

FIGS: FACE SHEET

**FAMILY INTERVIEW FOR GENETIC STUDIES
(FIGS)**

Interview date: — —
Month Day Year

Family ID Number:

Informant ID:

Person being described ID:

Relationship to Informant: _____

Birthdate of person described, if known: — —
Month Day Year
No Yes Unk

Is person being described living? 0 1 9
Age Year

Age and Year when last seen or known about, or died: in

If deceased, cause of death: _____
No Yes Unk

Suicide? 0 1 9

INTERVIEWER: Refer to General Screening Questions if necessary.

1. (Probe: has he/she had any psychiatric or personality problems like those we mentioned earlier?) 0 1 9
Write narrative:

FIGS: FACE SHEET

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Continue Narrative:

FIGS: OTHER DISORDERS

1. Indicate any disorder not in the checklists and complete questions 1.a–f for the disorder.
Specify: _____

Code Response

1.a) Code and describe professional treatment: 0 1 2 3 4 9

0. None

1. Inpatient: _____

2. Outpatient: _____

3. ECT: _____

4. Medication: _____

9. Unknown

1.b) Age of onset

Age	

1.c) Number of episodes

Episodes		

1.d) Duration of longest episode in weeks

Weeks		

Code
Response

1.e) Rate and code impairment or incapacitation:

0 1 2 9

- 0. None
- 1. Impaired
- 2. Incapacitated
- 9. Unknown

1.f) Interviewer judgement on reliability of this information:

1 2 3

- 1. Good
- 2. Fair
- 3. Poor

Interview date: — —
Month Day Year

Use One Per Informant

Family ID Number:

Informant name:

ID:

INTERVIEWER: Before you begin, you need to generate or obtain a pedigree on which to record all of the responses to the following General Screening Questions. (See FIGS Manual for details.)

Step 1: *Let's go over your family tree.* (Include spouse and his/her parents and siblings, offspring, parents, siblings, aunts, uncles, cousins, grandparents, as well as any other relatives the informant can recall.)

Step 2: *Now I am asking you to keep in mind all those in your family tree as I go through this list of questions.* (Note all positive responses on the pedigree.)

Was anyone adopted?

Was anyone mentally retarded?

Did anyone:

Have problems with their nerves or emotions? Take medicine or see a doctor for it? Take lithium?

Feel very low for a couple of weeks or more, or have a diagnosis of depression?

Attempt or complete suicide?

Seem overexcited (or manic) day and night, or have a diagnosis of mania?

Have visions, hear voices, or have beliefs that seem strange or unreal?

Have unusual or bizarre behavior, or have a diagnosis of schizophrenia?

Have trouble with the police, with completing school, or with keeping a job?

Have alcohol or drug use that caused problems (with health, family, job, or police)? Go to AA or NA, or have treatment for this?

(Was anyone) hospitalized for psychiatric problems, or for drug or alcohol problems?

Have inherited medical diseases such as Huntington's disease or seizure disorder or any other disorders of the brain or nervous system?

(Did anyone) have few friends, or seem to be a loner?

(Did anyone) seem odd or eccentric in behavior or appearance?

(Was anyone) extremely jealous, or suspicious, or believe in magic, or see special meanings in things that no one else saw?

Step 3: Complete a Face Sheet for each of the informant's first degree relatives and spouse. If he/she knows well other affected relatives, also complete a Face Sheet for them. In addition, for each of these given a positive response in the General Screening, complete the symptom checklist for any suspected: Depression/Mania, Alcohol/Drug Abuse, Psychosis, or Paranoid/Schizoid/Schizotypal Personality.

FIGS: DEPRESSION CHECKLIST

Interview date: — —

Month

Day

Year

Family ID Number:

Informant name: ID:

Person being described name: ID:

Code for a single episode (best recalled, worst episode if possible).

