### Appendix

#### SCALE OF PRODROMAL SYMPTOMS (SOPS)

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Patients Nar	me:					
Date:						
Date of first	treatm	ent contact:/	DD	MM	YY	
Check all so	ources o	of information used in comp Patient	leting thi	s form.		
	2.	Family Member/Friend				
:	3	Medical Records				
	4	Health Care Provider				
;	5	Other (specify)				 

#### Scaling Instructions

The SOPS rates four domains of symptoms

- A. Positive Symptoms
- B. Negative Symptoms
- C. Disorganization Symptoms
- D. General Symptoms

Because psychosis is defined exclusively by positive symptoms, the scale for domain A, Positive Symptoms, is constructed differently from the scale for domains B,C, and D. The scale for domain A is based on symptom intensity and it includes a rating for psychotic level of intensity, as follows:

	Positive Symptom Scale										
	0	1	2	3	4	5	6				
	Absent	Questionably	Mild	Moderate	Moderately Severe	Severe but Not	Severe and				
ı		Present				Psychotic	Psychotic				
						'	, ·	ı			

The scales for domains B, C, and D are also based on symptom intensity but do not include a rating for psychotic level of intensity, as follows:

Negative, Disorganized, General Symptom Scale

			Contract Con	A CONTRACT OF THE PARTY OF THE		
0	1	2	3	4	5	6
Absent	Questionably	Mild	Moderate	Moderately Severe	Severe	Extreme
	Present					

#### A. POSITIVE SYMPTOMS

#### 1. Unusual Thought Content/Delusional Ideas

One or more of the following:

- a. Perplexity and Delusional mood. Something odd going on. Puzzlement. Confusion about what is real or imaginary. The familiar feels strange, confusing, ominous, threatening, or has special meaning. Sense that self, others, the world has changed. Changes in perception of time. Deja vu.
- b. Non persecutory ideas of reference (including unstable delusions of reference).
- Disturbance of receptive, expressive language. Thought pressure, preservation, insertion, interference, withdrawal, broadcasting, telepathy.
- d. Over valued beliefs. Preoccupation with unusually valued ideas (religion, meditation, philosophy, existential themes). Magical thinking that influences behavior and is inconsistent with subculture norms (e.g., superstitiousness, belief in clairvoyance, "sixth sense", uncommon religious beliefs).
- Defusional ideas about the body, guilt, nihilism, jealousy, religion, external control, radio and TV messages. Defusions may be present but are not well organized and not tenaciously held.

^	1	2	erity Scale (circle one)		-	
Absent	Questionably Present	Mild	Moderate	Moderately Severe	Severe but not Psychotic	Severe and Psychotic
	Unexpected thought, feeling, movement, experience. Surprising but easily dismissed.	Mind "tricks" that are puzzling. Sense that something is different.	Unanticipated mental events/beliefs that cannot be dismissed and are also irritating and/or worrisome. A sense that unexpected experiences are somehow meaningful because they won't go away	Notion that experiences are coming from outside the self or that ideas / beliefs are real, but skepticism remains intact.	Belief of external control more compelling but doubt can be induced by contrary evidence and others' opinions. May affect functioning	Delusional conviction (with no doubt) at least intermittently. Usually interferes with thinking, social relations, or behavior.

## 2. Suspiciousness/Persecutory Ideas

One or more of the following:

- a. Excessive concern about the motivations of others; distrustful;
- b. Suspiciousness or paranoid thinking;
- c. Presents a guarded or even openly distrustful attitude that may reflect delusional conviction and intrude on the interview and/or behavior.

			DETERMY OF THE TEXT OF			
0	1	2	3	4	5	6
Absent	Questionably	Mild	Moderate	Moderately Severe	Severe but not	Severe and Psychotic
	Present				Psychotic	
	Wariness	Doubts about	Notions that people are	Loosely organized	Loosely organized	Delusional paranoid
}		safety, Hyper-	hostile, untrustworthy,	beliefs of being	beliefs about danger or	conviction (with no
		vigilance without	and/or harbor ill will	watched, singled	hostile attention. At	doubt) at least
		clear source of	easily. Perplexed and	out. Beliefs easily	times openly distrustful	intermittently. Likely
		danger	mistrustful	dismissed. Irritable	but behavior and	to affect functioning.
				and	interactions minimally	
				suspicious.	affected. Skepticism	
				,	and perspective can be	
ļ					elicited with non	
					confirming evidence or	
					opinion.	

