

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



Washington Early Recognition Center

Washington University in St. Louis, Missouri. 2011

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The WERCAP Screen is an 18-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 effect on functioning. Questions 1-8 explore mood lability 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 12-month period is recommended. For assessing symptom change over time, shorter periods should be indicated.

Average completion time: < 2 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).

In adolescents and young adults, scores of 30 or higher suggest a high-risk (HR) for developing a psychotic disorder [1]. Moderate-risk (MR) is suggested at scores between 10-29. Cut off scores for bipolar disorder risk on the a-WERCAP has not been determined. In an independent Kenyan community sample of 9,564 youths aged 15-25, the HR prevalence estimated using the p-WERCAP was 4.6%.

References:

Please cite the WERCAP Screen as follows:

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

Published research (selected):

1. 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.
2. 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.
3. Ndeti D, Pike K, Mutiso V, Tele A, Gitonga I, Rbello T, Musiyimi C, Mamah D. The psychometric properties of the Washington Early Recognition Center Affectivity and Psychosis (WERCAP) Screen in adults in the Kenyan context: Towards combined large scale community screening for affectivity and psychosis. *Psychiatry Res* 2019; 282:112569.

PERIOD: _____	NO	ONCE	RARELY (<yearly)	SOMETIMES (>yearly- monthly)	OFTEN (>monthly- weekly)	ALMOST ALWAYS (>weekly-daily)
11. I felt that 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 <input type="checkbox"/> <i>Not at all</i> <input type="checkbox"/> <i>A little</i> <input type="checkbox"/> <i>Moderately</i> <input type="checkbox"/> <i>Severely</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/> <i>Not at all</i> <input type="checkbox"/> <i>A little</i> <input type="checkbox"/> <i>Moderately</i> <input type="checkbox"/> <i>Severely</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/> <i>Not at all</i> <input type="checkbox"/> <i>A little</i> <input type="checkbox"/> <i>Moderately</i> <input type="checkbox"/> <i>Severely</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/> <i>Not at all</i> <input type="checkbox"/> <i>A little</i> <input type="checkbox"/> <i>Moderately</i> <input type="checkbox"/> <i>Severely</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/> <i>Not at all</i> <input type="checkbox"/> <i>A little</i> <input type="checkbox"/> <i>Moderately</i> <input type="checkbox"/> <i>Severely</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 <input type="checkbox"/> <i>Not at all</i> <input type="checkbox"/> <i>A little</i> <input type="checkbox"/> <i>Moderately</i> <input type="checkbox"/> <i>Severely</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. I have had difficulty speaking, or people have found it hard to understand me when I talked If yes, how much did it affect your functioning at home, work or school, or with other people <input type="checkbox"/> <i>Not at all</i> <input type="checkbox"/> <i>A little</i> <input type="checkbox"/> <i>Moderately</i> <input type="checkbox"/> <i>Severely</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If you think <u>drugs or alcohol</u> may have caused you to experience any of the above, please indicate the respective question number(s)	Question Number(s) _____					