

**DIAGNOSTIC INTERVIEW FOR GENETIC STUDIES
(DIGS)**

***Revised for use in Epidemiology-Genetics Program, Department of Psychiatry
and Behavior Sciences – The Johns Hopkins University School of Medicine*

SUBJECT ID: __ __ - __ __ __ - __ __ __

INTERVIEW DATE: __ / __ / __ __ - __ / __ - __ / __
 Y Y Y Y M M D D

INITIAL or RETEST: I R

IN-PERSON or TELEPHONE: P T

RATER NAME: _____

RATER NO: __ __

START/END TIME: __ : __ / __ : __ **TOTAL TIME:** __ : __
 hr min hr min hr min
 (military)

A. DEMOGRAPHICS

1. **Interviewer:** Circle sex code Male Female
1 2
2. What is your birth date? ____ - ____ - ____
Y Y Y Y M M D D
3. Were you adopted? No Yes Unk
0 1 9

If yes, clarify the nature of the adoption: _____

4. In which country were you born? (**Record response**): _____
5. What is the ethnic background of your biological parents?
Interviewer: Code up to four ethnicities on maternal and paternal sides, if possible)

Record response:

Mother: _____

Father: _____

- | | <u>MOTHER</u> | <u>FATHER</u> |
|---|---------------|---------------|
| 01 = Anglo-Saxon | | |
| 02 = Northern European (e.g., Norwegian) | 5.a) ____ | 5.e) ____ |
| 03 = Western European (e.g., French, German) | | |
| 04 = Eastern European, Slavic – NON JEWISH | 5.b) ____ | 5.f) ____ |
| 05 = Russian – NON JEWISH | | |
| 06 = Mediterranean – NON JEWISH | 5.c) ____ | 5.g) ____ |
| 07 = Ashkenazi Jew | | |
| 08 = Sephardic Jew | 5.d) ____ | 5.h) ____ |
| 09 = Hispanic (but not Puerto Rican) | | |
| 10 = Puerto Rican Hispanic | | |
| 11 = Mexican Hispanic | | |
| 12 = Asian | | |
| 13 = Arab | | |
| 14 = Native American / Alaskan Native | | |
| 15 = African American, not of Hispanic Origin | | |
| 16 = Other, Specify: _____ | | |
| 99 = Unknown | | |

6. What was your childhood religious affiliation? 1 = Catholic
2 = Protestant
3 = Jewish
4 = Moslem
5 = Not affiliated
6 = Other: Specify: _____
7. Are you currently active in the religious **RATE INVOLVEMENT IN**

or spiritual world?

RELIGIOUS GROUPS/CULTS

- [IF YES]** Could you tell me about this? NOT INVOLVED.....1
TRADITIONAL FOR SUBJECT'S SOCIAL GROUP..... 2
- [IF NO]** Have you ever been actively involved with a religious group, sect, or cult? NON-TRADITIONAL.....3
DK.....8
NA.....9

- 8. What is your current marital status? MARRIED.....1
SEPARATED.....3
DIVORCED4
WIDOWED.....2
NEVER MARRIED.....5

- 8a. **[IF EVER MARRIED]** How many times have you been legally married? **MARRIAGES**

[IF CURRENTLY MARRIED]

- 8b. How would you describe your marriage(s)? **INTIMATE RELATIONSHIPS**
 - [IF SEPARATED/DIVORCED]** What do you feel led to your separation? CONSISTENT/FULFILLING.....1
INCONSISTENT.....2
RARE/CONFLICTED.....3
NONE.....4
DK.....8
NA.....9
- _____
- _____
- _____

- 8c. **[IF NEVER MARRIED]** Have you had any long term intimate relationships? **INTIMATE RELATINSHIPS**
- [IF ENDED]**What do you feel led to your separation(s)? CONSISTENT/FULFILLING.....1
INCONSISTENT.....2
RARE/CONFLICTED.....3
NONE.....4
DK.....8
NA.....9

- 9. How many living children do you have? **CHILDREN**

- 9a. **[IF HAD CHILDREN]** How do you get along with your children? **PARENTING RELATIONSHIPS**
- EXCELLENT.....1
GOOD.....2
FAIR.....3
DISTURBED.....4
DK.....8
NA.....9

- 10. Are you living alone or with others? 1 = Alone
2 = With partner (for at least one year), but not legally married
3 = In own home with spouse and/or children
4 = In home of parents or children
5 = In home of siblns or other non-lineal relatives
6 = In shared home with other relatives/friends
7 = In Residential Treatment Facility
8 = Other, Specify: _____

- 11. Have you ever done any work for pay? NO.....SKIP TO 18b.....1
YES.....4
NA.....9

- 12. Are you employed now? NO.....1
YES.....SKIP TO 14.....4

13. When was the last time you worked for pay? NA.....9
 MO__ __ YR

14. What (is/was) the type of job you have had for the major portion of your working life?
[Code 14 A - E for this work]

14A. What kind of work (are/did) you do(ing)?
e.g., ELECTRICAL ENGINEER, TYPIST, SALES CLERK: _____

14B. What (are/were) your most important activities or duties? **E.G., TYPES, KEEPS ACCOUNT BOOKS, SELLS CARS, ETC.:** _____

14C. (Is/was) this a full-time or a part time job? FULL-TIME.....1
 PART-TIME.....2
 DK.....8
 NA.....9

14D. Code (major portion) occupation using chart on the next page: __ __

14E. Record (major portion) occupation: _____

15. How have you gotten along at your jobs? OCCUPATIONAL ROLE (best ever)
 EXCELLENT.....1
 GOOD.....2
 FAIR.....3
 IMPAIRED.....4
 DK.....8
 NA.....9

16. **[IF HAS LEFT JOB]** What were the reasons for leaving your job? OCCUPATIONAL DETERIORATION
 NO.....1
 MAYBE.....2
 YES.....3
 DK.....8
 NA.....9

[FOR 14D, 17, 18a, 18b, use chart on next page):

17. Code present occupation PRESENT
 Record occupation: _____

18a. Code most important occupation. MOST RESP.
 Record occupation: _____

18b. **[IF SUBJECT NOT HEAD OF HOUSEHOLD]** What is/was the occupation of the head of household during most of their working HOH

Managerial and Professional Speciality Occupations

career? Code occupation.
 Record response: _____

01 = Executive, Administrative, and Managerial Occupations
 02 = Professional Speciality Occupations
 03 = Writers, Artists, Entertainers, and Athletes

Technical, Sales, and Administrative Support Occupations

04 = Technicians and Related Support Occupations
 05 = Sales Occupations
 06 = Administrative Support Occupations, Including Clerical

Service Occupations

07 = Private Household Occupations
 08 = Protective Service Occupations
 09 = Service Occupations, Except Protective and Private Household

Farming, Forestry, and Fishing Occupations

10 = Farm Operators and Managers
 11 = Other Farming, Forestry, and Fishing Occupations

Precision Production, Craft, and Repair Occupations

12 = Mechanics and Repairers, Construction Trades, Extractive Occupations, Precision Production Occupations

Operators, Fabricators, and Laborers

13 = Machine Operators, Assemblers, and Inspectors
 14 = Transportation and Material-Moving Occupations
 15 = Handlers, Equipment Cleaners, Helpers, and Laborers

Other

16 = Armed Services
 17 = Disabled
 18 = Housewife/Homemaker
 19 = Never worked
 20 = Full-time student
 21 = Unemployed/Retired
 UU = Unknown/No Answer

19. How many years of school did you complete? **(CIRCLE ONE)** : NONE = 00
 01 02 03 04 05 06 07 08
 09 10 11 12 90 = GED or equiv
 College: 13 14 15 16
 Graduate/Professional school:
 17 18(masters) 19 20(doctorate)
 DK = 98 NA = 99

19a. Who was the major breadwinner in your home when you were 16 years old?
 How many years of school did he/she complete? **(CIRCLE ONE)** : NONE = 00
 01 02 03 04 05 06 07 08
 09 10 11 12 90 =GED or equiv
 College: 13 14 15 16
 Graduate/Professional school:
 17 18(masters) 19 20(doctorate)
 DK = 98 NA = 99

20. Were you ever in a special class at school? NO.....1
 YES.....4
IF YES: What kind of class was it? DK.....8
 NA.....9

EXAMINER: CODE "4" (YES) ONLY IF SPECIAL CLASS FOR THE LEARNING DISABLED OR EMOTIONALLY DISTURBED.

21. Did you ever attend a special school? NO.....1
 YES.....4
 IF YES: What kind of school was it? DK.....8
 NA.....9

EXAMINER: CODE "4" (YES) ONLY IF SPECIAL SCHOOL FOR THE LEARNING DISABLED OR EMOTIONALLY DISTURBED.

22. Have you ever been in the Military? NO 1 YES 2 UNK 9

22a)
 (IF NO:) Were you ever rejected for Military Service? Why?
 1 = Never called up or never rejected(include females)
 2 = Rejected for physical defect
 3 = Rejected for low IQ
 4 = Rejected for delinquency or criminal record
 5 = Rejected for other psychiatric reasons
 6 = Rejected for reasons uncertain
 9 = Unknown

23.
 (IF YES TO Q.22) What kind of discharge did you receive?
 1 = Honorable
 2 = General
 3 = Medical
 4 = Without Honor
 5 = Undesirable
 6 = Dishonorable
 7 = Not Discharged, Currently in Active or Reserve Military
 9 = Unknown

24.
 Think back to when you were a child. How would you describe yourself?
 (How sociable were you?)
 (Did you spend much time with other people?)
 (Were you a daydreamer?)

CHILDHOOD SOCIABILITY/WITHDRAWAL
 SOCIALLY ACTIVE.....1
 MILD WITHDRAWAL.....2
 MODERATE WITHDRAWAL.....3
 WITHDRAWN/ISOLATED.....4
 DK.....8
 NA.....9

24b.
CHILDHOOD PEER RELATIONSHIPS
 MANY FRIENDS.....1
 FEW CLOSE RELATIONSHIPS.....2
 DEVIANT FRIENDSHIP PATTERNS.....3
 SOCIAL ISOLATE.....4
 DK.....8
 NA.....9

24c. How did you do in elementary school?
 (How did you get along with the teachers?)
 (How did you get along with your schoolmates?)
ELEMENTARY SCHOLASTIC PERFORMANCE
 EXCELLENT.....1
 GOOD.....2
 FAIR.....3
 POOR.....5
 FAILING.....4
 DK.....8
 NA.....9

24d.
ELEMENTARY SCHOOL ADAPTATION
 GOOD.....1
 FAIR.....2
 POOR.....3
 REFUSED TO GO TO SCHOOL..4
 DK.....8
 NA.....9

24e. As an adolescent, how would you describe yourself?
 (How sociable were you?)
 (Did you spend much time with others?)
ADOLESCENT SOCIABILITY/WITHDRAWAL
 SOCIALLY ACTIVE.....1
 MILD WITHDRAWAL.....2
 MODERATE WITHDRAWAL.....3
 WITHDRAWN/ISOLATED.....4
 DK.....8
 NA.....9

24f.
ADOLESCENT PEER RELATIONSHIPS

	MANY FRIENDS.....1
	FEW CLOSE FRIENDS.....2
	DEVIANT FRIENDSHIP PATTERNS.....3
	SOCIAL ISOLATE.....4
	DK.....8
	NA.....9
24g. How did you do in high school? (How did you get along with the teachers?) (How did you get along with your schoolmates?)	<u>HIGH SCHOOL PERFORMANCE</u> EXCELLENT.....1 GOOD.....2 FAIR.....3 POOR.....5 FAILING.....4 DK.....8 N.....9
24h.	<u>HIGH SCHOOL ADAPTATION</u> GOOD.....1 FAIR.....2 POOR.....3 REFUSED TO GO TO SCHOOL.....4 DK.....8 NA.....9
24i. [IF DROPPED OUT OF SCHOOL] What were the reasons for leaving school?	<u>SCHOOL DETERIORATION</u> NO.....1 MAYBE.....3 YES.....4 DK.....8 NA.....9
24j. As an adult, how have you gotten along with others? (Do you spend much time with others?) (Are you sociable?)	<u>ADULT SOCIABILITY/ WITHDRAWAL</u> SOCIALLY ACTIVE.....1 MILD WITHDRAWAL.....2 MODERATE WITHDRAWAL.....3 WITHDRAWN/ISOLATED.....4 DK.....8 NA.....9
24k.	<u>ESTABLISHMENT OF INDEPENDENCE</u> INDEPENDENT.....1 UNSUCCESSFUL ATTEMPTS.....2 NO ATTEMPTS.....3 DK.....8 NA.....9

B. MEDICAL HISTORY

INTERVIEWER: When information from medical records may be relevant to psychiatric condition, record physician name, hospital name, city, state, and treatment dates on the Medical Records Information form at the end of the interview.

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|---|-----------|------------|------------|
| 1. <i>Have you ever had any serious physical illnesses or medical problems?</i> | 1 | 2 | 9 |

If yes: Specify. _____

- | | <u># of times</u> | |
|---|-------------------|--|
| 2. <i>How many times have you been admitted to hospital <u>overnight</u>?</i> | | |

INTERVIEWER: Exclude psychiatric or substance abuse treatment and pregnancies.

- | | | |
|---|--|--|
| 2.a) <i>How many surgeries have you had? (Including outpatient)</i> | | |
|---|--|--|

- 2.b) *Tell me about the overnight hospitalizations. (Specify below)*

<u>Year</u>	<u># of nights in hospital</u>	<u>Description of problem</u>
_____	___ ___ ___	_____
_____	___ ___ ___	_____
_____	___ ___ ___	_____
_____	___ ___ ___	_____

3. *Have you ever had any of the following conditions?*

	<u>No</u>	<u>Yes</u>	<u>DK</u>	<u>Year of Onset</u>	<u>Notes</u>
3.a) Thyroid or Other Hormonal Disorders?	1	2	9	_____	_____
If yes:					
3.a.1) <i>Overactive Thyroid</i>	1	2	9	_____	_____
3.a.2) <i>Underactive Thyroid</i>	1	2	9	_____	_____
3.a.3) <i>Enlarged Thyroid</i>	1	2	9	_____	_____
3.a.4) <i>Cushings Disorder</i>	1	2	9	_____	_____
3.b) <i>Migraine Headaches?</i>	1	2	9	_____	_____
3.c) Ulcers or Other Bowel Diseases?	1	2	9	_____	_____
If yes:					
3.c.1) <i>Peptic Ulcers</i>	1	2	9	_____	_____
3.c.2) <i>Crohn's Disease</i>	1	2	9	_____	_____
3.c.3) <i>Ulcerative Colitis</i>	1	2	9	_____	_____

B. MEDICAL HISTORY

	<u>No</u>	<u>Yes</u>	<u>DK</u>	<u>Year of Onset</u>	<u>Notes</u>
3.d) <i>Vitamin Deficiency?</i>	1	2	9	_____	_____
3.e) <i>Lupus?</i>	1	2	9	_____	_____
3.f) <i>Learning Disabilities/ Hyperactivity?</i>	1	2	9	_____	_____
3.g) <i>Meningitis/Other Brain Disorders?</i>	1	2	9	_____	_____
3.h) <i>Parkinson's Disease/Other Movement Disorders?</i>	1	2	9	_____	_____
3.i) <i>Multiple Sclerosis?</i>	1	2	9	_____	_____
3.j) <i>Huntington's Disease?</i>	1	2	9	_____	_____
3.k) <i>Stroke or TIA (mini stroke)?</i>	1	2	9	_____	_____
3.l) <i>High Blood Pressure?</i>	1	2	9	_____	_____
3.m) <i>Heart Disease?</i>	1	2	9	_____	_____
3.n) <i>Allergies/Asthma?</i>	1	2	9	_____	_____
3.o) <i>Respiratory Illness?</i>	1	2	9	_____	_____
3.p) <i>Liver Disease?</i>	1	2	9	_____	_____
3.q) <i>Kidney Disease?</i>	1	2	9	_____	_____
3.r) <i>Diabetes</i>	1	2	9	_____	_____
3.r1) <i>If yes, Do you take insulin?</i>	1	2	9		
3.s) <i>Rheumatoid Arthritis?</i>	1	2	9	_____	_____
3.t) <i>Cancer?</i>	1	2	9	_____	_____
3.u) <i>Celiac Disease?</i>	1	2	9	_____	_____
3.v) <i>Sleep Apnea?</i>	1	2	9	_____	_____

B. MEDICAL HISTORY

3.w) Epilepsy/Convulsions/ Seizures? 1 2 9 _____

If yes:

3.w.1) *How many times have you had a seizure?*

# of times	

3.w.2) *How old were you the first time?*

Age	

No Yes

3.w.3) *Was a cause found for the seizure(s)?*

1 2

If yes: Specify. _____

3.x) *Serious head injury?* 1 2 9 _____

If yes:

3.x.1) *How many times have you had a serious head injury?*

# of times	

No Yes

3.x.2) *Did you lose consciousness?*

1 2

If yes: Specify how long:

			OR		
--	--	--	----	--	--

Minutes

Days

Age

3.x.3) *How old were you?*

--	--

INTERVIEWER: Code the age of the first episode with unconsciousness if there has been more than one injury.

4. *Have you ever had any of the following tests:*

	<u>No</u>	<u>Yes</u>	<u>DK</u>	Year of Most Recent	<u>Notes</u>
				<u>Test</u>	
4.a) <i>EEG/"Brain Wave" tests?</i>	1	2	9	_____	_____
4.b) <i>Head CAT scan?</i>	1	2	9	_____	_____
4.c) <i>Head MRI?</i>	1	2	9	_____	_____

B. MEDICAL HISTORY

No Yes Unk

5. *Are you taking any medications regularly (include aspirin and oral contraceptives)?* 1 2 9

<u>Medication</u>	<u>Dosage per day (total mg)</u>	<u>Duration of Dosage in Weeks</u>		

6. *Was your own birth or early development abnormal in any way?* 1 2 9

Skip to question 7 ←

6.a) *Were there any problems with your mother's health while she was pregnant with you, or with your birth, such as prematurity or birth complications?* 1 2 9

If yes: Specify. _____

6.b) *Was your development abnormal in any way, for example did you walk or talk later than other children?* 1 2 9

If yes: Specify. _____

B. MEDICAL HISTORY

INTERVIEWER: For MALES, skip to C1. Modified Mini-Mental Status (page 14).

8. *Have you ever been pregnant?*

No	Yes	Unk
1	2	9

Skip to question 9 ←

8.a) *How many times have you been pregnant including miscarriages, abortions, and still Births?*

Pregnancies	

Record response: _____

8.b) *How many live births?*

Live Births	

8.c) *Have you ever had any severe emotional problems during a pregnancy or within a month of childbirth?*

Code Response				
1	2	3	4	9

1. No
2. Yes, during pregnancy only
3. Yes, post natal only
4. Yes, both during pregnancy and post natal
9. Unknown

If yes: Specify: _____

9. *Have you ever noticed regular mood changes in the premenstrual or menstrual period?*

No	Yes	Unk
1	2	9

If yes: Specify. _____

10. *Have you gone through menopause?*

1	2	9
---	---	---

10.a) **If yes:** *Have you ever had any severe emotional problems associated with menopause?*

1	2	9
---	---	---

If yes: Specify. _____

INTERVIEWER: If this is a telephone interview, skip to C2. Telephone Interview for Cognitive Status (page 17).

Now I am going to ask you to perform some quick tasks.

	<u>Maximum Score</u>	<u>Subject Score</u>
1. <u>Orientation</u>		
1.a) <i>What is the: (Year) (Season) (Date) (Day) (Month)?</i>	5	<input type="checkbox"/>
1.b) <i>Where are we: (Country) (State) (Town) (Hospital/Bldg) (Floor/Street)?</i>	5	<input type="checkbox"/>
2. <u>Registration</u>		
Name three objects or concepts for the subject (e.g., fish hook, shoe, green) taking one second to say each. Tell subject s/he will be asked to recall them. Ask the subject to repeat all three after you have said them. Give one point for each correct answer. Repeat them until subject learns all three (up to six trials).	3	<input type="checkbox"/>
3. <u>Attention and Calculation</u>		
Serial 7's. <i>Count backward from 100 by 7.</i> Score one point for each correct. Stop after five answers.	5	<input type="checkbox"/>
–and–		
<i>Spell "world" (or some other 5-letter word) backward.</i> Score one point for each letter in correct order.	5	<input type="checkbox"/>
4. <u>Recall</u>		
Ask the subject to name the three objects repeated above. Score one point for each correct.	3	<input type="checkbox"/>
5. <u>Language</u>		
5.a) Point to a pencil and watch. Ask the subject " <i>What is this called?</i> " for each. Score two points.	2	<input type="checkbox"/>
5.b) Ask the subject to repeat the following " <i>No ifs, ands, or buts.</i> " Score one point.	1	<input type="checkbox"/>
5.c) Ask the subject to follow a three–stage command. (E.g., "Take a paper in your right hand, fold it in half, and put it on the floor.") Score three points.	3	<input type="checkbox"/>
*6. <u>Cognitive State</u>		
6.a) Hand the subject the MMS Card that reads "Close Your Eyes". Score one point.	1	<input type="checkbox"/>
6.b) <i>Write a sentence.</i> Score one point.	1	<input type="checkbox"/>
6.c) <i>Copy the design below.</i> Score one point.	1	<input type="checkbox"/>

	<u>Maximum Score</u>	<u>Subject Score</u>	<u>Code Response</u>
7. Record Total Score	35	<input type="text"/>	
8. INTERVIEWER: Assess level of consciousness.			1 2 3
1. Alert			
2. Drowsy			
3. Stupor			

INTERVIEWER: If Total Score is 15 or less, discontinue interview at this time. If total score is between 15 and 23, interviewer may need to consider whether proceeding through the interview will yield reliable information.

