

# **Functional recovery in patients with schizophrenia. Recommendations from a panel of experts**

**Additional file 1** – Results of the Delphi consensus

**Table S1** – Consensus criteria

<b>Consensus</b>
$\geq 1/3$ of experts score EITHER 7 – 9 (agree) OR 1 – 3 (disagree)
<b>Non-consensus</b>
Interquartile range > 4 OR $\geq 2/3$ of experts score 1 – 3 AND $\geq 2/3$ of experts score 7 – 9
<b>Indeterminate</b>
Criteria for either consensus or non-consensus is not met

**Table S2 – The concept of functional recovery**

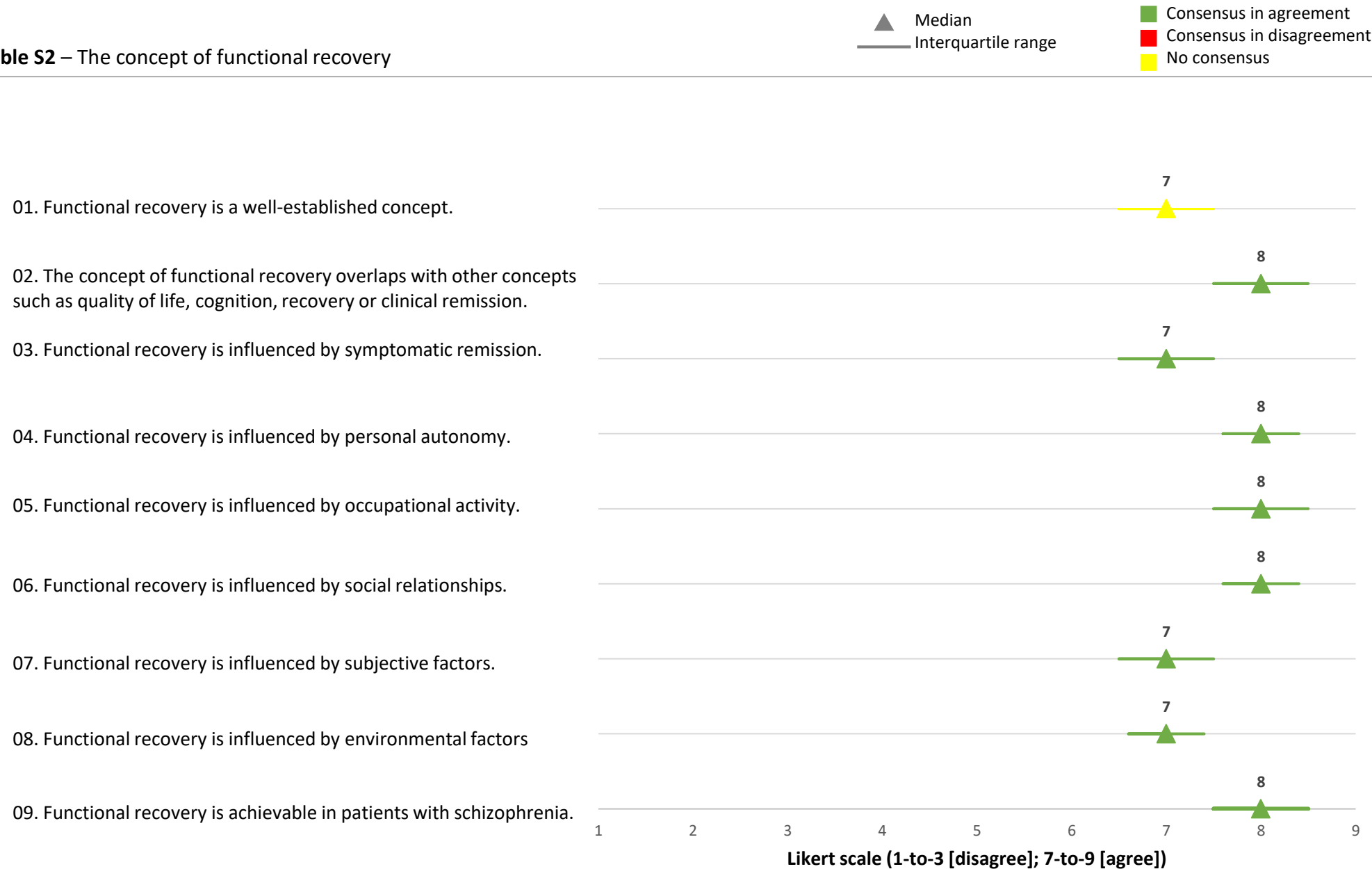


Table S3 – Assessment of functional recovery

10. Functioning must be always considered in the assessment of patients with schizophrenia.
11. A functional assessment is commonly included among the objectives of clinical trials in schizophrenia.
12. A functional assessment should be included among the objectives of clinical trials in schizophrenia.
13. Patients with schizophrenia and poor insight tend to overestimate their functional performance.
14. Functional assessment is challenging due to the overlapping with other concepts such as quality of life and clinical remission.
15. The patient is the most reliable source of information for functional assessment.
16. The patient's relatives (or caregivers) are the most reliable source of information for functional assessment.
17. The healthcare team is the most reliable source of information for functional assessment.
18. In the clinical practice setting, gathering information from all sources (i.e. the patient, his/her caregiver, and the healthcare team) is the most reliable and useful option.
19. In clinical research settings, retrieving information from all three sources (i.e. the patient, his/her caregiver, and the healthcare team) is the most reliable and useful option.
