

3. At what age were the symptoms the worst, and what were they?

.....
.....
.....
.....

4. For how long did this period last, and when did you feel the worst?

.....

5. Have you ever been free of symptoms? If yes, for how long did that period last?

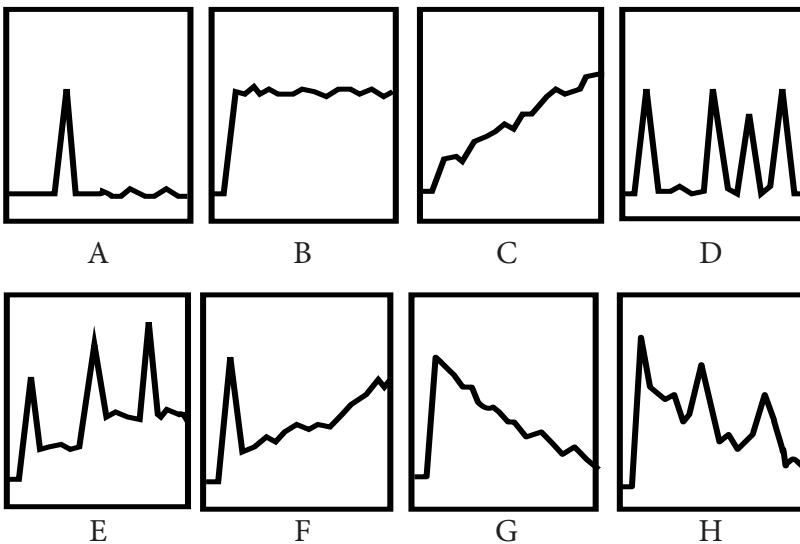
.....
.....
.....

6. Were there any events that may be related to the emergence of your problems e.g., infection (influenza/dental infection), inflammation, travel, personal loss, strong frightening experience, vaccinations or other?

.....
.....
.....

Symptom duration plot

The figures below depict possible courses of symptoms and/or progression of the problem. Show them to the person who you are interviewing and ask him/her to choose the most appropriate figure to describe the course. The horizontal axis depicts time, and the vertical axis depicts symptom severity. Please provide information on treatments and, if possible, the year and month of changes in symptoms and treatments. Different figures can be selected for different types of problems. You may use a separate sheet of paper and assist the person in charting the symptoms.



Flares are defined as new or worsening symptoms that develop over the course of hours or days and last at least 24 hours. Relapses usually last one to several weeks, and the symptoms remit fully or partly. At least 30 days must pass between onset and relapse in order to distinguish them.

7. If there is a relapsing course, how many relapses of OCD/hoarding/tics/anorexia/restricted eating/ other severe symptoms with a sudden onset (< 3 days) have you experienced? N/A
8. Are relapses related to infections or fever? (circle as applicable) Yes No Don't know
9. Have you noticed whether you improve or deteriorate when you have a fever? (circle as applicable) Yes No Don't know
10. Are relapses related to other factors? Yes No Don't know
 Comment:.....
11. How old were you when you first sought help for your problems (e.g. for sleep disturbances, GLARE [difficult to comfort], eating problems, delayed psychomotor development, social problems, tics, or deviant language development)? years
- a. For which problems did you seek help?

- b. Do you still have these problems? Yes No Partly Don't know N/A

12. Are you worried about your physical health? Yes No Don't know
- a. If yes: What is your concern?

- b. When did you first become worried about your physical health?..... years of age (or what year?.....)
13. Are you worried about your mental health? Yes No Don't know
- a. If yes: What is your concern?

- b. When did you first become worried about your mental health?..... years of age (or what year?.....)
- c. When did you first become worried about the problems you present today? years of age.
- d. Did you receive a diagnosis at the time? Yes No Don't know
- e. If yes, which diagnosis/es?

Question G in the self-assessment

14. Do you have a physical illness or a physical diagnosis? Yes No Don't know
- a. If yes, which one(s), and at what age were you diagnosed?
 years
 years

15. Do you have a mental disorder or disability? Yes No Don't know

a. If yes, which one(s), and at what age were you diagnosed?

..... years
..... years
..... years

b. Do you have other problems that you presume should be diagnosed but where a formal diagnosis is lacking? Yes No Don't know

c. If yes, which, and at approximately what age did these symptoms/problems emerge?

