Demographic data and past history

Study ID： Date of data extraction:

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| --- | --- |
| 1. Gender：□1.male □2.female
2. Birthday：□□year □□month
3. Diagnosis of schizophrenia？□0. No □1. Yes
4. Having other psychiatric diagnosis？□0. No □1. Yes

If yes, the ICD-9 code of the diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Marital status：□1.Single □2.Married □3.Divotced □4.Widow □5.other/unknown
2. Living status：□1.along □2.with family □3.in institution □4. other/unknown
3. Education:□1.<6 yrs □2. 7-9 yrs □3. 9-12 yrs □4. 12-16 yrs □5. >16 yrs
4. Job：□1.jobless □2.retired □3.full-time □4.part-time □5.other
5. Onset of psychotic symptom: □□ y/o
6. First psychiatric visiting: □□ y/o
7. Is this the first time of psychiatric admission：□0. No □1. Yes
8. Number of previous psychiatric admission: □□
9. Prior history of involuntary admission：□0. No □1. Yes
10. Reason of involuntary admission：□0.self-harm □1. violence □2.both
11. Alcohol abuse history：□0. No □1. Yes
12. Substance abuse history：□0. No □1. Yes
13. Systemic physical illness？□0. No □1. Yes

If yes, the ICD-9 code of the illness: 1. Family history of psychiatric disorder：□0. No □1. Yes
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Clinical data

Study ID： Date of data extraction:

|  |  |
| --- | --- |
| 1. Date of the beginning of involuntary admission：□□□year□□month□□day
2. Date of the end of involuntary admission：□□□year□□month□□day
3. Converted to voluntary admission during the hospitalization：□0. No □1.Yes
4. Date of the end of the index admission：□□□year□□month□□day
5. First OPD visiting day after discharge: □□□year□□month□□day
6. Re-admitted within one year：□0. No □1. Yes
7. Date of readmission：□□□year□□month□□day
8. Last OPD visiting day before readmission：□□□year□□month□□day
9. The readmission was involuntary admission：□0. No □1. Yes
10. Last OPD visiting day before loss follow up：□□□year□□month□□day
11. Received long-acting injectables during the index admission：□0. No □1. Yes

If yes, the name of LAI：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Combination use of mood stabilizer：□0. No □1. Yes
2. Homecare referral：□0. No □1. Yes
3. Number of physical restraint/seclusion of the index admission
 | □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ |