

Increasing access to CBT for psychosis patients: a randomized controlled trial evaluating brief, targeted CBT for distressing voices delivered by Assistant Psychologists

GiVE3


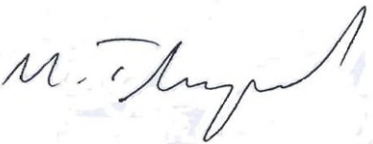
Statistical Analysis Plan

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1. SAP revision history

Version updated	Updated version number	Summary of changes	Author of changes	Date

2. Abbreviations

AP	Assistant Psychologist
ADSUS	Adult Service Use Schedule
BAVQ-R	Beliefs About Voices Questionnaire - Revised
BCSS	Brief Core Schema Scale
CBT	Cognitive Behaviour Therapy
CC/LP	Care Co-ordinator/Lead Practitioner
CHOICE	<u>C</u> hoice of <u>O</u> utcome in <u>C</u> BT for psychos <u>E</u> s
CI	Chief Investigator
CONSORT	Consolidated Standards of Reporting Trials
CRF	Case Report Form
CSRI-UK	Client Service Receipt Inventory
CTU	Clinical Trials Unit
EQ-5D-5L	The EuroQol standardized instrument for measuring generic health status, version 5
GCP	Good Clinical Practice
HADS	Hospital Anxiety and Depression Scale

ICD10	International Classification of Diseases 10 th Edition
LEAP	Lived Experience Advisory Panel
NICE	National Institute for Health & Care Excellence
NRES	National Research Ethics Service
PIS	Participant Information Sheet
PPI	Patient and Public Involvement
PSYRATS-AH	Psychotic Symptoms Rating Scale – Auditory Hallucination
RA	Research Assistant
R&D	Research & Development
RCT	Randomised Controlled Trial
SF-12	Short Form - 12
TAU	Treatment as Usual
TM	Trial Manager
TS	Trial Statistician
TSC	Trial Steering Committee

3. Introduction

3.1 Background and rationale

The National Institute for Health and Care Excellence (NICE) recommends that Cognitive Behaviour Therapy for psychosis (CBTp) is offered to all patients with a psychosis diagnosis. However, only a minority of psychosis patients in England and Wales are offered CBTp. This is attributable, in part, to the resource-intensive nature of CBTp. One response to this problem has been the development of CBTp in brief formats that are targeted at a single symptom and the mechanisms that maintain distress. We have developed a brief form of CBTp for distressing voices called Guided self-help CBT for voices (also known as the GiVE intervention). We have reported preliminary evidence for the effectiveness of the GiVE intervention when delivered by highly trained therapists (Clinical Psychologists). We have also demonstrated the acceptability and feasibility of conducting an adequately powered Randomised Controlled Trial (RCT) of the GiVE intervention when delivered by briefly trained therapists (Assistant Psychologists).

This current study will evaluate the clinical and cost effectiveness of the GiVE intervention using an adequately powered Randomised Controlled Trial (RCT). Our findings will tell us if the GiVE intervention is helpful to people with a diagnosis of psychosis who are distressed by hearing voices, when delivered by Assistant Psychologists.

Study objectives

To evaluate the clinical and cost effectiveness of the GiVE intervention, a brief, targeted CBT-informed intervention for distressing voices delivered by Assistant Psychologists.

4. Study methods

4.1 Study design

Pragmatic study, two parallel groups, superiority RCT comparing the new intervention and treatment as usual (GiVE) and treatment as usual alone (TAU);

4.2 Randomisation

1:1, Stratified by site (Manchester/Sussex/Cumbria) in randomly permuted blocks, using REDcap.

4.3 Sample size

130 participants i.e. 65 per group implying a caseload of between 10 and 11 participants per therapist over the course of the trial.

4.4 Framework

This is a superiority RCT trial. A hypothesis test will be used to test the superiority of GiVE over TAU.

4.5 Statistical interim analyses and stopping guidance

4.5.1 Interim analyses

No planned interim analyses

4.5.2 Early stopping guidelines

n/a

4.6 Timing of final analysis

All at once in August/September 2024

4.7 Timing of outcome assessments

Baseline (pre-randomisation – Time 0), 16 weeks (post randomisation – Time 1) and 28 weeks (follow-up – Time 2)

5. Statistical principles

5.1 Confidence intervals and p values

95% confidence intervals will be presented for all unstandardised treatment effect estimates for clinical outcomes. 95% confidence intervals will not be presented for Cohen's d standardised effect sizes.

Tests will be significant at the 5% alpha level.

No adjustment for multiplicity because a primary outcome has been stated and all other outcomes are secondary.

5.2 Adherence and protocol deviations

A summary (count & percentage) of participants within the GiVE arm who reach the point of therapy 'exposure' by attending at least six of ten therapy sessions, will be provided.

A tabulation of protocol deviations will be provided.

5.3 Analysis populations

All analyses will be conducted according to intention-to-treat principles i.e. the sample is composed of all participants with observed data for primary and secondary outcomes and will be analysed as per their randomisation group allocation.

We will also conduct a complier average causal effect (CACE)(Dunn et al, 2005, 2015) analysis of the primary outcome defining compliers as participants who had at least 6 out of 10 GiVE sessions).

Participants who withdraw consent for their data to be included will be excluded from all analyses.

All included participants will be analysed for safety.

6. Study population

6.1 Screening data

Summary of screening data count and screen failures. Data to be presented as part of the CONSORT flow diagram.

