The Neurological Evaluation Scale

The following items are included in the four subscales.

**Sensory integration signs**
- Audiovisual integration
- Stereognosis
- Graphaesthesia
- Extinction
- Right/left confusion

**Motor coordination signs**
- Tandem walk
- Rapid alternating movements
- Finger–thumb opposition
- Finger–nose test

**Motor sequencing signs**
- Fist–ring test
- Fist–edge–palm test
- Ozeretski test

**‘Other’ signs**
- Cranial nerve palsy
- Smooth pursuit
- Saccade to target
- Saccade to command
- Synkinesis
- Gaze impersistence
- Convergence
- Tone increase
- Limb hyperreflexia
- Plantar
- Romberg
- Chorea
- Tremor
- Mirror movements
- Glabellar reflex
- Snout reflex
- Grasp reflex
- Suck reflex
Fig. DS1 Whole brain grey matter t-maps of the voxel-based morphometry analyses showing the regions where decreased grey matter volume significantly correlated, after small volume correction, with increased severity of neurological soft signs on sensory integration and sequencing of complex motor acts subscales in 70 adolescents (younger than 18 years) with first-episode psychosis (duration of positive symptoms less than 6 months).

Results of the voxel-based morphometry analyses have been overlaid onto the mean grey matter image of the sample. Colour gradients represent the values of the t-test statistic. The red-yellow gradient shows the statistical significance of the correlation in the thalamus, and the blue-purple gradient in the right caudate. For illustrative purposes, the t-map values have been thresholded at 3.23. For every coronal slice, the y coordinate in normalised (Montreal Neurological Institute) space is indicated. In the analyses, we controlled for age, gender, whole brain grey matter volume, negative symptom score, and antipsychotic dose in chlorpromazine equivalents. L, left side.