

Catatonia Impact Scale

Please complete the survey below. Thank you!

Patient Name

(First and Last Name)

Rater's Relationship to Patient

- Mother
 Father
 Other caregiver in the home
 Other part time caregiver

Timestamp

Report Date-

*we assume that you are reporting on the week that precedes the date you've entered

General Instructions: All of the ratings compare current functioning to his/her level of functioning before developing Catatonia. We refer to that as the baseline. Think about "usual" activities like going to school or work, playing, talking with others, friendships, social interactions and behaviors before the regression occurred. Many of the symptoms overlap or may occur together such as being immobile, quiet and withdrawn. So try to be specific to each symptom.

For FREQUENCY, consider how often it occurs, how long it lasts, in what settings and the amount of prompting or intervention required to get past the symptom.

For IMPACT, consider how much each symptom interferes with activities of daily living (getting up, dressing, grooming, going to school, work, shopping, social events). How much the symptom interferes with what he/she gets out of the activities? How much does each specific symptom determine the need for his/her parents one-on-one care or surveillance?

There are 7 sections and a total of 30 questions.

All questions follow this general pattern. The general instructions won't be repeated with each question. Brief reminders or information specific to the question may be added.

Frequency - in the past week

0 = Never Not at all.

1 = A few Occasionally during the day. Mostly for short periods. Resolves without prompting.

2 = Some/Off & on Obvious to others, but may go for hours without occurring. May occur in only one setting. Usually responds to prompting.

3 = Many/Often Often during the day. Occurs in many settings. Responds to prompting, but in a short time occurs again.

4 = Most Constantly/ continuously/mostly. In most settings (home, school, car, medical visits). Doesn't respond to prompting for any significant amount of time.

Impact of symptom - in past week

0 = None Doesn't interfere with daily activities (eating, dressing, toileting), school, work or social interactions. No need for parents' increased level of care or surveillance over baseline.

1 = Not much Not much of an impact as he/she accomplishes daily activities. Not much change in need for care or surveillance.

2 = Some Interferes with some daily activities but if prompted will accomplish most activities. Needs prompting to complete some tasks. Needs some additional care or surveillance.

3 = A lot Interferes with many daily activities. Occurs in many settings (home, school, play). Even with prompting he/she returns to the behavior within a short time. Can't accomplish much. Requires significantly more care or surveillance.

4 = Extreme Not accomplishing hardly anything on his/her own during the day because of this symptom. Consistently can't participate productively in school, work, therapies or other activities. Symptom strongly inhibits social interactions, conversations, paying attention to others and learning. Requires constant care or surveillance. May still have short periods of seeming OK or like his/her old self.

SECTION ONE: AMOUNT OF MOVEMENT

1. Is immobile ex. sits abnormally still, doesn't respond to stimuli or interact with world
*Refers to not moving for a significant period of time and not responding to anything going on around him/her. Can occur while sitting or standing but usually while sitting. Often but not always, will be holding stiff posture.

Frequency in past week

- | | |
|--|---|
| <input type="radio"/> 0 = Never | Not at all. |
| <input type="radio"/> 1 = A few | Occasionally during the day. Often for short periods. Resolves without prompting. |
| <input type="radio"/> 2 = Some/Off & on becoming | Immobile enough that everyone notices, but may go for hours without immobile. Needs more prompting. |
| <input type="radio"/> 3 = Many/Often | Multiple times per day. Occurs in many settings. Needs frequent prompting. |
| <input type="radio"/> 4 = Most touch or | Most of the time is immobile. Little response to prompting. May look lost, out of in his/her own world when immobile. |

Impact of being immobile

- | | |
|--|--|
| <input type="radio"/> 0 = None | Doesn't interfere. |
| <input type="radio"/> 1 = Not much needs to go. | Not much of an impact as he/she moves well enough to get where he/she Eats, walks, dresses pretty well. |
| <input type="radio"/> 2 = Some activities. | Interferes with some activities. Needs more prompting to accomplish many |
| <input type="radio"/> 3 = A lot Can't accomplish much. | Interferes with a lot of activities. Even with prompting becomes immobile. |
| <input type="radio"/> 4 = Extreme out of | Not really accomplishing anything on his/her own. Doesn't get hardly anything school, work or social activities. Requires full time care/surveillance. |

2. Holds a stiff posture ex. sits bent in half at waist, looking at floor, walks stiffly, sits very straight
*Posture is often bent over and looking down. Can be sitting in a chair, on the floor or while standing. Head is usually down and shoulders bent. May hold an arm in front of his/her face. Each person seems to have their favorite posture. In this posture he/she may or may not be immobile. Sometimes associated with repetitive movements. Doesn't allow for eye contact. May occur in specific places like the car or when in a tense or new situation.

Frequency in the past week

- | | |
|--|--|
| <input type="radio"/> 0 = Never | Not noted at all. |
| <input type="radio"/> 1 = A few | Occasionally during the day. Resolves without prompting. |
| <input type="radio"/> 2 = Some/Off & on posture. | Obvious, may occur in specific settings. Needs more prompting to get out of |
| <input type="radio"/> 3 = Many/Often | Multiple times per day; is his/her favored position in many different locations. |
| <input type="radio"/> 4 = Most | Almost continuously. Little response to prompting. |

Impact of stiff posture

- | | |
|--|---|
| <input type="radio"/> 0 = None | Doesn't interfere. |
| <input type="radio"/> 1 = Not much | Not much of an impact as he/she accomplishes daily activities. |
| <input type="radio"/> 2 = Some activities. | Interferes with some activities. Needs more prompting to accomplish many |
| <input type="radio"/> 3 = A lot prompting returns to stiff posture within a short time, can't accomplish much. | Interferes with a lot of daily activities in many settings. Even with |
| <input type="radio"/> 4 = Extreme out | Not really accomplishing anything on his/her own. Doesn't get hardly anything of school, work or social activities. Requires full time care/surveillance. |

3. Slow movements and daily activities ex. walking, eating, toileting, playing
*He/she moves slowly. This refers to when he/she is doing something. Does not refer to initiation of activities, interest in activities or hesitation, though the same person may show a combination of these. Usually noted when walking or being asked to run. Can be seen in handwriting, moving an object in his/her hand, going up or down stairs, getting in or out of a car, eating, etc.

