SCI-PANSS

Structured Clinical Interview –
Positive and Negative Syndrome Scale

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Structured Clinical Interview for the Positive and Negative Syndrome Scale

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Patient Name or ID: ______________________________________________________________________

Interviewer: ____________________________________________________ Date: _____ / _____ / _____

Data on “Lack of Spontaneity and Flow of Conversation” (N6), “Poor Rapport” (N3), and “Conceptual Disorganization” (P2)

Hi, I’m ... We’re going to be spending the next 30 to 40 minutes talking about you and your reasons for being here. Maybe you can start out by telling me something about yourself and your background?

/Instruction to interviewer: Allow at least 5 minutes for a non-directive phase serving to establish rapport in the context of an overview before proceeding to the specific questions listed below.

Data on “Anxiety” (G2)

1. Have you been feeling worried or nervous in the past week? ________________________________

   IF YES, skip to question 3. IF NO, continue.

2. Would you say that you’re usually calm and relaxed? ________________________________

   IF YES, skip to question 8. IF NO, continue.

3. What’s been making you feel nervous (worried, not calm, not relaxed)?

4. Just how nervous (worried, etc.) have you been feeling?

5. Have you been shaking at times, or has your heart been racing?

6. Do you get into a state of panic?

7. Has your sleep, eating, or participation in activities been affected?

Data on “Delusions (General)” (P1) and “Unusual Thought Content” (G9)

8. Have things been going well for you?

9. Has anything been bothering you lately?

10. Can you tell me something about your thoughts on life and its purpose?
11. Do you follow a particular philosophy (any special rules, teachings, or religious doctrine)? ____________

12. Some people tell me they believe in the Devil; what do you think? ________________________________

   IF NO (i.e., he/she doesn’t believe in the Devil), skip to question 14.
   IF YES (i.e., he/she does believe), continue.

13. Can you tell me more about this? ____________________________________________________________

14. Can you read other people’s minds? _______________________________________________________

   IF NO, skip to question 16. IF YES, continue.

15. How does that work? ______________________________________________________________________

16. Can others read your mind? __________________________________________________________________

   IF NO, skip to question 19. IF YES, continue.

17. How can they do that? ______________________________________________________________________

18. Is there any reason that someone would want to read your mind? ________________________________

19. Who controls your thoughts? __________________________________________________________________

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Data on “Suspiciousness/Persecution” (P6) and “Poor Impulse Control” (GI4)

20. How do you spend your time these days? ______________________________________________________

21. Do you prefer to be alone? __________________________________________________________________

22. Do you join in activities with others? __________________________________________________________________

   IF YES, skip to question 25. IF NO, continue.

23. Why not? ... Are you afraid of people, or do you dislike them? ________________________________

   IF NO, skip to question 26. IF YES, continue.

24. Can you explain? ______________________________________________________________________

   Skip to question 26.

25. Tell me about it. ______________________________________________________________________

26. Do you have many friends? __________________________________________________________________

   IF YES, skip to question 30. IF NO, continue.

27. Just a few? ______________________________________________________________________

   IF YES, skip to question 29. IF NO, continue.

   Skip to question 32.

29. Why just a few friends? __________________________________________________________

30. Close friends? _________________________________________________________________

   IF YES, skip to question 32. IF NO, continue.

31. Why not? _________________________________________________________________

32. Do you feel that you can trust most people? ________________________________________

   IF YES, skip to question 34. IF NO, continue.

33. Why not? _________________________________________________________________

34. Are there some people in particular who you don’t trust? ___________________________

   IF NO to question 34 and YES to question 32, skip to question 41.

   IF NO to question 34 and NO to question 32, skip to question 36.

   IF YES to question 34, continue.

35. Can you tell me who they are? ____________________________________________________

36. Why don’t you trust people (or name specific person)? _______________________________

   IF “DON’T KNOW” OR “DON’T WANT TO SAY,” continue. Otherwise, skip to question 41.

37. Do you have a good reason not to trust ...? ________________________________________

   _________________________________________________________________

38. Is there something that .... did to you? _____________________________________________

39. Perhaps something that ... might do to you now? __________________________________

   IF NO, skip to question 41. IF YES, continue.

40. Can you explain to me? __________________________________________________________

41. Do you get along well with others? _______________________________________________

   IF YES, skip to question 43. IF NO, continue.

42. What’s the problem? ____________________________________________________________

43. Do you have a quick temper? ____________________________________________________
44. Do you get into fights? _______________________________________________________________

   IF NO, skip to question 48. IF YES, continue.

45. How do these fights start? __________________________________________________________

46. Tell me about these fights. _______________________________________________________

47. How often does this happen? _______________________________________________________

48. Do you sometimes lose control of yourself? _____________________________________________

   IF NO, skip to question 50. IF YES, continue.

