

Created in collaboration with UPMC

```
HeadsUp 🍎 HeadsUp-pa.org
```

PRIME SCREEN-REVISED-5

to be administered by the provider

The following questions ask about your personal experiences. We ask about your sensory, psychological, emotional, and social experiences. Some of these questions may seem to relate directly to your experiences and others may not. Based on your experiences **within the past year**, please tell me how much you **agree or disagree** with the following statements. Please listen to each question carefully and tell me the answer that best describes your experiences.*

		Definitely Agree	Somewhat Agree	Slightly Agree	Not Sure	Slightly Disagree	Somewhat Disagree	Definitely Disagree
1	l think that I have felt that there are odd or unusual things going on that I can't explain.	6	5	4	3	2	1	0
2	I have had the experience of doing something differently because of my superstitions.	6	5	4	3	2	1	0
3	I think that I may get confused at times whether something I experience or perceive may be real or may be just part of my imagination or dreams.	6	5	4	ŝ	2	1	0
4	l think l might feel like my mind is "playing tricks" on me.	6	5	4	3	2	1	0
5	l think that I may hear my own thoughts being said out loud.	6	5	4	3	2	1	0

*Note: Individuals can be shown a copy of this scale to assist in responding:

Definitely	Somewhat	Slightly	Not	Slightly	Somewhat	Definitely	
Agree	Agree	Agree	Sure	Disagree	Disagree	Disagree	
6	5	4	3	2	1	0	

There are **2 ways** to score the PRIME-5. Either way suggests a fuller evaluation for subthreshold or threshold psychosis symptoms should be considered:

1) Sum of the 5 items. To score, sum items 1-5 to obtain a total. Find the individual's age, then look at their PRIME-5 Score. A person scoring at or above the PRIME-5 score has endorsed a level of symptoms that is 2 standard deviations higher than the mean of others his/her/their age.

Age	11	12	13	14	15	16	17	18	19	20	21+
PRIME-5 Score	19	18	17	16	15	15	15	15	13	15	13
OR											

2) Traditional Criteria. >=One item rated 6 (Definitely Agree) OR >=three items rated 5 (Somewhat Agree) is considered significant (i.e., warranting consideration of fuller evaluation).

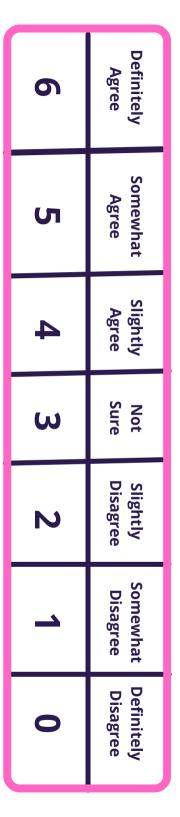
Calkins ME, Ered A, Moore TM, White LK, Taylor J, Moxam AB, Ruparel K, Wolf DH, Satterthwaite TD, Kohler CG, Gur RC, Gur RE (2023) Development and Validation of a Brief Age-Normed Screening Tool for Subthreshold Psychosis Symptoms in Youth. Presented at the American Academy of Child and Adolescent Psychiatry 70th Annual Meeting, October 25th 2023, New York, New York.

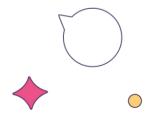




 \bigcirc

 \bigcirc







EARLY PSYCHOSIS FLOWCHART FOLLOW-UP GUIDELINES



This supplemental handout is intended to support the use of the HeadsUp Early Psychosis Screening Flowcharts. It expands upon assessment criteria and definitions, and provides question examples for school/university medical/mental health staff to ask during the assessment.

Features that Distinguish Subthreshold from Threshold Positive Symptoms*

- Description (the 5 W's)
- Degree of conviction/meaning
- Degree of distress/bother
- Degree of interference with life (acting on, talking) about, impairment from)
- Frequency, Duration, Preoccupation ("amount" of)
- Change over time (watch for re-occurrence!)

Follow-up Probing - Getting the Description with the 5 W's: What, Who, When, Where & Why? Establishing parameters & context is important

What (usually the starting point to confirm the basic-is the person talking about an experience that could be a symptom)

- Tell me about that.
- · In what way?
- What do you mean?
- What is that like for you?
- What happens?
- What did you notice? How did you know?

Who?

- Do you know who?
 - When?
 - · Did it start? Is this a change from how you used to be?
 - How often does it happen?
 - How much of the day?

 - What is the longest time it lasted?

Where?

- Does it happen
- Anywhere else?
- At other places?
- Why?
 - Does this happen?
 - How do you explain it?

Interviewing for Psychosis - Establishing the Threshold

Degree of conviction/meaning (delusions and hallucinations have compelling sense of reality)

- · Do you think this is real? How convinced are you/how real does it seem on a scale of 0-100, where 100 is 100% convinced it is real, 0 is not at all convinced?
- · How do you explain it?
- Do you ever think it could just be your imagination? For perceptual experiences: Can you hear/see it as .
- clearly as you can hear/see me? Can you make out what it is? Are you awake at the time?

Degree of interference with life (acting on, talking about, impairment from)

- Do you ever act on this thought/experience?
- Does having this thought/experience ever cause you to do anything differently?
- Does this bother you?
- · How much does it bother you, on a scale of 0-10 where 0 is 'no bother', and 10 is 'extremely serious bother?

Interviewing for Psychosis: "Reality" Checks

External corroboration – from a collateral, but also through probing:

Delusions

- General: Have you talked to anyone about this? What did they say? Do other people notice this?
- Somatic: Have you talked to a doctor about this? What did they say?
- **Persecutory:** "bullying" at school: Did you talk to a teacher/principal about this? What did they say? Did the person get in any kind of trouble for it?
- Persecutory: wary of surroundings/safety: Do you think you need to be more alert/aware than others of your (age/sex/race)? Do you know other kids your age?
- Religious: Were you raised with these beliefs? Do you believe them more strongly than others (family/members of religious org) of your faith? (or Are others as devout as you?)
- · Grandiose: Have you received any awards or special recognition for this? Are there other people out there as good as you in this?

Hallucinations

- · Is anyone else around when you hear (see, etc) it?
- If so, do they hear it too? If not, have you told others about it? Who did you tell? What did they say?
- Do you hear/see it now?
- Auditory visual (e.g., ringing in ears, "floaters" in vision) - did you talk to a doctor?

No one question/answer will nail it - looking for indicators of significance. Note that if current/past substance use - relationship of symptom to use should also be asked - Did this happen when you were not (high/drunk)?

Please note: these are indicators of significance, please consider the context in which these symptoms occur and refer for additional assessment as needed

*Positive Symptoms of Psychosis – Characterized by the presence of odd or unusual feelings, thoughts or behaviors (delusions, hallucinations) Negative Symptoms of Psychosis - Characterized by the absence or loss of experience (affective flattening, alogia, avolition, asociality, anhedonia) Disorganized Symptoms of Psychosis - Characterized by incoherent or illogical thoughts and behaviors (grossly disorganized or catatonic behavior, disorganized speech)

HeadsUp-pa.org

• How long does it last?