

THE MACARTHUR RISK ASSESSMENT STUDY

BASELINE INTERVIEW - CLINICAL/TRACKING

Coding Manual

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(NOTE: The discharge data sheet is a separate instrument and was completed at a later date than the baseline interview)

INTRODUCTION

History

The subject baseline data for the MacArthur Risk Assessment Study was collected in two separate interviews: clinical and research. Each of these interviews was conducted while subjects were in the hospital. The clinical interview consisted of a review of the subject's chart, coupled with a face-to-face interview. The purpose of the clinical interview was to determine the presence of selected clinical diagnoses for the subject to determine eligibility for the study. The clinical interview was also used to assess level of functioning and administer other clinical measures. The research interview obtained a wide array of baseline measures including historical data and was conducted by a research interviewer.

Organization

All subject baseline interview data (clinical and research) are contained in one SPSS data file named "Baseline Subject Data". For the sake of clarity and brevity, two separate code books have been prepared that accompany this data set. The "clinical" code book contains all clinical interview variables, as well as selected variables from the study's tracking program. The "research" code book contains all research interview variables, as well as variables which have been calculated/computed from the subject baseline data.

Notes

In some cases (especially in violence screens), there are multiple repeating variables present in the coding manual. Throughout each of the interviews, variable information was often collected in grid format. Whenever there are two variable names listed under the same heading and the names are separated by the word "to" (e.g., v2.2.1b to v2.2.7b), this represents a repeated variable. Variables will always repeat in ascending numerical order throughout the specified range.

Throughout the coding manuals, references are commonly made to a particular sets of codes (e.g., See CRIME CLASSIFICATION CODES). These code sheets are located in the MAC CODES folder.

TRACKING VARIABLES

Please note that the variables listed in this section are based on information obtained from the subject's chart. These variables were originally part of a larger set of variables that were entered in the study's tracking program. This tracking program was used solely to record basic information for each subject, as well as to assist in keeping track of and locating subjects.

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|---|---|
| STUDYID | 6 | Study ID# | |
| | | <u>Subject's Date of Birth:</u> | CODE EXACT DATE |
| MDOB | 2 | Month | 00/00/00 = Missing month &/or day |
| DDOB | 2 | Day | 99/99/99 = Missing entire date |
| YDOB | 2 | Year | |
| | | <u>Baseline - Date of Admission:</u> | CODE EXACT DATE |
| MADM | 2 | Month | 00/00/00 = Missing month &/or day |
| DADM | 2 | Day | 99/99/99 = Missing entire date |
| YADM | 2 | Year | |
| LEGALR | 1 | Subject's legal status upon admission | 1 = Voluntary 2 = Involuntary |
| | | <u>Baseline - Date of Release:</u> | CODE EXACT DATE |
| MREL | 2 | Month | 00/00/00 = Missing month &/or day |
| DREL | 2 | Day | 99/99/99 = Missing entire date |
| YREL | 2 | Year | |
| | | <u>Baseline - Admission Diagnosis(es)</u> | CODE DSMIII-R DIAGNOSIS |
| AX1D1 | 5 | Axis I - Diagnosis 1 | 99999 = Don't know |
| AX1D2 | 5 | Axis I - Diagnosis 2 | Use 99 if missing 4 th and 5 th |
| AX1D3 | 5 | Axis I - Diagnosis 3 | digit of diagnosis (if applicable) |
| AX1D4 | 5 | Axis I - Diagnosis 4 | |
| AX1D5 | 5 | Axis I - Diagnosis 5 | |
| AX1D1R | 1 | Axis I - Diagnosis 1 - Diagnosis Type | 1 = Chart diagnosis |
| AX1D2R | 1 | Axis I - Diagnosis 2 - Diagnosis Type | 2 = Rule out diagnosis or trait |
| AX1D3R | 1 | Axis I - Diagnosis 3 - Diagnosis Type | |
| AX1D4R | 1 | Axis I - Diagnosis 4 - Diagnosis Type | |
| AX1D5R | 1 | Axis I - Diagnosis 5 - Diagnosis Type | |
| AX2D1 | 5 | Axis II - Diagnosis 1 | 99999 = Don't know |
| AX2D2 | 5 | Axis II - Diagnosis 2 | Use 99 if missing 4 th and 5 th |
| AX2D3 | 5 | Axis II - Diagnosis 3 | digit of diagnosis (if applicable) |
| AX2D4 | 5 | Axis II - Diagnosis 4 | |
| AX2D5 | 5 | Axis II - Diagnosis 5 | |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|--|---------------------------------|
| AX2D1R | 1 | Axis II - Diagnosis 1 - Diagnosis Type | 1 = Chart diagnosis |
| AX2D2R | 1 | Axis II - Diagnosis 2 - Diagnosis Type | 2 = Rule out diagnosis or trait |
| AX2D3R | 1 | Axis II - Diagnosis 3 - Diagnosis Type | |
| AX2D4R | 1 | Axis II - Diagnosis 4 - Diagnosis Type | |
| AX2D5R | 1 | Axis II - Diagnosis 5 - Diagnosis Type | |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|-------------------------------------|---------------|------------------|---|
| <u>COVER SHEET</u> | | | |
| STUDYID | 6 | Study ID# | First digit represents site 1 = Kansas City 2 = Worcester 3 = Pittsburgh |
| RATER | 2 | Interviewer Code | CODE INTERVIEWER ID# |
| <u>INTERVIEW TIME RECORD</u> | | | |
| | | | <u>Date</u> |
| MINT1 to MINT6 | 2 | Month | CODE DATE OF EACH SESSION 00 = Missing month and/or day 99/99/99 = Missing date <i>Leave blank if not applicable</i> |
| DINT1 to DINT6 | 2 | Day | |
| YINT1 to YINT6 | 2 | Year | |
| | | | <u>Start Time</u> |
| STHR1 to STHR6 | 2 | Hour | CODE START TIME OF EACH SESSION 99:99 = Missing time |
| STMIN1 to STMIN6 | 2 | Minute | |
| | | | <u>End Time</u> |
| ENDHR1 to ENDHR6 | 2 | Hour | CODE END TIME OF EACH SESSION 99:99 = Missing |
| ENDMIN1 to ENDMIN6 | 2 | Minute | |
| BREAK1 to BREAK6 | 1 | # Breaks | CODE # BREAKS 7 = 7 or more 9 = Missing |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|-----------------------|---------------|-------------------------------|--|
| TBREAK1 to TBREAK6 | 3 | Total Break Time (in minutes) | CODE # MINUTES 999 = Missing |
| | | <u>Net Time</u> | |
| TOTHR1 to TOTHR6 | 2 | Hours | CODE NET TIME TO COMPLETE 99:99 = Missing |
| TOTMIN1 to TOTMIN6 | 2 | Minutes | |
| TOTSES | 2 | Total # Sessions | CODE # SESSIONS TO COMPLETE 99 = Missing |
| TOTDAY | 2 | Total # Days | CODE # DAYS TO COMPLETE 99 = Missing |
| | | <u>Date received at PRA</u> | |
| MSENT | 2 | Month | 00 = Missing month and/or day |
| DSSENT | 2 | Day | 99/99/99 = Missing entire date |
| YSENT | 2 | Year | |
| | | <u>Date entered</u> | |
| MENT | 2 | Month | 00 = Missing month and/or day |
| DENT | 2 | Day | 99/99/99 = Missing entire date |
| YENT | 2 | Year | |
| KPUNCH | 2 | Keypunch Code | Assigned at PRA |
| | | <u>Date verified</u> | |
| MVER | 2 | Month | 00 = Missing month and/or day |
| DVER | 2 | Day | 99/99/99 = Missing entire date |
| YVER | 2 | Year | |
| VERIFY | 2 | Verifier Code | Assigned at PRA |

DSM III-R CRITERIA CHECKLIST

| <u>Face Sheet</u> | | | |
|-------------------|---|-----|---|
| DSMAGE | 2 | Age | CODE IN YEARS 99 = Don't know |
| DSMSEX | 1 | Sex | 1 = Male 2 = Female 7 = Refused 9 = Don't know |

| <u>Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|-------------|---------------|-----------------|--|
| DSMMAR | 1 | Marital Status | 1 = Single 2 = Married 3 = Divorced 4 = Widowed 5 = Separated 7 = Refused 9 = Don't know |
| DSMRACE | 1 | Race | 1 = White 2 = Black 3 = Hispanic 7 = Refused 9 = Don't know |

DSM-III-R Diagnoses

a = current

b = lifetime

In the case of Schizoaffective or Bipolar, code all current diagnoses as well. For example, under current diagnosis a subject may have a 3 'Present' for schizoaffective, schizophrenia, and depression.