20. A functional assessment should consider the patient's socio-cultural background.
21. A proper functional assessment is not affordable in institutionalized patients.
22. The use of assessment tools for the functional evaluation of patients with schizophrenia is uncommon.
23. Many assessment tools are available for the functional evaluation of patients with schizophrenia.
24. There is no standardized tool for the functional assessment of patients with schizophrenia.
25. I am familiar with the use of the Global Assessment Functioning (GAF) scale regarding the functional assessment of patients with schizophrenia.
26. I am familiar with the use of the Social and Occupational Functioning Assessment Scale (SOFAS) regarding the functional assessment of patients with schizophrenia.
27. I am familiar with the use of the Personal and Social Performance (PSP) scale regarding the functional assessment of patients with schizophrenia.
28. I am familiar with the use of the Schizophrenia Outcomes Functioning Interview (SOFI) regarding the functional assessment of patients with schizophrenia.
29. I am familiar with the use of the Health of the Nation Outcome Scale (HoNOS) regarding the functional assessment of patients with schizophrenia.
30. I am familiar with the use of the second version of the World Health Organization Disability Assessment Schedule (WHODAS 2.0) regarding the functional assessment of patients with schizophrenia.
31. I am familiar with the use of the UCSD Performance-based Skills Assessment (UPSA) regarding the functional assessment of patients with schizophrenia.
32. Spanish clinicians are familiar with functional assessments based on self-administered scales.

