

Online Supplement Table of Contents

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Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	1
ABSTRACT			
Structured summary	2	Provide a summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	2-3
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	4-6
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	6
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	N/A
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	7
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	7
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	Online supplement p.4
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	7
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	8 + online supplement p.5
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	8
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	N/A
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	9
RESULTS			

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	9-10 + online supplement p. 7
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	10-16
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	N/A
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	10-16 + online supplement p. 8, 43, 73
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	10-16 + online supplement p. 65
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	16-22
Limitations	20	Discuss the limitations of the scoping review process.	23-24
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	24
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	1

JBIG = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med.* 2018;169:467–473. doi: 10.7326/M18-0850.

Key items forming part of the Data Extraction templates

Extraction Items	Type of Publication		
	Program Evaluation	Study Protocol	Economic Evaluation
Introduction	-Rationale -Objectives	-Description of research question -Justification for undertaking the study -Objectives and hypotheses -Study design	-Background -Objectives
Methods	-Contextual elements -Interventions -Study of the intervention -Measures -Analysis -Ethical considerations	-Participants, Interventions, Outcomes – study setting, eligibility criteria, interventions, outcomes*, sample size -Data collection, Management, Analysis – data collection & statistical methods *Description / Indicators / Measures	-Target population and subgroups -Setting and location -Study perspective -Comparators -Time horizon -Choice of health outcomes -Measurement of effectiveness -Measurement and valuation of preference based outcomes -Assumptions -Analytical methods
Results	-Process measures* -Outcomes* *Description/ Indicators / Measures	----	-Results
Discussion	-Key findings* -Limitations* (generalizability, internal validity) -Conclusion* (sustainability, implications) *Description/ Indicators / Measures	-----	-Key findings -Limitations -Generalizability
Other	-Funding	-Administrative – trial registration, funding -Ethics & Dissemination – research ethics approval, declaration of interest	-Source of funding -Conflict of interest

Guidelines		
Program level*	Service user level*	Family level*
<ul style="list-style-type: none"> -Referral policy -Access to care -Eligibility -Program length -Team composition -Team required skills -Client to provider ratio -Respect of diversity -Program evaluation -Community education / outreach -Hospitalization monitoring and policy -Service user engagement monitoring and policy -Program completion / discharge/transition -Client records / data -Monitoring source of referrals -Research 	<ul style="list-style-type: none"> -Description of program / services given to client -Comprehensive client assessment (intake / screening) -Client psychoeducation -Individualized treatment / recovery plan -Ongoing comprehensive assessment -Crisis intervention -Relapse prevention -Pharmacotherapy -Metabolic / physical health monitoring and intervention -General psychosocial interventions / supports -Functional outcomes monitoring and interventions (eg IPS) -Peer support -Satisfaction with services -DUP -Pathways to care -Risk assessment / suicidality -Individual / group psychotherapy (eg CBT) 	<ul style="list-style-type: none"> -Description of program / services given to family -Family involvement / engagement (monitoring and policy) -Contact with treatment team -Family therapy / groups -Family psychoeducation -Satisfaction with services
<p>*Description/ Indicators / Measures for each point Other items extracted included basic study characteristics; location and description of the early intervention program under study; aims; objective(s) of assessments used; stakeholders (patient, family, clinician) whose perspectives were assessed; administrative procedures; and psychometrics</p>		

PRISMA Flow Diagram



Characteristics of Studies Included

First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
AUSTRALIA (AND NEW ZEALAND)					
1-Galletly 2016 (1)	Australia & New Zealand guidelines	Symptoms: BPRS Efficacy of Medication: PANSS Depression: CDS / MADRS / BDI Social Function: DAR	No information	---- / ----	Guideline, N/A
AUSTRALIA					
2-Carr 2000 (2)	Australia – Psychological Assistance Service (PAS) Newcastle, New South Wales	Symptom Clinical Interviews: SCID-CV / SANS / SAPS / BPRS-E / CASH (Part thereof) / HDS / RSM Role Functioning Interview: QOLHeinrichs / GAF / SOFAS / SRE Informant Interview: OCS / PAS Cannon-Spoor / APSS / FIGS Self-report assessments: ISO-3D / BSI / PBI / STAXI / COPE / HOPES / TCI	B, “follow-up”, (X = 14.6 m, 4-34 m)	Consensus diagnosis / ----	Use of an assessment protocol, Descriptive/correlational
3-Catts 2011 (3)	Australia – EIS across Australia	Mandated protocol applies to all people receiving public mental healthcare: HoNOS / LSP Mandated self-report consumer-rated questionnaire (choice): K-10 / BASIS / MHI Occupational and social functioning. SOFAS Family function: GARF	B, m3, m6, m9, m12, m15 etc to DC	Training, Reliability or ICC / ---	Consensus on clinical indicators, Consensus methodology
4-Gore-Jones 2019 (4)	Australia – Early Psychosis Team (Metro South Addiction and	Symptoms: HoNOS	Baseline, Discharge	Training / Internal Consistency	Quality improvement/fidelity study with administrative data; Pre-post intervention

	Mental Health Service, Brisbane)				longitudinal study with administrative data
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
5-Mihalopoulos 2009 (5)	Australia – EPPIC, Melbourne	Severity Symptoms & Remission: BPRS-E / SANS Baseline Characteristics: PAS Cannon-Spoor Functional Outcomes: GAF / SOFAS Quality of Life: QOL Heinrichs / WHO-QOL-BREF Social / Vocational recovery: QOL Heinrichs Course of Illness & Social Outcomes: LCS	B, “symptom stabilization” = m2, “12 mos after sx stabilization” = m14, Yr 7.5	Training, Personal ICC for BPRS,SANS, QOL-Heinrichs / ----	Economic evaluation, Cost-effectiveness
6-Nash 2004 (6)	Australia – Early Psychosis Prevention and Intervention Network for Young People (EPPINY) – North Sydney	Psychiatric symptoms: BPRS-E / SANS Health & social functioning HoNOS Comorbidity: - Depression: CES-D - Suicide : ASQ-R - Substance use: ADAD Carer distress and disruption: ECI Ability in life skills: LSP User Satisfaction with service: VSSS-32	B, m3, m12	Training / ---	Outcomes, Descriptive/correlational
7-O’Donoghue 2019 (7)	Australia – EPPIC, Melbourne	Various exclusion criterias: BPRS Diagnosis: ScID-I / SCID – II Substance Abuse: WHO ASSIST Positive psychotic symptoms : BPRS Negative symptoms : SANS Depression : HDS Anxiety : HAS Functioning: SOFAS-PSP Quality of Life: QOL Heinrichs / WHO-QOL-BREF Treatment Response: CGI-S	B, m6, Yr1, Yr2 – all +m3 – HDS, HAS + m1, m3 – SOFAS-PSP + m1.5, m3 - BPRS, SANS, CGI-S	---- / ----	Study protocol, N/A

8-O’Kearney 2004 (8)	Australia – SAFE (Southern Area First Episode Program)	Outcome Measures: SANS / BPRS / BDI	No information	---- / ----	Quality improvement/fidelity study, Retrospective chart audit
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
9-Penno 2017 (9)	Australia – Hawthorn Community Mental Health Service, Hawthorn East, Victoria	Severity of mental health problems: HoNOS Mandated outcome measures: LSP/ BASIS/ Focus of Care	B, “review”, DC	---- / All validities, Reliability – IRR & test-retest	Outcomes, Descriptive/correlational
10-Preston 2003 (10)	Australia – 4 EIS in Perth, Western Australia	Psychiatric Functioning / Psychopathology: BPRS / GAF / BSI Social Functioning: SFS Family Member Perceived Burden: BAS Family Member General Health: GHQ-12	B, m6, m12, m18 ,m24 etc to DC	Training, Reliability or ICC – BPRS / --- -	Outcomes, Descriptive/correlational
11-Reilly 2007 (11)	Australia – Primary Mental Health and Early Intervention Team – Victoria	Symptom Measures: TIMAS Not Stated: CTRS	Baseline – CTRS Daily for 4 weeks – TIMAS	---- / “simplicity and brevity”	Program description, N/A
12-Wong 2006 (12)	Australia – EPPIC – TREAT Melbourne	Selected Measures: BPRS-E / SANS / SOFAS / ASI / BASIS-32 / ECI	No information	Training / General psychometrics	Pilot of routine assessment protocol, Descriptive/correlational
13-Yung 2003 (13)	Australia –tau – file audit	Measures of functioning and symptomatology: HoNoS / LSP	No information	--- / ----	Outcomes, Descriptive/correlational

	Melbourne – compared EPPIC				
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
CANADA					
14-Addington D 2012 (14)	Canada - Early Psychosis Program Calgary, Alberta	Global Psychopathology: PANSS Quality of life: QOL Heinrichs	Yr1, Yr2	Training, Reliability / ----	Outcomes, Descriptive/correlational
15-Addington D 2017 (15)	Canada guidelines	Diagnosis: SCID for DSM-5 / KIDDIE-SADS Positive & negative symptoms: CRDPSS / BPRS / PANSS Depression: CDS Suicide Risk: Suicide Risk Assessment Inventory / CSSRS Substance Use: NIDA – Modified ASSIST	Not Applicable	Training / Reliability – SCID, DSM5	Identify best practices, Guideline/recommendation development
16-Addington D 2018 (16)	Canada	Fidelity: FEPS-FS / EIS-FS / DFS/ RAISE-FS / EASA-FS / EMIT	Not Applicable	---- / Validity, Reliability – FEPS-FS	Quality improvement/fidelity study, Knowledge synthesis
17-Addington J 2008 (17)	Canada - Early Psychosis Program Calgary, Alberta	Diagnosis: SCID-I Positive & negative symptoms: PANSS Depression: CDS Substance use: CMRS Quality of Life: QOL Heinrichs	B, Yr 1 – SCID B, m6, Yr1, Yr2, Yr3, Yr4, Yr5 (current study) – rest	“Experienced” raters, Reliability / ----	Outcomes, Descriptive/correlational
18-Addington J 2001 (18)	Canada - Early Psychosis	Diagnosis: SCID Premorbid Adjustment: PAS Cannon-Spoor	Baseline – SCID, PAS, PANSS, CDS	--- / ----	Program description, Descriptive/correlational

	Program Calgary, Alberta	Symptoms: PANSS (also to determine need for CBT), CDS Family Assessment: Psychological General Well-Being Schedule / ECI / CBS Quality of Life: QOL Heinrichs	M3, 6, 9, 12 + SCID, 15, 18, 21 24 + D/C – PANSS, CDS B, M6, 12, 24, D/C – Family assessments		
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
19-Addington J 2004 (19)	Canada – Early Psychosis Program Calgary, Alberta	Diagnosis: SCID-I DUP: IRAOS First appearance prodromal, positive & negative symptoms: PANSS / SOPS Social Outcome: QOL Heinrichs Premorbid Functioning: PAS Cannon-Spoor Substance Use: CMRS	B- PAS + m12 – SCID & IRAOS + m12 +m24 – rest	“Experienced” raters, Reliability or ICC / ----	Outcomes, Descriptive/correlational
20-Archie 2005 (20)	Canada – Psychotic Disorders Clinic McMaster University Hamilton, Ontario	Clinical Rating Scales: BPRS / GAF / HDS	B, m3, m6, m12	--- / ----	Outcomes, Descriptive/correlational
21-Bedard 2016 (21)	Canada – Regional Early Intervention in Psychosis Programme, North Bay, Ontario	Rating Scales: SAPS / SANS	NA	Training / ----	Quality improvement/fidelity study, Pre-post intervention, chart audit

22-Bertulies-Esposito 2020 (22)	Canada - 17 EIS across Quebec	Diagnosis: SCID-IV Symptoms: PANSS / SANS / SAPS / CDS Functioning: GAF / SOFAS Substance Use: DAST / AUS / DUS / TLFB / AUDIT	“Monthly to yearly”	--- / ---	Quality improvement/Fidelity scale, Descriptive/correlational
23-Dewa 2016 (23)	Canada – 6 EPI programs in Ontario	Service use: Matroyshka Service Needs Profile	Monthly for 12 months	---- / ----	Economic evaluation, Cost-effectiveness
24-Durbin 2019 (24)	Canada – 9 EPI programs in Ontario	Fidelity: FEPS-FS	NA	Training / ----	Quality improvement/fidelity study, Cross-sectional cohort design with multiple methods (interviews, observation, chart review, document analysis)
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
25-Kozloff 2020 (25)	Canada - 5 EIS in Ontario	CLIENT: Fidelity: FEPS-FS Diagnosis: SCID -5 Functioning: QOL Heinrichs / WHO DAS 2.0 Symptom, illness severity: BPRS / CGI Depression: PHQ-9 Substance use: AADIS Service use: SURF Satisfaction with care: OPOC-MHA Relationship with care team: STAR-P Quality of Care: RSA Youth and Family Engagement: PPEET / PECI CAREGIVER: Client Functioning: WHO DAS 2.0 / LSP-20	B, m12, m24 – SCID-5 B, every 6 months - rest	Training / “Validated” – FEPS-FS	Study protocol, Quasi-experimental

		Caregiver Satisfaction with care: OPOC-MHA Caregiver Quality of life: S-CGQOL			
26-Lutgens 2015 (26)	Canada – 3 EIS in Montreal, Quebec	DUP: CORS Premorbid Adjustment: PAS Cannon-Spoor Psychopathology: SAPS / SANS / PANSS / BPRS Functioning: GAF / SOFAS-PSP / PIQ / LSP Substance use: CUAD / TLFB Working Alliance: WAI Quality of Life: WQOL (portions)	B – CORS & PAS B, m6, m12, m18, m24, m30, m36 – SOFAS-PSP, LSP, WAI, WQOL (portions) – Every 3m B to m36 – SAPS, SANS, BPRS, PANSS, GAF, PIQ, CUAD, TLFB after 2 years of treatment	Blindness, Training, Reliability or ICC / ----	Study protocol, N/A
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
27-Malla 2002a (27)	Canada – Pepp London, Ontario	Diagnosis: SCID Dup: CORS Premorbid Adjustment: PAS Cannon-Spoor Positive and negative symptoms: SAPS / SANS Community Functioning: WQOL-P	B only: PAS / CORS B, Yr 1: SCID / SAPS / SANS / WQOL-P	Reliability or agreement / --- -	Outcomes, Descriptive/correlational
28-Malla 2002b (28)	Canada – Pepp London, Ontario	Diagnosis : SCID DUP : IRAOS modified = CORS Severity of symptoms : SAPS / SANS	B only: CORS B, Yr 1 – SCID / SAPS / SANS	“Experienced” raters, Reliability or agreement / ---	Outcomes, Descriptive/correlational

29-Malla 2003 (29)	Canada – PEPP London, Ontario	Diagnostic criteria: SCID Quality of Life: WQOL Remission: SAPS	B, Yr1	---- / ----	Program description, N/A
30-Malla 2005 (30)	Canada PEPP London, Ontario	Diagnosis: SCID Patient and Illness Characteristics: PAS Cannon-Spoor / CORS Positive and negative symptoms of psychosis: SAPS / SANS Depression: CDS Anxiety: HAS	B, Yr1 – SCID One time – rest	Reliability or ICC / ----	Outcomes, Quasi-experimental
31-Malla 2007 (31)	Canada – 3 EIS in Ontario – Toronto, Hamilton, London	Diagnosis: SCID DUP: CORS Severity Illness Baseline – CGI-S Symptoms: PANSS	PANSS at baseline, 6 months, and 12 months	Training, Reliability or ICC / Reliability – PANSS	Outcomes, Quasi-experimental
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
32-Malla 2008 (32)	Canada – Pepp London, Ontario	Diagnosis (primary and substance abuse) – SCID Childhood and Adolescent Adjustment – PAS Cannon-Spoor DUP and DUI – CORS Positive and negative symptoms – SAPS / SANS Relapse – LCS / SAPS Not stated – CDS, HAS	B, Yr 1: SCID Weekly – LCS B, week 2, m1,2,3,6,9, m12,15,18,21, 24 – SAPS / SANS No information: CORS, PAS, HAS, CDS	Training, Consensus – SCID Reliability or agreement SAPS, SANS, DUP, DUI / ----	Outcomes, Descriptive/correlational
33-Nolin 2016 (33)	Canada – 11 EIS programs	Diagnosis : SCID Symptoms : PANSS / SANS / SAPS / CDS Functioning : GAF / SOFAS Quality of Life : QOL Heinrichs	No information	---- / General Statement	Quality improvement/fidelity study, Cross-sectional survey

		Substance Misuse: DAST / AUS / DUS / TLFB / AUDIT			
34-Norman 2011 (34)	Canada – Pepp London, Ontario	Diagnosis : SCID Symptom Assessment : SAPS / SANS / LCS Functioning : GAF / SOFAS	B, Yr 1: SCID / SAPS / SANS / GAF Yr 2,3,4,5: SAPS / SANS / GAF / LCS Yr 2, Yr 5: SOFAS	Training, Reliability or ICC / ----	Outcomes, Descriptive/correlational
35-Norman 2018 (35)	Canada – PEPP London, Ontario	Diagnosis: SCID DUP: CORS Social Support: WQOL-P Premorbid Adjustment: PAS Cannon-Spoor Symptoms: SAPS / SANS / GAF-F Housing, Employment, Hospitalizations: LCS	B, Yr1, Yr2, Yr3, Yr4, Yr5 - SAPS / SANS / GAF-F Yr1 - WQOL-P Yr2, Yr3, Yr4, Yr5 - LCS Rest unknown	Personal ICC / - ---	Outcomes, Descriptive/correlational
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
CENTRAL AND EASTERN EUROPE					
36-Berze 2019 (36)	Central & Eastern Europe – Latvia - Latvian Early Intervention Program (LAT-EIP) , Daugavpils	Dup: NOS-DUP Positive and negative symptoms: SAPS / SANS Functioning: GAF Depression: CDS Insight, Medication use, Adherence: SAI-E	Admission to ward only- NOSDUP Admission & discharge from ward, m6, m12 OR withdrawal date- SAPS /	Supervision, inter-rater Reliability / “widely used” SAPS, SANS, GAF; Reliability GAF, CDSS; Validity, specificity,	Study protocol, Quasi- experimental