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1. <i>During depression...</i>			
1.a) <i>...was he/she depressed most of the day, nearly every day, for as long as a week or more?</i>	0	1	9
1.b) <i>...did he/she lose interest in things or become unable to enjoy most things, for as long as a week?</i>	0	1	9
1.c) <i>...did he/she have a change in appetite or weight without trying to?</i>	0	1	9
1.d) <i>...did he/she have a change in sleep patterns (either too much or too little)?</i>	0	1	9
1.e) <i>...did he/she become unable to work, go to school, or take care of household responsibilities?</i>	0	1	9
<p>If yes: Describe: _____</p> <p>_____</p>			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Discontinue this checklist </div>			
1.f) <i>...did he/she move or speak more slowly than usual?</i>	0	1	9
1.g) <i>...did he/she pace or wring his/her hands?</i>	0	1	9
1.h) <i>...did he/she have less energy or feel tired out?</i>	0	1	9
1.i) <i>...did he/she feel guilty, worthless or blame himself/herself?</i>	0	1	9
1.j) <i>...did he/she have trouble concentrating or making decisions?</i>	0	1	9
1.k) <i>...did he/she talk of death or suicide? Or try suicide?</i>	0	1	9
1.l) <i>...did he/she have visions, or hear voices, or have beliefs or behavior that seem strange or unusual, at the same time as (symptoms above)? (If YES, complete a Psychosis Checklist after this one.)</i>	0	1	9

FIGS: DEPRESSION CHECKLIST

- | | Code Response |
|--|---------------|
| 2. Code and describe professional treatment: | 0 1 2 3 4 9 |
| 0. None | |
| 1. Inpatient: _____ | |
| 2. Outpatient: _____ | |
| 3. ECT: _____ | |
| 4. Medication: _____ | |
| 9. Unknown | |

- | | | | | | | | |
|---|---|----------|--|--|--|--|--|
| 3. Age of onset | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td colspan="2" style="text-align: center;">Age</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | Age | | | | | |
| Age | | | | | | | |
| | | | | | | | |
| 4. Number of episodes | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td colspan="3" style="text-align: center;">Episodes</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | Episodes | | | | | |
| Episodes | | | | | | | |
| | | | | | | | |
| 5. Duration of longest episode in weeks | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td colspan="3" style="text-align: center;">Weeks</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | Weeks | | | | | |
| Weeks | | | | | | | |
| | | | | | | | |
| | Code Response | | | | | | |

- | | |
|--|-------------|
| 6. Rate and code impairment or incapacitation: | 0 1 2 3 4 9 |
| 0. None | |
| 1. Modified RDC Impairment | |
| 2. Modified RDC Incapacitation | |
| 3. RDC Minor Role Dysfunction | |
| 4. Change from previous functioning | |
| 9. Unknown | |
| 7. Interviewer judgement on reliability of this information: | 1 2 3 |
| 1. Good | |
| 2. Fair | |
| 3. Poor | |

FIGS: MANIA CHECKLIST

Interview date:

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 —

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Month Day Year

Family ID Number:

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Informant name: ID:

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Person being described name: ID:

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	No	Yes	Unk
1. <i>For most of the time day and night over several days, did he/she (more than usual)...</i>			
1.a) <i>...seem too happy/high/excited?</i>	0	1	9
1.b) <i>...become so excited or agitated it was impossible to converse with him/her?</i>	0	1	9
1.c) <i>...act very irritable or angry?</i>	0	1	9
1.d) <i>...need less sleep without feeling tired?</i>	0	1	9
1.e) <i>...show poor judgement (e.g., spending sprees, sexual indiscretions?)</i>	0	1	9

If yes: Describe: _____

Discontinue this checklist ←

1.f) <i>...behave in such a way as to cause difficulty for those around him/her (obnoxious/manipulative)?</i>	0	1	9
1.g) <i>...feel that he/she had special gifts or powers?</i>	0	1	9
1.h) <i>...become more talkative than usual?</i>	0	1	9
1.i) <i>...jump from one idea to another?</i>	0	1	9
1.j) <i>...become easily distracted?</i>	0	1	9
1.k) <i>...get involved in too many activities at work or school?</i>	0	1	9
1.l) <i>...have visions? hear voices? have beliefs or behavior that seem strange or unusual? at the same time as (above symptoms)? (If YES, complete a Psychosis Checklist after this one.)</i>	0	1	9