* Adapted, with permission, from Folstein, M.F., Folstein, S.E., McHugh, P., "Mini Mental State: A practical method for grading the cognitive state of patients for the clinician", Journal of Psychiatric Research 12:189-198, 1975.

**RATE FUND OF KNOWLEDGE AND REMOTE MEMORY.
SCORE ONE POINT FOR EACH CORRECT CATEGORY
AND RATE TOTAL SCORE. (FOUR POINTS POSSIBLE.
RECORD RESPONSES.)**

Who is President of the United States? _____ (1) _____

Can you name the past Presidents, starting with (current president)? _____
_____ (1) _____

Can you name five big cities in the United States? _____
_____ (1) _____

Can you name the Capital of (state you are in)? _____ (1) _____

Total score: _____

Now, I will ask you some questions about pairs of objects, and I would like you to tell me

How the items are alike or similar. For example, a table and a chair are furniture and both have four legs. A cow and a goat both give milk, have four legs, and are animals.

(Give 2, 1, or 0 points for each rating; if in doubt, rate down)

Ratings:

2 = Subject succinctly and completely expresses similarity

1 = Subject expresses a remote similarity

0 = Subject is totally off the point or doesn't know (e.g., "they are different!")

Score

1. How is an apple like a banana? _____

2. How is an eye like an ear? _____

3. How is a telephone like a letter? _____

Total score: _____

Now I will ask you some proverbs, and I want you to tell me what they mean to you. Even if you haven't heard them before, take a guess.

For example, "A stitch in time saves nine" may mean that putting things off only makes matters worse. Or, "Easy come, easy go" may mean that we don't appreciate things that come too easily or that are given and not worked for.

Rate 2, 1, or 0 for each proverb interpretation, and rate down if doubtful. Maximum 6 points.

What does it mean if I say:

1) "Don't cry over spilled milk" (or, "The horse is out of the barn")? _____

2) "You can't tell a book by its cover" (or, "All that shines isn't gold")? _____

3) "Don't count your chickens before they hatch" (or, "Look before you leap")? _____

Total Score: _____

MMSE FOR TELEPHONE INTERVIEWS:

INTERVIEWER: Directions: 1) Explain exam to subject. 2) Get address. 3) Be sure distractions are minimal (e.g., no T.V. or radio on, remove pens and pencils from reach.) 4) Be sure sources of orientation (e.g., newspapers, calendars) are not in subject's view. 5) Care-givers may offer reassurance, but not assistance. 6) Single repetitions permitted, except for items 5 and 8.

	Maximum <u>Score</u>	<u>Subject Score</u>
1. <i>Please tell me your name.</i> Score one point for first name, and one point for last name.	2	<input type="text"/>
2. <i>What is today's date?</i> Score one point for month, date, year, day of week, and season. If incomplete ask specifics (e.g., "What is the month?" "What season are we in?")	5	<input type="text"/>
3. <i>Where are you right now?</i> Score one point each for house number, street, city, state and zip. If incomplete ask specifics (e.g., "What street are you on right now?")	5	<input type="text"/>
4. <i>Count backwards from 20 to 1.</i> Score two points if completely correct on the first trial; one point if the completely correct on second trial; no points for anything else.	2	<input type="text"/>
5. <i>I am going to read you a list of ten words. Please listen carefully and try to remember them. When I am done, tell me as many words as you can, in any order. Ready? The words are cabin, pipe, elephant, chest, silk, theater, watch, whip, pillow, giant. Now tell me all the words you remember.</i> Score one point for each correct response. No penalty for repetitions or intrusions.	10	<input type="text"/> <input type="text"/>
6. <i>100 minus 7 equals what? And 7 from that? Etc.</i> Stop at 5 serial subtractions. Score one point for each correct subtraction. Do not inform the subject of incorrect responses, but allow subtractions to be made from his/her last response (e.g., 93-85-78-71-65 would get 3 points.)	5	<input type="text"/>
7. <i>What do people use to cut paper?</i> Score one point for scissors or shears only.	1	<input type="text"/>
<i>How many things in a dozen?</i> Score one point for 12.	1	<input type="text"/>
<i>What do you call the prickly green plant that lives in the desert?</i> Score one point for cactus only.	1	<input type="text"/>
<i>What animal does wool come from?</i> Score one point for sheep or lamb only.	1	<input type="text"/>

C1. MODIFIED MINI-MENTAL STATUS EXAMINATION
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	<u>Maximum Score</u>	<u>Subject Score</u>
8. <i>Say this: "No ifs ands or buts."</i> <i>Say this: "Methodist Episcopal."</i> Score one point for each complete repetition on the first trial. Repeat only if poorly presented.	2	<input style="width: 40px; height: 25px;" type="text"/>
9. <i>Who is the President of the United States right now?</i> <i>Who is the Vice-President?</i> Score one point each for correct first <u>and</u> last name.	2	<input style="width: 40px; height: 25px;" type="text"/>
10. <i>With your finger, tap 5 times on the part of the phone you speak into.</i> Score two points if 5 taps are heard; one point if subject taps more or less than 5 times.	2	<input style="width: 40px; height: 25px;" type="text"/>
11. <i>I am going to give you a word and I want you to give me the opposite.</i> <i>For example, the opposite of hot is cold. What is the opposite of</i> <i>"west"?</i> Score one point for "east".	1	<input style="width: 40px; height: 25px;" type="text"/>
<i>What is the opposite of "generous"?</i> Score one point for "selfish", "greedy", "stingy", "tight", "cheap", "mean", "meager", "skimpy", or other good antonym.	1	<input style="width: 40px; height: 25px;" type="text"/>
12. Record Total Score	41	<input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/>

E. OVERVIEW OF PSYCHIATRIC DISTURBANCE

	No	Yes	Unk
1. <i>Have you ever had any emotional problems or a period when you were not feeling or behaving like your normal self?</i>	0	1	9
2. <i>Have you ever seen any professional for emotional problems, your nerves, or the way you were feeling or acting?</i>	0	1	9
2.a) <i>Have you been in psychotherapy or in counseling?</i>	0	1	9
If yes to question 2 or 2.a:			
2.b) <i>How old were you when you <u>first</u> saw someone for (Emotional problem)?</i>			Age <input type="text"/>
2.c) <i>Were you employed at the time or a full-time student or homemaker?</i>	0	1	9
3. <i>Has there ever been a period of time when you were unable to work, go to school, or take care of other responsibilities because of psychiatric or emotional reasons?</i>	0	1	9
4. <i>Have you ever been admitted to a hospital or day hospital because of problems with your mood, emotions, or how you were acting?</i>	0	1	9
If yes:			
4.a) <i>How many times were you admitted to an inpatient unit?</i>			Inpatient Hospitalizations <input type="text"/>
4.b) <i>How many times were you admitted to a day hospital?</i>			Day Hospitalizations <input type="text"/>
If any in 4a-b:			
4.c) <i>Were any primarily for alcohol and/or drug treatment?</i>	0	1	9
4.c.1) If yes: How many?			Alc/Drug Hospitalizations <input type="text"/>
4.d) <i>How old were you at the time of your <u>first</u> psychiatric hospitalization?</i>			Age <input type="text"/>
5. <i>Have you ever received electro-convulsive treatment (ECT, shock treatments)?</i>	0	1	9
5.a) If yes: How many courses of ECT have you received?			# of courses <input type="text"/>

E. OVERVIEW OF PSYCHIATRIC DISTURBANCE

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
6. <i>Have you ever taken medications for your nerves or any emotional or mental problems?</i>	0	1	9

INTERVIEWER: Place a single CHECK mark in column 1 next to all medications the person can recall taking. Place a second CHECK mark in column 2 by all medications that were taken for at least 3 consecutive months on a daily basis. For other drugs not listed in a category, write in the name of the drug in the blank(s) at the end of the category and check as above. If the category is unknown, put at the end in "Other Medications".

	<u>1</u>	<u>2</u>		<u>1</u>	<u>2</u>	
Tricyclic antidepressants	<input type="checkbox"/>	<input type="checkbox"/>	Anafranil (clomipramine)	<input type="checkbox"/>	<input type="checkbox"/>	Tofranil (imipramine)
	<input type="checkbox"/>	<input type="checkbox"/>	Asendin (amoxapine)	<input type="checkbox"/>	<input type="checkbox"/>	Vivactil (protriptyline)
	<input type="checkbox"/>	<input type="checkbox"/>	Elavil (amitriptyline)			
	<input type="checkbox"/>	<input type="checkbox"/>	Ludiomil (maprotiline)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Norpramin (desipramine)			
	<input type="checkbox"/>	<input type="checkbox"/>	Pamelor/Aventyl (nortriptyline)			
	<input type="checkbox"/>	<input type="checkbox"/>	Sinequan (doxepine)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Surmontil (trimipramine)			
Serotonin specific reuptake inhibitors (SSRIs)	<input type="checkbox"/>	<input type="checkbox"/>	Celexa (citalopram)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Luvox (fluvoxamine)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Paxil (paroxetine)			
	<input type="checkbox"/>	<input type="checkbox"/>	Prozac (fluoxetine)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Zoloft (sertraline)			
MAOI's	<input type="checkbox"/>	<input type="checkbox"/>	Marplan (isocarboxazid)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Nardil (phenelzine)			
	<input type="checkbox"/>	<input type="checkbox"/>	Parnate (tranylcypromine)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other antidepressants	<input type="checkbox"/>	<input type="checkbox"/>	Effexor (venlafaxine)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Desyrel (trazodone)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Remeron (mirtazapine)			
	<input type="checkbox"/>	<input type="checkbox"/>	Serzone (nefazodone)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Wellbutrin (bupropion)			
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	Ativan (lorazepam)	<input type="checkbox"/>	<input type="checkbox"/>	Valium (diazepam)
	<input type="checkbox"/>	<input type="checkbox"/>	Dalmane (flurazepam)	<input type="checkbox"/>	<input type="checkbox"/>	Xanax (alprazolam)
	<input type="checkbox"/>	<input type="checkbox"/>	Halcion (triazolam)			
	<input type="checkbox"/>	<input type="checkbox"/>	Klonopin (clonazepam)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Librium (chlordiazepoxide)			
	<input type="checkbox"/>	<input type="checkbox"/>	Restoril (temazepam)			
	<input type="checkbox"/>	<input type="checkbox"/>	Serax (oxazepam)	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Tranxene (clorazepate)				

E. OVERVIEW OF PSYCHIATRIC DISTURBANCE

	<u>1</u> <u>2</u>		<u>1</u> <u>2</u>	
Other Sedative Hypnotics or Anxiolytics	<input type="checkbox"/> <input type="checkbox"/>	Atarax (hydroxyzine)	<input type="checkbox"/> <input type="checkbox"/>	Placidyl (ethchlorvynol)
	<input type="checkbox"/> <input type="checkbox"/>	Ambien (zolpidem)	<input type="checkbox"/> <input type="checkbox"/>	Seconal (secobarbital)
	<input type="checkbox"/> <input type="checkbox"/>	Benadryl (diphenhydramine)		
	<input type="checkbox"/> <input type="checkbox"/>	Buspar (buspirone)	<input type="checkbox"/> <input type="checkbox"/>	_____
	<input type="checkbox"/> <input type="checkbox"/>	Chloral Hydrate		
	<input type="checkbox"/> <input type="checkbox"/>	Inderal (propranolol)		
	<input type="checkbox"/> <input type="checkbox"/>	Miltown (meprobamate)	<input type="checkbox"/> <input type="checkbox"/>	_____
Antipsychotics	<input type="checkbox"/> <input type="checkbox"/>	Clozaril (clozapine)	<input type="checkbox"/> <input type="checkbox"/>	Stelazine (trifluoperazine)
	<input type="checkbox"/> <input type="checkbox"/>	Haldol (haloperidol)	<input type="checkbox"/> <input type="checkbox"/>	Thorazine (chlorpromazine)
	<input type="checkbox"/> <input type="checkbox"/>	Loxitane (loxapine)	<input type="checkbox"/> <input type="checkbox"/>	Trilafon (perphenazine)
	<input type="checkbox"/> <input type="checkbox"/>	Mellaril (thioridazine)	<input type="checkbox"/> <input type="checkbox"/>	Zyprexa (olanzapine)
	<input type="checkbox"/> <input type="checkbox"/>	Moban (molindone)		
	<input type="checkbox"/> <input type="checkbox"/>	Navane (thiothixene)	<input type="checkbox"/> <input type="checkbox"/>	_____
	<input type="checkbox"/> <input type="checkbox"/>	Prolixin (fluphenazine)		
	<input type="checkbox"/> <input type="checkbox"/>	Risperdal (risperidone)		
	<input type="checkbox"/> <input type="checkbox"/>	Serentil (mesoridazine)	<input type="checkbox"/> <input type="checkbox"/>	_____
	<input type="checkbox"/> <input type="checkbox"/>	Seroquel (quetiapine)		
Antiparkinsonian Agents	<input type="checkbox"/> <input type="checkbox"/>	Akineton (biperiden)	<input type="checkbox"/> <input type="checkbox"/>	_____
	<input type="checkbox"/> <input type="checkbox"/>	Artane (trihexyphenidyl)		
	<input type="checkbox"/> <input type="checkbox"/>	Cogentin (benztropine)	<input type="checkbox"/> <input type="checkbox"/>	_____
	<input type="checkbox"/> <input type="checkbox"/>	Symmetrel (amantadine)		
Stimulants	<input type="checkbox"/> <input type="checkbox"/>	Cylert (pemoline)	<input type="checkbox"/> <input type="checkbox"/>	_____
	<input type="checkbox"/> <input type="checkbox"/>	Dexedrine (amphetamine)		
	<input type="checkbox"/> <input type="checkbox"/>	Ritalin (methylphenidate)	<input type="checkbox"/> <input type="checkbox"/>	_____
Antimanic Agents	<input type="checkbox"/> <input type="checkbox"/>	Depakote (valproic acid)	<input type="checkbox"/> <input type="checkbox"/>	_____
	<input type="checkbox"/> <input type="checkbox"/>	Lamictal (lamotrigine)		
	<input type="checkbox"/> <input type="checkbox"/>	Lithium	<input type="checkbox"/> <input type="checkbox"/>	_____
	<input type="checkbox"/> <input type="checkbox"/>	Neurontin (gabapentin)		
	<input type="checkbox"/> <input type="checkbox"/>	Tegretol (carbamazepine)		
Other Medications or Herbal Preparations	<input type="checkbox"/> <input type="checkbox"/>	Melatonin		
	<input type="checkbox"/> <input type="checkbox"/>	St. John's Wort	<input type="checkbox"/> <input type="checkbox"/>	_____
	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>	_____

MEDICATIONS CARD

Tricyclic antidepressants

Anafranil (clomipramine)	Norpramin (desipramine)	Surmontil (trimipramine)
Asendin (amoxapine)	Pamelor/Aventyl (nortriptyline)	Tofranil (imipramine)
Elavil (amitriptyline)	Sinequan (doxepine)	Vivactil (protriptyline)
Ludiomil (maprotiline)		

Serotonin specific reuptake inhibitors (SSRIs)

Celexa (citalopram)	Paxil (paroxetine)	Zoloft (sertraline)
Luvox (fluvoxamine)	Prozac (fluoxetine)	

MAOI's

Marplan (isocarboxazid)	Nardil (phenelzine)	Parnate (tranylcypromine)
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Other antidepressants

Effexor (venlafaxine)	Remeron (mirtazapine)	Wellbutrin (bupropion)
Desyrel (trazodone)	Serzone (nefazodone)	

Benzodiazepines

Ativan (lorazepam)	Librium (chlordiazepoxide)	Tranxene (clorazepate)
Dalmane (flurazepam)	Restoril (temazepam)	Valium (diazepam)
Halcion (triazolam)	Serax (oxazepam)	Xanax (alprazolam)
Klonopin (clonazepam)		

Other Sedative Hypnotics or Anxiolytics

Atarax (hydroxyzine)	Buspar (buspirone)	Miltown (meprobamate)
Ambien (zolpidem)	Chloral Hydrate	Placidyl (ethchlorvynol)
Benadryl (diphenhydramine)	Inderal (propranolol)	Seconal (secobarbital)

Antipsychotics

Clozaril (clozapine)	Navane (thiothixene)	Stelazine (trifluoperazine)
Haldol (haloperidol)	Prolixin (fluphenazine)	Thorazine (chlorpromazine)
Loxitane (loxapine)	Risperdal (risperidone)	Trilafon (perphenazine)
Mellaril (thioridazine)	Serentil (mesoridazine)	Zyprexa (olanzapine)
Moban (molindone)	Seroquel (quetiapine)	

Antiparkinsonian Agents

Akineton (biperiden)	Cogentin (benztropine)	Symmetrel (amantadine)
Artane (trihexyphenidyl)		

Stimulants

Cylert (pemoline)	Dexedrine (amphetamine)	Ritalin (methylphenidate)
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Antimanic Agents

Depakote (valproic acid)	Lithium	Tegretol (carbamazepine)
Lamictal (lamotrigine)	Neurontin (gabapentin)	

Other Medications or Herbal Preparations

Melatonin	St. John's Wort	
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E. OVERVIEW OF PSYCHIATRIC DISTURBANCE




INTERVIEWER: If subject reported any emotional problems in questions 1-6 skip to question 8.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
7. <i>Was there ever a time when you or someone else thought you needed professional help because of your feelings or the way you were acting?</i>	<input type="checkbox"/> 0	1	9

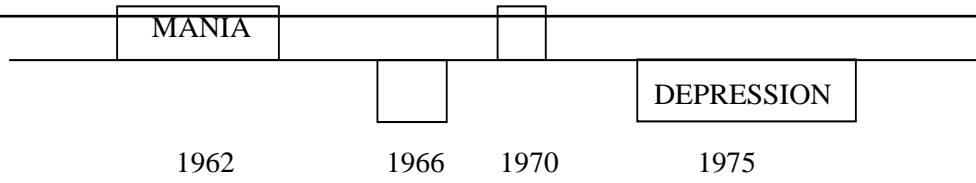
Skip to F. Major Depression (page 27) ←

8. *Please tell me more about these periods we've just discussed.*

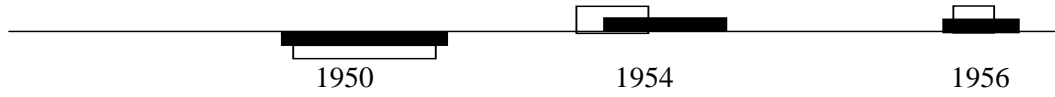
E. OVERVIEW OF PSYCHIATRIC DISTURBANCE

KEY	
	Affective Illness
	Active Psychosis
	Prodromal & Residual

SAMPLE: Affective Illness Only



SAMPLE: Psychosis and Affective Illness



PATIENT:



F. MAJOR DEPRESSION

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

	No	Yes	Unk
1. <i>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?</i>	0	1	9
1.a) <i>By feeling irritable?</i>	0	1	9
1.b) <i>By feeling anxious?</i>	0	1	9
1.c) <i>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?</i>	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: _____ _____			
Skip to G. Mania/Hypomania (page 45)			
3. <i>Have you been feeling that way recently (i.e., for at least one week during the past 30 days)?</i>	0	1	9
3.a) If yes: <i>How long have you felt this way?</i>			
		Weeks	

F. MAJOR DEPRESSION

Most Severe Episode

4. Think about the most severe period in your life when you were feeling this way.
When did it begin?

--	--	--

Month

--	--	--	--

Year

4.a) **INTERVIEWER:** Compute age.

Age

--	--

Weeks

4.b) How long did that period last?

--	--	--

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 also the current episode?