			SANS/ GAF/ CDSS/ SAI-E	sensitivity CDSS	
37-Maric 2019 (37)	Central & Eastern Europe (Albania, Armenia, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Moldova, Poland, Romania, Russia, Serbia, Slovakia and Ukraine)	Screening & Diagnosis: ERIRAOS Diagnosis: SIPS / CAARMS	No information	---- / Translation	Quality improvement/fidelity scale, Cross-sectional survey design
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
DENMARK					
38-Austin 2015 (38)	Denmark – OPUS Copenhagen & Aarhus	Psychopathology: SAPS (+Disorganized sx) / SANS Functioning: GAF-F / GAF – S Premorbid Functioning: PAS Cannon-Spoor DUP: IRAOS Social Contact: SCS	baseline, 1 year, 2 years, 5 years and 10 years).	Blinding, Training, Reliability or ICC / ----	Outcomes, Descriptive/correlational
39-Bertelsen 2008 (39)	Denmark – OPUS Copenhagen and Aarhus	Diagnosis & Substance Abuse: SCAN DUP: IRAOS Symptoms: SAPS / SANS Course of illness: LCS Functioning and symptoms: GAF Fidelity: IFACT	B - IRAOS B, Yr2, Yr5 – Rest	Training, Reliability or ICC / ----	Outcomes, RCT

40-Hastrup 2013 (40)	Denmark – OPUS Copenhagen & Aarhus	Overall mental health functioning: GAF-F	Yr2, Yr5	---- / ----	Economic evaluation, Cost-effectiveness
41-Jeppesen 2005 (41)	Denmark – OPUS Copenhagen & Aarhus	Social Skills: DAS Knowledge of schizophrenia: Knowledge of Schizophrenia modified from McGill et al, 1983 Relatives' satisfaction: CSQ-8 for Families Expressed Emotion : FMSS Burden of Illness: SBAS	B, Yr1	Training – SBAS / Translation – Knowledge Schizophrenia	Outcomes, RCT
42-Melau 2019 (42)	Denmark - 22 SEI teams	Fidelity: DFS	Not Applicable	---- / ----	Quality improvement/fidelity study, Cross-sectional cohort design (using interviews and observation)
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
43- Nordentoft 2002 (43)	Denmark – OPUS Copenhagen & Aarhus	Functioning: GAF Symptoms, Suicidal vars: SCAN / SAPS / SANS Suicide details : EPSIS II DUP : IRAOS Social Skills : WHO DAS	B, Yr 1 : GAF / SCAN 2.0, SAPS / SANS No info : EPSIS II / IRAOS	Training – SCAN, Reliability or Kappa – SCAN & SAPS / ----	Outcomes, RCT
44- Nordentoft 2010 (44)	Denmark – OPUS Copenhagen & Aarhus	Inclusion Criteria: SCAN Severity of psychotic and negative symptoms: SAPS / SANS Social Functioning: GAF	B, Yr1, Yr2, Yr5 (current study)	---- / ----	Outcomes, RCT
45- Nordentoft 2015	Denmark – OPUS Copenhagen & Aarhus	Assessment Battery – Not Stated*: SCAN 2 / IRAOS / SAPS / SANS / GAF function and symptoms / SNS	B, Yr1, Yr2, Yr5	---- / ----	Outcomes, RCT

(45)		User Satisfaction: CSQ – <u>Key Relative</u> : Burden of Illness - SBAS/ Knowledge of Schizophrenia / Satisfaction – CSQ modified			
46-Petersen 2005 (46)	Denmark – OPUS Copenhagen & Aarhus	Diagnosis and comorbidity: SCAN DUP: IRAOS Not Stated : SAPS / SANS / GAF function and symptoms / CSQ Skills: SNS / WHO DAS Fidelity : IFACT	B, Yr1, Yr2	Training, Reliability or ICC – SAPS & SANS / ---	Outcomes, Descriptive/correlational
47-Rosenbaum 2005 (47)	Denmark – EI and TAU across Denmark	Diagnosis: OPCRIT Clinical status: GAF / SCS / PANSS	Baseline only - OPCRIT B, Yr 1 - rest	Training, Reliability or ICC / ---	Outcomes, Descriptive/correlational
48-Secher 2015 (48)	Denmark – OPUS Copenhagen & Aarhus	Primary Outcome Measures: SAPS / SANS / GAF Fidelity: IFACT	B, Yr1 ,Yr2, Yr5, Yr10	Training, Reliability or ICC / ---	Outcomes, RCT
49-Thorup 2005 (49)	Denmark – OPUS Copenhagen & Aarhus	Diagnosis (incl substance): SCAN Psychopathologic symptoms: SAPS / SANS Social functioning GAF - functioning	B - GAF f B, Yr 1, 2 - SCAN, SAPS, SANS	Training, Reliability or ICC / ---	Outcomes, RCT
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
50-Thorup 2010 (50)	Denmark – OPUS Copenhagen only	Diagnosis: SCAN DUP: IRAOS Psychopathologic symptoms: SAPS / SANS Quality of Life: LQOLP	Baseline, Yr 2	---- / ----	Outcomes, RCT
FRANCE					

51-Lecardeur 2018 (51)	France – Mobile Intensive Care Unit, Caen	Diagnosis: CAARMS Symptoms: PANSS / SENS Depression: CDS Mania: YMS Quality of Life: WHO-QOL-26 Insight: SUMD / BIS Self-Esteem: SERS-SF Functioning: GAF Premorbid Functioning: PAS (not specified) Substance Use: DEP-ADO Risk: HCR-20	No information	---- / Validated Translation – CAARMS	Program description, Descriptive/correlational
52-Oppetit 2018 (52)	France – (transl) Evaluation Centre for Young Adults and Adolescents (C'JAAD) – Paris	Screening: CAARMS Functioning: SOFAS Not Stated: PANSS / DIGS / ADI-R	Baseline	---- / Translation – CAARMS	Program description, Descriptive/correlational
GERMANY					
53-Lambert 2018 (53)	Germany – EDIC (Early Detection & Integrated Care), Hamburg	Diagnosis: SCID Pathways to Care: PPHS DUP: RPMIP Psychopathology: PANSS / CDS Illness Severity: CGI – Schizophrenia / CGI – Bipolar Functioning: GAF Quality of Life: Q-LES-Q-18 / EQ-5D Service Utilization: SES Satisfaction with treatment: CSQ-8 Alcohol and drug addiction: EuropASI Internet addiction: CIUS	Baseline only - SCID / PPHS / RPMIP B, m3, m6, m12 - rest	---- / Translation: EUROPASI & CIUS, SCID	Study protocol, Descriptive/correlational
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design

GREECE					
54-Kollias 2020 (54)	Greece - Eginition University Hospital EIP unit, Athens	Premorbid & current mental state, functioning: CAARMS / SOFAS / PANSS / NOS	No information	---/---	Program description, N/A
HONG KONG					
55-Chan 2015 (55)	Hong Kong - EASY	Diagnosis: SCID Symptoms: PANSS / SANS / CDS Symptomatic levels: CGI-Severity positive and negative Social and occupational functioning: SOFAS / RFS / SCS	Every 3m, B to Yr10 - CGI from charts Yr10 - Rest	“Experienced” raters, Reliability or ICC / ---	Outcomes, Quasi-experimental
56-Chan 2018 (56)	Hong Kong – EASY	Positive, negative, affective symptoms: CGI-Schizophrenia	Monthly first 3 yrs, then no information	Personal ICC / --	Outcomes, RCT
57-Chan, 2019 (57)	Hong Kong – EASY	Diagnosis: SCID IV Symptoms: PANSS / CGI-SCH Functioning: SOFAS / SCS	Initial 3 years- CGI-SCH Yr 10: PANSS / SOFAS / SCS	“Experienced”, IRR / ---	Outcomes, Descriptive/correlational
58-Chan 2020 (58)	Hong Kong – EASY	Symptoms: CGI-SCH / PANSS Social and Occupational Functioning: SOFAS / RFS	Initial 3 years- CGI-SCH Yr 10: PANSS / SOFAS / RFS	IRR / ---	Outcomes, Quasi-experimental
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
59-Chang 2015 (59)	Hong Kong - EASY	Diagnosis: SCID Chinese bilingual DUP: IRAOS Psychosocial Functioning (primary outcome) – General: SOFAS --Domains: RFS	B, m6, m12 – SOFAS / RFS B, m12 – PANSS / CDS	Blinding, Training, Reliability or ICC – PANSS,	Outcomes, RCT

		Psychopathology (secondary outcome): PANSS + remission / CDS	No info: SCID / IRAOS	CDS, SOFAS, RFS, Consensus – SCID / SCID used was Chinese-bilingual	
60-Chang 2016 (60)	Hong Kong - EASY	Diagnosis: SCID Chinese bilingual Premorbid Personality: APSST Premorbid Adjustment: PAS Cannon-Spoor DUP: IRAOS Functional Remission + Psychosocial Functioning – General: SOFAS --Domains: RFS Psychopathology: PANSS / CDS	B, m6, m12 – SOFAS / RFS No info: SCID / APSST / PAS / IRAOS/PANSS / CDS	---- / SCID used was Chinese-bilingual	Outcomes, RCT
61-Chang 2017 (61)	Hong Kong - EASY	Diagnosis: Chinese-bilingual CB-SCID Premorbid functioning: PAS Cannon-Spoor DUP: IRAOS Psychopathology: PANSS / CDS Psychosocial functioning: SOFAS / RFS	PAS and IRAOS – B B, Yr1, Yr3 - SCID B, Yr1, Yr2, Yr 3 – PANSS, CDS B, m6, Yr1, Yr2, Yr3 – SOFAS, RFS	Training, Reliability or ICC, / SCID used was Chinese-bilingual	Outcomes, RCT
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
62-Chang 2019 (62)	Hong Kong – 7 EASY Programs in Hong Kong area (incl Kowloon, New Territories)	Positive & negative symptoms: CGI – Severity / PANSS Depressive symptoms: CGI-S for Bipolar Illness / CDS	Baseline, Yr1, Yr2, Yr3, Follow-up (X = 4 Yrs)	---- / Translation – SF-12	Outcomes, Quasi-experimental

		Functional outcome/ Psychosocial Functioning: SOFAS / RFS Subjective quality of life: SF-12 Chinese version Premorbid functioning: PAS (not specified)			
63-Chen 2011 (63)	Hong Kong - EASY	Positive and negative symptom levels: CGI-Severity	Yr3.	Training, Reliability or ICC / ---	Outcomes, Quasi-experimental
64-Hui 2014 (64)	Hong Kong - Jockey Club Early Psychosis (JCEP)	Diagnosis: Chinese version SCID DUP: IRAOS Premorbid functioning: PAS Cannon-Spoor / APSST Positive and negative symptoms: PANSS / SAPS / SANS / CDS / YMS Functioning: SOFAS / RFS / L-FAI / WEMWBS Recovery: PRI Quality of life: SF-12	B, m6, Yr1, Yr2, Yr3, Yr4	---- / SCID used was Chinese	Study protocol, RCT
65-Wong 2011 (65)	Hong Kong - EASY	Psychopathology & Effectiveness: PANSS	B, m24	Personal ICC / - --	Economic evaluation, Cost-effectiveness
INDIA (AND CANADA)					
66-Iyer 2010 (66)	India and Canada-- India – SCARF Chennai Canada – Pepp Montreal	Diagnosis: SCID (Canada site) DUP: CORS Symptoms: PANSS Not stated: SOFAS	No info: SCID / CORS B, Yr 1: PANSS / SOFAS	Reliability or ICC – DUP, PANSS, SOFAS / Established in locations	Outcomes, Descriptive/correlational
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design

67-Malla 2020 (67)	India and Canada– India – SCARF Chennai Canada – Pepp Montreal, Pepp MUHC	Diagnosis: SCID-IV Dup: CORS Symptoms: SAPS / SANS Family support and quality: WQOL-P (partial)	B & 1 Yr – SCID-IV B – CORS B, m2, 3, 6, 12, 18, 24 – SAPS/SANS m3, 12, 24 – WQOL- Provider	Training, IRR / Reliability	Outcomes, Descriptive/correlational
IRELAND					
68-Behan 2020 (68)	Ireland - EIS service serving 3 catchment areas	Diagnosis: SCID-5 Health service & resource use: CSSRI = CSRI Clinical characteristics: GAF	Baseline- SCID- 5, GAF	--- / ---	Economic evaluation, cost-effectiveness
69-Lalevic 2019 (69)	Ireland - North Lee Mental Health Services EIP Programme, Cork	Diagnosis: SCID, SCID-II for DSM-4 Prodromal symptoms: SIPS	Referral- SCID, SCID-II or SIPS if necessary	---/---	Program description, N/A
ITALY					
70-Cocchi 2011 (70)	Italy – Programma2000, Milan	Outcome & Effectiveness: HoNOS	B, Yr5	Personal ICC / Validity in location	Economic evaluation, Cost-effectiveness
71-Cocchi 2018 (71)	Italy - 45 EI centers across Italy	“Specific interview”: SCID-IV General assessment: BPRS / PANSS / MMPI-2 Early psychosis screening: ERIRAOS / CAARMS Outcome: HoNOS / GAF	Baseline only - all	--- / ---	Quality improvement/Fidelity study, Cross-sectional survey
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design

72-Leuci 2020 (72)	Italy - Early Psychosis [Pr-EP] program, Parma region	Diagnostic & Psychopathological Evaluation: SCID-I, SCID-II/ KIDDIE-SADS-PL / BPRS / CAARMS / PANSS / BSABS/ SPI-A or CY / GAF / HDS (HDRS) / BDI-II, CDI-II / WHO-QOL-BREF / HONOS A or C / PSA/ SPQ-B / BOLDor SOLIFE / FPSES / AbSI / AQ	Baseline- all	Training, Reliability or ICC SCID, CAARMS-ITA / Reliability CAARMS - ITA	Program description, N/A
73-Meneghelli 2010(73)	Italy – Programma 2000 - Milan	Not stated: ERIRAOS Initial & Outcome Assessment: HoNOS / BPRS / WHO DAS Functional Level: GAF Family Assessment: Camberwell Family Interview	B, Yr1	---- / ----	Outcomes, Descriptive/correlational
74-Pelizza 2020 (74)	Italy - Early Psychosis [Pr-EP] program, Parma region	Psychopathological assessment: PANSS / BPRS / GAF Diagnosis: SCID-IV	B, Yr1, Yr 2 – BPRS Rest unclear	--- / Translations - PANSS, BPRS, GAF; general psychometrics (good)	Outcomes, Descriptive/correlational
JAPAN					
75-Koike 2011 (75)	Japan – J-CAP (Comprehensive early intervention for patients with first-episode psychosis in Japan) Study - various sites	Eligibility + Current Symptoms + Syptomatic Remission: PANSS – all and specified items Functioning: GAF (+ modified GAF) Quality of Life: WHO-QOL-26 Service costs: CSRI	B, m18, m36, m60	---- / ----	Study protocol, N/A
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
NEW ZEALAND					

76-Theuma 2007 (76)	New Zealand – EIS, location not stated	Symptom changes over time: PANSS / HoNOS	B, m3, m6, m12, m24	Training / Validity, Reliability – PANSS, HoNOS, Internal Consistency – PANSS	Outcomes, Descriptive/correlational
NORWAY (AND DENMARK)					
77-Hegelstad 2012 (77)	Norway and Denmark – TIPS Study Rogaland County & Ullevaal health care sector, Oslo County, Norway, Roskilde County, Denmark	Diagnosis: SCID DUP: PANSS items Symptom levels: PANSS Functioning: GAF symptom and function Social functioning: SCS	B, m3, Yr1, Yr2, Yr5, Yr10 (current study)	Training, Reliability or ICC / ---	Outcomes, RCT
78-Larsen 2006 (78)	Norway and Denmark – TIPS Study Rogaland County & Ullevaal health care sector, Oslo County, Norway, Roskilde County, Denmark.	Diagnosis: SCID Symptom levels and remission: PANSS Global functioning: GAF-f / GAF – s Quality of Life: LQOLI Misuse alcohol, drugs: Drake Measure No information: SCS	B, Yr 1	Training, Reliability or ICC – SCID ,GAF, Drake / -- -	Outcomes, RCT
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design

79-Larsen 2007 (79)	Norway Rogaland County ONLY - TIPS vs historical control	Diagnosis: SCID Premorbid functioning: PAS Cannon-Spoor Symptom levels and remission: PANSS Misuse alcohol, drugs: Drake Measure Social Functioning: SCS Functioning: GAF	B, Yr 1	Training, Reliability or ICC / ---	Outcomes, RCT
80-Larsen 2011 (80)	Norway and Denmark – TIPS Study Rogaland County & Ullevaal health care sector, Oslo County, Norway, Roskilde County, Denmark.	Diagnosis: SCID Premorbid functioning: PAS Cannon-Spoor Symptom levels and remission: PANSS Global functioning: GAF-f / GAF – s Misuse alcohol, drugs: Drake Measure Quality of Life: LQOLI	B, m3, Yr 1, Yr 2, Yr 5 (current study)	Training, Reliability or ICC / ---	Outcomes, RCT
81-Melle 2004 (81)	Norway and Denmark – TIPS Study Rogaland County & Ullevaal health care sector, Oslo County, Norway, Roskilde County, Denmark.	Diagnosis: SCID Symptom levels: PANSS Global functioning: GAF-f / GAF – s Misuse alcohol, drugs: Drake Measure Premorbid functioning: PAS Cannon-Spoor	B, m3	Training, Consensus, Reliability or ICC – SCID, PANSS, GAF / -- -	Outcomes, quasi-experimental
82-Melle 2006 (82)	Norway and Denmark – TIPS Study Rogaland County & Ullevaal health care sector, Oslo County, Norway, Roskilde County, Denmark.	Diagnosis: SCID Symptom levels and remission: PANSS Misuse alcohol, drugs: Drake Measure Premorbid adjustment: PAS Cannon-Spoor	Baseline	Training, Reliability or ICC / ---	Outcomes, quasi-experimental

