OVERVIEW OF SELF-ADMINISTERED KSADS-COMP

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LOGGING IN & GETTING STARTED

Once you have purchased the KSADS-COMP, the link to log in is: ksadslogin.com. If you are logging into the demonstration site, use the login link provided in the email with your demonstration site userid and password. When you log in, you will see this screen. Click 'select and go' to begin.

UPMC Self Admin		Select & Go ➜
Total Patients:	210	
Total Teen Interview Started:	0	
Total Teen Interview Completed:	0	
Total Parent Interview Started:	0	
Total Parent Interview Completed:	0	

240
180
120
60

■ Total Users
■ Total Started
■ Total Completed
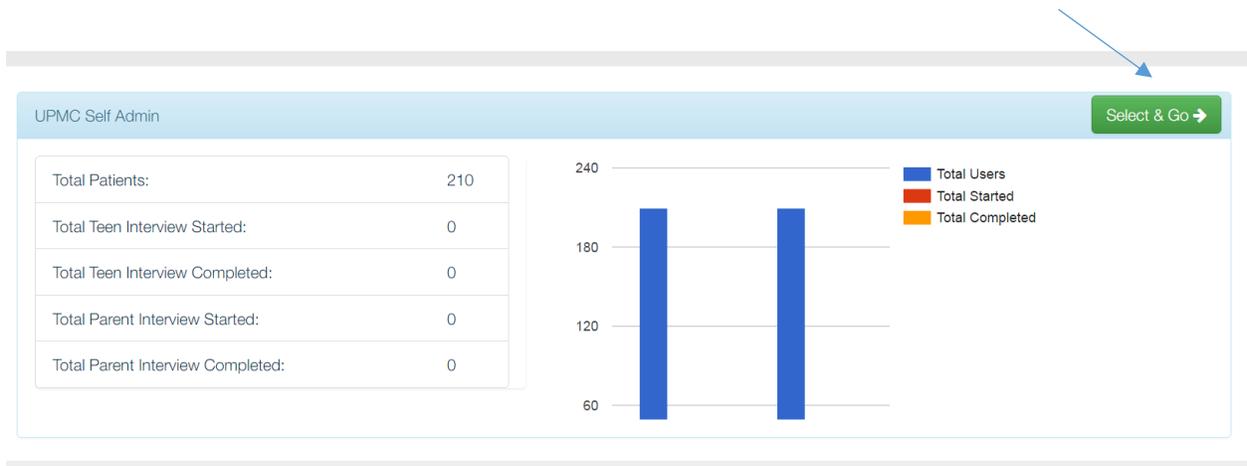
Chose interviewee (teen or parent)

Click on either teen interview or parent interview to begin.

HOME			UPMC Self Admin ▼

Welcome to the KSADS main menu. Click on the links below to begin or continue an interview, or to receive interview results. You can add additional patient information by clicking the links under the Patient ID column.

⬇ Show Search Options

Patient ID	Teen Interview	Parent Interview	Reports
UserUPMC001	Click here to start	Click here to start	Go to Reports
UserUPMC002	Click here to start	Click here to start	Go to Reports
UserUPMC003	Click here to start	Click here to start	Go to Reports

Option to choose modules to administer

Before starting the interview, you (the clinician or researcher) have the option to choose specific modules to administer to the youth or parent.   If you prefer to administer only certain modules vs. the entire KSADS, click "**Click here to select the modules**" Click on the modules you want to administer and then click the blue "Save selected modules**" *(if you don't click this it will not save your choices and all modules will be administered).* There are also buttons to "select all' and '"deselect all'.   Note if you choose Mood Disorders, it will automatically select the sleep and suicide modules as well, as they are part of the Mood Disorders module.

If you prefer not to select specific modules to be administered, but would like to administer all the modules, simply click 'Click here to do the interview now" it will administer all modules by default. NOTE: If you are following a research protocol that only requires specific modules to be administered to all subjects, we can set it up so that all subjects are only administered the preselected modules. Let us know if this is something you would like.