0 1

Most Severe Episode*During the most severe episode...:*6. *Did you have a loss of appetite or did your appetite greatly increase?*

- 0. No
- 1. Yes, decreased
- 2. Yes, increased
- 3. Yes, mixture
- 9. Unknown/No information

Code Response

0	1	2	3	9
---	---	---	---	---

6.a) *Did you lose/gain weight when you were not trying to?*

- 0. No
- 1. Loss
- 2. Gain
- 9. Unknown

0	1	2	9
---	---	---	---

If yes:6.b) *What was your weight before the loss/gain?*

Pounds

--	--	--

6.c) *What was your weight after the loss/gain?*

Pounds

--	--	--

6.d) *Over what period of time did you lose/gain this amount of weight?*

Weeks

--	--	--

No Yes Unk7. *Did you have trouble sleeping or were you sleeping more than usual?***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
---	---	---

F. MAJOR DEPRESSION

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
10. <i>Were you much less able to enjoy sex and other pleasurable activities?</i>	0	1	9
10a. <i>Did you lose interest in nearly all of your usual activities?</i>	0	1	9
11. <i>Were you feeling a loss of energy or more tired than usual?</i>	0	1	9
12. <i>Were you feeling guilty or that you were a bad person?</i>	0	1	9
13. <i>Were you feeling that you were a failure or worthless?</i>	0	1	9
14. <i>Were you having difficulty thinking, concentrating, or making decisions?</i>	0	1	9
15. <i>Were you frequently thinking about death, or wishing you were dead, or thinking about taking your life?</i>	0	1	9
16. <i>Did you actually try to harm yourself?</i>	0	1	9
17. INTERVIEWER: Enter number of boxes with at least one YES response in questions 6–16	TOTAL BOXES		
INTERVIEWER: If less than three, probe for other potentially severe episodes. If necessary, recode questions 6–16. If still less than three, skip to G. Mania/Hypomania (page 45) .			
18. (INTERVIEWER: Review symptoms in questions 6–16 plus depressed mood or hand subject Depression Tally Sheet to review): <i>During this episode was there a two-week period when these symptoms were present nearly every day (at least four symptoms plus depressed mood)?</i>	0	1	9
19. <i>Did you tend to feel worse in the morning or in the evening?</i>	<u>Code Response</u>		
0. A.M. 1. P.M. 2. No difference	0	1	2
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:			

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
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
20.b) If yes: <i>How long were they present before the depression began?</i>	Days		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
20.c) If yes: <i>How long did they last after your mood returned to normal?</i>	Days		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
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: <i>Like voices talking or noises, or visions? Or have unusual tastes, smells, or physical sensations?</i>			
If yes: <i>Specify:</i> _____			

If yes:			
21.a) <i>Did these (refer to experiences) occur either just before this depression or after it cleared?</i>	0	1	9
21.b) If yes: <i>How long were they present before the depression began?</i>	Days		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
21.c) If yes: <i>How long did they last after your mood returned to normal?</i>	Days		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
21.d) INTERVIEWER: Does this total more than 14 days?	0	1	9
22. If yes to questions 20 or 21:	0	1	9
INTERVIEWER: Did psychotic symptoms have content that was <u>inconsistent</u> with depressive themes such as poverty, guilt, illness, personal inadequacy or catastrophe?			
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: <i>Specify:</i> _____			

F. MAJOR DEPRESSION

Most Severe Episode

25. *During this episode were you admitted to the hospital for depression (including day hospital)?* No Yes Unk
0 1 9

25.a) **If yes:** *For how long (inpatient)?*

Days

--	--	--

25.b) **If yes:** *For how long (day hospital) ?*

Days

--	--	--

26. *Did you receive ECT (shock treatments)?* 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. *Was your major responsibility during this episode job, home, school, or something else?* Code Response
1 2 3 4

- 1. Job
- 2. Home
- 3. School
- 4. Other

If other: Specify: _____

28. *Was your functioning (in this role) affected?* No Yes Unk
0 1 9

If yes: Specify: _____

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

Most Severe Episode

		Code Response			
		0	1	2	9
29.	INTERVIEWER: Code based on answers to questions 20, 21 and 25–28				
	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: <i>Was your functioning in any other area of your life affected?</i>			

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:* _____

INTERVIEWER: If MALE or NEVER PREGNANT, skip to question 32, page 34.

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

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

Month				–	Year						

Most Severe Episode

32. *Did this episode occur during or shortly after a serious physical illness?* No Yes Unk
0 1 9

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?* 0 1 9

If yes: Specify: _____

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**

--	--	--

 -

--	--	--	--

Month Year

F. MAJOR DEPRESSION

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
37. <i>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?</i>	0	1	9
37.a) <i>During this episode of depression did you also experience any of these symptoms?</i>			
37.a.1) <i>Overactivity—Running around, many projects, or physically agitated?</i>	0	1	9
37.a.2) <i>More talkative than usual, speech pressured?</i>	0	1	9
37.a.3) <i>Thoughts racing, jumping from topic to topic?</i>	0	1	9
37.a.4) <i>Feeling grandiose - more important, special, powerful?</i>	0	1	9
37.a.5) <i>Needing less sleep - energetic after little or no sleep?</i>	0	1	9
37.a.6) <i>Attention distracted by unimportant things?</i>	0	1	9
37.a.7) <i>Doing risky things for pleasure - spending, sex, reckless driving, etc.?</i>	0	1	9
37.a.8) INTERVIEWER: Enter number of YES responses in 37.a.1-7: TOTAL			<input style="width: 40px; height: 20px;" type="text"/>

If total in 37.a.8 is **less than 3**, skip to question 38

37.a.9) *How long were these symptoms present?*

Days OR
 Weeks

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
38. <i>Did you have at least one other episode when you were depressed for at least one week and had several of the symptoms you described?</i>	0	1	9

Skip to question 71, page 44

If yes: *When was the most recent time that you had depression that was almost as severe as the time we just talked about?*

INTERVIEWER: Based on the overview or additional probing, identify the most recent severe episode that the subject remembers well. Avoid episodes with probable organic precipitants and episodes that occurred less than 2 months before or after the Most Severe Episode. A Current Episode should be rated here if it meets these criteria.

Briefly describe the subject's response: _____

38.a) <i>Is the selected episode <u>also</u> the current episode (in the past 30 days)?</i>	0	1								
38.b) <i>When did it begin?</i>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				-	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				
	Month		Year							
38.c) INTERVIEWER: Compute age.			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>							
			Age							
38.d) <i>How long (did that period last/has it lasted)?</i>			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>							
			Weeks							
			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><u>No</u></td> <td style="width: 10%; text-align: center;"><u>Yes</u></td> <td style="width: 10%; text-align: center;"><u>Unk</u></td> </tr> </table>	<u>No</u>	<u>Yes</u>	<u>Unk</u>				
<u>No</u>	<u>Yes</u>	<u>Unk</u>								
38.e) <i>Did you feel depressed, sad, down, or low?</i>	0	1	9							
38.f) <i>Did you feel irritable?</i>	0	1	9							
38.g) <i>Did you feel anxious?</i>	0	1	9							

Other Episode

During the selected episode...:

39. Did you have a loss of appetite or did your appetite greatly increase?

- 0. No
- 1. Yes, decreased
- 2. Yes, increased
- 3. Yes, mixture
- 9. Unknown/No information

Code Response

0	1	2	3	9
---	---	---	---	---

39.a) Did you lose/gain weight when you were not trying to?

- 0. No
- 1. Loss
- 2. Gain
- 9. Unknown

0	1	2	9
---	---	---	---

If yes:39.b) What was your weight before the loss/gain?

Pounds

--	--	--

39.c) What was your weight after the loss/gain?

Pounds

--	--	--

39.d) Over what period of time did you lose/gain this amount of weight?

Weeks

--	--	--

No Yes Unk

40. Did you have trouble sleeping or were you sleeping more than usual?

If yes:

40.a) Were you unable to fall asleep?

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

40.b) **If yes:** Was this for at least one hour?

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

40.c) Were you waking up in the middle of the night and having trouble going back to sleep?

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

40.d) Were you waking up too early in the morning?

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

40.e) **If yes:** Was this at least one hour earlier than usual?

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

40.f) Were you sleeping much more than usual?

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

41. Were you so fidgety or restless that other people could have noticed (e.g., pacing or wringing hands)?

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

42. Were you moving or speaking so slowly that other people could have noticed?

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

F. MAJOR DEPRESSION

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
43. <i>Were you much less able to enjoy sex and other pleasurable activities?</i>	0	1	9
43.a) <i>Did you lose interest in nearly all of your usual activities?</i>	0	1	9
44. <i>Were you feeling a loss of energy or more tired than usual?</i>	0	1	9
45. <i>Were you feeling guilty or that you were a bad person?</i>	0	1	9
46. <i>Were you feeling that you were a failure or worthless?</i>	0	1	9
47. <i>Were you having difficulty thinking, concentrating, or making decisions?</i>	0	1	9
48. <i>Were you frequently thinking about death, or wishing you were dead, or thinking about taking your life?</i>	0	1	9
49. <i>Did you actually try to harm yourself?</i>	0	1	9
50. INTERVIEWER: Enter number of boxes with at least one YES response in questions 39–49	TOTAL BOXES		<input style="width: 40px; height: 25px;" type="text"/>
INTERVIEWER: If less than three, probe for other potentially severe episodes. If necessary, recode questions 39–49. If still less than three, skip to question 71, page 44.			
51. (INTERVIEWER: Review symptoms in questions 39–49 plus depressed mood or hand subject Depression Tally Sheet to review): <i>During this episode was there a two-week period when these symptoms were present nearly every day (at least four symptoms plus depressed mood)?</i>	0	1	9
52. <i>Did you tend to feel worse in the morning or in the evening?</i>	<u>Code Response</u>		
0. A.M.	0	1	2
1. P.M.			
2. No difference			
	<u>No</u>	<u>Yes</u>	<u>Unk</u>
53. <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:			

Other Episode

	No	Yes	Unk
If yes to question 53:			
53.a) <i>Did these beliefs occur either just before this depression or after it cleared?</i>	0	1	9
53.b) If yes: <i>How long were they present before the depression began?</i>	Days		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
53.c) If yes: <i>How long did they last after your mood returned to normal?</i>	Days		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
53.d) INTERVIEWER: Does this total more than 14 days?	0	1	9
54. <i>Did you see or hear things that other people could not see or hear?</i> Probe: <i>Like voices talking or noises, or visions? Or have unusual tastes, smells, or physical sensations?</i> If yes: <i>Specify:</i> _____ _____ _____	0	1	9
If yes:			
54.a) <i>Did these (refer to experiences) occur either just before this depression or after it cleared?</i>	0	1	9
54.b) If yes: <i>How long were they present before the depression began?</i>	Days		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
54.c) If yes: <i>How long did they last after your mood returned to normal?</i>	Days		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
54.d) INTERVIEWER: Does this total more than 14 days?	0	1	9
55. If yes to questions 53 or 54: 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
55.a) If yes: INTERVIEWER: Was the subject preoccupied with psychotic symptoms to the exclusion of other symptoms or concerns?	0	1	9
56. <i>Did you seek or receive help from a doctor or other professional for this period of depression?</i>	0	1	9
57. <i>Were you prescribed medication for depression?</i>	0	1	9
If yes: <i>Specify:</i> _____ _____			

F. MAJOR DEPRESSION

Other Episode

58. *During this episode were you admitted to the hospital for depression (including day hospital)?* No Yes Unk
0 1 9

58.a) **If yes:** *For how long (inpatient)?*

Days

--	--	--

58.b) **If yes:** *For how long (day hospital) ?*

Days

--	--	--

59. *Did you receive ECT (shock treatments)?* 0 1 9

INTERVIEWER: If the patient was hospitalized two days or more, had ECT, or had psychotic symptoms, skip to question 62 and code incapacitation.

60. *Was your major responsibility during this episode job, home, school, or something else?* Code Response
1 2 3 4

- 1. Job
- 2. Home
- 3. School
- 4. Other

If other: Specify: _____

61. *Was your functioning (in this role) affected?* No Yes Unk
0 1 9

If yes: Specify: _____

61.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: _____

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

Other Episode

	Code Response			
	0	1	2	9
62. INTERVIEWER: Code based on answers to questions 53, 54 and 58–61	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:* _____

63. RDC Minor Role Dysfunction	0	1	9
If no change in question 62: <i>Was your functioning in any other area of your life affected?</i>			

If yes: *Specify:* _____

63.a) INTERVIEWER: If no to questions 58–63, is there any other evidence of clinically significant distress?	0	1	9
---	---	---	---

If yes: *Specify:* _____

INTERVIEWER: If MALE or NEVER PREGNANT, skip to question 65, page 42.

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

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

			–				
Month				Year			

F. MAJOR DEPRESSION

Other Episode

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

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: _____

66. <i>Did this episode begin shortly after you started taking any prescribed medication?</i>	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: _____

67. <i>Did this episode begin while you were using street drugs?</i>	0	1	9
--	---	---	---

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

If yes: Specify drug and quantity: _____

68. <i>Did this episode follow increased use of alcohol?</i>	0	1	9
--	---	---	---

If yes: Specify: _____

68.a) <i>Did this episode follow decreased use of alcohol?</i>	0	1	9
--	---	---	---

If yes: Specify: _____

69. <i>Did this episode follow the death of someone close to you?</i>	0	1	9
---	---	---	---

69.a) **If yes: Specify relationship:** _____

69.b) **Date of death**

--	--	--

 -

--	--	--	--

Month Year

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
70. <i>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?</i>	0	1	9
70.a) <i>During this episode of depression did you also experience any of these symptoms?</i>			
70.a.1) <i>Overactivity—Running around, many projects, or physically agitated?</i>	0	1	9
70.a.2) <i>More talkative than usual, speech pressured?</i>	0	1	9
70.a.3) <i>Thoughts racing, jumping from topic to topic?</i>	0	1	9
70.a.4) <i>Feeling grandiose - more important, special, powerful?</i>	0	1	9
70.a.5) <i>Needing less sleep - energetic after little or no sleep?</i>	0	1	9
70.a.6) <i>Attention distracted by unimportant things?</i>	0	1	9
70.a.7) <i>Doing risky things for pleasure - spending, sex, reckless driving, etc.?</i>	0	1	9
70.a.8) INTERVIEWER: Enter number of YES responses in 70.a.1-7: TOTAL			<input type="text"/>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> If total in 70.a.8 is less than 3, skip to question 71 </div>			
70.a.9) <i>How long were these symptoms present?</i>	Days <input type="text"/>	OR	Weeks <input type="text"/> <input type="text"/> <input type="text"/>

F. MAJOR DEPRESSION

	<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>	Clean Episodes		
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>		
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>	Ons Age		
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>		
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>	Rec Age		
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>		
73. If any unclean episodes:	Unclean Episodes		
73.a) <i>How many episodes like this have you had?</i>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>		
73.b) <i>How old were you the <u>first</u> time you had an episode like this?</i>	Ons Age		
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>		
73.c) <i>How old were you the <u>last</u> time you had an episode like this?</i>	Rec Age		
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>		
74. <i>What was the duration of your longest episode of depression in weeks?</i>	Weeks		
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>		
<i>(Also ask length of typical episode and record that here in weeks):</i>	Weeks		
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>		
75. <i>How many times were you hospitalized for an episode of depression? (inpatient)</i>	Hospitalized		
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>		
75.a) <i>How many times were you hospitalized for an episode of depression? (day hospital)</i>	Hospitalized		
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>		
76. <i>How many courses of ECT have you had for depression?</i>	# of courses		
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>		
77. Did you ever feel high or were you overactive following medical treatment for depression? If yes: Describe: _____	<u>No</u>	<u>Yes</u>	<u>Unk</u>
	0	1	9
78. <i>Do your depressions tend to begin in any particular season?</i>	Code Response		
0. No pattern	0	1	2
1. Winter	3	4	9
2. Spring			
3. Summer			
4. Fall			
9. Unknown			

G. MANIA/HYPOMANIA

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

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|---|-----------|------------|------------|
| 1.a) <i>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?)</i> | 0 | 1 | 9 |
| 1.b) <i>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?</i> | 0 | 1 | 9 |
| If yes to 1.a or 1.b, skip to question 1.e | 0 | 1 | 9 |
| 1.c) <i>Have you ever had periods lasting even a day or two when you felt unusually cheerful, irritable, energetic, or hyper?</i> | 0 | 1 | 9 |
| 1.d) <i>Have there been times when you felt much more energetic than usual and needed less sleep than usual?</i> | 0 | 1 | 9 |

INTERVIEWER: Probe for additional symptoms if necessary, using additional probes (e.g., *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?*) 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:

- | | | | |
|--|---|---|---|
| 1.e) If any yes to questions 1a-d: <i>Did this last persistently throughout the day or intermittently for two days or more?</i> | 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 62) ←

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

	0	1	9
Days		Weeks	
2.a) If yes: <i>How long have you felt this way?</i>	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?

<input type="text"/>	<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month				Year			

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

Age	
<input type="text"/>	<input type="text"/>

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

Days	OR	Weeks		
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<u>No</u>	<u>Yes</u>	

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

0 1

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

		<u>Code Response</u>		
		1	2	3
5.	INTERVIEWER: Specify and code whether subject's mood was:			
	1. Irritable			
	2. Elated/expansive			
	3. Both irritable and elated			
		<u>No</u>	<u>Yes</u>	<u>Unk</u>
6.	<i>Were you more active than usual either sexually, socially, or at work, or were you physically restless?</i>	0	1	9
7.	<i>Were you more talkative than usual or did you feel pressure to keep on talking?</i>	0	1	9
8.	<i>Did your thoughts race or did you talk so fast that it was difficult for people to follow what you were saying?</i>	0	1	9
9.	<i>Did you feel you were a very important person, or that you had special powers, plans, talents, or abilities?</i>	0	1	9
10.	<i>Did you need less sleep than usual?</i>	0	1	9
	If yes:			
		Hours		
10.a)	<i>How many hours of sleep did you get per night?</i>	<input type="text"/>	<input type="text"/>	
		Hours		
10.b)	<i>How many hours of sleep do you usually get per night?</i>	<input type="text"/>	<input type="text"/>	
11.	<i>Did you have more trouble than usual concentrating because your attention kept jumping from one thing to another?</i>	0	1	9
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 <input type="text"/>		
	INTERVIEWER: If only one or none, skip to H. Dysthymia/Cyclothymia (page 62).			
13.a)	<i>During this episode was there at least a week when these symptoms (INTERVIEWER: Review symptoms in questions 6–12 plus elated/irritable mood or hand subject Mania Tally Sheet to review) were present most of the time?</i>	0	1	9

G. MANIA/HYPOMANIA

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
14. <i>Would you say your behavior was provocative, obnoxious, arrogant, or manipulative enough to cause problems for your family, friends, or co-workers?</i> If yes: Specify: _____	0	1	9

15. <i>Were you so excited that it was almost impossible to hold a conversation with you?</i>	0	1	9
---	---	---	---

16. <i>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?</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:

If yes:

16.a) <i>Did these beliefs occur either just before this episode or after it cleared?</i>	0	1	9
	Days		

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

--	--	--

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
--	---	---	---

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:** *How long were they present before the episode began?*

--	--	--

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

--	--	--

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

Most Severe Episode

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|---|----------------------|----------------------|----------------------|
| 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 |
| 21.a) If yes: For how long (inpatient)? | Days | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 21.b) If yes: For how long (day hospital) ? | Days | | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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.
--

- | | <u>Code Response</u> | | | |
|--|----------------------|---|---|---|
| | 1 | 2 | 3 | 4 |
| 23. <i>Was your major responsibility during this episode job, home, school, or something else?</i> | | | | |

1. Job
2. Home
3. School
4. Other

If other: Specify: _____

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
24. <i>Was your functioning (in this role) affected?</i>	0	1	9
If yes: Specify: _____ _____			
If yes:			
24.a) <i>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)?</i>	0	1	9
If yes: Specify: _____ _____ _____			
24.b) <i>Did someone notice a change in your functioning?</i>	0	1	9

Code Response

25. INTERVIEWER: Code based on answers to questions 15–24	0	1	2	3	9
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.

Specify: _____

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
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>	0	1	9

If yes: Specify: _____

27. <i>Did this episode occur during or shortly after a serious physical illness?</i>	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. <i>Did this episode begin shortly after you started using decongestants, steroids, or some other medication?</i>	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. <i>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?</i>	0	1	9
--	---	---	---

If yes: Specify: _____

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

INTERVIEWER: Amphetamines, among others, may be relevant.