..... years
..... years
..... years

Questions H–P in the self-assessment

16. If you have received treatment earlier, please specify the treatment (psychological, pharmaceutical, ECT, or other treatment) psychological pharmaceutical ECT other no treatment

.....
.....
.....

a. If you had side-effects, what were they?

.....
.....

b. If medical treatment is ongoing, which medication(s) (regardless of which) and what dosage(s)?

.....
.....
.....

c. If psychological or other treatment is presently ongoing, what kind of intervention is it?

.....
.....

d. How was the effect of the treatment(s) you received (pharmaceutical/psychological/other; what kind)?

The effect of treatment was obvious some no difference worse
 transient permanent not sure

The effect of treatment was obvious some no difference worse
 transient permanent not sure

The effect of treatment was obvious some no difference worse
 transient permanent not sure

The effect of treatment was obvious some no difference worse
 transient permanent not sure

Comment:
.....

Question HH in the self-assessment

Go through the patient's/related person's responses in the self-report and specify endorsed symptoms – suggestions are shown below. Skip those questions that have been negated in the self-report (unless there is ambiguity in the patient's response or assuming the patient is dissimulating). Choose one response option per question. **An affirmative response corresponds to symptoms present during the past 2 weeks.** Circle specifications of present endorsed symptoms. To facilitate memorizing and illustrate connections, draw lines between specifications of endorsed symptoms and comments and underline relevant comments. The same comments could apply to various specifications.

Specification of endorsed symptoms	Comments
1. Obsessive/compulsive symptoms and hoarding	
<input type="checkbox"/> Absolutely = 2 <input type="checkbox"/> To some extent = 1 <input type="checkbox"/> Previously = 0.5 <input type="checkbox"/> No = 0 <input type="checkbox"/> Don't know	
a. excessive hand washing/fear of dirt/fear of contracting a disease	– has attracted attention from others – more difficult to treat than expected
b. checking locks, checking doors, checking electrical appliances, checking that things have not been lost	– not determined whether it is OCD related – required psychiatric treatment
c. requirements for a certain order or symmetry, ordering or repeating certain actions to reach "just the right feeling", or requiring others to repeat certain actions	– relapse remitting course – chronic course – progressive course
d. hoarding	– associated with general deterioration
e. obsessions typical for OCD, such as fear of harming others	– has ceased
2. Abnormal eating behavior	
<input type="checkbox"/> Absolutely = 2 <input type="checkbox"/> To some extent = 1 <input type="checkbox"/> Previously = 0.5 <input type="checkbox"/> No = 0 <input type="checkbox"/> Don't know	
a. loss of appetite	– has required gavage/parenteral nutrition/inpatient care
b. cannot force self to eat for unknown reasons	– more difficult to treat than expected
c. can only eat certain things (e.g. because of consistency, taste, smell)	– resulted in at least 10 % weight loss (..... kg/lbs)
d. sense of being overweight although being of normal weight	– resulted in weight gain (..... kg/lbs) – sudden weight gain for unknown reasons
e. is related to obsessions with choking, throwing up, etc.	– weight gain related to pharmaceutical treatment
f. ideas that something inappropriate has been mixed in the food	– relapse remitting course – chronic course
g. increased appetite	– progressive course – associated with general deterioration – has ceased
3. Separation anxiety	
<input type="checkbox"/> Absolutely = 2 <input type="checkbox"/> To some extent = 1 <input type="checkbox"/> Previously = 0.5 <input type="checkbox"/> No = 0 <input type="checkbox"/> Don't know	
a. cannot attend school (for periods longer than weeks)	– required psychiatric treatment – more difficult to treat than expected
b. cannot go outside by him-/herself	– specifically related to being bullied
c. can only be alone at home for short periods of time	– relapse remitting course
d. cannot be alone at home	– chronic course
e. cannot be alone a room	– progressive course – associated with general deterioration – has ceased

4. Depressed mood or significant mood swings

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|-------------------------------------|---|
| a. sad for 2 weeks or more in a row | – fear that the person will hurt him-/herself |
| b. unexpected mood swings | – relatives fear suicide |
| c. depressive agitation | – more protracted than expected |
| d. engaged in physical self-harm | – required psychiatric treatment |
| e. expressed not wanting to live | – required inpatient care |
| f. attempted suicide | – relapse remitting course |
| | – chronic course |
| | – progressive course |
| | – associated with general deterioration |
| | – has ceased |