| | | | |
|--------|---|-----------------------------------|---|
| DSM2a | 1 | Schizophrenia | |
| DSM3a | 1 | Brief Reactive Psychosis | |
| DSM4a | 1 | Schizophreniform Disorder | |
| DSM5a | 1 | Schizoaffective Disorder | 1 = Absent |
| DSM6a | 1 | Delusional (Paranoid) Disorder | 3 = Present |
| DSM7a | 1 | Atypical Psychosis | 4 = Present, but might be "due to" <u>organic</u> diagnosis or condition (<u>not valid</u> for 5a, 6a, and 7a) |
| DSM8a | 1 | Depression | |
| DSM9a | 1 | Dysthymia | |
| DSM10a | 1 | Mania | |
| DSM18a | 1 | Cyclothymia | 5 = Present, but might be "due to" <u>other</u> diagnosis or condition |
| DSM11b | 1 | Bipolar | |
| DSM12a | 1 | Psychoactive Substance Dependence | |
| DSM12b | 1 | Psychoactive Substance Dependence | 7 = Bereavement or |
| DSM13a | 1 | Psychoactive Substance Abuse | "Provisional" (valid <u>only</u> for 3a, 4a, and 8a) |
| DSM13b | 1 | Psychoactive Substance Abuse | 8 = NA, old form used 9 = Uncertain |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|---|---------------|---|---|
| <u>DSM-III-R Diagnoses</u> (continued) | | | |
| <i>a = current</i> | | | 1 = Absent |
| <i>b = lifetime</i> | | | 3 = Present |
| DSM14a | 1 | Alcohol Dependence | 4 = Present, but might be "due to" <u>organic</u> diagnosis or condition (<u>not valid</u> for 5a, 6a, and 7a) |
| DSM14b | 1 | Alcohol Dependence | |
| DSM15a | 1 | Alcohol Abuse | 5 = Present, but might be "due to" <u>other</u> diagnosis or condition |
| DSM15b | 1 | Alcohol Abuse | |
| DSM16a | 1 | Drug Dependence | 7 = Bereavement or "Provisional" (valid <u>only</u> for 3a, 4a, and 8a) |
| DSM16b | 1 | Drug Dependence | |
| DSM17a | 1 | Drug Abuse | 8 = NA, old form used |
| DSM17b | 1 | Drug Abuse | 9 = Uncertain |
| [DO AFTER FACE SHEET IS COMPLETELY CODED] | | | |
| DSMA | 2 | CODE PRINCIPAL DIAGNOSIS USING <u>ITEM #</u> ON FACE SHEET (do not use page #) | 00 = No checklist diagnosis [END] 99 = No principal diagnosis or can't tell [END] |
| CODE REASON(S) FOR YOUR DECISION | | | |
| DSMB.1 | 1 | Only diagnosis | 1 = No |
| DSMB.2 | 1 | Earliest onset | 5 = Yes |
| DSMB.3 | 1 | Most impairing (interviewing physician's judgment) | 9 = Don't know |
| DSMB.4 | 1 | Accounts for symptoms of other diagnoses | |
| DSMB.5 | 1 | Subject sought treatment for it | |
| DSMB.6 | 1 | Subject sees it as a major problem | |
| DSMB.7 | 1 | Started before and persisted after other symptoms | |
| DSMB.8 | 1 | Other reason(s) (specify) | |
| DSMB.8a | A8 | Specify | CODE CONCISELY |
| DSMC | 1 | CLINICIAN'S ASSESSMENT OF THE CURRENT OVERALL SEVERITY OF THE PRINCIPAL DIAGNOSIS | 1 = Mild 2 = Moderate 3 = Severe 4 = Very Severe 9 = Don't know |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|---|---|
| | | COMPARISON WITH CHART DIAGNOSIS (<i>check all that apply</i>) | 0 = No, not checked 1 = Yes, checked 9 = Don't know |
| DSMD.1 | 1 | Principal diagnosis agrees with a Chart Diagnosis | |
| DSMD.2 | 1 | One or more additional categories of diagnoses identified not on Chart | |
| DSMD.3 | 1 | One or more categories of Chart Diagnoses examined but not conformed by Checklist | |
| DSMD.4 | 1 | One or more Chart Diagnoses not examined because not on Checklist | |
| DSMD.5 | 1 | Diagnosis different from Chart (box #2 or #3 checked) | |
| DSMD.6 | 1 | Diagnosis reviewed by clinician and Checklist diagnosis confirmed | |
| DSMD.7 | 1 | Diagnosis reviewed by clinician and changed to Chart Diagnosis | |

DELUSIONS SCREENING QUESTIONS

| | | | |
|------|-----|---|--|
| K1.1 | 1 | In the past two months, have you believed people were spying on you? | 0 = No (<i>skip to K2</i>) 1 = Yes 7 = Refused 9 = Don't know |
| K1EX | A60 | Example - line 1 | CODE CONCISELY |
| K1.2 | 1 | Do you have this experience/belief only when you are high on (street) drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug use and alcohol 7 = Refused 8 = NA 9 = Don't know |
| K1.3 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|---|---|
| K2.1 | 1 | In the past two months, has there been a time when you believed people were following you? | 0 = No (<i>skip to K3</i>) 1 = Yes 7 = Refused 9 = Don't know |
| K2EX | A60 | Example - line 1 | CODE CONCISELY |
| K2.2 | 1 | Do you have this experience/belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |
| K2.3 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |
| K3.1 | 1 | In the past two months, have you believed that you were being secretly tested or experimented on? | 0 = No (<i>skip to K4</i>) 1 = Yes 7 = Refused 9 = Don't know |
| K3EX | A60 | Example - line 1 | CODE CONCISELY |
| K3.2 | 1 | Do you have this experience/belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |
| K3.3 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|--|---|
| K4.1 | 1 | In the past two months, have you believed that someone was plotting against you or trying to hurt you or poison you? | 0 = No (<i>skip to K5</i>) 1 = Yes 7 = Refused 9 = Don't know |
| K4EX | A60 | Example - line 1 | CODE CONCISELY |
| K4.2 | 1 | Do you have this experience/belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |
| K4.3 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |
| K5.1 | 1 | In the past two months, have you believed that someone was reading your mind? | 0 = No (<i>skip to K6</i>) 1 = Yes 7 = Refused 9 = Don't know |
| K5EX | A60 | Example - line 1 | CODE CONCISELY |
| K5.2 | 1 | Do you have this experience/belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |
| K5.3 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|--|---|
| K6.1 | 1 | In the past two months, have you believed you could actually hear what another person was thinking, even though he was not speaking? | 0 = No (<i>skip to K7</i>) 1 = Yes 7 = Refused 9 = Don't know |
| K6EX | A60 | Example - line 1 | CODE CONCISELY |
| K6.2 | 1 | Do you have this experience/belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |
| K6.3 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |
| K7.1 | 1 | In the past two months, have you believed that others could hear your thoughts? | 0 = No (<i>skip to K8</i>) 1 = Yes 7 = Refused 9 = Don't know |
| K7EX | A60 | Example - line 1 | CODE CONCISELY |
| K7.2 | 1 | Do you have this experience/belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |
| K7.3 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|---|---|
| K8.1 | 1 | In the past two months, did you feel that you were under the control of some person, power or force, so that your actions and thoughts were not your own? | 0 = No (<i>skip to K9</i>) 1 = Yes 7 = Refused 9 = Don't know |
| K8EX | A60 | Example - line 1 | CODE CONCISELY |
| K8.2 | 1 | Do you have this experience/belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |
| K8.3 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |
| K9.1 | 1 | In the past two months, have you felt that strange thoughts or thoughts that were not your own were being put directly into your mind? | 0 = No (<i>skip to K10</i>) 1 = Yes 7 = Refused 9 = Don't know |
| K9EX | A60 | Example - line 1 | CODE CONCISELY |
| K9.2 | 1 | Do you have this experience/belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |
| K9.3 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|--|---|
| K10.1 | 1 | In the past two months, have you felt that someone or something could take or steal your thoughts out of your mind? | 0 = No (<i>skip to K11</i>) 1 = Yes 7 = Refused 9 = Don't know |
| K10EX | A60 | Example - line 1 | CODE CONCISELY |
| K10.2 | 1 | Do you have this experience/belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |
| K10.3 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |
| K11.1 | 1 | In the past two months, have you believed that you were being sent special messages through the television or radio, or that a program had been arranged just for you alone? | 0 = No (<i>skip to K12</i>) 1 = Yes 7 = Refused 9 = Don't know |
| K11EX | A60 | Example - line 1 | CODE CONCISELY |
| K11.2 | 1 | Do you have this experience/belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |
| K11.3 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|---|---|
| K12.1 | 1 | In the past two months, have you felt strange forces working on you, as if you were being hypnotized or magic was being performed on you, or you were being hit by x-rays or laser beams? | 0 = No (<i>skip to H21</i>) 1 = Yes 7 = Refused 9 = Don't know |
| K12EX | A60 | Example - line 1 | CODE CONCISELY |
| K12.2 | 1 | Do you have this experience/belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |
| K12.3 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |
| H21.1 | 1 | In the past two months, has there been two weeks or more when nearly every day you felt worthless, sinful, or guilty? | 0 = No (<i>skip to J8</i>) 1 = Yes 7 = Refused 9 = Don't know |
| H21EX | A60 | Example - line 1 | CODE CONCISELY |
| H21.2 | 1 | Do you have this experience/belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|---|---|
| H21.3 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |
| J8.1 | 1 | Have you had a period, in the past two months, when you felt that you had a special gift or special powers to do things others couldn't do or that you were a specially important person? | 0 = No (<i>skip to SCID</i>) 1 = Yes 7 = Refused 9 = Don't know |
| J8EX | A60 | Example - line 1 | CODE CONCISELY |
| J8.2 | 1 | Do you have this experience/belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |
| J8.3 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |
| SCID.1 | 1 | In the past two months, did you feel that parts of your body had changed or stopped working (when your doctor said there was nothing wrong with you)? What did your doctor say? | 0 = No (<i>skip to K13</i>) 1 = Yes 7 = Refused 9 = Don't know |
| SCIDEX | A60 | Example - line 1 | CODE CONCISELY |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|---|---|
| SCID.2 | 1 | Do you have this experience/belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |
| SCID.3 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |
| K13.1 | 1 | Any other delusion volunteered by subject? | 0 = No (<i>skip to HALL.1</i>) 1 = Yes 7 = Refused 8 = NA 9 = Don't know |
| K13EX | A60 | [<i>IF YES</i>] Example - line 1 | CODE CONCISELY |
| K13.2 | 1 | Do you have this experience/belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |
| K13.3 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |
| CH1.1 | 1 | In the past two months, have you thought that [INSERT DELUSION FROM CHART]? | 0 = No (<i>skip to CH2.1</i>) 1 = Yes 7 = Refused 8 = NA / No chart delusion 9 = Don't know |

