Koch, A., Dobrindt, J. & Schützwohl, M. (2017). *Psychotropic Medication Interview – Carer.* Department of Psychiatry and Psychotherapy, University Hospital Carl Gustav Carus, Technische Universität Dresden, Dresden, Germany. Retrieved from: https://tinyurl.com/prompt-id-studie.

Basic parameter 1. psychotropic medication (to be filled out for each separate prescribed psychotropic medication)

1. *To be entered by interviewer:* Trade name: ......……….......................

2. *To be entered by interviewer:* Active substance: ......……….......................

3. *To be entered by interviewer:* pharmaceutical registration number: .... *(number)* ☐-9 unknown

4. *To be entered by interviewer:* Which substance class is the psychotropic medication assigned to?

☐01 antipsychotics ☐02 antidepressants ☐03 benzodiazepines ☐04 lithium ☐05 antiepileptics ☐06 anxiolytics/ hypnotics/ sedatives*

☐07 psycho-stimulances ☐08 antiparkinson-drugs ☐09 antidementives ☐10 to treat addiction disorders

* excluding benzodiazepines

5. *To be entered by interviewer:* Subdivision of substance classes ☐00 no further subdivision possible

5.1. if antipsychotics ☐01 „typical“ ☐02 „atypical“ *5.1.1. potency* ☐01 „low“ ☐02 „medium“ ☐03 „high“

*5.2. if antidepressives*** ☐01 NSMRI ☐02 SSRI ☐03 SNRI ☐04 MAOH

☐05 NaSSA ☐06 NDRI ☐07 NARI ☐08 other

5.3. if benzodiazepines ☐01 anxiolytics ☐02 antiepileptics ☐03 hypnotics/sedatives

**NSMRI (Non-Selective Monoamine Reuptake Inhibitors), SSRI (Selective Serotonin Reuptake Inhibitors), SNRI (Selective Serotonin-Noradrenaline Reuptake Inhibitors), MAOH (Monoaminooxidase Inhibitors), NaSSA (Noradrenalin-Serotonin Selective Antidepressant), NDRI (Selective Noradrenalin-Dopamin Reuptake Inhibitors), NARI (Selektive Noradrenaline Reuptake Inhibitors)

6. Since when is the psychotropic drug being taken?

☐01 for less than 3 months ☐02 from 3 to less than 6 months ☐03 from 6 to less than 12 months

☐04 for 1-2 years ☐05 for 3-5 years ☐06 for more than 5 years ☐-9 unknown

7. *Not for relatives:* Was the psychotropic drug prescribed before moving into the sheltered housing?

☐00 no ☐01 yes ☐-9 unknown

8. 8.1. Is the duration of medication intake limited in time?

☐00 no ☐01 yes ☐-9 unknown 8.2. If yes, how long? .... *days*

9. What is the total daily dose? .... *mg/ml*

10. In which dosage form is the psychotropic medication administered?

☐01 orally ☐02 intravenously ☐03 intramuscular ☐04 subcutaneous ☐05 other ☐-9 unknown

11. Is the psychotropic medication administered as a depot (e.g. intramuscularly every 2-4 weeks)?

☐00 no ☐01 yes ☐-9 unknown

12. Is the psychotropic drug prescribed as a pro re nata (PRN, ‘as needed’) medication?

☐00 no ☐01 yes ☐-9 unknown

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General interview on psychotropic medication

13. Do you know the reason for the prescription of the respective psychotropic medication?

Please enter the name of the psychotropic medication:			*13.1. Please state reason for prescription:*	*13.1.1. if not psychiatric, please indicate*
1.	☐00 no	☐01 yes	....	☐01 *not psychiatric*
2.	☐00 no	☐01 yes	....	☐01 *not psychiatric*
3.	☐00 no	☐01 yes	....	☐01 *not psychiatric*
4.	☐00 no	☐01 yes	....	☐01 *not psychiatric*

14. Is medication prescribed to treat side effects?

☐00 no ☐01 yes ☐-9 unknown

If yes: Which medication?

14.1... *(please fill in)*

14.2... *(please fill in)*

15. Who last prescribed the psychotropic drugs?

☐01 psychiatrist

☐02 psychiatrist experienced in the treatment of people with intellectual disabilities

☐03 neurologist

☐04 specialist in psychiatry and neurology

☐05 paediatrician

☐06 general practitioner

☐07 other specialist ....*(please specify)*

☐-9 unknown

16. Is the prescription of a psychotropic medication 'off-label', that is outside its licensed indication?

☐00 no ☐01 yes ☐-9 unknown

If yes: Which psychotropic drug was prescribed 'off-label?'?

