

**POSITIVE SYMPTOMS AND DIAGNOSTIC CRITERIA FOR THE
CAARMS HARMONIZED WITH THE SIPS**
(Version for Screening Visit)

S. Woods, M. Kerr, S. Parker, B. Walsh, A. Yung 12-Sep-22, revised 27-Dec-22, 13-Nov-23

Outline

Purpose of Present Version

General Instructions

Specific Instructions for the Present Version

Participant Overview

Fifteen Positive Symptoms

1. Unusual Thoughts and Experiences
2. Suspiciousness
3. Unusual Somatic Ideas
4. Ideas of Guilt
5. Jealous Ideas
6. Unusual Religious Ideas
7. Erotomanic Ideas
8. Grandiosity
9. Auditory Perceptual Abnormalities
10. Visual Perceptual Abnormalities
11. Olfactory Perceptual Abnormalities
12. Gustatory Perceptual Abnormalities
13. Tactile Perceptual Abnormalities
14. Somatic Perceptual Abnormalities
15. Disorganized Communication Expression

For each of 15 positive symptoms

Inquiries

Follow-up questions

Notes supporting rating (free text)

Symptom Intensity/Severity Scale

Grouping/Diagnostic Questions

SIPS Genetic Risk & Deterioration/CAARMS Vulnerability Group

Purpose of Present Version

The PSYCHS is designed to be used as a highly adaptive on-line electronic data capture (EDC) instrument, providing entry fields, instructions, and error messages only when needed based on previous responses and making needed calculations automatically. Use of an appropriate EDC instrument such as the AMP SCZ REDCap version for direct data entry during the interview is highly recommended. This paper version may be used when the interviewer cannot access an EDC version.

General Instructions

ASK EVERY BOLDED SYMPTOM INQUIRY VERBATIM. Reframe/confirm if already covered. Record Yes if the participant endorses any bolded question in the Inquiry and No if they do not. 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).

Follow-up questions for every item when someone endorses an Inquiry (print and laminate).

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?

Some items have additional item-specific follow-up questions.

FOR EACH SYMPTOM AT SCREEN, YOU WILL BE ASKED TO RATE THREE TIME FRAMES: LIFETIME (highest over lifetime, PAST YEAR (range over past year), AND PAST MONTH (highest over past month). Note that the past month is part of the past year and that the past month and the past year are both part of the lifetime.

For each time frame, a single rating is made for each symptom on a 0-6 scale.

Each level on the 0-6 scale for each symptom is described by anchor text.

Each anchor is composed of **FOUR MEASUREMENT CONCEPTS**: 1) symptom content/description; 2) symptom tenacity/conviction (for P1 to P8), symptom source (P9 to P14), and symptom self-correction (P15); 3) distress due to the symptom (except for P8 Grandiosity); and 4) interference due to the symptom.

The first two measurement concepts are co-primary and are given equal weight in determining the single item rating. For example, if a rater is undecided whether symptom content/description matches anchor text for 4 or for 5, but symptom tenacity/conviction matches anchor text for 5, the single item rating for that timeframe is 5.

The third and fourth measurement concepts (distress and interference) are secondary and only contribute to the single item rating in the situation when the rater remains undecided between two levels based on the co-primary measurement concepts. For example, when the rater judges that symptom content/description matches anchor text for 4 but symptom tenacity/conviction matches anchor text for 5, the rater should take into account anchor text for distress due to the symptom and interference due to the symptom.

In the situation immediately above, the secondary measurement concepts are taken into account by determining whether anchor text for either secondary measurement concept is greater than or equal to the higher of the two levels under consideration. In the example immediately above where the rater remains undecided between a single item rating of 4 or 5 based on the co-primary measurement concepts, if either distress or impairment due to the symptom matches anchor text in the 5 or 6 range, the single rating for that item within the timeframe should be 5. If both distress and impairment due to the symptom match anchor text in the 4 or lower range, the single rating for that item within the timeframe

should be 4.

For additional instructions and examples, see the PSYCHS Rating Manual.

Specific Instructions for Present Version

This Inquiries, Anchors, and Grouping/Diagnostic Questions version does not contain the detailed instructions, adaptive skip-outs, or automated calculations that are in the on-line version. Free text should be recorded in the space provided, reporting the yes-no participant responses to Inquiries and details from the Follow-up Questions. Lifetime, past month, and past year highest severity/intensity ratings and symptom characteristic ratings must be made for all symptoms.

If intending to transfer recorded responses later to an appropriate on-line electronic data capture (EDC) instrument such as the AMP SCZ REDCap version, only dates and ratings with yellow-highlighted boxes [] must be recorded manually; fields with gray-highlighted boxes [] will be calculated automatically in the EDC once the data are entered and will not require free-hand recording.

If the present version must be used independently, fields with dates, yellow-highlighted boxes [], and gray-highlighted boxes [] must all be recorded manually. To make accurate manual entries into the gray-highlighted boxes, the interviewer will need to be thoroughly familiar with SIPS and CAARMS diagnostic and grouping criteria as shown in the PSYCHS Interviewer Manual, Tables 9-14.

Section E. SIPS Genetic Risk and Deterioration or CAARMS Vulnerability depends upon appropriate determinations of DSM-5 Schizotypal Personality Disorder, family history of psychosis, and Social and Occupational Functioning Assessment Scale (SOFAS) ratings external to the PSYCHS.

Participant Overview

The purpose of the overview is to obtain information about what has brought the person to the interview, recent functioning, and educational, developmental, occupational, and social history, unless already obtained elsewhere.

The overview should include:

- Age and current living, school, and/or work situation
- Any behaviors and symptoms obtained from the phone screen or prescreen (if applicable).
- Occupational or academic functioning history, including any recent changes.
- Include any participation in special education programs.
- Developmental history, including pregnancy and delivery
- Social history and any recent changes
- Trauma history
- History of substance use
- Medical history, including hospitalizations, operations, head injuries, and medical conditions
- Psychiatric treatment history including medications
- Family history unless already recorded elsewhere

P1 UNUSUAL THOUGHTS AND EXPERIENCES

Inquiries

1. Have you ever had the feeling that something odd is going on or that something is wrong?

2. Have you ever been confused at times whether something you have experienced is real or imaginary?

3. Have you ever daydreamed a lot or found yourself preoccupied with stories, fantasies, or ideas?

4. Has your experience of time ever seemed to have changed? Has it become unnaturally faster or unnaturally slower?

5. Have you ever seemed to live through events exactly as you have experienced them before?

6. Have familiar people or surroundings ever seemed strange?

7. Have you felt that you or others or the world have changed in some way?

8. Have you ever felt that you might not actually exist? Or that the world might not exist?

9. Have you ever felt you can predict the future?

10. Have you felt that things that were happening around you had a special meaning just for you?

11. Have you ever felt the radio or TV or other electronic devices are communicating directly with you?

12. Do you know what it means to be superstitious? Have you been superstitious?

13. Have you ever felt that some person or force outside yourself has been controlling or interfering with your thoughts, feelings, actions or urges?

14. Have you ever felt that ideas or thoughts that are not your own have been put into your head? Or that your own thoughts have been taken out of your head?

15. Have your thoughts ever been broadcast so that other people know what you are thinking? Or ever said out loud so that other people can hear them?

16. Have you ever thought that people might be able to read your mind? Or that you could read other people's minds?

Rating Scale

P1 UNUSUAL THOUGHTS AND EXPERIENCES Positive Symptom Severity/Intensity Scale (circle one)

0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but Not Psychotic	6 Psychotic and Very Severe
No unusual thought content.	Unusual thoughts or experiences such as déjà vu or other "mind tricks" that occur not uncommonly in the general population.	Unusual thoughts or experiences such as over interested in fantasy life or unusually valued ideas/beliefs or superstitions. Feeling of unease in absence of reason or cause that person can identify. Premonitions. Beliefs beyond what would be expected of the average person but within cultural norms.	Unusual thoughts or experiences such as ideas/mental events that are meaningful, puzzling, unwilled, and not easily ignored. Sense that something is different or not quite right or that things are different with the world. Seems to the person most likely imaginary.	Unusual thoughts or experiences such as unlikely or referential ideas /mental events with the sense that they may be real.	Unusual thoughts or experiences such as peculiar or improbable ideas/mental events that seem real.	Unusual thoughts or experiences such as strange and/or highly improbable ideas /mental events that feel completely real.
No tenacity of unusual thoughts/ experiences.	Spontaneously rejects unusual thoughts/ experiences.	If within cultural norms, may defend unusual thoughts/ experiences. Otherwise, self-generates skepticism with very little effort.	Self-generates doubt or skepticism about unusual thoughts/ experiences with little effort.	Able to self-generate doubt or skepticism about unusual thoughts/ experiences with effort.	Doubt or skepticism about unusual thoughts/ experiences can only be induced when challenged by others.	Unusual thoughts/ experiences held with delusional conviction: no doubt, skepticism cannot be induced.
No distress from unusual thoughts/ experiences.	May have minor concerns from unusual thoughts/ experiences but not distressing.	May have some unease from unusual thoughts/ experiences but not distressing.	May have sense of apprehension from unusual thoughts/ experiences or may be somewhat distressing.	Unusual thoughts/ experiences may be preoccupying or distressing.	Unusual thoughts/ experiences may be disturbing or severely distressing.	Unusual thoughts/ experiences may be frightening or extremely distressing.
No interference by unusual thoughts/ experiences.	Unusual thoughts/ experiences do not affect other thoughts, feelings, social relations, or behavior.	Unusual thoughts/ experiences may affect but do not interfere with other thoughts, feelings, or social relations. Behavior not affected.	Unusual thoughts/ experiences may slightly interfere with other thoughts, feelings, or social relations. Behavior not affected.	Unusual thoughts/ experiences may somewhat interfere with other thoughts, feelings, or social relations. Behavior may be slightly affected.	Unusual thoughts/ experiences may clearly interfere with other thoughts, feelings, or social relations. Behavior may be somewhat affected.	Unusual thoughts/ experiences may significantly interfere with other thoughts, feelings, or social relations. Behavior may be clearly affected.

Record Ratings

Record ratings for this symptom for each of the three time frames below.

1.A.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF UNUSUAL THOUGHTS AND EXPERIENCES DURING THE PARTICIPANT'S LIFETIME? (range 0-6)

1.B.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF UNUSUAL THOUGHTS AND EXPERIENCES AT ANY TIME OVER PAST YEAR? (range 0-6)

1.D.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF UNUSUAL THOUGHTS AND EXPERIENCES OVER THE PAST MONTH? (range 0-6)

When the lifetime rating is a 6

- ONSET DATE WHEN FIRST REACHED 6 _____

When the lifetime rating is 3-6

- ONSET DATE WHEN FIRST REACHED 3-5 _____

Grouping/Diagnostic Questions

For CAARMS/SIPS psychosis (skip unless highest LIFETIME=6)

1.A.2 HIGHEST FREQUENCY OF UNUSUAL THOUGHTS AND EXPERIENCES OVER LIFETIME WHEN SEVERITY/INTENSITY=6 (CAARMS Scale, range 0-6)

1.A.3 DID UNUSUAL THOUGHTS AND EXPERIENCES EVER LAST ≥ 1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY ≥ 4 ? (0=No, 1=Yes)

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

1.A.4 DID UNUSUAL THOUGHTS AND EXPERIENCES EVER LAST < 1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY ≥ 4 IN THE CONTEXT OF NEW OR INCREASED ANTIPSYCHOTIC MEDICATION? (0=No, 1=Yes)

1.A.5 WERE UNUSUAL THOUGHTS AND EXPERIENCES WHILE RATED 6 EVER IMMINENTLY DANGEROUS (PHYSICALLY OR TO PERSONAL DIGNITY OR TO SOCIAL/FAMILY NETWORKS)? (0=No, 1=Yes)

1.A.6. DOES THIS SYMPTOM QUALIFY FOR A LIFETIME CAARMS/SIPS PSYCHOSIS DIAGNOSIS AT SCREEN? (0=No, 1=Yes) Yes requires 1.A.0=6 and ((1.A.2 ≥ 4 and (1.A.3=1 or 1.A.4=1)) or 1.A.5=1)

If symptom qualifies for lifetime CAARMS/SIPS psychosis diagnosis

- ONSET DATE FOR LIFETIME CAARMS/SIPS PSYCHOSIS _____
- OFFSET DATE FROM LIFETIME CAARMS/SIPS PSYCHOSIS _____

For SIPS Lifetime Brief Intermittent Psychosis Syndrome (skip unless highest LIFETIME=6)

1.A.8 WHEN AT SEVERITY/INTENSITY=6, WERE UNUSUAL THOUGHTS AND EXPERIENCES ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

1.A.9 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID UNUSUAL THOUGHTS AND EXPERIENCES EVER OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY? (0=No, 1=Yes)

1.A.10 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 1.A.0=6 and onset date of the symptom at a 6<onset date of any psychosis and 1.A.8=0 and 1.A.9=1

If symptom qualifies for lifetime SIPS BIPS diagnosis

- ONSET DATE FOR LIFETIME SIPS BIPS DIAGNOSIS (for this symptom) _____

For SIPS Lifetime Attenuated Psychotic Symptoms Syndrome (skip unless highest LIFETIME≥3)

1.A.11 WERE UNUSUAL THOUGHTS AND EXPERIENCES **EVER** EXPERIENCED AT A SEVERITY/INTENSITY LEVEL=3 TO 5 ? (0=No, 1=Yes)

1.A.12 WHEN AT SEVERITY/INTENSITY=3 TO 5, WERE UNUSUAL THOUGHTS AND EXPERIENCES **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

1.A.13 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID UNUSUAL THOUGHTS AND EXPERIENCES **EVER** OCCUR AT SEVERITY=3 TO 5 AT AN AVERAGE FREQUENCY OF **AT LEAST ONCE PER WEEK** OVER A MONTH? (0=No, 1=Yes)

1.A.14 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 1.A.0≥3 and onset date of the symptom at 3 to 5<onset date of any psychosis and 1.A.12=0 and 1.A.13=1

If symptom qualifies for lifetime SIPS APSS diagnosis

- ONSET DATE FOR LIFETIME SIPS APSS DIAGNOSIS (for this symptom) _____

For CAARMS Brief Limited Intermittent Psychotic Symptoms (skip unless highest PAST YEAR=6)

1.B.2 HIGHEST FREQUENCY OF UNUSUAL THOUGHTS AND EXPERIENCES **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=6**. (CAARMS scale, range 0-6)

1.B.3 WAS ANY EPISODE OF UNUSUAL THOUGHTS AND EXPERIENCES IN THE PAST YEAR **AT SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4 PRESENT FOR <7 DAYS WITH SPONTANEOUS REMISSION EACH TIME? (0=No, 1=Yes)

1.B.4 **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4, DID UNUSUAL THOUGHTS AND EXPERIENCES OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

1.B.5 DOES THIS SYMPTOM QUALIFY FOR A CAARMS BLIPS GROUPING? (0=No, 1=Yes) Yes requires 1.B.0=6 and 1.A.6=0 and 1.B.2≥4 and 1.B.3=1 and 1.B.4=0

If symptom qualifies for CAARMS BLIPS grouping

- SELECTED BLIPS EPISODE ONSET DATE _____
- SELECTED BLIPS EPISODE OFFSET DATE _____

For CAARMS Subthreshold Frequency (skip unless highest PAST YEAR=6)

1.B.6a WAS ANY EPISODE OF UNUSUAL THOUGHTS AND EXPERIENCES IN THE PAST YEAR **AT SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3? (0=No, 1=Yes)

1.B.6b **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3, DID UNUSUAL THOUGHTS AND EXPERIENCES OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

1.B.6 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD FREQUENCY GROUPING? (0=No, 1=Yes) Yes requires 1.B.0=6 and 1.A.6=0 and 1.B.6a=1 and 1.B.6b=0

For CAARMS Subthreshold Intensity (skip unless highest PAST YEAR be ≥3)

1.B.7 WAS THE SEVERITY/INTENSITY OF UNUSUAL THOUGHTS AND EXPERIENCES=5 AT ANY

TIME OVER PAST YEAR? (0=No, 1=Yes)

1.B.8 HIGHEST FREQUENCY OF UNUSUAL THOUGHTS AND EXPERIENCES DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=5 (CAARMS scale, range 0-6)

1.B.9 WHILE SEVERITY/INTENSITY=5, DID UNUSUAL THOUGHTS AND EXPERIENCES OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

1.B.10 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 5? (0=No, 1=Yes) Yes requires 1.B.0≥5 and 1.A.6=0 and 1.B.7=1 and 1.B.8≥3 and 1.B.9=0

Skip if qualified at intensity=5

1.B.11 WAS THE SEVERITY/INTENSITY OF UNUSUAL THOUGHTS AND EXPERIENCES=4 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

1.B.12 HIGHEST FREQUENCY OF UNUSUAL THOUGHTS AND EXPERIENCES DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=4 (CAARMS scale, range 0-6)

1.B.13 WHILE SEVERITY/INTENSITY=4, DID UNUSUAL THOUGHTS AND EXPERIENCES OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

1.B.14 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 1.B.0≥4 and 1.A.6=0 and 1.B.11=1 and 1.B.12≥3 and 1.B.13=0

Skip if qualified at intensity=4 or 5

1.B.15 WAS THE SEVERITY/INTENSITY OF UNUSUAL THOUGHTS AND EXPERIENCES=3 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

1.B.16 HIGHEST FREQUENCY OF UNUSUAL THOUGHTS AND EXPERIENCES DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=3 (CAARMS scale, range 0-6)

1.B.17 WHILE SEVERITY/INTENSITY=3, DID UNUSUAL THOUGHTS AND EXPERIENCES OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

1.B.18 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 1.B.0≥3 and 1.A.6=0 and 1.B.15=1 and 1.B.16≥3 and 1.B.17=0

1.B.19 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT ANY INTENSITY LEVEL? (0=No, 1=Yes) Yes requires 1.B.10=1 or 1.B.14=1 or 1.B.18=1

For Symptom Severity Calculations

1.D.2 CAARMS FREQUENCY OF UNUSUAL THOUGHTS AND EXPERIENCES OVER THE PAST MONTH.

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

For SIPS BIPS Current Status (skip unless qualifies for Lifetime SIPS BIPS)

1.D.5 **WHEN AT SEVERITY/INTENSITY=6 OVER THE PAST MONTH**, WERE UNUSUAL THOUGHTS AND EXPERIENCES ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

1.D.6 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID UNUSUAL THOUGHTS AND EXPERIENCES OCCUR AT **SEVERITY=6** AT LEAST SEVERAL MINUTES PER DAY AT LEAST ONE DAY IN THE **PAST MONTH**? (0=No, 1=Yes)

1.D.7 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID UNUSUAL THOUGHTS AND EXPERIENCES **BEGIN OR WORSEN TO A 6** IN THE PAST THREE MONTHS? (0=No, 1=Yes)

1.D.8 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 1.A.6=0 and 1.A.10=1 and 1.D.0=6 and 1.D.5=0 and 1.D.6=1 and 1.D.7=1

If symptom qualifies for current SIPS BIPS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

1.D.9 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PERSISTENCE STATUS? (0=No, 1=Yes) Yes requires 1.A.6=0 and 1.A.10=1 and 1.D.0=6 and 1.D.5=0 and 1.D.6=1 and 1.D.7=0

If symptom qualifies for current SIPS BIPS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

1.D.11 HAVE UNUSUAL THOUGHTS AND EXPERIENCES BEEN **RATED ≤5**, BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

1.D.13 HAVE UNUSUAL THOUGHTS AND EXPERIENCES BEEN **RATED=6** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=NO, 1=YES)

1.D.14 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 1.A.6=0 and 1.A.10=1 and ((1.D.0=6 and 1.D.5=1 and 1.D.11=1) or (1.D.0=6 and 1.D.5=0 and 1.D.6=0) or (1.D.0≤5 and 1.D.11=1))

1.D.15 HAVE UNUSUAL THOUGHTS AND EXPERIENCES BEEN **RATED=6** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

1.D.16 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 1.A.6=0 and 1.A.10=1 and ((1.D.0=6 and 1.D.5=1 and 1.D.15=1) or (1.D.0≤5 and 1.D.11=0))

For SIPS APSS Current Status (skip unless qualifies for Lifetime SIPS APSS)

1.D.18 WERE UNUSUAL THOUGHTS AND EXPERIENCES EXPERIENCED AT A **SEVERITY/INTENSITY=3 TO 5** AT ANY TIME OVER THE **PAST MONTH**? (0=No, 1=Yes)

1.D.18a WERE UNUSUAL THOUGHTS AND EXPERIENCES SUFFICIENTLY DISTRESSING AND DISABLING TO THE PARTICIPANT TO WARRANT CLINICAL ATTENTION? (0-No, 1=Yes)

1.D.19 WHEN AT **SEVERITY/INTENSITY=3 TO 5** OVER THE **PAST MONTH**, WERE UNUSUAL THOUGHTS AND EXPERIENCES ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

1.D.20 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID UNUSUAL THOUGHTS AND EXPERIENCES OCCUR AT **SEVERITY/INTENSITY=3 TO 5** AT AN AVERAGE FREQUENCY OF AT LEAST ONCE PER WEEK OVER THE **PAST MONTH**? (0=No, 1=Yes)

1.D.21 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID UNUSUAL THOUGHTS AND EXPERIENCES BEGIN WITHIN THE PAST YEAR, OR CURRENTLY RATE ONE OR MORE SCALE POINTS HIGHER COMPARED TO 12 MONTHS AGO? (0=No, 1=Yes)

1.D.22 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 1.A.6=0 and 1.A.14=1 and 1.D.18=1 and 1.D.19=0 and 1.D.20=1 and 1.D.21=1

If symptom qualifies for current SIPS APSS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

1.D.23 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PERSISTENCE STATUS? (0=No, 1=Yes) Yes requires 1.A.6=0 and 1.A.14=1 and 1.D.18=1 and 1.D.19=0 and 1.D.20=1 and 1.D.21=0

If symptom qualifies for current SIPS APSS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

1.D.25 HAVE UNUSUAL THOUGHTS AND EXPERIENCES BEEN **RATED ≤2**, BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

1.D.27 HAVE UNUSUAL THOUGHTS AND EXPERIENCES BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

1.D.28 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 1.A.6=0 and 1.A.14=1 and ((1.D.18=1 and 1.D.19=1 and 1.D.25=1) or (1.D.18=1 and 1.D.19=0 and 1.D.20=0) or (1.D.18=0 and 1.D.25=1))

1.D.29 HAVE UNUSUAL THOUGHTS AND EXPERIENCES BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

1.D.30 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 1.A.6=0 and 1.A.14=1 and ((1.D.18=1 and 1.D.19=1 and 1.D.29=1) or (1.D.18=0 and 1.D.25=0))

P2 SUSPICIOUSNESS/PARANOIA, INCLUDING PERSECUTORY IDEAS OF REFERENCE **Inquiries**

1. Have you ever felt like people have been talking about you, laughing at you or thinking about you in a negative way?

2. Have you ever found yourself feeling mistrustful or suspicious of other people?

3. Have you ever felt that you have to pay close attention to what's going on around you in order to feel safe?

4. Have you ever felt like you are being singled out or watched?

5. Has anybody been giving you a hard time or trying to hurt you? Do you have a sense of who that might be? Do you feel they have hostile or negative intentions?

Rating Scale

2 SUSPICIOUSNESS/PARANOIA

Positive Symptom Severity/Intensity Scale (circle one)

0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but Not Psychotic	6 Psychotic and Very Severe
No suspicious ideas.	Suspicious ideas that could be reality-based such as uncertainty about others' meaning or intent. Cautious.	Suspicious ideas beyond what might be expected by the average person but within cultural norms, such as concerns about undue scrutiny, or increased self-consciousness.	Suspicious ideas beyond cultural norms that may be plausible (may have some logical evidence) and seem meaningful but also (to the person) most likely imaginary. such as that people might be thinking or saying negative things about person or concerns that people are untrustworthy and/or may harbor ill will.	Suspicious ideas beyond cultural norms with the sense that they may be real. Although theoretically possible, ideas have arisen without logical evidence, such as being the object of negative attention. Sense that others may wish harm.	Suspicious ideas beyond cultural norms that seem real despite lack of evidence, such as improbable beliefs about danger from hostile intentions of others.	Suspicious ideas beyond cultural norms that feel completely real despite evidence to the contrary, such as highly improbable beliefs about danger from hostile intentions of others.
No tenacity of suspicious ideas.	Spontaneously rejects suspicious ideas.	If within cultural norms, may defend suspicious ideas. Otherwise, self-generates skepticism with very little effort.	Self-generates doubt or skepticism about suspicious ideas with little effort.	Able to self-generate doubt or skepticism about suspicious ideas with effort.	Doubt or skepticism about suspicious ideas can only be induced when challenged by others.	Suspicious ideas held with delusional conviction: no doubt, skepticism cannot be induced.
No distress from suspicious ideas.	May have minor concerns from suspicious ideas but not distressing.	May have some unease from suspicious ideas but not distressing.	May have sense of apprehension from suspicious ideas or may be somewhat distressing.	Suspicious ideas may be preoccupying or distressing.	Suspicious ideas may be disturbing or severely distressing.	Suspicious ideas may be frightening or extremely distressing.
No interference by suspicious ideas.	Suspicious ideas do not affect other thoughts, feelings, social relations, or behavior.	Suspicious ideas may affect but do not interfere with other thoughts, feelings, or social relations. Behavior not affected.	Suspicious ideas may slightly interfere with other thoughts, feelings, or social relations. Behavior not affected.	Suspicious ideas may somewhat interfere with other thoughts, feelings, or social relations. Behavior may be slightly affected.	Suspicious ideas may clearly interfere with other thoughts, feelings, or social relations. Behavior may be somewhat affected.	Suspicious ideas may significantly interfere with other thoughts, feelings, or social relations. Behavior may be clearly affected.

Record Ratings

Record ratings for this symptom for each of the three time frames below.

2.A.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF SUSPICIOUSNESS DURING THE PARTICIPANT'S LIFETIME? (range 0-6)

2.B.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF SUSPICIOUSNESS AT ANY TIME OVER PAST YEAR? (range 0-6)

2.D.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF SUSPICIOUSNESS OVER THE PAST MONTH? (range 0-6)

When the lifetime rating is a 6

- ONSET DATE WHEN FIRST REACHED 6 _____

When the lifetime rating is 3-6

- ONSET DATE WHEN FIRST REACHED 3-5 _____

Grouping/Diagnostic Questions

For CAARMS/SIPS psychosis (**skip unless highest LIFETIME=6**)

2.A.2 HIGHEST FREQUENCY OF SUSPICIOUSNESS OVER LIFETIME WHEN SEVERITY/INTENSITY=6 (CAARMS Scale, range 0-6)

2.A.3 DID SUSPICIOUSNESS EVER LAST ≥ 1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY ≥ 4 ? (0=No, 1=Yes)

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

2.A.4 DID SUSPICIOUSNESS EVER LAST < 1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY ≥ 4 IN THE CONTEXT OF NEW OR INCREASED ANTIPSYCHOTIC MEDICATION? (0=No, 1=Yes)

2.A.5 WAS SUSPICIOUSNESS WHILE RATED 6 EVER IMMINENTLY DANGEROUS (PHYSICALLY OR TO PERSONAL DIGNITY OR TO SOCIAL/FAMILY NETWORKS)? (0=No, 1=Yes)

2.A.6. DOES THIS SYMPTOM QUALIFY FOR A LIFETIME CAARMS/SIPS PSYCHOSIS DIAGNOSIS AT SCREEN? (0=No, 1=Yes) Yes requires 2.A.0=6 and ((2.A.2 ≥ 4 and (2.A.3=1 or 2.A.4=1)) or 2.A.5=1)

If symptom qualifies for lifetime CAARMS/SIPS psychosis diagnosis

- ONSET DATE FOR LIFETIME CAARMS/SIPS PSYCHOSIS _____
- OFFSET DATE FROM LIFETIME CAARMS/SIPS PSYCHOSIS _____

For SIPS Lifetime Brief Intermittent Psychosis Syndrome (**skip unless highest LIFETIME=6**)

2.A.8 WHEN AT SEVERITY/INTENSITY=6, WAS SUSPICIOUSNESS ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

2.A.9 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID SUSPICIOUSNESS EVER OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY? (0=No, 1=Yes)

2.A.10 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 2.A.0=6 and onset date of the symptom at a 6<onset date of any psychosis and 2.A.8=0 and 2.A.9=1

If symptom qualifies for lifetime SIPS BIPS diagnosis

- ONSET DATE FOR LIFETIME SIPS BIPS DIAGNOSIS (for this symptom) _____

For SIPS Lifetime Attenuated Psychotic Symptoms Syndrome (skip unless highest LIFETIME≥3)

2.A.11 WAS SUSPICIOUSNESS **EVER** EXPERIENCED AT A SEVERITY/INTENSITY LEVEL=3 TO 5 ? (0=No, 1=Yes)

2.A.12 WHEN AT SEVERITY/INTENSITY=3 TO 5, WAS SUSPICIOUSNESS **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

2.A.13 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID SUSPICIOUSNESS **EVER** OCCUR AT SEVERITY=3 TO 5 AT AN AVERAGE FREQUENCY OF **AT LEAST ONCE PER WEEK** OVER A MONTH? (0=No, 1=Yes)

2.A.14 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 2.A.0≥3 and onset date of the symptom at 3 to 5<onset date of any psychosis and 2.A.12=0 and 2.A.13=1

If symptom qualifies for lifetime SIPS APSS diagnosis

- ONSET DATE FOR LIFETIME SIPS APSS DIAGNOSIS (for this symptom) _____

For CAARMS Brief Limited Intermittent Psychotic Symptoms (skip unless highest PAST YEAR=6)

2.B.2 HIGHEST FREQUENCY OF SUSPICIOUSNESS **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=6**. (CAARMS scale, range 0-6)

2.B.3 WAS ANY EPISODE OF SUSPICIOUSNESS IN THE PAST YEAR **AT SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4 PRESENT FOR <7 DAYS WITH SPONTANEOUS REMISSION EACH TIME? (0=No, 1=Yes)

2.B.4 **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4, DID SUSPICIOUSNESS OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

2.B.5 DOES THIS SYMPTOM QUALIFY FOR A CAARMS BLIPS GROUPING? (0=No, 1=Yes) Yes requires 2.B.0=6 and 2.A.6=0 and 2.B.2≥4 and 2.B.3=1 and 2.B.4=0

If symptom qualifies for CAARMS BLIPS grouping

- SELECTED BLIPS EPISODE ONSET DATE _____
- SELECTED BLIPS EPISODE OFFSET DATE _____

For CAARMS Subthreshold Frequency (skip unless highest PAST YEAR=6)

2.B.6a WAS ANY EPISODE OF SUSPICIOUSNESS IN THE PAST YEAR **AT SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3? (0=No, 1=Yes)

2.B.6b **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3, DID SUSPICIOUSNESS OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

2.B.6 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD FREQUENCY GROUPING? (0=No, 1=Yes) Yes requires 2.B.0=6 and 2.A.6=0 and 2.B.6a=1 and 2.B.6b=0

For CAARMS Subthreshold Intensity (skip unless highest PAST YEAR be ≥3)

2.B.7 WAS THE SEVERITY/INTENSITY OF SUSPICIOUSNESS=5 **AT ANY TIME** OVER PAST YEAR?