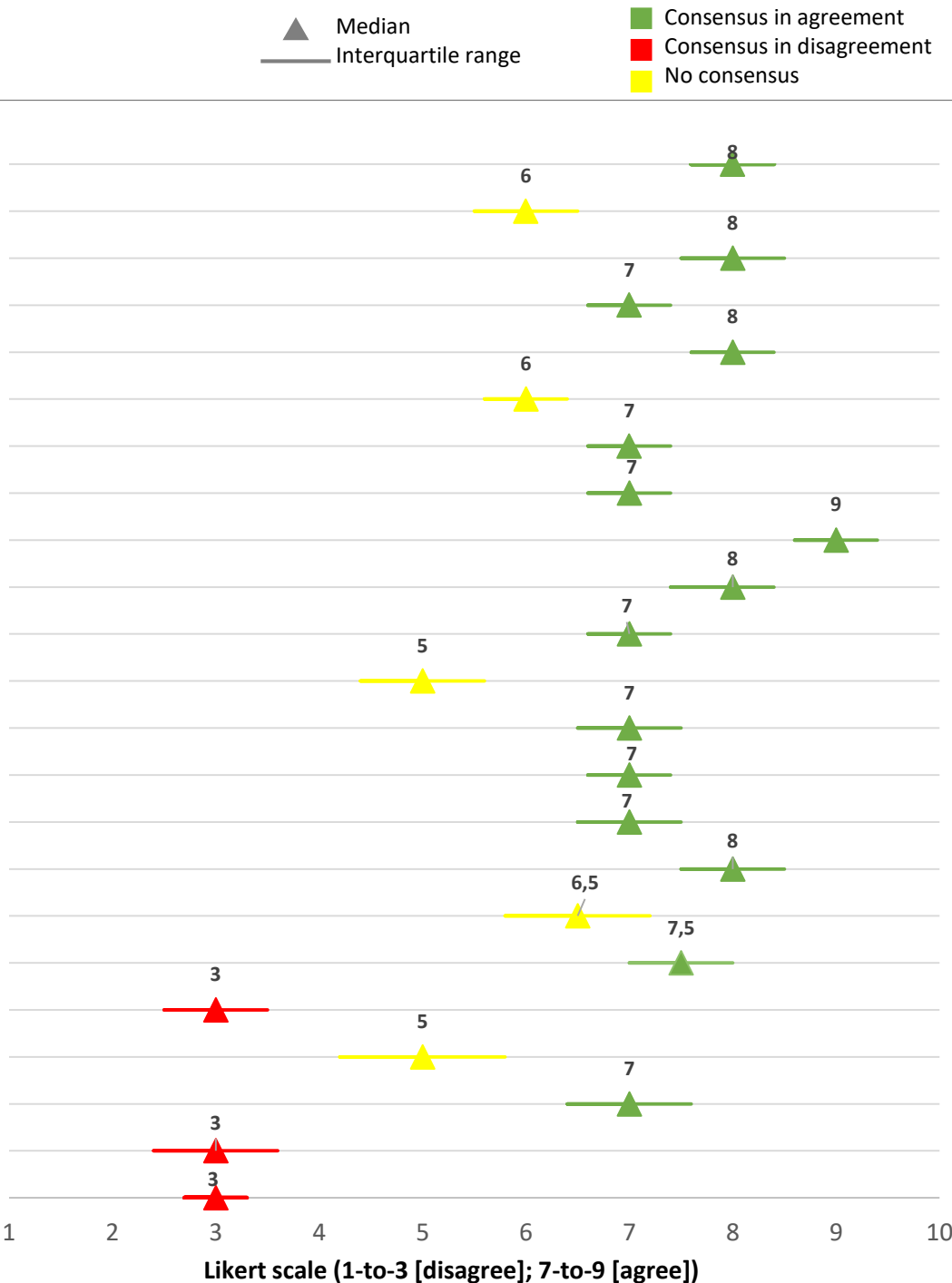
