Supplementary Table 1: Description of clinical measures in seven different psychiatric phenotype domains used to assess patients in our study.

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| **Clinical measures** | **Description** |
| **DEPRESSION DOMAIN** |  |
| dysphoria | Evidence of mood disorder. |
| pleasure loss | Evidence of loss of capacity for enjoyment. |
| suicide | Suicidal ideation or suicide attempt. |
| diurnal | Depression worse during early part of day. |
| poor concentration | Inabilities to think clearly, make decisions, give full attention to matters requiring it or for as long as required that is a definite loss compared with normal state of respondent. |
| slowed activity | Respondent feels slowed down in movements or speech. |
| loss of energy | Subjective complaint of excessive tiredness/ no energy. |
| libido | Definite and persistent change in sexual drive or interest as compared with before onset of disorder. |
| poor appetite | Subjective complaint of poor appetite, not necessarily observed to be eating less. |
| appetite | Respondent reports increased appetite. |
| weight loss | Respondent reports a loss in weight for the period. |
| weight gain | Respondent reports an increase in weight during the period. |
| initial insomnia | Respondent complains that he/she is unable to get off to sleep & lies awake for at least one hour. |
| middle insomnia | Disturbed sleep most nights. Waking in middle of sleep with difficulty returning to sleep. |
| early waking | This refers to the time of waking after the final period of sleep during the night, i.e., the respondent should not sleep again afterwards. |
| excessive sleep | Respondent complains of sleeping at least two hours longer than usual, more or less daily. May be accompanied by irresistible sleepiness, and/or a period of “sleep drunkenness” after waking. |
| excessive self-guilt | Respondent describes extreme feelings of guilt or unworthiness. Over-concern with some action that most people would agree was blameworthy. It is painful, out of proportion and beyond control. |
| delusions of guilt | A firm belief that the respondent has committed some sin, crime or caused harm to others despite absence of evidence to support this. |
| delusions of poverty | A firm belief held by the respondent that they have lost all or much of their money or property and have become impoverished despite the absence of any evidence to support this. |
| nihilistic delusions | A firmly held belief, (delusional intensity and may be bizarre), that some part of the respondent’s body may have disappeared, rotting away or in unhealthy condition despite lack of evidence. |
| **MANIA DOMAIN** |  |
| elevated mood | Respondent’s predominant mood is one of elation & is out of proportion to respondents circumstances. |
| irritable mood | Respondent’s mood is predominantly irritable. Easily aroused aggressiveness. |
| racing thoughts | Respondent experiences thoughts racing through their head. Images & ideas flash through their mind at a fast rate, each suggesting others. |
| distractibility | Respondent experiences difficulties concentrating on what is going on around him/her. |
| excessive activity | Respondent is markedly overactive and has tremendous energy. Over-activity includes speech, motor, and social activity. |
| reduced need for sleep | Respondent sleeps less but there is no complaint of insomnia. Extra waking time is usually taken up with excessive activities. |
| reckless activity | The respondent is excessively involved in activities with high potential for painful consequences which is not recognised, e.g. excessive spending and inappropriate gifts to charity, sexual indiscretions, reckless driving, etc. |
| increased sociability | Over familiarity/friendly with people not known well. Actions that seem foolish & not done normally. |
| increased self esteem | Respondent believes that they are an exceptional person with special powers, plans, talents or abilities. |
| **HALLUCINATIONS DOMAIN** |  |
| auditory | Respondent hears voices or sounds that have no real origin in the outside world. |
| visual | Respondent sees objects, people, or images that other people cannot see. |
| olfactory | Rate experiences such as smell of ‘death’ or burning, which other people cannot smell. |
| somatic | Respondent complains of being touched when no one is present; of electric shocks or waves going through his/her body; of insects crawling; or of food tasting acidic, etc. |
| sexual | Respondent experiences sexual interference / stimulation when no one is present. |
| all modalities | Records if respondent has experienced hallucinations in auditory, visual, olfactory, somatic, or sexual modalities. |
| nonverbal | Includes nonverbal hallucinations, such as tapping, hissing, birds’ cries etc. and unintelligible noises other than words, which have no real origin in the world outside. |
| abusive | Intrusive voices talking to the respondent in an accusatory, abusive, persecutory or commanding manner. |
| commentary | Respondent hears voice(s) describing his/her actions, sensations, or emotions as they occur. |
| third-person | The tone and content of the voices can be pleasant and supportive, neutral or hostile, threatening or accusatory. |
| **SUBJECTIVE THOUGHT DISORDER DOMAIN** |  |
| thought insertion | Respondent lacks the normal sense of ownership of the thoughts in his/her mind. The thoughts are experienced as clearly alien and are described as not his/her own, probably or definitely being put into their head. |
| thought broadcasting | The essence of the symptom is that the respondent experiences his/her thoughts as diffusing out of their mind, so that they may be shared/heard by others. |
| thought withdrawal | Respondent experiences thoughts ceasing in their head which may be interpreted as thoughts being removed or stolen. |
| echoing thoughts | Respondent experiences his/her own thoughts as repeated or echoed (not spoken aloud) with very little interval between the original and the echo. |
| **DELUSIONS DOMAIN** |  |
| primary | A delusional idea that appears abruptly in the respondent’s mind fully developed and unheralded by any related thoughts or perceptions. |
| passivity | The experience of replacement is essential, this is passive in that it is not under conscious control, but it may be actively resented. Respondent experiences their will is diminished or replaced by that of some force or agency. |
| persecutory | Includes all delusions with persecutory ideation, such as belief that someone is trying to harm them; damage their reputation; or drive them mad. The respondent believes that he/she is being constantly monitored. |
| influence | A false belief that behaviours of others refer to them. Events, objects or other people in the respondent’s immediate surroundings have a special significance, often of a persecutory nature. What is said may have a double meaning. |
| perception | Intrusive, often sudden knowledge of a radically transformed meaning of a common perception. The immediacy of the experience is its hallmark. |
| grandiose | Respondent has a grossly exaggerated and unshakeable sense of own importance |
| bizarre | Strange, absurd or fantastic delusions that are physically impossible or of magical/fictional quality. |
| **BEHAVIOUR AND AFFECT DOMAIN** |  |
| agitated | Agitated activity/Restlessness/agitation. |
| catatonia | Catatonia/Catatonic behaviour. |
| bizarre | Bizarre behaviour/Apparently hallucinating behaviour. |
| restricted | Restricted affect. |
| blunted | Blunting or flattening of affect. |
| inappropriate | Inappropriate/Incongruity of affect. |
| **SPEECH DISORDER DOMAIN** |  |
| pressure | Pressure of speech. |
| difficult | Speech difficult to understand/ Rambling speech. |
| positive thought disorder | Positive formal thought disorder/ Neologisms/ Magical or markedly illogical thinking |
| incoherence | Incoherence of speech. |
| negative thought disorder | Negative formal thought disorder/Poverty of content of speech/Restricted quantity of speech/Blocking. |