(0=No, 1=Yes)

2.B.8 HIGHEST FREQUENCY OF SUSPICIOUSNESS DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=5 (CAARMS scale, range 0-6)

2.B.9 WHILE SEVERITY/INTENSITY=5, DID **SUSPICIOUSNESS** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

2.B.10 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 5? (0=No, 1=Yes) Yes requires 2.B.0≥5 and 2.A.6=0 and 2.B.7=1 and 2.B.8≥3 and 2.B.9=0

Skip if qualified at intensity=5

2.B.11 WAS THE SEVERITY/INTENSITY OF SUSPICIOUSNESS=4 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

2.B.12 HIGHEST FREQUENCY OF SUSPICIOUSNESS DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=4 (CAARMS scale, range 0-6)

2.B.13 WHILE SEVERITY/INTENSITY=4, DID **SUSPICIOUSNESS** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

2.B.14 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 2.B.0≥4 and 2.A.6=0 and 2.B.11=1 and 2.B.12≥3 and 2.B.13=0

Skip if qualified at intensity=4 or 5

2.B.15 WAS THE SEVERITY/INTENSITY OF SUSPICIOUSNESS=3 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

2.B.16 HIGHEST FREQUENCY OF SUSPICIOUSNESS DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=3 (CAARMS scale, range 0-6)

2.B.17 WHILE SEVERITY/INTENSITY=3, DID **SUSPICIOUSNESS** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

2.B.18 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 2.B.0≥3 and 2.A.6=0 and 2.B.15=1 and 2.B.16≥3 and 2.B.17=0

2.B.19 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT ANY INTENSITY LEVEL? (0=No, 1=Yes) Yes requires 2.B.10=1 or 2.B.14=1 or 2.B.18=1

For Symptom Severity Calculations

2.D.2 CAARMS FREQUENCY OF SUSPICIOUSNESS OVER THE PAST MONTH.

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

For SIPS BIPS Current Status (skip unless qualifies for Lifetime SIPS BIPS)

2.D.5 **WHEN AT SEVERITY/INTENSITY=6 OVER THE PAST MONTH, WAS SUSPICIOUSNESS ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER?** (0=No, 1=Yes)

2.D.6 **WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID SUSPICIOUSNESS OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY AT LEAST ONE DAY IN THE PAST MONTH?** (0=No, 1=Yes)

2.D.7 **WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID SUSPICIOUSNESS BEGIN OR WORSEN TO A 6 IN THE PAST THREE MONTHS?** (0=No, 1=Yes)

2.D.8 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 2.A.6=0 and 2.A.10=1 and 2.D.0=6 and 2.D.5=0 and 2.D.6=1 and 2.D.7=1

If symptom qualifies for current SIPS BIPS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

2.D.9 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PERSISTENCE STATUS? (0=No, 1=Yes) Yes requires 2.A.6=0 and 2.A.10=1 and 2.D.0=6 and 2.D.5=0 and 2.D.6=1 and 2.D.7=0

If symptom qualifies for current SIPS BIPS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

2.D.11 **HAVE SUSPICIOUSNESS BEEN RATED ≤5, BUT ONLY FOR THE PAST SIX MONTHS OR LESS?** (0=No, 1=Yes)

2.D.13 **HAVE SUSPICIOUSNESS BEEN RATED=6 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS?** (0=No, 1=Yes)

2.D.14 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 2.A.6=0 and 2.A.10=1 and ((2.D.0=6 and 2.D.5=1 and 2.D.11=1) or (2.D.0=6 and 2.D.5=0 and 2.D.6=0) or (2.D.0≤5 and 2.D.11=1))

2.D.15 **HAVE SUSPICIOUSNESS BEEN RATED=6 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS?** (0=No, 1=Yes)

2.D.16 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 2.A.6=0 and 2.A.10=1 and ((2.D.0=6 and 2.D.5=1 and 2.D.15=1) or (2.D.0≤5 and 2.D.11=0))

For SIPS APSS Current Status (skip unless qualifies for Lifetime SIPS APSS)

2.D.18 **WAS SUSPICIOUSNESS EXPERIENCED AT A SEVERITY/INTENSITY=3 TO 5 AT ANY TIME OVER THE PAST MONTH?** (0=No, 1=Yes)

2.D.18a **WAS SUSPICIOUSNESS SUFFICIENTLY DISTRESSING AND DISABLING TO THE PARTICIPANT TO WARRANT CLINICAL ATTENTION?** (0=No, 1=Yes)

2.D.19 **WHEN AT SEVERITY/INTENSITY=3 TO 5 OVER THE PAST MONTH, WAS SUSPICIOUSNESS ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER?** (0=No, 1=Yes)

2.D.20 **WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID SUSPICIOUSNESS OCCUR AT SEVERITY/INTENSITY=3 TO 5 AT AN AVERAGE FREQUENCY OF AT LEAST ONCE PER WEEK OVER THE PAST MONTH?** (0=No, 1=Yes)

2.D.21 **WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID SUSPICIOUSNESS BEGIN WITHIN THE PAST YEAR, OR CURRENTLY RATE ONE OR MORE SCALE POINTS HIGHER COMPARED TO 12 MONTHS AGO?** (0=No, 1=Yes)

2.D.22 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 2.A.6=0 and 2.A.14=1 and 2.D.18=1 and 2.D.19=0 and 2.D.20=1 and 2.D.21=1

If symptom qualifies for current SIPS APSS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

2.D.23 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PERSISTENCE STATUS?

(0=No, 1=Yes) Yes requires 2.A.6=0 and 2.A.14=1 and 2.D.18=1 and 2.D.19=0 and 2.D.20=1 and 2.D.21=0

If symptom qualifies for current SIPS APSS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

2.D.25 HAVE SUSPICIOUSNESS BEEN **RATED ≤2**, BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

2.D.27 HAVE SUSPICIOUSNESS BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

2.D.28 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PARTIAL REMISSION

STATUS? (0=No, 1=Yes) Yes requires 2.A.6=0 and 2.A.14=1 and ((2.D.18=1 and 2.D.19=1 and 2.D.25=1) or (2.D.18=1 and 2.D.19=0 and 2.D.20=0) or (2.D.18=0 and 2.D.25=1))

2.D.29 HAVE SUSPICIOUSNESS **BEEN RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

2.D.30 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS FULL REMISSION STATUS?

(0=No, 1=Yes) Yes requires 2.A.6=0 and 2.A.14=1 and ((2.D.18=1 and 2.D.19=1 and 2.D.29=1) or (2.D.18=0 and 2.D.25=0))

P3 UNUSUAL SOMATIC IDEAS

Inquiries

1. **Have you ever worried that something might be wrong with your body, your health, or a part of your body?** Have you thought that it seems different to others in some way?

2. **Have you worried about your body shape?**

3. Have you ever worried that something odd is going on with your body that you can't explain?

Rating Scale

3 UNUSUAL SOMATIC IDEAS Positive Symptom Severity/Intensity Scale (circle one)

0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but Not Psychotic	6 Psychotic and Very Severe
No unusual somatic ideas.	Unusual somatic ideas that could be reality-based such as possible over-focus about their body or body part traits.	Unusual somatic ideas beyond what might be expected by the average person but within cultural norms, such as concerns about their body or body part traits.	Unusual somatic ideas beyond cultural norms that may be plausible (may have some logical evidence), such as preoccupation with body or body part traits. Ideas seem meaningful. Seems (to the person) most likely imaginary.	Unusual somatic ideas beyond cultural norms with the sense that they may be real. Although theoretically possible, ideas have arisen without logical evidence, such as exaggeration of body or body part traits.	Unusual somatic ideas beyond cultural norms that seem real despite lack of evidence, such as improbable beliefs about their body or body part traits.	Unusual somatic ideas beyond cultural norms that feel completely real despite evidence to the contrary, such as highly improbable beliefs about their body or body part traits.
No tenacity of unusual somatic ideas.	Spontaneously rejects unusual somatic ideas.	If within cultural norms, may defend unusual somatic ideas. Otherwise, self-generates skepticism with very little effort.	Self-generates doubt or skepticism about unusual somatic ideas with little effort.	Able to self-generate doubt or skepticism about unusual somatic ideas with effort.	Doubt or skepticism about unusual somatic ideas can only be induced when challenged by others.	Unusual somatic ideas held with delusional conviction: no doubt, skepticism cannot be induced.
No distress from unusual somatic ideas.	May have minor concerns from unusual somatic ideas but not distressing.	May have some unease from unusual somatic ideas but not distressing.	May have sense of apprehension from unusual somatic ideas or may be somewhat distressing.	Unusual somatic ideas may be preoccupying or distressing.	Unusual somatic ideas may be disturbing or severely distressing.	Unusual somatic ideas may be frightening or extremely distressing.
No interference by unusual somatic ideas.	Unusual somatic ideas do not affect other thoughts, feelings, social relations, or behavior.	Unusual somatic ideas may affect but do not interfere with other thoughts, feelings, or social relations. Behavior not affected.	Unusual somatic ideas may slightly interfere with other thoughts, feelings, or social relations. Behavior not affected.	Unusual somatic ideas may somewhat interfere with other thoughts, feelings, or social relations. Behavior may be slightly affected.	Unusual somatic ideas may clearly interfere with other thoughts, feelings, or social relations. Behavior may be somewhat affected.	Unusual somatic ideas may significantly interfere with other thoughts, feelings, or social relations. Behavior may be clearly affected.

Record Ratings

Record ratings for this symptom for each of the three time frames below.

3.A.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF UNUSUAL SOMATIC IDEAS DURING THE PARTICIPANT’S LIFETIME? (range 0-6)

3.B.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF UNUSUAL SOMATIC IDEAS AT ANY TIME OVER PAST YEAR? (range 0-6)

3.D.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF UNUSUAL SOMATIC IDEAS OVER THE PAST MONTH? (range 0-6)

When the lifetime rating is a 6

- ONSET DATE WHEN FIRST REACHED 6 _____

When the lifetime rating is 3-6

- ONSET DATE WHEN FIRST REACHED 3-5 _____

Grouping/Diagnostic Questions

For CAARMS/SIPS psychosis (skip unless highest LIFETIME=6)

3.A.2 HIGHEST FREQUENCY OF UNUSUAL SOMATIC IDEAS OVER LIFETIME WHEN SEVERITY/INTENSITY=6 (CAARMS Scale, range 0-6)

3.A.3 DID UNUSUAL SOMATIC IDEAS EVER LAST ≥1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY≥4? (0=No, 1=Yes)

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

3.A.4 DID UNUSUAL SOMATIC IDEAS EVER LAST <1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY≥4 IN THE CONTEXT OF NEW OR INCREASED ANTIPSYCHOTIC MEDICATION? (0=No, 1=Yes)

3.A.5 WERE UNUSUAL SOMATIC IDEAS WHILE RATED 6 EVER IMMINENTLY DANGEROUS (PHYSICALLY OR TO PERSONAL DIGNITY OR TO SOCIAL/FAMILY NETWORKS)?(0=No, 1=Yes)

3.A.6. DOES THIS SYMPTOM QUALIFY FOR A LIFETIME CAARMS/SIPS PSYCHOSIS DIAGNOSIS AT SCREEN? (0=No, 1=Yes) Yes requires 3.A.0=6 and ((3.A.2≥4 and (3.A.3=1 or 3.A.4=1)) or 3.A.5=1)

If symptom qualifies for lifetime CAARMS/SIPS psychosis diagnosis

- ONSET DATE FOR LIFETIME CAARMS/SIPS PSYCHOSIS _____
- OFFSET DATE FROM LIFETIME CAARMS/SIPS PSYCHOSIS _____

For SIPS Lifetime Brief Intermittent Psychosis Syndrome (skip unless highest LIFETIME=6)

3.A.8 WHEN AT SEVERITY/INTENSITY=6, WERE UNUSUAL SOMATIC IDEAS ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

3.A.9 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID UNUSUAL SOMATIC IDEAS EVER OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY? (0=No, 1=Yes)

3.A.10 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 3.A.0=6 and onset date of the symptom at a 6<onset date of any psychosis and 3.A.8=0 and 3.A.9=1

If symptom qualifies for lifetime SIPS BIPS diagnosis

- ONSET DATE FOR LIFETIME SIPS BIPS DIAGNOSIS (for this symptom) _____

For SIPS Lifetime Attenuated Psychotic Symptoms Syndrome (skip unless highest LIFETIME≥3)

3.A.11 WERE UNUSUAL SOMATIC IDEAS **EVER** EXPERIENCED AT A SEVERITY/INTENSITY LEVEL=3 TO 5 ? (0=No, 1=Yes)

3.A.12 WHEN AT SEVERITY/INTENSITY=3 TO 5, WERE UNUSUAL SOMATIC IDEAS **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

3.A.13 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID UNUSUAL SOMATIC IDEAS **EVER** OCCUR AT SEVERITY=3 TO 5 AT AN AVERAGE FREQUENCY OF **AT LEAST ONCE PER WEEK** OVER A MONTH? (0=No, 1=Yes)

3.A.14 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 3.A.0≥3 and onset date of the symptom at 3 to 5<onset date of any psychosis and 3.A.12=0 and 3.A.13=1

If symptom qualifies for lifetime SIPS APSS diagnosis

- ONSET DATE FOR LIFETIME SIPS APSS DIAGNOSIS (for this symptom) _____

For CAARMS Brief Limited Intermittent Psychotic Symptoms (skip unless highest PAST YEAR=6)

3.B.2 HIGHEST FREQUENCY OF UNUSUAL SOMATIC IDEAS **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=6**. (CAARMS scale, range 0-6)

3.B.3 WAS ANY EPISODE OF UNUSUAL SOMATIC IDEAS IN THE PAST YEAR AT **SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4 PRESENT FOR <7 DAYS WITH SPONTANEOUS REMISSION EACH TIME? (0=No, 1=Yes)

3.B.4 **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4, DID UNUSUAL SOMATIC IDEAS OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

3.B.5 DOES THIS SYMPTOM QUALIFY FOR A CAARMS BLIPS GROUPING? (0=No, 1=Yes)

Yes requires 3.B.0=6 and 3.A.6=0 and 3.B.2≥4 and 3.B.3=1 and 3.B.4=0

If symptom qualifies for CAARMS BLIPS grouping

- SELECTED BLIPS EPISODE ONSET DATE _____
- SELECTED BLIPS EPISODE OFFSET DATE _____

For CAARMS Subthreshold Frequency (skip unless highest PAST YEAR=6)

3.B.6a WAS ANY EPISODE OF UNUSUAL SOMATIC IDEAS IN THE PAST YEAR AT **SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3? (0=No, 1=Yes)

3.B.6b **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3, DID UNUSUAL SOMATIC IDEAS OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

3.B.6 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD FREQUENCY GROUPING? (0=No, 1=Yes)

Yes requires 3.B.0=6 and 3.A.6=0 and 3.B.6a=1 and 3.B.6b=0

For CAARMS Subthreshold Intensity (skip unless highest PAST YEAR be ≥3)

3.B.7 WAS THE SEVERITY/INTENSITY OF UNUSUAL SOMATIC IDEAS=5 **AT ANY TIME** OVER PAST YEAR? (0=No, 1=Yes)

3.B.8 HIGHEST FREQUENCY OF UNUSUAL SOMATIC IDEAS **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=5** (CAARMS scale, range 0-6)

3.B.9 WHILE SEVERITY/INTENSITY=5, DID UNUSUAL SOMATIC IDEAS OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

3.B.10 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 5? (0=No, 1=Yes) Yes requires 3.B.0≥5 and 3.A.6=0 and 3.B.7=1 and 3.B.8≥3 and 3.B.9=0

Skip if qualified at intensity=5

3.B.11 WAS THE SEVERITY/INTENSITY OF UNUSUAL SOMATIC IDEAS=4 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

3.B.12 HIGHEST FREQUENCY OF UNUSUAL SOMATIC IDEAS DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=4 (CAARMS scale, range 0-6)

3.B.13 WHILE SEVERITY/INTENSITY=4, DID UNUSUAL SOMATIC IDEAS OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

3.B.14 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 3.B.0≥4 and 3.A.6=0 and 3.B.11=1 and 3.B.12≥3 and 3.B.13=0

Skip if qualified at intensity=4 or 5

3.B.15 WAS THE SEVERITY/INTENSITY OF UNUSUAL SOMATIC IDEAS=3 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

3.B.16 HIGHEST FREQUENCY OF UNUSUAL SOMATIC IDEAS DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=3 (CAARMS scale, range 0-6)

3.B.17 WHILE SEVERITY/INTENSITY=3, DID UNUSUAL SOMATIC IDEAS OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

3.B.18 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 3.B.0≥3 and 3.A.6=0 and 3.B.15=1 and 3.B.16≥3 and 3.B.17=0

3.B.19 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT ANY INTENSITY LEVEL? (0=No, 1=Yes) Yes requires 3.B.10=1 or 3.B.14=1 or 3.B.18=1

For Symptom Severity Calculations

3.D.2 CAARMS FREQUENCY OF UNUSUAL SOMATIC IDEAS OVER THE PAST MONTH.

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

For SIPS BIPS Current Status (skip unless qualifies for Lifetime SIPS BIPS)

3.D.5 WHEN AT SEVERITY/INTENSITY=6 OVER THE PAST MONTH, WERE UNUSUAL SOMATIC IDEAS ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

3.D.6 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID UNUSUAL SOMATIC IDEAS

OCCUR AT **SEVERITY=6** AT LEAST SEVERAL MINUTES PER DAY AT LEAST ONE DAY IN THE **PAST MONTH**? (0=No, 1=Yes)

3.D.7 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID UNUSUAL SOMATIC IDEAS **BEGIN OR WORSEN TO A 6** IN THE PAST THREE MONTHS? (0=No, 1=Yes)

3.D.8 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 3.A.6=0 and 3.A.10=1 and 3.D.0=6 and 3.D.5=0 and 3.D.6=1 and 3.D.7=1

If symptom qualifies for current SIPS BIPS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENERED TO A 6 _____

3.D.9 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PERSISTENCE STATUS? (0=No, 1=Yes) Yes requires 3.A.6=0 and 3.A.10=1 and 3.D.0=6 and 3.D.5=0 and 3.D.6=1 and 3.D.7=0

If symptom qualifies for current SIPS BIPS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENERED TO A 6 _____

3.D.11 HAVE UNUSUAL SOMATIC IDEAS BEEN **RATED ≤5**, BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

3.D.13 HAVE UNUSUAL SOMATIC IDEAS BEEN **RATED=6** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

3.D.14 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 3.A.6=0 and 3.A.10=1 and ((3.D.0=6 and 3.D.5=1 and 3.D.11=1) or (3.D.0=6 and 3.D.5=0 and 3.D.6=0) or (3.D.0≤5 and 3.D.11=1))

3.D.15 HAVE UNUSUAL SOMATIC IDEAS BEEN **RATED=6** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

3.D.16 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 3.A.6=0 and 3.A.10=1 and ((3.D.0=6 and 3.D.5=1 and 3.D.15=1) or (3.D.0≤5 and 3.D.11=0))

For SIPS APSS Current Status (skip unless qualifies for Lifetime SIPS APSS)

3.D.18 WERE UNUSUAL SOMATIC IDEAS EXPERIENCED AT A **SEVERITY/INTENSITY=3 TO 5** AT ANY TIME OVER THE **PAST MONTH**? (0=No, 1=Yes)

3.D.18a WERE UNUSUAL SOMATIC IDEAS SUFFICIENTLY DISTRESSING AND DISABLING TO THE PARTICIPANT TO WARRANT CLINICAL ATTENTION? (0=No, 1=Yes)

3.D.19 WHEN AT **SEVERITY/INTENSITY=3 TO 5** OVER THE PAST MONTH, WERE UNUSUAL SOMATIC IDEAS ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

3.D.20 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID UNUSUAL SOMATIC IDEAS OCCUR AT **SEVERITY/INTENSITY=3 TO 5** AT AN AVERAGE FREQUENCY OF AT LEAST ONCE PER WEEK OVER THE **PAST MONTH**? (0=No, 1=Yes)

3.D.21 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID UNUSUAL SOMATIC IDEAS BEGIN WITHIN THE PAST YEAR, OR CURRENTLY RATE ONE OR MORE SCALE POINTS HIGHER COMPARED TO 12 MONTHS AGO? (0=No, 1=Yes)

3.D.22 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 3.A.6=0 and 3.A.14=1 and 3.D.18=1 and 3.D.19=0 and 3.D.20=1 and 3.D.21=1

If symptom qualifies for current SIPS APSS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENERED TO THE CURRENT _____

SCORE _____

3.D.23 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PERSISTENCE STATUS?
(0=No, 1=Yes) Yes requires 3.A.6=0 and 3.A.14=1 and 3.D.18=1 and 3.D.19=0 and 3.D.20=1 and 3.D.21=0

If symptom qualifies for current SIPS APSS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

3.D.25 HAVE UNUSUAL SOMATIC IDEAS BEEN RATED ≤ 2 , BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

3.D.27 HAVE UNUSUAL SOMATIC IDEAS BEEN RATED=3 TO 5 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

3.D.28 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 3.A.6=0 and 3.A.14=1 and ((3.D.18=1 and 3.D.19=1 and 3.D.25=1) or (3.D.18=1 and 3.D.19=0 and 3.D.20=0) or (3.D.18=0 and 3.D.25=1))

3.D.29 HAVE UNUSUAL SOMATIC IDEAS BEEN RATED=3 TO 5 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

3.D.30 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 3.A.6=0 and 3.A.14=1 and ((3.D.18=1 and 3.D.19=1 and 3.D.29=1) or (3.D.18=0 and 3.D.25=0))

P 4 IDEAS OF GUILT

Inquiries

1. Have you ever found yourself thinking about how to be good?

2. Have you been thinking about past problems?

3. Has there been anything you feel guilty about?

4. Have you tended to blame yourself for things that have happened in the past?

5. Have you believed that you deserve to be punished in some way?

6. Have you done anything you're still ashamed of or remorseful about?

Rating Scale

4 IDEAS OF GUILT Positive Symptom Severity/Intensity Scale (circle one)

0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but Not Psychotic	6 Psychotic and Very Severe
No ideas of guilt.	Ideas of guilt that could be reality-based, such as uncertainty about the impact of the person's actions.	Ideas of guilt beyond what might be expected by the average person but within cultural norms, such as feeling overly remorseful for consequences of the person's action.	Ideas of guilt beyond cultural norms that may be plausible (may have some logical evidence), such as self-blame for the consequences of the person's action. Ideas seem meaningful. Seems (to the person) most likely imaginary.	Ideas of guilt beyond cultural norms with the sense that they may be real. Although theoretically possible, ideas have arisen without logical evidence, such as excessive self-blame for the consequences of the person's action.	Ideas of guilt beyond cultural norms that seem real despite lack of evidence, such as improbable beliefs about responsibility for events or situations that are out of the person's control.	Ideas of guilt beyond cultural norms that feel completely real despite evidence to the contrary, such as highly improbable beliefs about responsibility for events or situations that are completely out of the person's control.
No tenacity of ideas of guilt.	Spontaneously rejects ideas of guilt.	If within cultural norms, may defend ideas of guilt. Otherwise, self-generates skepticism with very little effort.	Self-generates doubt or skepticism about ideas of guilt with little effort.	Able to self-generate doubt or skepticism about ideas of guilt with effort.	Doubt or skepticism about ideas of guilt can only be induced when challenged by others.	Ideas of guilt held with delusional conviction: no doubt, skepticism cannot be induced.
No distress from ideas of guilt.	May have minor concerns from ideas of guilt but not distressing.	May have some unease from ideas of guilt but not distressing.	May have sense of apprehension from ideas of guilt or may be somewhat distressing.	Ideas of guilt may be preoccupying or distressing.	Ideas of guilt may be disturbing or severely distressing.	Ideas of guilt may be frightening or extremely distressing.
No interference by ideas of guilt.	Ideas of guilt do not affect other thoughts, feelings, social relations, or behavior.	Ideas of guilt may affect but do not interfere with other thoughts, feelings, or social relations. Behavior not affected.	Ideas of guilt may slightly interfere with other thoughts, feelings, or social relations. Behavior not affected.	Ideas of guilt may somewhat interfere with other thoughts, feelings, or social relations. Behavior may be slightly affected.	Ideas of guilt may clearly interfere with other thoughts, feelings, or social relations. Behavior may be somewhat affected.	Ideas of guilt may significantly interfere with other thoughts, feelings, or social relations. Behavior may be clearly affected.

Record Ratings

Record ratings for this symptom for each of the three time frames below.

4.A.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF IDEAS OF GUILT DURING THE PARTICIPANT'S LIFETIME? (range 0-6)

4.B.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF IDEAS OF GUILT AT ANY TIME OVER PAST YEAR? (range 0-6)

4.D.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF IDEAS OF GUILT OVER THE PAST MONTH? (range 0-6)

When the lifetime rating is a 6

- ONSET DATE WHEN FIRST REACHED 6 _____

When the lifetime rating is 3-6

- ONSET DATE WHEN FIRST REACHED 3-5 _____

Grouping/Diagnostic Questions

For CAARMS/SIPS psychosis (skip unless highest LIFETIME=6)

4.A.2 HIGHEST FREQUENCY OF IDEAS OF GUILT OVER LIFETIME WHEN SEVERITY/INTENSITY=6 (CAARMS Scale, range 0-6)

4.A.3 DID IDEAS OF GUILT EVER LAST ≥ 1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY ≥ 4 ? (0=No, 1=Yes)

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

4.A.4 DID IDEAS OF GUILT EVER LAST < 1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY ≥ 4 IN THE CONTEXT OF NEW OR INCREASED ANTIPSYCHOTIC MEDICATION? (0=No, 1=Yes)

4.A.5 WERE IDEAS OF GUILT WHILE RATED 6 EVER IMMINENTLY DANGEROUS (PHYSICALLY OR TO PERSONAL DIGNITY OR TO SOCIAL/FAMILY NETWORKS)? (0=No, 1=Yes)

4.A.6. DOES THIS SYMPTOM QUALIFY FOR A LIFETIME CAARMS/SIPS PSYCHOSIS DIAGNOSIS AT SCREEN? (0=No, 1=Yes) Yes requires 4.A.0=6 and ((4.A.2 ≥ 4 and (4.A.3=1 or 4.A.4=1)) or 4.A.5=1)

If symptom qualifies for lifetime CAARMS/SIPS psychosis diagnosis

- ONSET DATE FOR LIFETIME CAARMS/SIPS PSYCHOSIS _____
- OFFSET DATE FROM LIFETIME CAARMS/SIPS PSYCHOSIS _____

For SIPS Lifetime Brief Intermittent Psychosis Syndrome (skip unless highest LIFETIME=6)

4.A.8 WHEN AT SEVERITY/INTENSITY=6, WERE IDEAS OF GUILT ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

4.A.9 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID IDEAS OF GUILT EVER OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY? (0=No, 1=Yes)

4.A.10 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 4.A.0=6 and onset date of the symptom at a 6<onset date of any psychosis and 4.A.8=0 and 4.A.9=1

If symptom qualifies for lifetime SIPS BIPS diagnosis

- ONSET DATE FOR LIFETIME SIPS BIPS DIAGNOSIS (for this symptom) _____

For SIPS Lifetime Attenuated Psychotic Symptoms Syndrome (skip unless highest LIFETIME \geq 3)

4.A.11 WERE IDEAS OF GUILT **EVER** EXPERIENCED AT A SEVERITY/INTENSITY LEVEL=3 TO 5 ? (0=No, 1=Yes)

4.A.12 WHEN AT SEVERITY/INTENSITY=3 TO 5, WERE IDEAS OF GUILT **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

4.A.13 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID IDEAS OF GUILT **EVER** OCCUR AT SEVERITY=3 TO 5 AT AN AVERAGE FREQUENCY OF **AT LEAST ONCE PER WEEK** OVER A MONTH? (0=No, 1=Yes)

4.A.14 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes) Yes requires 4.A.0 \geq 3 and onset date of the symptom at 3 to 5 < onset date of any psychosis and 4.A.12=0 and 4.A.13=1

If symptom qualifies for lifetime SIPS APSS diagnosis

- ONSET DATE FOR LIFETIME SIPS APSS DIAGNOSIS (for this symptom) _____

For CAARMS Brief Limited Intermittent Psychotic Symptoms (skip unless highest PAST YEAR=6)

4.B.2 HIGHEST FREQUENCY OF IDEAS OF GUILT **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=6**. (CAARMS scale, range 0-6)

4.B.3 WAS ANY EPISODE OF IDEAS OF GUILT IN THE PAST YEAR **AT SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4 PRESENT FOR <7 DAYS WITH SPONTANEOUS REMISSION EACH TIME? (0=No, 1=Yes)

4.B.4 **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4, DID IDEAS OF GUILT OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

4.B.5 DOES THIS SYMPTOM QUALIFY FOR A CAARMS BLIPS GROUPING? (0=No, 1=Yes) Yes requires 4.B.0=6 and 4.A.6=0 and 4.B.2 \geq 4 and 4.B.3=1 and 4.B.4=0

If symptom qualifies for CAARMS BLIPS grouping

- SELECTED BLIPS EPISODE ONSET DATE _____
- SELECTED BLIPS EPISODE OFFSET DATE _____

For CAARMS Subthreshold Frequency (skip unless highest PAST YEAR=6)

4.B.6a WAS ANY EPISODE OF IDEAS OF GUILT IN THE PAST YEAR **AT SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3? (0=No, 1=Yes)

4.B.6b **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3, DID IDEAS OF GUILT OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

4.B.6 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD FREQUENCY GROUPING? (0=No, 1=Yes) Yes requires 4.B.0=6 and 4.A.6=0 and 4.B.6a=1 and 4.B.6b=0

For CAARMS Subthreshold Intensity (skip unless highest PAST YEAR be \geq 3)

4.B.7 WAS THE SEVERITY/INTENSITY OF IDEAS OF GUILT=5 **AT ANY TIME** OVER PAST YEAR? (0=No, 1=Yes)

4.B.8 HIGHEST FREQUENCY OF IDEAS OF GUILT **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=5** (CAARMS scale, range 0-6)

4.B.9 WHILE SEVERITY/INTENSITY=5, DID **IDEAS OF GUILT** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

4.B.10 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 5? (0=No, 1=Yes) Yes requires 4.B.0≥5 and 4.A.6=0 and 4.B.7=1 and 4.B.8≥3 and 4.B.9=0

Skip if qualified at intensity=5

4.B.11 WAS THE SEVERITY/INTENSITY OF IDEAS OF GUILT=4 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

4.B.12 HIGHEST FREQUENCY OF IDEAS OF GUILT **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=4** (CAARMS scale, range 0-6)

4.B.13 WHILE SEVERITY/INTENSITY=4, DID **IDEAS OF GUILT** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

4.B.14 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 4.B.0≥4 and 4.A.6=0 and 4.B.11=1 and 4.B.12≥3 and 4.B.13=0

Skip if qualified at intensity=4 or 5

4.B.15 WAS THE SEVERITY/INTENSITY OF IDEAS OF GUILT=3 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

4.B.16 HIGHEST FREQUENCY OF IDEAS OF GUILT **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=3** (CAARMS scale, range 0-6)

4.B.17 WHILE SEVERITY/INTENSITY=3, DID **IDEAS OF GUILT** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

4.B.18 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 4.B.0≥3 and 4.A.6=0 and 4.B.15=1 and 4.B.16≥3 and 4.B.17=0

4.B.19 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT ANY INTENSITY LEVEL? (0=No, 1=Yes) Yes requires 4.B.10=1 or 4.B.14=1 or 4.B.18=1

For Symptom Severity Calculations

4.D.2 CAARMS FREQUENCY OF IDEAS OF GUILT OVER THE PAST MONTH.
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

For SIPS BIPS Current Status (skip unless qualifies for Lifetime SIPS BIPS)

4.D.5 WHEN AT SEVERITY/INTENSITY=6 OVER THE PAST MONTH, WERE IDEAS OF GUILT ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

4.D.6 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID IDEAS OF GUILT OCCUR

AT **SEVERITY=6** AT LEAST SEVERAL MINUTES PER DAY AT LEAST ONE DAY IN THE **PAST MONTH**? (0=No, 1=Yes)

4.D.7 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID IDEAS OF GUILT **BEGIN OR WORSEN TO A 6** IN THE PAST THREE MONTHS? (0=No, 1=Yes)

4.D.8 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 4.A.6=0 and 4.A.10=1 and 4.D.0=6 and 4.D.5=0 and 4.D.6=1 and 4.D.7=1

If symptom qualifies for current SIPS BIPS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENERED TO A 6 _____

4.D.9 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PERSISTENCE STATUS? (0=No, 1=Yes) Yes requires 4.A.6=0 and 4.A.10=1 and 4.D.0=6 and 4.D.5=0 and 4.D.6=1 and 4.D.7=0

If symptom qualifies for current SIPS BIPS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENERED TO A 6 _____

4.D.11 HAVE IDEAS OF GUILT BEEN **RATED ≤5**, BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

4.D.13 HAVE IDEAS OF GUILT BEEN **RATED=6** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

4.D.14 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 4.A.6=0 and 4.A.10=1 and ((4.D.0=6 and 4.D.5=1 and 4.D.11=1) or (4.D.0=6 and 4.D.5=0 and 4.D.6=0) or (4.D.0≤5 and 4.D.11=1))

4.D.15 HAVE IDEAS OF GUILT BEEN **RATED=6** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

4.D.16 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 4.A.6=0 and 4.A.10=1 and ((4.D.0=6 and 4.D.5=1 and 4.D.15=1) or (4.D.0≤5 and 4.D.11=0))

For SIPS APSS Current Status (skip unless qualifies for Lifetime SIPS APSS)

4.D.18 WERE IDEAS OF GUILT EXPERIENCED AT A **SEVERITY/INTENSITY=3 TO 5** AT ANY TIME OVER THE **PAST MONTH**? (0=No, 1=Yes)

4.D.18a WERE IDEAS OF GUILT SUFFICIENTLY DISTRESSING AND DISABLING TO THE PARTICIPANT TO WARRANT CLINICAL ATTENTION? (0-No, 1=Yes)

4.D.19 WHEN AT **SEVERITY/INTENSITY=3 TO 5** OVER THE **PAST MONTH**, WERE IDEAS OF GUILT ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

4.D.20 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID IDEAS OF GUILT OCCUR AT **SEVERITY/INTENSITY=3 TO 5** AT AN AVERAGE FREQUENCY OF AT LEAST ONCE PER WEEK OVER THE **PAST MONTH**? (0=No, 1=Yes)

4.D.21 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID IDEAS OF GUILT BEGIN WITHIN THE PAST YEAR, OR CURRENTLY RATE ONE OR MORE SCALE POINTS HIGHER COMPARED TO 12 MONTHS AGO? (0=No, 1=Yes)

4.D.22 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 4.A.6=0 and 4.A.14=1 and 4.D.18=1 and 4.D.19=0 and 4.D.20=1 and 4.D.21=1

If symptom qualifies for current SIPS APSS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENERED TO THE CURRENT SCORE _____

4.D.23 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PERSISTENCE STATUS?
(0=No, 1=Yes) Yes requires 4.A.6=0 and 4.A.14=1 and 4.D.18=1 and 4.D.19=0 and 4.D.20=1 and 4.D.21=0

If symptom qualifies for current SIPS APSS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

4.D.25 HAVE IDEAS OF GUILT BEEN **RATED** ≤ 2 , BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

4.D.27 HAVE IDEAS OF GUILT BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

4.D.28 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 4.A.6=0 and 4.A.14=1 and ((4.D.18=1 and 4.D.19=1 and 4.D.25=1) or (4.D.18=1 and 4.D.19=0 and 4.D.20=0) or (4.D.18=0 and 4.D.25=1))

4.D.29 HAVE IDEAS OF GUILT BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

4.D.30 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS FULL REMISSION STATUS?
(0=No, 1=Yes) Yes requires 4.A.6=0 and 4.A.14=1 and ((4.D.18=1 and 4.D.19=1 and 4.D.29=1) or (4.D.18=0 and 4.D.25=0))

P5 JEALOUS IDEAS

Inquiries

1. **Has there ever been anyone in your life that you've been jealous of i.e. work colleague, friend or partner?** What was it about these people that made you jealous?