First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
83-Melle 2008 (83)	Norway and Denmark – TIPS Study Rogaland County & Ullevaal health care sector, Oslo County, Norway, Roskilde County, Denmark.	Diagnosis: SCID Symptom levels and remission: PANSS Global functioning: GAF-f / GAF – s Misuse alcohol, drugs: Drake Measure Quality of Life: LQOLI Premorbid functioning: PAS Cannon-Spoor	B, m3, Yr 1, Yr 2 (current study)	Training, Reliability or ICC - GAF, PANSS, Drake Scale, SCID / ---	Outcomes, quasi-experimental
SINGAPORE					
84-Chong 2008 (84)	Singapore – Early Psychosis Intervention Program (EPIP)	Diagnosis: SCID Severity of symptoms: PANSS Functioning: GAF User Satisfaction: Client Satisfaction Questionnaire CSQ-8	B, ‘regular intervals’	---- / General statement	Program description, Descriptive/correlational
85-Tan 2019 (85)	Singapore - EPIP	Symptom Severity: PANSS Functioning: GAF Hazardous alcohol use: AUDIT Quality of life: WHO-QOL-BREF	B, m6, Yr1	Training – PANSS & GAF, Personal ICC – PANSS / Validity – PANSS, Use in location - AUDIT	Outcomes, Descriptive/correlational
86-Verma 2012a (86)	Singapore - Early Psychosis Intervention Programme (EPIP)	Severity of psychopathology: PANSS Level of functioning: GAF User satisfaction: CSQ-8	“regular intervals”	---- / ----	Program description, Descriptive/correlational

First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
87-Verma 2012b (87)	Singapore - Early Psychosis Intervention Programme (EPIP)	Diagnosis: SCID Severity of psychopathology: PANSS Level of functioning: GAF User satisfaction: CSQ-8	B - SCID B, m6, m12, m18, m24 – PANSS, GAF Unknown – CSQ-8	Training, Personal ICC / - --	Outcomes, Descriptive/correlational
SPAIN					
88-Pelayo-Teran 2017 (88)	Spain – PAFIP Cantabria	Diagnosis : SCID Severity of Illness : CGI + clinical improvement + relapse Clinical Symptoms: BPRS + clinical improvement + relapse / SAPS / SANS / CDS / YMS Insight : abbreviated SUMD Premorbid functioning : PAS van Mastrigt & Addington 2002	M6: SCID Monthly: CGI B, wk6, m12, m36 – BPRS / SAPS / SANS / CDS / YMS Unknown: SUMD / PAS	---- / ----	Outcomes, Descriptive/correlational
SWEDEN					
89-Boden 2010 (89)	Sweden - modified Assertive Community Treatment, Uppsala County	Assessments of Outcome: PANSS / AUDIT / SSWL / GAF	Yr 5.	Training, Reliability or ICC / Validity - AUDIT	Outcomes, Quasi-experimental
90-Cullberg 2002 (90)	Sweden- Parachute Project – EIS across Sweden	Diagnosis: SCID Type and degree of symptoms: BPRS / PANSS Symptom severity + social functioning: GAF	B, Yr 1, 3,5 – SCID B, Yr 1 – BPRS / PANSS / GAF	“Experienced” – SCID / ---	Outcomes, Descriptive/correlational
91-Cullberg 2006	Sweden- Parachute Project	Inclusion Criteria - Diagnosis: SCID Symptom Severity: PANSS / BPRS	B, Yr1 – SCID	Training / ---	Outcomes, Quasi-experimental

(91)	– EIS across Sweden	Functional Status: GAF	B, Yr1, Yr3 - rest		
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
92-Stralin 2019 (92)	Sweden- PARACHUTE- 17 clinics	Diagnosis: SCID Symptoms & Social Functioning: BPRS / GAF / SCS	B, Yr1 – SCID B, Yr1, Yr3, Yr5 - SCS B, m1, m3, Yr1, Yr3, Yr5 - BPRS, GAF	---- / ----	Outcomes, Descriptive/correlational
SWITZERLAND					
93-Polari 2011 (93)	Switzerland – TIPP Lausanne	Clinical diagnosis: MINI Onset of psychosis / DUP: NOS / CAARMS Premorbid Functioning: PAS Cannon-Spoor (+ GAF + SOFAS) Severity Illness – CGI-S Level of functioning: GAF Social and Vocational functioning: SOFAS Substance Use: CMRS	B, m2, m6, m12, m18, m24, m36 – CGI-S / GAF / SOFAS / CMRS Not stated: rest	---- / ----	DUP definition, Descriptive/correlational
UNITED KINGDOM					
94-Adamson 2018 (94)	UK – EIP Team, Lincolnshire England	Program Eligibility – PCCL Clinical Interview: CAARMS Functioning: SOFAS	Screening- PCCL Baseline – CAARMS, SOFAS	Training – CAARMS / Validity & Reliability - CAARMS	Outcomes, Quasi-experimental
95-Birchwood 2014 (95)	UK - England – EDEN study, EIS across England	Diagnosis: OPCRIT Psychosis: PANSS / BIS / YMS / CDS DUP: PANSS partially Premorbid Functioning: PAS Cannon-Spoor Functioning: GAF / TUS	B - OPCRIT & PAS - B B, m12 - GAF, BIS, Kavanagh Drug Check	Training, Reliability or ICC / ---	Study protocol, Quasi-experimental

First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
96-Burbach 2009 (96)	UK - England – Somerset Team for Early Psychosis (STEP) Somerset	Substance Misuse: Kavanagh Drug Check Service use and costs: CSRI Health-related quality of life: EQ-5D Service and treatment delivery: EIS-FS / SES	B, m6, m12 - PANSS, YMS, CDS, CSRI		
97-Fisher 2008 (97)	UK - England – EIS across England	Suspected psychosis: CAARMS Severity of psychotic symptoms: PANSS Functioning: GAF / HoNOS	Baseline.	---- / ----	Program description, Descriptive/correlational
98-Fowler 2009 (98)	UK – England – Norfolk Trust	Computerized Outcome Assessment: Mi-Data -- consisting of** (in part): [<i>DUP - shortened version of the Nottingham Onset Schedule</i> <i>Symptoms and Insight – PANSS various items</i> <i>Risk to self and others - BPRS various items</i> <i>Substance misuse - AUS, DUS</i> <i>Social functioning - GAF</i> <i>Quality of life - MECCA</i> <i>Engagement/compliance - Service Engagement Scale (SES)</i> <i>Client satisfaction - MECCA</i>]** not part of count	B, Yr1	Training, Reliability / ---	Ascertain feasibility of routine use of computerized baseline assessment, Cross-sectional cohort
99-Garety 2006 (99)	UK - England – Lambeth Early Onset team (LEO), Lambeth	Symptoms: PANSS Depression: CDS Health-related quality of life: QOL Heinrichs	“At recovery”, approx. m6 -	---- / ----	Outcomes, Quasi-experimental
99-Garety 2006 (99)	UK - England – Lambeth Early Onset team (LEO), Lambeth	Symptom confirmation: SCAN Diagnosis: OPCRIT Clinical state: PANSS Overall functioning: GAF	B, m18	---- / General psychometrics	Outcomes, RCT

First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
100-Heslin 2011 (100)	UK - England – AESOP Study, southeast London & Nottingham	Depression: CDS Insight: SAI–Expanded Quality of life: MANSA User Satisfaction: VSSS Screening: SSP Clinical Data: SCAN Pathways to care: PPHS	One-time	---- / ----	Economic evaluation, Cost-effectiveness
101-Kuipers 2004 (101)	UK - England – Croydon Outreach and Assertive Support Team (COAST) Croydon	Diagnosis: OPCRIT Symptoms and Psychopathology: PANSS Quality of Life: MANSA Depressive symptoms: BDI Overall functioning: GAF Economic evaluation: CSRI Met and unmet needs: CANSAS CAREGIVER ASSESSMENTS: Psychological morbidity: GHQ-12 . Caregiving: ECI Coping style: WOC Quality of Life: MANSA Depressive symptoms: BDI Met and unmet needs: CANSAS	B, m6, m9	Blindness / General psychometrics – GAF & CSRI	Outcomes, RCT
102-McCrone 2010 (102)	UK - England – LEO (Lambeth Early Onset)	Screening: SCAN Quality of Life: MANSA Service use: CSRI	B, m6, m18	---- / General psychometrics - CSRI	Economic evaluation, Cost-effectiveness
103-Reichert 2018 (103)	UK - England - Mental Health Services Data Set	Patient Outcome: HoNOS	B, m12 / DC	---- / Validity, Reliability	Outcomes, Descriptive/correlational

	– EIP services across England				
104-Thomson 2019 (104)	UK - Scotland - EPSS (Early Psychosis Support Service)	Symptom Severity: PANSS Self-reported symptoms depression: BDI-II	B, m12	---- / ----	Outcomes, Quasi-experimental
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
105-Tsiachristas 2016 (105)	UK - England – EIPs in Oxford Academic Health Science Network Region	Outcomes: HoNOS	(p.3) “Earliest-recorded vs “latest recorded” HoNOS scores	---- / ----	Economic evaluation, Cost-effectiveness
UNITED STATES OF AMERICA					
106-Breitborde 2015 (106)	USA - Early Psychosis Intervention Center (EPICENTER) Tucson, Arizona	Program Eligibility – Diagnosis: SCID Program Eligibility – Length of illness: SOS Severity of psychotic symptoms: PANSS Social functioning: SFS Substance use severity: AUS/DUS Psychiatric and legal resources use: SURF	B - SCID & SOS B, m6 - Rest	---- / ----	Program description, Descriptive/correlational
107-Dixon 2015 (107)	USA – RAISE Connection – Baltimore Maryland, New York City, New York	Diagnostic criteria: SCID Research Version Premorbid Adjustment: PAS Cannon-Spoor Social and occupational functioning: MIRECC GAF Symptoms: PANSS Social behavior and family interaction: RFS Severity of Illness: CGI Depression: CDS Alcohol and drug use: ASI-Lite Trauma: TLEQ	B, m3, m6, m12, m18, m24	Training, Reliability or ICC / ---	Program description, Descriptive/correlational

		Work history and source of income: EIR (Dartmouth expansion) Quality of Life: LQOLI Health status: SF-12 User Satisfaction: CSQ-3 Service-related Recovery : MARS + MHSIP (portions)			
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
108-Jones 2019 (108)	USA – 4 EIP programs – not stated (possibly San Francisco County, CA)	Psychosocial Assessment: ANSA Diagnosis: SCID	B, Yr1, Yr2 – ANSA Discharge – ANSA , SCID	Personal Reliability, Blind double-coding / --	Outcomes, Descriptive/correlational
109-Kane 2015 (109)	USA – 35 RAISE /NAVIGATE sites across USA	Diagnosis: -SCID Measures of psychopathology: PANSS / CGI / CDS Functional Outcome: QOL Heinrichs Cost of services: SURF Family Assessment: BAS (cited as Family Assessment Scale)	B, m12 – SCID B, m6, m12, m18 m24, m30, m36, m42 – rest + m48, m54, m60 – PANSS, QOL Monthly to Yr5 - SURF -	Training or Experience / ---	Study protocol, N/A
110-Marino 2015 (110)	USA – RAISE Connection – Baltimore, Maryland & Manhattan, New York	Diagnosis: SCID Research Version Premorbid functioning: PAS Cannon-Spoor Functioning: MIRECC GAF Symptoms + Remission: PANSS Severity of Illness: CGI Depression: CDS Alcohol and drug use: ASI-Lite	B, m3, Yr1 – SCID B, m3, m6, m12, m18, m24 - rest	Training / General psychometrics - Dartmouth TLEQ & SF-12	Outcomes, Descriptive/correlational

		Trauma: TLEQ Work history and source of income: EIR (Dartmouth expansion) Quality of Life: LQOLI Health status: SF-12 User Satisfaction: CSQ-3 Outcome and Recovery : MARS + MHSIP (portions)			
First Author, Year	Setting	Measures Recommended / Used & Purpose	Time of Assessment	Administration /Psychometrics	Study Objective, Study Design
111-Murphy 2018 (111)	USA – STEP (Specialized Treatment Early in Psychosis) Connecticut	To determine “not in labour force”: SFS Non-hospital-based healthcare service use: SURF Baseline characteristics: GAF / PANSS	Baseline: SFS, GAF, PANSS m6, m12: SURF	---- / ----	Economic evaluation, Cost-effectiveness
112-North 2019 (112)	USA – ePEP, North Texas	Not Stated: DIS / MINI Symptoms & Functioning: PANSS /MASQ-D30 / SFS Multiple: ANSA / CANS	Baseline - DIS / MINI B, m3, m6, m9, m12 - rest	Training – DIS, MINI, PANSS / - --	Program description, Descriptive/correlational
113-Oluwoye 2020 (113)	USA - New Journeys (5 programs), Washington State	Diagnosis: SCID-5-CV / Psychiatric symptoms: CRDPSS / CAPE-P15 / PHQ-9 / GAD-7 Quality of Life: CDC HRQOL Substance Use: CRAFFT	Intake only- SCID-5-CV Intake + weekly- CRDPSS Intake + monthly- rest	Training / Reliability CAPE-P15, PHQ-9,GAD-7, CRAFFT	Outcomes, Descriptive/correlational
114-Srihari 2015 (114)	USA - Specialized Treatment Early in Psychosis (STEP), New	Diagnosis: SCID DUP: SOS Symptoms: PANSS / CDS (also for Suicidality) Substance use: Drake Measure	Every 6 months	--- / “commonly employed instruments”	Outcomes, RCT

	Haven, Connecticut	Functioning: QOLHeinrichs / GAF-modified Employment, school , housing status & general social functioning: SFS Treatment Utilization: SURF			
115-Uzenoff 2012 (115)	USA – Outreach and Support Intervention Services (OASIS), Chapel Hill, NC	Symptoms / symptom remission: BPRS – E Alcohol and illicit drug use: AUS / DUS Global functioning: GAF Social & Occupational functioning / remission: RFS	Baseline, m6, Yr 1 (current study)	--- / Validity - BPRS 4-factor	Outcomes, Descriptive/correlational

References for Included Studies

1. Galletly C, Castle D, Dark F, et al.: Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the management of schizophrenia and related disorders *Aust N Z J Psychiatry* 2016; 50:410–472
2. Carr V, Halpin S, Lau N, et al.: A risk factor screening and assessment protocol for schizophrenia and related psychosis *Aust N Z J Psychiatry* 2000; 34:S170–S180
3. Catts SV, Frost AD, O’Toole BI, et al.: Clinical indicators for routine use in the evaluation of early psychosis intervention: development, training support and inter-rater reliability *Aust N Z J Psychiatry* 2011; 45:63–75
4. Gore-Jones V, Dark F: Key performance indicators and administrative data in an early psychosis service *Early Interv Psychiatry* 2019; 13:322–327
5. Mihalopoulos C, Harris M, Henry L, et al.: Is early intervention in psychosis cost-effective over the long term? *Schizophr Bull* 2009; 35:909–918
6. Nash L, Gorrell J, Cornish A, et al.: Clinical outcome of an early psychosis intervention program: evaluation in a real-world context *Aust N Z J Psychiatry* 2004; 38:694–701
7. O’Donoghue B, Francey SM, Nelson B, et al.: Staged treatment and acceptability guidelines in early psychosis study (STAGES): A randomized placebo controlled trial of intensive psychosocial treatment plus or minus antipsychotic medication for first-episode psychosis with low-risk of self-harm or aggression. Study protocol and baseline characteristics of participants. *Early Interv Psychiatry* 2019; 13:953–960
8. O’Kearney R, Garland G, Welch M, et al.: Factors predicting program fidelity and delivery of an early intervention program for first episode psychosis in rural Australia *Aust E-J Adv Ment Health* 2004; 3:75–83
9. Penno SJ, Hamilton B, Petrakis M: Early Intervention in Psychosis: Health of the Nation Outcome Scales (HoNOS) Outcomes From a Five-Year Prospective Study *Arch Psychiatr Nurs* 2017; 31:553–560
10. Preston NJ, Preston NJ, Stirling ML, et al.: A statewide evaluation system for early psychosis *Aust N Z J Psychiatry* 2003; 37:421–428
11. Reilly J, Newton R, Dowling R: Implementation of a first presentation psychosis clinical pathway in an area mental health service: the trials of a continuing quality improvement process *Australas Psychiatry* 2007; 15:14–18
12. Wong L, Harris M, Cotton S, et al.: Routine outcome assessment and feedback for clinicians: A pilot in an early psychosis service *J Ment Health* 2006; 15:279–288
13. Yung AR, Organ BA, Harris MG: Management of early psychosis in a generic adult mental health service *Aust N Z J Psychiatry* 2003; 37:429–436