49. What happens when you lose control of yourself? _______________________________________

50. Do you like most people? ___________________________________________________________

   IF YES, skip to question 52. IF NO, continue.

51. Why not? _______________________________________________________________________

52. Are there perhaps some people who don’t like you? ____________________________________

   IF NO, skip to question 54. IF YES, continue.

53. For what reason? __________________________________________________________________

54. Do others talk about you behind your back? ____________________________________________

   IF NO, skip to question 57. IF YES, continue.

55. What do they say about you? _________________________________________________________

56. Why? __________________________________________________________________________

57. Does anyone ever spy on you or plot against you? _____________________________________

58. Do you sometimes feel in danger? ____________________________________________________

   IF NO, skip to question 64. IF YES, continue.

59. Would you say that your life is in danger? ____________________________________________

60. Is someone thinking of harming you or even perhaps thinking of killing you? _____________

61. Have you gone to the police for help? ________________________________________________

62. Do you sometimes take matters into your own hands or take action against those who might harm you?

   IF NO, skip to question 64. IF YES, continue.
63. What have you done? ________________________________________________________________

Data on “Hallucinatory Behavior” (P3) and associated delusions

64. Do you once in a while have strange or unusual experiences? ________________________________________

65. Sometimes people tell me that they can hear noises or voices inside their head that others can’t hear. What about you? ________________________________________________________________

  IF YES, skip to question 68. IF NO, continue.

66. Do you sometimes receive personal communications from the radio or TV? ________________________________________________

  IF YES, skip to question 68. IF NO, continue.

67. From God or the Devil?: ________________________________________________________________

  IF NO, skip to question 83. IF YES, continue.

68. What do you hear? ________________________________________________________________

69. Are these as clear and loud as my voice? __________________________________________________________

70. How often do you hear these voices, noises, messages, etc.? __________________________________________________________

71. Does this happen at a particular time of day or all the time? __________________________________________________________

  IF HEARING NOISES ONLY, skip to question 80. IF HEARING VOICES, continue.

72. Can you recognize whose voices these are? __________________________________________________________

73. What do the voices say? ________________________________________________________________

74. Are the voices good or bad? ____________________________________________________________

75. Pleasant or unpleasant? ________________________________________________________________

76. Do the voices interrupt your thinking or your activities? __________________________________________________________

77. Do they sometimes give you orders or instructions? __________________________________________________________

  IF NO, skip to question 80. IF YES, continue.

78. For example? ________________________________________________________________

79. Do you usually obey these orders (instructions)? __________________________________________________________

80. What do you make of these voices (or noises); where do they really come from? __________________________________________________________

81. Why do you have these experiences? __________________________________________________________
82. Are these normal experiences? ________________________________________________

83. Do ordinary things sometimes look strange or distorted to you? ________________________

84. Do you sometimes have “visions” or see things that others can’t see? ___________________

   IF NO, skip to question 88. IF YES, continue.

85. For example? __________________________________________________________________

86. Do these visions seem very real or life-like? _________________________________________

87. How often do you have these experiences? _________________________________________

88. Do you sometimes smell things that are unusual or that others don’t smell? _______________

   IF NO, skip to question 90. IF YES, continue.

89. Please explain. __________________________________________________________________

90. Do you get any strange or unusual sensations from your body? _________________________

   IF NO, skip to question 92. IF YES, continue.

91. Tell me about this. __________________________________________________________________

Data on “Somatic Concern” (GI)

92. How have you been feeling in terms of your health? _________________________________

   IF OTHER THAN “GOOD,” skip to question 94. IF “GOOD,” continue.

93. Do you consider yourself to be in top health? _______________________________________

   IF YES, skip to question 95. IF NO, continue.

94. What has been troubling you? _____________________________________________________

95. Do you have any medical illness or disease? _________________________________________

96. Has any part of your body been troubling you? _______________________________________

   IF YES, skip to question 98. IF NO, continue.

97. How is your head? Your heart? Stomach? The rest of your body? ______________________

98. Could you explain? __________________________________________________________________
99. Has your head or body changed in shape or size? __________________________________________

    IF NO, skip to question 102. IF YES, continue.

100. Please explain. ____________________________________________________________

101. What is causing these changes? ________________________________________

Data on “Depression” (G6)

102. How has your mood been in the past week: mostly good, mostly bad? ________________

    IF “MOSTLY BAD,” skip to question 104. IF “MOSTLY GOOD,” continue.

103. Have there been times in the past week when you were feeling sad or unhappy? ____________

    IF NO, skip to question 114. IF YES, continue.

