EPINET
Early Psychosis Intervention Network

Client ID # _____ Date of Administration: _____

SYMPTOMS

CLINICIAN-COMPLETED

CLINICS CAN ADMINISTER THE COMPASS-10 SCALE, THE BRIEF PSYCHIATRIC RATING SCALE (BPRS), OR THE POSITIVE AND NEGATIVE SYMPTOMS OF SCHIZOPHRENIA SCALE (PANSS-6)

COMPASS-10 Scale

The Compass-10 scale consists of 10 items selected from the COMPASS Clinician Rating Form developed for the RAISE-ETP study. Each item includes a description of the symptom being assessed that immediately follows the name of the symptom. Following the description are suggested probe questions (in italics) to obtain information about the symptom. Assessors should ask additional questions if the probe questions do not provide enough information to make a rating for symptom severity.

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1. DEPRESSED MOOD

Sadness, grief, or discouragement (do not rate emotional indifference or empty mood here - only mood which is associated with a painful, sorrowful feeling).

Have you been feeling depressed, sad, or down?

a. ***If yes:*** *Tell me about what you have been experiencing. How often did it happen? Does it come and go? How long does it last? How bad is the feeling? (Can you stand it?)*

b. ***If no:*** *Any problems not being interested in things you usually enjoy?*

   i. *If decreased interest is present, probe further for the presence of depressed mood.*

Rating	**0 = Not present**
	1 = Very Mild: Occasionally feels sad or "down"; of questionable clinical significance.
	2 = Mild: Occasionally feels moderately depressed or often feels sad or "down".
	3 = Moderate: Occasionally feels very depressed or often feels moderately depressed.
	4 = Moderately Severe: Often feels very depressed.
	5 = Severe: Feels very depressed most of the time.
	6 = Very Severe: Constant extremely painful feelings of depression.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

2. ANXIETY/WORRY

Subjective experience of worry, apprehension; over-concern for present or future. Anxiety/fear from a psychotic symptom should be rated (e.g., the subject feels anxious because of a belief that he/she is about to be killed).

Have you been feeling anxious, worried or nervous?

a. ***If yes:*** *Tell me about what you have been experiencing. What are some things you worry about or that make your nervous? How often did it happen? Does it come and go? How bad is the feeling?*

b. ***If no:*** *Would you say that you have usually been feeling calm and relaxed recently?*

Rating	**0 = Not present**
	1 = Very Mild: Occasionally feels a little anxious; of questionable clinical significance.
	2 = Mild: Occasionally feels moderately anxious or often feels a little anxious or worried.
	3 = Moderate: Occasionally feels very anxious or often feels moderately anxious.
	4 = Moderately Severe: Often feels very anxious or worried.
	5 = Severe: Feels very anxious or worried most of the time.
	6 = Very Severe: Patient is continually preoccupied with severe anxiety.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

3. SUICIDAL IDEATION/BEHAVIOR

The individual reports a passive death wish, thoughts of suicide, or engages in suicidal behavior (do not include self-injurious behavior without suicidal intent).

Have you had any thoughts recently about death or that you would be better off dead?

a. ***If yes:*** *Tell me about what you have been thinking. How often do you think about death? Have you thought about hurting yourself?*

   i. *If suicidal ideation is present, further suggested questions are:*

      1) *Have you thought of any ways to hurt yourself?*

      2) *Do these thoughts upset you?*

      3) *Any times when you have tried to hurt yourself since our last visit?*

Rating	**0 = Not present**
	1 = Very Mild: Occasional thoughts of dying, "I'd be better off dead" or "I wish I were dead".
	2 = Mild: Frequent thoughts of dying or occasional thoughts of killing self, without a plan or method.
	3 = Moderate: Often thinks of suicide or has thought of a specific method.
	4 = Moderately Severe: Has mentally rehearsed a specific method of suicide or has made a suicide attempt with questionable intent to die (e.g., takes aspirins and then tells family).
	5 = Severe: Has made preparations for a potentially lethal suicide attempt (e.g., acquires a gun and bullets for an attempt).
	6 = Very Severe: Has made a suicide attempt with definite intent to die.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

4. HOSTILITY/ANGER/IRRITABILITY/AGGRESSIVENESS

Anger, verbal and non-verbal expressions of anger and resentment including a belligerent attitude, sarcasm, abusive language, and assaultive or threatening behavior.

