmonized criteria for frank psychosis are shown below.

Table 9. Harmonized CAARMS and SIPS Criteria for Frank Psychosis.

Harmonized Criteria for CAARMS/SIPS Psychosis Diagnosis
• A psychotic severity/intensity symptom rating=6 on at least one of P1-P15 **AND EITHER** • Symptom lasts >=1 week at severity/intensity=6 and frequency >=4 (3-6 days/wk – more than 1 hr/day **OR** daily < 1 hr/day) **UNLESS** truncated by new or increased antipsychotic treatment **OR** • Symptom while rated=6 was imminently dangerous (physically or to personal dignity or to social/family networks.

Psychotic disorder determinations are made either: 1) at the initial assessment in order to determine eligibility; and 2) at subsequent assessments in order to determine new onset of psychosis (aka transition or conversion).

1. In order to determine the middle criterion at initial assessment, the interviewer will make the usual highest CAARMS frequency and duration assessment for the period DURING THE PARTICIPANT'S **LIFETIME** WHEN THEY RATED a 6 on severity/intensity.

2. In order to determine the middle criterion at subsequent assessments, the interviewer will make the usual highest CAARMS frequency and duration assessment for the period **SINCE** THE PARTICIPANT'S **MOST RECENT VISIT** WHEN THEY RATED a 6 on severity/intensity.

3. In order to determine the final criterion at initial assessment, the interviewer will determine whether the symptom was imminently dangerous at any time DURING THE PARTICIPANT'S **LIFETIME** WHEN THEY RATED a 6 on severity/intensity. Imminent danger due to the psychotic symptom applies to risk of suicide or physical violence but also to risk of severe damage to a person's dignity of reputation or to social/family networks. An example of the former is when a person appears in public completely naked due to a voice command or to a belief that they are so pure that clothing is unnecessary.

4. In order to determine the final criterion at subsequent assessments, the interviewer will determine whether the symptom was imminently dangerous due to the symptom during the period **SINCE** THE PARTICIPANT'S **MOST RECENT VISIT** WHEN THEY RATED a 6 on severity/intensity.

6.b. SIPS CHR-P Diagnoses

The PSYCHS generates lifetime diagnostic determinations for three SIPS CHR syndromes: 1) lifetime Brief Intermittent Psychosis Syndrome (BIPS), 2) lifetime Attenuated Psychotic Symptoms Syndrome (APSS), and 3) lifetime Genetic Risk and Deterioration (GRD) (see Table 10). When the REDCap or RPMS adaptive on-line versions are used, these lifetime diagnoses are calculated automatically.

When the REDCap or RPMS adaptive on-line versions are used, these lifetime diagnoses are generated automatically.

Table 10. SIPS CHR Lifetime Syndrome Criteria.

SIPS CHR Lifetime Syndrome Criteria		
Brief Intermittent Psychotic Syndrome (BIPS)	**Attenuated Positive Symptom Syndrome (APSS)**	**Genetic Risk and Deterioration (GRD)**
• A psychotic severity/intensity symptom (rating= 6) on at least one of P1-P15 • Present at least **several minutes a day**, but has not lasted >=1 week at severity/intensity=6 and frequency >=4 (3-6 days/wk – more than 1 hr/day; OR daily < 1 hr/day) • Symptoms rated a 6 are not imminently dangerous (physically or to personal dignity or to social/family networks) • Not better explained by another DSM disorder	• At least one of P1-P15 rated severity/intensity **3, 4 or 5** • Symptom must occur at an average frequency of **at least once per week over a month** • Not better explained by another DSM-5 disorder **Indicate whether symptoms were sufficiently distressing and disabling to the participant to warrant clinical attention	Family history of psychosis in **first degree relative** OR **Schizotypal Personality Disorder** in identified participant **AND** **Drop in functioning:** • Impact: SOFAS score over any month **at least 30% below** previous level of functioning over the month one year earlier

6.b.1 Brief Intermittent Psychosis Syndrome

The SIPS Lifetime Brief Intermittent Psychosis Syndrome (BIPS) section in REDCap/RPMS will not work if the **Onset date when first reach 6** field in the psychosis section is skipped. If the Lifetime section does not work, then the later Current Status section will not work either.

6.b.2 Attenuated Psychotic Symptoms Syndrome

The SIPS Lifetime Attenuated Psychotic Symptoms Syndrome (APSS) section in REDCap/RPMS will not work if the **Onset date when first entered 3-5 range** field in the psychosis section is skipped. If the Lifetime section does not work, then the later Current Status section will not work either.

