

SSTICS

Subjective Scale to Investigate Cognition in Schizophrenia

Instructions: You see on the paper in front of you, a list of phrases describing problems with memory or concentration that each of you may see in your daily activities. You are asked to estimate the frequency of such disorders observed lately in your behavior, by answering to all questions. Use the rating scale by circling the closest number to what you feel.

4- very often -3- often -2- sometimes -1- rarely -0- never

1- Have you noticed any difficulty remembering things?	
2- Do you have difficulty remembering information that is freshly received and that must be used immediately, such as a telephone number, an address, a room number, a bus route number or a doctor's name?	
3- Do you have difficulty memorizing things, such as a grocery list or a list of names?	
4- Do you have difficulty remembering the names of your medications?	
5- Do you ever forget things, such as a date with a friend or a doctor's appointment?	
6- Do you forget to take your medication?	
7- Do you have difficulty remembering information that you read in the newspapers or hear on TV?	
8- Do you have difficulty doing household chores or repairs? For example, do you ever forget how to cook things or what ingredients go into a recipe?	
9- Do you have difficulty remembering how to get to the hospital or the outpatient clinic or even to your own place?	
10- Do you have difficulty remembering the names of well-known people, such as the Prime Minister of Canada?	
11- Do you have difficulty remembering national capitals, important dates in history, names of countries on other continents, or major scientific discoveries?	
12- . Are you absent-minded or up in the clouds? For example, you lose your train of thought in a conversation because you are distracted or you have a hard time focusing on what you are reading?	
13- Do you have difficulty being on the alert or reacting to unexpected situations? For example, a fire alarm or a car that rushes by suddenly as you are crossing the street.	
14- Do you have difficulty making out what's important when you are presented with different bits of information simultaneously? For example, the name of your medication or your next doctor's appointment while two people are talking about music nearby.	
15- Are you unable to do two things at once? For example, memorize an address while making coffee, or count the money in your wallet while the pharmacist explains your medication to you.	
16- Do you have trouble focusing your attention on the same thing for more than 20 minutes? For example, at a conference or a book reading or during a lesson in a classroom.	

17- Do you have difficulty planning out your activities as easily as you used to? For example, charting an itinerary for getting someplace, making a budget for the month, preparing meals, or making time for laundry.	
18- Do you have difficulty coordinating your movements and actions of everyday life as easily as you used to? For example, using the telephone, doing some shopping, running errands, preparing meals, doing housework, doing laundry, using transportation, doing home repairs.	
19- Do you have difficulty changing your movements, decisions or ways of doing things if you are asked to do so and you agree? For example, you agree to do so but it is hard because it is no longer the same.	
20- Do you have difficulty finding your words, forming sentences, understanding the meaning of words, pronouncing words, or naming objects?	
21- Do you have difficulty getting dressed or eating? For example, handling buttons, zippers, work tools, scissors, a fork, a key in a lock.	