**M3 Waypoint** | m3mentalhealth.org/schizophrenia — Clinician version, in office

REPORT FOR
**Alex Sample**

| DATE OF BIRTH | DATE OF REPORT | CHECK-INS |
|---|---|---|
| 4/12/1990 | 8/25/2026 | 4 |

**This report is not for making your own medical decisions.** Please share it with your doctor, and talk it through together before changing anything about your treatment.

# Waypoint Review

**4 check-ins, four weeks apart.** Overall symptoms (CSI) eased from **29** to **11**; the M3 total from **49** to **14**; side-effects (GASS) **rose** from 11 to **18** (moderate). Symptoms are easing while side-effects are climbing: **worth raising at your next visit**.

sample person

## Taking the medicine

**All**

In the past four weeks: **All of it**. Shown first because no conclusion about a medicine can be drawn without it.

**Therapy and support, past four weeks:** 12 sessions (1 Individual therapy or counselling, 4 CBT for psychosis (CBTp), 4 Group therapy or skills group, 1 Case manager or ACT team visit, 2 Peer support).

## Schizophrenia measures — today

POSITIVE SYMPTOMS
Colorado Symptom Index
**11** of 56
Below cut-off
the person, line 30
pending

PARANOIA
R-GPTS Part A / Part B
**5 / 7** of 32 / 40
Elevated
last quarterly, 8/25/2026, Part B = persecution
pending

NEGATIVE SYMPTOMS
MAP-SR
**32** of 60
last quarterly, 8/25/2026, higher = more motivation
pending

AWARENESS
VAGUS-SR insight
**6.7** of 10
last quarterly, 8/25/2026, higher = more insight
pending

FUNCTION
WHODAS self / family
**9 / 12** of 48
last quarterly, 8/25/2026, higher = more difficulty
pending

SIDE-EFFECTS
GASS
**18** of 66
Moderate
the person, past week
pending

## Mood, pain and sleep — today

FEELINGS
M3 Total Score
**14** of 108
Below 33
the person, line 33

PAIN
DVPRS pain (now)
**2** of 10
Mild
“Notice pain, does not interfere with activities”

SLEEP
PROMIS Sleep (raw)
**16** of 40
T-score pending
the person, past 7 days
pending

CONTEXT
TAPS substance use
**Some use**
last quarterly, 8/25/2026, past 12 months

