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COMPREHENSIVE ASSESSMENT OF AT-RISK MENTAL STATES (CAARMS) 23

RECORD FORM

Name: _____

Date of Birth: _____

Date of Interview: _____

Clinician: _____

AIMS:

- To determine if an individual meets the criteria for an at risk mental state (ARMS) or 'ultra-high risk' (UHR) status.
- To rule out, or confirm, criteria for a psychotic disorder.

STRUCTURE OF THE CAARMS 23:

Ratings are made on Intensity, Conviction/Source/Self-correction, Distress caused, and Interference caused. The overall severity rating is derived from either two or four of these dimensions see the CAARMS 23 instrument for details. Frequency of symptoms should also be rated for each symptom.

OVERVIEW OF SYMPTOMS AND FUNCTIONING - LONGITUDINAL CHANGE:

At the first interview (not follow-up assessments), the CAARMS 23 aims to obtain a general overview of the history of change from the premorbid state. All available information should be used.

Record the time of first noted change - date and age of respondent in years:

Date: _____

Age: _____

Note first ever symptoms or signs:

Record the time when symptoms were the worst/most severe – date and age in years:

Date: _____

Age: _____

Note worst symptoms or signs:

PREVIOUS PSYCHOTIC EPISODE

It is important to determine if the person has ever had a psychotic episode. A previous psychotic episode, treated or untreated, of at least 7 days means that the person cannot be classified as UHR.

Have you ever had a full **psychotic episode***?

Ask questions to gain a description and understanding of any suspected previous psychotic episode of longer than one week. If duration or veracity of symptoms is unclear, proceed with CAARMS 23 assessment.

YES NO

Date: _____

*A full psychotic episode refers to experiencing persistent psychotic symptoms—such as hearing voices, seeing things others cannot, or being completely convinced of something unlikely (like being spied on) for more than a week. These symptoms significantly impact daily life, often requiring medical attention, such as treatment from medical professionals or the use of antipsychotic medication. A medical professional may have used the terminology ‘psychosis’ to classify your symptoms. In some cases, this may lead to a diagnosis of schizophrenia or schizoaffective disorder.



RATINGS SHEET

The Overall Symptom Severity rating is derived from the ratings given to the primary symptom dimensions Intensity and Conviction/Source/Self-correction, unless these are different. Please see CAARMS 23 Instrument for further explanation and examples.

Symptom	Intensity	Conviction/ Source/ Self-correction	Distress	Interference	Overall Severity	Frequency
	Primary Rating (description)	Primary Rating (description)	Secondary Rating (impact)	Secondary Rating (impact)		
	0 - 6	0 - 6	0 - 6	0 - 6	0 - 6	0 - 6
1: Unusual thoughts and experiences						
2: Suspiciousness						
3: Unusual somatic ideas						
4: Ideas of guilt						
5: Jealous ideas						
6: Unusual religious ideas						
7: Erotomantic ideas						
8: Grandiosity						
9: Auditory perceptual abnormalities						
10: Visual perceptual abnormalities						
11: Olfactory perceptual abnormalities						
12: Gustatory perceptual abnormalities						
13: Tactile perceptual abnormalities						
14: Somatic perceptual abnormalities						
15: Disorganised communication expression						

SOCIAL AND OCCUPATIONAL FUNCTIONING ASSESSMENT SCALE (SOFAS):

Consider social and occupational functioning on a continuum from excellent functioning to grossly impaired functioning. Include impairments in functioning due to physical limitations, as well as due to mental impairments.

To be counted, impairment must be a direct consequence of mental and physical health problems: the effects of lack of opportunity and other environmental limitations are not to be considered.

Code (Note: use intermediate codes when appropriate for example 45, 68, 72).

RATING	
0	Inadequate information.
1 - 10	Persistent inability to maintain minimal personal hygiene. Unable to function without harming self or others without considerable external support (e.g. nursing care and supervision).
11 - 20	Occasionally fails to maintain minimal personal hygiene. Unable to function independently.
21 - 30	Inability to function in almost all areas (e.g. stays in bed all day, no job, home or friends).
31 - 40	Major impairment in several areas such as work or school, family relations (e.g. depressed man avoids friends, neglects family and is unable to work, child frequently beats up younger children, is defiant at home, and is failing school).
41 - 50	Serious impairment in social, occupational, or school functioning (e.g. no friends, unable to keep a job).
51 - 60	Moderate difficulty in social, occupational or school functioning (e.g. few friends, conflicts with peers, co-workers).
61 - 70	Some difficulty in social, occupational or school functioning, but generally functioning well, has some meaningful interpersonal relationships.
71 - 80	No more than a slight impairment in social, occupational, or school functioning (e.g. infrequent interpersonal conflict, temporarily falling behind in schoolwork).
81 - 90	Good functioning in all areas, occupational and socially effective.
91 - 100	Superior functioning in a wide range of activities.