14. Addington D, McKenzie E, Wang J: Validity of hospital admission as an outcome measure of services for first-episode psychosis *Psychiatr Serv* 2012; 63:280–282
15. Addington D, Abidi S, Garcia-Ortega I, et al.: Canadian guidelines for the assessment and diagnosis of patients with schizophrenia spectrum and other psychotic disorders *Can J Psychiatry* 2017; 62:594–603
16. Addington D, Birchwood M, Jones P, et al.: Fidelity scales and performance measures to support implementation and quality assurance for first episode psychosis services *Early Interv Psychiatry* 2018; 12:1235–1242
17. Addington J, Addington D: Outcome after discharge from an early psychosis program *Schizophr Res* 2008; 106:363–366
18. Addington J, Addington D: Early intervention for psychosis: the Calgary early psychosis treatment and prevention program *Can Psychiatr Assoc Bull* 2001; 33:11–16
19. Addington J, Van Mastrigt S, Addington D: Duration of untreated psychosis: impact on 2-year outcome *Psychol Med* 2004; 34:277–284
20. Archie S, Wilson JH, Woodward K, et al.: Psychotic disorders clinic and first-episode psychosis: a program evaluation *Can J Psychiatry* 2005; 50:46–51
21. Bedard TE, Nadin S, Zufelt C, et al.: Implementation and evaluation of a quality improvement project: carepaths for Early Psychosis Intervention Programmes in Northeastern Ontario *Early Interv Psychiatry* 2016; 10:547–553
22. Bertulies-Esposito B, Nolin M, Iyer SN, et al.: Où en sommes-nous? An Overview of Successes and Challenges after 30 Years of Early Intervention Services for Psychosis in Quebec *Can J Psychiatry* 2020; 65:536–547
23. Dewa CS, Trojanowski L, Cheng C, et al.: Potential effects of the choice of costing perspective on cost estimates: An example based on 6 early psychosis intervention programs *Can J Psychiatry* 2016; 61:471–479
24. Durbin J, Selick A, Langill G, et al.: Using Fidelity Measurement to Assess Quality of Early Psychosis Intervention Services in Ontario *Psychiatr Serv* 2019; 70:840–844
25. Kozloff N, Foussias G, Durbin J, et al.: Early Psychosis Intervention-Spreading Evidence-based Treatment (EPI-SET): protocol for an effectiveness-implementation study of a structured model of care for psychosis in youth and emerging adults *BMJ Open* 2020; 10:e034280
26. Lutgens D, Iyer S, Joobar R, et al.: A five-year randomized parallel and blinded clinical trial of an extended specialized early intervention vs. regular care in the early phase of psychotic disorders: study protocol *BMC Psychiatry* 2015; 15:22
27. Malla A, Norman RMG, Manchanda R, et al.: Symptoms, cognition, treatment adherence and functional outcome in first-episode psychosis *Psychol Med* 2002; 32:1109–1119

28. Malla A, Norman RMG, Manchanda R, et al.: Status of patients with first-episode psychosis after one year of phase-specific community-oriented treatment *Psychiatr Serv* 2002; 53:458–463
29. Malla A, Norman RMG, McLean T, et al.: A Canadian programme for early intervention in non-affective psychotic disorders *Aust N Z J Psychiatry* 2003; 37:407–413
30. Malla A, Norman RMG, Scholten D, et al.: A community intervention for early identification of First Episode Psychosis *Soc Psychiatry Psychiatr Epidemiol* 2005; 40:337–344
31. Malla A, Schmitz N, Norman RMG, et al.: A multisite Canadian study of outcome of first-episode psychosis treated in publicly funded early intervention services *Can J Psychiatry* 2007; 52:563–571
32. Malla A, Norman RMG, Bechard-Evans L, et al.: Factors influencing relapse during a 2-year follow-up of first-episode psychosis in a specialized early intervention service *Psychol Med* 2008; 38:1585–1593
33. Nolin M, Malla A, Tibbo P, et al.: Early intervention for psychosis in Canada: what is the state of affairs? *Can J Psychiatry* 2016; 61:186–194
34. Norman RMG, Manchanda R, Malla A, et al.: Symptom and functional outcomes for a 5 year early intervention program for psychoses *Schizophr Res* 2011; 129:111–115
35. Norman RMG, MacDougall A, Manchanda R, et al.: An examination of components of recovery after five years of treatment in an early intervention program for psychosis *Schizophr Res* 2018; 195:469–474
36. Berze L, Civcisa S, Krone I, et al.: Implementing the Latvian Early Intervention Program (LAT-EIP) for Patients With Schizophrenia Spectrum First-Episode Psychosis: Study Protocol *Front Psychiatry* 2019; 10:829
37. Maric NP, Andric Petrovic S, Rojnic-Kuzman M, et al.: Implementation of early detection and intervention services for psychosis in Central and Eastern Europe: Current status *Early Interv Psychiatry* 2019; 13:1283–1288
38. Austin SF, Mors O, Budtz-Jørgensen E, et al.: Long-term trajectories of positive and negative symptoms in first episode psychosis: a 10 year follow-up study in the OPUS cohort *Schizophr Res* 2015; 168:84–91
39. Bertelsen M, Jeppesen P, Petersen L, et al.: Five-year follow-up of a randomized multicenter trial of intensive early intervention vs standard treatment for patients with a first episode of psychotic illness: the OPUS trial *Arch Gen Psychiatry* 2008; 65:762–771
40. Hastrup LH, Kronborg C, Bertelsen M, et al.: Cost-effectiveness of early intervention in first-episode psychosis: economic evaluation of a randomised controlled trial (the OPUS study) *Br J Psychiatry* 2013; 202:35–41
41. Jeppesen PIA, Petersen L, Thorup A, et al.: Integrated treatment of first-episode psychosis: effect of treatment on family burden: OPUS trial *Br J Psychiatry* 2005; 187:s85–s90

42. Melau M, Albert N, Nordentoft M: Programme fidelity of specialized early intervention in Denmark *Early Interv Psychiatry* 2019; 13:627–632
43. Nordentoft M, Jeppesen P, Abel M, et al.: OPUS study: suicidal behaviour, suicidal ideation and hopelessness among patients with first-episode psychosis: one-year follow-up of a randomised controlled trial *Br J Psychiatry* 2002; 181:s98–s106
44. Nordentoft M, Øhlenschläger J, Thorup A, et al.: Deinstitutionalization revisited: a 5-year follow-up of a randomized clinical trial of hospital-based rehabilitation versus specialized assertive intervention (OPUS) versus standard treatment for patients with first-episode schizophrenia spectrum disorders *Psychol Med* 2010; 40:1619–1626
45. Nordentoft M, Melau M, Iversen T, et al.: From research to practice: how OPUS treatment was accepted and implemented throughout Denmark *Early Interv Psychiatry* 2015; 9:156–162
46. Petersen L, Jeppesen P, Thorup A, et al.: A randomised multicentre trial of integrated versus standard treatment for patients with a first episode of psychotic illness *Bmj* 2005; 331:602
47. Rosenbaum B, Valbak K, Harder S, et al.: The Danish National Schizophrenia Project: prospective, comparative longitudinal treatment study of first-episode psychosis *Br J Psychiatry* 2005; 186:394–399
48. Secher RG, Hjorthøj CR, Austin SF, et al.: Ten-year follow-up of the OPUS specialized early intervention trial for patients with a first episode of psychosis *Schizophr Bull* 2015; 41:617–626
49. Thorup A, Petersen L, Jeppesen P, et al.: Integrated treatment ameliorates negative symptoms in first episode psychosis—results from the Danish OPUS trial *Schizophr Res* 2005; 79:95–105
50. Thorup A, Petersen L, Jeppesen P, et al.: The quality of life among first-episode psychotic patients in the opus trial *Schizophr Res* 2010; 116:27–34
51. Lecardeur L, Meunier-Cussac S, Dollfus S: Mobile Intensive Care Unit: A case management team dedicated to early psychosis in France *Early Interv Psychiatry* 2018; 12:995–999
52. Oppetit A, Bourgin J, Martinez G, et al.: The C’JAAD: a French team for early intervention in psychosis in Paris *Early Interv Psychiatry* 2018; 12:243–249
53. Lambert M, Schöttle D, Sengutta M, et al.: Early detection and integrated care for adolescents and young adults with severe psychotic disorders: rationales and design of the Integrated Care in Early Psychosis Study (ACCESS III) *Early Interv Psychiatry* 2018; 12:96–106
54. Kollias K, Xenaki LA, Vlachos I, et al.: The development of the Early Intervention in Psychosis (EIP) outpatient unit of Eginition University Hospital into an EIP Network *PSYCHIATRIKI* 2020; 31:177–182
55. Chan SKW, So HC, Hui CLM, et al.: 10-year outcome study of an early intervention program for psychosis compared with standard care service *Psychol Med* 2015; 45:1181–1193

56. Chan SKW, Chan SWY, Pang HH, et al.: Association of an Early Intervention Service for Psychosis With Suicide Rate Among Patients With First-Episode Schizophrenia-Spectrum Disorders. *JAMA Psychiatry* 2018; 75:458–464
57. Chan SKW, Hui CLM, Chang WC, et al.: Ten-year follow up of patients with first-episode schizophrenia spectrum disorder from an early intervention service: predictors of clinical remission and functional recovery *Schizophr Res* 2019; 204:65–71
58. Chan SKW, Pang HH, Yan KK, et al.: Ten-year employment patterns of patients with first-episode schizophrenia-spectrum disorders: Comparison of early intervention and standard care services *Br J Psychiatry* 2020; 217:491–497
59. Chang WC, Chan GHK, Jim OTT, et al.: Optimal duration of an early intervention programme for first-episode psychosis: randomised controlled trial *Br J Psychiatry* 2015; 206:492–500
60. Chang WC, Kwong VWY, Chan GHK, et al.: Prediction of functional remission in first-episode psychosis: 12-month follow-up of the randomized-controlled trial on extended early intervention in Hong Kong *Schizophr Res* 2016; 173:79–83
61. Chang WC, Kwong VWY, Lau ESK, et al.: Sustainability of treatment effect of a 3-year early intervention programme for first-episode psychosis *Br J Psychiatry* 2017; 211:37–44
62. Chang WC, Chan SKW, Lee EHM, et al.: Extended early intervention versus standard psychiatric care for adults with first-episode psychosis *Hong Kong Med J* 2019; 25
63. Chen EY, Tang JY, Hui CL, et al.: Three-year outcome of phase-specific early intervention for first-episode psychosis: a cohort study in Hong Kong *Early Interv Psychiatry* 2011; 5:315–323
64. Hui CL, Chang WC, Chan SKW, et al.: Early intervention and evaluation for adult-onset psychosis: the JCEP study rationale and design *Early Interv Psychiatry* 2014; 8:261–268
65. Wong KK, Chan SKW, Lam MM, et al.: Cost-effectiveness of an early assessment service for young people with early psychosis in Hong Kong *Aust N Z J Psychiatry* 2011; 45:673–680
66. Iyer SN, Mangala R, Thara R, et al.: Preliminary findings from a study of first-episode psychosis in Montreal, Canada and Chennai, India: comparison of outcomes *Schizophr Res* 2010; 121:227–233
67. Malla A, Iyer SN, Rangaswamy T, et al.: Comparison of clinical outcomes following 2 years of treatment of first-episode psychosis in urban early intervention services in Canada and India *Br J Psychiatry* 2020; 217:514–520
68. Behan C, Kennelly B, Roche E, et al.: Early intervention in psychosis: health economic evaluation using the net benefit approach in a real-world setting *Br J Psychiatry* 2020; 217:484–490
69. Lalevic G, Scriven M, O'Brien S: Early intervention in psychosis in the North Lee Mental Health Services programme: a 5-year review *Ir J Psychol Med* 2019; 36:271–277

70. Cocchi A, Mapelli V, Meneghelli A, et al.: Cost-effectiveness of treating first-episode psychosis: Five-year follow-up results from an Italian early intervention programme *Early Interv Psychiatry* 2011; 5:203–211
71. Cocchi A, Cavicchini A, Collavo M, et al.: Implementation and development of early intervention in psychosis services in Italy: a national survey promoted by the Associazione Italiana Interventi Precoci nelle Psicosi *Early Interv Psychiatry* 2018; 12:37–44
72. Leuci E, Quattrone E, Pellegrini P, et al.: The “Parma—Early Psychosis” program: General description and process analysis after 5 years of clinical activity *Early Interv Psychiatry* 2020; 14:356–364
73. Meneghelli A, Cocchi A, Preti A: ‘Programma2000’: a multi-modal pilot programme on early intervention in psychosis underway in Italy since 1999 *Early Interv Psychiatry* 2010; 4:97–103
74. Pelizza L, Pellegrini C, Quattrone E, et al.: Suicidal Ideation in Patients Experiencing a First-episode Psychosis: Findings From the 2-Year Follow-up of the “Parma Early Psychosis” Program *Suicide Life-Threatening Behav* 2020; 50:838–855
75. Koike S, Nishida A, Yamasaki S, et al.: Comprehensive early intervention for patients with first-episode psychosis in Japan (J-CAP): study protocol for a randomised controlled trial *Trials* 2011; 12:156
76. Theuma M, Read J, Moskowitz A, et al.: Evaluation of a New Zealand early intervention service for psychosis *N Z J Psychol* 2007; 36:136
77. Hegelstad W ten V, Larsen TK, Auestad B, et al.: Long-term follow-up of the TIPS early detection in psychosis study: effects on 10-year outcome *Am J Psychiatry* 2012; 169:374–380
78. Larsen TK, Melle I, Auestad B, et al.: Early detection of first-episode psychosis: the effect on 1-year outcome *Schizophr Bull* 2006; 32:758–764
79. Larsen TK, Melle I, Friss S, et al.: One-year effect of changing duration of untreated psychosis in a single catchment area *Br J Psychiatry* 2007; 191:s128–s132
80. Larsen TK, Melle I, Auestad B, et al.: Early detection of psychosis: positive effects on 5-year outcome *Psychol Med* 2011; 41:1461–1469
81. Melle I, Larsen TK, Haahr U, et al.: Reducing the duration of untreated first-episode psychosis: effects on clinical presentation *Arch Gen Psychiatry* 2004; 61:143–150
82. Melle I, Johannesen JO, Friis S, et al.: Early detection of the first episode of schizophrenia and suicidal behavior *Am J Psychiatry* 2006; 163:800–804
83. Melle I, Larsen TK, Haahr U, et al.: Prevention of negative symptom psychopathologies in first-episode schizophrenia: two-year effects of reducing the duration of untreated psychosis *Arch Gen Psychiatry* 2008; 65:634–640
84. Chong SA, Verma S, Mythily S, et al.: The Early Psychosis Intervention Programme in Singapore: A balanced scorecard approach to quality care *J Ment Health* 2008; 17:79–91

85. Tan XW, Shanwan S, Satghare P, et al.: Trends in Subjective Quality of Life among Patients with First Episode Psychosis-a One Year Longitudinal Study *Front Psychiatry* 2019; 10:53
86. Verma S, Poon L-Y, Lee H, et al.: Evolution of early psychosis intervention services in Singapore *East Asian Arch Psychiatry* 2012; 22:114
87. Verma S, Poon LY, Subramaniam M, et al.: The Singapore Early Psychosis Intervention Programme (EPIP): a programme evaluation *Asian J Psychiatry* 2012; 5:63–67
88. Pelayo-Terán JM, Galán VGG, Martínez-García O, et al.: Rates and predictors of relapse in first-episode non-affective psychosis: a 3-year longitudinal study in a specialized intervention program (PAFIP) *Eur Arch Psychiatry Clin Neurosci* 2017; 267:315–323
89. Bodén R, Sundström J, Lindström E, et al.: Five-year outcome of first-episode psychosis before and after the implementation of a modified assertive community treatment programme *Soc Psychiatry Psychiatr Epidemiol* 2010; 45:665–674
90. Cullberg J, Levander S, Holmqvist R, et al.: One-year outcome in first episode psychosis patients in the Swedish Parachute project *Acta Psychiatr Scand* 2002; 106:276–285
91. Cullberg J, Mattsson M, Levander S, et al.: Treatment costs and clinical outcome for first episode schizophrenia patients: a 3-year follow-up of the Swedish ‘Parachute Project’ and Two Comparison Groups *Acta Psychiatr Scand* 2006; 114:274–281
92. Strålin P, Skott M, Cullberg J: Early recovery and employment outcome 13 years after first episode psychosis *Psychiatry Res* 2019; 271:374–380
93. Polari A, Lavoie S, Sarrasin P, et al.: Duration of untreated psychosis: a proposition regarding treatment definition *Early Interv Psychiatry* 2011; 5:301–308
94. Adamson V, Barrass E, McConville S, et al.: Implementing the access and waiting time standard for early intervention in psychosis in the United Kingdom: An evaluation of referrals and post-assessment outcomes over the first year of operation *Early Interv Psychiatry* 2018; 12:979–986
95. Birchwood M, Lester H, McCarthy L, et al.: The UK national evaluation of the development and impact of Early Intervention Services (the National EDEN studies): study rationale, design and baseline characteristics *Early Interv Psychiatry* 2014; 8:59–67
96. Burbach FR, Grinter DJ, Bues SE: The Somerset team for early psychosis *Early Interv Psychiatry* 2009; 3:231–235
97. Fisher H, Theodore K, Power P, et al.: Routine evaluation in first episode psychosis services: feasibility and results from the MiData project *Soc Psychiatry Psychiatr Epidemiol* 2008; 43:960–967
98. Fowler D, Hodgekins J, Howells L, et al.: Can targeted early intervention improve functional recovery in psychosis? A historical control evaluation of the effectiveness of different models of early intervention service provision in Norfolk 1998–2007 *Early Interv Psychiatry* 2009; 3:282–288