## 3. Grandiosity

One or more of the following:

- a. Exaggerated self-opinion and unrealistic sense of superiority.
- b. Some expansiveness or boastfulness.
- c. Occasional clear-cut grandiose delusions that can influence behavior

	Contract Court (contract Court Court)									
0	1	2	3	4	5	6				
Absent	Questionably	Mild	Moderate	Moderately Severe	Severe but not	Severe and Psychotic				
	Present				Psychotic					
	Private thoughts of	Ideas of being	Notions of being	Loosely organized	Preoccupation with	Delusional grandiose				
	superiority	highly talented,	unusually special,	belief of power,	having unnatural	conviction (with no				
1	į .	under - standing,	powerful.	wealth Easily	intellect, attractiveness,	doubt) at least				
1		etc. Keeps ideas	Occasionally	distracted from	power, fame.	intermittently.				
		private.	expansive.	beliefs.	Skepticism about belief	Usually influences				
1	1				can be elicited. Usually	behavior to some				
		<u> </u>			not acted upon.	extent.				

## 4. Perceptual Abnormalities/Hallucinations

One or more of the following in one or more perceptual domains (auditory, visual, somatic, tactile, olfactory, gustatory)

- Unusual perceptual experiences. Heightened or dulled perceptions, vivid sensory images, distortions, illusions.
- Pseudo-hallucinations or hallucinations into which the subject has insight (i.e., is aware of their abnormal nature at the time);
- Occasional frank hallucinations which may minimally influence thinking or behavior.

0	l	2	3	4	5	6
Absent	Questionably	Mild	Moderate	Moderately Severe	Severe but not	Severe and Psychotic
	Present  Change in perceptual sensitivity, heightened, dulled.	Unexpected, unformed perceptual changes, noises, lights, etc. Worrisome	Unanticipated, formed, perceptual changes, e.g., designs, geometrical figures, identifiable noises. Puzzling, irritating.	Perceptual distortions, illusions, pseudo-hallucinations (faces, bodies, voices) that are recognized as not real yet can be frightening or captivating.	Psychotic  Clearly formed but brief hallucinations, or else a number of vague abnormal perceptions.  Usually do not result in distortions of thinking or behavior.	Hallucinations occur intermittently. Visions, voices, other sensory events are experienced as real and influence thinking, feeling, and behavior quite clearly.

#### 5. Conceptual Disorganization

One or more of the following difficulties in thought process.

- a. Odd thinking and speaking process. Vague, metaphorical, overelaborate, stereotyped;
- Confused or muddled thinking, racing thoughts or slowed down thoughts, using the wrong words for things sometimes, talking about things irrelevant to context or going off the track;
- c. Thinking is circumstantial, tangential, or paralogical. There is some difficulty in directing thoughts toward a goal.
- d. Loosening of associations may be present making speech unintelligible.

0 Absent	l Questionably Present	2 Mild	3 Moderate	4 Moderately Severe	5 Severe but not Psychotic	6 Severe and Psychotic
	Sudden word or phrase that doesn't make sense.	Vague, confused, muddled, inconsistent thoughts.	Wrong words, irrelevant topics. Frequently off track. Meta - phorical, stereotyped, over-elaborate.	Thinking is circum -stantial or paralogical. There is some difficulty in directing thoughts toward a goal. No loosening of associations. Sporadically impossible to follow and understand.	Thinking is circumstantial or paralogical or, tangential. There is some difficulty in directing thoughts toward a goal, and some loosening of associations may be evidenced under pressure. Occasionally impossible to follow and understand. Responds to structuring, especially with questions.	Communication loose or irrelevant and unintelligible when under minimal pressure or when the content of the communication is complex. Not responsive to structuring the conversation.

#### B. NEGATIVE SYMPTOMS

#### 1. Social Isolation or Withdrawal

One or more of the following:

- a. Lack of close friends or confidants other than first degree relatives;
- Excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self;
- c. Ill at ease in the presence of others and prefers to spend time alone, although
  he/she participates in social functions when required. Does not initiate contact;
- d. Passively goes along with most social activities but in a disinterested or mechanical way. Tends to recede into the background.