Please forward the following encrypted URL to the patient, if you want them to take the interview on a separate device or from their home

http://www.ksads.net/login.aspx?guid=B9EDAC32-2F53-4C71-990D-503D694ACD7B   [Email the url]

OR

If you want the patient to take the interview on this device, click on the following button

[Click here to do the interview now]   [Cancel]

Click here to select the modules ➜

[Select all] [Deselect all] [Revert]

The introductory interview is always recommended to insure a valid diagnostic assessment.

☐ Intro	☐ Mood Disorders	☐ Psychosis	☐ Panic Disorder
☐ Agoraphobia	☐ Separation Anxiety	☐ Social Anxiety Disorder	☐ Specific Phobia
☐ Generalized Anxiety Disorder	☐ Obsessive Compulsive Disorder	☐ Enuresis and Encopresis	☐ Eating Disorders
☐ Attention Deficit Hyperactivity Disorder	☐ Oppositional Defiant Disorder	☐ Conduct Disorder	☐ Tic Disorders
☐ Autism Spectrum Disorders	☐ Alcohol Use Disorder	☐ Drug Use Disorders	☐ Post-Traumatic Stress Disorder
☐ Sleep Problems	☐ Suicidality	☐ Homicidality	☐ Selective Mutism

[Save selected modules]

Click to start the interview or email link to patient to do later.

To start the interview, click the blue box "Click here to do the interview now". You also have the option of emailing or texting a link to the interview to the parent or youth, in case you want the themto take the interview from home, or from another location or device. Click "Email the url" and it will open your email and automatically paste the link in the body of the email.

RENAMING A PATIENT ID.

We have generated a list of pre-assigned ID's. However, you may have a unique ID system that you prefer to use. To change the ID, click on the patient ID you want to rename. A window will pop up allowing you to change the name of the ID we pre-assigned. Simply delete or type over the preassigned patient ID with the ID of your choosing. In addition, there is a second line called "Additional Info" where you can add a unique patient ID of your choosing or any other information you would like (e.g., patient name). This field will show up in the patient reports. **Remember to click "Update & Close" to save your entries. Once a patient interview has started, the Patient ID will be locked, and you will not be able to rename it.**

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KSADS SUICIDE/HOMICIDE ALERT PROCEDURES

As a safety measure, the KSADS generates an alert that is sent to the clinician via email or text (or both) when **any** suicidal or homicidal ideation is reported on the self-administered computer KSADS.

- We ask that at least one individual is identified from each site that is the primary receiver of these messages (up to four is possible).
- We also ask you to identify at least one back-up person for alerts (up to four is possible).
- An alert is triggered when a patient endorses any current suicidal or homicidal ideation. This alert is by text or email (or both), depending on the method(s) you chose when we set up your site. The alert is sent to the primary person (or persons) you identified at your site.
- We ask that you <u>acknowledge</u> receipt of the alert <u>immediately</u>; (even though you need not act on the alert immediately). We simply need to verify that you have in fact received the alert.
- You can acknowledge receipt of the alert by simply responding to text or clicking a link in the email; no message back is necessary
- If you do not respond to the alert in 5 minutes, a second alert is sent; if no response is received to the second alert, a third and final alert is sent after another 5 minutes
- If you fail to respond to the third alert, an alert is sent to the backup person (or persons) from your site that you have identified on the alert list. The backup alert is sent by either text or email (or both), depending on the method(s) you chose when we set up your site.
- The backup person will need to acknowledge receipt of the alert by responding to the text or email (no message necessary).
- If the backup person fails to respond after 5 minutes, we will attempt to call the site PI, and will keep trying until someone is reached.
- Our goal is to provide you with this information so you can follow up with the patient while he or she is still in the office with you, as the patient may not have disclosed this information to you.
- The text or email alert will contain the following information: patient ID, and highest level of ideation/behavior reported (according to C-CASA classification system). For example *"Patient ID: UW057 Patient Reports: Thoughts of wanting to commit suicide. Click on the link to acknowledge receipt"*
- You can tell in the alert if the alert was generated by the patient interview or the parent interview by the wording, e.g., parent interview would say '"Patient ID: 201: <u>Parent</u> Reports: Passive suicidal thoughts such as wished that they were dead, or would be better off dead"
- Note we don't have a minimum threshold for sending alerts. So even if a person endorses, for example, 'rare' thoughts of passive ideation, we send the alert. We feel it is better to err on the side of giving the clinician all the information and have them decide if any follow up is necessary with the patient. In other words, an alert does not necessarily mean to communicate an imminent threat.
- You can change the person(s) chosen to receive these alerts at any time by contacting us at info@telepsychology.net or calling us at 608-406-2621.   Similarly, you can change the type or alert (text, email or both) at any time by contacting us.

