

Appendix 1. Demographic characteristics of MAT_{APSCZ} respondents

Variable	N=200
Gender, N (%)	
Female	122(61)
Male	78(39)
Age(years), mean ± SD (95% CI)	42.22 ± 8.8 (40.9, 43.4)
Academic position, N (%)	
Yes	61 (31)
No	139 (69)
Year of experience in managing patients with schizophrenia	
mean ± SD (95% CI)	8.8±8.2 (7.7, 10.0)
Range (Min, Max)	40 (1,41)
N: number, SD: Standard deviation, CI: Confidence interval, Min: Minimum, Max: Maximum	

Appendix 2. The six factors of the MAT_{APSCZ} and their factor loadings (N=200)

Factors	Items	Factor Loading	h^2	λ	% Variance
1. Physical and laboratory assessments for a patient before starting an antipsychotic drug	4. Before starting treatment with antipsychotic drugs, in the case of schizophrenic patient cooperation, I request laboratory monitoring* as clinically indicated. * laboratory monitoring: Liver enzymes (ALT, AST, & ALP), renal function test (BUN & Cr), FBS, fasting lipid panel, electrolyte's level (Na, K, Ca, Mg, P), and prolactin level	0.865	0.436	7.413	15.4
	Before starting treatment with antipsychotic drugs in the schizophrenic patient, if any of the following are present, and in the case of patient cooperation, I request an electrocardiogram:				
	15. Personal history of QTc prolongation	0.860	0.875		
	12. Simultaneous use of multiple drugs that prolong QTc intervals	0.817	0.743		

11. Presence of hypokalemia, hypomagnesemia, or hypocalcemia	0.753	0.666		
7. Bradycardia	0.741	0.616		
6. 60 years of age or older	0.735	0.813		
5. Excess dose of QT interval prolonging drugs	0.720	0.763		
14. Underlying diseases such as kidney disease, hepatic impairment and hypothyroidism	0.695	0.632		
8. Before treatment with chlorpromazine, pimozide, thioridazine and haloperidol (IV)	0.689	0.452		
10. Personal history of structural or functional heart diseases	0.678	0.543		
17. Before starting treatment with antipsychotic drugs, for schizophrenic	0.654	0.521		

	women who are of childbearing age, I request a pregnancy test.				
	18. Before starting treatment with clozapine in a schizophrenic patient, I request a CBC test (ANC) and after learning about the test result, I decide on treatment with this drug.	0.591	0.395		
	3. Before starting treatment with antipsychotic drugs, in the case of schizophrenic patient cooperation, I measure the BMI.	0.577	0.878		
	16. Before starting treatment with antipsychotic drugs, in the case of schizophrenic patient cooperation, I evaluate abnormal involuntary movements	0.553	0.412		
	1. Before starting treatment with antipsychotic drugs, in the case of schizophrenic patient cooperation, I	0.500	0.538		

	evaluate the pulse rate and blood pressure.				
2. General pharmacotherapy approaches and evaluation of the treatment response	If ensuring the schizophrenic patient takes periodic laboratory tests, when the patient's WBC and ANC are at least 3,500 and 1,500 per microliter, respectively, I prescribe clozapine in the following cases:			4.889	10.2
	32.Patient with treatment-resistant schizophrenia (TRS) (a patient who, despite receiving two antipsychotic drugs from different classes for at least six weeks at the equivalent dosage of at least 600 mg of chlorpromazine per day, did not show any improvement in the clinical condition). *Albeit, if one of the patient's two antipsychotic regimens is a long-acting injectable drug, the response time is at least six weeks after the long-acting injectable drug reaches a stable plasma level (usually at least 3-4 months later from the starting the treatment).	0.898	0.305		

