

Schizophrenia Disorder Diagnostic Tool

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derived from DSM-IV-TR

Name _____

DOB _____

ID# _____

Criterion A. Characteristic symptoms: Two* or more of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):

- A.1 **delusions**--erroneous beliefs that usually involve a misinterpretation of perceptions or experience. Thematic content is frequently persecutory, referential, somatic, religious, or grandiose in nature.
***(Only one symptom is required if delusions are bizarre.)** Delusions are generally considered bizarre if they are clearly implausible and not understandable and do not derive from ordinary life experience. Bizarre delusions that express loss of control over one's mind or body include thought insertion, thought withdrawal or delusions of control.
- A.2 **hallucinations**—may be auditory, visual, olfactory, gustatory or tactile, with auditory being the most common. The hallucinations are experienced while the individual is awake. Auditory hallucinations are perceived as coming from an external source distinct from the individual's own thoughts. ***(only one symptom is required if hallucinations consist of a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other.)**
- A.3 **disorganized speech**—symptoms must be severe enough to substantially impair effective communication and may take the form of tangentiality, derailment, loose associations, incoherence or word salad.
- A.4 **grossly disorganized behavior**—problems may be noted in any form of goal-directed behavior which leads to difficulty performing activities of daily living. The individual may be disheveled or dressed in an unusual manner, display inappropriate sexual behavior or frequently display unpredictable and untriggered agitation for no discernible reason.

OR

catatonic behavior—a marked decrease in reactivity to the environment which reaches the extreme in catatonic stupor. Other examples are catatonic rigidity, catatonic negativism, catatonic posturing, or catatonic excitement. The clinician must be aware that catatonic symptoms are non-specific and may occur in other mental disorders.

- A.5 **negative symptoms**—
ffective flattening—a person's face appears immobile and unresponsive, there is poor eye contact and reduced body language.
alogia—characterized by brief, laconic, empty replies. Decreased fluency and productivity of speech which may arise from a diminution of thoughts.
avolition—characterized by an inability to initiate and persist in goal-directed activities.

Criterion B. Social/Occupational Dysfunction:

- For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset. When the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement is present.

Criterion C. Duration: Continuous signs of the disturbance persist for at least six months.

- This six-month period must include at least one month of Criterion A, active-phase symptoms (unless successfully treated). It may include periods of prodromal or residual symptoms where signs of the disturbance are manifested only by negative symptoms **or** two or more symptoms from Criterion A in mild (attenuated) form.

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Criterion D: Schizoaffective and Mood Disorder exclusion: Schizoaffective and Mood Disorder with Psychotic Features have been ruled out because either

- no Major Depressive, Manic, or Mixed Episodes have occurred concurrently with the active-phase symptoms;

OR

- if mood episodes have occurred during active-phase symptoms, their total duration has been brief relative to the duration of the active and residual periods.

Criterion E: Substance/general medical exclusion:

- the disturbance is not due to the direct physiological effects of a substance;

OR

- the disturbance is not due to a general medical condition.

Criterion F: Relationship to a Pervasive Developmental Disorder:

- if there is a history of Autistic Disorder or another Pervasive Developmental Disorder, the additional diagnosis of Schizophrenia is made only if prominent delusions or hallucinations are also present for at least a month (or less if successfully treated).

Classification of longitudinal course can be applied only after at least one year has elapsed since the initial onset of active-phase symptoms. Episodes are defined as the reemergence of prominent psychotic symptoms. Please refer to DSM-IV TR, page 312, for classifications.

Schizophrenia Subtypes: The diagnosis of a particular subtype is based on the clinical picture that occasioned the most recent evaluation or admission to clinical care and may change over time.

Catatonic Type—assigned whenever the clinical picture is dominated by at least two of the following:

- motoric immobility as evidenced by catalepsy (including waxy flexibility) or stupor
 - excessive motor activity (that is apparently purposeless and not influenced by external stimuli)
 - extreme negativism (an apparently motiveless resistance to all instructions or maintenance of a rigid posture against attempts to be moved) or mutism
 - peculiarities of voluntary movement as evidenced by posturing (voluntary assumption of inappropriate or bizarre postures), stereotyped movements, prominent mannerisms, or prominent grimacing
 - echolalia (repeating words that have been spoken) or echopraxia (repeatedly imitating actions)
- Disorganized Type—assigned whenever disorganized speech and behavior and flat or inappropriate affect are prominent. The criteria are not met for Catatonic Type;

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- Paranoid Type*—assigned whenever there is a preoccupation with one or more delusions or frequent auditory hallucinations are prominent. Disorganized speech, disorganized or catatonic behavior, or flat or inappropriate affect are not prominent.
- Undifferentiated Type*—assigned when symptoms are present meeting Criterion A of Schizophrenia, but the symptoms do not meet the criteria for the Paranoid, Disorganized, or Catatonic Type.

OR

- Residual Type*—assigned when there is continuing evidence of schizophrenia, but the criteria for the active-phase symptoms are no longer met.

Diagnostic Codes

295.20 Schizophrenia, Catatonic Type

295.30 Schizophrenia, Paranoid Type

295.10 Schizophrenia, Disorganized Type

295.90 Schizophrenia, Undifferentiated Type

295.60 Schizophrenia, Residual Type

Associated descriptive features and mental disorders:

- inappropriate affect* such as smiling, laughing or a silly facial expression in the absence of an appropriate stimulus
- anhedonia* is common and is manifested by a loss of interest or pleasure
- dysphoric mood* may take the form of depression, anxiety, or anger
- disturbances in sleep* may manifest as restlessness or a reversal of normal sleep patterns
- abnormalities in psychomotor behavior* may present as pacing, rocking, or apathetic immobility
- poor insight* has been determined to be a symptom of the illness and not a coping strategy and is seen in a majority of individuals diagnosed with schizophrenia
- depersonalization, derealization, and somatic concerns* may occur and reach delusional proportions
- motor abnormalities* such as grimacing, posturing, odd mannerisms, ritualistic or stereotyped behavior are sometimes present.

Comorbidity:

Rates of Comorbidity with Substance-Related Disorders are high. Nicotine dependence is especially high. Anxiety Disorders, particularly the rates of Obsessive-Compulsive Disorder and Panic Disorder are elevated in individuals with schizophrenia relative to the general population. Schizotypal, Schizoid, or Paranoid Personality Disorders may precede the diagnosis of Schizophrenia, but it is unknown if these Personality Disorders are prodromal to Schizophrenia or if they constitute a separate, earlier disorder.

Clinician's name _____

Date of assessment _____

Signature _____