

SCALE FOR THE ASSESSMENT OF POSITIVE SYMPTOMS

(SAPS)

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INTRODUCTION

This scale is designed to assess positive symptoms, principally those that occur in schizophrenia. It is intended to serve as a complementary instrument to the Scale for the Assessment of Negative Symptoms (SANS). These positive symptoms include hallucinations, delusions, bizarre behavior, and positive formal thought disorder.

As in the case of the SANS, the investigator using this instrument will need to decide on an appropriate "time set". The instrument was developed with the exception that, in general, the time set will cover the past month as in the case of SANS. This scale can also be used in psychopharmacologic research in order to make weekly ratings and chart the subject's response to treatment.

Investigators using this instrument, particularly in combination with the SANS, will need to use a standard clinical interview in order to evaluate the subject's symptoms. Since positive formal thought disorder is an important positive symptom, it is recommended that, in doing this interview, the investigator begin talking with the subject on a relatively neutral topic for five to ten minutes in order to observe the subject's manner of speaking and responding. Thereafter, he can begin to ask specific questions about the various positive symptoms. Suggested probes are provided in the interview guide.

In addition to using a clinical interview, the investigator should also draw on other sources of information, such as direct observation, reports from the subject's family, reports from nurses, and reports from the subject himself. In general, the subject can usually be considered a relatively reliable informant concerning delusions and hallucinations if he is able to communicate clearly and will comply with a clinical interview. On the other hand, the interviewer will usually have to rely on observation and reports from outside sources in order to evaluate bizarre behavior and positive formal thought disorder.

The last item describing each major type of positive symptom is an overall global rating. This should be a true global rating based on taking into account both the nature and the severity of the various types of symptoms observed. In some cases, a single symptom (e.g., extremely severe persecutory delusions) may lead to a very high global rating, even if other symptoms of this type are not present.

HALLUCINATIONS

Hallucinations represent an abnormality in perception. They are false perceptions occurring in the absence of some identifiable external stimulus. They may be experienced in any of the sensory modalities, including hearing, touch, taste, smell, and vision. True hallucinations should be distinguished from illusions (which involve a misperception of an external stimulus), hypnogogic and hypnopompic experiences (which occur when the subject is falling asleep or waking up), or normal thought processes that are exceptionally vivid. If the hallucinations have a religious quality, then they should be judged within the context of what is normal for the subject's social and cultural background. Hallucinations occurring under the immediate influence of alcohol, drugs, or serious physical illness should not be rated as present. The subject should always be requested to describe the hallucination in detail.

Auditory Hallucinations

The subject has reported voices, noises, or sounds. The commonest auditory hallucinations involve hearing voices speaking to the subject or calling him names. The voices may be male or female, familiar or unfamiliar, and critical or complimentary. Typically, subjects suffering from schizophrenia experience the voices as unpleasant and negative. Hallucinations involving sounds rather than voices, such as noises or music, should be considered less characteristic and less severe.

Have you ever heard voices or other sounds when no one is around?

What did they say?

None	0	SS36
Questionable	1	
Mild: Subject hears noises or single words; they occur only occasionally	2	
Moderate: Clear evidence of voices; they have occurred at least weekly	3	
Marked: Clear evidence of voices which occur almost every day	4	
Severe: Voices occur often every day	5	

Voices Commenting

Voices commenting are a particular type of auditory hallucination which phenomenologists as Kurt Schneider consider to be pathognomonic of schizophrenia, although some recent evidence contradicts this. These hallucinations involve hearing a voice that makes a running commentary on the subject's behavior or thought as it occurs. If this is the only type of auditory hallucination that the subject hears, it should be scored instead of auditory hallucinations (No. 1 above). Usually, however, voices commenting will occur in addition to other types of auditory hallucinations.

Have you ever heard voices commenting on what you are thinking or doing?

What do they say?

None	0	SS37
Questionable	1	
Mild: Subject hears noises or single words; they occur only occasionally	2	
Moderate: Clear evidence of voices; they have occurred at least weekly	3	
Marked: Clear evidence of voices which occur almost every day	4	
Severe: Voices occur often every day	5	

Voices Conversing

Like voices commenting, voices conversing are considered a Schneiderian first-rank symptom. They involve hearing two or more voices talking with one another, usually discussing something about the subject. As in the case of voices commenting, they should be scored independently of other auditory hallucinations.

Have you heard two or more voices talking with each other?

What did they say?

