Supplementary Table 1: Attenuated Psychosis Syndrome (B 06), proposal by the Psychotic Disorders Work Group, updated August-03-2010 [5]

The work group is recommending that this be included in DSM-5 but is still examining the evidence as to whether inclusion is merited in the main manual or in an Appendix for Further Research.

All six of the following:

A) Characteristic symptoms: at least one of the following in attenuated form with intact reality testing, but of sufficient severity and/or frequency that it is not discounted or ignored;
   - (i) delusions
   - (ii) hallucinations
   - (iii) disorganized speech

B) Frequency/Currency: symptoms meeting criterion A must be present in the past month and occur at an average frequency of at least once per week in past month

C) Progression: symptoms meeting criterion A must have begun in or significantly worsened in the past year

D) Distress/Disability/Treatment Seeking: symptoms meeting criterion A are sufficiently distressing and disabling to the patient and/or parent/guardian to lead them to seek help

E) Symptoms meeting criterion A are not better explained by any DSM-5 diagnosis, including substance-related disorder

F) Clinical criteria for any DSM-5 psychotic disorder have never been met

Supplementary Table 2: Transition rates to psychosis in at-risk samples from the Personal Assessment and Crisis Evaluation (PACE) clinic

Study (recruitment period); **follow-up period**	**At-risk criteria;** sample size; distribution of criteria in sample	**Sample and treatment description**	**Transition rate** (number of considered completers, if different from sample size in column 2)
Studies conducted at the Personal Assessment and Crisis Evaluation (PACE) clinic			
Yung et al. 1996 [6] (1994, over 20-mth. period) **≤20 mth.**	UHR acc. to DSM-III-R **N=33** suspiciousness/magical ideation=21 perceptual abnormalities=17 digressive/vague speech=3 markedly peculiar behaviour=4	age: 15-26; 74% male; no specific antipsychotic treatment	21.2% within a maximum of 20 mth.
Phillips et al. 2000 [2] *Pilot Study* (1994-not specified) **24 mth.**	UHR acc. to DSM-III-R **N=21** distribution of criteria not specified note : includes participants of [6]	age: 16-30; gender not specified; treatment options not specified	33% within 24 mth.
Yung et al.1998 [1] (05/1995-07/1996) **≥6 mth.**	UHR acc. to BPRS/CASH **N=20** distribution of criteria not specified	age: 16-30; gender not specified; no specific antipsychotic treatment	25% within 1 mth. 40% within 6 mth.
Yung et al., 2003[A]; Phillips et al. 2000 [2] *Prediction study* (03/1995-10/1996) **≤12 mth.**	UHR acc. to BPRS/CASH **N1=49** APS, no BLIPS=29 BLIPS=12 only 'trait-state'=8	age: 15-29; 51.0% male; no antipsychotic treatment	28.6% within 4.5 mth. 40.8% within 12 mth. n=2 after 12 mth. (not entire sample)
McGorry et al. 2002 [40]; Phillips et al. 2007[B] (10/1996-01/1999) **N1: 3-4 yrs** **N2: ~ 6 and 12 mth.**	UHR acc. to BPRS/CASH **N1=59** (included in treatment study) distribution of criteria not specified **N2=33** (refused treatment study) distribution of criteria not specified	age: 14-28; N1: 58% male; N2: 42% male; needs-based intervention only (NBI; N1a=28 and N2) or 1-2mg/d Risperidone for 6 mth. followed by NBI (RIS; N1b=31)	N1a (NBI): 36% within 6 and 12 mth. (28) 41.2% within 3-4 yrs. (17/28) N1B (RIS): 10% within 6 mth. (31) 19% within 12 mth. (31) 45.8% within 3-4 yrs. (24/31) N2 (refusers): 12.1% within 6 mth. 18.2% within 12 mth.