6.2 Eligibility criteria

6.2.1. Inclusion criteria

1. In contact with Secondary Care Mental Health Services (under the care of a mental health team within one of the recruiting Trusts)
2. Have a clinician-reported diagnosis of psychosis (including schizophrenia spectrum disorder [ICD10 F20–29] or affective disorder with psychotic symptoms [ICD-10 F30–39, subcategories with psychotic symptoms])
3. Aged 18 or over
4. Willing to provide informed consent
5. Experiencing current voice hearing; this will be operationalised by participants having a score of at least 1 on item 1 ('Frequently') on the Psychotic Symptoms Rating Scale—Auditory Hallucinations Scale (PSYRATS-AH) at the time of consent—indicating that the participant has experienced at least one episode of voice hearing in the past week
6. Scoring 3 or 4 (rated on a 0–4 scale) on either the intensity of distress item or the amount of distress item on PSYRATS-AH at the time of consent.

6.2.2. Exclusion criteria

1. Established organic cause for distressing voices
2. Primary diagnosis of substance misuse
3. Currently detained in hospital under a section of the Mental Health Act
4. Having completed a full course (minimum of 16 h) of CBTp for psychotic symptoms during the past year
5. Immediate and serious risk to self or others (assessed at the point of referral/eligibility review)

If inclusion and exclusion criteria are met, every effort will be made to include and support the participation of patients who experience challenges with respect to language and literacy. This will include the use of the translation and literacy services that are routinely available within the clinical services of the host sites and the informal support that is available within the participant's network. The recruitment resources will be available in Easy Read versions.

6.3 Recruitment

Information to be presented on the CONSORT flow diagram.

6.4 Withdrawal/follow up

Level of withdrawal (from intervention/from assessments), timing and reason to be presented on the CONSORT flow diagram.

6.5 Baseline participant characteristics

Baseline characteristics will be summarised by arm and overall.

Participant Characteristic	Summary	Comments
Age in years	mean (s.d.)	Also check min and max scores for data quality checking purposes only
Gender	count (%)	
Employment	count (%)	Working/not working
Marital status	count (%)	In a relationship/not in a relationship
Birth country	count (%)	
First language	count (%)	
Number children under 18	count (%)	
Number children over 18	count (%)	
Ethnicity	count (%)	Ethnic minority broken down by broad categories.
Education	count (%)	
Qualification	count (%)	
Voices onset (age years)	mean (s.d.) min max	
Medication yes/no from CSRI	count (%)	

7. Analysis

7.1 Outcome definitions

Clinical Outcome	Comments
	All scores are totals unless stated; high score is worse unless stated; ranges in the template in Appendix 1
PSYRATS-AH DISTRESS	<p>The 5-item 'distress' subscale measures the impact that voices have on the individual and will be the primary outcome</p> <ul style="list-style-type: none"> • The subscale is an observer rated measure that consists of 5 items
PSYRATS-AH TOTAL	<p>11 items - observer rated on a 5-point scale</p> <p>Evaluate the 4 subscales and the total</p>
HADS	<p>14 items</p> <p>2 scales – Anxiety and Depression</p> <p>Multiple choice</p>
CHOICE	<p>12 items - Likert scale rating from 0 (worst) to 10 (best)</p> <p><i>Score is the mean of the first 11 items</i></p>
BCSS	<p>12 items - using YES or NO options and a 4-point Likert scale</p> <p>2 scales - Positive and negative beliefs</p> <p>higher numbers are a greater endorsement of a schema</p>
BAVQ-R	<p>14 items - Likert scale using the options: disagree, unsure, slightly agree strongly agree - higher numbers are a greater endorsement</p> <p>The 14-item version of this measure will be used to capture 'persecutory beliefs' and 'benevolent beliefs'.</p>
Approve – Voices	<p>15-item measure assesses the styles of relating to voices across three subscales—assertive (high is good), aggressive (high is worse) and passive (high is worse).</p>

Approve – Social	15-item measure assesses the styles of relating to other people across three subscales—assertive (high is good), aggressive (high is worse) and passive (high is worse).
Revised Green Paranoid Thoughts Scale	18 items – Parts A (reference - 8 items) and B (persecution - 10 items), each using a 5-point Likert scale with anchors of not at all (0) and totally (4): The R-GPTS score ranges are: average (Reference: 0-9; Persecution: 0-5); elevated (Reference: 10-15; Persecution: 6-10); moderately severe (Reference: 16-20; Persecution: 11-17); severe (Reference: 21-24; Persecution: 18-27); and very severe (Reference: 25+; Persecution: 28+)
EQ-5D-5L	(high is good) Use EQ-5D-5L cross walk calculator takes account of the missing data https://euroqol.org/eq-5d-instruments/eq-5d-5l-about/valuation-standard-value-sets/crosswalk-index-value-calculator/
SF-12	(high is good) SF-12 calculator takes account of the missing data

7.2 Analysis methods

The flow of participants through the trial will be shown on a CONSORT Statement 2010 flowchart (Schulz et al, 2010).

Summary statistics will be presented by randomised group for each time point (baseline, 16 weeks and 28 weeks). Normally distributed variables will be described by their means and SDs, skewed continuous variables by their medians and interquartile ranges and categorical variables by the frequency and proportion in each category. Proportion of items missing and the proportion of participants that have a score for each outcome measure will be reported.

The primary analysis will be conducted using a mixed effects model with clustering by therapist in the intervention group only and control participants forming their own clusters of size 1. We will include fixed effects for PSYRATS-AH Distress at baseline, the stratification variable (site: Manchester, Cumbria, Sussex), allocation (GiVE, TAU) and time (16 (T1) and 28 (T2) weeks); a level-three random effect for therapist/control participant and a level-two random effect to account for repeated observations within

participants will be included. A small sample correction (Satterthwaite's) will be applied due to the small number of therapists. We will report the difference in mean PSYRATS-AH Distress between arms, its 95% confidence interval and p-value at each time point (16 weeks and 28 weeks) adjusted for baseline. Statistical significance is set at the 5% level. Secondary outcomes will be analysed using mixed effects models appropriate to outcome distribution controlling for baseline voice hearing distress (PSYRATS-AH) and including the same covariates and random effects as for the primary analysis.