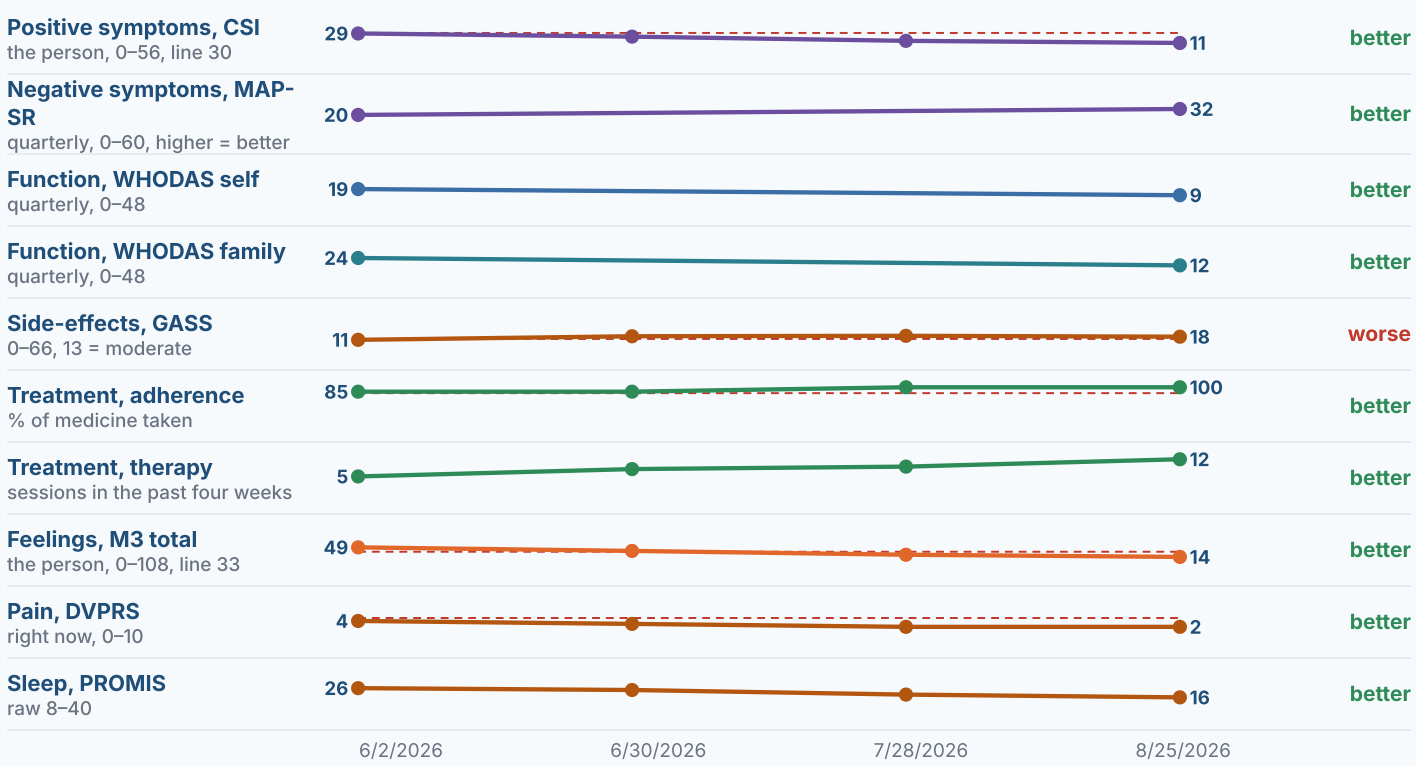
**If you are having thoughts of suicide or are in crisis, call or text 988 (Suicide & Crisis Lifeline) any time, day or night, or go to the nearest emergency room.**

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# Waypoint Review — over time

**Name:** Alex Sample **Birthdate:** 4/12/1990 **Date of report:** 8/25/2026 **Check-ins:** 4

## Every part over time




Each row keeps its own scale; the red dashed line is the published line where one exists. Instruments marked pending are illustrations until permission is granted. **illustration, permission pending**

## Your life beside your scores

| Check-in | What happened | Answered from | CSI | GASS | M3 | Pain | Medicine taken | Therapy |
|---|---|---|---|---|---|---|---|---|
| 6/2/2026 | A stressful event or loss | At home | 29 | 11 | 49 | 4 | 85% | 5 |
| 6/30/2026 | Spent good time with family or friends | At home | 23 | 19 | 36 | 3 | 85% | 8 |
| 7/28/2026 | Started or went back to work, school or volunteering | Somewhere else | 15 | 20 | 22 | 2 | 100% | 9 |
| 8/25/2026 | Started or went back to work, school or volunteering<br>Spent good time with family or friends | At home | 11 | 18 | 14 | 2 | 100% | 12 |

## Your goals




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# Answers to the questions — schizophrenia measures

**Name:** Alex Sample **Birthdate:** 4/12/1990 **Date of report:** 8/25/2026 **Check-ins:** 4

Shown first because these are the measures built for schizophrenia. Every-four-weeks answers from 8/25/2026; quarterly answers from 8/25/2026.