	33. A patient with a substantial risk for suicide, despite receiving antipsychotic regimens	0.868	0.435		
	34. In a schizophrenic patient, if clozapine is administered, I start the drug based on the patient's clinical status and tolerance, and gradually increase the dose until it reaches the therapeutic dose range of 300-450 mg per day. Then, I monitor the patient with this dose for at least two to four weeks.	0.779	0.664		
	37. In a patient with clozapine-resistant schizophrenia*, based on the patient's clinical status and symptoms, I prescribe the combination of clozapine with other drugs such as antipsychotics, mood stabilizers, antidepressants, or electroconvulsive therapy. * Clozapine-resistant schizophrenia = No significant improvement in the symptoms of the patient treated with the	0.699	0.416		

	<p>maximum tolerable dose of clozapine for at least three months</p>				
	<p>38. In a patient with clozapine-resistant schizophrenia*, I prescribe the combination of clozapine with other drugs such as antipsychotics, mood stabilizers, antidepressants, or electroconvulsive therapy for at least three months. Then, depending on the patient's clinical status, I decide whether to continue or discontinue the treatment option added to clozapine.</p> <p>* Clozapine-resistant schizophrenia = No significant improvement in the symptoms of the patient treated with the maximum tolerable dose of clozapine for at least three months</p>	0.646	0.368		
	<p>35. In a schizophrenic patient, in the case of minimal improvement (at least a 20% reduction) in symptoms after receiving at</p>	0.632	0.497		

	<p>least two to four weeks of clozapine at a dose of 300-450 mg per day, I continue the medication with the same dose and evaluate the patient's clinical status every week.</p>				
	<p>36. In a schizophrenic patient, in the case of no response (at least a 20% reduction) to symptoms after receiving at least two to four weeks of clozapine at a dose of 300-450 mg per day, despite appropriate adherence to treatment, I gradually increase the drug to the maximum tolerable therapeutic dose for the patient and monitor the patient with this dose for at least two months.</p>	0.619	0.419		
	<p>41. In a patient treated with clozapine who has not taken clozapine for more than 7 days for any reason, in the case of the resumption of the drug, regardless of the daily dose received by the patient before discontinuation, I start clozapine</p>	0.582	0.417		

	<p>with the minimum recommended dose (12.5-25 mg per day) and based on patient tolerance, I increase the dose of the drug to the patient's daily dose before discontinuation within two to four weeks.</p>				
	<p>28. In a schizophrenic patient, I start the dose of the antipsychotic drug based on the patient's clinical status and tolerance, and gradually increase the dose until it reaches the therapeutic dose range, and then monitor the patient with this dose for at least two weeks.</p>	0.497	0.259		
	<p>29. In a schizophrenic patient, in the case of minimal improvement (a reduction of at least 20%) in symptoms, after two weeks of receiving the dose of the antipsychotic drug in the therapeutic range, I continue the medication with this dose and evaluate the patient's clinical status every week.</p>	0.398	0.240		

	31. In a schizophrenic patient, in the case of no minimal improvement (a reduction of at least 20%) in the symptoms, after receiving at least two weeks of the maximum tolerable therapeutic dose of antipsychotic drug, I switch the patient's antipsychotic medication.	0.383	0.201		
	30. In a schizophrenic patient, in the case of no minimal improvement (a reduction of at least 20%) in the symptoms, after receiving a two-week dose of antipsychotic drug in the therapeutic range, despite appropriate adherence to treatment, I increase the dose of the drug (up to the maximum tolerable therapeutic dose) and monitor the patient for at least two weeks with this dose.	0.379	0.209		
3. General principles for selection of an antipsychotic drug	I consider the following factors when choosing an antipsychotic medication for the schizophrenic patient:			3.780	7.9

	19. The patient's past responses to treatment	0.879	0.557		
	23. Medical comorbidities and concurrent medications	0.853	0.737		
	22. The medication's side-effect profile	0.802	0.702		
	21. Clinical symptoms	0.794	0.542		
	24. Other medication-related factors such as available formulations, the potential for drug-drug interactions, and pharmacokinetic considerations	0.733	0.397		
	20. Medication history for a first-degree relative with schizophrenia	0.685	0.354		
4. Physical and laboratory assessments for a patient taking an antipsychotic drug	54. In a schizophrenic patient treated with clozapine, if WBC and ANC counts are at least 3,500 and 1,500 per mm ³ , respectively, I evaluate the CBC (ANC) weekly for the first six months of treatment with clozapine.	0.683	0.456	2.9561	6.1