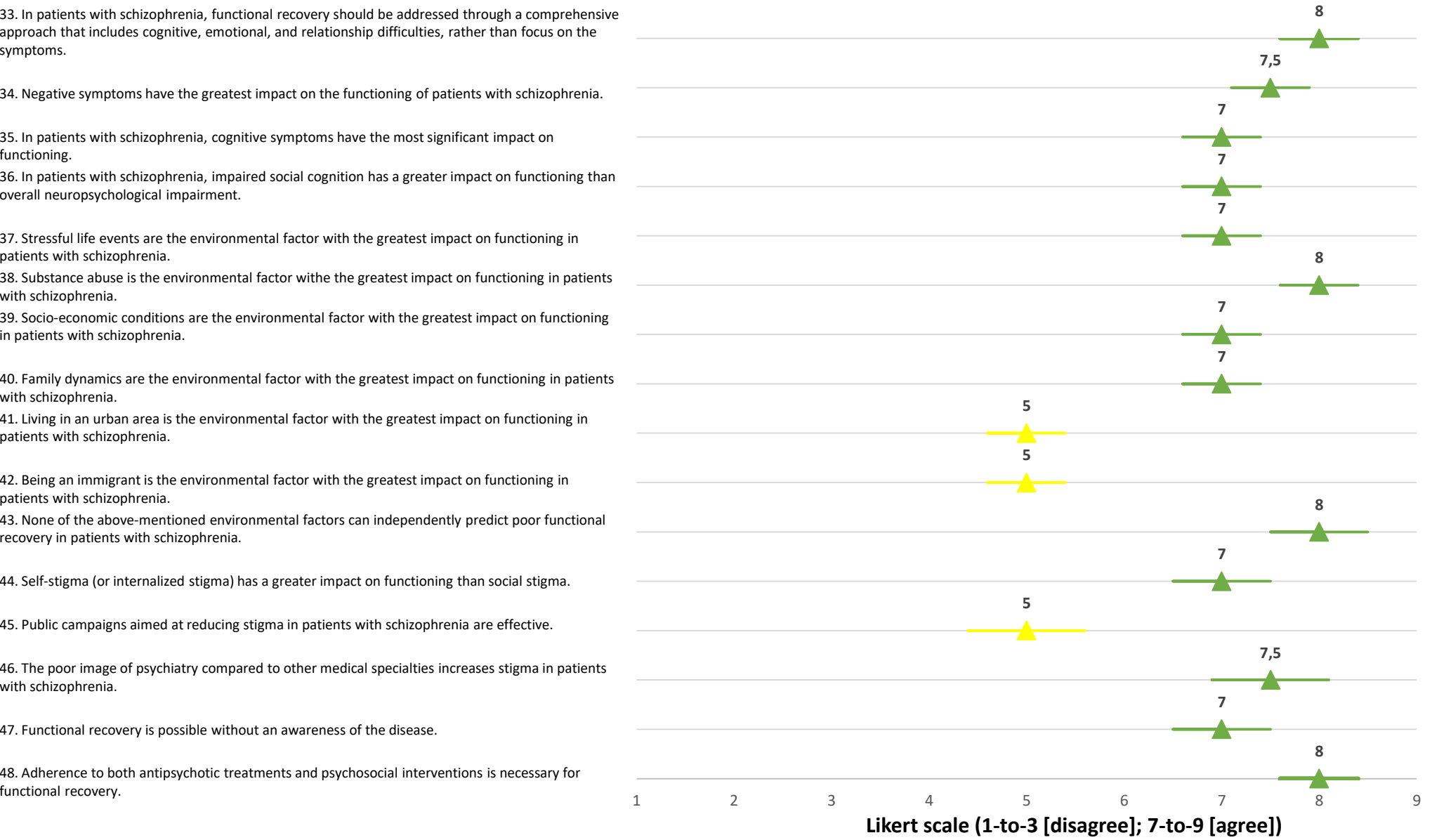