If yes:

30.a) <i>Cocaine?</i>	0	1	9
-----------------------	---	---	---

If yes: Specify: _____

30.b) <i>Other street drugs?</i>	0	1	9
----------------------------------	---	---	---

If yes: Specify drug and quantity: _____

G. MANIA/HYPOMANIA

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
30.c) <i>Increased use of alcohol?</i>	0	1	9
If yes: Specify: _____			
31. <i>During this episode did you have a week or more during which your mood frequently changed between irritability or elation and sadness or depression?</i>	0	1	9
31.a) <i>During this episode did you also experience any of these symptoms?</i>			
31.a.1) <i>Diminished desire for food, or marked overeating?</i>	0	1	9
31.a.2) <i>Inability to sleep when sleep was desired, or excessive sleep?</i>	0	1	9
31.a.3) <i>Feeling slowed down?</i>	0	1	9
31.a.4) <i>Having fatigue or a loss of energy?</i>	0	1	9
31.a.5) <i>Losing interest in pleasurable activities?</i>	0	1	9
31.a.6) <i>Feeling guilty or worthless?</i>	0	1	9
31.a.7) <i>Being unable to think or retain written information?</i>	0	1	9
31.a.8) <i>Feeling suicidal or thinking a lot about death?</i>	0	1	9
31.a.9) INTERVIEWER: Enter number of YES responses in 31.a.1-8:	TOTAL	<input style="width: 40px; height: 25px;" type="text"/>	
<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 10px;"> If total in 31.a.9 is less than 4, skip to question 32 </div>			
31.a.10) <i>How long were these symptoms present?</i>	<input style="width: 40px; height: 25px;" type="text"/>	OR	<input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/>
	Days		Weeks
31.b) <i>How many episodes like this have you had?</i>	<input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/>		
	Episodes		

G. MANIA/HYPOMANIA

Other Episode

	<u>No</u>	<u>Yes</u>
32. INTERVIEWER: Refer to the instructions below, and indicate here whether a second episode of mania/hypomania will be rated.	0	1

Skip to question 60, page 60

Another episode of mania SHOULD be rated if there is a Current Episode that was not coded under Most Severe OR the Most Severe episode was mixed, related to an organic factor or to antidepressant treatment, or in any way questionable, atypical, or marginal.

Based on the overview or additional probing, identify the most recent severe episode that the subject remembers well.

Briefly describe how the Other Episode was selected:

32.a) *Is the selected episode also a current episode (in the past 30 days)?* 0 1

32.b) *When did it begin?*

			-				
Month				Year			

32.c) **INTERVIEWER:** Compute age.

Age	

32.d) *How long did that period last?*

Days		OR	Weeks		

Other Episode

During this episode...:

	Code		
	1	2	3
33. INTERVIEWER: Specify and code whether subject's mood was:			
1. Irritable			
2. Elated/expansive			
3. Both irritable and elated			

	No	Yes	Unk
34. <i>Were you more active than usual either sexually, socially, or at work, or were you physically restless?</i>	0	1	9
35. <i>Were you more talkative than usual or did you feel pressure to keep on talking?</i>	0	1	9
36. <i>Did your thoughts race or did you talk so fast that it was difficult for people to follow what you were saying?</i>	0	1	9
37. <i>Did you feel you were a very important person, or that you had special powers, plans, talents, or abilities?</i>	0	1	9
38. <i>Did you need less sleep than usual?</i>	0	1	9

If yes:

38.a) <i>How many hours of sleep did you get per night?</i>	Hours		
38.b) <i>How many hours of sleep do you usually get per night?</i>	Hours		
39. <i>Did you have more trouble than usual concentrating because your attention kept jumping from one thing to another?</i>	0	1	9
40. <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: _____

41. **INTERVIEWER:** Enter number of boxes with **YES** responses in questions 34–40
TOTAL BOXES

INTERVIEWER: If only one or none, skip to **H. Dysthymia/Cyclothymia (page 62).**

41.a) <i>During this episode was there at least a week when these symptoms (INTERVIEWER: Review symptoms in questions 34–40 plus elated/irritable mood or hand subject Mania Tally Sheet to review) were present most of the time?</i>	0	1	9
--	---	---	---

Other Episode

	No	Yes	Unk
42. <i>Would you say your behavior was provocative, obnoxious, arrogant, or manipulative enough to cause problems for your family, friends, or co-workers?</i>	0	1	9

If yes: Specify: _____

43. <i>Were you so excited that it was almost impossible to hold a conversation with you?</i>	0	1	9
---	---	---	---

44. <i>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?</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 on this information and describe below:

If yes:

44.a) <i>Did these beliefs occur either just before this episode or after it cleared?</i>	0	1	9
---	---	---	---

Days

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

--	--	--

Days

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

--	--	--

44.d) **INTERVIEWER:** Does this total more than 14 days?

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

45. <i>Did you see or hear things that other people could not see or hear?</i>	0	1	9
--	---	---	---

If yes: Specify: _____

If yes:

45.a) <i>Did these (refer to experiences) occur either just before this episode or after it cleared?</i>	0	1	9
--	---	---	---

Days

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

--	--	--

Days

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

--	--	--

45.d) **INTERVIEWER:** Does this total more than 14 days?

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

G. MANIA/HYPOMANIA

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
46. If yes to questions 44 or 45: 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
46.a) If yes: INTERVIEWER: Was the subject preoccupied with psychotic symptoms to the exclusion of other symptoms or concerns?	0	1	9
47. <i>Did you seek or receive help from a doctor or other professional?</i>	0	1	9
48. <i>Were you prescribed medication?</i>	0	1	9
If yes: Specify: _____ _____			
49. <i>During this episode were you admitted to the hospital (including day hospital)?</i>	0	1	9
49.a) If yes: For how long (inpatient)?	Days		
	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
49.b) If yes: For how long (day hospital) ?	Days		
	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
50. <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 53 and code incapacitation.

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

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
52. <i>Was your functioning (in this role) affected?</i>	0	1	9

If yes: Specify: _____

If yes:

52.a) <i>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)?</i>	0	1	9
---	---	---	---

If yes: Specify: _____

52.b) <i>Did someone notice a change in your functioning?</i>	0	1	9
---	---	---	---

Code Response

53. INTERVIEWER: Code based on answers to questions 43–52	0	1	2	3	9
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.

Specify: _____

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
54. RDC Impairment If no change in question 53: <i>Was your functioning in any other area of your life affected or did you get into trouble in any way?</i>	0	1	9

If yes: Specify: _____

55. *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: _____

56. *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: _____

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

If yes: Specify: _____

58. *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:

58.a) *Cocaine?* 0 1 9

If yes: Specify: _____

G. MANIA/HYPOMANIA

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
58.b) <i>Other street drugs?</i>	0	1	9
If yes: <i>Specify drug and quantity:</i> _____			

58.c) <i>Increased use of alcohol?</i>	0	1	9
If yes: <i>Specify:</i> _____			
59. <i>During this episode did you have a week or more during which your mood frequently changed between irritability or elation and sadness or depression?</i>	0	1	9
59.a) <i>During this episode did you also experience any of these symptoms?</i>			
59.a.1) <i>Diminished desire for food, or marked overeating?</i>	0	1	9
59.a.2) <i>Inability to sleep when sleep was desired, or excessive sleep?</i>	0	1	9
59.a.3) <i>Feeling slowed down?</i>	0	1	9
59.a.4) <i>Having fatigue or a loss of energy?</i>	0	1	9
59.a.5) <i>Losing interest in pleasurable activities?</i>	0	1	9
59.a.6) <i>Feeling guilty or worthless?</i>	0	1	9
59.a.7) <i>Being unable to think or retain written information?</i>	0	1	9
59.a.8) <i>Feeling suicidal or thinking a lot about death?</i>	0	1	9
59.a.9) INTERVIEWER: Enter number of YES responses in 59.a.1-8: TOTAL			<input style="width: 40px; height: 25px;" type="text"/>
If total in 59.a.9 is less than 4 , skip to question 60			
59.a.10) <i>How long were these symptoms present?</i>	Days	OR	Weeks
	<input style="width: 40px; height: 25px;" type="text"/>		<input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/>
			Episodes
59.b) <i>How many episodes like this have you had?</i>			<input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/>

INTERVIEWER: Were the Most Severe Episode and/or the Other Episode mixed episodes? If both were mixed, try to establish a non-mixed episode for which mania criteria were met, and recode Other Episode from question 32, page 52.

G. MANIA/HYPOMANIA

	<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	
CODE IN WEEKS, LONGEST EPISODE: _____ , TYPICAL EPISODE: _____			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>			Unclean Episodes	
61. If any unclean episodes:			Ons Age	
61.a) <i>How many episodes like this have you had?</i>			Rec Age	
61.b) <i>How old were you the <u>first</u> time you had an episode like this?</i>			Hospitalized	
61.c) <i>How old were you the <u>last</u> time you had an episode like this?</i>			Code Response	
62. <i>How many times were you hospitalized for an episode of mania? (inpatient)</i>				
62.a) <i>How many times were you hospitalized for an episode of mania? (day hospital)</i>				
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
64.a) If yes: <i>Did this switch in your mood happen</i>				
1. <i>every few hours</i>	1	2		3
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: IF SUBJECT REPORTED MANIC, MIXED, OR HYPOMANIC EPISODES, OR CHRONIC PSYCHOSIS, ASK ABOUT PERIODS OF TIME PRECEDING THOSE EPISODES.

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.

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|--|-----------|------------|------------|
| 1. <i>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?</i> | 0 | 1 | 9 |

Skip to question 7, page 63

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. <i>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?</i> | 0 | 1 | 9 |
| 3. <i>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?</i> | 0 | 1 | 9 |

If yes: Specify: _____

INTERVIEWER: If **YES** to question 2 or 3, 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.

- | | | | |
|---|---|---|---|
| 4. <i>During that period did you...</i> | | | |
| 4.a) <i>...overeate?</i> | 0 | 1 | 9 |
| 4.b) <i>...have a poor appetite?</i> | 0 | 1 | 9 |
| 4.c) <i>...have trouble sleeping?</i> | 0 | 1 | 9 |
| 4.d) <i>...sleep too much?</i> | 0 | 1 | 9 |
| 4.e) <i>...feel tired easily?</i> | 0 | 1 | 9 |

	No	Yes	Unk
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
			<input type="text"/>
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?	<input type="text" value="0"/>	1	9
Skip to I. Alcohol Abuse and Dependence (page 66)			

H. DYSTHYMIA/CYCLOTHYMIA

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 I. Alcohol Abuse and Dependence (page 65) if the period in questions 7.a-b is less than **1 year**.
For adults, skip to I. Alcohol Abuse and Dependence (page 65) if the period in questions 7.a-b is less than **2 years**.

8. Did you have an episode of depression or mania during the first two years of this period?

No Yes Unk

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 or 9, can you identify another period?
If YES, recode questions 7.a and 7.b.
If NOT, skip to I. Alcohol Abuse and Dependence (page 65).
Site Optional: Interviewer may continue to specify cyclothymic symptoms.

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

0 1 9

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 (page 45) if not completed previously.

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

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?

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
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>			
14. <i>How long did that period last?</i>			

Age

--	--

Months

--	--	--

I. ALCOHOL ABUSE AND DEPENDENCE

I am going to ask you a series of questions about alcohol and drug use. I will use the word “often” in some of these questions; by often, we mean three or more times. Now, I would like to ask you some questions about alcoholic beverages like beer, wine, wine coolers, champagne, or hard liquor like vodka, gin, or whiskey.

- | | | | |
|--|-----------|------------|------------|
| | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
| 1. Have you ever had a drink of alcohol? | 0 | 1 | 9 |
| 1.a) If no: So, you have never had even one drink of alcohol? | 0 | 1 | 9 |

Skip to J. Tobacco, Marijuana and Other Drug Abuse and Dependence

- | | | |
|--|-----------|------------|
| | <u>No</u> | <u>Yes</u> |
| 5. Did you ever drink regularly—that is, at least once a week, for six months or more? | 0 | 1 |

Skip to question 7

- | | | |
|--|------------|------------|
| 5.a) If yes: How old were you the <u>first</u> time you drank that regularly? | <u>Ons</u> | <u>Age</u> |
| | | |

- | | | |
|--|-----------|------------|
| | <u>No</u> | <u>Yes</u> |
| 7. Did you ever get drunk—that is, when your speech was slurred or you were unsteady on your feet? | 0 | 1 |

If NO to BOTH question 5 and 7, skip to J. Tobacco, Marijuana, and Other Drug Abuse and Dependence

- | | |
|--|---------------|
| 8. What is the largest number of drinks you have ever had in a 24-hour period? | <u>Drinks</u> |
| | |

Record response: _____

Hard liquor drink equivalents

- 1 shot glass/highball = 1
- 1/2 pint = 6
- 1 pint = 12
- 1 fifth = 20
- 1 quart = 24

Wine drink equivalents

- 1 bottle = 6
- 1 wine cooler = 1

Beer drink equivalents

- 1 bottle/can = 1
- 1 case = 24

If 3 drinks or fewer, skip to J. Tobacco, Marijuana and Other Drug Abuse and Dependence (page 73)

- | | No | Yes |
|--|---------|-----|
| 9. <i>Did you ever feel you should cut down on your drinking?</i> | 0 | 1 |
| 9.a) If yes: <i>How old were you the <u>first</u> time you felt you should cut down on your drinking?</i> | Ons Age | |
| | | |
| 10. <i>Have people annoyed you by criticizing your drinking?</i> | 0 | 1 |
| 11. <i>Have you ever felt bad or guilty about drinking?</i> | 0 | 1 |
| 12. <i>Did you ever have a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?</i> | 0 | 1 |

If all NO in questions 9–12, skip to J. Tobacco, Marijuana and Other Drug Abuse and Dependence

- | | | |
|---|---------|---|
| *13. <i>Have you often tried to stop or cut down on drinking?</i> | 0 | 1 |
| 13.a) If yes: <i>How old were you the <u>first</u> time?</i> | Ons Age | |
| | | |

- | | | | |
|---|----|----------|-----------|
| *14. <i>Did you ever try to stop or cut down on drinking and find you could not?</i> | No | 0
Yes | 1
Once |
| 15. <i>Have you more than once gone on binges or benders when you kept drinking for a couple of days or more without sobering up?</i> | 0 | 1 | 2 |

- | | | |
|---|---------|--|
| 15.a) If yes: <i>How old were you the <u>first</u> time?</i> | Ons Age | |
| | | |

- | | | |
|---|---|---|
| *16. <i>Have you often started drinking when you promised yourself that you would not, or have you often drunk more than you intended to?</i> | 0 | 1 |
| *17. <i>Has there ever been a period when you spent so much time drinking or recovering from the effects of alcohol that you had little time for anything else?</i> | 0 | 1 |
| 18. <i>Did your drinking cause you to...:</i> | | |
| 18.a) <i>...have problems at work or at school?</i> | 0 | 1 |
| 18.b) <i>...get into physical fights while drinking?</i> | 0 | 1 |
| 18.c) <i>...hear objections about your drinking from your family, friends, doctor, or clergyman?</i> | 0 | 1 |
| 18.d) <i>...lose friends?</i> | 0 | 1 |
| *18.e) If any yes in questions 18a-d: <i>Did you continue to drink after you knew it caused you any of these problems?</i> | 0 | 1 |

	No	Yes
18.f) If yes in 18a-d: How old were you the <u>first</u> time you (Mention items coded YES in question 18.a-d)?	Ons Age	
	<input type="text"/>	<input type="text"/>
19. <i>Did you ever need to drink a lot more in order to get an effect, or find that you could no longer get high or drunk on the amount you used to drink?</i>	0	1
If yes: INTERVIEWER: Hand Alcohol Use Card "A" to subject.		
*19.a) <i>Would you say 50% more?</i>	0	1
20. <i>Some people try to control their drinking by making rules like not drinking before five o'clock or never drinking alone. Have you ever made any rules to control your drinking?</i>	0	1
*21. <i>Have you ever given up or greatly reduced important activities because of your drinking—like sports, work, or associating with friends or relatives?</i>	0	1
21.a) If yes: <i>Has this happened more than once?</i>	0	1
22. <i>Have you ever had trouble driving, like having an accident, because of drinking?</i>	0	1
	Ons Age	
22.a) If yes: <i>How old were you the <u>first</u> time this happened?</i>	<input type="text"/>	<input type="text"/>
23. <i>Have you ever been arrested for drunk driving?</i>	0	1
	Ons Age	
23.a) If yes: <i>How old were you the <u>first</u> time this happened?</i>	<input type="text"/>	<input type="text"/>
24. <i>Have you ever been arrested or detained by the police even for a few hours because of drunken behavior (other than drunk driving)?</i>	0	1
	Ons Age	
24.a) If yes: <i>How old were you the <u>first</u> time this happened?</i>	<input type="text"/>	<input type="text"/>
*25. <i>Have you often been high from drinking in a situation where it increased your chances of getting hurt—for instance, when driving, using knives or machinery or guns, crossing against traffic, climbing, or swimming?</i>	0	1
*26. <i>Has your drinking or being hung over often kept you from working or taking care of household responsibilities?</i>	0	1
	Ons Age	
26.a) If yes: <i>How old were you the <u>first</u> time this happened?</i>	<input type="text"/>	<input type="text"/>
27. <i>Have you more than once had blackouts, when you did not pass out, but you drank enough so that the next day you could not remember things you said or did?</i>	0	1
	Ons Age	
27.a) If yes: <i>How old were you the <u>first</u> time this happened?</i>	<input type="text"/>	<input type="text"/>
28. <i>Did you ever drink unusual things such as rubbing alcohol, mouthwash, vanilla extract, cough syrup, or any other non-beverage substance containing alcohol?</i>	0	1

	<u>No</u>	<u>Yes</u>
29. <i>In situations where you couldn't drink, did you ever have such a strong desire for alcohol that you couldn't think of anything else?</i>	0	1
30. <i>Have you used alcohol while taking medications or drugs you knew were dangerous to mix with alcohol?</i>	0	1

INTERVIEWER: Complete the **Ever** column, then complete the **Occur Together** column if 31.1 is **YES**

	Ever		Occur Together	
	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>
31. <i>Did you ever have any of the following problems when you stopped or cut down on drinking?</i>				
31.a) <i>Were you unable to sleep?</i>	0	1	0	1
31.b) <i>Did you feel anxious, depressed, or irritable?</i>	0	1	0	1
31.c) <i>Did you sweat?</i>	0	1	0	1
31.d) <i>Did your heart beat fast?</i>	0	1	0	1
31.e) <i>Did you have nausea or vomiting?</i>	0	1	0	1
31.f) <i>Did you feel weak?</i>	0	1	0	1
31.g) <i>Did you have headaches?</i>	0	1	0	1
31.h) <i>Did you have the shakes (hands trembling)?</i>	0	1	0	1
31.i) <i>Did you see things that were not really there?</i>	0	1	0	1
31.j) <i>Did you have the DT's, that is, where you were out of your head, extremely shaky, or felt very frightened or nervous?</i>	0	1	0	1
31.k) <i>Did you have fits, seizures, or convulsions, where you lost consciousness, fell to the floor, and had difficulty remembering what happened?</i>	0	1	0	1

INTERVIEWER: If all **NO**, skip to question 32, page 69.
If only one **YES**, skip to question 31.n

*31.l) *Was there ever a time when two or more of these symptoms occurred together?*

0 1

INTERVIEWER: If **YES**, return to top of question 31 to ask:
31.m) *Which ones?* (Code in **Occur Together** column)

No Yes

*31.n) *On three or more different occasions have you taken a drink to keep from having any of these symptoms or to make them go away?*

0 1

	<u>No</u>	<u>Yes</u>
32. <i>There are several other health problems that can result from long stretches of heavy drinking. Did drinking ever...:</i>		
32.a) <i>...cause you to have liver disease or yellow jaundice?</i>	0	1
32.b) <i>...give you stomach disease or make you vomit blood?</i>	0	1
32.c) <i>...cause your feet to tingle/feel numb for many hours?</i>	0	1
32.d) <i>...give you memory problems even when you were not drinking (not blackouts)?</i>	0	1
32.e) <i>...give you pancreatitis?</i>	0	1
32.f) <i>...damage your heart (cardiomyopathy)?</i>	0	1
32.g) <i>...cause other problems?</i>	0	1
If yes: Specify: _____ _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Skip to question 33</div> ←		
*32.h) <i>Did you continue to drink knowing that drinking caused you to have health problems?</i>	0	1
*33. <i>Have you ever continued to drink when you knew you had any (other) serious physical illness that might be made worse by drinking?</i>	0	1
If yes: Specify illness: _____ _____		

	No	Yes
34. <i>While drinking, did you ever have any psychological problems start or get worse such as feeling depressed, feeling paranoid, trouble thinking clearly, hearing, smelling or seeing things, or feeling jumpy?</i>	0	1

If yes: Specify which problems, read appropriate subquestion to confirm response, and code.

Specify: _____

34.a) <i>Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?</i>	0	1
34.b) <i>Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?</i>	0	1
34.c) <i>Having such trouble thinking clearly that it interfered with your functioning?</i>	0	1
34.d) <i>Hearing, smelling, or seeing things that were not there?</i>	0	1
34.e) <i>Feeling jumpy or easily startled or nervous to the point that it interfered with your functioning?</i>	0	1

Skip to question 35 ←

*34.f) *Did you continue to drink after you knew it caused you any of these problems?* 0 1

35. *Have you ever attended AA or had treatment for a drinking problem?* 0 1

If yes: Was this...