BACK BUTTON

In the **self-administered interview**, the user can use the back button to return to the previous question. However, once they go back to the previous question, they cannot go back any further; they can only go forward at that point. Once they go forward, they can again use the back button again for future questions. We did this based on feedback from users that returning to the prior question is the most common need for the use of the back button, and concern that unlimited use of the back button may create unnecessary branching issues and lengthen the overall time of the interview.
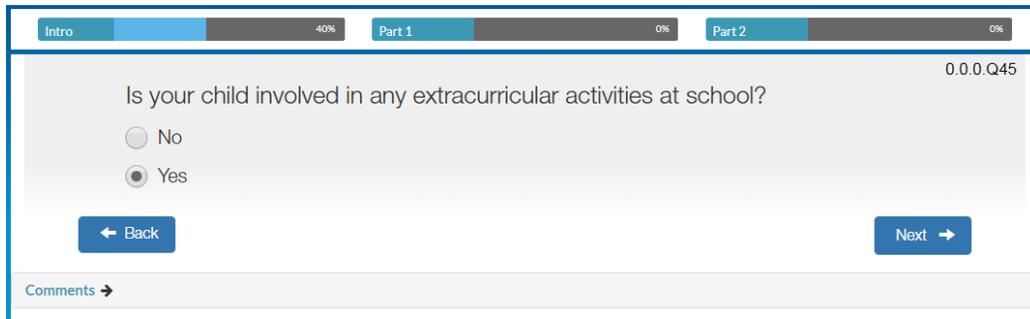

Original Question, clicks "Next"
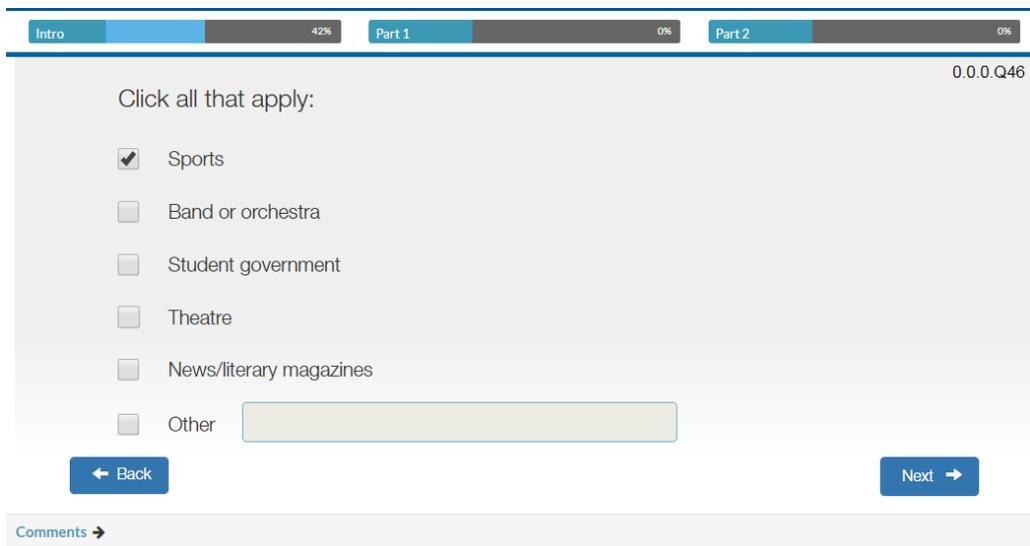

Clicks back button here
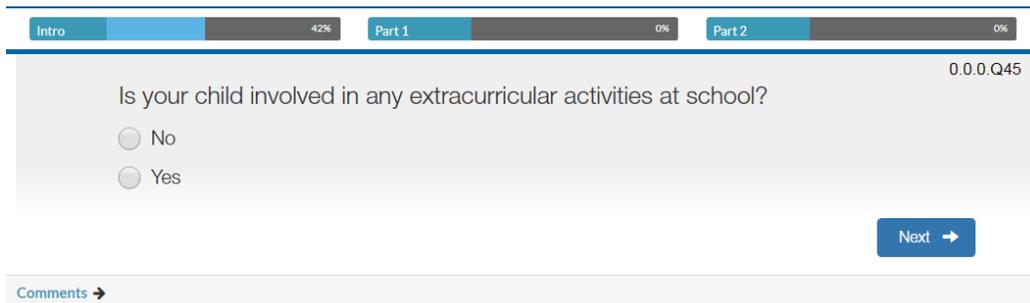
Original question, with only "next" option