5. Irritability

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|--|---|
| a. sulks for prolonged periods of time about "nothing" | – has attracted attention from others |
| b. has fits of rage | – perceived as related to stress |
| c. irritable most of the time | – relapse remitting course |
| d. intimidating | – chronic course |
| | – progressive course |
| | – associated with general deterioration |
| | – has ceased |

6. Oppositional defiant behavior

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|--|--|
| a. often refuses to follow prompts | – caused conflicts at home |
| b. often irritates others purposely | – caused conflicts at school/work |
| c. often quick to fight back when somebody did something wrong | – caused conflicts with friends/peers |
| d. easily loses temper | – caused a virtually unbearable home situation |
| | – relapse remitting course |
| | – chronic course |
| | – progressive course |
| | – associated with general deterioration |
| | – has ceased |

7. Physically violent towards others

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|---|--|
| a. has beaten others | – family members or others have felt fear because of the outbreaks |
| b. has harmed others physically in other ways | – fear that the person will hurt someone |
| c. has used weapons or equivalent | – not done with intent to harm but may result in harm |
| | – outbreaks have caused serious conflicts |
| | – has required police assistance or similar actions |
| | – has been prosecuted/convicted/sentenced for violent behavior |
| | – relapse remitting course |
| | – chronic course |
| | – progressive course |
| | – associated with general deterioration |
| | – has ceased |

8. Physically violent towards oneself or objects

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|---|--|
| a. has smashed or destroyed things on purpose | – family members or others have felt fear because of the outbreaks |
| b. has hurt him-/herself | – not done with intent to harm but may result in harm |
| | – outbreaks have caused serious conflicts |
| | – has required police assistance or similar actions |
| | – has been prosecuted/convicted/sentenced for violent behavior |
| | – relapse remitting course |
| | – chronic course |
| | – progressive course |
| | – associated with general deterioration |
| | – has ceased |

9. Personality changes

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|--|---|
| a. some changes compared with before onset | – has attracted attention from others |
| b. significantly altered (e.g., becomes intimidating) | – scares family members |
| c. appears as a stranger | – occurs in bouts |
| d. behaves as though obsessed, feels like a horror movie | – relapse remitting course |
| | – chronic course |
| | – progressive course |
| | – associated with general deterioration |
| | – has ceased |

10. Abnormal psychomotor development (regression)

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|--|---|
| a. loss of theoretical knowledge | – probably an inborn abnormality |
| b. loss of practical abilities | – probably an acquired abnormality |
| c. loss of language skills | – relapse remitting course |
| d. behaves much younger than chronological age | – chronic course |
| e. baby-like behavior | – progressive course |
| f. marginal intellectual disability | – associated with general deterioration |
| g. intellectual disability | – has ceased |

11. Difficulties managing school or work

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|--|---|
| a. impaired concentration | – has attracted attention from others |
| b. forgetful of what has been learned, impaired working memory | – cannot attend class anymore or unable to continue working |
| c. impaired logical thinking | – attends special education |
| | – relapse remitting course |
| | – chronic course |
| | – progressive course |
| | – associated with general deterioration |
| | – has ceased |
-

12. Hypersensitivity to sensory input

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|---|---|
| a. sensitive to sound | - has attracted attention from others |
| b. sensitive to light | - cannot attend class anymore because of hypersensitivity |
| c. sensitive to smells | - requires adjustments in everyday life |
| d. sensitive to touch | - relapse remitting course |
| e. sensitive to other sensory input:
..... | - chronic course
- progressive course
- associated with general deterioration
- has ceased |

13. Hallucinations

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|--|---|
| a. visual hallucinations | - has attracted attention from others |
| b. hears mumbling or a thin voice | - is associated with anxiety |
| c. hears voices talking or commenting | - requires adjustments in everyday life |
| d. senses taste/odors/smells | - relapse remitting course |
| e. tactile hallucinations | - chronic course |
| f. senses others being in the room that cannot be seen | - progressive course
- associated with general deterioration
- has ceased |

14. Perceptual abnormalities and misidentification

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|---|---|
| a. feels that things are further away or closer than they really are | - has attracted attention from others |
| b. sense of having foreign body parts | - is associated with anxiety |
| c. senses bodyparts or items as enlarged or diminished | - requires adjustments in everyday life |
| d. senses that things are floating around | - relapse remitting course |
| e. sense of being dead (Cotard syndrome) | - chronic course |
| f. sense of other people having been replaced with impostors (Capgras syndrome) | - progressive course
- associated with general deterioration
- has ceased |

