

The Simplified Negative and Positive Symptoms Interview (SNAPSI)

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Instructions to Rater

The Simplified Negative and Positive Symptoms Interview (SNAPSI) can be used to collect information to rate selected items from several common psychiatric rating scales, for example selected items from the Brief Psychiatric Rating Scale (BPRS) (Overall and Gorham, 1962), the six PANSS-6 items (Østergaard et al. 2016 & 2017) from the Positive and Negative Syndrome Scale (Kay et al. 1987), or to supplement evaluations of negative symptoms, including those considered in the Brief Negative Symptom Scale (BNSS) (Kirkpatrick et al, 2011). The interview can also facilitate standardized rating on global severity rating scales such as the Clinical Global Impression - Severity (CGI-S) and Improvement (CGI-I) scales (Guy W. 1976). Please refer to the rating criteria for these scales for instructions on assigning the correct scores.

SNAPSI is intended to work as a **semi-structured** interview. Therefore, do not feel limited to the questions on this form OR obligated to ask the questions exactly as written. This interview is intended only as a guide – make sure to ask additional questions that you feel will help you determine the appropriate score for the item/scale in question.

Note that text in *italics* in the interview represents instructions and should not be read aloud as part of the questions.

The boxes following the questions in the interview are intended for note taking.

Period of time that this rating refers to: Past week. This time frame can be changed in accordance with the purpose of the study/clinical visit. Remember to modify the questions accordingly (in all instances where “[or name alternative time frame]” is applied to the interview).

Introduction

Hello, I'm (say your name). We'll be spending about 15 minutes talking about the past week [or name alternative time frame]. The purpose of this conversation is for me to get an idea about how you have been feeling over the past week [or name alternative time frame]. Therefore, most of my questions will be focusing on the past 7 days [or name alternative time frame].

Today is (say day of week). During our conversation, try to think about everything that's happened since last (say day of week [or the date matching the alternative time frame]) until today. Before we go on, do you have any questions?

Open Introductory Question

1. Tell me about the past week [or name alternative time frame], what have you been doing, and what has happened to you?

2. How have you been feeling this past week [or name alternative time frame]?

Hallucinatory Behavior / Delusions

3. In the past week [or name alternative time frame], have you had any strange or unusual experiences - or experiences that other people would consider strange or unusual?

No If [No](#) → Go on to Question #4.

Yes If [Yes](#) ↓

Can you tell me more about that?

Hallucinatory Behavior

4. In the past week [or name alternative time frame], have you heard sounds that other people couldn't hear?

No If [No](#) → Go on to Question #5.

Yes If [Yes](#) ↓

Can you describe what you heard?

5. In the past week *[or name alternative time frame]*, have you heard voices or noises that others couldn't hear?

No If No → Go on to Question #6.

Yes If Yes ↓

Can you describe what you heard?

6. In the past week *[or name alternative time frame]*, have you had visions or seen things that other people couldn't see?

No If No → Go on to Question #7.

Yes If Yes ↓

Can you describe what you saw?

7. In the past week *[or name alternative time frame]*, did you have any strange or unusual sensations from your body? (*Give an example if necessary*): Have you for instance felt that someone or something was touching you without actually being touched? Or felt that an arm/leg/another part of your body was in a position that it actually wasn't in at all?

No If No → Go on to Question #8.

Yes If Yes ↓

Can you describe what you felt?

8. In the past week *[or name alternative time frame]*, did you smell or taste things that were unusual or that others didn't smell or taste?

No If No → Go on to Question #9.

Yes If Yes ↓

Can you describe what you smelled/tasted?

9. If there were any signs of hallucinations in the past week [or alternative time frame], ask questions a, b and c below. If there are/were no hallucinations, go to Question #10.

a. In the past week [or name alternative time frame], how often have you experienced (use the patient's description of hallucinations)?
b. How has this affected you?
c. In the past week [or name alternative time frame], have you done something because of (use the patient's description of hallucinations) that you otherwise wouldn't have done?

Delusions

10. In the past week [or name alternative time frame], have you noticed any unusual things about your body, organs or bodily functions?

No If [No](#) → Go on to Question #11.

Yes If [Yes](#) ↓

Can you tell me more about that?

11. In the past week [or name alternative time frame], have you been concerned about having a physical illness or that something else was wrong with your body?

No If [No](#) → Go on to Question #12.

Yes If [Yes](#) ↓

Can you tell me more about that?

12. If you were to compare yourself to the average person, would you be:

Better than the average person?

Worse than the average person?

About the same as the average person?

Why is that?

13. Do you have any special talents or abilities?

No If [No](#) → Go on to Question #14.

Yes If [Yes](#) ↓

Can you tell me more about that?

14. Do you have any special powers or abilities that most people don't have?

No If [No](#) → Go on to Question #15.

Yes If [Yes](#) ↓

Can you tell me more about that?

