Washington Early Recognition Center Affectivity and Psychosis (WERCAP) Screen ©

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WERC

Washington Early Recognition Center

Washington University in St. Louis, Missouri. 2011

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Affectivity and Psychosis (WERCAP)
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The WERCAP Screen is a 16-item questionnaire which measures the severity of mood and psychotic symptoms. The text is framed to be cross-culturally applicable. The questionnaire estimates symptom severity using both frequency of occurrence and functional impairment. **Questions 1-8 explore mood dysregulation or "affectivity" (a-WERCAP), and questions 9-16 explore psychotic experiences (p-WERCAP).** The a-WERCAP and p-WERCAP were designed to estimate the risk for developing bipolar disorder or a psychotic disorder respectively, in adolescents and young adults. Risk of developing these disorders however cannot be accurately determined using a questionnaire alone, and requires an evaluation by a trained clinician. A high score on the WERCAP Screen does not indicate that an individual has or will develop a psychiatric disorder.

Instruction:

The WERCAP Screen is a self-report questionnaire. In the "PERIOD" box, clearly write out the time period over which the symptom assessment is required. For community screening, a 3-month period or a 12-month period is recommended.

Average completion time: <3 minutes.

Scoring:

Total scores are derived by summing frequency scores (no=0; once=1; rarely=2; sometimes=3; often=4; almost always=5) and functionality scores (not at all=0; a little=1; moderately=2; severely=3). Maximum score on the a-WERCAP is 49. Maximum score on the p-WERCAP is 64.

In adolescents and young adults, a 3-month score of ≥15 or a 12-month score of ≥30 suggest a high-risk (HR) for developing a psychotic disorder [1]. In an independent Kenyan community sample of 9,564 youths aged 15-25, the HR prevalence estimated using the 12-month p-WERCAP was 4.6%.

Cut-off scores for bipolar disorder risk on the a-WERCAP has not been determined.

Citation:

Mamah D. The Washington Early Recognition Center Affectivity and Psychosis (WERCAP) Screen. Washington University, St. Louis, Missouri. 2011.

References (selected):

1. *Mamah D, Mutiso VN, Ndetei DM. Longitudinal and cross-sectional validation of the WERCAP screen for assessing psychosis risk and conversion. Schiz Research 2022; 241:201-9.*

2. *Mamah D, Owoso A, Sheffield JM, Bayer C. The WERCAP Screen and the WERC Stress Screen: psychometrics of self-rated instruments for assessing bipolar and psychotic disorder risk and perceived stress burden. Compr Psychiatry 2014; 55(7):1757-71.*

3. *Hsieh CJ, Godwin D, Mamah D. Utility of Washington Early Recognition Center self-report screening questionnaires in the assessment of patients with schizophrenia and bipolar disorder. Front Psychiatry 2016; 7:149.*

WERCAP Screen©

ID:_____   Age:_____   Sex: F   M   Date: _____

Please indicate how frequently you experience each item. Refer to the most severe episode to rate functioning.

PERIOD:_____	NO	ONCE	RARELY (<yearly)	SOMETIMES (>yearly-monthly)	OFTEN (>monthly-weekly)	ALMOST ALWAYS (>weekly-daily)
1. **I have had sadness or depression lasting 1 month or longer** If yes, how much did it affect your functioning at home, work, or school, or with other people? ☐ Not at all ☐ A little ☐ Moderately ☐ Severely	☐	☐	☐	☐	☐	☐
2. **I have been sad or depressed AND slept 5 hours or more than I normally do**	☐	☐	☐	☐	☐	☐
3. **I have become angry for most of the day because of little things** If yes, did it ever lead to any problems at home, work or school, or with other people ☐ Not at all ☐ A Little ☐ Moderately ☐ Severely	☐	☐	☐	☐	☐	☐
4. **I have had sudden shifts between sadness and happiness for no apparent reason**	☐	☐	☐	☐	☐	☐
5. **I have had extreme happiness or "highs" that others thought were excessive lasting 2 days or longer**	☐	☐	☐	☐	☐	☐
6. **I have had so much energy that I felt little or no need to sleep** If yes, what was the longest time you slept this way? ☐ 1 day ☐ 2-3 days ☐ 4-7 days ☐ Over 1 week	☐	☐	☐	☐	☐	☐
7. **Ideas and thoughts have come to me so fast that I could not express them all**	☐	☐	☐	☐	☐	☐
8. **I have felt that I have great abilities or supernatural powers which no other person in the world has**	☐	☐	☐	☐	☐	☐
9. **I have been confused whether something I've experienced is real or imaginary** If yes, how much did it affect your functioning at home, work or school, or with other people ☐ Not at all ☐ A little ☐ Moderately ☐ Severely	☐	☐	☐	☐	☐	☐
10. **I felt my mind was taken over by strange forces that were making me do things I did not choose to do** If yes, how much did it affect your functioning at home, work or school, or with other people ☐ Not at all ☐ A little ☐ Moderately ☐ Severely	☐	☐	☐	☐	☐	☐

PERIOD:_____	NO	ONCE	RARELY (<yearly)	SOMETIMES (>yearly-monthly)	OFTEN (>monthly-weekly)	ALMOST ALWAYS (>weekly-daily)
11. I felt that some force was putting (or removing) thoughts into (or from) my head *If yes, how much did it affect your functioning at home, work or school, or with other people* ☐ *Not at all* ☐ *A little* ☐ *Moderately* ☐ *Severely*	☐	☐	☐	☐	☐	☐
12. I have thought that people might be able to read my mind or that I can read other people's minds *If yes, how much did it affect your functioning at home, work or school, or with other people* ☐ *Not at all* ☐ *A little* ☐ *Moderately* ☐ *Severely*	☐	☐	☐	☐	☐	☐
13. I have thought that some force communicated directly with me by sending special signs that only I could understand *If yes, how much did it affect your functioning at home, work or school, or with other people* ☐ *Not at all* ☐ *A little* ☐ *Moderately* ☐ *Severely*	☐	☐	☐	☐	☐	☐
14. I have thought that someone is planning to harm me or is following me, when others did not think this was true *If yes, how much did it affect your functioning at home, work or school, or with other people* ☐ *Not at all* ☐ *A little* ☐ *Moderately* ☐ *Severely*	☐	☐	☐	☐	☐	☐
15. I have heard a voice or sound that others around me didn't seem to hear *If yes, how much did it affect your functioning at home, work or school, or with other people* ☐ *Not at all* ☐ *A little* ☐ *Moderately* ☐ *Severely*	☐	☐	☐	☐	☐	☐
16. I have seen objects, people or animals that others around me didn't seem to see *If yes, how much did it affect your functioning at home, work or school, or with other people* ☐ *Not at all* ☐ *A little* ☐ *Moderately* ☐ *Severely*	☐	☐	☐	☐	☐	☐

If you think <u>drugs or alcohol</u> may have caused any of the above, please indicate the item number(s)

Item Number(s) _____