Negative Symptom Scale

0	i	2	3	4	5	6
Absent	Questionably	Mild	Moderate	Moderately	Severe	Extreme
	Present			Severe		
	Slightly socially	Ill at case with	Participates	Few friends	Prefers to be alone.	No close friends. Spends
1	awkward or anxious	others.	socially only	outside of	Spends most time	most time alone,
	but socially active.	Disinterested or	reluctantly due to	extended family.	alone or with first	including first degree
	Ì .	anxious in most	anxiety or	Is mistrustful of	degree relatives.	relatives.
	ł ·	social situations but	disinterest.	others or socially		
	]	socially present.		apathetic.		
L						

#### 2. Avolition

- a. Impairment in the initiation, persistence, and control of goal-directed activities;
- b. Loss of drive, energy, productivity
- c. Feeling uninterested, things are an effort and/or take longer to do.

0	1	2	3	4	5	6
Never, Absent	Questionably Present	Mild	Moderate	Moderately Severe	Severe	Extreme
	Less interested in every	Waning interest in	Diminished interest	Avoiding many	Relinquishing most	Abandoning
	day activities or long	pleasurable	and productivity.	everyday tasks	goal-directed	virtually all goal-
	term goals, but	activities. Tasks	Impairment in task	and/or long-standing	activities. Significant	directed activities.
	normally productive.	require more effort	initiation and/or	activities. Prodding	reduction in	Prodding
1		and take longer	persistence. Initiation	needed regularly.	achievement.	unsuccessful.
{		though productivity	requires prodding.		Prodding needed all	
		maintained.			the time.	

#### 3. Decreased Expression of Emotion

- Flat, constricted, diminished emotional responsiveness, as characterized by a decrease in facial expression, modulation of feelings (monotone speech) and communication gestures (dull appearance);
- b. Lack of spontaneity and flow of conversation. Reduction in the normal flow of communication. Conversation shows little initiative. Patient's answers tend to be brief and unembellished, requiring direct and sustained questions by interviewer.
- c. Poor rapport. Lack of interpersonal empathy, openness in conversation, sense of closeness, interest, or involvement with the interviewer. This is evidenced by interpersonal distancing and reduced verbal and non-verbal communication.

0	1	2	3	4	5	6
Absent	Questionably Present	Mild	Moderate	Moderately Severe	Severe	Extreme
	Emotional	Speech lacking	Commun-ications	Difficulty in	Starting and	Flat affect, monotone
	responsiveness slightly	character.	brief, un-engaging.	maintaining	maintaining	speech. Unable to
	delayed or blunted.	Emotional	Conversation lacks	spontaneity and	conversation	become involved with
Į.		expression	liveliness, feels stilted.	flow of	requires direct and	interviewer or
		minimal.	•	conversation.	sustained	maintain conversation
1				Minimal	questioning by the	despite active
i	į			interpersonal	interviewer. Affect	questioning by the
}				empathy. Speech	constricted. Lack	interviewer.
			į	mostly monotone,	of gestures.	
				May avoid eye		
1				contact.		

#### 4. Decreased Experience of Emotions and Self

- Emotional experiences and feelings less recognizable, genuine, appropriate.
- b. Sense of distance when talking to others, no longer feeling rapport with others.
- c. Emotions disappearing, difficulty feeling happy or sad.
- d. Sense of having no feelings: Anhedonia, apathy, loss of interest, boredom.
- e. Feeling profoundly changed, unreal, or strange.
- f. Feeling depersonalized, at a distance from self.
- g. Loss of sense of self.

$\Gamma$	0	1	2	3	4	5	6
	Absent	Questionably	Mild	Moderate	Moderately Severe	Severe	Extreme
l		Present					
		Feeling distant from	Difficulty	Emotions feel like	Emotionally blank,	Feeling a loss of	Feeling
		others. Everyday	recognizing	they are disappearing.	even when feelings	sense of self.	profoundly
1		feelings muted.	differentiated	Perplexing sense of	are appropriate.	Feeling	changed and
}		Lack of strong	feelings, aware of	something wrong	Sense of deadness.	depersonalized,	possibly alien to
1		emotions.	shifts between	"inside"		unreal or	self. No feelings
			numbness and		1	strange. May	most of the time.
1			displeasure.			feel	
1						disconnected	
				1	1	from body, from	
		1				world, from	
ł				l	ļ	time.	

