

# Early Psychosis Intervention Network Core Assessment Battery

## User Guide

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Photo is for illustrative purposes only. Any person depicted in this photo is a model.

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## Introduction

Initiated in 2019 and sponsored by the National Institute of Mental Health (NIMH), the Early Psychosis Intervention Network (EPINET) is a national learning healthcare system that focuses on early psychosis. EPINET is designed to support practice-based research to improve early identification, clinical assessment, diagnosis, intervention effectiveness, service delivery, and health outcomes in clinics offering evidence-based care to persons who are experiencing their first episode of psychosis or are identified as clinical high risk for psychotic illness.

EPINET includes Scientific Regional Hubs (Hubs), first episode psychosis clinics, and the EPINET National Data Coordinating Center (ENDCC). EPINET links clinics that work with individuals with early psychosis through

- Standardized clinical measures,
- Uniform data collection methods,
- Data sharing agreements, and
- Integration of client-level data across service users and clinics.

EPINET presents a unique opportunity for accelerating practice-based research into treatment approaches for early psychosis in the United States by encouraging collaborations among service users, frontline clinicians, healthcare administrators, and scientific content experts to conduct high-quality clinical research in real-world settings.

For more information about EPINET please refer to the EPINET website:

<https://NationalEPINET.org>

# The Core Assessment Battery

The EPINET Core Assessment Battery (CAB) includes standardized measures and individual items that assess key domains of early psychosis psychopathology, recovery, contextual factors, and treatment that can reasonably be included in the data collection efforts within Coordinated Specialty Care clinics. The CAB was developed through a consensus process by the EPINET Steering Committee, which is composed of principal investigators from each Hub and the ENDCC. In addition, five workgroups, comprised of more than 20 early psychosis researchers and clinical experts nominated by the Hub principal investigators, provided input on specific topics in the CAB.

## Use of the CAB and User Guide

The CAB and User Guide were developed for the use of EPINET-affiliated clinics. Instructions within the User Guide and CAB are meant to guide the implementation of a common set of assessments across EPINET clinics.

Clinics that are not affiliated with EPINET are also encouraged to review and adopt CAB measures and items. The designation of “optional” and “required” measures and items should be disregarded by those outside of EPINET.

## EPINET Steering Committee Established the Components of the CAB through a Consensus Process

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The content of the CAB reflects both domains and specific topics for client-level data collection that the EPINET Steering Committee designated as important for first episode psychosis programs. The CAB serves as the basis for common data collection across all EPINET clinics. Data aggregated across EPINET clinics will be used to establish a national repository of early psychosis common data elements that will facilitate research to improve early psychosis identification, clinical assessment, intervention effectiveness, and recovery outcomes among individuals experiencing early psychosis.

## Components of the CAB

The EPINET CAB includes 18 standardized measures and items drafted or adapted by the Steering Committee. All measures and items are organized within the CAB by domain. There are 21 domains.

**Domains:** These are the categories/topics that the Steering Committee identified as important for EPINET data collection.

**Standardized Measures:** These are measures that have been used in other research studies. The instructions and response options are established and are maintained, with minor exceptions, within the CAB. For a **full list of standardized measures that are included in the CAB, see Appendix A.**

**Items:** These are individual questions established by the Steering Committee that are not a part of a standardized measure.

**Optional:** Several standardized measures and items are designated as “optional” in the CAB. The optional sections of the CAB are highly recommended and relevant to the study of first episode psychosis programs; however, Hubs or clinics may decide not to include optional items to accommodate their own programmatic needs and areas of interest.

## Baseline and Follow-Up Versions of the CAB

There are **baseline** and **follow-up** versions of the CAB. The two versions have mostly overlapping measures and items to allow for examination of change across time. Selected background and demographic characteristics that are historical in nature or for which measuring change is not needed appear only in the baseline version. Table 1 lists the domains covered by each version, and provides a summary of the overlap between the two.

**Baseline:** The baseline version of the CAB includes measures and items that are collected during the initial assessment with a client. The baseline may be administered when

- A new client enters a first episode psychosis program;
- A client has completed some baseline assessment items, but not all; or
- An existing client is assessed using the CAB for the first time.

**Follow-up:** A follow-up version of the CAB includes measures and items that should be reassessed while a client is receiving services in a first episode psychosis program. Reassessment should occur regularly, and at a minimum of every 6 months following the baseline or follow-up assessment. Also included in the follow-up assessment are items that refer to **discharge** from a first episode psychosis program. These discharge items are only assessed when a client leaves the program.

**Table 1. Overlap in Baseline and Follow-Up Versions of the Core Assessment Battery**

Domain (alphabetical order)	Baseline and follow-up versions differ	Notes
1. Cognition		No difference between baseline and follow-up.  Clinics may administer either the BAC-App or Penn CNB.
2. Demographics and Background	✓	Different items included in baseline (26 items) versus follow-up (14 items).
3. Diagnosis		No difference between baseline and follow-up.
4. Discharge Planning and Disposition	✓	No items in this domain are in the baseline assessment.  Items are only in the follow-up version and only asked at discharge or when the client terminates from the program.
5. Duration of Untreated Psychosis (DUP) and Pathway to Care	✓	Different items included in baseline (8 items) versus follow-up (3 items).
6. Education		No difference between baseline and follow-up.
7. Employment and Related Activities	✓	Similar items, with slight differences in the wording: <ul style="list-style-type: none"> <li>At baseline, clients are asked to report on events occurring over the past 6 months.</li> <li>At follow-up, clients are asked to report on events since the last assessment.</li> </ul>
8. Family Involvement	✓	Similar items, but with slight differences in the wording: <ul style="list-style-type: none"> <li>At baseline, clients are asked to report on events occurring over the past 6 months.</li> <li>At follow-up, clients are asked to report on events since the last assessment.</li> </ul>

Domain (alphabetical order)	Baseline and follow-up versions differ	Notes
9. Functioning		No difference between baseline and follow-up.  Clinics may administer either the Global Functioning Social and Role Scale or the MIRECC-GAF Social Rating and Occupational Rating Scales.
10. Health		No difference between baseline and follow-up.
11. Hospitalizations	✓	Similar items, but with slight differences in the wording: <ul style="list-style-type: none"> <li>At baseline, clients are asked to report on events occurring over the past 6 months.</li> <li>At follow-up, clients are asked to report on events since the last assessment.</li> </ul>
12. Legal Involvement and Related	✓	Similar items, but with slight differences in the wording: <ul style="list-style-type: none"> <li>At baseline, clients are asked to report on events occurring over the past 6 months.</li> <li>At follow-up, clients are asked to report on events since the last assessment.</li> </ul>
13. Medication Side Effects and Treatment Adherence		No difference between baseline and follow-up.
14. Medications		No difference between baseline and follow-up.
15. Recovery		No difference between baseline and follow-up.
16. Service Use	✓	The 9 items only appear in the follow-up assessment.
17. Shared Decision Making	✓	The 3 items only appear in the follow-up assessment.
18. Stress, Trauma, and Adverse Childhood Experiences	✓	The Adverse Childhood Experiences scale only appears in the baseline assessment.  The remaining three scales (Child and Adolescent Trauma Screen [CATS] Youth, Life Events Checklist for DSM-5 [LEC-5], and Post Traumatic Stress Disorder Checklist for DSM-5 [PCL-5]) appear in both the baseline and follow-up assessments.
19. Substance Use		No difference between baseline and follow-up.

Domain (alphabetical order)	Baseline and follow-up versions differ	Notes
20. Suicidality	✓	<p>Similar items, but with slight differences in the wording:</p> <ul style="list-style-type: none"> <li>• At baseline, clients are asked to report on events occurring over the past 6 months.</li> <li>• At follow-up, clients are asked to report on events since the last assessment.</li> </ul>
21. Symptoms		No difference between baseline and follow-up for either the client self-report or clinician-report items.



## Discharge Planning and Disposition

The Discharge Planning and Disposition items need to be completed for every client that leaves the program. Discharge is defined as when the client leaves the program, and may include any of the reasons described in item 2 (shown below).

It is important for clinics to capture this information, since item 2 is the only item in the CAB that covers reasons why follow-up assessments cannot be completed for a client.

### CLINICIAN-COMPLETED

**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: \_\_\_\_\_)

## Administration of the CAB

Although both the baseline and follow-up versions of the CAB list the client-administered measures in the first half of the battery and the clinician-completed measures in the second half, this is not a recommendation for the sequencing of the measures and items.

- Programs should customize the order of CAB components to fit into their existing assessment processes.
- Not all the measures and items need to be completed at the same time or even on the same day.
- Measures can be administered on paper or through a web interface.

### Response Options as Circles and Squares

For each measure or item, the response options are reflected as either:

- ☐ Circles, meaning that the respondent should choose only one of the response options.
- ☐ Squares, meaning that the respondent should choose all that apply from the response options.

**Appendix B** includes clarification and definitions for individual items within the CAB.

**Appendix C** includes information about how to score the standardized measures in the CAB.

## Respondents

The CAB includes items and measures that are intended to be completed by clients, clinicians, and other clinic staff. For each domain, the CAB lists the recommended respondent for measures and items using one of the following notations:

- **Client self-administered:** These measures and items should be completed by clients with as little involvement from clinicians or agency staff as possible. However, if self-assessment is not possible due to client's level of functioning or in challenging logistical circumstances, then the measures and items should be read aloud by clinical or agency staff and the responses recorded on the behalf of the client.
- **Clinician-administered:** These measures and items should be administered to a client by a clinician, research assistant, or other designated staff. The clinician or staff person should read aloud the questions (and in some cases, the response

options) to the client. Skip patterns, response options, and other administrator instructions are indicated within the CAB.

Use “Unsure/Don’t know” when the information is not known by the clinician or not known by the client.

- **Client self-administered or Clinician-administered:** These measures and items can be *either* self-administered or administered by a clinician, although client self-administration is always preferable.
- **Clinician-completed:** These measures and items should be completed by a clinician who provides services to the client. Responses will be based on the clinician’s familiarity with the client. Clinicians may also choose to consult the client’s medical records, request input from other clinical staff that work with the client, or ask the client directly.

Use “Unknown” if the information is unknown by the clinician.