 Frequency in past week

- | | |
|---|--|
| <input type="radio"/> 0 = Never | Not at all. |
| <input type="radio"/> 1 = A few periods or | A few specific motor activities are done slowly. May be noticeable for short a few times during a day. Recovers without prompting. |
| <input type="radio"/> 2 = Some/Off & on steps | Obvious, may occur in specific settings. May need to hold the hand rail on and/or take one step at a time. |
| <input type="radio"/> 3 = Many/Often | Many activities (getting dressing, eating, walking, going up stairs) are slow. |
| <input type="radio"/> 4 = Most | All activities are very slow, at a glacial speed. Doesn't respond to prompting. |
-

Impact of slow movements

- | | |
|-------------------------------------|--|
| <input type="radio"/> 0 = None | Doesn't interfere. |
| <input type="radio"/> 1 = Not much | Not much of an impact as he/she accomplishes daily activities. |
| <input type="radio"/> 2 = Some most | Interferes with some tasks but if prompted will move faster. Will accomplish activities. |
| <input type="radio"/> 3 = A lot | Interferes with a lot of daily activities. Occurs in many settings. |
| <input type="radio"/> 4 = Extreme | Moving so slowly that it takes hours to eat a meal, can't go out to a store or participate full time in school or work. Needs a lot of help with daily activities. Requires care/surveillance. |
-

4. Low activity level ex. sedentary; just doesn't move as much as before
 *Is more sedentary during the day. For example will just sit and watch television when previously liked to do things like going for a walk, throwing a ball, playing a game, etc. Doesn't initiate activities and may resist others' attempts to get him/her to do things that involve moving. May seem tired, bored, depressed or just content to not do anything. When family members are doing something doesn't follow them to see what they are doing.
-

Frequency in past week

- | | |
|--|--|
| <input type="radio"/> 0 = Never | Not at all. |
| <input type="radio"/> 1 = A few activities. | Picks things to do that take less moving around. Still participates in some |
| <input type="radio"/> 2 = Some/Off & on things | More noticeable in motor demanding activities. Needs more prompting. |
| <input type="radio"/> 3 = Many/Often | Shuns most motor activities. Doesn't want to go outside, to the store or to get from another room. |
| <input type="radio"/> 4 = Most prompted. | Spends most of the day just sitting and doesn't move around unless |
-

Impact of low activity level

- | | |
|--|---|
| <input type="radio"/> 0 = None | Doesn't interfere. |
| <input type="radio"/> 1 = Not much prompting. | Not much of an impact as he/she accomplishes daily activities. Responds to |
| <input type="radio"/> 2 = Some store. | Interferes with activities but if prompted will get up, go for a walk or to the |
| <input type="radio"/> 3 = A lot sedentary within | Interferes with a lot of daily activities; Even with prompting becomes a short time. Can't accomplish much. |
| <input type="radio"/> 4 = Extreme doesn't out of | Sits most of the day. May want to stay in bed. Doesn't want to do things and accomplish daily activities without help. Doesn't get hardly anything school, work or social activities. Requires full time care/surveillance. |
-

5. Gets stuck in movements ex. hesitates when reaching, eating, walking
 *He/she will stop moving or hesitate during a movement. This can occur when walking up the stairs, reaching for something, bringing a glass or spoon to his/her mouth. May stop before starting a movement like going down stairs. He/she may look lost, confused, scared or out of touch when this occurs.
-

 Frequency in past week

- | | |
|--|--|
| <input type="radio"/> 0 = Never | Not at all. |
| <input type="radio"/> 1 = A few | Occasionally gets stuck. Only in some activities. Recovers without prompting. |
| <input type="radio"/> 2 = Some/Off & on that are movement does OK. | May go for long periods without getting stuck. May only be noted for activities motor demanding. May hesitate initially but once he/she starts the |
| <input type="radio"/> 3 = Many/Often | Multiple times per day. In a variety of movements. Prompting not helpful. |
| <input type="radio"/> 4 = Most etc). | Gets stuck in most motor activities (walking, getting out of a chair or car, eating |

 Impact of getting stuck in movements

- | | |
|--|---|
| <input type="radio"/> 0 = None | Doesn't interfere. |
| <input type="radio"/> 1 = Not much | Accomplishes daily activities. |
| <input type="radio"/> 2 = Some getting up, | Interferes but can work around them so activities are accomplished, including walking up or down stairs or to the store. |
| <input type="radio"/> 3 = A lot | Can't accomplish much on his/her own. |
| <input type="radio"/> 4 = Extreme day. | Makes participating in daily activities very difficult. May take up most of the Precludes successfully going to work or school. |

 Amount of movement FREQUENCY subscale scores

(*this score will automatically generate after answering all questions in the section above)

 Amount of movement IMPACT subscale scores

(*this score will automatically generate after answering all questions in the section above)

SECTION TWO: KINDS OF MOVEMENT

6. Makes odd facial expressions ex. grimaces, mouth clicking
*Will make facial movements, such as grimaces or mouth clicking at various times and for no specific reason. Can stop if prompted or noticed and may make the movements when no one is around.