None	0	SS38
Questionable	1	
Mild: Subject hears noises or single words; they occur only occasionally	2	
Moderate: Clear evidence of voices; they have occurred at least weekly	3	
Marked: Clear evidence of voices which occur almost every day	4	
Severe: Voices occur often every day	5	

Somatic or Tactile Hallucinations

These hallucinations involve experiencing peculiar physical sensations in the body. They include burning sensations, tingling, and perceptions that the body has changed in shape or size.

Have you ever had burning sensations or other strange feelings in your body?

What were they?

Did your body ever appear to change in shape or size?

None	0	SS39
Questionable	1	
Mild: Subject experiences peculiar physical sensations; they occur only occasionally	2	
Moderate: Clear evidence of somatic or tactile hallucinations; they have occurred at least weekly	3	
Marked: Clear evidence of somatic or tactile hallucinations which occur almost every day	4	
Severe: Hallucinations occur often every day	5	

Olfactory Hallucinations

The subject experiences unusual smells which are typically quite unpleasant. Sometimes the subject may believe that he himself smells. This belief should be scored here if the subject can actually smell the odor himself, but should be scored among delusions if he only believes that others can smell the odor.

Have you ever experienced any unusual smells or smells that others do not notice?

What were they?

None	0	SS40
Questionable	1	
Mild: Subject experiences unusual smells; they occur only occasionally	2	
Moderate: Clear evidence of olfactory hallucinations; they have occurred at least weekly	3	
Marked: Clear evidence of olfactory hallucinations; they occur almost every day	4	
Severe: Olfactory hallucinations occur often every day	5	

Visual Hallucinations

The subject sees shapes or people that are not actually present. Sometimes these are shapes or colors, but most typically they are figures of people or human-like objects. They may also be characters of a religious nature, such as the Devil or Christ. As always, visual hallucinations involving religious themes should be judged within the context of the subject's cultural background. Hypnogogic and hypnopompic visual hallucinations (which are relatively common) should be excluded, as should visual hallucinations occurring when the subject has been taking hallucinogenic drugs.

Have you had visions or seen things that other people cannot?

What did you see?

Did this occur when you were falling asleep or waking up?

Global Rating of Severity of Hallucinations

This global rating should be based on the duration and severity of hallucinations, the extent of the subject's preoccupation with the hallucinations, his degree of conviction, and their effect on his actions. Also consider the extent to which the hallucinations might be considered bizarre or unusual. Hallucinations not mentioned above, such as those involving taste, should be included in this rating.

None	0	SS41
Questionable	1	
Mild: Subject experiences visual hallucinations; they occur only occasionally	2	
Moderate: Clear evidence of visual hallucinations; they have occurred at least weekly	3	
Marked: Clear evidence of visual hallucinations which occur almost every day	4	
Severe: Hallucinations occur often every day	5	

None	0	SS42
Questionable	1	
Mild: Hallucinations definitely present, but occur infrequently; at times the subject may question their existence	2	
Moderate: Hallucinations are vivid and occur occasionally; they may bother him to some extent	3	
Marked: Hallucinations are quite vivid, occur frequently, and pervade his life	4	
Severe: Hallucinations occur almost daily and are sometimes unusual or bizarre; they are very vivid and extremely troubling	5	

DELUSIONS

Delusions represent an abnormality in content of thought. They are false beliefs that cannot be explained on the basis of the subject's cultural background. Although delusions are sometimes defined as "fixed false beliefs," in their mildest form delusions may persist only for weeks to months, and the subject may question his beliefs or doubt them. The subject's behavior may or may not be influenced by his delusions. The rating of severity of individual delusions and of the global severity of delusional thinking should take into account their persistence, their complexity, the extent to which the subject acts on them, the extent to which the subject doubts them, and the extent to which the beliefs deviate from those that normal people might have. For each positive rating, specific examples should be noted in the margin.

Persecutory Delusions

People suffering from persecutory delusions believe that they are being conspired against or persecuted in some way. Common manifestations include the belief that one is being followed, that one's mail is being opened, that one's room or office is bugged, that the telephone is tapped, or that police, government officials, neighbors, or fellow workers are harassing the subject. Persecutory delusions are sometimes relatively isolated or fragmented, but sometimes the subject has a complex set of delusions involving both a wide range of forms of persecution and a belief that there is a well-designed conspiracy behind them. For example, a subject may believe that his house is bugged and that he is being followed because the government wrongly considers him a secret agent for a foreign government; this delusion may be so complex that it explains almost everything that happens to him. The ratings of severity should be based on duration and complexity.

