

# PANS RATING SCALE

Pediatric Neuropsychiatric Rating Scale - Developed by Tanya Murphy, MD and Gail Bernstein, MD

Name/Subject/Patient:

Date:

Completed By:

Mother:

Father:

Other:

Symptom Type	Please check box 0-10 to best represent severity and frequency												Symptom Change Rating <i>In past month or specify time</i>				
	Never	Mild/Infrequent			Moderate				Severe/Frequent			Score staff will fill in	New	Same	Better	Worse	
	0/NA	1	2	3	4	5	6	7	8	9	10						
1. Obsessions																	
2. Compulsions																	
3. Food refusal/avoidance																	
4. Anxiety (fears/phobias, separation anxiety)																	
5. Mood swing/moodiness																	
6. Suicidal ideation/behavior																	
7. Depression/sadness																	
8. Irritability																	
9. Agressive behaviors																	
10. Oppositional behaviors																	
11. Hyperactivity or impulsivity																	
12. Trouble paying attention																	
13. Behavioral regression																	
14. Worsening of school performance																	
15. Worsening of handwriting/copying																	
16. Sleep disturbances																	
17. Daytime wetting or bedwetting																	
18. Urinary frequency																	
19. Bothered by sounds, smells, textures, lights																	
20. Hallucinations																	
21. Dilated/big pupils																	
22. Tics (movements)																	
23. Tics (sounds)																	
For items 1-4, any suddenly worse?	Yes:			No:				If yes, please describe:									
# of hours/day involved obsessions:											# of hours/day involved in compulsions/rituals:						