Study (recruitment period); **follow-up period**	**At-risk criteria;** sample size; distribution of criteria in sample	**Sample and treatment description**	**Transition rate** (number of considered completers, if different from sample size in column 2)
Yung et al. 2004 [11] (03/1995-01/1999) **≥6 mth.**	UHR acc. to BPRS/CASH **N=104** APS, no BLIPS=55 BLIPS=29 only 'trait-state'=20 note: sample is a combination of [A] and refuser / NBI samples of [40]	age: 14-28; gender not specified; diverse; incl. antipsychotic treatment (49% received no antipsychotic treatment)	27.9% within 6 mth. 36.7% within 12 mth. (98/104) n=5 after 12 mth. (not entire sample)
Yung et al. 2005 [14] (not specified for N2, N3) **6 mth.**	UHR acc. to CAARMS **N1=43** distribution of criteria not specified no-UHR acc. to CAARMS **N2=107** UHR acc. to BPRS/CASH **N3=49** note: same participants as in [2] and [A]; not reported again in this table	age of N1: 15-24; age of N2 not specified; gender of N1 and N2 not specified; treatment options for N1 and N2 not specified	N1: 11.6% within 6 mth. N2: 0.9% within 6 mth.
Yung et al. 2007[C] (04/1995-08/2000) **5 yrs.**	UHR acc. to CAARMS **N=142** distribution of criteria not specified note: only participants of 3 previous studies with UHR rated acc. to BPRS/CASH	age and gender not specified; treatment options not specified note: no re-scoring strategy from initial BPRS/CASH to CAARMS operationalizations reported; CAARMS UHR criteria met by about 10% less patients than BPRS UHR criteria[8]	35.9% within 5 yrs.
Yung et al. 2006 [43], 2008[D] (04/2003-10/2003) **24 mth.**	UHR acc. to CAARMS **N1=119** distribution of criteria not specified no-UHR acc. to CAARMS **N2=173**	age: 15-24; 49% male; treatment options not specified	N1: 10.1% within 6 mth. 16.0% within 24 mth. N2: 0.6% within 6 mth. 1.2% within 24 mth.

Study (recruitment period); **follow-up period**	**At-risk criteria;** sample size; distribution of criteria in sample	**Sample and treatment description**	**Transition rate** (number of considered completers, if different from sample size in column 2)
Nelson et al. 2010[E] (1994-2006) (full publication pending) **5-15 yrs.**	UHR acc. to different operationalizations (► suppl. table 1) **N=411** distribution of criteria not specified note: participants of previous studies	age and gender not specified; treatment options not specified	17.1% within 12 mth. 20.9% within 2 yrs. 25.0% within 3 yrs. 29.3% within ≥5 yrs. (not entire sample) note: follow-up period of 2005 and 2006 samples not specified
Yung et al. 2010 [39] (1994-2006) (full publication pending) **≤15 yrs.**	UHR acc. to different operationalizations (► suppl. table 1) **N=311** distribution of criteria not specified note: part of 416 participants of previous PACE research studies [E]	age and gender not specified; treatment options not specified	16.6% within 12 mth. 20.6% within 2 yrs. 24.7% within 3 yrs. 30.0% within 5 yrs. 34.8% within 10 yrs.
Yung et al. 2011 [41] (08/2000-05/2006 or 05/2007) **6 mth.**	UHR acc. to CAARMS **N1=115** (included in treatment study) distribution of criteria not specified **N2=78** (refused treatment study) distribution of criteria not specified	age of N1: 14-30; age of N2 not specified; gender of N1 and N2 not specified; cognitive therapy and Risperidone (CT-RIS; N1a=43) or CT and placebo (CT-P; N1b=44) or supportive therapy and placebo (ST-P; N1c=28); treatment of N2 not specified	CT-RIS (N1a): 5.6% within 6 mth. (36/43) CT-P (N1b): 11.2% within 6 mth. (35/44) ST-P (N1c): 9.1% within 6 mth. (22/28) refusers (N2): 10.8% within 6 mth. (37/78)
Nelson & Yung 2010 [26] (08/2000-02/2007) **12 mth.**	UHR acc. to CAARMS **N=168** distribution of criteria not specified	age: 14-26; 39.3% male; active treatment incl. antipsychotic treatment	8.9% within 12 mth.