FIGS: MANIA CHECKLIST

	Code Response					
	0	1	2	3	4	9
2. Code and describe professional treatment:						
0. None						
1. Inpatient: _____						
2. Outpatient: _____						
3. ECT: _____						
4. Medication: _____						
9. Unknown						

3. Age of onset	Age			
4. Number of episodes	Episodes			
5. Duration of longest episode in weeks	Weeks			
	Code Response			

6. Rate and code impairment or incapacitation:	0	1	2	9
0. None				
1. Impaired				
2. Incapacitated				
9. Unknown				
7. Interviewer judgement on reliability of this information:	1	2	3	
1. Good				
2. Fair				
3. Poor				

Interview date: — —

Month

Day

Year

Family last name:

Family ID Number:

Informant name:

ID:

Person being described name:

ID:

ALCOHOLISM

Code for a single episode (best recalled, worst episode if possible).

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1. <i>Because of drinking, did he/she ever have problems such as...</i>			
1.a) <i>...being unable to stop or cut down on drinking?</i>	0	1	9
1.b) <i>...spending a lot of time drinking or being hung over?</i>	0	1	9
1.c) <i>...being unable to work, go to school, or take care of household responsibilities?</i>	0	1	9
1.d) <i>...being high from drinking when he/she could get hurt?</i>	0	1	9
1.e) <i>...accidental injuries?</i>	0	1	9
1.f) <i>...reducing or giving up important activities?</i>	0	1	9
1.g) <i>...objections from the family or friends, at work or school?</i>	0	1	9
1.h) <i>...legal problems more than once (DWIs, arrests)?</i>	0	1	9
1.i) <i>...blackouts more than once?</i>	0	1	9
1.j) <i>...binges or benders more than once?</i>	0	1	9
1.k) <i>...physical health problems (liver disease, pancreatitis)?</i>	0	1	9
1.l) <i>...emotional or psychological problems (uninterested, depressed, suspicious/paranoid, having strange ideas)?</i>	0	1	9
1.m) <i>...withdrawal symptoms (shakes, seizures/convulsions, DTs)?</i>	0	1	9

Code Response

2. *Did he/she go to AA or have any kind of treatment? (Code and describe all that apply)*

0 1 2 3 4 9

- 0. None
- 1. Inpatient: _____
- 2. Outpatient: _____
- 3. AA or other self-help: _____
- 4. Medication: _____
- 9. Unknown

Describe details and/or other treatment:

3. *Does he/she currently have a problem with alcohol?*

No Yes Unk
0 1 9

FIGS: ALCOHOL & DRUG ABUSE CHECKLIST

4. Record age he/she began to have alcohol-related problems. Ons Age

--	--
5. Record age he/she stopped drinking heavily. Rec Age

--	--

DRUG ABUSE/DEPENDENCE

6. Which drugs did he/she have trouble with?
Specify: _____

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
7. Because of his/her drug use, did he/she have...			
7.a) ... physical health problems (hepatitis, overdose, withdrawal symptoms, accidental injuries)?	0	1	9
7.b) ... emotional or psychological problems (uninterested, depressed, suspicious/paranoid, having strange ideas)?	0	1	9
7.c) ... legal problems (arrests for possessing, selling, or stealing drugs)?	0	1	9
7.d) ... problems with family or friends?	0	1	9
7.e) ... troubles at work or school?	0	1	9

Code Response

8. Did he/she go to NA or have any kind of treatment? (Code and describe all that apply)
- 0. None
 - 1. Inpatient: _____
 - 2. Outpatient: _____
 - 3. NA or other self-help: _____
 - 4. Medication: _____
 - 9. Unknown

0 1 2 3 4 9

Describe details and/or other treatment:

9. Does he/she currently have a problem with drugs? No Yes Unk
0 1 9

10. Record age he/she began to have drug-related problems. Ons Age

--	--

11. Record age he/she stopped using drugs heavily. Rec Age

--	--

Code Response

12. Interviewer judgement on reliability of this information: 1 2 3
- 1. Good
 - 2. Fair
 - 3. Poor

FIGS: PSYCHOSIS CHECKLIST

Interview date: — —

Month

Day

Year

Family ID Number:

Informant name: _____ ID:

Person being described name: _____ ID:

PSYCHOSIS

Code for a single episode (best recalled, worst episode if possible).

