

Psychiatric University Hospital Zurich, Division of Clinical Psychiatry
SCALE FOR THE ASSESSMENT OF NEGATIVE SYMPTOMS

S A N S

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STUDY	[_ _ _ _]	1-4
GROUP	[_ _]	5-6
PATIENT	[_ _ _]	7-9
RATING DAY	[_ _ _]	10-12
CARD NUMBER	[_ _]	13-14
Sex (1=male, 2=female)	[_]	15
Birthday (dd.mm.yyyy)	[_ _ : _ _ : _ _ _ _]	16-23
Date of hospitalization (dd.mm.yyyy)	[_ _ : _ _ : _ _ _ _]	24-31
First diagnosis	[_ _ _ . _ _]	32-36
Second diagnosis	[_ _ _ . _ _]	37-41
Diagnostic system (1=ICD9, 2=ICD10, 3=DSM3-R, 4=DSM4)	[_]	42
Age at onset	[_ _]	43-44
Course (1=first manifestation, 2=intermittent, 3=progreident, 4=chronic)	[_]	45
Duration of Current Episode Prior to Hospitalization (days)	[_ _ _]	46-48
Medication Prior to Hospitalization (0=none, 1=antidepr., 2=neuroleptics, 3=other)	[_]	49
Current Medication (cf. list of codes)	[_ _ _]	50-52
Educational level (1=remedial, 2=junior high, 3=high, 4=college)	[_]	53
DATE (dd.mm.yyyy)	[_ _ : _ _ : _ _ _ _]	54-61
INTERVIEWER	[_ _ _]	62-64
HOSPITAL	[_ _]	65-66
PATIENT ID (the hospital's internal PID)	[_ _ _ _ _ _ _ _ _ _]	67-78



0=None	1=Questionable	2=Mild	3=Moderate	4=Marked	5=Severe
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0. CARD NUMBER	[_ _]	13-14
1. AFFECTIVE FLATTENING OR BLUNTING		
1 Unchanged Facial Expression The patient's face appears wooden —changes less than expected as emotional content of discourse changes.	[_]	15
2 Decreased Spontaneous Movements The patient shows few or no spontaneous movements, does not shift position, move extremities, etc.	[_]	16
3 Paucity of Expressive Gestures The patient does not use hand gestures, body position, etc, as an aid in expressing his ideas.	[_]	17
4 Poor Eye Contact The patient avoids eye contact or “stares through” interviewer even when speaking.	[_]	18
5 Affective Nonresponsiveness The patient fails to laugh or smile when prompted.	[_]	19
6 Inappropriate Affect The patient's affect is inappropriate or incongruous, not simply flat or blunted.	[_]	20
7 Lack of Vocal Inflections The patient fails to show normal vocal emphasis patterns, is often monotonic.	[_]	21
8 Global Rating of Affective Flattening This rating should focus on overall severity of symptoms, especially unresponsiveness, eye contact, facial expression, and vocal inflections.	[_]	22
2. ALOGIA		
9 Poverty of Speech The patient's replies to questions are restricted in amount, tend to be brief, concrete, unelaborated.	[_]	23
10 Poverty of Content of Speech The patient's replies are adequate in amount but tend to be vague, overconcrete or overgeneralized, and convey little in information.	[_]	24
11 Blocking The patient indicated, either spontaneously or with prompting, that his train of thoughts was interrupted.	[_]	25
12 Increased Latency of Response The patient takes a long time to reply to questions; prompting indicates the patient is aware of the question.	[_]	26
13 Global Rating of Alogia The core features of alogia are poverty of speech and poverty of content.	[_]	27

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3. AVOLITION – APATHY

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|-----------|---|-------|----|
| 14 | Grooming and Hygiene
The patient's clothes may be sloppy or soiled, and he may have greasy hair, body odor, etc. | [_] | 28 |
| 15 | Impersistence at Work or School
The patient has difficulty seeking or maintaining employment, completing school work, keeping house, etc. If an inpatient, cannot persist at ward activities, such as OT, playing cards, etc. | [_] | 29 |
| 16 | Physical Anergia
The patient tends to be physically inert. He may sit for hours and not initiate spontaneous activity. | [_] | 30 |
| 17 | Global Rating of Avolition – Apathy
Strong weight may be given to one or prominent symptoms if particularly striking. | [_] | 31 |

4. ANHEDONIA – ASOCIALITY

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|-----------|---|-------|----|
| 18 | Recreational Interests and Activities
The patient may have few or no interests. Both the quality and the quantity of interests should be taken into account. | [_] | 32 |
| 19 | Sexual Activity
The patient may show decrease in sexual interest and activity, or enjoyment when active. | [_] | 33 |
| 20 | Ability to Feel Intimacy and Closeness
The patient may display an inability to form close or intimate relationships, especially with opposite sex and family. | [_] | 34 |
| 21 | Relationships with Friends and Peers
The patient may have few or no friends and may prefer to spend all his time isolated. | [_] | 35 |
| 22 | Global Rating of Anhedonia – Asociality
This rating should reflect overall severity, taking into account the patient's age, family status, etc. | [_] | 36 |

5. ATTENTION

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|-----------|--|-------|----|
| 23 | Social Inattentiveness
The patient appears uninvolved or unengaged. He may seem "spacey". | [_] | 37 |
| 24 | Inattentiveness During Mental Status Testing
Test of "serial 7s" (at least five subtractions) and spelling "world" backwards. Score 2 = 1 error, score 3 = 2 errors, score 4 = 3 errors. | [_] | 38 |
| 25 | Global Rating of Attention
This rating should assess the patient's overall concentration, clinically and on tests. | [_] | 39 |