CODE-SD

COMPOSITE DIAGNOSTIC EVALUATION

of

SCHIZOPHRENIC DISORDERS

1991

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PREFACE

The CODE-, or Composite Diagnostic Evaluation System, is a methodology in psychiatric nosology for the study of relationships between different classifications of mental illness. By allowing for the comparison of diagnostic systems derived by different organizing principles, the CODE System may be employed in the screening for valid categories of mental illness; and in the identification of treatment responsive diagnostic categories to psychotropic drugs.

Development of the CODE System is intimately linked to the development of polydiagnostic evaluations and the introduction of computer technology in the study of mental illness. However, the CODE System differs from other polydiagnostic systems by its unique capability of providing multiple diagnoses on the basis of a single interview.

The essential components of the CODE System are the specially devised algorithms, which can assign patients to diagnoses in several diagnostic systems simultaneously. The elementary units of the diagnostic instrument are "codes," with each "code" responsible for a different form of clinical expression. In the ultimate analysis, it is these "codes" which provide for the components (constituents) of the distinctive forms and subforms of psychiatric disease. If psychopathology and nosology can provide clinically meaningful and biologically homogeneous valid diagnostic categories, it is reasonable to assume that they will be identified by the CODE System. Would this be the case, the CODE System should also be able to identify the "nature" of the manifestations (e.g.,

psychopathology, performance or social behavior) which contributed the most to the diagnostic decisions.

To achieve its objective, the CODE System, and each CODE within the System, consists of a set of symptoms ("codes") which allow for diagnoses in all the component diagnostic systems; an interview -- open-ended or semi-structured -- suitable for the elicitation of all the symptoms and the establishment whether "present" or "absent"; and a set of diagnostic decision trees which allow for the organization of symptoms into distinctive psychiatric illnesses in all the component diagnostic systems. Furthermore, since the CODE System is a computerized system, upon completion of the interview, it can provide diagnoses in all the different component classifications included in the system, with identification of the variables contributing to the diagnostic decisions.

INTRODUCTION

CODE-SD stands for Composite Diagnostic Evaluation of Schizophrenic Disorders; and in CODE-SD the CODE method is employed in the polydiagnostic evaluation of patients subsumed under the different forms and subforms of schizophrenic disorders. Similar to the other CODEs, such as, for example, the prototype CODE-DD, CODE-SD has the unique capability of providing multiple diagnoses on the basis of a single interview.

Of the five classifications included in CODE-SD, three, i.e., Bleuler's (1911), Schneider's (1950) and Leonhard's (1957) are conceptually derived, whereas two, i.e., DSM-III-R and ICD-10 (DCR), are consensus-based; and of the three conceptually derived classifications two, i.e., Bleuler's and Schneider's are derived by the application of a psychopathologic (analytic) approach and one, i.e., Leonhard's, by the application of a nosologic (holistic) approach. Accordingly, in Bleuler's and Schneider's classifications, diagnosis represents the sum of symptoms and signs present, whereas in Leonhard's classification, diagnosis represents a distinctive form or subform, which -- in keeping with the principles of polytethic taxonomy -- can be constructed in many ways and from a number of different constituents.

To ascertain that all the necessary information is available for all diagnostic decisions, a Rating Scale for Schizophrenic Diagnoses (RSSD) was constructed. It consists of 127 items (variables) of schizophrenic illness, each of which is assessed in terms of "present" or "absent." And to assist in the elicitation of the necessary information, a Semi-structured Interview for

Schizophrenic Disorders (SSISD) was prepared with a series of (optional) questions addressed to the patient and a series of (optional) questions addressed to the interviewer.

Scoring of the RSSD, regardless of whether on the basis of an open-ended or a semi-structured interview, yields five diagnoses, i.e., one diagnosis in each diagnostic system; and information on how each of the five diagnostic decisions was reached.

SYMPTOMS AND SIGNS

CODE-SD consists of 127 variables with each variable representing a symptom or sign relevant to the diagnosis of schizophrenia in one or more of the five diagnostic classifications of schizophrenia included in CODE-SD. By assessing the presence or absence of each of the 127 variables presented in alphabetic order in the Rating Scale for Schizophrenic Disorders (RSSD), all the relevant information for a diagnosis within each of the five systems of diagnostic classifications, i.e., Eugen Bleuler's (1911), Kurt Schneider's (1950), Karl Leonhard's (1957), the DSM-III-R (1987) and the ICD-10 (1991), is obtained.

To improve the reliability of diagnosis, the RSSD is supplemented by a glossary, in which each of the 127 variables is given a descriptive definition, with primary consideration to the source, i.e., to the description or definition used for the variable in the diagnostic system(s) from which the variable was derived. To prevent confusion by conflicting definitions in different diagnostic systems, for symptoms and/or signs encountered in more than one diagnostic system, the method referred to as "splitting of the concept" was used. By employing this method, nominally similar symptoms and signs in different diagnostic systems were entered into the glossary under two or more names, each with a distinctive definition.

In the preparation of the glossary of definitions, the sources consulted included the AGP System (AGP, Guy and Ban, 1985); the AMDP System (Guy and Ban (eds.), 1982); the Composite Diagnostic Evaluation of Depressive Disorders (CODE-DD, Ban, 1989); the DCR

Budapest-Nashville (DCR, Petho and Ban, 1988); the Diagnostic and Statistical Manual of Mental Disorders, Third Edition-Revised (DSM-III-R, American Psychiatric Association, 1987); Fish's Clinical Psychopathology, Second Edition (FISH, Hamilton, 1985); Landmark's Manual for the Assessment of Schizophrenia (LANDMARK, Landmark, 1982) the International Classification of Diseases, Tenth Revision (ICD-10 of the World Health Organization, 1990); and Taylor's Neuropsychiatric Mental Status Examination (TAYLOR, Taylor, 1986).

Rating Scale for Schizophrenic Diagnoses
(RSSD)

No.	Variable	Present	Absent
1	Active psychotic syndrome in immediate past		
2	Adversion		
3	Aimless behavior		
4	Ambivalence		
5	Anhedonia		
6	Apathetic indifference		
7	Audible thoughts		
8	Autism		
9	Autistic delusions		
10	Automatic obedience		
11	Bizarre delusions		
12	Blunted affect		
13	Bodily hallucinations		
14	Catatonic excitement		
15	Catatonic negativism		
16	Catatonic posturing		
17	Catatonic rigidity		
18	Catatonic stupor		
19	Childish pranks		
20	Choppy speech		
21	Compromised interaction with people		
22	Concrete thinking		
23	Confabulations		
24	Confused speech		
25	Continuous active psychotic syndrome		

No.	Variable	Present	Absent
26	Cooperation		
27	Decreased appetite		
28	Delusional mood		
29	Delusional perceptions		
30	Delusions		
31	Delusions of grandeur		
32	Depressed mood		
33	Derailment		
34	Desultory thinking		
35	Disorganized behavior		
36	Dissociation between thought and speech		
37	Driveling		
38	Echolalia		
39	Echopraxia		
40	Elated mood		
41	Emotional impoverishment		
42	Empty autism		
43	Episodic course		
44	Ethical blunting		
45	Experience of alien influence		
46	Fantastic delusions		
47	Feelings of guilt		
48	Feelings of inadequacy		
49	First episode		
50	Flat affect		

No.	Variable	Present	Absent
51	Fluctuating mood state		
52	Grandiose aspirations		
53	Grandiose mannerisms		
54	Hallucinations		
55	Hallucinatory excitements		
56	Hallucinatory rich autism		
57	Happy-go-lucky attitude		
58	Hypoactivity		
59	Ideas of reference		
60	Impairment in personal hygiene		
61	Impairment in role functioning		
62	Impenetrable facial expression		
63	Inane giggling		
64	Inappropriate affect		
65	Incoherence		
66	Insidious onset		
67	Insomnia		
68	Irrelevant speech		
69	Irritable mood		
70	Lack of energy		
71	Lack of initiative		
72	Lack of interest		
73	Limited duration of first episode		
74	Magical thinking		
75	Misidentifications		
76	Mixed hallucinations		

No.	Variable	Present	Absent
77	Monotonous speech		
78	Multiform clinical picture		
79	Mutism		
80	Negativistic excitement		
81	Neologisms		
82	No eye contact		
83	Obedient answering		
84	Odd beliefs		
85	Off-putting verbal responses		
86	Overinclusive thinking		
87	Overvalued ideas		
88	Parakinesis		
89	Paramnesia		
90	Paranoid delusions		
91	Paranoid hallucinations		
92	Passivity		
93	Paucity of speech		
94	Peculiar behavior		
95	Persistent hallucinations		
96	Phonemic delusional hallucinations		
97	Pressured speech		
98	Prominent delusions		
99	Prominent hallucinations		
100	Proskinesis		
101	Pseudoexpressive movements		
102	Querulous complaintiveness		

No.	Variable	Present	Absent
103	Rambling speech		
104	Recurrent thoughts of death		
105	Responding to inner experiences		
106	Restricted thinking		
107	Scenic hallucinations		
108	Self-absorbed attitude		
109	Self-reference hallucinosis		
110	Slow replies		
111	Social isolation		
112	Social withdrawal		
113	Soft mannerisms		
114	Spiteful tricks		
115	Strong delusional dynamics		
116	Suicidal tendencies		
117	Systematized delusions		
118	Thought blocking		
119	Thought broadcasting		
120	Thought echo		
121	Thought insertion		
122	Thought withdrawal		
123	Unusual perceptual experiences		
124	Verbal hallucinosis		
125	Verbigeration		
126	Waxy flexibility		
127	Woolliness of thinking		

Glossary of Definitions

1. Active psychotic syndrome in immediate past | P | A |

The presence of the active psychotic syndrome prior to the presence of the "prodromal" or "residual" syndrome that is present at the time of the assessment. The active psychotic syndrome is characterized by at least 2 of the following 5 symptoms: delusions; prominent hallucinations; incoherence (that can be substituted for by derailment, desultory thinking, driveling, neologisms and/or woolliness of thinking); catatonic behavior (including catatonic excitement, catatonic negativism, catatonic posturing, catatonic rigidity, catatonic stupor and/or mutism); and flat affect (that can be substituted for by blunted affect and/or inappropriate affect). The presence of 1 of more of the following 4 symptoms also qualifies for an active psychotic syndrome: bizarre delusions; phonemic delusional hallucinations; self-reference hallucinosis; and verbal hallucinosis. The "prodromal" or "residual" syndrome is characterized by the presence of at least 2 of the following 9 symptoms: blunted affect (that can be substituted for by flat affect and/or inappropriate affect); odd beliefs (that can be substituted for by ideas of reference, magical thinking and/or overvalued ideas); impairment in personal hygiene; impairment in role functioning; lack of initiative (that can be substituted for by lack of energy and/or lack of interest); overinclusive thinking (or restricted thinking); peculiar behavior; social isolation (or social withdrawal); and unusual perceptual experiences (DSM-III-R).

2. Adversion | P | A |

The moving toward the examiner whenever he/she appears, and the turning towards the examiner whenever he/she asks a question (DCR). In the more severe form, patient turns toward every passerby.

3. Aimless behavior | P | A |

Purposeless behavior. Patient hangs around and does nothing.

4. Ambivalence

P	A

The coexistence of contradictory conscious feelings (affective ambivalence), wishes (ambivalence of will), desire to act (ambitendency) and thoughts (intellectual ambivalence). Patient may experience the opposite feelings toward the same person, object or idea simultaneously; may wish and not wish to act at the same time; and/or may experience the instantaneous sequence of a "thought" and its "counter-thought" (LANDMARK).

5. Anhedonia

P	A

The painful and/or unpleasant experience of the feeling that one is unable to derive pleasure from activities that normally give him/her pleasure.

6. Apathetic indifference

P	A

A mood of indifference with a sense of futility and lack of concern (CODE-DD).

7. Audible thoughts

P	A

The hearing of one's own thoughts being spoken aloud (LANDMARK).

8. Autism

P	A

Detachment from reality with a predominance of inner life. Autistic or "non-participatory" behavior is characterized by withdrawal, isolation and lack of communication. Autistic patients show no interest in their surroundings; communicate little, if at all, with those around them; and make no effort for active adjustment, but adjust passively to change (DCR). Autistic or "dereistic" thinking lacks direction. Patients with autistic thinking live in a fantasy world.

9. Autistic delusions

P	A

Dominant delusions. In contradistinction to delusions which are in juxtaposition and polarized delusions, patients with autistic delusions live exclusively in their own delusional world.

10. Automatic obedience [P] [A]

The following of commands to perform actions regardless of the consequences (FISH). It is also referred to as "command automatism."

11. Bizarre delusions [P] [A]

False beliefs with content that cannot be encountered and cannot occur. It involves a belief that is regarded as totally impossible by patient's culture (DSM-III-R).

12. Blunted affect [P] [A]

Observable decrease in emotional responsiveness, primarily in terms of intensity. It is characterized by "meager" feelings (AGP).

13. Bodily hallucinations [P] [A]

Unfounded somatic perceptions including touch, pain, vestibular, etc. Also referred to as "coenesthetic hallucinations" (AMDP).

14. Catatonic excitement [P] [A]

An extreme form of hyperactivity, without an identifiable motive, that is not in response to hallucinatory experiences (DSM-III-R).

15. Catatonic negativism [P] [A]

Motiveless resistance to all instructions or attempts to be moved. When passive, the patient resists any attempt to be moved; when active, patient does the opposite of what he/she is asked to do (DSM-III-R). In case of "Gegenhalten," patient resists being moved with the strength equal to that applied.

16. Catatonic posturing [P] [A]

Voluntary assumption of odd, unnatural, awkward and/or (DCR), bizarre postures (DSM-III-R) with all and/or parts of the body. In case of "catalepsy," patient maintains the assumed posture for an extended period.

17. Catatonic rigidity

P	A

Maintenance of a rigid posture against all efforts to be moved (DSM-III-R)

18. Catatonic stupor

P	A

An extreme form of hypoactivity. Patient may remain motionless and unresponsive even to severe pain (DSM-III-R).

19. Childish pranks

P	A

Mischievous tricks; practical jokes.

20. Choppy speech

P	A

Broken speech with short agrammatical sentences which are virtually spewed out or ejected (DCR).

21. Compromised interaction with people

P	A

Social interactions are markedly below the highest level achieved. Patient has difficulty interacting with members of his/her family, peers, friends and/or co-workers.

22. Concrete thinking

P	A

Visual type of thinking with picture-like thoughts (DCR).

23. Confabulations

P	A

The reporting of imagined or supposedly experienced events from the past which the patient, at the time of the reporting, regards as events which truly occurred. While the content of confabulations keeps on changing, the events are described in great, but improbable details (DCR).

24. Confused speech

P	A

The lack of meaningful connections between words, phrases and sentences. Speech is completely incomprehensible. Also referred to as "word salad."

25. Continuous active psychotic syndrome

P | A

The continuous presence of the active psychotic syndrome for at least six months. The active psychotic syndrome is characterized by at least 2 of the following 5 symptoms: delusions; prominent hallucinations; incoherence (that can be substituted for by derailment, desultory thinking, driveling, neologisms and/or woolliness of thinking); catatonic behavior (including catatonic excitement, catatonic negativism, catatonic posturing, catatonic rigidity, catatonic stupor and/or mutism); and flat affect (that can be substituted for by blunted affect and/or inappropriate affect). The presence of 1 of more of the following 4 symptoms also qualifies for an active psychotic syndrome: bizarre delusions; phonemic delusional hallucinations; self-reference hallucinosis and verbal hallucinosis.

26. Cooperation

P | A

Despite instructions that he/she should not cooperate, patient moves all or parts of his/her body in the direction of the slightest pressure (Mitgehen); and all or parts of his/her body can be put into any position without any resistance. Once the body, or parts thereof, which had been moved is let loose, it returns to the resting position (Mitmachen).

27. Decreased appetite

P | A

Diminished desire to eat, with decreased food intake and/or loss of weight.

28. Delusional mood

P | A

A mood state characterized by a sense of awe or mystery with unsubstantiated guesses, suppositions and expectations, or by apprehension, terror, foreboding and fear (DCR).

29. Delusional perceptions

P | A

A real stimulus which is given special meaning with self-reference (LANDMARK). There is no meaningful connection between the real stimulus and the patient's conclusion as to its significance.

30. Delusions

P	A

False personal beliefs based on incorrect inferences about external reality which is firmly sustained in spite of what almost everyone else believes and in spite of what constitutes incontrovertible and obvious proof or evidence to the contrary. The belief is not one ordinarily accepted by other members of the person's culture or subculture (DSM-III-R).

31. Delusions of grandeur

P	A

Delusions with the predominant theme of one's inflated worth, power, knowledge, identity, or special relationship to a deity or famous person (DSM-III-R).

32. Depressed mood

P	A

A negatively-tinged affective state, experienced as sadness and/or dejectedness.

33. Derailment

P	A

Thinking which is characterized by shifting and/or switching from the main theme to subsidiary ones which intrude disruptively.

34. Desultory thinking

P	A

Thinking which is characterized by jumps of thoughts. While speech is correct in so far as grammar and syntax are concerned, from time-to-time sudden, unrelated thoughts force their way into the train of thought.

35. Disorganized behavior

P	A

Behavior that has fallen apart and lacks any organization.

36. Dissociation between thought and speech

P	A

Behavior (thinking) is better organized (more coherent) than speech and responses to questions more appropriate (more coherent) than spontaneous speech. In extreme forms, patient may talk utter nonsense, yet he/she can carry out fairly responsible tasks provided such tasks do not involve the use of words.

37. Driveling

P	A

Thinking characterized by a mix-up of the thought sequences with each sequence fairly well organized. Because the themes, as a result of the mix-up, are only vaguely related to each other, the content of thoght appears to be muddled.

38. Echolalia

P	A

Automatic repetition of the last word, phrase or sentence spoken to the patient.

39. Echopraxia

P	A

The repetition by imitation of the movements of another.

40. Elated mood

P	A

A positively-tinged affective state which is characterized by a heightened mood and experienced as an elevated sense of well-being with excessive cheerfulness (DCR).

41. Emotional impoverishment

P	A

Constriction in the range of emotional response.

42. Empty autism

P	A

Vacant autism. Patient is empty inside. However hard one tries, there is nothing detectable behind the autistic facade; meagerness and poverty characterize mental life (DCR).

43. Episodic course

P	A

Course of illness is characterized by partial remissions without the continuous presence of symptoms of the active psychotic syndrome between episodes.

44. Ethical blunting

P	A

The lack of social emotions. Patients with ethical blunting do not bother to conform with the moral standards of the society in which they live. They may become beggars, tramps or prostitutes.

45. Experience of alien influence | P | A |

The experience that one's body, somatic functions (in case of somatic passivity), feelings, strivings, impulses, will, thoughts, behavior and actions are being influenced from outside (AMDP) and/or are imposed upon by some external force. It is the experience that one is literally "being controlled", can literally "feel" the controlling force and must passively submit to the experience (TAYLOR).

46. Fantastic delusions | P | A |

False beliefs which are extravagantly fanciful or unusual in design, conception and construction.

47. Feelings of guilt | P | A |

Exaggerated remorse for past behavior, thoughts or wishes which, in the patient's eyes, were against moral or religious tenets (AMDP).

48. Feelings of inadequacy | P | A |

The feeling that one is incompetent, incapable, clumsy, awkward, dumb, ignorant and/or unattractive. It is an imagined lessened capacity (AMDP).

49. First episode | P | A |

No history of prior psychiatric hospitalization.

50. Flat affect | P | A |

Pathologic affect characterized by the absence of mood variations. It is usually displayed by monotonous voice and immobile face.

51. Fluctuating mood state | P | A |

Patient's mood changes frequently from one distinct mood state to another.

52. Grandiose aspirations

P	A

Imposing and/or unrealistic plans. They are also referred to as "creative aspirations" (DCR).

53. Grandiose mannerisms

P	A

Pompous and/or showy manners which, corresponding with grandiose delusions, are displayed by grandeur and/or magnificence in style.

54. Hallucinations

P	A

A sensory perception without external stimulation of the relevant sensory organ. It has the immediate sense of reality of a true perception although in some instances the source of the hallucination is perceived as if it were within the body (DSM-III-R).

55. Hallucinatory excitements

P	A

Excessive motility in response to hallucinatory experiences, sufficiently severe to cause patient to interrupt one activity before finishing it and begin with another.

56. Hallucinatory rich autism

P	A

A wealth of mental events behind an autistic facade. Patient cannot be distracted from his/her hallucinatory experiences (DCR).

57. Happy-go-lucky attitude

P	A

Patient takes things as they come; appears to be easy going, but is empty behind this easy-going facade.

58. Hypoactivity

P	A

Decreased psychomotility with a decrease in the frequency of motor behavior and activity.

59. Ideas of reference

P	A

The belief -- without delusional conviction -- that events and/or objects have a special meaning, with a personal significance for the patient. Patients with ideas of reference believe that they are the focus of observation and attention. Because of this, even the most insignificant event may become the source of an important signal to the patient with self-reference (DSM-III-R).

60. Impairment in personal hygiene

P	A

Compromised personal hygiene and grooming. Patient does not keep him/herself clean, neat and/or tidy.

61. Impairment in role functioning

P	A

Impairment in functioning as a wage-earner, student or homemaker.

62. Impenetrable facial expression

P	A

Expressionless face; lack of expressive and/or reactive facial movements.

63. Inane giggling

P	A

Continuous giggling that lacks any sense and/or meaning. It is empty and vacant; and it appears to be foolish.

64. Inappropriate affect

P	A

Patient's affect is discordant with his/her content of thought (DSM-III-R). Also referred to as "parathymia" or "paradoxical affect," i.e., inappropriate emotional response to a situation (AMDP).

65. Incoherence

P	A

Fragmentation of the thinking process to the extent that thoughts, phrases and sentences appear as if arbitrarily thrown together. Speech is completely incomprehensible.

66. Insidious onset

P	A

Insidious appearance of psychopathologic manifestations in present episode. The time when the symptoms appeared cannot be clearly established and/or even approximated within a period of a couple of months.

67. Insomnia

P	A

Difficulty falling asleep in the evening, frequent interruptions of sleep during the night and early waking in the morning.

68. Irrelevant speech

P	A

Content of speech is not pertinent and is unrelated to the topic discussed.

69. Irritable mood

P	A

A mood characterized by a liability to outbursts and poor control over aggressive impulses directed towards others (DCR).

70. Lack of energy

P	A

The feeling of sustained fatigue, even in the absence of physical exertion. The smallest task may seem difficult or impossible to accomplish. Also referred to as "anergia."

71. Lack of initiative

P	A

Difficulty initiating goal-directed activities to the extent that such self-initiated activities can be entirely absent (DSM-III-R).

72. Lack of interest

P	A

Loss of interest in usual activities; no curiosity in what is happening in one's immediate environment.

73. Limited duration of first episode [P] [A]

Duration of first episode at the time of assessment -- if the present episode is the first episode -- is less than a total of 30 days, based on the total number of days in treatment with a psychiatrist and in hospital.

74. Magical thinking [P] [A]

The belief that one's thoughts, words, or actions can cause or prevent a specific outcome in a way that defies the normal laws of cause and effect (DSM-III-R).

