

**DIGS AFFECTIVE DISORDERS AND
SUICIDAL BEHAVIOR**
Revised For Genetics of Anorexia Nervosa Study

11/02/02

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ACKNOWLEDGMENTS

Version 3.0

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Version 2.0

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A complete list of references for the DIGS instrument is included in the training manual.

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A blank copy of the DIGS, DIGS code manual, DIGS training manual, and DIGS software are available on the World Wide Web at <http://www-grb.nimh.nih.gov/gi.html>

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In reference section:

Depression Tally Sheet
Mania Tally Sheet

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Most Severe Episode

Now I'm going to ask you some questions about your mood.

	No	Yes	Unk
1. Have you ever had a period of at least one week when you were bothered most of the day, nearly every day, by feeling depressed, sad, down, low?	0	1	9
1.a) By feeling irritable?	0	1	9
1.b) By feeling anxious?	0	1	9
1.c) Have you ever had a period of at least one week when you did not enjoy most things, even things you usually like to do?	0	1	9
2. If 1–1.c are all NO:			
INTERVIEWER: Do you suspect a past or current episode from subject's responses, behavior, or other information?	0	1	9
If yes: Specify: _____ _____			
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Skip to G. Mania/Hypomania (page 15)</div>			
3. Have you been feeling that way recently (i.e., for at least one week during the past 30 days)?	0	1	9
3.a) If yes: How long have you felt this way?	<div style="text-align: center;">Weeks</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
4. Think about the most <u>severe</u> period in your life when you were feeling this way. When did it begin?	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 5px;"></div> <div style="margin: 0 10px;">–</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 5px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> Month Year </div>		
4.a) INTERVIEWER: Compute age.	<div style="text-align: center;">Age</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
4.b) How long did that period last?	<div style="text-align: center;">Weeks</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
	No	Yes	Unk
4.c) Did you feel depressed, sad, down, or low?	0	1	9
4.d) Did you feel irritable?	0	1	9
4.e) Did you feel anxious?	0	1	9
5. INTERVIEWER: Is the most severe episode <u>also</u> the current episode?	0	1	

Most Severe Episode*During the most severe episode....:*

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
7. Did you have trouble sleeping or were you sleeping more than usual?	0	1	9
If yes:			
7.a) Were you unable to fall asleep?	0	1	9
7.b) If yes: Was this for at least one hour?	0	1	9
7.c) Were you waking up in the middle of the night and having trouble going back to sleep?	0	1	9
7.d) Were you waking up too early in the morning?	0	1	9
7.e) If yes: Was this at least one hour earlier than usual?	0	1	9
7.f) Were you sleeping much more than usual?	0	1	9
8. Were you so fidgety or restless that other people could have noticed (e.g., pacing or wringing hands)?	0	1	9
9. Were you moving or speaking so slowly that other people could have noticed?	0	1	9
10. Were you much less able to enjoy sex and other pleasurable activities?	0	1	9
10.a) Did you lose interest in nearly all of your usual activities?	0	1	9
11. Were you feeling a loss of energy or more tired than usual?	0	1	9
12. Were you feeling guilty or that you were a bad person?	0	1	9
13. Were you feeling that you were a failure or worthless?	0	1	9
14. Were you having difficulty thinking, concentrating, or making decisions?	0	1	9
15. Were you frequently thinking about death, or wishing you were dead, or thinking about taking your life?	0	1	9
16. Did you actually try to harm yourself?	0	1	9
17. INTERVIEWER: Enter number of boxes with at least one YES response in questions 7–16	TOTAL BOXES		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> INTERVIEWER: If less than three, probe for other potentially severe episodes. If necessary, recode questions 7–16. If still less than three, skip to G. Mania/Hypomania (page 15). </div>			
18. (INTERVIEWER: Review symptoms in questions 7–16 plus depressed mood or hand subject Depression Tally Sheet to review): During this episode was there a two-week period when these symptoms were present nearly every day (at least four symptoms plus depressed mood)?	0	1	9

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
	<u>Code Response</u>		
19. <i>Did you tend to feel worse in the morning or in the evening?</i>	0	1	2
0. A.M.			
1. P.M.			
2. No difference			

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
20. <i>During this episode, did you have beliefs or ideas that you later found out were not true? Probe: Like believing you had committed a crime or sin? Or that God was punishing you? Or that some terrible thing was going to happen? Or that someone was trying to harm you, or was talking about you? Or that something had gone wrong with your body? How certain were you?</i>	0	1	9
INTERVIEWER: If delusions are suspected, probe further to determine the content and whether the beliefs were held with certainty. Code on the basis of this information and describe below:			
<hr/>			
<hr/>			
<hr/>			

If yes to question 20:

20.a) <i>Did these beliefs occur either just before this depression or after it cleared?</i>	0	1	9
	Days		
20.b) If yes: <i>How long were they present before the depression began?</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Days		
20.c) If yes: <i>How long did they last after your mood returned to normal?</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Days		
20.d) INTERVIEWER: Does this total more than 14 days?	0	1	9
21. <i>Did you see or hear things that other people could not see or hear?</i>	0	1	9
Probe: Like voices talking or noises, or visions? Or have unusual tastes, smells, or physical sensations?			
If yes: Specify: <hr/>			
<hr/>			
<hr/>			