35.a) <i>...discussion with a professional?</i>	0	1
35.b) <i>...AA or other self-help?</i>	0	1
35.c) <i>...outpatient alcohol program?</i>	0	1
35.d) <i>...inpatient alcohol program?</i>	0	1
35.e) <i>...other?</i>	0	1

If yes: Specify: _____

INTERVIEWER: Check responses to questions 9–35. If all coded **NO**, skip to question 39, page 72.
Then check Alcohol Tally Sheet B. If **less than three** boxes checked, skip to question 37, page 71

I. ALCOHOL ABUSE AND DEPENDENCE

DSM-IV

No Yes

36. *You told me you had these experiences such as (Review starred (*) positive symptoms in questions 13–35 and hand Alcohol Tally Sheet B to subject). While you were drinking, did you ever have at least three of these occur at any time in the same 12 month period?*
INTERVIEWER: Criteria require items from three separate boxes on tally sheet.

0 1

If yes:

36.a) *How old were you the first time at least three of these experiences occurred within the same 12 months?*

Ons Age

--	--

36.b) *How old were you the last time at least three of these experiences occurred within the same 12 months?*

Rec Age

--	--

DSM-III-R

37. **INTERVIEWER:** Code **YES** if at least two symptoms of the disturbance have persisted for at least one month or have occurred over a longer period of time.

0 1

If unclear, ask: *You told me you had these experiences such as (Review starred (*) positive symptoms in questions 13–35 and hand Alcohol Tally Sheet A to subject). While you were drinking, was there ever at least a month during which at least two of these occurred persistently?*

INTERVIEWER: Criteria require items from two separate boxes on tally sheet.

If no: *Was there ever a longer period of time during which at least two of these occurred repeatedly?*

If yes:

37.a) *How old were you the first time at least two of these experiences occurred Persistently?*

Ons Age

--	--

37.b) *How old were you the last time at least two of these experiences occurred Persistently?*

Rec Age

--	--

39. *When was the last time you had a drink (containing alcohol)?*

			–				
Month				Year			

Marijuana

MARIJUANA

	<u>No</u>	<u>Yes</u>																
22. <i>Have you ever used marijuana?</i>	<input type="text" value="0"/>	1																
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 5px;">Skip to Other Drugs (question 38, page 76)</div>																		
22.a) If yes: <i>Have you used marijuana at least 21 times in a single year?</i>	<input type="text" value="0"/>	1																
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 5px;">Skip to Other Drugs (question 38, page 76)</div>																		
23. <i>What was the longest period that you used marijuana almost every day?</i>	<div style="display: flex; justify-content: center; align-items: center;"> Days <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> </div>																	
23.a) <i>When did that period begin?</i>	<table border="1" style="border-collapse: collapse; text-align: center; margin: 5px;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">Month</td> <td></td> <td colspan="4" style="text-align: center;">Year</td> </tr> </table>					-					Month				Year			
			-															
Month				Year														
*24. <i>Has there ever been a period of a month or more when a great deal of your time was spent using marijuana, getting marijuana, or getting over its effects?</i>	0	1																
25. <i>While using marijuana, did you ever have any psychological problems start or get worse such as feeling depressed, feeling paranoid, trouble thinking clearly, hearing, smelling or seeing things, or feeling jumpy?</i>	0	1																
<p>If yes: Specify which problems, read appropriate subquestion to confirm response, and code.</p> <p>Specify: _____</p>																		
25.a) <i>Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?</i>	<input type="text" value="0"/>	1																
25.b) <i>Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?</i>	<input type="text" value="0"/>	1																
25.c) <i>Trouble concentrating or having such trouble thinking clearly that it interfered with your functioning?</i>	<input type="text" value="0"/>	1																
25.d) <i>Hearing, smelling, or seeing things that were not there?</i>	<input type="text" value="0"/>	1																
25.e) <i>Feeling jumpy or easily startled or nervous to the point that it interfered with your functioning?</i>	<input type="text" value="0"/>	1																
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 5px;">Skip to question 26</div>																		
*25.f) <i>Did you continue to use marijuana after you knew it caused you any of these problems?</i>	0	1																
*26. <i>Have you often wanted to or tried to cut down on marijuana?</i>	0	1																

Marijuana

	<u>No</u>	<u>Yes</u>
*27. <i>Did you ever try to cut down on marijuana and find you could not?</i>	0	1
*28. <i>Have you often used marijuana more frequently or in larger amounts than you intended to?</i>	0	1
29. <i>Did you ever need larger amounts of marijuana to get an effect, or did you ever find that you could no longer get high on the amount you used to use?</i>	0	1
If yes:		
*29.a) <i>Would you say 50% more?</i>	0	1
*30. <i>Did stopping or cutting down ever cause you to feel bad physically? (Co-occurrence of symptoms such as nervousness, insomnia, sweating, nausea, diarrhea.)</i>	0	1
If yes: Specify: _____ _____		
*30.a) If yes: <i>Have you often used marijuana to make any of these withdrawal symptoms go away or to keep from having them?</i>	0	1
*31. <i>Have you often been under the effects of marijuana in a situation where it increased your chances of getting hurt—for instance, when driving, using knives or machinery or guns, crossing against traffic, climbing, or swimming?</i>	0	1
32. <i>Did anyone ever object to your marijuana use?</i>	0	1
*32.a) If yes: <i>Did you continue to use marijuana after you realized it was causing this problem?</i>	0	1
*33. <i>Have you often given up or greatly reduced important activities with friends or relatives or at work while using marijuana?</i>	0	1
*34. <i>Have you often been high on marijuana or suffering its after-effects while in school, working, or taking care of household responsibilities?</i>	0	1
35. <i>Did your marijuana use ever cause you to have legal problems, such as arrests for disorderly conduct, possession or selling?</i>	0	1

INTERVIEWER: If questions 24–35 are all **NO**, skip to question 37.b, page 74.
Then check Marijuana Tally Sheet B. If **less than three** boxes checked, skip to question 37, page 74.

Marijuana

DSM-IV

- | | No | Yes |
|---|----|-----|
| 36. <i>You told me you had these experiences such as (Review starred (*) positive symptoms in questions 24-35 and hand Marijuana Tally Sheet B to subject). While you were using marijuana, did you ever have at least three of these occur at any time in the same 12 month period?</i> INTERVIEWER: Criteria require items from three separate boxes on tally sheet. | 0 | 1 |

If yes:

- | | | |
|---|---|---|
| 36.a) <i>How old were you the <u>first</u> time at least three of these experiences occurred within the same 12 months?</i> | Ons Age | |
| | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |

- | | | |
|--|---|---|
| 36.b) <i>How old were you the <u>last</u> time at least three of these experiences occurred within the same 12 months?</i> | Rec Age | |
| | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |

DSM-III-R

- | | | |
|--|---|---|
| 37. INTERVIEWER: Code YES if at least two symptoms of the disturbance have persisted for at least one month or have occurred over a longer period of time. | 0 | 1 |
|--|---|---|

If unclear, ask: *You told me you had these experiences such as (Review starred (*) positive symptoms in questions 13–35 and hand Marijuana Tally Sheet A to subject). While you were using marijuana, was there ever at least a month during which at least two of these occurred persistently?*
INTERVIEWER: Criteria require items from two separate boxes on tally sheet.

If no: *Was there ever a longer period of time during which at least two of these occurred repeatedly?*

37.a) If yes:

- | | | |
|--|---|---|
| 37.a.1) <i>How old were you the <u>first</u> time at least two of these experiences occurred Persistently?</i> | Ons Age | |
| | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |

- | | | |
|---|---|---|
| 37.a.2) <i>How old were you the <u>last</u> time at least two of these experiences occurred Persistently?</i> | Rec Age | |
| | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |

- 37.b) *When was the last time you used marijuana?*

<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	-	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	-	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Month				Year						

Other Drugs

OTHER DRUGS

INTERVIEWER: Hand Drug Use Card "A" to subject.

38. *Have you ever used any of these drugs to feel good or high, or to feel more active or alert, or when they were not prescribed for you? Or have you ever used a prescribed drug in larger quantities or for longer than prescribed?*

38.a) **If yes:** Which ones?

A	B	C	D	E	F	G	H	I	
Coc	Stim	Sed	Op	PCP	Hal	Sol	Oth	Comb	
0	0	0	0	0	0	0	0	0	No
1	1	1	1	1	1	1	1	1	Yes

Skip to K. Psychosis (page 83)

38.b) **INTERVIEWER:** For each drug ask: *How many times have you used (Drug) in your life?*

If unknown, ask: *Would you say more than 10 times?*

	A	B	C	D	E	F	G	H	I
# of times	Coc	Stim	Sed	Op	PCP	Hal	Sol	Oth	Comb
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

38.c) **For cocaine and PCP users only:** *How old were you the first time you used (Drug)?*

A	E
Coc	PCP
<input type="text"/>	<input type="text"/>
<u>No</u>	<u>Yes</u>

38.d) *Have you ever injected a drug?*

0 1

INTERVIEWER: If all drugs in question 38.b were used less than 11 times, skip to K. Psychosis (page 82).

For drugs used 11 or more times, rank order according to number of times used and ask about at least the two most frequently used.

39. *What is the longest period you used (Drug) almost every day?*

	A	B	C	D	E
Days	Coc	Stim	Sed	Op	Misc
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INTERVIEWER: If never used daily, code **000**.

Other Drugs

	A Coc	B Stim	C Sed	D Op	E Misc	
46.f) Tremble or twitching?			0 1	0 1	0 1	No Yes
46.g) Sweat or have a fever?			0 1	0 1	0 1	No Yes
46.h) Have nausea or vomiting?			0 1	0 1	0 1	No Yes
46.i) Have diarrhea or stomach aches?			0 1	0 1	0 1	No Yes
46.j) Have your eyes water or nose run?				0 1	0 1	No Yes
46.k) Have muscle pains?				0 1	0 1	No Yes
46.l) Yawn?				0 1	0 1	No Yes
46.m) Have your heart race?			0 1		0 1	No Yes
46.n) Have seizures?			0 1		0 1	No Yes

If yes: How many times?

--	--

--	--

INTERVIEWER: If questions 46a-n are all no, skip to question 49.

*47. Was there a time when two or more of these symptoms occurred together because you were not using (Drug) ?	0 1	0 1	0 1	0 1	0 1	No Yes
*48. Have you often used (Drug) to make these withdrawal symptoms go away or to keep from having them?	0 1	0 1	0 1	0 1	0 1	No Yes
49. Did using (Drug) cause you to have any other physical health problems (other than withdrawal)?	0 1	0 1	0 1	0 1	0 1	No Yes

If yes: Specify: _____

Other Drugs

	A Coc	B Stim	C Sed	D Op	E Misc	
53.c) <i>having such trouble thinking clearly that it interfered with your functioning?</i>	0 1	0 1	0 1	0 1	0 1	No Yes
53.d) <i>hearing, seeing, or smelling things that were not really there?</i>	0 1	0 1	0 1	0 1	0 1	No Yes
53.e) <i>feeling jumpy or easily startled or nervous for more than 24 hours to the point that it interfered with your functioning?</i>	0 1	0 1	0 1	0 1	0 1	No Yes
*53.f) If yes to any in questions 53a-e: <i>Did you continue to use (Drug) after you knew it caused any of these problems?</i>	0 1	0 1	0 1	0 1	0 1	No Yes
*54. <i>Have you often been under the effects of (Drug) in a situation where it increased your chances of getting hurt—for instance, when driving, using knives or machinery or guns, crossing against traffic, climbing, or swimming?</i>	0 1	0 1	0 1	0 1	0 1	No Yes

INTERVIEWER: If questions 40–54 are all **NO**, skip to question 58, page 81.
Then check Drug Tally Sheet B. If **less than three** boxes checked, skip to question 56, page 80.

DSM-IV

55. <i>You told me you had these experiences such as (Review starred (*) positive symptoms in Q. 40-54 and hand Drug Tally Sheet B to subject). While you were using (Drug) did you ever have at least three of these occur at any time in the same 12 month period?</i>	0 1	0 1	0 1	0 1	0 1	No Yes
INTERVIEWER: Criteria require items from three separate boxes on tally sheet.						

If yes:

55.a) *How old were you the first time at least three of these experiences occurred within the same 12 months?* On Age

55.b) *How old were you the last time at least three of these experiences occurred within the same 12 months?* Rec Age

Other Drugs

DSM-III-R

- | | A
Coc | B
Stim | C
Sed | D
Op | E
Misc | |
|---|----------|-----------|----------|---------|-----------|-----|
| 56. INTERVIEWER: Code YES if at least two symptoms of the disturbance have persisted for at least one month or have occurred repeatedly over a longer period of time. | 0 | 0 | 0 | 0 | 0 | No |
| | 1 | 1 | 1 | 1 | 1 | Yes |

If unclear, ask: *You told me you had these experiences such as (Review starred (*) positive symptoms in Q.40-54 and hand Drug Tally Sheet A to subject). While you were using drugs, was there ever at least a month during which at least two of these occurred persistently?* **INTERVIEWER:** Criteria require items from two separate boxes on tally sheet.

If no: *Was there ever a longer period of time during which at least two of these occurred repeatedly?*

If yes:

56.a) *How old were you the first time at least two of these Experiences occurred persistently?* Ons Age

56.b) *How old were you the last time at least two of these Experiences occurred persistently?* Rec Age

- | | <u>No</u> | <u>Yes</u> |
|---|-----------|------------|
| 57. <i>Have you ever been treated for a drug problem?</i> | 0 | 1 |

If yes: *Was this treatment...:*

- | | | |
|---|---|---|
| 57.a) <i>...discussion with a professional?</i> | 0 | 1 |
| 57.b) <i>...NA or other self-help?</i> | 0 | 1 |
| 57.c) <i>...outpatient drug-free program?</i> | 0 | 1 |
| 57.d) <i>...inpatient drug-free program?</i> | 0 | 1 |
| 57.e) <i>...other?</i> | 0 | 1 |

If yes: *Specify:* _____

Other Drugs

58. *When was the last time you used...:*

58.a) *...cocaine?*

			–				
Month				Year			

58.b) *...stimulants?*

			–				
Month				Year			

58.c) *...sedatives, hypnotics, or tranquilizers?*

			–				
Month				Year			

58.d) *...opiates?*

			–				
Month				Year			

58.e) *...other drugs?*

			–				
Month				Year			

K. PSYCHOSIS

Now I would like to read you a list of experiences that other people have reported. Tell me which ones you have had.

INTERVIEWER: For each positive response, ask the following standard probes:

- Were you convinced?*
- How did you explain it?*
- Did you change your behavior?*
- How often did this happen?*
- How long did it last?*

Record an example of each positive response in the margins.

	No	Yes	<u>Susp- ected</u>	Unk
1. <i>Has there been a time when</i>				
1.a) <i>you heard voices? For example, some people have had the experience of hearing people's voices whispering or talking to them, even when no one was actually present.</i>	0	1	2	9
1.b) <i>you had visions or saw things that were not visible to others?</i>	0	1	2	9
1.c) <i>you had beliefs or ideas that others did not share or later found out were not true—like people being against you, people trying to harm you, or people talking about you, or believing you were being given special messages (e.g., through the TV or the radio)?</i>	0	1	2	9
1.d) <i>you have ever engaged in any unusual behavior, had speech that was mixed up or did not make sense [aside from mania and/or depression], or had your body stuck in one position so that you could not move?</i>	0	1	2	9
1.e) <i>you have had many days in a row when you did not get dressed, or have felt you had nothing to say, or appeared to have no emotions or have inappropriate emotions? [aside from mania and/or depression]</i>	0	1	2	9

INTERVIEWER: If there is NO EVIDENCE, from any source, of any psychosis skip to L. Schizotypal Personality (page 103)

1.f) If any yes to questions 1a-e: <i>Did any of these symptoms last persistently throughout the day for one day or intermittently for a period of three days?</i>	0	1	2	9
---	---	---	---	---

(If yes to any in 1a-f:) Describe: _____

INTERVIEWER: If **NO**, skip to L. Schizotypal (page 103)

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|---|--|------------|--|
| 2. Are you currently experiencing (Psychotic symptoms) ? | 0 | 1 | 9 |
| 2.a) If yes: How long ago did this begin? | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | OR | <div style="display: flex; justify-content: space-around; width: 100px;"> Days Weeks </div> <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> |
| Record response: _____ | | | |
| 3. If no: How old were you the <u>last</u> time you had (Psychotic symptoms) ? | <div style="display: flex; justify-content: flex-end; width: 100px;"> Age </div> <div style="display: flex; justify-content: flex-end; width: 100px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> | | |
| 3.a) How long did these symptoms last? | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | OR | <div style="display: flex; justify-content: space-around; width: 100px;"> Days Weeks </div> <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> |
| 4. Since you first began experiencing (Psychotic symptoms) have you ever returned to your normal self for at least two months? | 0 | 1 | 9 |

DELUSIONS

INTERVIEWER: If no delusions (question 1.c) skip to Hallucinations (question 22, page 88).

INTERVIEWER: For each positive response use the standard probes and record examples in space below this section.

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|--|-----------|------------|------------|
| 5. Persecutory Delusions
<i>Have you ever felt that people were out to get you or deliberately trying to harm you?</i> | 0 | 1 | 9 |
| If yes: Specify. _____
_____ | | | |
| 6. Jealousy Delusions
<i>Have you ever been convinced that your (husband/wife/boyfriend/girlfriend) was being unfaithful to you? What made you think so?</i> _____
_____ | 0 | 1 | 9 |
| 7. Guilt or Sin Delusions
<i>Have you ever been convinced that you committed a crime, sinned greatly, or deserved punishment?</i> | 0 | 1 | 9 |
| 8. Grandiose Delusions
<i>Have you ever felt you had any special powers, talents, or abilities much more than other people?</i>
(Probes: having a special purpose, mission or identity?) | 0 | 1 | 9 |

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
9. Religious Delusions <i>Have you had any religious beliefs or experiences that other people didn't share?</i>	0	1	9
If yes: Specify. _____ _____			
10. Somatic Delusions <i>Have you ever had a change in your body or the way it was working for which the doctor could find no cause?</i>	0	1	9
If yes: Specify. _____ _____			
(Probe: like incurable cancer, bowels stopped up, insides rotting?)			
11. Erotomantic Delusions <i>Have you ever believed that another person was in love with you when there was no real reason to think so?</i>	0	1	9
12. Delusions of Reference <i>Have you ever seen things in magazines or on TV that seem to refer specifically to you or contain a special message for you? Have you ever been sure that people were talking about you, laughing at you, or watching you?</i>	0	1	9
13. Being Controlled <i>Have you ever felt you were being controlled or possessed by some outside force or person?</i>	0	1	9
Mind-reading <i>Have you ever had the feeling that people could read your mind or know what you were thinking?</i>	0	1	9
14. Thought Broadcasting <i>Have you ever felt your thoughts were broadcast so other people could hear them?</i>	0	1	9
15. Thought Insertion <i>Have you ever felt that thoughts that were not your own were being put into your head by some outside force?</i>	0	1	9
16. Thought Withdrawal <i>Have you ever felt your thoughts were taken out of your head by some outside force?</i>	0	1	9
17. <i>How long did your longest period of (Delusions) last?</i>			
	Days	OR	Weeks
	<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>

INTERVIEWER: This space may be used to describe positive responses to questions 5-29:

		Code Response				
18.	<p><i>When you believed any (Delusion)...,</i> <i>...were you at all confused about where you were or the time of day?</i> <i>...did you have trouble with your memory?</i></p> <p>INTERVIEWER: Rate Sensorium While Delusional.</p> <p>0. None: No distortion of subject's sensorium during delusional beliefs.</p> <p>1. Questionable</p> <p>2. Definite: Sensorium is clouded, due to medication, substance use, or general medical condition.</p> <p>3. Definite: Clouded sensorium, but <u>not</u> due to medication, substance use, or general medical condition.</p> <p>9. Unknown: No information.</p>	0	1	2	3	9
19.	<p>INTERVIEWER: Rate Fragmentary Nature of Delusions.</p> <p>0. Not at all: All delusions are around a single theme, such as persecution.</p> <p>1. Somewhat fragmentary: Several different, but possibly related themes.</p> <p>2. Definitely fragmentary: Unrelated themes.</p> <p>9. Unknown</p>	0	1	2	9	
20.	<p>INTERVIEWER: Rate Widespread Delusions.</p> <p>0. Not widespread.</p> <p>1. Widespread: Delusions intrude into most aspects of patient's life and/or preoccupy patient most of the time.</p> <p>9. Unknown</p>	0	1			9
21.	<p>INTERVIEWER: Rate Bizarre Quality of Delusions.</p> <p>0. Not at all: (e.g., wife is unfaithful).</p> <p>1. Somewhat bizarre: (e.g., subject is being persecuted by witches).</p> <p>2. Definitely bizarre: (e.g., little green men from Mars have been recording his dreams and broadcasting them back home).</p> <p>9. Unknown</p>	0	1	2		9

HALLUCINATIONS

INTERVIEWER: If no hallucinations (questions 1.a-b) skip to Disorganized behavior (question 32, page 89).

