

Screening Tool for Psychosis

0	1	2	3
Absent	Mild	Moderate	Severe

*Hearing voices?	0	1	2	3
**Suspicious or paranoid?	0	1	2	3
Decline in functioning?	0	1	2	3
Social isolation?	0	1	2	3
Problems concentrating?	0	1	2	3
Sleep disturbance?	0	1	2	3

Family History of Schizophrenia YES NO

* Automatic Referral

** Referral with **2** others endorsed or family history

Referral if any 3 positive and a **family history** of schizophrenia

To make a referral, contact EAST at 503-931-0785.