1. *What were his/her unusual beliefs or experiences?*

Specify: _____

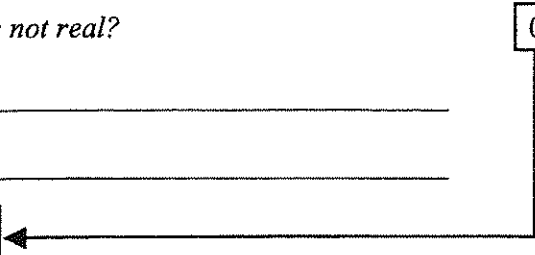
<i>Did he/she ever...</i>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1.a) <i>...believe people were following him/her, or that someone was trying to hurt or poison him/her?</i>	0	1	9
1.b) <i>...believe someone was reading his/her mind?</i>	0	1	9
1.c) <i>...believe he/she was under the control of some outside person or power or force?</i>	0	1	9
1.d) <i>...believe his/her thoughts were broadcast, or that an outside force took away his/her thoughts or put thoughts into his/her head?</i>	0	1	9
1.e) <i>...have any other strange or unusual beliefs?</i>	0	1	9

If yes: Describe: _____

1.f) <i>...see things that were not really there?</i>	0	1	9
1.g) <i>...hear voices or other sounds that were not real?</i>	0	1	9

If yes: Describe: _____

Skip to question 1.h



FIGS: PSYCHOSIS CHECKLIST

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1.g.1) (Code YES if: voice with content having no relation to depression or elation, or voice keeping up running commentary on subject's behavior or thoughts, or two or more voices conversing.)	0	1	9
1.h) ... <i>speak in a way that was difficult to make sense of?</i>	0	1	9

If yes: Describe: _____

1.i) ... <i>seem to be physically stuck in one position, or move around excitedly without any purpose?</i>	0	1	9
1.j) ... <i>appear to have no emotions, or inappropriate emotions?</i>	0	1	9

2. How long did the longest of these experiences last?

Weeks		

INTERVIEWER: If less than 1 week (unless successfully treated), STOP HERE. Otherwise continue, if informant is knowledgeable about this person.

INTERVIEWER: If subject did NOT have any episode of Major Depression or Mania (by FIGS checklists from this informant), skip to question 6.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
3. When any (SX above) happened, did he/she also have the mood disturbance we discussed before, <u>at the same time</u> ?	0	1	9

Skip to question 6

INTERVIEWER: For the rest of this checklist, "illness duration" refers to total time of illness, including active and prodromal and/or residual symptoms and/or treatment (include time on medication).

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
4. (Probe and code YES if mania and/or depression lasted at least 30% of <u>total</u> duration of illness described above, or medication for it.)	0	1	9
5. (Probe and code YES if illness described above, or medication for it, was ever present for as long as one week, <u>without</u> depression and/or mania.)	0	1	9

Skip to question 6

5.a) (Code YES if the above was true for as long as two weeks.)	0	1	9
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FIGS: PSYCHOSIS CHECKLIST

	Code Response
6. Code and describe professional treatment (Code and describe all that apply):	0 1 2 3 4 9
0. None	
1. Inpatient: _____	
2. Outpatient: _____	
3. ECT: _____	
4. Medication: _____	
9. Unknown	

Describe details and/or other treatment:

7. Age of onset		Age	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
8. Number of episodes (Code 001 if chronic symptoms and/or treatment since onset)		Episodes	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
9. <u>Total</u> illness duration (<u>all</u> episodes, includes active and prodromal and/or residual symptoms and/or treatment.	Weeks	OR	Years				
	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>		
			Code Response				

10. Rate and code impairment or incapacitation:		0 1 2 9
0. None		
1. Impaired		
2. Incapacitated		
9. Unknown		
11. Interviewer judgement on reliability of this information:		1 2 3
1. Good		
2. Fair		
3. Poor		

INTERVIEWER: If informant apparently does not know subject well enough to give information on Prodromal/Residual symptoms, STOP HERE.

