

PANS 31-Item Symptom Rating Scale (PANS Rating Scale)

Name/Participant ID: _____ Date: _____

Completed by: Mother Father Other: _____

STEP 1: Please rate the following symptoms based on their severity during the PAST WEEK.

Severity Ratings:

- 0 - None
- 1 - Mild: Slight interference in family, school, or social situations. Overall, symptoms are not impairing.
- 2 - Moderate: Definite interference in family, school, or social situations, but still manageable.
- 3 - Severe: Causes substantial interference in family, school, or social situations.
- 4 - Extreme: Incapacitating symptoms.

Time Involvement (Past Week)

of hours/day involved in obsessions: _____

of hours/day involved in compulsions/rituals: _____

Symptom Severity Rating

Please check box 0-4 to best represent severity of each symptom.

Symptom Type:

(*See definitions on next page.)

		NONE Rating: 0	MILD Rating: 1	MODERATE Rating: 2	SEVERE Rating: 3	EXTREME Rating: 4
1	Obsessions*					
2	Compulsions*					
3	Hoarding					
4	Food refusal/avoidance					
5	Urge to overeat; thinking about eating all of the time					
6	Fluid refusal/avoidance					
7	Separation anxiety					
8	Other anxiety/fears/phobias/panic attacks					
9	Mood swings*/moodiness					
10	Emotional lability (inappropriate crying or laughing spells)					
11	Suicidal ideation/behavior*					
12	Depression/sadness					
13	Irritability*					
14	Oppositional behaviors					
15	Aggressive behaviors* and/or rage					
16	Hyperactivity or impulsivity					
17	Trouble paying attention					
18	Baby talk					
19	Other behavioral/developmental regression (poor self-care, immature judgment for age)					
20	Worsening of school performance					
21	Worsening of handwriting/copying/artwork					
22	Cognitive symptoms (difficulty thinking, foggy brain, memory problems)					
23	Pain (headaches, abdominal pain, body pain)					
24	Sleep disturbance					
25	Daytime wetting or bedwetting (enuresis)					
26	Urinary frequency (uses restroom frequently)					
27	Bothered by sounds, smells, textures, or lights (sensory amplification)					
28	Hallucinations*					
29	Delusions or paranoid thoughts					
30	Tics (movements)*					
31	Tics (sounds)*					
	STEP 2 (Clinician): Severity Subtotals:					

Count checked symptoms in each severity column (0–4) and multiply by the rating value to calculate the subtotals.



STEP 3 (Clinician): PANS Total Score:

Add all column subtotals to calculate the PANS Total Score. A higher score may indicate a higher number and/or severity of symptoms over the past week and does not include certain physical symptoms that are covered by a traditional medical review.



For use by healthcare professionals; not a substitute for comprehensive medical evaluation.

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Access the most current version at: www.pandasppn.org/pans-symptom-scale.

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Definitions

Obsessions: are unwanted thoughts or images that come in to your child's head. They can be scary or embarrassing or strange. Some children have thoughts of bad things happening to their parents, or of getting sick. Some children have trouble getting the thoughts out of their head.

Compulsions: are routines, rituals, or actions that your child might feel like they need to do in order to stop bad things from happening or until something is 'just so'. Some children line things up or arrange things in a certain way, or ask their parents for reassurance.

Mood swings: are when your child's mood changes quickly and frequently. Your child may go from being happy or calm to being upset about something.

Suicidal ideation/behavior: is when your child thinks or expresses not wanting to be alive anymore, or does something intentionally to hurt themselves. An example of suicidal ideation is when a child says that they want to die or would rather be dead.

Irritability: is when your child is easily annoyed or bothered by little things that would not normally upset someone.

Aggressive behaviors: can cause physical or emotional harm to others. Examples of aggressive behavior include yelling, hitting/kicking, getting into fights, and bullying others.

Hallucinations: are when your child hears or sees things that are not there in a way that seems strange. Some children hear voices or they see people or things when no one is there.

Tics (movements) or Motor tics: are sudden jerks or movements, such as forceful eye blinking or a rapid head jerk to one side or the other. Some tics might be more subtle, like scrunching the nose. They occur during otherwise normal behavior. Other examples of motor tics include jerking the head or arms or legs, or stretching the mouth or jaw in a way that seems odd or too frequent.

Tics (sounds) or Vocal tics: are sudden utterances of sounds such as throat clearing, sniffing, or words. They can be very loud or soft. Other examples of vocal tics are repeated words or noises, or coughing.

Clinician Notes:

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