Table S4 – Factors influencing functional recovery



**Table S5 – Psychosocial interventions and functional recovery**

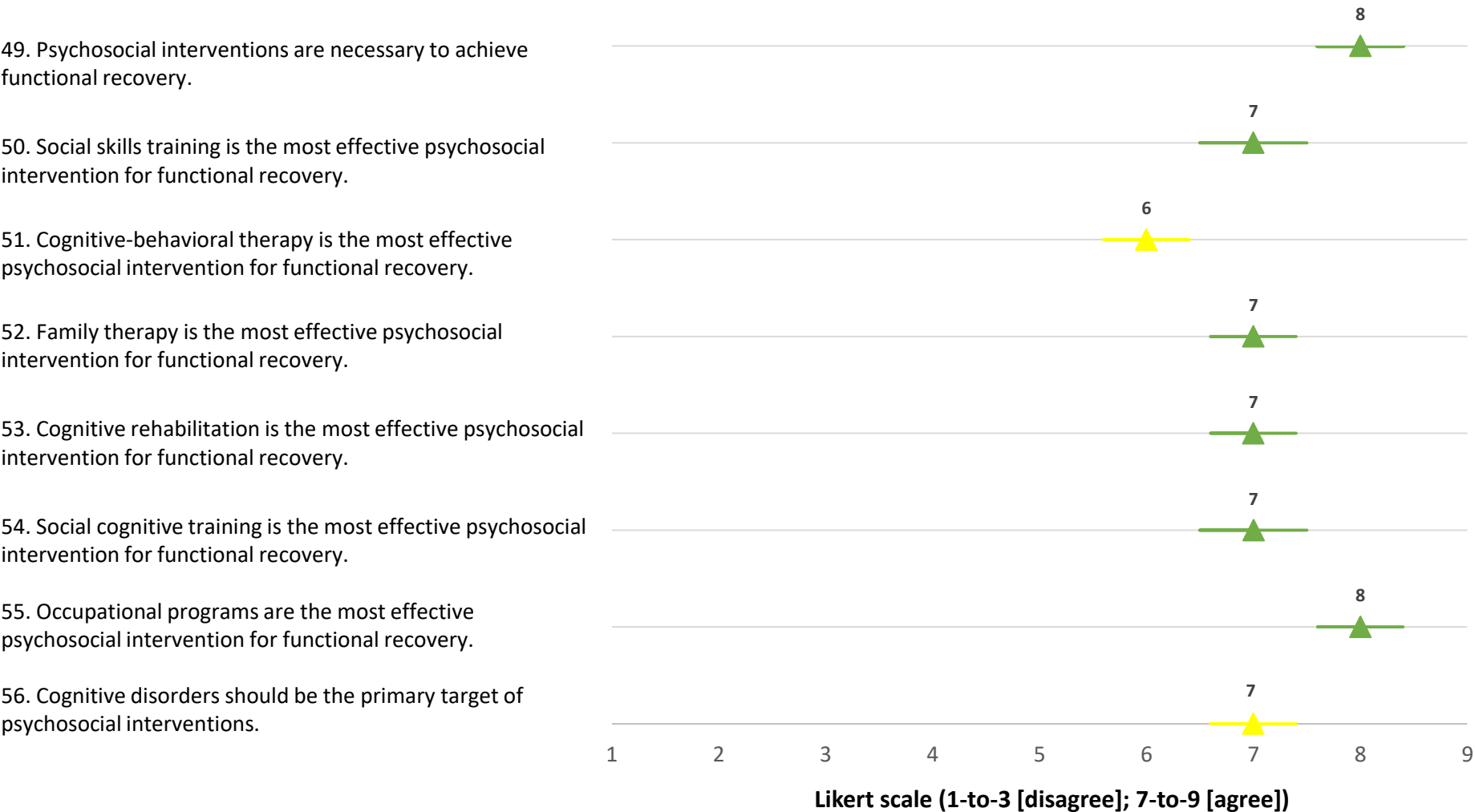
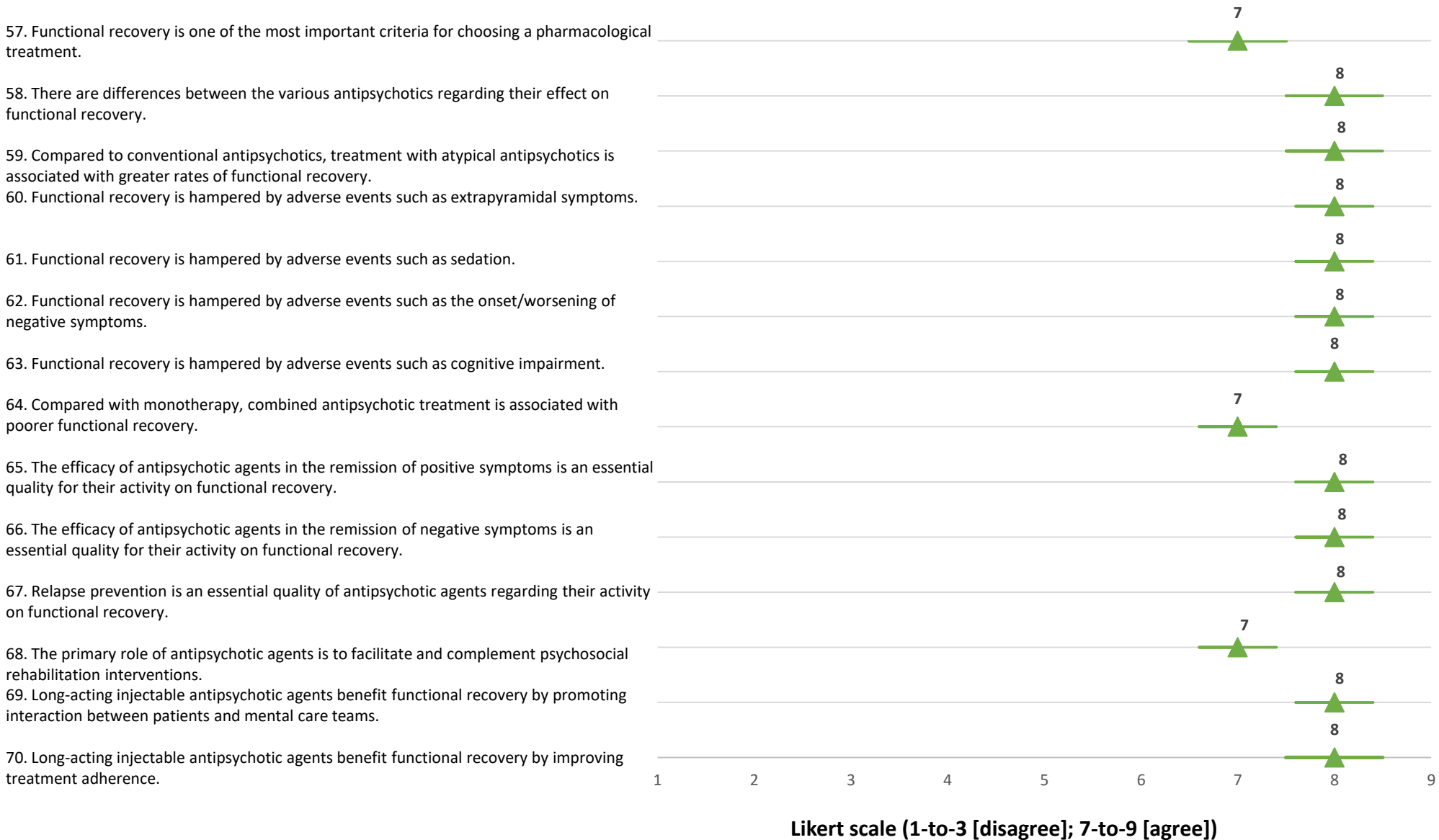


Table S6 – Pharmacological treatment and functional recovery



**Table S7 – The perspective of patients and their relatives on functional recovery**



71. The perspective of clinicians on functional recovery differs significantly from that of patients and their relatives.



72. Regarding functional recovery, psychiatrists are more concerned with the clinical aspects of the disease.



73. Regarding functional recovery, patients' relatives are more concerned with factors related to the activities of daily living.



74. Regarding functional recovery, patients are more concerned with subjective aspects of their lifetime project.



75. The attitude of the various stakeholders (clinicians, patients, relatives, and other professionals involved) influences functional recovery.



1 2 3 4 5 6 7 8 9

Likert scale (1-to-3 [disagree]; 7-to-9 [agree])