| <u>Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|--|---------------|--|---|
| CH1EX | A60 | Example - line 1 | CODE CONCISELY |
| CH1.2 | 1 | Do you have this belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |
| CH1.3 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |
| HALL.1 | 1 | In the past two months, have you more than once had the experience of hearing things or voices other people couldn't hear? | 0 = No (<i>skip to CH2.1</i>) 1 = Yes 7 = Refused 9 = Don't know |
| HALLEX.1 | A60 | Example - line 1 | CODE CONCISELY |
| HALL.2 | 1 | Do you have this experience only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |
| * PROBE FOR DELUSIONS RELATED TO HALLUCINATIONS * | | | |
| HALLEX.2 | A60 | Example - line 1 | CODE CONCISELY |
| HALL.3 | 1 | Do you have this belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|--|--|
| HALL.4 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |
| CH2.1 | 1 | In the past two months, have you heard [INSERT HALLUCINATION FROM CHART]? | 0 = No (<i>skip to DEL00.1</i>) 1 = Yes 7 = Refused 8 = NA / No Hallucination from chart 9 = Don't know |
| CH2EX.1 | A60 | Example - line 1 | CODE CONCISELY |
| CH2.2 | 1 | Do you have this experience/belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |
| CH2EX.2 | A60 | Example - line 1 | CODE CONCISELY |
| CH2.3 | 1 | Do you have this experience/belief only when you are high on street drugs or alcohol? | 0 = No 1 = Yes 2 = Subject had denied all previous drug or alcohol use 7 = Refused 8 = NA 9 = Don't know |
| CH2.4 | 1 | Rate whether belief is delusional | 0 = No 1 = Possibly 2 = Yes 7 = Refused 8 = NA 9 = Don't know |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|--|---|
| | | <u>Characterize Delusions</u> | |
| DEL00.1 | 1 | Are delusions present? | 0 = Yes 1 = No |
| DEL01.1 | 1 | Delusional jealousy | <i>Check if present</i> |
| DEL02.1 | 1 | Persecutory delusion | 0 = Not checked |
| DEL03.1 | 1 | Grandiose delusion | 1 = Checked |
| DEL04.1 | 1 | Delusion of bodily or mind control or influence on the subject | 7 = Refused 8 = NA |
| DEL05.1 | 1 | Thought broadcasting or influence by the subject | 9 = Don't know |
| DEL06.1 | 1 | Delusion of guilt | |
| DEL07.1 | 1 | Somatic delusion | |
| DEL08.1 | 1 | Religious delusion | |
| DEL96.1 | 1 | Other delusion | |
| DEL99.1 | 1 | Don't know or no information | |
| DEL01.2 | 1 | Delusional jealousy | <i>Check if delusion involves others</i> |
| DEL02.2 | 1 | Persecutory delusion | <i>(includes beings whether real or imagined)</i> |
| DEL03.2 | 1 | Grandiose delusion | |
| DEL04.2 | 1 | Delusion of bodily or mind control or influence on the subject | 0 = Not checked 1 = Checked |
| DEL05.2 | 1 | Thought broadcasting or influence by the subject | 7 = Refused |
| DEL06.2 | 1 | Delusion of guilt | 8 = NA |
| DEL07.2 | 1 | Somatic delusion | 9 = Don't know |
| DEL08.2 | 1 | Religious delusion | |
| DEL96.2 | 1 | Other delusion | |
| DEL01.3 | 1 | Delusional jealousy | <i>Check if delusion has violent content</i> |
| DEL02.3 | 1 | Persecutory delusion | <i>(includes violence to self, others, or property)</i> |
| DEL03.3 | 1 | Grandiose delusion | |
| DEL04.3 | 1 | Delusion of bodily or mind control or influence on the subject | 0 = Not checked 1 = Checked |
| DEL05.3 | 1 | Thought broadcasting or influence by the subject | 7 = Refused |
| DEL06.3 | 1 | Delusion of guilt | 8 = NA |
| DEL07.3 | 1 | Somatic delusion | 9 = Don't know |
| DEL08.3 | 1 | Religious delusion | |
| DEL96.3 | 1 | Other delusion | |
| DEL01.4 | 1 | Delusional jealousy | <i>If yes, does delusion involve subject violence toward others</i> |
| DEL02.4 | 1 | Persecutory delusion | |
| DEL03.4 | 1 | Grandiose delusion | 0 = Not checked |
| DEL04.4 | 1 | Delusion of bodily or mind control or influence on the subject | 1 = Checked 7 = Refused |
| DEL05.4 | 1 | Thought broadcasting or influence by the subject | 8 = NA |
| DEL06.4 | 1 | Delusion of guilt | 9 = Don't know |
| DEL07.4 | 1 | Somatic delusion | |
| DEL08.4 | 1 | Religious delusion | |
| DEL96.4 | 1 | Other delusion | |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|-----------------|--|
| <u>MMDAS</u> | | | |
| MACMAD | 1 | Check one box | 1 = MMDAS Part 1 & Part 2 completed 2 = Only Part 1 completed 3 = Only Part 2 completed 4 = Subject has no delusion on all screening questions (none coded yes or possibly) and no delusions are mentioned in the chart and no delusions related to violence 5 = Subject has no delusions on all screening questions (none coded yes or possibly) and denies having had delusions mentioned in the chart and no delusions related to violence 7 = Refused 8 = Should have completed, but did not 9 = Don't know/missing |

MMDAS / Part 1:Choice of Belief Rating

| | | | |
|------|---|---|---|
| MAD1 | 1 | Review the chart (the admission notes), the Subject Profile ... | 1 = Delusional belief that the subject identifies as one that has the greatest recent impact in his or her life (whether violent or not) 2 = Interviewer selects belief 7 = Refused 9 = No information |
|------|---|---|---|

Please indicate and describe below the delusion selected

| | | | |
|--------|-----|--------|----------------|
| MAD2.1 | A60 | Line 1 | CODE CONCISELY |
| MAD2.2 | A60 | Line 2 | |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|-----------------|---------------|
|----------------------|---------------|-----------------|---------------|

Characterize Delusions

| | | | |
|---------|---|--|--|
| MAD00.1 | 1 | Are delusions present? | 0 = No 1 = Yes |
| MAD01.1 | 1 | Delusional jealousy | <i>Check if present</i> |
| MAD02.1 | 1 | Persecutory delusion | 0 = Not checked |
| MAD03.1 | 1 | Grandiose delusion | 1 = Checked |
| MAD04.1 | 1 | Delusion of bodily or mind control or influence on the subject | 7 = Refused 8 = NA |
| MAD05.1 | 1 | Thought broadcasting or influence by the subject | 9 = Don't know |
| MAD06.1 | 1 | Delusion of guilt | |
| MAD07.1 | 1 | Somatic delusion | |
| MAD08.1 | 1 | Religious delusion | |
| MAD96.1 | 1 | Other delusion | |
| MAD99.1 | 1 | Don't know or no information | |
| MAD01.2 | 1 | Delusional jealousy | <i>Check if delusion involves others</i> |
| MAD02.2 | 1 | Persecutory delusion | 0 = Not checked |
| MAD03.2 | 1 | Grandiose delusion | 1 = Checked |
| MAD04.2 | 1 | Delusion of bodily or mind control or influence on the subject | 7 = Refused 8 = NA |
| MAD05.2 | 1 | Thought broadcasting or influence by the subject | 9 = Don't know |
| MAD06.2 | 1 | Delusion of guilt | |
| MAD07.2 | 1 | Somatic delusion | |
| MAD08.2 | 1 | Religious delusion | |
| MAD96.2 | 1 | Other delusion | |
| MAD01.3 | 1 | Delusional jealousy | <i>Check if delusion has violent content</i> |
| MAD02.3 | 1 | Persecutory delusion | |
| MAD03.3 | 1 | Grandiose delusion | 0 = Not checked |
| MAD04.3 | 1 | Delusion of bodily or mind control or influence on the subject | 1 = Checked 7 = Refused |
| MAD05.3 | 1 | Thought broadcasting or influence by the subject | 8 = NA |
| MAD06.3 | 1 | Delusion of guilt | 9 = Don't know |
| MAD07.3 | 1 | Somatic delusion | |
| MAD08.3 | 1 | Religious delusion | |
| MAD96.3 | 1 | Other delusion | |
| MAD01.4 | 1 | Delusional jealousy | <i>If yes, does delusion involve subject violence towards others</i> |
| MAD02.4 | 1 | Persecutory delusion | |
| MAD03.4 | 1 | Grandiose delusion | 0 = Not checked |
| MAD04.4 | 1 | Delusion of bodily or mind control or influence on the subject | 1 = Checked 7 = Refused |
| MAD05.4 | 1 | Thought broadcasting or influence by the subject | 8 = NA |
| MAD06.4 | 1 | Delusion of guilt | 9 = Don't know |
| MAD07.4 | 1 | Somatic delusion | |
| MAD08.4 | 1 | Religious delusion | |
| MAD96.4 | 1 | Other delusion | |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|--|---------------|--|--|
| <u>How long have you believed X?</u> | | | |
| MADDURY | 2 | Years | CODE # OF YEARS & MONTHS 00 = None 97 = Refused 99 = Don't know |
| MADDURM | 2 | Months | |
| MADDURW | 1 | Weeks | |
| CODE # OF WEEKS 0 = None 7 = Refused 9 = Don't know | | | |
| <u>CONVICTION / INSIGHT</u> <i>a = current</i> <i>b = worst ever</i> | | | |
| M1.1a | 1 | How sure are you about X? | 0 = Never certain; believes probably imagining it 1 = Have doubts; maybe; believes probably true 2 = Absolutely certain 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M1.1b | 1 | | |
| M1.2 | 1 | What would have to happen to make you think that you might be wrong? | 0 = Outline evidence and this outcome logically possible 1 = Outline evidence but this outcome logically impossible 2 = Unable to outline evidence which would contradict belief 7 = Refused 9 = Doesn't respond; cannot ascertain |
| M1.3a | 1 | Do you feel that other people also believe X either openly, or perhaps without talking about it? | 0 = Accepts uniqueness of belief 1 = Accepts that others do not openly share the belief but feels they may do so in private 2 = Says the belief is shared by many others 7 = Refused 9 = Doesn't know; cannot ascertain |
| M1.3b | | | |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|-----------------|---------------|
|----------------------|---------------|-----------------|---------------|

| | | | | |
|-------|---|--|-----|---|
| M1.4a | 1 | If you told someone else about X, do you think they would believe you? | 0 = | Other person would definitely not believe the subject |
| M1.4b | 1 | | 1 = | Other person might believe the subject |
| | | | 2 = | Other person would definitely believe the subject |
| | | | 7 = | Refused |
| | | | 9 = | Doesn't respond; cannot ascertain |