HELP BUTTON

The self-report version will have a Help button in the lower right hand corner of the screen. …on the main menu

When you click the help button, a list of FAQs will appear that are relevant to the section you are in. For example, if you are in the "reports' section, the menu below will appear. Note that in the self-administered version, the help button only appears on the pages before and after the actual interview (the admin pages). During the interview, the help button disappears.
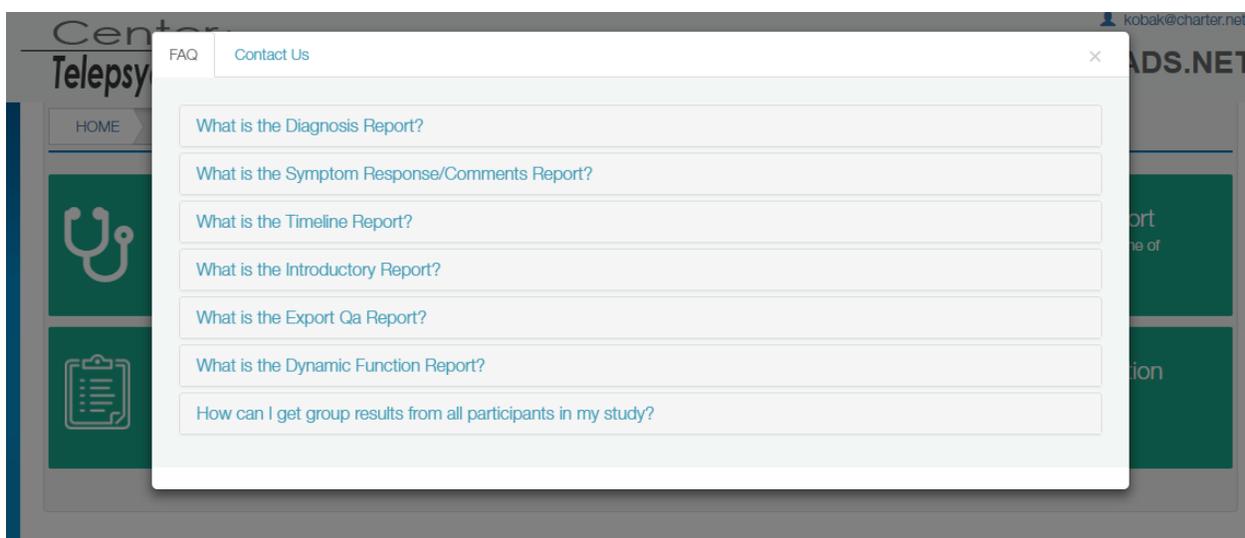
ASSIGNING A STUDY ADMINISTRATION

For studies where there are multiple users at each site or multiple sites (such as clinical trials) you can assign someone as "Study Administrator". The study administrator can add or delete users who have access to the KSADS site, reassign users to sites, and change passwords. When we set up your study/site, let us know if you would like to have a study administrator, and we can this person up with these credentials.

The study administrator can add or delete users by clicking on the user name in the upper right corner. A drop down menu will appear. Choose "Create/Edit Users". Then assign the user to a group (or multiple groups, if they are working on more than one study), and add their name, username and password. To delete a user, go to Create/Edit Users, enter the person's username, and remove the check in the "Active" box under "Status.