[A] Yung AR, Phillips LJ, Yuen HP, Francey SM, McFarlane CA, Hallgren M, McGorry PD: Psychosis prediction: 12-month follow up of a high-risk ("prodromal") group. Schizophr Res 2003;60(1):21-32.

[B] Phillips LJ, McGorry PD, Yuen HP, Ward J, Donovan K, Kelly D, Francey SM, Yung AR: Medium term follow-up of a randomized controlled trial of interventions for young people at ultra high risk of psychosis. Schizophr Res 2007;96(1-3):25-33.

[C] Yung AR, Yuen HP, Berger G, Francey S, Hung TC, Nelson B, Phillips L, McGorry P: Declining transition rate in ultra high risk (prodromal) services: dilution or reduction of risk? Schizophr Bull 2007;33(3):673-81.

[D] Yung AR, Nelson B, Stanford C, Simmons MB, Cosgrave EM, Killackey E, Phillips LJ, Bechdolf A, Buckby J, McGorry PD: Validation of "prodromal" criteria to detect individuals at ultra high risk of psychosis: 2 year follow-up. Schizophr Res 2008;105(1-3):10-7.

[E] Nelson B, Yung AR, Yuen HP, Spiliotacopoulos D, Lin A, Bruxner AL, Broussard CM, Simmons MB, McGorry PD: Long term follow up of an ultra high risk ("prodromal") group. Schizophr Res 2010;117(2-3):179.

Supplementary Table 3: Transition rates to psychosis in at-risk samples outside PACE defined by CAARMS/PACE UHR criteria

Study (recruitment period); **follow-up period**	**At-risk criteria;** sample size; distribution of criteria in sample	**Sample and treatment description**	**Transition rate** (number of considered completers, if different from sample size in column 2)
Studies using CAARMS/PACE UHR criteria			
Carr et al. 2000[F] (1997-not specified) **4-34 mth.**	UHR acc. to BPRS/CASH **N=23** distribution of criteria not specified	mean age: 17.6; 61.7% male; no antipsychotic treatment	9% within 4-34 mth. (mean 14.6 mth.)
Mason et al. 2004 [25] (1997-2002) **≥12 mth.**	UHR acc. to CAARMS **N=74** APS, no BLIPS=38 BLIPS=23 only 'trait-state'=13 note: includes participants of [F]	age: 13-28; 52.7% male; no antipsychotic treatment	50.0% within ≥12 mth. (mean: 26 mth.) APS, no BLIPS: 55.3% BLIPS: 60.9% only 'trait-state': 15.4%
Broome et al. 2005 [23] (not specified; over 30 mth. period) **≥6 mth.**	UHR acc. to CAARMS **N=58** APS, no BLIPS=45 BLIPS=12 only 'trait-state'=1	age: 14-35; 65.5% male; diverse; incl. antipsychotic medication	11.3% within ≥6 mth. (53/58)
Kéri et al. 2006[G] (not specified in English abstract) **12 mth.**	UHR acc. to PACE **N=42** distribution of criteria not specified in abstract note: instrument not specified	age and gender not specified; low-dose antipsychotic treatment plus supportive therapy for 6 mth. followed by 6-mth. monitoring only	7.1% within 6 as well as 12 mth.
Lam, et al. 2006 [24] (06/2002-04/2003) **6 mth.**	UHR acc. to CAARMS **N=62** APS, no BLIPS=46 BLIPS=12 only 'trait-state'=4	age: 9-25; 58.1% male; needs-based intervention without antipsychotic treatment	25.8% within 3 mth. 29.0% within 6 mth. APS, no BLIPS: 32.6% within 6 mth. BLIPS: 25.0% within 6 mth. only 'trait-state': 0% within 6 mth.
Miyakoshi et al. 2008 [42] (not specified) **6 mth.**	UHR acc. to CAARMS **N=33** distribution of criteria not specified	age: 14-35; 69.7% male; diverse; incl. antipsychotic medication (n=13)	12.1% within 6 mth. antipsychotic-naïve subsample (N=20): 15.0% within 6 mth.