Affect Relating to Chosen Belief

a = current

b = ever

How does the belief make you feel?

| | | | | |
|-------|---|--|-----|----------------------------|
| M2.1a | 1 | Happy? | 0 = | No |
| | | | 1 = | Yes (<i>go to M2.2a</i>) |
| | | | 7 = | Refused |
| | | | 9 = | Don't know |
| M2.1b | 1 | Did it ever make you feel happy? | 0 = | No |
| | | | 1 = | Yes |
| | | | 7 = | Refused |
| | | | 9 = | Don't know |
| M2.2a | 1 | Unhappy / miserable / depressed? | 0 = | No |
| | | | 1 = | Yes (<i>go to M2.3a</i>) |
| | | | 7 = | Refused |
| | | | 9 = | Don't know |
| M2.2b | 1 | Did it ever make you feel unhappy / miserable / depressed? | 0 = | No |
| | | | 1 = | Yes |
| | | | 7 = | Refused |
| | | | 9 = | Don't know |
| M2.3a | 1 | Terrified / frightened? | 0 = | No |
| | | | 1 = | Yes (<i>go to M2.4a</i>) |
| | | | 7 = | Refused |
| | | | 9 = | Don't know |
| M2.3b | 1 | Did it ever make you feel terrified / frightened? | 0 = | No |
| | | | 1 = | Yes |
| | | | 7 = | Refused |
| | | | 9 = | Don't know |

Variable
Name

Format

Question

Coding

| | | | | |
|-------|---|----------------------------|-----|----|
| M2.4a | 1 | Anxious / tense / worried? | 0 = | No |
|-------|---|----------------------------|-----|----|

| | | | |
|----------------------|---------------|--|---------------------------------------|
| | | | 1 = Yes (<i>go to M2.5a</i>) |
| | | | 9 = Don't know |
| M2.4b | 1 | Did it ever make you feel anxious / tense / worried? | 0 = No |
| | | | 1 = Yes |
| | | | 9 = Don't know |
| M2.5a | 1 | Angry? | 0 = No |
| | | | 1 = Yes (<i>go to M3.1a</i>) |
| | | | 7 = Refused |
| | | | 9 = Don't know |
| M2.5b | 1 | Did it ever make you feel angry? | 0 = No |
| | | | 1 = Yes |
| | | | 7 = Refused |
| | | | 9 = Don't know |
| | | <u>Action on Belief</u> | |
| | | <i>a = ever</i> | |
| | | <i>b = last 2 months</i> | |
| M3.1a | 1 | Have you ever talked to anyone about X? | 0 = No |
| | | | 1 = Yes |
| | | | 7 = Refused |
| | | | 8 = NA |
| | | | 9 = Doesn't respond, cannot ascertain |
| M3.1b | 1 | Have you talked to anyone about X in the last two months? | 0 = No |
| | | | 1 = Yes |
| | | | 7 = Refused |
| | | | 8 = NA |
| | | | 9 = Doesn't respond, cannot ascertain |
| M3.2a | 1 | Have you ever written to anyone about X? | 0 = No |
| | | | 1 = Yes |
| | | | 7 = Refused |
| | | | 8 = NA |
| | | | 9 = Doesn't respond, cannot ascertain |
| M3.2b | 1 | Have you written to anyone about X in the last two months? | 0 = No |
| | | | 1 = Yes |
| | | | 7 = Refused |
| | | | 8 = NA |
| | | | 9 = Doesn't respond, cannot ascertain |
| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
| M3.3a | 1 | Have you ever tried to stop X from happening? | 0 = No |
| | | | 1 = Yes |
| | | | 7 = Refused |

| | | | |
|-------|---|--|---|
| | | | 8 = NA |
| | | | 9 = Doesn't respond, cannot ascertain |
| M3.3b | 1 | Have you tried to stop X from happening in the last two months? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.4a | 1 | Have you ever tried to protect yourself in any way because of this belief? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.4b | 1 | Have you tried to protect yourself in any way because of this belief in the last two months? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.5a | 1 | Does X ever make you lose your temper? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.5b | 1 | Did X make you lose your temper in the last two months? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.6a | 1 | Do you ever have arguments about X? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |

Variable
Name

Format

Question

Coding

M3.6b 1 Did you have arguments about X in the last two months?

0 = No
1 = Yes
7 = Refused

| | | | |
|----------------------|---------------|--|--|
| | | | 8 = NA |
| | | | 9 = Doesn't respond, cannot ascertain |
| M3.7a | 1 | Have you ever broken or destroyed anything because of this belief? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.7b | 1 | Have you broken or destroyed anything because of this belief in the last two months? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.8a | 1 | Have you ever felt like hurting someone because of X? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.8b | 1 | Have you felt like hurting someone because of X in the last two months? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.8a.1 | 1 | Who did you ever think about hurting? | 1 = Only known 2 = Mixed 3 = Only strangers 7 = Refused 8 = NA 9 = Don't know |
| M3.8b.1 | 1 | Who did you think about hurting in the last two months? | 1 = Only known 2 = Mixed 3 = Only strangers 7 = Refused 8 = NA 9 = Don't know |
| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
| M3.9a | 1 | Have you ever tried to hurt or hurt anyone (physically) because of X? | 0 = No 1 = Yes |

| | | | |
|---------|---|---|---------------------------------------|
| | | | 7 = Refused |
| | | | 8 = NA |
| | | | 9 = Doesn't respond, cannot ascertain |
| M3.9b | 1 | Have you tried to hurt or hurt anyone (physically) because of X in the last two months? | 0 = No |
| | | | 1 = Yes |
| | | | 7 = Refused |
| | | | 8 = NA |
| | | | 9 = Doesn't respond, cannot ascertain |
| M3.9a.1 | 1 | Who did you ever try to hurt? | 1 = Only known |
| | | | 2 = Mixed |
| | | | 3 = Only strangers |
| | | | 7 = Refused |
| | | | 8 = NA |
| | | | 9 = Don't know |
| M3.9b.1 | 1 | Who did you try to hurt in the last two months? | 1 = Only known |
| | | | 2 = Mixed |
| | | | 3 = Only strangers |
| | | | 7 = Refused |
| | | | 8 = NA |
| | | | 9 = Don't know |
| M3.9a.2 | 1 | How did you hurt / try to hurt him/her (ever)? | 0 = No violence |
| | | | 1 = Throw object |
| | | | 2 = Push / shove / grab |
| | | | 3 = Slap |
| | | | 4 = Kick / bite / choke |
| | | | 5 = Hit with fist / object |
| | | | 6 = Sexual assault |
| | | | 7 = Threaten with weapon |
| | | | 8 = Use gun / knife |
| | | | 9 = Other violence |
| | | | 97 = Refused |
| | | | 98 = NA |
| | | | 99 = Don't know |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|--|--|
| M3.9b.2 | 1 | How did you hurt / try to hurt him/her (last 2 months)? | 0 = No violence 1 = Throw object 2 = Push / shove / grab 3 = Slap 4 = Kick / bite / choke 5 = Hit with fist / object 6 = Sexual assault 7 = Threaten with weapon 8 = Use gun / knife 9 = Other violence 97 = Refused 98 = NA 99 = Don't know |
| M3.10a.1 | 1 | Was there ever level 2 violence? | 0 = No 1 = Yes 7 = Refused 9 = Don't know |
| M3.10b.1 | 1 | Was there level 2 violence in last two months? | 0 = No 1 = Yes 7 = Refused 9 = Don't know |
| M3.10a.2 | 1 | Was there ever level 1 violence? | 0 = No 1 = Yes 7 = Refused 9 = Don't know |
| M3.10b.2 | 1 | Was there level 1 violence in last two months? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Don't know |
| M3.11a | 1 | Have you ever tried to harm yourself or harmed yourself accidentally because of X? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.11b | 1 | Have you tried to harm yourself or harmed yourself accidentally because of X in the last two months? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|---|---|
| M3.12a | 1 | Does X ever make you do anything else in particular? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.12b | 1 | Did X make you do anything else in particular in the last two months? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.13a | 1 | Summary of positive action on beliefs - Ever | 0 = No actions 1 = Non-aggressive actions only 2 = Aggressive thoughts (all) or aggressive actions not directed towards others (i.e., towards property) 3 = Level 2 violence (i.e., slapped/hit someone with no injury) 4 = Level 1 violence (i.e., hit someone and injured him/her, threatened with a weapon) 5 = Violence, but don't know level (either #3 or #4) 7 = Refused 8 = NA 9 = No information |
| M3.13b | 1 | Summary of positive action on beliefs - In the last two months | 0 = No actions 1 = Non-aggressive actions only 2 = Aggressive thoughts (all) or aggressive actions not directed towards others (i.e., towards property) 3 = Level 2 violence (i.e., slapped/hit someone with no injury) 4 = Level 1 violence (i.e., hit someone and injured him/her, threatened with a weapon) 5 = Violence, but don't know level (either #3 or #4) 7 = Refused 8 = NA 9 = No information |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|--|---|
| M3.14a | 1 | Has X ever stopped you from meeting friends? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.14b | 1 | Has X stopped you from meeting friends in the last two months? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.15a | 1 | Has X ever stopped you from watching TV or listening to the radio? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.15b | 1 | Has X stopped you from watching TV or listening to the radio in the last two months? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.16a | 1 | Has X ever stopped you from eating/drinking anything? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.16b | 1 | Has X stopped you from eating/drinking anything in the last two months? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.17a | 1 | Has X ever stopped you from using public transportation? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|--|---|
| M3.17b | 1 | Has X stopped you from using public transportation in the last two months? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.18a | 1 | Has X ever stopped you from going to work? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.18b | 1 | Has X stopped you from going to work in the last two months? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.19a | 1 | Has X ever stopped you from taking medication? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.19b | 1 | Has X stopped you from taking medication in the last two months? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.20a | 1 | Has X ever stopped you from going to the hospital / your doctor on an outpatient basis? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.20b | 1 | Has X stopped you from going to the hospital/ your doctor on an outpatient basis in the last two months? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|--|---------------|---|---|
| M3.21a | 1 | Is there anything else which X has ever stopped you from doing? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M3.21b | 1 | Is there anything else which X has stopped you from doing in the last two months? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| <u>Rate preoccupation with chosen belief</u> | | | |
| M4.1a | 1 | How often do you think about X? | 0 = I don't think about this belief at all 1 = I sometimes think about this belief 2 = I think about this belief but I can also get this thought out of my head so that I can think about other things 3 = I have a hard time getting this thought out of my head, even when I try 4 = I can hardly think about anything but this belief 7 = Refused 9 = Don't know |
| M4.1b | 1 | Did you ever think about X more than that? | 0 = I don't think about this belief at all 1 = I sometimes think about this belief 2 = I think about this belief but I can also get this thought out of my head so that I can think about other things 3 = I have a hard time getting this thought out of my head, even when I try 4 = I can hardly think about anything but this belief 7 = Refused 8 = NA 9 = Don't know |

