

# Schizophrenia Spectrum and Related Psychotic Disorders Algorithm

[THE FOLLOWING IS NOT AN INTERVIEW BUT AN ALGORITHM TO APPLY TO INFORMATION THAT IS COLLECTED VIA MULTIPLE SOURCES INCLUDING, BUT NOT LIMITED TO, INTERVIEW WITH OR OBSERVATION OF PATIENT, COLLATERAL INFORMATION, AND/OR MEDICAL CHART REVIEW. THE PRESENCE OF SOME SYMPTOMS CAN BE GATHERED BY USING THE PSYCHOSIS SCREEN AND OTHER RELEVANT DART MODULES. THE USE OF THE FOLLOWING MODULE SHOULD BE LIMITED TO INTERVIEWERS WHO HAVE EXTENSIVE EXPERIENCE WORKING WITH PATIENTS WHO HAVE PSYCHOTIC DISORDERS TO BE ABLE TO ACCURATELY DETERMINE THE PRESENCE OF EACH SYMPTOM OF PSYCHOSIS.]

## Symptoms of Psychotic Disorders

		[CURRENT]		[PAST]	
1.	1a. [DELUSION]	<b>A</b>	<b>P</b>	<b>A</b>	<b>P</b>
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	[DATE/DURATION:] _____	Persecutory	<input type="checkbox"/>		<input type="checkbox"/>
	[DETAILS:]	Jealous	<input type="checkbox"/>		<input type="checkbox"/>
		Grandiose	<input type="checkbox"/>		<input type="checkbox"/>
		Ideas/Delusions of reference	<input type="checkbox"/>		<input type="checkbox"/>
		Thought insertion	<input type="checkbox"/>		<input type="checkbox"/>
		Thought broadcasting	<input type="checkbox"/>		<input type="checkbox"/>
		Religious	<input type="checkbox"/>		<input type="checkbox"/>
		Somatic	<input type="checkbox"/>		<input type="checkbox"/>
		Erotomania	<input type="checkbox"/>		<input type="checkbox"/>
		Mixed	<input type="checkbox"/>		<input type="checkbox"/>
		Unspecified	<input type="checkbox"/>		<input type="checkbox"/>
		Bizarre content	<input type="checkbox"/>		<input type="checkbox"/>
	[SEVERITY, BASED ON IMPACT ON CLIENT'S LIFE:]				
	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe				
	1b. [HALLUCINATION]	<b>A</b>	<b>P</b>	<b>A</b>	<b>P</b>
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	[DATE/DURATION:] _____	Auditory	<input type="checkbox"/>		<input type="checkbox"/>
	[DETAILS:]	Visual	<input type="checkbox"/>		<input type="checkbox"/>
		Somatic	<input type="checkbox"/>		<input type="checkbox"/>
		Olfactory	<input type="checkbox"/>		<input type="checkbox"/>
		Tactile	<input type="checkbox"/>		<input type="checkbox"/>
		Other	<input type="checkbox"/>		<input type="checkbox"/>
	[SEVERITY, BASED ON IMPACT ON CLIENT'S LIFE:]				
	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe				

	[CURRENT]		[PAST]	
1c. [DISORGANIZED THINKING (SPEECH)]	<b>A</b>	<b>P</b>	<b>A</b>	<b>P</b>
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
[DATE/DURATION:] _____				
[DETAILS:]				
	Derailed	<input type="checkbox"/>		<input type="checkbox"/>
	Loose associations	<input type="checkbox"/>		<input type="checkbox"/>
	Tangential	<input type="checkbox"/>		<input type="checkbox"/>
	Circumstantial	<input type="checkbox"/>		<input type="checkbox"/>
	Incoherent	<input type="checkbox"/>		<input type="checkbox"/>
	Pressured speech	<input type="checkbox"/>		<input type="checkbox"/>
	Illogicality	<input type="checkbox"/>		<input type="checkbox"/>
	Thought blocking	<input type="checkbox"/>		<input type="checkbox"/>
	Other	<input type="checkbox"/>		<input type="checkbox"/>
[SEVERITY, BASED ON IMPACT ON CLIENT'S LIFE:]				
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe				
1d. [GROSSLY DISORGANIZED OR ABNORMAL MOTOR BEHAVIOUR]	<b>A</b>	<b>P</b>	<b>A</b>	<b>P</b>
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
[DATE/DURATION:] _____				
[DETAILS:]				
	Catatonia	<input type="checkbox"/>		<input type="checkbox"/>
	Repetitive or stereotyped behaviour	<input type="checkbox"/>		<input type="checkbox"/>
	Bizarre clothing or appearance	<input type="checkbox"/>		<input type="checkbox"/>
	Other	<input type="checkbox"/>		<input type="checkbox"/>
[SEVERITY, BASED ON IMPACT ON CLIENT'S LIFE:]				
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe				
1e. [NEGATIVE SYMPTOMS]	<b>A</b>	<b>P</b>	<b>A</b>	<b>P</b>
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
[DURATION:] _____				
[DETAILS:]				
	Affective flattening (e.g., diminished emotional expression)	<input type="checkbox"/>		<input type="checkbox"/>
	Avolition (e.g., apathy and inertia)	<input type="checkbox"/>		<input type="checkbox"/>
	Alogia (e.g., poverty of speech, blocking of speech)	<input type="checkbox"/>		<input type="checkbox"/>
	Anhedonia (e.g., reduced interests, lack of pleasure)	<input type="checkbox"/>		<input type="checkbox"/>
	Asociality (e.g., distant, disengaged)	<input type="checkbox"/>		<input type="checkbox"/>
	Other	<input type="checkbox"/>		<input type="checkbox"/>
[SEVERITY, BASED ON IMPACT ON CLIENT'S LIFE:]				
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe				