Standardised (Cohen's d) treatment effect sizes for each outcome will be calculated by dividing the between-group unstandardised effect estimate by the baseline pooled standard deviation.

In addition to the analyses for all clinical outcomes, the between-group differences for the primary outcome will be assessed in the context of whether the minimal clinically important difference (MCID) is contained within the 95% confidence intervals where PSYRATS-AH Distress scale of MCID is a 3-point reduction.

For each variable, the amount of missing data will be reported and the missing data mechanism will be explored to check if it can be considered Missing at Random (MAR). If there is $\geq 5\%$ missing data and the data is considered MAR then we will use multiple imputation to address this and produce an adjusted analysis for each outcome as a sensitivity analysis.

We will also conduct a complier average causal effect (CACE) (Dunn et al, 2015) analysis of the primary outcome defining compliers as participants who had at least 6 out of 10 GiVE sessions). We will use a Structural Equation Model (SEM) (Troncoso & Morales-Gómez, 2022) with treatment assignment as the instrument for treatment received. The model will adjust for covariates in the same way as the primary analysis. We will present the effect estimate, its 95% confidence interval and p-value for the test of no treatment effect.

Participants who withdraw consent for their data to be included will be excluded from all analyses.

All included participant data will be analysed for safety.

7.3 Additional analyses

We will do sub-analyses of the primary outcome by Sex and by Ethnicity by fitting an interaction term between the subgroup variable and treatment group. Summary data for between group differences will be provided for each category. 95% confidence
SAP v1.0

intervals and p-values will be provided for estimated treatment effect sizes. Findings should be treated with caution as sub-analyses may be underpowered.

7.4 Harms

Summary of adverse events/reactions and serious adverse events/reactions by each arm.

7.5 Statistical software

Stata v18 (StataCorp, 2023) will be used for all analyses

8. References

Dunn G, Maracy M, Tomenson B. Estimating treatment effects from randomized clinical trials with noncompliance and loss to follow-up: the role of instrumental variable methods. *Stat Methods Med Res.* 2005 Aug;14(4):369-95. doi: 10.1191/0962280205sm403oa. PMID: 16178138.

Dunn G, Emsley R, Liu H, Landau S, Green J, White I, Pickles A. Evaluation and validation of social and psychological markers in randomised trials of complex interventions in mental health: a methodological research programme. *Health Technol Assess.* 2015 Nov;19(93):1-115, v-vi. doi: 10.3310/hta19930. PMID: 26560448; PMCID: PMC4781463.

Schulz KF, Altman DG, Moher D, for the CONSORT Group. CONSORT 2010 Statement: updated guidelines for reporting parallel group randomised trials. *Trials.* 2010;11:32. PMID: [20334632](#)

StataCorp. 2023. *Stata Statistical Software: Release 18.* College Station, TX: StataCorp LLC.

Troncoso P, Morales-Gómez A. (2022) Estimating the complier average causal effect via a latent class approach using gsem. *The Stata Journal* 22:404-415.

Trial Master File, Statistical Master File & Data Collection Tools stored on SPFT Bdrive

B:\THERAPIES\RESEARCH & DEVELOPMENT\Research Studies\Non-Commercial Studies\CSP\IRAS 312765 Hayward M (GIVE 3)

B:\THERAPIES\RESEARCH & DEVELOPMENT\Research Studies\Non-Commercial Studies\CSP\IRAS 312765 Hayward M (GIVE 3)\11.0 Data Management

B:\THERAPIES\RESEARCH & DEVELOPMENT\Research Studies\Non-Commercial Studies\CSP\IRAS 312765 Hayward M (GIVE 3)\11.0 Data Management\11.7 Data Collection Tools

Appendix 1: The following will be presented by time point, trial arm and overall

Clinical Outcome	Score Range	Whether Normally Distributed in feasibility study*	N	Mean	S.D.	25th pc'tile	median	75th pc'tile	IQR
PSYRATS: Distress	0-20	Yes							
PSYRATS: Frequency	0-12	Yes							
PSYRATS: Loudness	0-4	Yes							
PSYRATS: Attribution	0-8	Yes							
PSYRATS: Total	0-44	Yes							
HADS: Depression	0-21	Yes							
HADS: Anxiety	0-21	Yes							
CHOICE: Mean	0-10	Yes							
CHOICE: Goal Rating	0-10	Yes							
BCSS: Negative Self	0-24	No							
BCSS: Positive Self	0-24	No							
BAVQ: Persecutory	0-27	Yes							
BAVQ: Benevolence	0-15	No							
Approve: Voices	0-50								
Approve: Voices	0-50								
Approve: Voices	0-50								
Approve: Social	0-50								
Approve: Social	0-50								
Approve: Social	0-50								
Revised Green Paranoid Thought Scale: Reference	0-32								

Revised Green Paranoid

Thought Scale:

Persecution	0-40	
EQ_5D_5L: Value Set	-0.594-1	No
EQ_5D_5L: Visual Analogue Scale	0-100	Yes
SF12:Physical Function	0-100	No
SF12:Role Physical	0-100	No
SF12:Bodily Pain	0-100	No
SF12:General Health	0-100	No
SF12:Vitality	0-100	No
SF12:Social Functioning	0-100	Yes
SF12:Role Emotional	0-100	No
SF12:Mental Health	0-100	Yes
SF12:Physical Component Summary	0-100	No
SF12:Mental Component summary	0-100	Yes

Appendix 2: Data dictionary

Variables:

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Variable name	Storage type	Display format	Value label	Variable label
study_number	str3	%9s		Study Number
record_id	str5	%9s		Record ID
visit	float	%9.0g	visit	
info_dt	int	%dM_d,_CY		Date of Assessment
info_paper	int	%42.0g	info_paper_	How was this data collected?
info_1	int	%8.0g		Q1 What is your age?
info_2	int	%17.0g	info_2_	Q2 What is your sex? (We will ask you about your gender identity next)
info_3a	int	%50.0g	info_3a_	Q3 How would you describe your gender identity?