15. Can you read other people's minds?

No If [No](#) → Go on to Question #17.

Yes If [Yes](#) ↓

Can you tell me more about that?

16. In the past week [or name alternative time frame], have you been able to read other people's minds?

No If [No](#) → Go on to Question #17.

Yes If [Yes](#) ↓

Can you tell me more about that?

17. In the past week [or name alternative time frame], has anyone been able to read your mind?

No If [No](#) → Go on to Question #18.

Yes If [Yes](#) ↓

Can you tell me more about that?

18. Are you a religious person?

No If [No](#) → Go on to Question #19.

Yes If [Yes](#) ↓

Can you tell me more about that?

19. Do you have a special relationship with God?

No If [No](#) → Go on to Question #20.

Yes If [Yes](#) ↓

Can you tell me more about that?

20. Did God assign you a special role or purpose?

No If [No](#) → Go on to Question #21.

Yes If [Yes](#) ↓

Can you explain to me what that role or purpose is?

21. Do you think that most people can be trusted?

Yes If [Yes](#) → Go on to Question #22.

No If [No](#) ↓

Why is that?

22. In the past week [*or name alternative time frame*], were there any people, who were out to get you?

No If [No](#) → Go on to Question #23.

Yes If [Yes](#) ↓

Can you tell me more about that?

23. In the past week [*or name alternative time frame*], did anybody spy on you or plot against you?

No If [No](#) → Go on to Question #24.

Yes If [Yes](#) ↓

Can you tell me more about that?

24. In the past week *[or name alternative time frame]*, have you received messages telepathically or through the radio or television?

No If [No](#) → Go on to Question #25.

Yes If [Yes](#) ↓

Can you tell me more about that?

25. In the past week *[or name alternative time frame]*, have you been feeling that your thoughts, feelings, or behaviors were not your own, but controlled or inserted by someone or something else?

No If [No](#) → Go on to Question #26.

Yes If [Yes](#) ↓

Can you tell me more about that?

26. In the past week *[or name alternative time frame]*, have you felt that your thoughts were somehow spread to other people?

No If [No](#) → Go on to Question #27.

Yes If [Yes](#) ↓

Can you tell me more about that?

27. In the past week *[or name alternative time frame]*, have you felt that your thoughts were taken out of your mind?

No If [No](#) → Go on to Question #28.

Yes If [Yes](#) ↓

Can you tell me more about that?

28. *If the patient has had any delusions in the past week [or alternative time frame], ask questions a-e below. If there are/were no delusions, go to Question #29.*

a. In the past week *[or name alternative time frame]*, how often have you experienced or thought about (*describe the delusion as explained/experienced by the patient*)?

b. How do you explain (*describe the delusion*)?

c. In the past week *[or name alternative time frame]*, has (*describe the delusion*) had any consequences for you?

d. Have you told other people about (*describe the delusion*)?

No If **No** → Go on to Question #28e.

Yes If **Yes** ↓

What do they think about it?

e. In the past week [*or name alternative time frame*], have you done something because of (*describe the delusion*) that you otherwise wouldn't have done?

Blunted Affect

29. Can you think of an event that made you happy recently? Can you describe that briefly for me? (*if the patient cannot think of anything that made him/her happy – try with content or excited instead*) Can you go back to that feeling and explain what that was like for you?

30. Can you think of an event that made you sad recently? Can you describe that briefly for me? (*if the patient cannot think of anything that made him/her sad - try with angry or frustrated instead*) Can you go back to that feeling and explain what that was like for you?

Passive/Apathetic Social Withdrawal

Note: Ideally this item is to be rated solely based on reports from informants (see the section "Questions for Health Care Professionals, Family Members or Friends"). However, if such reports are not available, Questions 31-32 may help you rate this item.

31. In the past week [*or name alternative time frame*], have you participated in any social activities?

No If **No** → Go on to Question #31c.

Yes If **Yes** ↓

a. Can you describe them for me?

b. In the past week [*or name alternative time frame*], have you taken the initiative in any of these social activities?

→ Go on to Question #32.

c. Why not?

32. In the past week *[or name alternative time frame]*, have you been talking to other people? How about making telephone calls, sending text messages/emails/pictures to friends/relatives over the past week *[or name alternative time frame]*? How about being active on social media over the past week *[or name alternative time frame]*?

No If [No](#) → Go on to Question #32c.
Yes If [Yes](#) ↓

a. Can you tell me more about that?

b. In the past week *[or name alternative time frame]*, have you taken the first step in contacting any people?

→ Go on to Question #33.

c. Why is that?

