



*** AGE CONSIDERATION:** Early psychosis screening is recommended for 11-35 year olds; outside this range new-onset primary psychotic disorders are rare and different assessment approaches and referrals may be needed.

**** FAMILY HISTORY:** Patients with a first/second degree relative with a psychotic disorder should receive REGULAR SCREENING for psychosis-like symptoms regardless of mental health status. Use the "MONITOR & EDUCATE" path in the absence of other psychosis risk indicators.

***** FUNCTIONING:** Marked decline in performance at school/work and/or typical activities, withdrawal, changes in sleep patterns.

ATYPICAL: Seeing things not there: e.g., shadows, flashes, figures, people, or animals. Hearing things others do not: e.g., clicking, banging, wind, mumbling, or voices. Seeing or hearing everyday experiences as unfamiliar, distorted, or exaggerated.

COGNITION: Memory, attention, organization, processing speed. Understanding abstract concepts, social cues, complex ideas.

THOUGHTS: Unwarranted suspiciousness about friends, family or strangers. Unfounded concern something is wrong with their bodies. Thinking that their body or mind has been altered by an external force. Believing others can read their mind or control their thoughts.

SPEECH: Trouble putting thoughts into words. Speaking in jumbled or hard to follow sentences. Dressing inappropriately for the weather or behaving oddly.

*Telephonic Psychiatric Consultation Service Program (TIPS): www.dhs.na.gov/providers/Providers/Pages/TIPS.aspx



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	I 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	3	2	1	0
4	I think I might feel like my mind is "playing tricks" on me.	6	5	4	3	2	1	0
5	I 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 Agree	Somewhat Agree	Slightly Agree	Not Sure	Slightly Disagree	Somewhat Disagree	Definitely 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. \geq One item rated 6 (Definitely Agree) OR \geq three items rated 5 (Somewhat Agree) is considered significant (i.e., warranting consideration of fuller evaluation).

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

