FORM PP. CURRENT PSYCHIATRIC STATUS

PSYCHOSIS  (Persistent > 3x or more/week;  Transient < 3x/week)

1. Delusions (past month)

General
In the past month, has the patient talked about any strange ideas or unusual beliefs?  
No 0  
Yes 1

If "Yes", can you describe them for me?  
______________________________________________________________

Was this the case some of the time or most of the time?  
Persistent 0  
Transient 1  
N/A 2

Will the patient accept the truth if corrected?  
No 0  
Yes 1  
N/A 2

Paranoid delusions (past month)

(a) Has the patient felt that others are stealing things from him/her?  
No 0  
Yes 1

Was this the case some of the time or most of the time?  
Persistent 0  
Transient 1  
N/A 2

Will the patient accept the truth if corrected?  
No 0  
Yes 1  
N/A 2
(b) Has the patient suspected that his/her wife/husband is unfaithful?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Circle N/A if patient is single or widowed.]

Was this the case some of the time or most of the time?

<table>
<thead>
<tr>
<th></th>
<th>Persistent</th>
<th>Transient</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Will the patient accept the truth if corrected?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(c) Has the patient had any other unfounded suspicions?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

If "Yes", can you describe them?

Was this the case some of the time or most of the time?

<table>
<thead>
<tr>
<th></th>
<th>Persistent</th>
<th>Transient</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Will the patient accept the truth if corrected?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Global Severity Rating for Paranoid Delusions:

To what extent would you say these behaviors have affected the patient’s daily activities and functioning?

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No effect</td>
</tr>
<tr>
<td>1</td>
<td>Minimal effect</td>
</tr>
<tr>
<td>2</td>
<td>Mild effect</td>
</tr>
<tr>
<td>3</td>
<td>Moderate effect</td>
</tr>
<tr>
<td>4</td>
<td>Severe effect</td>
</tr>
<tr>
<td>9</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

How difficult or disturbing do you find these behaviors to manage or deal with?

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No difficulty</td>
</tr>
<tr>
<td>1</td>
<td>Minimally difficult</td>
</tr>
<tr>
<td>2</td>
<td>Mildly difficult</td>
</tr>
<tr>
<td>3</td>
<td>Moderately difficult</td>
</tr>
<tr>
<td>4</td>
<td>Extremely difficult</td>
</tr>
<tr>
<td>9</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
Delusions of Abandonment (past month)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the patient suspected or accused the caregiver of plotting to leave him/her?</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Was this the case some of the time or most of the time?</td>
<td>Transient 1</td>
<td>Persistent 0</td>
<td>N/A 2</td>
</tr>
<tr>
<td>Will the patient accept the truth if corrected?</td>
<td>Yes 1</td>
<td>No 0</td>
<td>N/A 2</td>
</tr>
</tbody>
</table>

Somatic delusions (past month)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the patient had any false beliefs that he/she has cancer or another physical illness?</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Was this the case some of the time or most of the time?</td>
<td>Transient 1</td>
<td>Persistent 0</td>
<td>N/A 2</td>
</tr>
<tr>
<td>Will the patient accept the truth if corrected?</td>
<td>Yes 1</td>
<td>No 0</td>
<td>N/A 2</td>
</tr>
</tbody>
</table>

Misidentification syndromes (past month)

<table>
<thead>
<tr>
<th>(a) Has the patient stated that people are in the house/home when nobody is there?</th>
<th>Yes 1</th>
<th>No 0</th>
<th>N/A 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this the case some of the time or most of the time?</td>
<td>Transient 1</td>
<td>Persistent 0</td>
<td>N/A 2</td>
</tr>
<tr>
<td>Will the patient accept the truth if corrected?</td>
<td>Yes 1</td>
<td>No 0</td>
<td>N/A 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(b) Has the patient looked into the mirror and said it is someone else?</th>
<th>Yes 1</th>
<th>No 0</th>
<th>N/A 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was this the case some of the time or most of the time?</td>
<td>Transient 1</td>
<td>Persistent 0</td>
<td>N/A 2</td>
</tr>
<tr>
<td>Will the patient accept the truth if corrected?</td>
<td>Yes 1</td>
<td>No 0</td>
<td>N/A 2</td>
</tr>
</tbody>
</table>
(c) Has the patient misidentified people, for example, said that the spouse/caregiver is an imposter?

| Yes | 0 |
| No  | 1 |

Was this the case some of the time or most of the time?

| Persistent | 0 |
| Transient  | 1 |
| N/A        | 2 |

Will the patient accept the truth if corrected?

| No  | 0 |
| Yes | 1 |
| N/A | 2 |

(d) Has the patient said that his/her house or home is not his/her home?

| Yes | 1 |
| No  | 0 |

Was this the case some of the time or most of the time?

| Persistent | 0 |
| Transient  | 1 |
| N/A        | 2 |

Will the patient accept the truth if corrected?

| No  | 0 |
| Yes | 1 |
| N/A | 2 |

(e) Has the patient believed that the characters on television are real or in the room? [circle N/A if the patient has no access to a television]

| Yes | 1 |
| N/A | 2 |

Was this the case some of the time or most of the time?

| Persistent | 0 |
| Transient  | 1 |
| N/A        | 2 |

Will the patient accept the truth if corrected?

| No  | 0 |
| Yes | 1 |
| N/A | 2 |
Global Severity Rating for Misidentification Delusions:

To what extent would you say these behaviors have affected the patient’s daily activities and functioning?

