

Date:

Subject ID:

Rater:

## CHICAGO HALLUCINATION ASSESSMENT TOOL

### Chronicity Rating

**Chronic:** Rate an experience as “chronic” if there is at least one experience which recurs with any identifiable pattern or quantifiable frequency. This will usually be consistent with a typical psychotic disorder presentation, e.g., periodically occurs throughout a period of days, weeks, or months. Rate it as “chronic” even if the experience appears to have been responsive to medication and has not recurred much due to medication.

**Sparse:** Rate if the experience is described as infrequent, but is atypical in terms of frequency or pattern (once every few years, once per winter, etc.), and has occurred more than one or two times total. While there is no upper limit to be a boundary between this rating and “chronic,” occurrence of an experience a handful (3-10) times separated by periods of months or years, and with no relation to treatment status warrants this rating. Sparse occurrences of an experience only in childhood, disconnected from other illness onset factors, might warrant this rating. Overall this rating is given when it is judged to be less consistent with a classic, chronic hallucinatory experience associated with the major psychotic disorders.

**Once or twice:** Select this rating for any experience that occurred one or two times. This will include a single continuous experience even it is lasted minutes or hours.

CIRCLE ONE IN EACH SENSORY MODALITY/RATING. Ratings are similar to SCID:

- 1) No; does not apply    2) Unclear    3) Yes, meets criteria

	Auditory	Visual	Olfactory	Tactile	Gustatory
Chronic	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Sparse	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
Once or twice	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

EXPLAIN ANY 2's CIRCLED: