PSYRATS Delusions Rating Scale

Name: _____

Assessed by: _____ **Date of assessment:** _____

Delusions scale
1. Amount of preoccupation with delusions
◯ **0:** No delusions, or delusions which the subject thinks about less than once a week
◯ **1:** Subject thinks about beliefs at least once a week
◯ **2:** Subject thinks about beliefs at least once a day
◯ **3**: Subject thinks about beliefs at least once an hour
◯ **4:** Subject thinks about delusions continuously or almost continuously
2. Duration of preoccupation with delusions
◯ **0:** No delusions
◯ **1:** Thoughts about beliefs last for a few seconds, fleeting thoughts
◯ **2:** Thoughts about delusions last for several minutes
◯ **3:** Thoughts about delusions last for at least 1 hour
◯ **4:** Thoughts about delusions usually last for hours at a time
3. Conviction
◯ **0:** No conviction at all
◯ **1:** Very little conviction in reality of beliefs, < 10%
◯ **2:** Some doubts relating to conviction in beliefs, between 10-49%
◯ **3:** Conviction in belief is very strong, between 50-99 %
◯ **4:** Conviction is 100 %
4. Amount of distress
◯ **0:** Beliefs never cause distress
◯ **1:** Beliefs cause distress on the minority of occasions
◯ **2:** Beliefs cause distress on < 50% of occasions
◯ **3:** Beliefs cause distress on the majority of occasions when they occur between 50-99% of time
◯ **4:** Beliefs always cause distress when they occur

5. Intensity of distress

- ◯ **0:** No distress
- ◯ **1:** Beliefs cause slight distress internally generated and related to self
- ◯ **2:** Beliefs cause moderate distress
- ◯ **3:** Beliefs cause marked distress
- ◯ **4:** Beliefs cause extreme distress, could not be worse

6. Disruption to life caused by beliefs

- ◯ **0:** No disruption to life, able to maintain independent living with no problems in daily living skills. Able to maintain social and family relationships (if present)
- ◯ **1:** Beliefs cause minimal amount of disruption to life, e.g. interferes with concentration although able to maintain daytime activity and social and family relationships and be able to maintain independent living without support
- ◯ **2:** Beliefs cause moderate amount of disruption to life causing some disturbance to daytime activity and/or family or social activities. The patient is not in hospital although may live in supported accommodation or receive additional help with daily living skills
- ◯ **3:** Beliefs cause severe disruption to life so that hospitalisation is usually necessary. The patient is able to maintain some daily activities, self-care and relationships while in hospital. The patient may be also be in supported accommodation but experiencing severe disruption of life in terms of activities, daily living skills and/or relationships
- ◯ **4:** Beliefs cause complete disruption of daily life requiring hospitalization. The patient is unable to maintain any daily activities and social relationships. Self-care is also severely disrupted

Scoring and interpretation

Total score:

Higher scores indicate greater severity of delusions across multiple dimensions. The PSYRATS DRS is intended to provide a detailed assessment of symptom dimensions, rather than a single cutoff score for clinical diagnosis.
This is only the *delusions* scale, which is only one part of the greater Psychotic Symptom Rating Scales (PSYRATS). For a more complete measurement, also do the *auditory hallucination* scale.

The studies by Haddock et al. (1999) and Drake et al. (2007) did not define specific cutoff scores for the PSYRATS. The scales are designed to measure symptom dimensions rather than to categorize symptoms as present or absent. The PSYRATS is most effective in monitoring changes in symptom severity over time, such as during treatment. It is complementary to other instruments like the PANSS, which provides broader assessments of psychotic symptoms.

Additional notes

References

Drake, R., Haddock, G., Tarrier, N., Bentall, R., & Lewis, S. (2007). The Psychotic Symptom Rating Scales (PSYRATS): Their usefulness and properties in first episode psychosis. *Schizophrenia Research, 89*(1-3), 119–122. https://doi.org/10.1016/j.schres.2006.04.024

Haddock, G., McCarron, J., Tarrier, N., & Faragher, E. B. (1999). Scales to measure dimensions of hallucinations and delusions: the psychotic symptom rating scales (PSYRATS). *Psychological Medicine, 29*(4), 879–889. https://doi.org/10.1017/s0033291799008661