15. Sense of being watched

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|---------------------------------|---|
| a. suspicious of others | - has attracted attention from others |
| b. suspicious of family members | - requires psychiatric care |
| c. feels persecuted | - relapse remitting course |
| d. ideas of reference | - chronic course |
| e. paranoid delusions | - progressive course
- associated with general deterioration
- has ceased |

16. Confused behavior or incoherent speech

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|--|---|
| a. cannot participate in a coherent conversation | - has attracted attention from others |
| b. incoherent speech | - requires psychiatric care |
| c. desorientated | - most probably drug-induced |
| d. mostly unresponsive | - relapse remitting course |
| e. unresponsive | - chronic course |
| | - progressive course |
| | - associated with general deterioration |
| | - has ceased |

17. Altered gaze

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|-------------------------------|---|
| a. looks terrified | - has attracted attention from others |
| b. looks violent | - relapse remitting course |
| b. mydriasis (dilated pupils) | - chronic course |
| | - associated with general deterioration |
| | - has ceased |

18. Gross motor problems or muscle weakness

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|--|---|
| a. clumsy movements | - has attracted attention from others |
| b. difficulties with coordination, apparent in e.g. ball games or dancing | - avoids participation in sports |
| c. aberrant gait | - physically inactive |
| d. difficulty climbing stairs or walking on escalators | - perceived as a fixed idea |
| e. quadriceps and/or shoulder weakness when holding both arms straight out in front of the body for 60 seconds (noted in motot skill test) | - relapse remitting course |
| | - chronic course |
| | - progressive course |
| | - associated with general deterioration |
| f. paresis | - has ceased |

19. Poor handwriting or difficulty sketching/drawing

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|---|---|
| a. immature pen holding | - has attracted attention from others |
| b. deteriorated handwriting | - refuses to draw/sketch |
| c. deteriorated drawing/sketching | - illegible handwriting |
| d. cannot write | - perceived as a fixed idea |
| e. cannot draw anything figuratively | - relapse remitting course |
| f. better at drawing/sketching than writing | - progressive course |
| | - chronic course |
| | - associated with general deterioration |
| | - has ceased |

20. Involuntary movements or noises (tics)

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- a. simple motor tics: rapid reflex-like intermittent movements
 - has attracted attention from others
 - atypical age of onset of tics (e.g. post puberty)
- b. sequences of complex motor tics (may be difficult to separate from compulsions or stereotypies)
 - seems related to stress
 - seems related to being relaxed
- c. vocal tics
 - lack of prodromal sensations
- d. recurrent bouts of sound
 - most probably drug-induced
- e. other tics
 - relapse remitting course
 - chronic course
 - progressive course
 - associated with general deterioration
 - has ceased

21. Catatonia or mutism

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- a. trapped in body movements (catalepsy, posturing)
 - has attracted attention from others
- b. speaks only with family members and not with others, i.e., selective mutism
 - is associated with anxiety
 - relapse remitting course
- c. speaks to nobody (but has speech), i.e., mutism
 - chronic course
- d. echolalia (echospeech)
 - progressive course
- e. echopraxia (imitation of movements)
 - associated with general deterioration
- f. automatism
 - has ceased

22. Involuntary or unusual motor phenomena

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- a. complex movements
 - has attracted attention from others
- b. choreiform movements such as piano playing movement of fingers (noticeable in motor skill test)
 - seems related to stress
 - seems related to being relaxed
- c. choreoathetosis (i.e. involuntary movements in a combination of chorea (irregular migrating contractions) and athetosis (i.e. twisting and writhing))
 - most probably drug-induced
 - relapse remitting course
 - chronic course
- d. dystonia (i.e. involuntary continual muscle contractions)
 - progressive course
 - associated with general deterioration
- e. waxy flexibility (slight resistance to positioning by the examiner)
 - has ceased
- f. rigidity/parkinsonian symptoms
- g. cogwheel rigidity
- h. hitch in movement
- i. stereotypies (mostly rhythmic e.g. head-banging, hand-flapping)
- j. sudden jerks
- k. ataxia
- l. orofacial dyskinesia
- m. seizures
- n. oculogyric crisis
- o. tremor

