

CLINIC-ENTERED DATA

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DIAGNOSIS AND DUP

DIAGNOSIS AND DUP

Please answer the following questions about the client's diagnosis and duration of untreated illness

1. Current primary diagnosis (this should be the psychotic disorder diagnosis that made them eligible to receive services at your clinic)

Select one.

- Schizophrenia → **Skip to Q3**
- Schizophreniform disorder → **Skip to Q3**
- Schizoaffective disorder → **Skip to Q3**
- Other specified schizophrenia spectrum disorder
- Other non-affective psychoses → **Skip to Q3**
- Major depression with psychotic features → **Skip to Q3**
- Bipolar I disorder with psychotic features → **Skip to Q3**
- Bipolar II disorder with psychotic features → **Skip to Q3**
- Substance induced psychotic disorder → **Skip to Q3**
- Other (Specify: _____) → **Skip to Q3**

2. Specify type of other specified schizophrenia spectrum disorder:

- Persistent auditory hallucinations
- Delusions with significant overlapping mood episodes
- Attenuated psychosis syndrome
- Delusional symptoms in partner of individual with delusional disorder ('folie à deux')
- Postpartum psychosis that does not meet criteria
- Psychotic symptoms that have lasted for less than one month, but have not yet remitted
- Situations in which the clinician has concluded that a psychotic disorder is present but unable to determine whether it is primary
- Other (specify): _____
- Unspecified

3. Was a structured, standardized tool (e.g., the MINI, SCID) used to make this diagnosis?

- Yes
- No

4. Does [Client Name] have any other diagnoses?

- Yes → go to question 5
- No → go to question 6

5. Please enter any other diagnoses for the client (at least one is required)

Diagnosis Type	Diagnosis
Secondary Diagnosis	
Additional Diagnosis	
Substance Use Diagnosis	
Rule Out Diagnosis	

6. Has the individual been diagnosed with an intellectual disability?

- Yes
- No
- Unsure/Don't know

7. Select which category best fits the client's psychotic symptoms based on your most recent assessment. For example, if client has already experienced a psychotic episode, select "FEP". If client has attenuated psychotic symptoms and has not reached threshold psychosis yet, select "CHR". If client has never had any psychotic symptoms, attenuated or otherwise, select "Does not apply."

- CHR (Clinical High Risk) → **Skip to Q13**
- FEP (First Episode Psychosis)
- Does not apply → **End Survey**
- Not enough information → **End Survey**

8. Provide a best estimate of when frank (not prodromal) psychotic symptoms (e.g., delusions, hallucinations, or disorganized speech/behavior) began.

____ (Month) ____ ____ ____ (Year)

9. [OPTIONAL] How was this information obtained?

Check all that apply.

- Client self-report
- Family report
- Administrative record
- Other (Specify: _____)

10. Does this date differ from the date entered at the last assessment period?

Select one.

- Yes, differs → **Skip to Q15**
- No, the same → **Skip to Q15**
- Unsure → **Skip to Q15**
- Not applicable, this is the client's first assessment → **Skip to Q15**

11. Clinical High Risk: Inclusion Criteria

- Attenuated Psychotic Symptoms (APS)
- Genetic Risk and Deterioration Syndrome (GRD)
- Brief Intermittent Psychotic Symptoms (BIPS)

12. Clinical High Risk: Status Specifiers

Select one.

- Progression
- Persistence
- Partial Remission
- Full Remission

13. Provide a best estimate for date of onset of prodrome (attenuated positive psychotic symptoms that are subthreshold for full psychosis)

____ ____ (Month) ____ ____ ____ (Year)

14. [OPTIONAL] How was this information obtained?

Check all that apply.

- Client self-report
- Family report

- Administrative record
- Other (Specify: _____)

15. Does this date differ from the date entered at the last assessment period?

Select one.

- Yes, differs
- No, the same
- Unsure
- Not applicable, this is the client's first assessment → **End Survey**

16. Since the last assessment, how many times was the client hospitalized at all for a psychiatric issue? (enter 0 if none)

PATHWAY TO CARE

ENTERED AT REGISTRATION ONLY

Please answer the following questions about the client's pathway to care.

1. Date of entry into the current program: (MM/YYYY)
____ (Month) ____ ____ (Year)

2. Between onset of psychotic symptoms (FEP)/onset of prodromal symptoms (CHR) and entry into this program, did the client receive any mental health treatment?
 - Yes
 - No → **Skip to Q4**
 - Unknown → **Skip to Q4**
 - Not applicable, client has never experienced any psychotic symptoms → **End survey**

3. When did mental health treatment between onset of psychotic symptoms and entry into this program treatment begin? (MM/YYYY)
____ (Month) ____ ____ (Year)

4. Between onset of psychotic symptoms and entry into this program, was the client hospitalized at all for a psychiatric issue?
 - Yes
 - No → **Skip to Q6**
 - Unknown → **Skip to Q6**

5. *If yes*: how many times?

 - Unknown

6. When did the client first take antipsychotic medication? (MM/YYYY)
____ (Month) ____ ____ (Year)
 - Does not apply
 - Unknown

FAMILY INVOLVEMENT

Please answer the following questions about involvement of the client's family in their treatment.

1. During the past six months, how frequently was the client in contact with family?

Select one.

- About daily
- About weekly
- About monthly
- Less than monthly
- Never
- Unknown

2. What is the client's preference for family involvement?

Select one.

- Prefers no involvement
- Prefers family involvement with some restrictions
- Prefers family involvement with no restrictions
- Preferences were not assessed

3. Have any family members received any treatment services provided by the clinical staff (e.g., family therapy, individual sessions with the client, etc.)?

- Yes
- No
- Does not apply

4. Does the family refuse to participate in treatment?

- Yes
- No
- Does not apply

5. Do the client's parents/caregivers or primary support persons have any of the following challenges of their own?

Select all that apply.

- Physical/medical
- Mental Health
- Cognitive
- Substance Use
- None of the above
- Unsure/Don't know

RISK TO SELF/OTHERS

Please answer the following questions about client's risk to self or others over the **past 6 months**.

1.

	Yes	No	Unknown
Has the client had suicidal ideation?			
Has the client had any suicide attempts?			
Has the client had non-suicidal self-injurious behavior?			
Has the client had violent or aggressive thoughts?			
Has the client had violent or aggressive behavior?			

2. How many suicide attempts has the client had over the past 6 months?

_____ (numeric validation)

- Not applicable, no suicide attempts

HEALTH

Please answer questions about client's health information and lab results.

3. If health information has been collected about [client name], please select the categories collected and enter the most recent result in the units specified.

- Height (inches) _____
- Weight (pounds) _____
- Blood pressure –**Systolic** (mmHg) _____
- Blood pressure –**Diastolic** (mmHg) _____
- None of the above were collected

4. On what date were height, weight, and blood pressure collected?

__ / __ / ____ (MM/DD/YYYY)

- Don't know/Date not recorded
- Not applicable/none were collected

5.

6. If the client has completed lab work, please select the tests completed and enter the most recent results in the units specified

- Client's Total Cholesterol (mg/dl) _____
- Client's LDL cholesterol (mg/dl) _____
- Client's HDL cholesterol (mg/dl) _____
- Client's Triglycerides (mg/dl) _____
- Client's **fasting** glucose (mg/dl) _____
- Client's glucose (**if client did not fast**) (mg/dl) _____
- Client's **fasting** insulin (uU/ml) _____
- Client's insulin (**if client did not fast**) (uU/ml) _____
- Client's hemoglobin A_{1c} (HbA_{1c}) _____
- Client has not completed labwork (enter 0)

7. On what date were the previous labs collected?

__ / __ / ____ (MM/DD/YYYY)

- Don't know/Date not recorded
- Not applicable, none were collected

MEDICATIONS

Please answer the following questions about the client's medications.

1. Is [client name] currently prescribed an oral antipsychotic medication?
 - Yes
 - No → *Skip to Q71*
 - Don't know → *Skip to Q71*

2. What is [client name]'s primary oral antipsychotic medication (e.g., the one with the highest dosage)?
 - Aripiprazole (Abilify)
 - Asenapine (Saphris) → *Skip to Q4*
 - Brexpiprazole (Rexulti) → *Skip to Q5*
 - Chlorpromazine (Largactil, Thorazine) → *Skip to Q6*
 - Clozapine (Clozaril) → *Skip to Q7*
 - Fluphenazine (Prolixin) → *Skip to Q8*
 - Haloperidol (Haldol) → *Skip to Q9*
 - Loxapine (Loxitane) → *Skip to Q10*
 - Lurasidone (Latuda) → *Skip to Q11*
 - Olanzapine (Zyprexa, Ozace) → *Skip to Q12*
 - Paliperidone (Invega) → *Skip to Q13*
 - Perphenazine (Trilafon) → *Skip to Q14*
 - Quetiapine (Seroquel) → *Skip to Q15*
 - Risperidone (Risperdal, Zepidone) → *Skip to Q16*

- Ziprasidone (Geodon, Zeldox) → **Skip to Q17**
- Other oral antipsychotic (please specify): _____ → **Skip to Q18**

3. Select the range of **Aripiprazole (Abilify)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <5 mg/day → **Skip to Q19**
- 5-15 mg/day → **Skip to Q19**
- >15 mg/day → **Skip to Q19**
- Unknown dosage → **Skip to Q19**

4. Select the range of **Asenapine (Saphris)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <10 mg/day → **Skip to Q19**
- 10 mg/day → **Skip to Q19**
- >10 mg/day → **Skip to Q19**
- Unknown dosage → **Skip to Q19**

5. Select the range of **Brexpiprazole (Rexulti)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <2 mg/day → **Skip to Q19**
- 2-4 mg/day → **Skip to Q19**
- >4 mg/day → **Skip to Q19**
- Unknown dosage → **Skip to Q19**

6. Select the range of **Chlorpromazine (Largactil, Thorazine)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <400 mg/day → **Skip to Q19**
- 400-600 mg/day → **Skip to Q19**
- >600 mg/day → **Skip to Q19**
- Unknown dosage → **Skip to Q19**

7. Select the range of **Clozapine (Clozaril)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <200 mg/day → **Skip to Q19**
- 200-600 mg/day → **Skip to Q19**
- >600 mg/day → **Skip to Q19**
- Unknown dosage → **Skip to Q19**

8. Select the range of **Fluphenazine (Prolixin)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <2.5 mg/day → *Skip to Q19*
 - 2.5-5.0 mg/day → *Skip to Q19*
 - >5.0 mg/day → *Skip to Q19*
 - Unknown dosage → *Skip to Q19*
9. Select the range of **Haloperidol (Haldol)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <2 mg/day → *Skip to Q19*
 - 2-6 mg/day → *Skip to Q19*
 - >6 mg/day → *Skip to Q19*
 - Unknown dosage → *Skip to Q19*
10. Select the range of **Loxapine (Loxitane)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <10 mg/day → *Skip to Q19*
 - 10-25 mg/day → *Skip to Q19*
 - >25 mg/day → *Skip to Q19*
 - Unknown dosage → *Skip to Q19*
11. Select the range of **Lurasidone (Latuda)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <40 mg/day → *Skip to Q19*
 - 40-80 mg/day → *Skip to Q19*
 - >80 mg/day → *Skip to Q19*
 - Unknown dosage → *Skip to Q19*
12. Select the range of **Olanzapine (Zyprexa, Ozace)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <5 mg/day → *Skip to Q19*
 - 5-15 mg/day → *Skip to Q19*
 - >15 mg/day → *Skip to Q19*
 - Unknown dosage → *Skip to Q19*
13. Select the range of **Paliperidone (Invega)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <3 mg/day → *Skip to Q19*
- 3-6 mg/day → *Skip to Q19*
- >6 mg/day → *Skip to Q19*
- Unknown dosage → *Skip to Q19*

14. Select the range of **Perphenazine (Trilafon)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <4 mg/day → *Skip to Q19*
- 4-12 mg/day → *Skip to Q19*
- >12 mg/day → *Skip to Q19*
- Unknown dosage → *Skip to Q19*

15. Select the range of **Quetiapine (Seroquel)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <300 mg/day → *Skip to Q19*
- 300-600 mg/day → *Skip to Q19*
- >600 mg/day → *Skip to Q19*
- Unknown dosage → *Skip to Q19*

16. Select the range of **Risperidone (Risperdal, Zepidone)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <2 mg/day → *Skip to Q19*
- 2-4 mg/day → *Skip to Q19*
- >4 mg/day → *Skip to Q19*
- Unknown dosage → *Skip to Q19*

17. Select the range of **Ziprasidone (Geodon, Zeldox)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <40 mg/day → *Skip to Q19*
- 40-160 mg/day → *Skip to Q19*
- >160 mg/day → *Skip to Q19*
- Unknown dosage → *Skip to Q19*

18. What is the total mg prescribed per day of this oral antipsychotic? If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

_____ (numeric validation text entry)

19. What is [client name]'s second oral antipsychotic medication?

- None, client only takes one oral antipsychotic → **Skip to Q71**
- Aripiprazole (Abilify)
- Asenapine (Saphris) → **Skip to Q21**
- Brexpiprazole (Rexulti) → **Skip to Q22**
- Chlorpromazine (Largactil, Thorazine) → **Skip to Q23**
- Clozapine (Clozaril) → **Skip to Q24**
- Fluphenazine (Prolixin) → **Skip to Q25**
- Haloperidol (Haldol) → **Skip to Q26**
- Loxapine (Loxitane) → **Skip to Q27**
- Lurasidone (Latuda) → **Skip to Q28**
- Olanzapine (Zyprexa, Ozace) → **Skip to Q29**
- Paliperidone (Invega) → **Skip to Q30**
- Perphenazine (Trilafon) → **Skip to Q31**
- Quetiapine (Seroquel) → **Skip to Q32**
- Risperidone (Risperdal, Zepidone) → **Skip to Q33**
- Ziprasidone (Geodon, Zeldox) → **Skip to Q34**
- Other oral antipsychotic (please specify): _____ → **Skip to Q35**

20. Select the range of **Aripiprazole (Abilify)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <5 mg/day → **Skip to Q36**
- 5-15 mg/day → **Skip to Q36**
- >15 mg/day → **Skip to Q36**
- Unknown dosage → **Skip to Q36**

21. Select the range of **Asenapine (Saphris)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <10 mg/day → **Skip to Q36**
- 10 mg/day → **Skip to Q36**
- 10 mg/day → **Skip to Q36**
- Unknown dosage → **Skip to Q36**

22. Select the range of **Brexpiprazole (Rexulti)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <2 mg/day → **Skip to Q36**
- 2-4 mg/day → **Skip to Q36**
- >4 mg/day → **Skip to Q36**
- Unknown dosage → **Skip to Q36**

23. Select the range of **Chlorpromazine (Largactil, Thorazine)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <400 mg/day → *Skip to Q36*
 - 400-600 mg/day → *Skip to Q36*
 - >600 mg/day → *Skip to Q36*
 - Unknown dosage → *Skip to Q36*
24. Select the range of **Clozapine (Clozaril)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <200 mg/day → *Skip to Q36*
 - 200-600 mg/day → *Skip to Q36*
 - >600 mg/day → *Skip to Q36*
 - Unknown dosage → *Skip to Q36*
25. Select the range of **Fluphenazine (Prolixin)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <2.5 mg/day → *Skip to Q36*
 - 2.5-5.0 mg/day → *Skip to Q36*
 - >5.0 mg/day → *Skip to Q36*
 - Unknown dosage → *Skip to Q36*
26. Select the range of **Haloperidol (Haldol)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <2 mg/day → *Skip to Q36*
 - 2-6 mg/day → *Skip to Q36*
 - >6 mg/day → *Skip to Q36*
 - Unknown dosage → *Skip to Q36*
27. Select the range of **Loxapine (Loxitane)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <10 mg/day → *Skip to Q36*
 - 10-25 mg/day → *Skip to Q36*
 - >25 mg/day → *Skip to Q36*
 - Unknown dosage → *Skip to Q36*
28. Select the range of **Lurasidone (Latuda)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <40 mg/day → *Skip to Q36*
- 40-80 mg/day → *Skip to Q36*
- >80 mg/day → *Skip to Q36*
- Unknown dosage → *Skip to Q36*

29. Select the range of **Olanzapine (Zyprexa, Ozace)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <5 mg/day → *Skip to Q36*
- 5-15 mg/day → *Skip to Q36*
- >15 mg/day → *Skip to Q36*
- Unknown dosage → *Skip to Q36*

30. Select the range of **Paliperidone (Invega)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <3 mg/day → *Skip to Q36*
- 3-6 mg/day → *Skip to Q36*
- >6 mg/day → *Skip to Q36*
- Unknown dosage → *Skip to Q36*

31. Select the range of **Perphenazine (Trilafon)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <4 mg/day → *Skip to Q36*
- 4-12 mg/day → *Skip to Q36*
- >12 mg/day → *Skip to Q36*
- Unknown dosage → *Skip to Q36*

32. Select the range of **Quetiapine (Seroquel)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <300 mg/day → *Skip to Q36*
- 300-600 mg/day → *Skip to Q36*
- >600 mg/day → *Skip to Q36*
- Unknown dosage → *Skip to Q36*

33. Select the range of **Risperidone (Risperdal, Zepidone)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <2 mg/day → *Skip to Q36*

- 2-4 mg/day → *Skip to Q36*
- >4 mg/day → *Skip to Q36*
- Unknown dosage → *Skip to Q36*

34. Select the range of **Ziprasidone (Geodon, Zeldox)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <40 mg/day → *Skip to Q36*
- 40-160 mg/day → *Skip to Q36*
- >160 mg/day → *Skip to Q36*
- Unknown dosage → *Skip to Q36*

35. What is the total mg prescribed per day of this oral antipsychotic? If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

_____ (numeric validation text entry)

36. What is [client name]'s third oral antipsychotic medication?

- None, client only takes two oral antipsychotics → *Skip to Q71*
- Aripiprazole (Abilify)
- Asenapine (Saphris) → *Skip to Q38*
- Brexpiprazole (Rexulti) → *Skip to Q39*
- Chlorpromazine (Largactil, Thorazine) → *Skip to Q40*
- Clozapine (Clozaril) → *Skip to Q41*
- Fluphenazine (Prolixin) → *Skip to Q42*
- Haloperidol (Haldol) → *Skip to Q43*
- Loxapine (Loxitane) → *Skip to Q44*
- Lurasidone (Latuda) → *Skip to Q45*
- Olanzapine (Zyprexa, Ozace) → *Skip to Q46*
- Paliperidone (Invega) → *Skip to Q47*
- Perphenazine (Trilafon) → *Skip to Q48*
- Quetiapine (Seroquel) → *Skip to Q49*
- Risperidone (Risperdal, Zepidone) → *Skip to Q50*
- Ziprasidone (Geodon, Zeldox) → *Skip to Q51*
- Other oral antipsychotic (please specify): _____ → *Skip to Q52*

37. Select the range of **Aripiprazole (Abilify)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <5 mg/day → *Skip to Q53*
- 5-15 mg/day → *Skip to Q53*
- >15 mg/day → *Skip to Q53*

- Unknown dosage → *Skip to Q53*
38. Select the range of **Asenapine (Saphris)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <10 mg/day → *Skip to Q53*
 - 10 mg/day → *Skip to Q53*
 - 10 mg/day → *Skip to Q53*
 - Unknown dosage → *Skip to Q53*
39. Select the range of **Brexiprazole (Rexulti)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <2 mg/day → *Skip to Q53*
 - 2-4 mg/day → *Skip to Q53*
 - >4 mg/day → *Skip to Q53*
 - Unknown dosage → *Skip to Q53*
40. Select the range of **Chlorpromazine (Largactil, Thorazine)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <400 mg/day → *Skip to Q53*
 - 400-600 mg/day → *Skip to Q53*
 - >600 mg/day → *Skip to Q53*
 - Unknown dosage → *Skip to Q53*
41. Select the range of **Clozapine (Clozaril)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <200 mg/day → *Skip to Q53*
 - 200-600 mg/day → *Skip to Q53*
 - >600 mg/day → *Skip to Q53*
 - Unknown dosage → *Skip to Q53*
42. Select the range of **Fluphenazine (Prolixin)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <2.5 mg/day → *Skip to Q53*
 - 2.5-5.0 mg/day → *Skip to Q53*
 - >5.0 mg/day → *Skip to Q53*
 - Unknown dosage → *Skip to Q53*

43. Select the range of **Haloperidol (Haldol)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <2 mg/day → **Skip to Q53**
 - 2-6 mg/day → **Skip to Q53**
 - >6 mg/day → **Skip to Q53**
 - Unknown dosage → **Skip to Q53**
44. Select the range of **Loxapine (Loxitane)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <10 mg/day → **Skip to Q53**
 - 10-25 mg/day → **Skip to Q53**
 - >25 mg/day → **Skip to Q53**
 - Unknown dosage → **Skip to Q53**
45. Select the range of **Lurasidone (Latuda)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <40 mg/day → **Skip to Q53**
 - 40-80 mg/day → **Skip to Q53**
 - >80 mg/day → **Skip to Q53**
 - Unknown dosage → **Skip to Q53**
46. Select the range of **Olanzapine (Zyprexa, Ozace)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <5 mg/day → **Skip to Q53**
 - 5-15 mg/day → **Skip to Q53**
 - >15 mg/day → **Skip to Q53**
 - Unknown dosage → **Skip to Q53**
47. Select the range of **Paliperidone (Invega)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <3 mg/day → **Skip to Q53**
 - 3-6 mg/day → **Skip to Q53**
 - >6 mg/day → **Skip to Q53**
 - Unknown dosage → **Skip to Q53**
48. Select the range of **Perphenazine (Trilafon)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <4 mg/day → **Skip to Q53**

- 4-12 mg/day → *Skip to Q53*
- >12 mg/day → *Skip to Q53*
- Unknown dosage → *Skip to Q53*

49. Select the range of **Quetiapine (Seroquel)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <300 mg/day → *Skip to Q53*
- 300-600 mg/day → *Skip to Q53*
- >600 mg/day → *Skip to Q53*
- Unknown dosage → *Skip to Q53*

50. Select the range of **Risperidone (Risperdal, Zepidone)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <2 mg/day → *Skip to Q53*
- 2-4 mg/day → *Skip to Q53*
- >4 mg/day → *Skip to Q53*
- Unknown dosage → *Skip to Q53*

51. Select the range of **Ziprasidone (Geodon, Zeldox)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <40 mg/day → *Skip to Q53*
- 40-160 mg/day → *Skip to Q53*
- >160 mg/day → *Skip to Q53*
- Unknown dosage → *Skip to Q53*

52. What is the total mg prescribed per day of this oral antipsychotic? If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

_____ (numeric validation text entry)

53. What is [client name]'s fourth oral antipsychotic medication?

- None, client only takes three oral antipsychotics → *Skip to Q71*
- Aripiprazole (Abilify)
- Asenapine (Saphris) → *Skip to Q55*
- Brexpiprazole (Rexulti) → *Skip to Q56*
- Chlorpromazine (Largactil, Thorazine) → *Skip to Q57*
- Clozapine (Clozaril) → *Skip to Q58*

- Fluphenazine (Prolixin) → *Skip to Q59*
- Haloperidol (Haldol) → *Skip to Q60*
- Loxapine (Loxitane) → *Skip to Q61*
- Lurasidone (Latuda) → *Skip to Q62*
- Olanzapine (Zyprexa, Ozace) → *Skip to Q63*
- Paliperidone (Invega) → *Skip to Q64*
- Perphenazine (Trilafon) → *Skip to Q65*
- Quetiapine (Seroquel) → *Skip to Q66*
- Risperidone (Risperdal, Zepidone) → *Skip to Q67*
- Ziprasidone (Geodon, Zeldox) → *Skip to Q68*
- Other oral antipsychotic (please specify): _____ → *Skip to Q69*

54. Select the range of **Aripiprazole (Abilify)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <5 mg/day → *Skip to Q70*
- 5-15 mg/day → *Skip to Q70*
- >15 mg/day → *Skip to Q70*
- Unknown dosage → *Skip to Q70*

55. Select the range of **Asenapine (Saphris)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <10 mg/day → *Skip to Q70*
- 10 mg/day → *Skip to Q70*
- 10 mg/day → *Skip to Q70*
- Unknown dosage → *Skip to Q70*

56. Select the range of **Brexpiprazole (Rexulti)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <2 mg/day → *Skip to Q70*
- 2-4 mg/day → *Skip to Q70*
- >4 mg/day → *Skip to Q70*
- Unknown dosage → *Skip to Q70*

57. Select the range of **Chlorpromazine (Largactil, Thorazine)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <400 mg/day → *Skip to Q70*
- 400-600 mg/day → *Skip to Q70*
- >600 mg/day → *Skip to Q70*

- Unknown dosage → *Skip to Q70*
58. Select the range of **Clozapine (Clozaril)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <200 mg/day → *Skip to Q70*
 - 200-600 mg/day → *Skip to Q70*
 - >600 mg/day → *Skip to Q70*
 - Unknown dosage → *Skip to Q70*
59. Select the range of **Fluphenazine (Prolixin)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <2.5 mg/day → *Skip to Q70*
 - 2.5-5.0 mg/day → *Skip to Q70*
 - >5.0 mg/day → *Skip to Q70*
 - Unknown dosage → *Skip to Q70*
60. Select the range of **Haloperidol (Haldol)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <2 mg/day → *Skip to Q70*
 - 2-6 mg/day → *Skip to Q70*
 - >6 mg/day → *Skip to Q70*
 - Unknown dosage → *Skip to Q70*
61. Select the range of **Loxapine (Loxitane)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <10 mg/day → *Skip to Q70*
 - 10-25 mg/day → *Skip to Q70*
 - >25 mg/day → *Skip to Q70*
 - Unknown dosage → *Skip to Q70*
62. Select the range of **Lurasidone (Latuda)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.
- <40 mg/day → *Skip to Q70*
 - 40-80 mg/day → *Skip to Q70*
 - >80 mg/day → *Skip to Q70*
 - Unknown dosage → *Skip to Q70*
63. Select the range of **Olanzapine (Zyprexa, Ozace)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <5 mg/day → *Skip to Q70*
- 5-15 mg/day → *Skip to Q70*
- >15 mg/day → *Skip to Q70*
- Unknown dosage → *Skip to Q70*

64. Select the range of **Paliperidone (Invega)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <3 mg/day → *Skip to Q70*
- 3-6 mg/day → *Skip to Q70*
- >6 mg/day → *Skip to Q70*
- Unknown dosage → *Skip to Q70*

65. Select the range of **Perphenazine (Trilafon)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <4 mg/day → *Skip to Q70*
- 4-12 mg/day → *Skip to Q70*
- >12 mg/day → *Skip to Q70*
- Unknown dosage → *Skip to Q70*

66. Select the range of **Quetiapine (Seroquel)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <300 mg/day → *Skip to Q70*
- 300-600 mg/day → *Skip to Q70*
- >600 mg/day → *Skip to Q70*
- Unknown dosage → *Skip to Q70*

67. Select the range of **Risperidone (Risperdal, Zepidone)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <2 mg/day → *Skip to Q70*
- 2-4 mg/day → *Skip to Q70*
- >4 mg/day → *Skip to Q70*
- Unknown dosage → *Skip to Q70*

68. Select the range of **Ziprasidone (Geodon, Zeldox)** that represents the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

- <40 mg/day → *Skip to Q70*
- 40-160 mg/day → *Skip to Q70*

- >160 mg/day → **Skip to Q70**
- Unknown dosage → **Skip to Q70**

69. What is the total mg prescribed per day of this oral antipsychotic? If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

_____ (numeric validation text entry)

70. If client takes more than 4 oral antipsychotics, please enter the name and dosage (in total mg per day) below.

_____ [free text]

- Not applicable, client only takes 4 oral antipsychotics

71. What is [client name]'s primary Long-Acting Injectable (LAI)?

- Aripiprazole (**Abilify Maintena**)
- Aripiprazole (**Aristada Lauroxil**) → **Skip to Q74**
- Fluphenazine (Prolixin Decanoate) → **Skip to Q75**
- Haloperidol (Haldol Decanoate) → **Skip to Q76**
- Olanzapine (Zyprexa Relprevv) → **Skip to Q77**
- Paliperidone (**Invega Sustenna**) → **Skip to Q78**
- Paliperidone (**Invega Trinza**) → **Skip to Q79**
- Risperidone (**Risperdal Consta**) → **Skip to Q80**
- Risperidone (**Perseris**) → **Skip to Q81**
- Other Long-Acting Injectable (please specify): _____ → **Skip to Q82**
- None, the client does not take a long-acting injectable → **Skip to Q95**

