

Table 1 Clinician Rating input

1) Scrolls input based on guide for Clinical Rating based on conventional scales input of Module 1

Phenomenology Item	Non =0	Mild =1	Moderate =2	Marked =3
Positive signs loosening Hallucinations		<p>Thinking is circumstantial, tangential, or para-logical. There is some difficulty in directing thoughts toward a goal and some loosening of associations may be evidenced under pressure. Tends to be slightly agitated, hypervigilant, or mildly over aroused. Slight awkwardness in movements.</p> <p>One or two clearly formed but infrequent hallucinations, or else a number of vague abnormal perceptions which do not result in distortions of thinking or behavior. presents a guarded or even openly distrustful attitude, but thoughts, interactions, and behavior are minimally affected.</p> <p><i>PANSS P2 Conceptual disorganization 2,3, PANSS P4 Excitement 2,3, PANSS G5 mannerism posturing 2,3, PANSS P3 Hallucinatory behavior 2,3,</i></p>	<p>Generally has difficulty in organizing thoughts, as evidenced by frequent irrelevances, disconnectedness. or loosening of associations even when not under pressure Agitation or over arousal is clearly evident episodic outbursts occur sporadically, Movements are notably awkward or disjointed.</p> <p>Hallucinations occur frequently but not continuously. These may involve more than one sensory modality, and tend to distort thinking and/or disrupt behavior</p> <p><i>PANSS P2 Conceptual disorganization 4,5, PANSS P4 Excitement 4,5, PANSS G5 mannerism posturing 4,5, PANSS P3 Hallucinatory behavior 4,5,</i></p>	<p>Thoughts are disrupted to the point where the patient is incoherent. There is marked loosening of associations, marked excitement delimits attention, and affects personal functions such as eating and sleeping Frequent repetition of bizarre rituals, mannerisms, or stereotyped movements.</p> <p>Hallucinations are present almost continuously, causing major disruption of thinking and behavior. Patient treats these as real perceptions, and functioning is impeded by frequent emotional and verbal responses to them.</p> <p><i>PANSS P2 Conceptual disorganization 6,7, PANSS P4 Excitement 6,7, PANSS G5 mannerism posturing 6,7, PANSS P3 Hallucinatory behavior 4,5,</i></p>
Positive signs Delusions		<p>Presence of one or two delusions which are vague, un-crystallized delusions that do not interfere with thinking, social relations, or behavior. Thought content is somewhat peculiar or idiosyncratic, or familiar ideas are framed in an odd context.</p>	<p>Presence of numerous well-formed delusions that are tenaciously held and occasionally interfere with thinking, social relations, or behavior.</p> <p>Distrustfulness is clearly evident, Patient shows marked distrust, there are clear-cut persecutory delusions that have limited</p>	<p>Presence of a stable set of delusions which are crystallized, possibly systematized, tenaciously held, and clearly interfere with thinking, social relations, and behavior. These frequently result in inappropriate and irresponsible action, which may even jeopardize the safety of the patient or others.</p>