[F] Carr V, Halpin S, Lau N, O'Brien S, Beckmann J, Lewin T: A risk factor screening and assessment protocol for schizophrenia and related psychosis. Aust N Z J Psychiatry 2000;34(Suppl.):S170-S180.

[G] Keri S, Kelemen O, Janka Z: [Therapy of mental states at high risk for psychosis: preliminary results from Hungary]. Orv Hetil 2006;147(5):201-204.

Supplementary Table 4: Transition rates to psychosis in at-risk samples using SIPS UHR Criteria (COPS)

Study (recruitment period); **follow-up period**	**At-risk criteria;** sample size; distribution of criteria in sample	**Sample and treatment description**	**Transition rate** (number of considered completers, if different from sample size in column 2)
Studies using SIPS UHR criteria (COPS)			
*Miller et al. 2002 [21] (01/1998-06/2000) **12 mth.**	UHR acc. to SIPS (COPS) **N1=13** APS, no BLIPS=12 BLIPS=1 no-UHR acc. to SIPS (COPS) **N2=16**	mean age: 17.8; 66% male; treatment options not specified	N1: 46% within 6 mth. 54% within 12 mth. N2: 0% within 12 mth.
*McGlashan et al. 2006 [29] (01/1998-07/2001) **24 mth.**	UHR acc. to SIPS (COPS) **N=60** APS, no BLIPS=57 BLIPS=0 only 'trait-state'=3 note: n=10 already reported for an unspecified period in [H]	age: 12-36; 65% male; 5-15mg/d Olanzapine (OLA; N1=31) or placebo (P; N2=29); each for 12 mth., followed by monitoring only for a further 12 mth.	26.7% within 12 mth. 29.4% within 13-24 mth. (17/60) OLA (N1): 16.1% within 12 mth. 33.3% within 13-24 mth. (9/31) P (N2): 37.9% within 12 mth. 25.0% within 13-24 mth.(8/29)
Lemos et al. 2006 [45] (not specified) **12 mth.**	UHR acc. to SIPS (COPS) **N=30** distribution of criteria not specified	age: 15-31; 56.7% male; cognitive- behavioural and psychopharmacological therapy	26.7% within 12 mth. (22/30)
*Pinkham et al. 2007 [30] (not specified) follow-up not specified	UHR acc. to SIPS (COPS) **N=19** APS, no BLIPS=17 BLIPS=2 only 'trait-state'=0	mean age: 21.7; 32% male; diverse; incl. antipsychotic treatment	26% within 12 mth.
Cannon et al. 2008 [17] (1998-2005) **6-30 mth.**	UHR acc. to SIPS (COPS) **N=291** APS, no BLIPS=282 BLIPS=7 only 'trait-state'=2 note: NAPLS consists pooled data from 8 independently conceived research projects[I], indicated by * in column 1	mean age: 18.1; 58.4% male; diverse; incl. antipsychotic medication	12.7% within 6 mth. 21.7% within 12 mth. 26.8% within 18 mth. 32.6% within 24 mth. 35.3% within 30 mth. note: transitions rates are adjusted at follow-ups beyond 6th month for unreported drop-outs