72. Select the range of **Aripiprazole (Abilify Maintena)** that represents client's prescription (in mg).

- 300 mg → **Skip to Q83**
- 400 mg → **Skip to Q83**
- Other (please specify in mg) → **Skip to Q83**
- Unknown dosage → **Skip to Q83**

73. Select the range of **Aripiprazole (Aristada Lauroxil)** that represents client's prescription (in mg).

- 441 mg → **Skip to Q83**
- 662 mg → **Skip to Q83**
- 882 mg → **Skip to Q83**
- 1064 mg → **Skip to Q83**
- Unknown dosage → **Skip to Q83**

74. Select the range of **Fluphenazine (Prolixin Decanoate)** that represents client's prescription (in mg).
- 25 mg → *Skip to Q83*
 - 37.5 mg → *Skip to Q83*
 - 50 mg → *Skip to Q83*
 - 75 mg → *Skip to Q83*
 - 100 mg → *Skip to Q83*
 - Unknown dosage → *Skip to Q83*
75. Select the range of **Haloperidol (Haldol Decanoate)** that represents client's prescription (in mg).
- 50 mg → *Skip to Q83*
 - 100 mg → *Skip to Q83*
 - 150 mg → *Skip to Q83*
 - 200 mg → *Skip to Q83*
 - Unknown dosage → *Skip to Q83*
76. Select the range of **Olanzapine (Zyprexa Relprevv)** that represents client's prescription (in mg).
- 150 mg → *Skip to Q83*
 - 210 mg → *Skip to Q83*
 - 300 mg → *Skip to Q83*
 - 405 mg → *Skip to Q83*
 - Unknown dosage → *Skip to Q83*
77. Select the range of **Paliperidone (Invega Sustenna)** that represents client's prescription (in mg).
- 39 mg → *Skip to Q83*
 - 78 mg → *Skip to Q83*
 - 117 mg → *Skip to Q83*
 - 156 mg → *Skip to Q83*
 - 234 mg → *Skip to Q83*
 - Unknown dosage → *Skip to Q83*
78. Select the range of **Paliperidone (Invega Trinza)** that represents client's prescription (in mg).
- 273 mg → *Skip to Q83*
 - 410 mg → *Skip to Q83*
 - 546 mg → *Skip to Q83*
 - 819 mg → *Skip to Q83*
 - Unknown dosage → *Skip to Q83*
79. Select the range of **Risperidone (Risperdal Consta)** that represents client's prescription (in mg).

- 12.5 mg → *Skip to Q83*
- 25 mg → *Skip to Q83*
- 37.5 mg → *Skip to Q83*
- 50 mg → *Skip to Q83*
- Unknown dosage → *Skip to Q83*

80. Select the range of **Risperidone (Perseris)** that represents client's prescription (in mg).

- 90 mg → *Skip to Q83*
- 120 mg → *Skip to Q83*
- Unknown dosage → *Skip to Q83*

81. What is the dosage (in mg) of this Long-Acting Injectable?

_____ (numeric validation text entry)

82. What is [client name]'s second Long-Acting Injectable (LAI)?

- None, client only takes 1 Long-Acting Injectable → *Skip to Q95*
- Aripiprazole (**Abilify Maintena**)
- Aripiprazole (**Aristada Lauroxil**) → *Skip to Q85*
- Fluphenazine (Prolixin Decanoate) → *Skip to Q86*
- Haloperidol (Haldol Decanoate) → *Skip to Q87*
- Olanzapine (Zyprexa Relprevv) → *Skip to Q88*
- Paliperidone (Invega Sustenna) → *Skip to Q89*
- Paliperidone (Invega Trinza) → *Skip to Q90*
- Risperidone (**Risperdal Consta**) → *Skip to Q91*
- Risperidone (**Perseris**) → *Skip to Q92*
- Other Long-Acting Injectable (please specify): _____ → *Skip to Q93*

83. Select the range of **Aripiprazole (Abilify Maintena)** that represents client's prescription (in mg).

- 300 mg → *Skip to Q94*
- 400 mg → *Skip to Q94*
- Other (please specify in mg) → *Skip to Q94*
- Unknown dosage → *Skip to Q94*

84. Select the range of **Aripiprazole (Aristada Lauroxil)** that represents client's prescription (in mg).

- 441 mg → *Skip to Q94*
- 662 mg → *Skip to Q94*
- 882 mg → *Skip to Q94*

- 1064 mg → *Skip to Q94*
- Unknown dosage → *Skip to Q94*

85. Select the range of **Fluphenazine (Prolixin Decanoate)** that represents client's prescription (in mg).

- 25 mg → *Skip to Q94*
- 37.5 mg → *Skip to Q94*
- 50 mg → *Skip to Q94*
- 75 mg → *Skip to Q94*
- 100 mg → *Skip to Q94*
- Unknown dosage → *Skip to Q94*

86. Select the range of **Haloperidol (Haldol Decanoate)** that represents client's prescription (in mg).

- 50 mg → *Skip to Q94*
- 100 mg → *Skip to Q94*
- 150 mg → *Skip to Q94*
- 200 mg → *Skip to Q94*
- Unknown dosage → *Skip to Q94*

87. Select the range of **Olanzapine (Zyprexa Relprevv)** that represents client's prescription (in mg).

- 150 mg → *Skip to Q94*
- 210 mg → *Skip to Q94*
- 300 mg → *Skip to Q94*
- 405 mg → *Skip to Q94*
- Unknown dosage → *Skip to Q94*

