

SCL-90: AN OUTPATIENT PSYCHIATRIC RATING SCALE—PRELIMINARY REPORT*

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The SCL-90 is a self-report clinical rating scale oriented toward the symptomatic behavior of psychiatric outpatients. It is comprised of 90 items which reflect nine primary symptom dimensions believed to underlie the majority of symptom behaviors observed in this class of patients. Of the 90 items, a small number fall outside the principal dimensional framework; these items refer primarily to disturbances in appetite and sleep. The primary symptom dimensions measured by the SCL-90 are the nine symptom constructs given below:

- I. Somatization
- II. Obsessive-Compulsive
- III. Interpersonal Sensitivity
- IV. Depression
- V. Anxiety
- VI. Hostility
- VII. Phobic Anxiety
- VIII. Paranoid Ideation
- IX. Psychoticism

Dimensions I–V have been empirically established and validated in a series of clinical investigations involving over 2,500 individual patients. Major studies in this series are listed in Appendix IV (Bibliography.) Formal assessments of the various forms of reliability and validity as well as the factorial invariance of these dimensions have been completed and are being prepared for publication (1).

Dimensions VI–IX represent *new* dimensions that are being integrated with the five previous measures to

provide a broader, more adequate representation of the outpatient symptom domain. A brief description of the constructs defined by these dimensions and, in several cases, a short synopsis of the development and rationale basic to each follow below. This information is provided so that the user will gain a better understanding of the scope and meaning of the SCL-90 clinical profile. A copy of the SCL-90 self-report rating scale is provided in Appendix I.

I. *Somatization*: The items comprising this dimension reflect distress arising from perceptions of bodily dysfunction. Complaints focused on cardiovascular, gastrointestinal, respiratory, and other systems with strong autonomic mediation are included. Headaches, backaches, and pain and discomfort localized in the gross musculature are also represented, as are other somatic equivalents of anxiety.

II. *Obsessive-Compulsive*: The items that form the basis for this dimension reflect behaviors that are closely identified with the clinical syndrome of this name. The focus of this measure is on thoughts, impulses, and actions that are experienced as unremitting and irresistible by the individual but are of an ego-alien or unwanted nature. Behaviors indicative of a more general cognitive difficulty (*e.g., mind going blank—trouble remembering*, also load on this dimension.

III. *Interpersonal Sensitivity*: The symptoms that are fundamental to this factor focus on feelings of personal inadequacy and inferiority, particularly in comparison with other individuals. Self-deprecation, feelings of uneasiness, and marked discomfort during interpersonal interactions are characteristic of persons with high levels of Interpersonal Sensitivity. Feelings of acute self-consciousness and negative expectancies re-

*The numbers in parenthesis in the text are the references on pages 16–17.

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garding interpersonal communications are also typical sources of distress.

IV. Depression: The scales subsumed under the depression dimension reflect a broad range of the concomitants of the clinical depressive syndrome. Symptoms of dysphoric affect and mood are represented, as are signs of withdrawal of interest in activities, lack of motivation, and loss of vital energy. The dimension mirrors feelings of hopelessness and futility as well as other cognitive and somatic correlates of depression, and several items are included concerning suicidal ideation.

V. Anxiety: The Anxiety dimension subsumes a set of symptoms and behaviors usually associated clinically with high manifest anxiety. General indicators, such as restlessness, nervousness, and tension are included in this dimension, as are additional somatic signs, *e.g.*, "trembling." Items touching on free floating anxiety and panic attacks are also represented in this dimension, and an item on feelings of dissociation is included. The SCL-90 Anxiety dimension has been augmented beyond the construct as it was defined in the previous SCL. (See Appendix II—Factorial Composition.)

VI. Hostility: It has been consistently observed that the presence of anger and hostile behavior act as important determinants in a variety of clinical decisions with psychiatric outpatients (*e.g.*, diagnosis, treatment assignment, disposition). This fact has led to the inclusion of a formal Hostility dimension in the SCL-90. The present dimension is organized around three categories of hostile behavior: thoughts, feelings, and actions. Typical items cover feelings of annoyance and urges to break things, as well as frequent arguments and uncontrollable temper outbursts.

VII. Phobic Anxiety: The scales that comprise this dimension primarily reflect symptoms that have been observed with high incidence in conditions termed phobic anxiety states or agoraphobia (2,3). Fears of a phobic nature oriented towards travel, open spaces, crowds, or public places and conveyances are represented by this dimension. In addition, several scales representing social phobic behavior have been included.