Frequency in past week

- | | |
|---|---|
| <input type="radio"/> 0 = Never | Not at all. |
| <input type="radio"/> 1 = A few | Occasionally makes facial movements. Recovers without prompting. |
| <input type="radio"/> 2 = Some/Off & on | Just a few times a day. May occur with certain activities. |
| <input type="radio"/> 3 = Many/Often | Often during the day; during most hours. Needs frequent prompting. |
| <input type="radio"/> 4 = Most | Almost continuously. If prompted may stop but will start again shortly. |

Impact of odd facial expressions

- | | |
|------------------------------------|--|
| <input type="radio"/> 0 = None | Doesn't interfere. |
| <input type="radio"/> 1 = Not much | Not much of an impact as he/she accomplishes most daily activities. |
| <input type="radio"/> 2 = Some | Interferes with some activities. May be limited to specific settings. |
| <input type="radio"/> 3 = A lot | Interferes primarily by taking time or attention away from other activities. |
| <input type="radio"/> 4 = Extreme | Makes participating in daily activities very difficult. |

7. Makes repetitive, stereotypical movements ex. finger play, patting, shaking objects
*Finger and hand movements covered by this question typically involve rapid, voluntary, repetitious movement of the fingers and hands. The movements may involve one or both hands and may be small finger movements or larger hand movements such as shaking objects. May or may not look at his/her hands. May or may not seem upset if prompted to stop. Does not include nail biting, hair twisting, thumb sucking, clapping. If it only occurs during whole body movements, score there (question #8).

Frequency in the past week

- | | |
|---|--|
| <input type="radio"/> 0 = Never | Not at all. |
| <input type="radio"/> 1 = A few | Occasionally makes the movements. Stops without prompting. |
| <input type="radio"/> 2 = Some/Off & on | Obvious, may go for hours without the movements. |
| <input type="radio"/> 3 = Many/Often | Multiple times a day. Responds to prompting but reverts. |
| <input type="radio"/> 4 = Most | Almost continuously. Little response to prompting. May look lost, out of touch |
| or | in his/her own world when they occur. |

Impact of repetitive, stereotypical movements

- | | |
|------------------------------------|---|
| <input type="radio"/> 0 = None | Doesn't interfere with activities. |
| <input type="radio"/> 1 = Not much | Minimal impact. Accomplishes daily activities. |
| <input type="radio"/> 2 = Some | Interferes with some activities because occupied with the movements. |
| <input type="radio"/> 3 = A lot | Even with prompting returns to the movements in a short time. Can't accomplish much. |
| <input type="radio"/> 4 = Extreme | Not really accomplishing anything on his/her own. Doesn't get hardly anything out of school, work or social activities. Requires full time care/surveillance. |

8. Has involuntary movements ex. shoulder shrugging, arms, legs, rocking
*Refers to involuntary movements of larger muscle groups such as shoulders, arms or legs. Includes repetitive rocking. Movements appear stylized and smooth. He/she seems to be able to suppress the movements for a period of time.

Frequency in past week

- | | |
|--|---|
| <input type="radio"/> 0 = Never | Not at all. |
| <input type="radio"/> 1 = A few | Occasionally, often of short duration. Recovers without prompting. |
| <input type="radio"/> 2 = Some/Off & on | Obvious, may occur in specific settings. Responds to prompting. |
| <input type="radio"/> 3 = Many/Often many settings. | Multiple times during the day; responds to prompting, but reverts; occurs in |
| <input type="radio"/> 4 = Most out of | Almost continuously. If prompted to stop will start again shortly. May look lost, touch, or in his/her own world when they occur. |

Impact of involuntary movement

- | | |
|---|--|
| <input type="radio"/> 0 = None | Doesn't interfere with activities. |
| <input type="radio"/> 1 = Not much | Minimal impact. Accomplishes daily activities. |
| <input type="radio"/> 2 = Some | Interferes with some activities because occupied with the movements. |
| <input type="radio"/> 3 = A lot accomplish much. | Even with prompting returns to the movements in a short time. Can't |
| <input type="radio"/> 4 = Extreme out of | Not really accomplishing anything on his/her own. Doesn't get hardly anything school, work or social activities. Requires full time care/surveillance. |

9. Has episodes of extreme hyperactivity with constant motion?

*Refers to periods when he/she becomes all wound up, moving, running, without an obvious reason.

Frequency in past week

- | | |
|---|---|
| <input type="radio"/> 0 = Never | Not at all. |
| <input type="radio"/> 1 = A few | Occasionally. Often for short periods. Recovers without prompting. |
| <input type="radio"/> 2 = Some/Off & on hyperactivity. | Obvious; may occur in specific settings .Prompting may stop the |
| <input type="radio"/> 3 = Many/Often settings. | Multiple times per day; may respond to prompting, but reverts. Occurs in many |
| <input type="radio"/> 4 = Most | Almost continuously. Little response to prompting. |

Impact of extreme hyperactivity

- | | |
|---|--|
| <input type="radio"/> 0 = None | Doesn't interfere with daily routines or activities. |
| <input type="radio"/> 1 = Not much | Not much of an impact as he/she accomplishes most daily activities. |
| <input type="radio"/> 2 = Some | Interferes with some activities. May disrupt others in school or work. |
| <input type="radio"/> 3 = A lot | Interferes with a lot of daily activities. Can't accomplish much. |
| <input type="radio"/> 4 = Extreme Requires full time care/ surveillance. | Doesn't get hardly anything out of school, work or social activities. |

10. Resists being moved when he/she is immobile ex. involuntary, pushes back when moved when he/she is immobile.

*When he/she is immobile, such as sitting on the sofa. Doesn't respond to verbal prompts and when you try to move an arm or leg he/she resists and pulls the limb back.

Frequency in past week

- | | |
|---|---|
| <input type="radio"/> 0 = Never | Not at all. |
| <input type="radio"/> 1 = A few | Occasionally. Responds to prompting. |
| <input type="radio"/> 2 = Some/Off & on | Obvious; may just be in certain places like getting out of the car. |
| <input type="radio"/> 3 = Many/Often | Multiple times per day. Lots of settings. |
| <input type="radio"/> 4 = Most | Continuously. Little response to prompting. In most settings. |

 Impact of resisting mobility

- 0 = None Doesn't interfere with activities.
 1 = Not much Not much of an impact as he/she accomplishes daily activities.
 2 = Some Interferes with some activities and moving to a new activity.
 3 = A lot Interferes with a lot of daily activities. Hard for care givers to handle.
 4 = Extreme Caregivers find it almost impossible to move the person, to get in the car, go into the store etc. Requires full time care.
-

11. Will move an arm with minimal pressure or suggestion

*When he/she is immobile, such as sitting on the sofa, you can raise his/her arm and he/she just keeps it there. Seems to be in a daze and not to notice or care.