Have you been feeling annoyed, angry, or resentful?

a. ***If yes:*** *Tell me how you have been feeling. Have other people done things to make you mad?*

   i. *If applicable, other suggested questions include:*

      1) *Could other people tell that you were angry?*

      2) *Have you done anything about your anger [for example, shout at people])?*

b. ***If no:*** *Have other people done things that could have make you mad?*

Rating	**0 = Not present**
	1 = Very Mild: Occasional irritability of doubtful clinical significance.
	2 = Mild: Occasionally feels angry or mild or indirect expressions of anger, e.g., sarcasm, disrespect or hostile gestures.
	3 = Moderate: Frequently feels angry, frequent irritability or occasional direct expression of anger, e.g., yelling at others.
	4 = Moderately Severe: Often feels very angry, often yells at others or occasionally threatens to harm others.
	5 = Severe: Has acted on his anger by becoming physically abusive on one or two occasions or makes frequent threats to harm others or is very angry most of the time.
	6 = Very Severe: Has been physically aggressive and/or required intervention to prevent assaultiveness on several occasions; or any serious assaultive act.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

5. SUSPICIOUSNESS

Expressed or apparent belief that other persons have acted maliciously or with discriminatory intent. Include persecution by supernatural or other nonhuman agencies (e.g., the devil).
Note: Ratings of "2" (mild) or above should also be rated under Unusual Thought Content.

Do you ever feel uncomfortable in public? Does it seem as though others are watching you? Are you concerned about anyone's intentions toward you?

Is anyone going out of their way to give you a hard time, or trying to hurt you? Do you feel in any danger?

a. *If an individual reports any persecutory ideas/delusions, ask the following:*
   i. *How often have you been concerned that [use individual's description]?*
   ii. *Have you told anyone about these experiences?*

Rating	**0 = Not present**
	1 = Very Mild: Seems on guard. Reluctant to respond to some "personal" questions. Reports being overly self-conscious in public.
	2 = Mild: Describes incidents in which others have harmed or wanted to harm him/her that sound plausible. Patient feels as if others are watching, laughing, or criticizing him/her in public, but this occurs only occasionally or rarely. Little or no preoccupation.
	3 = Moderate: Says others are talking about him/her maliciously, have negative intentions, or may harm him/her. Beyond the likelihood of plausibility, but not delusional. Incidents of suspected persecution occur occasionally (less than once per week) with some preoccupation.
	4 = Moderately Severe: Same symptoms as moderate (level 3) above, but incidents occur frequently such as more than once a week. Patient is moderately preoccupied with ideas of persecution OR patient reports persecutory delusions expressed with much doubt (e.g., partial delusion).
	5 = Severe: Delusional -- speaks of Mafia plots, the FBI, or others poisoning his/her food, persecution by supernatural forces.
	6 = Extremely Severe: Same symptoms as severe (level 5) above, but the beliefs are bizarre or more preoccupying. Patient tends to disclose or act on persecutory delusions.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

6. UNUSUAL THOUGHT CONTENT

Unusual, odd, strange or bizarre thought content. Rate the degree of unusualness, not the degree of disorganization of speech. Delusions are patently absurd, clearly false or bizarre ideas that are expressed with full conviction. Consider the patient to have full conviction if he/she has acted as though the delusional belief were true. Ideas of reference/persecution can be differentiated from delusions in that ideas are expressed with much doubt and contain more elements of reality. Include thought insertion, withdrawal and broadcast. Include grandiose, somatic and persecutory delusions even if rated elsewhere. **Note:** If Suspiciousness is rated "5" (severe) or "6" (extremely severe) due to delusions, then Unusual Thought Content must be rated a "3" (moderate) or above.

Have you been receiving any special messages from people or from the way things are arranged around you? Have you seen any references to yourself on TV or in the newspapers? Can anyone read your mind? Do you have a special relationship with God? Is anything like electricity, X-rays, or radio waves affecting you? Are thoughts put into your head that are not your own? Have you felt that you were under the control of another person or force?

a. *If an individual reports any odd ideas/delusions, ask the following:*

   i. *How often do you think about [use individual's description]?*

   ii. *Have you told anyone about these experiences?*

   iii. *How do you explain the things that have been happening [specify]?*

Rating	**0 = Not present**
	1 = Very Mild: Ideas of reference (people may stare or may laugh at him), ideas of persecution (people may mistreat him). Unusual beliefs in psychic powers, spirits, UFOs, or unrealistic beliefs in one's own abilities. Not strongly held. Some doubt.
	2 = Mild: Same symptoms as very mild (level 1) above, but degree of reality distortion is more severe as indicated by highly unusual ideas or greater conviction. Content may be typical of delusions (even bizarre), but without full conviction. The delusion does not seem to have fully formed, but is considered as one possible explanation for an unusual experience.
	3 = Moderate: Delusion present but no preoccupation or functional impairment. May be an encapsulated delusion or a firmly endorsed absurd belief about past delusional circumstances.
	4 = Moderately Severe: Full delusion(s) present with some preoccupation OR some areas of functioning disrupted by delusional thinking.
	5 = Severe: Full delusion(s) present with much preoccupation OR many areas of functioning are disrupted by delusional thinking.
	6 = Extremely Severe: Full delusions present with almost total preoccupation OR most areas of functioning are disrupted by delusional thinking.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

7. HALLUCINATIONS

Reports of perceptual experiences in the absence of relevant external stimuli. When rating degree to which functioning is disrupted by hallucinations, include preoccupation with the content and experience of the hallucinations, as well as functioning disrupted by acting out on the hallucinatory content (e.g., engaging in deviant behavior due to command hallucinations). Include "thoughts aloud" ("gedankenlautwerden") or pseudohallucinations (e.g., hears a voice inside head) if a voice quality is present.