Variable

| <u>Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|------------------------|---------------|--|---|
| <u>General Insight</u> | | | |
| M5.1 | 1 | <u>Illness</u> - Are you psychologically unwell in any way? | 0 = Accepts that has a mental illness or nervous problem which includes delusional belief 1 = Accepts that has a mental illness or nervous problem but does not include delusional belief 2 = Not ill 7 = Refused 9 = Don't know |
| M5.2 | 1 | <u>Treatment</u> - Do you think that treatment might help you or has helped you in any way? | 0 = Accepts benefit from treatment 1 = Uncertain about benefit from treatment 2 = No benefit from treatment 7 = Refused 9 = Don't know |
| M5.3 | | Let me suggest something hypothetical to you - something that you don't think could happen - and tell me how you think you would react if it did happen? | 0 = Dismisses belief 1 = Changes level of conviction 2 = Accommodates into system 3 = Ignores or rejects relevance 7 = Refused 8 = NA 9 = Don't know |
| M6 | 1 | <u>Rate pervasiveness of chosen belief</u> | 0 = None 1 = Delusions limited to a discrete area of person's life - include encapsulated delusions 2 = Some spread to several aspects of person's life but substantial areas of subject's experiences not affected 3 = Subject interprets practically all experiences are related to delusional belief 7 = Refused 9 = Don't know |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|---|---|
| M7 | 1 | <u>Rate fluidity of chosen belief</u> | 0 = No variation in presentation of the delusion 1 = Some change in presentation of the delusion 2 = Frequent change in presentation of the delusion 7 = Refused 9 = Don't know |
| MRATE | 1 | INTERVIEWER: Rate your perception of the degree to which you believe the subject's responses were accurate reports of his/her beliefs | 0 = Accurate 1 = Some question of accuracy due to guardedness or other 2 = Substantial doubts about accuracy 7 = Refused 9 = Don't know |

MMDAS / Part 2:

Choice of belief for rating of the delusion associated with violent incident

| | | | |
|------|---|---------------|--|
| M2P1 | 1 | Check one box | <i>(This question must be coded, even if Part 2 was not done)</i> 1 = Part 2 completed on a different delusion than Part 1 2 = Part 2 completed and delusion is same delusion as Part 1 3 = No delusion related to a violent incident [END] 4 = Subject denies delusion related to a reported violent incident [END] 5 = Subject denies violent incident related to delusion [END] 7 = Refused 9 = No information [END] |
|------|---|---------------|--|

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|--|---|
| | | <u>Characterize Delusions</u> | |
| M2P00.1 | 1 | Are delusions present? | 0 = No 1 = Yes |
| M2P01.1 | 1 | Delusional jealousy | <i>Check if present</i> |
| M2P02.1 | 1 | Persecutory delusion | 0 = Not checked |
| M2P03.1 | 1 | Grandiose delusion | 1 = Checked |
| M2P04.1 | 1 | Delusion of bodily or mind control or influence on the subject | 7 = Refused 8 = NA |
| M2P05.1 | 1 | Thought broadcasting or influence by the subject | 9 = Don't know |
| M2P06.1 | 1 | Delusion of guilt | |
| M2P07.1 | 1 | Somatic delusion | |
| M2P08.1 | 1 | Religious delusion | |
| M2P96.1 | 1 | Other delusion | |
| M2P99.1 | 1 | Don't know or no information | |
| M2P01.2 | 1 | Delusional jealousy | <i>Check if delusion involves others</i> |
| M2P02.2 | 1 | Persecutory delusion | 0 = Not checked |
| M2P03.2 | 1 | Grandiose delusion | 1 = Checked |
| M2P04.2 | 1 | Delusion of bodily or mind control or influence on the subject | 7 = Refused 8 = NA |
| M2P05.2 | 1 | Thought broadcasting or influence by the subject | 9 = Don't know |
| M2P06.2 | 1 | Delusion of guilt | |
| M2P07.2 | 1 | Somatic delusion | |
| M2P08.2 | 1 | Religious delusion | |
| M2P96.2 | 1 | Other delusion | |
| M2P01.3 | 1 | Delusional jealousy | <i>Check if delusion has violent content</i> |
| M2P02.3 | 1 | Persecutory delusion | |
| M2P03.3 | 1 | Grandiose delusion | 0 = Not checked |
| M2P04.3 | 1 | Delusion of bodily or mind control or influence on the subject | 1 = Checked 7 = Refused |
| M2P05.3 | 1 | Thought broadcasting or influence by the subject | 8 = NA |
| M2P06.3 | 1 | Delusion of guilt | 9 = Don't know |
| M2P07.3 | 1 | Somatic delusion | |
| M2P08.3 | 1 | Religious delusion | |
| M2P96.3 | 1 | Other delusion | |
| M2P01.4 | 1 | Delusional jealousy | <i>If yes, does delusion involve subject violence toward others</i> |
| M2P02.4 | 1 | Persecutory delusion | |
| M2P03.4 | 1 | Grandiose delusion | 0 = Not checked |
| M2P04.4 | 1 | Delusion of bodily or mind control or influence on the subject | 1 = Checked 7 = Refused |
| M2P05.4 | 1 | Thought broadcasting or influence by the subject | 8 = NA |
| M2P06.4 | 1 | Delusion of guilt | 9 = Don't know |
| M2P07.4 | 1 | Somatic delusion | |
| M2P08.4 | 1 | Religious delusion | |
| M2P96.4 | 1 | Other delusion | |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|--------------------------------------|---------------|--|--|
| <u>How long have you believed X?</u> | | | |
| M2PDURY | 2 | Years | CODE # OF YEARS & MONTHS 00 = None 97 = Refused 99 = Don't know |
| M2PDURM | 2 | Months | |
| M2PDURW | 1 | Weeks | CODE # OF WEEKS 0 = None 7 = Refused 9 = Don't know |
| <u>Conviction / Insight</u> | | | |
| M2P1.1 | 1 | How sure were you about X? | 0 = Never certain; believed probably imagining it 1 = Had doubts; maybe; believed probably true 2 = Absolutely certain 7 = Refused 9 = Doesn't respond, cannot ascertain |
| M2P1.2 | 1 | What would have to happen to make you think that you might be wrong? | 0 = Outline evidence and this outcome logically possible 1 = Outline evidence but this outcome logically impossible 2 = Unable to outline evidence which would contradict belief 7 = Refused 9 = Doesn't respond; cannot ascertain |
| M2P1.3 | 1 | Did you feel, at the time, that other people also believed X either openly, or perhaps without talking about it? | 0 = Accepted uniqueness of belief 1 = Accepted that others did not openly share the belief but felt they may do so in private 2 = Says the belief was shared by many others 7 = Refused 9 = Doesn't know; cannot ascertain |

Variable

| <u>Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|--|---------------|--|--|
| M2P1.4 | 1 | If you told someone else about X, do you think they would believe you? | 0 = Other person would definitely not have believed the subject 1 = Other person might have believed the subject 2 = Other person would definitely have believed the subject 7 = Refused 9 = Doesn't respond, cannot ascertain |
| <u>Affect Relating to Chosen Belief</u> | | | |
| <u>How did the belief make you feel?</u> | | | |
| M2P2.1 | 1 | Happy? | 0 = No 1 = Yes 7 = Refused 9 = Don't know |
| M2P2.2 | 1 | Unhappy / miserable / depressed? | 0 = No 1 = Yes 7 = Refused 9 = Don't know |
| M2P2.3 | 1 | Terrified / frightened? | 0 = No 1 = Yes 7 = Refused 9 = Don't know |
| M2P2.4 | 1 | Anxious / tense / worried? | 0 = No 1 = Yes 7 = Refused 9 = Don't know |
| M2P2.5 | 1 | Angry? | 0 = No 1 = Yes 7 = Refused 9 = Don't know |
| <u>Action on Belief</u> | | | |
| M2P3.1 | 1 | Had you ever talked to anyone about X? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |

Variable

| <u>Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|-------------|---------------|---|---|
| M2P3.2 | 1 | Had you ever written to anyone about X? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M2P3.3 | 1 | Had you ever tried to stop X from happening? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M2P3.4 | 1 | Had you ever tried to protect yourself in any way because of this belief? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M2P3.5 | 1 | Had X ever made you lose your temper? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M2P3.6 | 1 | Had you ever had arguments about X? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M2P3.7 | 1 | Had you ever broken or destroyed anything because of this belief? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M2P3.8 | 1 | Had you ever felt like hurting someone because of X? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |

Variable

| <u>Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|-------------|---------------|--|---|
| M2P3.8a | 1 | Who did you feel like hurting? | 1 = Only known 2 = Mixed 3 = Only strangers 7 = Refused 8 = NA 9 = Don't Know |
| M2P3.9 | 1 | Had you ever tried to hurt or hurt anyone (physically) because of X? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M2P3.9a | 1 | Did you know the person you tried to harm? | 1 = Only known 2 = Mixed 3 = Only strangers 7 = Refused 8 = NA 9 = Don't know |
| M2P3.9b | 1 | How had you hurt / try to hurt him/her? | 0 = No 1 = Throw object 2 = Push / shove / grab 3 = Slap 4 = Kick / bite / choke 5 = Hit with fist / object 6 = Sexual assault 7 = Threaten with weapon 8 = Use gun / knife 9 = Other violence |
| M2P3.10a | 1 | Was there level 2 violence? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Don't know |
| M2P3.10b | 1 | Was there level 1 violence? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Don't know |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|-----------------|---------------|
|----------------------|---------------|-----------------|---------------|

| | | | |
|---------------------------|---|---|---|
| M2P3.11 | 1 | Had you ever tried to harm yourself or harmed yourself accidentally because of X? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M2P3.12 | 1 | Had X ever made you do anything else in particular? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M2P3.13 | 1 | Summary of positive action on beliefs | 0 = No actions 1 = Non-aggressive actions only 2 = Aggressive thoughts (all) or aggressive actions not directed towards others (i.e., towards property) 3 = Level 2 violence (i.e., slapped/hit someone with no injury) 4 = Level 1 violence (i.e., hit someone and injured him/her, threatened with a weapon) 7 = Refused 8 = NA 9 = No information |
| <u>Negative Behaviors</u> | | | |
| M2P3.14 | 1 | Had X ever stopped you from meeting friends? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M2P3.15 | 1 | Had X ever stopped you from watching TV or listening to the radio? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|-----------------|---------------|
|----------------------|---------------|-----------------|---------------|

| | | | |
|---------|---|---|---|
| M2P3.16 | 1 | Had X ever stopped you from eating/drinking anything? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M2P3.17 | 1 | Had X ever stopped you from using public transportation? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M2P3.18 | 1 | Had X ever stopped you from going to work? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M2P3.19 | 1 | Had X ever stopped you from taking medication? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M2P3.20 | 1 | Had X ever stopped you from going to the hospital / your doctor on an outpatient basis? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |
| M2P3.21 | 1 | Was there anything else which X has stopped you from doing? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Doesn't respond, cannot ascertain |

Variable
Name

Format

Question

Coding

Rate preoccupation with chosen belief

| | | | |
|--------|---|--|---|
| M2P4.1 | 1 | How often did you think about X at the time of [violent incident]? | 0 = I didn't think about this belief at all 1 = I sometimes thought about this belief 2 = I thought about this belief but I could also get this thought out of my head so that I could think about other things 3 = I had a hard time getting this thought out of my head, even when I tried 4 = I could hardly think about anything but this belief 7 = Refused 9 = Don't know |
| M2P6 | 1 | <u>Rate pervasiveness of chosen belief</u> | 0 = None 1 = Delusions limited to a discrete area of person's life - include encapsulated delusions 2 = Some spread to several aspects of person's life but substantial areas of subject's experiences not affected 3 = Subject interprets practically all experiences are related to delusional belief 7 = Refused 9 = Don't know |
| M2P7 | 1 | <u>Rate fluidity of chosen belief</u> | 0 = No variation in presentation of the delusion 1 = Some change in presentation of the delusion 2 = Frequent change in presentation of the delusion 7 = Refused 8 = NA 9 = Don't know |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|--------------------------------------|---------------|
| M2PRATE2 | 1 | INTERVIEWER: Rate your perception of | 0 = Accurate |

the degree to which you believe the subject's responses were accurate reports of his or her beliefs

- 1 = Some question of accuracy due to guardedness or other factors
2 = Substantial doubts about accuracy
7 = Refused
8 = NA
9 = Don't know

Variable

Name

Format

Question

Coding

AUDITORY HALLUCINATIONS SCHEDULE

| | | | |
|----------------------|---------------|--|--|
| AHS1 | 1 | Have you more than once had the experience of hearing things or voices other people couldn't hear? | 0 = No [END] 1 = Yes 7 = Refused 8 = NA / Instrument not done 9 = Don't know |
| AHS2 | 1 | Do you have this experience only when you are high on (street) drugs or alcohol? | 0 = No 1 = Yes 7 = Refused 8 = NA 9 = Don't know |
| | | <u>What did you hear?</u> | <i>(Check all that apply)</i> |
| AHS3.1 | 1 | Sound/Noises | 0 = No, not checked |
| AHS3.2 | 1 | One voice | 1 = Yes, checked |
| AHS3.3 | 1 | Multiple voices | 7 = Refused 8 = NA 9 = Don't know |
| | | <u>How long have you been hearing things?</u> | CODE # OF YEARS, MONTHS &/ OR WEEKS |
| AHS4YY | 2 | Years | 97 = Refused |
| AHS4MM | 2 | Months | 98 = NA 99 = Don't know |
| AHS4WW | 1 | Weeks | 7 = Refused 8 = NA 9 = Don't know |
| AHS4.1 | 1 | In the last two months? | 0 = No |
| AHS4.2 | 1 | In the last day? | 1 = Yes 7 = Refused 8 = NA 9 = Don't know |
| | | <u>What do the voices say?</u> | |
| AHS5.1 | 1 | Talk about you / to you in a negative way | <i>(Check all that apply)</i> |
| AHS5.2 | 1 | Talk about you / to you in a neutral way | 0 = No, not checked |
| AHS5.3 | 1 | Talk about you / to you in a positive way | 1 = Yes, checked 7 = Refused 8 = NA 9 = Don't know |
| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
| AHS6 | 1 | Do you do anything to stop the voices? | 0 = No (<i>skip to AHS8</i>) 1 = Yes |

| | | | |
|----------------------|---------------|--|----------------------------------|
| | | | 7 = Refused |
| | | | 8 = NA |
| | | | 9 = Don't know |
| AHS7 | 1 | What do you do? | 1 = Mental |
| | | | 2 = Behavioral |
| | | | 3 = Both |
| | | | 7 = Refused |
| | | | 8 = NA |
| | | | 9 = Don't know |
| AHS8 | 1 | Do the voices tell you to do anything? | 0 = No [END] |
| | | | 1 = Yes |
| | | | 7 = Refused |
| | | | 8 = NA |
| | | | 9 = Don't know |
| AHS9 | 1 | Check highest level of violence | 0 = No violence |
| | | | 1 = Level 1 |
| | | | 2 = Level 2 |
| | | | 3 = Violent but don't know level |
| | | | 4 = Suicide or self harm |
| | | | 7 = Refused |
| | | | 8 = NA |
| | | | 9 = Don't know if violent |
| AHS10 | 1 | Do you feel you have to obey? | 0 = No |
| | | | 1 = Yes |
| | | | 7 = Refused |
| | | | 8 = NA |
| | | | 9 = Don't know |
| AHS11 | 1 | Have you ever done what the voices tell you to do? | 0 = Never |
| | | | 1 = Once |
| | | | 2 = More than once (2-5 times) |
| | | | 3 = More than 5 times |
| | | | 7 = Refused |
| | | | 8 = NA |
| | | | 9 = Don't know |
| AHS12 | 1 | When was the last time that happened? | 1 = Last week |
| | | | 2 = In the last two months |
| | | | 3 = Before the last two months |
| | | | 7 = Refused |
| | | | 8 = NA |
| | | | 9 = Don't know |
| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
| AHS13 | 1 | Check highest level of violence | 0 = No violence |

1 = Level 1
 2 = Level 2
 3 = Violent but don't know level
 4 = Suicide or self harm
 7 = Refused
 8 = NA
 9 = Don't know if violent

AHS14 1 Do you believe you will obey the voices
 sometime in the future?