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info_3_1	byte	%8.0g		Q3.1 Please provide details if you selected I identify as another term
info_4	int	%17.0g	info_4_	Q4 Do you identify as Transgender?
info_5	int	%27.0g	info_5_	Q5 What is your marital status?
info_6	int	%76.0g	info_6_	Q6 Which of the following options best describes your sexual orientation?
info_6_1	str17	%17s		Q6.1 Please provide details if you selected I use another term
info_7	str17	%17s		Q7 What is your first language?
info_8	int	%66.0g	info_8_	Q8 Which of these ethnic groups best describes you?
info_8_1	str23	%23s		Q8.1 If you ticked other background other ethnic group, please describe
info_9	int	%49.0g	info_9_	Q9 Please indicate which of the following best describes your highest educationa
info_10	int	%17.0g	info_10_	Q10 Are your day-to-day activities limited due to being a person with disabili
info_11	int	%99.0g	info_11_	Q11 Which category best describes religion or belief?
info_11_1	str80	%80s		Q11.1 If you ticked other religion or belief, please describe
info_12	int	%30.0g	info_12_	Q12 Do you have a child or children that lives in the same household as you?
info_13	int	%51.0g	info_13_	Q13 Do you look after, or give any help, care or support to, anyone because they
info_14	int	%21.0g	info_14_	Q14 What is your annual household income?
information_a~e	byte	%10.0g	information_about_you_complete_	Complete?
psy_dt	int	%dM_d,_CY		Assessment date
psy_paper	int	%42.0g	psy_paper_	How was this data collected?
psy_1	int	%96.0g	psy_1_	1. Frequency Probing questions How often have you heard your voices over the la
psy_2	int	%49.0g	psy_2_	2. Duration Probing questions When have heard your voices over the
last				week
psy_3	int	%98.0g	psy_3_	3. Location Probing questions When have heard your voices over the
last				week
psy_4	int	%35.0g	psy_4_	4. Loudness Probing questions How are your voices? Are they louder than my
psy_5	int	%96.0g	psy_5_	5. Beliefs regarding the origin of

you				voices Probing questions What do
				think ha
psy_6	int	%70.0g	psy_6_	6. Amount of negative content of voices Probing questions Do you think that your
psy_7	int	%162.0g	psy_7_	7. Degree of negative content Probing questions Can you tell me a bit about what
psy_8	int	%68.0g	psy_8_	8. Amount of distress Probing questions Have you found your
voices				to be distres
psy_9	int	%78.0g	psy_9_	9. Intensity of distress Probing questions Over the last week when your voices h
psy_10	int	%358.0g	psy_10_	10. Disruption to life caused by voices Probing questions How much disruption ha
psy_11	int	%176.0g	psy_11_	11. Controllability of voices Probing questions What control had you had over yo
psyratsah_com~e	byte	%10.0g	psyratsah_complete_	Complete?
ic_paper	byte	%42.0g	ic_paper_	How was this data collected?
dob	int	%dM_d,_CY		Participant date of birth
ic_sign	byte	%39.0g	ic_sign_	Has the participant given Informed Consent?
ic_dt	int	%dM_d,_CY		Date Informed Consent was given
inc_1	byte	%8.0g	inc_1_	1.In contact with Secondary Care Mental Health Services (under the care of a Con
inc_2	byte	%8.0g	inc_2_	2. Have a clinician-reported
diagnosis				of psychosis
inc_3	byte	%8.0g	inc_3_	3. Aged 18 or over
inc_4	byte	%8.0g	inc_4_	4. Willing to provide informed
consent				
inc_5	int	%8.0g	inc_5_	5. Experiencing current voice-
hearing;				this will be operationalised by participa
inc_6	int	%8.0g	inc_6_	6. Scoring 3 or 4 (rated on a 0-4 scale) on either the intensity of distress ite
exc_1	byte	%8.0g	exc_1_	1. Established organic cause for distressing voices
exc_2	byte	%8.0g	exc_2_	2. Primary diagnosis of substance misuse
exc_3	byte	%8.0g	exc_3_	3. Currently detained in hospital under a section of the Mental
Health				Act
exc_4	byte	%8.0g	exc_4_	4. Having completed a full course (minimum of 16 hours) of CBTp for psychotic sy
exc_5	byte	%8.0g	exc_5_	5. Immediate and serious risk to self