## POSITIVE SYMPTOMS, CSI

Draft wording from the PhenX Toolkit ("freely available; permission not required"); written confirmation pending

| | | |
|---|---|---|
| 1 | How often have you felt nervous, tense, worried, frustrated, or afraid? | 1 Once during the month |
| 2 | How often have you felt depressed? | 1 Once during the month |
| 3 | How often have you felt lonely? | 1 Once during the month |
| 4 | How often have others told you that you acted 'paranoid' or 'suspicious'? | 1 Once during the month |
| 5 | How often did you hear voices, or hear and see things that other people didn't think were there? | 1 Once during the month |
| 6 | How often did you have trouble making up your mind about something, like deciding where you wanted to go or what you were going to do, or how to solve a problem? | 1 Once during the month |
| 7 | How often did you have trouble thinking straight or concentrating on something you needed to do (like worrying so much or thinking about problems so much that you can't remember or focus on other things)? | 1 Once during the month |
| 8 | How often did you feel that your behavior or actions were strange or different from that of other people? | 1 Once during the month |
| 9 | How often did you feel out of place or like you did not fit in? | 1 Once during the month |
| 10 | How often did you forget important things? | 0 Not at all |
| 11 | How often did you have problems with thinking too fast (thoughts racing)? | 1 Once during the month |
| 12 | How often did you feel suspicious or paranoid? | 1 Once during the month |
| 13 | How often did you feel like hurting or killing yourself? | 0 Not at all |
| 14 | How often have you felt like seriously hurting someone else? | 0 Not at all |

## PARANOIA, R-GPTS

Draft wording from the CC BY 4.0 validation article (Freeman et al., 2021); written confirmation from the authors pending

**Part A**

| | | |
|---|---|---|
| 1 | I spent time thinking about friends gossiping about me. | 1 |
| 2 | I often heard people referring to me. | 0 Not at all |
| 3 | I have been upset by friends and colleagues judging me critically. | 1 |
| 4 | People definitely laughed at me behind my back. | 1 |
| 5 | I have been thinking a lot about people avoiding me. | 0 Not at all |
| 6 | People have been dropping hints for me. | 1 |
| 7 | I believed that certain people were not what they seemed. | 1 |
| 8 | People talking about me behind my back upset me. | 0 Not at all |

**Part B**

| | | |
|---|---|---|
| 9 | Certain individuals have had it in for me. | 1 |
| 10 | People wanted me to feel threatened, so they stared at me. | 1 |
| 11 | I was certain people did things in order to annoy me. | 1 |
| 12 | I was convinced there was a conspiracy against me. | 0 Not at all |
| 13 | I was sure someone wanted to hurt me. | 1 |
| 14 | I couldn't stop thinking about people wanting to confuse me. | 1 |
| 15 | I was distressed by being persecuted. | 0 Not at all |
| 16 | It was difficult to stop thinking about people wanting to make me feel bad. | 1 |
| 17 | People have been hostile towards me on purpose. | 1 |
| 18 | I was angry that someone wanted to hurt me. | 0 Not at all |

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# Answers to the questions — negative symptoms, awareness and everyday life

**Name:** Alex Sample **Birthdate:** 4/12/1990 **Date of report:** 8/25/2026 **Check-ins:** 4

## NEGATIVE SYMPTOMS, MAP-SR

Permission to be requested: the item wording appears here once permission is granted. **illustration, permission pending**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | *Item 1, wording pending* | 2 | 6 | *Item 6, wording pending* | 2 | 11 | *Item 11, wording pending* | 3 |
| 2 | *Item 2, wording pending* | 2 | 7 | *Item 7, wording pending* | 2 | 12 | *Item 12, wording pending* | 2 |
| 3 | *Item 3, wording pending* | 2 | 8 | *Item 8, wording pending* | 2 | 13 | *Item 13, wording pending* | 2 |
| 4 | *Item 4, wording pending* | 2 | 9 | *Item 9, wording pending* | 2 | 14 | *Item 14, wording pending* | 2 |
| 5 | *Item 5, wording pending* | 3 | 10 | *Item 10, wording pending* | 2 | 15 | *Item 15, wording pending* | 2 |

## AWARENESS, VAGUS-SR

Licence pending (CAMH): the item wording appears here once permission is granted. **illustration, permission pending**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | *Item 1, wording pending* | 7 | 5 | *Item 5, wording pending* | 7 | 9 | *Item 9, wording pending* | 6 |
| 2 | *Item 2, wording pending* | 7 | 6 | *Item 6, wording pending* | 6 | 10 | *Item 10, wording pending* | 7 |
| 3 | *Item 3, wording pending* | 6 | 7 | *Item 7, wording pending* | 7 | | | |
| 4 | *Item 4, wording pending* | 7 | 8 | *Item 8, wording pending* | 7 | | | |