- **Record Review:** These measures and items should be completed by an agency staff member or clinical staff using a client’s medical records. Examples include listing of client’s current medications or results from blood work.

## For Additional Information or Questions

For additional information about the CAB or to request information about the measures or items within the CAB, please contact the ENDCC at [ENDCC@westat.com](mailto:ENDCC@westat.com).

# Appendix A

## Standardized Measures Included in CAB

Name of measures (listed in alpha order)	Domain	Optional or Required	# of items	Administration Recommendation	Approx. burden
1. Adherence Estimator	Medication Side Effects and Treatment Adherence	Required	3 items	Self-administered (admin.)	Less than 5 min.
2. Adverse Childhood Experiences	Stress, Trauma, and Adverse Childhood Experiences	Optional	10 items	Self-admin.	Not provided
3. Brief Adherence Rating Scale (BARS)	Medication side effects and Treatment Adherence	One item required, others optional	4 items	Clinician-completed	Less than 5 min.
4. Brief Assessment of Cognition (BAC-App v2.1.0) (actual instrument not in CAB; subscale scores reported)	Cognition	Clinics can administer either BAC-App or CNB	Approx. 12 prompts	Self-admin. on electronic device	Typically 30 min.; up to 50 min. for all subtests
5. Brief Psychiatric Rating Scale (BPRS)	Symptoms	Clinics can administer COMPASS-10, BPRS, or PANSS-6	18	Clinician-completed	Not provided
6. COMPASS-10	Symptoms	Clinics can administer COMPASS-10, BPRS or PANSS-6	10	Clinician-completed	Not provided

Name of measures (listed in alpha order)	Domain	Optional or Required	# of items	Administration Recommendation	Approx. burden
7. Child and Adolescent Trauma Screen (CATS) - Youth Report (for ages 17 and under)	Stress, Trauma, and Adverse Childhood Experiences	Optional	40 items	Self-admin.	15 min.
8. CollaboRATE Questionnaire	Shared Decision Making	Optional	3 items	Self-admin.	Less than 5 min.
9. Global Functioning: Role Scale (GF: Role)	Functioning	Clinics can administer either the GF-Role or the MIRECC-GAF Occupational Scale	4 interview prompts	Clinician-completed	Less than 15 min.
10. Global Functioning: Social Scale (GF: Social)	Functioning	Clinics can administer either the GF-Social or the MIRECC-GAF Social Scale	7 interview prompts	Clinician-completed	Less than 15 min.
11. Intent to Attend and Complete Treatment	Medication Side Effects and Treatment Adherence	Required	2 items	Self-admin.	Less than 5 min.
12. Life Events Checklist for DSM-5 (LEC-5) (for ages 18 and older)	Stress, Trauma, and Adverse Childhood Experiences	Optional	17 items	Self-admin.	Less than 15 min.; often paired with Post Traumatic Stress Disorder Checklist for DSM-5 (PCL-5); under 15 minutes for both

Name of measures (listed in alpha order)	Domain	Optional or Required	# of items	Administration Recommendation	Approx. burden
13. Mental Illness Research, Education, and Clinical Center Global Assessment of Functioning (MIRECC-GAF)	Symptoms	Clinics can administer either the MIRECC-GAF Occupational or Social scale or the GF-Social or GF-Role	Three subscales: occupational functioning, social functioning, and symptom severity	Clinician-completed	Time varies by clinician; after subscale anchors are determined, scoring takes about a minute
14. Modified Colorado Symptom Index (CSI)	Symptoms	Required	14 items	Self-admin.	Less than 10 min.
15. Pennsylvania Computerized Neurocognitive Battery (Penn CNB) (actual instrument not in CAB; subtest scores reported)	Cognition	Clinics can administer either BAC-App or Penn CNB	4 of the 13 available tests	Self-admin. on web-enabled computer	60 minutes for all 13; unknown length of time for 4 subtests
16. Positive and Negative Symptoms of Schizophrenia Scale (PANSS-6)	Symptoms	Clinics can administer COMPASS-10, BPRS or PANSS-6	6 items	Clinician-completed	Not provided
17. Post Traumatic Stress Disorder Checklist for DSM-5 (PCL-5) (for ages 18 and older)	Stress, Trauma, and Adverse Childhood Experiences	Optional	20 items	Self-admin.	Less than 15 min.; often paired with Life Events Checklist for DSM-5 (LEC-5); under 15 minutes for both
18. Staying Well/Questionnaire About the Process of Recovery (QPR)	Recovery	Optional	15 items	Self-admin.	Less than 10 minutes

## Appendix B

### Clarifications and Definitions of CAB Items

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
1	<b>Cognition</b>	1-2	1-2	<p>During this assessment period, was the client's cognition assessed with a validated tool?</p> <p>During this assessment period, was the client's cognition used for treatment planning?</p>	<p>Clinician-completed.</p> <p>"Validated tools" are any cognition measures that have established validity, reliability, and other psychometrics properties.</p>
2	<b>Cognition</b>  Standardized Measure: Penn CNB	a-d	a-d	<p>Enter client's accuracy and reaction time scores from the following 4 subtests from the Penn CNB below.</p> <ul style="list-style-type: none"> <li>a. Penn CNB Digit Symbol Substitution Test</li> <li>b. Penn CNB Word Memory Test</li> <li>c. Penn CNB Matrix Reasoning Test</li> <li>d. Penn CNB Emotion Recognition Test</li> </ul>	<p>Penn CNB: Access additional information at <a href="https://pennncnp.med.upenn.edu/">https://pennncnp.med.upenn.edu/</a>;</p> <p>Contact <a href="mailto:pennncnp@mail.med.upenn.edu">pennncnp@mail.med.upenn.edu</a> for licensing.</p>

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
3	<b>Cognition</b>  Standardized Measure: BAC-App	a-f	a-f	<p>Enter client's raw and T-scores from the BAC-App subtests below.</p> <ul style="list-style-type: none"> <li>a. Verbal Memory</li> <li>b. Digit Sequencing</li> <li>c. Token Motor</li> <li>d. Total Verbal Fluency (Sum of Semantic and Letter Fluency 1 and 2)</li> <li>e. Symbol Coding</li> <li>f. Tower of London</li> <li>g. 6 item composite T-score (In-person administration)</li> <li>h. 4 item composite T-score (remote administration)</li> </ul>	<p>BAC-App: Access additional information at <a href="https://littlegreensoftware.com/work/bacbac">https://littlegreensoftware.com/work/bacbac</a>;</p> <p>Contact <a href="mailto:info@verasci.com">info@verasci.com</a> for licensing.</p>
4	<b>COVID-19 Supplement</b>	1	1	<p><b>Baseline version:</b> Since March 2020, have you had COVID-19-related symptoms like a cough, fever, shortness of breath, or difficulty breathing?</p> <p><b>Follow-up version:</b> Since the last assessment, have you had COVID-19-related symptoms like a cough, fever, shortness of breath, or difficulty breathing?</p>	<p>Client self-administered or Clinician-administered.</p> <p>March 2020 is the month recognized as the beginning of the COVID-19 pandemic in the U.S.</p> <p>These are just examples of symptoms; clients do not need to have these specifically. Be aware of current lists of symptoms as knowledge of COVID-19 matures.</p>



Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
5	COVID-19 Supplement	2-3	2-3	<b>Baseline version:</b> Have you been tested for the coronavirus?  <b>Follow-up version:</b> Since the last assessment, have you been tested for the coronavirus?  What was the result?	Client self-administered or Clinician-administered.  Do not read options; code as applicable.  Follow skip pattern.  If the client has had multiple COVID tests and <u>any</u> test was positive for COVID, then select the first option for question #3.
6	Demographics and Background	1 - 4	n/a	What is your date of birth?  What was your biological sex assigned at birth?  How do you identify your gender identity?  What is your sexual orientation?	Client self-administered or Clinician-administered.  If administration is by clinician, read all response options except “prefer not to say” option.
7	Demographics and Background	5	n/a	What is your race?	Client self-administered or Clinician-administered.  Do not read options.
8	Demographics and Background	6	n/a	What is your ethnicity?	Client self-administered or Clinician-administered.  Read options as “Hispanic or Non-Hispanic.”

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
9	<b>Demographics and Background</b>	7	n/a	What is your preferred language?	Client self-administered or Clinician-administered.  Do not read options; code as applicable.
10	<b>Demographics and Background</b>	8-9	1-2	What is your current marital status? Do you have any children?	Client self-administered or Clinician-administered.  “Domestic partnership” means living together as married.  Do not read options; code as applicable.
11	<b>Demographics and Background</b>	10	n/a	What is the highest education level completed by your mother?	Client self-administered or Clinician-administered.  Do not read options; code as applicable.  “Mother” can refer to any primary maternal caregiver, including biological, adoptive, foster, or step mother. If respondent has no maternal caregiver, response is Not applicable.