VIII. Paranoid Ideation: The present dimension of Paranoid Ideation derives from the notion that paranoid behavior is best considered from a *syndromal* point of view. The authors have adopted the position advocated by Swanson *et al.* (4) that paranoid phenomena are most effectively conceived as a mode of

thinking. Accordingly, items have been developed based on the primary characteristics of paranoid thought. Swanson *et al.* (4) list projective thinking, hostility, suspiciousness, centrality, delusions, loss of autonomy, and grandiosity as cardinal paranoid characteristics. Within the limitations imposed by a self-report format, scales are designed to reflect these manifestations.

IX. Psychoticism: Since psychotic behaviors are observed in the outpatient setting and play a critical role in administrative and treatment decisions when manifest, a Psychoticism dimension was developed for the SCL-90. The approach taken in building this scale involved sampling from a broad spectrum of psychotic behaviors. Florid symptomatology as well as behaviors typically viewed as more oblique, less ostensive indicators of the psychotic process are included. Four items reflect Schneiderian first-rank symptoms of schizophrenia: auditory hallucinations, thought broadcasting, external thought control, and external thought insertion (5,6,7). In addition, less definitive signs of psychotic behavior as well as indications of a schizoid life style are also represented. This broad-band approach is believed to have the greatest potential sensitivity and usefulness, particularly because of the self-report format of the instrument.

The factorial composition of the SCL-90, in terms of the items that subsume the nine primary symptom dimensions, is given in Appendix II. As mentioned previously, dimensions VI–IX are presently assigned *provisional* status since validation studies for these dimensions are still in progress. Preliminary data on several small normative groups have been compiled in profile form in Appendix III (Symptom Profiles). SCL-90 symptom profiles (unscaled) for several representative outpatients are given together with brief clinical narratives and SCL-90 summary Indices of Distress [*i.e.*, General Symptomatic Index (GSI), Positive Symptom Distress Level (PSDL), and Positive Symptom Total (PST)].

Areas of Utilization: The SCL-90 has been designed as a general measure of psychiatric outpatient symptomatology for use in both *clinical* and *research* situations. It normally requires 20 minutes of patient time and five minutes of a technician's time for administration. No professional time is necessary for the administration of the instrument, although the doctor/therapist may easily incorporate administration of the SCL-90 into his personal assessment procedures.

The SCL-90 is an instrument well suited for use in research protocols where the major criterion of interest involves assessment of an outpatient symptomatic

configuration. Relative brevity and ease of administration allow the SCL-90 to be effectively utilized in comparative treatment studies which involve repeated assessments of the symptom picture across time. The high test-retest and interrater reliabilities of Dimensions I-V (1) are also expected to characterize the new dimensions, thereby providing the clinical investigator with a consistent basis for evaluating treatment differences.

The SCL-90 has been developed with primary emphasis on validity as a criterion measure in clinical drug trials where the principal focus centers on the relative efficacy of psychotherapeutic agents. Dimensions I-V have previously been shown to be sensitive indicators of treatment effects with a wide range of psychotherapeutic drugs (e.g., major tranquilizers, minor tranquilizers, and antidepressants). Refinements in these scales, augmented by the new Dimensions VI-IX, have been accomplished with an expectancy of enhancing the instrument's sensitivity to drug effects.

Beyond the capacity to reflect pharmacologic effects, Dimensions I-V have also been shown to be sensitive to a wide variety of nonpharmacologic factors in the treatment setting (see Appendix IV—Bibliography). It is anticipated that the methodological revisions and substantive extensions incorporated into the SCL-90 will enhance this sensitivity to nondrug influences as well.

Although designed primarily for use with outpatients, the SCL-90 may also be found valid and useful in certain specified inpatient settings. Raskin *et al.* (8) found a modified version of the prior SCL to be a sensitive indicator of drug effects in the NIMH-PRB inpatient studies of depression. Validation studies of the SCL-90 with inpatient samples are presently in progress and will contribute to a normative file for selected psychiatric inpatients. Modified administrative formats (e.g., verbal presentation) are under evaluation in the inpatient setting.

The nature and ease of administration coupled with the broad range of symptom constructs comprising the SCL-90 suggest the instrument may have a high potential in clinical and research settings other than those directly involved in the assessment of pharmacological treatments. Clinical screening functions and criterion measurement in a wide variety of outpatient situations should prove amenable to the use of the SCL-90.

