

## 2. PANS INTAKE HISTORY

Parent form, to be reviewed with medical professional

Name \_\_\_\_\_ Date \_\_\_\_\_

**Score:** 0-5 for a combination of severity and frequency.

0 = Normal  
 1 = Minimal distress or interference, occasional  
 2 = Mild distress or interference, or up to once a week  
 3 = Moderate distress or interference, or more often than once a week  
 4 = Severe distress or interference, or daily  
 5 = Extreme: maximum imaginable, OR constant, uncontrolled

Score

Before PANS	week of onset	Worst ever	Best since onset	Since last visit	Past week
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1. OVERALL FUNCTIONING \_\_\_\_\_

### OBSESSIVE-COMPULSIVE SYMPTOMS

Obsessions are INTRUSIVE, UNWANTED THOUGHTS - may confess or keep secret  
 Compulsions are often illogical actions to control anxieties or obsessions, and are difficult to control

2. CONTAMINATION fears: Intrusive obsessional worries about dirt and germs, cleaning and washing compulsions, body or sticky substances \_\_\_\_\_

3. Obsessive fear of BEING HARMED: Threatened by a thing or person, or possible catastrophe, monsters, bad people, catastrophies, toxins, animals, insects. \_\_\_\_\_

4. REPEATING words, phrases, or questions \_\_\_\_\_

5. CHECKING or doing other things to keep harm away. \_\_\_\_\_

6. Intrusive obsessional thoughts of HARMING self or others  
 0 = none. 1-4 = mentions harming others  
 5 = thoughts of killing someone \_\_\_\_\_

7. Intrusive obsessional SEXUAL or RELIGIOUS thoughts, or worrying about them. \_\_\_\_\_

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8. Compulsive need for ORDERING, symmetry, counting, arranging, Need to touch, tap, or rub. For things to feel, look or sound "just right."

\_\_\_\_\_

9. Compulsive COLLECTING, hoarding.

\_\_\_\_\_

10. OTHER OCD: Intrusive obsessional worries or thoughts, violent images, fear of saying or doing the wrong thing, superstitions, or compulsive behaviors

\_\_\_\_\_

Describe \_\_\_\_\_

11. Fear of CHOKING or suffocating

- 0 = none. 1-3 = decreased eating
- 4 = decreased eating with 2-5 lb weight loss.
- 5 = decreased eating with loss of 5 lb or more.

\_\_\_\_\_

OTHER EATING ISSUES

12. EATING less due to lack of interest in eating or food or the sensory characteristics of food.

- 0 = none. 1-3 = decreased eating
- 4 = decreased eating with 2-5 lb weight loss.
- 5 = decreased eating with loss of 5 lb or more.

\_\_\_\_\_

13. EATING less because of wanting to lose weight.

- 0 = none. 1-3 = decreased eating
- 4 = decreased eating with 2-5 lb weight loss.
- 5 = decreased eating with loss of 5 lb or more.

\_\_\_\_\_

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ANXIETY

14. SEPARATION ANXIETY:

Leaving for school, parent leaving home, sleep alone.

\_\_\_\_\_

Describe \_\_\_\_\_

15. GENERAL ANXIETY - Fear of many things

\_\_\_\_\_

16. PANIC ATTACKS sudden attacks of paralyzing fear

\_\_\_\_\_

17. OTHER ANXIETIES unfounded irrational fears or phobias

of places, things, or events.

\_\_\_\_\_

SOCIAL - EMOTIONAL

18. PERSONALITY CHANGE

\_\_\_\_\_

Describe \_\_\_\_\_

19. REGRESSIVE BEHAVIOR

Immature behavior, silliness, baby talk

\_\_\_\_\_

20. SOCIAL ABILITY. Reduced social interactions, willingness

or ability to interact/converse, interest and pleasure

in conversation, time spent with others outside family

\_\_\_\_\_

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21. PARTICIPATION IN FAMILY LIFE. Reduced participation at mealtime, family activities, normal household chores

\_\_\_\_\_

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22. EXTRA-CURRICULAR ACTIVITY - Organized activities

- 0 = No change
- 1-4 = Reduced vs. pre-onset level
- 5 = Stopped prior organized activities

\_\_\_\_\_

23. EMOTIONAL LABILITY:

Rapid mood swings between happy/giddy and sad.

\_\_\_\_\_

24. DEPRESSION

Amount of smiling. Sadness/depression  
(0 = happy, 5 = severe)

\_\_\_\_\_

25. Thought or expression of not wanting to live(frequency)

- 0 = never
- 1 = once
- 2 – 4 = twice to frequently
- 5 = daily

\_\_\_\_\_

26. SELF-AWARENESS. Apologetic / worry about Having bothersome thoughts or actions

\_\_\_\_\_

AGGRESSION

27. IRRITABILITY, quick to anger  
Defiant/ irrational demands

\_\_\_\_\_

28. TANTRUMS

Temper tantrums, rage attacks

\_\_\_\_\_

29. HARM OTHERS - FREQ

Attempts physical harm – frequency

- 0 = None
- 1-3 = increasing frequency
- 4 = about once daily
- 5 = many times daily

\_\_\_\_\_

30. HARM OTHERS - SEVERITY

Physical harm –severity at most

\_\_\_\_\_

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- 0 = none
- 1-3 = hurts but no bruise, bleed, severe pain
- 4-5 = causes actual bruise, bleed, severe pain

