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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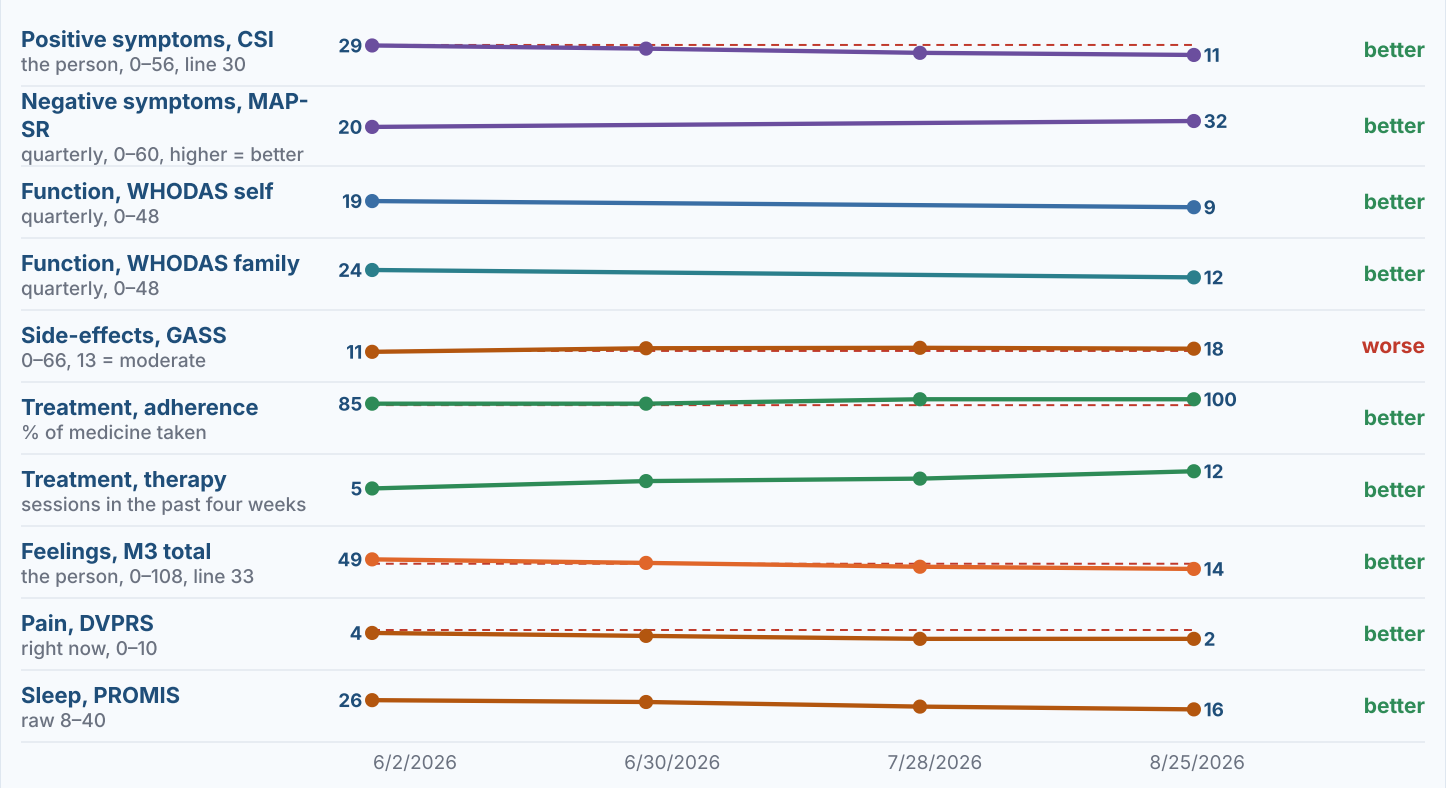
Waypoint Review — over time

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 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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