INTERVIEWER: For each positive response use the standard probes and record examples in the margins.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
22. Auditory – Voices, Noises, Music <i>Have you ever heard sounds or voices other people could not hear?</i>	0	1	9
22a. If yes: <i>Did they say bad things about you or threaten you?</i>	0	1	9
23. Auditory – Running Commentary <i>Have you ever heard voices that described or commented on what you were doing or thinking?</i>	0	1	9
24. Auditory - Two or More Voices <i>Have you ever heard two or more voices talking with each other?</i>	0	1	9
25. Thought Echo <i>Have you ever experienced hearing your thoughts repeated or echoed?</i>	0	1	9
26. Somatic or Tactile <i>Have you ever had unusual sensations or other strange feelings in your body when there was nothing to account for them?</i> (Probe: like electricity shooting through your body or your body parts moving around or growing, or that something was being inserted into your body against your will?)	0	1	9
27. Olfactory <i>Have you ever experienced any strange smells you couldn't account for or smells that others didn't notice?</i>	0	1	9
28. Visual <i>Have you ever had visions or seen things that other people could not?</i>	0	1	9
28b. If yes: <i>Did this only occur when you were falling asleep or waking up?</i>	0	1	9
29. Gustatory <i>Have you ever had a strange taste in your mouth that you couldn't account for?</i>	0	1	9
30. <i>How long did your longest period of (Hallucinations) last?</i>	Days	OR	Weeks
	<input style="width: 50px; height: 20px;" type="text"/>		<input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>

	Code Response				
31. <i>When you were (Hallucinating)... ...were you at all confused about where you were or the time of day? ...did you have trouble with your memory?</i>	0	1	2	3	9

INTERVIEWER: Rate Sensorium While Hallucinating.

0. **None:** No distortion of subject's sensorium during hallucination.

1. **Questionable**

2. **Definite:** Sensorium is clouded, due to medication, substance use, or general medical condition.

3. **Definite:** Clouded sensorium, but not due to medication, substance use, or general medical condition.

9. **Unknown:** No information.

DISORGANIZED BEHAVIOR

INTERVIEWER: If no disorganized behavior, formal thought disorder, or catatonic motor behavior (question 1.d) skip to Avolition (question 46, page 90).

INTERVIEWER: For each positive response use the standard probes and record examples in the margins.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>														
32. <i>Have you ever engaged in any unusual behavior like digging through garbage, wearing unusual clothes, or collecting things that other people thought were worthless?</i>	0	1	9														
33. <i>Have there been times when you did things that other people thought were socially or sexually inappropriate, disorganized or objectionable? For example, being too aggressive or doing things that didn't make any sense?</i>	0	1	9														
34. <i>How long did (Disorganized behavior) last?</i>	<table border="1"> <tr> <td style="text-align: center;">Days</td> <td colspan="3" style="text-align: center;">OR</td> <td colspan="3" style="text-align: center;">Weeks</td> </tr> <tr> <td style="width: 40px; height: 20px;"></td> <td></td> <td></td> <td></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>			Days	OR			Weeks									
Days	OR			Weeks													

FORMAL THOUGHT DISORDER

INTERVIEWER: These questions do not need to be asked if the following behaviors (questions 35-52) can be rated based on subject's appearance and responses.

Have people ever complained that your speech was mixed up or did not make sense?

If yes: *How did they describe it?*

INTERVIEWER: If subject is unable to describe their past speech pattern, code based on observation or code UNKNOWN.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
35. Disorganized Speech (Incoherent, disturbed, and/or illogical speech)	0	1	9

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|---|---|------------|---|
| 36. Odd Speech
(Digressive, vague, over-elaborate, circumstantial, metaphorical; loosening of associations) | 0 | 1 | 9 |
| 37. <i>How long did (Positive thought disorder) last?</i> | | | |
| | Days | OR | Weeks |
| | <input style="width: 50px; height: 20px;" type="text"/> | | <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/> |

CATATONIC MOTOR BEHAVIOR

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|---|---|------------|---|
| 38. Rigidity
<i>Did your body ever get stuck in one position so that you could not move?</i> | 0 | 1 | 9 |
| 39. Stupor
<i>Have you ever had any periods when you were unable to speak, move, or respond to what was going on around you, even though you were awake?</i> | 0 | 1 | 9 |
| 40. Excitement
<i>Have you ever been so excited that you moved around a lot without purpose (aside from mania)?</i> | 0 | 1 | 9 |
| 41. Motoric immobility as evidenced by catalepsy (including waxy flexibility)
<i>Did you find that you would stay in one position for long periods of time and could be posed by other people moving your body?</i> | 0 | 1 | 9 |
| 42. Extreme negativism
<i>Did you find that you could not help yourself from resisting instructions by others or from remaining mute (that is, not talking for long periods of time)?</i> | 0 | 1 | 9 |
| 43. Peculiarities of voluntary movement
<i>Did you make movements either with your whole body, parts of your body or your face that were unusual or had to be repeated over and over without any ability to control these movements yourself?</i> | 0 | 1 | 9 |
| 44. Echolalia or echopraxia
<i>Did you find yourself repeating other people's words or movements and that you could not stop yourself from doing this?</i> | 0 | 1 | 9 |
| 45. <i>How long did (Catatonic symptoms) last?</i> | | | |
| | Days | OR | Weeks |
| | <input style="width: 50px; height: 20px;" type="text"/> | | <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/> |

AVOLITION/APATHY

INTERVIEWER: If no avolition, alogia or affective flattening (question 1.e) skip to question 53, page 91.

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|--|-----------|------------|------------|
| 46. <i>Have you had many days in a row when you weren't up to getting dressed or would start things but would not finish them (aside from depression)?</i> | 0 | 1 | 9 |

INTERVIEWER: This item is only rated when the individual is unable to initiate and persist in goal-directed activities.

47. How long did (**Avolition/apathy**) last? Days OR Weeks

ALOGIA

48. **Alogia** No Yes Unk
Have you often felt that you just had nothing to say? Have others commented that you don't talk much, even when someone is asking you questions, or that you take a long time to answer? 0 1 9

49. How long did (**Alogia**) last? Days OR Weeks

AFFECT

50. *Have you ever appeared to have no emotions?* No Yes Unk
0 1 9

51. *Did you ever show emotions that did not fit what was going on?* 0 1 9

52. How long did (**Flat affect/inappropriate affect**) last? Days OR Weeks

SCHIZOPHRENIA CRITERION A

53. **INTERVIEWER: Check if subject has reported symptoms in each of the following categories:**

	<u>No</u>	<u>Yes</u>
53.a) Delusions (questions 5-16)	0	1
If yes: 53.b) Definitely bizarre delusions (question 21 coded 2)	0	1
53.c) Hallucinations (questions 22–29)	0	1
If yes: 53.d) Two or more voices (question 24) or a voice that commented on what you were doing or thinking (question 23)	0	1
53.e) Disorganized speech (e.g. frequent derailment or incoherence) (questions 35–36)	0	1
53.f) Grossly disorganized or catatonic behavior (questions 32–33, 38–44)	0	1
53.g) Negative symptoms , i.e., affective flattening, alogia or avolition (questions 46, 48, 50–51)	0	1

TOTAL

If TOTAL is less than 2, skip to question 55.
--

54. **INTERVIEWER:** Has the subject ever had symptoms from two or more of the above **categories** (53a, c, e, f or g) most of the time for at least one month, or been treated successfully for symptoms occurring together from two or more of these categories? 0 1

(Probe symptom by symptom if necessary from positive responses to questions 5-52)

- 54.a) Has the subject ever had (53.b or 53.d) most of the time for a month or been treated successfully for either of these? 0 1

	<u>No</u>	<u>Yes</u>
55. Was there ever a period of time when you had (Psychotic symptoms) when you were <u>not</u> feeling (depressed/high or excited)?	0	1
55a. If yes: Did these symptoms ever last as long as one week while you were not (depressed/high)?	0	1
How long did you have these symptoms when you were not (depressed/high)?		
Days <input style="width: 40px; height: 20px;" type="text"/> OR Weeks <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>		
55b. (IF NO TO question 55 or 55.a) INTERVIEWER: Review all psychotic symptoms coded present during depression and code YES if <u>mood incongruent</u> psychotic symptoms were present during major depression.	0	1
Skip to Schizotypy Assessment (page 104)		

INTERVIEWER: Do not skip out of the Psychosis section if the subject has a chronic psychiatric disorder with psychotic features.

ONSET OF FIRST SYMPTOMS/EPISODE

56. How old were you the <u>first</u> time that you were experiencing (describe delusions, hallucinations, or other criteria for schizophrenia noted by the subject previously)?		<u>Age</u>
		<input style="width: 40px; height: 20px;" type="text"/>
57. How long did those (Psychotic symptoms) last?	<u>Days</u>	<u>Weeks</u>
	<input style="width: 40px; height: 20px;" type="text"/> OR	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
	<u>No</u>	<u>Yes</u> <u>Unk</u>
58. Did you return to feeling like your normal self for at least two months?	0	1 9
59. How many episodes have you had? (By episodes I mean spells separated by periods of being your normal self for at least two months.)		<u>Episodes</u>
		<input style="width: 40px; height: 20px;" type="text"/>
INTERVIEWER: Record total (minimum) number of episodes or periods of psychosis (separated from each other by at least two months). If subject never returned to pre-morbid state for at least two months, count as one period of illness.		
60.a) INTERVIEWER: Do you suspect autism on the basis of the medical history section or other information?	0	1 9
60.b) INTERVIEWER: Do you suspect another Pervasive Developmental Disorder on the basis of the medical history section or other information?	0	1 9

DELINEATION OF CURRENT OR MOST RECENT EPISODE

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
61. <i>During the current/most recent episode, have you also been experiencing. . .</i>			
61.a) <i>a low/depressive episode?</i>	0	1	9
61.b) <i>a high/manic episode?</i>	0	1	9
62. <i>Did the current/most recent episode follow increased or excessive use of alcohol?</i>	0	1	9
If yes: Specify: _____ _____			
63. <i>Did the current/most recent episode follow use of street drugs?</i>	0	1	9
If yes: Specify: _____ _____			
64. <i>Did the current/most recent episode follow serious medical illness?</i>	0	1	9
If yes: Specify: _____ _____			
65. <i>Did the current/most recent episode follow use of prescription medications?</i>	0	1	9
If yes: Specify: _____ _____			
66. <i>Did the current/most recent episode follow an extremely stressful life event (such as your house burning down or a violent death of a family member or friend)?</i>	0	1	9
If yes: Specify: _____ _____			
67.a) <i>During the current/most recent episode, was there a change in your ability to function at work or with family and friends? (That is, were you unable to do your job, go to school, do your work at home, or perform self-care activities?) Was there a decrease in your ability to have relationships with family and/or friends?</i>	0	1	9

INTERVIEWER: Code for deterioration of function: during the course of the disturbance, functioning in such areas as work, social relations, and self care is markedly below the highest level achieved before onset of the disturbance (or when the onset is in childhood or adolescence, failure to achieve expected level of social development).

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
67.b) If yes: <i>Has this change in your functioning continued for much of the time since this episode began?</i>	0	1	9
68. DSM III-R Brief Reactive Psychosis <i>During the current/most recent episode, did you experience unpredictable, intense mood changes or did you feel baffled?</i>	0	1	9
69. If FEMALE: <i>Did the current/most recent episode begin within four weeks of childbirth?</i>	0	1	9

PRODROMAL AND RESIDUAL SYMPTOMS

INTERVIEWER: Complete the Prodromal Period first then complete the Residual Period. If the subject is actively psychotic, complete the Prodromal Period only, then skip to question 71, page 97.

Do not count as positive symptoms that are due to a disturbance in mood or a psychoactive substance disorder.

Establishing the Prodromal Period:

70. Now I would like to ask you about the year before your (**Active psychotic symptoms**) started. During that time did you. . . .

(Ask after completing question 70.a-n for the Prodromal period:)

Establishing the Residual Period:

Now I would like to ask you about the year after your (**Active psychotic symptoms**) stopped. During that time did you. . . .

	Prodromal Period			Residual Period		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
70.a) stay away from family and friends, become socially isolated?	0	1	9	0	1	9
70.b) have trouble doing your job, going to school, or doing your work at home?	0	1	9	0	1	9
70.c) do anything unusual, like collecting garbage, talking to yourself in public, hoarding food?	0	1	9	0	1	9
70.d) neglect grooming, bathing, and keeping your clothes cleaned?	0	1	9	0	1	9
70.e) appear to have no emotions or show emotions that did not fit with what was going on (for example, giggle or cry at the wrong time)?	0	1	9	0	1	9
70.f) speak in a way that was hard to understand, have a hard time getting to the point, or were you at a loss for words (not due to a speech impediment)?	0	1	9	0	1	9
70.g) have unusual beliefs or magical thinking (e.g., superstitiousness, belief in clairvoyance, telepathy, sixth sense, feeling that "others can feel my feelings"), have ideas that were not quite true, think others were referring to you when they really were not?	0	1	9	0	1	9
70.h) have unusual visual experiences or experiences of hearing (e.g., whispers, crackling), sense the presence of a force or person not actually there, or feel the world is unreal?	0	1	9	0	1	9
70.i) have trouble getting going, or have no interests or energy?	0	1	9	0	1	9

	Prodromal Period			Residual Period		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
70.j) <i>think that things around you, such as TV programs or newspaper articles, had some special meaning just for you, or think people were talking about you or laughing at you, or think you were receiving special messages in other ways?</i>	0	1	9	0	1	9
70.k) <i>get nervous about being around other people, or about going to parties or other social events, or take criticism badly?</i>	0	1	9	0	1	9
70.l) <i>worry that people had it in for you, or feel that most people were your enemies, or think people were making fun of you?</i>	0	1	9	0	1	9

PRODROMAL ONLY

	Weeks		
70.m) <i>How long did you have these experiences before you had (Active psychotic features)?</i>			
70.n) <i>Was this year typical of your usual self (that is, as subject was prior to onset of earliest symptoms)?</i>	0	1	9

INTERVIEWER: Return to top of question 70 to establish the Residual period and code in Residual Column.

RESIDUAL ONLY

	Weeks		
70.o) <i>How long did you have these experiences after your (Active psychotic features) stopped?</i>			
70.p) <i>Did you return to your usual self (as subject was prior to age of onset of earliest symptoms)?</i>	0	1	9

SCHIZOAFFECTIVE DISORDER, MANIC TYPE**INTERVIEWER: If subject has never had a period of mania or hypomania, skip to question 81, page 99.***You mentioned before that you have had periods when you felt (Manic moods).*

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
71. <i>Did (Delusions or Hallucinations) ever occur when you were feeling extremely good or high, or when you were feeling unusually irritable?</i> If yes: Record response: _____ _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
Skip to question 81, page 99	←		
72. <i>Did the (Delusions or Hallucinations) correspond to either of the manic episodes described previously?</i> INTERVIEWER: Indicate if manic episode corresponds to manic periods described in the MANIA section.	0	<input type="checkbox"/> 1	9
Skip to question 75	←		
	<u>Code Response</u>		
73. INTERVIEWER: Specify and code whether subject's mood was:	1	2	
1. Only irritable 2. Euphoric (with or without irritability)			
73.a) <i>During the period of feeling especially good or high when you were also having (Psychotic symptoms) were you also experiencing any of these symptoms?</i>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
73.a.1) <i>Overactivity—Running around, many projects, or physically agitated?</i>	0	1	9
73.a.2) <i>More talkative than usual, speech pressured?</i>	0	1	9
73.a.3) <i>Thoughts racing, jumping from topic to topic?</i>	0	1	9
73.a.4) <i>Feeling grandiose - more important, special, powerful?</i>	0	1	9
73.a.5) <i>Needing less sleep - energetic after little or no sleep?</i>	0	1	9
73.a.6) <i>Attention distracted by unimportant things?</i>	0	1	9
73.a.7) <i>Doing risky things for pleasure - spending, sex, reckless driving, etc.?</i>	0	1	9
74. INTERVIEWER: Enter number of definite symptoms. [If Euphoric, criterion = 3] [If Irritable only, criterion = 4]		<input type="checkbox"/> SX	<input type="checkbox"/>

INTERVIEWER: If this episode does not meet criteria for mania (i.e., no evidence of delusions or hallucinations during a mania), skip to question 81, page 99.

	No	Yes	Unk			
75. <i>Did these episodes <u>only</u> follow alcohol or drug intake or withdrawal?</i>	0	1	9			
76. INTERVIEWER: Has the subject ever met Criterion A for schizophrenia (i.e., was the response to question 54 or 54.a yes)?	0	1	9			
76a. If yes: Did subject ever meet Criterion A for schizophrenia during an episode of mania?	0	1	9			
76b. (IF 76.a is UNKNOWN:) Ask if subject has reported symptoms in each of the following categories during the episode of mania referred to in question 72 or 73:						
76.b.1) Delusions	0	1				
76.b.1.a) If yes: Bizarre delusions	0	1				
76.b.2) Hallucinations	0	1				
76.b.2.a) If yes: Two or more voices or a voice commenting on the subject's behavior or thoughts	0	1				
76.b.3) Disorganized speech (e.g. frequent derailment or incoherence)	0	1				
76.b.4) Grossly disorganized or catatonic behavior	0	1				
76.b.5) Negative symptoms, i.e., affective flattening, avolition	0	1				
77. Presence of Mood-Incongruent Psychotic Symptoms Code YES if psychotic symptoms occurring during any manic episode had content that was <u>not</u> consistent with themes of inflated worth, power, knowledge, identity, or special relationship to a deity or a famous person.	0	1	9			
78. Persistence of Psychotic Symptoms with Affective Clearing <i>Did the (Hallucinations/delusions) <u>ever</u> continue after your mood returned to normal?</i>	0	1	9			
78.a) If yes: <i>What is the longest time they lasted after your mood became normal?</i>			Weeks <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
79. <i>Did the (Other psychotic symptoms such as formal thought disorder, bizarre behavior, catatonia) <u>ever</u> continue after your mood returned to normal?</i>	0	1	9			
79.a) If yes: <i>What is the longest time they lasted after your mood became normal?</i>			Weeks <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
80. INTERVIEWER: Were the Affective syndromes brief relative to the Psychotic symptoms?	0	1	9			

INTERVIEWER NOTE: Brief = < 50%. Code question 80 "yes" if the **total duration** of their affective episodes equals less than 50% of the time relative to the **total duration** of psychosis. Use the following questions to clarify the overlap:

80 a. "Since you first began experiencing (delusions/hallucinations) what percent of the time were you manic?" _____%

80 b. "What percent of time was your mood normal?" _____%

SCHIZOAFFECTIVE DISORDER, DEPRESSED TYPE

INTERVIEWER: If subject has never had a period of depression lasting at least one week, skip to question 91, page 100.

You mentioned before that you have had periods when you felt (**Depressed mood**) lasting at least one week.

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|---|--------------------------------|--------------------------------|------------|
| 81. Did (Delusions or Hallucinations) ever occur when you were feeling especially depressed?
If yes: Record response: _____
_____ | <input type="text" value="0"/> | 1 | |
| Skip to question 91, page 100 | ← | | |
| 82. Did the (Delusions or Hallucinations) correspond to either of the depressive episodes described previously? | 0 | <input type="text" value="1"/> | 9 |
| Skip to question 85 | ← | | |
| 83. During the period of feeling especially depressed when you were also having (Psychotic symptoms) were you also experiencing any of these symptoms? | | | |
| 83.a) Diminished desire for food, or marked overeating? | 0 | 1 | 9 |
| 83.b) Inability to sleep when sleep was desired, or excessive sleep? | 0 | 1 | 9 |
| 83.c) Feeling slowed down? | 0 | 1 | 9 |
| 83.d) Having fatigue or a loss of energy? | 0 | 1 | 9 |
| 83.e) Losing interest in pleasurable activities? | 0 | 1 | 9 |
| 83.f) Feeling guilty or worthless? | 0 | 1 | 9 |
| 83.g) Being unable to think or retain written information? | 0 | 1 | 9 |
| 83.h) Feeling suicidal or thinking a lot about death? | 0 | 1 | 9 |
| 84. INTERVIEWER: Enter number of definite symptoms. | | SX | |
| | | <input type="text"/> | |
| 84.a) Is this a current episode? | 0 | 1 | |

INTERVIEWER: If this episode does not meet criteria for depression (i.e., no evidence of delusions or hallucinations during a depression), skip to question 91, page 100.