## FUNCTION: YOUR OWN VIEW, WHODAS

Draft wording from the WHO 12-item self and proxy forms; WHO permission to be confirmed before release

| | | |
|---|---|---|
| 1 | Standing for long periods such as 30 minutes? | 1 Mild |
| 2 | Taking care of your household responsibilities? | 1 Mild |
| 3 | Learning a new task, for example, learning how to get to a new place? | 0 None |
| 4 | How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can? | 1 Mild |
| 5 | How much have you been emotionally affected by your health problems? | 1 Mild |
| 6 | Concentrating on doing something for ten minutes? | 1 Mild |
| 7 | Walking a long distance such as a kilometre [or equivalent]? | 1 Mild |
| 8 | Washing your whole body? | 0 None |
| 9 | Getting dressed? | 1 Mild |
| 10 | Dealing with people you do not know? | 1 Mild |
| 11 | Maintaining a friendship? | 1 Mild |
| 12 | Your day-to-day work? | 0 None |

## FUNCTION: FAMILY MEMBER'S VIEW, WHODAS

Draft wording from the WHO 12-item self and proxy forms; WHO permission to be confirmed before release

| | | |
|---|---|---|
| 1 | Standing for long periods such as 30 minutes? | 1 Mild |
| 2 | Taking care of his or her household responsibilities? | 2 Moderate |
| 3 | Learning a new task, for example, learning how to get to a new place? | 0 None |
| 4 | How much of a problem did your relative have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can? | 1 Mild |
| 5 | How much has your relative been emotionally affected by his or her health condition? | 1 Mild |
| 6 | Concentrating on doing something for ten minutes? | 1 Mild |
| 7 | Walking a long distance such as a kilometre [or equivalent]? | 2 Moderate |
| 8 | Washing his or her whole body? | 0 None |
| 9 | Getting dressed? | 1 Mild |
| 10 | Dealing with people he or she does not know? | 1 Mild |
| 11 | Maintaining a friendship? | 1 Mild |
| 12 | His or her day-to-day work? | 1 Mild |

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# Treatment and side-effects

**Name:** Alex Sample **Birthdate:** 4/12/1990 **Date of report:** 8/25/2026 **Check-ins:** 4

## Medicines

| Medicine | For | Form | Started | Status | Trial window |
|---|---|---|---|---|---|
| Cobenfy (example) | Psychosis | Tablet or capsule | 6/2/2026 | Taking | 12 weeks, past the 6-week mark |
| Medicine B (example) | Side-effects | Tablet or capsule | 6/30/2026 | Taking | 8 weeks, past the 6-week mark |
| Olanzapine (example) | Psychosis | Tablet or capsule | 11/1/2025 | Stopped | — |

No doses are shown. A trial of a medicine is usually judged over at least six weeks.

## Therapy and support over time

| Kind | 6/2/2026 | 6/30/2026 | 7/28/2026 | 8/25/2026 |
|---|---|---|---|---|
| Individual therapy or counselling | 2 | 2 | 2 | 1 |
| CBT for psychosis (CBTp) | 0 | 0 | 2 | 4 |
| Group therapy or skills group | 2 | 4 | 4 | 4 |
| Family sessions | 0 | 1 | 0 | 0 |
| Case manager or ACT team visit | 1 | 1 | 1 | 1 |
| Peer support | 0 | 0 | 0 | 2 |
| **Total sessions** | **5** | **8** | **9** | **12** |

Sessions in the four weeks before each check-in, as the person reported them. Kinds with no sessions are left out.