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
12	<b>Demographics and Background</b>	11	3	[OPTIONAL] What type of work does your mother currently do or did she do most recently?	<p>Client self-administered or Clinician-administered.</p> <p>Do not read options; code as applicable.</p> <p>“Mother” can refer to any primary maternal caregiver, including biological, adoptive, foster, or stepmother. If respondent has no maternal caregiver, response is Not applicable.</p> <p>For parents who are retired, report on his or her most recent job.</p>
13	<b>Demographics and Background</b>	12	n/a	What is the highest education level completed by your father?	<p>Client self-administered or Clinician-administered.</p> <p>Do not read options; code as applicable.</p> <p>“Father” can refer to any primary paternal caregiver, including biological, adoptive, foster, or stepfather. If respondent has no paternal caregiver, response is Not applicable.</p>

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
14	<b>Demographics and Background</b>	13	4	[OPTIONAL] What type of work does your father currently do or did he do most recently?	<p>Client self-administered or Clinician-administered.</p> <p>Do not read options; code as applicable.</p> <p>“Father” can refer to any primary paternal caregiver, including biological, adoptive, foster, or stepfather. If respondent has no paternal caregiver, response is Not applicable.</p> <p>For parents who are retired, report on his or her most recent job.</p>
15	<b>Demographics and Background</b>	14	5	What is your current housing situation?	<p>Client self-administered or Clinician-administered.</p> <p>Do not read options, but clarify client response using the option descriptions.</p>
16	<b>Demographics and Background</b>	15-16	n/a	<p>Are you a Veteran?</p> <p>Were you ever in the foster care system?</p>	<p>Client self-administered or Clinician-administered.</p> <p>Do not read options.</p> <p>“Veteran” can include someone who is active military or at some point in their career worked for the military.</p> <p>“Foster care” refers to the formal state system of foster care, not informal arrangements.</p>

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
17	<b>Demographics and Background</b>	17	6	What type of health insurance do you currently have?	Client self-administered or Clinician-administered.  Do not read options; code as applicable.  Medicare is coded as “Other.”
18	<b>Demographics and Background</b>	18	7	Do you receive financial support from any of the following people?	Client self-administered or Clinician-administered.  Read all options.  Support from “spouse” could include alimony, child support, or living in the same household and sharing expenses.  “Other” could include siblings and friends.
19	<b>Demographics and Background</b>	19-20	8-9	Do you currently receive Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI)?  About how old were you when you began receiving SSI/SSDI?	Client self-administered or Clinician-administered.  Do not read options; code as applicable.  Note skip patterns.
20	<b>Demographics and Background</b>	21	10	Have you applied for SSI/SSDI in the past 6 months?	Client self-administered or Clinician-administered.  This is intended to be since the last time the question was asked, which will be approximately 6 months at each follow-up assessment.

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
21	<b>Demographics and Background</b>	22	11	Do you currently receive any of the following other monetary supports?	Client self-administered or Clinician-administered.  Read all options.
22	<b>Demographics and Background</b>	23	n/a	Who referred you to this program?	Client self-administered or Clinician-administered.  Do not read options; code as applicable.  “Family member” includes any type of familial relationship, such as parent, spouse, or sibling.  “Friend” includes boyfriend, girlfriend, domestic partner, or non-romantic friend.
23	<b>Diagnosis</b>	1-5	1-5	Current primary diagnosis  Was a structured, standardized tool (e.g., the MINI, SCID) used to make this diagnosis?  Does the client meet criteria for Clinical High Risk?  Clinical High Risk: Inclusion Criteria  Clinical High Risk: Status Specifiers	Clinician-completed.  The MINI is the Mini International Neuropsychiatric Interview. The SCID is the Structured Clinical Interview for DSM Disorders.  Follow skip pattern.

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
24	<b>Discharge Planning and Disposition</b>	n/a	1-5	<p>Date of discharge</p> <p>What is the primary reason for discharge?</p> <p>Did team refer for further services?</p> <p>Indicate any referrals made for services that were within your agency.</p> <p>Indicate any referrals made for services that were outside your agency.</p>	Clinician-completed. Entered only at discharge.
25	<b>Duration of Untreated Psychosis (DUP) and Pathway to Care</b>	1	1	<p><b>Baseline version:</b> Provide a best estimate of when frank (not prodromal) psychotic symptoms (e.g., delusions, hallucinations, or disorganized speech/behavior) began.</p> <p><b>Follow-up version:</b> Using all available information, please provide a best estimate of when frank (not prodromal) psychotic symptoms (e.g., delusions, hallucinations, or disorganized speech/behavior) began.</p>	<p>Clinician-completed.</p> <p>If an individual is classified as clinical high risk, then the clinician should indicate “not applicable” for DUP item #1.</p> <p>At follow-up you will have information that was not available at Baseline such as client report, family report, and client records.</p> <p>See end of Appendix B for guidance on estimating the date.</p>
26	<b>DUP and Pathway to Care</b>	n/a	2	Does this date differ from the date entered at the last assessment period?	Clinician-completed.

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
27	DUP and Pathway to Care	2	3	[OPTIONAL] How was this information obtained?	Clinician-completed.  Code as applicable.
28	DUP and Pathway to Care	3	n/a	Date of entry into the current program:	Clinician-completed.  The first episode psychosis program is the “current program.”
29	DUP and Pathway to Care	4	n/a	Between onset of psychotic symptoms and entry into this program, did the client receive any mental health treatment?	Clinician-completed.  Follow skip pattern.  Mental health treatment can include assessment and treatment, psychotherapy, case management, group therapy, psychiatric consultation, psychiatric hospitalization, psychiatric residential treatment, and prescribed psychiatric medications.
30	DUP and Pathway to Care	5	n/a	When did mental health treatment between onset of psychotic symptoms and entry into this program treatment begin?	Clinician-completed.  See end of Appendix B for guidance on estimating the date.



Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
31	<b>DUP and Pathway to Care</b>	6-8	n/a	<p>Between onset of psychotic symptoms and entry into this program, was the client hospitalized at all for a psychiatric issue?</p> <p><i>If yes: how many times?</i></p> <p>When did the client first take antipsychotic medication?</p>	<p>Clinician-completed.</p> <p>Follow skip pattern.</p> <p>Hospitalization can occur following an emergency department visit or referral to residential care by a trained mental health professional.</p> <p>Antipsychotic medication is limited to medications prescribed to treat psychosis symptoms and not medications prescribed to treat the client's other mental health diagnoses such as depression, anxiety, or attention deficit and hyperactivity.</p>
32	<b>Education</b>	1-5	1-5	<p>What is the highest grade you have completed?</p> <p>Are you currently attending school?</p> <p><i>If attending full or part-time: What type of school program are you attending?</i></p> <p>Do you currently receive educational support and accommodation through an Individualized Education Plan (IEP), 504 plan, or from your college disability support office?</p> <p>Are you currently working toward a goal related to school at this time, for example, to graduate high school or improve your grades?</p>	<p>Client self-administered or Clinician-administered.</p> <p>Do not read options; code as applicable.</p>

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
33	<b>Employment and Related Activities</b>	1-4	1-4	<p>Are you currently working toward a goal related to employment at this time, for example, to get a job or find a new job?</p> <p>Have you had an internship, apprenticeship, or done volunteer work any time in the past 6 months/since last assessment?</p> <p>If yes, was this paid?</p> <p>Have you had a paid job any time in the past 6 months/since last assessment?</p>	<p>Client self-administered or Clinician-administered.</p> <p>During baseline assessment the questions specify “the past 6 months.” At follow-up the questions specify “since the last assessment.”</p>
34	<b>Employment and Related Activities</b>	5-8; 9-13; 14-18	5-8; 9-13; 14-18	<p><u>Items 5-8:</u></p> <p>[OPTIONAL] If yes: What is/was your job?</p> <p>What type of work is this job?</p> <p>Is/was this a full-time position (30 hours or more per week) or a part-time position (less than 30 hours per week)?</p> <p>[OPTIONAL] About how much was your take-home pay per week in this position?</p> <p><u>Items 9-13 (Job #2):</u></p> <p>Have you had any other job during the <u>past 6 months</u>?</p>	<p>Client self-administered or Clinician-administered.</p> <p>Repeat these items for up to three positions (during the past 6 months/since the last assessment).</p> <p>In Q6, “traineeship” refers to positions in which the main purpose is to receive training, rather than provide services or perform the tasks of the job.</p>

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
				<p>[OPTIONAL] What is/was your job?</p> <p>What type of work is this job?</p> <p>Is/was this a full-time position (30 hours or more per week) or a part-time position (less than 30 hours per week)?</p> <p>[OPTIONAL] About how much was your take-home pay per week in this position?</p> <p><u>Items 14-18 (Job #3):</u></p> <p>Have you had a third job during the <u>past 6 months</u>?</p> <p>[OPTIONAL] What is/was your other job?</p> <p>What type of work is this job?</p> <p>Is/was this a full-time position (30 hours or more per week) or a part-time position (less than 30 hours per week)?</p> <p>[OPTIONAL] About how much was your take-home pay per week in this position?</p>	

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
35	Family Involvement	1-3	1-3	<p><b>Baseline version:</b> During the past 6 months, how frequently was the client in contact with family?</p> <p>What is the client's preference for family involvement?</p> <p>Have any family members received any treatment services provided by the clinical staff (e.g., family therapy, individual sessions with the client, etc.)?</p> <p><b>Follow-up version:</b> Since the last assessment, how frequently was the client in contact with family? Since the last assessment, what has been the client's preference for family involvement?</p> <p>During this assessment period, did any family member receive any treatment services provided by the clinical staff (e.g., family therapy, individual sessions with the client, etc.)?</p>	<p>Clinician-completed.</p> <p>During baseline assessment assume that the questions refer to the past 6 months.</p> <p>At follow-up the questions specify "since the last assessment" or "during this assessment period."</p> <p>"Family" should be based on the client's definition and may include non-biological members.</p>

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
36	<b>Family Involvement</b>	4	4	<b>Baseline version:</b> Does the family refuse to participate in treatment?  <b>Follow-up version:</b> During this assessment period, did the family refuse to participate in treatment?	Clinician-completed.  “Family” should be based on the client’s definition and may include non-biological members.
37	<b>Functioning</b>  Standardized Measure: GF-Social	1	1	Global Functioning: Social Scale	Clinician-completed; rating only reported.  For scoring instructions on standardized measure, see Appendix C.  Training is required for administration.
38	<b>Functioning</b>  Standardized Measure: GF-Role	2	2	Global Functioning: Role Scale	Clinician-completed; rating only reported.  For scoring instructions on standardized measure, see Appendix C.  Training is required for administration.
39	<b>Functioning</b>  Standardized Measure: MIRECC-GAF Social and Occupational Functioning	3-4	3-4	MIRECC-GAF	Clinician-completed; rating only reported.  For scoring instructions on standardized measures, see Appendix C.  Training is required for administration.

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
40	Health	1-10	1-10	Client's height (ft & in) Client's weight (lb & oz) Client's BP (systolic & diastolic) [OPTIONAL] Client's Total Cholesterol (mg/dl) [OPTIONAL] Client's LDL cholesterol (mg/dl) [OPTIONAL] Client's HDL cholesterol (mg/dl) [OPTIONAL] Client's Triglycerides (mg/dl) [OPTIONAL] Client's fasting glucose (mg/dl) [OPTIONAL] Client's fasting insulin (uU/ml) [OPTIONAL] Client's hemoglobin A <sub>1c</sub> (HbA <sub>1c</sub> )	Clinician- or program staff-completed and record review.  Information can be obtained through review of client's medical records. Information reflects the most recent information available at the time of assessment.