#### 5. Decreased Ideational Richness

- a. Difficulty in abstract thinking. Impairment in the use of the abstract-symbolic mode of thinking, as evidenced by difficulty in classification, forming generalizations, and proceeding beyond concrete or egocentric thinking in problem-solving tasks; often utilizes a concrete mode.
- b. Simple words and sentence structure; paucity of dependent clauses;
- c. Stereotyped thinking. Decreased fluidity, spontaneity, and flexibility of thinking, as evidenced in rigid, repetitious, or barren thought content. Some rigidity in attitudes or beliefs. May refuse to consider alternative positions or have difficulty in shifting from one idea to another.
- d. As a listener unable to make sense of familiar phrases or to grasp the "gist" of a conversation or to follow everyday discourse.

0	1	2	3	4	5	6
Absent	Questionably	Mild	Moderate	Moderately Severe	Severe	Extreme
	Present					
	Some rigidity in	Difficulty with	Conversation	Thought content is	Difficulty following	Simple yes, no
	thought, attitudes,	abstract concep-	remains on simple	barren or	and/or understanding	answers without
}	and beliefs.	tualizations or	plane, abstract	monotonous.	everyday discourse.	elaboration,
	Difficulty switching	under-standing the	comments missed or	Thinking is	Uses simple words and	sometimes without
Į.	topics or ideas.	"gist" of con-	mis-interpreted.	stereotyped,	sentence structure	understanding.
		versations.		repetitive, concrete.	without modifiers.	

#### 6. Deterioration in Role Functioning

- Difficulty performing role functions (e.g., wage earner, student, homemaker) that were previously performed without problems.
- Having difficulty in productive, instrumental relationships with colleagues at work or school.

0	1	2	3	4	5	6
Absent	Questionably	Mild	Moderate	Moderately Severe	Severe	Extreme
	Present					
	More effort and	Difficulty in	Definite problems in	Failing one or more	Failing out of	Failed or left school, left
	focus required to	functioning at work,	accomplishing work	courses. Receiving	school. Significant	employment or was fired.
[	maintain same level	school, relationships,	tasks or a drop in	notice or being on	absence from work.	Socially isolated,
	of performance at	that is evident to	Grade Point Average.	probation at work.	Social withdrawal.	interacting with few or
1	work, school,	others.	Strained social	Limited social		no friends.
1	relationships.		interactions.	interaction.		

#### C. DISORGANIZATION SYMPTOMS

#### 1. Odd Behavior or Appearance

- a. Behavior that is odd, eccentric, or peculiar (e.g., collecting garbage, talking to self in public, hoarding food), Preoccupied with apparent internal stimuli);
- b. Inappropriate affect.
- c. Mannerisms and posturing. Unnatural movements or posture characterized by an awkward, stilted, disorganized or bizarre appearance.

	, ,	L	3	4	5	6
Absent Qu	uestionably Present	Mild	Moderate	Moderately Severe	Severe	Extreme
Mi	finor eccentricities that are not characteristic and seem out of place.	Occasional odd interests, appearance, or hobbies. Clumsy.	Persistent odd interests, appearance or hobbies. Stilted conversation Physic ally awkward.	Clearly un- conventional. Distracted by apparent internal stimuli. Disengaging, off putting. Unusual movements.	Strange looking and acting. Disengaged by apparent internal stimuli. Inappropriate affect. May provide noncontextual responses. Stereotyped movements.	Grossly bizarre appearance, or behavior (e.g. talking to self in public, or collecting garbage). Disconnection of affect and speech. Disorganized movements, mannerisms, or posturing.

