

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 <small>staff will fill in</small>	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:					