	<p>In a schizophrenic patient treated with antipsychotic drugs, if any of the followings are present, in the case of patient cooperation, I request an electrocardiogram:</p>			
	48. Elevated baseline QTc intervals	0.664	0.662	
	50. The addition of other medications that can affect the QTc interval in patients with cardiac risk factors	0.659	0.735	
	49. A significant increase in the dose of antipsychotic drugs associated with the prolongation of the QTc interval, including pimozide, chlorpromazine, thioridazine, and haloperidol (IV)	0.653	0.456	
	52. In a schizophrenic patient treated with antipsychotic drugs, in the case of patient cooperation, I evaluate antipsychotic-induced movement disorders at each visit.	0.648	0.594	

	<p>51. In a schizophrenic patient treated with antipsychotic drugs, in the case of the patient cooperation, I request physical and laboratory monitoring* as clinically indicated.</p> <p>* physical and laboratory monitoring: PR, BP, Liver enzymes (ALT, AST, & ALP), renal function test (BUN & Cr), FBS, fasting lipid panel, electrolyte's level (Na, K, Ca, Mg, P), and prolactin level</p>	0.631	0.465		
	<p>53. In a schizophrenic patient treated with antipsychotic drugs, in the case of the patient cooperation, in the first three months of starting the drug, I measure the weight monthly.</p>	0.528	0.445		
	<p>58. In a schizophrenic patient treated with clozapine who has not taken the drug for 30 days or more, I request a CBC (ANC) monitoring such as starting treatment with clozapine (weekly for six</p>	0.302	0.399		

	months, then every other week for another six months, and then monthly).				
5. Indications for the administration of an injectable antipsychotic drug	I prescribe a long-acting injectable antipsychotic when a schizophrenic patient has any of the following conditions:			2.625	5.5
	45. Poor or unpredictable absorption with oral medication (due to intestinal bypass or other malabsorption issues)	0.871	0.618		
	46. Lack of taking oral medication due to experiencing the peak side effects of a drug	0.859	0.395		
	43. History of poor or uncertain adherence to medication	0.796	0.447		
	44. Patient preferences	0.704	0.414		
6. Indications for the prescription of an antipsychotic drug in a lower dose	In a schizophrenic patient, if any of the followings are present, I start the antipsychotic drug with a lower initial dose than the initial dose recommended in the guidelines, and I gradually increase the dose with more intervals.			2.403	5.00

	26. Severe debility in performing daily tasks.	0.898	0.529		
	27. Younger individuals who are experiencing a first episode of psychosis	0.896	0.579		
	25. Patients over 60 years old, particularly those with concomitant physical health issues who are receiving multiple medications	0.891	0.433		

h^2 : Communalities; λ : Eigenvalue; ALT: Alanine transaminase; AST: Aspartate aminotransferase; ALP: Alkaline phosphatase; BUN: Blood urea nitrogen; Cr: Creatinine; CBC: Complete blood count; FBS: Fasting blood sugar; Na: Sodium; K: Potassium; Ca: Calcium; Mg: Magnesium; P: Phosphorus; BMI: Body mass index; WBC: White blood cell; ANC: Absolute neutrophil count, PR: Pulse rate, BP: Blood pressure

Appendix 3. The indices of internal consistency of the MAT _{APSCZ} (N = 200)			
Factors	Cronbach's alpha	McDonald's omega	AIC
1	0.919	0.923	0.434
2	0.756	0.763	0.205
3	0.837	0.837	0.493
4	0.757	0.769	0.307
5	0.782	0.792	0.364
6	0.735	0.788	0.405

AIC: Average inter-item correlation