

Scale for Early Psychosis Relapse Risk Assessment – Clinician

PATIENT NAME OR INITIALS (Last, First)		Case Number	
Assessment Date (DD/MM/YYYY)		Assessment Completed By:	

DEMOGRAPHICS AND CLINICAL INFORMATION

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth (DD/MM/YYYY)	
Employment Status	<input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time employment	<input type="checkbox"/> Full-time employment <input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student	<input type="checkbox"/> Volunteering <input type="checkbox"/> Other (specify):
Education <i>(highest level completed)</i>	<input type="checkbox"/> Less than high school <input type="checkbox"/> High school	<input type="checkbox"/> College/vocational degree or diploma <input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Master's degree <input type="checkbox"/> Doctoral degree
Current living arrangement	<input type="checkbox"/> Living independently <input type="checkbox"/> Living with (specify):		
Current antipsychotic medication(s)	<input type="checkbox"/> Oral (pills) <input type="checkbox"/> Not prescribed any antipsychotic medication <input type="checkbox"/> Long-acting Injection <input type="checkbox"/> Other (specify):		
Has there been any change to antipsychotic medication in last 12 weeks?		<input type="checkbox"/> No change <input type="checkbox"/> Switched <input type="checkbox"/> Increased dose <input type="checkbox"/> Stopped <input type="checkbox"/> Decreased dose <input type="checkbox"/> Other (specify):	
Current intervention(s) or treatment(s) offered to the patient	<input type="checkbox"/> None <input type="checkbox"/> Cognitive Behavioral Therapy (specify below) <input type="checkbox"/> Case management <input type="checkbox"/> Group interventions (specify below) <input type="checkbox"/> Family psychoeducation <input type="checkbox"/> Employment support program <input type="checkbox"/> Other (specify below)		
How long since the patient's first (index) psychotic episode?		_____ (# of months)	
Has the patient ever remitted from the positive symptoms of psychosis?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Has the patient ever experienced relapse? <i>(if 'No', go to Premorbid Adjustment Ratings)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when was the last relapse? _____ (DD/MM/YYYY)		
How many relapse episodes has the patient experienced since first (index) episode?			
How many of the relapse episodes have occurred in the last 2 years?			

Premorbid Adjustment Ratings

Please indicate the score associated with the patient's adjustment in each section for every age group prior to the date of diagnosis					
CHILDHOOD (UP TO 11 YEARS)	VERY POOR - 4	POOR - 3	FAIR – 2	GOOD - 1	EXCELLENT - 0
SCHOOL	The child is failing all or almost all classes. There are continual discipline problems and truancy. Expelled from school	The child is failing some classes	The child is passing all classes with low grades and dislikes school. Frequent discipline problems are reported. The child may have been suspended.	The child receives above average grades and has a limited interest in school. Discipline problems are occasional, but there is no truancy.	The child receives to excellent grades and is interested in\participates in school. Only occasional discipline problems arise, if at all. No truancy is observed.
				SCORE	
SOCIAL RELATIONSHIPS	The child avoids socializing with others and is very severely withdrawn. The child is isolated.	The child limits most social interactions, except on occasion. This child is severely withdrawn, but not isolated.	The child passively socializes with others without seeking social interactions and has no close friends. Friendships are limited to acquaintances only. The child is moderately withdrawn.	The child enjoys social activities while engaged and sometimes seeks social activities. Close friendships are limited but there are many acquaintances. The child is mildly withdrawn.	The child actively seeks social interactions and has many friends with several close friendships/best friends. The child is not withdrawn.
				SCORE	
EARLY ADOLESCENCE (12 TO 15 YEARS)	VERY POOR - 4	POOR - 3	FAIR – 2	GOOD - 1	EXCELLENT - 0
SCHOOL	The adolescent is failing all or almost all classes. There are continual discipline problems and truancy. Expelled from school	The adolescent is failing some classes	The adolescent is passing all classes with low grades and dislikes school. Frequent discipline problems are reported. The adolescent may have been suspended.	The adolescent receives above average grades and has a limited interest in school. Discipline problems are occasional, but there is no truancy.	The adolescent receives to excellent grades and is interested in\participates in school. Only occasional discipline problems arise, if at all. No truancy is observed.
				SCORE	
SOCIAL RELATIONSHIPS	The adolescent avoids socializing with others and is very severely withdrawn. The adolescent is isolated.	The adolescent limits most social interactions, except on occasion. The adolescent is severely withdrawn, but not isolated.	The adolescent passively socializes with others without seeking social interactions and has no close friends. Friendships are limited to acquaintances only. The adolescent is moderately withdrawn.	The adolescent enjoys social activities while engaged and sometimes seeks social activities. Close friendships are limited but there are many acquaintances. The adolescent is mildly withdrawn.	The adolescent actively seeks social interactions and has many friends with several close friendships/best friends. The adolescent is not withdrawn.
				SCORE	