2. **Did these people/your partner have any relationships with anyone that you worried about?**

Rating Scale

5 JEALOUS IDEAS

Positive Symptom Severity/Intensity Scale (circle one)

0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but Not Psychotic	6 Psychotic and Very Severe
No jealous ideas.	Jealous ideas that could be reality-based such as uncertainty about others' allegiance.	Jealous ideas beyond what might be expected by the average person but within cultural norms, such as envy of others' attributes or accomplishment or jealous thoughts easily dismissed.	Jealous ideas beyond cultural norms that may be plausible (may have some logical evidence), such as concerns about infidelity. Ideas seem meaningful. Seems (to the person) most likely imaginary.	Jealous ideas beyond cultural norms with the sense that they may be real. Although theoretically possible, ideas have arisen without logical evidence, such as suspected infidelity of others.	Jealous ideas beyond cultural norms that seem real despite lack of evidence, such as improbable beliefs about infidelity of others.	Jealous ideas beyond cultural norms that feel completely real despite evidence to the contrary, such as highly improbable beliefs about infidelity of others.
No tenacity of jealous ideas.	Spontaneously rejects jealous ideas.	If within cultural norms, may defend jealous ideas. Otherwise, self-generates skepticism with very little effort.	Self-generates doubt or skepticism about jealous ideas with little effort.	Able to self-generate doubt or skepticism about jealous ideas with effort.	Doubt or skepticism about jealous ideas can only be induced when challenged by others.	Jealous ideas held with delusional conviction: no doubt, skepticism cannot be induced.
No distress from jealous ideas.	May have minor concerns from jealous ideas but not distressing.	May have some unease from jealous ideas but not distressing.	May have sense of apprehension from jealous ideas or may be somewhat distressing.	Jealous ideas may be preoccupying or distressing.	Jealous ideas may be disturbing or severely distressing.	Jealous ideas may be enraging or extremely distressing.
No interference by jealous ideas.	Jealous ideas do not affect other thoughts, feelings, social relations, or behavior.	Jealous ideas may affect but do not interfere with other thoughts, feelings, or social relations. Behavior not affected.	Jealous ideas may slightly interfere with other thoughts, feelings, or social relations. Behavior not affected.	Jealous ideas may somewhat interfere with other thoughts, feelings, or social relations. Behavior may be slightly affected.	Jealous ideas may clearly interfere with other thoughts, feelings, or social relations. Behavior may be somewhat affected.	Jealous ideas may significantly interfere with other thoughts, feelings, or social relations. Behavior may be clearly affected.

Record Ratings

Record ratings for this symptom for each of the three time frames below.

5.A.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF JEALOUS IDEAS DURING THE PARTICIPANT'S LIFETIME? (range 0-6)

5.B.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF JEALOUS IDEAS AT ANY TIME OVER PAST YEAR? (range 0-6)

5.D.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF JEALOUS IDEAS OVER THE PAST MONTH? (range 0-6)

When the lifetime rating is a 6

- ONSET DATE WHEN FIRST REACHED 6 _____

When the lifetime rating is 3-6

- ONSET DATE WHEN FIRST REACHED 3-5 _____

Grouping/Diagnostic Questions

For CAARMS/SIPS psychosis (skip unless highest LIFETIME=6)

5.A.2 HIGHEST FREQUENCY OF JEALOUS IDEAS OVER LIFETIME WHEN SEVERITY/INTENSITY=6 (CAARMS Scale, range 0-6)

5.A.3 DID JEALOUS IDEAS EVER LAST ≥ 1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY ≥ 4 ? (0=No, 1=Yes)

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

5.A.4 DID JEALOUS IDEAS EVER LAST < 1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY ≥ 4 IN THE CONTEXT OF NEW OR INCREASED ANTIPSYCHOTIC MEDICATION? (0=No, 1=Yes)

5.A.5 WERE JEALOUS IDEAS WHILE RATED 6 EVER IMMINENTLY DANGEROUS (PHYSICALLY OR TO PERSONAL DIGNITY OR TO SOCIAL/FAMILY NETWORKS)? (0=No, 1=Yes)

5.A.6. DOES THIS SYMPTOM QUALIFY FOR A LIFETIME CAARMS/SIPS PSYCHOSIS DIAGNOSIS AT SCREEN? (0=No, 1=Yes) Yes requires 5.A.0=6 and ((5.A.2 ≥ 4 and (5.A.3=1 or 5.A.4=1)) or 5.A.5=1)

If symptom qualifies for lifetime CAARMS/SIPS psychosis diagnosis

- ONSET DATE FOR LIFETIME CAARMS/SIPS PSYCHOSIS _____
- OFFSET DATE FROM LIFETIME CAARMS/SIPS PSYCHOSIS _____

For SIPS Lifetime Brief Intermittent Psychosis Syndrome (skip unless highest LIFETIME=6)

5.A.8 WHEN AT SEVERITY/INTENSITY=6, WERE JEALOUS IDEAS ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

5.A.9 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID JEALOUS IDEAS EVER OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY? (0=No, 1=Yes)

5.A.10 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 5.A.0=6 and onset date of the symptom at a 6<onset date of any psychosis and 5.A.8=0 and 5.A.9=1

If symptom qualifies for lifetime SIPS BIPS diagnosis

- ONSET DATE FOR LIFETIME SIPS BIPS DIAGNOSIS (for this symptom) _____

For SIPS Lifetime Attenuated Psychotic Symptoms Syndrome (skip unless highest LIFETIME \geq 3)

5.A.11 WERE JEALOUS IDEAS **EVER** EXPERIENCED AT A SEVERITY/INTENSITY LEVEL=3 TO 5 ? (0=No, 1=Yes)

5.A.12 WHEN AT SEVERITY/INTENSITY=3 TO 5, WERE JEALOUS IDEAS **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

5.A.13 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID JEALOUS IDEAS **EVER** OCCUR AT SEVERITY=3 TO 5 AT AN AVERAGE FREQUENCY OF **AT LEAST ONCE PER WEEK** OVER A MONTH? (0=No, 1=Yes)

5.A.14 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)
Yes requires 5.A.0 \geq 3 and onset date of the symptom at 3 to 5 < onset date of any psychosis and 5.A.12=0 and 5.A.13=1

If symptom qualifies for lifetime SIPS APSS diagnosis

- ONSET DATE FOR LIFETIME SIPS APSS DIAGNOSIS (for this symptom) _____

For CAARMS Brief Limited Intermittent Psychotic Symptoms (skip unless highest PAST YEAR=6)

5.B.2 HIGHEST FREQUENCY OF JEALOUS IDEAS **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=6**. (CAARMS scale, range 0-6)

5.B.3 WAS ANY EPISODE OF JEALOUS IDEAS IN THE PAST YEAR AT **SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4 PRESENT FOR <7 DAYS WITH SPONTANEOUS REMISSION EACH TIME? (0=No, 1=Yes)

5.B.4 **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4, DID JEALOUS IDEAS OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

5.B.5 DOES THIS SYMPTOM QUALIFY FOR A CAARMS BLIPS GROUPING? (0=No, 1=Yes) Yes requires 5.B.0=6 and 5.A.6=0 and 5.B.2 \geq 4 and 5.B.3=1 and 5.B.4=0

If symptom qualifies for CAARMS BLIPS grouping

- SELECTED BLIPS EPISODE ONSET DATE _____
- SELECTED BLIPS EPISODE OFFSET DATE _____

For CAARMS Subthreshold Frequency (skip unless highest PAST YEAR=6)

5.B.6a WAS ANY EPISODE OF JEALOUS IDEAS IN THE PAST YEAR AT **SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3? (0=No, 1=Yes)

5.B.6b **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3, DID JEALOUS IDEAS OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

5.B.6 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD FREQUENCY GROUPING? (0=No, 1=Yes) Yes requires 5.B.0=6 and 5.A.6=0 and 5.B.6a=1 and 5.B.6b=0

For CAARMS Subthreshold Intensity (skip unless highest PAST YEAR be \geq 3)

5.B.7 WAS THE SEVERITY/INTENSITY OF JEALOUS IDEAS=5 **AT ANY TIME** OVER PAST YEAR? (0=No, 1=Yes)

5.B.8 HIGHEST FREQUENCY OF JEALOUS IDEAS **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=5** (CAARMS scale, range 0-6)

5.B.9 WHILE SEVERITY/INTENSITY=5, DID **JEALOUS IDEAS** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

5.B.10 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 5? (0=No, 1=Yes) Yes requires 5.B.0≥5 and 5.A.6=0 and 5.B.7=1 and 5.B.8≥3 and 5.B.9=0

Skip if qualified at intensity=5

5.B.11 WAS THE SEVERITY/INTENSITY OF JEALOUS IDEAS=4 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

5.B.12 HIGHEST FREQUENCY OF JEALOUS IDEAS **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=4** (CAARMS scale, range 0-6)

5.B.13 WHILE SEVERITY/INTENSITY=4, DID **JEALOUS IDEAS** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

5.B.14 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 5.B.0≥4 and 5.A.6=0 and 5.B.11=1 and 5.B.12≥3 and 5.B.13=0

Skip if qualified at intensity=4 or 5

5.B.15 WAS THE SEVERITY/INTENSITY OF JEALOUS IDEAS=3 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

5.B.16 HIGHEST FREQUENCY OF JEALOUS IDEAS **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=3** (CAARMS scale, range 0-6)

5.B.17 WHILE SEVERITY/INTENSITY=3, DID **JEALOUS IDEAS** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

5.B.18 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 5.B.0≥3 and 5.A.6=0 and 5.B.15=1 and 5.B.16≥3 and 5.B.17=0

5.B.19 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT ANY INTENSITY LEVEL? (0=No, 1=Yes) Yes requires 5.B.10=1 or 5.B.14=1 or 5.B.18=1

For Symptom Severity Calculations

5.D.2 CAARMS FREQUENCY OF JEALOUS IDEAS OVER THE PAST MONTH.
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

For SIPS BIPS Current Status (skip unless qualifies for Lifetime SIPS BIPS)

5.D.5 **WHEN AT SEVERITY/INTENSITY=6 OVER THE PAST MONTH, WERE JEALOUS IDEAS ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER?** (0=No, 1=Yes)

5.D.6 **WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID JEALOUS IDEAS OCCUR AT**

SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY AT LEAST ONE DAY IN THE PAST MONTH? (0=No, 1=Yes)

5.D.7 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID JEALOUS IDEAS **BEGIN OR WORSEN TO A 6** IN THE PAST THREE MONTHS? (0=No, 1=Yes)

5.D.8 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 5.A.6=0 and 5.A.10=1 and 5.D.0=6 and 5.D.5=0 and 5.D.6=1 and 5.D.7=1

If symptom qualifies for current SIPS BIPS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENERED TO A 6 _____

5.D.9 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PERSISTENCE STATUS? (0=No, 1=Yes) Yes requires 5.A.6=0 and 5.A.10=1 and 5.D.0=6 and 5.D.5=0 and 5.D.6=1 and 5.D.7=0

If symptom qualifies for current SIPS BIPS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENERED TO A 6 _____

5.D.11 HAVE JEALOUS IDEAS BEEN **RATED ≤5**, BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

5.D.13 HAVE JEALOUS IDEAS BEEN **RATED=6** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

5.D.14 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 5.A.6=0 and 5.A.10=1 and ((5.D.0=6 and 5.D.5=1 and 5.D.11=1) or (5.D.0=6 and 5.D.5=0 and 5.D.6=0) or (5.D.0≤5 and 5.D.11=1))

5.D.15 HAVE JEALOUS IDEAS BEEN **RATED=6** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

5.D.16 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 5.A.6=0 and 5.A.10=1 and ((5.D.0=6 and 5.D.5=1 and 5.D.15=1) or (5.D.0≤5 and 5.D.11=0))

For SIPS APSS Current Status (skip unless qualifies for Lifetime SIPS APSS)

5.D.18 WERE JEALOUS IDEAS EXPERIENCED **AT A SEVERITY/INTENSITY=3 TO 5** AT ANY TIME OVER THE **PAST MONTH**? (0=No, 1=Yes)

5.D.18a WERE JEALOUS IDEAS SUFFICIENTLY DISTRESSING AND DISABLING TO THE PARTICIPANT TO WARRANT CLINICAL ATTENTION? (0-No, 1=Yes)

5.D.19 WHEN AT **SEVERITY/INTENSITY=3 TO 5** OVER THE **PAST MONTH**, WERE JEALOUS IDEAS ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

5.D.20 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID JEALOUS IDEAS OCCUR **AT SEVERITY/INTENSITY=3 TO 5** AT AN AVERAGE FREQUENCY OF AT LEAST ONCE PER WEEK OVER THE **PAST MONTH**? (0=No, 1=Yes)

5.D.21 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID JEALOUS IDEAS BEGIN WITHIN THE PAST YEAR, OR CURRENTLY RATE ONE OR MORE SCALE POINTS HIGHER COMPARED TO 12 MONTHS AGO? (0=No, 1=Yes)

5.D.22 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 5.A.6=0 and 5.A.14=1 and 5.D.18=1 and 5.D.19=0 and 5.D.20=1 and 5.D.21=1

If symptom qualifies for current SIPS APSS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENERED TO THE CURRENT SCORE _____

5.D.23 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PERSISTENCE STATUS?
(0=No, 1=Yes) Yes requires 5.A.6=0 and 5.A.14=1 and 5.D.18=1 and 5.D.19=0 and 5.D.20=1 and 5.D.21=0

If symptom qualifies for current SIPS APSS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

5.D.25 HAVE JEALOUS IDEAS BEEN **RATED ≤2**, BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

5.D.27 HAVE JEALOUS IDEAS BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

5.D.28 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 5.A.6=0 and 5.A.14=1 and ((5.D.18=1 and 5.D.19=1 and 5.D.25=1) or (5.D.18=1 and 5.D.19=0 and 5.D.20=0) or (5.D.18=0 and 5.D.25=1))

5.D.29 HAVE JEALOUS IDEAS BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

5.D.30 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS FULL REMISSION STATUS?
(0=No, 1=Yes) Yes requires 5.A.6=0 and 5.A.14=1 and ((5.D.18=1 and 5.D.19=1 and 5.D.29=1) or (5.D.18=0 and 5.D.25=0))

P6 UNUSUAL RELIGIOUS IDEAS

Inquiries

1. Have you been very religious?

2. Have you had any religious experiences?

3. Have you ever felt that you have been chosen by God for a special role?

4. Have you ever felt as if you can save others?

5. Have you had strong feelings or beliefs that are very important to you, about such things as religion, philosophy? Include ghosts, demons, witchcraft, especially for younger adolescents.

Rating Scale

6 UNUSUAL RELIGIOUS IDEAS Positive Symptom Severity/Intensity Scale (circle one)

0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but Not Psychotic	6 Psychotic and Very Severe
No unusual religious ideas.	Slightly unusual religious ideas such as beliefs about God or spirituality	Unusual religious ideas such as beliefs about God or divine powers or spirituality beyond what might be expected by the average person but within cultural norms.	Unusual religious ideas such as beliefs about God or divine powers or spirituality that are somewhat idiosyncratic and somewhat discordant from cultural norms. Ideas seem meaningful.	Unusual religious ideas such as beliefs about God or divine powers or spirituality that are clearly idiosyncratic and clearly discordant from cultural norms.	Unusual religious ideas such as beliefs about God or divine powers or spirituality that are particularly idiosyncratic and particularly discordant from cultural norms.	Unusual religious ideas such as beliefs about God or divine powers or spirituality that are extremely idiosyncratic and extremely discordant from cultural norms.
No tenacity of unusual religious ideas.	Spontaneously rejects unusual religious ideas.	If within cultural norms, may defend unusual religious ideas. Otherwise, self-generates skepticism with very little effort.	Self-generates doubt or skepticism about unusual religious ideas with little effort.	Able to self-generate doubt or skepticism about unusual religious ideas with effort.	Doubt or skepticism about unusual religious ideas can only be induced when challenged by others.	Unusual religious ideas held with delusional conviction: no doubt, skepticism cannot be induced.
No distress from unusual religious ideas.	May have minor concerns from unusual religious ideas but not distressing.	May have some unease from unusual religious ideas but not distressing.	May have sense of apprehension from unusual religious ideas or may be somewhat distressing.	Unusual religious ideas may be preoccupying or distressing.	Unusual religious ideas may be disturbing or severely distressing.	Unusual religious ideas may be frightening or extremely distressing.
No interference by unusual religious ideas.	Unusual religious ideas do not affect other thoughts, feelings, social relations, or behavior.	Unusual religious ideas may affect but do not interfere with other thoughts, feelings, or social relations. Behavior not affected.	Unusual religious ideas may slightly interfere with other thoughts, feelings, or social relations. Behavior not affected.	Unusual religious ideas may somewhat interfere with other thoughts, feelings, or social relations. Behavior may be slightly affected.	Unusual religious ideas may clearly interfere with other thoughts, feelings, or social relations. Behavior may be somewhat affected.	Unusual religious ideas may significantly interfere with other thoughts, feelings, or social relations. Behavior may be clearly affected.

Record Ratings

Record ratings for this symptom for each of the three time frames below.

6.A.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF UNUSUAL RELIGIOUS IDEAS DURING THE PARTICIPANT'S LIFETIME? (range 0-6)

6.B.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF UNUSUAL RELIGIOUS IDEAS AT ANY TIME OVER PAST YEAR? (range 0-6)

6.D.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF UNUSUAL RELIGIOUS IDEAS OVER THE PAST MONTH? (range 0-6)

When the lifetime rating is a 6

- ONSET DATE WHEN FIRST REACHED 6 _____

When the lifetime rating is 3-6

- ONSET DATE WHEN FIRST REACHED 3-5 _____

Grouping/Diagnostic Questions

For CAARMS/SIPS psychosis (skip unless highest LIFETIME=6)

6.A.2 HIGHEST FREQUENCY OF UNUSUAL RELIGIOUS IDEAS OVER LIFETIME WHEN SEVERITY/INTENSITY=6 (CAARMS Scale, range 0-6)

6.A.3 DID UNUSUAL RELIGIOUS IDEAS EVER LAST ≥ 1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY ≥ 4 ? (0=No, 1=Yes)

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

6.A.4 DID UNUSUAL RELIGIOUS IDEAS EVER LAST < 1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY ≥ 4 IN THE CONTEXT OF NEW OR INCREASED ANTIPSYCHOTIC MEDICATION? (0=No, 1=Yes)

6.A.5 WERE UNUSUAL RELIGIOUS IDEAS WHILE RATED 6 EVER IMMINENTLY DANGEROUS (PHYSICALLY OR TO PERSONAL DIGNITY OR TO SOCIAL/FAMILY NETWORKS)?(0=No, 1=Yes)

6.A.6. DOES THIS SYMPTOM QUALIFY FOR A LIFETIME CAARMS/SIPS PSYCHOSIS DIAGNOSIS AT SCREEN? (0=No, 1=Yes) Yes requires 6.A.0=6 and ((6.A.2 ≥ 4 and (6.A.3=1 or 6.A.4=1)) or 6.A.5=1)

If symptom qualifies for lifetime CAARMS/SIPS psychosis diagnosis

- ONSET DATE FOR LIFETIME CAARMS/SIPS PSYCHOSIS _____
- OFFSET DATE FROM LIFETIME CAARMS/SIPS PSYCHOSIS _____

For SIPS Lifetime Brief Intermittent Psychosis Syndrome (skip unless highest LIFETIME=6)

6.A.8 WHEN AT SEVERITY/INTENSITY=6, WERE UNUSUAL RELIGIOUS IDEAS ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

6.A.9 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID UNUSUAL RELIGIOUS IDEAS EVER OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY? (0=No, 1=Yes)

6.A.10 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 6.A.0=6 and onset date of the symptom at a 6<onset date of any psychosis and 6.A.8=0 and 6.A.9=1

If symptom qualifies for lifetime SIPS BIPS diagnosis

- ONSET DATE FOR LIFETIME SIPS BIPS DIAGNOSIS (for this symptom) _____

For SIPS Lifetime Attenuated Psychotic Symptoms Syndrome (skip unless highest LIFETIME \geq 3)

6.A.11 WERE UNUSUAL RELIGIOUS IDEAS **EVER** EXPERIENCED AT A SEVERITY/INTENSITY LEVEL=3 TO 5 ? (0=No, 1=Yes)

6.A.12 WHEN AT SEVERITY/INTENSITY=3 TO 5, WERE UNUSUAL RELIGIOUS IDEAS **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

6.A.13 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID UNUSUAL RELIGIOUS IDEAS **EVER** OCCUR AT SEVERITY=3 TO 5 AT AN AVERAGE FREQUENCY OF **AT LEAST ONCE PER WEEK** OVER A MONTH? (0=No, 1=Yes)

6.A.14 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 6.A.0 \geq 3 and onset date of the symptom at 3 to 5 < onset date of any psychosis and 6.A.12=0 and 6.A.13=1

If symptom qualifies for lifetime SIPS APSS diagnosis

- ONSET DATE FOR LIFETIME SIPS APSS DIAGNOSIS (for this symptom) _____

For CAARMS Brief Limited Intermittent Psychotic Symptoms (skip unless highest PAST YEAR=6)

6.B.2 HIGHEST FREQUENCY OF UNUSUAL RELIGIOUS IDEAS **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=6**. (CAARMS scale, range 0-6)

6.B.3 WAS ANY EPISODE OF UNUSUAL RELIGIOUS IDEAS IN THE PAST YEAR AT **SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4 PRESENT FOR <7 DAYS WITH SPONTANEOUS REMISSION EACH TIME? (0=No, 1=Yes)

6.B.4 **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4, DID UNUSUAL RELIGIOUS IDEAS OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

6.B.5 DOES THIS SYMPTOM QUALIFY FOR A CAARMS BLIPS GROUPING? (0=No, 1=Yes) Yes requires 6.B.0=6 and 6.A.6=0 and 6.B.2 \geq 4 and 6.B.3=1 and 6.B.4=0

If symptom qualifies for CAARMS BLIPS grouping

- SELECTED BLIPS EPISODE ONSET DATE _____
- SELECTED BLIPS EPISODE OFFSET DATE _____

For CAARMS Subthreshold Frequency (skip unless highest PAST YEAR=6)

6.B.6a WAS ANY EPISODE OF UNUSUAL RELIGIOUS IDEAS IN THE PAST YEAR AT **SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3? (0=No, 1=Yes)

6.B.6b **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3, DID UNUSUAL RELIGIOUS IDEAS OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

6.B.6 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD FREQUENCY GROUPING? (0=No, 1=Yes) Yes requires 6.B.0=6 and 6.A.6=0 and 6.B.6a=1 and 6.B.6b=0

For CAARMS Subthreshold Intensity (skip unless highest PAST YEAR be \geq 3)

6.B.7 WAS THE SEVERITY/INTENSITY OF UNUSUAL RELIGIOUS IDEAS=5 **AT ANY TIME** OVER PAST YEAR? (0=No, 1=Yes)

6.B.8 HIGHEST FREQUENCY OF UNUSUAL RELIGIOUS IDEAS **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=5** (CAARMS scale, range 0-6)

6.B.9 WHILE SEVERITY/INTENSITY=5, DID **UNUSUAL RELIGIOUS IDEAS** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

6.B.10 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 5? (0=No, 1=Yes) Yes requires 6.B.0≥5 and 6.A.6=0 and 6.B.7=1 and 6.B.8≥3 and 6.B.9=0

Skip if qualified at intensity=5

6.B.11 WAS THE SEVERITY/INTENSITY OF UNUSUAL RELIGIOUS IDEAS=4 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

6.B.12 HIGHEST FREQUENCY OF UNUSUAL RELIGIOUS IDEAS **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=4** (CAARMS scale, range 0-6)

6.B.13 WHILE SEVERITY/INTENSITY=4, DID **UNUSUAL RELIGIOUS IDEAS** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

6.B.14 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 6.B.0≥4 and 6.A.6=0 and 6.B.11=1 and 6.B.12≥3 and 6.B.13=0

Skip if qualified at intensity=4 or 5

6.B.15 WAS THE SEVERITY/INTENSITY OF UNUSUAL RELIGIOUS IDEAS=3 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

6.B.16 HIGHEST FREQUENCY OF UNUSUAL RELIGIOUS IDEAS **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=3** (CAARMS scale, range 0-6)

6.B.17 WHILE SEVERITY/INTENSITY=3, DID **UNUSUAL RELIGIOUS IDEAS** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

6.B.18 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 6.B.0≥3 and 6.A.6=0 and 6.B.15=1 and 6.B.16≥3 and 6.B.17=0

6.B.19 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT ANY INTENSITY LEVEL? (0=No, 1=Yes) Yes requires 6.B.10=1 or 6.B.14=1 or 6.B.18=1

For Symptom Severity Calculations

6.D.2 CAARMS FREQUENCY OF UNUSUAL RELIGIOUS IDEAS OVER THE PAST MONTH.

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

For SIPS BIPS Current Status (skip unless qualifies for Lifetime SIPS BIPS)

6.D.5 WHEN AT SEVERITY/INTENSITY=6 OVER THE PAST MONTH, WERE UNUSUAL RELIGIOUS IDEAS ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER?(0=No, 1=Yes)

6.D.6 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID UNUSUAL RELIGIOUS IDEAS OCCUR AT **SEVERITY=6** AT LEAST SEVERAL MINUTES PER DAY AT LEAST ONE DAY IN THE **PAST MONTH**? (0=No, 1=Yes)

6.D.7 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID UNUSUAL RELIGIOUS IDEAS **BEGIN OR WORSEN TO A 6** IN THE PAST THREE MONTHS? (0=No, 1=Yes)

6.D.8 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 6.A.6=0 and 6.A.10=1 and 6.D.0=6 and 6.D.5=0 and 6.D.6=1 and 6.D.7=1

If symptom qualifies for current SIPS BIPS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

6.D.9 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PERSISTENCE STATUS? (0=No, 1=Yes) Yes requires 6.A.6=0 and 6.A.10=1 and 6.D.0=6 and 6.D.5=0 and 6.D.6=1 and 6.D.7=0

If symptom qualifies for current SIPS BIPS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

6.D.11 HAVE UNUSUAL RELIGIOUS IDEAS BEEN **RATED ≤5**, BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

6.D.13 HAVE UNUSUAL RELIGIOUS IDEAS BEEN **RATED=6** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

6.D.14 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 6.A.6=0 and 6.A.10=1 and ((6.D.0=6 and 6.D.5=1 and 6.D.11=1) or (6.D.0=6 and 6.D.5=0 and 6.D.6=0) or (6.D.0≤5 and 6.D.11=1))

6.D.15 HAVE UNUSUAL RELIGIOUS IDEAS BEEN **RATED=6** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

6.D.16 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 6.A.6=0 and 6.A.10=1 and ((6.D.0=6 and 6.D.5=1 and 6.D.15=1) or (6.D.0≤5 and 6.D.11=0))

For SIPS APSS Current Status (skip unless qualifies for Lifetime SIPS APSS)

6.D.18 WERE UNUSUAL RELIGIOUS IDEAS EXPERIENCED AT A **SEVERITY/INTENSITY=3 TO 5** AT ANY TIME OVER THE **PAST MONTH**? (0=No, 1=Yes)

6.D.18a WERE UNUSUAL RELIGIOUS IDEAS SUFFICIENTLY DISTRESSING AND DISABLING TO THE PARTICIPANT TO WARRANT CLINICAL ATTENTION? (0-No, 1=Yes)

6.D.19 WHEN AT **SEVERITY/INTENSITY=3 TO 5** OVER THE **PAST MONTH**, WERE UNUSUAL RELIGIOUS IDEAS ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER?(0=No, 1=Yes)

6.D.20 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID UNUSUAL RELIGIOUS IDEAS OCCUR AT **SEVERITY/INTENSITY=3 TO 5** AT AN AVERAGE FREQUENCY OF AT LEAST ONCE PER WEEK OVER THE **PAST MONTH**? (0=No, 1=Yes)

6.D.21 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID UNUSUAL RELIGIOUS IDEAS BEGIN WITHIN THE PAST YEAR, OR CURRENTLY RATE ONE OR MORE SCALE POINTS HIGHER COMPARED TO 12 MONTHS AGO? (0=No, 1=Yes)

6.D.22 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 6.A.6=0 and 6.A.14=1 and 6.D.18=1 and 6.D.19=0 and 6.D.20=1 and 6.D.21=1

If symptom qualifies for current SIPS APSS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

6.D.23 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PERSISTENCE STATUS?