## Delusional Disorder

1.	[PRESENCE OF AT LEAST ONE DELUSION THAT HAS PERSISTED FOR 1 MONTH OR LONGER.]	<b>A</b> <input checked="" type="checkbox"/>	<b>P</b>
2.	[THERE HAS NEVER BEEN THE PRESENCE OF HALLUCINATIONS, DISORGANIZED SPEECH, DISORGANIZED OR CATATONIC BEHAVIOUR, OR NEGATIVE SYMPTOMS.]	<b>A</b> <input checked="" type="checkbox"/>	<b>P</b>
3.	[APART FROM DISTRESS AND IMPAIRMENT RELATED TO DELUSION, NO MARKED FUNCTIONAL IMPAIRMENT OR BIZARRE BEHAVIOUR IS PRESENT.]	<b>A</b> <input checked="" type="checkbox"/>	<b>P</b>
4.	[IF PAST MANIC OR MAJOR DEPRESSIVE EPISODE(S), DELUSION PERSISTS FOR A LONGER DURATION RELATIVE TO MANIC OR MAJOR DEPRESSIVE EPISODE(S).]	<b>A</b> <input checked="" type="checkbox"/>	<b>P</b>
5.	[THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY SUBSTANCE USE OR A MEDICAL CONDITION.]	<b>A</b> <input checked="" type="checkbox"/>	<b>P</b>
6.	[THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY ANOTHER MENTAL DISORDER, INCLUDING BODY DYSMORPHIC DISORDER OR OBSESSIVE-COMPULSIVE DISORDER.]	<b>A</b> <input checked="" type="checkbox"/>	<b>P</b>

### DIAGNOSTIC IMPRESSION: **DELUSIONAL DISORDER** **A S P**

[SPECIFY:]

- EROTOMANIC TYPE ☐  
 GRANDIOSE TYPE ☐  
 JEALOUS TYPE ☐  
 PERSECUTORY TYPE ☐  
 SOMATIC TYPE ☐  
 MIXED TYPE ☐  
 UNSPECIFIED TYPE ☐

[SPECIFY:]

WITH BIZARRE CONTENT ☐

[SPECIFY IF DISORDER HAS PERSISTED FOR 1 YEAR OR LONGER:]

FIRST EPISODE ☐MULTIPLE EPISODES ☐

[SPECIFY IF DISORDER HAS PERSISTED FOR 1 YEAR OR LONGER:]

SYMPTOMS ARE CURRENTLY MET IN ACUTE EPISODE ☐SYMPTOMS HAVE IMPROVED AND NOT ALL SYMPTOMS ARE MET IN PARTIAL REMISSION ☐NO DISORDER-SPECIFIC SYMPTOMS ARE MET IN FULL REMISSION ☐

SYMPTOMS ARE MET FOR THE DURATION OF THE ILLNESS;  
LIMITED DURATION OF SUBTHRESHOLD SYMPTOMS

[SPECIFY:]

CONTINUOUS ☐

UNSPECIFIED ☐

## Brief Psychotic Disorder

1. [PRESENCE OF AT LEAST ONE ITEM BELOW:]

**A**  
☒

**P**

- ☐ DELUSION
- ☐ HALLUCINATION
- ☐ DISORGANIZED SPEECH

[PRESENCE OF GROSSLY DISORGANIZED OR CATATONIC BEHAVIOUR.]