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
41	Hospitalizations	1-16	1-16	<p>During the past 6 months/since the last assessment, did you spend the night in a hospital for a mental health reason?</p> <p>During the past 6 months/since the last assessment , <u>how many times</u> were you admitted to a hospital for a mental health reason?</p> <p>During the past 6 months/since the last assessment, what was the <u>total number of nights</u> you spent in a hospital for a mental health reason?</p> <p>During the past 6 months/since the last assessment, did you go to the emergency room for a mental health or substance use reason but did <u>not</u> stay overnight at the hospital?</p> <p>During the past 6 months/since the last assessment, <u>how many times</u> did you go to an emergency room for a mental health or substance use reason without staying overnight?</p> <p>During the past 6 months/since the last assessment, did you spend the night in a hospital, detox facility or a residential treatment facility for substance use?</p>	<p>Clinician-completed and record review.</p> <p>During baseline assessment the questions specify “the past 6 months.” At follow-up the questions specify “since the last assessment.”</p> <p>Clinician can answer these questions by reading them to the client, using previous conversations with the client, or consulting clinical records.</p>

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
				<p>During the past 6 months/since the last assessment, <u>how many times</u> were you admitted to a hospital, detox facility or a residential treatment facility for substance use?</p> <p>During the past 6 months/since the last assessment, what was the <u>total number of nights</u> you spent in that setting?</p> <p>During the past 6 months/since the last assessment, apart from mental health or substance use treatment, did you spend the night in a hospital for a medical condition?</p> <p>During the past 6 months/since the last assessment, <u>how many times</u> were you admitted to a hospital for a medical condition?</p> <p>During the past 6 months/since the last assessment, what was the <u>total number of nights</u> you spent in a hospital for a medical condition?</p> <p>During the past 6 months/since the last assessment, did you go to the emergency room for a medical reason?</p>	



Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
				<p>During the past 6 months/since the last assessment, <u>how many times</u> did you go to the emergency room for a medical reason?</p> <p>During the past 6 months/since the last assessment, did you spend the night in a crisis stabilization unit for a mental health or substance use reason?</p> <p>During the past 6 months/since the last assessment, <u>how many times</u> were you admitted to a crisis stabilization unit for a mental health or substance use reason?</p> <p>During the past 6 months/since the last assessment, what was the <u>total number of nights</u> you spent in a crisis stabilization unit?</p>	

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
42	<b>Legal Involvement and Related</b>	1-6	1-6	<p>In the past 6 months/since the last assessment, have you had legal issues, probation, or parole?</p> <p>In the past 6 months/since the last assessment, have you spent any nights in jail/prison?</p> <p>If yes, number of nights:</p> <p>In the past 6 months/since the last assessment, have you had court-ordered treatment?</p> <p>In the past 6 months/since the last assessment, have you had violent or aggressive thoughts?</p> <p>In the past 6 months/since the last assessment, have you had violent or aggressive behavior?</p>	<p>Client self-administered or clinician-administered.</p> <p>“Legal issues” is defined broadly to include all reasons that the respondent might have become involved in the legal system. This could include any police contact or incarceration for illegal substance use, violence perpetration or victimization, traffic violations, theft or burglary, etc.</p> <p>During baseline assessment the questions specify “the past 6 months.” At follow-up the questions specify “since the last assessment.”</p>
43	<b>Medication Side Effects and Treatment Adherence</b>	1	1	Do you currently take any prescription medications?	<p>Client self-administered.</p> <p>This question is to allow the client to skip out of this section if it does not apply. It is only needed if this section is going to be client self-administered or read to client by clinician.</p>

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
44	<b>Medication Side Effects and Treatment Adherence</b>	2	2	What side effects do you currently experience from your medication?	<p>Client self-administered or Clinician-administered.</p> <p>If Clinician-administered, read all options.</p> <p>Consider all medications and select all responses that apply.</p> <p>This question can be skipped if client takes no medications of any kind.</p>
45	<b>Medication Side Effects and Treatment Adherence</b>  Standardized Measure: Intent to Attend and Complete Treatment Scale	1-2	1-2	Intent to Attend and Complete Treatment Scale	<p>Client self-administered.</p> <p>These questions refer to attending the next CSC appointment and completing the CSC program.</p> <p>For scoring instructions on standardized measure, see Appendix C.</p>

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
46	<b>Medication Side Effects and Treatment Adherence</b>  Standardized Measure: Brief Adherence Rating Scale (BARS)	1-4	1-4	Brief Adherence Rating Scale (BARS)	Clinician-administered.  These items should be skipped if only an LAI is taken.  For scoring instructions on standardized measure, see Appendix C.
47	<b>Medication Side Effects and Treatment Adherence</b>  Standardized Measure: Adherence Estimator®	1-3	1-3	Adherence Estimator®	Client self-administered.  This question should be skipped if no medication is prescribed.  These questions refer to all of respondent's prescription medications. Responses should be based on all medications. Questions can be skipped if the respondent does not take medications.  For scoring instructions on standardized measure, see Appendix C.

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
48	<b>Medications</b>	1-8	1-8	<p>Is the client currently prescribed an oral antipsychotic medication?</p> <p>Oral antipsychotic table</p> <p>If the client is prescribed an oral antipsychotic not listed above, indicate the name and daily dose.</p> <p>Is the client currently prescribed a Long-Acting Injectable (LAI)?</p> <p>LAI table</p> <p>If the client is prescribed an LAI not listed above, indicate the name and dose.</p> <p>Is the client currently prescribed any other psychotropic medications?</p> <p>Indicate all psychotropic medications prescribed.</p>	Clinician-completed and record review.
49	<b>Recovery</b>  Standardized Measure: Staying Well Questionnaire	1-15	1-15	<p>Staying Well Questionnaire. Also referred to as the Questionnaire about the Process of Recovery (QPR)</p>	<p>Client self-administered.</p> <p>For scoring instructions on standardized measure, see Appendix C.</p>

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
50	Service Use	n/a	1-9	<p>Since the last assessment, has a child protective services (or equivalent state agency) report been initiated on behalf of the client?</p> <p>Has the client received psychiatric medication management through your program since the last assessment?</p> <p>Has the client received psychotherapy (individual or group) through your program since the last assessment?</p> <p>Has the client received supported education assistance through your program since the last assessment?</p> <p>Has the client received supported employment assistance through your program since the last assessment?</p> <p>Has the client received case management through your program since the last assessment?</p> <p>Has the client received peer support through your program since the last assessment?</p>	Clinician-completed.

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
				<p>Have the client's legal guardians or supportive others received family treatment/support through your program since the last assessment?</p> <p>Did any visit with the client through your program take place in the community since the last assessment?</p>	
51	<b>Shared Decision Making</b>  Standardized Measure: CollaboRATE	n/a	1-3	CollaboRATE	Client self-administered.  For scoring instructions on standardized measure, see Appendix C.
52	<b>Stress, Trauma, and Adverse Childhood Experiences (ACEs)</b>  Standardized Measure: LEC-5	1-17	1-17	[OPTIONAL] Life Events Checklist for DSM-5 (LEC-5)	Client self-administered.  For scoring instructions on standardized measure, see Appendix C.
53	<b>Stress, Trauma, and ACEs</b>  Standardized Measure: PCL-5	1-20	1-20	[OPTIONAL] Post Traumatic Stress Disorder Checklist for DSM-5 (PCL-5) (for ages 18 and older)	Client self-administered  For scoring instructions on standardized measure, see Appendix C.

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
54	<b>Stress, Trauma, and ACEs</b>  Standardized Measure: CATS	1-15, 1-20, 1-5	1-15, 1-20, 1-5	[OPTIONAL] Child and Adolescent Trauma Screen (CATS) - Youth Report (Age 7-17)	Client self-administered.  For scoring instructions on standardized measure, see Appendix C.
55	<b>Stress, Trauma, and ACEs</b>  Standardized Measure: Adverse Childhood Experiences	1-10	n/a	[OPTIONAL] Adverse Childhood Experiences (ACES)	Client self-administered.  For scoring instructions on standardized measure, see Appendix C.
56	<b>Substance Use</b>	1-12	1-12	In the past 30 days, have you used nicotine, e-cigarettes, or vaped?  In the past 30 days, about how often have you used nicotine, e-cigarettes, or vaped?  In the past 30 days, have you used alcohol?  In the past 30 days, how often have you used alcohol?  In the past 30 days, have you used marijuana? (This refers to THC, not CBD alone.)	Client self-administered.  Non-prescribed stimulants can include cocaine, methamphetamine, anabolic steroids, and prescription medications that are being abused, such as Adderall.  Please note that caffeine is not included as a non-prescribed stimulant.



Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
				<p>In the past 30 days, how frequently have you used marijuana?</p> <p>Was the marijuana prescribed by a doctor or other healthcare professional?</p> <p>In the past 30 days, have you used opioids? Opioids may include drugs such as Vicodin, OxyContin, Hydrocodone, Percocet, and Methadone.</p> <p>In the past 30 days, how frequently have you used opioids?</p> <p>Were the opioids prescribed?</p> <p>In the past 30 days, have you used non-prescribed stimulants (e.g., methamphetamine, cocaine, Adderall)?</p> <p>In the past 30 days, how frequently have you used non-prescribed stimulants (e.g., methamphetamine, cocaine, Adderall)?</p>	

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
57	<b>Suicidality</b>	1-4	1-4	<p>In the past 6 months/since the last assessment, has the client had suicidal ideation?</p> <p>In the past 6 months/since the last assessment, has the client had any suicide attempts?</p> <p>If yes, how many times?</p> <p>In the past 6 months/since the last assessment, has the client had non-suicidal self-injurious behavior?</p>	<p>Clinician-completed.</p> <p>During baseline assessment the questions specify “the past 6 months.” At follow-up the questions specify “since the last assessment.”</p>
58	<b>Symptoms</b>  Standardized Measure: Modified Colorado Symptom Index	1-14	1-14	Modified Colorado Symptom Index	<p>Client self-administered.</p> <p>For scoring instructions on standardized measure, see Appendix C.</p>

Domain and Standardized Measure name (if applicable)		Clarification			
		Baseline Item #*	Follow-Up Item #*	Item/Measure	Comment
59	<b>Symptoms</b>  Standardized Measure: COMPASS-10, BPRS, or PANSS-6	1-10, 1-18, Or 1-6	1-10, 1-18, Or 1-6	Clinics can administer COMPASS-10, the Brief Psychiatric Rating Scale (BPRS), or the Positive and Negative Symptoms of Schizophrenia scale (PANSS-6)	<p>Clinician-completed.</p> <p>In the absence of a preference among the three measures in this domain, we recommend COMPASS-10.</p> <p>For the COMPASS measurement-based care component of the NAVIGATE intervention, we developed a symptom severity scale for clinicians to use. It included items from the BPRS and also from the 5 STEPS scale.</p> <p>For scoring instructions on standardized measure, see Appendix C.</p> <p>Training is needed to administer.</p>

\* Item numbers are sequential within domains, except when they restart at 1 for standard measures.