1 = Yes
 2 = No
 7 = Refused
 8 = NA
 9 = Unsure

DRUG USE

SEE STREET DRUG CODES for
 additional street drug names

Have you ever used:

DRUG1a 1 Alcohol
 DRUG2a 1 Marijuana
 DRUG3a 1 Stimulants
 DRUG4a 1 Sedatives
 DRUG5a 1 Cocaine
 DRUG6a 1 Heroin/Speedball/Double Dutch
 DRUG7a 1 Opiates
 DRUG8a 1 PCP
 DRUG9a 1 Psychedelics
 DRUG10a 1 Other Drug (specify)

0 = No
 1 = Yes, <5 times
 2 = Yes, ≥5 times
 9 = Don't know

Have you used X in past two months:

DRUG1b 1 Alcohol
 DRUG2b 1 Marijuana
 DRUG3b 1 Stimulants
 DRUG4b 1 Sedatives
 DRUG5b 1 Cocaine
 DRUG6b 1 Heroin/Speedball/Double Dutch
 DRUG7b 1 Opiates
 DRUG8b 1 PCP
 DRUG9b 1 Psychedelics
 DRUG10b 1 Other Drug (specify)

0 = No
 1 = Yes, <5 times
 2 = Yes, ≥5 times
 8 = NA, never used
 9 = Don't know

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|--|--------------------|
| | | <u>How often have you used X in past week:</u> | |
| DRUG1c | 1 | Alcohol | CODE # OF DAYS |
| DRUG2c | 1 | Marijuana | 8 = NA, never used |
| DRUG3c | 1 | Stimulants | 9 = Don't know |
| DRUG4c | 1 | Sedatives | |
| DRUG5c | 1 | Cocaine | |
| DRUG6c | 1 | Heroin/Speedball/Double Dutch | |
| DRUG7c | 1 | Opiates | |
| DRUG8c | 1 | PCP | |
| DRUG9c | 1 | Psychedelics | |
| DRUG10c | 1 | Other Drug (specify) | |
| DRUG10SP | A8 | Specify other drug | CODE CONCISELY |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------------------|---------------|--|--|
| <u>MINI MENTAL STATUS</u> | | | |
| DSMV1 | 1 | Now I'd like to ask you about your memory. Have you ever had occasion to talk to a doctor about problems with your memory? | 1 = No 5 = Yes 7 = Refused 9 = Don't know |
| DSMV2 | 1 | What is the year? | 1 = Error |
| DSMV3 | 1 | What season of the year is it? | 5 = Correct |
| DSMV4 | 1 | What is the date? | 9 = Missing |
| DSMV5 | 1 | What is the day of the week? | |
| DSMV6 | 1 | What is the month? | |
| DSMV7 | 1 | Can you tell me where we are right now? | |
| DSMV8 | 1 | What county are we in? | |
| DSMV9 | 1 | What (city/town) are we in? | |
| DSMV10A | 1 | What floor of the building are we on? | |
| DSMV10B | 1 | What is this address? (or name of this place) | |
| DSMV11A | 1 | Apple | 1 = Error |
| DSMV11B | 1 | Table | 5 = Correct |
| DSMV11C | 1 | Penny | 9 = Missing |
| DSMV12A | 1 | (93) | 1 = Error |
| DSMV12B | 1 | (86) | 5 = Correct |
| DSMV12C | 1 | (79) | 7 = Says can't do |
| DSMV12D | 1 | (72) | 8 = Missing |
| DSMV12E | 1 | (65) | 9 = Other refusal |
| DSMV13 | 1 | Now I'm going to spell a word for you, and I want you to spell it backwards (WORLD) | CODE # OF ERRORS (0-5) 7 = Refused 9 = Missing |
| DSMV14A | 1 | Apple | 1 = Error |
| DSMV14B | 1 | Table | 5 = Correct |
| DSMV14C | 1 | Penny | 9 = Missing |
| DSMV15A | 1 | Watch | 1 = Error |
| DSMV15B | 1 | Pencil | 5 = Correct 9 = Missing |
| DSMV16 | 1 | I'd like you to repeat a phrase after me: | 1 = Error 5 = Correct 7 = Refused 9 = Missing |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|--|--|
| DSMV17 | 1 | Read the words on this page and then do what it says | 1 = Error 5 = Correct 7 = Can't read 9 = Missing |
| DSMV18A | 1 | Takes paper in right hand | 1 = Error |
| DSMV18B | 1 | Folds paper in half | 5 = Correct |
| DSMV18C | 1 | Pulls paper down on lap | 9 = Missing |
| DSMV19 | 1 | Write any complete sentence on that piece of paper | 1 = Error 5 = Correct 7 = Can't write 9 = Missing |
| DSMV20 | 1 | Here's a drawing, please copy drawing to paper | 1 = Error 5 = Correct 7 = Refused 9 = Missing |

NEUROLOGY SCREENING QUESTIONS

When you were in grade school, did your teacher, school counselors, or a doctor tell you and your parent(s) that you had:

| | | | |
|--------|---|---|---|
| NEU1.1 | 1 | A learning disability | 0 = No |
| NEU1.2 | 1 | Hyperactivity | 1 = Yes |
| NEU1.3 | 1 | School difficulties | 7 = Refused 8 = NA 9 = Don't know |
| NEU2a | 1 | Have you ever been knocked out, knocked dizzy, passed out, fainted, or blacked out? | 0 = No 1 = Yes 7 = Refused 9 = Don't know |
| NEU2b | 1 | <u>[IF YES] Was this always due to an external stimuli?</u> | 0 = No 1 = Yes 8 = NA 9 = Uncertain |
| NEU3a | 1 | Have you ever had a seizure or convulsion, or been told you have epilepsy? | 0 = No (<i>go to NEU4a.1</i>) 1 = Yes 7 = Refused 9 = Don't know |
| NEU3b | 1 | <u>[IF YES] Was this always due to an external stimuli?</u> | 0 = No 1 = Yes 8 = NA 9 = Uncertain |

Variable

Name Format Question

Coding

ACCIDENT GRID

FOR ALL ACCIDENTS

NEU4A.1 to
NEU4A.9 2 Accident type

01 = Bicycle
02 = Auto
03 = Motorcycle
04 = Fall
05 = Fall / Stairs
06 = Drowning
07 = Punched / Hit
08 = Sports (specify)
09 = Other (specify)

NEU4A.1a to
NEU4A.9a A8 Sports or Other (specify)

CODE CONCISELY

NEU4B.1 to
NEU4B.9 1 Injury?

0 = No
1 = Yes, no head injury
2 = Yes, head injury
9 = Don't know

FOR HEAD INJURY ONLY

NEU4C.1 to
NEU4C.9 2 Age (in years)

CODE EXACT AGE WHEN
INJURY OCCURRED

97 = Refused
98 = NA
99 = Don't know

Duration of Loss of Consciousness

NEU4D.1 to
NEU4D.9 2 Minutes

CODE # OF MINUTES (1-59)

0 = Less than 1
96 = Loss of consciousness
(duration unknown)
97 = Refused
98 = NA
99 = Don't know
(Code midpoint of range)

| <u>Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|-----------------------|---------------|---|--|
| NEU4E.1 to NEU4E.9 | 2 | Hours | CODE # OF HOURS (1-23) 0 = Less than 1 96 = Loss of consciousness (duration unknown) 97 = Refused 98 = NA 99 = Don't know (<i>Code midpoint of range</i>) |
| NEU4F.1 to NEU4F.9 | 3 | Days | CODE # OF DAYS (1-7) 0 = Less than 1 996 = Loss of consciousness (duration unknown) 997 = Refused 998 = NA 999 = Don't know (<i>Code midpoint of range</i>) |
| NEU4G.1 to NEU4G.9 | 1 | Hospitalized for loss of consciousness? | 1 = Yes 2 = No 7 = Refused 8 = NA 9 = Don't know |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> | |
|--|---------------|--|--|---|
| <u>SEXUAL ABUSE SCREENING QUESTIONS</u> | | | | |
| SAS1 | 1 | Did anyone ever bother you sexually or try to have sex with you against your will? | 1 = Yes 2 = No [END] 7 = Refused [END] 8 = NA 9 = Don't know [END] | |
| <u>Who was this person?</u> | | | | |
| SAS2A | A8 | Record relationship - Person 1 | SEE RELATIONSHIP CODES | |
| SAS2B | A8 | Record relationship - Person 2 | | |
| SAS2C | A8 | Record relationship - Person 3 | | |
| <u>Could you tell me which best describes what happened?</u> | | | | |
| SAS3 | 1 | Person 1 | 1 = Inappropriate touching 2 = Hugging / kissing 3 = Oral sex 4 = Attempted intercourse 5 = Intercourse 6 = Sodomy 7 = Other (specify) 97 = Refused 98 = NA 99 = Don't know | |
| SAS3b | 1 | Person 2 | | |
| SAS3c | 1 | Person 3 | | |
| SAS3sp | A8 | Other (specify) - Person 1 | | |
| SAS3spb | A8 | Other (specify) - Person 2 | | |
| SAS3spc | A8 | Other (specify) - Person 3 | | |
| <u>[IF YES] How many times did that happen?</u> | | | | |
| SAS3n | 1 | Person 1 | | 0 = Never 1 = Once 2 = Twice 3 = Sometimes 4 = Frequently 5 = Too many times to count 7 = Refused 8 = NA, no sex abuse 9 = Don't know |
| SAS3nb | 1 | Person 2 | | |
| SAS3nc | 1 | Person 3 | | |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|--|-------------------------|
| | | <u>How old were you when this happened the first time?</u> | |
| SAS4 | 2 | Person 1 | CODE AGE IN YEARS |
| SAS4b | 2 | Person 2 | 95 = Child, age unknown |
| SAS4c | 2 | Person 3 | 96 = Adult, age unknown |
| | | | 97 = Refused |
| | | | 98 = NA |
| | | | 99 = Don't know |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|----------------------------|-------------------------------|
| <u>BPRS</u> | | | |
| BPRS1 | 1 | Somatic concern | 1 = Not reported/Not observed |
| BPRS2 | 1 | Anxiety | 2 = Very mild |
| BPRS3 | 1 | Emotional withdrawal | 3 = Mild |
| BPRS4 | 1 | Conceptual disorganization | 4 = Moderate |
| BPRS5 | 1 | Guilt feelings | 5 = Moderately severe |
| BPRS6 | 1 | Tension | 6 = Severe |
| BPRS7 | 1 | Mannerisms and posturing | 7 = Very severe |
| BPRS8 | 1 | Grandiosity | 8 = NA / Instrument not done |
| BPRS9 | 1 | Depressive mood | 9 = Don't know |
| BPRS10 | 1 | Hostility | |
| BPRS11 | 1 | Suspiciousness | |
| BPRS12 | 1 | Hallucinatory behavior | |
| BPRS13 | 1 | Motor retardation | |
| BPRS14 | 1 | Uncooperativeness | |
| BPRS15 | 1 | Unusual thought content | |
| BPRS16 | 1 | Blunted affect | |
| BPRS17 | 1 | Excitement | |
| BPRS18 | 1 | Disorientation | |