Scale Characteristics: The SCL-90 is comprised of 90 distinct items each of which is rated on a five-point scale of distress ranging from *not at all* to *extremely*. Under conditions of typical administration, the patient is instructed by the technician how to complete the

form. Questions concerning procedure or interpretation are resolved by the technician; however, the technician in no way interferes with the self-rating characteristics of the procedures (see Appendix I—Instructions). In those special instances when an external observer is rating the patient on the SCL-90 (e.g., doctor, social worker, and psychiatric nurse), ratings should be made in terms of manifest behaviors and/or complaints. Inferences about symptoms or distress where there is no explicit behavior or verbal referent on the part of the patient should be minimized.

The SCL-90 has been provided with a flexible time context so that different temporal limits may be used. This will also facilitate research concerning the effects of different temporal references on the nature of the symptomatic picture. Under standard conditions, however, the time context used with the SCL-90 is seven days. A number of other rating scales use the one-week rating period as standard; a more extensive rationale for selection of the seven-day reference period has been given by Hamilton (9).

In developing items, an attempt was made to use the most fundamental phrasing available; only basic words which still allow retention of the meaning of the item were selected. The *Thorndike-Lorge Word Book of 30,000 Words* (10) was used to equate the vocabulary levels of the nine dimensions and the overall verbal level of the instrument. In spite of this basic vocabulary, some patients' literacy levels will be too low to validly complete the form. In cases of marginal literacy, interpretations should be made cautiously, and the resulting profiles should probably be assigned a conditional status.

The selection of five-point rating scales for each symptom reflects the observation that the reliability of rating scales tends to be proportional to the number of scale points provided (within certain limits). This has been documented by both the psychometric theory (11) and the information theory (12). The minimum number of items subsumed under any one of the primary dimensions is six, in keeping with recent observations concerning the relationship between factorial invariance and the number of items per factor (13).

Developmental History: The immediate precursor to the SCL-90 was a rating scale termed the Symptom Distress Checklist (SCL). The SCL is comprised of 58 items which tend to focus on conventional neurotic symptoms and are rated on a four-point scale of distress. A series of factor-analytic studies of both psychiatrist ratings (14) and patient self-ratings (15) on the SCL isolated five primary symptom dimensions underlying the scale. Construct validity has been

demonstrated for these dimensions (16), and factorial invariance has been shown for this dimensional set regarding patient social status, doctor rating versus patient rating, and diagnostic class (see Appendix IV—Bibliography).

The SCL was developed principally as a criterion measure in psychotherapeutic drug trials. It has been shown to have high sensitivity and predictive validity in this regard (17,18). In addition, numerous *extrinsic* factors, e.g., doctors' attitude toward medication and patients' perception of doctor warmth (19), have been reflected by scores on the primary SCL dimensions. A consistent typology of *anxious neurotic* patients (20) has also been developed in terms of the SCL symptom scales.

Slight variations in the number and content of the scales have resulted in several other versions of the SCL (8,21). These instruments have very similar formats and tend to be highly compatible regarding the underlying dimensions they reflect. Also, a brief version (35-item) of the SCL has been used primarily by investigators in the Early Clinical Drug Evaluation Units (ECDEU) program sponsored by the Psychopharmacology Research Branch of NIMH. Most of these alternate versions may be traced back to a prototype Discomfort Scale developed by Parloff (22) and further elaborated by Frank (23). The Discomfort Scale was based to an appreciable extent on symptoms taken from the Cornell Medical Index and continues to be used as a criterion measure in studies of psychotherapy.

A bibliography documenting a representative sample of the research done with the SCL is presented in Appendix IV. Studies are arranged under headings which convey principal areas of relevance; although some studies are listed under multiple headings. This bibliography is not intended to be exhaustive but rather indicative of the nature and scope of the research done with the SCL.

Purpose of the Preliminary Report: By definition, a preliminary report cannot be a definitive document, such as a manual or a normative monograph. Standardization procedures and normative studies as well as estimates of reliability and validity are still under development. Due to the large amount of research previously done with the SCL, the SCL-90 is progressing well at this stage.

We have already compiled much information on five of the nine primary symptom dimensions of the SCL-90. A formal presentation of norms for these scales as well as verification of their reliability and validity is presently being made available (1). The *new*

dimensions of Hostility and Phobic Anxiety have also received at least qualified empirical confirmation: the former in a series of factor-analytic studies with depressed outpatients (as yet unpublished data), the latter in a number of empirical investigations by Marks (2). Research to verify the validity of the Paranoid Ideation and Psychoticism dimensions is in progress.