75. Misidentifications [P] [A]

Patient recognizes unknown people,as ones he/she has known; or fails to recognize people he/she has known. In case of "positive misidentifications," the patient may recognize strangers as his/her friends and/or relatives; whereas in case of "negative misidentifications," the patient insists that his/her friends and/or relatives are not the people they say they are, claiming that they are strangers in disguise (DCR).

76. Mixed hallucinations [P] [A]

Hallucinations in more than one sensory modality simultaneously (DCR).

77. Monotonous speech [P] [A]

Speech without inflection, i.e., without variation and/or modulation in tone.

78. Multiform clinical picture [P] [A]

Variable disease picture in which different symptoms and/or syndromes prevail at different times (DCR).

79. Mutism [P] [A]

Parsimonious speech or the absence of speech without a well-identifiable structural impairment of the brain. Patient does not speak or, at the utmost, utters only a few words or syllables.

80. Negativistic excitement

P	A

Excitement which may occur in negativistic patients when attempts are made to break negativistic-oppositional behavior (DCR).

81. Neologisms

P	A

New word, or phrase building in which the usual language conventions are not followed and which cannot usually be easily understood. It includes "phonemic paraphasia," i.e., the creation of new words by the improper use of the sound of words; and "paralogisms," i.e., the semantically unusual use of words (AMDP).

82. No eye contact

P	A

Difficult, if not impossible to have eye contact with patient during conversation.

83. Obedient answering

P	A

Patient responds promptly to each question regardless how long the questioning continues. Verbal response is so quick that the necessary thinking process is bypassed (DCR).

84. Odd beliefs

P	A

Unusual and not ordinary beliefs, such as the belief in clairvoyance, telepathy and/or sixth sense (DSM-III-R).

85. Off-putting verbal responses

P	A

Verbal response that makes further verbal interaction on the same topic difficult, if not impossible.

86. Overinclusive thinking

P	A

Thinking characterized by an inability to maintain the boundaries of the topic being discussed (FISH).

87. Overvalued ideas

P	A

A thought which, because of the associated feeling tone, takes precedence over all other thoughts and maintains this precedence for a long period of time (FISH). It is an unreasonable and sustained belief that is maintained with less than delusional intensity. Patient does not recognize the absurdity of the idea and does not struggle against it. The idea or belief is not one that is ordinarily accepted by other members of the person's culture or subculture (DSM-III-R).

88. Parakinesis

P	A

The continuous presence of jerky movements which are usually choreiform in quality. It is also referred to as "jerkiness."

89. Paramnesia

P	A

Falsification of memory. It includes "delusional memories," i.e., false memories which are the result of delusional thinking. It also includes "false recognitions," such as the recognition as familiar the never experienced (deja-vu) and the failure to recognize as familiar the previously experienced (jamais-vu) (DCR).

90. Paranoid delusions

P	A

Persecutory delusions with the predominant theme that one, or someone to whom one is close, is being malevolently treated (DSM-III-R).

91. Paranoid hallucinations

P	A

Phonemic hallucinations with persecutory content, i.e., threatening, offending and/or insulting.

92. Passivity

P	A

Inertness with inactivity; if subjected to an action patient does not respond and/or initiate an action in return.

93. Paucity of speech

P	A

Patient speaks very little.

94. Peculiar behavior | P | A |

Strange and eccentric behavior and activities (e.g., collecting garbage, talking to self in public, hoarding food, etc.).

95. Persistent hallucinations | P | A |

The presence of hallucinations every day for at least several weeks (ICD-10).

96. Phonemic delusional hallucinations | P | A |

The hearing of sentences or even dialogues without corresponding stimuli in the environment in which the voices are judgmental about the patient's affairs (DCR).

97. Pressured speech | P | A |

Patient talks continuously, as if compelled to speak. It is difficult, if not impossible, to interrupt his/her verbal flow.

98. Prominent delusions | P | A |

Delusions which are prominent in the clinical picture.

99. Prominent hallucinations | P | A |

The presence of hallucinations throughout the day for several days or several times a week for several weeks; each hallucinatory experience not being limited to a few brief moments (DSM-III-R).

100. Proskinesis | P | A |

Increased readiness to move and, especially, to carry out automatic movements in response to external stimuli (HAMILTON).

101. Pseudoexpressive movements

P	A

Involuntary movements which look like emotional expressions, but have no real content behind (DCR).

102. Querulous complaintiveness

P	A

Utterance of pain, discomfort and dissatisfaction in a fretful or peevish manner.

103. Rambling speech

P	A

Slow-moving, fragmented speech which appears, to the listener, to be aimless and as if the speaker is struggling to express him/herself.

104. Recurrent thoughts of death

P	A

The frequent intrusion of ideas related to death and dying into patient's thoughts.

105. Responding to inner experiences

P	A

Patient is seen to interact verbally and/or through gestures with his/her inner experiences.

106. Restricted thinking

P	A

Thinking characterized by poverty of ideas. There is a shrinking and impoverishment of thought content with fixation on one or a few themes; and difficulty switching from one topic to another (AMDP).

107. Scenic hallucinations

P	A

Visual hallucinations in which the patient sees scenes which resemble big paintings or movies. It includes "mass hallucinations" in which patient sees scenes with crowds.

108. Self-absorbed attitude

P	A

Engrossed in one's own affairs; acts without any consideration for others.

109. Self-reference hallucinosis

P | A

Phonemic hallucinations in which the patient hears voices talking about him/her, but he/she can usually only give a rough idea of what the voices are saying and is unable to reproduce content word-for-word (FISH).

110. Slow replies

P | A

Patient responds to questions with delay and with a slow speed of verbal output.

111. Social isolation

P | A

Patient keeps him/herself apart, isolated from others.

112. Social withdrawal

P | A

Patient withdraws from members of his/her family, friends and/or others.

113. Soft mannerisms

P | A

Artificial, stilted, affected behavior and/or speech.

114. Spiteful tricks

P | A

Mean tricks.

115. Strong delusional dynamics

P | A

Strong emotional involvement in delusional content. It becomes evident when patient talks about the subject matter of his/her delusional content and especially when the reality of the delusions is challenged. Verbalization of delusional content may yield irritability, enthusiasm or threatening behavior.

116. Suicidal tendencies

P | A

Increased readiness for taking one's own life. It includes thoughts of taking one's own life, exposure of oneself to unnecessary dangers with the purpose of being killed and suicidal attempts.

117. Systematized delusions

P	A

A single delusion with multiple elaborations, or a group of delusions which are all related by the patient to a single event or theme (DSM-III-R).

118. Thought blocking

P	A

The sudden, spontaneous arrest of the train of thought which characteristically leaves a blank. There is a short-lasting absence of all thought. Patient may stop talking in the middle of a sentence and never complete the sentence.

119. Thought broadcasting

P	A

The experience that one's thoughts are not exclusively one's own, but are shared by others (AMDP). It is an "experience of alienation" (TAYLOR) which is also referred to as "diffusion of thoughts" (LANDMARK).

120. Thought echo

P	A

The hearing of one's own thoughts repeated by someone (TAYLOR).

121. Thought insertion

P	A

The experience that thoughts are literally introduced into one's mind, and that the thoughts which are introduced influence, direct or impel one's behavior (AMDP). The thoughts introduced are attributed to other people who force their thoughts upon the patient (LANDMARK).

122. Thought withdrawal

P	A

The experience that thoughts are literally being removed or pulled out from one's mind (AMDP) by other people or forces (LANDMARK).

123. Unusual perceptual experiences

P	A

Misperception of a real stimulus (illusion) and/or the sense of a force or person when no one is actually present. It includes "hypnagogic hallucinations," i.e., the seeing of objects (or subjects) and/or hearing of voices without external stimulation of the relevant sense organ while falling asleep (DSM-III-R).

124. Verbal hallucinosis

P	A

Phonemic hallucinations in which the patient hears voices clearly talking about him/her. Patients can reproduce the content of hallucinations accurately, virtually word-for-word (FISH).

125. Verbigeration

P	A

The senseless reiteration of words to the point that they become meaningless.

126. Waxy flexibility

P	A

Patient allows the examiner to put his/her body into strange, uncomfortable positions and then maintains such positions for at least one minute, and usually longer (DCR). Sometimes there is a feeling of plastic resistance as the examiner moves the body, which resembles the bending of a soft wax rod; and when the passive movement stops, the final position is preserved. It is also referred to as "flexibilitas cerea."

127. Woolliness of thinking

P	A

Thinking characterized by the use of words in such a way that it is impossible to figure out what the patient is trying to say. The same words may be used with a number of different connotations and any attempt to elucidate what the patient means meets with further vague statements. In mild cases, woolliness of thinking is present only when the content of pathologic experiences are discussed.

DIAGNOSES AND CLASSIFICATIONS

CODE-SD consists of five decision trees, each corresponding to one of five systems of diagnostic classifications. As shown below, each decision tree is comprised of a different number of decision units, marked by Arabic numerals; and each decision unit is organized into decision clusters, marked by Roman numerals.

Classifications	Number of Variables	Number of Decision Units	Clusters	Number of Diagnoses
A. Eugen Bleuler's Criteria	18	4	1	4
B. Kurt Schneider's Criteria	8	5	1	2
C. Karl Leonhard's Classification	104	121	40	25
D. DSM-III-R	45	39	14	9
E. ICD-10	63	45	18	10

The presence of one of more variables separated by a slash (/) within each decision unit indicates that the "code," represented by the decision unit is present; and the number of "codes" present within each decision cluster determines how to proceed down the decision tree.

NOTE: each decision tree provides for only one, an original (in **bold face type**) or a parenthetic (generated for CODE-SD) diagnosis.

A. Eugen Bleuler's Criteria

1. (Definite) **Schizophrenia**
2. (Probable Schizophrenia)
3. (Possible Schizophrenia)
4. (Other Psychiatric Disorder)

B. Kurt Schneider's Criteria

1. **Schizophrenia**
2. (Other Psychiatric Disorder)

C. Karl Leonhard's Classification

1. (Other Psychiatric Disorder)
2. **Unsystematic Schizophrenia, periodic catatonia**
3. **Unsystematic Schizophrenia, cataphasia**
4. **Unsystematic Schizophrenia, affect-laden paraphrenia**
5. (Unsystematic Schizophrenia)
6. **Systematic Schizophrenia, negativistic catatonia**
7. **Systematic Schizophrenia, manneristic catatonia**
8. **Systematic Schizophrenia, proskinetic catatonia**
9. **Systematic Schizophrenia, parakinetic catatonia**
10. **Systematic Schizophrenia, speech-prompt catatonia**
11. **Systematic Schizophrenia, speech-inactive catatonia**
12. (Systematic Schizophrenia, catatonic)
13. **Systematic Schizophrenia, incoherent paraphrenia**

C. Karl Leonhard's Classification (cont.)

14. **Systematic Schizophrenia, fantastic paraphrenia**
15. **Systematic Schizophrenia, hypochondriacal paraphrenia**
16. **Systematic Schizophrenia, phonemic paraphrenia**
17. **Systematic Schizophrenia, expansive paraphrenia**
18. **Systematic Schizophrenia, confabulatory paraphrenia**
19. (Systematic Schizophrenia, paraphrenic)
20. **Systematic Schizophrenia, autistic hebephrenia**
21. **Systematic Schizophrenia, silly hebephrenia**
22. **Systematic Schizophrenia, eccentric hebephrenia**
23. **Systematic Schizophrenia, shallow hebephrenia**
24. (Systematic Schizophrenia, hebephrenic)
25. (Systematic Schizophrenia)

D. DSM-III-R

1. **Schizophreniform Disorder**
2. (Other Psychiatric Disorder)
3. (Prodromal Schizophrenia)
4. **Schizophrenia in Remission**
5. **Schizophrenia, Catatonic Type**
6. **Schizophrenia, Disorganized Type**
7. **Schizophrenia, Paranoid Type**
8. **Schizophrenia, Undifferentiated Type**
9. **Schizophrenia, Residual Type**

E. ICD-10

1. (Possible Schizophrenia)
2. **Catatonic Schizophrenia**
3. **Paranoid Schizophrenia**
4. **Hebephrenic Schizophrenia**
5. **Undifferentiated Schizophrenia**
6. **Residual Schizophrenia**
7. **Post-Schizophrenic Depression**
8. **Schizophrenia in Remission**
9. **Simple Schizophrenia**
10. (Other Psychiatric Disorder)

The decision trees which follow are based on the definitions of schizophrenia by Bleuler (1911, 1950) and Schneider (1950, 1957, 1959) and descriptions of the different forms and subforms of schizophrenia given by Leonhard (1957, 1979) and presented in the DSM-III-R and the ICD-10 (DCR). In preparation of the decision trees for Bleuler's and Schneider's criterias, however, consideration was given to the presentation of same by Berner et al (1983), Landmark (1982) and Taylor (1986); and in the preparation of the decision tree for Leonhard's Classification, consideration was given to the preparation of same by Petho and Ban (1988) and Fritz and Lanczik (1990).

Diagnostic Decision Trees

A. EUGEN BLEULER'S CRITERIA

I.

1. Derailment	33/
Desultory thinking	34/
Driveling	37/
Echolalia	38/
Incoherence	65/
Neologisms	81/
Thought blocking	118/
Verbigeration	125/
Woolliness of thinking	127
2. Autism	8/
Autistic delusions	9/
Empty autism	42/
Hallucinatory rich autism	56
3. Ambivalence	4
4. Blunted affect	12/
Emotional impoverishment	41/
Flat affect	50/
Inappropriate affect	64

All 4 present, stop	(Definite)**Schizophrenia**
3 present, stop	(Probable Schizophrenia)
2 present, stop	(Possible Schizophrenia)
Less than 2 present, stop	(Other Psychiatric Disorder)

B. KURT SCHNEIDER'S CRITERIA

I.

1. Audible thoughts	7
2. Delusional perceptions	29
3. Experience of alien influence	45/
Thought insertion	121/
Thought withdrawal	122
4. Thought broadcasting	119
5. Self-reference hallucinosis	109/
Verbal hallucinosis	124

At least 1 of 5 present, stop — **Schizophrenia**

Less than 1 of 5 present, stop — (Other Psychiatric Disorder)

C. KARL LEONHARD'S CLASSIFICATION

I.

1. Derailment 33/
   Desultory thinking 34/
   Driveling 37/
   Echolalia 38/
   Incoherence 65/
   Neologisms 81/
   Thought blocking 118/
   Verbigeration 125/
   Woolliness of thinking 127

2. Autism 8/
   Autistic delusions 9/
   Empty autism 42/
   Hallucinatory rich autism 56

3. Ambivalence 4

4. Blunted affect 12/
   Emotional impoverishment 41/
   Flat affect 50/
   Inappropriate affect 64

All present, proceed to 30

Less than 4 present, proceed to 5

II.

5. Audible thoughts 7

6. Delusional perceptions 29

7. Experience of alien influence 45/
   Thought insertion 121/
   Thought withdrawal 122

8. Thought broadcasting 119

9. Self-reference hallucinosis 109/
   Verbal hallucinosis 124

At least 1 of 5 present, proceed to 30

Less than 1 of 5 present, proceed to 10

III.

10. Bizarre delusions 11/
    Phonemic delusional hallucinations 96/
    Thought echo 120/

Present, proceed to 30

Absent, proceed to 11

C. KARL LEONHARD'S CLASSIFICATION (cont.)

IV.

11.	Apathetic indifference	6/
	Blunted affect	12/
	Flat affect	50/
	Inappropriate affect	64/
	Paucity of speech	93
12.	Catatonic excitement	14/
	Catatonic negativism	15/
	Catatonic posturing	16/
	Catatonic rigidity	17/
	Catatonic stupor	18/
	Mutism	79/
	Waxy flexibility	126
13.	Derailment	33/
	Desultory thinking	34/
	Driveling	37/
	Incoherence	65/
	Irrelevant speech	68/
	Neologisms	81/
	Thought blocking	118/
	Woolliness of thinking	127
14.	Persistent hallucinations	95

At least 2 of 4 present, proceed to 30

Less than 2 of 4 present, proceed to 15

V.

15.	Blunted affect	12/
	Flat affect	50/
	Inappropriate affect	64
16.	Catatonic excitement	14/
	Catatonic negativism	15/
	Catatonic posturing	16/
	Catatonic rigidity	17/
	Catatonic stupor	18/
	Mutism	79
17.	Delusions	30
18.	Derailment	33/
	Desultory thinking	34/
	Driveling	37/
	Incoherence	65/
	Neologisms	81/
	Woolliness of thinking	127
19.	Prominent hallucinations	99

At least 2 of 5 present, proceed to 30

Less than 2 of 5 present, proceed to 20

C. KARL LEONHARD'S CLASSIFICATION (cont.)

VI.

20. Bizarre delusions 11/
Phonemic delusional hallucinations 96/
Self-reference hallucinosis 109/
Verbal hallucinosis 124

Present, proceed to 30

Absent, proceed to 21

VII.

21. Blunted affect 12/
Flat affect 50/
Inappropriate affect 64

22. Ideas of reference 59/
Magical thinking 74/
Odd beliefs 84/
Overvalued ideas 87

23. Impairment in personal hygiene 60

24. Impairment in role functioning 61

25. Lack of energy 70/
Lack of initiative 71/
Lack of interest 72

26. Overinclusive thinking 86/
Restricted thinking 106/
Woolliness of thinking 127

27. Peculiar behavior 94

28. Social isolation 111/
Social withdrawal 112

29. Unusual perceptual experiences 123

At least 2 of 9 present, proceed to 30

Less than 2 of 9 present, stop (Other Psychiatric Disorder)

VIII.

30. First episode 49

Present, proceed to 31

Absent, proceed to 32

C. KARL LEONHARD'S CLASSIFICATION (cont.)

IX.

31. Insidious onset — 66

Present, proceed to 42

Absent, proceed to 33

X.

32. Episodic course — 43

Present, proceed to 33

Absent, proceed to 43

XI.

33. Catatonic excitement — 14/
Catatonic negativism — 15/
Catatonic stupor — 18

34. Catatonic posturing — 16/
Waxy flexibility — 126

35. Cooperation — 26/
Parakinesis — 88/
Proskinesis — 100

At least 1 of 3 present, stop — **Unsystematic schizophrenia, periodic catatonia**

All absent, proceed to 36

XII.

36. Confused speech — 24

37. Dissociation between thought and speech — 36

38. Mutism — 79/
Pressured speech — 97

At least 2 of 3 present, stop — **Unsystematic schizophrenia, cataphasia**

Less than 2 of 3 present, proceed to 39

C. KARL LEONHARD'S CLASSIFICATION (cont.)

XIII.

39. Autistic delusions	9/
Delusional mood	28/
Strong delusional dynamics	115
40. Delusions	30
41. Depressed mood	32/
Elevated mood	40/
Fluctuating mood state	51/
Irritable mood	69

At least 2 of 3 present, stop — **Unsystematic schizophrenia, affect-laden paraphrenia**

Less than 2 of 3 present, proceed to 42

XIV.

42. Multiform clinical picture 78

Present, stop — (Unsystematic schizophrenia)

Absent, proceed to 53

XV.

43. Multiform clinical picture 78

Present, proceed to 44

Absent, proceed to 53

XVI.

44. Catatonic excitement	14/
Catatonic negativism	15/
Catatonic stupor	18
45. Catatonic posturing	16/
Waxy flexibility	126
46. Cooperation	26/
Parakinesis	88/
Proskinesis	100

At least 1 of 3 present, stop — **Unsystematic schizophrenia, periodic catatonia**

All absent, proceed to 47

C. KARL LEONHARD'S CLASSIFICATION (cont.)

XVII.	
47. Confused speech	24
48. Dissociation between thought and speech	36
49. Mutism	79/
Pressured speech	97
At least 2 of 3 present, stop	**Unsystematic schizophrenia, cataphasia**
Less than 2 of 3 present, proceed to 50	
XVIII.	
50. Autistic delusions	9/
Delusional mood	28/
Strong delusional dynamics	115
51. Delusions	30
52. Depressed mood	32/
Elated mood	40/
Fluctuating mood state	51/
Irritable mood	69/
At least 2 of 3 present, stop	**Unsystematic schizophrenia, affect-laden paraphrenia**
Less than 2 of 3 present, stop	(Unsystematic schizophrenia)
XIX.	
53. Ambivalence	4/
Blunted affect	12/
Negativistic excitement	80
54. Catatonic negativism	15
Both present, stop	**Systematic schizophrenia, negativistic catatonia**
Less than 2 present, proceed to 55	
XX.	
55. Catatonic posturing	16
56. Catatonic rigidity	17/
Mutism	79/
Waxy flexibility	126
Both present, stop	**Systematic schizophrenia, manneristic catatonia**
Less than 2 present, proceed to 57	

C. KARL LEONHARD'S CLASSIFICATION (cont.)

XXI.

57. Automatic obedience	10/
Echolalia	38/
Echopraxia	39/
Verbigeration	125
58. Cooperation	26/
Proskinesis	100/
Both present, stop	**Systematic schizophrenia, proskinetic catatonia**
Less than 2 present, proceed to 59	

XXII.

59. Choppy speech	20/
Pseudoexpressive movements	101
60. Parakinesis	88
Both present, stop	**Systematic schizophrenia, parakinetic catatonia**
Less than 2 present, proceed to 61	

XXIII.

61. Adversion	2/
Echolalia	38
62. Obedient answering	83
Both present, stop	**Systematic schizophrenia, speech-prompt catatonia**
Less than 2 present, proceed to 63	

XXIV.

63. Mutism	79/
Slow replies	110
64. Responding to inner experiences	105
Both present, stop	**Systematic schizophrenia, speech-inactive catatonia**
Less than 2 present, proceed to 65	

C. KARL LEONHARD'S CLASSIFICATION (cont.)

XXV.		
	65. Catatonic negativism	15
	66. Catatonic posturing	16
	67. Mutism	79
	68. Obedient answering	83
	69. Parakinesis	88
	70. Proskinesis	100
	At least 2 of 6 present, stop	(Systematic schizophrenia, catatonic)
	1 present, proceed to 71	
	All absent, proceed to 79	
XXVI.		
	71. Adversion	2
	72. Catatonic rigidity	17
	73. Choppy speech	20
	74. Cooperation	26
	75. Echolalia	38
	76. Echopraxia	39
	77. Negativistic excitement	80
	78. Waxy flexibility	126
	At least 1 of 8 present, stop	(Systematic schizophrenia, catatonic)
	All absent, proceed to 79	
XXVII.		
	79. Hallucinatory excitements Hallucinatory rich autism	55/ 56
	80. Incoherence	65
	Both present, stop	**Systematic schizophrenia, incoherent paraphrenia**
	Less than 2 present, proceed to 81	

C. KARL LEONHARD'S CLASSIFICATION (cont.)

XXVIII.

81. Fantastic delusions	46/
Scenic hallucinations	107
82. Misidentifications	75/
Mixed hallucinations	76
Both present, stop	**Systematic schizophrenia, fantastic paraphrenia**
Less than 2 present, proceed to 83	

XXIX.