104. Is there something in particular that is making you sad? _________________________

105. How often do you feel sad? _________________________________________________

106. Just how sad have you been feeling? ____________________________________________

107. Have you been crying lately? ________________________________________________

108. Has your mood in any way affected your sleep? _________________________________

109. Has it affected your appetite? ________________________________________________

110. Do you participate less in activities on account of your mood? ______________________

111. Have you had any thoughts of harming yourself? _________________________________

    IF NO, skip to question 114. IF YES, continue.

112. Any thoughts about ending your life? _________________________________________

    IF NO, skip to question 114. IF YES, continue.

113. Have you attempted suicide? ________________________________________________
Data on “Guilt Feelings” (G3) and “Grandiosity” (P5)

114. If you were to compare yourself to the average person, how would you come out: a little better, maybe a little worse, or about the same? ____________________________________________

   IF “BETTER,” skip to question 117.
   IF “ABOUT THE SAME,” skip to question 118.
   IF “WORSE,” continue.

115. Worse in what ways? ____________________________________________

116. Just how do you feel about yourself? ____________________________________________

   Skip to question 120.

117. Better in what ways? ____________________________________________

   Skip to question 120.

118. Are you special in some ways? ____________________________________________

   IF NO, skip to question 120. IF YES, continue.

119. In what ways? ____________________________________________

120. Would you consider yourself gifted? ____________________________________________

121. Do you have talents or abilities that most people don’t have? ____________________________________________

   IF NO, skip to question 123. IF YES, continue.

122. Please explain. ____________________________________________

123. Do you have any special powers? ____________________________________________

   IF NO, skip to question 126. IF YES, continue.

124. What are these? ____________________________________________

125. Where do these powers come from? ____________________________________________

126. Do you have extrasensory perception (ESP), or can you read other people’s minds? ____________________________________________

127. Are you very wealthy? ____________________________________________

   IF NO, skip to question 129. IF YES, continue.

128. Explain please. ____________________________________________
129. Can you be considered to be very bright? ________________________________________________

**IF NO, skip to question 131. IF YES, continue.**

130. Why would you say so? ______________________________________________________________

131. Would you describe yourself as famous? ______________________________________________

132. Would some people recognize you from TV, radio, or the newspaper? _______________________

**IF NO, skip to question 134. IF YES, continue.**

133. Can you tell me about it? _____________________________________________________________

134. Are you a religious person? __________________________________________________________

**IF NO, skip to question 140. IF YES, continue.**

135. Are you close to God? _______________________________________________________________

**IF NO, skip to question 140. IF YES, continue.**

136. Did God assign you some special role or purpose? _________________________________________

137. Can you be one of God’s messengers or angels? ___________________________________________

**IF NO, skip to question 139. IF YES, continue.**

138. What special powers do you have as God’s messenger (angel)? _______________________________

139. Do you perhaps consider yourself to be God? ___________________________________________

140. Do you have some special mission in life? _______________________________________________

**IF NO, skip to question 143. IF YES, continue.**

141. What is your mission? _______________________________________________________________

142. Who assigned you to that mission? _____________________________________________________

143. Did you ever do something wrong — something you feel bad or guilty about? ______________

**IF NO, skip to question 149. IF YES, continue.**

144. Just how much does that bother you now? ______________________________________________

145. Do you feel that you deserve punishment for that? _______________________________________

**IF NO, skip to question 149. IF YES, continue.**
146. What kind of punishment would you deserve? ____________________________________________

147. Have you at times thought of punishing yourself? ______________________________________ 

    IF NO, skip to question 149. IF YES, continue.

148. Have you ever acted on those thoughts of punishing yourself? ____________________________

Data on “Disorientation” (G10)

149. Can you tell me today’s date (i.e., the day, month, and year)? ____________________________

    IF YES, skip to question 151. IF NO, continue.

150. Can you tell me what day of the week it is? ____________________________________________

151. What is the name of the place that you are in now? ______________________________________

    IF NOT HOSPITALIZED, skip to question 154. IF HOSPITALIZED, continue.

152. What ward are you on? _____________________________________________________________

153. What is the address of where you’re now staying? ______________________________________

    IF ABLE TO TELL, skip to question 155. IF NOT ABLE TO TELL, continue.

154. Can you tell me your home address? _________________________________________________

    IF NOT HOSPITALIZED, skip to question 156. IF HOSPITALIZED, continue.

155. If someone had to reach you by phone, what number would that person call? ______________

156. If someone had to reach you at home, what number would that person call? ________________

157. What is the name of the doctor who is treating you? ____________________________________

    IF NOT HOSPITALIZED, skip to question 159. IF HOSPITALIZED, continue.

