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It is not necessary to include this cover sheet with each use of the PANS 31-Item Symptom Rating Scale, but please include the following statement on each page of the rating scale:

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# PANS 31-Item 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 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.

**Symptom Type:** (*See definitions on next page)

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<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Extreme</th>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tbody>
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1. Obsessions*
2. Compulsions*
3. Hoarding
4. Food refusal/avoidance
5. Urge to overeat; thinking about eating all the time
6. Fluid refusal/avoidance
7. Separation anxiety
8. Other anxiety/fears/phobias/panic attacks
9. Mood swings*/moodiness
10. Emotional liability (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)*

# of hours/day involved in obsessions: __________
# hours/day involved in compulsions/rituals: __________
PANS 31-Item Symptom Rating Scale (PANS Rating Scale)

Definitions:

**Obsessions:** are unwanted thoughts or images that come into 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.