99. Garety PA, Craig TK, Dunn G, et al.: Specialised care for early psychosis: symptoms, social functioning and patient satisfaction: randomised controlled trial *Br J Psychiatry* 2006; 188:37–45
100. Heslin M, Mccrone P, Flach C, et al.: The economic cost of pathways to care in first episode psychosis *Int Rev Psychiatry* 2011; 23:55–60
101. Kuipers E, Holloway F, Rabe-Hesketh S, et al.: An RCT of early intervention in psychosis: Croydon Outreach and Assertive Support Team (COAST) *Soc Psychiatry Psychiatr Epidemiol* 2004; 39:358–363
102. McCrone P, Craig TK, Power P, et al.: Cost-effectiveness of an early intervention service for people with psychosis *Br J Psychiatry* 2010; 196:377–382
103. Reichert A, Jacobs R: The impact of waiting time on patient outcomes: Evidence from early intervention in psychosis services in England *Health Econ* 2018; 27:1772–1787
104. Thomson A, Griffiths H, Fisher R, et al.: Treatment outcomes and associations in an adolescent-specific early intervention for psychosis service *Early Interv Psychiatry* 2019; 13:707–714
105. Tsiachristas A, Thomas T, Leal J, et al.: Economic impact of early intervention in psychosis services: results from a longitudinal retrospective controlled study in England *BMJ Open* 2016; 6:e012611
106. Breitborde NJ, Bell EK, Dawley D, et al.: The Early Psychosis Intervention Center (EPICENTER): development and six-month outcomes of an American first-episode psychosis clinical service *BMC Psychiatry* 2015; 15:266
107. Dixon LB, Goldman HH, Bennett ME, et al.: Implementing coordinated specialty care for early psychosis: the RAISE Connection Program *Psychiatr Serv* 2015; 66:691–698
108. Jones N, Godzikovskaya J, Zhao Z, et al.: Intersecting disadvantage: Unpacking poor outcomes within early intervention in psychosis services *Early Interv Psychiatry* 2019; 13:488–494
109. Kane JM, Schooler NR, Patricia Marcy BS, et al.: Original research the RAISE early treatment program for first-episode psychosis: Background, rationale, and study design *J Clin Psychiatry* 2015; 76:240–246
110. Marino L, Nossel I, Choi JC, et al.: The RAISE connection program for early psychosis: secondary outcomes and mediators and moderators of improvement *J Nerv Ment Dis* 2015; 203:365
111. Murphy SM, Kucukgoncu S, Bao Y, et al.: An Economic Evaluation of Coordinated Specialty Care (CSC) Services for First-Episode Psychosis in the US Public Sector *J Ment Health Policy Econ* 2018; 21:123–130
112. North CS, Simic Z, Burruss J: Design, Implementation, and Assessment of a Public Comprehensive Specialty Care Program for Early Psychosis *J Psychiatr Pract* 2019; 25:91–102
113. Oluwoye O, Reneau H, Stokes B, et al.: Preliminary Evaluation of Washington State’s Early Intervention Program for First-Episode Psychosis *Psychiatr Serv* 2020; 71:228–235

114. Srihari VH, Tek C, Kucukgoncu S, et al.: First-episode services for psychotic disorders in the US public sector: a pragmatic randomized controlled trial *Psychiatr Serv* 2015; 66:705–712
115. Uzenoff SR, Penn DL, Graham KA, et al.: Evaluation of a multi-element treatment center for early psychosis in the United States *Soc Psychiatry Psychiatr Epidemiol* 2012; 47:1607–1615

Alphabetized inventory of measures

Acronym	Measure Name and Citation(s)
AADIS	Adolescent Alcohol and Drug Involvement Scale (1)
ADAD	Adolescent Drug Abuse Diagnosis Instrument (2),(3)
ADI-R	Autism Diagnostic Interview-Revised (4)
ANSA	Adult Needs and Strengths Assessment (5)
APSS	Assessment of Prodromal and Schizotypal Symptoms (6)
APSST	Assessment of Premorbid Schizoid-Schizotypal Traits (7)
AQ*	Autism Questionnaire*
ASI	Addiction Severity Index (8)
AbSI	Aberrant Salience Inventory (9)
ASQ-R	Adolescent Suicide Questionnaire (10)
AUDIT	Alcohol Use Disorders Identification Test (11)
AUS (see DUS)	Alcohol Use Scale (12),(13)
BAS	Burden Assessment Scale (14)
BASIS	Behaviour and Symptom Identification Scale (15) / 32 item (16)
BDI-I and -II	Beck Depression Inventory-I (17) / II (18),(19)
BIS	Birchwood Insight Scale (20)
BOL/ SOLIFE	Brief version of the Oxford-Liverpool inventory of feelings and experiences / Short Oxford-Liverpool Inventory of feelings and experiences (21)
BPRS ¹ / BPRS-E	Brief Psychiatric Rating Scale (22) / Expanded (23)
BSABS	Bonn Scale for the Assessment of Basic Symptoms (24),(25)
BSI	Brief Symptom Inventory (26),(27)
-----	Camberwell Family Interview (28)
CAARMS ^{2,3,4,5}	Comprehensive Assessment of the At-Risk Mental States (29)

*no citation found, not included in Assessment domains table

Acronym	Measure Name and Citation(s)
CANS	Child and Adolescent Needs and Strengths (30)
CANSAS	Camberwell Assessment of Need, short appraisal schedule (31)
CAPE-P15	Community Assessment of Psychic Experiences–Positive (32),(33)
CASH	Comprehensive Assessment of Symptoms and History (34)
CBS	Caregiver Burden Scale (35)
CDC HRQOL	Centers for Disease Control and Prevention Health-Related Quality of Life (36),(37),(38)
CDI-II*	Child Depression Inventory – II*
CDS	Calgary Depression Scale for Schizophrenia (39)
CES-D	Center for Epidemiologic Studies Depression Scale (40)
CGI	Clinical Global Impressions - Severity (41), Bipolar (42), Schizophrenia (43)
CIUS ⁶	Compulsive Internet Use Scale (44)
CMRS (see Drake Measure)	The Case Manager Rating Scale for Substance Use (45)
COPE	Coping Inventory (46)
CORS	Circumstances of Onset or Relapse Schedule (modified IRAOS) (47)
CRAFFT	Car-Relax-Alone-Forget-Family and Friends-Trouble (48),(49)
CRDPSS	Clinician-Rated Dimensions of Psychosis Symptom Severity (50),(51)
CSQ	Client Satisfaction Questionnaire (52)
CSRI	Client Service Receipt Inventory (53),(54),(55)
CSSRS	Columbia Suicide Severity Rating Scale (56)
CTRS	Crisis Triage Rating Scale (57)
CUAD	Chemical Use Abuse and Dependence Scale (58)
----- (see CMRS)	Drake Measure (of Substance Use) (45),(59)
DAR	Daily Activity Report (60)

DAS	Disability Assessment Schedule (61)
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*no citation found, not included in Assessment domains table

Acronym	Measure Name and Citation(s)
DAST	Drug Abuse Screening Test (62)
DEP-ADO	(Eng transl) Screening chart for problem consumption of alcohol and drugs among adolescents (63)
DFS	Danish (first episode psychosis) Fidelity Scale (64)
DIGS	Diagnostic Interview for Genetic Studies (65)
DIS	Diagnostic Interview Schedule DSM (66)
DUS (see AUS)	Drug Use Scale (12),(13)
EASA-FS	Early assessment and support alliance fidelity scale (67)
ECI	Experience of Caregiving Inventory (68)
EIR	Employment and Income Review (69)
EIS- FS	Early intervention service fidelity scale (70)
EMIT	EPPIC model integrity tool (71),(72)
EPSIS II	European Parasuicide Study Interview Schedule (73)
EQ5D	European Quality of Life 5 Dimensions (74),(75)
ERIRAOS ³	Early Recognition Inventory Retrospective Assessment of Symptoms (76)
EuropASI ⁷	European Addiction Severity Index (77)
----	Focus of Care *
FEPS-FS	First episode psychosis services fidelity scale (78)
FIGS	Family Interview for Genetic Studies (79)
FMSS	Five-Minute Speech Sample (80)
FPSES	Frankfurt-Pamplona Subjective Experience Scale (81),(82)
GAD-7	Generalized Anxiety Disorder – 7 (83)
GAF ¹	Global Assessment of Functioning (84),(85),(86),(87) – Functioning vs Symptoms (88) - Modified (89)

GARF	Global Assessment of Relational Functioning (90)
GHQ-12/28 ⁶	General Health Questionnaire-12/-28 (91),(92)

*no citation found, not included in Assessment domains table

Acronym	Measure Name and Citation(s)
HAS	Hamilton Anxiety (Rating) Scale (93)
HCR-20	Historical clinical and risk management -20 (94)
HDS	Hamilton Depression (Rating) Scale (95)
HoNOS	Health of the Nation Outcome Scale (96)
HOPES	Hunter Opinions and Personal Expectations Scale (97)
IFACT	Index of the Fidelity of Assertive Community Treatment (98)
IRAOS	Interview for the Retrospective Assessment for the Onset of Schizophrenia (99)
ISO-3D	Inventory of Suicide Orientation-3D - Adolescent Version (100)
---	Kavanagh Drug Check (Revised) (101)
----- ⁷	Knowledge of Schizophrenia (modified) (102)
K-10	Kessler Psychological Distress Scale (103)
KIDDIE-SADS	Schedule for Affective Disorders and Schizophrenia for School-age Children (104)
LCS	Life Chart Schedule (105),(106)
L-FAI	Life Functioning Assessment Inventory (107)
LQOLI	Lehman Quality of Life Inventory (108)
LQOLP	Lancashire Quality of Life Profile (109)
LSP / LSP-20	Life Skills Profile (110) / 20 (111)
-----	Matroshka Service Needs Profile (112)
-----	MiData (113)
MADRS	Montgomery–Asberg Depression Rating Scale (114)
MANSA	Manchester Short Assessment of Quality of Life (115)
MARS	Maryland Assessment of Recovery Scale (116)

MASQ-D30	Mood and Anxiety Symptoms Questionnaire, short form (117)
MHI	Mental Health Inventory (118)
Acronym	Measure Name and Citation(s)
MHSIP	Mental Health Statistics Improvement Program consumer survey (119)
MINI	Mini International Neuropsychiatric Interview (120)
MIRECC GAF	Mental Illness Research, Education, and Clinical Center Global Assessment of Function (121)
MMPI-2	Minnesota Multiphasic Personality Inventory – 2 (122)
----	NIDA - Modified ASSIST (123)
NOS /NOS DUP	Nottingham Onset Schedule (124)
OCS	Obstetric Complications Scale (125)
OPCRIT	Operationalised Criteria computerised diagnostic system (126)
OPOC-MHA	Ontario Perception of Care Tool for Mental Health and Addictions (127)
-----	Psychological General Well-Being (128)
PANSS ¹	The Positive and Negative Syndrome Scale (129)
PAS Cannon-Spoor	Premorbid Adjustment Scale Cannon-Spoor (130)
PAS van Mastrigt & Addington	Premorbid Adjustment Scale van Mastrigt & Addington (131)
PBI	Parental Bonding Instrument (132)
PCCL	Primary Care Check List (133)
PECI	PCORI Engagement Activity Inventory (134)
PHQ-9	Patient Health Questionnaire-9 (135),(136)
PIQ	Productivity Interview Questionnaire (modified CSRI) (137)
PPEET	Public and Patient Engagement Evaluation Tool (138)
PPHS	Psychiatric and Personal History Schedule (139)
PRI	Psychosis Recovery Inventory (140)

PSA*	Premorbid Social Adjustment scale*
Q-LES-Q-18	Quality of Life Enjoyment and Satisfaction Questionnaire (141)
QOL Heinrichs	Quality of Life Scale (142)

*no citation found, not included in Assessment domains table

Acronym	Measure Name and Citation(s)
RAISE-FS	Recovery after an initial schizophrenia episode, Connection fidelity scale (143)
RFS	Role Functioning Scale (144)
RPMIP	Royal Park Multidiagnostic Instrument for Psychosis (145),(146)
RSA	Recovery Self-Assessment (147)
RSM (see YMS)	Rating Scale for Mania (148)
---	Suicide Risk Assessment Inventory (149)
SAI / SAI-E	Scale for the Assessment of Insight / Expanded (150),(151)
SANS	Scale for the assessment of negative symptoms (152)
SAPS	Scale for the assessment of positive symptoms (153)
SBAS	Social Behaviour Assessment Schedule (154)
SCAN	Schedule for Clinical Assessment in Neuropsychiatry (155)
S-CGQOL	Schizophrenia Caregiver Quality of Life Questionnaire (156)
SCID ^{6,8}	Structured Clinical Interview for DSMs (157),(158) – German(159) - Chinese(160)
SCS	Strauss - Carpenter Scale (161),(162),(163)
SENS	Self-Evaluation of Negative Symptoms (164)
SERS-SF	Self-Esteem Rating Scale – Short Form (165)
SES	Service Engagement Scale (166)
SF-12 ⁹	12-Item Short-Form Health Survey (167)
SFS	Social Functioning Scale (168)
SIPS ³ (see SOPS)	Structured Interview for Psychosis –Risk Syndromes (169)

SNS	Social Network Schedule (170)
SOFAS	Social and Occupational Functioning Assessment Scale (171)
SOFAS-PSP	SOFAS – Personal and Social Performance Scale (172)
SOPS (see SIPS)	Scale for the Assessment of Prodromal Symptoms (173)
Acronym	Measure Name and Citation(s)
SOS	Symptom Onset in Schizophrenia (Inventory) (174)
SPI - A or CY	Schizophrenia Proneness Instrument – Adult or Child/Youth version (175),(176), (177)
SPQ-B	Schizotypal Personality Questionnaire – Brief version (178)
SRE	Schedule of Recent Experiences (179)
SSP	Screening Schedule for Psychosis (180)
SSWL	Subjective Satisfaction With Life Scale (181)
STAR-P	Scale to Assess Therapeutic Relationships – Patient version (182)
STAXI	State-Trait Anger Expression Inventory (183)
SUMD	Scale to Assess Unawareness of Mental Disorder (184)
SURF	The Service Utilization and Resources Form for Schizophrenia (185)
TCI	Temperament and Character Inventory (186)
TIMAS	Texas Implementation of Medication Algorithms schizophrenia (positive and negative symptoms only) (187)
TLEQ	(Dartmouth) Traumatic Life Events Scale (188),(189)
TLFB	Time Line Follow Back (190)
TUS	Time Use Survey (191)
VSSS	Verona Service Satisfaction Scale (192)
WAI	Working Alliance Inventory (193)
WEMWBS	Warwick-Edinburgh Mental Well-Being Scale (194)
WHO-ASSIST	World Health Organisation Alcohol, Smoking and Substance Involvement Screening Test (195)

WHO DAS / WHO DAS 2.0	WHO Disability Assessment Schedule ⁽¹⁹⁶⁾ / 2.0 ⁽¹⁹⁷⁾
WHO-QOL-26 / -BREF	WHOQOL-BREF quality of life assessment ⁽¹⁹⁸⁾
WOC	Ways of Coping ⁽¹⁹⁹⁾
WQOL & WQOL - Provider	Wisconsin Quality of Life Index ⁽²⁰⁰⁾
YMS (see RSM)	Young Mania (Rating) Scale ⁽¹⁴⁸⁾

¹ Scale translated to Italian and validated, used in Pelizzi (201)

² Scale translated to French and validated, used in Oppetit (202)

³ Scales translated to “local languages”, mentioned in Maric (203)

⁴ Scale translated to French and validated, used in Lecardeur (204)

⁵ Scale translated to Italian, used in Leuci (205)

⁶ Scales translated to German and validated, used in Lambert (206)

⁷ Scale translated to Danish and validated, used in Jeppesen (207)

⁸ Scale used Chinese / Chinese-bilingual version, used in Hui, Chang (208–211)

⁹ Scale used Chinese version, used in Chang (212)

References for Inventory of Measures

1. Moberg DP: Screening for alcohol and other drug problems using the Adolescent Alcohol and Drug Involvement Scale (AADIS). Madison, Wisconsin USA, Center for Health Policy and Program Evaluation, University of Wisconsin--Madison, 2003
2. Friedman AS, Terras A: Adolescent drug abuse diagnosis <http://www.emcdda.europa.eu/eib>. Philadelphia, Belmont Center for Comprehensive Treatment, 1989
3. Friedman AS, Utada A: A method for diagnosing and planning the treatment of adolescent drug abusers (the Adolescent Drug Abuse Diagnosis [ADAD] instrument) *J Drug Educ* 1989; 19:285–312
4. Lord C, Rutter M, Le Couteur A: Autism Diagnostic Interview-Revised: a revised version of a diagnostic interview for caregivers of individuals with possible pervasive developmental disorders *J Autism Dev Disord* 1994; 24:659–685
5. Lyons JS, Walton BA: Adult Needs and Strengths assessment: An information integration tool for adults with developmental challenges. Chicago Illinois, Praed Foundation, 2017
6. Loranger AW, Sartorius N, Andreoli A, et al.: The international personality disorder examination: The World Health Organization/Alcohol, Drug Abuse, and Mental Health Administration international pilot study of personality disorders *Arch Gen Psychiatry* 1994; 51:215–224
7. Foerster A, Lewis S, Owen M, et al.: Pre-morbid adjustment and personality in psychosis: effects of sex and diagnosis *Br J Psychiatry* 1991; 158:171–176
8. McLellan AT, Kushner H, Metzger D, et al.: The Fifth Edition of the Addiction Severity Index *J Subst Abuse Treat* 1992; 9:199–213
9. Cicero DC, Kerns JG, McCarthy DM: The Aberrant Salience Inventory: A new measure of psychosis proneness *Psychol Assess* 2010; 22:688
10. Pearce CM, Martin G: Predicting suicide attempts among adolescents *Acta Psychiatr Scand* 1994; 90:324–328
11. Babor T, Biddle-Higgins J, Saunders J, et al.: The alcohol use disorders identification test: guidelines for use in primary care. Geneva, Switzerland, World Health Organization, 2001
12. Drake R, Mueser K, McHugo G: Clinician rating scales: alcohol use scale (AUS), drug use scale (DUS), and substance abuse treatment scale (SATS); in *Outcome assessment in clinical practice*. Baltimore, Williams & Wilkins, 1996.
13. Møller T, Linaker OM: Using brief self-reports and clinician scales to screen for substance use disorders in psychotic patients *Nord J Psychiatry* 2010; 64:130–135
14. Reinhard SC, Gubman GD, Horwitz AV, et al.: Burden assessment scale for families of the seriously mentally ill *Eval Program Plann* 1994; 17:261–269