Although the compilation of relevant psychometric information contributes to our confidence in the ultimate value of the SCL-90, it is somewhat ancillary to the basic reason for this report. The principal purpose of the preliminary report is to announce the development and availability of the SCL-90 and to provide the clinical research community with details concerning the nature, format, and rationale of the SCL-90 in an early developmental stage. In this manner, colleagues will have the opportunity to contribute to constructive input of a clinical-rational nature and/or to introduce empirically-based modifications before the format becomes finalized. We have also attempted to provide an initial statement of intent for future reference. It explains the constructs we purport to measure and the specific set of clinical behaviors which serve to operationally define those constructs.

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APPENDIX I

SCL-90: Instructions for Administration

The SCL-90 is a self-report, clinical symptom rating scale oriented towards use with psychiatric outpatients. The instrument should be completed by the patient, unless special or unusual circumstances indicate otherwise and may be easily and effectively administered by a trained technician. Instructions for the technician/administrator may be delineated as follows:

I. Instructions to the Technician/Administrator

A. *Patient ID No., Visit No., and Rater Code* (see below), located in the right-hand shaded area on pages 1 and 2, should be filled in by the technician/administrator where these are not precoded. Corresponding Patient ID No. should also be filled in on the accompanying DDS (Demographic Data Sheet).

Check to see that the *time referent*, located in the shaded box under "Instructions," is filled in (e.g., 7 days).

B. *Rater*

Right-hand Rater Code has conventionally been designated as "01" when it is a patient self-rating; when the rater is other than the patient, the rater's assigned Code No. is used. *Left-hand Rater Code* has conventionally been left blank for patient self-ratings; when the rater is other than the patient, the rater's name (e.g., Dr. Smith) is inserted.

C. *Location* should be filled out explicitly by the technician/administrator, if feasible (e.g., Hopkins Out-Patient Department, etc.).

D. *Technician/Administrator* should always indicate his/her initials.

E. *S. No.* is only appropriate where specified.

II. Instructions to Patient

A. *Introduction*

The SCL-90 may be introduced to the patient as part of the facility's attempt to understand the problems of the patient, or it may be explained directly as part of a research project

for which their assistance in filling out the form is requested. Both methods have proven quite successful.

Stress completion of the SCL-90 as quickly as possible, while waiting to be seen. The patient should also work *independently* without discussing the items with spouse, family members, etc.

B. *Name and Date* should be filled out by the patient.

C. *Instructions* should be read and carefully explained to the patient by the technician/administrator, with particular attention being given to the *Example and Definition of the Five Scale Points* (see IV). Stress completion of *all* items, noting *two pages* of the form.

III. Technician/Administrator should *check for any missed items* upon completion of the checklist *before* patient leaves the area.

IV. Definition of Scale Points

Not At All (0)—Patient reports *no distress* associated with the particular symptom.

A Little Bit (1)—Patient is aware of *some distress* associated with the symptom, but it is *infrequent* and of *low intensity*.

Moderately (2)—Patient experiences distress associated with the symptom in a somewhat regular manner and it is of *mild* or *moderate intensity*.

Quite A Bit (3)—Patient experiences distress associated with the symptom with regularity, and it is of *moderate to high intensity*.

Extremely (4)—Patient experiences *extreme* distress associated with the symptom, due to frequency, intensity, or a combination of both.

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INSTRUCTIONS

Below is a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, please fill in one of the numbered spaces to the right that best describes HOW MUCH THAT PROBLEM HAS BOTHERED OR DISTRESSED YOU DURING THE PAST INCLUDING TODAY. Mark only one numbered space for each problem and do not skip any items. Make your marks carefully using a No 2 pencil. DO NOT USE A BALLPOINT PEN. If you change your mind, erase your first mark completely. Please do not make any extra marks on the sheet. Please read the example below before beginning.