				or others (assessed at the point of referr
eligcon	byte	%8.0g	eligcon_	Has the eligibility of the participant for inclusion into the study been confirme
elig_appdt	int	%dM_d,_CY		Date eligibility was confirmed
elig_reas	byte	%61.0g	elig_reas_	Reason participant is not eligible
elig_reas_oth	str44	%44s		Other reason, please specify
eligibility_c~e	byte	%10.0g	eligibility_complete_	Complete?
rando_dt	int	%dM_d,_CY		Date of randomisation
SITE	str7	%9s		
randomisation~e	byte	%10.0g	randomisation_complete_	Complete?
PSYRATS_distr~s	float	%9.0g		
PSYRATS_freq	float	%9.0g		
PSYRATS_attr	float	%9.0g		
PSYRATS_loud	float	%9.0g		
hads_dt	int	%dM_d,_CY		Assessment date
hads_paper	byte	%42.0g	hads_paper_	How was this data collected?
hads_1	byte	%31.0g	hads_1_	1. I feel tense or wound up:
hads_2	byte	%19.0g	hads_2_	2. I feel as if I am slowed down:
hads_3	byte	%18.0g	hads_3_	3. I still enjoy the things I used to enjoy:
hads_4	byte	%12.0g	hads_4_	4. I get a sort of frightened feeling like butterflies in the stomach:
hads_5	byte	%32.0g	hads_5_	5. I get a sort of frightened feeling as if something awful is about to happen:
hads_6	byte	%36.0g	hads_6_	6. I have lost interest in my appearance:
hads_7	byte	%26.0g	hads_7_	7. I can laugh and see the funny side of things:
hads_8	byte	%16.0g	hads_8_	8. I feel restless as I have to be on the move:
hads_9	byte	%36.0g	hads_9_	9. Worrying thoughts go through my mind:
hads_10	byte	%30.0g	hads_10_	10. I look forward with enjoyment to things:
hads_11	int	%16.0g	hads_11_	11. I feel cheerful:
hads_12	byte	%17.0g	hads_12_	12. I get sudden feelings of panic:
hads_13	byte	%10.0g	hads_13_	13. I can sit at ease and feel relaxed:
hads_14	int	%11.0g	hads_14_	14. I can enjoy a good book or radio or TV programme:
hads_complete	byte	%10.0g	hads_complete_	Complete?
choice_dt	int	%dM_d,_CY		Assessment date
choice_paper	byte	%42.0g	choice_paper_	How was this data collected?
mchoice_1	int	%9.0g	mchoice_1_	1. The ability to approach problems in a variety of ways
mchoice_2	byte	%9.0g	mchoice_2_	2. Self-confidence

mchoice_3	int	%9.0g	mchoice_3_	3. Positive ways of relating to people
mchoice_4	int	%9.0g	mchoice_4_	4. The ability to question the way I look at things
mchoice_5	int	%9.0g	mchoice_5_	5. Ways of dealing with everyday life stresses
mchoice_6	int	%9.0g	mchoice_6_	6. Ways of dealing with a crisis
mchoice_7	int	%9.0g	mchoice_7_	7. Facing my own upsetting thoughts and feelings
mchoice_8	int	%9.0g	mchoice_8_	8. Peace of Mind
mchoice_9	byte	%9.0g	mchoice_9_	9. Understanding myself and my past
mchoice_10	byte	%9.0g	mchoice_10_	10. Understanding my experiences (e.g. beliefs, thoughts, voices, and related f
mchoice_11	int	%9.0g	mchoice_11_	11. Positive ways of thinking
mchoice_12	int	%9.0g	mchoice_12_	12. Personal goal (specify below)
choice_12a	str341	%341s		This is space to write a personal goal that you would like to achieve in therapy
choice_complete	byte	%10.0g	choice_complete_	Complete?
bcss_dt	int	%dM_d,_CY		Assessment date
bcss_paper	byte	%42.0g	bcss_paper_	How was this data collected?
bcssm_1	int	%26.0g	bcssm_1_	1. I am unloved
bcssm_2	byte	%26.0g	bcssm_2_	2. I am worthless
bcssm_3	int	%26.0g	bcssm_3_	3. I am weak
bcssm_4	byte	%26.0g	bcssm_4_	4. I am vulnerable
bcssm_5	byte	%26.0g	bcssm_5_	5. I am bad
bcssm_6	int	%26.0g	bcssm_6_	6. I am a failure
bcssm_7	byte	%26.0g	bcssm_7_	7. I am respected
bcssm_8	int	%26.0g	bcssm_8_	8. I am valuable
bcssm_9	int	%26.0g	bcssm_9_	9. I am talented
bcssm_10	byte	%26.0g	bcssm_10_	10. I am successful
bcssm_11	byte	%26.0g	bcssm_11_	11. I am good
bcssm_12	byte	%26.0g	bcssm_12_	12. I am interesting
brief_core_sc~0	byte	%10.0g	brief_core_schema_sc_v_0_	Complete?
approve_dt	int	%dM_d,_CY		Assessment date
approve_paper	byte	%42.0g	approve_paper_	How was this data collected?
appvoices_1	int	%21.0g	appvoices_1_	

appvoices_2	int	%21.0g	appvoices_2_1. Telling them to shut up
appvoices_3	int	%21.0g	appvoices_3_2. Giving in
appvoices_4	int	%21.0g	appvoices_4_3. Shouting and screaming
appvoices_5	int	%21.0g	appvoices_5_4. Hearing what they are saying but also stating my own views
appvoices_6	int	%21.0g	appvoices_6_5. Standing up for myself
appvoices_7	int	%21.0g	appvoices_7_6. Swearing at them
appvoices_8	int	%21.0g	appvoices_8_7. Repeating my own opinion if they dont listen the first time
appvoices_9	int	%21.0g	appvoices_9_8. Yelling at them
appvoices_10	int	%21.0g	appvoices_10_9. Presenting and defending my own view
appvoices_11	int	%21.0g	appvoices_11_10. Finding myself at their mercy
appvoices_12	int	%21.0g	appvoices_12_11. Shouting out loud at them
appvoices_13	int	%21.0g	appvoices_13_12. Letting them know that I wish to be left in peace right now
me appvoices_14	int	%21.0g	appvoices_14_13. Allowing them to get on top of me
appvoices_15	int	%21.0g	appvoices_15_14. Telling myself they are right even though I dont believe they are right
approve_voice~e	byte	%10.0g	approve_voices_complete_15. Doing what they want Complete?
bavq_dt	int	%dM_d,_CY	Assessment date
bavq_paper	byte	%42.0g	bavq_paper_How was this data collected?
bavq_1	int	%14.0g	bavq_1_1. My voice is punishing me for something I have done
bavq_2	int	%14.0g	bavq_2_2. My voice wants to help me
bavq_3	int	%14.0g	bavq_3_3. My voice is persecuting me for no good reason
bavq_4	int	%14.0g	bavq_4_4. My voice wants to protect me
bavq_5	int	%14.0g	bavq_5_5. My voice is evil
bavq_6	int	%14.0g	bavq_6_6. My voice is helping to keep me sane
babq_7	int	%14.0g	babq_7_7. My voice makes me do things I really dont want to do
bavq_8	int	%14.0g	bavq_8_8. My voice wants to harm me
bavq_9	int	%14.0g	bavq_9_9. My voice wants me to do bad things
bavq_10	int	%14.0g	bavq_10_10. My voice is helping me to achieve my goal in life
bavq_11	int	%14.0g	bavq_11_11. My voice will harm or kill me if