Have people been bothering you in any way?

Have you felt that people are against you?

Has anyone been trying to harm you in any way?

Has anyone been watching or monitoring you?

None	0 SS43
Questionable	1
Mild: Delusional beliefs are simple and may be of several different types; subject may question them occasionally	2
Moderate: Clear, consistent delusion that is firmly held	3
Marked: Consistent, firmly-held delusion that the subject acts on	4
Severe: Complex well-formed delusion that the subject acts on and that preoccupies him a great deal of the time; some aspects of the delusion or his reaction may seem quite bizarre	5

Delusions of Jealousy

The subject believes that his/her mate is having an affair with someone. Miscellaneous bits of information are construed as "evidence". The person usually goes to great effort to prove the existence of the affair, searching for hair in the bedclothes, the odor of shaving lotion or smoke on clothing, or receipts or checks indicating a gift has been bought for the lover. Elaborate plans are often made in order to trap the two together.

Have you ever worried that your husband (wife) might be unfaithful to you?

What evidence do you have?

None	0 SS44
Questionable	1
Mild: Delusion clearly present, but the subject may question it occasionally	2
Moderate: Clear consistent delusion that is firmly held	3
Marked: Consistent, firmly-held delusion that the subject acts on	4
Severe: Complex, well-formed delusion that the subject acts on and that preoccupies him a great deal of the time; some aspects of the delusion or his reaction may seem quite bizarre	5

Delusions of Sin or Guilt

The subject believes that he has committed some terrible sin or done something unforgivable. Sometimes the subject is excessively or inappropriately preoccupied with things he did wrong as a child, such as masturbating. Sometimes the subject feels responsible for causing some disastrous event, such as a fire or accident, with which he in fact has no connection. Sometimes these delusions may have a religious flavor, involving the belief that the sin is unpardonable and that the subject will suffer eternal punishment from God. Sometimes the subject simply believes that he deserves punishment by society. The subject may spend a good deal of time confessing these sins to whomever will listen.

Have you ever felt that you have done some terrible thing that you deserve to be punished for?

Grandiose Delusions

The subject believes that he has special powers or abilities. He may think he is actually some famous personage, such as a rock star, Napoleon, or Christ. He may believe he is writing some definitive book, composing a great piece of music, or developing some wonderful new invention. The subject is often suspicious that someone is trying to steal his ideas, and he may become quite irritable if his ideas are doubted.

Do you have any special or unusual abilities or talents?

Do you feel you are going to achieve great things?

None	0 SS45
Questionable	1
Mild: Delusional beliefs may be simple and may be of several different types; subject may question them occasionally	2
Moderate: Clear, consistent delusion that is firmly held	3
Marked: Consistent, firmly-held delusion that the subject acts on	4
Severe: Complex, well-formed delusion that the subject acts on and that preoccupies him a great deal of the time; some aspects of the delusion or his reaction may seem quite bizarre	5
None	0 SS46
Questionable	1
Mild: Delusional beliefs may be simple and may be of several different types; subject may question them occasionally	2
Moderate: Clear, consistent delusion that is firmly held	3
Marked: Consistent, firmly-held delusion that the subject acts on	4
Severe: Complex, well-formed delusion that the subject acts on and that preoccupies him a great deal of the time; some aspects of the delusion or his reaction may seem quite bizarre	5

Religious Delusions

The subject is preoccupied with false beliefs of a religious nature. Sometimes these exist within the context of a conventional religious system, such as beliefs about the Second Coming, the Antichrist, or possession by the Devil. At other times, they may involve an entirely new religious system or a pastiche of beliefs from a variety of religions, particularly Eastern religions, such as ideas about reincarnation or Nirvana. Religious delusions may be combined with grandiose delusions (if the subject considers himself a religious leader), delusions of guilt, or delusions of being controlled. Religious delusions must be outside the range considered normal for the subject's cultural and religious background.

Are you a religious person?

Have you had any unusual religious experiences?

What was your religious training as a child?

Somatic Delusions

The subject believes that somehow his body is diseased, abnormal, or changed. For example, he may believe that his stomach or brain is rotting, that his hands or penis have become enlarged, or that his facial features are unusual (dysmorphophobia). Sometimes somatic delusions are accompanied by tactile or other hallucinations, and when this occurs, both should be rated. (For example, the subject believes that he has ballbearings rolling around in his head, placed there by a dentist who filled his teeth, and can actually hear them clanking against one another.)