Frequency in past week

- 0 = Never Not at all.
 1 = A few Occasionally, but generally not noted unless tested for.
 2 = Some/Off & on More obvious.
 3 = Many/Often Multiple times per day. In many settings.
 4 = Most Almost always noted when tested for. May look lost, in a daze, or in his/her own world.
-

Impact of minimal pressure

- 0 = None Doesn't interfere with activities.
 1 = Not much Not much of an impact as he/she accomplishes daily activities.
 2 = Some Interferes with some activities.
 3 = A lot Interferes with a lot of daily activities.
 4 = Extreme Interferes with activities because he/she can't comply with physical direction by caregivers.
-

Kinds of movement FREQUENCY subscale scores

(*this score will automatically generate after answering all questions in the section above)

Kinds of movement IMPACT subscale scores

(*this score will automatically generate after answering all questions in the section above)

SECTION THREE: TALKING

12. Doesn't talk? ex. quiet, doesn't answer questions, volunteer information
*A clear decrease in talking, including the amount and complexity of speech.

Frequency in past week

- | | |
|--|---|
| <input type="radio"/> 0 = Never | Speech is unchanged from his/her baseline. |
| <input type="radio"/> 1 = A few | Doesn't talk quite as much overall but, most speech is adequate. |
| <input type="radio"/> 2 = Some/Off & on wants words. | Obvious decrease in talking, but with prompting will communicate needs and adequately. Doesn't volunteer information. May whisper or just mouth |
| <input type="radio"/> 3 = Many/Often answers | Is quiet much of the time during the day; will answer questions with short or gestures. |
| <input type="radio"/> 4 = Most conversations | Mostly does not talk. Does not answer questions, doesn't initiate or share observations, needs or wants. |

Impact of not talking

- | | |
|--|---|
| <input type="radio"/> 0 = None | Doesn't interfere at all. |
| <input type="radio"/> 1 = Not much and needs. | Needs minimal prompting to talk. Caregivers still know what he/she wants |
| <input type="radio"/> 2 = Some interactions settings. | Interferes with knowing what he/she wants or needs. Hampers social and learning opportunities. Mutism may be limited to specific |
| <input type="radio"/> 3 = A lot play); | Interferes with a lot of daily activities; occurs in many settings (home, school, even with prompting he/she is quiet. |
| <input type="radio"/> 4 = Extreme work or Requires full time | Significant impact on all activities. Doesn't get hardly anything out of school, social activities. Care givers can't tell what he/she wants or needs. care/surveillance. |

13. Doesn't initiate conversations?
*Doesn't talk unless someone else initiates the conversation. Doesn't chat.

Frequency in past week

- | | |
|---|---|
| <input type="radio"/> 0 = Never | No change in conversational speech from baseline. |
| <input type="radio"/> 1 = A few | Less apt to volunteer information or wants, but still does. |
| <input type="radio"/> 2 = Some/Off & on | Only initiates conversation about something he/she is very interested in. |
| <input type="radio"/> 3 = Many/Often | Most of the time doesn't initiate conversation or volunteer information. |
| <input type="radio"/> 4 = Most | Only talks when pushed to answer a specific question. |

Impact of not initiating conversation

- | | |
|---|--|
| <input type="radio"/> 0 = None | Doesn't interfere with daily functioning. |
| <input type="radio"/> 1 = Not much | Not much of an impact as he/she makes wishes known. |
| <input type="radio"/> 2 = Some | Interferes with interactions in more than one area (home/school/work). |
| <input type="radio"/> 3 = A lot activities. | Interferes with a lot of daily activities in many settings. Unable to participate in |
| <input type="radio"/> 4 = Extreme | Every day interferes with interactions by isolating him/her from others. |

14. Repeats words or phrases
*Has favorite words or phrases that are repeated, usually not in context. May be in odd or loud voice or whisper, may mimic other's speech.

 Frequency in past week

- | | |
|--|--|
| <input type="radio"/> 0 = Never | Not at all. |
| <input type="radio"/> 1 = A few | A few episodes during a day or week. Resolves without prompting. |
| <input type="radio"/> 2 = Some/Off & on | Obvious, at least once a day. Stops with prompting or redirecting. |
| <input type="radio"/> 3 = Many/Often settings. | Often during the day; responds to prompting, but reverts; occurs in many settings. |
| <input type="radio"/> 4 = Most amount of time. | Continuously; in most settings. Doesn't respond to prompting for any significant amount of time. |
-

Impact of repeating words/phrases

- | | |
|---|--|
| <input type="radio"/> 0 = None | Doesn't interfere. |
| <input type="radio"/> 1 = Not much | Not much of an impact as he/she accomplishes daily activities. |
| <input type="radio"/> 2 = Some | Needs more prompting to accomplish many activities. |
| <input type="radio"/> 3 = A lot continues | Interferes with a lot of activities in many settings. Even with prompting to repeat favorite words. |
| <input type="radio"/> 4 = Extreme Interferes by | Consistently interferes with productive participation in school, work, etc. isolating him/her from others. |
-

15. Perseverates - returns to the same topic?

*Has a favorite topic or person that he/she talks about or refers to.