If yes:

21.a) <i>Did these (refer to experiences) occur either just before this depression or after it cleared?</i>	0	1	9
	Days		
21.b) If yes: <i>How long were they present before the depression began?</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Days		

Most Severe Episode

	No	Yes	Unk			
21.c) If yes: <i>How long did they last after your mood returned to normal?</i>						
21.d) INTERVIEWER: Does this total more than 14 days?	0	1	9			
22. If yes to questions 20 or 21: INTERVIEWER: Did psychotic symptoms have content that was <u>inconsistent</u> with depressive themes such as poverty, guilt, illness, personal inadequacy or catastrophe?	0	1	9			
22.a) If yes: INTERVIEWER: Was the subject preoccupied with psychotic symptoms to the exclusion of other symptoms or concerns?	0	1	9			
23. <i>Did you seek or receive help from a doctor or other professional for this period of depression?</i>	0	1	9			
24. <i>Were you prescribed medication for depression?</i>	0	1	9			
If yes: Specify: _____ _____						
25. <i>During this episode were you admitted to the hospital for depression (including day hospital)?</i>	0	1	9			
25.a) If yes: <i>For how long (inpatient)?</i>	Days <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>					
25.b) If yes: <i>For how long (day hospital) ?</i>	Days <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>					
26. <i>Did you receive ECT (shock treatments)?</i>	0	1	9			
INTERVIEWER: If the patient was hospitalized two days or more, had ECT, or had psychotic symptoms, skip to question 29 and code incapacitation.						
27. <i>Was your major responsibility during this episode job, home, school, or something else?</i>	Code Response					
	1	2	3	4		
1. Job						
2. Home						
3. School						
4. Other						
If other: Specify: _____ _____						
	No	Yes	Unk			
28. <i>Was your functioning (in this role) affected?</i>	0	1	9			
If yes: Specify: _____ _____						

Most Severe Episode

28.a) *Did something happen as a result of this (such as marital separation, absence from work or school, loss of a job, or lower grades)?* 0 1 9

If yes: Specify: _____

28.b) *Did someone notice a change in your functioning?* 0 1 9

Code Response

29. **INTERVIEWER:** Code based on answers to questions 20, 21 and 25–28 0 1 2 9

- 0. No change
- 1. Impairment
- 2. Incapacitation
- 9. Unknown

Modified RDC Impairment: A decrease in quality of the most important role performance (noticeable to others). This usually requires a decrease in the amount of performance; it may be manifested by a person taking ten hours to do what normally may require five hours.

Modified RDC Incapacitation: Includes complete inability to carry out principal role at home, school or work for 2 days in a row
OR Hospitalization for 2 days.
OR ECT treatment.
OR Presence of hallucinations or delusions.

If impaired or incapacitated: Specify: _____

30. **RDC Minor Role Dysfunction** 0 1 9

If no change in question 29: *Was your functioning in any other area of your life affected?*

If yes: Specify: _____

30.a) **INTERVIEWER:** If no to questions 25–30, is there any other evidence of clinically significant distress? 0 1 9

If yes: Specify: _____

Most Severe Episode

INTERVIEWER: If **MALE** or **NEVER PREGNANT**, skip to question 32.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
31. Did this episode occur during pregnancy (code 1) or just after childbirth (code 2)?	0	1	2 9

31.a) **If yes:** What was the date of childbirth?

			–				
Month				Year			

32. Did this episode occur during or shortly after a serious physical illness?	0	1	9
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INTERVIEWER: The following illnesses, among others, may be relevant:
Hypothyroidism, CVA, MS, Mono, Hepatitis, Cancer, Parkinson's, HIV,
Cushing's or other endocrine illnesses.

If yes: Specify: _____

33. Did this episode begin shortly after you started taking any prescribed medication?	0	1	9
--	---	---	---

INTERVIEWER: Aldomet, Inderal (propranolol), reserpine, interferon, and steroid medications (Prednisone, etc.) are important precipitants. Probe to distinguish precipitants from drugs actually prescribed to treat early symptoms of depression, such as hypnotics given for insomnia.

If yes: Specify medications: _____

34. Did this episode begin while you were using street drugs?	0	1	9
---	---	---	---

INTERVIEWER: The following drugs, among others, may be relevant: Amphetamines, Barbiturates, Cocaine, "Downers", Tranquilizers

If yes: Specify drug and quantity: _____

35. Did this episode follow increased use of alcohol?	0	1	9
---	---	---	---

If yes: Specify: _____

35.a) Did this episode follow decreased use of alcohol?

If yes: Specify: _____

If **YES** to any of **questions 32-35a**, complete relevant sections of GMC/Substance Causing Mood Symptoms (SCID-I), **pages 33-36**.