23. Urinary tract symptoms

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|---|---|
| a. frequent urge to urinate | - has attracted attention from others |
| b. nervous of not making it to the bathroom when needed | - assumed to be a fixed idea |
| c. enuresis in nighttime | - requires diapers |
| d. enuresis in daytime | - relapse remitting course |
| | - chronic course |
| | - progressive course |
| | - associated with general deterioration |
| | - has ceased |

24. Gut problems

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|-----------------------------------|--|
| a. abdominal pain | - requires treatment |
| b. diarrhea | - more difficult to treat than expected |
| c. constipation | - requires daily adjustments |
| d. both constipation and diarrhea | - requires inpatient care |
| e. encopresis | - requires visit to emergency department |
| | - most probably drug-induced |
| | - relapse remitting course |
| | - chronic course |
| | - progressive course |
| | - associated with general deterioration |
| | - has ceased |

25. Other pain-related symptoms

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|----------------------|---|
| a. muscle pain | - requires recurrent treatment |
| b. joint pain | - more difficult to treat than expected |
| c. headache | - requires continuous treatment |
| d. migraine. | - requires inpatient care |
| e. other pains | - relapse remitting course |
| | - chronic course |
| | - progressive course |
| | - associated with general deterioration |
| | - has ceased |

26. Sleep disturbances

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|---|---|
| a. insomnia | - requires treatment |
| b. waking up during the night | - more difficult to treat than expected |
| c. restless sleep | - has attracted attention from others |
| d. night terrors | - most probably drug-induced |
| e. sleep paralysis | - relapse remitting course |
| f. tired during the day | - chronic course |
| g. oversleeping | - progressive course |
| h. falling asleep unexpectedly during the day | - associated with general deterioration |
| | - has ceased |

27. Fatigue/exhaustion

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|--|---|
| a. associated with stress | - swift recovery after rest |
| b. extreme exhaustion lasting more than 24 hours after physical or mental strain | - requires daily adjustments |
| c. extreme fatigue as in chronic fatigue syndrome | - relapse remitting course |
| | - chronic course |
| | - progressive course |
| | - associated with general deterioration |
| | - has ceased |

28. Hyperactivity

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|---|---|
| a. hyperactive signs, such as swinging the legs | - has attracted attention from others |
| b. moving all the time, constantly restless | - is associated with anxiety |
| c. speaks a lot, difficult to interrupt | - has required medication |
| d. runs back and forth | - most probably drug-induced |
| e. other..... | - relapse remitting course |
| | - chronic course |
| | - progressive course |
| | - associated with general deterioration |
| | - has ceased |

29. Abnormal vision

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

- | | |
|-----------------------------|---|
| a. vision loss | - has attracted attention from others |
| b. blurred vision | - associated with headache |
| c. shadows in visual fields | - relapse remitting course |
| d. dots in visual field | - chronic course |
| | - progressive course |
| | - associated with general deterioration |
| | - has ceased |

30. Other abnormalities

Absolutely = 2 To some extent = 1 Previously = 0.5 No = 0 Don't know

Sum score (range, 0-60)

MOTOR SKILLS ASSESSMENT

Demonstrate and describe to the person how to perform each exercise.

If the patient is too young or refuses to perform the exercise, leave blank.

1. TANDEM WALK

Subject is asked to walk in a straight line for 12 feet (3 meters), heel to toe.

0 = no missteps after subject has completed first full step

1 = one or two missteps after completing first full step

2 = three or more missteps, grabbing to prevent falling

2. ROMBERG TEST

Subject is asked to stand with his/her feet together, eyes closed, arms stretched out, parallel to the floor, with fingers spread apart. Maintain this position for 60 seconds.

0 = relatively stable, minimal swaying

1 = marked swaying

2 = subject steps to maintain balance and prevent falling

3. QUADRICEPS AND/OR SHOULDER WEAKNESS

Subject is asked to hold both arms straight out in front of the body, parallel to the floor (as in Romberg Test), and keep this position for 60 seconds.

0 = no problems

1 = tendency of arms dropping

2 = arms drop markedly

L

R

4. ADVENTITIOUS OVERFLOW (PIANO FINGERS)

Same as Romberg Test.

0 = no movement of fingers, hands, or arms

1 = irregular fluttering movements of fingers only

2 = irregular fluttering movements extended to hands and/or arms

L

R

5. ALTERNATING SCISSOR JUMPS

Subject is asked to assume a starting position with the right leg and left arm in front of the body and perform 15 rhythmic scissor jumps (i.e. alternating the opposite leg/arm in front of the body as if cross-country skiing).

