

Client ID # _____

Date of Administration: _____

DIAGNOSIS

CLINICIAN-COMPLETED

1. Current primary diagnosis

Select one.

- Schizophrenia
- Schizophreniform disorder
- Schizoaffective disorder
- Other non-affective psychoses
- Major depression with psychotic features
- Bipolar disorder with psychotic features
- Substance induced psychotic disorder
- Other (Specify: _____)

2. Was a structured, standardized tool (e.g., the MINI, SCID) used to make this diagnosis?

- Yes
- No

3. Does the client meet criteria for Clinical High Risk?

- Yes
- No → *Skip to next section*
- Does not apply → *Skip to next section*

4. Clinical High Risk: Inclusion Criteria

- Attenuated Psychotic Symptoms (APS)
- Genetic Risk and Deterioration Syndrome (GRD)
- Brief Intermittent Psychotic Symptoms (BIPS)

5. Clinical High Risk: Status Specifiers

Select one.

- Progression
- Persistence
- Partial Remission
- Full Remission