## Guidance for Estimating the Dates Within the Duration of Untreated Psychosis (DUP) and Pathways to Care Domain

*(baseline and follow-up item 1; baseline item 5)*

- **You only have a month:**  
Use the 15th of the month
- **You only have a year:**  
Use July 1st as the month/day
- **You only have an age:**  
Use their birth date plus 6 months  
(i.e., their half birthday for that age)
- **You only have a season:**
  - Summer: 7/15/year
  - Spring: 4/15/year
  - Winter: 12/15/year
  - Fall: 10/15/year
- **Middle school/High school:**  
Use January 1st of 9th grade
- **Middle school:**  
January 1st of 7th grade
- **Elementary school:**  
July 1st after 2nd grade
- **High school:**  
July 1st after sophomore year
- **In between months:**  
1st of second month
- **In between two years:**  
1st of second year
- **Childhood/"ever since I could recall":**  
Use July 1st as month/day, use year they turned age 6
- **Late [Year]:**  
December 1st of that year
- **Early [Year]:**  
January 1st of that year
- **Grade:**  
January 1st during that year
- **In between two grades:**  
September 1st of the higher grade
- **Teenage years:**  
Birthdate when they turned 16 years old
- **Late [Month]:**  
Last day of that month
- **Early [Month]:**  
First day of that month
- **In between two ages:**  
Birthdate of older age
- **High School/College:**  
September 1st of freshman year of college

## Appendix C

# Scoring of Standardized Measures

Measures are listed in alphabetical order.

### Adherence Estimator®

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This three-item measure relies on client self-report. The Adherence Estimator focuses on perceived concerns about medications, perceived need for medications, and perceived affordability of medications. The Adherence Estimator is scored by adding up the total number of points based on the following distribution:

**I am convinced of the importance of my prescription medicine.**

- ☐ Agree completely (points = 0)
- ☐ Agree mostly (points = 0)
- ☐ Agree somewhat (points = 7)
- ☐ Disagree somewhat (points = 7)
- ☐ Disagree mostly (points = 20)
- ☐ Disagree completely (points = 20)

**I worry that my prescription medicine will do more harm than good to me.**

- ☐ Agree completely (points = 14)
- ☐ Agree mostly (points = 14)
- ☐ Agree somewhat (points = 4)
- ☐ Disagree somewhat (points = 4)
- ☐ Disagree mostly (points = 0)
- ☐ Disagree completely (points = 0)

**I feel financially burdened by my out-of-pocket expenses for my prescription medicine.**

- ☐ Agree completely (points = 2)
- ☐ Agree mostly (points = 2)
- ☐ Agree somewhat (points = 0)
- ☐ Disagree somewhat (points = 0)
- ☐ Disagree mostly (points = 0)
- ☐ Disagree completely (points = 0)

Sum up the total number of points across the three items. The interpretation of the scores are as follows:

Total Score	Risk for Adherence Problems	Probably of Adherence
0	Low risk for adherence problems	>75% probability of adherence
2-7	Medium risk for adherence problems	32%–75% probability of adherence
8-36	High risk for adherence problems	<32% probability of adherence

## Adverse Childhood Experiences

The Adverse Childhood Experiences is a client self-administered measure. The questionnaire includes 10 questions, with “yes-no” responses. Questions relate to 10 types of preventable experiences that occur within the first 18 years of a person’s life. These questions include the following categories:

- Household dysfunction (five questions),
- Abuse (three questions), and
- Neglect (two questions).

Each type of trauma that the person has experienced counts as a score of 1. The higher the score, the greater the risk for mental, physical, behavioral, and productivity challenges in adulthood. According to Centers for Disease Control (CDC), a national resource on Adverse Childhood Experiences and resilience (<https://www.cdc.gov/violenceprevention/AdverseChildhoodExperiencestudy/index.html>), people with an ACE score of 4 or more are twice as likely to be smokers and seven times more likely to be alcoholic. Having an ACE score of 4 increases the risk of emphysema or chronic bronchitis by nearly 400 percent, and attempted suicide by 1,200 percent. People with high ACE scores are more likely to be violent, to have more marriages, more broken bones, more drug prescriptions, more depression, and more autoimmune diseases. People with an ACE score of 6 or higher are at risk of their lifespan being shortened by 20 years.

The ACE score is not exhaustive and other types of toxic stress that are not addressed in the measure are also likely to increase risks of mental, physical, behavioral, and productivity consequences.

## Brief Adherence Rating Scale (BARS)

The BARS is a client self-report measure of medication knowledge and adherence. It consists of four questions that assess clients' knowledge of their own medication regimen and episodes of missed medication taking. Only one of the four BARS questions is included in the EPINET Core Assessment Battery (listed below). The remaining three questions are designated as "OPTIONAL."

**How many days did you TAKE LESS THAN the prescribed number of pills of your [name of antipsychotic]?**

- ☐ Never/almost never (0%-25% of the time)
- ☐ Sometimes (26%-50% of the time)
- ☐ Usually (51%-75% of the time)
- ☐ Always/almost always (76%-100% of the time)

## Brief Assessment of Cognition (BAC-App v2.1.0)

To assess cognition, EPINET clinics are asked to complete either the Brief Assessment of Cognition (BAC-App v2.1.0) or the Pennsylvania Computerized Neurocognitive Battery (Penn CNB).

The full BAC-App instrument is administered by computer. Individual items from the BAC-App are not included in the EPINET Core Assessment Battery. Clinics report the raw and T-scores from the following subtests:

- a. Verbal Memory
- b. Digit Sequencing
- c. Token Motor
- d. Total Verbal Fluency (Sum of Semantic and Letter Fluency 1 and 2)
- e. Symbol Coding
- f. Tower of London
- g. 6 item composite T-score (In-person administration)
- h. 4 item composite T-score (remote administration)

Scoring is automated within the computerized App. For more information about the BAC-App see the VeraSci website <https://verasci.com/what-we-do/endpoints-assessments/bac/>.

For a license to use the BAC-App, please contact VeraSci at [info@verasci.com](mailto:info@verasci.com).

## Brief Psychiatric Rating Scale (BPRS)

Clinics can administer either the Brief Psychiatric Rating Scale (BPRS) or the Positive and Negative Symptoms of Schizophrenia Scale (PANSS-6).

The BPRS is an 18-item scale that assesses the severity of a client's condition: 0 = Not present, 1 = Very mild, 2 = Mild, 3 = Moderate, 4 = Moderately severe, 5 = Severe, 6 = Extremely severe.

The BPRS is scored by adding together the scores from the individual items, with higher scores indicating more severe symptoms. Items that are not scored should be left blank (i.e., not scored as "0"). If the total score is being used, missing items can be imputed based on the average item score. If subscales are used, then missing items can be imputed based on the average subscale score and total sum of subscales. For additional details on scoring the BPRS, please see the PhenX toolkit: <https://www.phenxtoolkit.org/protocols/view/122102>.

## Child and Adolescent Trauma Screen (CATS) – Youth Report (Age 7-17)

This 40-item scale includes three sections: (1) Trauma Screen, (2) Trauma Symptom Screen, and (3) Impairment Screen. The self-report version for ages 7-17 years is included in the EPINET Core Assessment Battery as an OPTIONAL measure. Additionally, there are two caregiver versions (7-17 years; 3-6 years based on DSM-5 criteria) that are not included in the EPINET assessment.

The three sections of the scale are listed as:

- **The Trauma Screen** (the first 15 questions) of the CATS is not scored. These questions are meant to help clinicians learn more about an individual's trauma exposure history.
- **The Symptom Screening** section (the second set of questions, 1 – 20) is scored. This section helps determine if there is a clinically significant level of post-traumatic stress. It can also be used to meet the DSM-5 diagnostic algorithm. To score this section, add up the scores for the 20 questions to determine total score. See table from the University of Washington School of Medicine (below) for interpretation of the total score.



- **The Impairment Screen** (the final list of five questions) is not scored. These Impairment question are meant to help clinicians determine which symptoms are interfering with functioning.

For additional information about using the CATS and reporting on the CATS, see the University of Washington School of Medicine website <https://depts.washington.edu/hcsats/PDF/TF-%20CBT/pages/assessment.html>.

## Interpretation of Symptom Screening section

Score <15	Score 15-20	Score 21+
Normal. Not clinically elevated.	Moderate trauma-related distress.	Probable Post Traumatic Stress Disorder (PTSD).
<b>Clinical Tip:</b> Brief review of results with clients. Validate, normalize, and reassure. Anticipatory guidance.	<b>Clinical Tip:</b> Carefully review results with clients. Validate, normalize, and reassure. Provide psychoeducation and coping tips. Convey hope that many children recover naturally and that there are effective treatment available if desired. Offer trauma-specific treatment if interested.	<b>Clinical Tip:</b> Carefully review results with clients and conduct PTSD diagnostic interview using results. Validate and normalize. Convey hope regarding recovery with effective treatment. Offer Trauma-Focus Cognitive Behavioral Therapy (TF-CBT) or other evidence-based trauma-specific treatment.

## CollaboRATE

The three-item CollaboRATE measure focuses on shared decision making and can be client self-reported. It is an optional measure in the EPINET Core Assessment Battery. The measure's total score can be calculated when all items have been completed.