83. Bodily hallucinations	13
84. Irritable mood	69/
Self-reference hallucinosis	109/
Verbal hallucinosis	124
Both present, stop	**Systematic schizophrenia, hypochondriacal paraphrenia**
Less than 2 present, proceed to 85	

XXX.

85. Audible thoughts	7/
Thought broadcasting	119/
Woolliness of thinking	127
86. Phonemic delusional hallucinations	96/
Verbal hallucinosis	124
Both present, stop	**Systematic schizophrenia, phonemic paraphrenia**
Less than 2 present, proceed to 87	

XXXI.

87. Delusions of grandeur	31
88. Grandiose aspirations	52/
Grandiose mannerisms	53
Both present, stop	**Systematic schizophrenia, expansive paraphrenia**
Less than 2 present, proceed to 89	

C. KARL LEONHARD'S CLASSIFICATION (cont.)

XXXII.		
89.	Concrete thinking	22/
	Elated mood	40
90.	Confabulations	23/
	Paramnesias	89
Both present, stop		**Systematic schizophrenia, confabulatory paraphrenia**
Less than 2 present, proceed to 91		
XXXIII.		
91.	Bodily hallucinations	13/
	Mixed hallucinations	76
92.	Delusions of grandeur	31
93.	Incoherence	65
94.	Paramnesia	89
95.	Phonemic delusional hallucinations	96/
	Thought broadcasting	119
96.	Scenic hallucinations	107
At least 2 of 6 present, stop		(Systematic schizophrenia, paraphrenic)
1 present, proceed to 97		
All absent, proceed to 103		
XXXIV.		
97.	Audible thoughts	7/
	Self-reference hallucinosis	109
98.	Confabulations	23
99.	Fantastic delusions	46
100.	Grandiose mannerisms	53/
	Misidentifications	75
101.	Hallucinatory excitements	55/
	Hallucinatory rich autism	56
102.	Verbal hallucinosis	124
At least 1 of 6 present, stop		(Systematic schizophrenia, paraphrenic)
All absent, proceed to 103		

C. KARL LEONHARD'S CLASSIFICATION (cont.)

XXXV.

103. Empty autism	42
104. Hallucinatory excitements	55/
Impenetrable facial expression	62/
Off-putting verbal responses	85
Both present, stop	**Systematic schizophrenia, autistic hebephrenia**
Less than 2 present, proceed to 105	

XXXVI.

105. Childish pranks	19/
Inane giggling	63
106. Happy-go-lucky attitude	57/
Spiteful tricks	114
Both present, stop	**Systematic schizophrenia, silly hebephrenia**
Less than 2 present, proceed to 107	

XXXVII.

107. Depressed mood	32/
Ethical blunting	44/
Peculiar behavior	94
108. Querulous complaintiveness	102/
Soft mannerisms	113
Both present, stop	**Systematic schizophrenia, eccentric hebephrenia**
Less than 2 present, proceed to 109	

XXXVIII.

109. Blunted affect	12/
Emotional impoverishment	41/
Flat affect	50
110. Hallucinatory excitements	55/
Hypoactivity	58/
Lack of initiative	71
Both present, stop	(Systematic schizophrenia, shallow hebephrenia)
Less than 2 present, proceed to 111	

C. KARL LEONHARD'S CLASSIFICATION (cont.)

XXXIX.

111. Blunted affect Emotional impoverishment Flat affect	12/ 41/ 50
112. Empty autism	42
113. Inane giggling	63
114. Soft mannerisms	113
At least 2 of 4 present, stop	(Systematic schizophrenia, hebephrenic)
1 present, proceed to 115	
All absent, stop	(Systematic schizophrenia)

XL.

115. Childish pranks	19
116. Ethical blunting	44
117. Impenetrable facial expression	62
118. Off-putting verbal responses	85
119. Peculiar behavior	94
120. Querulous complaintiveness	102
121. Spiteful tricks	114
At least 1 of 7 present, stop	(Systematic schizophrenia, hebephrenic)
All absent, stop	(Systematic schizophrenia)

D. DSM-III-R

I.

1. First episode 49

Present, proceed to 2

Absent, proceed to 20

II.

2. Blunted affect 12/
   Flat affect 50/
   Inappropriate affect 64

3. Catatonic excitement 14/
   Catatonic negativism 15/
   Catatonic posturing 16/
   Catatonic rigidity 17/
   Catatonic stupor 18/
   Mutism 79

4. Delusions 30

5. Derailment 33/
   Desultory thinking 34/
   Driveling 37/
   Incoherence 65/
   Neologisms 81/
   Woolliness of thinking 127

6. Prominent hallucinations 99

At least 2 of 5 present, proceed to 8

Less than 2 of 5 present, proceed to 7

III.

7. Bizarre delusions 11/
   Phonemic delusional hallucinations 96/
   Self-reference hallucinosis 109/
   Verbal hallucinosis 124

Present, proceed to 8

Absent, proceed to 10

IV.

8. Compromised interaction with people 21/
   Impairment in personal hygiene 60/
   Impairment in role functioning 61

Present, proceed to 9

Absent, proceed to 10

D. DSM-III-R (cont.)

V.

9. Continuous active psychotic syndrome — 25

Present, proceed to 35

Absent, stop — **Schizophreniform Disorder**

VI.

10. Blunted affect — 12/
Flat affect — 50/
Inappropriate affect — 64

11. Ideas of reference — 59/
Magical thinking — 74/
Odd beliefs — 84/
Overvalued ideas — 87

12. Impairment in personal hygiene — 60

13. Impairment in role functioning — 61

14. Lack of energy — 70/
Lack of initiative — 71/
Lack of interest — 72

15. Overinclusive thinking — 86/
Restricted thinking — 106
Woolliness of thinking — 127

16. Peculiar behavior — 94

17. Social isolation — 111/
Social withdrawal — 112

18. Unusual perceptual experiences — 123

At least 2 of 9 present, proceed to 19

Less than 2 of 9 present, stop — (Other Psychiatric Disorder)

VII.

19. Active psychotic syndrome in immediate past — 1

Present, proceed to 35

Absent, stop — (Prodromal Schizophrenia)

VIII.

20.	Blunted affect	12/
	Flat affect	50/
	Inappropriate affect	64
21.	Catatonic excitement	14/
	Catatonic negativism	15/
	Catatonic posturing	16/
	Catatonic rigidity	17/
	Catatonic stupor	18/
	Mutism	79
22.	Delusions	30
23.	Derailment	33/
	Desultory thinking	34/
	Driveling	37/
	Incoherence	65/
	Neologisms	81/
	Woolliness of thinking	127
24.	Prominent hallucinations	99

At least 2 of 5 present, proceed to 35

Less that 2 of 5 present, proceed to 25

IX.

25.	Bizarre delusions	11/
	Phonemic delusional hallucinations	96/
	Self-reference hallucinosis	109/
	Verbal hallucinosis	124

Present, proceed to 35

Absent, proceed to 26

X.

26. Blunted affect	12/
Flat affect	50/
Inappropriate affect	64
27. Ideas of reference	59/
Magical thinking	74/
Odd beliefs	84/
Overvalued ideas	87
28. Impairment in personal hygiene	60
29. Impairment in role functioning	61
30. Lack of energy	70/
Lack of initiative	71/
Lack of interest	72
31. Overinclusive thinking	86/
Restricted thinking	106/
Woolliness of thinking	127
32. Peculiar behavior	94
33. Social isolation	111/
Social withdrawal	112
34. Unusual perceptual experiences	123

At least 2 of 9 present, proceed to 35

Less than 2 of 9 present, stop — **Schizophrenia in Remission**

XI.

35. Catatonic excitement	14/
Catatonic negativism	15/
Catatonic posturing	16/
Catatonic rigidity	17/
Catatonic stupor	18/
Mutism	79/
Waxy flexibility	126

Present, stop — **Schizophrenia, Catatonic Type**

Absent, proceed to 36

XII.

36.	Blunted affect	12/
	Flat affect	50/
	Inappropriate affect	64
37.	Derailment	33/
	Desultory thinking	34/
	Disorganized behavior	35/
	Driveling	37/
	Incoherence	65/
	Neologisms	81/
	Woolliness of thinking	127

Both present, stop — **Schizophrenia, Disorganized Type**

Less than 2 present, proceed to 38

XIII.

38.	Phonemic delusional hallucinations	96/
	Systematized delusions	117/
	Verbal hallucinosis	124

Present, stop — **Schizophrenia, Paranoid Typ**

Absent, proceed to 39

XIV.

39.	Disorganized behavior	35/
	Hallucinations	54/
	Incoherence	65/
	Prominent delusions	98

Present, stop — **Schizophrenia, Undifferentiated Type**

Absent, stop — **Schizophrenia, Residual Typ**

I.

1. First episode 49

Present, proceed to 2

Absent, proceed to 8

II.

2. Bizarre delusions 11/
Delusional perceptions 29/
Experience of alien influence 45/
Phonemic delusional hallucinations 96/
Self-reference hallucinosis 109/
Thought broadcasting 119/
Thought echo 120/
Thought insertion 121/
Thought withdrawal 122/
Verbal hallucinosis 124

Present, proceed to 7

Absent, proceed to 3

III.

3. Apathetic indifference 6/
Blunted affect 12/
Flat affect 50/
Inappropriate affect 64/
Paucity of speech 93

4. Catatonic excitement 14/
Catatonic negativism 15/
Catatonic posturing 16/
Catatonic rigidity 17/
Catatonic stupor 18/
Mutism 79/
Waxy flexibility 126

5. Derailment 33/
Desultory thinking 34/
Driveling 37/
Incoherence 65/
Irrelevant speech 68/
Neologisms 81/
Thought blocking 118/
Woolliness of thinking 127

6. Persistent hallucinations 95

At least 2 of 4 present, proceed to 7

Less than 2 of 4 present, proceed to 38

IV.

7. Limited duration of first episode 73

Present, stop (Possible schizophrenia)

Absent, proceed to 13

V.

8. Bizarre delusions 11/
Delusional perceptions 29/
Experience of alien influence 45/
Phonemic delusional hallucinations 96/
Self-reference hallucinosis 109/
Thought broadcasting 119/
Thought echo 120/
Thought insertion 121/
Thought withdrawal 122/
Verbal hallucinosis 124

Present, proceed to 13

Absent, proceed to 9

VI.

9. Apathetic indifference 6/
Blunted affect 12/
Flat affect 50/
Inappropriate affect 64/
Paucity of speech 93

10. Catatonic excitement 14/
Catatonic negativism 15/
Catatonic posturing 16/
Catatonic rigidity 17/
Catatonic stupor 18/
Mutism 79/
Waxy flexibility 126

11. Derailment 33/
Desultory thinking 34/
Driveling 37/
Incoherence 65/
Irrelevant speech 68/
Neologisms 81/
Thought blocking 118/
Woolliness of thinking 127

12. Persistent hallucinations 95

At least 2 of 4 present, proceed to 13

Less than 2 of 4 present, proceed to 28

VII.

13. Automatic obedience 10/
Catatonic excitement 14/
Catatonic negativism 15/
Catatonic posturing 16/
Catatonic rigidity 17/
Catatonic stupor 18/
Waxy flexibility 126

Present, stop **Catatonic schizophrenia**

Absent, proceed to 14

VIII.

14. Paranoid delusions 90/
Paranoid hallucinations 91/
Prominent delusions 98/
Prominent hallucinations 99

Present, stop **Paranoid schizophrenia**

Absent, proceed to 15

IX.

15. Apathetic indifference 6/
Blunted affect 12/
Flat affect 50/
Inappropriate affect 64

Present, proceed to 16

Absent, proceed to 17

X.

16. Aimless behavior 3/
Confused speech 24/
Derailment 33/
Desultory thinking 34/
Disorganized behavior 35/
Driveling 37/
Incoherence 65/
Rambling speech 103

Present, stop **Hebephrenic schizophrenia**

Absent, proceed to 17

XI.

17. First episode 49

Present, stop **Undifferentiated schizophrenia**

Absent, proceed to 18

XII.

18. Blunted affect	12
19. Compromised interaction with people	21/
Impairment in personal hygiene	60/
Impairment in role functioning	61
20. Hypoactivity	58
21. Impenetrable facial expression	62/
Monotonous speech	77/
No eye contact	82
22. Lack of initiative	71/
Passivity	92
23. Paucity of speech	93/
Restricted thinking	106

At least 4 of 6 present, stop — **Residual schizophrenia**

Less than 4 of 6 present, proceed to 24

XIII.

24. Anhedonia	5/
Depressed mood	32
25. Feelings of guilt	47/
Feelings of inadequacy	48
26. Insomnia	67/
Decreased appetite	27
27. Recurrent thoughts of death	104/
Suicidal tendencies	116

At least 2 of 4 present, stop — **Post-schizophrenic depression**

Less than 2 of 4 present, stop — **Undifferentiated schizophrenia**

E. ICD-10 (cont.)

XIV.

28. Blunted affect	12
29. Compromised interaction with people	21/
Impairment in personal hygiene	60/
Impairment in role functioning	61
30. Hypoactivity	58
31. Impenetrable facial expression	62/
Monotonous speech	77/
No eye contact	82
32. Lack of initiative	71/
Passivity	92
33. Paucity of speech	93/
Restricted thinking	106

All absent, stop — **Schizophrenia in remission**

At least 4 of 6 present, stop — **Residual schizophrenia**

Less than 4 of 6 present, proceed to 34

XV.

34. Anhedonia	5/
Depressed mood	32
35. Decreased appetite	27/
Insomnia	67
36. Feelings of guilt	47/
Feelings of inadequacy	48
37. Recurrent thoughts of death	104/
Suicidal tendencies	116

At least 2 of 4 present, stop — **Post-schizophrenic depression**

Less than 2 of 4 present, stop — **Undifferentiated schizophrenia**

XVI.

38. Aimless behavior	3/
Lack of initiative	71/
Lack of interest	72/
Self-absorbed attitude	108/
Social withdrawal	112
39. Compromised interaction with people	21/
Impairment in role functioning	61

Both present, proceed to 40

Less than 2 present, stop — (Other Psychiatric Disorder)

E. ICD-10 (cont.)

XVII.

40. Blunted affect	12
41. Hypoactivity	58
42. Impenetrable facial expression	62/
Monotonous speech	77/
No eye contact	82
43. Passivity	92
44. Paucity of speech	93/
Restricted thinking	106

At least 1 of 5 present, proceed to 45

Less than 2 of 6 present, stop (Other Psychiatric Disorder)

XVIII.

45. Limited duration of first episode	73

Absent, stop **Simple schizophrenia**

Present, stop (Possible schizophrenia)

INTERVIEWING

OPEN-ENDED and SEMI-STRUCTURED

The information necessary to complete the RSSD may be accessed by an open-ended or a semi-structured interview. In case of the former, interviewer may choose to indicate the presence or absence of each of the 127 variables (1) without reviewing their definitions, on the RSSD form itself; (2) after reading the definitions, in the appropriate space provided after each definition in the glossary; or (3) on the specially devised form for final corrections of all symptoms and signs. Of these three options, in two, i.e., in the RSSD and in the Glossary of Definitions, the 127 symptoms and signs are presented in alphabetic order, whereas in one, i.e., on the "specially devised form," they are presented in the order they appear in the semi-structured interview. Regardless of which of the three options chosen, it is at the discretion of the interviewer whether he/she would like to employ a computer-driven or a pencil-and-paper format for entering the information accessed; and/or whether he/she would like to process the information by computer or by hand.

Similar to the "open-ended" interview, the "semi-structured" interview may be completed by using either a "pencil and paper" or a "computer-driven" format. In both, the presence or absence of each of the 127 symptoms and signs is determined by the response of the patient to one or more questions asked by the interviewer, or by the response of the interviewer (regarding patient's behavior, formal aspect of thinking, etc.) to one or more questions prompted by the computer, or by the results of examination. Regardless of which format (i.e., "paper and pencil" or "computer-

driven") is used, with the exception of three variables (i.e., C1, D2 and D4) it is at the interviewer's discretion how to decide about the presence or absence of each variable. In case of variables C1, D2 and D4, it is mandatory for the decision making process to answer each question.

As shown below, the SSISD is composed of 10 interview modules, including Module A, which deals with personal information (outside the scope of the RSSD) and accesses information by Interview with Patient, Interview with Psychiatrist and Examination of Patient. For convenience, the information accessed by Interview with Psychiatrist and by Examination of Patient is marked by an asterisk (*) in the SSISD.

Module	Title	No. of Variables: Interview with Patient	No. of Variables: Interview with Psychiatrist	No. of Variables Examination of Patient
A	Personal Information	7	2	0
B	History of Illness	(9) 8	0	0
C	Feelings, Mood and Related Behavior	(21) 19	6	0
D	Illusions and Hallucinations	(14) 13	0	0
E	Content Disorders of Thinking	19	13	0
F	Catatonic Manifestations	0	5	8
G	General Observations	0	(7) 6	0
H	Thinking and Speech	0	24	0
I	Miscellaneous Symptoms	0	13	0
J	General Information	2	(2) 1	0

Figures in parentheses indicate the actual number of variables of the SSISD; figures outside parentheses indicate variables relevant to the decision-making process.

Within each module of the SSISD the symptoms and signs are presented in a fixed order, whereas the order in which the different modules are employed is optional.

Each symptom and sign within each module is identified by both its RSSD and SSISD numbers. (For example: Feelings of Guilt is identified by the RSSD number of 47 and by the SSISD number of C12.)

To facilitate the decision-making process, the glossary definition of each symptom and sign, as well as all the questions which may be answered in terms of "yes" (Y), "no" (N) or "uncertain" (U), and which might be relevant to the formulation of the decision whether the symptom or sign is "present" or "absent," is presented on the same screen (page) if possible. While with few exceptions the marking of the answers is optional, it is mandatory to mark whether the symptom or sign is "present" (P) or "absent" (A).

In case of a wrong response, i.e., P instead of A, in the computer-driven format the program allows for immediate corrections before proceeding to the next variable; delayed corrections, upon completion of each module; and final corrections upon completion of the interview.

Semi-Structured Interview

Opening Statement

Treating Psychiatrist

I appreciate very much that you are willing to review with me the problems and difficulties you are experiencing which brought you here (this time). To make sure that we cover everything relevant to your condition, I would like to carry out this interview as if we had just met for the first time.

a. Are you willing to do so?

Y N U

[If Y, proceed to b; if N or U, **STOP**.]

b. Ready to start?

Y N U

[If Y, proceed to the next section; if N or U, **STOP**.]

Consultant Psychiatrist

I am Dr. _____

from _____,

I was asked by Dr. _____

to see you and I appreciate very much that you are willing to review with me the problems and difficulties you are experiencing which brought you here (this time). I am sure you understand that I know very little about you and will have to ask you a few personal questions before reviewing what has happened.

a. Are you willing to talk with me?

Y N U

[If Y, proceed to b; if N or U, **STOP**.]

b. Ready to start?

Y N U

[If Y, proceed to the next section; if N or U, **STOP**.]

SSISD MAIN MENU

To proceed, type in the NUMBER (i.e., 1-10) of the module you wish to explore and press the ENTER key. If you have completed the interview and are ready for the final corrections, type in 99 and press the ENTER key.

1= (A) Personal Questions

2= (B) History of Illness

3= (C) Feelings, Mood & Related Behavior

4= (D) Illusions and Hallucinations

5= (E) Content Disorders of Thinking

6= (F) Catatonic Manifestations

7= (G) General Observations

8= (H) Thinking & Speech

9= (I) Miscellaneous Questions

10= (J) Global Information

99 = Final Corrections

Interview Module A

Personal Information
(Interview with Patient)

A1. Let me ask, then, a few questions about you:

What is your name?

Type in patient's initials.

A2.* Type in the NUMBER corresponding to the patient's sex: 1 = Male 2 = Female

A3. How old are you? _____

Type in patient's age in completed years.

A4.* Type in the NUMBER corresponding to the patient's status:

1 = Inpatient 2 = Outpatient

A5. What is your marital status?

Type in the NUMBER corresponding to the patient's marital status:	
1 = Single	4 = Separated
2 = Common Law	5 = Divorced
3 = Married	6 = Widow(er)

A6. (Inpatient) With whom were you living before you were admitted to the to the hospital (this time)?

Type in the NUMBER corresponding to the patient's response (more than one may apply):	
1 = Alone	4 = Children
2 = Spouse	5 = Sibling(s)
3 = Parent(s)	6 = Relative(s)
	7 = Non-relative(s)

A6. (Outpatient) With whom are you living now?

Type in the NUMBER corresponding to the patient's response (more than one may apply):	
1 = Alone	4 = Children
2 = Spouse	5 = Sibling(s)
3 = Parent(s)	6 = Relative(s)
	7 = Non-relative(s)

A7. How much schooling have you had?

Type in the NUMBER corresponding to patient's schooling:

1 = No formal education
2 = Entered primary school
3 = Primary school graduate
4 = Entered high school
5 = High school graduate
6 = Entered college
7 = College graduate

A8. What is your occupation?

Type in the NUMBER corresponding to the patient's occupation:

1 = Professional
2 = Student
3 = Clerical
4 = Physical Labor
5 = Homemaker
6 = Retired
7 = "Other"

In case of "Other," type in the patient's occupation:

A9. (Inpatient) When did you stop working before you were admitted to the hospital?

Type in the NUMBER corresponding to the patient's response:
1 = Time of admission
2 = Within 1 week prior to admission
3 = Within 1 month prior to admission
4 = Within 3 months prior to admission
5 = Within 1 year prior to admission
6 = More than 1 year prior to admission

A9. (Outpatient) Are you currently working?
(If not) When did you stop?

Type in the NUMBER corresponding to the patient's response:
1 = Did not stop
2 = Time of visit
3 = Within 1 week prior to visit
4 = Within 1 month prior to visit
5 = Within 3 months prior to visit
6 = Within 1 year prior to visit
7 = More than 1 year prior to visit

[Proceed to next section.]

Delayed Correction of Interview Module A

A - Summary of Personal Information

1- Patient Initials: JJ

2- Sex: M 3- Age: 55 4- Status: Outpatient 5- Marital Status: Common Law

6- Living With: Non-Relative(s)

7- Schooling: Entered Primary School

8- Occupation: Physical Labor

9- When Stopped Work: Within three months prior to admission

To correct the contents of an item "box," type in the NUMBER of the item you wish to change (i.e., 1-9) and press the ENTER key. For no corrections, simply press the ENTER key.

SSISD MAIN MENU

To proceed, type in the NUMBER (i.e., 1-10) of the module you wish to explore and press the ENTER key. If you have completed the interview and are ready for the final corrections, type in 99 and press the ENTER key.

1= (A) Personal Questions

2= (B) History of Illness

3= (C) Feelings, Mood & Related Behavior

4= (D) Illusions and Hallucinations

5= (E) Content Disorders of Thinking

6= (F) Catatonic Manifestations

7= (G) General Observations

8= (H) Thinking & Speech

9= (I) Miscellaneous Questions

10= (J) Global Information

99 = Final Corrections

Interview Module B

History of Illness
(Interview with Patient)

B1 Problems and Difficulties

a. (Outpatient) Now, would you please tell me about the problems and difficulties you have experienced, or whatever prompted you to come to see me?