15. Eisen SV, Dill DL, Grob MC: Reliability and validity of a brief patient-report instrument for psychiatric outcome evaluation *Psychiatr Serv* 1994; 45:242–247
16. Eisen SV, Wilcox M, Leff HS, et al.: Assessing behavioral health outcomes in outpatient programs: Reliability and validity of the BASIS-32 *J Behav Health Serv Res* 1999; 26:5–17
17. Beck AT, Ward CH, Mendelson M, et al.: An inventory for measuring depression *Arch Gen Psychiatry* 1961; 4:561–571
18. Beck AT, Steer RA, Ball R, et al.: Comparison of Beck Depression Inventories-IA and-II in psychiatric outpatients *J Pers Assess* 1996; 67:588–597
19. Beck A, Steer R, Brown G: Manual for the Beck depression inventory-II (BDI-II) 1996;
20. Birchwood M, Smith J, Drury V, et al.: A self-report Insight Scale for psychosis: reliability, validity and sensitivity to change *Acta Psychiatr Scand* 1994; 89:62–67
21. Fonseca-Pedrero E, Ortuño-Sierra J, Mason OJ, et al.: The oxford–liverpool inventory of feelings and experiences short version: further validation *Personal Individ Differ* 2015; 86:338–343
22. Overall JE, Gorham DR: The brief psychiatric rating scale *Psychol Rep* 1962; 10:799–812
23. Lukoff D, Nuechterlein KH, Ventura J: Manual for the expanded brief psychiatric rating scale *Schizophr Bull* 1986; 12:594–602
24. Gross G, Stassen HH, Huber G, et al.: Reliability of the psychopathological documentation scheme BSABS; in *A World Perspective*. Edited by Stefanis CN, Rabavilas AD, Soldatos CR. Amsterdam, Elsevier, 1990.
25. Vollmer-Larsen A, Handest P, Parnas J: Reliability of measuring anomalous experience: the Bonn Scale for the Assessment of Basic Symptoms *Psychopathology* 2007; 40:345–348
26. Derogatis LR: Brief symptom inventory: Administration, scoring, and procedures manual-II. Minneapolis: NCS Pearson Assessments 1982;
27. Derogatis L: Brief symptom inventory. Baltimore, MD, Clinical Psychometric Research, 1995
28. Leff JP, Vaughn CE: Expressed emotion in families: Its significance for mental illness New York: Guilford 1985;
29. Yung AR, Yuen HP, McGorry PD, et al.: Mapping the onset of psychosis: The comprehensive assessment of at-risk mental states *Aust N Z J Psychiatry* 2005; 39:964–971
30. Child and Adolescent Needs and Strengths: an information integration tool. Chicago, Illinois, Praed Foundation, 2010
31. Phelan M, Slade M, Thornicroft G, et al.: The Camberwell Assessment of Need: the validity and reliability of an instrument to assess the needs of people with severe mental illness *Br J Psychiatry* 1995; 167:589–595

32. Capra C, Kavanagh DJ, Hides L, et al.: Brief screening for psychosis-like experiences *Schizophr Res* 2013; 149:104–107
33. Núñez D, Arias V, Vogel E, et al.: Internal structure of the Community Assessment of Psychic Experiences—Positive (CAPE-P15) scale: Evidence for a general factor *Schizophr Res* 2015; 165:236–242
34. Andreasen NC, Flaum M, Arndt S: The Comprehensive Assessment of Symptoms and History (CASH): an instrument for assessing diagnosis and psychopathology *Arch Gen Psychiatry* 1992; 49:615–623
35. Novak M, Guest C: Application of a multidimensional caregiver burden inventory *The gerontologist* 1989; 29:798–803
36. Centers for Disease Control, Prevention: Measuring healthy days: Population assessment of health-related quality of life. 2001
37. Mielenz T, Jackson E, Currey S, et al.: Psychometric properties of the Centers for Disease Control and Prevention Health-Related Quality of Life (CDC HRQOL) items in adults with arthritis *Health Qual Life Outcomes* 2006; 4:66
38. Moriarty DG, Zack MM, Kobau R: The Centers for Disease Control and Prevention’s Healthy Days Measures—Population tracking of perceived physical and mental health over time *Health Qual Life Outcomes* 2003; 1:37
39. Addington D, Addington J, Maticka-Tyndale E, et al.: Reliability and validity of a depression rating scale for schizophrenics *Schizophr Res* 1992; 6:201–208
40. Radloff LS: The CES-D scale: A self-report depression scale for research in the general population *Appl Psychol Meas* 1977; 1:385–401
41. Guy W: ECDEU assessment manual for psychopharmacology. US Department of Health, Education, and Welfare, Public Health Service ..., 1976
42. Spearing MK, Post RM, Leverich GS, et al.: Modification of the Clinical Global Impressions (CGI) Scale for use in bipolar illness (BP): the CGI-BP *Psychiatry Res* 1997; 73:159–171
43. Haro JM, Kamath SA, Ochoa SO, et al.: The Clinical Global Impression—Schizophrenia scale: a simple instrument to measure the diversity of symptoms present in schizophrenia *Acta Psychiatr Scand* 2003; 107:16–23
44. Wartberg L, Petersen K-U, Kammerl R, et al.: Psychometric validation of a German version of the compulsive internet use scale *Cyberpsychology Behav Soc Netw* 2014; 17:99–103
45. Drake RE, Osher FC, Noordsy DL, et al.: Diagnosis of alcohol use disorders in schizophrenia *Schizophr Bull* 1990; 16:57–67
46. Carver CS, Scheier MF, Weintraub JK: Assessing coping strategies: a theoretically based approach *J Pers Soc Psychol* 1989; 56:267

47. Malla A, Norman RMG, Schmitz N, et al.: Predictors of rate and time to remission in first-episode psychosis: a two-year outcome study *Psychol Med* 2006; 36:649–658
48. Knight JR, Sherritt L, Shrier LA, et al.: Validity of the CRAFFT substance abuse screening test among adolescent clinic patients *Arch Pediatr Adolesc Med* 2002; 156:607–614
49. Dhalla S, D Zumbo B, Poole G: A review of the psychometric properties of the CRAFFT instrument: 1999-2010 *Curr Drug Abuse Rev* 2011; 4:57–64
50. Park S-C, Lee KU, Choi J: Factor structure of the clinician-rated dimensions of psychosis symptom severity in patients with schizophrenia *Psychiatry Investig* 2016; 13:253–254
51. Narrow WE, Clarke DE, Kuramoto SJ, et al.: DSM-5 field trials in the United States and Canada, Part III: development and reliability testing of a cross-cutting symptom assessment for DSM-5 *Am J Psychiatry* 2013; 170:71–82
52. Nguyen TD, Attkisson CC, Stegner BL: Assessment of patient satisfaction: development and refinement of a service evaluation questionnaire *Eval Program Plann* 1983; 6:299–313
53. Chisholm D, Knapp MRJ, Knudsen HC, et al.: Client socio-demographic and service receipt inventory—European version: development of an instrument for international research: EPSILON Study 5 *Br J Psychiatry* 2000; 177:s28–s33
54. Beecham J, Knapp M: Costing psychiatric interventions *Meas Ment Health Needs* 2001; 2:200–224
55. McCrone P, Craig TK, Power P, et al.: Cost-effectiveness of an early intervention service for people with psychosis *Br J Psychiatry* 2010; 196:377–382
56. Posner K, Brown GK, Stanley B, et al.: The Columbia–Suicide Severity Rating Scale: initial validity and internal consistency findings from three multisite studies with adolescents and adults *Am J Psychiatry* 2011; 168:1266–1277
57. Bengelsdorf H, Levy LE, Emerson RL, et al.: A crisis triage rating scale: Brief dispositional assessment of patients at risk for hospitalization *J Nerv Ment Dis* 1984; 72:424–430
58. McGovern MP, Morrison DH: The chemical use, abuse, and dependence scale (CUAD): Rationale, reliability, and validity *J Subst Abuse Treat* 1992; 9:27–38
59. Drake RE, Rosenberg SD, Mueser KT: Assessing substance use disorder in persons with severe mental illness *New Dir Ment Health Serv* 1996; 1996:3–17
60. Velligan DI, Mintz J, Sierra C, et al.: The Daily Activity Report (DAR) a novel measure of functional outcome for serious mental illness *Schizophr Bull* 2016; 42:579–587
61. Holmes N, Shah A, Wing L: The Disability Assessment Schedule: a brief screening device for use with the mentally retarded. *Psychol Med* 1982; 12:879–890
62. Skinner HA: The drug abuse screening test *Addict Behav* 1982; 7:363–371

63. Landry M, Tremblay J, Guyon L, et al.: La Grille de dépistage de la consommation problématique d'alcool et de drogues chez les adolescents et les adolescentes (DEP-ADO): développement et qualités psychométriques *Drogue Santé Société* 2004; 3:20–37
64. Melau M, Albert N, Nordentoft M: Programme fidelity of specialized early intervention in Denmark *Early Interv Psychiatry* 2019; 13:627–632
65. Nurnberger JI, Blehar MC, Kaufmann CA, et al.: Diagnostic interview for genetic studies: rationale, unique features, and training *Arch Gen Psychiatry* 1994; 51:849–859
66. Robins LN, Cottler LB, Buchholz KK, et al.: Diagnostic interview schedule for the DSM-IV (DIS-IV) 2000;
67. Melton R, Blea P, Hayden-Lewis K, et al.: Practice guidelines for Oregon Early Assessment and Support Alliance (EASA). Oregon, Oregon Health Authority, 2012
68. Szmukler GI, Burgess P, Herrman H, et al.: Caring for relatives with serious mental illness: the development of the Experience of Caregiving Inventory *Soc Psychiatry Psychiatr Epidemiol* 1996; 31:137–148
69. Improved rehabilitation of psychiatrically disabled individuals. Boston, MA, National Institute on Disability and Rehabilitation Research, 1989
70. Lester H, Birchwood M, Marshall M: EDEN: Evaluating the development and impact of Early Intervention Services (EISs) in the West Midlands. National Primary Care Research and Development Centre, 2006
71. Hughes F, Stavely H, Simpson R, et al.: At the heart of an early psychosis centre: the core components of the 2014 Early Psychosis Prevention and Intervention Centre model for Australian communities *Australas Psychiatry* 2014; 22:228–234
72. Killackey E: F253. A FIDELITY TOOL FOR THE AUSTRALIAN EARLY PSYCHOSIS SYSTEM *Schizophr Bull* 2018; 44:S321
73. Kerkhof A, van Egmond M, Bille-Brahe U, et al.: WHO/EURO multicentre study on parasuicide. European Parasuicide Interview Schedule (EPSIS): EPSIS II version 3.2 follow-up interview 1991;
74. Group TE: EuroQol-a new facility for the measurement of health-related quality of life *Health Policy* 1990; 16:199–208
75. Brooks R, Rabin R, de Charro F: The measurement and valuation of health status using EQ-5D: A European perspective. 2003 *Neth Kluwer Acad Publ*
76. Rausch F, Eifler S, Esser A, et al.: The Early Recognition Inventory ERIraos detects at risk mental states of psychosis with high sensitivity *Compr Psychiatry* 2013; 54:1068–1076
77. Scheurich A, Müller MJ, Wetzel H, et al.: Reliability and validity of the German version of the European Addiction Severity Index (EuropASI) *J Stud Alcohol* 2000; 61:916–919

78. Addington D, Norman RMG, Bond GR, et al.: Development and testing of the first-episode psychosis services fidelity scale *Psychiatr Serv* 2016; 67:1023–1025
79. Maxwell M: *Manual for the Family Interview for Genetic Studies*. Bethesda, MD, National Institute of Mental Health, 1992
80. Magaña AB, Goldstein MJ, Karno M, et al.: A brief method for assessing expressed emotion in relatives of psychiatric patients *Psychiatry Res* 1986; 17:203–212
81. Cuesta MZ, Peralta VM, Irigoyen IR: The Frankfurt-Pamplona subjective experience scale *Actas Luso Esp Neurol Psiquiatr Cienc Afines* 1995; 23:193–199
82. Cuesta MJ, Peralta V, Irigoyen I: Factor analysis of the Frankfurt Complaint Questionnaire in a Spanish sample *Psychopathology* 1996; 29:46–53
83. Spitzer RL, Kroenke K, Williams JB, et al.: A brief measure for assessing generalized anxiety disorder: the GAD-7 *Arch Intern Med* 2006; 166:1092–1097
84. Endicott J, Spitzer RL, Fleiss JL, et al.: The Global Assessment Scale: A procedure for measuring overall severity of psychiatric disturbance *Arch Gen Psychiatry* 1976; 33:766–771
85. APA: *DSM-IV: Diagnostic and statistical manual of mental disorders*, 4th ed. Washington, DC, American Psychiatric Association, 1994
86. Piersma HL, Boes JL: The GAF and psychiatric outcome: a descriptive report *Community Ment Health J* 1997; 33:35–41
87. APA: *Diagnostic and statistical manual of mental disorders 4th ed., Text-Revision (DSM-IV-TR)*. Washington, DC, American Psychiatric Association, 2000
88. Pedersen G, Hagtvet KA, Karterud S: Generalizability studies of the Global Assessment of Functioning–Split version *Compr Psychiatry* 2007; 48:88–94
89. Hall RC: Global assessment of functioning: a modified scale *Psychosomatics* 1995; 36:267–275
90. Stein MB, Hilsenroth M, Pinsker-Aspen JH, et al.: Validity of DSM-IV axis V global assessment of relational functioning scale: a multimethod assessment *J Nerv Ment Dis* 2009; 197:50–55
91. Goldberg D: *Manual of the general health questionnaire*. London, Nfer Nelson, 1978
92. Goldberg DP, Hillier VF: A scaled version of the General Health Questionnaire *Psychol Med* 1979; 9:139–145
93. Riskind JH, Beck AT, Brown G, et al.: Taking the measure of anxiety and depression. Validity of the reconstructed Hamilton scales. *J Nerv Ment Dis* 1987; 175:474–479
94. Penney SR, McMaster R, Wilkie T: Multirater reliability of the historical, clinical, and risk management-20 Assessment 2014; 21:15–27

95. Hamilton MAX: Development of a rating scale for primary depressive illness *Br J Soc Clin Psychol* 1967; 6:278–296
96. Wing JK, Beevor AS, Curtis RH, et al.: Health of the Nation Outcome Scales (HoNOS): research and development *Br J Psychiatry* 1998; 172:11–18
97. Nunn KP, Lewin TJ, Walton JM, et al.: The construction and characteristics of an instrument to measure personal hopefulness *Psychol Med* 1996; 26:531–545
98. McGrew JH, Bond GR, Dietzen L, et al.: Measuring the fidelity of implementation of a mental health program model *J Consult Clin Psychol* 1994; 62:670–678
99. Häfner H, Riecher-Rössler A, Hambrecht M, et al.: IRAOS: an instrument for the assessment of onset and early course of schizophrenia *Schizophr Res* 1992; 6:209–223
100. King J, Kowalchuk B: *Manual for Inventory of Suicide Orientation -Btl (ISO-3D)*. Minneapolis, MN, National Computer Systems, 1988
101. Kavanaugh D, Saunders J, Young R, et al.: *A start over and survive treatment manual: evaluation of a brief intervention for substance abuse in early psychosis*. Brisbane, Australia, University of Queensland, 1998
102. McGill CW, Falloon IR, Boyd JL, et al.: Family educational intervention in the treatment of schizophrenia *Psychiatr Serv* 1983; 34:934–938
103. Kessler RC, Barker PR, Colpe LJ, et al.: Screening for serious mental illness in the general population *Arch Gen Psychiatry* 2003; 60:184–189
104. Chambers WJ, Puig-Antich J, Hirsch M, et al.: The assessment of affective disorders in children and adolescents by semistructured interview: test-retest reliability of the Schedule for Affective Disorders and Schizophrenia for School-Age Children, Present Episode Version *Arch Gen Psychiatry* 1985; 42:696–702
105. Susser E, Conover S, Siegel C: *World Health Organization Life Chart Schedule*. Geneva, Switzerland, World Health Organization, 1992
106. Sartorius N, Gulbinat W, Harrison G, et al.: Long-term follow-up of schizophrenia in 16 countries *Soc Psychiatry Psychiatr Epidemiol* 1996; 31:249–258
107. Hui CL-M, Li Y-K, Leung K-F, et al.: Reliability and validity of the life functioning assessment inventory (L-FAI) for patients with psychosis *Soc Psychiatry Psychiatr Epidemiol* 2013; 48:1687–1695
108. Lehman AF: A quality of life interview for the chronically mentally ill *Eval Program Plann* 1988; 11:51–62
109. Oliver JPJ, Huxley PJ, Priebe S, et al.: Measuring the quality of life of severely mentally ill people using the Lancashire Quality of Life Profile *Soc Psychiatry Psychiatr Epidemiol* 1997; 32:76–83

110. Rosen A, Hadzi-Pavlovic D, Parker G: The Life Skills Profile: a measure assessing function and disability in schizophrenia *Schizophr Bull* 1989; 15:325–337
111. Rosen A, Trauer T, Hadzi-Pavlovic D, et al.: Development of a brief form of the Life Skills Profile: the LSP-20 *Aust N Z J Psychiatry* 2001; 35:677–683
112. Dewa CS, Jacobson N, Durbin J, et al.: Examining the effects of enhanced funding for specialized community mental health programs on continuity of care *Can J Commun Ment Health* 2010; 29:23–40
113. Fisher H, Theodore K, Power P, et al.: Routine evaluation in first episode psychosis services: feasibility and results from the MiData project *Soc Psychiatry Psychiatr Epidemiol* 2008; 43:960–967
114. Montgomery SA, Åsberg M: A new depression scale designed to be sensitive to change *Br J Psychiatry* 1979; 134:382–389
115. Priebe S, Huxley P, Knight S, et al.: Application and results of the Manchester Short Assessment of Quality of Life (MANSA) *Int J Soc Psychiatry* 1999; 45:7–12
116. Drapalski AL, Medoff D, Unick GJ, et al.: Assessing recovery of people with serious mental illness: Development of a new scale *Psychiatr Serv* 2012; 63:48–53
117. Wardenaar KJ, van Veen T, Giltay EJ, et al.: Development and validation of a 30-item short adaptation of the Mood and Anxiety Symptoms Questionnaire (MASQ) *Psychiatry Res* 2010; 179:101–106
118. Veit CT, Ware JE: The structure of psychological distress and well-being in general populations *J Consult Clin Psychol* 1983; 51:730–742
119. Jerrell JM: Psychometrics of the MHSIP adult consumer survey *J Behav Health Serv Res* 2006; 33:483–488
120. Sheehan DV, Lecrubier Y, Sheehan KH, et al.: The Mini-International Neuropsychiatric Interview (M.I.N.I.): the development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10. *J Clin Psychiatry* 1998; 59 Suppl 20:22-33;quiz 34-57
121. Niv N, Cohen AN, Sullivan G, et al.: The MIRECC version of the Global Assessment of Functioning scale: reliability and validity *Psychiatr Serv* 2007; 58:529–535
122. Graham JR: *MMPI-2: Assessing personality and psychopathology*. Oxford University Press, 1990
123. Henry-Edwards S, Humeniuk R, Ali R, et al.: The alcohol, smoking and substance involvement screening test (ASSIST): manual for use in primary care. Geneva, Switzerland, World Health Organization, 2010
124. Singh SP, Cooper JE, Fisher HL, et al.: Determining the chronology and components of psychosis onset: The Nottingham Onset Schedule (NOS) *Schizophr Res* 2005; 80:117–130