PASSWORDS

A password will be assigned to each user when we set up your site.   We will need to know the name and email of each user.   As a security feature, you will be asked to change your password every 90 days.
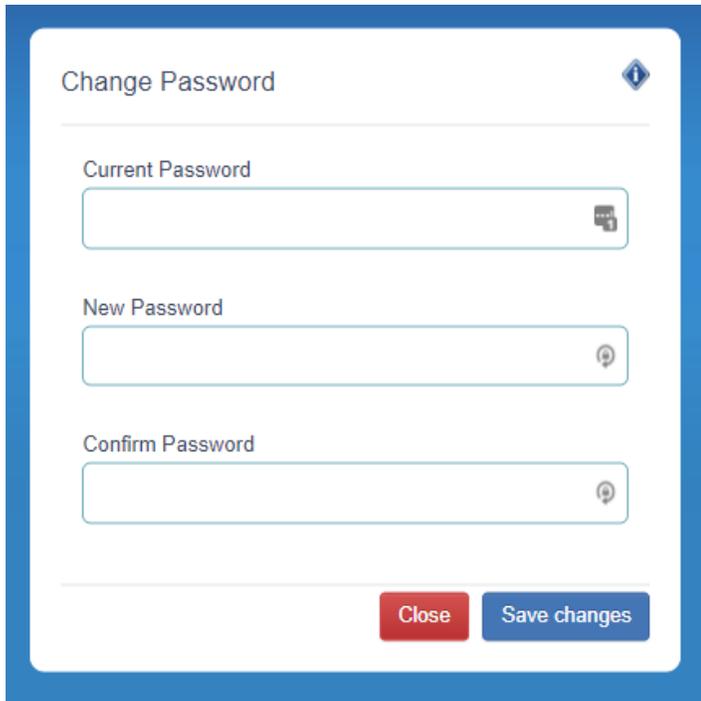
If you forget your password, you can click on the Forgot Password link on the Login page. We will send your password to the email address used when setting up your site.
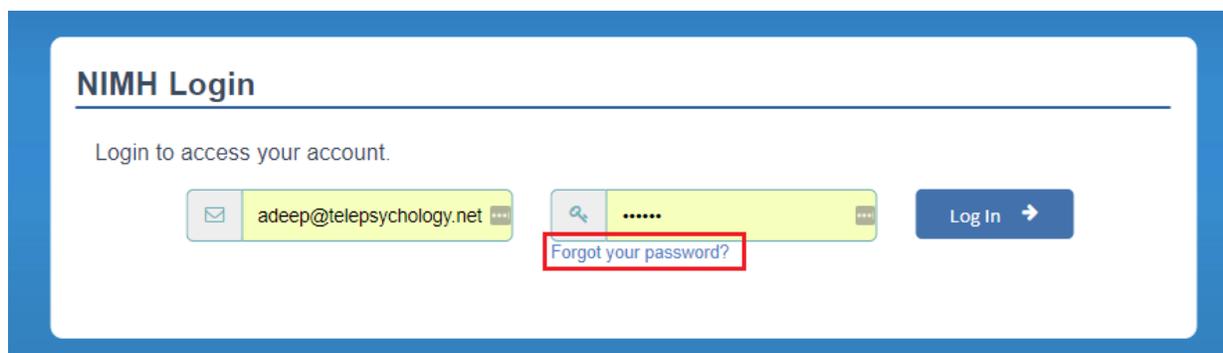
REPORTS

There are two types of reports: results from individual interviews with patients, and study-wide data reports, called Admin Reports.

Reports on Results for Individual Patients

1. To obtain results of an interview, click on the "Go to Reports" link on the main page.

Welcome to the KSADS main menu. Click on the links below to begin or continue an interview, or to receive interview results. You can add additional patient information by clicking the links under the Patient ID column.

↓ Show Search Options

Patient ID	Teen Interview	Parent Interview	Reports
UserTSA001_alison	Completed	Click here to start	Go to Reports
UserTSA002-Aliso	Click here to complete	Click here to complete	Go to Reports
UserTSA003-Tracy	Completed	Completed	Go to Reports
UserTSA004-Tracy	Completed	Completed	Go to Reports

2. You will arrive at a menu of types of reports you can view and print. These include the following:

HOME REPORT

Diagnosis
Diagnosis Report.

Symptom Response/Comments
Report contains questions, responses and comments.

TimeLine Report
Report contains timeline of Symptoms.

Introductory Report
Report contains response to Introductory questions.

Export Qa Report
Work Inprogess.

