DURATION OF UNTREATED PSYCHOSIS (DUP) AND PATHWAY TO CARE

CLINICIAN-COMPLETED AND RECORD REVIEW

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

2. [OPTIONAL] How was this information obtained?
   Check all that apply.
   ☐ Client self-report
   ☐ Family report
   ☐ Administrative record
   ☐ Other (Specify: __________________________)

3. Date of entry into the current program:
   ___ ___ (Month) ___ ___ ___ ___ (Year)

4. Between onset of psychotic symptoms and entry into this program, did the client receive any mental health treatment?
   ○ Yes
   ○ No ➔ Skip to Q6
   ○ Unknown ➔ Skip to Q6

5. When did mental health treatment between onset of psychotic symptoms and entry into this program treatment begin?
   ___ ___ (Month) ___ ___ ___ ___ (Year)

6. Between onset of psychotic symptoms and entry into this program, was the client hospitalized at all for a psychiatric issue?
   ○ Yes
   ○ No ➔ Skip to Q8
   ○ Unknown ➔ Skip to Q8
7. **If yes: how many times?**

   ________
   ○ Does not apply
   ○ Unknown

8. **When did the client first take antipsychotic medication?**

   ___ ___ (Month)   ___ ___ ___ ___ (Year)
   ○ Does not apply
   ○ Unknown