EXAMPLE

HOW MUCH WERE YOU BOTHERED BY

1 Backaches

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

HOW MUCH WERE YOU BOTHERED BY

19 Poor appetite

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

HOW MUCH WERE YOU BOTHERED BY

1 Headaches

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

20 Crying easily

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

2 Nervousness or shakiness inside

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

21 Feeling shy or uneasy with the opposite sex

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

3 Unwanted thoughts, words or ideas that won't leave your mind

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

22 Feeling of being trapped or caught

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

4 Faintness or dizziness

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

23 Suddenly scared for no reason

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

5 Loss of sexual interest or pleasure

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

24 Temper outbursts that you could not control

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

6 Feeling critical of others

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

25 Feeling afraid to go out of your house alone

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

7 The idea that someone else can control your thoughts

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

26 Blaming yourself for things

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

8 Feeling others are to blame for most of your troubles

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

27 Pains in lower back

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

9 Trouble remembering things

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

28 Feeling blocked in getting things done

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

10 Worried about sloppiness or carelessness

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

29 Feeling lonely

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

11 Feeling easily annoyed or irritated

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

30 Feeling blue

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

12 Pains in heart or chest

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

31 Worrying too much about things

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

13 Feeling afraid in open spaces or on the streets

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

32 Feeling no interest in things

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

14 Feeling low in energy or slowed down

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

33 Feeling fearful

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

15 Thoughts of ending your life

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

34 Your feelings being easily hurt

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

16 Hearing voices that other people do not hear

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

35 Other people being aware of your private thoughts

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

17 Trembling

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

36 Feeling others do not understand you or are unsympathetic

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

18 Feeling that most people cannot be trusted

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

37 Feeling that people are unfriendly or dislike you

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

38 Having to do things very slowly to insure correctness

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

39 Heart pounding or racing

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

40 Nausea or upset stomach

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
0	1	2	3	4

PLEASE CONTINUE ON THE FOLLOWING PAGE

NAME: _____
LOCATION: _____ DATE: _____

HOW MUCH WERE YOU BOTHERED BY

NOT AT ALL
A LITTLE BIT
MODERATELY
QUITE A BIT
EXTREMELY

41 Feeling inferior to others
42 Soreness of your muscles
43 Feeling that you are watched or talked about by others
44 Trouble falling asleep
45 Having to check and double-check what you do
46 Difficulty making decisions
47 Feeling afraid to travel on buses, subways, or trains
48 Trouble getting your breath
49 Hot or cold spells
50 Having to avoid certain things, places, or activities because they frighten you
51 Your mind going blank
52 Numbness or tingling in parts of your body
53 A lump in your throat
54 Feeling hopeless about the future
55 Trouble concentrating
56 Feeling weak in parts of your body
57 Feeling tense or keyed up
58 Heavy feelings in your arms or legs
59 Thoughts of death or dying
60 Overeating
61 Feeling uneasy when people are watching or talking about you
62 Having thoughts that are not your own
63 Having urges to beat, injure, or harm someone
64 Awakening in the early morning
65 Having to repeat the same actions such as touching, counting, washing
66 Sleep that is restless or disturbed
67 Having urges to break or smash things
68 Having ideas or beliefs that others do not share

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DO NOT MARK IN THE SHADED AREA BELOW

PATIENT
VISIT
NO RATER

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3
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4

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4

0
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4

HOW MUCH WERE YOU BOTHERED BY

NOT AT ALL
A LITTLE BIT
MODERATELY
QUITE A BIT
EXTREMELY

69 Feeling very self-conscious with others
70 Feeling uneasy in crowds, such as shopping or at a movie
71 Feeling everything is an effort
72 Spells of terror or panic
73 Feeling uncomfortable about eating or drinking in public
74 Getting into frequent arguments
75 Feeling nervous when you are left alone
76 Others not giving you proper credit for your achievements
77 Feeling lonely even when you are with people
78 Feeling so restless you couldn't sit still
79 Feelings of worthlessness
80 Feeling that familiar things are strange or unreal
81 Shouting or throwing things
82 Feeling afraid you will faint in public
83 Feeling that people will take advantage of you if you let them
84 Having thoughts about sex that bother you a lot
85 The idea that you should be punished for your sins
86 Feeling pushed to get things done
87 The idea that something serious is wrong with your body
88 Never feeling close to another person
89 Feelings of guilt
90 The idea that something is wrong with your mind

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APPENDIX II

SCL-90—Factorial Composition

I. Somatization (N=12)

Item No.	Item
42	Soreness of your muscles
52	Numbness or tingling in parts of your body
58	Heavy feelings in your arms or legs
56	Weakness in parts of your body
12	Pains in heart or chest
49	Hot or cold spells
27	Pains in lower back
48	Trouble getting your breath
4	Faintness or dizziness
53	A lump in your throat
1	Headaches
40	Nausea or upset stomach

II. Obsessive-Compulsive (N=10)

45	Having to check and double-check what you do
38	Having to do things very slowly to insure correctness
51	Your mind going blank
9	Trouble remembering things
46	Difficulty making decision
55	Trouble concentrating
10	Worried about sloppiness or carelessness
28	Feeling blocked in getting things done
65	Having to repeat the same actions, i.e., counting, washing
3	Unwanted thoughts, etc., that won't leave your mind

III. Interpersonal Sensitivity (N=9)

6	Feeling critical of others
21	Feeling shy or uneasy with the opposite sex
34	Your feelings being easily hurt
36	Feeling others do not understand you or are unsympathetic
37	Feeling that people are unfriendly or dislike you
41	Feeling inferior to others
61	Feeling uneasy when people are watching or talking about you
69	Feeling very self-conscious with others
73	Feeling uncomfortable about eating or drinking in public

IV. Depression (N=13)

5	Loss of sexual interest or pleasure
---	-------------------------------------

Item No.