0 = no difficulty and no hesitation

1 = some difficulty

2 = major difficulty or inability

6. RAPID ALTERNATING HAND MOVEMENTS

Subject is asked to sit and place his/her hands palms down approximately 10 cm (4 in) proximally from the knees. The subject is asked to start with his/her dominant hand (usually the right hand) and slap his/her leg distinctly with the palm and back of his/her hand in an alternating motion. The subject is asked to perform the task rapidly 20 times, one hand at a time.

- 0 = no major disruption of motion, no hesitation, no mistakes in hand placement L R
- 1 = one or two major disruptions of motion, hesitations, or mistakes in hand placement
- 2 = three or more major disruptions of motion, hesitations, or mistakes in hand placement

7. MILKMAID’S GRIP

The clinician faces the subject and holds the index and middle fingers of each hand pointing down like a cow's teats. The subject is asked to grab a "teat" with each of his/her hands and maintain a steady grip for 30 seconds.

- 0 = even grip
- 1 = slightly uneven grip
- 2 = a "milking" motion of contraction and relaxation

8. DERMOGRAPHISM (SKIN WRITING)

Subject is asked to remove shirt (or pull up sleeves and shirt). Lightly scratch the skin on the arms and torso with the back of a pen.

- 0 = no marks
- 1 = signs of marks
- 2 = scratches redden into a raised welt similar to hives

9. TONGUE PROTRUSION

Subject is asked to stick out te tongue and keep it still for 30 seconds.

- 0 = no difficulty keeping it still
- 1 = slight tremor or minor movement
- 2 = frequent movements that seems to be involuntary

Sum score (range, 0–24

10. **WEIGHT** _____

11. **HEIGHT** _____

12. **BLOOD PREASSURE** _____

13. **HEART RATE** _____

14. **TEMPERATURE** _____

COGNITIVE ASSESSMENT

Writing assignment

Copy the following sentences.

The dog is sitting in the court.

.....
.....
.....

The cookies we received were very good.

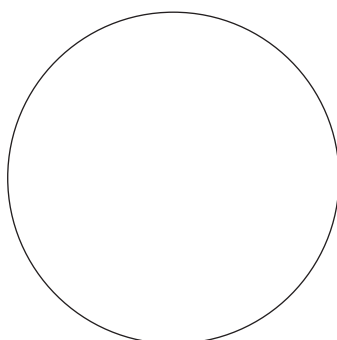
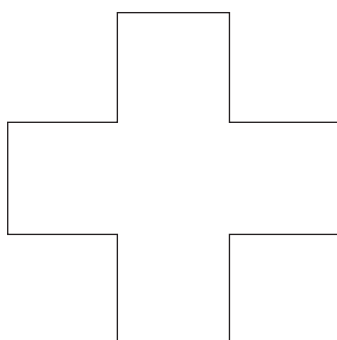
.....
.....
.....

Johnny thinks there are too many foxes in the woods around his house.

.....
.....
.....
.....
.....

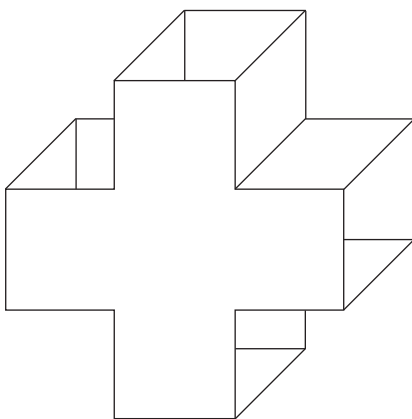
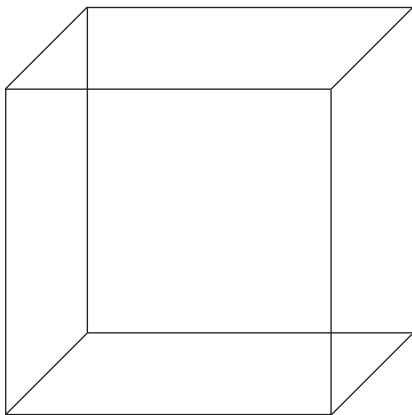
Drawing assignment 1

Copy the following shapes.