**A**

**P**

2. [DURATION OF SYMPTOM PRESENTATION: AT LEAST 1 DAY BUT LESS THAN 1 MONTH, WITH FULL RETURN TO PREMORBID LEVEL OF FUNCTIONING.]

**A**  
☒

**P**

3. [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY MAJOR DEPRESSIVE OR BIPOLAR DISORDER WITH PSYCHOTIC FEATURES, OR ANOTHER PSYCHOTIC DISORDER.]

**A**  
☒

**P**

4. [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY SUBSTANCE USE OR A MEDICAL CONDITION.]

**A**  
☒

**P**

**DIAGNOSTIC IMPRESSION:  
BRIEF PSYCHOTIC DISORDER**

**A S P**

[SPECIFY:]

WITH MARKED STRESSOR(S) ☐

WITHOUT MARKED STRESSOR(S) ☐

WITH PERIPARTUM ONSET ☐

[SPECIFY:]

WITH CATATONIA ☐

## Schizophreniform Disorder

[PRESENCE OF AT LEAST TWO ITEMS BELOW, WITH AT LEAST 1 SHADED ITEM CHECKED:]

**A**  
☒

**P**

- ☐ DELUSION
- ☐ HALLUCINATION
- ☐ DISORGANIZED SPEECH
- ☐ GROSSLY DISORGANIZED OR CATATONIC BEHAVIOUR
- ☐ NEGATIVE SYMPTOMS

[DURATION: SYMPTOMS PERSIST FOR AT LEAST 1 MONTH BUT LESS THAN 6 MONTHS. IF SYMPTOMS ARE CURRENT, USE PROVISIONAL SPECIFIER BELOW.]

**A**  
☒

**P**

[THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY SCHIZOAFFECTIVE DISORDER OR DEPRESSIVE/BIPOLAR DISORDER WITH PSYCHOTIC FEATURES; IF NOT KNOWN, DETERMINE IF:]

**A**  
☒

**P**

NO MAJOR DEPRESSIVE OR MANIC EPISODES HAVE OCCURRED CONCURRENTLY WITH SYMPTOMS

**A**

**P**

IF MOOD SYMPTOMS ARE PRESENT DURING ACTIVE PHASE OF SYMPTOMS, THE DURATION OF MOOD SYMPTOMS WAS SHORTER THAN THE PSYCHOTIC SYMPTOMS

**A**

**P**

[THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY SUBSTANCE USE OR A MEDICAL CONDITION.]

**A**  
☒

**P**

### DIAGNOSTIC IMPRESSION: SCHIZOPHRENIFORM DISORDER

**A S P**

[SPECIFY:]

SYMPTOMS HAVE NOT RECOVERED PRIOR TO DIAGNOSIS

PROVISIONAL ☐

[SPECIFY:]

PRESENCE OF AT LEAST TWO GOOD PROGNOSTIC FEATURES: ONSET OF PSYCHOTIC SYMPTOMS OCCURRED WITHIN 4 WEEKS OF FIRST IDENTIFIED CHANGE; CONFUSION WAS PRESENT; INDIVIDUAL HAD GOOD PREMORBID SOCIAL AND OCCUPATIONAL FUNCTIONING; BLUNTED OR FLAT AFFECT WAS ABSENT

WITH GOOD PROGNOSTIC FEATURES ☐

IF TWO OR MORE GOOD PROGNOSTIC FEATURES WERE NOT PRESENT

WITHOUT GOOD PROGNOSTIC FEATURES ☐

[SPECIFY:]