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31. SELF-HARM – THOUGHTS

Thoughts or threats of self-harm

- 0 = none
- 1-3 = mentions self-harm
- 4 = has mentioned suicide
- 5 = repeated suicidal thoughts

\_\_\_\_\_

32. SELF-HARM - Actual self-harm

- 0 = none
- 1-3 = Mild-moderate physical harm to self (no bruise, bleed, severe pain)
- 4-5 = Definite physical harm to self (actual bruise, bleed, severe pain)

\_\_\_\_\_

LIFE ENJOYMENT

33. ENJOYS SOCIAL interaction

( 0 = enjoys, 5 = not)

\_\_\_\_\_

34. ENJOYS PLAY, explores interests

\_\_\_\_\_

35. ENJOYS ACADEMICS

Enjoys reading, schoolwork

\_\_\_\_\_

36. OVERALL HAPPINESS

- 0 = Happiness/smiling vs. pre-PANS
- 5 = Constant flat affect or sad, unsmiling

\_\_\_\_\_

LIFE FUNCTIONS

37. SELF CARE

Arising, cleanliness, grooming, teeth, neatness, dressing

\_\_\_\_\_

38. FAMILY COMPROMISE

Degree family activities are compromised

- 0 = Minimal or no change
- 1-4 = Reduced
- 5 = Few or no family activities possible

\_\_\_\_\_

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39. SCHOOL ATTENDANCE due to PANS

- 0 = Full attendance
- 1-2 = late but not missing school
- 3- 4 = Missing school or often late
- 5. = Not attend school because of PANS

\_\_\_\_\_

NEUROLOGIC / NEUROPSYCHIATRIC

49. READING PERFORMANCE

- 0 = normal progress
- 1-2 = slowed
- 3 = no progress
- 4, 5 = mld or severe loss of abilities

\_\_\_\_\_

49. WRITING PERFORMANCE

- 0 = normal progress
- 1-2 = slowed
- 3 = no progress
- 4, 5 = mld or severe loss of abilities

\_\_\_\_\_

49. MATH PERFORMANCE

- 0 = normal progress
- 1-2 = slowed
- 3 = no progress
- 4, 5 = mld or severe loss of abilities

\_\_\_\_\_

50. CONFUSION Difficulty understanding things, trouble following a train of thought.

\_\_\_\_\_

51. CONCENTRATION

Concentration, ability to do homework or tasks

- 0 = No difficulty
- 1 = Completion is difficult but gets done
- 2-4 = partially completes work
- 5 = no work completed

\_\_\_\_\_

52. Decreased SHORT TERM MEMORY

\_\_\_\_\_

Describe \_\_\_\_\_

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53. HALLUCINATIONS, visual or auditory

1= one time only. 2=occasional 4= weekly 5= daily

\_\_\_\_\_

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54. SENSORY SYMPTOMS

Sensitivity to light, the way things feel (clothes), sounds, smell, taste. Need to touch things.

\_\_\_\_\_

55. SPATIAL DISTORTIONS

e.g., objects appear closer than they are

\_\_\_\_\_

56. DYSGRAPHIA Quality of writing and drawing

0 = no loss of ability  
2-4 = loss of ability  
5 = unable to draw/write

\_\_\_\_\_

57. PHYSICAL ABILITY Reduced physical abilities

0 = same as before PANS onset  
1-3 = reduced special abilities  
(sports, dance, musical ability)  
4-5 = reduced ordinary abilities, clumsiness  
(manipulate objects, negotiate stairs)

\_\_\_\_\_

58. SPEECH stuttering, stop talking

Describe \_\_\_\_\_

\_\_\_\_\_

59. HYPERACTIVITY, restless tension, distress.

\_\_\_\_\_

60. IMPULSIVITY

1 = minor, 5=dangerous

\_\_\_\_\_

61. SIMPLE TIC, VERBAL

1= occasional throat sounds  
5= once or more per hour

\_\_\_\_\_

62. SIMPLE TIC, MOTOR

1= occasional twitch or jerk  
5= once or more per hour

\_\_\_\_\_

63. COMPLEX TIC. kicking, spitting, flailing, rolling,

\_\_\_\_\_

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stomping. Increased rate or pitch of speech.

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64. DILATED PUPILS

0 = none, 5 = constant

\_\_\_\_\_

65. URINARY FREQUENCY (day or nighttime)

0 = none

1 = occasional

3 = about once a day

5 = many times daily

\_\_\_\_\_

66. BED WETTING

0 = never or lifetime (has never been dry)

1 = occasional

2 = about once a week

3 = more than once a week

5 = every night

\_\_\_\_\_

67. DAYTIME WETTING

0 = never or lifetime (has never been dry)

1 = occasional

2 = about once a week

3 = more than once a week

5 = every day

\_\_\_\_\_

SLEEP

68. FALLING ASLEEP

0 = no problem

1 = up to 1 hour

2 = about an hour

3 = up to 2 hours

4 = about 2 hrs

5 = longer than 2 hours

\_\_\_\_\_

69. AWAKENINGS

1 = once, brief

2 = awake about an hour

3 = up to 2 hours

4 = about 2 hrs

5 = longer than 2 hours per night

\_\_\_\_\_

70. THRASHING in sleep

\_\_\_\_\_

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71. NIGHTMARES

0= none 3=once a week 5= every night

\_\_\_\_\_

72. AVERAGE TOTAL HOURS OF SLEEP

write in the number of hours per 24-hour day

\_\_\_\_\_