158. Can you tell me who else is on the staff and what they do? ______________________________

159. Do you know who is currently the president (prime minister, etc.)? _______________________

160. Who is our governor (premier, etc.)? _________________________________________________

161. Who is the mayor (town supervisor, etc.) of this city (town, etc.)? ________________________
Data on “Difficulty in Abstract Thinking” (N5)

I’m going to now say a pair of words, and I’d like you to tell me in what important way they’re alike. Let’s start, for example, with the words “apple” and “banana.” How are they alike — what do they have in common? IF THE RESPONSE IS THAT “THEY’RE BOTH FRUIT”, THEN SAY: Good. Now what about ...? (Select three other items from the Similarities list at varying levels of difficulty from Appendix A.)

IF AN ANSWER IS GIVEN THAT IS CONCRETE, TANGENTIAL, OR IDIOSYNCRATIC (E.G., “THEY BOTH HAVE SKINS,” “YOU CAN EAT THEM,” “THEY’RE SMALL,” OR “MONKEYS LIKE THEM”), THEN SAY: OK, but they’re both fruit. Now how about ... and ... : how are these alike? (Select three other items from the Similarities list at varying levels of difficulty from Appendix A.)

APPENDIX A

Items for Similarities in the evaluation of “Difficulty in Abstract Thinking”

1. How are a ball and an orange alike?
2. Apple and banana?
3. Pencil and pen?
4. Nickel and dime?
5. Table and chair?
6. Tiger and elephant?
7. Hat and shirt?
8. Bus and train?
9. Arm and leg?
10. Rose and tulip?
11. Uncle and cousin?
12. The sun and the moon?
13. Painting and poem?
14. Hilltop and valley?
15. Air and water?
16. Peace and prosperity?

Note on Appendix A: Similarities are generally assessed by sampling four items at different levels of difficulty (i.e., one item selected from each quarter of the full set). When using the PANSS longitudinally, items should be systematically altered with successive interviews so as to provide different selections from the various levels of difficulty and thus minimize repetition.

APPENDIX B

Items for assessing PROVERB INTERPRETATION in the evaluation of “Difficulty in Abstract Thinking”

What does the saying mean:
1. “Plain as the nose on your face”
2. “Carrying a chip on your shoulder”
3. “Two heads are better than one”
4. “Too many cooks spoil the broth”
5. “Don’t judge a book by its cover”
6. One man’s food is another man’s poison”
7. “All that glitters is not gold”
8. “Don’t cross the bridge until you come to it”
9. “What’s good for the goose is good for the gander”
10. “The grass always looks greener on the other side”
11. “Don’t keep all your eggs in one basket”
12. “One swallow does not make a summer”
13. “A stitch in time saves nine”
14. “A rolling stone gathers no moss”
15. “The acorn never falls far from the tree”
16. “People who live in glass houses should not throw stones at others”

Note on Appendix B: Proverb interpretation is generally assessed by sampling four items at different levels of difficulty (i.e., one item selected from each quarter of the full set). When using the PANSS longitudinally, items should be systematically altered with successive interviews so as to provide different selections from the various levels of difficulty and thus minimize repetition.

Notes on Similarities responses:

Notes on Proverb responses:
Data on “Lack of Judgment and Insight” (G12)

162. How long have you been in the hospital (clinic, etc.)? ______________________________________

163. Why did you come to the hospital (clinic, etc.)? ___________________________________________

164. Did you need to be in a hospital (clinic, etc.)? ___________________________________________

    IF YES, skip to question 167. IF NO, continue.

165. Did you have a problem that needed treatment? ___________________________________________

    IF NO, skip to question 169. IF YES, continue.

166. Would you say that you had a psychiatric or mental problem? _____________________________

    IF NO, skip to question 169. IF YES, continue.

167. Why?....would you say that you had a psychiatric or mental problem? _______________________

    IF NO, skip to question 169. IF YES, continue.

168. Can you tell me about it and what it consisted of? _______________________________________

169. In your own opinion, do you need to be taking medicine? __________________________________

    IF YES, skip to question 171.
    IF NO and unmedicated, skip to question 172.
    IF NO and medicated, continue.

170. Why then are you taking medicines? ____________________________________________________

    Skip to question 172.

171. Why?... Does the medicine help you in any way? __________________________________________

172. Do you at this time have any psychiatric or mental problems? ______________________________

    IF YES, skip to question 174. IF NO, continue.

173. For what reason are you at the hospital (clinic, etc.)? _____________________________________

    Skip to question 175.

174. Please explain ________________________________________________________________________
175. Just how serious are these problems? ________________________________

IF UNHOSPITALIZED, skip to question 178.
IF HOSPITALIZED, continue.

176. Are you ready yet for discharge from the hospital? _______________________

177. Do you think you’ll be taking medicine for your problems after discharge? ________________

178. What are your future plans? ____________________________________________

179. What about your longer-range goals? ___________________________________  

Well, that’s about all I have to ask of you now. Are there any questions that you might like to ask of me? Thank you for your cooperation.