### SIDE-EFFECTS: ANSWERS TO THE QUESTIONS, GASS

Draft wording from the PhenX Toolkit ("freely available; permission not required"); written confirmation pending

**Over the past week**

| | | |
|---|---|---|
| 1 | I felt sleepy during the day | 2 A few times |
| 2 | I felt drugged or like a zombie | 1 Once |
| 3 | I felt dizzy when I stood up and/or have fainted | 1 Once |
| 4 | I have felt my heart beating irregularly or unusually fast | 1 Once |
| 5 | My muscles have been tense or jerky | 0 Never |
| 6 | My hands or arms have been shaky | 1 Once |
| 7 | My legs have felt restless and/or I couldn't sit still | 1 Once |
| 8 | I have been drooling | 0 Never |
| 9 | My movements or walking have been slower than usual | 1 Once |
| 10 | I have had, or people have noticed uncontrollable movements of my face or body | 0 Never |
| 11 | My vision has been blurry | 1 Once |
| 12 | My mouth has been dry | 0 Never |
| 13 | I have had difficulty passing urine | 1 Once |
| 14 | I have felt like I am going to be sick or have vomited | 0 Never |
| 15 | I have wet the bed | 2 A few times |
| 16 | I have been very thirsty and/or passing urine frequently | 0 Never |
| 17 | The areas around my nipples have been sore and swollen | 2 A few times |
| 18 | I have noticed fluid coming from my nipples | 0 Never |
| 19 | I have had problems enjoying sex | 0 Never |
| 20 | Men only: I have had problems getting an erection | 1 Once |

**Over the last three months**

| | | |
|---|---|---|
| 22 | Men and women: I have been gaining weight | Yes |

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# Answers to the questions — mood (M3) and pain (DVPRS)

**Name:** Alex Sample **Birthdate:** 4/12/1990 **Date of report:** 8/25/2026 **Check-ins:** 4

Today's check-in, 8/25/2026.

## DEPRESSION SYMPTOMS

Over the last two weeks, have you noticed the following:

| | | |
|---|---|---|
| 1 | I feel sad, down in the dumps or unhappy | 1 |
| 2 | I can't concentrate or focus | 1 |
| 3 | Nothing seems to give me much pleasure | 1 |
| 4 | I feel tired; have no energy | 2 |
| 5 | I have had thoughts of suicide | 0 |
| 6a | I have difficulty sleeping | 1 |
| 6b | I have been sleeping too much | 0 |
| 7a | I have lost some appetite | 0 |
| 7b | I have been eating more | 0 |

## ANXIETY, PTSD AND OCD SYMPTOMS

Over the last two weeks, have you noticed the following:

| | | |
|---|---|---|
| 8 | I feel tense, anxious or can't sit still | 1 |
| 9 | I feel worried or fearful | 1 |
| 10 | I have attacks of anxiety or panic | 0 |
| 11 | I worry about dying or losing control | 0 |
| 12 | I am nervous or shaky in social situations | 1 |
| 13 | I have nightmares or flashbacks | 1 |
| 14 | I am jumpy or feel startled easily | 1 |
| 15 | I avoid places that strongly remind me of a bad experience | 0 |
| 16 | I feel dull, numb, or detached | 1 |
| 17 | I can't get certain thoughts out of my mind | 0 |
| 18 | I feel I must repeat certain acts or rituals | 0 |
| 19 | I feel the need to check and recheck things | 0 |

## BIPOLAR SYMPTOMS

Over your lifetime or since you have last taken this assessment have you ever:

| | | |
|---|---|---|
| 20 | Had more energy than usual | 0 |
| 21 | Felt unusually irritable or angry | 1 |
| 22 | Felt unusually excited, revved up or high | 0 |
| 23 | Needed less sleep than usual | 0 |

## FUNCTIONAL IMPAIRMENT

Indicate whether any of the above symptoms

| | | |
|---|---|---|
| 24 | Interferes with work or school | 1 |
| 25 | Affects my relationships with friends or family | 0 |
| 26 | Has led to my using alcohol to get by | 0 |
| 27 | Has led to my using other substances | 0 |

### Legend — answer scale

- 0 Not at all
- 1 Rarely
- 2 Sometimes
- 3 Often
- 4 Most of the time

### M3 scores — today

| | |
|---|---|
| **Depression** 6 of 28 | Below screen |
| **Anxiety** 6 of 48 | Below screen |
| **PTSD** 3 of 16 | Below screen |
| **Bipolar signs** 1 of 16 | Below screen |

Screen positive = meets the published cut-off (Gaynes et al., 2010). Validated in primary care; not yet studied in schizophrenia.