Dynamic function
Work Inprogess

Once you choose the type of report you want, it will ask you on whom you want the report, i.e., teen or parent.

HOME REPORT DIAGNOSIS

○ Teen Interview   ○ Parent Interview   Execute   Print

The following pages provide descriptions and examples of the various reports.

Diagnosis Report

This will generate a pdf file that lists the current and past diagnoses for the chosen patient, including the symptoms that they met for each diagnosis

Symptom Response/Comments Report:

This will generate a file that lists all the individual questions the patient was asked, and their response. It will also include any free text comments they added. There is a box to check if you only want to display the questions that the patient was asked (some questions are skipped depending on how the patient answers due to branching logic), or if you want the report to also include questions that the patient was not asked, due to branching around them as a result of a negative response. To download the file in excel, click the 'Export' tab.

Introductory Report

This is similar to the symptom response report, but will only display the answers to the introductory interview in a separate, stand-alone report.

Timeline Report

This will generate a report listing all the symptoms the person endorsed in a timeline, starting from the most recent.

Symptom	Start Date
Depressed Mood, Present	3/1/2016
Anhedonia, Present	3/1/2016
Anhedonia, Past	8/1/2014
Elevated Mood, Past	4/1/2014
Decreased Need for Sleep, Past	4/1/2014
Panic Attacks, Present	5/1/2016
Excessive worries more days than not, Present	5/1/2016
Encopresis not due to medical illness, Present	
Encopresis not due to medical illness, Past	
Weight control other (laxatives, exercise, dieting, pills), Present	1/1/2016
Weight control other (laxatives, exercise, dieting, pills), Past	6/1/2014

Export Qa Report and Dynamic Function Report:

These reports are under development and not currently available.

Note that when you click on a report type for a particular patient ID, it will ask you who you want the report from: the parent, the teen.

Group data reports (admin reports)

To export all data from all patients at your site into a single data file, click on your username in the upper right hand corner. A drop down menu will appear. Choose "Admin Reports".
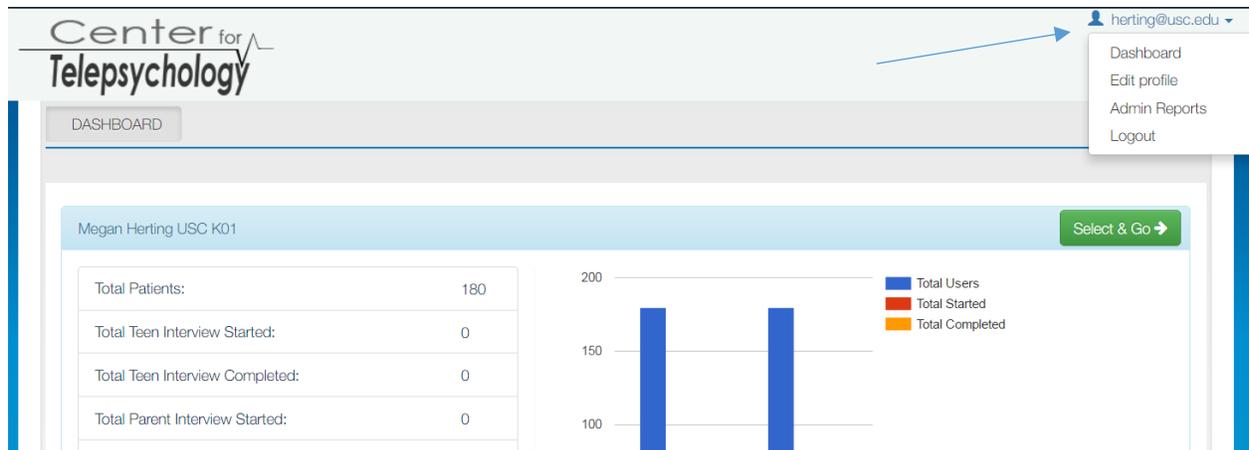
The following menu will appear offering you seven types of data downloads.
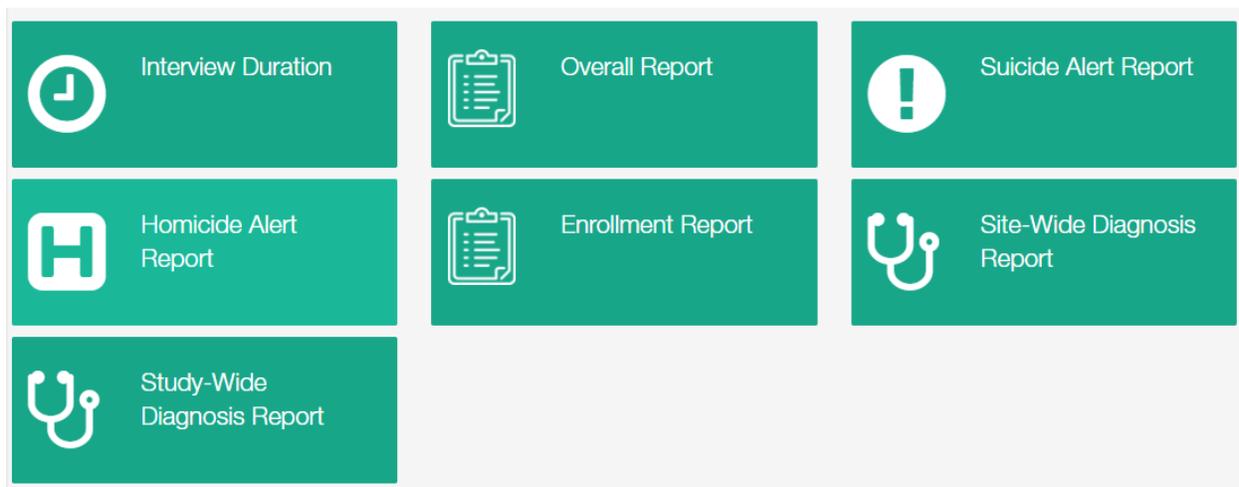
What follows is a description of each of the Admin Reports.

