

The APA is offering a number of “emerging measures” for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5-TR. The APA requests that clinicians and researchers provide further data on the instruments’ usefulness in characterizing patient status and improving patient care at <http://www.dsm5.org/Pages/Feedback-Form.aspx>.

Measure: Clinician-Rated Dimensions of Psychosis Symptom Severity

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Note: This measure was updated on October 1, 2018 (see the free DSM-5 Update at <https://psychiatryonline.org/> for details) and is provided in updated format for best use.

Reason for update: In the first domain, I. Hallucinations, the addition of “or other types of hallucinations” after “voices” clarifies that the rating is based on the severity of any type of hallucination that may be present.

Clinician-Rated Dimensions of Psychosis Symptom Severity

Name: _____

Age: _____

Date: _____

Instructions: Based on all the information you have on the individual and using your clinical judgment, please rate (with checkmark) the presence and severity of the following symptoms as experienced by the individual, when each symptom was at its most severe, in the past seven (7) days.

Domain	0	1	2	3	4	Score
I. Hallucinations	<input type="checkbox"/> Not present	<input type="checkbox"/> Equivocal (severity or duration not sufficient to be considered psychosis)	<input type="checkbox"/> Present, but mild (little pressure to act upon voices or other types of hallucinations, not very bothered by hallucinations)	<input type="checkbox"/> Present and moderate (some pressure to respond to voices or other types of hallucinations, or is somewhat bothered by hallucinations)	<input type="checkbox"/> Present and severe (severe pressure to respond to voices or other types of hallucinations, or is very bothered by hallucinations)	
II. Delusions	<input type="checkbox"/> Not present	<input type="checkbox"/> Equivocal (severity or duration not sufficient to be considered psychosis)	<input type="checkbox"/> Present, but mild (little pressure to act upon delusional beliefs, not very bothered by such beliefs)	<input type="checkbox"/> Present and moderate (some pressure to act upon delusional beliefs, or is somewhat bothered by such beliefs)	<input type="checkbox"/> Present and severe (severe pressure to act upon delusional beliefs, or is very bothered by such beliefs)	
III. Disorganized speech	<input type="checkbox"/> Not present	<input type="checkbox"/> Equivocal (severity or duration not sufficient to be considered disorganization)	<input type="checkbox"/> Present, but mild (some difficulty following speech)	<input type="checkbox"/> Present and moderate (speech often difficult to follow)	<input type="checkbox"/> Present and severe (speech almost impossible to follow)	
IV. Abnormal psychomotor behavior	<input type="checkbox"/> Not present	<input type="checkbox"/> Equivocal (severity or duration not sufficient to be considered abnormal psychomotor behavior)	<input type="checkbox"/> Present, but mild (occasional abnormal or bizarre motor behavior or catatonia)	<input type="checkbox"/> Present and moderate (frequent abnormal or bizarre motor behavior or catatonia)	<input type="checkbox"/> Present and severe (abnormal or bizarre motor behavior or catatonia almost constant)	
V. Negative symptoms (restricted emotional expression or avolition)	<input type="checkbox"/> Not present	<input type="checkbox"/> Equivocal decrease in facial expressivity, prosody, gestures, or self-initiated behavior	<input type="checkbox"/> Present, but mild decrease in facial expressivity, prosody, gestures, or self-initiated behavior	<input type="checkbox"/> Present and moderate decrease in facial expressivity, prosody, gestures, or self-initiated behavior	<input type="checkbox"/> Present and severe decrease in facial expressivity, prosody, gestures, or self-initiated behavior	
VI. Impaired cognition	<input type="checkbox"/> Not present	<input type="checkbox"/> Equivocal (cognitive function not clearly outside the range expected for age or SES; i.e., within 0.5 SD of mean)	<input type="checkbox"/> Present, but mild (some reduction in cognitive function; below expected for age and SES, 0.5–1 SD from mean)	<input type="checkbox"/> Present and moderate (clear reduction in cognitive function; below expected for age and SES, 1–2 SD from mean)	<input type="checkbox"/> Present and severe (severe reduction in cognitive function; below expected for age and SES, > 2 SD from mean)	
VII. Depression	<input type="checkbox"/> Not present	<input type="checkbox"/> Equivocal (occasionally feels sad, down, depressed, or hopeless; concerned about having failed someone or at something but not preoccupied)	<input type="checkbox"/> Present, but mild (frequent periods of feeling very sad, down, moderately depressed, or hopeless; concerned about having failed someone or at something, with some preoccupation)	<input type="checkbox"/> Present and moderate (frequent periods of deep depression or hopelessness; preoccupation with guilt, having done wrong)	<input type="checkbox"/> Present and severe (deeply depressed or hopeless daily; delusional guilt or unreasonable self-reproach grossly out of proportion to circumstances)	

Clinician-Rated Dimensions of Psychosis Symptom Severity *(continued)*

Name: _____

Age: _____

Date: _____

Domain	0	1	2	3	4	Score
VIII. Mania	<input type="checkbox"/> Not present	<input type="checkbox"/> Equivocal (occasional elevated, expansive, or irritable mood or some restlessness)	<input type="checkbox"/> Present, but mild (frequent periods of somewhat elevated, expansive, or irritable mood or restlessness)	<input type="checkbox"/> Present and moderate (frequent periods of extensively elevated, expansive, or irritable mood or restlessness)	<input type="checkbox"/> Present and severe (daily and extensively elevated, expansive, or irritable mood or restlessness)	

Note. SD = standard deviation; SES = socioeconomic status.

Instructions to Clinicians

The Clinician-Rated Dimensions of Psychosis Symptom Severity is an 8-item measure that assesses the severity of mental health symptoms that are important across psychotic disorders, including delusions, hallucinations, disorganized speech, abnormal psychomotor behavior, negative symptoms (i.e., restricted emotional expression or avolition), impaired cognition, depression, and mania. The severity of these symptoms can predict important aspects of the illness, such as the degree of cognitive and/or neurobiological deficits. The measure is intended to capture meaningful variation in the severity of symptoms, which may help with treatment planning, prognostic decision-making, and research on pathophysiological mechanisms. The measure is completed by the clinician at the time of the clinical assessment. Each item asks the clinician to rate the severity of each symptom as experienced by the individual during the past 7 days.

Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (0=none; 1=equivocal; 2=present, but mild; 3=present and moderate; and 4=present and severe) with a symptom-specific definition of each rating level. The clinician may review all of the individual's available information and, based on clinical judgment, select (✓) the level that most accurately describes the severity of the individual's condition. The clinician then indicates the score for each item in the "Score" column provided. The response on each item should be interpreted independently when assessing the severity of the psychotic disorder.

Frequency of Use

To track changes in the individual's symptom severity over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual's symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the individual that might warrant further assessment, treatment, and follow-up. Clinical judgment should guide decision making.