Is there anything wrong with your body?

Have you noticed any change in your appearance?

None	0 SS47
Questionable	1
Mild: Delusional beliefs may be simple and may be of several different types; subject may question them occasionally	2
Moderate: Clear, consistent delusion that is firmly held	3
Marked: Consistent, firmly-held delusion that the subject acts on	4
Severe: Complex, well-formed delusion that the subject acts on and that preoccupies him a great deal of the time; some aspects of the delusion or his reaction may seem quite bizarre	5
None	0 SS48
Questionable	1
Mild: Delusional beliefs may be simple and may be of several different types; subject may question them occasionally	2
Moderate: Clear, consistent delusion that is firmly held	3
Marked: Consistent, firmly-held delusion that the subject acts on	4
Severe: Complex, well-formed delusion that the subject acts on and that preoccupies him a great deal of the time; some aspects of the delusion or his reaction may seem quite bizarre	5

Ideas and Delusions of Reference

The subject believes that insignificant remarks, statements, or events refer to him or have some special meaning for him. For example, the subject walks into a room, sees people laughing, and suspects that they were just talking about him and laughing at him. Sometimes items read in the paper, heard on the radio, or seen on television are considered to be special messages to the subject. In the case of ideas of reference, the subject is suspicious, but recognizes his idea is erroneous. When the subject actually believes that the statements or events refer to him, then this is considered a delusion of reference.

Have you ever walked into a room and thought people were talking about you or laughing at you?

Have you seen things in magazines or on TV that seem to refer to you or contain a special message for you?

Have people communicated with you in any unusual ways?

Delusions of Being Controlled

The subject has a subjective experience that his feelings or actions are controlled by some outside force. The central requirement for this type of delusion is an actual strong subjective experience of being controlled. It does not include simple beliefs or ideas, such as that the subject is acting as an agent of God or that friends or parents are trying to coerce him to do something. Rather, the subject must describe, for example, that his body has been occupied by some alien force that is making it move in peculiar ways, or that messages are being sent to his brain by radio waves and causing him to experience particular feelings that he recognizes are not his own.

Have you ever felt you were being controlled by some outside force?

None	0	SS49
Questionable	1	
Mild: Occasional ideas of reference	2	
Moderate: Have occurred at least weekly	3	
Marked: Occurs at least two to four times weekly	4	
Severe: Occurs frequently	5	

None	0	SS50
Questionable	1	
Mild: Subject has experienced being controlled, but doubts it occasionally	2	
Moderate: Clear experience of control, which has occurred on two or three occasions in a week	3	
Marked: Clear experience of control, which occurs frequently; behavior may be affected	4	
Severe: Clear experience of control which occurs frequently, pervades the subject's life, and often affects his behavior	5	

Delusions of Mind Reading

The subject believes that people can read his mind or know his thoughts. This is different than thought broadcasting (see below) in that it is a belief without a percept. That is, the subject subjectively experiences and recognizes that others know his thoughts, but he does not think that they can be heard out loud.

Have you ever had the feeling that people could read your mind?

None	0	SS51
Questionable	1	
Mild: Subject has experienced mind reading, but doubts it occasionally	2	
Moderate: Clear experience of mind reading which has occurred on two or three occasions in a week	3	
Marked: Clear experience of mind reading which occurs frequently; behavior may be affected	4	
Severe: Clear experience of mind reading which occurs frequently, pervades the subject's life, and often affects his behavior	5	

Thought Broadcasting

The subject believes that his thoughts are broadcast so that he or others can hear them. Sometimes the subject experiences his thoughts as a voice outside his head; this is an auditory hallucination as well as a delusion. Sometimes the subject feels his thoughts are being broadcast although he cannot hear them himself. Sometimes he believes that his thoughts are picked up by a microphone and broadcast on the radio or television.

Have you ever heard your own thoughts out loud, as if they were a voice outside your head?

Have you ever felt your thoughts were broadcast so other people could hear them?

None	0 SS52
Questionable	1
Mild: Subject has experienced thought broadcasting, but doubts it occasionally	2
Moderate: Clear experience of thought broadcasting which has occurred on two or three occasions in a week	3
Marked: Clear experience of thought broadcasting which occurs frequently; behavior may be affected	4
Severe: Clear experience of thought broadcasting which occurs frequently, pervades the subject's life, and often affects his behavior	5

Thought Insertion

The subject believes that thoughts that are not his own have been inserted into his mind. For example, the subject may believe that a neighbor is practicing voodoo and planting alien sexual thoughts in his mind. This symptom should not be confused with experiencing unpleasant thoughts that the subject recognizes as his own, such as delusions of persecution or guilt.