Do you ever seem to hear your name being called? Have you heard any sounds or people talking to you or about you when there has been nobody around?

a. *If hears voices: What does the voice/voices say? Did it have a voice quality?*

Do you ever have visions or see things that others do not see?

What about smell — odors that others do not smell?

a. *If the individual reports hallucinations, ask the following:*
   i. *Have these experiences interfered with your ability to perform your usual activities/work?*
   ii. *How do you explain them?*
   iii. *How often do they occur?*

Rating	**0 = Not present**
	1 = Very Mild: While resting or going to sleep, sees visions, smells odors, or hears voices, sounds or whispers in the absence of external stimulation, but no impairment in functioning.
	2 = Mild: While in a clear state of consciousness, hears a voice calling the subject's name, experiences non-verbal auditory hallucinations (e.g., sounds or whispers), formless visual hallucinations, or has sensory experiences in the presence of a modality-relevant stimulus (e.g., visual illusions) infrequently (e.g., 1-2 times per week) and with no functional impairment.
	3 = Moderate: Occasional verbal, visual, gustatory, olfactory, or tactile hallucinations with no functional impairment OR non-verbal auditory hallucinations/visual illusions more than infrequently or with impairment.
	4 = Moderately Severe: Experiences daily hallucinations OR some areas of functioning are disrupted by hallucinations.
	5 = Severe: Experiences verbal or visual hallucinations several times a day OR many areas of functioning are disrupted by these hallucinations.
	6 = Extremely Severe: Persistent verbal or visual hallucinations throughout the day OR most areas of functioning are disrupted by these hallucinations.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

8. CONCEPTUAL DISORGANIZATION

Degree to which speech is confused, disconnected, vague or disorganized. Rate tangentiality, circumstantiality, sudden topic shifts, incoherence, derailment, blocking, neologisms, and other speech disorders. Do not rate content of speech.

This item does not have specific probe questions as it is based upon speech obtained in response to questions about other COMPASS-10 items.

Rating	**0 = Not present**
	1 = Very Mild: Peculiar use of words or rambling but speech is comprehensible.
	2 = Mild: Speech a bit hard to understand or make sense of due to tangentiality, circumstantiality, or sudden topic shifts.
	3 = Moderate: Speech difficult to understand due to tangentiality, circumstantiality, idiosyncratic speech, or topic shifts on many occasions OR 1-2 instances of incoherent phrases.
	4 = Moderately Severe: Speech difficult to understand due to circumstantiality, tangentiality, neologisms, blocking, or topic shifts most of the time OR 3-5 instances of incoherent phrases.
	5 = Severe: Speech is incomprehensible due to severe impairments most of the time. Many symptom items cannot be rated by self-report alone.
	6 = Extremely Severe: Speech is incomprehensible throughout interview.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

9. AVOLITION/APATHY

Avolition manifests itself as a characteristic lack of energy, drive, and interest. Consider degree of passivity in pursuing goal-directed activities. Factor in the range of activities available to the subject (e.g., inpatient hospitalization often substantially limits the range of activities available to patients).

During the past week, how have you been spending your time?

Rating	**0 = Not present**
	1 = Very Mild: Questionable decrease in time spent in goal-directed activities.
	2 = Mild: Spends less time in goal-directed activities than is appropriate for situation and age.
	3 = Moderate: Initiates activities at times but does not follow through.
	4 = Moderately Severe: Rarely initiates activity but will passively engage with encouragement.
	5 = Severe: Almost never initiates activities; requires assistance to accomplish basic activities.
	6 = Very Severe: Does not initiate or persist in any goal-directed activity even with outside assistance.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

10. ASOCIALITY/LOW SOCIAL DRIVE

The subject pursues little or no social interaction, and tends to spend much of the time alone or non-interactively.

Some people are very outgoing and like to always be around people; they are "the life of the party". Other people are very reserved and like to have a lot of time alone. What type of person are you? *(if extra prompt needed: Are you more reserved or more outgoing?)*

What types of things have you done with people during the past week?

Tell me about your friends?

Have you had a chance to see or speak with them lately?

a. *If an inpatient: How about people on the ward?*

What types of things do you do with them?

Rating	**0 = Not present**
	1 = Very Mild: Questionable.
	2 = Mild: Slow to initiate social interactions but usually responds to overtures by others.
	3 = Moderate: Rarely initiates social interactions; sometimes responds to overtures by others.
	4 = Moderately Severe: Does not initiate but sometimes responds to overtures by others; little social interaction outside close family members.
	5 = Severe: Never initiates and rarely encourages conversations or activities; avoids being with others unless prodded, may have contacts with family.
	6 = Very Severe: Avoids being with others (even family members) whenever possible, extreme social isolation.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).