(0=No, 1=Yes) Yes requires 6.A.6=0 and 6.A.14=1 and 6.D.18=1 and 6.D.19=0 and 6.D.20=1 and 6.D.21=0

If symptom qualifies for current SIPS APSS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

6.D.25 HAVE UNUSUAL RELIGIOUS IDEAS BEEN **RATED ≤2**, BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

6.D.27 HAVE UNUSUAL RELIGIOUS IDEAS BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

6.D.28 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PARTIAL REMISSION

STATUS? (0=No, 1=Yes) Yes requires 6.A.6=0 and 6.A.14=1 and ((6.D.18=1 and 6.D.19=1 and 6.D.25=1) or (6.D.18=1 and 6.D.19=0 and 6.D.20=0) or (6.D.18=0 and 6.D.25=1))

6.D.29 HAVE UNUSUAL RELIGIOUS IDEAS BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

6.D.30 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS FULL REMISSION STATUS?

(0=No, 1=Yes) Yes requires 6.A.6=0 and 6.A.14=1 and ((6.D.18=1 and 6.D.19=1 and 6.D.29=1) or (6.D.18=0 and 6.D.25=0))

P7 EROTOMANIC IDEAS

Inquiries

1. **Has anyone had a crush on you?**

2. Has anyone been in love with you?

Item-specific follow-ups: if either of the above are endorsed, ask the following.

Who is this person? Are they famous or well-known in any way?

Do you return his / her feelings?

Do you consider yourself in a relationship with this person?

Does this person communicate with you to demonstrate their love and affection for you? Has this person ever sent you a special gift or a secret message?

How did you know it was this person who sent you the gift / message? What sort of activities have you carried out to make contact with this person? *Try to elicit here if there has been any stalking-like behavior / harassing the individual etc.*

Rating Scale

7 EROTOMANIC IDEAS Positive Symptom Severity/Intensity Scale (circle one)

0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but Not Psychotic	6 Psychotic and Very Severe
No erotomantic ideas.	Erotomantic ideas that could be reality-based such as attributing flirtatiousness when other is merely friendly.	Erotomantic ideas beyond what might be expected by the average person but within cultural norms, such as attribution of affection to others (e.g. a crush).	Erotomantic ideas beyond cultural norms that may be plausible (may have some logical evidence), such as notions about love or adoration from others. Ideas seem meaningful. Seems (to the person) most likely imaginary.	Erotomantic ideas beyond cultural norms with the sense that they may be real. Although theoretically possible, ideas have arisen without logical evidence, such as suspected love or adoration from others.	Erotomantic ideas beyond cultural norms that seem real despite lack of evidence, such as improbable beliefs about love or adoration from others.	Erotomantic ideas beyond cultural norms that feel completely real despite evidence to the contrary, such as highly improbable beliefs about love or adoration from others.
No tenacity of erotomantic ideas.	Spontaneously rejects erotomantic ideas.	If within cultural norms, may defend erotomantic ideas. Otherwise, self-generates skepticism with very little effort.	Self-generates doubt or skepticism about erotomantic ideas with little effort.	Able to self-generate doubt or skepticism about erotomantic ideas with effort.	Doubt or skepticism about erotomantic ideas can only be induced when challenged by others.	Erotomantic ideas held with delusional conviction: no doubt, skepticism cannot be induced.
No distress from erotomantic ideas.	May have minor concerns from erotomantic ideas but not distressing.	May have some unease from erotomantic ideas but not distressing.	May have sense of apprehension from erotomantic ideas or may be somewhat distressing.	Erotomantic ideas may be preoccupying or distressing.	Erotomantic ideas may be disturbing or severely distressing.	Erotomantic ideas may be enraging or extremely distressing.
No interference by erotomantic ideas.	Erotomantic ideas do not affect other thoughts, feelings, social relations, or behavior.	Erotomantic ideas may affect but do not interfere with other thoughts, feelings, or social relations. Behavior not affected.	Erotomantic ideas may slightly interfere with other thoughts, feelings, or social relations. Behavior not affected.	Erotomantic ideas may somewhat interfere with other thoughts, feelings, or social relations. Behavior may be slightly affected.	Erotomantic ideas may clearly interfere with other thoughts, feelings, or social relations. Behavior may be somewhat affected.	Erotomantic ideas may significantly interfere with other thoughts, feelings, or social relations. Behavior may be clearly affected.

Record Ratings

Record ratings for this symptom for each of the three time frames below.

7.A.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF EROTOMANIC IDEAS DURING THE PARTICIPANT’S LIFETIME? (range 0-6)

7.B.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF EROTOMANIC IDEAS AT ANY TIME OVER PAST YEAR? (range 0-6)

7.D.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF EROTOMANIC IDEAS OVER THE PAST MONTH? (range 0-6)

When the lifetime rating is a 6

- ONSET DATE WHEN FIRST REACHED 6 _____

When the lifetime rating is 3-6

- ONSET DATE WHEN FIRST REACHED 3-5 _____

Grouping/Diagnostic Questions

For CAARMS/SIPS psychosis (skip unless highest LIFETIME=6)

7.A.2 HIGHEST FREQUENCY OF EROTOMANIC IDEAS OVER LIFETIME WHEN SEVERITY/INTENSITY=6 (CAARMS Scale, range 0-6)

7.A.3 DID EROTOMANIC IDEAS EVER LAST ≥1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY≥4? (0=No, 1=Yes)

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

7.A.4 DID EROTOMANIC IDEAS EVER LAST <1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY≥4 IN THE CONTEXT OF NEW OR INCREASED ANTIPSYCHOTIC MEDICATION? (0=No, 1=Yes)

7.A.5 WERE EROTOMANIC IDEAS WHILE RATED 6 EVER IMMINENTLY DANGEROUS (PHYSICALLY OR TO PERSONAL DIGNITY OR TO SOCIAL/FAMILY NETWORKS)?(0=No, 1=Yes)

7.A.6. DOES THIS SYMPTOM QUALIFY FOR A LIFETIME CAARMS/SIPS PSYCHOSIS DIAGNOSIS AT SCREEN? (0=No, 1=Yes) Yes requires 7.A.0=6 and ((7.A.2≥4 and (7.A.3=1 or 7.A.4=1)) or 7.A.5=1)

If symptom qualifies for lifetime CAARMS/SIPS psychosis diagnosis

- ONSET DATE FOR LIFETIME CAARMS/SIPS PSYCHOSIS _____
- OFFSET DATE FROM LIFETIME CAARMS/SIPS PSYCHOSIS _____

For SIPS Lifetime Brief Intermittent Psychosis Syndrome (skip unless highest LIFETIME=6)

7.A.8 WHEN AT SEVERITY/INTENSITY=6, WERE EROTOMANIC IDEAS ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

7.A.9 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID EROTOMANIC IDEAS EVER OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY? (0=No, 1=Yes)

7.A.10 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 7.A.0=6 and onset date of the symptom at a 6<onset date of any psychosis and 7.A.8=0 and 7.A.9=1

If symptom qualifies for lifetime SIPS BIPS diagnosis

- ONSET DATE FOR LIFETIME SIPS BIPS DIAGNOSIS (for this symptom) _____

For SIPS Lifetime Attenuated Psychotic Symptoms Syndrome (skip unless highest LIFETIME \geq 3)

7.A.11 WERE EROTOMANIC IDEAS **EVER** EXPERIENCED AT A SEVERITY/INTENSITY LEVEL=3 TO 5 ? (0=No, 1=Yes)

7.A.12 WHEN AT SEVERITY/INTENSITY=3 TO 5, WERE EROTOMANIC IDEAS **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

7.A.13 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID EROTOMANIC IDEAS **EVER** OCCUR AT SEVERITY=3 TO 5 AT AN AVERAGE FREQUENCY OF **AT LEAST ONCE PER WEEK** OVER A MONTH? (0=No, 1=Yes)

7.A.14 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 7.A.0 \geq 3 and onset date of the symptom at 3 to 5 < onset date of any psychosis and 7.A.12=0 and 7.A.13=1

If symptom qualifies for lifetime SIPS APSS diagnosis

- ONSET DATE FOR LIFETIME SIPS APSS DIAGNOSIS (for this symptom) _____

For CAARMS Brief Limited Intermittent Psychotic Symptoms (skip unless highest PAST YEAR=6)

7.B.2 HIGHEST FREQUENCY OF EROTOMANIC IDEAS **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=6**. (CAARMS scale, range 0-6)

7.B.3 WAS ANY EPISODE OF EROTOMANIC IDEAS IN THE PAST YEAR AT **SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4 PRESENT FOR <7 DAYS WITH SPONTANEOUS REMISSION EACH TIME? (0=No, 1=Yes)

7.B.4 **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4, DID EROTOMANIC IDEAS OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

7.B.5 DOES THIS SYMPTOM QUALIFY FOR A CAARMS BLIPS GROUPING? (0=No, 1=Yes)

Yes requires 7.B.0=6 and 7.A.6=0 and 7.B.2 \geq 4 and 7.B.3=1 and 7.B.4=0

If symptom qualifies for CAARMS BLIPS grouping

- SELECTED BLIPS EPISODE ONSET DATE _____
- SELECTED BLIPS EPISODE OFFSET DATE _____

For CAARMS Subthreshold Frequency (skip unless highest PAST YEAR=6)

7.B.6a WAS ANY EPISODE OF EROTOMANIC IDEAS IN THE PAST YEAR AT **SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3? (0=No, 1=Yes)

7.B.6b **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3, DID EROTOMANIC IDEAS OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

7.B.6 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD FREQUENCY GROUPING? (0=No, 1=Yes)

Yes requires 7.B.0=6 and 7.A.6=0 and 7.B.6a=1 and 7.B.6b=0

For CAARMS Subthreshold Intensity (skip unless highest PAST YEAR be \geq 3)

7.B.7 WAS THE SEVERITY/INTENSITY OF EROTOMANIC IDEAS=5 **AT ANY TIME** OVER PAST YEAR? (0=No, 1=Yes)

7.B.8 HIGHEST FREQUENCY OF EROTOMANIC IDEAS **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=5** (CAARMS scale, range 0-6)

7.B.9 WHILE SEVERITY/INTENSITY=5, DID **EROTOMANIC IDEAS** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

7.B.10 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 5? (0=No, 1=Yes) Yes requires 7.B.0≥5 and 7.A.6=0 and 7.B.7=1 and 7.B.8≥3 and 7.B.9=0

Skip if qualified at intensity=5

7.B.11 WAS THE SEVERITY/INTENSITY OF EROTOMANIC IDEAS=4 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

7.B.12 HIGHEST FREQUENCY OF EROTOMANIC IDEAS **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=4** (CAARMS scale, range 0-6)

7.B.13 WHILE SEVERITY/INTENSITY=4, DID **EROTOMANIC IDEAS** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

7.B.14 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 7.B.0≥4 and 7.A.6=0 and 7.B.11=1 and 7.B.12≥3 and 7.B.13=0

Skip if qualified at intensity=4 or 5

7.B.15 WAS THE SEVERITY/INTENSITY OF EROTOMANIC IDEAS=3 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

7.B.16 HIGHEST FREQUENCY OF EROTOMANIC IDEAS **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=3** (CAARMS scale, range 0-6)

7.B.17 WHILE SEVERITY/INTENSITY=3, DID **EROTOMANIC IDEAS** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

7.B.18 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 7.B.0≥3 and 7.A.6=0 and 7.B.15=1 and 7.B.16≥3 and 7.B.17=0

7.B.19 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT ANY INTENSITY LEVEL? (0=No, 1=Yes) Yes requires 7.B.10=1 or 7.B.14=1 or 7.B.18=1

For Symptom Severity Calculations

7.D.2 CAARMS FREQUENCY OF EROTOMANIC IDEAS OVER THE PAST MONTH.

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

For SIPS BIPS Current Status (skip unless qualifies for Lifetime SIPS BIPS)

7.D.5 **WHEN AT SEVERITY/INTENSITY=6 OVER THE PAST MONTH**, WERE EROTOMANIC IDEAS ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

7.D.6 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID EROTOMANIC IDEAS OCCUR AT **SEVERITY=6** AT LEAST SEVERAL MINUTES PER DAY AT LEAST ONE DAY IN THE **PAST MONTH**? (0=No, 1=Yes)

7.D.7 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID EROTOMANIC IDEAS **BEGIN OR WORSEN TO A 6** IN THE PAST THREE MONTHS? (0=No, 1=Yes)

7.D.8 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 7.A.6=0 and 7.A.10=1 and 7.D.0=6 and 7.D.5=0 and 7.D.6=1 and 7.D.7=1

If symptom qualifies for current SIPS BIPS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

7.D.9 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PERSISTENCE STATUS? (0=No, 1=Yes) Yes requires 7.A.6=0 and 7.A.10=1 and 7.D.0=6 and 7.D.5=0 and 7.D.6=1 and 7.D.7=0

If symptom qualifies for current SIPS BIPS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

7.D.11 HAVE EROTOMANIC IDEAS BEEN **RATED ≤5**, BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

7.D.13 HAVE EROTOMANIC IDEAS BEEN **RATED=6** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

7.D.14 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 7.A.6=0 and 7.A.10=1 and ((7.D.0=6 and 7.D.5=1 and 7.D.11=1) or (7.D.0=6 and 7.D.5=0 and 7.D.6=0) or (7.D.0≤5 and 7.D.11=1))

7.D.15 HAVE EROTOMANIC IDEAS BEEN **RATED=6** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

7.D.16 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 7.A.6=0 and 7.A.10=1 and ((7.D.0=6 and 7.D.5=1 and 7.D.15=1) or (7.D.0≤5 and 7.D.11=0))

For SIPS APSS Current Status (skip unless qualifies for Lifetime SIPS APSS)

7.D.18 WERE EROTOMANIC IDEAS EXPERIENCED AT A **SEVERITY/INTENSITY=3 TO 5** AT ANY TIME OVER THE **PAST MONTH**? (0=No, 1=Yes)

7.D.18a WERE EROTOMANIC IDEAS SUFFICIENTLY DISTRESSING AND DISABLING TO THE PARTICIPANT TO WARRANT CLINICAL ATTENTION? (0-No, 1=Yes)

7.D.19 WHEN AT **SEVERITY/INTENSITY=3 TO 5** OVER THE **PAST MONTH**, WERE EROTOMANIC IDEAS ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

7.D.20 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID EROTOMANIC IDEAS OCCUR AT **SEVERITY/INTENSITY=3 TO 5** AT AN AVERAGE FREQUENCY OF AT LEAST ONCE PER WEEK OVER THE **PAST MONTH**? (0=No, 1=Yes)

7.D.21 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID EROTOMANIC IDEAS BEGIN WITHIN THE PAST YEAR, OR CURRENTLY RATE ONE OR MORE SCALE POINTS HIGHER COMPARED TO 12 MONTHS AGO? (0=No, 1=Yes)

7.D.22 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 7.A.6=0 and 7.A.14=1 and 7.D.18=1 and 7.D.19=0 and 7.D.20=1 and 7.D.21=1

If symptom qualifies for current SIPS APSS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT _____

SCORE _____

7.D.23 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PERSISTENCE STATUS?
(0=No, 1=Yes) Yes requires 7.A.6=0 and 7.A.14=1 and 7.D.18=1 and 7.D.19=0 and 7.D.20=1 and 7.D.21=0

If symptom qualifies for current SIPS APSS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

7.D.25 HAVE EROTOMANIC IDEAS BEEN RATED ≤ 2 , BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

7.D.27 HAVE EROTOMANIC IDEAS BEEN RATED=3 TO 5 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

7.D.28 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 7.A.6=0 and 7.A.14=1 and ((7.D.18=1 and 7.D.19=1 and 7.D.25=1) or (7.D.18=1 and 7.D.19=0 and 7.D.20=0) or (7.D.18=0 and 7.D.25=1))

7.D.29 HAVE EROTOMANIC IDEAS BEEN RATED = 3 TO 5 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

7.D.30 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 7.A.6=0 and 7.A.14=1 and ((7.D.18=1 and 7.D.19=1 and 7.D.29=1) or (7.D.18=0 and 7.D.25=0))

P8 GRANDIOSITY

Inquiries

1. Have you been feeling that you are especially important in some way, or that you have gifts or special powers to do things that other people can't do?

2. Have you ever behaved without regard to negative consequences? For example, do you ever go on excessive spending sprees that you can't afford?

3. Have people ever told you that your plans or goals are unrealistic? What are these plans or goals? How do you imagine accomplishing them?

4. Have you ever thought of yourself as a famous or particularly important person?

5. Have you had the sense that you are often the center of people's attention?

Rating Scale

8 GRANDIOSITY Positive Symptom Severity/Intensity Scale (circle one)

0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but Not Psychotic	6 Psychotic and Very Severe
No grandiosity.	Grandiosity that could be reality-based such as private ideas of being better than others.	Grandiosity beyond what might be expected by the average person but within cultural norms, such as mostly private thoughts of particular aptitudes or skills.	Grandiosity beyond cultural norms that may be plausible (may have some logical evidence), such as notions of being unusually gifted; and/or has boastful speech.	Grandiosity beyond cultural norms with the sense that it may be real. Although theoretically possible, ideas have arisen without logical evidence, such as beliefs of talent, influence, and abilities.	Grandiosity beyond cultural norms that seems real despite lack of evidence, such as improbable beliefs of superior intellect, attractiveness, power, or fame.	Grandiosity beyond cultural norms that feels completely real despite evidence to the contrary, such as highly improbable beliefs about unique and special purpose, powers, or abilities.
No tenacity of grandiosity.	Spontaneously rejects grandiosity.	If within cultural norms, may defend grandiosity. Otherwise, self-generates skepticism with very little effort.	Self-generates doubt or skepticism about grandiosity with little effort.	Able to self-generate doubt or skepticism about grandiosity with effort.	Doubt or skepticism about grandiosity can only be induced when challenged by others.	Grandiosity held with delusional conviction: no doubt, skepticism cannot be induced.
No interference by grandiosity.	Grandiosity does not affect other thoughts, feelings, social relations, or behavior.	Grandiosity may affect but does not interfere with other thoughts, feelings, or social relations. Behavior not affected.	Grandiosity may slightly interfere with other thoughts, feelings, or social relations, e.g. may have exaggerated expectations. Behavior not affected.	Grandiosity may somewhat interfere with other thoughts, feelings, or social relations, e.g. may have unrealistic goals that may affect plans. Behavior may be slightly affected.	Grandiosity may clearly interfere with other thoughts, feelings, or social relations, e.g. expectations of exceptional performance without preparation. Behavior may be somewhat affected.	Grandiosity may significantly interfere with other thoughts, feelings, or social relations. Behavior may be clearly affected, e.g. trying to board plane without ticket due to fame or importance.

Record Ratings

Record ratings for this symptom for each of the three time frames below.

8.A.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF GRANDIOSITY DURING THE PARTICIPANT'S LIFETIME? (range 0-6)

8.B.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF GRANDIOSITY AT ANY TIME OVER PAST YEAR? (range 0-6)

8.D.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF GRANDIOSITY OVER THE PAST MONTH? (range 0-6)

When the lifetime rating is a 6

- ONSET DATE WHEN FIRST REACHED 6 _____

When the lifetime rating is 3-6

- ONSET DATE WHEN FIRST REACHED 3-5 _____

Grouping/Diagnostic Questions

For CAARMS/SIPS psychosis (**skip unless highest LIFETIME=6**)

8.A.2 HIGHEST FREQUENCY OF GRANDIOSITY OVER LIFETIME WHEN SEVERITY/INTENSITY=6 (CAARMS Scale, range 0-6)

8.A.3 DID GRANDIOSITY EVER LAST ≥ 1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY ≥ 4 ? (0=No, 1=Yes)

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

8.A.4 DID GRANDIOSITY EVER LAST < 1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY ≥ 4 IN THE CONTEXT OF **NEW OR INCREASED ANTIPSYCHOTIC** MEDICATION? (0=No, 1=Yes)

8.A.5 WAS GRANDIOSITY WHILE RATED 6 EVER **IMMINENTLY DANGEROUS** (PHYSICALLY OR TO PERSONAL DIGNITY OR TO SOCIAL/FAMILY NETWORKS)? (0=No, 1=Yes)

8.A.6. DOES THIS SYMPTOM QUALIFY FOR A LIFETIME CAARMS/SIPS PSYCHOSIS DIAGNOSIS AT SCREEN? (0=No, 1=Yes) Yes requires 8.A.0=6 and ((8.A.2 ≥ 4 and (8.A.3=1 or 8.A.4=1)) or 8.A.5=1)

If symptom qualifies for lifetime CAARMS/SIPS psychosis diagnosis

- ONSET DATE FOR LIFETIME CAARMS/SIPS PSYCHOSIS _____
- OFFSET DATE FROM LIFETIME CAARMS/SIPS PSYCHOSIS _____

For SIPS Lifetime Brief Intermittent Psychosis Syndrome (**skip unless highest LIFETIME=6**)

8.A.8 WHEN AT SEVERITY/INTENSITY=6, WAS GRANDIOSITY **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

8.A.9 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID GRANDIOSITY **EVER** OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY? (0=No, 1=Yes)

8.A.10 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 8.A.0=6 and onset date of the symptom at a 6<onset date of any psychosis and 8.A.8=0 and 8.A.9=1

If symptom qualifies for lifetime SIPS BIPS diagnosis

- ONSET DATE FOR LIFETIME SIPS BIPS DIAGNOSIS (for this symptom) _____

For SIPS Lifetime Attenuated Psychotic Symptoms Syndrome (skip unless highest LIFETIME≥3)

8.A.11 WAS GRANDIOSITY EVER EXPERIENCED AT A SEVERITY/INTENSITY LEVEL=3 TO 5 ? (0=No, 1=Yes)

8.A.12 WHEN AT SEVERITY/INTENSITY=3 TO 5, WAS GRANDIOSITY ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

8.A.13 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID GRANDIOSITY EVER OCCUR AT SEVERITY=3 TO 5 AT AN AVERAGE FREQUENCY OF AT LEAST ONCE PER WEEK OVER A MONTH? (0=No, 1=Yes)

8.A.14 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 8.A.0≥3 and onset date of the symptom at 3 to 5<onset date of any psychosis and 8.A.12=0 and 8.A.13=1

If symptom qualifies for lifetime SIPS APSS diagnosis

- ONSET DATE FOR LIFETIME SIPS APSS DIAGNOSIS (for this symptom) _____

For CAARMS Brief Limited Intermittent Psychotic Symptoms (skip unless highest PAST YEAR=6)

8.B.2 HIGHEST FREQUENCY OF GRANDIOSITY DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=6. (CAARMS scale, range 0-6)

8.B.3 WAS ANY EPISODE OF GRANDIOSITY IN THE PAST YEAR AT SEVERITY/INTENSITY=6 AND A FREQUENCY OF AT LEAST 4 PRESENT FOR <7 DAYS WITH SPONTANEOUS REMISSION EACH TIME? (0=No, 1=Yes)

8.B.4 WHILE SEVERITY/INTENSITY=6 AND A FREQUENCY OF AT LEAST 4, DID GRANDIOSITY OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

8.B.5 DOES THIS SYMPTOM QUALIFY FOR A CAARMS BLIPS GROUPING? (0=No, 1=Yes) Yes requires 8.B.0=6 and 8.A.6=0 and 8.B.2≥4 and 8.B.3=1 and 8.B.4=0

If symptom qualifies for CAARMS BLIPS grouping

- SELECTED BLIPS EPISODE ONSET DATE _____
- SELECTED BLIPS EPISODE OFFSET DATE _____

For CAARMS Subthreshold Frequency (skip unless highest PAST YEAR=6)

8.B.6a WAS ANY EPISODE OF GRANDIOSITY IN THE PAST YEAR AT SEVERITY/INTENSITY=6 AND A FREQUENCY OF 3? (0=No, 1=Yes)

8.B.6b WHILE SEVERITY/INTENSITY=6 AND A FREQUENCY OF 3, DID GRANDIOSITY OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

8.B.6 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD FREQUENCY GROUPING? (0=No, 1=Yes) Yes requires 8.B.0=6 and 8.A.6=0 and 8.B.6a=1 and 8.B.6b=0

For CAARMS Subthreshold Intensity (skip unless highest PAST YEAR be ≥3)

8.B.7 WAS THE SEVERITY/INTENSITY OF GRANDIOSITY=5 AT ANY TIME OVER PAST YEAR?

(0=No, 1=Yes)

8.B.8 HIGHEST FREQUENCY OF GRANDIOSITY DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=5 (CAARMS scale, range 0-6)

8.B.9 WHILE SEVERITY/INTENSITY=5, DID **GRANDIOSITY** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

8.B.10 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 5? (0=No, 1=Yes) Yes requires 8.B.0≥5 and 8.A.6=0 and 8.B.7=1 and 8.B.8≥3 and 8.B.9=0

Skip if qualified at intensity=5

8.B.11 WAS THE SEVERITY/INTENSITY OF GRANDIOSITY=4 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

8.B.12 HIGHEST FREQUENCY OF GRANDIOSITY DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=4 (CAARMS scale, range 0-6)

8.B.13 WHILE SEVERITY/INTENSITY=4, DID **GRANDIOSITY** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

8.B.14 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 8.B.0≥4 and 8.A.6=0 and 8.B.11=1 and 8.B.12≥3 and 8.B.13=0

Skip if qualified at intensity=4 or 5

8.B.15 WAS THE SEVERITY/INTENSITY OF GRANDIOSITY=3 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

8.B.16 HIGHEST FREQUENCY OF GRANDIOSITY DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=3 (CAARMS scale, range 0-6)

8.B.17 WHILE SEVERITY/INTENSITY=3, DID **GRANDIOSITY** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

8.B.18 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 8.B.0≥3 and 8.A.6=0 and 8.B.15=1 and 8.B.16≥3 and 8.B.17=0

8.B.19 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT ANY INTENSITY LEVEL? (0=No, 1=Yes) Yes requires 8.B.10=1 or 8.B.14=1 or 8.B.18=1

For Symptom Severity Calculations

8.D.2 CAARMS FREQUENCY OF GRANDIOSITY OVER THE PAST MONTH.

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

For SIPS BIPS Current Status (skip unless qualifies for Lifetime SIPS BIPS)

8.D.5 **WHEN AT SEVERITY/INTENSITY=6 OVER THE PAST MONTH, WAS GRANDIOSITY ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER?** (0=No, 1=Yes)

8.D.6 **WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID GRANDIOSITY OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY AT LEAST ONE DAY IN THE PAST MONTH?** (0=No, 1=Yes)

8.D.7 **WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID GRANDIOSITY BEGIN OR WORSEN TO A 6 IN THE PAST THREE MONTHS?** (0=No, 1=Yes)

8.D.8 **DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PROGRESSION STATUS?** (0=No, 1=Yes) Yes requires 8.A.6=0 and 8.A.10=1 and 8.D.0=6 and 8.D.5=0 and 8.D.6=1 and 8.D.7=1

If symptom qualifies for current SIPS BIPS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

8.D.9 **DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PERSISTENCE STATUS?** (0=No, 1=Yes) Yes requires 8.A.6=0 and 8.A.10=1 and 8.D.0=6 and 8.D.5=0 and 8.D.6=1 and 8.D.7=0

If symptom qualifies for current SIPS BIPS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

8.D.11 **HAVE GRANDIOSITY BEEN RATED ≤5, BUT ONLY FOR THE PAST SIX MONTHS OR LESS?** (0=No, 1=Yes)

8.D.13 **HAVE GRANDIOSITY BEEN RATED=6 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS?** (0=No, 1=Yes)

8.D.14 **DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PARTIAL REMISSION STATUS?** (0=No, 1=Yes) Yes requires 8.A.6=0 and 8.A.10=1 and ((8.D.0=6 and 8.D.5=1 and 8.D.11=1) or (8.D.0=6 and 8.D.5=0 and 8.D.6=0) or (8.D.0≤5 and 8.D.11=1))

8.D.15 **HAVE GRANDIOSITY BEEN RATED=6 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS?** (0=No, 1=Yes)

8.D.16 **DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS FULL REMISSION STATUS?** (0=No, 1=Yes) Yes requires 8.A.6=0 and 8.A.10=1 and ((8.D.0=6 and 8.D.5=1 and 8.D.15=1) or (8.D.0≤5 and 8.D.11=0))

For SIPS APSS Current Status (skip unless qualifies for Lifetime SIPS APSS)

8.D.18 **WAS GRANDIOSITY EXPERIENCED AT A SEVERITY/INTENSITY=3 TO 5 AT ANY TIME OVER THE PAST MONTH?** (0=No, 1=Yes)

8.D.18a **WAS GRANDIOSITY SUFFICIENTLY DISTRESSING AND DISABLING TO THE PARTICIPANT TO WARRANT CLINICAL ATTENTION?** (0=No, 1=Yes)

8.D.19 **WHEN AT SEVERITY/INTENSITY=3 TO 5 OVER THE PAST MONTH, WAS GRANDIOSITY ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER?** (0=No, 1=Yes)

8.D.20 **WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID GRANDIOSITY OCCUR AT SEVERITY/INTENSITY=3 TO 5 AT AN AVERAGE FREQUENCY OF AT LEAST ONCE PER WEEK OVER THE PAST MONTH?** (0=No, 1=Yes)

8.D.21 **WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID GRANDIOSITY BEGIN WITHIN THE PAST YEAR, OR CURRENTLY RATE ONE OR MORE SCALE POINTS HIGHER COMPARED TO 12 MONTHS AGO?** (0=No, 1=Yes)

8.D.22 **DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PROGRESSION STATUS?** (0=No, 1=Yes) Yes requires 8.A.6=0 and 8.A.14=1 and 8.D.18=1 and 8.D.19=0 and 8.D.20=1 and 8.D.21=1

If symptom qualifies for current SIPS APSS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

8.D.23 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PERSISTENCE STATUS?

(0=No, 1=Yes) Yes requires 8.A.6=0 and 8.A.14=1 and 8.D.18=1 and 8.D.19=0 and 8.D.20=1 and 8.D.21=0

If symptom qualifies for current SIPS APSS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

8.D.25 HAVE GRANDIOSITY BEEN **RATED ≤2**, BUT ONLY FOR THE PAST SIX MONTHS OR LESS?