_____

_____

_____

a. (Inpatient) Now, would you please tell me about the problems and difficulties you have experienced, or whatever prompted you to come (or prompted someone to bring you) to the hospital (this time)?

_____

_____

_____

[If patient is hospitalized, mark B2 and B3 as P, then proceed to B4; otherwise proceed to B2.]

B2 (61) Impairment in Role Functioning

Impairment in functioning as a wage-earner, student or homemaker. If the patient is hospitalized, Impairment in Role Functioning should be marked as P.

a. Are your problems/difficulties interfering with your work (including homemaking) or studies to the extent that you had to stop working?

Y N U

P A

[If P, mark B3 as P, then proceed to B4; if A, proceed to B3.]

B3 (21) Compromised Interaction with People

Social interactions are markedly below the highest level achieved. Patient has difficulty interacting with members of his/her family, peers, friends and/or co-workers. If patient is hospitalized and/or if Impairment in Role Functioning is marked P Compromised Interaction with People should also be marked as P.

a. Are you having any difficulties interacting with members of your family, peers, friends and/or co-workers?

Y N U

b. Are you interacting with them markedly less than before?

Y N U

P A

[Proceed to B4.]

B4 (112) Social Withdrawal

Patient withdraws from members of his/her family, friends and/or others.

a. Have you withdrawn from your family and/or friends lately?

Y N U

P A

[If P, proceed to B5; if A, mark B5 as A, then proceed to B6.]

B5 (111) Social Isolation

Patient keeps him/herself apart and isolated from others. He/she may even actively avoid others. If <u>Social Withdrawal</u> is marked A, <u>Social Isolation</u> should also be marked as A.

a. Is your withdrawal to the extent that you like to keep yourself completely apart and isolated from others?

Y N U

b. Are you actively avoiding people?

Y N U

P A

[Proceed to B6.]

B6 (49) First Episode

No history of prior psychiatric hospitalization.

a. Have you been admitted to a psychiatric hospital or a psychiatric unit of a general hospital before?

Y N U

b. How many times (including the present one)? _____

c. How old were you when it happened for the first time? _____

d. How old were you when it happened for the last time (before this time)?

(Write in age in completed years.) _____

e. On the average, how long did you stay in the hospital on the different occasions?

_____ days

P A

[If P, mark B7 as A, then proceed to B8; if A, proceed to B7.]

B7-A (43) Episodic Course

Course of illness is characterized by partial remissions without the continuous presence of symptoms of the active psychotic syndrome between episodes. If First Episode is marked P, Episodic Course should be marked as A.

a. Between your hospitalizations, were you well enough to resume your work/studies?

Y N U

b. Even between your last hospitalization and the present one?

Y N U

c. Between your hospitalizations, were you completely symptom-free?

Y N U

d. Were you just as well as prior to becoming sick?

Y N U

[Continued on next page.]

B7-B (43) Episodic Course (cont.)

e. Did you have to take medication(s) between hospitalizations?

Y N U

f. What medications did you take prior to your present hospitalization?

_____

_____

g. What medications are you taking now?

_____

_____

P	A

[Regardless of response, mark B8 as A, then proceed to B9.]

B8-A (73) Limited Duration of First Episode

Duration of first episode at the time of assessment -- if the present episode is the first episode -- is less than a total of 30 days, based on the total number of days in treatment with a psychiatrist and in hospital.

a. For how many days have you been in treatment now? _____

b. For how many days as an outpatient? _____

c. For how many days as an inpatient? _____

d. Are you taking any medication now?

Y N U

e. What is the name of it?

_____

_____

P A

[Proceed to B9.]

B9 (66) Insidious Onset

Insidious appearance of psychopathologic manifestations in present episode. The time when the symptoms appeared cannot be clearly established and/or even approximated within a period of a couple of months.

a. Can you put your finger on when your problems and/or difficulties began prior to coming to the hospital (or to see me)?

Y N U

b. Can you put you finger on when your problems and/or difficulties reappeared prior to coming to the hospital (or to see me)?

Y N U

c. Can you approximate the time when they appeared/reappeared within a period of a couple of months?

Y N U

d. Do you think their appearance/reappearance was triggered by any specific event in your life?

Y N U

e. Would you elaborate?

_____

_____

P A

[Proceed to the next section.]

Delayed Corrections Interview Module B

B - Summary of History of Illness

1- Impairment in Role Functioning [A]

2- Compromised Interaction with People [A]

3- Social Withdrawal [A]

4- Social Isolation [A]

5- First Episode [A]

6- Episodic Course [A]

7- Limited Duration of First Episode [A]

8- Insidious Onset [A]

To correct the contents of an item "box," type in the NUMBER of the item to change (i.e., 1-8) and press the ENTER key. For no changes, simply press the ENTER key.

SSISD MAIN MENU

To proceed, type in the NUMBER (i.e., 1-10) of the module you wish to explore and press the ENTER key. If you have completed the interview and are ready for the final corrections, type in 99 and press the ENTER key.

1= (A) Personal Questions

2= (B) History of Illness

3= (C) Feelings, Mood & Related Behavior

4= (D) Illusions and Hallucinations

5= (E) Content Disorders of Thinking

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8= (H) Thinking & Speech

9= (I) Miscellaneous Questions

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99 = Final Corrections

Interview Module C

Feelings, Mood and Related Behavior

(Interview with Patient C1-C21)
(Interview with Psychiatrist C22-C27)

MOOD

C1 I would like to find out what is going on with you now.

How do you feel right now?

Type in the NUMBER from below which best corresponds with the patient's mood state.

1: good elated cheerful happy	2: irritable	3: depressed sad dejected
	4: indifferent	
5: sense of awe sense of fear/foreboding perplexed apprehensive/sense of terror suspicious		6: other

[If 1, proceed to C2; if 2, mark C2 as A, then proceed to C3; if 3, mark C2 and C3 as A, then proceed to C4; if 4, mark C2, C3 and C4 as A, then proceed to C5; if 5, mark C2, C3, C4 and C5 as A, then proceed to C6; if 6, mark C2, C3, C4, C5 and C6 as A, then proceed to C7.]

C2 (40) Elated Mood

A positively-tinged affective state which is characterized by a heightened mood, and experienced as an elevated sense of well-being with excessive cheerfulness.

a. Are you feeling good most of the time?

Y N U

b. Excessively happy?

Y N U

c. Excessively cheerful?

Y N U

P A

[Mark C3, C4, C5 and C6 as A, then proceed to C7.]

C3 (69) Irritable Mood

A mood characterized by a liability to outbursts and poor control over aggressive impulses directed towards others. If Elated Mood is marked P, Irritable Mood should be marked as A.

a. Are you feeling irritable most of the time?

Y N U

b. Are you easily annoyed and/or provoked?

Y N U

P A

[Mark C4, C5 and C6 as A, then proceed to C7.]

C4 (32) Depressed Mood

A negatively-tinged affective state, experienced as sadness and/or dejectedness. If Elated Mood or Irritable Mood is marked P, Depressed Mood should be marked as A.

a. Are you feeling depressed most of the time?

Y N U

b. Sad?

Y N U

c. Down in the dumps?

Y N U

d. Dejected?

Y N U

P A

[Mark C5 and C6 as A, then proceed to C7.]

C5 (6) Apathetic Indifference

A mood of indifference with a sense of futility and lack of concern. If Elated Mood or Irritable Mood or Depressed Mood is marked P, Apathetic Indifference should be marked as A.

a. Do you feel kind of indifferent most of the time?

Y N U

b. Indifferent about whatever happens to you?

Y N U

c. Indifferent about whatever happens to the people who are close to you?

Y N U

P A

[Mark C6 as A, then proceed to C7.]

C6 (28) Delusional Mood

A mood state characterized by a sense of awe or mystery with unsubstantiated guesses, suppositions and expectations, or apprehensiveness, terror, foreboding and fear. If Elated Mood or Irritable Mood or Depressed Mood or Apathetic Indifference is marked P, Delusional Mood should be marked as A.

a. Are you feeling fearful or apprehensive most of the time?

Y N U

b. Are you feeling perplexed or puzzled about what is going to happen?

Y N U

c. Do you have a feeling of awe or mystery?

Y N U

d. Are you feeling as if something horrible is going to happen?

Y N U

P A

[Proceed to C7.]

C7 (51) Fluctuating Mood State

Patient's mood changes frequently from one distinct mood state to another.

a. Is your mood state fairly steady?

Y N U

b. Does your mood state change frequently from one mood state to another mood state?

Y N U

P A

[Proceed to C8.]

C8 (72) Lack of Interest

Loss of interest in usual activities; no curiosity in what is happening in one's immediate environment.

a. What are you interested in?

_____

_____

b. Have you lost interest in your usual activities?

Y N U

c. Are you at all interested in what is going on around you?

Y N U

P	A

[If A, mark C9 as A, then proceed to C10; if P, proceed to C9.]

C9 (5) Anhedonia

The painful and/or unpleasant experience of the feeling that one is unable to derive pleasure from activities that normally give him/her pleasure. If Elated Mood is marked P or Lack of Interest is marked A, Anhedonia should be marked as A.

a. Are you enjoying things you used to enjoy?

Y N U

b. Does it bother you that you can no longer enjoy the things you used to enjoy?

Y N U

c. Can you get pleasure out of anything?

Y N U

d. Does it bother you that you cannot get pleasure out of anything?

Y N U

P A

[Proceed to C10.]

C10 (116) Suicidal Tendencies

Increased readiness for taking one's own life. It includes thoughts of taking one's own life, exposure of oneself to unnecessary dangers with the purpose of being killed and suicidal attempts. If Elated Mood is marked P, Suicidal Tendencies should be marked as A.

a. Have you recently exposed yourself to unnecessary dangers?

Y N U

b. Have you recently had thoughts of taking your own life?

Y N U

c. Have you ever made a suicide attempt?

Y N U

d. When? _____

P A

[Proceed to C11.]

C11 (104) Recurrent Thoughts of Death

The frequent intrusion of ideas related to death and dying into patient's thoughts. If Elated Mood is marked P, Recurrent Thoughts of Death should be marked as A.

a. Are you often thinking about death and dying?

Y N U

b. Are thoughts of death and dying repeatedly intruding into your train of thought?

Y N U

P A

[Proceed to C12.]

C12 (47) Feelings of Guilt

Exaggerated remorse for past behavior, thoughts or wishes which, in the patient's eyes, were against moral or religious tenets. If Elated Mood is marked P, Feelings of Guilt should be marked as A.

a. Are you feeling guilty about anything you have done, or have not done, but should have done?

Y N U

b. About anything you have thought?

Y N U

c. About anything you have wished?

Y N U

d. What are you feeling guilty about?

_____

_____

P A

[Proceed to C13.]

C13 (48) Feelings of Inadequacy

The feeling that one is incompetent, incapable, clumsy, awkward, dumb, ignorant and/or unattractive. It is an imagined lessened capacity. If Elated Mood is marked P, Feelings of Inadequacy should be marked as A.

a. In comparing yourself with others, do you feel inferior in any way?

Y N U

b. In what way?

_____

_____

c. Do you feel incompetent and/or incapable?

Y N U

d. Clumsy and/or awkward?

Y N U

e. Dumb and/or ignorant?

Y N U

f. Unattractive

Y N U

P	A

[Proceed to C14.]

C14 (27) Decreased Appetite

Diminished desire to eat, with decreased food intake and/or loss of weight.

a. How is your appetite?

_____

_____

b. Have you lost your appetite recently?

Y N U

c. Are you eating less than usual?

Y N U

d. Have you lost any weight recently?

Y N U

P A

[Proceed to C15.]

C15 (67) Insomnia

Difficulty falling asleep in the evening; frequent interruptions of sleep during the night; and early waking in the morning.

a. Are you having any problems with your sleep?

Y N U

b. What kind of problems do you have?

_____

_____

c. Do you have any trouble falling asleep lately?

Y N U

d. Are you waking up frequently during the night?

Y N U

e. Are you waking up earlier than usual, much before you want to get up?

P A

[Proceed to C16.]

C16 (70) Lack of Energy

The feeling of sustained fatigue, even in the absence of physical exertion. The smallest task may seem difficult or impossible to accomplish. Also referred to as "anergia."

a. Are you feeling strong and energetic?

Y N U

b. Are you feeling tired most of the time, even if you do nothing?

Y N U

c. Are you feeling kind of drained?

Y N U

d. Weak?

Y N U

e. Worn out?

Y N U

P A

[Proceed to C17.]

C17 (71) Lack of Initiative

Difficulty initiating goal-directed activities to the extent that such self-initiated activities can be entirely absent.

a. Do you need to be urged to do things?

Y N U

b. Do you have problems starting new things?

Y N U

c. Do you ever initiate a conversation?

Y N U

P A

[Proceed to C18.]

C18 (94) Peculiar Behavior

Strange and eccentric behavior and activities (e.g., collecting garbage, talking to self in public, hoarding food, etc.).

a. Do you do anything that most people would consider strange?

Y N U

b. Would you elaborate?

_____

_____

c. Do you collect garbage?

Y N U

d. Do you talk to yourself in public?

Y N U

e. Do you hoard food?

Y N U

P A

[Proceed to C19.]

C19

TRICKS

1. Are you in the habit of playing tricks on people?

Y N U

2. What kind of tricks?

_____

_____

P	A

[If P, proceed to C20; if A, mark C20 and C21 as A, then proceed to C22.]

C20 (19) Childish Pranks

Mischievous tricks; practical jokes. If Tricks is marked A, Childish Pranks should also be marked as A.

a. Are you playing mischievous tricks on people?

Y N U

b. Practical jokes?

Y N U

P A

[Proceed to C21.]

C21 (114) Spiteful Tricks

Mean tricks. If Tricks is marked A, Spiteful Tricks should also be marked as A.

a. Are you playing mean tricks on people?

Y N U

b. Would you elaborate?

_____

_____

P	A

[Proceed to C22.]

C22* (64) Inappropriate Affect

Patient's affect is discordant with his/her content of thoughts. Also referred to as "parathymia" or "paradoxical affect", i.e., inappropriate emotional response to a situation.

a. Was patient's affect discordant with the content of his/her thoughts?

Y N U

b. Was patient's emotional response discordant with his/her situation ?

Y N U

P A

[Proceed to C23.]

C23* (50) Flat Affect

Pathologic affect characterized by the absence of mood variations. It is usually displayed by monotonous voice and immobile face.

a. Did patient's mood lack variation?

Y N U

b. Was patient's voice monotonous and face immobile?

Y N U

P A

[Proceed to C24.]

C24* (12) Blunted Affect

Observable decrease in emotional responsiveness primarily in terms of intensity. It is characterized by "meager" feelings.

a. Was there an observable decrease, in terms of intensity, in patient's emotional responsiveness?

Y N U

b. Was it your impression that patient's feelings were rather meager?

Y N U

P A

[Proceed to C25.]

C25* (41) Emotional Impoverishment

Constriction in the range of emotional response.

a. Was it your impression that patient's emotional responsiveness was rather constricted?

Y N U

P A

[Proceed to C26.]

C26* (4) Ambivalence

The coexistence of contradictory conscious feelings (affective ambivalence), wishes (ambivalence of will), desire to act (ambitendency) and thoughts (intellectual ambivalence). Patient may experience the opposite feelings toward the same person, object or idea, simultaneously; may wish and not wish to act at the same time; and/or may experience the instantaneous sequence of a thought and its "counter-thought."

a. Did you get the impression that patient has affective ambivalence?

Y N U

b. Was there any indication for ambitendency?

Y N U

c. Was there any indication for intellectual ambivalence?

Y N U

P	A

[Proceed to C27.]

C27* (44) Ethical Blunting

The lack of social emotions. Patients with ethical blunting do not bother to conform with the moral standards of the society in which they live. They may become beggars, tramps or prostitutes.

a. Did you get the impression that social emotions were lacking in the patient?

Y N U

b. Did you get the impression that patient was not bothered by and was not interested in conforming with the moral standards of his/her society?

Y N U

c. Was the patient a beggar, a tramp or a prostitute?

Y N U

P A

[Proceed to the next section.]

Delayed Corrections Interview Module C

C - Summary of Feelings, Mood and Related Behavior

> Delayed Corrections for Module C are divided into two screens. The first screen includes the first 14 RSDD variables of the module, with the remaining 11 on the second screen.

1- Elated Mood [A]
2- Irritable Mood [A]
3- Depressed Mood [A]
4- Apathetic Indifference [A]
5- Delusional Mood [A]
6- Fluctuating Mood State [A]
7- Lack of Interest [A]
8- Anhedonia [A]
9- Suicidal Tendencies [A]
10- Recurrent Thoughts of Death [A]
11- Feelings of Guilt [A]
12- Feelings of Inadequacy [A]
13- Decreased Appetite [A]
14- Insomnia [A]

To correct the contents of an item "box," type in the NUMBER of the item you wish to change (i.e., 1-14) and press the ENTER key. For no corrections, simply press the ENTER key.

15- Lack of Energy [A]
16- Lack of Initiative [A]
17- Peculiar Behavior [A]
18- Childish Pranks [A]
19- Spiteful Tricks [A]
20- Inappropriate Affect [A]
21- Flat Affect [A]
22- Blunted Affect [A]
23- Emotional Impoverishment [A]
24- Ambivalence [A]
25- Ethical Blunting [A]

To correct the contents of an item "box," type in the NUMBER of the item you wish to change (i.e., 15-25) and press the ENTER key. For no corrections, simply press the ENTER key.

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To proceed, type in the NUMBER (i.e., 1-10) of the module you wish to explore and press the ENTER key. If you have completed the interview and are ready for the final corrections, type in 99 and press the ENTER key.

1= (A) Personal Questions

2= (B) History of Illness

3= (C) Feelings, Mood & Related Behavior

4= (D) Illusions and Hallucinations

5= (E) Content Disorders of Thinking

6= (F) Catatonic Manifestations

7= (G) General Observations

8= (H) Thinking & Speech

9= (I) Miscellaneous Questions

10= (J) Global Information

99 = Final Corrections

Interview Module D

Illusions and Hallucinations
(Interview with Patient)

D1 (123) Unusual Perceptual Experiences

Misperception of a real stimulus (illusion) and/or the sense of a force or person when no one is actually present. It includes "hypnagogic hallucinations," i.e., the seeing of objects (or subjects) and/or hearing of voices without external stimulation of the relevant sense organ while falling asleep.

a. Have you ever been deceived by your senses?

Y N U

b. Please elaborate.

_____

_____

c. Have you ever had any unusual perceptual experiences?

Y N U

d. Please elaborate.

_____

_____

e. Have you ever had the experience as if someone was present when no one was around?

Y N U

f. Have you ever heard voices/noises or seen figures/faces while falling asleep?

Y N U

P A

[Proceed to D2.]

D2 (54) Hallucinations

A sensory perception without external stimulation of the relevant sensory organ. It has the immediate sense of reality of a true perception although in some instances the source of the hallucination is perceived as if it was within the body.

1. Do you hear voices others cannot hear?

Y N U

2. Do you see things others cannot see?

Y N U

3. Do you have any bodily experiences, such as, for example, the feeling of being touched or having sex when no one is around?

Y N U

If the answer is Yes to 1 only, type in P1.
If the answer is Yes to 2 only, type in P2.
If the answer is Yes to 3 only, type in P3.
If the answer is Yes to 1 and 2, type in P12.
If the answer is Yes to 1 and 3, type in P13.
If the answer is Yes to 2 and 3, type in P23.
If the answer is Yes to 1, 2 and 3, type in P123.
If the answer is No to 1, 2 and 3, type in A.

[If P1, mark D3, D11 and D12 as A, then proceed D4; if P2, mark D3-D10 and D12 as A, then proceed to D11; if P3, mark D3-D11 as A, then proceed to D12; if P12, mark D12 as A, then proceed to D3; if P13, mark D11 as A, then proceed to D3; if P23, mark D4-D10 as A, then proceed to D3; if P123, proceed to D3; if A, mark D3-D14 as A, then proceed to the next section.]

D3 (76) Mixed Hallucinations

Hallucinations in more than one sensory modality simultaneously.

a. Do you hear voices others cannot hear and see things others cannot see at the same time?

Y N U

b. Do you hear voices others cannot hear and have bodily experiences when no one is around at the same time?

Y N U

c. Do you see things others cannot see and have bodily experiences when no one is around at the same time?

Y N U

P A

[Proceed to D4.]

D4 Auditory Hallucinations

1. I understood that you can hear voices others cannot hear.

2. Would you please elaborate?

_____

_____

3. Can you hear your own thoughts spoken aloud?

Y N U

4. Can you hear your own thoughts as if being repeated by someone?

Y N U

5. Can you hear voices talking to you or about you or about matters related to you?

Y N U

6. What are they saying?

_____

7. Do you have a rough idea of what they are saying?

Y N U

8. Can you reproduce the content word-for-word?

Y N U

9. Are the voices judgmental about your affairs?

Y N U

10. Is the content of what the voices are saying threatening, offending and/or insulting?

Y N U

[If the answer is Y to 3, 4, 7, 8, 9 and/or 10, mark D5, D6, D7, D8, D9 and/or D10, respectively, as P, then proceed to D11; if the answer if N or U to 3, 4, 7, 8, 9 and/or 10, mark D5, D6, D7, D8, D9 and D10 as A, then proceed to D11.]

D5 (7) Audible Thoughts

The hearing of one's own thoughts spoken aloud.

P	A

[Proceed to D6.]

D6 (120) Thought Echo

The hearing of one's own thoughts repeated by someone.

P	A

[Proceed to D7.]

D7 (109) Self-reference Hallucinosis

Phonemic hallucinations in which the patient hears voices talking about him/her, but he/she can usually only give a rough idea of what the voices are saying and is unable to reproduce content word-for-word.

P	A

[Proceed to D8.]

D8 (124) Verbal Hallucinosis

Phonemic hallucinations in which the patient hears voices clearly talking about him/her. Patients can reproduce the content of hallucinations accurately, virtually word-for-word.

P	A

[Proceed to D9.]

D9 (96) Phonemic Delusional Hallucinations

The hearing of sentences or even dialogues without corresponding stimuli in the environment in which the voices are judgmental about the patient's affairs.

P	A

[Proceed to D10.]

D10 (91) Paranoid Hallucinations

Phonemic hallucinations with persecutory content, i.e., threatening, offending and/or insulting.

P	A

[Proceed to D11.]

D11 (107) Scenic Hallucinations

Visual hallucinations in which the patient sees scenes which resemble big paintings or movies. It includes "mass hallucinations" in which the patient sees scenes with crowds.

a. I understood that you can see things others cannot see.

b. Would you please elaborate?

_____

_____

c. Have you seen scenes which resemble big paintings or movies?

Y N U

d. Please describe them to me.

_____

_____

e. Have you seen scenes with crowds?

Y N U

P A

[Proceed to D12.]

D12 (13) Bodily Hallucinations

Unfounded somatic perceptions including touch, pain, vestibular, etc. Also referred to as "coenesthetic hallucinations."

a. I understood that you have some bodily experiences?

Y N U

b. Would you please elaborate?

_____

_____

P A

[Proceed to D13.]

