

Clinical Domain	Clues Pointing Towards SIPD	Clues Pointing Towards Primary Psychosis		
Onset	Acute and rapid, clearly linked to intoxication/withdrawal.	More often insidious, with a gradual prodromal phase.		
Hallucinations		Visual and tactile hallucinations are common and often prominent.		Auditory hallucinations (especially voices) are the most common modality.
Negative Symptoms	Typically absent or mild; resolve with abstinence.	Prominent and persistent (avolition, alogia, flat affect); a core feature.		
Cognitive State	Confusion, disorientation, memory issues that improve with sobriety.	Enduring cognitive deficits and a formal thought disorder are common.		
Insight	Often improves significantly once the substance clears; the patient may link their experience to drug use.	Often poor and persistent (anosognosia); a lack of awareness of being ill.		
Family History	Higher rates of	substance use disorders in the family.	Higher rates of	schizophrenia and other psychotic disorders in the family.
Premorbid Functioning	Generally good, with a decline that coincides with heavy substance use.	Often a history of poorer social or academic functioning	before psychosis onset.	