If duration criterion for DSM III-R Schizophrenia, Chronic Type, already met, (question 9, total illness duration > 2 years), STOP HERE.

FIGS: PSYCHOSIS CHECKLIST

INTERVIEWER: Use this page only if Schizo-affective is ruled out (by questions 3 to 5 above), or if the psychosis symptoms lasted at least one week (or shorter duration if successfully treated).

Establishing the Prodromal Period:

16. Now I would like to ask you about the year before his/her (psychotic symptoms) started. During that time did he/she...

(Ask after completing question 16.a-n for the Prodromal period:)
Establishing the Residual Period:

Now I would like to ask you about the year after his/her (psychotic symptoms) stopped. During that time did he/she...

	Prodromal Period			Residual Period		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
16.a) ...stay away from family and friends, become socially isolated?	0	1	9	0	1	9
16.b) ...have trouble doing his/her job, going to school, or doing work at home?	0	1	9	0	1	9
16.c) ...do something peculiar like talking to self in public?	0	1	9	0	1	9
16.d) ...neglect hygiene and grooming?	0	1	9	0	1	9
16.e) ...appear to have no emotions or inappropriate emotions?	0	1	9	0	1	9
16.f) ...speak in a way that was hard to understand, or was he/she at a loss for words?	0	1	9	0	1	9
16.g) ...have unusual beliefs or ideas?	0	1	9	0	1	9
16.h) ...have unusual perceptions, like sensing the presence of a person not actually present?	0	1	9	0	1	9
16.i) ...have no interests, no energy?	0	1	9	0	1	9
16.j) ...find special meaning in TV, radio, or newspaper articles?	0	1	9	0	1	9
16.k) ...feel nervous with other people?	0	1	9	0	1	9
16.l) ...worry that people were out to get him/her?	0	1	9	0	1	9
	Weeks					
17.a) How long did he/she have these experiences?						

INTERVIEWER: Return to top of question 16 to establish the Residual period and code in Residual Column.

	Weeks		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>
17.b) How long did he/she have these experiences after his/her (Active psychotic features) stopped?			
18. Was he/she always this way?	0	1	9

**FIGS: PARANOID/SCHIZOID/SCHIZOTYPAL
PERSONALITY CHECKLIST**

SITE OPTIONAL

Interview date:

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 —

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 —

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Month Day Year

Family ID Number:

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Informant name:

ID:

--	--	--	--	--

Person being described name:

ID:

--	--	--	--	--

PARANOID PERSONALITY

Code for a single episode (best recalled, worst episode if possible).

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1. <i>Does he/she...</i>			
1.a) <i>...often keep an eye out to stop people from taking advantage of him/her?</i> Expects, without sufficient basis, to be exploited/harmed by others.	0	1	9
1.b) <i>...get concerned that friends or co-workers are not really loyal or trustworthy?</i> Questions, without justification, loyalty of friends or associates.	0	1	9
1.c) <i>...often pick up hidden threats or put-downs from what people say or do?</i> Reads hidden demeaning or threatening meanings into benign remarks or events.	0	1	9
1.d) <i>...take a long time to forgive someone if they have insulted or hurt him/her?</i> Bears grudges or unforgiving of insults/slight.	0	1	9
1.e) <i>...seem to believe it is best not to let other people know much about him/her?</i> Reluctant to confide in others because of unwarranted fear that information will be used against him/her.	0	1	9
1.f) <i>...often get angry about being insulted or slighted?</i> Easily slighted, quick to react with anger or counterattack.	0	1	9
1.g) <i>...seem to be a jealous person? Ever suspected that his/her spouse/partner was unfaithful?</i> Questions, without justification, fidelity of spouse or sexual partner.	0	1	9

SCHIZOID PERSONALITY

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
2. <i>Does he/she...</i>			
2.a) <i>...seem not to want or enjoy close relationships, like with family or friends?</i> Neither desires nor enjoys close relationships, including family.	0	1	9
2.b) <i>...prefer to do things alone rather than with other people?</i> Almost always chooses solitary activities.	0	1	9
2.c) <i>...hardly ever seem to have strong feelings, like being very angry or very happy?</i> Rarely, if ever, claims or appears to experience strong emotions, anger/joy.	0	1	9
2.d) <i>...seem uninterested in being sexually involved with another person?</i> Little if any desire to have sexual experiences with another person (age taken into account).	0	1	9