D13 (95) Persistent Hallucinations

The presence of hallucinations everyday for at least several weeks.

a. Have you heard the voices/ seen the things/ experienced the bodily sensations everyday for several weeks?

Y N U

P A

[If P, proceed to the next section; if A, proceed to D14.]

D14 (99) Prominent Hallucinations

The presence of hallucinations throughout the day for several days or several times a week for several weeks; each hallucinatory experience not being limited to a few brief moments.

a. Have you heard the voices/ seen the things/ experienced the bodily sensations throughout the day for several days?

Y N U

b. Have you experienced them several times a week for several weeks?

Y N U

P	A

[Proceed to the next section.]

Delayed Corrections Interview Module D

D - Summary of Illusions and Hallucinations

1- Unusual Perceptual Experiences [A]

2- Hallucinations [A]

3- Mixed Hallucinations [A]

4- Audible Thoughts [A]

5- Thought Echo [A]

6- Self-Reference Hallucinosis [A]

7- Verbal Hallucinosis [A]

8- Phonemic Delusional Hallucinations [A]

9- Paranoid Hallucinations [A]

10- Scenic Hallucinations [A]

11- Bodily Hallucinations [A]

12- Persistent Hallucinations [A]

13- Prominent Hallucinations [A]

To correct the contents of an item "box," type in the NUMBER of the item you wish to change (i.e., 1-13) and press the ENTER key. For no corrections, simply press the ENTER key.

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To proceed, type in the NUMBER (i.e., 1-10) of the module you wish to explore and press the ENTER key. If you have completed the interview and are ready for the final corrections, type in 99 and press the ENTER key.

1= (A) Personal Questions

2= (B) History of Illness

3= (C) Feelings, Mood & Related Behavior

4= (D) Illusions and Hallucinations

5= (E) Content Disorders of Thinking

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7= (G) General Observations

8= (H) Thinking & Speech

9= (I) Miscellaneous Questions

10= (J) Global Information

99 = Final Corrections

Interview Module E

Content Disorders of Thinking

(Interview with Patient E1-E19)
(Interview with Psychiatrist E20-E22)

E1 (84) Odd Beliefs

Unusual and not ordinary beliefs, such as the belief in clairvoyance, telepathy and/or sixth sense.

a. Do you believe in clairvoyance; that it is possible to see things which are not in sight and/or foresee the future?

Y N U

b. Do you believe in telepathy; that communication between minds is possible by other than the usual sensory channels?

Y N U

c. Do you believe in a sixth sense; that the power of intuition is at least as strong as the other five senses?

Y N U

P A

[Proceed to E2.]

E2 (87) Overvalued Ideas

A thought which, because of the associated feeling tone, takes precedence over all other thoughts and maintains this precedence for a long period of time. It is an unreasonable and sustained belief that is maintained with less than delusional intensity. Patient does not recognize the absurdity of the idea and does not struggle against it. The idea or belief is not one that is ordinarily accepted by other members of the patient's culture or subculture.

a. Do you have any ideas and/or beliefs which take precedence over your other thoughts?

Y N U

b. What are they?

_____

_____

c. Do you realize that its effect on you is somewhat out of proportion to what it deserves?

Y N U

d. Do you realize that not everyone around you shares your belief?

Y N U

e. Is it possible that you are wrong?

Y N U

P A

[Proceed to E3.]

E3 (74) Magical Thinking

The belief that one's thoughts, words or actions can cause or prevent a specific outcome in a way that defies the normal laws of cause and effect.

a. Do you believe that you can prevent something you would not like to happen and/or can cause something you would like to happen by some kind of magical power?

Y N U

P A

[Proceed to E4.]

E4 (59) Ideas of Reference

The belief -- without delusional conviction -- that events and/or objects have a special meaning, with a personal significance for the patient. Patients with ideas of reference believe that they are the focus of observation and attention. Because of this, even the most insignificant event may become the source of an important signal to the patient with self-reference.

a. Do you have the feeling that certain events or objects in your immediate environment have a special meaning directed towards you?

Y N U

b. Have you recently had the feeling that people are talking about you?

Y N U

P A

[Proceed to E5.]

E5 (30) Delusions

False personal beliefs based on incorrect inference about external reality which is firmly sustained in spite of what almost everyone else believes and in spite of what constitutes incontrovertible and obvious proof or evidence to the contrary. The belief is not one ordinarily accepted by other members of the patient's culture or subculture.

a. Do people think you have some crazy ideas?

Y N U

b. Would you elaborate?

_____

c. Do you have any personal beliefs that other people have problems understanding or find strange?

Y N U

d. Would you elaborate?

_____

e. How did you get to these beliefs?

_____

f. Is it possible that you are fooling yourself?

Y N U

g. What are the ideas and beliefs you have which people think are crazy?

_____

P A

[If P, proceed to E6; if A, mark E6-E14 and E19 as A, then proceed to E15.]

E6* (29) Delusional Perceptions

A real stimulus which is given special meaning with self-reference. There is no meaningful connection between the real stimulus and the patient's conclusion as to its significance. If Delusions is marked A, Delusional Perceptions should also be marked as A.

P	A

[Proceed to E7.]

E7* (52) Grandiose Aspirations

Imposing and/or unrealistic plans. They are also referred to as "creative aspirations." If Delusions is marked A, Grandiose Aspirations should also be marked as A.

P	A

[Proceed to E8.]

E8* (31) Delusions of Grandeur

Delusions with the predominant theme of one's inflated worth, power, knowledge, identity or special relationship to a deity or famous person. If Delusions is marked A, Delusions of Grandeur should also be marked as A.

P	A

[Proceed to E9.]

E9* (90) Paranoid Delusions

Persecutory delusions with the predominant theme that one, or someone with whom one is close, is being malevolently treated. If Delusions is marked A, Paranoid Delusions should also be marked as A.

P	A

[Proceed to E10.]

E10* (46) Fantastic Delusions

False beliefs which are extravagantly fanciful or unusual in design, conception and construction. If <u>Delusions</u> is marked A, <u>Fantastic Delusions</u> should also be marked as A.

P	A

[Proceed to E11.]

E11* (98) Prominent Delusions

Delusions which are prominent in the clinical picture. If Delusions is marked A, Prominent Delusions should also be marked as A.

P	A

[Proceed to E12.]

E12* (9) Autistic Delusions

Dominant delusions. In contradistinction to delusions which are in juxtaposition and polarized delusions, patients with autistic delusions live exclusively in their own delusional world. If Delusions is marked A, Autistic Delusions should also be marked as A.

P	A

[Proceed to E13.]

E13* (117) Systematized Delusions

A single delusion with multiple elaborations, or a group of delusions which are all related by the patient to a single event or theme. If Delusions is marked A, Systematized Delusions should also be marked as A.

P	A

[Proceed to E14.]

E14* (115) Strong Delusional Dynamics

Strong emotional involvement in delusional content. It becomes evident when patient talks about the subject matter of his/her delusional content and especially when the reality of the delusion is challenged. Verbalization of delusional content may yield irritability, enthusiasm or threatening behavior. If Delusions is marked A, Strong Delusional Dynamics should also be marked as A.

P	A

[Proceed to E15.]

E15 (119) Thought Broadcasting

The experience that one's thoughts are not exclusively one's own, but are shared by others. It is an experience of alienation which is also referred to as "diffusion of thoughts."

a. Can people read your mind?

Y N U

b. Are your thoughts physically shared with others?

Y N U

c. Do you have the experience that your thoughts escape from your head into the external world?

Y N U

d. Do you have the feeling of losing your thoughts to the outside world?

Y N U

P A

[If P, mark E19 as P, then proceed to E16; if A, proceed to E16.]

E16 (121) Thought Insertion

The experience that thoughts are externally introduced to one's mind and that the thoughts which are introduced influence, direct or impel one's behavior. The thoughts introduced are usually attributed to other people who force their thoughts upon the patient.

a. Have thoughts been physically put into your head?

Y N U

b. How?

_____

_____

P A

[If P, mark E19 as P, then proceed to E17; if A, proceed to E17.]

E17 (122) Thought Withdrawal

The experience that thoughts are literally being removed or pulled out of one's mind by other people or forces.

a. Have thoughts been physically taken out of your head?

Y N U

b. How?

_____

_____

P A

[If P, mark E19 as P, then proceed to E18; if A, proceed to E18.]

E18 (45) Experience of Alien Influence

The experience that one's body, somatic functions (in case of somatic passivity), feelings, strivings, impulses, will, thoughts, behavior and actions are being influenced from outside and/or imposed upon by some external force. It is the experience that one is literally being controlled, can literally feel the controlling force and must passively submit to the experience.

a. Do you feel as if your feelings are being controlled by forces outside of you?

Y N U

b. As if your will is controlled?

Y N U

c. As if your behavior is controlled?

Y N U

d. How are they controlled?

_____

_____

P A

[If P, mark E19 as P, then proceed to E20; if A, proceed to E20.]

E19* (11) Bizarre Delusions

False beliefs with content that cannot be encountered and cannot occur. It involves a belief that is regarded as totally impossible by the patient's culture. If Thought Broadcasting, Thought Insertion, Thought Withdrawal or Experience of Alien Influence are marked P, Bizarre Delusions should also be marked as P.

P	A

[Proceed to the E20.]

E20* (75) Misidentifications

Patient recognizes unknown people as ones he/she knows; or fails to recognize people he/she has known. In case of "positive misidentification," the patient may recognize strangers as his/her friends and/or relatives, whereas in case of "negative misidentification," the patient insists that his/her friends and/or relatives <u>are not</u> the people they say they are, claiming that they are strangers in disguise.

a. Was there any indication for positive misidentification?

Y N U

b. Was there any indication for negative misidentification?

Y N U

P A

[Proceed to E21.]

E21* (89) Paramnesia

Falsification of memory. It includes "delusional memories," i.e., false memories which are the result of delusional thinking. It also includes "false recognitions," such as the recognition as familiar the never experienced (deja-vu) and the failure to recognize as familiar the previously experienced (jamais-vu).

a. Was there any indication for delusional memories?

Y N U

b. Was there any indication for deja-vu?

Y N U

c. Was there any indication for jamais-vu?

Y N U

P A

[Proceed to E22.]

E22* (23) Confabulations

The reporting of imagined or supposedly experienced events from the past which the patient, at the time of reporting, regards as events which truly occurred. While the content of confabulations keeps on changing, the events are described in great, but improbable detail.

a. Was there any indication that patient is reporting imagined events from his/her past?

Y N U

b. Did the patient describe these assumedly imagined events in great, but improbable detail?

Y N U

P A

[Proceed to the next section.]

Delayed Corrections Interview Module E

E - Summary of Content Disorders of Thinking

> Delayed Corrections for Module E are divided into two screens. The first screen includes the first 14 RSDD variables of the module, with the remaining 8 on the second screen.

1- Odd Beliefs [A]
2- Overvalued Ideas [A]
3- Magical Thinking [A]
4- Ideas of Reference [A]
5- Delusions [A]
6- Delusional Perceptions [A]
7- Grandiose Aspirations [A]
8- Delusions of Grandeur [A]
9- Paranoid Delusions [A]
10- Fantastic Delusions [A]
11- Prominent Delusions [A]
12- Autistic Delusions [A]
13- Systematized Delusions [A]
14- Strong Delusional Dynamics [A]

To correct the contents of an item "box," type in the NUMBER of the item you wish to change (i.e., 1-14) and press the ENTER key. For no corrections, simply press the ENTER key.

15- Thought Broadcasting [A]
16- Thought Insertion [A]
17- Thought Withdrawal [A]
18- Experience of Alien Influence [A]
19- Bizarre Delusions [A]
20- Misidentifications [A]
21- Paramnesia [A]
22- Confabulations [A]

To correct the contents of an item "box," type in the NUMBER of the item you wish to change (i.e., 15-22) and press the ENTER key. For no corrections, simply press the ENTER key.

SSISD MAIN MENU

To proceed, type in the NUMBER (i.e., 1-10) of the module you wish to explore and press the ENTER key. If you have completed the interview and are ready for the final corrections, type in 99 and press the ENTER key.

1= (A) Personal Questions

2= (B) History of Illness

3= (C) Feelings, Mood & Related Behavior

4= (D) Illusions and Hallucinations

5= (E) Content Disorders of Thinking

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8= (H) Thinking & Speech

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10= (J) Global Information

99 = Final Corrections

Interview Module F

Catatonic Manifestations
(Interview with Psychiatrist)

(Examination of Patient
F3, 4, 6, 7, 9, 10, 11 and 12)

F1* (14) Catatonic Excitement

An extreme form of hyperactivity without an identifiable motive, that is not in response to hallucinatory experiences.

a. Did the patient display an extreme form of hyperactivity?

Y N U

b. Was the hyperactivity to the extent that it appeared to be purposeless?

Y N U

c. Was the excitement in response to an environmental event?

Y N U

d. Was the excitement in response to pathologic perceptual experiences?

Y N U

P	A

[If P, mark F2-F7 as A, then proceed to F8; if A, proceed to F2.]

F2* (15) Catatonic Negativism

Motiveless resistance to all instructions or attempts to be moved. When passive, the patient resists any attempt to be moved; when active, patient does the opposite of what he/she is asked to do. In case of "Gegenhalten," patient resists being moved with the strength equal to that applied.

a. Was the patient motionless at the time of the interview?

Y N U

b. Did he/she resist all instructions and attempts to be moved?

Y N U

c. Did the patient resist being moved with the strength equal to that applied?

Y N U

d. Did the patient do the opposite of that which he/she was asked to do?

Y N U

P A

[If P, proceed to F3; if A, proceed to F4.]

F3* (80) Negativistic Excitement

Excitement which may occur in negativistic patients when attempts are made to break negativistic-oppositional behavior.

a. Did the patient become excited when you attempted to break his/her negativistic behavior?

Y N U

P A

[Mark F4 as A and proceed to F5.]

F4* (18) Catatonic Stupor

An extreme form of hypoactivity. Patient may remain motionless and unresponsive even to severe pain.

a. Was the patient hypoactive to the extent that he/she appeared to be motionless?

Y N U

b. Did he/she remain unresponsive even to severe pain?

Y N U

P A

[Proceed to F5.]

F5* (16) Catatonic Posturing

Voluntary assumption of odd, unnatural, awkward and/or bizarre postures with all and/or parts of the body. In case of "catalepsy," patient maintains the posture assumed for an extended period.

a. Did you see patient assuming odd, unnatural, awkward and/or bizarre postures?

Y N U

b. Did you find the patient, at the time of the interview, in an odd, unnatural, awkward and/or bizarre posture which was voluntarily assumed?

Y N U

c. Did the patient remain in the odd, unnatural, awkward and/or bizarre posture he/she voluntarily assumed for an extended period?

Y N U

P A

[Proceed to F6.]

F6* (126) Waxy Flexibility

Patient allows the examiner to put his/her body into strange, uncomfortable positions and then maintains such positions for at least one minute and usually much longer. Sometimes there is a feeling of plastic resistance as the examiner moves the body, which resembles the bending of a soft wax rod; and when the passive movement stops, the final posture is preserved. It is also referred to as a "flexibilitas cerea."

a. Did the patient allow you to put his/her body into strange, uncomfortable positions?

Y N U

b. Did he/she maintain the posture in which he/she was placed for at least one minute?

Y N U

c. Did you feel as if there was a plastic resistance when you were moving his/her body?

Y N U

P	A

[If P, mark F7 as A, then proceed to F8; if A, proceed to F7.]

F7* (17) Catatonic Rigidity

Maintenance of a rigid posture against all efforts to be moved.

a. Did the patient maintain a rigid posture against your efforts to move him/her?

Y N U

P A

[Proceed to F8.]

F8* (88) Parakinesis

The continuous presence of jerky movements which are usually choreiform in quality. It is also referred to as "jerkiness."

a. Did the patient display jerky movements continuously at the time of your examination?

Y N U

b. Are you sure that the movements were not an expression of organicity, e.g., tardive dyskinesia?

Y N U

P A

[Proceed to F9.]

F9* (26) Cooperation

Despite instructions that he/she should not cooperate, patient moves all or parts of his/her body in the direction of the slightest pressure (Mitgehen); and all or parts of his/her body can be put into any position without any resistance. Once the body, or parts thereof, which had been moved is let loose, it returns to the resting position (Mitmachen).

a. Did the patient's body (or parts thereof) move in the direction of your slightest pressure, despite your instructions that he/she should not cooperate?

Y N U

b. Were you able to put patient's body (or parts thereof) into a position without any resistance, despite your instructions that he/she should not cooperate?

Y N U

c. Did the patient's body (or parts thereof) return to a resting position as soon as you let it go?

Y N U

P	A

[Proceed to F10.]

F10* (100) Proskinesis

Increased readiness to move and, especially, to carry out automatic movements in response to external stimuli.

a. Did the patient display an increased readiness to move and, especially, to carry out automatic movements in response to external stimuli?

Y N U

P A

[Proceed to F11.]

F11* (10) Automatic Obedience

The following of commands to perform actions regardless of the consequences. It is also referred to as "command automatism."

a. Did the patient carry out your instructions?

Y N U

b. Did he/she carry them out regardless of the consequences?

Y N U

P A

[Proceed to F12.]

F12* (39) Echopraxia

The repetition by imitation of the movements of another.

a. Did the patient copy simple actions of your motor behavior?

Y N U

P A

[Proceed to F13.]

F13* (2) Adversion

The moving toward the examiner whenever he/she appears, and the turning toward the examiner whenever he/she asks a question. In the more severe form, patient turns toward every passerby.

a. Did the patient move toward you whenever you appeared?

Y N U

b. Did the patient turn toward you whenever you asked him/her a question?

Y N U

c. Did you notice that the patient was turning toward every passerby?

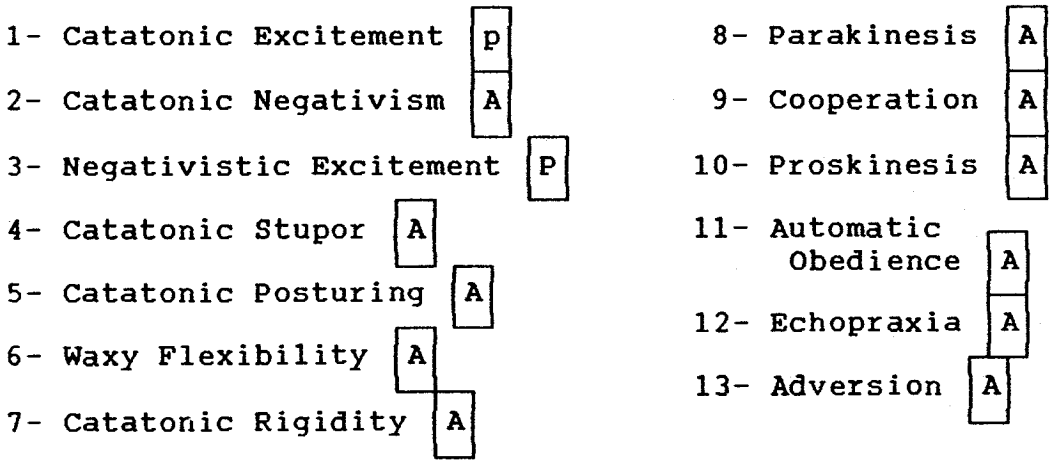
Y N U

P A

[Proceed to the next section.]

Delayed Corrections Interview Module F

F - Summary of Catatonic Manifestations



To correct the contents of an item "box," type in the NUMBER of the item you wish to change (i.e., 1-13) and press the ENTER key. For no corrections, simply press the ENTER key.

SSISD MAIN MENU

To proceed, type in the NUMBER (i.e., 1-10) of the module you wish to explore and press the ENTER key. If you have completed the interview and are ready for the final corrections, type in 99 and press the ENTER key.

1= (A) Personal Questions

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Interview Module G

General Observations
(Interview with Psychiatrist)

G1*

Eye Contact

a. Did the patient look in your eyes when talking with you during the interview?

Y N U

b. Were you able to establish eye contact with the patient during the interview?

Y N U

c. Could you maintain eye contact with the patient during the interview?

Y N U

P A

[If P, mark G2 as A, then proceed to G3; if A, mark G2 as P, then proceed to G3.]

G2* (82) No Eye Contact

Difficult, if not impossible, to have eye contact with patient during conversation.

P	A

[Proceed to G3.]

G3* (62) Impenetrable Facial Expression

Expressionless face; lack of expressive and/or reactive facial movements.

a. Did the patient's face reflect his/her feelings during the interview?

Y N U

b. Did the patient's face remain expressionless throughout the interview?

Y N U

c. Did the patient's face lack expressive movements while talking with you?

Y N U

d. Did the patient's face lack reactive movements while talking with you?

Y N U

P A

[Proceed to G4.]

G4* (101) Pseudoexpressive Movements

Involuntary movements which look like emotional expressions, but have no real content behind.

a. Did the patient display involuntary movements during the interview?

Y N U

b. Did the involuntary movements look like emotional expressions?

Y N U

c. Are you sure that there was no real feelings or purpose behind the involuntary movements?

Y N U

d. Are you sure that the movements were not an expression of organicity, e.g., athetoid and/or choreiform movements?

Y N U

P A

[Proceed to G5.]

G5* (113) Soft Mannerisms

Artificial, stilted, affected behavior and/or speech.

a. Did the patient's behavior appear to be artificial, stilted, affected during the interview?

Y N U

b. Did the patient's speech appear to be artificial, stilted, affected during the interview?

Y N U

P A

[Proceed to G6.]

G6* (53) Grandiose Mannerisms

Pompous and/or showy manners which, corresponding with grandiose delusions, are displayed with grandeur and/or magnificence.

a. Did the patient seem pompous during the interview?

Y N U

b. Did the patient seem showy during the interview?

Y N U

c. Did the patient's mannerisms project an air of grandeur during the interview?

Y N U

d. Did the patient's mannerisms appear to be kingly/queenly in style?

Y N U

P A

[Proceed to G7.]

G7* (63) Inane Giggling

Continuous giggling that lacks any sense and/or meaning. It is empty and vacant; and it appears to be foolish.

a. Was the patient giggling during the interview?

Y N U

b. Did his/her giggling appear to be silly and foolish?

Y N U

c. Did his/her giggling appear to be senseless and/or meaningless?

Y N U

P A

[Proceed to the next section.]

Delayed Corrections Interview Module G

G - Summary of General Observations

1- No eye contact [A]

2- Impenetrable Facial Expression [A]

3- Pseudo Expressive Movements [A]

4- Soft Mannerisms [A]

5- Grandiose Mannerisms [A]

6- Inane Giggling [A]

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SSISD MAIN MENU

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Interview Module H

Thinking and Speech
(Interview with Psychiatrist)

H1* (79) Mutism

Parsimonious speech or the absence of speech without a well-identifiable structural impairment of the brain. Patient does not speak or, at the utmost, utters only a few words or syllables.

a. Did the patient answer questions during the interview?

Y N U

b. Was he/she completely speechless during the interview?

Y N U

c. Did he/she utter only a few words?

Y N U

d. Are you sure that he/she does not have a brain lesion which would explain the lack of speech?

Y N U

P A

[If P, mark H2-H16 and H18-H24 as A, then proceed H17; if A, proceed to H2.]