16.1. .... *(please fill in)*

16.2. .... *(please fill in)*

16.3. .... *(please fill in)*

17. Is there a parameter monitoring (laboratory parameters, apparatus tests) of the psychotropic medication?

☐00 no ☐01 yes, for all psychotropic medication ☐02 yes, but only for lithium ☐03 not required (PRN medication) ☐-9 unknown

17.1. If yes: By whom is the parameter monitoring performed? ☐-9 unknown

☐01 psychiatrist

☐02 psychiatrist experienced in the treatment of people with intellectual disabilities

☐03 neurologist

☐04 specialist in psychiatry and neurology

☐05 paediatrician

☐06 general practitioner

☐07 other specialist .... *(please specify)*

☐08 other non-physician person .... *(please specify)*

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Please enter the name of the psychotropic medication:	1.	2.	3.	4.	5. ....
18. Were there any changes in the dose within the last year?					
dose increase	☐ 01	☐ 01	☐ 01	☐ 01	☐ 01
dose reduction	☐ 02	☐ 02	☐ 02	☐ 02	☐ 02
dose increase and reduction	☐ 03	☐ 03	☐ 03	☐ 03	☐ 03
no dose change	☐ 04	☐ 04	☐ 04	☐ 04	☐ 04
unknown	☐ -9	☐ -9	☐ -9	☐ -9	☐ -9
18.1. If there were adjustments in the dose, what were the causes?					
efficacy	☐ 01	☐ 01	☐ 01	☐ 01	☐ 01
side effects	☐ 02	☐ 02	☐ 02	☐ 02	☐ 02
efficacy and side effects	☐ 03	☐ 03	☐ 03	☐ 03	☐ 03
other	☐ 04	☐ 04	☐ 04	☐ 04	☐ 04
18.2. If there has been a dose reduction, was it due to a medication discontinuation process?					
no	☐ 00	☐ 00	☐ 00	☐ 00	☐ 00
yes	☐ 01	☐ 01	☐ 01	☐ 01	☐ 01
unknown	☐ -9	☐ -9	☐ -9	☐ -9	☐ -9
not applicable	☐ -8	☐ -8	☐ -8	☐ -8	☐ -8

19. Was there a change in medication in the last year as part of an inpatient hospital stay?

☐ 00 no ☐ 01 yes ☐ -9 unknown

20. Was the use of one or more psychotropic medication denied during the last year?

☐ 00 never
☐ 01 rarely (1-6 times in last year)
☐ 02 often (once a month)
☐ 03 very often (once a week)
☐ 04 frequently (almost every time of intake)
☐ -9 unknown

21.1. Are several regular psychotropic medications used to treat the same symptomatology mentioned above in the prescription reasons (excluding PRN medication)?

☐ 00 no ☐ 01 yes ☐ -9 unknown

21.2. Are several psychotropic medications used to treat the same symptomatology mentioned above in the prescription reasons (including PRN medication)?

☐ 00 no ☐ 01 yes ☐ -9 unknown ☐ -8 not applicable /no PRN medication prescribed

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22. Are there any other pharmaceuticals prescribed for the treatment of the psychiatric symptoms?

☐00 no ☐01 yes ☐-9 unknown

22.1. If yes: Which medication?	22.2. For the treatment of which mental disorder, which problem behaviour or which target symptom?
22.1.1..	22.2.1..
22.1.2..	22.2.2..
22.1.3..	22.2.3..

22.3. Please assign the pharmaceuticals to the following categories:

	22.3.1.	22.3.2.	22.3.3.
high dose beta blockers (e.g. atenolol, propanol)	☐01	☐01	☐01
opioid antagonists (e.g. naloxone, naltrexone)	☐02	☐02	☐02
melatonin	☐03	☐03	☐03
clonidine	☐04	☐04	☐04
other ....*(please specify)*	☐05	☐05	☐05
not applicable	☐-8	☐-8	☐-8

Please enter the name of the psychotropic medication:	1.	2.	3.	4.	5. ....
23. Is a psychotropic medication used as PRN medication?					
	☐01	☐01	☐01	☐01	☐01
23.1. What is the single dose?	...............mg/ml	...............mg/ml	...............mg/ml	...............mg/ml	...............mg/ml
23.2. How often may the PP be given daily?	.........times	.... times	.... times	.... times	.... times
23.3. When was the PRN medication last used?					
during the last week	☐01	☐01	☐01	☐01	☐01
during the last 4 weeks	☐02	☐02	☐02	☐02	☐02
during in the last 3 months	☐03	☐03	☐03	☐03	☐03
during the past half year	☐04	☐04	☐04	☐04	☐04
during the past year	☐05	☐05	☐05	☐05	☐05
over a year ago	☐06	☐06	☐06	☐06	☐06
never used	☐07	☐07	☐07	☐07	☐07
unknown	☐-9	☐-9	☐-9	☐-9	☐-9

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