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
36. Did this episode follow the death of someone close to you?	0	1	9
36.a) If yes: Specify relationship: _____			
36.b) Date of death			
<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 10px;">–</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> Month Year </div>			
37. During this episode of depression did you have a week or more during which your mood frequently changed between sadness and irritability or even elation?	0	1	9
37.a) During this episode of depression did you also experience any of these symptoms?			
37.a.1) Overactivity—Running around, many projects, or physically agitated?	0	1	9
37.a.2) More talkative than usual, speech pressured?	0	1	9
37.a.3) Thoughts racing, jumping from topic to topic?	0	1	9
37.a.4) Feeling grandiose - more important, special, powerful?	0	1	9
37.a.5) Needing less sleep - energetic after little or no sleep?	0	1	9
37.a.6) Attention distracted by unimportant things?	0	1	9
37.a.7) Doing risky things for pleasure - spending, sex, reckless driving, etc.?	0	1	9
37.a.8) INTERVIEWER: Enter number of YES responses in 37.a.1-7: TOTAL			
<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;"> If total in 37.a.8 is less than 3, skip to question 71 </div> <div style="margin-left: 20px; margin-top: 10px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Days</div> <div style="margin: 0 10px;">OR</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="margin-left: 5px;">Weeks</div> </div> </div>			
37.a.9) How long were these symptoms present?			

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
71. INTERVIEWER: Has there been at least one "clean" episode? A "clean" episode is one WITHOUT prior physical illness, drug or alcohol abuse, organic precipitants, or bereavement.	0	1	9

If yes:

72. <i>How many like this have you had?</i>	<div style="text-align: center;">Clean Episodes</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
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72a. <i>How old were you the <u>first</u> time you had an episode of depression like this? (Review requirements for clean episode above)</i>	<div style="text-align: center;">Ons Age</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
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72b. <i>How old were you the <u>last</u> time you had an episode of depression like this? (Review requirements for clean episode above)</i>	<div style="text-align: center;">Rec Age</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
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73. **If no clean episodes:**

73.a) <i>How many episodes like this have you had?</i>	<div style="text-align: center;">Unclean Episodes</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
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73.b) <i>How old were you the <u>first</u> time you had an episode like this?</i>	<div style="text-align: center;">Ons Age</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
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73.c) <i>How old were you the <u>last</u> time you had an episode like this?</i>	<div style="text-align: center;">Rec Age</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
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74. <i>What was the duration of your longest episode of depression in weeks?</i>	<div style="text-align: center;">Weeks</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
--	---	--	--

75. <i>How many times were you hospitalized for an episode of depression? (inpatient)</i>	<div style="text-align: center;">Hospitalized</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
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75.a) <i>How many times were you hospitalized for an episode of depression? (day hospital)</i>	<div style="text-align: center;">Hospitalized</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
--	--	--	--

76. <i>How many courses of ECT have you had for depression?</i>	<div style="text-align: center;"># of courses</div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>		
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	<u>No</u>	<u>Yes</u>	<u>Unk</u>
77. <i>Did you ever feel high or were you overactive following medical treatment for depression?</i>	0	1	9

If yes: Describe: _____

78. *Do your depressions tend to begin in any particular season?*

- 0. No pattern
- 1. Winter
- 2. Spring
- 3. Summer
- 4. Fall
- 9. Unknown

Code Response

0 1 2 3 4 9

INTERVIEWER: Please complete GAF for WORST Major Depressive Episode (MDE) and then go to Current Manic Episode on page 41. If no MDE, skip this page and go to Current Manic Episode on page 41.

DSM-IV Axis V: Global Assessment of Functioning (GAF) Scale

- Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.
- Indicate appropriate code for the LOWEST level of functioning during the week of POOREST functioning.

Code	Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.	Worst GAF			
	(Code 0 if inadequate information.)	<table border="1" data-bbox="1286 453 1528 506"><tr><td></td><td></td><td></td></tr></table>			
100 91	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.				
90 81	Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, Interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).				
80 71	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).				
70 61	Some mild symptoms (e.g., depressive mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.				
60 51	Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).				
50 41	Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).				
40 31	Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).				
30 21	Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).				
20 11	Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).				
10 1	Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene or serious suicide act with clear expectation of death.				

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Most Severe Episode

Now I'm going to ask you some other questions about your mood.

	No	Yes	Unk
1.a) Did you ever have a period when you felt extremely good or high, clearly different from your normal self? (Was this more than just feeling good?)	0	1	9
1.b) Did you ever have a period when you were unusually irritable, clearly different from your normal self so that you would shout at people or start fights or arguments?	0	1	9
If yes to 1.a or 1.b, skip to question 1.e	0	1	9
1.c) Have you ever had periods lasting even a day or two when you felt unusually cheerful, irritable, energetic, or hyper?			
1.d) Have there been times when you felt much more energetic than usual and needed less sleep than usual?	0	1	9
INTERVIEWER: Probe for additional symptoms if necessary, using additional probes (e.g., <i>Did you experience racing thoughts or pressure to keep talking? Were you over-confident? Did you make unrealistic plans? Were you uncharacteristically impulsive? Did you experience increased activity or increased talkativeness?</i>) Gather and record information on any (even mild) mood states that seem qualitatively different from a normal good mood and that indicate hypomania. Record response including subject's description of the mood below: <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>			
1.e) If any yes to questions 1a-d: Did this last persistently throughout the day or intermittently for two days or more?	0	1	9
1.f) INTERVIEWER: Do you suspect a past or current episode from subject's responses, behavior, or other information?	0	1	9

Skip to H. Dysthymia/Cyclothymia (page 25)

2. Have you been feeling that way recently (i.e., during the past 30 days)?

2.a) **If yes:** How long have you felt this way?