Clinical Global Impression

Current CGI-SEVERITY

Considering your total clinical experience with this particular population, how mentally ill is the patient at this time?

1 = Normal
2 = Borderline mentally ill
3 = Mildly ill
4 = Moderately ill

5 = Markedly ill
6 = Severely ill
7 = Among the most extremely ill patients

SCORE

CONTRIBUTING RISK FACTORS FOR RELAPSE

Substance Use

Please indicate the score associated with the patient's use of each substance in the past 4 weeks

0 - Not at all

1 - Every few weeks

2 - Once a week

3 - Several times a week

4 - At least once a day

PART A

PART B

Caffeine (coffee/cola/energy drinks)

Amphetamines

Medications(s) not prescribed to the patient

Cannabis

Nicotine/Cigarettes

Cocaine

Over the counter medication(s)

Hallucinogens (including PCP, LSD)

Sedative/hypnotics/anxiolytics

Opioids

Other

Alcohol

Other

SCORE PART A

SCORE PART B

SCORE A + (2 X SCORE B)

Medication Adherence

In the past 4 weeks, how often did the patient...	Never	Rarely	Sometimes	Often	Always	
take antipsychotic medication as prescribed?	4	3	2	1	0	
ask to reduce or stop his/her medication?	0	1	2	3	4	
miss taking antipsychotic medicine?	0	1	2	3	4	
miss a dose of antipsychotic medicine due to adverse side effects?	0	1	2	3	4	
						SCORE

Family Support

Please rate the extent to which the patient agrees or disagrees with the following statements: (over the past 4 weeks)	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
family supports them as a person.	0	1	2	3	4
feels criticized by their family.	4	3	2	1	0
family supports their treatment.	0	1	2	3	4
					SCORE

Insight

Please rate the extent to which the patient agrees or disagrees with the following statements: (over the past 4 weeks)	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
has a mental illness.	0	1	2	3	4
is aware of any consequences of illness	0	1	2	3	4
accepts why they are taking medication.	0	1	2	3	4
agrees that medication helps them.	0	1	2	3	4
					SCORE

Stress and Life Events

In the past 4 weeks, how often did the patient...	Never	Rarely	Sometimes	Often	Always
feel upset about something that happened?	0	1	2	3	4
feel upset about something that he or she couldn't control?	0	1	2	3	4
feel confident about his or her ability to cope with personal problems?	4	3	2	1	0
feel overwhelmed with difficulties?	0	1	2	3	4
					SCORE

EARLY WARNING SIGNS

In the past 4 weeks, how often did the patient...	Never	Rarely	Sometimes	Often	Always
have anxiety?	0	1	2	3	4
have difficulty showing expression?	0	1	2	3	4
have a change in energy?	0	1	2	3	4
have impairment in role functioning?	0	1	2	3	4
have changes in mood?	0	1	2	3	4
have odd ideas (supernatural powers)?	0	1	2	3	4
neglect eating and taking care of self?	0	1	2	3	4
feel restless	0	1	2	3	4
have impaired sleep?	0	1	2	3	4
withdraw socially?	0	1	2	3	4
have thoughts of self-harm?	0	1	2	3	4
have difficulty functioning normally?	0	1	2	3	4
change his or her use of social media, internet, mobile technology?	0	1	2	3	4
feel using social media was a negative experience?	0	1	2	3	4
				SCORE	

SCORING

After rating all appropriate sections, add up the scores indicated in the shaded boxes and record the TOTALSCORE.	
TOTAL RELAPSE RISK SCORE	