# 2. Bizarre Thinking

# Thinking characterized by strange, fantastic or bizarre ideas that are distorted, illogical or patently absurd.

Absent	Questionably Present	Mild	Moderate	Moderately Severe	Severe	Extreme
	Infrequent, "quirky" ideas that are easily abandoned.	Occasional unusual ideas, illogical or distorted thinking.	Persistent unusual ideas, illogical or distorted thoughts that are held as a belief or philosophical system within the realm of subcultural variation.	Persistent unusual or illogical thinking that is embraced but which violates the boundary of most conventional religious or philosophical thoughts.	Illogical construction of strange and unrealistic ideas that are difficult to follow.	Preoccupied with thoughts that are fantastic patently absurd, fragmented and impossible to follow.

#### 3. Trouble with Focus and Attention

- Failure in focused alertness, manifested by poor concentration, distractibility from internal and external stimuli.
- b. Difficulty in harnessing, sustaining, or shifting focus to new stimuli.
- Tendency to be easily distracted.
- Trouble holding conversation in memory.

0	1	2	3	4	5	6
Absent	Questionably Present	Mild	Moderate	Moderately Severe	Severe	Extreme
	Occasional lapses of	Loss of focus and	Persistent problems	Easily distracted and	Unable to	Unable to
1	focus under pressure.	concentration more	maintaining focus	occasionally loses	maintain	maintain
		easily than usual.	and attention over	track of	attention and	attention even
			time.	conversations.	needs refocusing.	with external
						refocusing.

#### 4. Impairment in Personal Hygiene/Social Attentiveness

- Impairment in personal hygiene and grooming. Self neglect.
- Social inattentiveness. Looks away, appears uninvolved or disengaged.
   "Spacey". "Out of it". Abruptly terminates a conversation for no apparent reason.

0	1	2	3	4	5	6
Absent	Questionably	Mild	Moderate	Moderately	Severe	Extreme
	Present			Severe		
	Less attention to	Less attention to	Occasional	Persistent neglect	Drifts in and out of	Poorly groomed and
1	personal hygiene but	personal hygiene	indifference to	of social or	interactions. Is no	appears not to care
1	still concerned with	and less	conventional and/or	subcultural norms	longer bathing	or even notice. No
	appearances.	concerned with	subcultural	of hygiene.	regularly. "Out of	bathing and may
1		appearance but	conventions of dress	Slightly "spacey".	it".	have developed an
		still within	and social "graces".			odor. Inattentive to
		bounds of				social cues and
1		convention and/or				unresponsive even
		subculture.		<u> </u>		when confronted.

# D. GENERAL SYMPTOMS

# 1. Sleep Disturbance

- a. Having difficulty falling asleep.
- b. Waking earlier than desired and not able to fall back asleep.
- c. Daytime fatigue and sleeping during the day.
- d. Day night reversal

0	1	2	3	4	5	6
Absent	Questionably	Mild	Moderate	Moderately Severe	Severe	Extreme
Ĺ	Present			Ĺ		
	Sleep more restless	Some mild	Daytime fatigue	Sleep pattern has been	Significant difficulty	Unable to sleep at all
	than usual.	difficulty falling	resulting from	significantly disrupted	falling asleep or	for one or more
1		asleep or getting	difficulty falling	and has intruded on	awakening early on	entire nights.
		back to sleep.	asleep at night or	other aspects of	most nights. May	
			early awakening.	functioning (e.g.	have day/night	

## 2. Dysphoric Mood

One or more of the following for depression:

- a. Diminished interest in pleasurable activities
- b. Sleeping problems
- c. Poor or increased appetite
- d. Feelings of loss of energy
- e. Difficulty concentrating
- f. Suicidal thoughts
- g. Feelings of worthlessness and/or guilt

## And/or one or more of the following:

- a. Anxiety, panic, multiple fears and phobias
- b. Irritability, hostility, rage
- c. Restlessness, agitation, tensi
- d. Unstable mood

0	i	2	3	4	5	6
Absent	Questionably	Mild	Moderate	Moderately Severe	Severe	Extreme
	Present		<u> </u>			
	Feeling "down" or	Feeling like the	Occasional "bad"	Frequent unstable	Persistent unpleasant	Painfully unpleasant
	"edgy" more often.	"blues" or other	feelings that may	and unpredictable	mixtures of	mixtures of
		discontents have	be a mixture of	periods of "bad or	depression, irritability	depression, irritability,
		"settled in".	depression,	dark feelings".	or anxiety that trigger	or anxiety that trigger
			irritability, or		avoidance behaviors	highly destructive
-			anxiety.		such as substance use	behaviors like suicide
	<u></u>				or sleep.	or self mutilation.