WITH CATATONIA ☐

## Schizophrenia

- |    |   |   |          |
|----|---|---|----------|
| 1. | [AT LEAST TWO ITEMS BELOW ARE CHECKED AND SYMPTOM PERSISTS FOR A SIGNIFICANT PROPORTION OF 1 MONTH; WITH AT LEAST 1 SHADED ITEM CHECKED:]   | <b>A</b><br><input checked="" type="checkbox"/> | <b>P</b> |
|    | <input type="checkbox"/> DELUSION<br><input type="checkbox"/> HALLUCINATION<br><input type="checkbox"/> DISORGANIZED SPEECH<br><input type="checkbox"/> GROSSLY DISORGANIZED OR CATATONIC BEHAVIOUR<br><input type="checkbox"/> NEGATIVE SYMPTOMS |   |          |
| 2. | [SYMPTOMS RESULTED IN MARKED IMPAIRMENT COMPARED TO PREVIOUS LEVEL OF FUNCTIONING.]   | <b>A</b><br><input checked="" type="checkbox"/> | <b>P</b> |
| 3. | [DURATION: CONTINUOUS SYMPTOM PRESENTATION FOR AT LEAST 6 MONTHS, WHICH MUST INCLUDE AT LEAST 1 MONTH OF SYMPTOMS CHECKED IN ITEM #1 (OR LESS IF SUCCESSFULLY TREATED) AND MAY INCLUDE PERIODS OF PRODROMAL AND/OR 1 RESIDUAL SYMPTOMS.]          | <b>A</b><br><input checked="" type="checkbox"/> | <b>P</b> |
| 4. | [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY SCHIZOAFFECTIVE DISORDER OR DEPRESSIVE/BIPOLAR DISORDER WITH PSYCHOTIC FEATURES; IF NOT KNOWN, DETERMINE:]  | <b>A</b><br><input checked="" type="checkbox"/> | <b>P</b> |
|    | NO MAJOR DEPRESSIVE OR MANIC EPISODES HAVE OCCURRED CONCURRENTLY WITH SYMPTOMS  | <b>A</b>  | <b>P</b> |
|    | IF MOOD SYMPTOMS ARE PRESENT DURING ACTIVE PHASE OF SYMPTOMS, THE DURATION OF MOOD SYMPTOMS WAS SHORTER THAN PSYCHOTIC SYMPTOMS CHECKED IN ITEM #1  | <b>A</b>  | <b>P</b> |
| 5. | [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY SUBSTANCE USE OR A MEDICAL CONDITION.]  | <b>A</b><br><input checked="" type="checkbox"/> | <b>P</b> |
| 6. | [IF THERE IS A HISTORY OF AUTISM SPECTRUM DISORDER OR COMMUNICATION DISORDER OF CHILDHOOD ONSET, THEN PROMINENT DELUSIONS OR HALLUCINATIONS AND OTHER SYMPTOMS ARE PRESENT FOR AT LEAST 1 MONTH.]   | <b>A</b><br><input checked="" type="checkbox"/> | <b>P</b> |

### DIAGNOSTIC IMPRESSION: SCHIZOPHRENIA

**A   S   P**

[IF DISORDER HAS PERSISTED FOR 1 YEAR OR LONGER, SPECIFY:]

FIRST EPISODE ☐

MULTIPLE EPISODES ☐

[IF DISORDER HAS PERSISTED FOR 1 YEAR OR LONGER, SPECIFY:]

SYMPTOMS ARE CURRENTLY MET

IN ACUTE EPISODE ☐

SYMPTOMS HAVE IMPROVED AND NOT ALL SYMPTOMS ARE MET

IN PARTIAL REMISSION ☐

NO DISORDER-SPECIFIC SYMPTOMS ARE MET

IN FULL REMISSION ☐SYMPTOMS ARE MET FOR THE DURATION OF THE ILLNESS;  
LIMITED DURATION OF SUBTHRESHOLD SYMPTOMS

[SPECIFY:]

CONTINUOUS ☐UNSPECIFIED ☐

[SPECIFY:]

WITH CATATONIA ☐

## Schizoaffective Disorder

- |    |   |   |          |
|----|---|---|----------|
| 1. | [SYMPTOMS OF MAJOR DEPRESSIVE OR MANIC EPISODE ARE PRESENT.]  | <b>A</b><br><input checked="" type="checkbox"/> | <b>P</b> |
| 2. | [AT LEAST 2 ITEMS BELOW ARE CHECKED AND SYMPTOM PERSISTS FOR A SIGNIFICANT PROPORTION OF 1 MONTH; WITH AT LEAST 1 SHADED ITEM CHECKED:]   | <b>A</b><br><input checked="" type="checkbox"/> | <b>P</b> |
|    | <input type="checkbox"/> DELUSION<br><input type="checkbox"/> HALLUCINATION<br><input type="checkbox"/> DISORGANIZED SPEECH<br><input type="checkbox"/> GROSSLY DISORGANIZED OR CATATONIC BEHAVIOUR<br><input type="checkbox"/> NEGATIVE SYMPTOMS |   |          |
| 3. | [DELUSIONS OR HALLUCINATIONS ARE PRESENT FOR AT LEAST 2 WEEKS IN THE ABSENCE OF A MAJOR DEPRESSIVE OR MANIC EPISODE AT ANY POINT DURING THE HISTORY OF THE ILLNESS.]  | <b>A</b><br><input checked="" type="checkbox"/> | <b>P</b> |
| 4. | [SYMPTOMS OF MAJOR DEPRESSIVE OR MANIC EPISODE ARE PRESENT FOR MOST OF THE TOTAL DURATION OF THE ACTIVE AND RESIDUAL PORTIONS OF THE ILLNESS.]  | <b>A</b><br><input checked="" type="checkbox"/> | <b>P</b> |
| 5. | [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY SUBSTANCE USE OR A MEDICAL CONDITION.]  | <b>A</b><br><input checked="" type="checkbox"/> | <b>P</b> |