Have you ever felt that thoughts were being put into your head by some outside force?

Have you ever experienced thoughts that didn't seem to be your own?

None	0 SS53
Questionable	1
Mild: Subject has experienced thought insertion, but doubts it occasionally	2
Moderate: Clear experience of thought insertion which has occurred on two or three occasions in a week	3
Marked: Clear experience of thought insertion which occurs frequently; behavior may be affected	4
Severe: Thought insertion which occurs frequently, pervades the subject's life and affects behavior	5

Thought Withdrawal

The subject believes that thoughts have been taken away from his mind. He is able to describe a subjective experience of beginning a thought and then suddenly having it removed by some outside force. This symptom does not include the mere subjective recognition of alogia.

Have you ever felt your thoughts were taken away by some outside force?

None	0 SS54
Questionable	1
Mild: Subject has experienced thought withdrawal, but doubts it occasionally	2
Moderate: Clear experience of thought withdrawal which has occurred on two or three occasions in a week	3
Marked: Clear experience of thought withdrawal which occurs frequently; behavior may be affected	4
Severe: Clear experience of thought withdrawal which occurs frequently, pervades the subject's life and often affects his behavior	5

Global Rating of Severity of Delusions

The global rating should be based on duration and persistence of delusions, the extent of the subject's preoccupation with the delusions, his degree of conviction, and their effect on his actions. Also consider the extent to which the delusions might be considered bizarre or unusual. Delusions not mentioned above should be included in this rating.

None	0 SS55
Questionable	1
Mild: Delusion definitely present but, at times, the subject questions the belief	2
Moderate: The subject is convinced of the belief, but it may occur infrequently and have little effect on his behavior	3
Marked: The delusion is firmly held; it occurs frequently and affects the subject's behavior	4
Severe: Delusions are complex, well-formed, and pervasive; they are firmly held and have a major effect on the subject's behavior; they may be somewhat bizarre or unusual	5

BIZARRE BEHAVIOR

The subject's behavior is unusual, bizarre, or fantastic. For example, the subject may urinate in a sugar bowl, paint the two halves of his body different colors, or kill a litter of pigs by smashing their heads against a wall. The information for this item will sometimes come from the subject, sometimes from other sources, and sometimes from direct observation. Bizarre behavior due to the immediate effects of alcohol or drugs should be excluded. As always, social and cultural norms must be considered in making the ratings, and detailed examples should be elicited and noted.

Clothing and Appearance

The subject dresses in an unusual manner or does other strange things to alter his appearance. For example, he may shave off all his hair or paint parts of his body different colors. His clothing may be quite unusual; for example, he may choose to wear some outfit that appears generally inappropriate and unacceptable, such as a baseball cap backwards with rubber galoshes and long underwear covered by denim overalls. He may dress in a fantastic costume representing some historical personage or a man from outer space. He may wear clothing completely inappropriate to the climatic conditions, such as heavy wools in the midst of summer.

Has anyone made comments about your appearance?

None	0 SS56
Questionable	1
Mild: Occasional oddities of dress or appearance	2
Moderate: Appearance or apparel are clearly unusual and would attract attention	3
Marked: Appearance or apparel are markedly odd	4
Severe: Subject's appearance or apparel are very fantastic or bizarre	5

Social and Sexual Behavior

The subject may do things that are considered inappropriate according to usual social norms. For example, he may masturbate in public, urinate or defecate in inappropriate receptacles, or exhibit his sex organs inappropriately. He may walk along the street muttering to himself, or he may begin talking to people whom he has never met about his personal life (as when riding on a subway or standing in some public place). He may drop to his knees praying and shouting in the midst of a crowd of people, or he may suddenly sit in a yoga position while in the midst of a crowd. He may make inappropriate sexual overtures or remarks to strangers.

Have you ever done anything that others might think unusual or that has called attention to yourself?