(0=No, 1=Yes)

8.D.27 HAVE GRANDIOSITY BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

8.D.28 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PARTIAL REMISSION

STATUS? (0=No, 1=Yes) Yes requires 8.A.6=0 and 8.A.14=1 and ((8.D.18=1 and 8.D.19=1 and 8.D.25=1) or (8.D.18=1 and 8.D.19=0 and 8.D.20=0) or (8.D.18=0 and 8.D.25=1))

8.D.29 HAVE GRANDIOSITY BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

8.D.30 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS FULL REMISSION STATUS?

(0=No, 1=Yes) Yes requires 8.A.6=0 and 8.A.14=1 and ((8.D.18=1 and 8.D.19=1 and 8.D.29=1) or (8.D.18=0 and 8.D.25=0))

P9 AUDITORY PERCEPTUAL ABNORMALITIES

Inquiries

1. Has there been any change in the way things sound to you?

2. Have things somehow sounded different or abnormal?

3. Have you been feeling more sensitive to sounds? Louder or softer?

4. Have you ever heard unusual sounds like banging, clicking, hissing, clapping, ringing in your ears?

5. Have you ever heard things that may not really be there?

6. Have you ever heard your own thoughts as if they are being spoken outside your head?

7. Have you ever heard a voice that others don't seem to or can't hear? Did it sound clearly like a voice speaking to you as I am now? Could it have been your own thoughts or was it clearly a voice speaking out loud?

Rating Scale

9 AUDITORY PERCEPTUAL ABNORMALITIES Positive Symptom Severity/Intensity Scale (circle one)

0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but Not Psychotic	6 Psychotic and Very Severe
No unusual auditory perceptual experiences or abnormalities.	Auditory perceptual experiences that are not unusual but gain more than usual attention, or momentarily misidentifying one common sound for another, such as the distant sound of a dog barking for a baby crying.	Auditory perceptual experiences such as sensitivity changes e.g. heightened or dulled sounds. Hypnagogic or hypnopompic auditory experiences. Or auditory illusions slightly different from actual stimulus. Or auditory experiences beyond what might be expected by the average person but within cultural norms.	Auditory perceptual abnormalities in absence of actual stimulus with no discernible words such as indistinct murmuring or whispering. Or auditory illusions or distortions in quality of sounds that are unusual and significantly different from actual stimulus.	Auditory perceptual abnormalities in absence of actual stimulus with some discernible words such as name being called, phone ringing, but no complex content, or loud internal thoughts that could be perceived as a voice.	Auditory perceptual abnormalities in absence of actual stimulus with fully discernible words and sentences but lacking the quality of a true perception, e.g. can explain a difference from a real voice, or loud internal thoughts that are mostly perceived as a voice.	Auditory perceptual abnormalities that have the quality of a true perception, person gives a vivid description, e.g. sounds exactly like a real voice. Could be located inside or outside the body.
No source for auditory perceptual experiences or abnormalities.	Recognized as ordinary.	Confident it is their own imagination. Or if within cultural norms, may defend auditory experiences.	Perceived as probably not real and person is not clear if it's their own imagination.	Perceived as possibly real and may, or may not be distinct from person's own imagination.	Perceived as seeming real and mostly distinct from the person's own imagination.	Perceived as completely real and clearly distinct from the person's own imagination.
No distress from auditory perceptual experiences or abnormalities.	May have minor concerns from auditory perceptual experiences or abnormalities but not distressing.	May have some unease from auditory perceptual experiences or abnormalities but not particularly distressing.	May have sense of apprehension from auditory perceptual abnormalities or may be somewhat distressing.	Auditory perceptual abnormalities may be preoccupying or distressing.	Auditory perceptual abnormalities may be disturbing or severely distressing.	Auditory perceptual abnormalities may be frightening or extremely distressing.
No interference by auditory perceptual experiences or abnormalities.	Auditory perceptual experiences do not affect other thoughts, feelings, social relations, or behavior.	Auditory perceptual experiences may affect but do not interfere with other thoughts, feelings, or social relations. Behavior not affected.	Auditory perceptual abnormalities may slightly interfere with other thoughts, feelings, or social relations. Behavior not affected.	Auditory perceptual abnormalities may somewhat interfere with other thoughts, feelings, or social relations. Behavior may be slightly affected.	Auditory perceptual abnormalities may clearly interfere with other thoughts, feelings, or social relations. Behavior may be somewhat affected.	Auditory perceptual abnormalities may significantly interfere with other thoughts, feelings, or social relations. Behavior may be clearly affected.

Record Ratings

Record ratings for this symptom for each of the three time frames below.

9.A.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF AUDITORY PERCEPTUAL ABNORMALITIES DURING THE PARTICIPANT'S LIFETIME? (range 0-6)

9.B.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF AUDITORY PERCEPTUAL ABNORMALITIES AT ANY TIME OVER PAST YEAR? (range 0-6)

9.D.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF AUDITORY PERCEPTUAL ABNORMALITIES OVER THE PAST MONTH? (range 0-6)

When the lifetime rating is a 6

- ONSET DATE WHEN FIRST REACHED 6 _____

When the lifetime rating is 3-6

- ONSET DATE WHEN FIRST REACHED 3-5 _____

Grouping/Diagnostic Questions

For CAARMS/SIPS psychosis (skip unless highest LIFETIME=6)

9.A.2 HIGHEST FREQUENCY OF AUDITORY PERCEPTUAL ABNORMALITIES OVER LIFETIME WHEN SEVERITY/INTENSITY=6 (CAARMS Scale, range 0-6)

9.A.3 DID AUDITORY PERCEPTUAL ABNORMALITIES EVER LAST ≥ 1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY ≥ 4 ? (0=No, 1=Yes)

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

9.A.4 DID AUDITORY PERCEPTUAL ABNORMALITIES EVER LAST < 1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY ≥ 4 IN THE CONTEXT OF NEW OR INCREASED ANTIPSYCHOTIC MEDICATION? (0=No, 1=Yes)

9.A.5 WERE AUDITORY PERCEPTUAL ABNORMALITIES WHILE RATED 6 EVER IMMINENTLY DANGEROUS (PHYSICALLY OR TO PERSONAL DIGNITY OR TO SOCIAL/FAMILY NETWORKS)? (0=No, 1=Yes)

9.A.6. DOES THIS SYMPTOM QUALIFY FOR A LIFETIME CAARMS/SIPS PSYCHOSIS DIAGNOSIS AT SCREEN? (0=No, 1=Yes) Yes requires 9.A.0=6 and ((9.A.2 ≥ 4 and (9.A.3=1 or 9.A.4=1)) or 9.A.5=1)

If symptom qualifies for lifetime CAARMS/SIPS psychosis diagnosis

- ONSET DATE FOR LIFETIME CAARMS/SIPS PSYCHOSIS _____
- OFFSET DATE FROM LIFETIME CAARMS/SIPS PSYCHOSIS _____

For SIPS Lifetime Brief Intermittent Psychosis Syndrome (skip unless highest LIFETIME=6)

9.A.8 WHEN AT SEVERITY/INTENSITY=6, WERE AUDITORY PERCEPTUAL ABNORMALITIES ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

9.A.9 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID AUDITORY PERCEPTUAL ABNORMALITIES EVER OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY? (0=No, 1=Yes)

9.A.10 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes) Yes requires 9.A.0=6 and onset date of the symptom at a 6<onset date of any psychosis and 9.A.8=0 and

9.A.9=1

If symptom qualifies for lifetime SIPS BIPS diagnosis

- ONSET DATE FOR LIFETIME SIPS BIPS DIAGNOSIS (for this symptom) _____

For SIPS Lifetime Attenuated Psychotic Symptoms Syndrome (skip unless highest LIFETIME \geq 3)

9.A.11 WERE AUDITORY PERCEPTUAL ABNORMALITIES **EVER** EXPERIENCED AT A SEVERITY/INTENSITY LEVEL=3 TO 5 ? (0=No, 1=Yes)

9.A.12 WHEN AT SEVERITY/INTENSITY=3 TO 5, WERE AUDITORY PERCEPTUAL ABNORMALITIES **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

9.A.13 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID AUDITORY PERCEPTUAL ABNORMALITIES **EVER** OCCUR AT SEVERITY=3 TO 5 AT AN AVERAGE FREQUENCY OF **AT LEAST ONCE PER WEEK** OVER A MONTH? (0=No, 1=Yes)

9.A.14 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)
Yes requires 9.A.0 \geq 3 and onset date of the symptom at 3 to 5 < onset date of any psychosis and 9.A.12=0 and 9.A.13=1

If symptom qualifies for lifetime SIPS APSS diagnosis

- ONSET DATE FOR LIFETIME SIPS APSS DIAGNOSIS (for this symptom) _____

For CAARMS Brief Limited Intermittent Psychotic Symptoms (skip unless highest PAST YEAR=6)

9.B.2 HIGHEST FREQUENCY OF AUDITORY PERCEPTUAL ABNORMALITIES **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=6**. (CAARMS scale, range 0-6)

9.B.3 WAS ANY EPISODE OF AUDITORY PERCEPTUAL ABNORMALITIES IN THE PAST YEAR **AT SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4 PRESENT FOR <7 DAYS WITH SPONTANEOUS REMISSION EACH TIME? (0=No, 1=Yes)

9.B.4 **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4, DID AUDITORY PERCEPTUAL ABNORMALITIES OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

9.B.5 DOES THIS SYMPTOM QUALIFY FOR A CAARMS BLIPS GROUPING? (0=No, 1=Yes) Yes requires 9.B.0=6 and 9.A.6=0 and 9.B.2 \geq 4 and 9.B.3=1 and 9.B.4=0

If symptom qualifies for CAARMS BLIPS grouping

- SELECTED BLIPS EPISODE ONSET DATE _____
- SELECTED BLIPS EPISODE OFFSET DATE _____

For CAARMS Subthreshold Frequency (skip unless highest PAST YEAR=6)

9.B.6a WAS ANY EPISODE OF AUDITORY PERCEPTUAL ABNORMALITIES IN THE PAST YEAR **AT SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3? (0=No, 1=Yes)

9.B.6b **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3, DID AUDITORY PERCEPTUAL ABNORMALITIES OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

9.B.6 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD FREQUENCY GROUPING? (0=No, 1=Yes) Yes requires 9.B.0=6 and 9.A.6=0 and 9.B.6a=1 and 9.B.6b=0

For CAARMS Subthreshold Intensity (skip unless highest PAST YEAR be \geq 3)

9.B.7 WAS THE SEVERITY/INTENSITY OF AUDITORY PERCEPTUAL ABNORMALITIES=5 **AT ANY**

TIME OVER PAST YEAR? (0=No, 1=Yes)

9.B.8 HIGHEST FREQUENCY OF AUDITORY PERCEPTUAL ABNORMALITIES DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=5 (CAARMS scale, range 0-6)

9.B.9 WHILE SEVERITY/INTENSITY=5, DID AUDITORY PERCEPTUAL ABNORMALITIES OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

9.B.10 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 5? (0=No, 1=Yes) Yes requires 9.B.0≥5 and 9.A.6=0 and 9.B.7=1 and 9.B.8≥3 and 9.B.9=0

Skip if qualified at intensity=5

9.B.11 WAS THE SEVERITY/INTENSITY OF AUDITORY PERCEPTUAL ABNORMALITIES=4 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

9.B.12 HIGHEST FREQUENCY OF AUDITORY PERCEPTUAL ABNORMALITIES DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=4 (CAARMS scale, range 0-6)

9.B.13 WHILE SEVERITY/INTENSITY=4, DID AUDITORY PERCEPTUAL ABNORMALITIES OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

9.B.14 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 9.B.0≥4 and 9.A.6=0 and 9.B.11=1 and 9.B.12≥3 and 9.B.13=0

Skip if qualified at intensity=4 or 5

9.B.15 WAS THE SEVERITY/INTENSITY OF AUDITORY PERCEPTUAL ABNORMALITIES=3 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

9.B.16 HIGHEST FREQUENCY OF AUDITORY PERCEPTUAL ABNORMALITIES DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=3 (CAARMS scale, range 0-6)

9.B.17 WHILE SEVERITY/INTENSITY=3, DID AUDITORY PERCEPTUAL ABNORMALITIES OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

9.B.18 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 9.B.0≥3 and 9.A.6=0 and 9.B.15=1 and 9.B.16≥3 and 9.B.17=0

9.B.19 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT ANY INTENSITY LEVEL? (0=No, 1=Yes) Yes requires 9.B.10=1 or 9.B.14=1 or 9.B.18=1

For Symptom Severity Calculations

9.D.2 CAARMS FREQUENCY OF AUDITORY PERCEPTUAL ABNORMALITIES OVER THE PAST MONTH.

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

For SIPS BIPS Current Status (skip unless qualifies for Lifetime SIPS BIPS)

9.D.5 **WHEN AT SEVERITY/INTENSITY=6 OVER THE PAST MONTH**, WERE AUDITORY PERCEPTUAL ABNORMALITIES ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

9.D.6 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID AUDITORY PERCEPTUAL ABNORMALITIES OCCUR AT **SEVERITY=6** AT LEAST SEVERAL MINUTES PER DAY AT LEAST ONE DAY IN THE **PAST MONTH**? (0=No, 1=Yes)

9.D.7 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID AUDITORY PERCEPTUAL ABNORMALITIES **BEGIN OR WORSEN TO A 6** IN THE PAST THREE MONTHS? (0=No, 1=Yes)

9.D.8 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 9.A.6=0 and 9.A.10=1 and 9.D.0=6 and 9.D.5=0 and 9.D.6=1 and 9.D.7=1

If symptom qualifies for current SIPS BIPS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

9.D.9 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PERSISTENCE STATUS? (0=No, 1=Yes) Yes requires 9.A.6=0 and 9.A.10=1 and 9.D.0=6 and 9.D.5=0 and 9.D.6=1 and 9.D.7=0

If symptom qualifies for current SIPS BIPS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

9.D.11 HAVE AUDITORY PERCEPTUAL ABNORMALITIES BEEN **RATED ≤5**, BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

9.D.13 HAVE AUDITORY PERCEPTUAL ABNORMALITIES BEEN **RATED=6** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

9.D.14 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 9.A.6=0 and 9.A.10=1 and ((9.D.0=6 and 9.D.5=1 and 9.D.11=1) or (9.D.0=6 and 9.D.5=0 and 9.D.6=0) or (9.D.0≤5 and 9.D.11=1))

9.D.15 HAVE AUDITORY PERCEPTUAL ABNORMALITIES BEEN **RATED=6** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

9.D.16 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 9.A.6=0 and 9.A.10=1 and ((9.D.0=6 and 9.D.5=1 and 9.D.15=1) or (9.D.0≤5 and 9.D.11=0))

For SIPS APSS Current Status (skip unless qualifies for Lifetime SIPS APSS)

9.D.18 WERE AUDITORY PERCEPTUAL ABNORMALITIES EXPERIENCED AT A **SEVERITY/INTENSITY=3 TO 5** AT ANY TIME OVER THE **PAST MONTH**? (0=No, 1=Yes)

9.D.18a WERE AUDITORY PERCEPTUAL ABNORMALITIES SUFFICIENTLY DISTRESSING AND DISABLING TO THE PARTICIPANT TO WARRANT CLINICAL ATTENTION? (0=No, 1=Yes)

9.D.19 **WHEN AT SEVERITY/INTENSITY=3 TO 5 OVER THE PAST MONTH**, WERE AUDITORY PERCEPTUAL ABNORMALITIES ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

9.D.20 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID AUDITORY PERCEPTUAL ABNORMALITIES OCCUR AT **SEVERITY/INTENSITY=3 TO 5** AT AN AVERAGE FREQUENCY OF AT LEAST ONCE PER WEEK OVER THE **PAST MONTH**? (0=No, 1=Yes)

9.D.21 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID AUDITORY PERCEPTUAL

ABNORMALITIES BEGIN WITHIN THE PAST YEAR, OR CURRENTLY RATE ONE OR MORE SCALE POINTS HIGHER COMPARED TO 12 MONTHS AGO? (0=No, 1=Yes)

9.D.22 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PROGRESSION STATUS?
(0=No, 1=Yes) Yes requires 9.A.6=0 and 9.A.14=1 and 9.D.18=1 and 9.D.19=0 and 9.D.20=1 and 9.D.21=1

If symptom qualifies for current SIPS APSS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

9.D.23 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PERSISTENCE STATUS?
(0=No, 1=Yes) Yes requires 9.A.6=0 and 9.A.14=1 and 9.D.18=1 and 9.D.19=0 and 9.D.20=1 and 9.D.21=0

If symptom qualifies for current SIPS APSS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

9.D.25 HAVE AUDITORY PERCEPTUAL ABNORMALITIES BEEN **RATED ≤2**, BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

9.D.27 HAVE AUDITORY PERCEPTUAL ABNORMALITIES BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

9.D.28 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 9.A.6=0 and 9.A.14=1 and ((9.D.18=1 and 9.D.19=1 and 9.D.25=1) or (9.D.18=1 and 9.D.19=0 and 9.D.20=0) or (9.D.18=0 and 9.D.25=1))

9.D.29 HAVE AUDITORY PERCEPTUAL ABNORMALITIES BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

9.D.30 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS FULL REMISSION STATUS?
(0=No, 1=Yes) Yes requires 9.A.6=0 and 9.A.14=1 and ((9.D.18=1 and 9.D.19=1 and 9.D.29=1) or (9.D.18=0 and 9.D.25=0))

P10 VISUAL PERCEPTUAL ABNORMALITIES

Inquiries

1. Have you ever felt your eyes are playing tricks on you?

2. Have you seemed to feel more sensitive to light or have things that you see appeared different in color, brightness or dullness; or have they changed in some other way? Have there been alterations in the size and shape of objects? Have they seemed to be moving?

3. Have you ever seen unusual things like flashes, flames, vague figures, shadows, or movement out of the corner of your eye?

4. Have you ever thought you see people, animals, or things that others don't seem to or can't see? At the time that you see these things, how real do they seem?

5. Have you ever “mis-seen” things?

Rating Scale

10 VISUAL PERCEPTUAL ABNORMALITIES Positive Symptom Severity/Intensity Scale (circle one)

0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but Not Psychotic	6 Psychotic and Very Severe
No unusual visual perceptual experiences or abnormalities.	Visual perceptual experiences that are not unusual but gain more than usual attention, or momentarily misidentifying one common object for another in peripheral vision.	Visual perceptual experiences such as shadows or sensitivity changes e.g. heightened or dulled colors. Hypnagogic or hypnopompic visual experiences. Or visual illusions slightly different from actual stimulus. Or visual experiences beyond what might be expected by the average person but within cultural norms.	Visual perceptual abnormalities in absence of actual stimulus with no discernible physical features such as a flash of movement or fuzzy undefined shape. Or visual illusions that are unusual and significantly different from actual stimulus.	Visual perceptual abnormalities in absence of actual stimulus with some discernible physical features such as ill-defined but identifiable figures or objects.	Visual perceptual abnormalities in absence of actual stimulus with fully discernible physical features but lacking the quality of a true perception, e.g. can explain a difference from a real person, creature, or object.	Visual perceptual abnormalities in absence of actual stimulus that have the quality of a true perception, person gives a vivid description, e.g. looks exactly like a real person, creature, or object.
No source for visual perceptual experiences or abnormalities.	Recognized as ordinary.	Confident it is their own imagination. Or if within cultural norms, may defend visual experiences.	Perceived as probably not real and person is not clear if it's their own imagination.	Perceived as possibly real and may, or may not be distinct from person's own imagination.	Perceived as seeming real and mostly distinct from the person's own imagination.	Perceived as completely real and clearly distinct from the person's own imagination.
No distress from visual perceptual experiences or abnormalities.	May have minor concerns from visual perceptual experiences or abnormalities but not distressing.	May have some unease from visual perceptual experiences or abnormalities but not particularly distressing.	May have sense of apprehension from visual perceptual abnormalities or may be somewhat distressing.	Visual perceptual abnormalities may be preoccupying or distressing.	Visual perceptual abnormalities may be disturbing or severely distressing.	Visual perceptual abnormalities may be frightening or extremely distressing.
No interference by visual perceptual experiences or abnormalities.	Visual perceptual experiences do not affect other thoughts, feelings, social relations, or behavior.	Visual perceptual experiences may affect but do not interfere with other thoughts, feelings, or social relations. Behavior not affected.	Visual perceptual abnormalities may slightly interfere with other thoughts, feelings, or social relations. Behavior not affected.	Visual perceptual abnormalities may somewhat interfere with other thoughts, feelings, or social relations. Behavior may be slightly affected.	Visual perceptual abnormalities may clearly interfere with other thoughts, feelings, or social relations. Behavior may be somewhat affected.	Visual perceptual abnormalities may significantly interfere with other thoughts, feelings, or social relations. Behavior may be clearly affected.

Record Ratings

Record ratings for this symptom for each of the three time frames below.

10.A.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF VISUAL PERCEPTUAL ABNORMALITIES DURING THE PARTICIPANT'S LIFETIME? (range 0-6)

10.B.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF VISUAL PERCEPTUAL ABNORMALITIES AT ANY TIME OVER PAST YEAR? (range 0-6)

10.D.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF VISUAL PERCEPTUAL ABNORMALITIES OVER THE PAST MONTH? (range 0-6)

When the lifetime rating is a 6

- ONSET DATE WHEN FIRST REACHED 6 _____

When the lifetime rating is 3-6

- ONSET DATE WHEN FIRST REACHED 3-5 _____

Grouping/Diagnostic Questions

For CAARMS/SIPS psychosis (skip unless highest LIFETIME=6)

10.A.2 HIGHEST FREQUENCY OF VISUAL PERCEPTUAL ABNORMALITIES OVER LIFETIME WHEN SEVERITY/INTENSITY=6 (CAARMS Scale, range 0-6)

10.A.3 DID VISUAL PERCEPTUAL ABNORMALITIES EVER LAST ≥ 1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY ≥ 4 ? (0=No, 1=Yes)

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

10.A.4 DID VISUAL PERCEPTUAL ABNORMALITIES EVER LAST < 1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY ≥ 4 IN THE CONTEXT OF NEW OR INCREASED ANTIPSYCHOTIC MEDICATION? (0=No, 1=Yes)

10.A.5 WERE VISUAL PERCEPTUAL ABNORMALITIES WHILE RATED 6 EVER IMMEDIATELY DANGEROUS (PHYSICALLY OR TO PERSONAL DIGNITY OR TO SOCIAL/FAMILY NETWORKS)? (0=No, 1=Yes)

10.A.6. DOES THIS SYMPTOM QUALIFY FOR A LIFETIME CAARMS/SIPS PSYCHOSIS DIAGNOSIS AT SCREEN? (0=No, 1=Yes) Yes requires 10.A.0=6 and ((10.A.2 ≥ 4 and (10.A.3=1 or 10.A.4=1)) or 10.A.5=1)

If symptom qualifies for lifetime CAARMS/SIPS psychosis diagnosis

- ONSET DATE FOR LIFETIME CAARMS/SIPS PSYCHOSIS _____
- OFFSET DATE FROM LIFETIME CAARMS/SIPS PSYCHOSIS _____

For SIPS Lifetime Brief Intermittent Psychosis Syndrome (skip unless highest LIFETIME=6)

10.A.8 WHEN AT SEVERITY/INTENSITY=6, WERE VISUAL PERCEPTUAL ABNORMALITIES ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

10.A.9 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID VISUAL PERCEPTUAL ABNORMALITIES EVER OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY? (0=No, 1=Yes)

10.A.10 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes) Yes requires 10.A.0=6 and onset date of the symptom at a 6<onset date of any psychosis and 10.A.8=0 and

10.A.9=1

If symptom qualifies for lifetime SIPS BIPS diagnosis

- ONSET DATE FOR LIFETIME SIPS BIPS DIAGNOSIS (for this symptom) _____

For SIPS Lifetime Attenuated Psychotic Symptoms Syndrome (skip unless highest LIFETIME≥3)

10.A.11 WERE VISUAL PERCEPTUAL ABNORMALITIES **EVER** EXPERIENCED AT A SEVERITY/INTENSITY LEVEL=3 TO 5 ? (0=No, 1=Yes)

10.A.12 WHEN AT SEVERITY/INTENSITY=3 TO 5, WERE VISUAL PERCEPTUAL ABNORMALITIES **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

10.A.13 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID VISUAL PERCEPTUAL ABNORMALITIES **EVER** OCCUR AT SEVERITY=3 TO 5 AT AN AVERAGE FREQUENCY OF **AT LEAST ONCE PER WEEK** OVER A MONTH? (0=No, 1=Yes)

10.A.14 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 10.A.0≥3 and onset date of the symptom at 3 to 5<onset date of any psychosis and 10.A.12=0 and 10.A.13=1

If symptom qualifies for lifetime SIPS APSS diagnosis

- ONSET DATE FOR LIFETIME SIPS APSS DIAGNOSIS (for this symptom) _____

For CAARMS Brief Limited Intermittent Psychotic Symptoms (skip unless highest PAST YEAR=6)

10.B.2 HIGHEST FREQUENCY OF VISUAL PERCEPTUAL ABNORMALITIES **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=6**. (CAARMS scale, range 0-6)

10.B.3 WAS ANY EPISODE OF VISUAL PERCEPTUAL ABNORMALITIES IN THE PAST YEAR **AT SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4 PRESENT FOR <7 DAYS WITH SPONTANEOUS REMISSION EACH TIME? (0=No, 1=Yes)

10.B.4 **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4, DID VISUAL PERCEPTUAL ABNORMALITIES OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

10.B.5 DOES THIS SYMPTOM QUALIFY FOR A CAARMS BLIPS GROUPING? (0=No, 1=Yes)

Yes requires 10.B.0=6 and 10.A.6=0 and 10.B.2≥4 and 10.B.3=1 and 10.B.4=0

If symptom qualifies for CAARMS BLIPS grouping

- SELECTED BLIPS EPISODE ONSET DATE _____
- SELECTED BLIPS EPISODE OFFSET DATE _____

For CAARMS Subthreshold Frequency (skip unless highest PAST YEAR=6)

10.B.6a WAS ANY EPISODE OF VISUAL PERCEPTUAL ABNORMALITIES IN THE PAST YEAR **AT SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3? (0=No, 1=Yes)

10.B.6b **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3, DID VISUAL PERCEPTUAL ABNORMALITIES OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

10.B.6 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD FREQUENCY GROUPING? (0=No, 1=Yes)

Yes requires 10.B.0=6 and 10.A.6=0 and 10.B.6a=1 and 10.B.6b=0

For CAARMS Subthreshold Intensity (skip unless highest PAST YEAR be ≥3)

10.B.7 WAS THE SEVERITY/INTENSITY OF VISUAL PERCEPTUAL ABNORMALITIES=5 **AT ANY TIME** OVER PAST YEAR? (0=No, 1=Yes)

10.B.8 HIGHEST FREQUENCY OF VISUAL PERCEPTUAL ABNORMALITIES **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=5** (CAARMS scale, range 0-6)

10.B.9 WHILE SEVERITY/INTENSITY=5, DID **VISUAL PERCEPTUAL ABNORMALITIES** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

10.B.10 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 5? (0=No, 1=Yes) Yes requires 10.B.0≥5 and 10.A.6=0 and 10.B.7=1 and 10.B.8≥3 and 10.B.9=0

Skip if qualified at intensity=5

10.B.11 WAS THE SEVERITY/INTENSITY OF VISUAL PERCEPTUAL ABNORMALITIES=**4 AT ANY TIME** OVER PAST YEAR? (0=No, 1=Yes)

10.B.12 HIGHEST FREQUENCY OF VISUAL PERCEPTUAL ABNORMALITIES **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=4** (CAARMS scale, range 0-6)

10.B.13 WHILE SEVERITY/INTENSITY=4, DID **VISUAL PERCEPTUAL ABNORMALITIES** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

10.B.14 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 10.B.0≥4 and 10.A.6=0 and 10.B.11=1 and 10.B.12≥3 and 10.B.13=0

Skip if qualified at intensity=4 or 5

10.B.15 WAS THE SEVERITY/INTENSITY OF VISUAL PERCEPTUAL ABNORMALITIES=**3 AT ANY TIME** OVER PAST YEAR? (0=No, 1=Yes)

10.B.16 HIGHEST FREQUENCY OF VISUAL PERCEPTUAL ABNORMALITIES **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=3** (CAARMS scale, range 0-6)

10.B.17 WHILE SEVERITY/INTENSITY=3, DID **VISUAL PERCEPTUAL ABNORMALITIES** OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

10.B.18 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 10.B.0≥3 and 10.A.6=0 and 10.B.15=1 and 10.B.16≥3 and 10.B.17=0

10.B.19 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT ANY INTENSITY LEVEL? (0=No, 1=Yes) Yes requires 10.B.10=1 or 10.B.14=1 or 10.B.18=1

For Symptom Severity Calculations

10.D.2 CAARMS FREQUENCY OF VISUAL PERCEPTUAL ABNORMALITIES **OVER THE PAST MONTH.**

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

For SIPS BIPS Current Status (skip unless qualifies for Lifetime SIPS BIPS)

10.D.5 **WHEN AT SEVERITY/INTENSITY=6 OVER THE PAST MONTH**, WERE VISUAL PERCEPTUAL ABNORMALITIES ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

10.D.6 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID VISUAL PERCEPTUAL ABNORMALITIES OCCUR AT **SEVERITY=6** AT LEAST SEVERAL MINUTES PER DAY AT LEAST ONE DAY IN THE **PAST MONTH**? (0=No, 1=Yes)

10.D.7 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID VISUAL PERCEPTUAL ABNORMALITIES **BEGIN OR WORSEN TO A 6** IN THE PAST THREE MONTHS? (0=No, 1=Yes)

10.D.8 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 10.A.6=0 and 10.A.10=1 and 10.D.0=6 and 10.D.5=0 and 10.D.6=1 and 10.D.7=1

If symptom qualifies for current SIPS BIPS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

10.D.9 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PERSISTENCE STATUS? (0=No, 1=Yes) Yes requires 10.A.6=0 and 10.A.10=1 and 10.D.0=6 and 10.D.5=0 and 10.D.6=1 and 10.D.7=0

If symptom qualifies for current SIPS BIPS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

10.D.11 HAVE VISUAL PERCEPTUAL ABNORMALITIES BEEN **RATED ≤5**, BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

10.D.13 HAVE VISUAL PERCEPTUAL ABNORMALITIES BEEN **RATED=6** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

10.D.14 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 10.A.6=0 and 10.A.10=1 and ((10.D.0=6 and 10.D.5=1 and 10.D.11=1) or (10.D.0=6 and 10.D.5=0 and 10.D.6=0) or (10.D.0≤5 and 10.D.11=1))

10.D.15 HAVE VISUAL PERCEPTUAL ABNORMALITIES BEEN **RATED=6** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

10.D.16 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 10.A.6=0 and 10.A.10=1 and ((10.D.0=6 and 10.D.5=1 and 10.D.15=1) or (10.D.0≤5 and 10.D.11=0))

For SIPS APSS Current Status (skip unless qualifies for Lifetime SIPS APSS)

10.D.18 WERE VISUAL PERCEPTUAL ABNORMALITIES EXPERIENCED AT A **SEVERITY/INTENSITY=3 TO 5** AT ANY TIME OVER THE **PAST MONTH**? (0=No, 1=Yes)

10.D.18a WERE VISUAL PERCEPTUAL ABNORMALITIES SUFFICIENTLY DISTRESSING AND DISABLING TO THE PARTICIPANT TO WARRANT CLINICAL ATTENTION? (0=No, 1=Yes)

10.D.19 WHEN AT **SEVERITY/INTENSITY=3 TO 5** OVER THE **PAST MONTH**, WERE VISUAL PERCEPTUAL ABNORMALITIES ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

10.D.20 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID VISUAL PERCEPTUAL ABNORMALITIES OCCUR AT **SEVERITY/INTENSITY=3 TO 5** AT AN AVERAGE FREQUENCY OF AT LEAST ONCE PER WEEK OVER THE **PAST MONTH**? (0=No, 1=Yes)

10.D.21 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID VISUAL PERCEPTUAL ABNORMALITIES BEGIN WITHIN THE PAST YEAR, OR CURRENTLY RATE ONE OR MORE SCALE POINTS HIGHER COMPARED TO 12 MONTHS AGO? (0=No, 1=Yes)

10.D.22 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 10.A.6=0 and 10.A.14=1 and 10.D.18=1 and 10.D.19=0 and 10.D.20=1 and 10.D.21=1

If symptom qualifies for current SIPS APSS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

10.D.23 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PERSISTENCE STATUS? (0=No, 1=Yes) Yes requires 10.A.6=0 and 10.A.14=1 and 10.D.18=1 and 10.D.19=0 and 10.D.20=1 and 10.D.21=0

If symptom qualifies for current SIPS APSS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

10.D.25 HAVE VISUAL PERCEPTUAL ABNORMALITIES BEEN **RATED ≤2**, BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

10.D.27 HAVE VISUAL PERCEPTUAL ABNORMALITIES BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

10.D.28 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 10.A.6=0 and 10.A.14=1 and ((10.D.18=1 and 10.D.19=1 and 10.D.25=1) or (10.D.18=1 and 10.D.19=0 and 10.D.20=0) or (10.D.18=0 and 10.D.25=1))

10.D.29 HAVE VISUAL PERCEPTUAL ABNORMALITIES BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

10.D.30 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 10.A.6=0 and 10.A.14=1 and ((10.D.18=1 and 10.D.19=1 and 10.D.29=1) or (10.D.18=0 and 10.D.25=0))

P11 OLFACTORY PERCEPTUAL ABNORMALITIES

Inquiries

1. Has your sense of smell seemed to be different, such as more, or less intense, than usual?

2. Have you ever smelled things that other people don't notice? At the time that you smell these things, how real do they seem?