**FIGS: PARANOID/SCHIZOID/SCHIZOTYPAL
PERSONALITY CHECKLIST**

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SITE OPTIONAL

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
2.e) ...seem not to care if people praise or criticize him/her? Indifferent to praise and criticism from others.	0	1	9
2.f) ...have no one to be really close to or confide in, or just one person, outside of the immediate family? No close friends or confidants, or only one, other than first-degree relatives.	0	1	9
2.g) ...act cold or distant, hardly ever smile or nod back at people? Constricted affect, aloof, cold, rarely reciprocates gestures or expressions.	0	1	9

SCHIZOTYPAL PERSONALITY

3. Does he/she...			
3.a) ...wonder if people talking to each other are talking about him/her? Say that a common event or object is a special sign for him/her? Ideas of reference (not delusions of reference).	0	1	9
3.b) ...often act nervous in a group of unfamiliar people? Excessive social anxiety.	0	1	9
3.c) ...reports experiences with the supernatural? Believe in astrology, seeing the future, UFOs, ESP or a "sixth sense"? Odd beliefs or magical thinking, influencing behavior and inconsistent with subcultural norms.	0	1	9
3.d) ...mistake objects or shadows for people, or noises for voices? Have a sense that some invisible person or force is around? See faces change before his/her eyes? Unusual perceptual experiences.	0	1	9
3.e) ...behave in odd or eccentric ways? Look peculiar or untidy, have unusual mannerisms, talk to him/herself? Odd, eccentric, peculiar behavior or appearance.	0	1	9
3.f) ...sometimes make it hard to follow what he/she is saying? Ramble off the subject, talk in vague or abstract terms? Odd speech (without loosened associations or incoherence).	0	1	9
3.g) ...sometimes act silly, not in keeping with the situation? Or tend not to show any feelings in response to people? Inappropriate or constricted affect (e.g., silly or aloof).	0	1	9

INTERVIEWER: If any YES to any Personality Disorders, ask the following questions (to be used for
research, not diagnosis).

IMPAIRMENT/DISTRESS

4. Does he/she have problems because of this behavior or thinking or feeling—either with the family or socially, or at work or school? Significant social or occupational impairment.	0	1	9
5. Does this behavior or thinking or feeling cause the person unhappiness? Significant subjective distress.	0	1	9
	<u>Code Response</u>		
6. Interviewer judgement on reliability of this information:	1	2	3
1. Good			
2. Fair			
3. Poor			

FIGS: MODIFIED MGS PSYCHOSIS CHECKLIST

Interview date: — —
Month Day Year

Family ID Number:

Informant name: ID:

Person being described name: ID:

PSYCHOSIS

Code 1a-j for a single episode (best recalled, worst episode if possible).

1. *What were his/her unusual beliefs or experiences? What were the most strange or unlikely of the beliefs? (include summaries of responses to questions 1a-g.)*

<i>Did he/she ever...</i>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1.a) <i>...believe people were following him/her, or that someone was trying to hurt or poison him/her?</i>	0	1	9
1.b) <i>...believe someone was reading his/her mind?</i>	0	1	9
1.c) <i>...believe he/she was under the control of some outside person or power or force?</i>	0	1	9
1.d) <i>...believe his/her thoughts were broadcast, or that an outside force took away his/her thoughts or put thoughts into his/her head?</i>	0	1	9
1.e) <i>...have any other strange or unusual beliefs (describe above)?</i>	0	1	9
S1. <i>How old was he/she when the unusual beliefs seemed to have started?</i>	<i>Age:</i> <input type="text"/>	<i>or</i> <input type="text"/>	<i>NA</i>
1.f) <i>...see things that were not really there?</i>	0	1	9
1.g) <i>...hear voices or other sounds that were not real?</i>	0	1	9
S2. <i>How old was he/she when the [voices/visions/hallucinations] seemed to have started?</i>	<i>Age:</i> <input type="text"/>	<i>or</i> <input type="text"/>	<i>NA</i>