125. Lewis S, Owen M, Murray R: Obstetric complications and schizophrenia: methodology and mechanisms; in *Schizophrenia: scientific progress*. New York, Oxford University Press, 1989.
126. McGuffin P, Farmer A, Harvey I: A polydiagnostic application of operational criteria in studies of psychotic illness: development and reliability of the OPCRIT system *Arch Gen Psychiatry* 1991; 48:764–770
127. Rush B, Hansson E, Cvetanova Y, et al.: *Development of a Client Perception of Care Tool for Mental Health and Addictions: Qualitative, Quantitative, and Psychometric Analysis: Final Report for the Ministry of Health and Long-Term Care*. Toronto, Ontario, Health Systems and Health Equity Research, Centre for Addiction and Mental Health, 2014
128. Bech P: Health-related quality of life scales; in *Rating scales for psychopathology, health status and quality of life*. New York, Springer-Verlag, 1993.
129. Kay SR, Fiszbein A, Opler LA: The positive and negative syndrome scale (PANSS) for schizophrenia *Schizophr Bull* 1987; 13:261–276
130. Cannon-Spoor HE, Potkin SG, Wyatt RJ: Measurement of premorbid adjustment in chronic schizophrenia *Schizophr Bull* 1982; 8:470–484
131. van Mastrigt S, Addington J: Assessment of premorbid function in first-episode schizophrenia: modifications to the Premorbid Adjustment Scale *J Psychiatry Neurosci* 2002; 27:92–101
132. Parker G, Tupling H, Brown LB: A parental bonding instrument *Br J Med Psychol* 1979; 52:1–10
133. French P, Owens J, Parker S, et al.: Identification of young people in the early stages of psychosis: Validation of a checklist for use in primary care *Psychiatry Res* 2012; 200:911–916
134. Forsythe LP, Ellis LE, Edmundson L, et al.: Patient and Stakeholder Engagement in the PCORI Pilot Projects: Description and Lessons Learned. *J Gen Intern Med* 2016; 31:13–21
135. Kroenke K, Spitzer RL, Williams JB: The PHQ-9: validity of a brief depression severity measure *J Gen Intern Med* 2001; 16:606–613
136. Kroenke K, Spitzer RL: The PHQ-9: a new depression diagnostic and severity measure *Psychiatr Ann* 2002; 32:509–515
137. Lutgens D, Iyer S, Joobor R, et al.: A five-year randomized parallel and blinded clinical trial of an extended specialized early intervention vs. regular care in the early phase of psychotic disorders: study protocol *BMC Psychiatry* 2015; 15:22
138. Abelson J, Li K, Wilson G, et al.: Supporting quality public and patient engagement in health system organizations: development and usability testing of the Public and Patient Engagement Evaluation Tool. *Health Expect Int J Public Particip Health Care Health Policy* 2016; 19:817–827
139. WHO: *Personal and Psychiatric History Schedule*. Geneva, Switzerland, World Health Organization, 1996

140. Chen EY, Tam DK, Wong JW, et al.: Self-administered instrument to measure the patient's experience of recovery after first-episode psychosis: development and validation of the Psychosis Recovery Inventory Aust N Z J Psychiatry 2005; 39:493–499
141. Ritsner M, Kurs R, Gibel A, et al.: Validity of an abbreviated quality of life enjoyment and satisfaction questionnaire (Q-LES-Q-18) for schizophrenia, schizoaffective, and mood disorder patients Qual Life Res 2005; 14:1693–1703
142. Heinrichs DW, Hanlon TE, Carpenter Jr WT: The Quality of Life Scale: an instrument for rating the schizophrenic deficit syndrome Schizophr Bull 1984; 10:388–398
143. Essock SM, Nossel IR, McNamara K, et al.: Practical monitoring of treatment fidelity: examples from a team-based intervention for people with early psychosis Psychiatr Serv 2015; 66:674–676
144. Goodman SH, Sewell DR, Cooley EL, et al.: Assessing levels of adaptive functioning: the Role Functioning Scale Community Ment Health J 1993; 29:119–131
145. McGorry PD, Copolov DL, Singh BS: Royal park multidagnostic instrument for psychosis: part I. Rationale and review Schizophr Bull 1990; 16:501–515
146. McGorry PD, Singh BS, Copolov DL, et al.: Royal Park multidagnostic instrument for psychosis: part II. Development, reliability, and validity Schizophr Bull 1990; 16:517–536
147. O'Connell M, Tondora J, Croog G, et al.: From rhetoric to routine: assessing perceptions of recovery-oriented practices in a state mental health and addiction system Psychiatr Rehabil J 2005; 28:378–386
148. Young RC, Biggs JT, Ziegler VE, et al.: A rating scale for mania: reliability, validity and sensitivity Br J Psychiatry 1978; 133:429–435
149. Perlman C, Neufeld E, Martin L, et al.: Suicide risk assessment inventory: A resource guide for Canadian health care organizations Tor Ont Hosp Assoc Can Patient Saf Inst 2011;
150. David A, Buchanan A, Reed A, et al.: The assessment of insight in psychosis Br J Psychiatry 1992; 161:599–602
151. Kemp R, David A: Insight and Compliance; in Chronic mental illness, Vol. 5. Treatment compliance and the therapeutic alliance. Harwood Academic Publishers, 1997.
152. Andreasen N: Scale for the assessment of negative symptoms. Iowa City, University of Iowa, 1983
153. Andreasen NC: Scale for the assessment of positive symptoms (SAPS). University of Iowa Iowa City, 1984
154. Platt S, Weyman A, Hirsch S, et al.: The Social Behaviour Assessment Schedule (SBAS): rationale, contents, scoring and reliability of a new interview schedule Soc Psychiatry 1980; 15:43–55

155. Wing JK, Babor T, Brugha TS, et al.: SCAN: schedules for clinical assessment in neuropsychiatry *Arch Gen Psychiatry* 1990; 47:589–593
156. Richieri R, Boyer L, Reine G, et al.: The Schizophrenia Caregiver Quality of Life questionnaire (S-CGQoL): development and validation of an instrument to measure quality of life of caregivers of individuals with schizophrenia *Schizophr Res* 2011; 126:192–201
157. First M, Spitzer R, Gibbon M, et al.: Structured clinical interview for DSM-IV axis 1 disorders. New York, Biometrics Research, 1995
158. First M, Williams J, Karg R, et al.: Structured clinical interview for DSM-5 disorders: clinician version. Arlington, VA, American Psychiatric Association, 2016
159. Wittchen HU, Zaudig M, Fydrich T: Structural Clinical Interview for DSM-IV (SKID-I and SKID-II) Gött Hogrefe 1997;
160. So E, Kam I, Leung CM, et al.: The Chinese-bilingual SCID-I/P Project: Stage 1--Reliability for mood disorders and schizophrenia *Hong Kong J Psychiatry* 2003; 13:7–19
161. Strauss JS, Carpenter WT: The prediction of outcome in schizophrenia: I. Characteristics of outcome *Arch Gen Psychiatry* 1972; 27:739–746
162. Strauss JS, Carpenter WT: The prediction of outcome in schizophrenia: II. Relationships between predictor and outcome variables: A report from the WHO International Pilot Study of Schizophrenia *Arch Gen Psychiatry* 1974; 31:37–42
163. Strauss JS, Carpenter WT: Prediction of outcome in Schizophrenia: III. Five-year outcome and its predictors *Arch Gen Psychiatry* 1977; 34:159–163
164. Dollfus S, Mach C, Morello R: Self-evaluation of negative symptoms: a novel tool to assess negative symptoms *Schizophr Bull* 2016; 42:571–578
165. Lecomte T, Corbière M, Laisné F: Investigating self-esteem in individuals with schizophrenia: relevance of the Self-Esteem Rating Scale-Short Form *Psychiatry Res* 2006; 143:99–108
166. Tait L, Birchwood M, Trower P: A new scale (SES) to measure engagement with community mental health services *J Ment Health* 2002; 11:191–198
167. Ware Jr JE, Kosinski M, Keller SD: A 12-Item Short-Form Health Survey: construction of scales and preliminary tests of reliability and validity *Med Care* 1996; 220–233
168. Birchwood M, Smith JO, Cochrane R, et al.: The social functioning scale: The development and validation of a new scale of social adjustment for use in family intervention programmes with schizophrenic patients *Br J Psychiatry* 1990; 157:853–859
169. McGlashan T, Miller T, Woods S, et al.: Instruments for the assessment of prodromal symptoms and states; in *Early intervention in psychotic disorders*. Dordrecht, Netherlands, Kluwer Academic Publishers, 2001.

170. Dunn M, O'Driscoll C, Dayson D, et al.: The TAPS Project. 4: An observational study of the social life of long-stay patients *Br J Psychiatry* 1990; 157:842–848
171. Goldman HH, Skodol AE, Lave TR: Revising axis V for DSM-IV: a review of measures of social functioning *Am J Psychiatry* 1992; 149:1148–1156
172. Morosini PL, Magliano L, Brambilla L, et al.: Development, reliability and acceptability of a new version of the DSM-IV Social and Occupational Functioning Assessment Scale (SOFAS) to assess routine social functioning *Acta Psychiatr Scand* 2000; 101:323–329
173. Miller TJ, McGlashan TH, Rosen JL, et al.: Prospective diagnosis of the initial prodrome for schizophrenia based on the Structured Interview for Prodromal Syndromes: preliminary evidence of interrater reliability and predictive validity *Am J Psychiatry* 2002; 159:863–865
174. Perkins DO, Leserman J, Jarskog LF, et al.: Characterizing and dating the onset of symptoms in psychotic illness: the Symptom Onset in Schizophrenia (SOS) inventory *Schizophr Res* 2000; 44:1–10
175. Schultze-Lutter F, Koch E: *Schizophrenia Proneness Instrument: child and youth version (SPI-CY)*. Fioriti Rome, 2010
176. Schultze-Lutter F, Addington J, Ruhrmann S, et al.: *Schizophrenia Proneness Instrument, Adult version (SPI-A)*. Roma, Giovanni Fioriti Editore s.l.r, 2007
177. Fux L, Walger P, Schimmelmann BG, et al.: The schizophrenia proneness instrument, child and youth version (SPI-CY): practicability and discriminative validity *Schizophr Res* 2013; 146:69–78
178. Axelrod SR, Grilo CM, Sanislow C, et al.: Schizotypal Personality Questionnaire-Brief: Factor structure and convergent validity in inpatient adolescents *J Personal Disord* 2001; 15:168–179
179. Amundson M, Hart C, Holmes T: *Manual for the Schedule of Recent Experiences (SRE)*. Seattle, WA, University of Washington Press, 1981
180. Jablensky A, Sartorius N, Ernberg G, et al.: Schizophrenia: manifestations, incidence and course in different cultures A World Health Organization Ten-Country Study *Psychol Med Monogr Suppl* 1992; 20:1–97
181. Test MA, Greenberg JS, Long JD, et al.: Construct validity of a measure of subjective satisfaction with life of adults with serious mental illness *Psychiatr Serv* 2005; 56:292–300
182. McGuire-Snieckus R, McCABE R, Catty J, et al.: A new scale to assess the therapeutic relationship in community mental health care: STAR *Psychol Med* 2007; 37:85–95
183. Spielberger C, Sydeman S: State-trait anxiety inventory and state-trait anger expression inventory; in *The use of psychological testing for treatment planning and outcome assessment*. Hillsdale, NJ, Lawrence Erlbaum, 1994.
184. Amador XF, Flaum M, Andreasen NC, et al.: Awareness of illness in schizophrenia and schizoaffective and mood disorders *Arch Gen Psychiatry* 1994; 51:826–836

185. Rosenheck R, KasproW W, Frisman L, et al.: Cost-effectiveness of supported housing for homeless persons with mental illness *Arch Gen Psychiatry* 2003; 60:940–951
186. Cloninger C, Przybeck T, Svrakic D, et al.: *The Temperament and Character Inventory (TCI): a guide to its development and use*. St Louis, MO, Washington University Center for Psychobiology of Personality, 1994
187. Miller AL, Chiles JA, Chiles JK, et al.: The Texas Medication Algorithm Project (TMAP) schizophrenia algorithms *J Clin Psychiatry* 1999; 60:649–657
188. Kubany ES, Leisen MB, Kaplan AS, et al.: Development and preliminary validation of a brief broad-spectrum measure of trauma exposure: the Traumatic Life Events Questionnaire *Psychol Assess* 2000; 12:210
189. Gray MJ, Litz BT, Hsu JL, et al.: Psychometric properties of the life events checklist. *Assessment* 2004; 11:330–341
190. Sobell L, Sobell M: *Timeline Follow-Back: a technique for assessing self-reported ethanol consumption*; in *Measuring alcohol consumption: psychosocial and biological methods*. Totowa, NJ, Humana Press, 1992.
191. Short S: *Review of the UK 2000 Time Use Survey*. United Kingdom, Office for National Statistics, 2006
192. Ruggeri M, Dall’Agnola R: The development and use of the Verona Expectations for Care Scale (VECS) and the Verona Service Satisfaction Scale (VSSS) for measuring expectations and satisfaction with community-based psychiatric services in patients, relatives and professionals *Psychol Med* 1993; 23:511–523
193. Horvath AO, Greenberg LS: Development and validation of the Working Alliance Inventory *J Couns Psychol* 1989; 36:223–233
194. Tennant R, Hiller L, Fishwick R, et al.: The Warwick-Edinburgh mental well-being scale (WEMWBS): development and UK validation *Health Qual Life Outcomes* 2007; 5:63
195. Newcombe DA, Humeniuk RE, Ali R: Validation of the world health organization alcohol, smoking and substance involvement screening test (ASSIST): report of results from the Australian site *Drug Alcohol Rev* 2005; 24:217–226
196. WHO: *World Health Organization Psychiatric Disability Assessment Schedule*. Geneva, Switzerland, World Health Organization, 1988
197. Üstün TB, Kostanjsek N, Chatterji S, et al.: *Measuring health and disability: Manual for WHO disability assessment schedule WHODAS 2.0*. World Health Organization, 2010
198. Whoqol Group: Development of the World Health Organization WHOQOL-BREF quality of life assessment *Psychol Med* 1998; 28:551–558

199. MacCarthy B, Lesage A, Brewin CR, et al.: Needs for care among the relatives of long-term users of day care: A report from the Camberwell High Contact Survey *Psychol Med* 1989; 19:725–736
200. Becker M, Diamond R, Sainfort F: A new patient focused index for measuring quality of life in persons with severe and persistent mental illness *Qual Life Res* 1993; 2:239–251
201. Pelizza L, Pellegrini C, Quattrone E, et al.: Suicidal Ideation in Patients Experiencing a First-episode Psychosis: Findings From the 2-Year Follow-up of the “Parma Early Psychosis” Program *Suicide Life-Threatening Behav* 2020; 50:838–855
202. Oppetit A, Bourgin J, Martinez G, et al.: The C’JAAD: a French team for early intervention in psychosis in Paris *Early Interv Psychiatry* 2018; 12:243–249
203. Maric NP, Andric Petrovic S, Rojnic-Kuzman M, et al.: Implementation of early detection and intervention services for psychosis in Central and Eastern Europe: Current status *Early Interv Psychiatry* 2019;
204. Lecardeur L, Meunier-Cussac S, Dollfus S: Mobile Intensive Care Unit: A case management team dedicated to early psychosis in France *Early Interv Psychiatry* 2018; 12:995–999
205. Leuci E, Quattrone E, Pellegrini P, et al.: The “Parma—Early Psychosis” program: General description and process analysis after 5 years of clinical activity *Early Interv Psychiatry* 2020; 14:356–364
206. Lambert M, Schöttle D, Sengutta M, et al.: Early detection and integrated care for adolescents and young adults with severe psychotic disorders: rationales and design of the Integrated Care in Early Psychosis Study (ACCESS III) *Early Interv Psychiatry* 2018; 12:96–106
207. Jeppesen PIA, Petersen L, Thorup A, et al.: Integrated treatment of first-episode psychosis: effect of treatment on family burden: OPUS trial *Br J Psychiatry* 2005; 187:s85–s90
208. Chang WC, Chan GHK, Jim OTT, et al.: Optimal duration of an early intervention programme for first-episode psychosis: randomised controlled trial *Br J Psychiatry* 2015; 206:492–500
209. Chang WC, Kwong VWY, Chan GHK, et al.: Prediction of functional remission in first-episode psychosis: 12-month follow-up of the randomized-controlled trial on extended early intervention in Hong Kong *Schizophr Res* 2016; 173:79–83
210. Chang WC, Kwong VWY, Lau ESK, et al.: Sustainability of treatment effect of a 3-year early intervention programme for first-episode psychosis *Br J Psychiatry* 2017; 211:37–44
211. Hui CL, Chang WC, Chan SKW, et al.: Early intervention and evaluation for adult-onset psychosis: the JCEP study rationale and design *Early Interv Psychiatry* 2014; 8:261–268
212. Chang WC, Chan SKW, Lee EHM, et al.: Extended early intervention versus standard psychiatric care for adults with first-episode psychosis *Hong Kong Med J* 2019; 25

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Assessment Domains in Early Intervention Services