SOFAS Score: _____



To calculate drop in functioning:

Score at baseline/last assessment	SCORE A	
Current Score	SCORE B	
Difference between score A and score B	SCORE C	
Percentage calculation	SCORE C	$\times 100 \div$ SCORE A = %

Outcome	Please tick
30% drop in SOFAS score from premorbid level, sustained for a month, occurred within past 12 months	
Chronic Low Function CRITERIA = SOFAS score of 50 or below maintained for 12 months or longer	



CAARMS 23: UHR INTAKE INCLUSION CHECKLIST

GROUP 1: VULNERABILITY GROUP

These criteria identify young people at risk of psychosis due to a history of psychosis in a first degree relative or the presence of schizotypal personality disorder in the young person and either a drop in functioning in the last year or long-term low functioning.

	YES	NO
Does the client meet criteria for schizotypal personality disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Does the client have a family history of psychotic disorder in a first degree relative?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a ≥ 30 per cent drop in SOFAS score from the premorbid level, maintained for one month within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Has the SOFAS score been ≤ 50 for the last year or more?	<input type="checkbox"/>	<input type="checkbox"/>
Criteria met for group 1: vulnerability group	<input type="checkbox"/>	<input type="checkbox"/>

GROUP 2: ATTENUATED PSYCHOSIS GROUP

These criteria identify young people at risk of psychosis due to a subthreshold psychotic syndrome. That is, they have symptoms which are below levels for diagnosis of definite psychosis due to subthreshold severity (the symptoms are not severe enough) or subthreshold frequency (the symptoms do not occur often enough).

2a) Subthreshold severity (Attenuated psychotic symptoms, APS 2a):

	YES	NO
Overall Severity Rating of 3–5 on one or more of the 15 positive symptom(s) of the CAARMS.	<input type="checkbox"/>	<input type="checkbox"/>
plus		
Frequency Rating of 3–6 for the corresponding positive symptom(s).	<input type="checkbox"/>	<input type="checkbox"/>
plus		
Duration for at least a week within the past year.	<input type="checkbox"/>	<input type="checkbox"/>

2b) Subthreshold frequency (APS 2b):

Overall Severity Rating of 6 on one or more of the 15 positive symptom(s) of the CAARMS.	<input type="checkbox"/>	<input type="checkbox"/>
plus		
Frequency Rating of 3 for the corresponding positive symptom(s) that rated 6 and above.	<input type="checkbox"/>	<input type="checkbox"/>
plus		
Duration for at least a week within the past year.	<input type="checkbox"/>	<input type="checkbox"/>
Criteria met for group 2: attenuated psychosis group	<input type="checkbox"/>	<input type="checkbox"/>

GROUP 3: BRIEF INTERMITTENT PSYCHOTIC SYMPTOMS (BLIPS) GROUP

These criteria identifies young people at risk of psychosis due to a recent history of frank psychotic symptoms that resolved spontaneously (without antipsychotic medication) within one week.

	YES	NO
Overall Severity Rating of 6 on one or more of the 15 positive symptom(s) of the CAARMS.	<input type="checkbox"/>	<input type="checkbox"/>
plus		
Frequency Rating of 4-6 for at least one of the positive symptom(s) that rated 6 above.	<input type="checkbox"/>	<input type="checkbox"/>
plus		
Each episode of symptoms is present for less than one week and symptoms spontaneously remit on every occasion.	<input type="checkbox"/>	<input type="checkbox"/>
plus		
Symptoms occurred during last year.	<input type="checkbox"/>	<input type="checkbox"/>
Criteria met for group 3: BLIPS group	<input type="checkbox"/>	<input type="checkbox"/>

PSYCHOSIS THRESHOLD: FIRST EPISODE PSYCHOSIS INCLUSION CRITERIA

	YES	NO
Overall Severity Rating of 6 on one or more of the 15 positive symptom(s) of the CAARMS.	<input type="checkbox"/>	<input type="checkbox"/>
plus		
Frequency Rating of greater than or equal to 4 for at least one of the positive symptom(s) that rated 6 above.	<input type="checkbox"/>	<input type="checkbox"/>
plus		
Symptoms present for longer than one week.	<input type="checkbox"/>	<input type="checkbox"/>
or		
Overall Severity rating of 6 on one or more of the 15 positive symptoms of the CAARMS	<input type="checkbox"/>	<input type="checkbox"/>
plus		
Symptom(s) while rated 6 was imminently dangerous (physically or to personal dignity or to social/family networks)	<input type="checkbox"/>	<input type="checkbox"/>
Psychosis threshold met	<input type="checkbox"/>	<input type="checkbox"/>