GAF

| | | | |
|---------|---|-----------|---|
| GAFSCOR | 2 | GAF Score | CODE SCORE FROM 1-90 99 = Missing / Don't know |
|---------|---|-----------|---|

INTERVIEWER QUESTIONNAIRE - BASELINE CLINICAL

| | | | |
|------|---|---|---|
| IIQ3 | 1 | Did the subject seem to understand the questions? | 0 = No 1 = Some 2 = Yes 9 = Don't know |
|------|---|---|---|

Did the subject appear to be answering honestly?

| | | | |
|--------|---|---------------------|---------------------|
| IIQ4.1 | 1 | Delusions | CODE ON A 1-5 SCALE |
| IIQ4.2 | 1 | Hallucinations | 1 = Honest |
| IIQ4.3 | 1 | Checklist Symptoms | 5 = Untruthful |
| IIQ4.4 | 1 | Alcohol Use / Abuse | 7 = Refused |
| IIQ4.5 | 1 | Drug Use / Abuse | 8 = NA |
| IIQ4.6 | 1 | Sexual Abuse Screen | 9 = Don't know |
| IIQ4.7 | 1 | Neurology Screen | |

| <u>Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|--|---------------|---|---|
| <u>DISCHARGE DATA SHEET:</u> <i>Do not complete for persons who withdraw from study</i> | | | |
| OD1 | 1 | Type of Release | 1 = Discharge 2 = Conditional release 3 = Family visit / trial visit 4 = Leave without consent (includes LWOP and AWOP) 5 = Escape 6 = Return to court 7 = Other (specify) 9 = No information |
| OD1SP | A8 | Specify - Other Type of Release <u>Date of Release</u> | CODE CONCISELY |
| OD2M | 2 | Month | 00 = Missing month &/or day only |
| OD2D | 2 | Day | |
| OD2Y | 2 | Year | 99/99/99 = Don't know |
| OD3 | 1 | Released to | 1 = Community / no designation 2 = Family / friend 3 = Community residence program 4 = Court / jail 5 = Other hospital 6 = Other (specify) 9 = No information |
| OD3SP | A8 | Specify - Other Release | CODE CONCISELY |
| OD5 | 1 | <u>Follow-up</u> <i>(includes referrals for any psychiatric treatment including medications; also includes substance abuse treatment but not self-help groups such as AA or NA)</i> | 0 = No 1 = Yes 9 = No information |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|-----------------|---------------|
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Discharge Diagnosis/Diagnoses

| | | | |
|----------|---|-------------------|---------------------------------|
| OD6AX1D1 | 5 | Axis I Diagnosis | CODE DSM-III R DIAGNOSIS |
| OD6AX1D2 | 5 | Axis I Diagnosis | 00000 = No information |
| OD6AX1D3 | 5 | Axis I Diagnosis | 99999 = Don't know |
| OD6AX1D4 | 5 | Axis I Diagnosis | (use 99 for 4th and 5th digit |
| OD6AX1D5 | 5 | Axis I Diagnosis | if unspecified) |
| OD6AX1T1 | 1 | Diagnosis Type | 1 = Chart diagnosis |
| OD6AX1T2 | 1 | Diagnosis Type | 2 = Rule out diagnosis or trait |
| OD6AX1T3 | 1 | Diagnosis Type | 8 = NA |
| OD6AX1T4 | 1 | Diagnosis Type | 9 = Don't know |
| OD6AX1T5 | 1 | Diagnosis Type | |
| OD6AX2D1 | 5 | Axis II Diagnosis | CODE DSM-III R DIAGNOSIS |
| OD6AX2D2 | 5 | Axis II Diagnosis | 00000 = No information |
| OD6AX2D3 | 5 | Axis II Diagnosis | 99999 = Don't know |
| OD6AX2D4 | 5 | Axis II Diagnosis | (use 99 for 4th and 5th digit |
| OD6AX2D5 | 5 | Axis II Diagnosis | if unspecified) |
| OD6AX2T1 | 1 | Diagnosis Type | 1 = Chart diagnosis |
| OD6AX2T2 | 1 | Diagnosis Type | 2 = Rule out diagnosis or trait |
| OD6AX2T3 | 1 | Diagnosis Type | 8 = NA |
| OD6AX2T4 | 1 | Diagnosis Type | 9 = Don't know |
| OD6AX2T5 | 1 | Diagnosis Type | |
| OD6AX5 | 2 | Axis V | Code GAF Score from chart |
| | | | 00 = No information |
| | | | 98 = NA |
| | | | 99 = Don't know |

Discharge Medications (includes only psychiatric medications)

| | | | |
|-------------|---|------------|----------------------|
| OD7MED1 to | | | |
| OD7MED6 | 3 | Medication | SEE MEDICATION CODES |
| | | | 000 = None listed |
| | | | 999 = Don't know |
| OD7DOSE1 to | | | |
| OD7DOSE6 | 4 | Dosage | SEE MEDICATION CODES |
| | | | 9998 = None listed |
| | | | 9999 = Don't know |
| OD7FREQ1 to | | | |
| OD7FREQ6 | 2 | Frequency | SEE MEDICATION CODES |

Variable

NameFormatQuestionCoding

| | | | |
|----------|---|-------------------------------------|--|
| OD8INSUR | 1 | Type of Insurance | 0 = None (<i>includes in the process of applying</i>) 1 = Private 2 = Public (Medicaid / Medicare) 9 = Don't know |
| OD9LEG | 1 | Legal Status Upon Discharge | 1 = Voluntary 2 = Involuntary - emergency 3 = Involuntary - non-emergency 4 = Criminal 9 = No information |
| | | <u>Reasons for Commitment</u> | |
| OD10.1 | 1 | Danger to Self | 0 = No, Not checked 1 = Yes, Checked 8 = NA 9 = Don't know |
| OD10.2 | 1 | Danger to Others | 0 = No, Not checked 1 = Yes, Checked 8 = NA 9 = Don't know |
| OD10.3 | 1 | Gravely Disabled | 0 = No, Not checked 1 = Yes, Checked 8 = NA 9 = Don't know |
| OD10.4 | 1 | Not Applicable (Voluntary) | 0 = No, Not checked 1 = Yes, Checked 8 = NA 9 = Don't know |
| | | <u>Toxic Screen Upon Admission</u> | |
| OD11TOX | 1 | Was this performed ? | 0 = No 1 = Yes 9 = Don't know |
| OD11ALC | 1 | Alcohol Results - tested positive ? | 0 = No 1 = Yes 8 = NA 9 = Don't know |
| OD11DRUG | 1 | Drug Results - tested positive ? | 0 = No 1 = Yes 8 = NA 9 = Don't know |

| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
|----------------------|---------------|-----------------|---------------|
|----------------------|---------------|-----------------|---------------|

Prior Hospitalization (*Do not include this*)

hospitalization or violence related to this hospitalization which will be recorded on the Subject Profile)

| | | | |
|----------------------|---------------|--|---|
| OD12.1 | 2 | How many prior hospitalizations in mental health facilities? | CODE EXACT # <u>OR</u> IF EXACT # NOT KNOWN: 00 = None 91 = 1-2 92 = 3-5 93 = 6-10 94 = 11-20 95 = More than 20 96 = Some, don't know # 99 = Don't know |
| OD12.4 | 3 | Total length of time hospitalized in past year | CODE # DAYS 995 = More than 20 996 = Some, don't know # 998 = NA 999 = Don't know |
| | | <u>History of Prior Violence</u> | |
| OD13.1 | 1 | <u>Any history of violence by subject toward family members?</u> (<i>Family members includes spouse/cohabitee, child, parental figure, and other family; should correspond with victim(s) categories on Violence Screen #2)</i> | 0 = No 1 = Yes, some 2 = Yes, extensive 9 = Don't know |
| OD13.2 | 1 | Any history of violence by subject toward others? | 0 = No 1 = Yes, some 2 = Yes, extensive 9 = Don't know |
| OD13.3 | 1 | Any history of family violence towards others? | 0 = No 1 = Yes, some 2 = Yes, extensive 9 = Don't know |
| | | <u>Seclusion and Restraint</u> | |
| OD14 | 1 | Was subject in seclusion or restraint during this hospitalization? | 0 = No 1 = Yes, seclusion 2 = Yes, restraint 3 = Yes, both 9 = Don't know |
| <u>Variable Name</u> | <u>Format</u> | <u>Question</u> | <u>Coding</u> |
| OD14.1 | 2 | Record # of times (<i>if known</i>) | CODE # TIMES 95 = More than 20 |

96 = Some, don't know #
 98 = NA
 99 = Don't know

Safety Checklist

| | | | |
|---------|---|---|--|
| OD15.1 | 1 | History of Alcohol Abuse | 0 = No, Not checked 1 = Yes, Checked 9 = Don't know |
| OD15.2 | 1 | History of Drug Abuse | 0 = No, Not checked 1 = Yes, Checked 9 = Don't know |
| OD15.3 | 1 | History of Aggressive Behavior | 0 = No, Not checked 1 = Yes, Checked 9 = Don't know |
| ODPROB1 | 1 | Anything from chart that would make interviewer uncomfortable ? | 0 = No 1 = Yes 9 = Don't know |
| ODPROB2 | 1 | Any reason to do a 2 person team ? | 0 = No 1 = Yes 9 = Don't know |
| ODPROB3 | 1 | Any reason not to do at home ? | 0 = No 1 = Yes 9 = Don't know |
| ODRATER | 2 | Data Sheet completed by | ENTER INTERVIEWER CODE 99 = Don't know interviewer code |

Date Completed

| | | | |
|-----|---|-------|-----------------------------|
| ODM | 2 | Month | 00 = Missing month/day only |
| ODD | 2 | Day | 99/99/99 = Don't know |
| ODY | 2 | Year | |