		0	1	9
Days	OR	Weeks		
	OR			

Most Severe Episode

3. *Think about the most extreme period in your life when you were feeling unusually good, high, or irritable.*

When did it begin?

			–				
Month				Year			

Age

- 3.a) **INTERVIEWER:** Compute age.

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- 3.b) *How long did that period last?*

Days		OR	Weeks		
			<u>No</u>	<u>Yes</u>	

4. **INTERVIEWER:** Is the most severe episode also the current episode?

0 1

During the most severe episode...:

Code Response

5. **INTERVIEWER:** Specify and code whether subject's mood was:

1 2 3

1. Irritable
2. Elated/expansive
3. Both irritable and elated

No Yes Unk

6. *Were you more active than usual either sexually, socially, or at work, or were you physically restless?*

0	1	9
---	---	---

7. *Were you more talkative than usual or did you feel pressure to keep on talking?*

0	1	9
---	---	---

8. *Did your thoughts race or did you talk so fast that it was difficult for people to follow what you were saying?*

0	1	9
---	---	---

9. *Did you feel you were a very important person, or that you had special powers, plans, talents, or abilities?*

0	1	9
---	---	---

10. *Did you need less sleep than usual?*

0	1	9
---	---	---

If yes:

- 10.a) *How many hours of sleep did you get per night?*

Hours	

- 10.b) *How many hours of sleep do you usually get per night?*

Hours	

11. *Did you have more trouble than usual concentrating because your attention kept jumping from one thing to another?*

0	1	9
---	---	---

Most Severe Episode

- | | No | Yes | Unk |
|---|----|-----|-----|
| 12. <i>Did you do anything that could have gotten you into trouble—like buy things, make business investments, have sexual indiscretions, drive recklessly?</i> | 0 | 1 | 9 |

If yes: Specify: _____

13. **INTERVIEWER:** Enter number of boxes with **YES** responses in questions 6–12

TOTAL BOXES

--

INTERVIEWER: If only one or none, skip to **H. Dysthymia/Cyclothymia (page 25)**.

- 13.a) *During this episode was there at least a week when these symptoms (INTERVIEWER: Review symptoms in questions 6–12 plus elated/irritable mood or had subject Mania Tally Sheet to review) were present most of the time?* 0 1 9
14. *Would you say your behavior was provocative, obnoxious, arrogant, or manipulative enough to cause problems for your family, friends, or co-workers?* 0 1 9

If yes: Specify: _____

15. *Were you so excited that it was almost impossible to hold a conversation with you?* 0 1 9

16. *During this episode, did you have beliefs or ideas that you later found out were not true? Probe: Like believing that you had powers and abilities others did not have? Or that you had a special mission, perhaps from God? Or that someone was trying to harm you? How certain were you?* 0 1 9

INTERVIEWER: If delusions are suspected, probe further to determine the content and whether the beliefs were held with certainty. Code on the basis of this information and describe below:

If yes:

- 16.a) *Did these beliefs occur either just before this episode or after it cleared?* 0 1 9

Days

- 16.b) If yes: How long were they present before the episode began?

--	--	--

Days

- 16.c) If yes: How long did they last after your mood returned to normal?

--	--	--

- 16.d) **INTERVIEWER:** Does this total more than 14 days? 0 1 9

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
17. <i>Did you see or hear things that other people could not see or hear?</i> If yes: Specify: _____ _____ _____	0	1	9
If yes:			
17.a) <i>Did these (refer to experiences) occur either just before this episode or after it cleared?</i>	0	1	9
	Days		
17.b) If yes: <i>How long were they present before the episode began?</i>			
	Days		
17.c) If yes: <i>How long did they last after your mood returned to normal?</i>			
17.d) INTERVIEWER: Does this total more than 14 days?	0	1	9
18. If yes to questions 16 or 17: INTERVIEWER: Did psychotic symptoms have content that was <u>inconsistent</u> with manic themes such as inflated worth, power, knowledge, identity, or special relationship to a deity or a famous person?	0	1	9
18.a) If yes: INTERVIEWER: Was the subject preoccupied with psychotic symptoms to the exclusion of other symptoms or concerns?	0	1	9
19. <i>Did you seek or receive help from a doctor or other professional?</i>	0	1	9
20. <i>Were you prescribed medication?</i>	0	1	9
If yes: Specify: _____ _____			
21. <i>During this episode were you admitted to the hospital (including day hospital)?</i>	0	1	9
	Days		
21.a) If yes: <i>For how long (inpatient)?</i>			
	Days		
21.b) If yes: <i>For how long (day hospital) ?</i>			
22. <i>Did you receive ECT (shock treatments)?</i>	0	1	9

INTERVIEWER: If the patient was hospitalized two days or more, had ECT, or had psychotic symptoms, skip to question 25 and code incapacitation.