For each item, the response options should be scored as follows:

- No effort was made (score = 0)
- A little effort was made (score = 1)
- Some effort was made (score = 2)

- A lot of effort was made (score = 3)
- Every effort was made (score = 4)

A total score is taken by adding up the score from each item. Higher scores indicate greater shared decision making.

## COMPASS-10

The Compass-10 scale consists of 10 items selected from the COMPASS Clinician Rating Form developed for the RAISE-ETP study. Each item includes a description of the symptom being assessed that immediately follows the name of the symptom. Following the description are suggested probe questions (in italic type) to obtain information about the symptom. Assessors should ask additional questions if the probe questions do not provide enough information to make a rating for symptom severity.

## Global Functioning: Role Scale

EPINET clinics are asked to complete either the Global Functioning Role Scale or the MIRECC-GAF Occupational Scale. The Global Functioning Scale is clinician-reported based on observation and interaction with the client. Training is highly recommended for use of this scale.

Clinicians rate the client's most impaired level of functioning in occupational, educational, and/or homemaker roles, as appropriate, in the past month. Rating is of actual functioning regardless of etiology of occupational/educational problems.

This scale emphasizes the level of support provided within the individual's environment and the individual's performance given such support. The term "independently" as used throughout this instrument implies that an individual is functioning at an *age-appropriate level* without the assistance of external supports or accommodations. Examples of independent functioning include (1) age-appropriate functioning in a mainstream school without requiring extra help, special classes, or special accommodations for testing; (2) competitive full-time employment without additional guidance, support, job coaching, or other forms of special assistance; and (3) full-time homemaker responsible for generating, organizing, and pacing of household tasks and activities for a family without additional guidance, support, or supervision.

SUPERIOR ROLE FUNCTIONING	
Criteria: <b>10</b>	<b>Independently maintains superior functioning in demanding roles.</b> Obtains only superior performance evaluations at competitive work placement. Obtains all A's in mainstream school. Generates, organizes, and completes all homemaking tasks with ease.
ABOVE AVERAGE ROLE FUNCTIONING	
Criteria: <b>9</b>	<b>Independently maintains very good functioning in demanding roles.</b> Rarely absent or unable to perform. Obtains good to superior performance evaluations at competitive work placement. Obtains grades in A and B range in all courses in mainstream school. Generates, organizes, and completes all homemaking tasks.
GOOD ROLE FUNCTIONING	
Criteria: <b>8</b>	<b>Independently maintains good role functioning in demanding roles.</b> Occasionally falls behind on tasks BUT always catches up. Obtains satisfactory performance evaluations at competitive work placement. Obtains grades of C and above in mainstream school. Occasional difficulty generating or organizing homemaking tasks. <b>Or</b> maintains above average performance with minimal support (e.g., tutoring; reduced academic course load at 4-year university; attends community college; may receive additional guidance at work less than 1-2x week). Receives As and Bs and good work/school evaluations; completes all tasks with this level of support.
MILD IMPAIRMENT IN ROLE FUNCTIONING	
Criteria: <b>7</b>	<b>Mildly impaired functioning in demanding roles independently.</b> Frequently behind on tasks or unable to perform. Frequently obtains poor performance evaluations at competitive work placement or grades of Ds or better in mainstream school. Frequent difficulty generating or organizing homemaking tasks. <b>Or</b> maintains good performance with minimal support (e.g., minimal accommodations in general education classroom; receives additional guidance/support at work 1-2x week). Receives Cs or higher and satisfactory work/school evaluations, and completes most homemaking tasks with this level of support.
MODERATE IMPAIRMENT IN ROLE FUNCTIONING	
Criteria: <b>6</b>	<b>Moderate impairment independently.</b> May receive occasional F in mainstream courses and persistently poor performance evaluations at competitive work placement; may change jobs because of poor performance, and has persistent difficulty generating or organizing homemaking tasks. <b>Or</b> requires partial support (some resource or special education courses; receives guidance/support at work 2+ times/week). May requires less demanding or part-time jobs and/or some supervision in home environment BUT functions well or adequately given these supports (may fall behind but eventually completes assigned tasks; and obtains satisfactory evaluations at work or passing grades in school).

SERIOUS IMPAIRMENT IN ROLE FUNCTIONING	
<b>Criteria:</b>  <b>5</b>	<b>Serious impairment independently.</b> Failing multiple courses in mainstream school, may lose job, or unable to complete most homemaking tasks independently. <b>Or</b> in is entirely special education classes and requires less demanding job/daily support or guidance; may require vocational rehabilitation and/or some supervision in home environment BUT maintains <u>above average</u> performance — receives As and Bs and good evaluations at work/school. Completes all tasks.
MAJOR IMPAIRMENT IN ROLE FUNCTIONING	
<b>Criteria:</b>  <b>4</b>	<b>Very serious impairment independently.</b> All Fs in mainstream school or failing out of school. Can't obtain or hold independent job, or is unable to complete virtually any homemaking tasks independently. <b>Or</b> adequate to good functioning with major support. Requires assisted work environment, entirely special education classes, nonpublic or psychiatric school, home schooling for the purpose of a supportive school environment, and/or supported home environment; BUT functions adequately given these supports (may fall behind but completes assigned tasks, obtains satisfactory performance evaluations at work or passing grades).
MARGINAL ABILITY TO FUNCTION	
<b>Criteria:</b>  <b>3</b>	<b>Impaired functioning with major support.</b> Requires supported work environment, entirely special education classes, nonpublic or psychiatric school, home schooling for the purpose of a supportive school environment, and/or supported home environment; BUT functions poorly despite these supports (persistently behind on tasks, frequently unable to perform, obtains poor performance evaluations at work or fails courses at school).
INABILITY TO FUNCTION	
<b>Criteria:</b>  <b>2</b>	<b>Disabled but participates in structured activities.</b> On disability or equivalent non-independent status. Not working for pay, attending classes for grades, or living independently. Spends 5 or more hours a week in structured role-related activities (e.g., residential treatment, volunteering, tutoring, sheltered work programs).
EXTREME ROLE DYSFUNCTION	
<b>Criteria:</b>  <b>1</b>	<b>Severely disabled.</b> On disability or equivalent non-independent status. Not working for pay, attending classes for grades, or living independently. Spends fewer than 5 hours a week in structured role-related activities.

## Global Functioning Role Scale - Prompts

Specific questions to aid in rating the Global Functioning Role scale are provided below.

Determine and rate functioning for **primary role setting** (work, school, or home) based upon questions below. However, if the subject is engaged in multiple roles, consider **total** amount of time spent in role-related activities (i.e., part-time school plus part-time work equals full-time role status).

## **How do you spend your time during the day?**

### **IF CURRENTLY WORKING:**

- a. Where do you work? What are your job responsibilities?
- b. How many hours a week do you work?
- c. How long have you been in your current job? Have you had any recent changes in your job status (e.g., lost job, stopped working, changed position, or workload)?
- d. Do you usually need assistance or regular supervision at work? How often do you need extra help? Are there any tasks that you are not able to do alone?
- e. Do you ever have trouble keeping up? Are you able to catch up if you fall behind?
- f. Have you received any comments (positive or negative) or formal reviews regarding your performance? Have others pointed out things that you have done well or poorly?

### **IF CURRENTLY ATTENDING SCHOOL:**

- a. What type of school do you attend (general education, nonpublic school, residential/hospital)?
- b. Have you ever been in special education classes or other nongeneral education classes?
- c. How long have you been at this school? Have you had any recent changes in your school placement?
- d. Do you receive any extra help or accommodations in your classes? Do you receive tutoring or extra help in school or after school? Do you receive extra time to take tests or are you able to leave the classroom to take tests in a quiet place?
- e. Do you have trouble keeping up with your coursework? Are you able to catch up if you fall behind?
- f. How are your grades? Are you failing any classes?

### **IF A HOMEMAKER:**

- a. What are your responsibilities around the house or for the family?
- b. How long have you been in charge of the home?

- c. How many hours per week do you spend working on household tasks?
- d. Are you able to keep up with the demands of your household? Do you ever fall behind? If so, are you able to catch up or do you need others' help? Are you avoiding any tasks? Do you need regular assistance or supervision for any tasks within the home?
- e. Have you received any comments (positive or negative) regarding your performance? Have others pointed out things that you have done well or poorly?

## Change in Functioning

Has there ever been a time in the past year when your work/school/homemaking performance was different than it is now – when things were worse? What about better?

## Global Functioning: Social Scale

EPINET clinics are asked to complete either the Global Functioning Social Scale or the MIRECC-GAF Social Scale. The Global Functioning Social Scale is clinician-reported based on observation and interaction with the client. Training is highly recommended for use of this scale.

Clinicians rate the client's most impaired level of social functioning in the **past month**. Ratings are of actual functioning, regardless of the etiology of social problems.

The emphasis is on social contact/interactions with people other than family members, unless these are the only interpersonal contacts a person has (e.g., the lower end of the scale). Also note that ratings of intimate relationships are secondary to the rating of primary friendships and should take into account the age of the individual. For example, older individuals may be expected to have intimate relationships involving steady dating, cohabitation, or marriage whereas younger individuals may be expected to have only romantic interests (i.e., flirtations or crushes) or close friendships.

SUPERIOR SOCIAL/INTERPERSONAL FUNCTIONING	
<b>Criteria:</b>  <b>10</b>	<b>Superior functioning in a wide range of social and interpersonal activities.</b> Frequently seeks out others and has multiple satisfying interpersonal relationships, including multiple close and casual friends. Is sought out by others because of his or her many positive qualities. Age-appropriate involvement in intimate relationships.