		<p><i>PANSS P1 Delusions 2,3, PANSS G9 Unusual thought content 2,3, PANSS P6 persecution 2,3,</i></p>	<p>impact on interpersonal relations and behavior Ideas are frequently distorted and occasionally seem quite bizarre.</p> <p><i>PANSS P1 Delusions 4,5, PANSS G9 Unusual thought content 4,5, PANSS P6 persecution 4,5,</i></p>	<p>Clear-cut pervasive delusions of persecution which may be systematized and significantly interfere in interpersonal relations. Patient expresses many illogical or absurd ideas or some which have a distinctly bizarre quality</p> <p><i>PANSS P1 Delusions 6,7, PANSS G9 Unusual thought content 6,7, PANSS P6 persecution 6,7,</i></p>
Negative signs Alogia		<p>Some rigidity shown in attitudes or beliefs. Tends to give literal or personalized interpretations to the more difficult proverbs and may have some problems with concepts that are fairly abstract or remotely related Conversation shows little initiative. Patient's answers tend to be brief and unembellished.</p> <p>There is evidence of some indecisiveness in conversation and thinking, which may impede verbal and cognitive processes to a minor extent. Changes in facial expression and communicative gestures seem to be stilted, forced, artificial, or lacking in modulation.</p> <p>Conversation is characterized by a stilted strained or artificial tone. It may lack</p> <p><i>PANSS N5 Abstract thought 2,3, PANSS N6 flow conversation 2,3, Stereotyped N7 2,3, PANSS N1 Blunted affect 2,3,</i></p>	<p>Thinking is rigid and repetitious thus conversation is limited to only two or three dominating topics Deals primarily in a concrete mode, exhibiting difficulty with most proverbs and many categories. Conversation lacks free flow and appears uneven or halting. marked lack of spontaneity and openness, replying to questions with only one or two brief sentences.</p> <p>Affect is generally ~flat-, with only occasional changes in facial expression and a paucity of communicative gestures.</p> <p><i>PANSS N5 Abstract thought 4,5, PANSS N6 flow conversation 4,5, Stereotyped N7 4,5,</i></p> <p><i>PANSS G13 Dist' Volition 4,5, PANSS N1 Blunted affect 4,5, PANSS N2 Emotional withdrawal 4,5, PANSS N3 Poor Rapport 4,5, PANSS N4 Apathetic withdrawal 4,5,</i></p>	<p>Thinking, behavior, and conversation are dominated by constant repetition of fixed ideas or limited phrases, leading to gross rigidity, inappropriateness, and restrictiveness of patient's communication. Can use only concrete modes of thinking. Shows no comprehension of proverbs, common metaphors or similes, and simple categories. Patient's responses are limited mainly to a few words or short phrases intended to avoid or curtail communication. Conversation is seriously impaired as a result.</p> <p>Marked flatness and deficiency of emotions exhibited most of the time. Patient seems constantly to show a barren or "wooden" expression.</p> <p>Patient is highly indifferent, with marked interpersonal distance. Eye and face contact are frequently avoided.</p> <p><i>PANSS N5 Abstract thought 6,7, PANSS N6 flow conversation 6,7, Stereotyped N7 6,7,</i></p> <p><i>PANSS G13 Dist' Volition 6,7, PANSS N1 Blunted affect 6,7, PANSS N2 Emotional withdrawal 6,7, PANSS N3 Poor Rapport 6,7,</i></p>

				<i>PANSS N4 Apathetic withdrawal 6,7,</i>
Negative signs Avolition		<p>Usually lacks initiative and occasionally may show deficient interest in surrounding events.</p> <p>Emotional depth or tend to remain on an impersonal, intellectual plane. Shows occasional interest in social activities but poor initiative</p> <p><i>PANSS G13 Dist' Volition 2,3,</i> <i>PANSS N2 Emotional withdrawal 2,3,</i> <i>PANSS N3 Poor Rapport 2,3,</i> <i>PANSS N4 Apathetic withdrawal 2,3,</i></p>	<p>Disturbance of volition interferes in thinking as well as behavior. Patient shows pronounced indecision that impedes the initiation and continuation of social and motor activities, and which also may be evidenced in halting speech.</p> <p>Patient is clearly detached emotionally from persons and events in the milieu, resisting all efforts at engagement. Patient appears distant, docile, and purposeless Patient typically is aloof, act bored, or express disinterest. Dis-involvement is obvious and clearly impedes the productivity of the interview. Patient may tend to avoid eye or face contact. Passively participates in only a minority of activities and shows virtually no interest or initiative</p> <p><i>PANSS G13 Dist' Volition 4,5,</i> <i>PANSS N1 Blunted affect 4,5,</i> <i>PANSS N2 Emotional withdrawal 4,5,</i> <i>PANSS N3 Poor Rapport 4,5,</i> <i>PANSS N4 Apathetic withdrawal</i></p>	<p>Disturbance of volition interferes in the execution of simple, automatic motor functions such as dressing and grooming, and markedly affects speech. Failure of volition is manifested by gross inhibition of movement and speech, resulting in immobility and/or mutism.</p> <p>Patient is almost totally withdrawn, uncommunicative, and neglectful of personal needs as a result of profound lack of interest and emotional commitment.</p> <p>Apathetic and isolated, participating very rarely in social activities and occasionally neglecting personal needs.</p> <p><i>PANSS G13 Dist' Volition 4,5,</i> <i>PANSS N1 Blunted affect 4,5,</i> <i>PANSS N2 Emotional withdrawal 4,5,</i> <i>PANSS N3 Poor Rapport 4,5,</i> <i>PANSS N4 Apathetic withdrawal</i></p>
Generalized Anxiety		<p>Expresses some worry, over concern, or subjective restlessness, but no somatic and behavioral consequences are reported or evidenced. Mild Worries, anticipation of the worst, fearful anticipation, irritability. Feelings of tension, fatigue, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax. Mild fears of dark, of strangers, of being left alone, of animals, of traffic, of</p>	<p>Serious problems of anxiety which have significant physical and behavioral consequences, such as marked tension, poor concentration, palpitations, or impaired sleep. Moderate worries, anticipation of the worst, fearful anticipation, irritability. Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax. Moderate fears of dark, of strangers, of being left alone, of animals, of traffic, of crowds. Moderate</p>	<p>Subjective state of almost constant fear associated with phobias, marked restlessness, or numerous somatic manifestations. At times reaches panic proportions or is manifested in actual panic attacks. Marked worries, anticipation of the worst, fearful anticipation, irritability. Feelings of tension, fatigue, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax. Marked fears of dark, of strangers, of being left alone, of animals, of traffic, of</p>

