

COMPASS-10

1. Depressed Mood

Sadness, grief, or discouragement (do not rate emotional indifference or empty mood here - only mood, which is associated with a painful, sorrowful feeling).

Rating	0 =	Not present	<input type="checkbox"/>
	1 =	Very Mild: occasionally feels sad or “down”; of questionable clinical significance	<input type="checkbox"/>
	2 =	Mild: occasionally feels moderately depressed or often feels sad or “down”	<input type="checkbox"/>
	3 =	Moderate: occasionally feels very depressed or often feels moderately depressed	<input type="checkbox"/>
	4 =	Moderately Severe: often feels very depressed	<input type="checkbox"/>
	5 =	Severe: feels very depressed most of the time	<input type="checkbox"/>
	6 =	Very Severe: constant extremely painful feelings of depression	<input type="checkbox"/>
		Unable to assess (e.g. subject uncooperative or incoherent)	<input type="checkbox"/>

2. Anxiety / Worry

Subjective experience of worry, apprehension; over-concern for present or future. Anxiety/fear from a psychotic symptom should be rated (e.g. the subject feels anxious because of a belief that he/she is about to be killed).

Rating	0 =	Not present	<input type="checkbox"/>
	1 =	Very Mild: occasionally feels a little anxious; of questionable clinical significance	<input type="checkbox"/>
	2 =	Mild: occasionally feels moderately anxious or often feels a little anxious or worried	<input type="checkbox"/>
	3 =	Moderate: occasionally feels very anxious or often feels moderately anxious	<input type="checkbox"/>
	4 =	Moderately Severe: often feels very anxious or worried	<input type="checkbox"/>
	5 =	Severe: feels very anxious or worried most of the time	<input type="checkbox"/>
	6 =	Very Severe: patient is continually preoccupied with severe anxiety	<input type="checkbox"/>
		Unable to assess (e.g. subject uncooperative or incoherent)	<input type="checkbox"/>

3. Suicidal Ideation / Behavior

The individual reports a passive death wish, thoughts of suicide, or engages in suicidal behavior (do not include self-injurious behavior without suicidal intent).

Rating	0 =	Not present	<input type="checkbox"/>
	1 =	Very Mild: occasional thoughts of dying, “I’d be better off dead” or “I wish I were dead”	<input type="checkbox"/>
	2 =	Mild: frequent thoughts of dying or occasional thoughts of killing self, without a plan or method	<input type="checkbox"/>
	3 =	Moderate: often thinks of suicide or has thought of a specific method	<input type="checkbox"/>
	4 =	Moderately Severe: has mentally rehearsed a specific method of suicide or has made a suicide attempt with questionable intent to die (e.g. takes aspirins and then tells family)	<input type="checkbox"/>
	5 =	Severe: has made preparations for a potentially lethal suicide attempt (e.g. acquires a gun and bullets for an attempt)	<input type="checkbox"/>
	6 =	Very Severe: has made a suicide attempt with definite intent to die	<input type="checkbox"/>
		Unable to assess (e.g. subject uncooperative or incoherent)	<input type="checkbox"/>

4. Hostility / Anger / Irritability / Aggressiveness

Anger, verbal and non-verbal expressions of anger and resentment including a belligerent attitude, sarcasm, abusive language, and assaultive or threatening behavior.

Rating	0 =	Not present	<input type="checkbox"/>
	1 =	Very Mild: occasional irritability of doubtful clinical significance	<input type="checkbox"/>
	2 =	Mild: occasionally feels angry or mild or indirect expressions of anger, e.g. sarcasm, disrespect or hostile gestures	<input type="checkbox"/>
	3 =	Moderate: frequently feels angry, frequent irritability or occasional direct expression of anger, e.g. yelling at others	<input type="checkbox"/>
	4 =	Moderately Severe: often feels very angry, often yells at others or occasionally threatens to harm others	<input type="checkbox"/>
	5 =	Severe: has acted on their anger by becoming physically abusive on one or two occasions or makes frequent threats to harm others <u>or</u> is very angry most of the time	<input type="checkbox"/>
	6 =	Very Severe: has been physically aggressive and/or required intervention to prevent assaultiveness on several occasions; or any serious assaultive act.	<input type="checkbox"/>
		Unable to assess (e.g. subject uncooperative or incoherent)	<input type="checkbox"/>

5. Suspiciousness

Expressed or apparent belief that other persons have acted maliciously or with discriminatory intent. Include persecution by supernatural or other nonhuman agencies (e.g., the devil). Note: Ratings of “2” (mild) or above should also be rated under Unusual Thought Content.