Frequency in past week

- | | |
|--|---|
| <input type="radio"/> 0 = Never | No change from baseline. |
| <input type="radio"/> 1 = A few | Has some favorite topics or people but doesn't really persevereate on them. |
| <input type="radio"/> 2 = Some/Off & on what's going on. | At least once a day returns to the same topic even when it's not relevant to what's going on. |
| <input type="radio"/> 3 = Many/Often | Quite often during a day. Needs frequent prompting or redirecting |
| <input type="radio"/> 4 = Most | Appears to have only one topic he/she is thinking about. Hard to redirect. |
-

Impact of perservation

- | | |
|--|--|
| <input type="radio"/> 0 = None | Doesn't interfere with activities. |
| <input type="radio"/> 1 = Not much needs only minimal redirecting/prompting to change the subject. | Not much of an impact; doesn't interfere with engaging in social activities; |
| <input type="radio"/> 2 = Some subject. | Interferes with some social interactions. Needs redirecting to change the subject. |
| <input type="radio"/> 3 = A lot he/she | Interferes with a lot of daily activities in many settings; even with prompting returns to behavior within a short time. |
| <input type="radio"/> 4 = Extreme and activities because is so | Strongly inhibits social interactions, conversations, paying attention to others learning. Doesn't get hardly anything out of school, work or social focused on his/her topic. |
-

Talking FREQUENCY subscale scores

(*this score will automatically generate after answering all questions in the section above)

Talking IMPACT subscale scores

(*this score will automatically generate after answering all questions in the section above)

SECTION FOUR: WITHDRAWAL

16. Withdrawn from people around him/her ex.doesn't make eye contact or seem to remember people
*Appears to be in his/her world; doesn't seem connected to people around him/her; doesn't seem to mind.

Frequency in week

- | | |
|--|---|
| <input type="radio"/> 0 = Never | Not at all. |
| <input type="radio"/> 1 = A few Recovers without prompting. | Occasionally will seem withdrawn or distant; may not occur every day. |
| <input type="radio"/> 2 = Some/Off & on | Obvious but lasts only a short time. Responds to prompting. |
| <input type="radio"/> 3 = Many/Often | Responds to prompting, but reverts; occurs in many settings. |
| <input type="radio"/> 4 = Most | Almost continuously. May look lost, out of touch or in his/her own world. |

Impact of being withdrawn from people

- | | |
|---|---|
| <input type="radio"/> 0 = None | Doesn't interfere with activities. |
| <input type="radio"/> 1 = Not much | Not much of an impact as he/she accomplishes activities. |
| <input type="radio"/> 2 = Some activities; | Interferes with some activities; needs more prompting to accomplish many |
| <input type="radio"/> 3 = A lot much. | Interferes with a lot of daily activities in many settings. Can't accomplish |
| <input type="radio"/> 4 = Extreme out of | Not really accomplishing anything on his/her own. Doesn't get hardly anything school, work or social activities; requires full time care/surveillance. |

17. Stares into space
*Stares with a fixed gaze; doesn't appear to be seeing anything; doesn't scan the environment, decreased blinking; trance-like.

Frequency in past week

- | | |
|--|---|
| <input type="radio"/> 0 = Never | Not at all. |
| <input type="radio"/> 1 = A few prompting. | Occasionally will just stare; may not occur every day. Recovers without |
| <input type="radio"/> 2 = Some/Off & on person. | May occur more when left alone and stop when engaged with another |
| <input type="radio"/> 3 = Many/Often | Quite often during the day; often responds to prompting, but reverts. |
| <input type="radio"/> 4 = Most | Almost continuously. May look lost, out of touch or in his/her own world. |

Impact of staring into space

- | | |
|--|---|
| <input type="radio"/> 0 = None | Doesn't interfere with activities. |
| <input type="radio"/> 1 = Not much | Not much of an impact as he/she accomplishes daily activities. |
| <input type="radio"/> 2 = Some attention. | Interferes with some activities. Hard to make eye contact or get his/her |
| <input type="radio"/> 3 = A lot much. | Interferes with a lot of daily activities in many settings. Can't accomplish |
| <input type="radio"/> 4 = Extreme out of | Not really accomplishing anything on his/her own. Doesn't get hardly anything school, work or social activities; requires full time care/surveillance. |

18. Doesn't respond to requests?
*Doesn't answer or comply when asked to get up, get dressed, take medicine etc. Doesn't sustain attention or activities.

Frequency in past week

- 0 = Never
 1 = A few
 2 = Some/Off & on
 3 = Many/Often
 settings.
 4 = Most
 visits);
- Not noted at all.
 A few episodes during the week; doesn't take much prompting to comply.
 Obvious; may occur in only one or specific settings. Requires prompting.
 Often during the day; responds to prompting, but reverts; occurs in many
 Constantly/continuously; in most settings (home, school, car, medical
 doesn't respond to prompting for any significant amount of time.

Impact of not responding

- 0 = None
 dressed,
 1 = Not much
 activities; needs only minimal prompting.
 2 = Some
 may
 be better or worse in specific settings.
 3 = A lot
 school,play);
 much.
 4 = Extreme
 grooming,
 school, work or social
 initiate actions.
- Doesn't interfere at all with accomplishing daily activities (eating, getting
 toileting, school, work, social interactions).
 Not much of an impact; will usually comply with requests; completes most daily
 Interferes with some daily activities; needs prompting to answer or comply;
 Interferes with a lot of daily activities; occurs in many settings (home,
 even with prompting he/she often won't comply; can't accomplish
 Not really accomplishing anythings on his/her own during the day; resists
 chores, and interacting socially; doesn't get anything out of
 activities; requires full time surveillance/care. Doesn't

19. Doesn't eat all his/her food and/or won't drink enough water?
 *Food and/or water intake is inadequate. May be due to food or drink refusal, very slow to eating or trouble getting the food or drink to his/her mouth.

Frequency in past week

- 0 = Never
 1 = A few
 drinks enough without help.
 2 = Some/Off & on
 3 = Many/Often
 short time.
 4 = Most
- Not at all. Good appetite.
 A few episodes of slow eating or refusal during a day or week, mostly eats and
 Obvious for some meals or times of the day, but not every meal.
 Frequently not taking adequate food or drink. Responds to prompting for only a
 Obviously not eating or drinking enough.