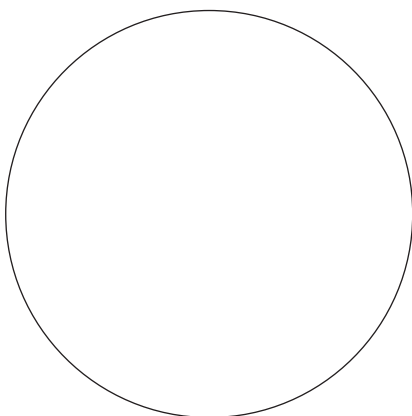
Drawing assignment 1

Copy the following shapes.



Drawing assignment 3

Fill in the numbers and hands to draw a clock showing "a quarter to five".



Drawing assignment 4

Draw a person (e.g., yourself). Use a separate sheet of paper.

GLOBAL SEVERITY – MENTAL SYMPTOMS

(include cognitive symptoms)	Current
a. Severity of current psychiatric symptoms (exclude any preexisting intellectual disability if present)
b. Severity of regression/lost abilities
c. Severity of personality changes
d. Severity of intellectual disability
- <i>Not assessed</i> 4 <i>Moderate</i>	
1 <i>None</i> 5 <i>Marked</i>	
2 <i>Borderline</i> 6 <i>Severe</i>	
3 <i>Mild</i> 7 <i>Extremely severe</i>	
Severity of current psychiatric symptoms, sum score (range 4–28)	

GLOBAL SEVERITY – PHYSICAL SYMPTOMS

(include disordered sleep, appetite, pain, motor skills and fatigue)	Current
a. Severity of present index symptoms (exclude physical symptoms that were present already before onset)
b. Severity of acquired motor skills problems
c. Severity of sleep disturbances
d. Severity of fatigue
- <i>Not assessed</i> 4 <i>Moderate</i>	
1 <i>None</i> 5 <i>Marked</i>	
2 <i>Borderline</i> 6 <i>Severe</i>	
3 <i>Mild</i> 7 <i>Extremely severe</i>	
Severity of current physical symptoms, sum score (range 4-28)	

Overall Clinical Global Impression -Severity, CGI-S (1-7), current

Overall Clinical Global Impression -Severity, CGI-S (1-7), ever

Overall Clinical Global Impression - Improvement, CGI-I (1-7)

A. since worst symptoms (mm/yy)...../.....

B. since last visit (mm/yy)...../.....

- | | |
|---------------------------------|---------------------------|
| - <i>Not applicable/unknown</i> | 4. <i>No change</i> |
| 1. <i>Very much improved</i> | 5. <i>Minimally worse</i> |
| 2. <i>Much improved</i> | 6. <i>Much worse</i> |
| 3. <i>Minimally improved</i> | 7. <i>Very much worse</i> |

CLINICAL SUMMARY

SUM SCORES (SCORES ADDED FROM PAGES 12, 14 OCH 18, RANGE 8-140)

Acute or sub acute onset

< 24 hrs 1–3 days 4–30 days 1–3 months > 3 months–12 months > 1 year

Focal neurological symptoms: paresis, ataxia, dystonia, chorea / athetosis, myoclonus, sensory loss, paresthesias, cranial nerve affection, sphincter dysfunction; also subtle motor symptoms that are new, such as impaired ability to write

Yes No Unknown

Psychiatric symptoms: OCD or anorexia with unusually abrupt onset or psychosis with atypical features

Yes No Unknown

Seizures

Yes No Unknown

Dysautonomia: hyper/hypotension, tachycardia/bradycardia, hypoventilation, improper temperature control

Yes No Unknown

Course

- Flares with an initial return to normal initially but thereafter gradual deterioration with each flare
- Progressive course with gradual deterioration without obvious flares
- Flares with recovery to normal
- Chronic/stable
- Chronic progressive with flares
- Gradual improvement
- Stable recovery back to normal (since mm/yy

Related to infection or fever (parainfectious or postinfectious)

- | | | | | |
|-----------------------------------|------------------------------------|---------------------------------|-----------------------------|----------------------------------|
| Onset related to strep infection? | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Likely | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Onset related to throat problems? | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Likely | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Onset related to other infection? | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Likely | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Likely | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

Headache, vomiting, stiff neck, impaired general condition Confirmed Likely No Unknown