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bavq_12	int	%14.0g	bavq_12_	I disobey or resist it 12. My voice is trying to corrupt or destroy me
bavq_13	int	%14.0g	bavq_13_	13. I am grateful for my voice
bavq_14	int	%14.0g	bavq_14_	14. My voice rules my life
beliefs_about~1	byte	%10.0g	beliefs_about_voices_v_1_	Complete?
appsoc_dt	int	%dM_d,_CY	appsoc_dt_	Assessment date
appsoc_paper	byte	%42.0g	appsoc_paper_	How was this data collected?
appsocm_1	int	%21.0g	appsocm_1_	1. Telling them to shut up
appsocm_2	int	%21.0g	appsocm_2_	2. Giving in
appsocm_3	int	%21.0g	appsocm_3_	3. Shouting and screaming
appsocm_4	int	%21.0g	appsocm_4_	4. Hearing what they are saying but also stating my own views
appsocm_5	int	%21.0g	appsocm_5_	5. Standing up for myself
appsocm_6	int	%21.0g	appsocm_6_	6. Swearing at them
appsocm_7	int	%21.0g	appsocm_7_	7. Repeating my own opinion if they dont listen the first time
appsocm_8	int	%21.0g	appsocm_8_	8. Yelling at them
appsocm_9	int	%21.0g	appsocm_9_	9. Presenting and defending my own view
appsocm_10	int	%21.0g	appsocm_10_	10. Finding myself at their mercy
appsocm_11	int	%21.0g	appsocm_11_	11. Shouting out loud at them
appsocm_12	int	%21.0g	appsocm_12_	12. Letting them know that I wish to be left in peace right now
appsocm_13	int	%21.0g	appsocm_13_	13. Allowing them to get on top of me
appsocm_14	int	%21.0g	appsocm_14_	14. Telling myself they are right even though I dont believe they are right
appsocm_15	int	%21.0g	appsocm_15_	15. Doing what they want
approve_social~e	byte	%10.0g	approve_social_complete_	Complete?
green_dt	int	%dM_d,_CY	green_dt_	Assessment date
green_paper	byte	%42.0g	green_paper_	How was this data collected?
green_1	int	%15.0g	green_1_	1. I spent time thinking about friends gossiping about me
green_2	byte	%15.0g	green_2_	2. I often heard people referring to me
green_3	int	%15.0g	green_3_	3. I have been upset by friends and colleagues judging me critically

green_4	byte	%15.0g	green_4_	4. People definitely laughed at me behind my back
green_5	int	%15.0g	green_5_	5. I have been thinking a lot about people avoiding me
green_6 for	int	%15.0g	green_6_	6. People have been dropping hints me
green_7 were	int	%15.0g	green_7_	7. I believed that certain people not what they seemed
green_8	int	%15.0g	green_8_	8. People talking about me behind my back upset me
green_b1	int	%15.0g	green_b1_	1. Certain individuals have had it in for me
green_b2	int	%15.0g	green_b2_	2. People wanted me to feel threatened, so they stared at me
green_b3	byte	%15.0g	green_b3_	3. I was certain people did things in order to annoy me
green_b4	int	%15.0g	green_b4_	4. I was convinced there was a conspiracy against me
green_b5	byte	%15.0g	green_b5_	5. I was sure someone wanted to hurt me
green_b6	int	%15.0g	green_b6_	6. I couldnt stop thinking about people wanting to confuse me
green_b7	int	%15.0g	green_b7_	7. I was distressed by being persecuted
green_b8	int	%15.0g	green_b8_	8. It was difficult to stop thinking about people wanting to make me feel bad
green_b9	int	%15.0g	green_b9_	9. People have been hostile towards me on purpose
green_b10	int	%15.0g	green_b10_	10. I was angry that someone wanted to hurt me
paranoid_thou~2	byte	%10.0g	paranoid_thoughts_sc_v_2_	Complete?
csri_dt	int	%dM_d,_CY		Assessment date
csri_paper	int	%42.0g	csri_paper_	How was this data collected?
csri_1_1	int	%dM_d,_CY		1.1 Date of birth *Derived from Eligibility page*
csri_1_2	byte	%17.0g	csri_1_2_	1.2 Sex
csri_1_3	byte	%16.0g	csri_1_3_	1.3 Marital status (from a legal perspective)
csri_1_4	str30	%30s		1.4 What is your ethnicity
csri_1_5	str18	%18s		1.5 Country of birth