Item

14	Feeling low in energy or slowed down
15	Thoughts of ending your life
20	Crying easily
22	Feeling of being trapped or caught
26	Blaming yourself for things
29	Feeling lonely
30	Feeling blue
31	Worrying too much about things
32	Feeling no interest in things
54	Feeling hopeless about the future
71	Feeling everything is an effort
79	Feelings of worthlessness

V. Anxiety (N=10)

2	Nervousness or shakiness inside
17	Trembling
23	Suddenly scared for no reason
33	Feeling fearful
39	Heart pounding or racing
57	Feeling tense or keyed up
72	Spells of terror and panic
78	Feeling so restless you can't sit still
80	Feeling that familiar things are strange or unreal
86	Feeling pushed to get things done

VI. Anger-Hostility (N=6)

11	Feeling easily annoyed or irritated
24	Temper outbursts you can not control
63	Having urges to beat, injure, or harm someone
67	Having urges to break or smash things
74	Getting into frequent arguments
81	Shouting or throwing things

VII. Phobic Anxiety (N=7)

13	Feeling afraid in open spaces or on the streets
25	Feeling afraid to go out of your house alone
47	Feeling afraid to travel on buses, subways, or trains
70	Feeling uneasy in crowds, such as shopping or at a movie
75	Feeling nervous when you are left alone
82	Feeling afraid you will faint in public

Item No.	Item
50	Having to avoid certain things, etc., because they frighten you
VIII. Paranoid Ideation (N=6)	
8	Feeling others are to blame for most of your troubles
18	Feeling that most people cannot be trusted
43	Feeling that you are watched or talked about by others
68	Having ideas or beliefs that others do not share
76	Others not giving you proper credit for your achievements
83	Feeling that people will take advantage of you if you let them
IX. Psychoticism (N=10)	
7	The idea that someone else can control your thoughts
16	Hearing voices that other people do not hear
35	Other people being aware of your

Item No.	Item
	private thoughts
62	Having thoughts that are not your own
77	Feeling lonely even when you are with people
84	Having thoughts about sex that bother you a lot
85	The idea that you should be punished for your sins
87	The idea that something serious is wrong with your body
88	Never feeling close to another person
90	The idea that something is wrong with your mind

SCL-90 Additional Scales

19	Poor appetite
60	Overeating
44	Trouble falling asleep
64	Awakening in the early morning
66	Sleep that is restless or disturbed
59	Thoughts of death or dying
89	Feelings of guilt