Related to inflammation

- | | | | | |
|-------------------------------------|------------------------------------|---------------------------------|-----------------------------|----------------------------------|
| Has a defined inflammatory disease? | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Likely | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Improvement when having a fever? | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Likely | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Improvement from cortisone? | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Likely | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Improvement from NSAIDs? | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Likely | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Improvement from antibiotics? | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Likely | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Improvement from other treatment? | <input type="checkbox"/> Confirmed | <input type="checkbox"/> Likely | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

Reliability of the assessment as a whole

0. Excellent, no reason to suspect data is unreliable
1. Good, factor(s) present that may adversely affect reliability
2. Fair, factor(s) present that definitely reduce reliability
3. Poor, very low reliability

Criteria for some relevant diagnoses

PANDAS Pediatric autoimmune Neuropsychiatric disorders associated with streptococcal infections (Swedo et al, Am J Psychiatry 1998, 155(2): 264–271)	PANS Pediatric acute-onset neuropsychiatric syndrome (Swedo et al, Pediatrics & Therapeutics 2012, 2(2))	Idiopatisk CANS Childhood acute neuropsychiatric symptoms (Singer et al, J Pediatr 2012, 160(5): 725–731)
All five diagnostic criteria must be met: I. Presence of obsessive-compulsive disorder (OCD) or a tic disorder. II. Prepubertal symptom onset and after age of 3 years. III. Acute symptom onset and episodic (relapsing-remitting) course. IV. Temporal association between Group A streptococcal infection and symptom onset/exacerbations. V. Associated with neurological abnormalities (particularly motoric hyperactivity and choreiform movements).	I. Abrupt, dramatic onset of obsessive-compulsive disorder or severely restricted food intake. II. Concurrent presence of additional neuropsychiatric symptoms, with similarly severe and acute onset, from at least two of the following seven categories (see text for full description): 1. Anxiety. 2. Emotional lability and/or depression. 3. Irritability, aggression, and/or severely oppositional behaviors. 4. Behavioral (developmental) regression. 5. Deterioration in school performance. 6. Sensory or motor abnormalities. 7. Somatic signs and symptoms, including sleep disturbances, enuresis or urinary frequency. III. Symptoms are not better explained by a known neurologic or medical disorder, such as Sydenham chorea, systemic lupus erythematosus, Tourette disorder, or others.	Acute dramatic onset of neuropsychiatric symptoms before 18 years of age. I. Primary criterion: OCD. II. Secondary criteria: Tics, dysgraphia, clumsiness, hyperactivity, anxiety, psychosis, developmental regression, sensitivity to sensory stimuli, emotional lability. III. Either mono- or polyphasic. The proposed CANS classification does not require association with a specific organism, limitation of symptoms to tics or OCD, a specific age range, or recurrence of symptoms. It is unknown at this time whether this idiopathic category will have definable clinical features or characteristic laboratory findings.

Current diagnoses: Rank the present diagnoses: primary (1), secondary (2), tertiary (3) etc

<input type="checkbox"/> ADHD	<input type="checkbox"/> DCD	<input type="checkbox"/> IBD Inflammatory Bowel Disease	<input type="checkbox"/> PANS/CANS
<input type="checkbox"/> Anorexia nervosa	<input type="checkbox"/> Depression	<input type="checkbox"/> IBS Inflammatory Bowel Syndrome	<input type="checkbox"/> POTS
<input type="checkbox"/> ARFID	<input type="checkbox"/> Dissociativt syndrom	<input type="checkbox"/> Narcolepsy	<input type="checkbox"/> Psychosis NOS
<input type="checkbox"/> ASD (Autism spectrum disorder)	<input type="checkbox"/> Emotionally unstable personality	<input type="checkbox"/> Obesitas	<input type="checkbox"/> Rheumatic disease
<input type="checkbox"/> Anxiety NOS	<input type="checkbox"/> Encefalit	<input type="checkbox"/> OCD	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Bipolar	<input type="checkbox"/> Epilepsi	<input type="checkbox"/> Oppositional defiant	<input type="checkbox"/> Separation anxiety
<input type="checkbox"/> Catatonia/Mutism	<input type="checkbox"/> Hoarding	<input type="checkbox"/> Pain disorder	<input type="checkbox"/> Self-harm (NSSID)
<input type="checkbox"/> Chronic fatigue syndrome	<input type="checkbox"/> ID (Intellektuell disability)	<input type="checkbox"/> PANDAS	<input type="checkbox"/> Tics

Comments:

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