Impact of not eating/drinking

- 0 = None
 1 = Not much
 prompting.
 2 = Some
 participating
 3 = A lot
 due to
 general health.
 4 = Extreme
 dehydration
 going to school or work.
 caregiver and medical surveillance.
- Doesn't interfere with energy or growth or health.
 Gets enough to eat and drink. Meals may take longer and intake may take
 May be limited to one or a few settings like school.
 Needs prompting or feeding to get enough to eat or drink. Interferes with
 in activities outside the home.
 Requires assistance with feeding and/or drinking. Interferes with daily activities
 time spent on meals. Requires monitoring of weight, hydration and
 Requires parent or caregiver to ensure adequate intake.
 Significant decrease in food and drink intake, resulting in weight loss, signs of
 such as dark colored urine, constipation or lethargy. Prevents
 Requires full time care and feeding by the parent or

20. Doesn't focus and engage in school, work or recreational activities?
 *Doesn't engage, interact or appear to pay attention. Doesn't initiate actions.

 Frequency in past week

- | | |
|--|--|
| <input type="radio"/> 0 = Never | Not at all. |
| <input type="radio"/> 1 = A few prompting. | A few episodes during a day or week, mostly for short periods, resolves without prompting. |
| <input type="radio"/> 2 = Some/Off & on own world. | May have good days when very engaged; and others when seems off in his/her own world. |
| <input type="radio"/> 3 = Many/Often short time. | Often during the day in many settings. Responds to prompting, but reverts in a short time. |
| <input type="radio"/> 4 = Most | Almost continuously. May look lost, out of touch or in his/her own world. |
-

Impact of not being able to focus and engage

- | | |
|--|--|
| <input type="radio"/> 0 = None | Doesn't interfere with activities. |
| <input type="radio"/> 1 = Not much | Not much of an impact as he/she accomplishes daily activities. |
| <input type="radio"/> 2 = Some activities. | Interferes with some activities; needs more prompting to accomplish many activities. |
| <input type="radio"/> 3 = A lot contact. | Interferes with a lot of activities. Can't accomplish much. Hard to make eye contact. |
| <input type="radio"/> 4 = Extreme inhibits learning. Requires full at all engaged. | Doesn't get hardly anything out of school, work or social activities. Strongly social interactions, conversations, paying attention to others and time care by a parent, teacher or aide to keep him/her at all engaged. |
-

21 Doesn't seem to notice the things around him/her?

*May look straight ahead and not see environment. Doesn't look out the window of car.

 Frequency past in week

- | | |
|--|---|
| <input type="radio"/> 0 = Never | Not at all. |
| <input type="radio"/> 1 = A few prompting. | A few episodes during a day or week, mostly for short periods, resolves without prompting. |
| <input type="radio"/> 2 = Some/Off & on own world. | May have good days when notices things and times when seems off in his/her own world. |
| <input type="radio"/> 3 = Many/Often | Multiple times per day; needs frequent prompting; occurs in many settings. |
| <input type="radio"/> 4 = Most own world. | Almost always fails to look at things. May look lost, out of touch or in his/her own world. |
-

Impact of not noticing things around him/her

- | | |
|--|--|
| <input type="radio"/> 0 = None | Doesn't interfere with activities. |
| <input type="radio"/> 1 = Not much | Not much of an impact as he/she accomplishes daily activities. |
| <input type="radio"/> 2 = Some activities. | Interferes with some activities. Needs more prompting to accomplish many activities. |
| <input type="radio"/> 3 = A lot much. | Interferes with a lot of daily activities. In many settings. Can't accomplish much. |
| <input type="radio"/> 4 = Extreme | Doesn't get hardly anything out of school, work or social activities. |
-

Withdrawal FREQUENCY subscale scores

 (*this score will automatically generate after answering all questions in the section above)

Withdrawal IMPACT subscale scores

 (*this score will automatically generate after answering all questions in the section above)

SECTION FIVE: BEHAVIORS

22. Impulsive?

*Engages in sudden, often inappropriate behaviors, such as running away, taking off clothes, throwing objects.

Frequency in past week

- 0 = Never No change from baseline.
- 1 = A few Occasionally during a day or week. Mostly for short periods. Responds to redirection.
- 2 = Some/Off & on settings Obvious change from baseline. May be calm for hours. May occur in specific settings such as school.
- 3 = Many/Often Multiple times per day in many settings.
- 4 = Most Almost continuously. In most settings. Little response to redirection.
Requires full time caregiver.

Impact of impulsive behavior

- 0 = None Doesn't interfere with daily activities.
- 1 = Not much Not much of an impact as he/she accomplishes daily activities.
- 2 = Some Interferes with some activities, especially school or group activities.
- 3 = A lot Interferes with a lot of activities in many settings. Disrupts classes, group and social activities. With prompting he/she reverts to the behavior; can't accomplish much.
- 4 = Extreme Not really accomplishing anything on his/her own. Requires full time surveillance/care. Restricts most family activities.

23. Fearful, apprehensive or anxious?*Seems fearful, apprehensive or anxious. May have flushing, sweating, trembling.

Frequency in past week

- 0 = Never Not at all.
- 1 = A few Occasionally in a day or week. Doesn't last long. Seems less happy.
- 2 = Some/Off & on settings May occur in specific settings (e.g. in the car or anticipating a doctor visit). Can usually intervene by preparing for changes.
- 3 = Many/Often Often during the day. Responds to reassurance or redirection, but in a short time occurs again. Occurs in many settings.
- 4 = Most Almost all the time, in most settings. Doesn't respond to reassurance or redirection for any significant amount of time.

Impact of seeming fearful or anxious

- 0 = None Doesn't interfere with activities.
- 1 = Not much Not much of an impact. May dwell on unhappy memories.
- 2 = Some Needs reassurance or redirection to complete some activities.
- 3 = A lot Interferes with a lot of daily activities. Even with redirection he/she becomes fearful or dizzy. or anxious within a short time. May complain of being hot, feeling funny
- 4 = Extreme Almost always too anxious to participate in school, work, therapies or others activities.