Most Severe Episode

		Code Response			
		1	2	3	4
23.	Was your major responsibility during this episode job, home, school, or something else?				
	1. Job				
	2. Home				
	3. School				
	4. Other				
	If other: Specify: _____				

		<u>No</u>	<u>Yes</u>	<u>Unk</u>	
24.	Was your functioning (in this role) affected?	0	1	9	
	If yes: Specify: _____				

	If yes:				
24.a)	Did something negative happen as a result of this (such as marital separation, absence from work or school, loss of a job, or lower grades)?	0	1	9	
	If yes: Specify: _____				

24.b)	Did someone notice a change in your functioning?	0	1	9	

Most Severe Episode

		Code Response				
		0	1	2	3	9
25.	INTERVIEWER: Code based on answers to questions 15–24					
	0. No change					
	1. Impairment					
	2. Incapacitation					
	3. Improvement					
	9. Unknown					
	Modified RDC Impairment: Decreased functioning not severe enough to meet incapacitation.					
	Modified RDC Incapacitation: Includes complete inability to carry out principal role at home, school or work for 2 days in a row OR Hospitalization for 2 days. OR ECT treatment. OR Presence of hallucinations or delusions. OR Complete inability to carry on a conversation.					
	Improvement: Improvement in function.					
	<i>Specify:</i> _____					

26.	RDC Impairment					
	If no change or improvement in question 25: <i>Was your functioning in any other area of your life affected or did you get into trouble in any way?</i>	<u>No</u>	<u>Yes</u>	<u>Unk</u>		
		0	1	9		
	If yes: <i>Specify:</i> _____					

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
27. Did this episode occur during or shortly after a serious physical illness?	0	1	9

INTERVIEWER: The following illnesses, among others, may be relevant:
MS, HIV, Hyperthyroidism, Lupus, Cushing's, Brain Tumors,
Encephalitis.

If yes: Specify: _____

28. Did this episode begin shortly after you started using decongestants, steroids, or some other medication?	0	1	9
---	---	---	---

INTERVIEWER: L-DOPA, among others, may be relevant. Antidepressants are not considered an organic precipitant for DSM-III-R and RDC.

If yes: Specify medications: _____

29. Did this episode begin shortly after you began taking an antidepressant, shortly after you started a course of ECT, or after beginning a course of light therapy?	0	1	9
---	---	---	---

If yes: Specify: _____

30. Were you using cocaine or other street drugs or were you drinking more than usual just before this episode began?	0	1	9
---	---	---	---

INTERVIEWER: Amphetamines, among others, may be relevant.
If yes:

30.a) Cocaine?	0	1	9
----------------	---	---	---

If yes: Specify: _____

30.b) Other street drugs?	0	1	9
---------------------------	---	---	---

If yes: Specify drug and quantity: _____

30.c) Increased use of alcohol?	0	1	9
---------------------------------	---	---	---

If yes: Specify: _____

If **YES** to any of **questions 27-30c**, complete relevant sections of
GMC/Substance Causing Mood Symptoms (SCID-I), **pages 33-36**.

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
31. During this episode did you have a week or more during which your mood frequently changed between irritability or elation and sadness or depression?	0	1	9

31.a) During this episode did you also experience any of these symptoms?

31.a.1) Diminished desire for food, or marked overeating?	0	1	9
---	---	---	---

31.a.2) Inability to sleep when sleep was desired, or excessive sleep?	0	1	9
--	---	---	---

31.a.3) Feeling slowed down?	0	1	9
------------------------------	---	---	---

31.a.4) Having fatigue or a loss of energy?	0	1	9
---	---	---	---

31.a.5) Losing interest in pleasurable activities?	0	1	9
--	---	---	---

31.a.6) Feeling guilty or worthless?	0	1	9
--------------------------------------	---	---	---

31.a.7) Being unable to think or retain written information?	0	1	9
--	---	---	---

31.a.8) Feeling suicidal or thinking a lot about death?	0	1	9
---	---	---	---

31.a.9) INTERVIEWER: Enter number of YES responses in 31.a.1-8:	TOTAL	<input type="text"/>
---	--------------	----------------------

If total in 31.a.9 is **less than 4**, skip to question 60

31.a.10) How long were these symptoms present?

Days

OR

Weeks

Episodes

31.b) How many episodes like this have you had?