None	0 SS57
Questionable	1
Mild: Occasional instances of somewhat peculiar behavior	2
Moderate: Frequent instances of odd behavior	3
Marked: Very odd behavior	4
Severe: Extremely odd behavior which may have a fantastic quality	5

Aggressive and Agitated Behavior

The subject may behave in an aggressive, agitated manner, often quite unpredictably. He may start arguments inappropriately with friends or members of his family, or he may accost strangers on the street and begin haranguing them angrily. He may write letters of a threatening or angry nature to government officials or others with whom he has some quarrel. Occasionally, subjects may perform violent acts such as injuring or tormenting animals, or attempting to injure or kill human beings.

Have you ever done anything to try to harm animals or people?

Have you felt angry with anyone?

How did you express your anger?

Repetitive or Stereotyped Behavior

The subject may develop a set of repetitive actions or rituals that he must perform over and over. Frequently, he will attribute some symbolic significance to these actions and believe that they are either influencing others or preventing himself from being influenced. For example, he may eat jelly beans every night for dessert, assuming that different consequences will occur depending on the color of the jelly beans. He may have to eat foods in a particular order, wear particular clothes, or put them on in a certain order. He may have to write messages to himself or to others over and over; sometimes this will be in an unusual or occult language.

Are there any things that you feel you have to do?

None	0	SS58
Questionable	1	
Mild: Occasional instances	2	
Moderate: For example, writing angry letters to strangers	3	
Marked: For example, threatening people, public harangues	4	
Severe: For example, mutilating animals, attacking people	5	

None	0	SS59
Questionable	1	
Mild: Occasional instances of ritualistic or stereotyped behavior	2	
Moderate: For example, eating or dressing rituals lacking symbolic significance	3	
Marked: For example, eating or dressing rituals with a symbolic significance	4	
Severe: For example, keeping a diary in an incomprehensible language	5	

Global Rating of Severity of Bizarre Behavior

In making this rating, the interviewer should consider the type of behavior, the extent to which it deviates from social norms, the subject's awareness of the degree to which the behavior is deviant, and the extent to which it is obviously bizarre.

None	0	SS60
Questionable	1	
Mild: Occasional instances of unusual or apparently idiosyncratic behavior; subject usually has some insight	2	
Moderate: Behavior which is clearly deviant from social norms and seems somewhat bizarre; subject may have some insight	3	
Marked: Behavior which is markedly deviant from social norms and clearly bizarre; subject may have some insight	4	
Severe: Behavior which is extremely bizarre or fantastic; may include a single extreme act, e.g., attempting murder; subject usually lacks insight.	5	

POSITIVE FORMAL THOUGHT DISORDER

Positive formal thought disorder is fluent speech that tends to communicate poorly for a variety of reasons. The subject tends to skip from topic to topic without warning, to be distracted by events in the nearby environment, to join words together because they are semantically or phonologically alike even though they make no sense, or to ignore the question asked and ask another. This type of speech may be rapid, and it frequently seems quite disjointed. It has sometimes been referred to as "loose associations." Unlike alogia (negative formal thought disorder), a wealth of detail is provided, and the flow of speech tends to have an energetic, rather than an apathetic, quality to it.

In order to evaluate thought disorder, the subject should be permitted to talk at length on some topic, particularly a topic unrelated to his psychopathology, for as long as five to ten minutes. The interviewer should observe closely the extent to which his sequencing of ideas is well connected. In addition, the interviewer should insist that he clarify or elaborate further if the ideas seem vague or incomprehensible. He should also pay close attention to how well the subject can reply to a variety of different types of questions, ranging from simple (Where were you born?) to more complicated (How do you think the present government is doing?)

The anchor points for these ratings assume that the subject has been interviewed for a total of approximately forty-five minutes. If the interview is shorter, the ratings should be adjusted accordingly.

Derailment (Loose Associations)

A pattern of spontaneous speech in which the ideas slip off one track onto another which is clearly but obliquely related, or onto one which is completely unrelated. Things may be said in juxtaposition which lack a meaningful relationship, or the subject may shift idiosyncratically from one frame of reference to another. At times there may be a vague connection between the ideas, and at others none will be apparent. This pattern of speech is often characterized as sounding "disjointed." Perhaps the commonest manifestation of this disorder is a slow, steady slippage, with no single derailment being particularly severe, so that the speaker gets farther and farther off the track with each derailment without showing any awareness that his reply no longer has any connection with the question which was asked. This abnormality is often characterized by lack of cohesion between clauses and sentences and by unclear pronoun references.