#### 3. Motor Disturbances

- Reported or observed clumsiness, lack of coordination, difficulty performing activities that were performed without problems in the past.
- b. The development of a new movements such as a nervous habit, stereotypes, characteristic ways of doing something, postures, or copying other peoples' movements.
- c. Motor blockages
- d Loss of automatic skills
- e. Compulsive motor rituals

0	1	2	3	4	5	6
Absent	Questionably Present	Mild	Moderate	Moderately Severe	Severe	Extreme
	Awkward.	Reported or	Poor	Stereotyped, often	Nervous habits, ties,	Loss of automatic
		observed	coordinationDiffic	inappropriate	grimacing.	skills. Motor
		clumsiness.	ulty performing	movements.	Posturing.	blockages.
			fine motor			Echopraxia.
			movements.			Catatonia.

# 4. Impaired Tolerance to Normal Stress

- a. Avoids or exhausted by stressful situations that were previously dealt with easily.
- b. Marked symptoms of anxiety in response to everyday stressors.
- Increasingly affected by experiences that are easily handled in the past. More difficulty habituating.

0	1 .	2	3	4	5	6
Absent	Questionably	Mild	Moderate	Moderately Severe	Severe	Extreme
	Present					
	More tired at end of	Daily stress brings	Thrown off by	Increasingly	Avoids or is	Disorganization, panic or
	usual day.	on symptoms of	unexpected	"challenged" by	overwhelmed by	withdrawal to everyday
		anxiety beyond what	happenings in the	expected daily	situations that	stress.
		might be expected.	usual day.	experiences that were	previously were	
				easily handled in the	dealt with easily.	
				past.		

# SOPS SUMMARY SHEET

Positive Symptom Scale

0 Absent	l Questionably Present	2 Mile	d	3 Mode	rate	4 Moderatel Severe	y	5 Severe but Not Psychotic		6 Severe and Psychotic
	l'otals									
Al. Unusua	l Thought Content/Delusions	al Ideas	0	1	2	3	4	5	6	
A2. Suspicio	ousness/Persecutory Ideas		0	1	2	3	4	5	6	
A3. Grandio			0	1	2	3	4	5	6	
A4. Percepto	ual Abnormalities/Hallucinat	tions 0	1	2	3	4	5	6		
	hual Disorganization		0	1	2	3	4	5	6	

Negative, Disorganized, General Symptom Scale

	Negauve	, Disorganized,	General Si	mptom sca	ис				
0 Absent	l Questionably	2 Mild	м	3 oderate	Ma	4 derately	Se	5 vere	6 Extreme
About	Present					evere			
Negative Symptoms									
31. Social Isolation an	d Withdrawal	0	1	2	3	4	5	6	
32. Avolition		0	1	2	3	4	5	6	
<ol> <li>Decreased Express</li> </ol>	ion of Emotion	0	1	2	3	4	5	6	
34. Decreased Experie	nce of Emotions and Sel	f 0	1	2	3	4	5	6	
<ol> <li>Decreased Ideation</li> </ol>	nal Richness	0	i	2	3	4	5	6	
36. Deterioration in R	ole Functioning	0	1	2	3	4	5	6	
Disorganization Sym	ptoms								
<ol> <li>Odd Behavior or A</li> </ol>	Appearance (	) 1	2	3	4	5	6		
22. Bizarre Thinking		0	1	2	3	4	5	6	
<ol><li>Trouble with Focus</li></ol>	s and Attention	0	1	2	3	4	5	6	
C4. Personal Hygiene/	Social Attentiveness	0	1	2	3	4	5	6	
General Symptoms									
<ol> <li>Sleep Disturbance</li> </ol>	(	) 1	2	3	4	5	6		
D2. Dysphoric Mood		0	1	2	3	4	5	6	
03. Motor Disturbances		0	1	2	3	4	5	6	
D4. Impaired Tolerand	ce to Normal Stress	0	1	2	3	4	5	6	