	<u>No</u>	<u>Yes</u>		<u>Unk</u>
60. INTERVIEWER: Has there been at least one “clean” episode of mania/hypomania? A “clean” episode is one WITHOUT prior physical illness, drug or alcohol abuse, or organic precipitants.	0	1		9
If yes:				
60. <i>How many episodes like this have you had?</i>			Clean Episodes	
			Ons Age	
60.b) <i>How old were you the <u>first</u> time you had an episode like this?</i>			Rec Age	
60.c) <i>How old were you the <u>last</u> time you had an episode like this?</i>				
61. If no clean episodes:			Unclean Episodes	
61.a) <i>How many episodes like this have you had?</i>			Ons Age	
61.b) <i>How old were you the <u>first</u> time you had an episode like this?</i>			Rec Age	
61.c) <i>How old were you the <u>last</u> time you had an episode like this?</i>				
62. <i>How many times were you hospitalized for an episode of mania? (inpatient)</i>			Hospitalized	
62.a) <i>How many times were you hospitalized for an episode of mania? (day hospital)</i>			Hospitalized	
			Code Response	
63. <i>Do your episodes tend to begin in any particular season?</i>	0	1	2	3
0. No pattern			4	9
1. Winter				
2. Spring				
3. Summer				
4. Fall				
9. Unknown				
64. <i>Have you ever switched back and forth quickly from feeling high to feeling normal, or from feeling high to feeling depressed without a normal mood in between?</i>	<u>No</u>	<u>Yes</u>		<u>Unk</u>
	0	1		9
			Code Response	
64.a) If yes: <i>Did this switch in your mood happen</i>	1	2		3
1. <i>every few hours</i>				
2. <i>every few days, or</i>				
3. <i>every few weeks?</i>				

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
65. <i>Have you ever had a year when you had several different manic, hypomanic, depressive, or mixed episodes?</i>	0	1	9

If yes:

65.a) *Altogether, how many different manic, hypomanic, depressive, or mixed episodes did you have during that year?*

Episodes

--	--

Describe: _____

INTERVIEWER: Distinct episodes are separated either by a partial or full remission for at least 2 months or a switch to a mood state of opposite polarity (e.g., Major Depressive Episode to Manic Episode). DSM-IV Rapid Cycling requires at least four distinct episodes of mood disturbance in one year that meet criteria for a Major Depressive, Manic, Mixed or Hypomanic Episode.

(If subject describes multiple episodes of similar polarity)**Ask:**

65.b) *Are you sure you got better between episodes?*

<u>No</u>	<u>Yes</u>	<u>Unk</u>
-----------	------------	------------

0	1	9
---	---	---

If yes:

65.b.1) *For how long?*

Weeks

--	--

DYSTHYMIA

INTERVIEWER: Skip to Cyclothymia (question 7, page 26) if the subject has met DSM-III-R/DSM-IV criteria for bipolar disorder.

I have asked about episodes of depression that were severe. Some people have less severe periods of depression that go on for years at a time. Now we want to talk about times like that.

- | | No | Yes | Unk |
|---|----|-----|-----|
| 1. Have you ever had a period of a year or more when you felt sad, down, or blue most of the day, more days than not? | 0 | 1 | 9 |

Skip to question 7

- 1.a) When did the longest period like this begin?

						–						
Month							Year					

- 1.b) When did this period end?

						–						
Month							Year					

INTERVIEWER: For adolescents or children, skip to Cyclothymia (question 7) if the period in questions 1.a-b is less than **1 year**.
For adults, skip to Cyclothymia (question 7) if the period in questions 1.a-b is less than **2 years**.

- | | | | |
|---|---|---|---|
| 2. Did you have a severe episode of depression either during the first two years of this period or in the six months before this period began? | 0 | 1 | 9 |
| 3. Just before and during this period was there a change in your use of street drugs, alcohol, or prescription medications, or did you have a serious physical illness? | 0 | 1 | 9 |

If yes: Specify: _____

INTERVIEWER: If **YES** to question 2, can you identify another period?
 If **YES**, recode questions 1.a and 1.b.
 If **NOT**, skip to Cyclothymia (question 7).
Site Optional: Interviewer may continue to specify dysthymic symptoms.
 If **YES** to question 3, complete relevant sections of GMC/Substance Causing Mood Symptoms (SCID-I), **pages 33-36**.

4. During that period did you...

- | | | | |
|--------------------------------|---|---|---|
| 4.a) ...overeat? | 0 | 1 | 9 |
| 4.b) ...have a poor appetite? | 0 | 1 | 9 |
| 4.c) ...have trouble sleeping? | 0 | 1 | 9 |
| 4.d) ...sleep too much? | 0 | 1 | 9 |

	No	Yes	Unk
4.e) ...feel tired easily?	0	1	9
4.f) ...feel inadequate or worthless?	0	1	9
4.g) ...find it hard to concentrate or make decisions?	0	1	9
4.h) ...feel hopeless?	0	1	9
4.i) INTERVIEWER: Enter number YES responses in questions 4a–h. Note: Boxed items count as only one YES response if yes to either. TOTAL			
INTERVIEWER: If less than two, skip to question 7.			
5. During that period was your mood ever normal for more than two months in a row—that is, two months when you were <u>not</u> sad, blue or down?	0	1	9
6. During that two-year period was there a difference in the way you managed your work, school, or household tasks or was any other area of your life affected?	0	1	9
If yes: Specify: _____			

6.a) INTERVIEWER: If no to question 6, is there any other evidence of clinically significant distress?	0	1	9
If yes: Specify: _____			

CYCLOTHYMIC DISORDER

INTERVIEWER: If subject reported episodes of major depression or mania, distinguish these from the less severe, fluctuating mood changes typical of Cyclothymia by beginning the questions with: “Other than the severe episodes you mentioned...”

