

Client ID # _____

Date of Administration: _____

DURATION OF UNTREATED PSYCHOSIS (DUP) AND PATHWAY TO CARE

CLINICIAN-COMPLETED AND RECORD REVIEW

1. **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.**

____ (Month) ____ (Year)

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

- Yes, differs
 No, the same
 Unsure

3. **[OPTIONAL] How was this information obtained?**

Check all that apply.

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