Study (recruitment period); **follow-up period**	**At-risk criteria;** sample size; distribution of criteria in sample	**Sample and treatment description**	**Transition rate** (number of considered completers, if different from sample size in column 2)
Lemos-Giráldez et al. 2009 [27] (2002-not specified) **3 yrs.**	UHR acc. to SIPS (COPS) **N=61** APS, no BLIPS=52 BLIPS=3 only 'trait-state'=6 note: includes participants of [45]	age: 17-31; 65.6% male; cognitive-behavioural and psychopharmacological therapy	18.0% within 12 mth. (45/61) 22.9% within 3 yrs. (27/61)
Simon & Umbricht 2010 [31] (not specified) **12 mth.**	UHR acc. to SIPS (COPS) **N=72** APS, no BLIPS=67 BLIPS=3 only 'trait-state'=2	age 14-40; 59.7% male; diverse; incl. antipsychotic medication	14.3% within 12 mth. (49/69) further: 59.2% remission from UHR status 26.5% maintenance of UHR status
Kwon et al. 2010 [28] (11/2004-08/2009) **mean follow-up of 16 mth.**	UHR acc. to SIPS (COPS) and/or CAARMS **N=69** APS, no BLIPS=61 BLIPS=1 only 'trait-state'=7	age: 15-35; 60.9% male; antipsychotic and/or antidepressive pharmacological treatment	24.1% within 16 mth. on average (54/69)
Addington et al. 2011 [44] (not specified) **18 mth.**	UHR acc. to SIPS (COPS) **N=51** distribution of criteria not specified	age 14-30; 70.6% male; cognitive-behavioural therapy (CBT; N1=27) or supportive therapy (ST; N2=24)	CBT (N1): 0% within 6, 12 as well as 18 mth. (19, 16 and 15/27) ST (N2): 16% within 6, 12 as well as 18 mth. (19, 15 and 13/24)

* included in NAPLS [17,[I]]

[H] Miller TJ, McGlashan TH, Woods SW, Stein K, Driesen N, Corcoran CM, Hoffman R, Davidson L: Symptom assessment in schizophrenic prodromal states. Psychiatr Q 1999;70(4):273-287.

[I] Addington J, Cadenhead KS, Cannon TD, Cornblatt B, McGlashan TH, Perkins DO, Seidman LJ, Tsuang M, Walker EF, Woods SW, Heinssen R: North American Prodrome Longitudinal Study: a collaborative multisite approach to prodromal schizophrenia research. Schizophr Bull 2007;33(3):665-672.

Supplementary Table 5: Transition rates to psychosis in at-risk samples operationalized by different UHR/UHR-like criteria

Studies using a different UHR/UHR-like operationalization			
Positive And Negative Syndrome Scales (PANSS)			
Morrison et al. 2004 [32], 2007[J] (2000-not specified) **12 and 36 mth.**	UHR acc. to PANSS **N=58** APS, no BLIPS=48 BLIPS=6 only 'trait-state'=4 note: transition rates at ≥6 mth. are already reported for n=23 in [K]	age: 16-36; 70% male; cognitive therapy (CT; N1=35) or treatment as usual (TAU; N2=23) for 6 mth., followed by 6-mth. monitoring; antipsychotic medication possible after baseline	12.0% within 6 mth. (50/58) 25.0% within 12 mth. (32/58) 52% within 3 yrs. (27/58) CT (N1): 6.5% within 6 mth. (31/35) 7.7% within 12 mth. (26/35) 41.0% within 3 yrs. (17/35) TAU (N2): 21.1% within 6 mth. (19/23) 37.5% within 12 mth. (16/23) 70.0% within 3 yrs. (10/23)
Amminger et al. 2010 [33] (04/2004-05/2006) **12 mth.**	UHR acc. to PANSS **N=81** APS, no BLIPS=44 BLIPS=35 only 'trait-state'=2	age: 13-25; 33.3% male; 1.2 g/d ω-3 PUFA (PUFA; N1=41) or placebo for 12 weeks (P; N2=40) followed by 40 weeks monitoring only	17.1% within 12 mth. n=76 PUFA (N1): 5.3% within 12 mth. (38/421) P (N2): 28.9% within 12 mth. (38/40)
Clinical High Risk (CHR) criteria			
*Cornblatt et al. 2003[L] (1998-2001) follow-up not specified	CHR acc. to SIPS **N=62** only attenuated negative Sx=20 APS=42	age: 18-22; 71% male; diverse; incl. antipsychotic medication	18.8% within 12 mth. on average 0% with attenuated negative symptoms 26.5% with APS
*Lencz et al. 2006[M] (01/1998-07/2001) **6-68 mth.**	CHR acc. to SIPS **N=38** only APS	mean age: 16.5; 58% male; diverse; incl. antipsychotic medication	36.4% within 22 mth. on average (33/38)
*Cornblatt et al. 2007 [46] (01/1998-06/2005) **2-88 mth.**	CHR acc. to SIPS **N=48** only APS note: includes participants of [L] and [M]	12-18; 60.4% male; antipsychotic and/or antidepressive medication	25.9% within 30.5 mth. on average n=1 within 6 mth. n=2 within 7-12 mth. n=6 within13-24 mth. n=2 within ≥25 mth.
Olvet et al. 2010[N] (not specified) follow-up not specified	CHR acc. to SIPS **N=147** distribution of criteria not specified	mean age: 16; 68.7% male; diverse; incl. antipsychotic medication	23.1% with an unspecified period