Overall Report

The "**Overall Report**" will generate a report with all subjects as rows, and all questions as columns. There are 2,143 columns, representing all the potential questions asked in the KSADS. To manage file size, there are separate downloads for the introductory interview, the screening interview, and the supplements. You can download all three at once by using the 'export intro/screener/supplement' button, but it might take a while. If a question was not asked due to branching logic, that column is blank. You can export the report to excel by clicking the "Export current section" tab.

Example of an Overall Report

ID	PatientID	AdditionalInfo	PatientType	SiteName	DateofInterview	1	2	3	4
5582	ParentTeleSA001		P	Telepsychology.net (SA)	11/10/2017 9:37:00 AM		Month:5|Day:1|Year:2009|age:8	Male	
5583	UserTeleSA002		T	Telepsychology.net (SA)	11/10/2017 6:30:00 AM		Month:5|Day:1|Year:2012|age:5	Male	
5584	ParentTeleSA002		P	Telepsychology.net (SA)	11/22/2017 3:31:00 PM		Month:1|Day:1|Year:2004|age:13	Female	

There is also a link to download the "question key" (download Q-key tab), which provides the text of each question corresponding to each column.

Example of the Question Key

1	2	3	4	5	6	7	8	9	10	11	12	13
Hello I'm Dr. Kenneth Kobak. Thanks for agreeing to do this	What is your date of birth?	What sex were you born?	Who do you live with? Click all that apply.	Is your biological mother still living?	How old were you when she died?	How often do you typically see your mom?	Is your biological father still living?	How old were you when he died?	How often do you typically see your dad?	Who in your family or of the people you are living with would	Is there anyone in your family or the people you are living with	What grade are you in?

Interview Duration Report

The "**Interview Duration**" report will list the duration of each interview for each patient.

Interview Duration Report

PatientID	User Type	Start Date	Completed Date	Duration
UserTSA016	T	7/8/2016 12:04:08 PM	8/26/2016 4:54:08 AM	44 Minute(s)
UserTSA017	T	7/12/2016 8:38:37 PM	7/26/2016 8:45:25 AM	1 Hour(s)
ParentTSA016	P	7/8/2016 1:10:47 PM	7/8/2016 1:51:12 PM	41 Minute(s)
UserTSA015	T	7/6/2016 10:53:05 AM	7/6/2016 11:52:09 AM	59 Minute(s)

Suicide Alert Report

The "**Suicide Alert**" report lists all the suicide alerts that were generated, the reason for the alert (i.e., the item endorsed), who responded to the alert, and the date and time the alert was opened and closed. When sites are initially set up, they have the option to choose whether to receive and respond to alerts by text, email or both. The report indicates the method(s) by which the alerts were sent and responded to, and the mobile phone and/or email of the respondent(s).