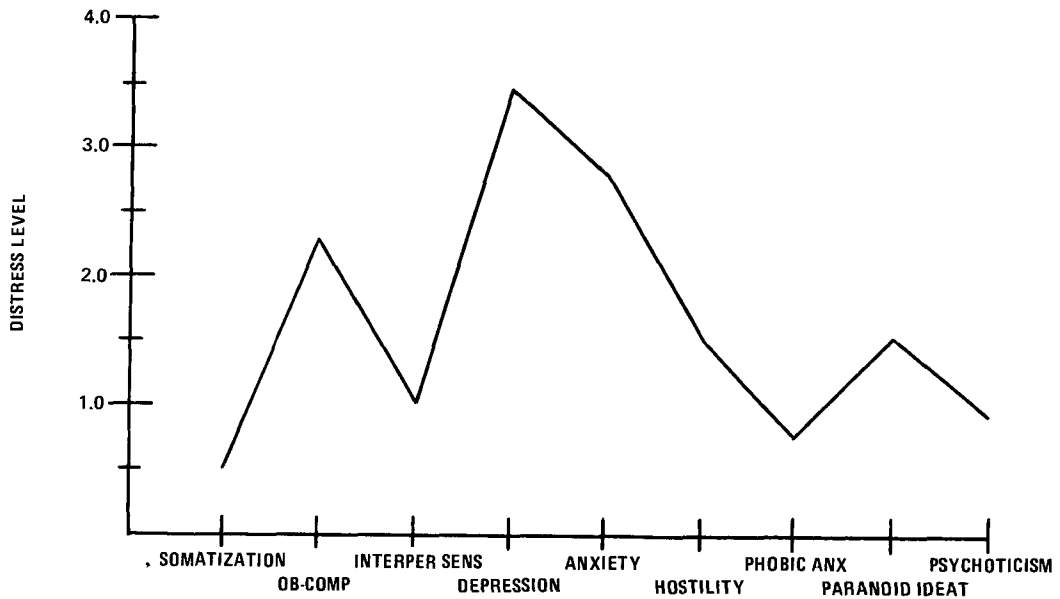
APPENDIX III: SYMPTOMATIC PROFILES

SCL-90 Symptom Dimensions	General Out- patients-OPD		Emergency Service Outpatients		Acute Alcoholic Males		Obese Normal Females	
	N = 100		N = 26		N = 44		N = 48	
	\bar{X}^*	σ^{**}	\bar{X}	σ	\bar{X}	σ	\bar{X}	σ
I. Somatization	1.05	.97	.99	.81	1.23	.83	.72	.58
II. Ob.-Comp.	1.51	1.01	1.69	.98	1.18	.78	.96	.65
III. Interp. Sens.	1.40	.96	1.94	1.06	.96	.73	.96	.80
IV. Depression	1.84	1.05	2.19	.92	1.50	.73	1.12	.88
V. Anxiety	1.51	1.00	1.83	.98	1.24	.78	.83	.67
VI. Hostility	1.29	1.05	1.55	.98	.83	.73	.68	.49
VII. Phobic Anxiety	.88	.97	1.02	.96	.69	.82	.48	.58
VIII. Paranoid Ideat.	1.34	1.08	1.57	.72	1.32	.89	.73	.57
IX. Psychoticism	.99	.84	1.34	.81	.76	.52	.43	.44
GSI	1.35	.82	1.60	.69	1.14	.62	.81	.52
PSDL	2.23	.70	2.35	.48	2.30	.55	1.70	.53
PST	50.98	19.67	59.58	18.03	43.48	17.59	40.10	17.76

*Mean

**Sigma

SCL-90 SYMPTOMATIC PROFILE



NAME:

DATE: 3/7/72

LOCATION: HOPKINS OPD

DIAGNOSIS: DEPRESSIVE NEUROSIS

RAW SCORE DATA

I. SOMATIZATION	.5
II. OB-COMP	2.3
III. INTERP. SENS.	1.0
IV. DEPRESSION	3.4
V. ANXIETY	2.7
VI. HOSTILITY	1.5
VII. PHOBIC ANX.	.7
VIII. PARAN. IDEAT.	1.5
IX. PSYCHOTICISM	.9

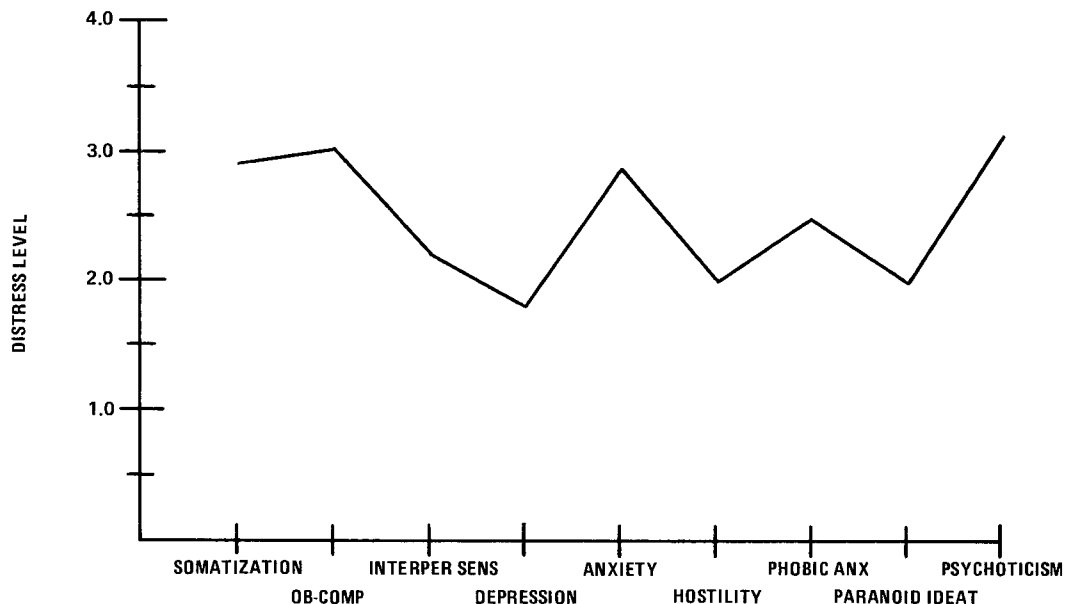
GENERAL SYMPTOMATIC

INDEX= 1.7

CLINICAL NARRATIVE:

This 26 yr. old, white female was referred from another service where she was seen initially for a physical condition. Although interview suggests a depressive "style of life" for this patient, the present episode is described as relatively acute. Primary symptoms involve dysphoric affect with marked feelings of hopelessness, suicidal thoughts, and manifest resentment. Panic attacks and generally high anxiety levels are also in evidence.