Don't forget to include the required dates in the psychosis section.

Both the Lifetime SIPS BIPS and APSS sections ask if the symptom was always Better Explained by another DSM disorder.

a. A positive symptom is always rated for severity/intensity, no matter what the participant or interviewer believe accounts for it.

Always rate the severity/intensity of a symptom, no matter what the cause is presumed to be.
FIRST RATE, THEN FORMULATE.
FOCUS ON THE WHAT, NOT ON THE WHY.

b. The Better Explained by another DSM disorder criterion is applied only to SIPS diagnoses, and NOT the CAARMS groupings or the symptom severity/intensity ratings. CAARMS groupings do exclude for symptoms that occur only during peak intoxication with hallucinogens, amphetamines, or cocaine (see Table 14).

c. The other DSM-5 disorders can better explain positive symptoms for SIPS CHR diagnostic purposes include psychiatric, medical, and substance disorders. Acute intoxication and medication side effects also qualify.

d. Mild *symptoms* alone, such as anxiety, cannot better account for PSYCHS *symptoms*, unless they qualify for a disorder.

e. There are two tests to determine the better explained condition.

   i. The first test is temporal sequence. If the positive symptoms were present before onset of the co-occurring disorder or persist when the co-occurring diagnosis is in remission, rate NOT better explained. If the co-occurring diagnosis has been present continuously during the period of positive symptoms, the second test is applied.

   ii. The second test is whether the positive symptoms are more characteristic of a CHR syndrome or of the co-occurring disorder. When the positive symptoms are more characteristic of the other disorder, the symptoms are considered better explained by the other disorder. For example: fear of impending death during a panic attack is better explained by Panic Disorder than by a psychosis-risk syndrome. Feelings of personal worthlessness in a depressed participant are better explained by depression than by a psychosis-risk syndrome. Feelings of personal superiority in a patient with frank mania is better explained by the mania, and feelings of personal disintegration precipitated by stress and relieved by wrist cutting in a borderline patient is better explained by the personality disorder. The sole exception is for Schizotypal Personality Disorder: Positive symptoms that are worsening are always rated as NOT better explained by SPD.

   iii. In cases of ambiguity tend toward rating NOT better explained. For example, momentary illusions like “black shadows” with vague persecutory intent in a patient with comorbid major depression is rated as NOT better explained, because such illusions are more characteristic of a CHR syndrome than depression, despite the possibility that the “black” quality could relate to depressive themes.

6.b.3 Genetic Risk and Deterioration Syndrome

The SIPS Lifetime Genetic Risk and Deterioration Syndrome (APSS) is dependent on three other instruments: 1) a measure of first degree family history of psychosis (usually the Family Interview for Genetics Studies, FIGS), 2) a measure of personal lifetime history of schizotypal personality disorder (often the Structured Interview for DSM-5 PD), and 3) the Social and Occupational Functioning Assessment Scale (SOFAS). Please see rater manuals for these instruments.

6.c. SIPS CHR-P Current Statuses

Each SIPS CHR Lifetime Diagnosis is also given one of four Current Statuses: 1) Progression, 2) Persistence, 3) Partial Remission, 4) Full Remission. Please see Table 11 for current statutes for lifetime Brief Intermittent Psychosis Syndrome (BIPS). Please see Table 12 for current statutes for lifetime Attenuated Psychotic Symptoms Syndrome (APSS). Please see Table 13 for current statutes for lifetime Genetic Risk and Deterioration (GRD). When the REDCap or RPMS adaptive on-line versions are used, these current statuses are calculated automatically.

SIPS Current Statuses require assessment of symptoms and functioning over the *past month* timeframe.

PAST YEAR is part of LIFETIME.
PAST MONTH is part of PAST YEAR AND LIFETIME

Table 11. SIPS Current Statuses for Lifetime BIPS.

SIPS BIPS Current Status (requires that Lifetime criteria have been met)			
Progression	**Persistence**	**Partial Remission**	**Full Remission**
BIPS qualifying symptoms occur at severity/intensity=6 at least several minutes per day at least one day in the past month **AND** began or worsened to a severity/intensity =6 in the past three months	BIPS qualifying symptoms occur at severity/intensity=6 but **did not** begin in the past 3 months	• **First Pathway**: BIPS qualifying symptom previously rated severity/intensity=6 now currently rated severity/intensity <=5 for six months or less (i.e., met severity/intensity rating 6 within the past 6 months, but not recently within the past month) • **Second Pathway**: previously qualifying lifetime symptoms rated severity/intensity=6 now do not occur at least several minutes per day at least once in the past month or are now better explained by another DSM disorder	Previously BIPS qualifying symptoms currently score severity/intensity <=5 and for more than six months.