<i>Did he/she ever...</i>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1.h) ...speak in a way that was difficult to make sense of? (Describe:)	0	1	9
1.i) ...seem to be physically stuck in one position, or move around excitedly without any purpose? (Describe:)	0	1	9
1.j) ...appear to have no emotions, or inappropriate emotions? (Describe:)	0	1	9

Interviewer: for items S3-4, probe and describe the **severity** and **time course** of the symptoms (including exacerbations and improvements): how many weeks/months/years have they been present lifetime? How have they interfered with functioning? How much have they preoccupied the subject? How has severity varied over time? Continue on another page if necessary.

S3. (Describe severity and time course of delusions; inquire specifically about impossible/control/broadcast/insertion/withdrawal delusions):

Estimate lifetime duration of delusions:

Absent <2 wk >2 wk >2 mo >2 yr

Estimate severity (during typical exacerbation):

Absent Suspected/mild Clin signif Affects function/preoccupies Gross/constant effect

S4. (Describe severity and time course of hallucinations; inquire specifically about conversing or commentary voices, or voices throughout the day):

Estimate lifetime duration of hallucinations:

Absent <2 wk >2 wk >2 mo >2 yr

Estimate severity (during typical exacerbation):

Absent Suspected/mild Clin signif Affects function/preoccupies Gross/constant effect

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1.g.1.mod) Did the informant describe evidence to support:			
a. Voices with content having no relation to depression or elation	0	1	9
b. Voices keeping up running commentary on subject's behavior or thoughts	0	1	9
c. Two or more voices conversing	0	1	9

S5. For any of the following symptoms which the informant has observed, probe and describe severity and time course as defined for S4-5. Was it present before the onset of hallucinations or delusions? During acute exacerbations? In between exacerbations? Does it go away?

S5a. Formal thought disorder. (*Subject was difficult to understand because topics were disconnected, he/she had a hard time getting to the point, or the speech led nowhere, or words were use in a strange way. Try to distinguish from delusional thinking.*)

S5b. Disorganized behavior (*purposeless activity, or bizarre behavior like rummaging through garbage, going out naked, unusual aggression or other unusual behavior*).

S5c1. Reduced expression and thought (*reduced or flat emotional expression and responsiveness, seems to feel fewer emotions, reduced speech*).

S5c2. Reduced motivation (*lack of interests, goals, social interest*).

S5c3. Are reduced expression/motivation symptoms present when the subject is not very difficult to understand (thought disorder) or having grossly disorganized behavior? Probe and describe which symptoms persist and for how long. Were they present before onset of overt psychosis?

Estimate lifetime duration of negative symptoms:

Absent <2 wk >2 wk >2 mo >2 yr

Estimate severity (typical chronic state):

Absent Suspected/mild Clin signif Affects function/preoccupies Gross/constant effect

2. How long did the longest of these experiences (1a-j) last? (longest continuous period without 2 month remission)

Weeks

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INTERVIEWER: If less than 1 week (unless successfully treated), STOP HERE. Otherwise continue, if informant is knowledgeable about this person.

FIGS: MODIFIED MGS PSYCHOSIS CHECKLIST

S4. Since the [delusions/hallucinations] started, was there ever a period of 2 months or longer when you felt pretty sure that they had completely gone away?
If yes: Describe

No	Yes	Unk
0	1	9

S5. Since the [delusions/hallucinations] started, was there ever a week or more when he/she:

a. ...seemed depressed, painfully sad, thinking of suicide (not just discouraged or "empty")? 0 1 9

b. ...seemed manic, "high" without drugs, overly excited or active, speeded up? 0 1 9

If yes to a or b, and if mania or depression checklist has not already been completed, stop and complete the appropriate checklists now.

If yes to a or b, probe and describe the severity and timing of mood disturbance in relation to psychotic symptoms. Probe for evidence of periods with full mood syndromes and for periods of psychosis without mood syndrome.