H2* (24) Confused Speech

The lack of meaningful connections between words, phrases and sentences. Speech is completely incomprehensible. Also referred to as "word salad." If Mutism is marked P, Confused Speech should be marked as A.

a. Was the patient's speech completely incomprehensible during the interview?

Y N U

P A

[Proceed to H3.]

H3* (36) Dissociation Between Thought and Speech

Behavior (thinking) is better organized (more coherent) than speech and responses to questions more appropriate (more coherent) than spontaneous speech. In extreme forms, patient may talk utter nonsense, yet he/she can carry out fairly responsible tasks provided such tasks do not involve the use of words. If Mutism is marked P, Dissociation Between Though and Speech should be marked as A.

a. Was patient's behavior better organized than his/her speech?

Y N U

b. Were patient's responses to questions more understandable than his/her spontaneous speech?

Y N U

P A

[Proceed to H5.]

H4* (65) Incoherence

Fragmentation of the thinking process to the extent that thoughts, phrases and sentences appear as if arbitrarily thrown together. Speech is completely incomprehensible. If Mutism is marked P, Incoherence should be marked as A.

a. Did the patient's thoughts, phrases and sentences appear to be arbitrarily thrown together?

Y N U

b. Was the patient's speech completely incomprehensible?

Y N U

P A

[If P, mark H5-H24 as A, then proceed to the next section; if A, proceed to H5.]

H5* (127) Woolliness of Thinking

Thinking characterized by the use of words in such a way that it is impossible to figure out what the patient is trying to say. The same words may be used with a number of different connotations and any attempt to elucidate what the patient means meets with further vague statements. In mild cases, woolliness of thinking is present only when the content of pathologic experiences are discussed. If Mutism is marked P, Woolliness of Thinking should be marked as A.

a. Was the patient using words in such a way that it was impossible to figure out what he/she was trying to say?

Y N U

b. Was the patient using the same word with a number of different meanings?

Y N U

c. Did attempts to elucidate the meaning of what the patient was trying to say meet with further vague statements?

Y N U

P		A

[If P, mark H6-H24 as A, then proceed to the next section; if A, proceed to H6.]

H6* (37) Driveling

Thinking characterized by a mix-up of the thought sequences with each sequence fairly well-organized. Because the themes, as a result of the mix-up, are only vaguely related to each other, the content of thought appears to be muddled. If Mutism is marked P, Driveling should be marked as A.

a. Did the patient's speech appear to be muddled?

Y N U

b. Was each separate thought sequence fairly well organized?

Y N U

c. Was the patient's thinking characterized by a mix-up of thought sequences?

Y N U

P	A

[Proceed to H7.]

H7* (34) Desultory Thinking

Thinking which is characterized by jumps of thoughts. While speech is correct in so far as grammar and syntax are concerned, from time-to-time sudden, unrelated thoughts force their way into the train of thought. If Mutism is marked P, Desultory Thinking should be marked as A.

a. Was the patient's thinking characterized by jumps in his/her thoughts?

Y N U

b. Were, from time-to-time, unrelated ideas suddenly forcing their way into the patient's train of thought?

Y N U

P A

[Proceed to H8.]

H8* (33) Derailment

Thinking which is characterized by shifting and/or switching from the main theme to subsidiary ones which intrude disruptively. If Mutism is marked P, Derailment should be marked as A.

a. Was the patient shifting and/or switching from the main theme to subsidiary ones?

Y N U

P A

[Proceed to H9.]

H9* (118) Thought Blocking

The sudden, spontaneous arrest of the train of thought which characteristically leaves a blank. There is a short-lasting absence of all thought. Patient may stop talking in the middle of a sentence and never complete the sentence. If Mutism is marked P, Thought Blocking should be marked as A.

a. Did the patient have short-lasting, sudden, spontaneous arrests of his/her train of thought?

Y N U

b. Did the short-lasting arrests of the patients's train of thought leave a blank?

Y N U

P A

[Proceed to H10.]

H10* (125) Verbigeration

The senseless reiteration of words to the point that they become meaningless. If Mutism is marked P, Verbigeration should be marked as A.

a. Did the patient keep on reiterating words during the interview?

Y N U

b. Was it to the extent that the reiterated words lost their meaning?

Y N U

P A

[Proceed to H11.]

H11* (38) Echolalia

Automatic repetition of the last word, phrase or sentence spoken to the patient. If Mutism is marked P, Echolalia should be marked as A.

a. Did the patient repeat, as an automaton, the last word, phrase or sentence spoken to him/her during the interview?

Y N U

P	A

[Proceed to H12.]

H12* (20) Choppy Speech

Broken speech with short agrammatical sentences which are virtually spewed out or ejected. If Mutism is marked P, Choppy Speech should be marked A.

a. Was the patient's speech rough and broken?

Y **N** U

b. Was it characterized by short, agrammatical sentences?

Y **N** U

c. Did these short sentences appear as if they were spewed out or ejected?

Y **N** U

P A

[Proceed to H13.]

H13* (77) Monotonous Speech

Speech without inflection, i.e., without variation and/or modulation in tone. If Mutism is marked P, Monotonous Speech should be marked as A.

a. Was the patient's speech without any inflection?

Y N U

b. Was it missing variation and/or modulation in tone?

Y N U

P A

[Proceed to H14.]

H14* (103) Rambling Speech

Slow-moving, fragmented speech which appears, to the listener, to be aimless and as if the speaker is struggling to express him/herself. If Mutism is marked P, Rambling Speech should be marked A.

a. Was patient's speech fragmented?

Y N U

b. Was patient's speech wandering aimlessly from one topic to another?

Y N U

c. Did the patient appear to be struggling to express him/herself?

Y N U

P A

[Proceed to H15.]

H15* (97) Pressured Speech

Patient talks continuously, as if compelled to speak. It is difficult, if not impossible, to interrupt his/her verbal flow. If Mutism is marked P, Pressured Speech should be marked as A.

a. Did the patient talk non-stop?

Y N U

b. Did it appear as if he/she felt compelled to speak?

Y N U

c. Was it difficult to interrupt his/her verbal flow?

Y N U

P A

[If P, mark H16-H18 as A, then proceed to H19; if A, proceed to H16.]

H16* (110) Slow Replies

Patient responds to questions with delay and with a slow speed of verbal output. If Mutism or Pressured Speech is marked P, Slow Replies should be marked as A.

a. Did the patient respond to questions with delay?

Y N U

b. Was his/her flow of speech slower than expected?

Y N U

P A

[Proceed to H17.]

H17* (93) Paucity of Speech

Patient speaks very little. If Pressured Speech is is marked P, Paucity of Speech should be marked as A.

a. Did the patient speak very little?

Y N U

b. Did he/she speak much less than expected?

Y N U

P	A

[If Mutism (H1) was marked as A, proceed to the next section; otherwise, proceed to H18.]

H18* (85) Off-putting Verbal Response

Verbal response that makes further verbal interaction on the same topic difficult, if not impossible. If Mutism or Pressured Speech is marked P, Off-putting Verbal Response should be marked as A.

a. Were patient's responses such that they made further verbal interaction difficult, if not impossible?

Y N U

P A

[Proceed to H19.]

H19* (83) Obedient Answering

Patient responds promptly to each question regardless of how long the questioning continues. Verbal response is so quick that the necessary thinking process (for answering) is bypassed. If Mutism is marked P, Obedient Answering should be marked as A.

a. Did the patient respond to questions quickly, much quicker than expected?

Y N U

b. Did the verbal response to each question, follow quickly, regardless of how long the questioning continued?

Y N U

c. Did you get the impression, from patient's answers, that the necessary thinking process was bypassed?

Y N U

P		A

[Proceed to H20.]

H20* (68) Irrelevant Speech

Content of speech is not pertinent and is unrelated to the topic discussed. If Mutism is marked P, Irrelevant Speech should be marked as A.

a. Was the content of patient's speech irrelevant to the topic discussed?

Y N U

P	A

[Proceed to H21.]

H21* (86) Overinclusive Thinking

Thinking characterized by an inability to maintain the boundaries of the topic being discussed. If Mutism is marked P, Overinclusive Thinking should be marked as A.

a. Did the patient remain within the boundaries of the topic about which he/she was speaking?

Y N U

P A

[If P, mark H22 as A, then proceed to H23; if A, proceed to H22.]

H22* (106) Restricted Thinking

Thinking characterized by poverty of ideas. There is shrinking and impoverishment of thought content with fixation on one or a few themes; and difficulty switching from one topic to another. If Mutism or Overinclusive Thinking was marked P, Restricted Thinking should be marked as A.

a. Was the patient dealing with only a few ideas in his/her thinking?

Y N U

b. Was the patient fixed on one or a few themes?

Y N U

c. Did the patient have difficulty switching from one topic to another?

Y N U

P A

[Proceed to H23.]

H23* (22) Concrete Thinking

Visual type of thinking with picture-like thoughts. If Mutism is marked P, Concrete Thinking should be marked as A.

a. Was the patient's thinking restricted to concrete ideas?

Y N U

b. Was it characterized by picture-like thoughts?

Y N U

P A

[Proceed to H24.]

H24* (81) Neologisms

New word or phrase building in which the usual language conventions are not followed and which cannot usually be easily understood. It includes "phonemic paraphasia," i.e., the creation of new words by the improper use of the sound of words; and "paralogisms," i.e., the semantically unusual use of words. If Mutism is marked P, Neologisms should be marked as A.

a. Was there any evidence for new word or phrase building in which the usual language conventions were not followed?

Y N U

b. Did the patient create new words by the improper use of the sound of words?

Y N U

c. Was the patient using words in a semantically unusual way?

Y N U

P A

[Proceed to the next section.]

Delayed Corrections Interview Module H

H - Summary of Thinking and Speech

Delayed Corrections for Module H are divided into two screens. The first screen includes the first 14 RSDD variables of the module, with the remaining 11 on the second screen.

1- Mutism [A]

2- Confused Speech [A]

3- Dissociation Between Thought and Speech [A]

4- Incoherence [A]

5- Woolliness of Thinking [A]

6- Driveling [A]

7- Desultory Thinking [A]

8- Derailment [A]

9- Thought Blocking [A]

10- Verbigeration [A]

11- Echolalia [A]

12- Choppy Speech [A]

13- Monotonous Speech [A]

14- Rambling Speech [A]

To correct the contents of an item "box," type in the NUMBER of the item you wish to change (i.e., 1-14) and press the ENTER key. For no corrections, simply press the ENTER key.

15- Pressured Speech [A]

16- Slow Replies [A]

17- Paucity of Speech [A]

18- Off-putting Verbal Responses [A]

19- Obedient Answering [A]

20- Irrelevant Speech [A]

21- Overinclusive Thinking [A]

22- Restricted Thinking [A]

23- Concrete Thinking [A]

24- Neologisms [A]

To correct the contents of an item "box," type in the NUMBER of the item you wish to change (i.e., 15-24) and press the ENTER key. For no corrections, simply press the ENTER key.

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Interview Module I

Miscellaneous Symptoms
(Interview with Psychiatrist)

I1* (8) Autism

Detachment from reality with a predominance of inner life. Autistic or "non-participatory" behavior is characterized by withdrawal, isolation and lack of communication. Autistic patients show no interest in their surroundings; communicate little, if at all with those around them; and make no effort for active adjustment, but adjust passively to change. Autistic or "dereistic" thinking lacks direction. Patients with autistic thinking live in a fantasy world.

a. Did you find any indication that the patient has withdrawn from others?

Y N U

b. Did you find any indication that the patient has isolated him/herself?

Y N U

c. Did you find any indication that the patient has not been communicating with others?

Y N U

d. Did you find that the patient has no interest in his/her surroundings?

Y N U

e. Did you find any indication that patient's thinking lacks direction?

Y N U

f. Did you find any indication that patient lives in a fantasy world?

Y N U

P	A

[If P, proceed to I2; if A, mark I2 and I3 as A, then proceed to I4.]

I2* (56) Hallucinatory Rich Autism

A wealth of mental events behind an autistic facade. Patient cannot be distracted from his/her hallucinatory experiences. If Autism is marked A, Hallucinatory Rich Autism should also be marked A.

a. Were there any indications for a wealth of mental events behind the autistic facade?

Y N U

b. Were there any indications that patient is hallucinating?

Y N U

c. Were the hallucinatory experiences so overwhelming that the patient could not be distracted from them?

Y N U

P A

[If P, mark I3 as A, then proceed to I4; if A, proceed to I3.]

I3* (42) Empty Autism

Vacant autism. Patient is empty inside. However hard one tries, there is nothing detectable behind the autistic facade; meagerness and poverty characterize mental life. If Autism is marked A or Hallucinatory Rich Autism is marked P, Empty Autism should be marked as A.

a. Was it your impression that the patient is empty inside?

Y N U

b. Is it correct to say that however hard you tried, you were not able to detect anything behind the autistic facade?

Y N U

c. Was it your impression that patient's mental life was rather meager?

Y N U

P A

[Proceed to I4.]

I4* (55) Hallucinatory Excitements

Excessive motility in response to hallucinatory experiences sufficiently severe to cause patient to interrupt one activity before finishing it and begin with another.

a. Did the patient display excessive motor activity?

Y N U

b. Was it so severe that he/she interrupted one activity to begin another?

Y N U

c. Was there any indication that the excessive motor activity was in response to hallucinatory experiences?

Y N U

P A

[Proceed to I5.]

I5* (58) Hypoactivity

Decreased psychomotility with a decrease in the frequency of motor behavior and activity.

a. Was it your impression during the interview that patient's psychomotility was decreased?

Y N U

P A

[Proceed to I6.]

I6* (60) Impairment in Personal Hygiene

Compromised personal hygiene and grooming. Patient does not keep him/herself clean, neat and/or tidy.

a. Was the patient clean, neat and/or tidy at the time of the interview?

Y N U

P A

[Proceed to I7.]

I7* (3) Aimless Behavior

Purposeless behavior. Patient hangs around and does nothing.

a. Did you get the impression that the patient just hangs around and does nothing?

Y N U

P A

[Proceed to I8.]

I8* (35) Disorganized Behavior

Behavior that has fallen apart and lacks any organization.

a. Was patient's behavior disorganized, as if fallen apart?

Y N U

P A

[Proceed to I9.]

I9* (57) Happy-go-lucky Attitude

Patient takes things as they come; appears to be easy going, but is empty behind this easy going facade.

a. Did you get the impression that patient has a happy-go-lucky attitude?

Y N U

P A

[Proceed to I10.]

I10* (108) Self-absorbed Attitude

Engrossed in one's own affairs; acts without any consideration for others.

a. Did you get the impression that patient was engrossed in his/her own affairs?

Y N U

b. Did you get the impression that he/she acted without any consideration for others?

Y N U

P A

[Proceed to I11.]

I11* (105) Responding to Inner Experiences

Patient is seen to interact verbally and/or through gestures with his/her inner experiences.

a. Did you see patient interacting verbally with his/her inner experiences?

Y N U

b. Did you see patient interacting through gestures with his/her inner experiences?

Y N U

P A

[Proceed to I12.]

I12* (102) Querulous Complaintiveness

Utterance of pain, discomfort and dissatisfaction in a fretful or peevish manner.

a. Did the patient keep on complaining of pain, discomfort and dissatisfaction?

Y N U

b. Did he/she do it in a fretful and peevish manner?

Y N U

P A

[Proceed to I13.]

I13* (92) Passivity

Inertness with inactivity; if subjected to an action patient does not respond and/or initiate an action in return.

a. Did you get the impression that the patient is inactive and inert?

Y N U

P A

[Proceed to the next section.]

Delayed Corrections Interview Module I

I - Summary of Miscellaneous Symptoms

1- Autism [A]

2- Hallucinatory Rich Autism [A]

3- Empty Autism [A]

4- Hallucinatory Excitements [A]

5- Hypoactivity [A]

6- Impairment of Personal Hygiene [A]

7- Aimless Behavior [A]

8- Disorganized Behavior [A]

9- Happy-go-lucky Attitude [A]

10- Self-absorbed Attitude [A]

11- Responding to Inner Experiences [A]

12- Querulous Complaintiveness [A]

13- Passivity [A]

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SSISD MAIN MENU

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Interview Module J

Global Information
(Interview with Patient J2 and J3)

(Interview with Psychiatrist J4)

J1 Active Psychotic Syndrome

The active psychotic syndrome is characterized by the presence of at least 2 of the following 5 symptoms:

1. *delusions*
2. *prominent hallucinations*
3. *incoherence (that can be substituted for by derailment, driveling, desultory thinking, neologisms and/or woolliness of thinking)*
4. *catatonic behavior (including catatonic excitement, catatonic negativism, catatonic posturing, catatonic rigidity, catatonic stupor and/or mutism)*
5. *and flat affect (that can be substituted for by blunted affect and/or inappropriate affect)*

The presence of 1 or more of the following 4 symptoms also qualifies for an acute psychotic syndrome:

1. *bizarre delusions*
2. *phonemic delusional hallucinations*
3. *self-reference hallucinosis*
4. *verbal hallucinosis*

(Computer Generated)

P A

[If P, and First Episode was marked P, mark J3 as A, then proceed to J2; if P, and First Episode was marked A, mark J2 as P and J3 as A, then proceed to J4; if A, and First Episode was marked P, mark J2 as A, then proceed to J3; if A, and First Episode was marked A, mark J2 as A and J3 as P, then proceed to J4.]

J2 (25) Continuous Active Psychotic Syndrome

The continuous presence of the active psychotic syndrome for at least six months. If First Episode was marked A and Active Psychotic Syndrome was marked P, Continuous Active Psychotic Syndrome should be marked as P; if First Episode was marked P and Active Psychotic Syndrome was marked A, Continuous Active Psychotic Syndrome should be marked as A; if First Episode and Active Psychotic Syndrome were both marked A, Continuous Active Psychotic Syndrome should also be marked as A.

a. Have your present problems and difficulties been present for at least six months?

Y N U

P A

[Proceed to J3.]

J3 (1) Active Psychotic Syndrome in Immediate Past

The presence of the active psychotic syndrome in the immediate past in the presence of the prodromal or residual syndrome. The active psychotic syndrome is (characterized by at least 2 of the following 5 symptoms: delusions; prominent hallucinations incoherence (that can be substituted for by derailment, desultory thinking, driveling, neologisms and/or woolliness of thinking); catatonic behavior (including catatonic excitement, catatonic negativism, catatonic posturing, catatonic rigidity, catatonic stupor and/or mutism); and flat affect (that can be substituted for by blunted affect and/or inappropriate affect) prior to the presence of the prodromal or residual syndrome that is present at the time of the assessment. The presence of 1 of more of the following 4 symptoms also qualifies for an active psychotic syndrome: bizarre delusions; phonemic delusional hallucinations; self-reference hallucinosis; and verbal hallucinosis. The prodromal or residual syndrome is characterized by the presence of at least 2 of the following 9 symptoms: blunted affect (that can be substituted for by flat affect and/or inappropriate affect); odd beliefs (that can be substituted for by ideas of reference, magical thinking and/or overvalued ideas); impairment in personal hygiene; impairment in role functioning; lack of initiative (that can be substituted for by lack of energy and/or lack of interest); overinclusive thinking (or restricted thinking); peculiar behavior; social isolation (or social withdrawal); and unusual perceptual experiences. If First Episode and Active Psychotic Syndrome were both marked P, Active Psychotic Syndrome in Immediate Past should be marked as A; if First Episode was marked A and Active Psychotic Syndrome was marked P, Active Psychotic Syndrome in Immediate Past should be marked as A; if First Episode and Active Psychotic Syndrome were both marked A, Active Psychotic Syndrome in Immediate Past should be marked as P.

a. Do you think that you have improved a lot since you developed your illness?

Y N U

b. Am I correct to assume that, just not too long ago you had beliefs that people thought were crazy, heard voices when no one was around and saw things that others could not see?

Y N U

P		A

[Proceed to J4.]

J4* (78) Multiform Clinical Picture

Variable disease picture in which different symptoms and/or syndromes prevail at different times.

a. Did the patient display a variable disease picture in the course of his/her illness?

Y N U

P A

[Proceed to then next section.]

Delayed Corrections Interview Module J

J - Summary of Global Information

1- Continuous Active Psychotic Syndrome [A]

2- Active Psychotic Syndrome in Immediate Past [A]

3- Multiform Clinical Picture [A]

To correct the contents of an item "box," type in the NUMBER of the item you wish to change (i.e., 1-3) and press the ENTER key. For no corrections, simply press the ENTER key.