88. Select the range of **Paliperidone (Invega Sustenna)** that represents client's prescription (in mg).

- 39 mg → *Skip to Q94*
- 78 mg → *Skip to Q94*
- 117 mg → *Skip to Q94*
- 156 mg → *Skip to Q94*
- 234 mg → *Skip to Q94*
- Unknown dosage → *Skip to Q94*

89. Select the range of **Paliperidone (Invega Trinza)** that represents client's prescription (in mg).

- 273 mg → *Skip to Q94*
- 410 mg → *Skip to Q94*
- 546 mg → *Skip to Q94*
- 819 mg → *Skip to Q94*

- Unknown dosage → **Skip to Q94**

90. Select the range of **Risperidone (Risperdal Consta)** that represents client's prescription (in mg).

- 12.5 mg → **Skip to Q94**
- 25 mg → **Skip to Q94**
- 37.5 mg → **Skip to Q94**
- 50 mg → **Skip to Q94**
- Unknown dosage → **Skip to Q94**

91. Select the range of **Risperidone (Perseris)** that represents client's prescription (in mg).

- 90 mg → **Skip to Q94**
- 120 mg → **Skip to Q94**
- Unknown dosage → **Skip to Q94**

92. What is the dosage (in mg) of this Long-Acting Injectable?

_____ (numeric validation text entry)

93. If client takes more than 2 Long-Acting Injectables, please enter the name and dosage (in mg) below.

_____ [free text]

- Not applicable, client only takes 2 Long-Acting Injectables

94. Is [Client name] currently prescribed any other psychotropic medications?

- Yes
- No → **Skip to next section**

95. Indicate all psychotropic medications prescribed.

Check all that apply.

- Antidepressant: Bupropion Hcl (Wellbutrin)
- Antidepressant: Citalopram Hydrobromide (Celexa)
- Antidepressant: Duloxetine Hcl (Cymbalta)
- Antidepressant: Desvenlafazine (Pristiq)
- Antidepressant: Escitalopram Oxalate (Lexapro)
- Antidepressant: Fluoxetine Hcl (Prozac)
- Antidepressant: Mirtazapine (Remeron)
- Antidepressant: Paroxetine Hcl (Paxil)
- Antidepressant: Sertraline Hcl (Zoloft)
- Antidepressant: Venlafaxine Hcl (Effexor XR)

- Antidepressant: Vilazodone (Viibryd)
- Antidepressant: Vortioxetine (Brintellix)
- Other Antidepressant (please specify)
- Benzodiazepine: Lorazepam (Ativan), Daily
- Benzodiazepine: Lorazepam (Ativan), PRN
- Benzodiazepine: Clonazepam (Klonopin), Daily
- Benzodiazepine: Clonazepam (Klonopin), PRN
- Sedative/hypnotic: Zolpidem (Ambien)
- Mood stabilizer: Carbamazepine (Tegretol)
- Mood stabilizer: Divalproex/ Valproic acid (Depakote)
- Mood stabilizer: Lamotrigine (Lamictal)
- Mood stabilizer: Lithium Citrate (Lithium)
- Mood stabilizer: Lithium Carbonate (Eskalith)
- Mood stabilizer: Oxcarbazepine (Trileptal)
- Mood stabilizer: Topiramate (Topamax)
- ADHD medications: Amphetamine (Adderall, Vyvanse)
- ADHD medications: Methylphenidate (Ritalin, Concerta)
- ADHD medications: Guanfacine (Intuniv)
- ADHD medications: Atomoxetine (Strattera)
- Anxiolytic: Buspirone (Buspar)
- Smoking Cessation: Bupropion Hcl (Zyban)
- Smoking Cessation: Varenacline (Chantix)
- Other: Gabapentin (Gralise)
- Other: Trazodone Hcl (Desyrell)
- Other Psychotropic medication (please specify)

SERVICE USE

Please answer the following questions about the client's service utilization over the past six months.

1. Has the client been receiving services at this clinic for more than 2 months?
 - Yes
 - No -> end survey

2. Since the last assessment, has a child protective services (or equivalent state agency) report been initiated on behalf of the client?
 - Yes
 - No
 - Don't Know

3. Since the last assessment, have any of the following services been provided through your program?

Service	Yes	No	Program does not provide this service	Don't know
Psychiatric medication management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychotherapy (individual or group)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supported education assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FUNCTIONING

CLINICS CAN ADMINISTER EITHER THE GLOBAL FUNCTIONING SOCIAL SCALE AND ROLE SCALE OR THE MIRECC-GAF SOCIAL FUNCTIONING AND OCCUPATIONAL FUNCTIONING SCALE.

1. Which of the following scales was used to assess client’s functioning?

- GFS/GFR
- MIRECC-GAF → *Skip to Q3*

2. Please rate the client’s most impaired level of functioning in the past month. Rate actual functioning regardless of etiology of social problems.

Scale	Rating (1-10)
GF: Social	
GF: Role	

→*Skip to Q4*

3. Please rate the client’s most impaired level of functioning in the past month. Rate actual functioning regardless of etiology of social problems.

Scale	Rating (1-100)
MIRECC-GAF: Social	
MIRECC-GAF: Occupational	

4. What is the date this assessment was administered?

__/__/____ (MM/DD/YYYY)

5. How many close friends outside of immediate family does the client have? A close friend is someone you turn to for important things and/or share private things with.

- None
- 1
- 2-3
- 4-10
- 11 or more

6. How many casual friends outside of immediate family does the client have? A casual friend is someone that you may see in everyday situations, but you wouldn't share personal information with.