None	0	SS61
Questionable	1	
Mild: Occasional instances of derailment, with only slight topic shifts	2	
Moderate: Several instances of derailment; subject is sometimes difficult to follow	3	
Marked: Frequent instances of derailment; subject is often difficult to follow	4	
Severe: Derailment so frequent and/or extreme that the subject's speech is almost incomprehensible	5	

Example: Interviewer: "Did you enjoy college?"

Subject: "Um-hum. Oh hey well, I oh, I really enjoyed some communities I tried it, and the, and the next day when I'd be going out, you know, um, I took control like uh, I put, um, bleach on my hair in, in California. My roommate was from Chicago, and she was going to the junior college. And we lived in the Y.M.C.A., so she wanted to put it, um, peroxide on my hair, and she did, and I got up and looked at the mirror and tears came to my eyes. Now do you understand it, I was fully aware of what was going on but why couldn't I, I . . . why, why the tears? I can't understand that, can you?"

Tangentiality

Replying to a question in an oblique, tangential or even irrelevant manner. The reply may be related to the question in some distant way. Or the reply may be unrelated and seem totally irrelevant. In the past tangentiality has sometimes been used as roughly equivalent to loose associations or derailment. The concept of tangentiality has been partially redefined so that it refers only to answers to questions and not to transitions in spontaneous speech.

Example: Interviewer: "What city are you from?"
Subject: "That's a hard question to answer because my parents . . . I was born in Iowa, but I know that I'm white instead of black, so apparently I came from the North somewhere and I don't know where, you know, I really don't know whether I'm Irish or Scandinavian or I don't, I don't believe I'm Polish but I think I'm, I think I might be German or Welsh."

None	0	SS62
Questionable	1	
Mild: One or two oblique replies	2	
Moderate: Occasional oblique replies (three to four times)	3	
Marked: Frequent oblique replies (more than four times)	4	
Severe: Tangentiality so severe that interviewing the subject is extremely difficult	5	

Incoherence (Word Salad, Schizophasia)

A pattern of speech which is essentially incomprehensible at times. Incoherence is often accompanied by derailment. It differs from derailment in that in incoherence the abnormality occurs within the level of the sentence or clause, which contains words or phrases that are joined incoherently. The abnormality in derailment involves unclear or confusing connections between larger units, such as sentences or clauses.

This type of language disorder is relatively rare. When it occurs, it tends to be severe or extreme, and mild forms are quite uncommon. It may sound quite similar to Wernicke's aphasia or jargon aphasia, and in these cases the disorder should only be called incoherence when history and laboratory data exclude the possibility of a past stroke, and formal testing for aphasia is negative.

Exclusions: Mildly ungrammatical constructions or idiomatic usages characteristic of particular regional or ethnic backgrounds, lack of education, or low intelligence.

Example: Interviewer: "What do you think about current political issues like the energy crisis?" Subject: "They're destroying too many cattle and oil just to make soap. If we need soap when you can jump into a pool of water, and then when you go to buy your gasoline, my folks always thought they should, get pop but the best thing to get, is motor oil, and, money. May, may as well go there and, trade in some, pop caps and, uh, tires, and tractors to group, car garages, so they can pull cars away from wrecks, is what I believed in."

None	0	SS63
Questionable	1	
Mild: Occasional instances of incoherence	2	
Moderate: Frequent bursts of incoherence	3	
Marked: At least half of the subject's speech is incomprehensible	4	
Severe: Almost all of the subject's speech is incomprehensible	5	

Illogicality

A pattern of speech in which conclusions are reached which do not follow logically. This may take the form of non-sequiturs (= it does not follow), in which the subject makes a logical inference between two clauses which is unwarranted or illogical. It may take the form of faulty inductive inferences. It may also take the form of reaching conclusions based on faulty premises without any actual delusional thinking.

Exclusions: Illogicality may either lead to or result from delusional beliefs. When illogical thinking occurs within the context of a delusional system, it should be subsumed under the concept of delusions and not considered a separate phenomenon representing a different type of thinking disorder. Illogical thinking which is clearly due to cultural or religious values or to intellectual deficit should also be excluded.

Example: "Parents are the people that raise you. Any thing that raises you can be a parent. Parents can be anything -- material, vegetable, or mineral -- that has taught you something. Parents would be the world of things that are alive, that are there. Rocks -- a person can look at a rock and learn something from it, so that would be a parent."