		<p>crowds. Mild difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors. Mild combined somatic symptoms</p> <p><i>PANSS G2 Anxiety 2,3, PANSS G4 Tension 2,3, HAM-A Anxious mood 1, HAM-A Tension 1, HAM-A Fear 1, HAM-A Early insomnia 1, HAM-A somatic (combined) 1,</i></p>	<p>difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors. Moderate combined somatic symptoms</p> <p><i>PANSS G2 Anxiety 4,5, PANSS G4 Tension 4,5, HAM-A Anxious mood 2, HAM-A Tension 2, HAM-A Fear 2, HAM-A Early insomnia 2, HAM-A somatic (combined) 2,</i></p>	<p>Crowds. Marked difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors. Marked combined somatic symptoms</p> <p><i>PANSS G2 Anxiety 6,7, PANSS G4 Tension 6,7, HAM-A Anxious mood 3, 4, HAM-A Tension 3, 4, HAM-A Fear 3, 4, HAM-A Early insomnia 3, 4, HAM-A somatic (combined) 3, 4,</i></p>
Depression		<p>Expresses some sadness or discouragement only on questioning. but there is no evidence of depression in general attitude or demeanor. Questioning elicits a vague sense of guilt or self-blame for a minor incident, but the patient clearly is not overly concerned. Slight but noticeable diminution in rate of movements and speech. Patient may be somewhat underproductive in conversation and gestures.</p> <p><i>PANSS G6 Depression 2,3, PANSS G3 Guilt feeling 2,3, PANSS G7 motor retardation 2,3, HAM-D depressed mood 1, HAM-D Guilt 1, HAM-D Suicide 1, HAM-D late insomnia 1, HAM-D Work and activity 1, HAM-D retardation 1, HAM-D loss of weight mild</i></p>	<p>Distinctly depressed mood is associated with obvious sadness, pessimism, loss of social interest psychomotor retardation, and some interference in appetite and sleep. The patient cannot be easily cheered up. Patient expresses a strong sense of guilt associated with self-deprecation or the belief that he deserves punishment. The guilt feelings may have a delusional basis, may be volunteered spontaneously, may be a source of preoccupation and/or depressed mood, and cannot be allayed readily by the interviewer. Patient is clearly slow in movements, and speech may be characterized by poor productivity, including long response latency, extended pauses, or slow pace.</p> <p><i>PANSS G6 Depression 4,5, PANSS G3 Guilt feeling 4,5, PANSS G7 motor retardation 4,5, HAM-D depressed mood 2,3, HAM-D Guilt 2,3, HAM-D Suicide 2,3, HAM-D late insomnia 2, 3, HAM-D Work and activity 2,3, HAM-D retardation 2,3,</i></p>	<p>Depressive feelings seriously interfere in most major functions. The manifestations include frequent crying, pronounced somatic symptoms, impaired concentration, psychomotor retardation, social disinterest, self-neglect, possible depressive or nihilistic delusions, and/or possible suicidal thoughts or action. Strong ideas of guilt take on a delusional quality and lead to an attitude of hopelessness or worthlessness. The patient believes he should receive harsh sanctions for the misdeeds and may even regard his current life situation as such punishment. Movements are extremely slow, resulting in a minimum of activity and speech. Essentially the day is spent sitting idly or lying down.</p> <p><i>PANSS G6 Depression 6,7, PANSS G3 Guilt feeling 6,7, PANSS G7 motor retardation 6,7, HAM-D depressed mood 4, HAM-D Guilt 4, HAM-D Suicide 4, HAM-D Late insomnia 4, HAM-D Work and activity 4, HAM-D retardation 4, HAM-D loss of weight marked</i></p>

