

Schizophrenia Assessment

Schizophrenia assessment should focus on identification of symptoms, level of individual coping and functioning, and safety concerns. A Mini-Mental Status Exam should be a part of the assessment process. It is important to note that symptoms vary among patients and can change over time. There is no one single explanation for the cause or reason for the symptoms of schizophrenia, as it involves neurochemical, neuroanatomical changes, and genetics.



PLAY PICMONIC

Positive Symptoms

Hallucinations

[Halloween-hallucination](#)

Patients with schizophrenia have hallucinations, which are typically auditory. This often is reported as hearing voices, speaking to the patient, but can also present as music, body noises or machinery. While rare, visual, somatic, olfactory and gustatory hallucinations can also be experienced.

Delusions

[Doll-illusionist](#)

Patients can have delusions, which are false beliefs or misinterpretations of events and their significance. These delusions can be persecutory, where the patient feels blamed or targeted for actions. They can also be grandiose, where the patient thinks he or she is special.

Associative Looseness

[Loose-lassoed Brain](#)

Associative looseness is a type of thinking displayed by the patient's speech pattern. They display speech in which ideas shift from one unrelated subject to another, and the patient is typically unaware that the topics are unconnected.

Negative Symptoms

Flat Affect

[Flat Face](#)

Patients with schizophrenia may not show the signs of normal emotion, and may have diminished facial expression. They may appear extremely apathetic and can speak in a monotonous voice.

Poverty of Thought

[Poverty Thoughts](#)

Poverty of thought is a restriction in the amount of spontaneous speech. Patients display brief and unelaborated responses to questions, and you may have to prompt them to give you additional information.

Absence of Something that Should be Present

[Absence of something that should be present \(Hygiene products and Happiness\)](#)

Patients display a lack of something that should be present. This includes a lack of interest in hygiene, motivation, or even the ability to experience pleasure. This can be described as anhedonia.

Cognitive Symptoms

Illogical Thinking

[Ill-log Thinking](#)

Illogical thinking is a thought process that contains clear internal contradictions or in which conclusions are reached that are clearly erroneous, given the initial premises. This includes the thinking that "This log will help me unlock my handcuffs!"

Impaired Judgment and Memory

[Impaired Judge and Memory](#)

Patients show impaired judgment and have the inability to plan and organize actions. The ability to inhibit undesirable responses, moral judgment capacity, and inability to persist in a task are other characteristics. Also there is memory impairment, with trouble related with recalling in a coherent and significant way events that have been occurred.

Affective Symptoms

Dysphoria

[Disc-flowers](#)

Due to their psychological state, delusions and symptoms, patients may become dysphoric. This means that they are in a state of unease or dissatisfaction with their condition. This dysphoria is usually accompanied with depression, anxiety and agitation, and increases suicide risk in patients.