CARE extension of UHR criteria			
* Kristensen & Cadenhead, 2007 [47] (2000-2005) **12 mth.**	CARE extension acc. to SIPS **N=48** distribution of criteria not specified note: n=40 already reported in [O]	age 12-30; 54.2% male; diverse; incl. antipsychotic medication	12.5% within 12 mth.
EPOS extension of UHR criteria			
Ruhrmann et al. 2010 [18] (08/2002-08/2006) **18 mth.**	EPOS extension acc. to SIPS & COGDIS **N=245** UHR and COGDIS=146 only UHR=74 only COGDIS=25	age 16-35; 55.9% male; diverse; incl. antipsychotic medication	20.2% within 18 mth. (183/245)
Ziermans et al. 2011 [48] (not specified) **24 mth.**	EPOS extension acc. to SIPS & COGDIS **N=72** distribution of criteria irrespective of overlap: APS =65 BLIPS=4 'trait-state'=3 COGDIS=39	age 12-18; 61.1% male; diverse; incl. antipsychotic medication	11.2% within 12 mth. (62/72) 15.5% within 24 mth. (58/72)
FEPSY criteria			
Riecher-Rössler et al., 2007 [35], 2008 [36] (03/2000-02/2003) **2-5 yrs.**	FEPSY criteria **N=58** distribution of criteria not specified	age: ≥18; 58.6% male; no antipsychotic treatment	14.0% within 6 mth. (50/58) 24.0% within 12 mth. (50/58) 26.0% within 2 yrs. (50/58) 32.0% within >2 yrs. (≤50/58; Mdn=39 mth.)

* included in NAPLS [17]

[J] Morrison AP, French P, Parker S, Roberts M, Stevens H, Bentall RP, Lewis SW: Three-year follow-up of a randomized controlled trial of cognitive therapy for the prevention of psychosis in people at ultrahigh risk. Schizophr Bull 2007;33(3):682-687.

[K] Morrison AP, Bentall RP, French P, Walford L, Kilcommons A, Knight A, Kreutz M, Lewis SW: Randomised controlled trial of early detection and cognitive therapy for preventing transition to psychosis in high-risk individuals. Study design and interim analysis of transition rate and psychological risk factors. Br J Psychiatry 2002;43 (Suppl.):s78-s84.

[L] Cornblatt BA, Lencz T, Smith CW, Correll CU, Auther AM, Nakayama E: The schizophrenia prodrome revisited: a neurodevelopmental perspective. Schizophr Bull 2003;29(4):633-651.

[M] Lencz T, Smith CW, McLaughlin D, Auther A, Nakayama E, Hovey L, Cornblatt BA: Generalized and specific neurocognitive deficits in prodromal schizophrenia. Biol Psychiatry 2006;59(9):863-871.

[N] Olvet DM, Stearns WH, McLaughlin D, Auther AM, Correll CU, Cornblatt BA: Comparing clinical and neurocognitive features of the schizophrenia prodrome to the bipolar prodrome. Schizophr Res 2010;123(1):59-63.

[O] Haroun N, Dunn L, Haroun A, Cadenhead KS: Risk and protection in prodromal schizophrenia: ethical implications for clinical practice and future research. Schizophr Bull 2006;32(1):166-178.