- None
- 1
- 2-3
- 4-10
- 11 or more

7. Please identify the client's primary role

- Student
- Employment
- Home-maker

SYMPTOMS

CLINICS CAN ADMINISTER THE BRIEF PSYCHIATRIC RATING SCALE (BPRS) OR THE POSITIVE AND NEGATIVE SYMPTOMS OF SCHIZOPHRENIA SCALE (PANSS-6) OR THE COMPASS 10

1. Which symptom assessment was used?

- BPRS → SKIP to BPRS
- PANSS-6 → SKIP to PANSS-6
- COMPASS 10—Skip to COMPASS 10

Brief Psychiatric Rating Scale (BPRS)

Please enter the score for the term that best describes the patient’s condition.

0 = Not assessed, 1 = Not present, 2 = Very mild, 3 = Mild, 4 = Moderate, 5 = Moderately severe, 6 = Severe, 7 = Extremely severe

Item	Score
1. Somatic Concern Preoccupation with physical health, fear of physical illness, hypochondriasis.	
2. Anxiety Worry, fear, over-concern for present or future, uneasiness.	
3. Emotional Withdrawal Lack of spontaneous interaction, isolation deficiency in relating to others.	
4. Conceptual Disorganization Thought processes confused, disconnected, disorganized, disrupted.	
5. Guilt Feelings Self-blame, shame, remorse for past behavior.	
6. Tension Physical and motor manifestations of nervousness, over-activation.	
7. Mannerisms and Posturing Peculiar, bizarre, unnatural motor behavior (not including tic).	
8. Grandiosity Exaggerated self-opinion, arrogance, conviction of unusual power or abilities.	
9. Depressive Mood Sorrow, sadness, despondency, pessimism.	

Item	Score
10. Hostility Animosity, contempt, belligerence, disdain for others.	
11. Suspiciousness Mistrust, belief others harbor malicious or discriminatory intent.	
12. Hallucinatory Behavior Perceptions without normal external stimulus correspondence.	
13. Motor Retardation Slowed, weakened movements or speech, reduced body tone.	
14. Uncooperativeness Resistance, guardedness, rejection of authority.	
15. Unusual Thought Content Unusual, odd, strange, bizarre thought content.	
16. Blunted Affect Reduced emotional tone, reduction in formal intensity of feelings, flatness.	
17. Excitement Heightened emotional tone, agitation, increased reactivity.	
18. Disorientation Confusion or lack of proper association for person, place or time.	

→Skip to Q2

Positive and Negative Symptoms of Schizophrenia Scale (PANSS-6)

Please enter the score for the term that best describes the patient's condition.

1- absent, 2- minimal, 3- mild, 4- moderate, 5- moderate severe, 6- severe, 7- extreme

Test	Client score
a. Delusions	
b. Conceptual disorganization	
c. Hallucinatory behavior	
d. Blunted affect	
e. Passive/apathetic social withdrawal	
f. Lack of spontaneity and flow of conversation	

→Skip to Q2

COMPASS 10

Please enter the score for the term that best describes the patient's condition.

0 = **Not reported**, 1 = **Very Mild**, 2 = **Mild**, 3 = **Moderate**, 4 = **Moderately Severe**, 5 = **Severe**, 6 = **Very Severe**

Test	Client score
a. Depressed Mood	
b. Anxiety/Worry	
c. Suicidal Ideation/Behavior	
d. Hostility/Anger/Irritability/Aggressiveness	
e. Suspiciousness	
f. Unusual thought content	
g. Hallucinations	
h. Conceptual disorganization	
i. avolition/apathy	
j. asociality/low social drive	

2. On what date was this assessment administered?

__ / __ / ____ (MM/DD/YYYY)

COGNITION

Please complete the following questions about cognitive testing of the client.

1. During this assessment period, was the client's cognition assessed with a validated tool?
 - Yes
 - No
 - Unsure

2. During this assessment period, was the client's cognition used for treatment planning?
 - Yes
 - No
 - Unsure

CLINICS SHOULD ADMINISTER EITHER THE PENN CNB OR THE BAC-APP V2.1.0

Client ID #: _____ Date of Administration: _____

Pennsylvania Computerized Neurocognitive Battery (Penn CNB)

Test	Client score
a. Penn Digit Symbol Substitution Test (DSST)	
b. Penn Word Memory Test (PWMT)	
c. Penn Matrix Reasoning Test (PMAT)	
d. Emotion Recognition Test (ER-40)	

DISCHARGE AND PLANNING

Upon client's discharge from the Early Psychosis program, please answer the following questions.

1. Date of discharge *[Entered only at discharge]*
____ (Month) ____ (Year)

2. What is the primary reason for discharge? *[Entered only at discharge]*
Select *primary* reason
 - Terminated, refused or declined services
 - Completed program, graduated, or services no longer indicated due to client improvement
 - Client does not display signs and symptoms that lead to the inclusion of a covered diagnosis and/or an established level of impairment
 - Has reached limit for length of allowable stay
 - Pursuing a positive opportunity elsewhere (e.g., school, employment, training)
 - Admitted to state hospital
 - Admitted to a residential program
 - Transferred services to provider outside CSC program (other than state hospital or residential program)
 - Incarcerated
 - Moved out of service area because of reasons other than options noted above
 - Deceased (by suicide)
 - Deceased (by other means)
 - Whereabouts unknown, team unable to contact client
 - Other (Specify: _____)

3. Did team refer for further services? *[Entered only at discharge]*
 - Yes
 - No
 - Unknown

4. **Indicate any referrals made for services that were *within* your agency.** *[Entered only at discharge]*
Check all that apply.
 - Medication only
 - Psychotherapy only or some mix of psychosocial treatments, medication, supportive services, etc.
 - Higher level of service
 - Other (Specify: _____)

- None
- Does not apply

5. Indicate any referrals made for services that were *outside* your agency. *[Entered only at discharge]*

- Medication only
- Psychotherapy only or some mix of psychosocial treatments, medication, supportive services, etc.
- Higher level of service
- Other (Specify: _____)
- None
- Does not apply