### DVPRS pain scale (0–10)

- 2 **Pain right now.** "Notice pain, does not interfere with activities"
- 1 **Activity.** past 24 hours
- 2 **Sleep.** past 24 hours
- 1 **Mood.** past 24 hours
- 2 **Stress.** past 24 hours

The pain score is the first number; the four past-24-hour answers are shown one by one and never averaged.

### About these answers

The M3 Checklist is M3 Information's own instrument. The DVPRS is a US federal scale, used unaltered. Every answer is shown exactly as given.

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# Answers to the questions — sleep, substance use and background

**Name:** Alex Sample **Birthdate:** 4/12/1990 **Date of report:** 8/25/2026 **Check-ins:** 4

## SLEEP, PROMIS SLEEP

Permission pending (HealthMeasures): the item wording appears here once permission is granted. **illustration, permission pending**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | *Item 1, wording pending* | 2 | 4 | *Item 4, wording pending* | 2 | 7 | *Item 7, wording pending* | 2 |
| 2 | *Item 2, wording pending* | 2 | 5 | *Item 5, wording pending* | 2 | 8 | *Item 8, wording pending* | 2 |
| 3 | *Item 3, wording pending* | 2 | 6 | *Item 6, wording pending* | 2 | | | |

## CONTEXT: SUBSTANCE USE, TAPS

Public domain (NIDA Clinical Trials Network). Part 2 follow-up questions to be added

| | | |
|---|---|---|
| 1 | In the PAST 12 MONTHS, how often have you used any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes, or smokeless tobacco)? | 1 Less Than Monthly |
| 2 | In the PAST 12 MONTHS, how often have you had 5 or more drinks containing alcohol in one day? | 0 Never |
| 4 | In the PAST 12 MONTHS, how often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA? | 0 Never |
| 5 | In the PAST 12 MONTHS, how often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you? Prescription medications that may be used this way include: Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone); Medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin); Medications for ADHD (for example, Adderall or Ritalin) | 0 Never |

## Background

| Question | Answer |
|---|---|
| Year symptoms first began | 2014 |
| Mental-health hospital stays, past year | 1 |
| Close family history of psychosis or bipolar disorder | Yes |
| Other conditions | None of these |

### Reading these instruments together

Each instrument keeps its own scale and its own published line. Scores are never added across instruments, and the person's and family member's answers are never averaged. A change means most when it appears in more than one part of the picture, and when it is set beside what was happening in the person's life.

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# Prepared recommendation — for the prescriber

**Name:** Alex Sample **Birthdate:** 4/12/1990 **Date of report:** 8/25/2026 **Check-ins:** 4

**Clinician version, in-office use only.** Cobenfy, Bysanti, Clozapine compared against the M3, the schizophrenia measures, side-effects, adherence and medicine history, using the FDA labels and NICE CG178. For the prescriber to review with the person; no doses; the prescriber decides.

PREPARED RECOMMENDATION

## Cobenfy fits this record best of the 3 compared (already prescribed: review response and tolerability before any change).

M3 total 14 of 108.

### 1. Cobenfy currently prescribed +1

| Weight | What in the record | Source |
|---|---|---|
| For +1 | Side-effects 18 on the GASS; no dopamine blockade, so movement and prolactin effects are not label warnings | FDA label |

### 2. Bysanti 0

Nothing in the record weighs for or against it.