SCL-90 SYMPTOMATIC PROFILE



RAW SCORE DATA

I.	SOMATIZATION	2.9
II.	OB-COMP	3.0
III.	INTERP. SENS.	2.2
IV.	DEPRESSION	1.8
V.	ANXIETY	2.9
VI.	HOSTILITY	2.0
VII.	PHOBIC ANX.	2.5
VIII.	PARAN. IDEAT.	2.0
IX.	PSYCHOTICISM	3.2

GENERAL SYMPTOMATIC
INDEX= 2.4

NAME:

DATE: 3/7/72

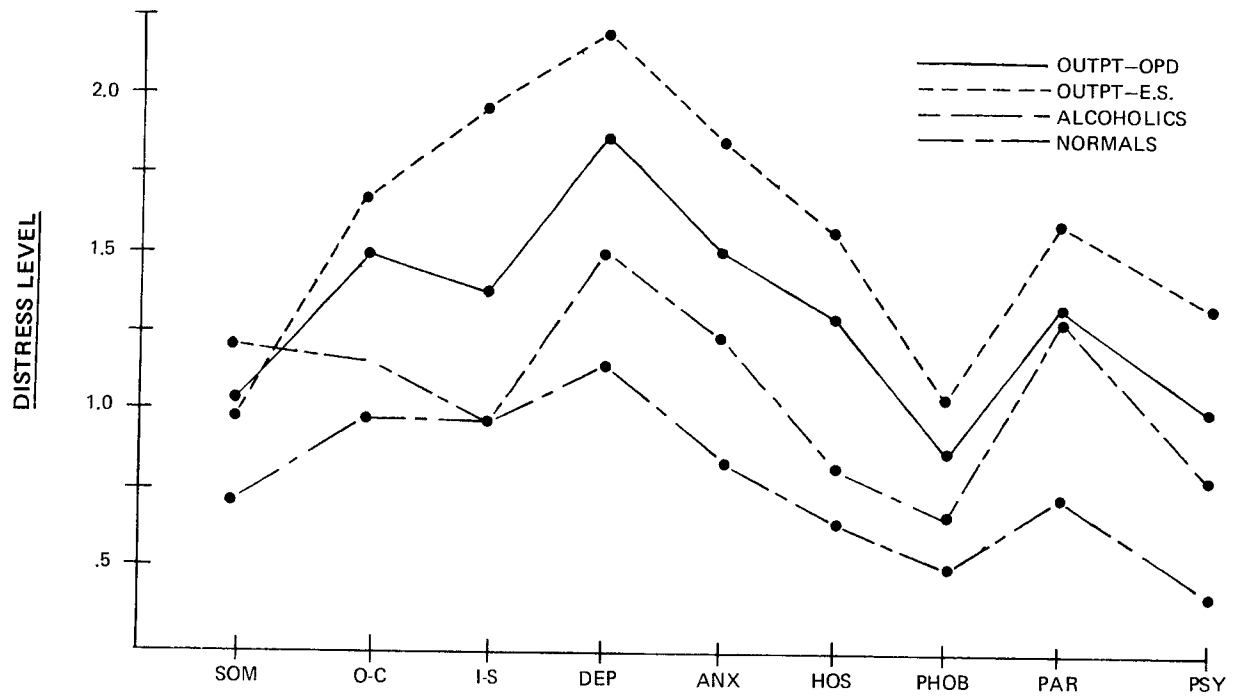
LOCATION: HOPKINS OPD

DIAGNOSIS: CHRONIC UNDIFFERENTIATED
SCHIZOPHRENIC

CLINICAL NARRATIVE:

This 24 yr. old, black female presents with notable disturbances in cognitive functioning and associative processes. In addition, there are indications of hallucinations with delusional thought patterns. Somatic concern is high and probably incorporated into the delusions, with suggestions of both free floating and phobic anxiety at elevated levels. Paranoid ideation is present to a moderate degree.

NORMATIVE GROUP PROFILES



APPENDIX IV: BIBLIOGRAPHY

Symptom Distress Checklist (SCL)

A. Scale Evolution

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