Final Corrections of All Symptoms and Signs

SSISD Sect. No.	Var. No.	Variable	Pres	Abs
B2	61	Impairment in Role Functioning		
B3	21	Compromised Interaction with People		
B4	112	Social Withdrawal		
B5	111	Social Isolation		
B6	49	First Episode		
B7	43	Episodic Course		
B8	73	Limited Duration of First Episode		
B9	66	Insidious Onset		
C2	40	Elated Mood		
C3	69	Irritable Mood		
C4	32	Depressed Mood		
C5	6	Apathetic Indifference		
C6	28	Delusional Mood		
C7	51	Fluctuating Mood State		
C8	72	Lack of Interest		
C9	5	Anhedonia		
C10	116	Suicidal Tendencies		
C11	104	Recurrent Thoughts of Death		
C12	47	Feelings of Guilt		

SSISD Sect. No.	Var. No.	Variable	Pres	Abs
C13	48	Feelings of Inadequacy		
C14	27	Decreased Appetite		
C15	67	Insomnia		
C16	70	Lack of Energy		
C17	71	Lack of Initiative		
C18	94	Peculiar Behavior		
C20	19	Childish Pranks		
C21	114	Spiteful Tricks		
C22	64	Inappropriate Affect		
C23	50	Flat Affect		
C24	12	Blunted Affect		
C25	41	Emotional Impoverishment		
C26	4	Ambivalence		
C27	44	Ethical Blunting		
D1	123	Unusual Perceptual Experiences		
D2	54	Hallucinations		
D3	76	Mixed Hallucinations		
D5	7	Audible Thoughts		
D6	120	Thought Echo		

SSISD Sect. No.	Var. No.	Variable	Pres	Abs
D7	109	Self-reference Hallucinosis		
D8	124	Verbal Hallucinosis		
D9	96	Phonemic Delusional Hallucinations		
D10	91	Paranoid Hallucinations		
D11	107	Scenic Hallucinations		
D12	13	Bodily Hallucinations		
D13	95	Persistent Hallucinations		
D14	99	Prominent Hallucinations		
E1	84	Odd Beliefs		
E2	87	Overvalued Ideas		
E3	74	Magical Thinking		
E4	59	Ideas of Reference		
E5	30	Delusions		
E6	29	Delusional Perceptions		
E7	52	Grandiose Aspirations		
E8	31	Delusions of Grandeur		
E9	90	Paranoid Delusions		
E10	46	Fantastic Delusions		

SSISD Sect. No.	Var. No.	Variable	Pres	Abs
E11	98	Prominent Delusions		
E12	9	Autistic Delusions		
E13	117	Systematized Delusions		
E14	115	Strong Delusional Dynamics		
E15	119	Thought Broadcasting		
E16	121	Thought Insertion		
E17	122	Thought Withdrawal		
E18	45	Experience of Alien Influence		
E19	11	Bizarre Delusions		
E20	75	Misidentification		
E21	89	Paramnesia		
E22	23	Confabulations		
F1	14	Catatonic Excitement		
F2	15	Catatonic Negativism		
F3	80	Negativistic Excitement		
F4	18	Catatonic Stupor		
F5	16	Catatonic Posturing		
F6	126	Waxy Flexibility		

SSISD Sect. No.	Var. No.	Variable	Pres	Abs
F7	17	Catatonic Rigidity		
F8	88	Parakinesis		
F9	26	Cooperation		
F10	100	Proskinesis		
F11	10	Automatic Obedience		
F12	39	Echopraxia		
F13	2	Adversion		
G2	82	No Eye Contact		
G3	62	Impenetrable Facial Expression		
G4	101	Pseudoexpressive Movements		
G5	113	Soft Mannerisms		
G6	53	Grandiose Mannerisms		
G7	63	Inane Giggling		
H1	79	Mutism		
H2	24	Confused Speech		
H3	36	Dissociation Between Thought and Speech		
H4	65	Incoherence		
H5	127	Woolliness of Thinking		
H6	37	Driveling		
H7	34	Desultory Thinking		

SSISD Sect. No.	Var. No.	Variable	Pres	Abs
H8	33	Derailment		
H9	118	Thought Blocking		
H10	125	Verbigeration		
H11	38	Echolalia		
H12	20	Choppy Speech		
H13	77	Monotonous Speech		
H14	103	Rambling Speech		
H15	97	Pressured Speech		
H16	110	Slow Replies		
H17	93	Paucity of Speech		
H18	85	Off-putting Verbal Response		
H19	83	Obedient Answering		
H20	68	Irrelevant Speech		
H21	86	Overinclusive Thinking		
H22	106	Restricted Thinking		
H23	22	Concrete Thinking		
H24	81	Neologisms		
I1	8	Autism		
I2	56	Hallucinatory Rich Autism		
I3	42	Empty Autism		
I4	55	Hallucinatory Excitements		

SSISD Sect. No.	Var. No.	Variable	Pres	Abs
I5	58	Hypoactivity		
I6	60	Impairment of Personal Hygiene		
I7	3	Aimless Behavior		
I8	35	Disorganized Behavior		
I9	57	Happy-go-lucky Attitude		
I10	108	Self-absorbed Attitude		
I11	105	Responding to Inner Experiences		
I12	102	Querulous Complaintiveness		
I13	92	Passivity		
J2	25	Continuous Active Psychotic Syndrome		
J3	1	Active Psychotic Syndrome in Immediate Past		
J4	78	Multiform Clinical Picture		

REPORTING

Regardless of how the information was accessed, reporting of the findings in CODE-SD follows a uniform pattern. As shown in the sample case which follows, included are (1) a summary of personal information, (2) a list indicating the presence or absence of each of the 127 symptoms and signs, (3) five diagnoses and (4) information about the decision-making process (in terms of the presence or absence of variables employed in each of the five decision trees to arrive at a diagnosis).

Sample Case

Summary of Personal Information

Name: JH

Sex: M

Age: 28

Status: Inpatient

Marital Status: Single

Living With: Non-relatives

Schooling: Entered high-school

Occupation: Physical labor

When Stopped Working: Within 1 year prior to admission

Symptoms and Signs: Present/Absent

1	Active psychotic syndrome in immediate past	A	24	Confused speech	A
2	Adversion	A	25	Continuous active psychotic syndrome	P
3	Aimless behavior	A	26	Cooperation	A
4	Ambivalence	P	27	Decreased appetite	A
5	Anhedonia	A	28	Delusional mood	A
6	Apathetic indifference	A	29	Delusional perceptions	A
7	Audible thoughts	A	30	Delusions	A
8	Autism	A	31	Delusions of grandeur	A
9	Autistic delusions	A	32	Depressed mood	A
10	Automatic obedience	A	33	Derailment	A
11	Bizarre delusions	A	34	Desultory thinking	A
12	Blunted affect	P	35	Disorganized behavior	A
13	Bodily hallucinations	A	36	Dissociation between thought and speech	A
14	Catatonic excitement	A	37	Driveling	P
15	Catatonic negativism	A	38	Echolalia	A
16	Catatonic posturing	A	39	Echopraxia	A
17	Catatonic rigidity	A	40	Elated mood	A
18	Catatonic stupor	A	41	Emotional impoverishment	P
19	Childish pranks	A	42	Empty autism	A
20	Choppy speech	A	43	Episodic course	A
21	Compromised interaction with people	P	44	Ethical blunting	A
22	Concrete thinking	A	45	Experience of alien influence	A
23	Confabulations	A			

46	Fantastic delusions	A	69	Irritable mood	A
47	Feelings of guilt	A	70	Lack of energy	A
48	Feelings of inadequacy	A	71	Lack of initiative	P
49	First episode	A	72	Lack of interest	A
50	Flat affect	P	73	Limited duration of first episode	A
51	Fluctuating mood state	A	74	Magical thinking	A
52	Grandiose aspirations	A	75	Misidentifications	A
53	Grandiose mannerisms	A	76	Mixed hallucinations	A
54	Hallucinations	P	77	Monotonous speech	P
55	Hallucinatory excitements	A	78	Multiform clinical picture	A
56	Hallucinatory rich autism	A	79	Mutism	A
			80	Negativistic excitement	A
57	Happy-go-lucky attitude	A	81	Neologisms	A
58	Hypoactivity	P	82	No eye contact	A
59	Ideas of reference	P	83	Obedient answering	A
60	Impairment in personal hygiene	A	84	Odd beliefs	A
			85	Off-putting verbal responses	A
61	Impairment in role functioning	P	86	Overinclusive thinking	A
62	Impenetrable facial expression	P	87	Overvalued ideas	A
63	Inane giggling	A	88	Parakinesis	A
64	Inappropriate affect	A	89	Paramnesia	P
65	Incoherence	A	90	Paranoid delusions	A
66	Insidious onset	P	91	Paranoid hallucinations	A
67	Insomnia	P	92	Passivity	P
68	Irrelevant speech	A	93	Paucity of speech	P

94	Peculiar behavior	A
95	Persistent hallucinations	A
96	Phonemic delusional hallucinations	A
97	Pressured speech	A
98	Prominent delusions	A
99	Prominent hallucinations	A
100	Proskinesis	A
101	Pseudoexpressive movements	A
102	Querulous complaintiveness	A
103	Rambling speech	A
104	Recurrent thoughts of death	A
105	Responding to inner experiences	A
106	Restricted thinking	P
107	Scenic hallucinations	A
108	Self-absorbed attitude	A
109	Self-reference hallucinosis	A
110	Slow replies	P
111	Social isolation	A
112	Social withdrawal	P
113	Soft mannerisms	A
114	Spiteful tricks	A
115	Strong delusional dynamics	A
116	Suicidal tendencies	A
117	Systematized delusions	A
118	Thought blocking	A
119	Thought broadcasting	A
120	Thought echo	A
121	Thought insertion	A
122	Thought withdrawal	A
123	Unusual perceptual experiences	P
124	Verbal hallucinosis	A
125	Verbigeration	A
126	Waxy flexibility	A
127	Woolliness of thinking	A

Diagnostic Forms and Subforms

1. Eugen Bleuler: Probable schizophrenia
2. Kurt Schneider: Other psychiatric disorder
3. Karl Leonhard: Systematic schizophrenia, shallow hebephrenia
4. DSM-III-R: Schizophrenia, disorganized type
5. ICD-10: Hebephrenic schizophrenia

Decision-Making Process

1. Eugene Bleuler: Probable schizophrenia

   Signs and Symptoms Present

   Driveling
   Ambivalence
   Blunted affect

2. Kurt Schneider: Other psychiatric disorder
3. Karl Leonhard: Systematic schizophrenia, shallow hebephrenia

   Signs and Symptoms Present

   Driveling
   Ambivalence
   Blunted affect
   Slow replies
   Paramnesias
   Impenetrable facial expression
   Hypoactivity

4. DSM-III-R: Schizophrenia, disorganized type

   Signs and Symptoms Present

   Blunted affect
   Driveling
   Compromised interaction with people
   Continuous active psychotic syndrome

5. ICD-10 (DCR): Hebephrenic schizophrenia

   Signs and Symptoms Present

   Blunted affect
   Driveling

EDUCATIONAL MATERIAL

As shown in Table I, the 127 symptoms and signs employed in CODE-SD are accessed in nine of the 10 interview modules of the SSISD; and as shown in Table II, the judgments regarding the presence or absence of each of the symptoms and signs are based primarily on the answer's given by the patient during the interview (Interview with Patient), on the answers given by the psychiatrist after the interview (Interview with Psychiatrist) and on the results of an examination carried out by the psychiatrist on patient (Examination of Patient).

On the basis of their frequency of occurrence, in the different classifications, the relevance and significance of each variable in diagnostic decisions is given in Table III. As shown in the table, least relevant are symptoms such as "self-absorbed attitude" (1/1), which occurs only once in one system of diagnostic classification; whereas most relevant are symptoms such as "blunted affect" (4/19), which occurs a total of 19 times in four classifications.

TABLE I

Variables	B	C	D	E	F	G	H	I	J
1. Active psychotic syndrome in immediate past									✓
2. Adversion					✓				
3. Aimless behavior								✓	
4. Ambivalence		✓							
5. Anhedonia		✓							
6. Apathetic indifference		✓							

TABLE I (cont.)

Variables	B	C	D	E	F	G	H	I	J
7. Audible thoughts			✓						
8. Autism								✓	
9. Autistic delusions				✓					
10. Automatic obedience					✓				
11. Bizarre delusions				✓					
12. Blunted affect		✓							
13. Bodily hallucinations			✓						
14. Catatonic excitement					✓				
15. Catatonic negativism					✓				
16. Catatonic posturing					✓				
17. Catatonic rigidity					✓				
18. Catatonic stupor					✓				
19. Childish pranks		✓							
20. Choppy speech							✓		
21. Compromised interaction with people	✓								
22. Concrete thinking							✓		
23. Confabulations				✓					
24. Confused speech							✓		
25. Continuous active psychotic syndrome									✓
26. Cooperation					✓				
27. Decreased appetite		✓							
28. Delusional mood		✓							
29. Delusional perceptions				✓					
30. Delusions				✓					

TABLE I (cont.)

Variables	B	C	D	E	F	G	H	I	J
31. Delusions of grandeur				✓					
32. Depressed mood		✓							
33. Derailment							✓		
34. Desultory thinking							✓		
35. Disorganized behavior								✓	
36. Dissociation between thought and speech							✓		
37. Driveling							✓		
38. Echolalia							✓		
39. Echopraxia					✓				
40. Elated mood		✓							
41. Emotional impoverishment		✓							
42. Empty autism								✓	
43. Episodic course	✓								
44. Ethical blunting		✓							
45. Experience of alien influence				✓					
46. Fantastic delusions				✓					
47. Feelings of guilt		✓							
48. Feelings of inadequacy		✓							
49. First episode	✓								
50. Flat affect		✓							
51. Fluctuating mood state		✓							
52. Grandiose aspirations				✓					
53. Grandiose mannerisms						✓			
54. Hallucinations									
55. Hallucinatory excitements								✓	

TABLE I (cont.)

Variables	B	C	D	E	F	G	H	I	J
56. Hallucinatory rich autism			✓					✓	
57. Happy-go-lucky attitude								✓	
58. Hypoactivity								✓	
59. Ideas of reference				✓					
60. Impairment in personal hygiene								✓	
61. Impairment in role functioning	✓								
62. Impenetrable facial expression						✓			
63. Inane giggling						✓			
64. Inappropriate affect		✓							
65. Incoherence							✓		
66. Insidious onset	✓								
67. Insomnia		✓							
68. Irrelevant speech							✓		
69. Irritable mood		✓							
70. Lack of energy		✓							
71. Lack of initiative		✓							
72. Lack of interest		✓							
73. Limited duration of first episode	✓								
74. Magical thinking				✓					
75. Misidentifications				✓					
76. Mixed hallucinations			✓						
77. Monotonous speech							✓		
78. Multiform clinical picture									✓
79. Mutism							✓		
80. Negativistic excitement					✓				

TABLE 1 (Cont.)

Variables	B	C	D	E	F	G	H	I	J
81. Neologisms							✓		
82. No eye contact					✓				
83. Obedient answering									
84. Odd beliefs				✓			✓		
85. Off-putting verbal responses							✓		
86. Overinclusive thinking							✓		
87. Overvalued ideas				✓					
88. Parakinesis					✓				
89. Paramnesia				✓					
90. Paranoid delusions				✓					
91. Paranoid hallucinations			✓						
92. Passivity								✓	
93. Paucity of speech							✓		
94. Peculiar behavior		✓							
95. Persistent hallucinations			✓						
96. Phonemic delusional hallucinations			✓				✓		
97. Pressured speech							✓		
98. Prominent delusions				✓					
99. Prominent hallucinations			✓						
100. Proskinesis					✓				
101. Pseudoexpressive movements						✓			
102. Querulous complaintiveness								✓	
103. Rambling speech							✓		
104. Recurrent thoughts of death		✓							

TABLE I (cont.)

Variables	B	C	D	E	F	G	H	I	J
105. Responding to inner experiences								✓	
106. Restricted thinking							✓		
107. Scenic hallucinations			✓						
108. Self-absorbed attitude								✓	
109. Self-reference hallucinosis			✓						
110. Slow replies							✓		
111. Social isolation	✓								
12. Social withdrawal	✓								
113. Soft mannerisms						✓			
114. Spiteful tricks		✓							
115. Strong delusional dynamics				✓					
16. Suicidal tendencies		✓							
117. Systematized delusions				✓					
118. Thought blocking							✓		
119. Thought broadcasting				✓					
20. Thought echo			✓						
121. Thought insertion				✓					
122. Thought withdrawal				✓					
123. Unusual perceptual experiences			✓						
124. Verbal hallucinosis			✓						
125. Verbigeration							✓		
126. Waxy flexibility									
127. Woolliness of thinking							✓		

B = History of Illness
C = Feelings, Mood and Related Behavior
D = Illusions and Hallucinations
E = Content Disorders of Thinking
F = Catatonic Manifestations
G = General Observations
H = Thinking and Speech
I = Miscellaneous Symptoms
J = Global Information

TABLE II

Variables	Interview with Patient	Interview with Psychiatrist	Examination of Patient
1. Active psychotic syndrome in immediate past		✓	
2. Adversion		✓	
3. Aimless behavior		✓	
4. Ambivalence		✓	
5. Anhedonia	✓		
6. Apathetic indifference	✓		
7. Audible thoughts	✓		
8. Autism		✓	
9. Autistic delusions	✓		
10. Automatic obedience			✓
11. Bizarre delusions	✓		
12. Blunted affect		✓	
13. Bodily hallucinations	✓		
14. Catatonic excitement		✓	
15. Catatonic negativism			✓
16. Catatonic posturing		✓	
17. Catatonic rigidity			✓
18. Catatonic stupor			✓
19. Childish pranks	✓		
20. Choppy speech		✓	
21. Compromised interaction with people	✓		
22. Concrete thinking		✓	
23. Confabulations		✓	

TABLE II (cont.)

Variables	Interview with Patient	Interview with Psychiatrist	Examination of Patient
24. Confused speech		✓	
25. Continuous active psychotic syndrome		✓	
26. Cooperation			✓
27. Decreased appetite	✓		
28. Delusional mood	✓		
29. Delusional perceptions	✓		
30. Delusions	✓		
31. Delusions of grandeur	✓		
32. Depressed mood	✓		
33. Derailment		✓	
34. Desultory thinking		✓	
35. Disorganized behavior		✓	
36. Dissociation between thought and speech		✓	
37. Driveling		✓	
38. Echolalia		✓	
39. Echopraxia			✓
40. Elated mood	✓		
41. Emotional impoverishment		✓	
42. Empty autism		✓	
43. Episodic course	✓		
44. Ethical blunting		✓	
45. Experience of alien influence	✓		
46. Fantastic delusions	✓		

TABLE II (cont.)

Variables	Interview with Patient	Interview with Psychiatrist	Examination of Patient
47. Feelings of guilt	✓		
48. Feelings of inadequacy	✓		
49. First episode	✓		
50. Flat affect		✓	
51. Fluctuating mood state	✓		
52. Grandiose aspirations	✓		
53. Grandiose mannerisms		✓	
54. Hallucinations	✓		
55. Hallucinatory excitements		✓	
56. Hallucinatory rich autism		✓	
57. Happy-go-lucky attitude		✓	
58. Hypoactivity		✓	
59. Ideas of reference	✓		
60. Impairment in personal hygiene		✓	
61. Impairment in role functioning	✓		
62. Impenetrable facial expression		✓	
63. Inane giggling		✓	
64. Inappropriate affect		✓	
65. Incoherence		✓	
66. Insidious onset	✓		
67. Insomnia	✓		
68. Irrelevant speech		✓	
69. Irritable mood	✓		
70. Lack of energy	✓		
71. Lack of initiative	✓		

TABLE II (cont.)

Variables	Interview with Patient	Interview with Psychiatrist	Examination of Patient
72. Lack of interest	✓		
73. Limited duration of first episode	✓		
74. Magical thinking	✓		
75. Misidentifications		✓	
76. Mixed hallucinations	✓		
77. Monotonous speech		✓	
78. Multiform clinical picture		✓	
79. Mutism		✓	
80. Negativistic excitement			✓
81. Neologisms		✓	
82. No eye contact		✓	
83. Obedient answering		✓	
84. Odd beliefs	✓		
85. Off-putting verbal responses		✓	
86. Overinclusive thinking		✓	
87. Overvalued ideas	✓		
88. Parakinesis		✓	
89. Paramnesia		✓	
90. Paranoid delusions	✓		
91. Paranoid hallucinations	✓		
92. Passivity		✓	
93. Paucity of speech		✓	
94. Peculiar behavior	✓		
95. Persistent hallucinations	✓		

TABLE II (cont.)

Variables	Interview with Patient	Interview with Psychiatrist	Examination of Patient
96. Phonemic delusional hallucinations	✓		
97. Pressured speech		✓	
98. Prominent delusions	✓		
99. Prominent hallucinations	✓		
100. Proskinesis		✓	✓
101. Pseudoexpressive movements		✓	
102. Querulous complaintiveness		✓	
103. Rambling speech		✓	
104. Recurrent thoughts of death	✓		
105. Responding to inner experiences		✓	
106. Restricted thinking		✓	
107. Scenic hallucinations	✓		
108. Self-absorbed attitude		✓	
109. Self-reference hallucinosis	✓		
110. Slow replies		✓	
111. Social isolation	✓		
112. Social withdrawal	✓		
113. Soft mannerisms		✓	
114. Spiteful tricks	✓		
115. Strong delusional dynamics	✓		
116. Suicidal tendencies	✓		
117. Systematized delusions	✓		
118. Thought blocking		✓	
119. Thought broadcasting	✓		

TABLE II (cont.)

Variables	Interview with Patient	Interview with Psychiatrist	Examination of Patient
120. Thought echo	✓		
121. Thought insertion	✓		
122. Thought withdrawal	✓		
123. Unusual perceptual experiences	✓		
124. Verbal hallucinosis	✓		
125. Verbigeration		✓	
26. Waxy flexibility			✓
127. Woolliness of thinking		✓	

TABLE III

Variables	Classifications A Bleuler	B Schneider	C Leonhard	D DSM-III-R	E ICD-10	Total
1. Active psychotic syndrome in immediate past	0	0	0	1	0	1/1
2. Adversion	0	0	2	0	0	1/2
3. Aimless behavior	0	0	0	0	2	1/2
4. Ambivalence	1	0	2	0	0	2/3
5. Anhedonia	0	0	0	0	2	1/2
6. Apathetic indifference	0	0	1	0	3	2/4
7. Audible thoughts	0	1	3	0	0	2/4
8. Autism	1	0	1	0	0	2/2
9. Autistic delusions	1	0	3	0	0	2/4
10. Automatic obedience	0	0	1	0	1	2/2
11. Bizarre delusions	0	0	2	2	2	3/6
12. Blunted affect	1	0	7	5	6	4/19
13. Bodily hallucinations	0	0	2	0	0	1/2
14. Catatonic excitement	0	0	4	3	3	3/10
15. Catatonic negativism	0	0	6	3	3	3/12
16. Catatonic posturing	0	0	6	3	3	3/12
17. Catatonic rigidity	0	0	4	3	3	3/10
18. Catatonic stupor	0	0	4	3	3	3/10
19. Childish pranks	0	0	2	0	0	1/2
20. Choppy speech	0	0	2	0	0	1/2
21. Compromised interaction with people	0	0	0	1	3	2/4
22. Concrete thinking	0	0	1	0	0	1/1
23. Confabulations	0	0	2	0	0	1/2
24. Confused speech	0	0	2	0	1	2/3
25. Continuous active psychotic syndrome	0	0	0	1	0	1/1
26. Cooperation	0	0	4	0	0	1/4
27. Decreased appetite	0	0	0	0	2	1/2
28. Delusional mood	0	0	2	0	0	1/2
29. Delusional perceptions	0	1	1	0	2	3/4
30. Delusions	0	0	3	2	0	2/5
31. Delusions of grandeur	0	0	2	0	0	1/2
32. Depressed mood	0	0	3	0	2	2/5
33. Derailment	1	0	3	3	3	4/10
34. Desultory thinking	1	0	3	3	3	4/10
35. Disorganized behavior	0	0	0	2	1	2/3
36. Dissociation between thought and speech	0	0	2	0	0	1/2
37. Driveling	1	0	3	3	3	4/10
38. Echolalia	1	0	4	0	0	2/5
39. Echopraxia	0	0	2	0	0	1/2
40. Elated mood	0	0	2	0	0	1/2
41. Emotional impoverishment	1	0	3	0	0	2/4
42. Empty autism	1	0	3	0	0	2/4
43. Episodic course	0	0	1	0	0	1/1
44. Ethical blunting	0	0	2	0	0	1/2
45. Experience of alien influence	0	1	1	0	2	3/4
46. Fantastic delusions	0	0	2	0	0	1/2
47. Feelings of guilt	0	0	0	0	2	1/2