**DIAGNOSTIC IMPRESSION:  
SCHIZOAFFECTIVE DISORDER**

**A   S   P**

[SPECIFY:]

BIPOLAR TYPE ☐DEPRESSIVE TYPE ☐

[SPECIFY:]

WITH CATATONIA ☐

[IF DISORDER HAS PERSISTED FOR 1  
YEAR OR LONGER, SPECIFY:]

FIRST EPISODE ☐

MULTIPLE EPISODES ☐

[IF DISORDER HAS PERSISTED FOR 1  
YEAR OR LONGER, SPECIFY:]

SYMPTOMS ARE CURRENTLY MET IN ACUTE EPISODE ☐

SYMPTOMS HAVE IMPROVED AND NOT ALL SYMPTOMS ARE MET IN PARTIAL REMISSION ☐

NO DISORDER-SPECIFIC SYMPTOMS ARE MET IN FULL REMISSION ☐

[SPECIFY:]

SYMPTOMS ARE MET FOR THE DURATION OF THE ILLNESS; CONTINUOUS ☐

LIMITED DURATION OF SUBTHRESHOLD SYMPTOMS

UNSPECIFIED ☐

## Substance-Induced Psychotic Disorder

- |    |   |                                     |          |
|----|---|-------------------------------------|----------|
| 1. | [PRESENCE OF AT LEAST ONE OR BOTH OF THE FOLLOWING:]  | <b>A</b>                            | <b>P</b> |
|    | <input type="checkbox"/> DELUSION   | <input checked="" type="checkbox"/> |          |
|    | <input type="checkbox"/> HALLUCINATION  |                                     |          |
| 2. | [THERE IS EVIDENCE FROM HISTORY, PHYSICAL EXAM, OR LABORATORY FINDINGS OF BOTH OF THE FOLLOWING]            | <b>A</b>                            | <b>P</b> |
|    | (1) SYMPTOMS DEVELOPED DURING OR SOON AFTER SUBSTANCE INTOXICATION OR WITHDRAWAL                            | <input checked="" type="checkbox"/> |          |
|    | (2) THE SUBSTANCE IS CAPABLE OF PRODUCING THE SYMPTOMS  |                                     |          |
| 3. | [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY ANOTHER PSYCHOTIC DISORDER OR A MEDICAL CONDITION. RULE OUT:] | <b>A</b>                            | <b>P</b> |
|    | (1) SYMPTOMS PRECEDED SUBSTANCE USE   | <input checked="" type="checkbox"/> |          |
|    | (2) DURATION OF SYMPTOMS IS >1 MONTH AFTER CESSATION OF INTOXICATION OR WITHDRAWAL                          |                                     |          |
| 4. | [THE SYMPTOMS DO NOT OCCUR EXCLUSIVELY DURING AN EPISODE OF DELIRIUM.]                                      | <b>A</b>                            | <b>P</b> |
|    |   | <input checked="" type="checkbox"/> |          |

**DIAGNOSTIC IMPRESSION:** **A S P**  
**SUBSTANCE-INDUCED PSYCHOSIS**

[SPECIFY:]

WITH ONSET DURING INTOXICATION ☐

WITH ONSET DURING WITHDRAWAL ☐



[SPECIFY:]

- ALCOHOL ☐
- CANNABIS ☐
- PHENCYCLIDINE ☐
- OTHER HALLUCINOGEN ☐
- INHALANT ☐
- SEDATIVE/HYPNOTIC/ANXIOLYTIC ☐
- AMPHETAMINE/OTHER STIMULANT ☐
- COCAINE ☐
- OTHER/UNKNOWN ☐

## Unspecified Psychotic Disorder

- |    |  |   |          |
|----|--|---|----------|
| 1. | [MEETS PARTIAL CRITERIA FOR EITHER SCHIZOPHRENIA, SCHIZOAFFECTIVE, SCHIZOPHRENIFORM, BRIEF PSYCHOTIC, DELUSIONAL DISORDER, OR SUBSTANCE-INDUCED] | <b>A</b><br><input checked="" type="checkbox"/> | <b>P</b> |
| 5. | [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY A MEDICAL CONDITION.]  | <b>A</b><br><input checked="" type="checkbox"/> | <b>P</b> |

**DIAGNOSTIC IMPRESSION:**      **A**    **S**    **P**  
**UNSPECIFIED PSYCHOTIC DISORDER**

[SPECIFY:]

INSUFFICIENT INFORMATION ☐