- | | | | |
|---|---|---|---|
| 85. Did these episodes <u>only</u> follow alcohol or drug intake or withdrawal? | 0 | 1 | 9 |
|---|---|---|---|

	No	Yes	Unk						
86. INTERVIEWER: Has the subject ever met Criterion A for schizophrenia (i.e., was the response to question 54 or 54.a yes)?	0	1	9						
86a. If yes: Did subject ever meet Criterion A for schizophrenia during an episode of depression?	0	1	9						
86b. (IF 86.a is UNKNOWN:) Ask if subject had symptoms in the following categories during the episode of depression referred to in question 82 or 83:			←						
86.b.1) Delusions	0	1							
86.b.1.a) If yes: Bizarre delusions	0	1							
86.b.2) Hallucinations	0	1							
86.b.2.a) If yes: Two or more voices or a voice commenting on the subject's behavior or thoughts	0	1							
86.b.3) Disorganized speech (e.g. frequent derailment or incoherence)	0	1							
86.b.4) Grossly disorganized or catatonic behavior	0	1							
86.b.5) Negative symptoms, i.e., affective flattening, alogia or avolition	0	1							
87. Presence of Mood-Incongruent Psychotic Symptoms Code YES if psychotic symptoms occurring during any depressed episode had content that was <u>not</u> consistent with themes of personal inadequacy, guilt, etc.	0	1	9						
88. Persistence of Psychotic Symptoms with Affective Clearing <i>Did the (Hallucinations/delusions) <u>ever</u> continue after your mood returned to normal?</i>	0	1	9						
88.a) If yes: <i>What is the longest time they lasted after your mood became normal?</i>			<table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center; padding: 2px;">Weeks</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>	Weeks					
Weeks									
89. <i>Did the (Other psychotic symptoms such as formal thought disorder, bizarre behavior, catatonia) <u>ever</u> continue after your mood returned to normal?</i>	0	1	9						
89.a) If yes: <i>What is the longest time they lasted after your mood became normal?</i>			<table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center; padding: 2px;">Weeks</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>	Weeks					
Weeks									
90. INTERVIEWER: Were the Affective syndromes brief relative to the Psychotic symptoms?	0	1	9						

INTERVIEWER NOTE: Brief = < 50%. Code question 90 "yes" if the **total duration** of their affective episodes equals less than 50% of the time relative to the **total duration** of psychosis. Use the following questions to clarify the overlap:

90 a. "Since you first began experiencing (delusions/hallucinations) what percent of the time were you depressed?" ___ ___ %

90 b. "What percent of time was your mood normal?" ___ ___ %

POLYDYPسيا

91. *Have you ever consumed excess fluids over an extended period of time such that you had problems of low sodium, seizures, confusion, urinary tract difficulties, or other medical complications?* 0 1 9

PATTERN OF SYMPTOMS

This rating can be made only for people with psychotic episodes.

Code Response

92. **INTERVIEWER: Circle appropriate pattern from descriptions below:**


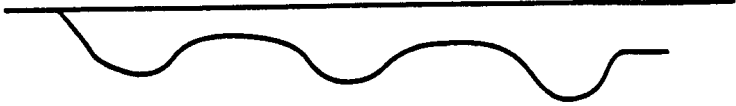
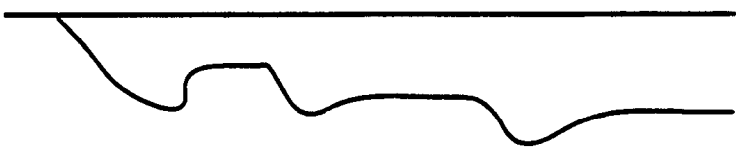
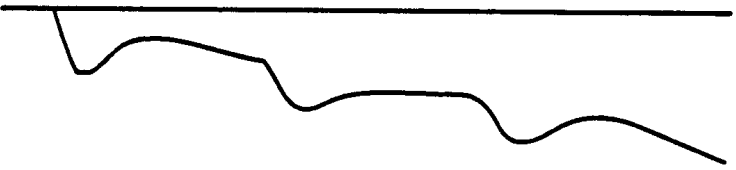

1 2 3 4 5

1. **Continuously Positive:** The subject has predominantly positive symptoms when ill. During periods of remission, he/she may have mild negative symptoms or be relatively asymptomatic.
2. **Predominantly Negative:** The subject may have periods of mild psychosis with some delusions and hallucinations, but the predominant clinical features during most of his/her illness are negative symptoms. Thus, he/she is in a chronic deficit state most of the time with occasional flickers of delusions, hallucinations, or social disorganization.
3. **Predominantly Positive Converting to Predominantly Negative:** The subject begins with a number of episodes characterized by positive symptoms, but these become more widely spaced, and the subject passes into a deficit state in between. Eventually, he/she remains in a deficit state for a prolonged period of time (e.g., two or three years), during which he/she may have occasional mild flickerings of positive symptoms.
4. **Negative Converting to Positive:** The subject begins in a deficit state with a history of poor premorbid functioning. He/she then develops a florid psychotic picture that is relatively prominent and persistent and thereafter does not spend much time in the deficit state. It is likely that this pattern will be quite uncommon. Subjects who have an adolescent history of poor premorbid adjustment and who simply return to this level of functioning between episodes should be classified as Pattern 1 described above rather than as Pattern 4.
5. **Continuous Mixture of Positive and Negative Symptoms:** Pattern is one of concurrent and continuous active psychosis and negative symptoms.

**CLASSIFICATION OF LONGITUDINAL
COURSE FOR SCHIZOPHRENIA**

	<u>Code Response</u>					
	1	2	3	4	5	6
93. These specifiers can be applied only after at least 1 year has elapsed since the initial onset of active-phase symptoms.						
1. Episodic With Interepisode Residual Symptoms: When the course is characterized by episodes in which Criterion A for Schizophrenia is met and there are clinically significant residual symptoms between the episodes. With Prominent Negative Symptoms can be added if prominent negative symptoms are present during these residual periods.						
2. Episodic With No Interepisode Residual Symptoms: When the course is characterized by episodes in which Criterion A for Schizophrenia is met and there are no clinically significant residual symptoms between the episodes.						
3. Continuous: When characteristic symptoms of Criterion A are met throughout all (or most) of the course. With Prominent Negative Symptoms can be added if prominent negative symptoms are also present.						
4. Single Episode in Partial Remission: When there has been a single episode in which Criterion A for Schizophrenia is met and some clinically significant residual symptoms remain. With Prominent Negative Symptoms can be added if these residual symptoms include prominent negative symptoms.						
5. Single Episode in Full Remission: When there has been a single episode in which Criterion A for Schizophrenia has been met and no clinically significant residual symptoms remain.						
6. Other or Unspecified Pattern: If another or an unspecified course pattern has been present.						

PATTERN OF SEVERITY

	Code Response				
94. INTERVIEWER: Circle appropriate pattern from descriptions below:	1	2	3	4	5
<p>1. Episodic Shift: Episodes of illness are interspersed between periods of health or near normality.</p>					
<p>2. Mild Deterioration: Periods of illness occur, but there are also extended periods of return to near normality, with some ability to work at a job and near normal or normal social functioning.</p>					
<p>3. Moderate Deterioration: The subject may occasionally experience some resolution of symptoms, but overall the course is downhill culminating in a relatively severe degree of social and occupational incapacitation.</p>					
<p>4. Severe Deterioration: The subject's illness has become chronic resulting in inability to maintain employment (outside of sheltered workshop) and social impairment.</p>					
<p>5. Relatively Stable: The subject's illness has not changed significantly.</p>					

For Centers not using the SIS

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1. INTERVIEWER: Do you have reasonable suspicion from any source (e.g., Overview, Psychosis Screen, behavior or appearance during interview, information from relatives, medical records) that subject may have Schizotypal Personality features?	0	1	9

Skip to N. Comorbidity (page 105)

The next part of the interview is designed to learn more about your personality—the kind of person you are in general. Please answer the way that has been most typical for you for most of your adult life (excluding times when you were depressed or manic).

INTERVIEWER: These items refer to the subject’s usual functioning independent of another psychiatric illness (e.g., when not depressed in a person with major depressive disorder).

<i>In general did you....</i>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
2. <i>...stay away from family and friends, becoming socially isolated with no close friends or confidants?</i>	0	1	9
3. <i>...have trouble doing your job, going to school, or doing your work at home?</i>	0	1	9
4. <i>...do anything unusual, like collecting garbage, talking to yourself in public, hoarding food, wearing clothing that was unusual and would call attention to yourself?</i>	0	1	9
5. <i>...not take care of hygiene and grooming?</i>	0	1	9
6. <i>...not appear to have emotions, or not respond with emotion when appropriate or show emotions that did not fit with what was going on?</i>	0	1	9
7. <i>...speak in a way that was hard to understand, have a hard time getting to the point, or were you at a loss for words (not due to a speech impediment)?</i>	0	1	9
8. <i>...have unusual beliefs or magical thinking (e.g., superstitiousness, belief in clairvoyance, telepathy, “sixth sense,” feeling that “others can feel my feelings,”)?</i>	0	1	9
9. <i>...have unusual visual experiences or experiences of hearing (e.g., whispers, crackling), or sense the presence of a force or person not actually there, or feel the world was unreal?</i>	0	1	9
10. <i>...think that things around you, such as TV programs or newspaper articles, had some special meaning just for you? ...think people were talking about you or laughing at you? ...think you were receiving special messages in other ways?</i>	0	1	9
11. <i>...get nervous about being around other people, or about going to parties or other social events?</i>	0	1	9
12. <i>...worry that people had it in for you? ...feel that most people were your enemies? ...have ideas that were not quite true, thinking others were referring to you when they really were not? ...think people were making fun of you?</i>	0	1	9

N. COMORBIDITY ASSESSMENT

INTERVIEWER: Subjects who have significant history of alcohol, marijuana, or other drug abuse and evidence of depression, mania, hypomania, dysthymia, or psychosis should be asked this section.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
INTERVIEWER: Does this section apply to subject.?	0	1	9

Skip to O. Suicidal Behavior (page 107)

INTERVIEWER: Rate first occurrence at right.

	Code Response			
	1	2	3	4
1. <i>You mentioned earlier your (mood changes/psychotic symptoms), and also that you were using (alcohol/drugs) heavily. Think about the <u>first time</u> you had any of these problems. Which came first (mood changes/psychotic symptoms) or (alcohol/drugs)?</i>				
1. Mood changes/psychotic symptoms occurred first.				
2. Alcohol/drug abuse occurred first.				
3. Mood changes/psychotic symptoms and alcohol/drug abuse occurred at the same time.				
4. Not clear.				

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1.a) If 1. Mood changes/psychotic symptoms occurred first: <i>Did you have (mood changes/psychotic symptoms) right before you started using (alcohol/drugs) heavily?</i>	0	1	9

If yes:

1.a.1) *For how long did you have (mood changes/psychotic symptoms) right before you started using (alcohol/drugs) heavily?*

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

1.b) If 2. Alcohol/drugs occurred first: <i>Were you using (alcohol/drugs) heavily right before you had (mood changes/psychotic symptoms)?</i>	0	1	9
--	---	---	---

If yes:

1.b.1) *For how long were you using (alcohol/drugs) heavily right before your (mood changes/psychotic symptoms) Began?*

Days		OR	Weeks			
------	--	----	-------	--	--	--

	More than one episode	Only one episode	Unk
INTERVIEWER: If only one episode (total) of mood changes/psychotic symptoms, skip to O. Suicidal Behavior (page 107).	0	1	9

INTERVIEWER: Hand Comorbidity Card to subject.

2. Now I would like you to think about other episodes of **(Mood changes/Psychotic symptoms)** and tell me which statement on the card best characterizes these episodes.

1. Emotional/thinking difficulties always occurred first
2. Alcohol/drug abuse always occurred first
3. Emotional/thinking difficulties and alcohol/drug abuse always occurred at the same time
4. No strict pattern (sometimes emotional/thinking difficulties first, sometimes alcohol drugs first)
5. Emotional/thinking difficulties and alcohol/drug abuse always occurred independently
6. Not Clear

1 2 3 4 5 6

Skip to question 4

Ask question 3, but skip 4

Skip to O. Suicidal Behavior (page 107)

No Yes Unk

3. Have your **(Mood/Psychotic)** episodes ever continued after you stopped using **(Alcohol/Drugs)** heavily?

0 1 9

3.a) **If yes:** What was the longest time a **(Mood/Psychotic)** episode Ever continued after you stopped using **(Alcohol/Drugs)**?

Days Weeks

OR

4. Did you ever continue to use **(Alcohol/Drugs)** heavily after your **(Mood/Psychotic)** episode stopped?

0 1 9

4.a) **If yes:** What was the longest you used **(Alcohol/Drugs)** heavily After a **(Mood/Psychotic)** episode stopped?

Days Weeks

OR

O. SUICIDAL BEHAVIOR
SITE OPTIONAL

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

	<u>No</u>	<u>Yes</u>	<u>Unk</u>		
1. Have you ever <i>tried</i> to kill yourself?	0	1	9		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Skip to question 23</div>					
1.a) If yes: How many times have you tried to kill yourself?	Times				
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
<div style="border: 1px solid black; padding: 2px; display: inline-block;">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.)	Times				
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
1.c) How old were you the first time you tried to kill yourself?	Age				
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
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.

O. SUICIDAL BEHAVIOR

SITE OPTIONAL

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

INTERVIEWER: If there has been more than 1 attempt, explore the 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	

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

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

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

6. *Did you want to die?*

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

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

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

O. SUICIDAL BEHAVIOR

Modified DIGS 3.0
25 July 2006

SITE OPTIONAL

		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.							
9.	INTERVIEWER: Rate lethality of most serious attempt.	1	2	3	4	5	6	9
	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 premeditation 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				

O. SUICIDAL BEHAVIOR

SITE OPTIONAL

VIOLENT BEHAVIOR

	No	Yes	Unk
23. When angry or irritable, were there times when you physically hurt someone? If yes: Describe: _____ _____ _____	0	1	9
Skip to question 25 ←			
23a. When angry or irritable, were there times when you hurt someone so they required medical attention?	0	1	9
24. <i>Did this behavior occur during an episode of...</i> (Circle all that apply)			
...depression?	0	1	9
...bipolar (mixed state)?	0	1	9
...alcohol abuse?	0	1	9
...drug abuse?	0	1	9
...psychosis?	0	1	9
...other? If yes: Specify: _____ _____ _____	0	1	9

O. SUICIDAL BEHAVIOR
SITE OPTIONAL

SELF-HARM WITHOUT SUICIDAL INTENT

25. *Have you ever intentionally harmed yourself when you were upset but you had no intention to commit suicide?* 0 1 9

INTERVIEWER: You may ask “*Did you ever cut (or burn, or scratch, or hit) yourself, when no one was around, when the intent was to cause pain or disfigurement, or to relieve emotional distress?*”

Skip to P. Anxiety Disorders (page 113) ←

If yes: Describe: _____

26. *Why did you do that?*
Describe: _____

27. **INTERVIEWER:** Circle **YES** in the **ever** column for any of the following reasons offered; ask if these reasons applied during most episodes of self-injury and code in the second column.

	Ever			Most Episodes		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
27.a) As a cry for help	0	1	9	0	1	9
27.b) To relieve emotional distress	0	1	9	0	1	9
27.c) To demonstrate inner pain	0	1	9	0	1	9
27.d) To get back at someone else	0	1	9	0	1	9
27.e) To keep from feeling numb	0	1	9	0	1	9
27.f) Other Describe: _____	0	1	9	0	1	9

28. *Did this behavior occur during an episode of...*
(Circle all that apply)

...depression? 0 1 9

...bipolar (mixed state)? 0 1 9

...alcohol abuse? 0 1 9

O. SUICIDAL BEHAVIOR

SITE OPTIONAL

... <i>drug abuse?</i>	0	1	9
... <i>psychosis?</i>	0	1	9
... <i>other?</i>	0	1	9
If yes: <i>Specify:</i> _____			

Now I would like to ask you some questions about certain situations and reactions you may have experienced.

OBSESSIONS

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
A. Have you ever had certain thoughts or images that kept coming into your mind? For example:			
.... the persistent idea that your hands are <u>dirty</u> or <u>contaminated</u> or have <u>germs</u> on them, no matter how much you wash them?	0	1	9
.... Or the idea that you might <u>harm someone</u> (your child, your spouse, your friends, strangers), even though you had no reason to and didn't want to?	0	1	9
.... Or the thought that you might <u>harm yourself</u> (by cutting yourself with a kitchen knife, or jumping out of a window), even though you had no intention of doing so?	0	1	9
.... Or that you might do something <u>embarrassing</u> , like blurting out obscenities in public?	0	1	9
.... Or that you might do something <u>on impulse</u> , like stealing things or driving your car into a wall?	0	1	9
.... Or other unpleasant thoughts that seemed unreasonable, like unexplained <u>violent</u> <u>images</u> (of dead bodies or torturings) or <u>sexual urges</u> (like having sex with strangers whom you don't find attractive)?	0	1	9

IF NO EVIDENCE OF OBSESSIONS, SKIP TO COMPULSIONS

B. What thoughts did you have?

C. Was that only occasionally, or only for a few days, or did these thoughts keep coming into your mind for several weeks? (When was that?) (How often did you have them?) (For how long did that go on?)

PROBE TO DETERMINE RECURRENCE/PERSISTENCE:

D. Did you want to have these thoughts? That is, were they troubling to you?

PROBE TO DETERMINE INTRUSIVENESS:

E. Was there anything to explain the thoughts? That is, did you know why you were having them (e.g., thoughts of killing husband following a heated argument, thoughts of death when depressed), or did they seem senseless?

F. Did you do anything to stop them, or to try to escape from them or to block them out of your mind, like trying to think about something else, or trying to ignore them, or humming to prevent you from “hearing” them?

PROBE TO DETERMINE ATTEMPTS TO IGNORE, SUPPRESS, OR NEUTRALIZE:

	<u>NO</u>	<u>YES</u>	<u>UNK</u>
Interviewer: Code NO if thoughts, impulses, or images are simply excessive worries about real-life problems	0	1	9
Interviewer: Code YES if the person tries to ignore or suppress such thoughts or to neutralize them with some other thought or action	0	1	9
Interviewer: Does the person recognize that the obsessions are imposed from within (not from without as in thought insertion)?	0	1	9
Interviewer: Code YES if the thoughts appear to be unrelated to other AXIS I disorders which are present (e.g., Major Depression, Mania, Eating Disorders, Substance Abuse Disorders)	0	1	9
G. Did you ever feel that these thoughts/worries were <u>excessive</u> or <u>unreasonable</u> ?	0	1	9

COMPULSIONS

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
2. <i>Have you ever had to do something over and over again or in a certain set way? For example:</i>			
.... <i>Washing your hands, or other parts of your body, over and over again even when they were clean?</i>	0	1	9
.... Or going back several times to <u>check</u> that you've locked the door or turned off the stove?	0	1	9
.... Or <u>touching</u> things a certain number of times, like touching the couch five times before turning off the stove?	0	1	9
.... Or <u>counting</u> a certain number of times, like counting to 10 before entering the bathroom?	0	1	9
Did you ever have to do something – like getting dressed, perhaps – in a certain set <u>order</u> , and had to start all over again if you got the order wrong (e.g., first right sock, then left sock, then pants, etc.)?	0	1	9

**IF OBSESSIONS ARE PRESENT, BUT THERE IS NO EVIDENCE OF COMPULSIONS, SKIP TO
Question O p. 116**

IF NO EVIDENCE OF OBSESSIONS OR COMPULSIONS, SKIP TO PANIC DISORDER

H. What did you do? How many times?

*I. Was that only occasionally, or only for a few days, or did it go on for several weeks?
(When was that?) (For how long did that go on?)*

*J. Did you think that you (_____) more than you should have, or more than was necessary?
That is, did you feel that (_____) was excessive or unreasonable?*

K. *Did you ever feel that you had to (_____)?*

If no subjective compulsion, ask:

L. *Then why did you (_____)? What did you think it would accomplish? Did you think it would prevent something from happening?*

M. *Did you ever try to stop or resist? (What happened?) (Were you able to stop?) (Did you feel nervous or uncomfortable?)*

N. *Did you ever feel these behaviors were excessive or unreasonable?* 0 1 9

Interviewer: Code **YES** if the behavior is designed to neutralize or prevent something unwanted, yet is not realistically connected with what it is meant to neutralize or prevent. 0 1 9

Interviewer: Code **YES** if the thoughts appear to be unrelated to other AXIS I disorders which are present (e.g., Major Depression, Mania, Eating Disorders, Substance Abuse Disorder) or a general medical condition 0 1 9

FOR ALL SUBJECTS REPORTING OBSESSIONS AND / OR COMPULSIONS, COMPLETE THESE QUESTIONS:

O. *How much time did you spend doing (compulsion) and/or thinking (obsession) each day?*

____ _
Minutes

	No	Yes	Unk
<i>P. Did you seek help from anyone, like a doctor or other professional?</i>	0	1	9
<i>Q. Did you take medications? (If YES, specify):</i> _____	0	1	9
<i>R. What effect did these (obsessions/compulsions) have on your life?</i> _____ _____			
<i>S. Did these (Obsessions/compulsions) bother you a lot?</i>	0	1	9
<i>T. Did they significantly interfere with how you managed your work, school, household tasks, or social relationships?</i>	0	1	9

U. How old were you the first time you were bothered by (Obsession and/or compulsion)?

____ _
Onset age

V. How old were you the last time you were bothered by (Obsession and/or compulsion)?

____ _
Rec Age

W. Did you ever have (Obsession and/or compulsion) at some time other than within two months of having (depression/psychosis)?