Rating	0 =	Not present	<input type="checkbox"/>
	1 =	Very Mild: Seems on guard. Reluctant to respond to some “personal” questions. Reports being overly self-conscious in public	<input type="checkbox"/>
	2 =	Mild: Describes incidents in which others have harmed or wanted to harm him/her that sound plausible. Patient feels as if others are watching, laughing, or criticizing him/her in public, but this occurs only occasionally or rarely. Little or no preoccupation.	<input type="checkbox"/>
	3 =	Moderate: Says others are talking about him/her maliciously, have negative intentions, or may harm him/her. Beyond the likelihood of plausibility, but not delusional. Incidents of suspected persecution occur occasionally (less than once per week) with some preoccupation.	<input type="checkbox"/>
	4 =	Moderately Severe: Same symptoms as moderate (level 3) above, but incidents occur frequently such as more than once a week. Patient is moderately preoccupied with ideas of persecution OR patient reports persecutory delusions expressed with much doubt (e.g. partial delusion).	<input type="checkbox"/>
	5 =	Severe: Delusional -- speaks of Mafia plots, the FBI, or others poisoning his/her food, persecution by supernatural forces.	<input type="checkbox"/>
	6 =	Extremely Severe: Same symptoms as severe (level 5) above, but the beliefs are bizarre or more preoccupying. Patient tends to disclose or act on persecutory delusions.	<input type="checkbox"/>
		Unable to assess (e.g. subject uncooperative or incoherent)	<input type="checkbox"/>

6. Unusual Thought Content

Unusual, odd, strange or bizarre thought content. Rate the degree of unusualness, not the degree of disorganization of speech. Delusions are patently absurd, clearly false or bizarre ideas that are expressed with full conviction. Consider the patient to have full conviction if he/she has acted as though the delusional belief were true. Ideas of reference/persecution can be differentiated from delusions in that ideas are expressed with much doubt and contain more elements of reality. Include thought insertion, withdrawal and broadcast. Include grandiose, somatic and persecutory delusions even if rated elsewhere. Note: If Suspiciousness is rated "5" (severe) or "6" (extremely severe) due to delusions, then Unusual Thought Content must be rated a "3" (moderate) or above.

Rating	0 =	Not present	<input type="checkbox"/>
	1 =	Very Mild: Ideas of reference (people may stare or may laugh at him), ideas of persecution (people may mistreat him). Unusual beliefs in psychic powers, spirits, UFOs, or unrealistic beliefs in one's own abilities. Not strongly held. Some doubt.	<input type="checkbox"/>
	2 =	Mild: Same symptoms as very mild (level 1) above, but degree of reality distortion is more severe as indicated by highly unusual ideas or greater conviction. Content may be typical of delusions (even bizarre), but without full conviction. The delusion does not seem to have fully formed, but is considered as one possible explanation for an unusual experience.	<input type="checkbox"/>
	3 =	Moderate: Delusion present but no preoccupation or functional impairment. May be an encapsulated delusion or a firmly endorsed absurd belief about past delusional circumstances.	<input type="checkbox"/>
	4 =	Moderately Severe: Full delusion(s) present with some preoccupation OR some areas of functioning disrupted by delusional thinking.	<input type="checkbox"/>
	5 =	Severe: Full delusion(s) present with much preoccupation OR many areas of functioning are disrupted by delusional thinking.	<input type="checkbox"/>
	6 =	Extremely Severe: Full delusions present with almost total preoccupation OR most areas of functioning are disrupted by delusional thinking	<input type="checkbox"/>
		Unable to assess (e.g. subject uncooperative or incoherent)	<input type="checkbox"/>

7. Hallucinations

Reports of perceptual experiences in the absence of relevant external stimuli. When rating degree to which functioning is disrupted by hallucinations, include preoccupation with the content and experience of the hallucinations, as well as functioning disrupted by acting out on the hallucinatory content (e.g., engaging in deviant behavior due to command hallucinations). Include "thoughts aloud" ("gedankenlautwerden") or pseudohallucinations (e.g., hears a voice inside head) if a voice quality is present.