Suicide Alert Report

Group : Telepsychology_SA ▼   From Date : [ ]   To Date : [ ]   **Submit**   **Clear**   **Export to Excel**

GroupName	PatientCode	Type	Reason	AlertType	Alert Open Time	Alert Close Time	Status	Closed by(Text)	Closed by(Email)
Telepsychology_SA	UserTSA002	Teen	Suicide Attempt in past 2 weeks	Text and Email	6/14/2016 7:07:55 AM	6/14/2016 7:35:00 AM	Closed by primary/secondary user		laser.d@jemsnets.com - J
Telepsychology_SA	UserTSA015	Teen	Passive suicidal thoughts such as wished that they were dead, or would be better off dead	Text and Email	7/6/2016 11:10:06 AM		Open - Sent to Group admin		
Telepsychology_SA	UserTSA060	Teen	Suicide Attempt in past 2 weeks	Text and Email	7/18/2016 8:14:42 AM	7/18/2016 8:49:57 AM	Closed by primary/secondary user	+12818535397 - Jul 18 2016 8:49AM	adeep@telepsychology.ne 8:51AM

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Homicide Alert Report

The **Homicide Alert** report is identical to the suicide alert report, i.e., it lists all the homicide alerts that were generated, who the alerts were sent to, the reason for the alert (i.e., the item endorsed), the method(s) by which the alerts were sent and responded to, and the mobile phone and/or email of the respondent(s).

GroupName	PatientCode	PatientType	Reason	AlertType	Alert Open Time	Alert Close Time	Status	Closed by(Text)	Closed b
Telepsychology_SA	UserTSA002	Teen	Patient reported they thought seriously about wanting to kill someone nearly every	Text and Email	6/14/2016 7:15:46 AM	6/14/2016 7:17:21 AM	Open - Sent to Group admin	+12818535397 - Jun 14 2016 7:17AM	

Site-Wide Diagnosis Report:

This report will list all diagnoses and symptoms endorsed for all patients. Patients are listed as rows, and diagnoses and symptoms are listed as columns if you choose "SPSS format". The report lists all the diagnoses for a DSM group (e.g., Mood Disorders) followed by the symptoms for these disorders. Diagnoses and symptoms are coded '1' if present, and '0' if absent. You can also download the report as an excel spreadsheet.

Site-wide Diagnosis Report

Group : Telepsychology_SA

⦿ SPSS Format   [Submit] [Clear] [Export to Excel] [Download Function Key]

Show 10 ▼ entries   Search: [ ]

UserID	Name	PatientCode	UserType	DateofInterview	Major Depressive Disorder Present	Major Depressive Disorder, Current, in Partial Remission (F32.4)	Major Depressive Disorder, Past (F32.9)
13604	Telepsychology_SA	UserTSA001_alison	T	6/14/2016 6:56:00 AM	0	0	0
13605	Telepsychology_SA	UserTSA001_alison	P	10/9/2016 1:11:00 PM	0	0	0

Study Wide Diagnosis Report

If you are a multi-site study, this report will list all diagnoses and symptoms endorsed for all patients at *all sites* in your *study*. It is similar in structure to the Site wide Diagnosis Report.

Enrollment Report.

This will list all the subjects enrolled at the site, with enrollment date, and statistics required for ongoing NIMH reporting requirements (i.e., gender, race and ethnicity).

Automated Electronic Data Transfer.

The KSADS is also equipped with the feature to transfer the data to the calling programs electronically. Sites can have their system programmed to call KSADS at a scheduled time with a requesting JSON (input JSON). This requires the site to program their in-house software to request and import the data from KSADS. KSADS uses REST protocol. The data is exported in a JSON format, which can be ported to any program or databases. We export 2 different data sets:

- Raw data
- Diagnosis data

If you are interested in this option, let us know and we will have our IT Department work with your IT Department to arrange for this.