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csri_1_6	byte	%69.0g	csri_1_6_	1.6 First language
csri_1_7	byte	%8.0g		1.7 Number of years of schooling in general education
csri_1_8	byte	%28.0g	csri_1_8_	1.8 Highest completed level of education
csri_1_9___1	byte	%9.0g	csri_1_9___1_	1.9 What further education or vocational training have you completed or are you
csri_1_9___2	byte	%9.0g	csri_1_9___2_	1.9 What further education or vocational training have you completed or are you
csri_1_9___3	byte	%9.0g	csri_1_9___3_	1.9 What further education or vocational training have you completed or are you
csri_1_9___4	byte	%9.0g	csri_1_9___4_	1.9 What further education or vocational training have you completed or are you
csri_1_9___5	byte	%9.0g	csri_1_9___5_	1.9 What further education or vocational training have you completed or are you
csri_1_9___6	byte	%9.0g	csri_1_9___6_	1.9 What further education or vocational training have you completed or are you
csri_1_9___999	byte	%9.0g	csri_1_9___999_	1.9 What further education or vocational training have you completed or are you
csri_1_9___888	byte	%9.0g	csri_1_9___888_	1.9 What further education or vocational training have you completed or are you
csri_1_9___777	byte	%9.0g	csri_1_9___777_	1.9 What further education or vocational training have you completed or are you
csri_2_1	int	%39.0g	csri_2_1_	2.1 What is your usual/normal living situation now?
csri_2_2	int	%93.0g	csri_2_2_	2.2 What kind of accommodation is it? Other (specify):
csri_3_1oth_2	str24	%24s		
csri_3_1	byte	%23.0g	csri_3_1_	3.1 What is your employment status? Other (specify):
csri_3_1sp	str56	%56s		
csri_3_2	byte	%47.0g	csri_3_2_	3.2 If employed: state occupation type: Other (specify):
csri_3_2sp	str42	%42s		
csri_3_2b	byte	%8.0g		How many days have you been absent from work owing to illness within

csri_3_3	int	%8.0g	the last 3 3.3 If unemployed: Number of weeks unemployed within the last 3 months
csri_3_4	int	%8.0g	csri_3_4_ 3.4 Do you receive any state
benefits?			
csri_3_4b___1	byte	%9.0g	csri_3_4b___1_ If yes: What benefits are received? (Tick all boxes that apply) (choice=Unemploy
csri_3_4b___2	byte	%9.0g	csri_3_4b___2_ If yes: What benefits are received? (Tick all boxes that apply) (choice=Sickness
csri_3_4b___3	byte	%9.0g	csri_3_4b___3_ If yes: What benefits are received? (Tick all boxes that apply) (choice=Housing)
csri_3_4b___4	byte	%9.0g	csri_3_4b___4_ If yes: What benefits are received? (Tick all boxes that apply) (choice=Other be
csri_3_4b___999	byte	%9.0g	csri_3_4b___999_ If yes: What benefits are received? (Tick all boxes that apply) (choice=Missed i
csri_3_4b___888	byte	%9.0g	csri_3_4b___888_ If yes: What benefits are received? (Tick all boxes that apply) (choice=Not appl
csri_3_4b___777	byte	%9.0g	csri_3_4b___777_ If yes: What benefits are received? (Tick all boxes that apply) (choice=Not resp
csri_4_1a_ad	byte	%8.0g	Acute psychiatric ward: Admissions
csri_4_1a_in	byte	%8.0g	Acute psychiatric ward: Total number of inpatient days (over the last 3 months)
csri_4_1b_ad	byte	%8.0g	Psychiatric rehabilitation ward: Admissions
csri_4_1b_in	byte	%8.0g	Psychiatric rehabilitation ward: Total number of inpatient days (over
			the last
csri_4_1c_ad	byte	%8.0g	Long-stay ward: Admissions
csri_4_1c_in	byte	%8.0g	Long-stay ward: Total number of inpatient days (over the last 3 months)
csri_4_1d_ad	byte	%8.0g	Emergency / crisis centre: Admissions
csri_4_1d_in	byte	%8.0g	Emergency / crisis centre: Total number of inpatient days (over the last 3 mont
csri_4_1e_ad	byte	%8.0g	General medical ward: Admissions
csri_4_1e_in	byte	%8.0g	General medical ward: Total number of
			inpatient days (over the last 3 months)
csri_4_1fsp	int	%8.0g	Other (specify)

csri_4_1f_ad	int	%8.0g		[csri_4_1fsp]: Admissions
csri_4_1f_in	int	%8.0g		[csri_4_1fsp]: Total number of inpatient days (over the last 3 months)
csri_4_2a of	byte	%8.0g		Psychiatric outpatient visit Number of appointments (over the last 3 months):
csri_4_2b (incl.	byte	%8.0g		Other hospital outpatient visit A&E) Number of appointments (over the last 3 months):
csri_4_2c	byte	%8.0g		Day hospital Number of day attendances (over the last 3 months):
csri_4_2dsp	str20	%20s		Other service (specify)
csri_4_2d	int	%8.0g		[csri_4_2dsp]: Number of appointments/attendances etc received (over the last 3 months)
csri_4_3a_at Number	byte	%8.0g		Community mental health centre: Number of attendances
csri_4_3a_dur	byte	%8.0g		Community mental health centre: Average duration of attendance
csri_4_3b_at attendances	byte	%8.0g		Day care centre: Number of attendances
csri_4_3b_dur	int	%8.0g		Day care centre: Average duration of attendance
csri_4_3c_at	byte	%8.0g		Group therapy: Number of attendances
csri_4_3c_dur	byte	%8.0g		Group therapy: Average duration of attendance
csri_4_3d_at	byte	%8.0g		Sheltered workshop: Number of attendances
csri_4_3d_dur	byte	%8.0g		Sheltered workshop: Average duration of attendance
csri_4_3e_at	byte	%8.0g		Specialist education: Number of attendances
csri_4_3e_dur duration	byte	%8.0g		Specialist education: Average duration of attendance
csri_4_3fsp	str62	%62s		Other service (specify)
csri_4_3f_at	byte	%8.0g		[csri_4_3fsp]: Number of attendances
csri_4_3f_dur	byte	%8.0g		[csri_4_3fsp]: Average duration of attendance
csri_4_4a	byte	%10.0g	csri_4_4a_	Psychiatrist
csri_4_4b	int	%10.0g	csri_4_4b_	Psychologist
csri_4_4c	byte	%10.0g	csri_4_4c_	Primary care physician
csri_4_4d	byte	%10.0g	csri_4_4d_	District nurse
csri_4_4e	byte	%10.0g	csri_4_4e_	Community psychiatric nurse / case manager
csri_4_4f	byte	%10.0g	csri_4_4f_	Social worker
csri_4_4g	byte	%10.0g	csri_4_4g_	