			<i>HAM-D loss of weight moderate</i>	
Mania		<p>Hypomania Increased rate or amount of speech at times, verbose at times, content Special project(s); hyper-religious Some expansiveness or boastfulness is evident, but without clear-cut grandiose delusions. Definite subjective elevation; optimistic, self-confident; cheerful; appropriate to content, Motor animated; gestures increased Definite subjective increase of sexual interest Irritable at times episodes of anger or annoyance Sleeping less than normal by more than one hour</p> <p><i>PANSS P5 Grandiosity 2,3, YMRS Elevated mood 1, YMRS motor energy 1, YMRS sexual interest 1, YMRS Sleep 2, YMRS irritability 1, YMRS Speech rate amount 1, YMRS Content grandiose 1,</i></p>	<p>Mania Consistently increased rate and amount of speech, difficult to interrupt Content Grandiose or paranoid ideas; ideas of reference Feels distinctly and unrealistically superior to others. Some poorly formed delusions about special status or abilities may be present but are not acted upon. Elevated; inappropriate to content; humorous Excessive energy; hyperactive at times; restless Elaborates on sexual matters; hypersexual Decreased need for sleep</p> <p><i>PANSS P5 Grandiosity 4,5, YMRS Elevated mood 2, YMRS motor energy 2, YMRS sexual interest 2, YMRS Sleep 3, YMRS irritability 2, YMRS Speech rate amount 2, YMRS Content grandiose 2,</i></p>	<p>Mania psychosis Pressured, uninterruptible, continuous speech. Content marked Delusions, paranoid grandiose. Clear-cut delusions of remarkable superiority. Thinking, interactions, and behavior are dominated by multiple delusions of amazing ability, wealth knowledge, fame, power, and/or moral stature. Euphoric; inappropriate laughter; singing Motor excitement; continuous hyperactivity (cannot be calmed) Sexual interest involves overt sexual acts. Hostile, uncooperative; interview impossible Denies need for sleep</p> <p><i>PANSS P5 Grandiosity 6,7, YMRS Elevated mood 3, 4, YMRS motor energy 3, 4, YMRS sexual interest 3, 4, YMRS Sleep 4, YMRS irritability 3, 4, YMRS Speech rate amount 3, 4, YMRS Content grandiose 3, 4,</i></p>
higher personality organization		<p>Rigid predictable restricted behaviors attitudes and traits Indirect or restrained communication of anger such as sarcasm, disrespect, hostile expressions, and occasional irritability.</p> <p>Patient tends to be easily angered and frustrated when facing stress or denied gratification but rarely acts on impulse.</p> <p><i>PANSS G14 poor impulse control 2,3, PANSS P7 Hostility 2,3, PANSS G14 poor impulse control 2,3,</i></p>	<p>Rigid predictable restricted behaviors attitudes childish immature personality egocentricity dependency are marked Special sensitivity to criticism, need for attention low impulsive threshold</p> <p>Presents an overtly hostile attitude, showing frequent irritability and direct expression of anger or resentment. Patient exhibits repeated impulsive episodes involving verbal abuse, destruction of property, or physical threats.</p> <p><i>PANSS G14 poor impulse control 4,5,</i></p>	<p>Dominant restricted behaviors attitudes Dependent immature personality dependency is marked to extent that hampers any functional challenge</p> <p>Unstable, impulsive, inability to regulate or control emotions. Tends to split (all-or-none-all good all bad attitude) when under stress becomes paranoid (brief psychotic episodes)</p> <p>Uncooperativeness and verbal abuse or threats are typical and seriously impact upon social relations. Patient may be violent and destructive and is physically assaultive toward</p>

		<p><i>PANSS P7 Hostility 2,3,</i></p>	<p><i>PANSS P7 Hostility 4,5,</i> <i>PANSS G14 poor impulse control 4,5,</i> <i>PANSS P7 Hostility 4,5,</i></p>	<p>others. Patient frequently is impulsive aggressive, threatening, demanding, and destructive, without any apparent consideration of consequences. Shows assaultive behavior and may also be sexually offensive</p> <p><i>PANSS G14 poor impulse control 6,7,</i> <i>PANSS P7 Hostility 6,7,</i> <i>PANSS G14 poor impulse control 6,7,</i> <i>PANSS P7 Hostility 6,7,</i></p>
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