	No	Yes	Unk
3.mod. Interviewer: Does the informant provide evidence that the ever subject had psychotic symptoms and a mood syndrome at the same time?	0	1	9

Skip to question 6

INTERVIEWER: For the rest of this checklist, "illness duration" refers to total time of illness, including active and prodromal and/or residual svmtoms and/or treatment (include time on medication).

	No	Yes	Unk
4. (Probe and code YES if mania and/or depression, or medication for mania or depression, lasted at least 30% of <u>total</u> duration of illness described above.)	0	1	9

	No	Yes	Unk
5. (Probe and code YES if illness described above, or medication for it, was ever present for as long as one week, <u>without</u> depression and/or mania.)	0	1	9

Skip to question 6

5.a) (Code YES if the above was true for as long as two weeks.)	0	1	9
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FIGS: MODIFIED MGS PSYCHOSIS CHECKLIST

- | | Code Response |
|---|---------------|
| 6. Code and describe professional treatment (Code and describe all that apply): | 0 1 2 3 4 9 |
| 0. None | |
| 1. Inpatient: _____ | |
| 2. Outpatient: _____ | |
| 3. ECT: _____ | |
| 4. Medication: _____ | |
| 9. Unknown | |

Describe details and/or other treatment:

- | | | | | | | |
|--|----------|--|----|---------------|--|--|
| 7. Age of onset | Age | | | | | |
| 8. Number of episodes (Code 001 if chronic symptoms and/or treatment since onset) | Episodes | | | | | |
| 9. <u>Total</u> illness duration (<u>all</u> episodes, includes active and prodromal and/or residual symptoms and/or treatment. | Weeks | | OR | Years | | |
| | | | | Code Response | | |
| 10. Rate and code impairment or incapacitation: | | | | 0 1 2 9 | | |
| 0. None | | | | | | |
| 1. Impaired | | | | | | |
| 2. Incapacitated | | | | | | |
| 9. Unknown | | | | | | |
| 11. Interviewer judgement on reliability of this information: | | | | 1 2 3 | | |
| 1. Good | | | | | | |
| 2. Fair | | | | | | |
| 3. Poor | | | | | | |

INTERVIEWER: If informant apparently does not know subject well enough to give information on Prodromal/Residual symptoms, STOP HERE.

INTERVIEWER: Use this page only if psychosis symptoms lasted at least one week (or shorter duration if successfully treated).

Establishing the Prodromal Period:

16. Now I would like to ask you about the year before his/her (psychotic symptoms) started. During that time did he/she...

(Ask after completing question 16.a-n for the Prodromal period:)

Establishing the Residual Period:

Now I would like to ask you about the year after his/her (psychotic symptoms) stopped. During that time did he/she...

	Prodromal Period			Residual Period		
	No	Yes	Unk	No	Yes	Unk
16.a) ...stay away from family and friends, become socially isolated?	0	1	9	0	1	9
16.b) ...have trouble doing his/her job, going to school, or doing work at home?	0	1	9	0	1	9
16.c) ...do something peculiar like talking to self in public?	0	1	9	0	1	9
16.d) ...neglect hygiene and grooming?	0	1	9	0	1	9
16.e) ...appear to have no emotions or inappropriate emotions?	0	1	9	0	1	9
16.f) ...speak in a way that was hard to understand, or was he/she at a loss for words?	0	1	9	0	1	9
16.g) ...have unusual beliefs or ideas?	0	1	9	0	1	9
16.h) ...have unusual perceptions, like sensing the presence of a person not actually present?	0	1	9	0	1	9
16.i) ...have no interests, no energy?	0	1	9	0	1	9
16.j) ...find special meaning in TV, radio, or newspaper articles?	0	1	9	0	1	9
16.k) ...feel nervous with other people?	0	1	9	0	1	9
16.l) ...worry that people were out to get him/her?	0	1	9	0	1	9

17.a) How long did he/she have these experiences?

Weeks		

INTERVIEWER: Return to top of question 16 to establish the Residual period and code in Residual Column.

17.b) How long did he/she have these experiences after his/her (Active psychotic features) stopped?

Weeks		

18. Was he/she always this way?

0	1	9
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