	Clinician- (or other external observer-) reported measure / interview (CROM) (# of publications)	Patient-reported outcome measure; Patient-reported experience measure (PROM, PREM) (# of publications)	Family-reported outcome measure; Family-reported experience measure (FROM, FREM) (# of publications)
Assessment of programs			
Program Fidelity <i>n = 7 measures / 8 publications*</i> <i>*1 used >1 measure</i>	FEPS-FS – First Episode Psychosis Services Fidelity Scale (3) EIS-FS – Early Intervention Service Fidelity Scale (2) DFS – Danish Fidelity Scale (2) IFACT – Index of Fidelity of Assertive Community Treatment (3) RAISE-FS – Recovery After an Initial Schizophrenia Episode, Connection Fidelity Scale (1) EASA-FS – Early Assessment and Support Alliance Fidelity Scale (1) EMIT – EPPIC Model Integrity Tool (1)	----	----
Patient Engagement <i>n = 7 measures** / 4 publications*</i> <i>*1 used > 1 measure</i> <i>**2 used as PREM and FREM</i>	SES – Service Engagement Scale (2)	WAI – Working Alliance Inventory ¹ (1) STAR-P – Scale to Assess Therapeutic Relationships – Patient version ¹ (1) PPEET – Public and Patient Engagement Evaluation Tool ¹ (1) PECI – PCORI Engagement Activity Inventory ¹ (1)	PPEET – Public and Patient Engagement Evaluation Tool ¹ (1) PECI – PCORI Engagement Activity Inventory ¹ (1)
Satisfaction with services <i>n = 5 measures* / 12 publications</i> <i>*2 used as PREM and FREM</i>	----	CSQ – Client Satisfaction Questionnaire ¹ (8) VSSS – Verona Service Satisfaction Scale ¹ (2) OPOC-MHA – Ontario Perception of Care Tool for Mental Health and Addictions ¹ (1)	CSQ-8 for Families – Client Satisfaction Questionnaire for Families ¹ (2) OPOC-MHA – Ontario Perception of Care Tool for Mental Health and Addictions ¹ (1)
Total: Assessment of Programs	8 CROMs	7 PREMs	4 FREMs

¹ These are PREMs (Patient-Reported Experience Measures) or FREMs (Family-Reported Experience Measures)

	Clinician- (or other external observer-) reported measure / interview (CROM) (# of publications)	Patient-reported outcome measure; Patient-reported experience measure (PROM, PREM) (# of publications)	Family-reported outcome measure; Family-reported experience measure (FROM, FREM) (# of publications)
Assessment of patients			
Duration of Untreated Psychosis² <i>n = 7 measures / 30 publications*</i> <i>*1 used >1 measure</i>	IRAOS – Interview/Inventory for the Retrospective Assessment of the Onset of Schizophrenia (11) CORS – Circumstances of Onset or Relapse Schedule (modification of IRAOS) (9) ERIRAOS – Early Recognition Inventory for the Retrospective Assessment of the Onset of Schizophrenia (3) SOS – Symptom Onset of Schizophrenia (2) PPHS – Psychiatric and Personal History Schedule (2) NOS – Nottingham Onset Schedule (3) RPMIP – Royal Park MultiDiagnostic Instrument for Psychosis (1)	----	----
Diagnosis / Screening <i>n = 15 measures / 72 publications*</i> <i>*11 used >1 measure</i>	SCID – Structured Clinical Interview for DSM – X Disorders (51) SCAN – Schedule for Clinical Assessment in Neuropsychiatry (10) OPCRIT – Operational Criteria Checklist for Psychotic Illness (4) CAARMS – Comprehensive Assessment of At Risk Mental States (9) SIPS / SOPS – Structured Interview of Prodromal Symptoms (incl. Scale of Prodromal Symptoms) (3) MINI – Mini International Neuropsychiatric Interview (2) KIDDIE- SADS – Schedule for Affective Disorders and Schizophrenia for School-Age Children (2) DIS – Diagnostic Interview Schedule for DSM (1) PCCL – Primary Care CheckList (1) SSP – Screening Schedule for Psychosis (1)	K-10³ – Kessler Psychological Distress Scale (1) SPI-A/CY – Schizophrenia Proneness Instrument – Adult or Child/Youth version (1) BOL/SOLIFE – Brief Version of the Oxford – Liverpool Inventory of Feelings and Experiences / Short Oxford – Liverpool Inventory of Feelings and Experiences (1) AbSI – Aberrant Salience Inventory (1)	ADI-R – Autism Diagnostic Interview – Revised (1)

² Can be used to assess programs as a whole, even though the service user is assessed

³ Measures that are mandated by government/government bodies in some studies

	Clinician- (or other external observer-) reported measure / interview (CROM) (# of publications)	Patient-reported outcome measure; Patient-reported experience measure (PROM, PREM) (# of publications)	Family-reported outcome measure; Family-reported experience measure (FROM, FREM) (# of publications)
Assessment of patients			
Psychosis Symptoms <i>n = 12 measures / 95 publications*</i> <i>*50 used >1 measure</i>	PANSS – Positive and Negative Syndrome Scale for Schizophrenia (57) SANS – Scale for the Assessment of Negative Symptoms + short form (30) SAPS – Scale for the Assessment of Positive Symptoms + short form (25) BPRS(all) – Brief Psychiatric Rating Scale (21) CGI (all) – Clinical Global Impression (15) CRDPSS – Clinician-Rated Dimensions of Psychosis Symptom Severity (2) TIMAS – Texas Implementation of Medication Algorithms for Schizophrenia (positive and negative symptom items only) (1) SENS – Self Evaluation of Negative Symptoms (PROM used as a CROM) (1) BSABS – Bonn Scale for the Assessment of Basic Symptoms (1)	BSI – Brief Symptom Inventory (2) CAPE-P15 – Community Assessment of Psychic Experiences – Positive (1) FPSES - Frankfurt-Pamplona Subjective Experience Scale (1)	----
Comorbid Symptoms – Depression <i>n = 6 measures / 36 publications*</i> <i>*2 used >1 measure</i>	CDS – Calgary Depression Scale (25) HDS – Hamilton Depression Rating Scale (4) MADRS – Montgomery-Asberg Depression Rating Scale (1)	BDI/ II – Beck Depression Inventory / II (5) PHQ-9 – Patient Health Questionnaire – 9 (2) CES-D – Center for Epidemiologic Studies Depression Scale (1)	----
Comorbid Symptoms – Anxiety <i>n = 3 measures / 5 publications</i>	HAS – Hamilton Anxiety Scale (3)	MASQ-D30 – Mood and Anxiety Symptoms Questionnaire, short form (1) GAD-7 – Generalized Anxiety Disorder – 7 (1)	----
Comorbid Symptoms – Mania <i>n = 1 measure / 5 publications</i>	YMS Young Mania (Rating) Scale / RSM – Rating Scale for Mania (5)	----	----

	Clinician- (or other external observer-) reported measure / interview (CROM) (# of publications)	Patient-reported outcome measure; Patient-reported experience measure (PROM, PREM) (# of publications)	Family-reported outcome measure; Family-reported experience measure (FROM, FREM) (# of publications)
Assessment of patients			
Substance Use / Addiction <i>n = 17 measures / 28 publications*</i> <i>*4 used >1 measure</i>	Drake Measure/ CMRS – Case Manager Rating Scale for Substance Use (10) AUS + DUS – Alcohol Use Scale and Drug Use Scale (5) ASI – Addiction Severity Index (3) / EuropASI (1) TLFB – Timeline Follow Back (3) WHO Assist – WHO Alcohol, Smoking and Substance Involvement Screening Test (1) / NIDA – Modified ASSIST – ASSIST modified by National Institute on Drug Abuse (1) CUAD – Chemical Use / Abuse / Dependence Scale (1) Kavanagh Drug Check-Revised (1) DEP-ADO – (Eng transl) Screening Chart for Problem Consumption of Alcohol and Drugs among Adolescents (Fr only instrument) (1) CRAFFT – Car-Relax-Alone-Forget Family and Friends-Trouble (1)	AUDIT – Alcohol Use Disorder Identification Test (4) DAST – Drug Abuse Screening Test (2) ADAD – Adolescent Drug Abuse Diagnosis Instrument (1) CIUS – Compulsive Internet Use Scale (1) AADIS – Adolescent Alcohol and Drug Involvement Scale (1)	----
Suicidality and other risk Assessment <i>n = 7 measures / 6 publications*</i> <i>*1 used >1 measure</i>	CTRS – Crisis Triage Rating Scale (1) CSSRS – Columbia Suicide Severity Rating Scale (1) Suicide Risk Assessment Inventory (1) EPSIS II – European Parasuicide Study Interview Schedule (1) HCR-20 – Historical Clinical and Risk Management- 20 (1)	ASQ-R – Adolescent Suicide Questionnaire (1) ISO-3D – Inventory of Suicide Orientation 3D – Adolescent vers. (1)	----

	Clinician- (or other external observer-) reported measure / interview (CROM) (# of publications)	Patient-reported outcome measure; Patient-reported experience measure (PROM, PREM) (# of publications)	Family-reported outcome measure; Family-reported experience measure (FROM, FREM) (# of publications)
Assessment of patients			
<p>Overall Functioning</p> <p><i>n = 14** measures / 68 publications*</i></p> <p><i>*22 used >1 measure</i> <i>** WHO-DAS (all) used as CROM, PROM and FROM; LSP(all) used as both CROM and FROM</i></p>	<p>GAF – Global Assessment of Functioning (50) / MIRECC GAF – Mental Illness Research Education & Clinical Center Global Assessment of Functioning (2) HoNOS³ – Health of the Nation Outcome Scale (13) SCS – Strauss-Carpenter Outcome Scale (all) (8) LSP³ – Life Skills Profile (5) WHO DAS – World Health Organization Disability Assessment Schedule (3) L-FAI – Life Functioning Assessment Inventory (1) DAS – Disability Assessment Schedule (1)</p>	<p>SF-12 – 12-item Short-form Health Survey (2) MHI³ – Mental Health Inventory (1) WHO DAS 2.0 – World Health Organization Disability Assessment Schedule 2 (1) WEMWBS – Warwick-Edinburgh Mental Well-Being Scale (1)</p>	<p>WHO DAS 2.0 - World Health Organization Disability Assessment Schedule 2 (1) LSP-20 – Life Skills Profile – 20 (1)</p>
<p>Social & Occupational Functioning</p> <p><i>n = 10** measures / 34 publications*</i></p> <p><i>*9 used >1 measure</i> <i>** SFS used as both CROM and PROM</i></p>	<p>SOFAS – Social and Occupational Functioning Assessment Scale (20) / SOFAS – PSP – Personal and Social Performance Scale (2) RFS – Role Functioning Scale (9) SNS – Social Network Schedule (2) EIR – Employment and Income Review (2) SFS – Social Functioning Scale (2) PIQ – Productivity Interview Questionnaire (modified CSRI) (1) DAR – Daily Activity Report (1)</p>	<p>SFS – Social Functioning Scale (3) TUS – Time Use Survey (1)</p>	<p>----</p>
<p>Premorbid Functioning</p> <p><i>n = 3 measures / 26 publications*</i></p> <p><i>*2 used >1 measure</i></p>	<p>PAS – Premorbid Adjustment Scale (Cannon-Spoor) (22) APSST – Assessment Premorbid Schizoid-Schizotypal Traits (2) PAS – Premorbid Adjustment Scale (not specified) (2)</p>	<p>----</p>	<p>----</p>

	PAS – Premorbid Adjustment Scale (van Mastrigt & Addington) (1)		
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³ Measures that are mandated by government/government bodies in some studies

	Clinician- (or other external observer-) reported measure / interview (CROM) (# of publications)	Patient-reported outcome measure; Patient-reported experience measure (PROM, PREM) (# of publications)	Family-reported outcome measure; Family-reported experience measure (FROM, FREM) (# of publications)
Assessment of patients			
Quality of Life <i>n = 12 measures / 36 publications*</i> <i>*3 used >1 measure</i>	QOL Heinrichs – Quality of Life, Heinrichs et al., 1984 (12) LQOLI(all) – Lehman Quality of Life Inventory modified/brief (5) MANSA – Manchester Short Assessment of Quality of Life (3) WQOL-P – Wisconsin Quality of Life – Provider Version (3) LQOLP – Lancashire Quality of Life Profile (1) CDC HRQOL – Centers for Disease Control and Prevention Health-Related Quality of Life (1)	WHO-QOL-BREF /26 – World Health Organization Quality of Life BREF / 26-item version (6) EQ-5D – EuroQOL 5 Dimensions (2) WQOL – Wisconsin Quality of Life Index (2) SF-12 – 12-item Short-form Health Survey (2) SSWL – Subjective Satisfaction with Life Scale (1) Q-LES-Q-18 – Quality of Life Enjoyment and Satisfaction Questionnaire (1)	----
Recovery <i>n = 4* measures / 4 publications</i> <i>*1 used combination of 2 tools</i>	----	RSA – Recovery Self-Assessment (1) PRI – Psychosis Recovery Inventory (1) MARS + MHSIP – Maryland Assessment of Recovery Scale + Mental Health Statistics Improvement Program Consumer Survey (portions of each combined) (2)	----
Multiple Dimensions <i>n = 4 measures / 10 publications</i>	LCS – Life Chart Schedule (5) CASH - Comprehensive Assessment of Symptoms and History (portion of) (1) Mi-Data – (computerized assessment package) (1)	BASIS(all)³ – Behaviour and Symptom Identification Scale (3)	----
Service Use and Cost <i>n = 4 measures / 11 publications</i> <i>* 1 measure used as CROM and PROM</i>	CSRI – Client Services Receipt Inventory (5) SURF – Service Utilization and Resource Form for Schizophrenia (4) Matroshka Service Needs profile (1)	SURF – Service Utilization and Resource Form for Schizophrenia (1)	----

<p>Life Events and Trauma <i>n = 2 measures / 3 publications</i></p>	<p>TLEQ – (Dartmouth) Traumatic Life Events Questionnaire (2) SRE – Schedule of Recent Experiences (1)</p>	<p>----</p>	<p>----</p>
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³ Measures that are mandated by government/government bodies in some studies

	<p>Clinician- (or other external observer-) reported measure / interview (CROM) (# of publications)</p>	<p>Patient-reported outcome measure; Patient-reported experience measure (PROM, PREM) (# of publications)</p>	<p>Family-reported outcome measure; Family-reported experience measure (FROM, FREM) (# of publications)</p>
Assessment of patients			
<p>Personality, Self-esteem, Coping and Expectations <i>n = 8 measures / 4 publications*</i> <i>*1 used >1 measure</i></p>	<p>APSS – Assessment of Prodromal and Schizotypal Symptoms (items from WHO International Personality Disorder Examination) (1) SERS-SF – Self-Esteem Rating Scale – Short Form (PROM used as a CROM) (1)</p>	<p>STAXI-State-Trait Anger Expression Inventory (1) COPE – Coping Inventory (1) HOPES – Hunter Opinions and Personal Expectations Scale (1) TCI – Temperament and Character Inventory (1) SPQ-B – Schizotypal Personality Questionnaire – Brief version (1) MMPI – 2 – Minnesota Multiphasic Personality Inventory – 2 (1)</p>	<p>----</p>
<p>Insight <i>n = 3 measures / 5 publications*</i> <i>*1 used >1 measure</i></p>	<p>BIS – Birchwood Insight Scale (2) SUMD – Scale to Assess Unawareness of Mental Disorder (2) SAI – Scale for the Assessment of Insight (all) (2)</p>	<p>----</p>	<p>----</p>
<p>Needs / Strengths <i>n = 3 measures / 3 publications*</i> <i>*1 used >1 measure</i></p>	<p>ANSA³ – Adult Needs and Strengths Assessment (2) CANS³ – Child and Adolescent Needs and Strengths (1)</p>	<p>CANSAS – Camberwell Assessment of Need Short Appraisal Schedule (1)</p>	<p>---</p>
<p>Family Factors <i>N = 1 measure / 1 publication</i></p>	<p>----</p>	<p>PBI – Parental Bonding Instrument (1)</p>	<p>----</p>

Total: Assessment of Patients	88 CROMs	45 PROMs	3 FROMs
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³ Measures that are mandated by government/government bodies in some studies

	Clinician- (or other external observer-) reported measure / interview (CROM) (# of publications)	Patient-reported outcome measure; Patient-reported experience measure (PROM, PREM) (# of publications)	Family-reported outcome measure; Family-reported experience measure (FROM, FREM) (# of publications)
Assessment of individual family members/carers/families			
Caregiving, Coping, Burden <i>n = 5 measures / 8 publications*</i> <i>*2 used >1 measure</i>	SBAS – Social Behaviour Assessment Schedule (2)	----	ECI – Experience of Caregiving Inventory (4) BAS – Burden Assessment Scale (2) WOC – Ways of Coping (1) CBS - Caregiver Burden Scale (1)
Expressed Emotion/Whole Family Functioning <i>n = 2 measures / 2 publications</i>	FMSS – Five-minute Speech Sample (1) Camberwell Family Interview (1)	---	---
Family Background <i>n = 2 measures / 2 publications*</i> <i>*1 used >1 measure</i>	FIGS/DIGS – Family Interview for Genetic Studies/ Diagnostic Interview for Genetic Studies (2) OCS – Obstetric Complications Scale (1)	----	----
Varied family factors <i>n = 8 measures / 7 publications*</i> <i>*1 used >1 measure</i>	MANSA - Manchester Short Assessment of Quality of Life (1) GARF – Global Assessment of Relational Functioning (1)	----	GHQ(all) – General Health Questionnaire (2) Knowledge of Schizophrenia(modified) (2) BDI – Beck Depression Inventory (1) CANSAS – Camberwell Assessment of Need Short Appraisal Schedule (1) Psychological General Well-Being Schedule (1) S-CGQOL – Schizophrenia Caregiver Quality of Life Questionnaire (1)
Total: Assessment of families/carers	7 CROMs	0 PROMs	10 FROMs
Total Assessments of programs, patients and families/carers	103 CROMs	52 PROMs/PREMs	17 FROMs/FREMs

Number of publications by year