Rating	0 =	Not present	<input type="checkbox"/>
	1 =	Very Mild: While resting or going to sleep, sees visions, smells odors, or hears voices, sounds or whispers in the absence of external stimulation, but no impairment in functioning	<input type="checkbox"/>
	2 =	Mild: While in a clear state of consciousness, hears a voice calling the subject's name, experiences non-verbal auditory hallucinations (e.g., sounds or whispers), formless visual hallucinations, or has sensory experiences in the presence of a modality-relevant stimulus (e.g., visual illusions) infrequently (e.g., 1-2 times per week) and with no functional impairment.	<input type="checkbox"/>
	3 =	Moderate: Occasional verbal, visual, gustatory, olfactory, or tactile hallucinations with no functional impairment OR non-verbal auditory hallucinations/visual illusions more than infrequently or with impairment.	<input type="checkbox"/>
	4 =	Moderately Severe: Experiences daily hallucinations OR some areas of functioning are disrupted by hallucinations.	<input type="checkbox"/>
	5 =	Severe: Experiences verbal or visual hallucinations several times a day OR many areas of functioning are disrupted by these hallucinations.	<input type="checkbox"/>
	6 =	Extremely Severe: Persistent verbal or visual hallucinations throughout the day OR most areas of functioning are disrupted by these hallucinations.	<input type="checkbox"/>
		Unable to assess (e.g. subject uncooperative or incoherent)	<input type="checkbox"/>

8. Conceptual Disorganization

Degree to which speech is confused, disconnected, vague or disorganized. Rate tangentiality, circumstantiality, sudden topic shifts, incoherence, derailment, blocking, neologisms, and other speech disorders. Do not rate content of speech.

Rating	0 =	Not present	<input type="checkbox"/>
	1 =	Very Mild: Peculiar use of words or rambling but speech is comprehensible	<input type="checkbox"/>
	2 =	Mild: Speech a bit hard to understand or make sense of due to tangentiality, circumstantiality, or sudden topic shifts.	<input type="checkbox"/>
	3 =	Moderate: Speech difficult to understand due to tangentiality, circumstantiality, idiosyncratic speech, or topic shifts on many occasions OR 1-2 instances of incoherent phrases.	<input type="checkbox"/>
	4 =	Moderately Severe: Speech difficult to understand due to circumstantiality, tangentiality, neologisms, blocking, or topic shifts most of the time OR 3-5 instances of incoherent phrases.	<input type="checkbox"/>
	5 =	Severe: Speech is incomprehensible due to severe impairments most of the time. Many symptom items cannot be rated by self-report alone.	<input type="checkbox"/>
	6 =	Extremely Severe: Speech is incomprehensible throughout interview.	<input type="checkbox"/>
		Unable to assess (e.g. subject uncooperative or incoherent)	<input type="checkbox"/>

9. Avolition / Apathy

Avolition manifests itself as a characteristic lack of energy, drive, and interest. Consider degree of passivity in pursuing goal-directed activities. Factor in the range of activities available to the subject (e.g. inpatient hospitalization often substantially limits the range of activities available to patients)

Rating	0 =	Not present	<input type="checkbox"/>
	1 =	Very Mild: questionable decrease in time spent in goal-directed activities.	<input type="checkbox"/>
	2 =	Mild: spends less time in goal-directed activities than is appropriate for situation and age	<input type="checkbox"/>
	3 =	Moderate: initiates activities at times but does not follow through	<input type="checkbox"/>
	4 =	Moderately Severe: rarely initiates activity but will passively engage with encouragement	<input type="checkbox"/>
	5 =	Severe: almost never initiates activities; requires assistance to accomplish basic activities	<input type="checkbox"/>
	6 =	Very Severe: does not initiate or persist in any goal-directed activity even with outside assistance	<input type="checkbox"/>
		Unable to assess (e.g. subject uncooperative or incoherent)	<input type="checkbox"/>

10. Asociality / Low Social Drive

The subject pursues little or no social interaction and tends to spend much of the time alone or non-interactively.

Rating	0 =	Not present	<input type="checkbox"/>
	1 =	Very Mild: questionable	<input type="checkbox"/>
	2 =	Mild: slow to initiate social interactions but usually responds to overtures by others	<input type="checkbox"/>
	3 =	Moderate: rarely initiates social interactions; sometimes responds to overtures by others.	<input type="checkbox"/>
	4 =	Moderately Severe: does not initiate but sometimes responds to overtures by others; little social interaction outside close family members.	<input type="checkbox"/>
	5 =	Severe: never initiates and rarely encourages conversations or activities; avoids being with others unless prodded, may have contacts with family.	<input type="checkbox"/>
	6 =	Very Severe: avoids being with others (even family members) whenever possible, extreme social isolation.	<input type="checkbox"/>
		Unable to assess (e.g. subject uncooperative or incoherent)	<input type="checkbox"/>

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