Rating Scale

11 OLFACTORY PERCEPTUAL ABNORMALITIES Positive Symptom Severity/Intensity Scale (circle one)

0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but Not Psychotic	6 Psychotic and Very Severe
No unusual olfactory experiences or abnormalities.	Olfactory perceptual experiences that are not unusual but gain more than usual attention, such as someone walking by smelling unclean.	Olfactory perceptual experiences such as odour changes, e.g. developing a stronger sense of smell. Hypnagogic or hypnopompic odours. Or odours beyond what might be expected by the average person but within cultural norms.	Olfactory perceptual abnormalities in absence of actual stimulus with only vague discernible features, such as a sweet odour that is not identifiable as the odour of a specific sweet object. Or odour illusions that are unusual and significantly different from actual stimulus.	Olfactory perceptual abnormalities in absence of actual stimulus with some discernible features i.e. an ill-defined but identifiable odour, such as the smell of sea air and salt water.	Olfactory perceptual abnormalities in absence of actual stimulus with fully discernible features but lacking the quality of a true perception, i.e. can explain a difference from a real odour and give a detailed but not vivid description, such as a smell resembling body or animal odour.	Olfactory perceptual abnormalities in absence of actual stimulus that have the quality of a true perception, i.e. smells exactly like a real odour and gives a vivid description such as smelling the odour of rotting flesh clinging to their clothes.
No source for olfactory perceptual experiences or abnormalities.	Recognized as ordinary.	Confident it is their own imagination. Or if within cultural norms, may defend olfactory perceptual experiences.	Perceived as probably not real and person is not clear if it's their own imagination.	Perceived as possibly real and may, or may not be distinct from person's own imagination.	Perceived as seeming real and mostly distinct from the person's own imagination.	Perceived as completely real and clearly distinct from the person's own imagination.
No distress from olfactory perceptual experiences or abnormalities.	May have minor concerns from olfactory perceptual experiences or abnormalities but not distressing.	May have some unease from olfactory perceptual experiences or abnormalities but not particularly distressing.	May have sense of apprehension from olfactory perceptual abnormalities or may be somewhat distressing.	Olfactory perceptual abnormalities may be preoccupying or distressing.	Olfactory perceptual abnormalities may be disturbing or severely distressing.	Olfactory perceptual abnormalities may be frightening or extremely distressing.
No interference by olfactory perceptual experiences or abnormalities.	Olfactory perceptual experiences do not affect other thoughts, feelings, social relations, or behavior.	Olfactory perceptual experiences may affect but do not interfere with other thoughts, feelings, or social relations. Behavior not affected.	Olfactory perceptual abnormalities may slightly interfere with other thoughts, feelings, or social relations. Behavior not affected.	Olfactory perceptual abnormalities may somewhat interfere with other thoughts, feelings, or social relations. Behavior may be slightly affected.	Olfactory perceptual abnormalities may clearly interfere with other thoughts, feelings, or social relations. Behavior may be somewhat affected.	Olfactory perceptual abnormalities may significantly interfere with other thoughts, feelings, or social relations. Behavior may be clearly affected.

Record Ratings

Record ratings for this symptom for each of the three time frames below.

11.A.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF OLFACTORY PERCEPTUAL ABNORMALITIES **DURING THE PARTICIPANT'S LIFETIME**? (range 0-6)

11.B.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF OLFACTORY PERCEPTUAL ABNORMALITIES **AT ANY TIME OVER PAST YEAR**? (range 0-6)

11.D.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF OLFACTORY PERCEPTUAL ABNORMALITIES **OVER THE PAST MONTH**? (range 0-6)

When the lifetime rating is a 6

- ONSET DATE WHEN FIRST REACHED 6 _____

When the lifetime rating is 3-6

- ONSET DATE WHEN FIRST REACHED 3-5 _____

Grouping/Diagnostic Questions

For CAARMS/SIPS psychosis (skip unless highest LIFETIME=6)

11.A.2 HIGHEST **FREQUENCY** OF OLFACTORY PERCEPTUAL ABNORMALITIES OVER LIFETIME WHEN SEVERITY/INTENSITY=6 (CAARMS Scale, range 0-6)

11.A.3 DID OLFACTORY PERCEPTUAL ABNORMALITIES EVER **LAST ≥1 WEEK** AT SEVERITY/INTENSITY=6 AND FREQUENCY≥4? (0=No, 1=Yes)

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

11.A.4 DID OLFACTORY PERCEPTUAL ABNORMALITIES EVER **LAST <1 WEEK** AT SEVERITY/INTENSITY=6 AND FREQUENCY≥4 IN THE CONTEXT OF **NEW OR INCREASED ANTIPSYCHOTIC** MEDICATION? (0=No, 1=Yes)

11.A.5 WERE OLFACTORY PERCEPTUAL ABNORMALITIES WHILE RATED 6 EVER **IMMINENTLY DANGEROUS** (PHYSICALLY OR TO PERSONAL DIGNITY OR TO SOCIAL/FAMILY NETWORKS)? (0=No, 1=Yes)

11.A.6. DOES THIS SYMPTOM QUALIFY FOR A LIFETIME CAARMS/SIPS PSYCHOSIS DIAGNOSIS AT SCREEN? (0=No, 1=Yes) Yes requires 11.A.0=6 and ((11.A.2≥4 and (11.A.3=1 or 11.A.4=1)) or 11.A.5=1)

If symptom qualifies for lifetime CAARMS/SIPS psychosis diagnosis

- ONSET DATE FOR LIFETIME CAARMS/SIPS PSYCHOSIS _____
- OFFSET DATE FROM LIFETIME CAARMS/SIPS PSYCHOSIS _____

For SIPS Lifetime Brief Intermittent Psychosis Syndrome (skip unless highest LIFETIME=6)

11.A.8 WHEN AT SEVERITY/INTENSITY=6, WERE OLFACTORY PERCEPTUAL ABNORMALITIES **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

11.A.9 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID OLFATORY PERCEPTUAL ABNORMALITIES **EVER** OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY? (0=No, 1=Yes)

11.A.10 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)
Yes requires 11.A.0=6 and onset date of the symptom at a 6<onset date of any psychosis and 11.A.8=0 and 11.A.9=1

If symptom qualifies for lifetime SIPS BIPS diagnosis

- ONSET DATE FOR LIFETIME SIPS BIPS DIAGNOSIS (for this symptom) _____

For SIPS Lifetime Attenuated Psychotic Symptoms Syndrome (skip unless highest LIFETIME≥3)

11.A.11 WERE OLFATORY PERCEPTUAL ABNORMALITIES **EVER** EXPERIENCED AT A SEVERITY/INTENSITY LEVEL=3 TO 5 ? (0=No, 1=Yes)

11.A.12 WHEN AT SEVERITY/INTENSITY=3 TO 5, WERE OLFATORY PERCEPTUAL ABNORMALITIES **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

11.A.13 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID OLFATORY PERCEPTUAL ABNORMALITIES **EVER** OCCUR AT SEVERITY=3 TO 5 AT AN AVERAGE FREQUENCY OF **AT LEAST ONCE PER WEEK** OVER A MONTH? (0=No, 1=Yes)

11.A.14 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)
Yes requires 11.A.0≥3 and onset date of the symptom at 3 to 5<onset date of any psychosis and 11.A.12=0 and 11.A.13=1

If symptom qualifies for lifetime SIPS APSS diagnosis

- ONSET DATE FOR LIFETIME SIPS APSS DIAGNOSIS (for this symptom) _____

For CAARMS Brief Limited Intermittent Psychotic Symptoms (skip unless highest PAST YEAR=6)

11.B.2 HIGHEST FREQUENCY OF OLFATORY PERCEPTUAL ABNORMALITIES **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=6**. (CAARMS scale, range 0-6)

11.B.3 WAS ANY EPISODE OF OLFATORY PERCEPTUAL ABNORMALITIES IN THE PAST YEAR **AT SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4 PRESENT FOR <7 DAYS WITH SPONTANEOUS REMISSION EACH TIME? (0=No, 1=Yes)

11.B.4 **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4, DID OLFATORY PERCEPTUAL ABNORMALITIES OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

11.B.5 DOES THIS SYMPTOM QUALIFY FOR A CAARMS BLIPS GROUPING? (0=No, 1=Yes) Yes requires 11.B.0=6 and 11.A.6=0 and 11.B.2≥4 and 11.B.3=1 and 11.B.4=0

If symptom qualifies for CAARMS BLIPS grouping

- SELECTED BLIPS EPISODE ONSET DATE _____
- SELECTED BLIPS EPISODE OFFSET DATE _____

For CAARMS Subthreshold Frequency (skip unless highest PAST YEAR=6)

11.B.6a WAS ANY EPISODE OF OLFATORY PERCEPTUAL ABNORMALITIES IN THE PAST YEAR **AT SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3? (0=No, 1=Yes)

11.B.6b **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3, DID OLFATORY PERCEPTUAL ABNORMALITIES OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS.

(0=No, 1=Yes)

11.B.6 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD FREQUENCY GROUPING? (0=No, 1=Yes) Yes requires 11.B.0=6 and 11.A.6=0 and 11.B.6a=1 and 11.B.6b=0

For CAARMS Subthreshold Intensity (skip unless highest PAST YEAR be ≥ 3)

11.B.7 WAS THE SEVERITY/INTENSITY OF OLFACTORY PERCEPTUAL ABNORMALITIES=5 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

11.B.8 HIGHEST FREQUENCY OF OLFACTORY PERCEPTUAL ABNORMALITIES DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=5 (CAARMS scale, range 0-6)

11.B.9 WHILE SEVERITY/INTENSITY=5, DID OLFACTORY PERCEPTUAL ABNORMALITIES OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

11.B.10 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 5? (0=No, 1=Yes) Yes requires 11.B.0 ≥ 5 and 11.A.6=0 and 11.B.7=1 and 11.B.8 ≥ 3 and 11.B.9=0

Skip if qualified at intensity=5

11.B.11 WAS THE SEVERITY/INTENSITY OF OLFACTORY PERCEPTUAL ABNORMALITIES=4 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

11.B.12 HIGHEST FREQUENCY OF OLFACTORY PERCEPTUAL ABNORMALITIES DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=4 (CAARMS scale, range 0-6)

11.B.13 WHILE SEVERITY/INTENSITY=4, DID OLFACTORY PERCEPTUAL ABNORMALITIES OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

11.B.14 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 11.B.0 ≥ 4 and 11.A.6=0 and 11.B.11=1 and 11.B.12 ≥ 3 and 11.B.13=0

Skip if qualified at intensity=4 or 5

11.B.15 WAS THE SEVERITY/INTENSITY OF OLFACTORY PERCEPTUAL ABNORMALITIES=3 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

11.B.16 HIGHEST FREQUENCY OF OLFACTORY PERCEPTUAL ABNORMALITIES DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=3 (CAARMS scale, range 0-6)

11.B.17 WHILE SEVERITY/INTENSITY=3, DID OLFACTORY PERCEPTUAL ABNORMALITIES OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

11.B.18 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 11.B.0 ≥ 3 and 11.A.6=0 and 11.B.15=1 and 11.B.16 ≥ 3 and 11.B.17=0

11.B.19 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT ANY INTENSITY LEVEL? (0=No, 1=Yes) Yes requires 11.B.10=1 or 11.B.14=1 or 11.B.18=1

For Symptom Severity Calculations

11.D.2 CAARMS FREQUENCY OF OLFACTORY PERCEPTUAL ABNORMALITIES OVER THE PAST MONTH.

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

For SIPS BIPS Current Status (skip unless qualifies for Lifetime SIPS BIPS)

11.D.5 **WHEN AT SEVERITY/INTENSITY=6 OVER THE PAST MONTH, WERE OLFACTORY PERCEPTUAL ABNORMALITIES ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER?** (0=No, 1=Yes)

11.D.6 **WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID OLFACTORY PERCEPTUAL ABNORMALITIES OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY AT LEAST ONE DAY IN THE PAST MONTH?** (0=No, 1=Yes)

11.D.7 **WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID OLFACTORY PERCEPTUAL ABNORMALITIES BEGIN OR WORSEN TO A 6 IN THE PAST THREE MONTHS?** (0=No, 1=Yes)

11.D.8 **DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PROGRESSION STATUS?** (0=No, 1=Yes) Yes requires 11.A.6=0 and 11.A.10=1 and 11.D.0=6 and 11.D.5=0 and 11.D.6=1 and 11.D.7=1

If symptom qualifies for current SIPS BIPS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

11.D.9 **DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PERSISTENCE STATUS?** (0=No, 1=Yes) Yes requires 11.A.6=0 and 11.A.10=1 and 11.D.0=6 and 11.D.5=0 and 11.D.6=1 and 11.D.7=0

If symptom qualifies for current SIPS BIPS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

11.D.11 **HAVE OLFACTORY PERCEPTUAL ABNORMALITIES BEEN RATED ≤5, BUT ONLY FOR THE PAST SIX MONTHS OR LESS?** (0=No, 1=Yes)

11.D.13 **HAVE OLFACTORY PERCEPTUAL ABNORMALITIES BEEN RATED=6 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS?** (0=No, 1=Yes)

11.D.14 **DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PARTIAL REMISSION STATUS?** (0=No, 1=Yes) Yes requires 11.A.6=0 and 11.A.10=1 and ((11.D.0=6 and 11.D.5=1 and 11.D.11=1) or (11.D.0=6 and 11.D.5=0 and 11.D.6=0) or (11.D.0≤5 and 11.D.11=1))

11.D.15 **HAVE OLFACTORY PERCEPTUAL ABNORMALITIES BEEN RATED=6 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS?** (0=No, 1=Yes)

11.D.16 **DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS FULL REMISSION STATUS?** (0=No, 1=Yes) Yes requires 11.A.6=0 and 11.A.10=1 and ((11.D.0=6 and 11.D.5=1 and 11.D.15=1) or (11.D.0≤5 and 11.D.11=0))

For SIPS APSS Current Status (skip unless qualifies for Lifetime SIPS APSS)

11.D.18 **WERE OLFACTORY PERCEPTUAL ABNORMALITIES EXPERIENCED AT A SEVERITY/INTENSITY=3 TO 5 AT ANY TIME OVER THE PAST MONTH?** (0=No, 1=Yes)

11.D.18a WERE OLFACTORY PERCEPTUAL ABNORMALITIES SUFFICIENTLY DISTRESSING AND DISABLING TO THE PARTICIPANT TO WARRANT CLINICAL ATTENTION? (0=No, 1=Yes)

11.D.19 WHEN AT **SEVERITY/INTENSITY=3 TO 5** OVER THE **PAST MONTH**, WERE OLFACTORY PERCEPTUAL ABNORMALITIES ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

11.D.20 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID OLFACTORY PERCEPTUAL ABNORMALITIES OCCUR AT **SEVERITY/INTENSITY=3 TO 5** AT AN AVERAGE FREQUENCY OF AT LEAST ONCE PER WEEK OVER THE **PAST MONTH**? (0=No, 1=Yes)

11.D.21 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID OLFACTORY PERCEPTUAL ABNORMALITIES BEGIN WITHIN THE PAST YEAR, OR CURRENTLY RATE ONE OR MORE SCALE POINTS HIGHER COMPARED TO 12 MONTHS AGO? (0=No, 1=Yes)

11.D.22 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 11.A.6=0 and 11.A.14=1 and 11.D.18=1 and 11.D.19=0 and 11.D.20=1 and 11.D.21=1

If symptom qualifies for current SIPS APSS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

11.D.23 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PERSISTENCE STATUS? (0=No, 1=Yes) Yes requires 11.A.6=0 and 11.A.14=1 and 11.D.18=1 and 11.D.19=0 and 11.D.20=1 and 11.D.21=0

If symptom qualifies for current SIPS APSS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

11.D.25 HAVE OLFACTORY PERCEPTUAL ABNORMALITIES BEEN **RATED ≤2**, BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

11.D.27 HAVE OLFACTORY PERCEPTUAL ABNORMALITIES BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

11.D.28 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 11.A.6=0 and 11.A.14=1 and ((11.D.18=1 and 11.D.19=1 and 11.D.25=1) or (11.D.18=1 and 11.D.19=0 and 11.D.20=0) or (11.D.18=0 and 11.D.25=1))

11.D.29 HAVE OLFACTORY PERCEPTUAL ABNORMALITIES BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

11.D.30 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 11.A.6=0 and 11.A.14=1 and ((11.D.18=1 and 11.D.19=1 and 11.D.29=1) or (11.D.18=0 and 11.D.25=0))

P12 GUSTATORY PERCEPTUAL ABNORMALITIES

Inquiries

1. Has your sense of taste seemed to be different, such as more, or less intense, than usual?

2. Have you ever had any odd tastes in your mouth? At the time that you taste these things, how real do they seem?

Rating Scale

12 GUSTATORY PERCEPTUAL ABNORMALITIES

Positive Symptom Severity/Intensity Scale (circle one)

0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but Not Psychotic	6 Psychotic and Very Severe
No unusual gustatory experiences or abnormalities.	Gustatory perceptual experiences that are not unusual but gain more than usual attention such as a taste of tooth decay.	Gustatory perceptual experiences such as taste change, e.g. developing a stronger sense of taste. Hypnagogic or hypnopompic tastes. Or tastes beyond what might be expected by the average person but within cultural norms.	Gustatory perceptual abnormalities in absence of actual stimulus with only vague discernible features, such as a sweet or sour taste that is not identifiable as any specific sweet or sour flavour. Or gustatory illusions that are unusual and significantly different from actual stimulus such as water that seems tainted.	Gustatory perceptual abnormalities in absence of actual stimulus with some discernible features i.e. an ill-defined but identifiable taste such as a metallic taste.	Gustatory perceptual abnormalities in absence of actual stimulus with fully discernible features but lacking the quality of a true perception, i.e. can explain a difference from a real taste and gives a detailed but not vivid description, such as a taste resembling blood or spoiled food.	Gustatory perceptual abnormalities in absence of actual stimulus that have the quality of a true perception, i.e. tastes exactly like a real taste and gives a vivid description such as tasting rotten flesh or faeces.
No source for gustatory perceptual experiences or abnormalities.	Recognized as ordinary.	Confident it is their own imagination. Or if within cultural norms, may defend gustatory perceptual experiences.	Perceived as probably not real and person is not clear if it's their own imagination.	Perceived as possibly real and may, or may not be distinct from person's own imagination.	Perceived as seeming real and mostly distinct from the person's own imagination.	Perceived as completely real and clearly distinct from the person's own imagination.
No distress from gustatory perceptual experiences or abnormalities.	May have minor concerns from gustatory perceptual experiences or abnormalities but not distressing.	May have some unease from gustatory perceptual experiences or abnormalities but not particularly distressing.	May have sense of apprehension from gustatory perceptual abnormalities or may be somewhat distressing.	Gustatory perceptual abnormalities may be preoccupying or distressing.	Gustatory perceptual abnormalities may be disturbing or severely distressing.	Gustatory perceptual abnormalities may be frightening or extremely distressing.
No interference by gustatory perceptual experiences or abnormalities.	Gustatory perceptual experiences do not affect other thoughts, feelings, social relations, or behavior.	Gustatory perceptual experiences may affect but do not interfere with other thoughts, feelings, or social relations. Behavior not affected.	Gustatory perceptual abnormalities may slightly interfere with other thoughts, feelings, or social relations. Behavior not affected.	Gustatory perceptual abnormalities may somewhat interfere with other thoughts, feelings, or social relations. Behavior may be slightly affected.	Gustatory perceptual abnormalities may clearly interfere with other thoughts, feelings, or social relations. Behavior may be somewhat affected.	Gustatory perceptual abnormalities may significantly interfere with other thoughts, feelings, or social relations. Behavior may be clearly affected.

Record Ratings

Record ratings for this symptom for each of the three time frames below.

12.A.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF GUSTATORY PERCEPTUAL ABNORMALITIES **DURING THE PARTICIPANT'S LIFETIME?** (range 0-6)

12.B.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF GUSTATORY PERCEPTUAL ABNORMALITIES **AT ANY TIME OVER PAST YEAR?** (range 0-6)

12.D.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF GUSTATORY PERCEPTUAL ABNORMALITIES **OVER THE PAST MONTH?** (range 0-6)

When the lifetime rating is a 6

- ONSET DATE WHEN FIRST REACHED 6 _____

When the lifetime rating is 3-6

- ONSET DATE WHEN FIRST REACHED 3-5 _____

Grouping/Diagnostic Questions

For CAARMS/SIPS psychosis (skip unless highest LIFETIME=6)

12.A.2 HIGHEST **FREQUENCY** OF GUSTATORY PERCEPTUAL ABNORMALITIES OVER LIFETIME WHEN SEVERITY/INTENSITY=6 (CAARMS Scale, range 0-6)

12.A.3 DID GUSTATORY PERCEPTUAL ABNORMALITIES EVER **LAST ≥1 WEEK** AT SEVERITY/INTENSITY=6 AND FREQUENCY≥4? (0=No, 1=Yes)

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

12.A.4 DID GUSTATORY PERCEPTUAL ABNORMALITIES **EVER LAST <1 WEEK** AT SEVERITY/INTENSITY=6 AND FREQUENCY≥4 IN THE CONTEXT OF **NEW OR INCREASED ANTIPSYCHOTIC** MEDICATION? (0=No, 1=Yes)

12.A.5 WERE GUSTATORY PERCEPTUAL ABNORMALITIES WHILE RATED 6 EVER **IMMINENTLY DANGEROUS** (PHYSICALLY OR TO PERSONAL DIGNITY OR TO SOCIAL/FAMILY NETWORKS)? (0=No, 1=Yes)

12.A.6. DOES THIS SYMPTOM QUALIFY FOR A LIFETIME CAARMS/SIPS PSYCHOSIS DIAGNOSIS AT SCREEN? (0=No, 1=Yes) Yes requires 12.A.0=6 and ((12.A.2≥4 and (12.A.3=1 or 12.A.4=1)) or 12.A.5=1)

If symptom qualifies for lifetime CAARMS/SIPS psychosis diagnosis

- ONSET DATE FOR LIFETIME CAARMS/SIPS PSYCHOSIS _____
- OFFSET DATE FROM LIFETIME CAARMS/SIPS PSYCHOSIS _____

For SIPS Lifetime Brief Intermittent Psychosis Syndrome (skip unless highest LIFETIME=6)

12.A.8 WHEN AT SEVERITY/INTENSITY=6, WERE GUSTATORY PERCEPTUAL ABNORMALITIES **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

12.A.9 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID GUSTATORY PERCEPTUAL ABNORMALITIES **EVER** OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY? (0=No, 1=Yes)

12.A.10 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)
Yes requires 12.A.0=6 and onset date of the symptom at a 6<onset date of any psychosis and 12.A.8=0 and 12.A.9=1

If symptom qualifies for lifetime SIPS BIPS diagnosis

- ONSET DATE FOR LIFETIME SIPS BIPS DIAGNOSIS (for this symptom) _____

For SIPS Lifetime Attenuated Psychotic Symptoms Syndrome (skip unless highest LIFETIME≥3)

12.A.11 WERE GUSTATORY PERCEPTUAL ABNORMALITIES **EVER** EXPERIENCED AT A SEVERITY/INTENSITY LEVEL=3 TO 5 ? (0=No, 1=Yes)

12.A.12 WHEN AT SEVERITY/INTENSITY=3 TO 5, WERE GUSTATORY PERCEPTUAL ABNORMALITIES **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

12.A.13 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID GUSTATORY PERCEPTUAL ABNORMALITIES **EVER** OCCUR AT SEVERITY=3 TO 5 AT AN AVERAGE FREQUENCY OF **AT LEAST ONCE PER WEEK** OVER A MONTH? (0=No, 1=Yes)

12.A.14 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)
Yes requires 12.A.0≥3 and onset date of the symptom at 3 to 5<onset date of any psychosis and 12.A.12=0 and 12.A.13=1

If symptom qualifies for lifetime SIPS APSS diagnosis

- ONSET DATE FOR LIFETIME SIPS APSS DIAGNOSIS (for this symptom) _____

For CAARMS Brief Limited Intermittent Psychotic Symptoms (skip unless highest PAST YEAR=6)

12.B.2 HIGHEST FREQUENCY OF GUSTATORY PERCEPTUAL ABNORMALITIES **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=6**. (CAARMS scale, range 0-6)

12.B.3 WAS ANY EPISODE OF GUSTATORY PERCEPTUAL ABNORMALITIES IN THE PAST YEAR **AT SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4 PRESENT FOR <7 DAYS WITH SPONTANEOUS REMISSION EACH TIME? (0=No, 1=Yes)

12.B.4 **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4, DID GUSTATORY PERCEPTUAL ABNORMALITIES OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

12.B.5 DOES THIS SYMPTOM QUALIFY FOR A CAARMS BLIPS GROUPING? (0=No, 1=Yes) Yes requires 12.B.0=6 and 12.A.6=0 and 12.B.2≥4 and 12.B.3=1 and 12.B.4=0

If symptom qualifies for CAARMS BLIPS grouping

- SELECTED BLIPS EPISODE ONSET DATE _____
- SELECTED BLIPS EPISODE OFFSET DATE _____

For CAARMS Subthreshold Frequency (skip unless highest PAST YEAR=6)

12.B.6a WAS ANY EPISODE OF GUSTATORY PERCEPTUAL ABNORMALITIES IN THE PAST YEAR **AT SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3? (0=No, 1=Yes)

12.B.6b **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3, DID GUSTATORY PERCEPTUAL ABNORMALITIES OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS.

(0=No, 1=Yes)

12.B.6 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD FREQUENCY GROUPING? (0=No, 1=Yes) Yes requires 12.B.0=6 and 12.A.6=0 and 12.B.6a=1 and 12.B.6b=0

For CAARMS Subthreshold Intensity (skip unless highest PAST YEAR be ≥ 3)

12.B.7 WAS THE SEVERITY/INTENSITY OF GUSTATORY PERCEPTUAL ABNORMALITIES=5 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

12.B.8 HIGHEST FREQUENCY OF GUSTATORY PERCEPTUAL ABNORMALITIES DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=5 (CAARMS scale, range 0-6)

12.B.9 WHILE SEVERITY/INTENSITY=5, DID GUSTATORY PERCEPTUAL ABNORMALITIES OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

12.B.10 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 5? (0=No, 1=Yes) Yes requires 12.B.0 ≥ 5 and 12.A.6=0 and 12.B.7=1 and 12.B.8 ≥ 3 and 12.B.9=0

Skip if qualified at intensity=5

12.B.11 WAS THE SEVERITY/INTENSITY OF GUSTATORY PERCEPTUAL ABNORMALITIES=4 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

12.B.12 HIGHEST FREQUENCY OF GUSTATORY PERCEPTUAL ABNORMALITIES DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=4 (CAARMS scale, range 0-6)

12.B.13 WHILE SEVERITY/INTENSITY=4, DID GUSTATORY PERCEPTUAL ABNORMALITIES OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

12.B.14 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 12.B.0 ≥ 4 and 12.A.6=0 and 12.B.11=1 and 12.B.12 ≥ 3 and 12.B.13=0

Skip if qualified at intensity=4 or 5

12.B.15 WAS THE SEVERITY/INTENSITY OF GUSTATORY PERCEPTUAL ABNORMALITIES=3 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

12.B.16 HIGHEST FREQUENCY OF GUSTATORY PERCEPTUAL ABNORMALITIES DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=3 (CAARMS scale, range 0-6)

12.B.17 WHILE SEVERITY/INTENSITY=3, DID GUSTATORY PERCEPTUAL ABNORMALITIES OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

12.B.18 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 12.B.0 ≥ 3 and 12.A.6=0 and 12.B.15=1 and 12.B.16 ≥ 3 and 12.B.17=0

12.B.19 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT ANY INTENSITY LEVEL? (0=No, 1=Yes) Yes requires 12.B.10=1 or 12.B.14=1 or 12.B.18=1

For Symptom Severity Calculations

12.D.2 CAARMS FREQUENCY OF GUSTATORY PERCEPTUAL ABNORMALITIES OVER THE PAST MONTH.