Table 12. SIPS Current Statuses for Lifetime APSS.

SIPS APSS Current Status (requires that Lifetime criteria have been met)			
Progression	**Persistence**	**Partial Remission**	**Full Remission**
Qualifying symptoms began **within the past year** OR currently rate one or more scale points higher **compared to 12 months ago**	Qualifying symptoms **did not** begin within the past year **AND do not** currently rate one or more scale points higher compared to 12 months ago	• **First Pathway**: previously qualifying symptom now currently rated severity/intensity <=2 for six months or less (i.e., met severity/intensity rating 3-5 within the past 6 months but not recently within the past month) • **Second Pathway**: previously qualifying symptoms now do not occur at an average frequency of at least once per week over the past month or are now better explained by another DSM disorder	Previously qualifying symptoms currently score **<=2** for more than six months

Table 13. SIPS Current Statuses for Lifetime GRD.

SIPS GRD Current Status (requires that Lifetime criteria have been met)			
Progression	**Persistence**	**Partial Remission**	**Full Remission**
SOFAS score over past month **at least 30% below** previous level of functioning over the month one year earlier	SOFAS score over past month **is less than 30% below** previous level of functioning over the month one year earlier but also lower than 90% of the premorbid level	• SOFAS score over past month **is at least** 90% of the premorbid level but for six months or less (i.e., SOFAS was <90% of premorbid within the past 6 months but not recently over the past month)	SOFAS score **currently at least** 90% of the premorbid level for more than six months

6.d. CAARMS Ultra High Risk Inclusion Groupings

The CAARMS recognizes four types of inclusion grouping: 1) Brief Limited Intermittent Psychotic Symptoms group, 2) Subthreshold Positive Symptom Frequency group, 3) Subthreshold Positive Symptom Intensity group, and 4) Vulnerability group.

Please see Table 14 for modified CAARMS Ultra High Risk inclusion groupings. When the REDCap or RPMS adaptive on-line versions are used, these groupings are calculated automatically.

CAARMS inclusion groupings require assessment of symptoms and functioning over the *past year* timeframe.

PAST YEAR is part of LIFETIME.
PAST MONTH is part of PAST YEAR AND LIFETIME

Table 14. Modified CAARMS Ultra High Risk Inclusion Groupings.

Modified CAARMS UHR Syndromes		
Brief Limited Intermittent Psychotic Symptoms (BLIPS)	**Attenuated Positive Symptoms (APS) – Subthreshold Intensity OR Frequency**	**Vulnerability**
• Symptoms present **OVER THE PAST YEAR** of psychotic severity/intensity = **6** on any P1-P15 **AND** • Symptom frequency rating is **>=4** (i.e., 3-6 days/wk - >1 hour/day; or daily - <1 hour/day) **AND** • **Duration < 7 days** (with spontaneous remission each time) **Note: while at severity/intensity = 6, symptoms CAN NOT occur ONLY during peak intoxication from hallucinogens, amphetamines or cocaine (disregard alcohol and cannabis).	Symptoms present for **OVER THE PAST YEAR** at EITHER: • **Subthreshold Intensity:** Severity/Intensity rating of **3-5** on any P1-P15 **AND** symptom frequency rating is **>=3** (i.e., 1 day/month to 2 days/wk – >1 hour/day; OR 3-6 days/wk - <1 hour/day) **OR** • **Subthreshold Frequency:** Severity/Intensity rating of **6** on any P1-P15 **AND** symptom frequency rating = **3** (i.e., 1 day/month to 2 days/wk – >1 hour a day; OR 3-6 days/wk - <1 hour/day.) **Note: while at highest severity/intensity, symptoms CAN NOT occur ONLY during peak intoxication from hallucinogens, amphetamines or cocaine (disregard alcohol and cannabis).	Family history of psychosis in **first degree relative** OR **Schizotypal Personality Disorder** in identified participant **AND EITHER** **Drop in functioning:** • Impact: SOFAS score **at least 30% below** previous level of functioning and sustained for **at least one month** • Recency: Change in functioning occurred **within last year** **OR** **Sustained low functioning:** • Impact: SOFAS score of 50 or less • Recency: For the **past 12 months** or longer

PAST YEAR is part of LIFETIME.
PAST MONTH is part of PAST YEAR AND LIFETIME

7. References

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