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

Daniel Mamah, MD, MPE
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.

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**Citation:**


**References (selected):**


WERCAP Screen

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

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

**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

<table>
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<th>SOMETIMES (&gt;monthly - weekly)</th>
<th>OFTEN (&gt;weekly - daily)</th>
<th>ALMOST ALWAYS (daily)</th>
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### 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 drugs or alcohol may have caused any of the above, please indicate the item number(s)

Item Number(s) ____________________________

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