ABOVE AVERAGE SOCIAL/INTERPERSONAL FUNCTIONING	
<b>Criteria:</b>  <b>9</b>	<b>Good functioning in all social areas, and interpersonally effective.</b> Interested and involved in a wide range of social and interpersonal activities, including both close and casual friends. Age-appropriate involvement in intimate relationships. No more than everyday interpersonal problems or concerns (e.g., an occasional argument with spouse, girlfriend/boyfriend, friends, coworkers, or classmates). Able to resolve such conflicts appropriately.
GOOD SOCIAL/INTERPERSONAL FUNCTIONING	
<b>Criteria:</b>  <b>8</b>	<b>Some transient mild impairment in social functioning.</b> Mild social impairment is present, but transient and expectable reactions to psychosocial stressors (e.g., after minor arguments with spouse, girlfriend/boyfriend, friends, coworkers, or classmates). Has some meaningful interpersonal relationships with peers (casual and close friends), and/or age-appropriate intimate relationships. Has infrequent interpersonal conflict with peers.
MILD PROBLEMS IN SOCIAL/INTERPERSONAL FUNCTIONING	
<b>Criteria:</b>  <b>7</b>	<b>Some persistent mild difficulty in social functioning.</b> Mild impairment present that is NOT just expectable reaction to psychosocial stressors (e.g., mild conflicts with peers, coworkers or classmates; difficulty resolving conflicts appropriately). Has some meaningful interpersonal relationships with peers (casual and/or close friends). Has some difficulty developing or maintaining age-appropriate intimate relationships (e.g., multiple short-term relationships).
MODERATE IMPAIRMENT IN SOCIAL/INTERPERSONAL FUNCTIONING	
<b>Criteria:</b>  <b>6</b>	<b>Moderate impairment in social functioning.</b> Moderate impairment present (e.g., few close friends; significant but intermittent conflicts with peers, coworkers, or classmates). Moderate difficulty developing age-appropriate intimate relationships (e.g., infrequent dating). Occasionally seeks out others but will respond if invited by others to participate in an activity.
SERIOUS IMPAIRMENT IN SOCIAL/INTERPERSONAL FUNCTIONING	
<b>Criteria:</b>  <b>5</b>	<b>Serious impairment in social functioning.</b> No close friends or intimate partner, but has some casual social contacts (e.g., acquaintances, school/work friends only). Rarely seeks out others. Occasional combative or verbally argumentative behavior with peers. Beginning to withdraw from family members (e.g., does not initiate conversation with family, but will respond if addressed).

MAJOR IMPAIRMENT IN SOCIAL AND INTERPERSONAL FUNCTIONING	
<b>Criteria:</b>  <b>4</b>	<b>Major impairment in social functioning.</b> Serious impairment in relationships with friends or peers (e.g., very few or no friends, frequent conflicts with friends, or frequently avoids friends). Frequent combative or verbally argumentative behavior with peers. Infrequent contact with family members (e.g., sometimes does not respond to family or avoids family members).
MARGINAL ABILITY TO FUNCTION SOCIALLY	
<b>Criteria:</b>  <b>3</b>	<b>Marginal ability to function socially or maintain interpersonal relationships.</b> Frequently alone and socially isolated. Serious impairment in relationships with all peers, including acquaintances. Few interactions with family members (e.g., often alone in room). Serious impairment in communication with others (e.g., avoids participating in most social activities).
INABILITY TO FUNCTION SOCIALLY	
<b>Criteria:</b>  <b>2</b>	<b>Unable to function socially or to maintain any interpersonal relationships.</b> Typically alone and socially isolated. Rarely leaves home. Rarely answers the phone or the door. Rarely participates in interactions with others at home or in other settings (e.g., work, school).
EXTREME SOCIAL ISOLATION	
<b>Criteria:</b>  <b>1</b>	<b>Extreme social isolation.</b> No social or family member contact at all. Does not leave home. Refuses to answer the phone or door.

## Global Functioning: Social Scale Prompts

Specific questions to aid in rating the GF: Social scale are provided below.

1. Tell me about your social life. Do you have friends?
2. Are they casual or close friends? If only casual, are they school or work friends only? If close, how long have you been close friends?
3. How often do you see friends? Do you see them outside of work/school? When was the **last time** you saw one of your friends outside of work/school? (Attempt to determine **actual** amount of social contact vs. perceived amount of social contact.)
4. Do you usually initiate contact or activities with friends or do they typically call or invite you? Do you ever avoid contact with friends?



5. Do you ever have problems/falling outs with friends? Arguments or fights? (How are they typically resolved?)
6. Are you dating or interested in dating? (Alter as needed to assess age-appropriate intimate relationships.)
7. Do you spend time with family members (at home)? How often do you communicate with them? Do you ever avoid contact with family members?

## Change in Functioning

Has there ever been a time in the past year when your social life was different than it is now – when things were worse? What about better?

### Intent to Attend and Complete

Shulman et al. (2019) (<https://onlinelibrary.wiley.com/doi/abs/10.1002/its.22427>) conceptualized the **Intent to Complete** question as a client's initial motivation to complete an entire treatment process, while the **Intent to Attend** question was an evaluation of motivation throughout treatment.

The questions provide an opportunity to identify and address barriers to participation that could lead to dropping out. Clinicians can use a score of 8 or lower to initiate problem solving conversations with the client.

### Life Events Checklist for DSM-5 (LEC-5)

The Life Events Checklist for DSM-5 (LEC-5) is an optional measure within the EPINET Core Assessment Battery. Each question is often read to the client, but can also be client self-administered.

The LEC asks about 17 difficult or stressful events that client may have experienced. For each event, the respondent checks **one or more** of the boxes:

Happened to me	Witnessed it	Learned about it	Part of my job	Not sure	Does not apply
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By counting the number of checkmarks down each of the columns, the LEC-5 can generate

- Number of events experienced,
- Number of events witnessed,
- Number of events learned about, and
- Number of events that are part of client's job.

The LEC-5 does not yield a total score or composite score, but is used to facilitate identification of an index trauma for a semi-structured PTSD interview. For items potentially indicative of child maltreatment, the interviewer can rate the severity of the item as:

- 1 = none
- 2 = minimal/subthreshold
- 3 = definite/threshold
- 4 = harsh/severe

### Mental Illness Research, Education, and Clinical Center Global Assessment of Functioning (MIRECC-GAF) Occupational Functioning

EPINET clinics are asked to complete either the Global Functioning Role Scale or the MIRECC-GAF Occupational Functioning Scale. The Occupational Functioning Scale is clinician reported based on observation and interaction with the client. Training is highly recommended for use of this scale.

For this scale, enter score based on the participant's primary role during this period – Worker, Student, or Homemaker.

Enter score using the scale corresponding to the participants "*primary role*" (i.e., Worker, Student, or Homemaker)

Assign scores based on participant's average level of functioning during the month prior to the date of administration of the scale.

### A few additional notes:

- Clinicians should look at the anchors (see next page) and determine the “best fit” for the client. Rating should be done using one of the following types of anchors:
  1. Worker
  2. Student
  3. Homemaker
- **Competitive work (indicated in anchors with “\*”)** includes jobs paying at least minimum wage and for which anyone in the community can apply. Off-the-books work can also be considered competitive, as long as the worker is paid at least minimum wage. If a person works for a family member or a close friend, consider the extent to which the person’s position is protected or limited by those family or friend relationships when deciding whether those jobs are competitive. Jobs set aside for people with mental illness or other disabilities are not considered competitive work.
- **Noncompetitive work (indicated in anchors with “\*\*”)** includes work in sheltered workshops or jobs completed with family members or close friends only. If person is working for a family member or friends, consider the extent to which individual’s position is limited or protected by these relationships.
- Rate lower within the decile if the individual has accommodations or a modified schedule. For students on summer vacation or enrolled for the fall, score based on most recent academic performance, and rate up or down in decile on the basis of other activities and responsibilities. This does not apply to individuals who could be in the labor force or who would be expected to be a student as their primary role; score these individuals using the Worker or Student columns, respectively.

## Worker

Worker: Occupational Scale		
Fully Functional		
90-100	Working competitively* and excelling in the workplace (e.g., getting promotions; highly valued by supervisors, etc.).	
80-89	Working competitively* and doing well at work but not excelling.	
70-79	Working competitively* and having minor difficulties at work; occasional problems with attendance, performance, or work relations.	
Borderline Functional		
60-69	<i>Consider need for additional supports, such as from a vocational program.</i>	Working competitively* with moderate impairment in performance or work relations; or has moderate problems with attendance or working the scheduled number of hours.
50-59		Working competitively* with significant impairment in performance or work relations; or has significant problems with attendance or working the scheduled number of hours.
Dysfunctional		
40-49	<i>Consider other activities, or contributions to household such as housework and childcare, or managing some kind of income (e.g., allowance, SSI/SSDI checks).</i>	Working a considerable number of hours in a noncompetitive work setting.** Also performing at least one other activity (see sidebar to the left).
30-39		Working some hours in a noncompetitive work setting** with minimal participation in other activities.
20-29		No work activities. Score higher within range if other activities accomplished.
Dangerousness		
10-19	Not able to obtain 1-2 of the following: food, shelter, clothing, and basic hygiene.	
1-9	Not able to obtain 3-4 of the following: food, shelter, clothing, and basic hygiene.	
0	No information available.	

\* Competitive work (see page C-15).

\*\* Noncompetitive work (see page C-15).

## Student

Student: Occupational Scale		
Fully Functional		
90-100	<i>Performance in school: Consider grades; difficulty and number of classes; ability to meet class requirements in a timely manner; need for academic supports beyond norm in community.</i>	Very high level of functioning with excellent grades and challenging array of activities.
80-89		High level of functioning with good grades and average array of activities.
70-79	<i>Participation in school-based or extracurricular activities: Consider level of involvement and difficulty. School attendance should be consistent.</i>	Satisfactory level of functioning with some minor difficulties maintaining school program.
Borderline Functional		
60-69	<i>Performance in school: Significantly lower than expected (e.g., lower grades, reduced class load, missed assignments and need for extensions, and/or need for extra supports).</i>	For 60-69, must be passing all classes with grades above D.  Score within upper end of range (65-69) if moderate problems in one area.
50-59	<i>Participation in school-based or extra-curricular activities: Extra-curricular activities markedly reduced, performed with impairment, or eliminated. School attendance sometimes inconsistent, with some negative consequences.  Score lower in the range for a greater number of problems and for greater severity.</i>	In school with significant impairment in academic performance; or has significant problems with attendance or extra-curricular activities
Dysfunctional		
40-49	<i>Performance in school: Not necessarily failing, but preponderance of very poor grades. May have limited attendance. May require extensive assistance.</i>	
30-39	Attends school OCCASIONALLY but failing most or all classes.	
20-29	Not attending school at all or attending school and failing all classes.	
Dangerousness		
10-19	Not able to obtain 1-2 of the following: food, shelter, clothing, and basic hygiene.	
1-9	Not able to obtain 3-4 of the following: food, shelter, clothing, and basic hygiene.	
0	No information available.	

