

PANS 31-Symptom Rating Scale (PANS Rating Scale)

Name / Participant ID:

Date:

Completed by:

Mother

Father

Other

Please rate the following symptoms based on their severity during the previous week:

0 - None

1 - Mild: Slight interference in family, school, or social situations. 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.

Please check the box that best represents severity.

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

PANS Total Score:

Symptom Severity: Mild = 0 - 31 | Moderate = 32 - 62 | Severe = 63 - 93 | Extreme = 94 - 124

Notes:



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

[2] They are routines, rituals, or actions that your child might feel they need to do 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.

[3] They are when your child's mood changes quickly and frequently. Your child may go from being happy or calm to being upset about something.

[4] This is when your child thinks or expresses not wanting to be alive anymore, or does something to intentionally hurt themselves. An example of suicidal ideation is when a child says they want to die or would rather be dead.

[5] This is when your child is easily annoyed or bothered by things that would not normally upset someone.

[6] They can cause physical or emotional harm to others. Examples of aggressive behavior include yelling, hitting/kicking, getting into fights, and bullying others.

[7] They are when your child hears and sees things that are not there in a way that seems strange. Some children hear voices or they see people/things when no one is there.

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

[9] They are sudden utterances of sounds such as throat clearing, sniffing, or words. They can be very loud or soft. Other examples of vocal tics include repeated words or noises, or coughing.

[10] Bernstein GA, Khan MH, Freese RL, Manko C, Silverman M, Ahmed S, Farhadian B, Ma M, Thienemann M, Murphy TK, Frankovich J. Psychometric Properties of the PANS 31-Item Symptom Rating Scale. *Journal of Child and Adolescent Psychopharmacology*. 2024;34(3):157-162.
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