TABLE III

Variables	Classifications A Bleuler	B Schneider	C Leonhard	D DSM-III-R	E ICD-10	Total
48. Feelings of inadequacy	0	0	0	0	2	1/2
49. First episode	0	0	1	1	2	3/4
50. Flat affect	1	0	6	5	3	4/15
51. Fluctuating mood state	0	0	2	0	0	1/2
52. Grandiose aspirations	0	0	1	0	0	1/1
53. Grandiose mannerisms	0	0	2	0	0	1/2
54. Hallucinations	0	0	0	1	0	1/1
55. Hallucinatory excitements	0	0	4	0	0	1/4
56. Hallucinatory rich autism	1	0	3	0	0	2/4
57. Happy-go-lucky attitude	0	0	1	0	0	1/1
58. Hypoactivity	0	0	1	0	3	2/4
59. Ideas of reference	0	0	1	2	0	2/3
60. Impairment in personal hygiene	0	0	1	3	2	3/6
61. Impairment in role functioning	0	0	1	3	3	3/7
62. Impenetrable facial expression	0	0	2	0	3	2/5
63. Inane giggling	0	0	2	0	0	1/2
64. Inappropriate affect	1	0	4	5	3	4/13
65. Incoherence	1	0	5	4	3	4/13
66. Insidious onset	0	0	1	0	0	1/1
67. Insomnia	0	0	0	0	2	1/2
68. Irrelevant speech	0	0	1	0	2	2/3
69. Irritable mood	0	0	3	0	0	1/3
70. Lack of energy	0	0	1	2	0	2/3
71. Lack of initiative	0	0	2	2	3	3/7
72. Lack of interest	0	0	1	2	1	3/4
73. Limited duration of first episode	0	0	0	0	2	1/2
74. Magical thinking	0	0	1	2	0	2/3
75. Misidentifications	0	0	2	0	0	1/2
76. Mixed hallucinations	0	0	2	0	0	1/2
77. Monotonous speech	0	0	0	0	3	1/3
78. Multiform clinical picture	0	0	2	0	0	1/2
79. Mutism	0	0	7	3	2	3/12
80. Negativistic excitement	0	0	2	0	0	1/2
81. Neologisms	1	0	3	3	2	4/9
82. No eye contact	0	0	0	0	3	1/3
83. Obedient answering	0	0	2	0	0	1/2
84. Odd beliefs	0	0	1	2	0	2/3
85. Off-putting verbal responses	0	0	2	0	0	1/2
86. Overinclusive thinking	0	0	1	2	0	2/3
87. Overvalued ideas	0	0	1	2	0	2/3
88. Parakinesis	0	0	4	0	0	1/4
89. Paramnesia	0	0	2	0	0	1/2
90. Paranoid delusions	0	0	0	0	1	1/1
91. Paranoid hallucinations	0	0	0	0	1	1/1
92. Passivity	0	0	0	0	3	1/3
93. Paucity of speech	0	0	1	0	5	2/6
94. Peculiar behavior	0	0	3	2	0	2/5
95. Persistent hallucinations	0	0	1	0	2	2/3

TABLE III

Variables	Classifications A Bleuler	B Schneider	C Leonhard	D DSM-III-R	E ICD-10	Total
96. Phonemic delusional hallucinations	0	0	4	3	2	3/9
97. Pressured speech	0	0	2	0	0	1/2
98. Prominent delusions	0	0	0	1	1	2/2
99. Prominent hallucinations	0	0	1	2	1	3/4
100. Proskinesis	0	0	4	0	0	1/4
101. Pseudoexpressive movements	0	0	1	0	0	1/1
102. Querulous complaintiveness	0	0	2	0	0	1/2
103. Rambling speech	0	0	0	0	1	1/1
104. Recurrent thoughts of death	0	0	0	0	2	1/2
105. Responding to inner experiences	0	0	1	0	0	1/1
106. Restricted thinking	0	0	1	2	3	3/6
107. Scenic hallucinations	0	0	2	0	0	1/2
108. Self-absorbed attitude	0	0	0	0	1	1/1
109. Self-reference hallucinosis	0	1	4	2	2	4/9
110. Slow replies	0	0	1	0	0	1/1
111. Social isolation	0	0	1	2	0	2/3
112. Social withdrawal	0	0	1	2	1	3/4
113. Soft mannerisms	0	0	2	0	0	1/2
114. Spiteful tricks	0	0	2	0	0	1/2
115. Strong delusional dynamics	0	0	2	0	0	1/2
116. Suicidal tendencies	0	0	0	0	2	1/2
117. Systematized delusions	0	0	0	1	0	1/1
118. Thought blocking	1	0	2	0	2	3/5
119. Thought broadcasting	0	1	3	0	2	3/6
120. Thought echo	0	0	1	0	2	2/3
121. Thought insertion	0	1	1	0	2	3/4
122. Thought withdrawal	0	1	1	0	2	3/4
123. Unusual perceptual experiences	0	0	1	2	0	2/3
124. Verbal hallucinosis	0	1	5	3	2	4/11
125. Verbigeration	1	0	2	0	0	2/3
126. Waxy flexibility	0	0	5	1	3	3/9
127. Woolliness of thinking	1	0	5	5	2	4/13
Totals:	18	8	243	110	144	237/523

To assist those with an interest in the actual role of the different variables within a decision cluster and/or decision unit, the position of each variable in terms of decision clusters and decision units is given in Table IV.

TABLE IV

Variables	Decision Cluster	Decision Unit
1. Active psychotic syndrome in immediate past	VII	D19
2. Adversion	XXIII	C61
	XXVI	C71
3. Aimless behavior	X	E16
	XVI	E38
4. Ambivalence	I	A3
	I	C3
	XIX	C53
5. Anhedonia	XIII	E24
	XV	E34
6. Apathetic indifference	IV	C11
	III	E3
	VI	E9
	IX	E15
7. Audible thoughts	I	B1
	II	C5
	XXX	C85
	XXXIV	C97
8. Autism	I	A2
	I	C2
9. Autistic delusions	I	A2
	I	C2
	XIII	C39
	XVIII	C50
10. Automatic obedience	XXI	C57
	VII	E13

TABLE IV (cont.)

Variables	Decision Cluster	Decision Unit
11. Bizarre delusions	III	C10
	VI	C20
	III	D7
	IX	D25
	II	E2
	V	E8
12. Blunted affect	I	A4
	I	C4
	IV	C11
	V	C15
	VII	C21
	XIX	C53
	XXXVIII	C109
	XXXIX	C111
	II	D2
	VI	D10
	VIII	D20
	X	D26
	XII	D36
	III	E3
	VI	E9
	IX	E15
	XII	E18
	XIV	E28
	XVII	E40
13. Bodily hallucinations	XXIX	C83
	XXXIII	C91
14. Catatonic excitement	IV	C12
	V	C16
	XI	C33
	XVI	C44
	II	D3
	VIII	D21
	XI	D35
	III	E4
	VI	E10
	VII	E13

TABLE IV (cont.)

Variables	Decision Cluster	Decision Unit
15. Catatonic negativism	IV	C12
	V	C16
	XI	C33
	XVI	C44
	XIX	C54
	XXV	C65
	II	D3
	VIII	D21
	XI	D35
	III	E4
	VI	E10
	VII	E13
16. Catatonic posturing	IV	C12
	V	C16
	XI	C34
	XVI	C45
	XX	C55
	XXV	C66
	II	D3
	VIII	D21
	XI	D35
	III	E4
	VI	E10
	VII	E13
17. Catatonic rigidity	IV	C12
	V	C16
	XX	C56
	XXVI	C72
	II	D3
	VIII	D21
	XI	D35
	III	E4
	VI	E10
	VII	E13
18. Catatonic stupor	IV	C12
	V	C16
	XI	C33
	XVI	C44
	II	D3
	VIII	D21
	XI	D35
	III	E4
	VI	E10
	VII	E13
19. Childish pranks	XXXVI	C105
	XL	C115

TABLE IV (cont.)

Variables	Decision Cluster	Decision Unit
20. Choppy speech	XXII	C59
	XXVI	C73
21. Compromised interaction with people	IV	D8
	XII	E19
	XIV	E29
	XVI	E39
22. Concrete thinking	XXXII	C89
23. Confabulations	XXXII	C90
	XXXIV	C98
24. Confused speech	XII	C36
	XVII	C47
	X	E16
25. Continuous active psychotic syndrome	V	D9
26. Cooperation	XI	C35
	XVI	C46
	XXI	C58
	XXVI	C74
27. Decreased appetite	XIII	E26
	XV	E35
28. Delusional mood	XIII	C39
	XVIII	C50
29. Delusional perceptions	I	B2
	II	C6
	II	E2
	V	E8
30. Delusions	V	C17
	XIII	C40
	XVIII	C51
	II	D4
	VIII	D22
31. Delusions of grandeur	XXXI	C87
	XXXIII	C92
32. Depressed mood	XIII	C41
	XVIII	C52
	XXXVII	C107
	XIII	E24
	XV	E34

TABLE IV (cont.)

Variables	Decision Cluster	Decision Unit
33. Derailment	I	A1
	I	C1
	IV	C13
	V	C18
	II	D5
	VIII	D23
	XII	D37
	III	E5
	VI	E11
	X	E16
34. Desultory thinking	I	A1
	I	C1
	IV	C13
	V	C18
	II	D5
	VIII	D23
	XII	D37
	III	E5
	VI	E11
	X	E16
35. Disorganized behavior	XII	D37
	XIV	D39
	X	E16
36. Dissociation between thought and speech	XII	C37
	XVII	C48
37. Driveling	I	A1
	I	C1
	IV	C13
	V	C18
	II	D5
	VIII	D23
	XII	D37
	III	E5
	VI	E11
	X	E16
38. Echolalia	I	A1
	I	C1
	XXI	C57
	XXIII	C61
	XXVI	C75
39. Echopraxia	XXI	C57
	XXVI	C76

TABLE IV (cont.)

Variables	Decision Cluster	Decision Unit
40. Elated mood	XVIII	C52
	XXXII	C89
41. Emotional impoverishment	I	A4
	I	C4
	XXXVIII	C109
	XXXIX	C111
42. Empty autism	I	A2
	I	C2
	XXXV	C103
	XXXIX	C112
43. Episodic course	X	C32
44. Ethical blunting	XXXVII	C107
	XL	C116
45. Experience of alien influence	I	B3
	II	C7
	II	E2
	V	E8
46. Fantastic delusions	XXVIII	C81
	XXXIV	C99
47. Feelings of guilt	XIII	E25
	XV	E36
48. Feelings of inadequacy	XIII	E25
	XV	E36
49. First episode	VIII	C30
	I	D1
	I	E1
	XI	E17

TABLE IV (cont.)

Variables	Decision Cluster	Decision Unit
50. Flat affect	I	A4
	I	C4
	IV	C11
	V	C15
	VII	C21
	XXXVIII	C109
	XXXIX	C111
	II	D2
	VI	D10
	VIII	D20
	X	D26
	XII	D36
	III	E3
	VI	E9
	IX	E15
51. Fluctuating mood state	XIII	C41
	XVIII	C52
52. Grandiose aspirations	XXXI	C88
53. Grandiose mannerisms	XXXI	C88
	XXXIV	C100
54. Hallucinations	XIV	D39
55. Hallucinatory excitements	XXVII	C79
	XXXIV	C101
	XXXV	C104
	XXXVIII	C110
56. Hallucinatory rich autism	I	A2
	I	C2
	XXVII	C79
	XXXIV	C101
57. Happy-go-lucky attitude	XXXVI	C106
58. Hypoactivity	XXXVIII	C110
	XII	E20
	XIV	E30
	XVII	E41
59. Ideas of reference	VII	C22
	VI	D11
	X	D27

TABLE IV (cont.)

Variables	Decision Cluster	Decision Unit
60. Impairment in personal hygiene	VII	C23
	IV	D8
	VI	D12
	X	D28
	XII	E19
	XIV	E29
61. Impairment in role functioning	VII	C24
	IV	D8
	VI	D13
	X	D29
	XII	E19
	XIV	E29
	XVI	E39
62. Impenetrable facial expression	XXXV	C104
	XL	C117
	XII	E21
	XIV	E31
	XVII	E42
63. Inane giggling	XXXVI	C105
	XXXIX	C113
64. Inappropriate affect	I	A4
	I	C4
	IV	C11
	V	C15
	VII	C21
	II	D2
	VI	D10
	VIII	D20
	X	D26
	XII	D36
	III	E3
	VI	E9
	IX	E15

TABLE IV (cont.)

Variables	Decision Cluster	Decision Unit
65. Incoherence	I	A1
	I	C1
	IV	C13
	V	C18
	XXVII	C80
	XXXIII	C93
	II	D5
	VIII	D23
	XII	D37
	XIV	D39
	III	E5
	VI	E11
	X	E16
66. Insidious onset	IX	C31
67. Insomnia	XIII	E26
	XV	E35
68. Irrelevant speech	IV	C13
	III	E5
	VI	E11
69. Irritable mood	XIII	C41
	XVIII	C52
	XXIX	C84
70. Lack of energy	VII	C25
	VI	D14
	X	D30
71. Lack of initiative	VII	C25
	XXXVIII	C110
	VI	D14
	X	D30
	XII	E22
	XIV	E32
	XVI	E38
72. Lack of interest	VII	C25
	VI	D14
	X	D30
	XVI	E38
73. Limited duration of first episode	IV	E7
	XVIII	E45
74. Magical thinking	VII	C22
	VI	D11
	X	D27

TABLE IV (cont.)

Variables	Decision Cluster	Decision Unit
75. Misidentifications	XXVIII	C82
	XXXIV	C100
76. Mixed hallucinations	XXVIII	C82
	XXXIII	C91
77. Monotonous speech	XII	E21
	XIV	E31
	XVII	E42
78. Multiform clinical picture	XIV	C42
	XV	C43
79. Mutism	IV	C12
	V	C16
	XII	C38
	XVII	C49
	XX	C56
	XXIV	C63
	XV	C67
	II	D3
	VIII	D21
	XI	D35
	III	E4
	VI	E10
80. Negativistic excitement	XIX	C53
	XXVI	C77
81. Neologisms	I	A1
	I	C1
	IV	C13
	V	C18
	II	D5
	VIII	D23
	XII	D37
	III	E5
	VI	E11
82. No eye contact	XII	E21
	XIV	E31
	XVII	E42
83. Obedient answering	XXIII	C62
	XXV	C68
84. Odd beliefs	VII	C22
	VI	D11
	X	D27

TABLE IV (cont.)

Variables	Decision Cluster	Decision Unit
85. Off-putting verbal responses	XXXV	C104
	XL	C118
86. Overinclusive thinking	VII	C26
	VI	D15
	X	D31
87. Overvalued ideas	VII	C22
	VI	D11
	X	D27
88. Parakinesis	XI	C35
	XVI	C46
	XXII	C60
	XXV	C69
89. Parammesia	XXXII	C90
	XXXIII	C94
90. Paranoid delusions	VIII	E14
91. Paranoid hallucinations	VIII	E14
92. Passivity	XII	E22
	XIV	E32
	XVII	E43
93. Paucity of speech	IV	C11
	III	E3
	VI	E9
	XII	E23
	XIV	E33
	XVII	E44
94. Peculiar behavior	VII	C27
	XXXVII	C107
	XL	C119
	VI	D16
	X	D32
95. Persistent hallucinations	IV	C14
	III	E6
	VI	E12

TABLE IV (cont.)

Variables	Decision Cluster	Decision Unit
96. Phonemic delusional hallucinations	III	C10
	VI	C20
	XXX	C86
	XXXIII	C95
	III	D7
	IX	D25
	XIII	D38
	II	E2
	V	E8
97. Pressured speech	XII	C38
	XVII	C49
98. Prominent delusions	XIV	D39
	VIII	E14
99. Prominent hallucinations	V	C19
	II	D6
	VIII	D24
	VIII	E14
100. Proskinesis	XI	C35
	XVI	C46
	XXI	C58
	XXV	C70
101. Pseudoexpressive movements	XXII	C59
102. Querulous complaintiveness	XXXVII	C108
	XL	C120
103. Rambling speech	X	E16
104. Recurrent thoughts of death	XIII	E27
	XV	E37
105. Responding to inner experiences	XXIV	C64
106. Restricted thinking	VII	C26
	VI	D15
	X	D31
	XII	E23
	XIV	E33
	XVII	E44
107. Scenic hallucinations	XXVIII	C81
	XXXIII	C96
108. Self-absorbed attitude	XVI	E38

TABLE IV (cont.)

Variables	Decision Cluster	Decision Unit
109. Self-reference hallucinosis	I	B5
	II	C9
	VI	C20
	XXIX	C84
	XXXIV	C97
	III	D7
	IX	D25
	II	E2
	V	E8
110. Slow replies	XXIV	C63
111. Social isolation	VII	C28
	VI	D17
	X	D33
112. Social withdrawal	VII	C28
	VI	D17
	X	D33
	XVI	E38
113. Soft mannerisms	XXXVII	C108
	XXXIX	C114
114. Spiteful tricks	XXXVI	C106
	XL	C121
115. Strong delusional dynamics	XIII	C39
	XVIII	C50
116. Suicidal tendencies	XIII	E27
	XV	E37
117. Systematized delusions	XIII	D38
118. Thought blocking	I	A1
	I	C1
	IV	C13
	III	E5
	VI	E11
119. Thought broadcasting	I	B4
	II	C8
	XXX	C85
	XXXIII	C95
	II	E2
	V	E8

TABLE IV (cont.)

Variables	Decision Cluster	Decision Unit
120. Thought echo	III	C10
	II	E2
	V	E8
121. Thought insertion	I	B3
	II	C7
	II	E2
	V	E8
122. Thought withdrawal	I	B3
	II	C7
	II	E2
	V	E8
123. Unusual perceptual experiences	VII	C29
	VI	D18
	X	D34
124. Verbal hallucinosis	I	B5
	II	C9
	VI	C20
	XXIX	C84
	XXX	C86
	XXXIV	C102
	III	D7
	IX	D25
	XIII	D38
	II	E2
	V	E8
125. Verbigeration	I	A1
	I	C1
	XXI	C57
126. Waxy flexibility	IV	C12
	XI	C34
	XVI	C45
	XX	C56
	XXVI	C78
	XI	D35
	III	E4
	VI	E10
	VII	E13

TABLE IV (cont.)

Variables	Decision Cluster	Decision Unit
127. Woolliness of thinking	I	A1
	I	C1
	IV	C13
	V	C18
	VII	C26
	XXX	C85
	II	D5
	VI	D15
	VIII	D23
	X	D31
	XII	D37
	III	E5
	VI	E11

APPENDIX

CODE-SD consists of three conceptually derived and two consensus based classifications of schizophrenic disorders.

To provide the necessary background information for the use of CODE-SD, in Appendix One, the development of the concept of schizophrenia from Kraepelin (1896) through Bleuler (1911) and Schneider (1950) to Leonhard (1957) is outlined.

In Appendix Two and in Appendix Three algorithms proposed by Berner et al. (1983) and Landmark (1982) for the diagnosis of schizophrenia on the basis of Bleuler's (1911) criteria and on the basis of Schneider's (1950) criteria respectively, are presented.

In Appendix Four and in Appendix Five algorithms proposed by Petho and Ban (1988) and Fritze and Lanczik (1990), for the classification of schizophrenia, on the basis of Leonhard's criteria are given.

In Appendix Six and in Appendix Seven, diagnostic criteria of schizophrenia in the DSM-III-R and ICD-10 (DCR) are presented.

Appendix

Outline of Conceptual Development
From Kraepelin through Bleuler and Schneider to Leonhard

Biographic Approach

The first organizing principle for the detection and classification of distinctive categories of mental illness was based on the introduction of the biographic approach. By developing a clinical methodology for the assessment of variables relevant to course and outcome, and by employing the new methodology, Kraepelin (1896, 1919) identified and separated two major psychiatric disorders, one, episodic and remitting he referred to as manic depressive insanity, and another, continuous and progressing, he referred to as dementia praecox. Kraepelin's original biographic concept of dementia praecox "embraced the whole domain of insanities which progressed towards psychic enfeeblement".

The origin of Kraepelin's (1899) nosologic concept of dementia praecox was in the diagnostic concept of demence precoce, first described by Morel in 1852. For Kraepelin, dementia praecox was an all embracing diagnostic concept which included all the disorders with "a course leading to psychic invalidity of varying severity" and with "an outcome arising from a peculiar destruction of the personality's inner integrity, whereby emotion and volition in particular are impaired".

Psychopathologic Approach

The second organizing principle for the detection and classification of distinctive categories of mental illness was based on the introduction of the psychopathologic approach. By

developing a clinical methodology for the selective assessment of variables relevant to the disease process (instead of development), Jaspers' (1913) shifted emphasis from the contents and behavioral events of the life history, the essence of the biographic approach, to the forms and patterns in which the contents are experienced and the events expressed.

By employing the psychopathologic approach Bleuler (1911) redefined schizophrenia as a "group of psychoses" characterized by a "specific type of thinking, feeling and relation to the external world", which "appears in no other disease in this particular fashion"; and replaced the term "dementia praecox" with the term "schizophrenia", which he felt was more in keeping with the new definition. Within Bleuler's (1911, 1950) frame of reference, the fundamental or basic symptoms of schizophrenia are loosening of associations (i.e., the processing from one idea to another), inappropriateness (qualitative and quantitative) of affect (i.e., the processing from ideas to emotions), ambivalence (i.e., the processing from one emotion to another) and autism (i.e., the processing from ideas or emotions to volition).

In recent years Bleuler's (1911) basic symptoms have been increasingly replaced by Schneider's (1950, 1957) first rank symptoms in the diagnosis of schizophrenia. As a result the emphasis in the diagnostic concept of schizophrenia shifted from the pathology of emotion and volition (Kraepelin, 1899) and from the dissociation of thoughts, feelings and actions (Bleuler, 1911) to the pathology of thinking and ego integrity, (i.e. the

experiencing of the self as one in a moment of time). Schneider's first rank symptoms include audible thoughts, voices arguing, commentary voices, delusional perceptions, somatic passivity, made thoughts, made impulses, made volitional acts, thought withdrawal, thought insertion and thought broadcasting.

Nosologic Approach

The third organizing principle for the detection and classification of distinctive categories of mental illness was based on the introduction of the holistic-nosologic approach in the study of mental illness. By developing a clinical methodology for the assessment of "polarity", Leonhard (1957) shifted emphasis from psychopathologic symptoms and signs, i.e., the parts or constituting elements, to the totality (or the whole) of psychiatric illness.

By employing "polarity" as an organizing principle Leonhard (1957) separated mental illness into bipolar and unipolar disorders. In variance with the commonly held belief however, in Leonhard's classification, the concept of "bipolar" refers primarily to a multiform (polymorphic), continuously changing clinical picture, and only secondarily to the potential to display both mood extremes; and the concept of monopolar or unipolar refers primarily to a simple (monomorphic), consistently the same clinical picture, and only secondarily to the restricted potential to display only one or another mood extreme.

It was with consideration of his concept of polarity that Leonhard (1957) separated within the schizophrenias a bipolar, unsystematic category of illness and an unipolar, systematic category. On the other hand it was with consideration to Wernicke's (1900) psychic reflex arc concept, that he separated within both category three distinctive forms of illness; and with consideration to Jaspers' (1913) psychopathology, that he separated within the three forms of systematic illness, a total of 16 subforms.

Leonhard's classification of schizophrenia is shown below:

Unsystematic Schizophrenia
(Unipolar)

Cataphasia	**Affect-laden Paraphrenia**	**Periodic Catatonia**

Systematic Schizophrenia
(Bipolar)

Paraphrenias	**Hebephrenias**	**Catatonias**
Phonemic	**Autistic**	**Parakinetic**
Hypochondriacal	**Eccentric**	**Proskinetic**
Confabulatory	**Shallow**	**Speech-prompt**
Expansive	**Silly**	**Speech-inactive**
Fantastic		**Manneristic**
Incoherent		**Negativistic**

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