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

For SIPS BIPS Current Status (skip unless qualifies for Lifetime SIPS BIPS)

12.D.5 WHEN AT SEVERITY/INTENSITY=6 OVER THE PAST MONTH, WERE GUSTATORY PERCEPTUAL ABNORMALITIES ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

12.D.6 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID GUSTATORY PERCEPTUAL ABNORMALITIES OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY AT LEAST ONE DAY IN THE PAST MONTH? (0=No, 1=Yes)

12.D.7 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID GUSTATORY PERCEPTUAL ABNORMALITIES BEGIN OR WORSEN TO A 6 IN THE PAST THREE MONTHS? (0=No, 1=Yes)

12.D.8 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 12.A.6=0 and 12.A.10=1 and 12.D.0=6 and 12.D.5=0 and 12.D.6=1 and 12.D.7=1

If symptom qualifies for current SIPS BIPS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

12.D.9 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PERSISTENCE STATUS? (0=No, 1=Yes) Yes requires 12.A.6=0 and 12.A.10=1 and 12.D.0=6 and 12.D.5=0 and 12.D.6=1 and 12.D.7=0

If symptom qualifies for current SIPS BIPS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

12.D.11 HAVE GUSTATORY PERCEPTUAL ABNORMALITIES BEEN RATED ≤5, BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

12.D.13 HAVE GUSTATORY PERCEPTUAL ABNORMALITIES BEEN RATED=6 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

12.D.14 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 12.A.6=0 and 12.A.10=1 and ((12.D.0=6 and 12.D.5=1 and 12.D.11=1) or (12.D.0=6 and 12.D.5=0 and 12.D.6=0) or (12.D.0≤5 and 12.D.11=1))

12.D.15 HAVE GUSTATORY PERCEPTUAL ABNORMALITIES BEEN RATED=6 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

12.D.16 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 12.A.6=0 and 12.A.10=1 and ((12.D.0=6 and 12.D.5=1 and 12.D.15=1) or (12.D.0≤5 and 12.D.11=0))

For SIPS APSS Current Status (skip unless qualifies for Lifetime SIPS APSS)

12.D.18 WERE GUSTATORY PERCEPTUAL ABNORMALITIES EXPERIENCED AT A SEVERITY/INTENSITY=3 TO 5 AT ANY TIME OVER THE PAST MONTH? (0=No, 1=Yes)

12.D.18a WERE GUSTATORY PERCEPTUAL ABNORMALITIES SUFFICIENTLY DISTRESSING AND DISABLING TO THE PARTICIPANT TO WARRANT CLINICAL ATTENTION? (0=No, 1=Yes)

12.D.19 WHEN AT **SEVERITY/INTENSITY=3 TO 5** OVER THE **PAST MONTH**, WERE GUSTATORY PERCEPTUAL ABNORMALITIES ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

12.D.20 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID GUSTATORY PERCEPTUAL ABNORMALITIES OCCUR AT **SEVERITY/INTENSITY=3 TO 5** AT AN AVERAGE FREQUENCY OF AT LEAST ONCE PER WEEK OVER THE **PAST MONTH**? (0=No, 1=Yes)

12.D.21 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID GUSTATORY PERCEPTUAL ABNORMALITIES BEGIN WITHIN THE PAST YEAR, OR CURRENTLY RATE ONE OR MORE SCALE POINTS HIGHER COMPARED TO 12 MONTHS AGO? (0=No, 1=Yes)

12.D.22 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 12.A.6=0 and 12.A.14=1 and 12.D.18=1 and 12.D.19=0 and 12.D.20=1 and 12.D.21=1

If symptom qualifies for current SIPS APSS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

12.D.23 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PERSISTENCE STATUS? (0=No, 1=Yes) Yes requires 12.A.6=0 and 12.A.14=1 and 12.D.18=1 and 12.D.19=0 and 12.D.20=1 and 12.D.21=0

If symptom qualifies for current SIPS APSS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

12.D.25 HAVE GUSTATORY PERCEPTUAL ABNORMALITIES BEEN **RATED ≤2**, BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

12.D.27 HAVE GUSTATORY PERCEPTUAL ABNORMALITIES BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

12.D.28 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 12.A.6=0 and 12.A.14=1 and ((12.D.18=1 and 12.D.19=1 and 12.D.25=1) or (12.D.18=1 and 12.D.19=0 and 12.D.20=0) or (12.D.18=0 and 12.D.25=1))

12.D.29 HAVE GUSTATORY PERCEPTUAL ABNORMALITIES BEEN **RATED=3 TO 5** BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

12.D.30 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 12.A.6=0 and 12.A.14=1 and ((12.D.18=1 and 12.D.19=1 and 12.D.29=1) or (12.D.18=0 and 12.D.25=0))

P13 TACTILE PERCEPTUAL ABNORMALITIES

Inquiries

1. Have you ever had strange feelings on, or just beneath, your skin? At the time that you feel these things, how real do they seem?

2. Have you noticed any unusual bodily sensations such as tingling, pulling, pressure, aches, burning, cold, numbness, vibrations, electricity or pain?

Rating Scale

13 TACTILE PERCEPTUAL ABNORMALITIES Positive Symptom Severity/Intensity Scale (circle one)

0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but Not Psychotic	6 Psychotic and Very Severe
No unusual tactile experiences or abnormalities.	Tactile perceptual experiences that are not unusual but gain more than usual attention such as awareness of physical contact in a crowd or on public transport.	Tactile perceptual experiences such as tactile changes, e.g. feels an air current or shiver down the spine. Hypnagogic or hypnopompic tactile sensations. Or tactile sensations beyond what might be expected by the average person but within cultural norms.	Tactile perceptual abnormalities in absence of actual stimulus with only vague discernible features, such as feels the brush on their arm or skin feeling tingly or prickly or warm or cold. Or tactile illusions that are unusual and significantly different from actual stimulus.	Tactile perceptual abnormalities in absence of actual stimulus with some discernible features such as ill-defined but identifiable tactile sensation, such as pinpricks or stroking their hair or touching a part of their body.	Tactile perceptual abnormalities in absence of actual stimulus with fully discernible features but lacking the quality of a true perception, i.e. can explain a difference from a real tactile sensation and give a detailed but not vivid description, such as a feeling resembling bugs crawling over their skin or someone gripping or holding a body part or needles penetrating their skin.	Tactile perceptual abnormalities in absence of actual stimulus that have the quality of a true perception, i.e. feels exactly like a real tactile sensation and provides a vivid description such as feeling someone having sex with them or feeling their skin being pulled over their head.
No source for tactile perceptual experiences or abnormalities.	Recognized as ordinary.	Confident it is their own imagination. Or if within cultural norms, may defend tactile perceptual experiences.	Perceived as probably not real and person is not clear if it's their own imagination.	Perceived as possibly real and may, or may not be distinct from person's own imagination.	Perceived as seeming real and mostly distinct from the person's own imagination.	Perceived as completely real and clearly distinct from the person's own imagination.
No distress from tactile perceptual experiences or abnormalities.	May have minor concerns from tactile perceptual experiences or abnormalities but not distressing.	May have some unease from tactile perceptual experiences or abnormalities but not particularly distressing.	May have sense of apprehension from tactile perceptual abnormalities or may be somewhat distressing.	Tactile perceptual abnormalities may be preoccupying or distressing.	Tactile perceptual abnormalities may be disturbing or severely distressing.	Tactile perceptual abnormalities may be frightening or extremely distressing.
No interference by tactile perceptual experiences or abnormalities.	Tactile perceptual experiences do not affect other thoughts, feelings, social relations, or behavior.	Tactile perceptual experiences may affect but do not interfere with other thoughts, feelings, or social relations. Behavior not affected.	Tactile perceptual abnormalities may slightly interfere with other thoughts, feelings, or social relations. Behavior not affected.	Tactile perceptual abnormalities may somewhat interfere with other thoughts, feelings, or social relations. Behavior may be slightly affected.	Tactile perceptual abnormalities may clearly interfere with other thoughts, feelings, or social relations. Behavior may be somewhat affected.	Tactile perceptual abnormalities may significantly interfere with other thoughts, feelings, or social relations. Behavior may be clearly affected.

Record Ratings

Record ratings for this symptom for each of the three time frames below.

13.A.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF TACTILE PERCEPTUAL ABNORMALITIES DURING THE PARTICIPANT'S LIFETIME? (range 0-6)

13.B.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF TACTILE PERCEPTUAL ABNORMALITIES AT ANY TIME OVER PAST YEAR? (range 0-6)

13.D.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF TACTILE PERCEPTUAL ABNORMALITIES OVER THE PAST MONTH? (range 0-6)

When the lifetime rating is a 6

- ONSET DATE WHEN FIRST REACHED 6 _____

When the lifetime rating is 3-6

- ONSET DATE WHEN FIRST REACHED 3-5 _____

Grouping/Diagnostic Questions

For CAARMS/SIPS psychosis (skip unless highest LIFETIME=6)

13.A.2 HIGHEST FREQUENCY OF TACTILE PERCEPTUAL ABNORMALITIES OVER LIFETIME WHEN SEVERITY/INTENSITY=6 (CAARMS Scale, range 0-6)

13.A.3 DID TACTILE PERCEPTUAL ABNORMALITIES EVER LAST ≥ 1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY ≥ 4 ? (0=No, 1=Yes)

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

13.A.4 DID TACTILE PERCEPTUAL ABNORMALITIES EVER LAST < 1 WEEK AT SEVERITY/INTENSITY=6 AND FREQUENCY ≥ 4 IN THE CONTEXT OF NEW OR INCREASED ANTIPSYCHOTIC MEDICATION? (0=No, 1=Yes)

13.A.5 WERE TACTILE PERCEPTUAL ABNORMALITIES WHILE RATED 6 EVER IMMINENTLY DANGEROUS (PHYSICALLY OR TO PERSONAL DIGNITY OR TO SOCIAL/FAMILY NETWORKS)? (0=No, 1=Yes)

13.A.6. DOES THIS SYMPTOM QUALIFY FOR A LIFETIME CAARMS/SIPS PSYCHOSIS DIAGNOSIS AT SCREEN? (0=No, 1=Yes) Yes requires 13.A.0=6 and ((13.A.2 ≥ 4 and (13.A.3=1 or 13.A.4=1)) or 13.A.5=1)

If symptom qualifies for lifetime CAARMS/SIPS psychosis diagnosis

- ONSET DATE FOR LIFETIME CAARMS/SIPS PSYCHOSIS _____
- OFFSET DATE FROM LIFETIME CAARMS/SIPS PSYCHOSIS _____

For SIPS Lifetime Brief Intermittent Psychosis Syndrome (skip unless highest LIFETIME=6)

13.A.8 WHEN AT SEVERITY/INTENSITY=6, WERE TACTILE PERCEPTUAL ABNORMALITIES ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

13.A.9 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID TACTILE PERCEPTUAL ABNORMALITIES EVER OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY? (0=No, 1=Yes)

13.A.10 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 13.A.0=6 and onset date of the symptom at a 6<onset date of any psychosis and 13.A.8=0 and 13.A.9=1

If symptom qualifies for lifetime SIPS BIPS diagnosis

- ONSET DATE FOR LIFETIME SIPS BIPS DIAGNOSIS (for this symptom) _____

For SIPS Lifetime Attenuated Psychotic Symptoms Syndrome (skip unless highest LIFETIME≥3)

13.A.11 WERE TACTILE PERCEPTUAL ABNORMALITIES **EVER** EXPERIENCED AT A SEVERITY/INTENSITY LEVEL=3 TO 5 ? (0=No, 1=Yes)

13.A.12 WHEN AT SEVERITY/INTENSITY=3 TO 5, WERE TACTILE PERCEPTUAL ABNORMALITIES **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

13.A.13 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID TACTILE PERCEPTUAL ABNORMALITIES **EVER** OCCUR AT SEVERITY=3 TO 5 AT AN AVERAGE FREQUENCY OF **AT LEAST ONCE PER WEEK** OVER A MONTH? (0=No, 1=Yes)

13.A.14 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 13.A.0≥3 and onset date of the symptom at 3 to 5<onset date of any psychosis and 13.A.12=0 and 13.A.13=1

If symptom qualifies for lifetime SIPS APSS diagnosis

- ONSET DATE FOR LIFETIME SIPS APSS DIAGNOSIS (for this symptom) _____

For CAARMS Brief Limited Intermittent Psychotic Symptoms (skip unless highest PAST YEAR=6)

13.B.2 HIGHEST FREQUENCY OF TACTILE PERCEPTUAL ABNORMALITIES **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=6**. (CAARMS scale, range 0-6)

13.B.3 WAS ANY EPISODE OF TACTILE PERCEPTUAL ABNORMALITIES IN THE PAST YEAR AT **SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4 PRESENT FOR <7 DAYS WITH SPONTANEOUS REMISSION EACH TIME? (0=No, 1=Yes)

13.B.4 **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4, DID TACTILE PERCEPTUAL ABNORMALITIES OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

13.B.5 DOES THIS SYMPTOM QUALIFY FOR A CAARMS BLIPS GROUPING? (0=No, 1=Yes) Yes

requires 13.B.0=6 and 13.A.6=0 and 13.B.2≥4 and 13.B.3=1 and 13.B.4=0

If symptom qualifies for CAARMS BLIPS grouping

- SELECTED BLIPS EPISODE ONSET DATE _____
- SELECTED BLIPS EPISODE OFFSET DATE _____

For CAARMS Subthreshold Frequency (skip unless highest PAST YEAR=6)

13.B.6a WAS ANY EPISODE OF TACTILE PERCEPTUAL ABNORMALITIES IN THE PAST YEAR AT **SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3? (0=No, 1=Yes)

13.B.6b **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3, DID TACTILE PERCEPTUAL ABNORMALITIES OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

13.B.6 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD FREQUENCY

GROUPING? (0=No, 1=Yes) Yes requires 13.B.0=6 and 13.A.6=0 and 13.B.6a=1 and 13.B.6b=0

For CAARMS Subthreshold Intensity (skip unless highest PAST YEAR be ≥ 3)

13.B.7 WAS THE SEVERITY/INTENSITY OF TACTILE PERCEPTUAL ABNORMALITIES=5 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

13.B.8 HIGHEST FREQUENCY OF TACTILE PERCEPTUAL ABNORMALITIES DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=5 (CAARMS scale, range 0-6)

13.B.9 WHILE SEVERITY/INTENSITY=5, DID TACTILE PERCEPTUAL ABNORMALITIES OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

13.B.10 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 5? (0=No, 1=Yes) Yes requires 13.B.0 \geq 5 and 13.A.6=0 and 13.B.7=1 and 13.B.8 \geq 3 and 13.B.9=0

Skip if qualified at intensity=5

13.B.11 WAS THE SEVERITY/INTENSITY OF TACTILE PERCEPTUAL ABNORMALITIES=4 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

13.B.12 HIGHEST FREQUENCY OF TACTILE PERCEPTUAL ABNORMALITIES DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=4 (CAARMS scale, range 0-6)

13.B.13 WHILE SEVERITY/INTENSITY=4, DID TACTILE PERCEPTUAL ABNORMALITIES OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

13.B.14 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 13.B.0 \geq 4 and 13.A.6=0 and 13.B.11=1 and 13.B.12 \geq 3 and 13.B.13=0

Skip if qualified at intensity=4 or 5

13.B.15 WAS THE SEVERITY/INTENSITY OF TACTILE PERCEPTUAL ABNORMALITIES=3 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

13.B.16 HIGHEST FREQUENCY OF TACTILE PERCEPTUAL ABNORMALITIES DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=3 (CAARMS scale, range 0-6)

13.B.17 WHILE SEVERITY/INTENSITY=3, DID TACTILE PERCEPTUAL ABNORMALITIES OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

13.B.18 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 13.B.0 \geq 3 and 13.A.6=0 and 13.B.15=1 and 13.B.16 \geq 3 and 13.B.17=0

13.B.19 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT ANY INTENSITY LEVEL? (0=No, 1=Yes) Yes requires 13.B.10=1 or 13.B.14=1 or 13.B.18=1

For Symptom Severity Calculations

13.D.2 CAARMS FREQUENCY OF TACTILE PERCEPTUAL ABNORMALITIES OVER THE PAST MONTH.

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

For SIPS BIPS Current Status (skip unless qualifies for Lifetime SIPS BIPS)

13.D.5 WHEN AT SEVERITY/INTENSITY=6 OVER THE PAST MONTH, WERE TACTILE PERCEPTUAL ABNORMALITIES ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

13.D.6 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID TACTILE PERCEPTUAL ABNORMALITIES OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY AT LEAST ONE DAY IN THE PAST MONTH? (0=No, 1=Yes)

13.D.7 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID TACTILE PERCEPTUAL ABNORMALITIES BEGIN OR WORSEN TO A 6 IN THE PAST THREE MONTHS? (0=No, 1=Yes)

13.D.8 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 13.A.6=0 and 13.A.10=1 and 13.D.0=6 and 13.D.5=0 and 13.D.6=1 and 13.D.7=1

If symptom qualifies for current SIPS BIPS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

13.D.9 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PERSISTENCE STATUS? (0=No, 1=Yes) Yes requires 13.A.6=0 and 13.A.10=1 and 13.D.0=6 and 13.D.5=0 and 13.D.6=1 and 13.D.7=0

If symptom qualifies for current SIPS BIPS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

13.D.11 HAVE TACTILE PERCEPTUAL ABNORMALITIES BEEN RATED ≤5, BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

13.D.13 HAVE TACTILE PERCEPTUAL ABNORMALITIES BEEN RATED=6 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

13.D.14 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 13.A.6=0 and 13.A.10=1 and ((13.D.0=6 and 13.D.5=1 and 13.D.11=1) or (13.D.0=6 and 13.D.5=0 and 13.D.6=0) or (13.D.0≤5 and 13.D.11=1))

13.D.15 HAVE TACTILE PERCEPTUAL ABNORMALITIES BEEN RATED=6 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

13.D.16 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 13.A.6=0 and 13.A.10=1 and ((13.D.0=6 and 13.D.5=1 and 13.D.15=1) or (13.D.0≤5 and 13.D.11=0))

For SIPS APSS Current Status (skip unless qualifies for Lifetime SIPS APSS)

13.D.18 WERE TACTILE PERCEPTUAL ABNORMALITIES EXPERIENCED AT A SEVERITY/INTENSITY=3 TO 5 AT ANY TIME OVER THE PAST MONTH? (0=No, 1=Yes)

13.D.18a WERE TACTILE PERCEPTUAL ABNORMALITIES SUFFICIENTLY DISTRESSING AND DISABLING TO THE PARTICIPANT TO WARRANT CLINICAL ATTENTION? (0=No, 1=Yes)

13.D.19 WHEN AT SEVERITY/INTENSITY=3 TO 5 OVER THE PAST MONTH, WERE TACTILE PERCEPTUAL ABNORMALITIES ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

13.D.20 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID TACTILE PERCEPTUAL ABNORMALITIES OCCUR AT SEVERITY/INTENSITY=3 TO 5 AT AN AVERAGE FREQUENCY OF AT LEAST ONCE PER WEEK OVER THE PAST MONTH? (0=No, 1=Yes)

13.D.21 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID TACTILE PERCEPTUAL ABNORMALITIES BEGIN WITHIN THE PAST YEAR, OR CURRENTLY RATE ONE OR MORE SCALE POINTS HIGHER COMPARED TO 12 MONTHS AGO? (0=No, 1=Yes)

13.D.22 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 13.A.6=0 and 13.A.14=1 and 13.D.18=1 and 13.D.19=0 and 13.D.20=1 and 13.D.21=1

If symptom qualifies for current SIPS APSS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

13.D.23 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PERSISTENCE STATUS? (0=No, 1=Yes) Yes requires 13.A.6=0 and 13.A.14=1 and 13.D.18=1 and 13.D.19=0 and 13.D.20=1 and 13.D.21=0

If symptom qualifies for current SIPS APSS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

13.D.25 HAVE TACTILE PERCEPTUAL ABNORMALITIES BEEN RATED ≤ 2 , BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

13.D.27 HAVE TACTILE PERCEPTUAL ABNORMALITIES BEEN RATED=3 TO 5 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

13.D.28 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 13.A.6=0 and 13.A.14=1 and ((13.D.18=1 and 13.D.19=1 and 13.D.25=1) or (13.D.18=1 and 13.D.19=0 and 13.D.20=0) or (13.D.18=0 and 13.D.25=1))

13.D.29 HAVE TACTILE PERCEPTUAL ABNORMALITIES BEEN RATED=3 TO 5 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

13.D.30 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 13.A.6=0 and 13.A.14=1 and ((13.D.18=1 and 13.D.19=1 and 13.D.29=1) or (13.D.18=0 and 13.D.25=0))

P14 SOMATIC PERCEPTUAL ABNORMALITIES

Inquiries

1. Have you ever had strange feelings in your body?

2. Have you ever felt that parts of your body have changed in some way, or that things are working differently?

3. Have you felt a problem with some part, or all of your body?

4. Have you felt some part or all of your body is different in some way? How real does it seem?

Rating Scale

14 SOMATIC PERCEPTUAL ABNORMALITIES Positive Symptom Severity/Intensity Scale (circle one)

0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but Not Psychotic	6 Psychotic and Very Severe
No unusual somatic experiences or abnormalities.	Somatic perceptual experiences that are not unusual but gain more than usual attention, such as a feeling of bloatedness.	Somatic perceptual experiences beyond what might be expected by the average person but within cultural norms, such as feeling heat inside the body. Hypnagogic or hypnopompic somatic sensations.	Somatic perceptual abnormalities in absence of actual stimulus with only vague discernible features, such as a feeling that their organs are swollen or itchy, feeling blood coursing through veins. Or somatic illusions that are unusual and significantly different from actual stimulus.	Somatic perceptual abnormalities in absence of actual stimulus with some discernible features i.e. ill-defined but identifiable sensations, such as feeling their organs moving around inside their body, feeling organs are distorted, feeling electricity inside the body.	Somatic perceptual abnormalities in absence of actual stimulus with fully discernible features but lacking the quality of a true perception, i.e. can explain a difference from a real sensation and give a detailed but not vivid description, such feeling of being touched inside the body or that their organs are diseased or stretched over each other, altered, or transformed.	Somatic perceptual abnormalities in absence of actual stimulus that have the quality of a true perception, i.e. feels exactly like a real sensation, and gives a vivid description such as feeling snakes moving inside the body and invading organs, feeling aliens inside the stomach.
No source for somatic perceptual experiences or abnormalities.	Recognized as ordinary.	Confident it is their own imagination. Or if within cultural norms, may defend somatic perceptual experiences.	Perceived as probably not real and person is not clear if it's their own imagination.	Perceived as possibly real and may, or may not be distinct from person's own imagination.	Perceived as seeming real and mostly distinct from the person's own imagination.	Perceived as completely real and clearly distinct from the person's own imagination.
No distress from somatic perceptual experiences or abnormalities.	May have minor concerns from somatic perceptual experiences or abnormalities but not distressing.	May have some unease from somatic perceptual experiences or abnormalities but not particularly distressing.	May have sense of apprehension from somatic perceptual abnormalities or may be somewhat distressing.	Somatic perceptual abnormalities may be preoccupying or distressing.	Somatic perceptual abnormalities may be disturbing or severely distressing.	Somatic perceptual abnormalities may be frightening or extremely distressing.
No interference by somatic perceptual experiences or abnormalities.	Somatic perceptual experiences do not affect other thoughts, feelings, social relations, or behavior.	Somatic perceptual experiences may affect but do not interfere with other thoughts, feelings, or social relations. Behavior not affected.	Somatic perceptual abnormalities may slightly interfere with other thoughts, feelings, or social relations. Behavior not affected.	Somatic perceptual abnormalities may somewhat interfere with other thoughts, feelings, or social relations. Behavior may be slightly affected.	Somatic perceptual abnormalities may clearly interfere with other thoughts, feelings, or social relations. Behavior may be somewhat affected.	Somatic perceptual abnormalities may significantly interfere with other thoughts, feelings, or social relations. Behavior may be clearly affected.

Record Ratings

Record ratings for this symptom for each of the three time frames below.

14.A.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF SOMATIC PERCEPTUAL ABNORMALITIES **DURING THE PARTICIPANT'S LIFETIME?** (range 0-6)

14.B.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF SOMATIC PERCEPTUAL ABNORMALITIES **AT ANY TIME OVER PAST YEAR?** (range 0-6) [

14.D.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF SOMATIC PERCEPTUAL ABNORMALITIES **OVER THE PAST MONTH?** (range 0-6)

When the lifetime rating is a 6

- ONSET DATE WHEN FIRST REACHED 6 _____

When the lifetime rating is 3-6

- ONSET DATE WHEN FIRST REACHED 3-5 _____

Grouping/Diagnostic Questions

For CAARMS/SIPS psychosis (skip unless highest LIFETIME=6)

14.A.2 HIGHEST **FREQUENCY** OF SOMATIC PERCEPTUAL ABNORMALITIES OVER LIFETIME WHEN SEVERITY/INTENSITY=6 (CAARMS Scale, range 0-6)

14.A.3 DID SOMATIC PERCEPTUAL ABNORMALITIES EVER **LAST ≥1 WEEK** AT SEVERITY/INTENSITY=6 AND FREQUENCY≥4? (0=No, 1=Yes)

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

14.A.4 DID SOMATIC PERCEPTUAL ABNORMALITIES EVER **LAST <1 WEEK** AT SEVERITY/INTENSITY=6 AND FREQUENCY≥4 IN THE CONTEXT OF **NEW OR INCREASED ANTIPSYCHOTIC** MEDICATION? (0=No, 1=Yes)

14.A.5 WERE SOMATIC PERCEPTUAL ABNORMALITIES WHILE RATED 6 EVER **IMMINENTLY DANGEROUS** (PHYSICALLY OR TO PERSONAL DIGNITY OR TO SOCIAL/FAMILY NETWORKS)? (0=No, 1=Yes)

14.A.6. DOES THIS SYMPTOM QUALIFY FOR A LIFETIME CAARMS/SIPS PSYCHOSIS DIAGNOSIS AT SCREEN? (0=No, 1=Yes) Yes requires 14.A.0=6 and ((14.A.2≥4 and (14.A.3=1 or 14.A.4=1)) or 14.A.5=1)

If symptom qualifies for lifetime CAARMS/SIPS psychosis diagnosis

- ONSET DATE FOR LIFETIME CAARMS/SIPS PSYCHOSIS _____
- OFFSET DATE FROM LIFETIME CAARMS/SIPS PSYCHOSIS _____

For SIPS Lifetime Brief Intermittent Psychosis Syndrome (skip unless highest LIFETIME=6)

14.A.8 WHEN AT SEVERITY/INTENSITY=6, WERE SOMATIC PERCEPTUAL ABNORMALITIES **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

14.A.9 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID SOMATIC PERCEPTUAL ABNORMALITIES **EVER** OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY? (0=No, 1=Yes)

14.A.10 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)
Yes requires 14.A.0=6 and onset date of the symptom at a 6<onset date of any psychosis and 14.A.8=0 and 14.A.9=1

If symptom qualifies for lifetime SIPS BIPS diagnosis

- ONSET DATE FOR LIFETIME SIPS BIPS DIAGNOSIS (for this symptom) _____

For SIPS Lifetime Attenuated Psychotic Symptoms Syndrome (skip unless highest LIFETIME≥3)

14.A.11 WERE SOMATIC PERCEPTUAL ABNORMALITIES **EVER** EXPERIENCED AT A SEVERITY/INTENSITY LEVEL=3 TO 5 ? (0=No, 1=Yes)

14.A.12 WHEN AT SEVERITY/INTENSITY=3 TO 5, WERE SOMATIC PERCEPTUAL ABNORMALITIES **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

14.A.13 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID SOMATIC PERCEPTUAL ABNORMALITIES **EVER** OCCUR AT SEVERITY=3 TO 5 AT AN AVERAGE FREQUENCY OF **AT LEAST ONCE PER WEEK** OVER A MONTH? (0=No, 1=Yes)

14.A.14 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)
Yes requires 14.A.0≥3 and onset date of the symptom at 3 to 5<onset date of any psychosis and 14.A.12=0 and 14.A.13=1

If symptom qualifies for lifetime SIPS APSS diagnosis

- ONSET DATE FOR LIFETIME SIPS APSS DIAGNOSIS (for this symptom) _____

For CAARMS Brief Limited Intermittent Psychotic Symptoms (skip unless highest PAST YEAR=6)

14.B.2 HIGHEST FREQUENCY OF SOMATIC PERCEPTUAL ABNORMALITIES **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=6**. (CAARMS scale, range 0-6)

14.B.3 WAS ANY EPISODE OF SOMATIC PERCEPTUAL ABNORMALITIES IN THE PAST YEAR AT **SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4 PRESENT FOR <7 DAYS WITH SPONTANEOUS REMISSION EACH TIME? (0=No, 1=Yes)

14.B.4 **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4, DID SOMATIC PERCEPTUAL ABNORMALITIES OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

14.B.5 DOES THIS SYMPTOM QUALIFY FOR A CAARMS BLIPS GROUPING? (0=No, 1=Yes) Yes requires 14.B.0=6 and 14.A.6=0 and 14.B.2≥4 and 14.B.3=1 and 14.B.4=0

If symptom qualifies for CAARMS BLIPS grouping

- SELECTED BLIPS EPISODE ONSET DATE _____
- SELECTED BLIPS EPISODE OFFSET DATE _____

For CAARMS Subthreshold Frequency (skip unless highest PAST YEAR=6)

14.B.6a WAS ANY EPISODE OF SOMATIC PERCEPTUAL ABNORMALITIES IN THE PAST YEAR AT **SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3? (0=No, 1=Yes)

14.B.6b **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3, DID SOMATIC PERCEPTUAL ABNORMALITIES OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

14.B.6 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD FREQUENCY GROUPING? (0=No, 1=Yes) Yes requires 14.B.0=6 and 14.A.6=0 and 14.B.6a=1 and 14.B.6b=0

For CAARMS Subthreshold Intensity (skip unless highest PAST YEAR be ≥3)

14.B.7 WAS THE SEVERITY/INTENSITY OF SOMATIC PERCEPTUAL ABNORMALITIES=5 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

14.B.8 HIGHEST FREQUENCY OF SOMATIC PERCEPTUAL ABNORMALITIES DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=5 (CAARMS scale, range 0-6)

14.B.9 WHILE SEVERITY/INTENSITY=5, DID SOMATIC PERCEPTUAL ABNORMALITIES OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

14.B.10 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 5? (0=No, 1=Yes) Yes requires 14.B.0≥5 and 14.A.6=0 and 14.B.7=1 and 14.B.8≥3 and 14.B.9=0

Skip if qualified at intensity=5

14.B.11 WAS THE SEVERITY/INTENSITY OF SOMATIC PERCEPTUAL ABNORMALITIES=4 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

14.B.12 HIGHEST FREQUENCY OF SOMATIC PERCEPTUAL ABNORMALITIES DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=4 (CAARMS scale, range 0-6)

14.B.13 WHILE SEVERITY/INTENSITY=4, DID SOMATIC PERCEPTUAL ABNORMALITIES OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

14.B.14 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 14.B.0≥4 and 14.A.6=0 and 14.B.11=1 and 14.B.12≥3 and 14.B.13=0

Skip if qualified at intensity=4 or 5

14.B.15 WAS THE SEVERITY/INTENSITY OF SOMATIC PERCEPTUAL ABNORMALITIES=3 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

14.B.16 HIGHEST FREQUENCY OF SOMATIC PERCEPTUAL ABNORMALITIES DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=3 (CAARMS scale, range 0-6)

14.B.17 WHILE SEVERITY/INTENSITY=3, DID SOMATIC PERCEPTUAL ABNORMALITIES OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

14.B.18 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 14.B.0≥3 and 14.A.6=0 and 14.B.15=1 and 14.B.16≥3 and 14.B.17=0

14.B.19 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT ANY INTENSITY LEVEL? (0=No, 1=Yes) Yes requires 14.B.10=1 or 14.B.14=1 or 14.B.18=1

For Symptom Severity Calculations

14.D.2 CAARMS FREQUENCY OF SOMATIC PERCEPTUAL ABNORMALITIES OVER THE PAST MONTH.

