

Schizophrenia Phenotype Inventory

Participant ID _____

1. AGE OF ONSET OF FIRST PSYCHOTIC SYMPTOMS OR OVERTLY DISTURBED BEHAVIOR _____

Rate items as yes/no over the course of illness, and then with a severity rating that is heavily weighted toward the first five years of illness. (An exception is item 7, where the severity rating should reflect the entire course of illness up to the present.) Score severity from 1 to 4. Score "99" for "unknown" if it is not possible to make even an educated guess as to the appropriate rating. Where appropriate*, score 0 for "not applicable"

Item	Trait	present over course of illness (y/n)	severity (weighted toward first 5 years of illness)		
			Score of 1	Score of 4	score
2	Disorganized Thought		Thought process is coherent, organized	Highly disorganized, often incoherent	
3	Inappropriate Affect		Affect fully appropriate	Typically silly, inappropriate	
4	Flattened Affect		Full Affect	Flattened, dull, extremely limited range	
5	Disorganized Behavior		Behavior fully organized	Often bizarre, socially inappropriate	
6	Motor Symptoms [^]		No movement abnormalities	Frequent posturing, or pathologic movements	
7	Catatonia [~]		No history of catatonia	Frequent severe catatonic episodes	
8	Delusions		(If No, skip to item 11)		
9	Organization of Delusions*		Very fragmented, disorganized	Highly systematized	
10	Preoccupation with Delusions*		Little attention to delusional beliefs	Very preoccupied – much of day concerned with delusional beliefs.	
11	Bizarreness of Delusions*		Non-bizarre – events that could easily occur in real life	Very bizarre, machines, passivity symptoms etc.	
12	Auditory Hallucinations		(If No, skip to item 14)		
13	Preoccupation with Hallucinations*		Fleeting, little apparent impact on behavior	Prominent, often preoccupied	
14	Content of Hallucinations*		Fragmented, short phrases, incomprehensible whispers	Clear complete sentences, e.g., comments on behavior, voices conversing	
15	Impairments in activities of daily living		Fully capable of self-care, shopping, dressing, handling money.	Unable to sustain focused activities, or care for basic needs.	
16	Impairment in occupational functioning		Employed fulltime or fulfilling responsibilities at level broadly consistent with education.	Chronically unemployed, or unable to perform responsibilities	
17	Impairment in capacity for intimate relationship		In committed, long-term romantic relationship; well- functioning marriage	No romantic relationships	
18	Poor response to Treatment		Robust sustained response to first-line medication, with substantial functional improvement	No more than very minimal response to multiple treatments	

[^]discount motor symptoms attributable to medication; [~]severity rating reflects entire course of illness (not just the first five years); *for severity rating focus on periods of active and generally severe psychosis. If rater is confident that sign/symptom was not present at all during the first five years, score 0 for "not applicable."

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Item	Trait	present over course of illness (y/n)	severity (weighted toward first 5 years of illness)		
			Score of 1	Score of 4	score:
19	Major depressive episodes		No clinically significant major depressive episodes	severe, recurrent, melancholic major depression	
20	Psychotic symptoms exacerbated during depressive episodes		No relationship between depressive episodes and psychotic symptoms	Delusions, hallucinations and/or thought disorder much more severe during depressive episodes compared with euthymic state	
21	Manic episodes		no clinically significant mania or hypomania	Severe, recurrent manic episodes	
22	Psychotic symptoms exacerbated during manic episodes		No relationship between manic episodes and psychotic symptoms	Delusions, hallucinations and/or thought disorder much more severe during manic episodes compared with euthymic state	
23	Mixed mood episodes		no clinically significant episodes of mixed affective illness	severe, recurrent episodes of mixed affective illness (e.g. dysphoric mania, agitated depression)	
24	Psychotic symptoms exacerbated during mixed affective episodes		No relationship between mixed episodes and psychotic symptoms	Delusions, hallucinations and/or thought disorder much more severe during mixed episodes compared with euthymic state	
25	Agitation/Aggression		no clinically significant episodes of agitation (except during clear episodes of affective illness)	frequent episodes of severe agitation outside the setting of mania/mixed mood episodes	
26	suicidality		no episodes of intentional self-injury or impulses to harm self	recurrent episodes of self-injurious behavior with suicidal intent	
27	Visual Hallucinations		(If No, skip to item 29)		
28	Preoccupation with visual Hallucinations*		Fleeting, little apparent impact on behavior	Prominent, often preoccupied	
29	Content of visual Hallucinations*		indistinct images, e.g. shadows	fully elaborated visual percepts without corresponding stimuli	
30	Lack of insight into illness		consistent insight into the fact that psychotic/disorganized symptoms are present and attributable to illness	consistently lacking insight into the existence of a serious mental illness	

*for severity rating focus on periods of active and generally severe psychosis. If rater is confident that sign/symptom was not present at all during the first five years, score 0 for "not applicable"

Did a collateral informant participate in providing information about the patient? Y / N

If yes, Informant's relationship to the patient (e.g. mother, father, spouse, etc.) _____