Circumstantiality

A pattern of speech which is very indirect and delayed in reaching its goal idea. In the process of explaining something, the speaker brings in many tedious details and sometimes makes parenthetical remarks. Circumstantial replies or statements may last for many minutes if the speaker is not interrupted and urged to get to the point. Interviewers will often recognize circumstantiality on the basis of needing to interrupt the speaker in order to complete the process of history-taking within an allotted time. When not called circumstantial, these people are often referred to as "long-winded."

Exclusions: Although it may coexist with instances of poverty of content of speech or loss of goal, it differs from poverty of content of speech in containing excessive amplifying or illustrative detail and from loss of goal in that the goal is eventually reached if the person is allowed to talk long enough. It differs from derailment in that the details presented are closely related to some particular goal or idea and that the particular goal or idea must be, by definition, eventually reached.

None	0 SS64
Questionable	1
Mild: Occasional instances of illogicality	2
Moderate: Frequent instances of illogicality (three or four times)	3
Marked: Much of the subject's speech is illogical (more than four times)	4
Severe: Most of the subject's speech is illogical	5

None	0 SS65
Questionable	1
Mild: Occasional instances of circumstantiality	2
Moderate: Frequent instances of circumstantiality	3
Marked: At least half of subject's speech is circumstantial	4
Severe: Most of the subject's speech is circumstantial	5

Pressure of Speech

An increase in the amount of spontaneous speech as compared to what is considered ordinary or socially customary. The subject talks rapidly and is difficult to interrupt. Some sentences may be left uncompleted because of eagerness to get on to a new idea. Simple questions which could be answered in only a few words or sentences are answered at great length so that the answer takes minutes rather than seconds and indeed may not stop at all if the speaker is not interrupted. Even when interrupted, the speaker often continues to talk. Speech tends to be loud and emphatic. Sometimes speakers with severe pressure will talk without any social stimulation and talk even though no one is listening. When subjects are receiving phenothiazines or lithium, their speech is often slowed down by medication, and then it can be judged only on the basis of amount, volume, and social appropriateness. If a quantitative measure is applied to the rate of speech, then a rate greater than 150 words per minute is usually considered rapid or pressured. This disorder may be accompanied by derailment, tangentiality, or incoherence, but it is distinct from them.

None	0	SS66
Questionable	1	
Mild: Slight pressure of speech; some slight increase in amount, speed, or loudness of speech	2	
Moderate: Usually takes several minutes to answer simple questions, may talk when no one is listening, and/or speaks loudly and rapidly	3	
Marked: Frequently talks as much as three minutes to answer simple questions; sometimes begins talking without social stimulation; difficult to interrupt	4	
Severe: Subject talks almost continually, cannot be interrupted at all, and/or may shout to drown out the speech of others	5	

Distractible Speech

During the course of a discussion or interview, the subject stops talking in the middle of a sentence or idea and changes the subject in response to a nearby stimulus, such as an object on a desk, the interviewer's clothing or appearance, etc.

Example: "Then I left San Francisco and moved to . . . where did you get that tie? It looks like it's left over from the 50's. I like the warm weather in San Diego. Is that a conch shell on your desk? Have you ever gone scuba diving?"

None	0	SS67
Questionable	1	
Mild: Is distracted once during an interview	2	
Moderate: Is distracted from two to four times during an interview	3	
Marked: Is distracted from five to ten times during an interview	4	
Severe: Is distracted more than ten times during an interview	5	

Clanging

A pattern of speech in which sounds rather than meaningful relationships appear to govern word choice, so that the intelligibility of the speech is impaired and redundant words are introduced. In addition to rhyming relationships, this pattern of speech may also include punning associations, so that a word similar in sound brings in a new thought.

Example: I'm not trying to make a noise. I'm trying to make sense. If you can make sense out of nonsense, well, have fun. I'm trying to make sense out of sense. I'm not making sense (cents) anymore. I have to make dollars."

Global Rating of Positive Formal Thought Disorder

In making this rating, the interviewer should consider the type of abnormality, the degree to which it affects the subject's ability to communicate, the frequency with which abnormal speech occurs, and its degree of severity.

None	0 SS68
Questionable	1
Mild: Occurs once during an interview	2
Moderate: Occurs from two to four times during an interview	3
Marked: Occurs five to ten times during an interview	4
Severe: Occurs more than ten times, or so frequently that the interview is incomprehensible.	

None	0 SS69
Questionable	1
Mild: Occasional instances of disorder; subject's speech is understandable	2
Moderate: Frequent instances of disorder; subject is sometimes hard to understand	3
Marked: Subject is often difficult to understand	4
Severe: Subject is incomprehensible	5