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

For SIPS BIPS Current Status (skip unless qualifies for Lifetime SIPS BIPS)

14.D.5 **WHEN AT SEVERITY/INTENSITY=6 OVER THE PAST MONTH, WERE SOMATIC PERCEPTUAL ABNORMALITIES ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER?** (0=No, 1=Yes)

14.D.6 **WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID SOMATIC PERCEPTUAL ABNORMALITIES OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY AT LEAST ONE DAY IN THE PAST MONTH?** (0=No, 1=Yes)

14.D.7 **WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID SOMATIC PERCEPTUAL ABNORMALITIES BEGIN OR WORSEN TO A 6 IN THE PAST THREE MONTHS?** (0=No, 1=Yes)

14.D.8 **DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PROGRESSION STATUS?** (0=No, 1=Yes) Yes requires 14.A.6=0 and 14.A.10=1 and 14.D.0=6 and 14.D.5=0 and 14.D.6=1 and 14.D.7=1

If symptom qualifies for current SIPS BIPS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

14.D.9 **DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PERSISTENCE STATUS?** (0=No, 1=Yes) Yes requires 14.A.6=0 and 14.A.10=1 and 14.D.0=6 and 14.D.5=0 and 14.D.6=1 and 14.D.7=0

If symptom qualifies for current SIPS BIPS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

14.D.11 **HAVE SOMATIC PERCEPTUAL ABNORMALITIES BEEN RATED ≤5, BUT ONLY FOR THE PAST SIX MONTHS OR LESS?** (0=No, 1=Yes)

14.D.13 **HAVE SOMATIC PERCEPTUAL ABNORMALITIES BEEN RATED=6 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS?** (0=No, 1=Yes)

14.D.14 **DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PARTIAL REMISSION STATUS?** (0=No, 1=Yes) Yes requires 14.A.6=0 and 14.A.10=1 and ((14.D.0=6 and 14.D.5=1 and 14.D.11=1) or (14.D.0=6 and 14.D.5=0 and 14.D.6=0) or (14.D.0≤5 and 14.D.11=1))

14.D.15 **HAVE SOMATIC PERCEPTUAL ABNORMALITIES BEEN RATED=6 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS?** (0=No, 1=Yes)

14.D.16 **DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS FULL REMISSION STATUS?** (0=No, 1=Yes) Yes requires 14.A.6=0 and 14.A.10=1 and ((14.D.0=6 and 14.D.5=1 and 14.D.15=1) or (14.D.0≤5 and 14.D.11=0))

For SIPS APSS Current Status (skip unless qualifies for Lifetime SIPS APSS)

14.D.18 **WERE SOMATIC PERCEPTUAL ABNORMALITIES EXPERIENCED AT A SEVERITY/INTENSITY=3 TO 5 AT ANY TIME OVER THE PAST MONTH?** (0=No, 1=Yes)

14.D.18a **WERE SOMATIC PERCEPTUAL ABNORMALITIES SUFFICIENTLY DISTRESSING AND DISABLING TO THE PARTICIPANT TO WARRANT CLINICAL ATTENTION?** (0=No, 1=Yes)

14.D.19 WHEN AT SEVERITY/INTENSITY=3 TO 5 OVER THE PAST MONTH, WERE SOMATIC PERCEPTUAL ABNORMALITIES ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

14.D.20 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID SOMATIC PERCEPTUAL ABNORMALITIES OCCUR AT SEVERITY/INTENSITY=3 TO 5 AT AN AVERAGE FREQUENCY OF AT LEAST ONCE PER WEEK OVER THE PAST MONTH? (0=No, 1=Yes)

14.D.21 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID SOMATIC PERCEPTUAL ABNORMALITIES BEGIN WITHIN THE PAST YEAR, OR CURRENTLY RATE ONE OR MORE SCALE POINTS HIGHER COMPARED TO 12 MONTHS AGO? (0=No, 1=Yes)

14.D.22 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 14.A.6=0 and 14.A.14=1 and 14.D.18=1 and 14.D.19=0 and 14.D.20=1 and 14.D.21=1

If symptom qualifies for current SIPS APSS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

14.D.23 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PERSISTENCE STATUS? (0=No, 1=Yes) Yes requires 14.A.6=0 and 14.A.14=1 and 14.D.18=1 and 14.D.19=0 and 14.D.20=1 and 14.D.21=0

If symptom qualifies for current SIPS APSS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

14.D.25 HAVE SOMATIC PERCEPTUAL ABNORMALITIES BEEN RATED ≤ 2 , BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

14.D.27 HAVE SOMATIC PERCEPTUAL ABNORMALITIES BEEN RATED=3 TO 5 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

14.D.28 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 14.A.6=0 and 14.A.14=1 and ((14.D.18=1 and 14.D.19=1 and 14.D.25=1) or (14.D.18=1 and 14.D.19=0 and 14.D.20=0) or (14.D.18=0 and 14.D.25=1))

14.D.29 HAVE SOMATIC PERCEPTUAL ABNORMALITIES BEEN RATED=3 TO 5 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

14.D.30 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 14.A.6=0 and 14.A.14=1 and ((14.D.18=1 and 14.D.19=1 and 14.D.29=1) or (14.D.18=0 and 14.D.25=0))

P15 DISORGANIZED COMMUNICATION EXPRESSION

Inquiries for subjective change.

1. Have you noticed any difficulties in your speech, or ability to communicate with others?

2. Have you had trouble finding the correct word at the appropriate time?

6. Have you ever completely lost your train of thought or speech, like suddenly blanking out?

Inquiries for objective change.

1. Is it difficult to follow what the participant is saying at times due to using incorrect words, being circumstantial or tangential?

2. Is the participant vague, overly abstract or concrete?

3. Does the participant repeat words that you have used or adopt strange words (or 'non-words') in the course of regular conversation?

Rating Scale

15 DISORGANIZED COMMUNICATION EXPRESSION Positive Symptom Severity/Intensity Scale

(circle one)

0 Absent	1 Questionable	2 Mild	3 Moderate	4 Marked	5 Severe but Not Psychotic	6 Psychotic and Very Severe
No disorganized communication.	Disorganized communication such as a word or phrase that is awkward or hesitant. Overuse of jargon. Usually self report only.	Disorganized communication such as speech that is slightly vague, overelaborate or repeated use of one or more unusual or idiosyncratic words. Can be self report only.	Disorganized communication such as incorrect words, irrelevant topics, brief observed circumstantiality (goes off track but readily gets to the point). Must be observed.	Disorganized communication such as observed prolonged circumstantial speech (goes off track but eventually gets to the point). Difficulty directing sentences toward a goal. Sudden pauses.	Disorganized communication such as observed tangential speech (i.e. never getting to the point). Some loosening of associations or some blocking.	Disorganized communication such as observed completely loose associations, derailment, irrelevant, internally inconsistent, echolalic, or blocked or unintelligible speech.
No need to self-correct disorganized communication.	If observed, always aware of difficulty and seeks to be better understood.	If observed, usually aware of the difficulty and seeks to be better understood.	Does not self-correct most unusual words. Or goes off track, but redirects on own.	Can be redirected with occasional questions and structuring.	Requires frequent prompts or questions or other structuring to redirect.	Not responsive to structuring of the interview.
No distress from disorganized communication.	May have minor concerns from disorganized communication but not distressing.	May have some unease from disorganized communication but not distressing.	May have sense of apprehension from disorganized communication or may be somewhat distressing.	Disorganized communication may be preoccupying or distressing.	Disorganized communication may be disturbing or severely distressing.	Disorganized communication may be frightening or extremely distressing.
No interference by disorganized communication.	Disorganized communications do not affect other thoughts, feelings, social relations, or behavior.	Disorganized communication may affect but do not interfere with other thoughts, feelings, or social relations. Behavior not affected.	Disorganized communication may slightly interfere with other thoughts, feelings, or social relations. Behavior not affected.	Disorganized communication may somewhat interfere with other thoughts, feelings, or social relations. Behavior may be slightly affected.	Disorganized communication may clearly interfere with other thoughts, feelings, or social relations. Behavior may be somewhat affected.	Disorganized communication may significantly interfere with other thoughts, feelings, or social relations. Behavior may be clearly affected.

Record Ratings

Record ratings for this symptom for each of the three time frames below.

15.A.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF DISORGANIZED COMMUNICATION **DURING THE PARTICIPANT’S LIFETIME**? (range 0-6)

15.B.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF DISORGANIZED COMMUNICATION **AT ANY TIME OVER PAST YEAR**? (range 0-6)

15.D.0 WHAT WAS OR IS THE HIGHEST LEVEL OF SEVERITY/INTENSITY OF DISORGANIZED COMMUNICATION **OVER THE PAST MONTH**? (range 0-6)

When the lifetime rating is a 6

- ONSET DATE WHEN FIRST REACHED 6 _____

When the lifetime rating is 3-6

- ONSET DATE WHEN FIRST REACHED 3-5 _____

Grouping/Diagnostic Questions

For CAARMS/SIPS psychosis (skip unless highest LIFETIME=6)

15.A.2 HIGHEST **FREQUENCY** OF DISORGANIZED COMMUNICATION EXPRESSION OVER LIFETIME WHEN SEVERITY/INTENSITY=6 (CAARMS Scale, range 0-6)

15.A.3 DID DISORGANIZED COMMUNICATION EXPRESSION EVER **LAST ≥1 WEEK** AT SEVERITY/INTENSITY=6 AND FREQUENCY≥4? (0=No, 1=Yes)

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

15.A.4 DID DISORGANIZED COMMUNICATION EXPRESSION **EVER LAST <1 WEEK** AT SEVERITY/INTENSITY=6 AND FREQUENCY≥4 IN THE CONTEXT OF **NEW OR INCREASED ANTIPSYCHOTIC** MEDICATION? (0=No, 1=Yes)

15.A.5 WAS DISORGANIZED COMMUNICATION EXPRESSION WHILE RATED 6 EVER **IMMINENTLY DANGEROUS** (PHYSICALLY OR TO PERSONAL DIGNITY OR TO SOCIAL/FAMILY NETWORKS)? (0=No, 1=Yes)

15.A.6. DOES THIS SYMPTOM QUALIFY FOR A LIFETIME CAARMS/SIPS PSYCHOSIS DIAGNOSIS AT SCREEN? (0=No, 1=Yes) Yes requires 15.A.0=6 and ((15.A.2≥4 and (15.A.3=1 or 15.A.4=1)) or 15.A.5=1)

If symptom qualifies for lifetime CAARMS/SIPS psychosis diagnosis

- ONSET DATE FOR LIFETIME CAARMS/SIPS PSYCHOSIS _____
- OFFSET DATE FROM LIFETIME CAARMS/SIPS PSYCHOSIS _____

For SIPS Lifetime Brief Intermittent Psychosis Syndrome (skip unless highest LIFETIME=6)

15.A.8 WHEN AT SEVERITY/INTENSITY=6, WAS DISORGANIZED COMMUNICATION EXPRESSION **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

15.A.9 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID DISORGANIZED COMMUNICATION EXPRESSION **EVER OCCUR** AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY? (0=No, 1=Yes)

15.A.10 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 15.A.0=6 and onset date of the symptom at a 6<onset date of any psychosis and 15.A.8=0 and 15.A.9=1

If symptom qualifies for lifetime SIPS BIPS diagnosis

- ONSET DATE FOR LIFETIME SIPS BIPS DIAGNOSIS (for this symptom) _____

For SIPS Lifetime Attenuated Psychotic Symptoms Syndrome (skip unless highest LIFETIME≥3)

15.A.11 WAS DISORGANIZED COMMUNICATION EXPRESSION **EVER** EXPERIENCED AT A SEVERITY/INTENSITY LEVEL=3 TO 5 ? (0=No, 1=Yes)

15.A.12 WHEN AT SEVERITY/INTENSITY=3 TO 5, WAS DISORGANIZED COMMUNICATION EXPRESSION **ALWAYS BETTER EXPLAINED** BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

15.A.13 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID DISORGANIZED COMMUNICATION EXPRESSION **EVER** OCCUR AT SEVERITY=3 TO 5 AT AN AVERAGE FREQUENCY OF **AT LEAST ONCE PER WEEK** OVER A MONTH? (0=No, 1=Yes)

15.A.14 DOES THIS SYMPTOM QUALIFY FOR A LIFETIME SIPS BIPS DIAGNOSIS? (0=No, 1=Yes)

Yes requires 15.A.0≥3 and onset date of the symptom at 3 to 5<onset date of any psychosis and 15.A.12=0 and 15.A.13=1

If symptom qualifies for lifetime SIPS APSS diagnosis

- ONSET DATE FOR LIFETIME SIPS APSS DIAGNOSIS (for this symptom) _____

For CAARMS Brief Limited Intermittent Psychotic Symptoms (skip unless highest PAST YEAR=6)

15.B.2 HIGHEST FREQUENCY OF DISORGANIZED COMMUNICATION EXPRESSION **DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=6**. (CAARMS scale, range 0-6)

15.B.3 WAS ANY EPISODE OF DISORGANIZED COMMUNICATION EXPRESSION IN THE PAST YEAR AT **SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4 PRESENT FOR <7 DAYS WITH SPONTANEOUS REMISSION EACH TIME? (0=No, 1=Yes)

15.B.4 **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF AT LEAST 4, DID DISORGANIZED COMMUNICATION EXPRESSION OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

15.B.5 DOES THIS SYMPTOM QUALIFY FOR A CAARMS BLIPS GROUPING? (0=No, 1=Yes) Yes

requires 15.B.0=6 and 15.A.6=0 and 15.B.2≥4 and 15.B.3=1 and 15.B.4=0

If symptom qualifies for CAARMS BLIPS grouping

- SELECTED BLIPS EPISODE ONSET DATE _____
- SELECTED BLIPS EPISODE OFFSET DATE _____

For CAARMS Subthreshold Frequency (skip unless highest PAST YEAR=6)

15.B.6a WAS ANY EPISODE OF DISORGANIZED COMMUNICATION EXPRESSION IN THE PAST YEAR AT **SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3? (0=No, 1=Yes)

15.B.6b **WHILE SEVERITY/INTENSITY=6** AND A FREQUENCY OF 3, DID DISORGANIZED COMMUNICATION EXPRESSION OCCUR **ONLY** DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

15.B.6 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD FREQUENCY GROUPING? (0=No, 1=Yes) Yes requires 15.B.0=6 and 15.A.6=0 and 15.B.6a=1 and 15.B.6b=0

For CAARMS Subthreshold Intensity (skip unless highest PAST YEAR be ≥ 3)

15.B.7 WAS THE SEVERITY/INTENSITY OF DISORGANIZED COMMUNICATION EXPRESSION=5 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

15.B.8 HIGHEST FREQUENCY OF DISORGANIZED COMMUNICATION EXPRESSION DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=5 (CAARMS scale, range 0-6)

15.B.9 WHILE SEVERITY/INTENSITY=5, DID DISORGANIZED COMMUNICATION EXPRESSION OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

15.B.10 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 5? (0=No, 1=Yes) Yes requires 15.B.0 ≥ 5 and 15.A.6=0 and 15.B.7=1 and 15.B.8 ≥ 3 and 15.B.9=0

Skip if qualified at intensity=5

15.B.11 WAS THE SEVERITY/INTENSITY OF DISORGANIZED COMMUNICATION EXPRESSION=4 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

15.B.12 HIGHEST FREQUENCY OF DISORGANIZED COMMUNICATION EXPRESSION DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=4 (CAARMS scale, range 0-6)

15.B.13 WHILE SEVERITY/INTENSITY=4, DID DISORGANIZED COMMUNICATION EXPRESSION OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

15.B.14 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 15.B.0 ≥ 4 and 15.A.6=0 and 15.B.11=1 and 15.B.12 ≥ 3 and 15.B.13=0

Skip if qualified at intensity=4 or 5

15.B.15 WAS THE SEVERITY/INTENSITY OF DISORGANIZED COMMUNICATION EXPRESSION=3 AT ANY TIME OVER PAST YEAR? (0=No, 1=Yes)

15.B.16 HIGHEST FREQUENCY OF DISORGANIZED COMMUNICATION EXPRESSION DURING THE TIME OVER THE PAST YEAR WHEN SEVERITY/INTENSITY=3 (CAARMS scale, range 0-6)

15.B.17 WHILE SEVERITY/INTENSITY=3, DID DISORGANIZED COMMUNICATION EXPRESSION OCCUR ONLY DURING PEAK INTOXICATION FROM HALLUCINOGENS, AMPHETAMINES, OR COCAINE? DO NOT INCLUDE ALCOHOL OR CANNABIS. (0=No, 1=Yes)

15.B.18 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT INTENSITY LEVEL 4? (0=No, 1=Yes) Yes requires 15.B.0 ≥ 3 and 15.A.6=0 and 15.B.15=1 and 15.B.16 ≥ 3 and 15.B.17=0

15.B.19 DOES THIS SYMPTOM QUALIFY FOR A CAARMS SUBTHRESHOLD INTENSITY GROUPING AT ANY INTENSITY LEVEL? (0=No, 1=Yes) Yes requires 15.B.10=1 or 15.B.14=1 or 15.B.18=1

For Symptom Severity Calculations

15.D.2 CAARMS FREQUENCY OF DISORGANIZED COMMUNICATION EXPRESSION OVER THE PAST MONTH.

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

For SIPS BIPS Current Status (skip unless qualifies for Lifetime SIPS BIPS)

15.D.5 **WHEN AT SEVERITY/INTENSITY=6 OVER THE PAST MONTH, WAS DISORGANIZED COMMUNICATION EXPRESSION ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER?** (0=No, 1=Yes)

15.D.6 **WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID DISORGANIZED COMMUNICATION EXPRESSION OCCUR AT SEVERITY=6 AT LEAST SEVERAL MINUTES PER DAY AT LEAST ONE DAY IN THE PAST MONTH?** (0=No, 1=Yes)

15.D.7 **WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID DISORGANIZED COMMUNICATION EXPRESSION BEGIN OR WORSEN TO A 6 IN THE PAST THREE MONTHS?** (0=No, 1=Yes)

15.D.8 **DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PROGRESSION STATUS?** (0=No, 1=Yes) Yes requires 15.A.6=0 and 15.A.10=1 and 15.D.0=6 and 15.D.5=0 and 15.D.6=1 and 15.D.7=1

If symptom qualifies for current SIPS BIPS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

15.D.9 **DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PERSISTENCE STATUS?** (0=No, 1=Yes) Yes requires 15.A.6=0 and 15.A.10=1 and 15.D.0=6 and 15.D.5=0 and 15.D.6=1 and 15.D.7=0

If symptom qualifies for current SIPS BIPS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO A 6 _____

15.D.11 **HAVE DISORGANIZED COMMUNICATION EXPRESSION BEEN RATED ≤5, BUT ONLY FOR THE PAST SIX MONTHS OR LESS?** (0=No, 1=Yes)

15.D.13 **HAVE DISORGANIZED COMMUNICATION EXPRESSION BEEN RATED=6 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS?** (0=No, 1=Yes)

15.D.14 **DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS PARTIAL REMISSION STATUS?** (0=No, 1=Yes) Yes requires 15.A.6=0 and 15.A.10=1 and ((15.D.0=6 and 15.D.5=1 and 15.D.11=1) or (15.D.0=6 and 15.D.5=0 and 15.D.6=0) or (15.D.0≤5 and 15.D.11=1))

15.D.15 **HAVE DISORGANIZED COMMUNICATION EXPRESSION BEEN RATED=6 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS?** (0=No, 1=Yes)

15.D.16 **DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS BIPS FULL REMISSION STATUS?** (0=No, 1=Yes) Yes requires 15.A.6=0 and 15.A.10=1 and ((15.D.0=6 and 15.D.5=1 and 15.D.15=1) or (15.D.0≤5 and 15.D.11=0))

For SIPS APSS Current Status (skip unless qualifies for Lifetime SIPS APSS)

15.D.18 **WAS DISORGANIZED COMMUNICATION EXPRESSION EXPERIENCED AT A SEVERITY/INTENSITY=3 TO 5 AT ANY TIME OVER THE PAST MONTH?** (0=No, 1=Yes)

15.D.18a **WAS DISORGANIZED COMMUNICATION EXPRESSION SUFFICIENTLY DISTRESSING**

AND DISABLING TO THE PARTICIPANT TO WARRANT CLINICAL ATTENTION? (0=No, 1=Yes)

15.D.19 WHEN AT SEVERITY/INTENSITY=3 TO 5 OVER THE PAST MONTH, WAS DISORGANIZED COMMUNICATION EXPRESSION ALWAYS BETTER EXPLAINED BY ANOTHER DSM DISORDER? (0=No, 1=Yes)

15.D.20 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID DISORGANIZED COMMUNICATION EXPRESSION OCCUR AT SEVERITY/INTENSITY=3 TO 5 AT AN AVERAGE FREQUENCY OF AT LEAST ONCE PER WEEK OVER THE PAST MONTH? (0=No, 1=Yes)

15.D.21 WHEN NOT BETTER EXPLAINED BY ANOTHER DISORDER, DID DISORGANIZED COMMUNICATION EXPRESSION BEGIN WITHIN THE PAST YEAR, OR CURRENTLY RATE ONE OR MORE SCALE POINTS HIGHER COMPARED TO 12 MONTHS AGO? (0=No, 1=Yes)

15.D.22 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PROGRESSION STATUS? (0=No, 1=Yes) Yes requires 15.A.6=0 and 15.A.14=1 and 15.D.18=1 and 15.D.19=0 and 15.D.20=1 and 15.D.21=1

If symptom qualifies for current SIPS APSS progression

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

15.D.23 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PERSISTENCE STATUS? (0=No, 1=Yes) Yes requires 15.A.6=0 and 15.A.14=1 and 15.D.18=1 and 15.D.19=0 and 15.D.20=1 and 15.D.21=0

If symptom qualifies for current SIPS APSS persistence

- DATE WHEN QUALIFYING SYMPTOM BEGAN OR WORSENER TO THE CURRENT SCORE _____

15.D.25 HAVE DISORGANIZED COMMUNICATION EXPRESSION BEEN RATED ≤ 2 , BUT ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

15.D.27 HAVE DISORGANIZED COMMUNICATION EXPRESSION BEEN RATED=3 TO 5 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER AND ONLY FOR THE PAST SIX MONTHS OR LESS? (0=No, 1=Yes)

15.D.28 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS PARTIAL REMISSION STATUS? (0=No, 1=Yes) Yes requires 15.A.6=0 and 15.A.14=1 and ((15.D.18=1 and 15.D.19=1 and 15.D.25=1) or (15.D.18=1 and 15.D.19=0 and 15.D.20=0) or (15.D.18=0 and 15.D.25=1))

15.D.29 HAVE DISORGANIZED COMMUNICATION EXPRESSION BEEN RATED=3 TO 5 BUT ALSO RATED BETTER ACCOUNTED FOR BY ANOTHER DSM-5 DISORDER FOR MORE THAN THE PAST SIX MONTHS? (0=No, 1=Yes)

15.D.30 DOES THIS SYMPTOM QUALIFY FOR A CURRENT SIPS APSS FULL REMISSION STATUS? (0=No, 1=Yes) Yes requires 15.A.6=0 and 15.A.14=1 and ((15.D.18=1 and 15.D.19=1 and 15.D.29=1) or (15.D.18=0 and 15.D.25=0))

Harmonized SIPS/CAARMS Psychosis Calculation

AC.1 SCREEN PSYCHOSIS DIAGNOSIS CRITERIA (0=No, 1=Yes) Yes requires ANY of 1.A.6 through 15.A.6=1

E. SIPS Genetic Risk & Deterioration/CAARMS Vulnerability Group

E.1. HAS THE PARTICIPANT **EVER** MET CRITERIA FOR DSM-5 **SCHIZOTYPAL PERSONALITY DISORDER**? (0=No, 1=Yes)

E.2. DOES THE PARTICIPANT HAVE A FAMILY HISTORY OF PSYCHOTIC DISORDER IN A **FIRST DEGREE RELATIVE**? (0=No, 1=Yes)

E.3. WAS THERE **EVER** A DROP IN THE SOFAS SCORE OF $\geq 30\%$ OVER A TWELVE MONTH PERIOD? (0=No, 1=Yes)

RECORD SOFAS score _____ AND DATE _____ AT START OF TWELVE MONTH PERIOD
RECORD SOFAS score _____ AND DATE _____ AT END OF TWELVE MONTH PERIOD

E.4 DOES THE PARTICIPANT QUALIFY FOR A LIFETIME SIPS GRD DIAGNOSIS? (0=No, 1=Yes)
Yes requires (E.1=1 or E.2=1) and E.3=1

E.7. WAS THERE A 30% DROP IN THE SOFAS SCORE FROM THE PREMORBID LEVEL, SUSTAINED FOR A MONTH, WITHIN THE PAST 12 MONTHS? (0=No, 1=Yes)

RECORD PREMORBID SOFAS score _____
RECORD LOWEST SOFAS score sustained for a month IN THE PAST 12 MONTHS _____

E.9 HAS THE CURRENT SOFAS SCORE BEEN SUSTAINED AT ≤ 50 FOR THE PAST 12 MONTHS? (0=No, 1=Yes)

RECORD CURRENT SOFAS score _____

E.11 DOES THE PARTICIPANT QUALIFY FOR A CAARMS VULNERABILITY GROUPING? (0=No, 1=Yes) Yes requires (E.1=1 or E.2=1) and (E.7=1 or E.9=1)

For SIPS GRD Current Status

E.18 WHAT IS THE CURRENT SOFAS SCORE OVER THE PAST MONTH? (Range 0-100)

E.19 WHAT WAS THE SOFAS SCORE OVER THE PREVIOUS MONTH TWELVE MONTHS AGO? (Range 0-100)

E.20 IS THERE CURRENTLY A $\geq 30\%$ DROP IN THE SOFAS SCORE FROM 12 MONTHS AGO? (0=No, 1=Yes) Yes requires E.18/E.19 ≤ 0.70

E.21 DOES THE PARTICIPANT QUALIFY FOR A SIPS GRD PROGRESSION DIAGNOSIS? (0=No, 1=Yes) Yes requires AC.1=0 and E.4=1 and E.20=1

E.22 IS THE CURRENT A SOFAS SCORE $< 90\%$ OF ITS PREMORBID LEVEL? (0=No, 1=Yes)

E.23 DOES THE PARTICIPANT QUALIFY FOR A SIPS GRD PERSISTENCE DIAGNOSIS? (0=No, 1=Yes) Yes requires AC.1=0 and E.4=1 and E.20=0 and E.22=1

E.24 HAS THE CURRENT A SOFAS SCORE BEEN $\geq 90\%$ OF ITS PREMORBID LEVEL AND **ONLY FOR THE PAST SIX MONTHS OR LESS**? (0=No, 1=Yes)

E.25 DOES THE PARTICIPANT QUALIFY FOR A SIPS GRD PARTIAL REMISSION DIAGNOSIS? (0=No, 1=Yes) Yes requires AC.1=0 and E.4=1 and E.22=0 and E.24=1

E.25 DOES THE PARTICIPANT QUALIFY FOR A SIPS GRD FULL REMISSION DIAGNOSIS? (0=No, 1=Yes) Yes requires AC.1=0 and E.4=1 and E.22=0 and E.24=0

Remaining Calculations

For CAARMS UR Groupings

AC.2 SCREEN CAARMS BLIPS CRITERIA (0=No, 1=Yes) Yes requires ANY of 1.B.5 through 15.B.5=1

AC.3 SCREEN CAARMS SUBTHRESHOLD FREQUENCY CRITERIA (0=No, 1=Yes) Yes requires ANY of 1.B.6 through 15.B.6=1

AC.4 SCREEN CAARMS SUBTHRESHOLD INTENSITY CRITERIA (0=No, 1=Yes) Yes requires ANY of 1.B.10 through 15.B.10=1

AC.6 SCREEN CAARMS VULNERABILITY CRITERIA (0=No, 1=Yes) Equals E.11

AC.7 SCREEN CAARMS UHR CRITERIA (0=No, 1=Yes) Yes requires ANY of AC.2, AC.3, AC.4, or AC.6=1

For SIPS CHR Current Statuses

AC.9 SCREEN SIPS BIPS PROGRESSION DIAGNOSTIC CRITERIA (0=No, 1=Yes) Yes requires AC.1=0 and ANY of 1.D.8 through 15.D.8=1

AC.10 SCREEN SIPS BIPS PERSISTENCE DIAGNOSTIC CRITERIA (0=No, 1=Yes) Yes requires AC.1=0 and AC.9=0 and ANY of 1.D.9 through 15.D.9=1

AC.11 SCREEN SIPS BIPS PARTIAL REMISSION DIAGNOSTIC CRITERIA (0=No, 1=Yes) Yes requires AC.1=0 and AC.9=0 and AC.10=0 and ANY of 1.D.14 through 15.D.14=1

AC.12 SCREEN SIPS BIPS FULL REMISSION DIAGNOSTIC CRITERIA (0=No, 1=Yes) Yes requires AC.1=0 and AC.9=0 and AC.10=0 and AC.11=0 and ANY of 1.D.16 through 15.D.16=1

AC.15 SCREEN SIPS APSS PROGRESSION DIAGNOSTIC CRITERIA (0=No, 1=Yes) Yes requires AC.1=0 and ANY of 1.D.22 through 15.D.22=1

AC.16 SCREEN SIPS APSS PERSISTENCE DIAGNOSTIC CRITERIA (0=No, 1=Yes) Yes requires AC.1=0 and AC.15=0 and ANY of 1.D.23 through 15.D.23=1

AC.17 SCREEN SIPS APSS PARTIAL REMISSION DIAGNOSTIC CRITERIA (0=No, 1=Yes) Yes requires AC.1=0 and AC.15=0 and AC.16=0 and ANY of 1.D.28 through 15.D.28=1

AC.18 SCREEN SIPS APSS FULL REMISSION DIAGNOSTIC CRITERIA (0=No, 1=Yes) Yes requires AC.1=0 and AC.15=0 and AC.16=0 and AC.17=0 and ANY of 1.D.30 through 15.D.30=1

AC.21 SCREEN SIPS GRD PROGRESSION DIAGNOSTIC CRITERIA (0=No, 1=Yes) Yes requires AC.1=0 and E.21=1

AC.22 SCREEN SIPS GRD PERSISTENCE DIAGNOSTIC CRITERIA (0=No, 1=Yes) Yes requires AC.1=0 and E.23=1

AC.23 SCREEN SIPS GRD PARTIAL REMISSION DIAGNOSTIC CRITERIA (0=No, 1=Yes) Yes requires AC.1=0 and E.25=1

AC.24 SCREEN SIPS GRD FULL REMISSION DIAGNOSTIC CRITERIA (0=No, 1=Yes) Yes requires AC.1=0 and E.27=1

AC.27 SCREEN SIPS CHR PROGRESSION DIAGNOSTIC CRITERIA (0=No, 1=Yes) Yes requires AC.1=0 and ANY of AC.9, AC.15, or AC.21=1

AC.28 SCREEN SIPS CHR PERSISTENCE DIAGNOSTIC CRITERIA (0=No, 1=Yes) Yes requires AC.1=0 and AC.27=0 and ANY of AC.10, AC.16, or AC.22=1

AC.29 SCREEN SIPS CHR PARTIAL REMISSION DIAGNOSTIC CRITERIA (0=No, 1=Yes) Yes requires AC.1=0 and AC.27=0 and AC.28=0 and ANY of AC.11, AC.17, or AC.23=1

AC.30 SCREEN SIPS CHR FULL REMISSION DIAGNOSTIC CRITERIA (0=No, 1=Yes) Yes requires AC.1=0 and AC.27=0 and AC.28=0 and AC.29=0 and ANY of AC.12, AC.18, or AC.24=1

AC.31 SCREEN SIPS CHR CURRENT STATUS (Range 1-5) 1 requires AC.1=1; 2 requires AC.27=1; 3 requires AC.28=1; 4 requires AC.29=1; 5 requires AC.30=1

For DSM-5 Attenuated Psychosis Syndrome

AC.32 SCREEN DSM-5 ATTENUATED PSYCHOSIS SYNDROME (0=No, 1=Yes) Yes requires AC.1=0 and ANY of (1.D.18a=1 and 1.D.22=1) through (15.D.18a=1 and 15.D.22=1)