24. Belligerent or aggressive?

*Is aggressive, belligerent or destructive.

 Frequency in past week

- | | |
|--|---|
| <input type="radio"/> 0 = Never | Not at all. |
| <input type="radio"/> 1 = A few intervention. | Occasionally, may occur in specific settings. Calms down without much |
| <input type="radio"/> 2 = Some/Off & on Responds | Evident, but may go hours without outbursts. May occur in specific settings. to prompting or redirection. |
| <input type="radio"/> 3 = Many/Often again. | Often during the day. Responds to redirection, but in a short time occurs Occurs in many settings. |
| <input type="radio"/> 4 = Most significant | Almost continuously. Doesn't respond to reassurance or redirection for any amount of time. |
-

Impact of becoming aggressive

- | | |
|---|---|
| <input type="radio"/> 0 = None | Doesn't interfere with activities. |
| <input type="radio"/> 1 = Not much physical | Not much of an impact as he/she accomplishes daily activities. Doesn't cause harm or scare others. |
| <input type="radio"/> 2 = Some redirected will | Interferes with some activities, especially school or group activities; when accomplish most activities. May be unwelcome in some places. |
| <input type="radio"/> 3 = A lot behavior Seems unhappy | Interferes with a lot of daily activities. Even with intervention he/she returns to within a short time. Often not able to be around others as in school. or angry. |
| <input type="radio"/> 4 = Extreme Inflicts supervision. | Consistently, can't participate in school, work, therapies or other activities. physical harm with hitting, scratching, throwing. Requires one-on-one supervision. |
-

25. Resists suggestions or instructions?

*Refuses to participate in activities he or she formerly accomplished and/ or enjoyed. When agrees to do something gets tired of it quickly. May become angry or anxious if pushed to do the activity.

Frequency in past week

- | | |
|--|---|
| <input type="radio"/> 0 = Never | Not noted at all. |
| <input type="radio"/> 1 = A few going to church or going swimming. | Noted a few times during a day or week, or for a few specific activities such as |
| <input type="radio"/> 2 = Some/Off & on | Obvious decrease in what he/she will do. If pushed becomes angry or upset. |
| <input type="radio"/> 3 = Many/Often reverts. | Occurs for multiple activities. May respond to prompting, but in a short time Occurs in many settings. Doesn't want to do anything and just sits. |
| <input type="radio"/> 4 = Most | Almost continuously. Little response to prompting. |
-

Impact of resisting instructions

- | | |
|---|---|
| <input type="radio"/> 0 = None | Doesn't interfere with activities. |
| <input type="radio"/> 1 = Not much or playing ball. | May occur in limited settings or in the most physical activities, like swimming |
| <input type="radio"/> 2 = Some prompting disinterested. | Interferes with activities but generally agrees to most activities. Often needs or help with things he/she used to do. Seems unhappy or |
| <input type="radio"/> 3 = A lot May become | Interferes with a lot of activities in many settings. Little response to prompting. angry when prompted or pushed. |
| <input type="radio"/> 4 = Extreme | Not really willing to do anything he/she used to do. |
-

Behaviors FREQUENCY subscale score

(*this score will automatically generate after answering all questions in the section above)

Behavior IMPACT subscale scores

(*this score will automatically generate after answering all questions in the section above)

SECTION SIX: ACTIVITIES OF DAILY LIVING

26. Dependent on others?

*Is dependent on others to help or perform activities of daily living such as bathing, eating, picking out clothes.

Frequency in past week

- | | |
|---|--|
| <input type="radio"/> 0 = Never | No change from baseline. |
| <input type="radio"/> 1 = A few | Will occasionally need help with activities he/she did before. |
| <input type="radio"/> 2 = Some/Off & on | Obvious decrease in what he/she will or can do. Needs more prompting. |
| <input type="radio"/> 3 = Many/Often | Little response to prompting. Seems like he/she doesn't know how to do the task. |
| <input type="radio"/> 4 = Most | Requires help with most daily activities. Little response to prompting. |

Impact of dependency

- | | |
|--|--|
| <input type="radio"/> 0 = None | No change over baseline. |
| <input type="radio"/> 1 = Not much | Not much of an impact as he/she accomplishes most activities. |
| <input type="radio"/> 2 = Some activities. | Interferes with some activities; needs more prompting to accomplish many activities. |
| <input type="radio"/> 3 = A lot | Even with prompting can't do many tasks. |
| <input type="radio"/> 4 = Extreme | Requires constant care to accomplish activities of daily living. |

27. Refuses to do daily tasks?

*Refuses to do daily tasks he/she previously did readily and enjoyed. Such as folding clothes, cleaning the room, making a sandwich, going to school or job. Negative response when asked to do things.

Frequency in past week

- | | |
|---|--|
| <input type="radio"/> 0 = Never | Not at all. |
| <input type="radio"/> 1 = A few | Occasionally, may occur in specific settings. Recovers without prompting. |
| <input type="radio"/> 2 = Some/Off & on | Obvious, may occur in specific settings. Needs more prompting. |
| <input type="radio"/> 3 = Many/Often | Multiple times per day; needs frequent prompting. Occurs in many settings. |
| <input type="radio"/> 4 = Most | Almost always. Little response to prompting. |

Impact of refusing to do tasks

- | | |
|---|---|
| <input type="radio"/> 0 =None | Doesn't interfere with activities. |
| <input type="radio"/> 1 = Not much | Not much of an impact as he/she accomplishes most daily activities. |
| <input type="radio"/> 2 = Some activities; | Interferes with some activities; needs more prompting to accomplish many activities; |
| <input type="radio"/> 3 = A lot prompting much. | Interferes with a lot of daily activities; occurs in many settings; even with he/she returns to behavior within a short time. Can't accomplish |
| <input type="radio"/> 4 = Extreme out | Not really accomplishing anything on his/her own. Doesn't get hardly anything of school, work or social activities. Requires full time surveillance/care. |

28. Toileting- doesn't go easily and quickly?

*No longer goes to the bathroom independently. May not go into the bathroom or pull down pants. May just sit on the toilet and not urinate or stool for long periods of time. May act as though he/she doesn't know what to do. May have accidents during the day or at night.