0 No effect
1 Minimal effect
2 Mild effect
3 Moderate effect
4 Severe effect
9 Not applicable

How difficult or disturbing do you find these behaviors to manage or deal with?

0 No difficulty
1 Minimally difficult
2 Mildly difficult
3 Moderately difficult
4 Extremely difficult
9 Not applicable

Other delusions (past month)

Has the patient had any false beliefs or other strange ideas that I have not not asked you about? No 0 Yes 1

If “Yes”, can you describe them? ____________________________________________

__________________________________________

Was this the case some of the time or most of the time? Persistent 0 Transient 1 N/A 2

Will the patient accept the truth if corrected? No 0 Yes 1 N/A 2
2. Hallucinations (past month)

(a) Has the patient heard voices or sounds when no one is there? [Auditory]

   No 0
   Yes: Vague 1
   Clear 2

If "yes", can you describe them? ________________________________
___________________________________________________________
___________________________________________________________

(b) Has the patient seen visions? [Visual]

   No 0
   Yes: Vague 1
   Clear 2

If "Yes", can you describe them? ________________________________
___________________________________________________________
___________________________________________________________

(c) Has the patient reported unusual smells like burning rubber, gas or rotten eggs? [Olfactory]

   No 0
   Yes: Vague 1
   Clear 2

If "Yes", can you describe them? ________________________________
___________________________________________________________
___________________________________________________________

(d) Has the patient felt that things are crawling under his/her skin? [Tactile]

   No 0
   Yes: Vague 1
   Clear 2

If "Yes", can you describe them? ________________________________
___________________________________________________________
___________________________________________________________

(e) Has the patient reported any other hallucinations?

   No 0
   Yes: Vague 1
   Clear 2

If "Yes", can you describe them? ________________________________
___________________________________________________________
___________________________________________________________
Global Severity Rating for Hallucinations:

To what extent would you say these behaviors have affected the patient’s daily activities and functioning?

0 No effect
1 Minimal effect
2 Mild effect
3 Moderate effect
4 Severe effect
9 Not applicable

How difficult or disturbing do you find these behaviors to manage or deal with?

0 No difficulty
1 Minimally difficult
2 Mildly difficult
3 Moderately difficult
4 Extremely difficult
9 Not applicable

3. Illusions (past month)

Has the patient reported that one thing is something else, for example, saying that a pillow looks like a person or a light bulb looks like a fire starting?

No 0
Yes: Vague 1
Clear 2

If "Yes", can you describe them?

Global Severity Rating for Illusions:

To what extent would you say these behaviors have affected the patient’s daily activities and functioning?

0 No effect
1 Minimal effect
2 Mild effect
3 Moderate effect
4 Severe effect
9 Not applicable
How difficult or disturbing do you find these behaviors to manage or deal with?

0 No difficulty
1 Minimally difficult
2 Mildly difficult
3 Moderately difficult
4 Extremely difficult
9 Not applicable

4. Behavioral Disturbances (past month)

(a) Has the patient wandered away from home or from the caregiver?  
No 0
Yes 1

(b) Has the patient made verbal outbursts?  
No 0
Yes 1

(c) Has the patient used physical threats and/or violence?  
No 0
Threatening behavior 1
Physical violence 2

(d) Has the patient shown agitation or restlessness?  
No 0
Yes 1

(e) Has the patient been more confused at night or during evening, compared to the day?  
No 0
Yes 1

Global Severity Rating for Behavioral Disturbances:

To what extent would you say these behaviors have affected the patient’s daily activities and functioning?

0 No effect
1 Minimal effect
2 Mild effect
3 Moderate effect
4 Severe effect
9 Not applicable

How difficult or disturbing do you find these behaviors to manage or deal with?

0 No difficulty
1 Minimally difficult
2 Mildly difficult
3 Moderately difficult
4 Extremely difficult
9 Not applicable
5. Depression (past month)

If the answer to items (a) to (c) below is "Yes", circle the appropriate level of severity.
If the answer is "No", circle "N/A".

(a) Has the patient been sad, depressed, blue or down in the dumps?  
   No 0  
   Yes 1

   If "Yes", how do you know they are sad, e.g. do they cry or complain that they feel sad?  
   Write down details: 
   ________________________________
   ________________________________
   ________________________________

   Was he/she depressed:  
   N/A 0  
   occasionally 1  
   some of the time 2  
   most of the time 3  
   all of the time 4

(b) Has the patient had difficulty sleeping?  
   No 0  
   Yes 1

   If "Yes", is there:  
   N/A 0  
   slight difficulty 1  
   at least 2 hours sleep at night 2  
   less than 2 hours sleep at night 3  
   excessive sleep/sleepiness 4

(c) Has the patient's appetite changed?  
   No 0  
   Yes 1

   If "Yes", circle one:  
   N/A 0  
   slightly decreased 1  
   No appetite. Food is tasteless 2  
   Need persuasion to eat at all 3  
   excessive appetite 4
Global Severity Rating for Depression:

To what extent would you say these behaviors have affected the patient’s daily activities and functioning?

0 No effect
1 Minimal effect
2 Mild effect
3 Moderate effect
4 Severe effect
9 Not applicable

How difficult or disturbing do you find these behaviors to manage or deal with?

0 No difficulty
1 Minimally difficult
2 Mildly difficult
3 Moderately difficult
4 Extremely difficult
9 Not applicable