## Homemaker

Homemaker/Not in Labor Force: Occupational Scale		
Fully Functional		
90-100	<i>Keeps home orderly and clean; completes household tasks; and cares for children consistently (no untreated injuries/illnesses; children properly supervised and provided appropriate meals and clothing).</i>	Requires no assistance and completes all tasks in an exceptional manner.
80-89		Requires little assistance and completes most tasks well.
70-79		Completes tasks at an acceptable level but has some minor difficulties.
Borderline Functional		
60-69	<i>Requires regular assistance with some cleaning, household or child care duties. Without such help, keeps home somewhat untidy; only partially completes household tasks; and cares for children inconsistently (no untreated injuries/illnesses but preventive medical/dental care can be improved; meals are sometimes nutritionally unbalanced or skipped; children have few clean clothes; children are bathed when dirty rather than regularly; supervision outside of home is provided, but sometimes supervision inside the home is lacking). Score lower in the range for greater number of problems and for increased assistance needed.</i>	Score within upper end of range (65-69) if only minor problems in one area.
50-59		Score within lower end of range (50-55) if moderate problems in all three areas, including tidiness, other household tasks, and childcare; or severe problems in one area.
Dysfunctional		
40-49	<i>Requires extensive help with childcare, home cleaning, and household duties. Without help, home is untidy, ranging from lots of dust, dirty dishes, and trash piled in rooms; to vermin or pest infestation, smells of mildew, and home layered with dirt, debris, or food waste.</i>	Severe difficulty and need for help in one area (score within lower end of range for inadequate performance as the severity and number of problems increase).
30-39	<i>Without help, care for children is inadequate (inadequate medical attention, meals provided about once a day or less; children are lacking 1-2 basic items of clothing or some essential items are in very poor condition; inappropriate or no supervision).</i>  <i>Score lower in the range for greater number of problems and for increased assistance needed.</i>	Makes contributions to two or three of these areas, but generally needs significant help.
20-29		Makes minor contributions to one or two of the three areas, but generally needs significant help.
Dangerousness		
10-19	Not able to obtain 1-2 of the following: food, shelter, clothing, and basic hygiene.	
1-9	Not able to obtain 3-4 of the following: food, shelter, clothing, and basic hygiene.	
0	No information available.	

## Mental Illness Research, Education, and Clinical Center Global Assessment of Functioning (MIRECC-GAF) Social Functioning

EPINET clinics are asked to complete either the Global Functioning Social Scale or the MIRECC-GAF Social Functioning Scale. This measure is clinician-reported based on observation and interaction with the client. Training is highly recommended for use of this scale.

Clinician should assign score based on participant's **average** level of functioning during the month prior to administration of the tool. See measure anchors on next page.

### A few additional notes:

- Both friends and family should be considered in this rating.
- Rating should take into account the number of relationships, the meaningfulness of these relationships (frequency of contact and ability to confide in one another), and ability to develop new relationships.
- Consider frequency of conflict, how conflict is resolved, and presence of social avoidance or withdrawal.
- Individuals with no meaningful relationships should be rated no higher than the dysfunctional range.
- Do not consider relationships with professional caregivers when rating in the Borderline Functional and Fully Functional ranges, but do consider interactions with professional caregivers when making ratings in the Dysfunctional and Dangerousness ranges.

## Social Functioning Scale

Social	
Fully Functional	
90-100	Superior functioning: Many meaningful interpersonal relationships; skilled at developing new relationships.
80-89	Socially effective: At least three meaningful interpersonal relationships; able to develop new meaningful relationships.
70-79	Slight impairment: At least two meaningful interpersonal relationships, or relationships limited to people in family or household; some difficulty in developing new meaningful relationships; low levels of difficulty with interpersonal conflict or avoidance.
Borderline Functional	
60-69	At least one meaningful interpersonal relationship, but appreciable difficulty with interpersonal conflict or avoidance.
50-59	Able to maintain at least one meaningful interpersonal relationship, but frequent difficulty (most days) with interpersonal conflicts or withdrawal.
Dysfunctional	
40-49	No meaningful interpersonal relationships, but connects to others in the course of ordinary daily life without conflict or difficulty; able to have conversations and/or participate in group activities.
30-39	No meaningful interpersonal relationships, as well as intermittent difficulty in relating to others in the course of ordinary daily life, sustaining conversations, and/or participating in group activities.
20-29	No meaningful interpersonal relationships, as well as regular difficulty in relating to others in the course of ordinary daily life, sustaining conversations, and/or participating in group activities.
Dangerousness	
10-19	No meaningful interpersonal relationships, selectively dysfunctional connections to others [actively avoids and/or pushes some people away].
1-9	No meaningful interpersonal relationships, grossly dysfunctional connections to others [actively avoids and/or pushes most people away]. Only able to interact with people for brief periods of time.
0	No information available.



## Modified Colorado Symptom Index

Modified Colorado Symptom Index is a 14-item measure of common psychiatric symptoms. It can be client self-administered.

Each of the 14 items is scored as indicated below. Only the points indicated in red font (not at all = 0.....at least every day =4) should be added together for a score of 1 – 56. Higher scores indicate greater emotional distress and symptomology.

How often have you experienced these problems?							
Not at all	Once during the month	Several times during the month	Several times a week	At least every day	<i>Prefer not to answer</i>	<i>Not Applicable</i>	<i>Don't Know</i>
0	1	2	3	4	7	8	9

## Pennsylvania Computerized Neurocognitive Battery (Penn CNB)

To assess cognition, EPINET clinics are asked to complete either the BAC-App or the Penn CNB.

The full instrument is not included in the EPINET Core Assessment Battery. Only the four following subtest scores (accuracy and reaction time) are reported:

- Penn CNB Digit Symbol Substitution Test (DSST)
- Penn CNB Word Memory Test (PWMT)
- Penn CNB Matrix Reasoning Test (PMAT)
- Penn CNB Emotion Recognition Test (ER-40)

Scoring is automated within the computerized App. For more information about the Penn CNB see the University of Pennsylvania Computerized Neuropsychological Testing website <https://pennncnp.med.upenn.edu/>. Emails can be sent at [pennncnp@mail.med.upenn.edu](mailto:pennncnp@mail.med.upenn.edu).

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

Clinics can administer either the Brief Psychiatric Rating Scale (BPRS) or the Positive and Negative Symptoms of Schizophrenia Scale (PANSS-6). The PANSS-6 is completed by the clinician. Clinicians require training to complete the measure.

Each of the six items is accompanied by a specific definition and detailed anchoring criteria on a 7-point rating scale.

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

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	

Ratings of 1 to 7 are assigned based on the severity of the symptom. If the symptom is absent, it receives a score of 1. If the symptom is present, it is assigned a score of 2 to 7 (indicating increasing levels of severity) by referring to criteria for the anchoring points. Always assign the highest applicable score even if lower scores also apply.

- A rating of **1** indicates that the symptom is absent.
- A rating of **2** (minimal) denotes questionable or subtle or suspected pathology, or it also may allude to the extreme end of the normal range.
- A rating of **3** (mild) is indicative of a symptom whose presence is clearly established but not pronounced and interferes little in day-to-day functioning.
- A rating of **4** (moderate) characterizes a symptom which, though representing a serious problem, either occurs only occasionally or intrudes on daily life only to a moderate extent.

- A rating of **5** (moderate severe) indicates marked manifestations that distinctly impact on one's functioning but are not all-consuming and usually can be contained at will.
- A rating of **6** (severe) represents gross pathology that is present very frequently, proves highly disruptive to one's life, and often calls for direct supervision.
- A rating of **7** (extreme) refers to the most serious level of psychopathology, whereby the manifestations drastically interfere in most or all major life functions, typically necessitating close supervision and assistance in many areas.

For purchasing and scoring information on the PANSS-6, contact Multi-Health Systems Inc. at [customerservice@mhs.com](mailto:customerservice@mhs.com).

## Post Traumatic Stress Disorder Checklist for DSM-5 (PCL-5)

The PCL-5 is a 20-item self-report measure that is optional within the EPINET Core Assessment Battery. The measure is client self-administered and assesses the 20 *DSM-5* symptoms of PTSD. Each item is rated on a 0-4 scale.

Not at all	A little bit	Moderately	Quite a bit	Extremely
0	1	2	3	4

The PCL-5 can be scored in different ways:

- A total symptom severity score (range - 0-80) can be obtained by summing the scores for each of the 20 items.
- *DSM-5* symptom cluster severity scores can be obtained by summing the scores for the items within a given cluster, i.e., cluster B (items 1-5), cluster C (items 6-7), cluster D (items 8-14), and cluster E (items 15-20).
- A provisional PTSD diagnosis can be made by treating each item rated as 2 = "Moderately" or higher as a symptom endorsed, then following the *DSM-5* diagnostic rule that requires at least: 1 B item (questions 1-5), 1 C item (questions 6-7), 2 D items (questions 8-14), and 2 E items (questions 15-20).

- Initial research suggests that a PCL-5 cutoff score between 31-33 is indicative of probable PTSD across samples. However, additional research is needed. Users are encouraged to consider both of these factors when choosing a cutoff score.

## Staying Well Questionnaire (a.k.a., Questionnaire About the Process of Recovery)

The Staying Well Questionnaire, which is better known as the Questionnaire About the Process of Recovery, is a 15-item, self-administered rating scale that captures a client's viewpoint about recovery from psychosis.

Each item is rated on a 5-point scale (0 = disagree strongly, 1 = disagree, 2 = neither agree nor disagree, 3 = agree, 4 = agree strongly). After the client has completed the questionnaire, the item scores are added together to give a total recovery score. Higher scores indicate greater recovery.

Disagree strongly	Disagree	Neither agree nor disagree	Agree	Agree strongly
0	1	2	3	4