Many subjects with cyclothymia will have already reported numerous hypomanias. In this case, interviewer must look for periods of depressive symptoms and establish chronicity.

7. Have you had a year or more when you have been a very moody person—someone who often had a few hours or days when you felt better than normal or high and other times when you felt down or depressed?	0	1	9
Skip to O. Suicidal Behavior (page 29)			

7.a) When did the longest period like this begin?

			–				
Month				Year			

7.b) When did this period end?

			–				
Month				Year			

INTERVIEWER: For adolescents or children, skip to O. Suicidal Behavior (p. 29) if the period in questions 7.a-b is less than **1 year**.
For adults, skip to O. Suicidal Behavior (p. 29) if the period in questions 7.a-b is less than **2 years**.

- | | No | Yes | Unk |
|---|----|-----|-----|
| 8. Did you have an episode of depression or mania during the first two years of this period? | 0 | 1 | 9 |
| 9. Just before and during this period was there a change in your use of street drugs, alcohol, or prescription medications, or did you have a serious physical illness? | 0 | 1 | 9 |

If yes: Specify: _____

INTERVIEWER: If YES to question 8, can you identify another period?
If YES, recode questions 7.a and 7.b.
If NOT, skip to O. Suicidal Behavior (p. 29).
Site Optional: Interviewer may continue to specify cyclothymic symptoms.
If YES to question 9, complete relevant sections of GMC/Substance Causing Mood Symptoms (SCID-I), pages 33-36.

10.a) During this period, did you have at least two of the following symptoms...:
Elated:

- ...more active or energetic than usual?
- ...more talkative than usual?
- ...needing less sleep than usual?
- ...thoughts racing?
- ...feeling very important?

INTERVIEWER: If yes, consider returning to mania section (p. 15) if not completed previously.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>			
10.b) <i>During this period, did you have at least two of the following symptoms...:</i>	0	1	9			
Depressed:						
...trouble sleeping or sleeping too much?						
...loss of appetite or overeating?						
...trouble concentrating?						
...loss of energy?						
...feeling guilty or worthless?						
...being unable to enjoy things?						
...thinking about death?						
11. <i>During that period was your mood ever normal for more than two months in a row—that is, two months when you were <u>not</u> sad, blue or down?</i>	0	1	9			
12. <i>During that period was there a difference in the way you managed your work, school, or household tasks or was any other area of your life affected?</i>	0	1	9			
If yes: Specify: _____						

12.a) INTERVIEWER: If no to question 12, is there any other evidence of clinically significant distress?	0	1	9			
If yes: Specify: _____						

13. <i>How old were you the <u>first</u> time you had a year or more like this?</i>	<div style="text-align: center;">Age</div> <table border="1" style="margin: auto;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>					
14. <i>How long did that period last?</i>	<div style="text-align: center;">Months</div> <table border="1" style="margin: auto;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>					

Now I'm going to ask you some questions about suicidal behavior.

	No	Yes	Unk
1. Have you ever <u>tried</u> to kill yourself?	<div>0</div>	1	9
<div>End of Interview</div>			
1.a) If yes: How many times have you tried to kill yourself?	<div>Times</div> <div></div>		
<div>If only one time, skip to question 2</div>			
1.b) How many of those attempts led to medical care (i.e., stitches, "stomach pumped", intubation, etc.)	<div>Times</div> <div></div>		
1.c) How old were you the first time you tried to kill yourself?	<div>Age</div> <div></div>		
1.d) Please tell me more about the time/times you tried to kill yourself.			

INTERVIEWER: Probe for means, intent, whether other persons were present at the time of the suicide attempt, and what medical or psychiatric intervention resulted.
Data Entry: Do not code.

Now I'm going to ask about your most serious episode of suicidal behavior.

INTERVIEWER: If there have been more than 2 attempts, explore the two most severe in terms of intent and/or medical intervention required.

INTERVIEWER: For the following questions, ask about the most serious attempt.

2. *How did you try to kill yourself?*

Record response: _____

3. *How old were you?*

Age		
No	Yes	Unk

4. *Did you require medical treatment after this attempt?*

0 1 9

5. *Were you admitted to a hospital after the attempt?*

0 1 9

If yes:

Code Response

5.a) *Medical hospital?*

0 1 2 9

0. No

1. Yes, Emergency Room

2. Yes, Inpatient

9. Unknown

5.b) *Psychiatric hospital?*

0 1 2 9

If yes: Note whether voluntary or involuntary.