### 3. Clozapine -3

| Weight | What in the record | Source |
|---|---|---|
| Against −1 | Tobacco use; a change in smoking alters clozapine levels | FDA label |
| Against −2 | No treatment-resistance pattern; the label and NICE reserve it for illness not responding to 2 adequate trials | NICE CG178 |

## What Waypoint read from the record

| | |
|---|---|
| **Treatment-resistance pattern** | No (2 antipsychotics on record; CSI 11) |
| **Suicidal thoughts, last 3 check-ins** | No |
| **M3 bipolar screen** | Negative |
| **M3 depression screen** | Negative |
| **M3 anxiety or PTSD screen** | Negative |
| **Weight or metabolic risk** | Not flagged |
| **Side-effects (GASS)** | 18, moderate or worse |
| **Medicine taken** | 100% |
| **Substance use (TAPS; M3 items 26–27)** | None reported, tobacco |
| **Motivation and pleasure (MAP-SR)** | 32 of 60 |

Weights: a matching FDA indication or NICE recommendation counts most; matching label warnings count against. Medicines compared are set in Clinical Support Set Up.

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# Clinical guidance — for the clinician

**Name:** Alex Sample **Birthdate:** 4/12/1990 **Date of report:** 8/25/2026 **Check-ins:** 4

**Clinician version, in-office use only.** Guidance set beside the check-in of 8/25/2026. This page is not part of the person's own report or PDF. Guideline prompts for the prescriber; no doses are shown and the prescriber decides with the person. Covered: NICE CG178, CANMAT (mood); Cobenfy (KarXT), Bysanti, Clozapine.

## NICE CG178 — schizophrenia

| Physical-health timetable | Next checks | Weeks on it |
|---|---|---|
| Cobenfy (example) | **12-week checks due now: weight, pulse, blood pressure, fasting glucose, HbA1c, lipids** | 12 |

| The record shows | Guidance | Source |
|---|---|---|
| 1 antipsychotic in the medicine list | Physical health monitoring: weight weekly for the first 6 weeks, then at 12 weeks, at 1 year and then annually (plotted on a chart); waist circumference annually; pulse and blood pressure at 12 weeks, at 1 year and then annually; fasting blood glucose, HbA1c and blood lipids at 12 weeks, at 1 year and then annually. | NICE CG178 |
| GASS 18 (moderate) | Discuss and record the side-effects the person is most willing to tolerate. Side-effect profiles (metabolic, movement, cardiovascular, hormonal and subjective) are a main basis for choosing between antipsychotics. | NICE CG178 |
| No family sessions in the past four weeks | Offer family intervention to families who live with or are in close contact with the person, over at least 10 planned sessions across 3 months to 1 year. | NICE CG178 |
| Tobacco use reported on the TAPS | Offer help to stop smoking. Stopping or starting smoking changes clozapine and olanzapine levels. | NICE CG178 |
| Standing recommendation | Offer a combined healthy eating and physical activity programme. | NICE CG178 |

## CANMAT — mood components

No M3 mood screen was positive at this check-in, so no CANMAT guidance applies today. It will appear here if the depression or bipolar screen turns positive.

## Medicines the person takes

**Cobenfy (KarXT)** xanomeline and trospium chloride, FDA approved 2024, 12 weeks

| The record shows | Guidance | Source |
|---|---|---|
| Taking it | Taken at least 1 hour before or 2 hours after a meal; capsules are not opened. Meal timing is a common reason doses go wrong. | FDA label |
| Taking it | Label warnings to watch: urinary retention, decreased GI motility, increased heart rate, angioedema, narrow-angle glaucoma, hepatic impairment. Not recommended in moderate or severe renal impairment; contraindicated in moderate or severe hepatic impairment. Lower dose ceiling in older adults (see label). | FDA label |
| Taking it | No metabolic warning in the label, but NICE physical monitoring still applies to all antipsychotics. | FDA label |

Guideline wording is summarised; exact NICE recommendation text and numbers will replace it before release. Sources: NICE CG178; CANMAT/ISBD 2018 (Yatham et al.); CANMAT 2023 (Lam et al.); FDA prescribing information. Settings: Clinical Support Set Up.

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