Conceptual Disorganisation

33. I am going to ask you a different kind of question now – there are no right or wrong answers. The purpose of this question is for me to get an idea about the way you would go about organizing a task. Just do your best and let me know if you want me to repeat anything:

Can you tell me all the steps you take when you have an appointment to go see your doctor, starting at home and ending up in the doctors' office? Please name as many different steps as possible, trying to have at least six different steps. *(If necessary and appropriate, aid the patient by saying for example "OK - then what?" etc. Also, if the patient has difficulties understanding the task, make a relevant example, for instance the following):*

For example, if you were going to see a movie that just came out in the theaters you would:

- First, decide what movie you want to see
- Go online, call or check a newspaper to see where and when the movie was playing
- Make sure you had enough money to buy a ticket

- Leave your home, giving yourself enough time to get to the theater before the movie starts
- Drive/take bus/train to the theater
- If you didn't buy a ticket online, buy a ticket at the theater
- Go in, find your seat
- Watch the movie

Patient response to "Going to Doctor's appointment" task (or alternative task):*

Step 1: _____

Step 2: _____

Step 3: _____

Step 4: _____

Step 5: _____

Step 6: _____

Step 7: _____

Step 8 and above: _____

** Alternative tasks to be used when performing consecutive ratings (such that the patient will not "learn" the series of steps over time) or if the "Going to Doctor's appointment" task is not a relevant/comprehensible scenario for the patient: (a) Steps for going to see family/friends if they do not live with the patient, (b) Steps for going to the market/grocery store/other shopping, (c) Steps for going to other routine location outside of the patient's home/residence, e.g. clinic, hospital, mental health centre, etc., (d) Steps for getting ready to go to bed, (e) Steps after getting up in the morning, (f) Steps for using (public) means of transportation – e.g. train or bus, (g) If the patient works, routine aspect of work procedure, (h) Steps for preparing a meal if the patient cooks for himself/herself.*

Open Closure

34. I have no further questions. Is there anything that you would like to ask or tell me before we end our conversation?

Questions for Health Care Professionals, Family Members or Friends

Introduction

Hello, I'm (say *your name*). I have a few questions on how (say *patient's name*) has been doing over the past week [or name alternative time frame].

Delusions

1. In your opinion, has (use *patient's name*) expressed any unusual ideas or strange beliefs during the past week [or name alternative time frame]? This could include ideas about being persecuted, followed or monitored; receiving messages via the radio or television; being controlled by someone/something; having special powers or abilities; being able to read other peoples' minds; being famous or important; having a physical illness; or any other unusual or strange things. Has (use *patient's name*) said anything about these ideas/beliefs or acted upon them within this past week [or name alternative time frame]?

No If **No** → Go on to Question #2.

Yes If **Yes** ↓

a. Can you tell me more about that?

b. In the past week [or name alternative time frame], how have (describe the delusion) affected (use *patient's name*)?

Hallucinatory Behavior

2. In your opinion, has (use *patient's name*) had any hallucinations during the past week [or name alternative time frame]? In other words, has (use *patient's name*) heard voices/sounds that other people couldn't hear, had visions, or tasted/smelled things that other people haven't been able to taste/smell? Perhaps (use *patient's name*) has told you about such experiences or you have witnessed him/her acting upon hallucinations within this past week [or name alternative time frame]?

No If **No** → Go on to Question #3.

Yes If **Yes** ↓

a. Can you tell me more about that?

b. In the past week [or name alternative time frame], how have (describe the hallucination) affected (use *patient's name*)?

Passive/Apathetic Social Withdrawal

3. In the past week [or name alternative time frame], has (use patient's name) shown any interest in spending time with other people?

No If **No** → Go on to Question #3b.
Yes If **Yes** ↓

a. Can you tell me more about that?

→ Go on to Question #4.

b. Do you have an idea why not?

4. In the past week [or name alternative time frame], has (use patient's name) been involved in any social activities?

No If **No** → Go on to Question #4c.
Yes If **Yes** ↓

a. Can you describe them for me?

b. Has (use patient's name) initiated any of these activities?

→ Go on to Question #5.

c. Do you have an idea why not?

5. In this past week [or name alternative time frame], has (use patient's name) been talking to other people? How about making telephone calls, sending text messages/emails/pictures to friends/relatives over the past week [or name alternative time frame]? How about being active on social media over the past week [or name alternative time frame]?

No If **No** → Go on to Question #5c.
Yes If **Yes** ↓

a. Can you tell me more about that?

b. Has any of these conversations or correspondences been initiated by (use patient's name)?

→ Go on to Question #6.

c. Do you have an idea why not?

6. Would you say that (*use patient's name*) has tended to isolate himself/herself from others and avoid social activities in the past week [*or name alternative time frame*]?

No If [No](#) → Go on to Question #7.

Yes If [Yes](#) ↓

Do you have an idea why?

7. Would you say that (*use patient's name*) has been socially isolated because of a lack of interest in other people this past week [*or name alternative time frame*]?

No If [No](#) → Go on to Question #8.

Yes If [Yes](#) ↓

Can you tell me more about that?

Open Closure

8. I have no further questions. Is there anything else about (*use patient's name*) that you'd like to share with me?

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