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csri_4_4h	int	%10.0g	csri_4_4h_	Occupational therapist
csri_4_4i	byte	%10.0g	csri_4_4i_	Home help / care worker
csri_4_4j	int	%10.0g	csri_4_4j_	Other
csri_4_4a_con	byte	%8.0g		Other
csri_4_4a_hrs	float	%9.0g		Psychiatrist:Total number of contacts over the last 3 months
csri_4_4b_con	byte	%8.0g		Psychiatrist:Average contact time (hours)
csri_4_4b_hrs	float	%9.0g		Psychologist:Total number of contacts over the last 3 months
csri_4_4c_con of	byte	%8.0g		Psychologist:Average contact time (hours)
csri_4_4c_hrs contact	float	%9.0g		Primary care physician:Total number of contacts over the last 3 months
csri_4_4d_con	int	%8.0g		Primary care physician:Average contact time (hours)
csri_4_4d_hrs	float	%9.0g		District nurse:Total number of contacts over the last 3 months
csri_4_4e_con	int	%8.0g		District nurse:Average contact time (hours)
csri_4_4e_hrs	float	%9.0g		Community psychiatric nurse / case manager:Total number of contacts over the last 3 months
csri_4_4f_con contacts	byte	%8.0g		Community psychiatric nurse / case manager:Average contact time (hours)
csri_4_4f_hrs	float	%9.0g		Social worker:Total number of contacts over the last 3 months
csri_4_4g_con of	byte	%8.0g		Social worker:Average contact time (hours)
csri_4_4g_hrs contact	byte	%8.0g		Occupational therapist:Total number of contacts over the last 3 months
csri_4_4h_con	int	%8.0g		Occupational therapist:Average contact time (hours)
csri_4_4h_hrs	float	%9.0g		Home help / care worker:Total number of contacts over the last 3 months
csri_4_4isp	str64	%64s		Home help / care worker:Average contact time (hours)
csri_4_4i_con contacts	byte	%8.0g		Other service (specify)
csri_4_4i_hrs	float	%9.0g		[csri_4_4isp]:Total number of contacts over the last 3 months
csri_4_4jsp	str34	%34s		[csri_4_4isp]:Average contact time (hours)
csri_4_4j_con contacts	byte	%8.0g		Other service (specify)
csri_4_4j_hrs	float	%9.0g		[csri_4_4jsp]:Total number of contacts over the last 3 months
				[csri_4_4jsp]:Average contact time (hours)

csri_4_5	byte	%8.0g	csri_4_5_	4.5 Over the last 3 months, has the patient been in contact with the criminal ju
csri_4_5a	byte	%8.0g		If yes: How many contacts with the police (Note: contact = interview
or				stay of
csri_4_5b	byte	%8.0g		How many nights spent in a police
cell				or prison?
csri_4_5c	byte	%8.0g		How many psychiatric assessments whilst in custody?
csri_4_5d	byte	%8.0g		How many criminal court appearances?
csri_4_5e	byte	%8.0g		How many civil court appearances?
client_servic~3	byte	%10.0g	client_service_recei_v_3_	Complete?
eq_dt	int	%dM_d,_CY		Assessment date
eq_paper	int	%42.0g	eq_paper_	How was this data collected?
eq_1	int	%41.0g	eq_1_	MOBILITY
eq_2	int	%51.0g	eq_2_	SELF-CARE
eq_3	int	%50.0g	eq_3_	USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)
eq_4	int	%34.0g	eq_4_	PAIN / DISCOMFORT
eq_5	int	%36.0g	eq_5_	ANXIETY / DEPRESSION
eq5d5l_complete	byte	%10.0g	eq5d5l_complete_	Complete?
sf12_dt	int	%dM_d,_CY		Assessment date
sf12_paper	int	%42.0g	sf12_paper_	How was this data collected?
sf12_1	int	%9.0g	sf12_1_	1. In general, would you say your health is:
sf_12_2	int	%22.0g	sf_12_2_	2a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowli
sf_12_3	int	%22.0g	sf_12_3_	2b. Climbing several flights of stairs. Does your health now limit you a lot, li
sf_12_4	int	%20.0g	sf_12_4_	3a. During the past four weeks, how much of the time have you accomplished less
sf_12_5	int	%20.0g	sf_12_5_	3b. During the past four weeks, how much of the time were you limited
in				the kin
sf_12_6	int	%20.0g	sf_12_6_	4a. During the past four weeks, how much of the time have you accomplished less
sf_12_7	int	%20.0g	sf_12_7_	4b. During the past four weeks, how much of the time were you limited
in				the kin
sf_12_8	int	%12.0g	sf_12_8_	5. During the past 4 weeks, how much did pain interfere with your normal work (i
sf_12_9	int	%20.0g	sf_12_9_	6a. How much of the time during the

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				past 4 weeks...have you felt calm and peaceful
sf_12_10	int	%20.0g	sf_12_10_	
				6b. How much of the time during the past 4 weeks...did you have a lot of energy?
sf_12_11	int	%20.0g	sf_12_11_	
				6c. How much of the time during the past 4 weeks...have you felt downhearted and d
sf_12_12	int	%20.0g	sf_12_12_	
				7. How much of the time during the past 4 weeks...has your physical health or emot
sf12_v2_compl~e byte		%10.0g	sf12_v2_complete_	Complete?

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