0. No

1. Yes, voluntary

2. Yes, involuntary

9. Unknown

No Yes Unk

6. *Did you want to die?*

0 1 9

7. *Did you think you would die from what you had done?*

0 1 9

Code Response

8. **INTERVIEWER:** Rate intent of most serious attempt.

1 2 3 9

1. No intent or minimal intent, manipulative gesture.

2. Definite intent, but ambivalent.

3. Serious intent, expected to die.

9. No information, not sure.

- | | | Code Response | | | | | | |
|-----|---|---------------|------------|------------|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 9 |
| 9. | INTERVIEWER: Rate <u>lethality</u> of most serious attempt. | | | | | | | |
| | 1. No danger (no effects, held pills in hand). | | | | | | | |
| | 2. Minimal (scratch on wrist). | | | | | | | |
| | 3. Mild (10 aspirin, mild gastritis). | | | | | | | |
| | 4. Moderate (10 Seconals, briefly unconscious). | | | | | | | |
| | 5. Severe (cut throat). | | | | | | | |
| | 6. Extreme (respiratory arrest or prolonged coma). | | | | | | | |
| | 9. No information, not sure. | | | | | | | |
| 10. | INTERVIEWER: Rate <u>premeditation</u> of most serious attempt. | 1 | 2 | 3 | | | | 9 |
| | 1. Impulsive (less than 1 hour forethought, used materials immediately at hand). | | | | | | | |
| | 2. Somewhat premeditated (had suicidal ideation over hours or days, or intermittently throughout an episode, prior to making an attempt). | | | | | | | |
| | 3. Thoroughly premeditated (persistent suicidal ideation over weeks, months, or longer prior to the attempt) | | | | | | | |
| | 9. No information, not sure. | | | | | | | |
| 11. | <i>Did the suicidal behavior described occur during an episode of...</i>
(Circle all that apply) | <u>No</u> | <u>Yes</u> | <u>Unk</u> | | | | |
| | <i>...depression?</i> | 0 | 1 | 9 | | | | |
| | <i>...bipolar (mixed state)?</i> | 0 | 1 | 9 | | | | |
| | <i>...alcohol abuse?</i> | 0 | 1 | 9 | | | | |
| | <i>...drug abuse?</i> | 0 | 1 | 9 | | | | |
| | <i>...psychosis?</i> | 0 | 1 | 9 | | | | |
| | <i>...other?</i> | 0 | 1 | 9 | | | | |
| | If yes: Specify: _____ | | | | | | | |
| | _____ | | | | | | | |
| 12. | INTERVIEWER: Did any suicide attempt occur by violent means? (Violent suicide attempts include those by gunshot, stabbing, hanging, or jumping from a high place.) | 0 | 1 | 9 | | | | |

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DEPRESSION TALLY SHEET

(Optional)

			Most Severe	Other
Depressed			Box 1:	
_____	F.4.c, 38.e	Felt depressed		
_____	F.4.d/e, 38.f/g	Felt irritable/anxious		
Sleeping			Box 3:	
_____	F.7, 40	Trouble sleeping		
_____	F.7.b, 40.b	Unable to fall asleep for at least an hour		
_____	F.7.c, 40.c	Trouble sleeping through the night		
_____	F.7.e, 40.e	Waking up an hour earlier than usual		
_____	F.7.f, 40.f	Slept more than usual		
Restless/Slowed Down			Box 4:	
_____	F.8, 41	Was fidgety or restless		
_____	F.9, 42	Moved or talked slower		
Loss of Interest			Box 5:	
_____	F.10, 43	Loss of interest in sex/other pleasurable activities		
_____	F.10.a, 43.a	Loss of interest in nearly all usual activities		
Tired			Box 6:	
_____	F.11, 44	Loss of energy or more tired than usual		
Guilt			Box 7:	
_____	F.12, 45	Felt guilty or bad about self		
_____	F.13, 46	Felt was a failure or worthless		
Thinking			Box 8:	
_____	F.14, 47	Had difficulty thinking, concentrating or making decisions		
Thoughts of Dying			Box 9:	
_____	F.15, 48	Thought about dying/wishing was dead		
_____	F.16, 49	Tried to harm self		

			Most Severe	Other
Mania			Box 1:	
_____ G.5, 33	Irritable/elated			
More Active			Box 2:	
_____ G.6, 34	More active than usual or restless			
More Talkative			Box 3:	
_____ G.7, 35	More talkative than usual			
Racing Thoughts			Box 4:	
_____ G.8, 36	Thoughts raced/talked too fast to follow			
Grandiosity			Box 5:	
_____ G.9, 37	Felt very important or that you had special powers			
Sleeping			Box 6:	
_____ G.10, 38	Needed less sleep than usual			
Concentration			Box 7:	
_____ G.11, 39	Attention kept jumping from one thing to another			
Reckless Behavior			Box 8:	
_____ G.12, 40	Did things that could have gotten you into trouble			