Frequency in past week

- | | |
|--|---|
| <input type="radio"/> 0 = Never | No change from baseline. |
| <input type="radio"/> 1 = A few | A few times during the week. Responds to prompting. |
| <input type="radio"/> 2 = Some/Off & on some days. | Obvious pattern of not toileting normally. May occur in only one setting or on some days. |
| <input type="radio"/> 3 = Many/Often | Multiple times per day; needs frequent prompting; occurs in many settings. |
| <input type="radio"/> 4 = Most complete. | Seldom goes to the bathroom easily or quickly. May take hours to initiate or complete. |

Impact of toileting issues

- 0 = None Doesn't interfere with daily activities.
- 1 = Not much Not much of an impact as he/she toilets most days without delays.
- 2 = Some Interferes with daily routines. Requires help from parent or care giver.
- 3 = A lot Interferes a lot by taking up time, cleaning accidents and upsetting the family.
- 4 = Extreme Long periods spent toileting interfere with most activities. Risk of accidents restricts going out in community. Requires constant care.

Activities of daily living FREQUENCY subscale scores

(*this score will automatically generate after answering all questions in the section above)

Activities of daily living IMPACT subscale scores

(*this score will automatically generate after answering all questions in the section above)

SECTION SEVEN: MEDICAL

29. Had medical symptoms of autonomic nervous system dysfunction?
 *Has episodes of sweating, facial flushing, fast heart rate, high blood pressure. Episodes may be accompanied by incontinence for urine or stool. May develop a high fever and appear ill.

Frequency in past week

- | | |
|---|--|
| <input type="radio"/> 0 = Never | Not noted at all. |
| <input type="radio"/> 1 = A few | Occasionally during the week has mild symptoms. |
| <input type="radio"/> 2 = Some/Off & on | Daily episodes of mild symptoms (sweating, flushing, eyelid flutter). |
| <input type="radio"/> 3 = Many/Often | Many episodes during the day. May be accompanied by incontinence. |
| <input type="radio"/> 4 = Most illness. | Continuous symptoms accompanied by fever, lethargy, and appearance of illness. |

Impact of episodes

- | | |
|------------------------------------|---|
| <input type="radio"/> 0 = None | Doesn't interfere with daily activities. |
| <input type="radio"/> 1 = Not much | Not much of an impact as he/she recovers spontaneously and quickly. |
| <input type="radio"/> 2 = Some | Interferes with daily routines. Worries parent and care givers. |
| <input type="radio"/> 3 = A lot | Interferes with a lot of daily activities. |
| <input type="radio"/> 4 = Extreme | Interferes with all activities and prompts medical consultation. |

30. Sleep disturbance?
 *Changes in the amount or continuity of sleep compared to baseline. Problems going to sleep, night awakenings with inability to get back to sleep, restless sleep, sleep walking or talking, awakes tired and sleepy during the day time.

Frequency in past week

- | | |
|---|--|
| <input type="radio"/> 0 = Never | Not a problem. |
| <input type="radio"/> 1 = A few | A few nights a week may have less than optimum sleep. |
| <input type="radio"/> 2 = Some/Off & on | Will sleep poorly 2-3 nights a week. |
| <input type="radio"/> 3 = Many/Often | Sleeps poorly 4-5 nights a week. |
| <input type="radio"/> 4 = Most | Most nights has problems going to or staying asleep. Tired during the day. |

Impact of change of sleep

- | | |
|---|---|
| <input type="radio"/> 0 = None | Doesn't interfere with daily activities. |
| <input type="radio"/> 1 = Not much | Not much of an impact as he/she accomplishes regular daily activities. |
| <input type="radio"/> 2 = Some daytime performance. | Nights marked by less sleep are sometimes accompanied by poorer daytime performance. |
| <input type="radio"/> 3 = A lot | Sleeps less than 5 hours a night. Doesn't do well with daily activities at home, school or work when doesn't get enough sleep. May fall asleep in the car or watching TV. |
| <input type="radio"/> 4 = Extreme | Falls asleep during the day, is irritable. Interferes with going to school, work, therapies or social functions. Keeps family up at night. |

Medical FREQUENCY subscale scores

(*this score will automatically generate after answering all questions in the section above)

Medical IMPACT subscale scores

(*this score will automatically generate after answering all questions in the section above)

TOTAL Frequency Score

 (*this score will automatically generate after answering all questions in the section above)

TOTAL Impact Score

 (*this score will automatically generate after answering all questions in the section above)

Frequency Score + Movement

 (*this score will automatically generate after answering all questions in the section above)

Impact Score + Movement

 (*this score will automatically generate after answering all questions in the section above)

Is he/she currently taking any Catatonia medications/treatments?

- Yes
 No

Which medications/treatments is he/she receiving?

- Lorazepam treatment
 N-acetyl cysteine (NAC)
 Minocycline
 Memantine/ Namenda
 Folinic acid/ Deplin/ Leucovorin
 Nuedexta
 ECT
 Not receiving medications/treatments
 (select all medications/treatments that he/she is receiving)

Lorazepam treatment dose

 ((mg per day))

N-acetyl cysteine (NAC) dose

 ((mg per day))

Minocycline dose

 ((mg per day))

Memantine /Namenda dose

 ((mg per day))

Folinic acid/ Deplin/ Leucovorin dose

 ((mg per day))

Nuedexta dose

 ((mg per day))

ECT

(date received)

Any specific comments about the past week
