

Psychotic Symptom Rating Scales

Score sheets

Gillian Haddock

2009 Version

AUDITORY HALLUCINATIONS RATING SCALE SCORE SHEET

Client name or ID:

Age: Gender:

Date:

Rater:

Briefly describe experiences for rating:

	Score
1. FREQUENCY	<input type="text"/>
2. DURATION	<input type="text"/>
3. LOCATION	<input type="text"/>
4. LOUDNESS	<input type="text"/>
5. BELIEFS RE-ORIGIN OF VOICES	<input type="text"/>
6. AMOUNT OF NEGATIVE CONTENT OF VOICES	<input type="text"/>
7. DEGREE OF NEGATIVE CONTENT	<input type="text"/>
8. AMOUNT OF DISTRESS	<input type="text"/>
9. INTENSITY OF DISTRESS	<input type="text"/>
10. DISRUPTION	<input type="text"/>
11. CONTROL	<input type="text"/>
TOTAL AUDITORY HALLUCINATIONS SCORE	<input type="text"/>

Optional items

(i) Number of voices

How many voices do you experience?

(ii) Form of each voice

How does each voice refer to you? Does it say things that start with 'you', or 'he/she' or 'I'?(1st person, 2nd person, 3rd person etc)

Voice 1:

Voice 2:

Voice 3:

Voice 4:

Add extra if necessary.

(iii) Sex of voices

Are the voices males or female? How many voices are male and how many are female?

Male

Female

DELUSIONS RATING SCALE SCORE SHEET

Client name or ID:

Age:

Gender:

Date:

Rater:

Briefly describe experiences for rating:

SCORE

1. AMOUNT OF PREOCCUPATION

2. DURATION OF PREOCCUPATION

3. CONVICTION

4. AMOUNT OF DISTRESS

5. INTENSITY OF DISTRESS

6. DISRUPTION

TOTAL DELUSIONS SCORE

Optional items for rating

(i) Number of beliefs

(ii) Content of each belief and (iii) conviction

Record the content of each belief considered in the interview, use further probing questions if necessary

Belief 1

Conviction

Belief 2

Belief 3

Belief 4

Belief 5