No	Yes	Unk
0	1	9

PANIC DISORDER

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
11. <i>Have you ever had panic attacks or anxiety attacks when you suddenly felt very frightened in situations that are usually not considered threatening?</i>	0	1	9
11.a) If no: <i>Have you ever had <u>sudden, unexplained</u> episodes of physical symptoms such as rapid or loud heartbeat, feeling faint or lightheaded, sweating, trembling? How about <u>sudden, unexplained</u> episodes of chest tightness or a feeling of smothering?</i>	0	1	9
Skip to Phobic disorder (question 31, page 121) ←			
12. <i>Describe spells and situations in which (Symptoms indicated above) happen: (Are the attacks predictable?)</i>			
12.a) INTERVIEWER: Code NO if the attacks were always predictable. Code YES if attacks were at least initially unexpected and seemed to be coming out of the blue even if they later became triggered by one particular stimulus.	0	1	9
12.b) INTERVIEWER: Code NO if the attacks were associated exclusively with physical exertion or life-threatening situations.	0	1	9

INTERVIEWER: Complete the **Ever** column first then complete the **Most Attacks** column.

	Ever			Most Attacks		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
13. <i>During the attacks, did you experience any of the following symptoms:</i>						
13.a) <i>sudden rapid heartbeat, your heart pounding loudly?</i>	0	1	9	0	1	9
13.b) <i>choking?</i>	0	1	9	0	1	9
13.c) <i>sudden sweating?</i>	0	1	9	0	1	9
13.d) <i>sudden trembling or shaking?</i>	0	1	9	0	1	9
13.e) <i>hot flashes or chills?</i>	0	1	9	0	1	9
13.f) <i>chest tightness or pain?</i>	0	1	9	0	1	9
13.g) <i>shortness of breath, or a feeling of smothering?</i>	0	1	9	0	1	9
13.h) <i>dizziness, lightheadedness, feeling unsteady, or faint?</i>	0	1	9	0	1	9

P. ANXIETY DISORDERS

	Ever			Most Attacks		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
13.i) <i>numbness or tingling?</i>	0	1	9	0	1	9
13.j) <i>fear of dying during the attack?</i>	0	1	9	0	1	9
13.k) <i>nausea or abdominal distress?</i>	0	1	9	0	1	9
13.l) <i>feeling that you or the world around you was strange or unreal?</i>	0	1	9	0	1	9
13.m) <i>fear of going crazy or doing something uncontrolled?</i>	0	1	9	0	1	9

EVER ONLY

INTERVIEWER: If less than two symptoms, skip to Phobic disorder (question 31, page 121).

INTERVIEWER: Return to top of question 13 to ask *Which symptoms occurred during most attacks?*

MOST ATTACKS ONLY

14. Count positive symptoms from **Most Attacks** and enter here.

SX		

No Yes Unk

15. *Was there ever a time when four of these symptoms occurred together?*

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

If question 14 is **2 or less** and question 15 is **No**, skip to Phobic disorder (question 31, page 121)

If yes:

15.a) *Did these symptoms develop and become intense within 10 minutes?*

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

15.a.1) **If yes:** *Did this happen more than once?*

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

Attacks

16. *How many panic attacks like this have you had?*

--	--

No Yes Unk

17. *Have you ever had at least four of these attacks within a four-week period?*

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

18.a) *After having an attack, have you been afraid of having another one?*

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

18.b) *Have you been worried about the implications or consequences of the attack?*

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

18.c) *Have you changed your behavior because of the attack?*

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

If yes: *Specify.* _____

18.d.1) **If Yes to question 18a, b, or c:** *How long did the fear, worry or change in your behavior last?*

Weeks	

P. ANXIETY DISORDERS

	<u>No</u>	<u>Yes</u>	<u>Unk</u>		
19. <i>Did you seek help from anyone, like a doctor or other professional?</i>	0	1	9		
20. <i>Did you take any medications for these attacks?</i> If yes: <i>Specify.</i> _____ _____	0	1	9		
21. <i>Did you <u>only</u> have the attacks when you were consuming a lot of caffeine or alcohol or taking drugs like amphetamines?</i> If yes: <i>Specify.</i> _____ _____	0	1	9		
22.a) <i>Did a doctor ever tell you that you had a medical condition (e.g., overactive thyroid?) that might have been responsible for these attacks?</i>	0	1	9		
22.b) <i>Did a doctor ever tell you that you had a psychiatric condition (e.g., phobias, OCD, PTSD) that might have been responsible for these attacks?</i>	0	1	9		
23. <i>How old were you the <u>first</u> time you had a panic attack?</i>	Ons Age <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
24. <i>How old were you the <u>last</u> time you had a panic attack?</i>	Rec Age <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
25. <i>Have you ever had panic attacks during an episode of depression?</i>	0	1	9		
26. <i>Have you ever had panic attacks during an episode of mania?</i>	0	1	9		
27. <i>Have you ever had panic attacks at any other time?</i>	0	1	9		

	<u>None</u>	<u>Some</u>	<u>Most</u>	<u>All</u>	<u>Unk</u>
28. <i>What proportion of panic attacks have occurred during depression?</i>	0	1	2	3	9
29. <i>What proportion of panic attacks have occurred during mania?</i>	0	1	2	3	9
30. <i>What proportion of panic attacks have occurred at other times?</i>	0	1	2	3	9

PHOBIC DISORDER

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
31. <i>Have you ever been excessively afraid of...</i>			
31.a) Agoraphobic <i>...going out alone, being alone in a crowd or in stores, or being in places where you feel you cannot escape or get help?</i>	0	1	9
31.b) Social <i>...doing certain things in front of people like speaking, eating, or writing?</i>	0	1	9
31.c) Simple/Specific <i>...certain animals, heights, or being closed in?</i>	0	1	9
Skip to GAD (page 124)	←		
32. <i>Did you go out of your way to avoid...</i>			
32.a) Agoraphobic fear(s)?	0	1	9
32.b) Social fear(s)?	0	1	9
32.c) Simple/Specific fear(s)?	0	1	9
Skip to GAD (page 124)	←		
33. Describe Fear(s) by category. If avoidance has developed, note what motivated the person to avoid the situation (e.g., fear of sudden development of a symptom attack, embarrassment, or humiliation). For Agoraphobia, note whether either a limited symptom attack or panic attack has occurred in the past or whether there is only a fear of developing an attack.			
33.a) Agoraphobic Fear(s): _____ _____ _____			
33.a.1) INTERVIEWER: Did the avoidant behavior begin during or just after a panic attack?	0	1	9
33.b) Social Fear(s): _____ _____ _____			
33.b.1) INTERVIEWER: Did the avoidant behavior begin during or just after a panic attack?	0	1	9

P. ANXIETY DISORDERS

No Yes Unk

33.c) **Simple/Specific Fear(s):** _____

33.c.1) **INTERVIEWER:** Did the avoidant behavior begin during or just after a panic attack? 0 1 9

	Agoraphobic			Social			Simple/Specific		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
INTERVIEWER: For each positive fear, ask questions 34–44.									
34. <i>Did you almost always become anxious when you were experiencing (Feared object/situation)?</i>	0	1	9	0	1	9	0	1	9
35. <i>Were you more anxious than you should have been?</i>	0	1	9	0	1	9	0	1	9
36. INTERVIEWER: Code YES if there is persistent fear of an object, activity, or situation which the subject tends to avoid or else endures with intense anxiety.	0	1	9	0	1	9	0	1	9
36.a) <i>Were you greatly upset about <u>having</u> the fear?</i>	0	1	9	0	1	9	0	1	9
37. <i>Because of (Feared object/situation), was there a difference in your social life or in how you managed your work, school, or household tasks?</i>	0	1	9	0	1	9	0	1	9
If yes: Specify:	_____			_____			_____		
	_____			_____			_____		
	_____			_____			_____		
	_____			_____			_____		
38a. Agoraphobia only INTERVIEWER: Code YES if the fear is unrelated to substance use, medication effects or a preexisting medical disorder.	0	1	9						
38b. Social Phobia only INTERVIEWER: Code YES if the fear is unrelated to substance use, medication effects, or a preexisting medical or psychiatric disorder.				0	1	9			

P. ANXIETY DISORDERS

	Agoraphobic			Social			Simple/Specific		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
38c. Simple/Specific Phobia only INTERVIEWER: Code YES if the symptoms are not better explained by another disorder (e.g. OCD, PTSD, Separation Anxiety, Panic Disorder).							0	1	9
39. <i>Did you seek help from anyone, like a doctor or other professional?</i>	0	1	9	0	1	9	0	1	9
40. <i>Did you take any medications?</i> If yes: Specify:	0	1	9	0	1	9	0	1	9
	_____			_____			_____		
	_____			_____			_____		
	_____			_____			_____		
	_____			_____			_____		
41. <i>Did you ever have this problem at some time other than two months before or after having (Depression/Psychosis)?</i>	0	1	9	0	1	9	0	1	9
42. <i>How old were you the <u>first</u> time you had this problem?</i>	Ons Age			Ons Age			Ons Age		
43. <i>How old were you the <u>last</u> time you had this problem?</i>	Rec Age			Rec Age			Rec Age		
44. Social Phobia only If question 43 is 17 or less, Code YES if phobia lasted at least 6 months.				0	1	9			

GENERALIZED ANXIETY DISORDER

	No	Yes	Unk
1. <i>Have you ever had a period when most of the time you felt worried or anxious or afraid for no particular reason?</i>	0	1	9
If yes,			
1a. <i>Did this feeling last for a six-month period?</i>	0	1	9
1b. <i>(If subject also reported panic attacks): Have you had anxiety feelings most days, not just in attacks?</i>	0	1	9
1c. <i>Were you worrying about things that were unlikely to happen?</i>	0	1	9
1d. <i>Were these worries unwarranted or not really serious?</i>	0	1	9
2. <i>Now I want to ask you about having a feeling that something terrible might happen. Have you ever had the feeling that some disaster was about to occur, or that you might lose control, or die, or go crazy?</i>	0	1	9
If Yes,			
2a. <i>Did this feeling occur over a six-month period?</i>	0	1	9
EXAMINER: If NO to 1 and 2, skip to Q Eating Disorders (page 125)			
3. <i>What effect has the anxiety/worry had on your life? (Probe: Has it made it hard for you to work or be with your friends?)</i>	0	1	9
3a. <i>Did you find it difficult to control the worry?</i>	0	1	9
4. <i>I'd like to ask you about other problems you may have had when you were worried or anxious – problems that could not be entirely explained by a physical illness or any medications, drugs, or alcohol you had taken. When you were worried or anxious, were you also:</i>			
a. <i>easily tired?</i>	0	1	9
b. <i>easily startled?</i>	0	1	9
c. <i>trembly or shaky?</i>	0	1	9
d. <i>restless?</i>	0	1	9
e. <i>bothered by tense, sore or aching muscles?</i>	0	1	9
f. <i>having a lot of trouble keeping your mind on what you were doing?</i>	0	1	9
g. <i>keyed up or on edge?</i>	0	1	9
h. <i>particularly irritable?</i>	0	1	9
i. <i>sweating a lot?</i>	0	1	9
j. <i>aware of your heart pounding or racing?</i>	0	1	9
k. <i>having cold or clammy hands?</i>	0	1	9
l. <i>feeling dizzy or light-headed?</i>	0	1	9
m. <i>having a dry mouth?</i>	0	1	9
n. <i>having nausea or diarrhea?</i>	0	1	9
o. <i>having to urinate too frequently?</i>	0	1	9
p. <i>having hot flashes or chills?</i>	0	1	9
q. <i>short of breath or feeling like you were smothering?</i>	0	1	9
r. <i>having trouble swallowing?</i>	0	1	9
s. <i>having trouble falling or staying asleep?</i>	0	1	9
5. <i>When was the first time you were worried or anxious or afraid most of the time for at least 6 months and had some of these other problems like (List sx coded 1 in a-s)? Age ons:</i>			
6. <i>Has this worried or anxious or afraid feeling when you had some of these other problems like (List sxs coded 1 in a-s) occurred during the past month?</i>	0	1	9

Now, I would like to ask you some questions about your eating habits and your weight.

ANOREXIA NERVOSA

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> | | | |
|--|---|------------|------------|-----------|------------|------------|
| 1. Was there ever a time when you weighed much less than other people thought you ought to weigh? | 0 | 1 | 9 | | | |
| <div style="border: 1px solid black; display: inline-block; padding: 5px;">Skip to Bulimia (question 14, page 126)</div> | | | | | | |
| 2. At that time, had you lost a lot of weight on purpose or was it while you were growing up and you kept your weight down on purpose? | 0 | 1 | 9 | | | |
| <div style="border: 1px solid black; display: inline-block; padding: 5px;">Skip to Bulimia (question 14, page 126)</div> | | | | | | |
| 3. What was your lowest weight at that time? | <table border="1" style="border-collapse: collapse; width: 100px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> </table> | | | | | |
| | | | | | | |
| 4. How tall were you? Record response: _____ | <table border="1" style="border-collapse: collapse; width: 100px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | | | | |
| | | | | | | |
| 5. How old were you? | <table border="1" style="border-collapse: collapse; width: 100px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> | | | | | |
| | | | | | | |
| | <table style="width: 100%; text-align: center;"> <tr><td><u>Sm</u></td><td><u>Med</u></td><td><u>Lrg</u></td></tr> </table> | | | <u>Sm</u> | <u>Med</u> | <u>Lrg</u> |
| <u>Sm</u> | <u>Med</u> | <u>Lrg</u> | | | | |
| 6. INTERVIEWER: Note body frame. | 1 | 2 | 3 | | | |
| Elbow breadth for medium frame:
Women: 4'9" to 5'2": 2 1/4" to 2 1/2"
5'3" to 5'11": 2 3/8" to 2 5/8"
Men: 5'1" to 5'6": 2 1/2" to 2 7/8"
5'7" to 6'2": 2 3/4" to 3 1/8"
≥6'3": 2 7/8" to 3 1/4" | | | | | | |

WEIGHT CRITERION FOR ANOREXIA (15% BELOW EXPECTED WEIGHT)							
Height	MEN			Height	WOMEN		
	Small Frame	Medium Frame	Large Frame		Small Frame	Medium Frame	Large Frame
5'2"	99	105	113	4'10"	80	86	95
5'3"	101	108	116	4'11"	83	88	97
5'4"	104	111	119	5'0"	85	91	100
5'5"	107	113	122	5'1"	87	94	102
5'6"	109	116	125	5'2"	91	96	104
5'7"	112	119	129	5'3"	93	99	108
5'8"	116	124	133	5'4"	95	102	110
5'9"	119	127	136	5'5"	97	104	113
5'10"	124	130	139	5'6"	101	109	117
5'11"	127	134	144	5'7"	104	112	120
6'0"	130	138	148	5'8"	108	116	124
6'1"	134	142	152	5'9"	111	119	127
6'2"	137	145	156	5'10"	114	122	131
6'3"	141	150	160	5'11"	118	126	135
6'4"	144	154	164	6'0"	121	129	138

* For women 18 to 25 years old, subtract one pound for each year under 25.

No Yes Unk

Q. EATING DISORDERS

	<u>No</u>	<u>Yes</u>	<u>Unk</u>				
6.a) INTERVIEWER: Is lowest weight (question 3) more than table entry for height, gender, and body?	0	1	9				
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">Skip to Bulimia (question 14, page 126)</div>							
7. <i>At that time did you still feel fat or did you see yourself as too fat in some ways?</i>	0	1	9				
8. <i>Were you still very much afraid that you could become fat?</i>	0	1	9				
9. If female: <i>Did your periods stop even when you were not pregnant?</i>	0	1	9				
9.a) If yes: <i>Did you miss at least three cycles in a row?</i>	0	1	9				
10. <i>Was there a medical disorder causing your weight loss?</i>	0	1	9				
If yes: Specify: _____							
11. <i>Did your lowered weight follow the use of diet pills, amphetamines, cocaine, or other substances?</i>	0	1	9				
If yes: Specify: _____							
12. <i>How old were you the <u>first</u> time your weight was below ___?</i> (See weight criterion table for loss of 15%.)	<table border="1" style="border-collapse: collapse; width: 100px;"> <tr> <td colspan="2" style="text-align: center;">Ons Age</td> </tr> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> </tr> </table>			Ons Age			
Ons Age							
13. <i>How old were you the <u>last</u> time your weight was below ___?</i> (See weight criterion table for loss of 15%.)	<table border="1" style="border-collapse: collapse; width: 100px;"> <tr> <td colspan="2" style="text-align: center;">Rec Age</td> </tr> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> </tr> </table>			Rec Age			
Rec Age							

BULIMIA

	<u>No</u>	<u>Yes</u>	<u>Unk</u>				
14. <i>Has there been a time in your life when you went on food binges (i.e., rapid consumption of a large amount of food in a discrete period of time, usually less than two hours)?</i>	0	1	9				
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">Skip to R. Pathological Gambling (page 128)</div>							
15. <i>During these binges were you afraid you could not stop eating, or that your eating was out of control?</i>	0	1	9				
16. <i>Did you have eating binges as often as twice a week for at least three months?</i>	0	1	9				
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">Skip to question 19</div>							
17. <i>How old were you when you <u>first</u> binged regularly?</i>	<table border="1" style="border-collapse: collapse; width: 100px;"> <tr> <td colspan="2" style="text-align: center;">Ons Age</td> </tr> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> </tr> </table>			Ons Age			
Ons Age							
18. <i>How old were you the <u>last</u> time you binged regularly?</i>	<table border="1" style="border-collapse: collapse; width: 100px;"> <tr> <td colspan="2" style="text-align: center;">Rec Age</td> </tr> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> </tr> </table>			Rec Age			
Rec Age							

Q. EATING DISORDERS

	<u>No</u>	<u>Yes</u>	<u>Unk</u>		
19. Compensatory Behavior <i>Did you do anything to make up for eating so much, perhaps like...</i>					
19.a) ...making yourself vomit?	0	1	9		
19.b) ...taking laxatives or diuretics?	0	1	9		
19.c) ...strictly dieting?	0	1	9		
19.d) ...fasting?	0	1	9		
19.e) ...exercising a lot?	0	1	9		
19.f) ...other?	0	1	9		
If yes: Specify: _____					
Skip to question 20					
19.g) <i>Did you do (Compensatory behavior/s) as often as twice a week for at least 3 months?</i>	0	1	9		
20. <i>At this time when you went on food binges were you a lot more concerned about your weight and/or shape than most people your age?</i>	0	1	9		
21. INTERVIEWER: Are questions 16 and 19g both YES?	0	1	9		
Skip to R. Pathological Gambling (page 128)					
22. <i>Did these episodes of binge eating and (Compensatory behaviors) both occur on average twice a week for at least 3 months?</i>	0	1	9		
Skip to R. Pathological Gambling (page 128)					
23. <i>How old were you when you <u>first</u> binged and (Compensatory behavior/s) regularly?</i>			<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">Ons</td> <td style="text-align: center; padding: 2px;">Age</td> </tr> </table>	Ons	Age
Ons	Age				
24. <i>How old were you the <u>last</u> time you binged and (Compensatory behavior/s) regularly?</i>			<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">Rec</td> <td style="text-align: center; padding: 2px;">Age</td> </tr> </table>	Rec	Age
Rec	Age				
	<u>No</u>	<u>Yes</u>	<u>Unk</u>		
25. INTERVIEWER: If subject appears to meet criteria for Anorexia Nervosa , ask: <i>Did these episodes of binge eating and (Compensatory behaviors) occur at any time other than during an anorexia episode?</i>	0	1	9		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>		

R. PATHOLOGICAL GAMBLING

- | | | | | |
|-----|---|---|---|---|
| 1. | <i>Have you ever gambled or bet too often or too much?</i> | <input style="width: 20px; height: 20px;" type="text" value="0"/> | 1 | 9 |
| | Skip to S. Antisocial Personality (page 129) | ← | | |
| 2. | <i>Did/do you frequently gamble larger amounts or over a longer period of time than you intend?</i> | 0 | 1 | 9 |
| 3. | <i>Did/do you need to increase the size or frequency of the bets to achieve excitement?</i> | 0 | 1 | 9 |
| 4. | <i>Did/do you become restless or irritable if you are unable to gamble?</i> | 0 | 1 | 9 |
| 5. | <i>Did/do you sustain repeated losses by trying to win back losses?</i> | 0 | 1 | 9 |
| 6. | <i>Were/are you frequently preoccupied with gambling?</i> | 0 | 1 | 9 |
| 7. | <i>Have you made repeated attempts to stop or reduce your gambling?</i> | 0 | 1 | 9 |
| 8. | <i>Have you frequently neglected family, social, or job obligations when you gamble?</i> | 0 | 1 | 9 |
| 9. | <i>Has gambling ever caused you to skip important social, job, or recreational activities?</i> | 0 | 1 | 9 |
| 10. | <i>Have you continued to gamble in spite of debts and/or other consequences?</i> | 0 | 1 | 9 |
| 11. | <i>Did/do you continue to gamble to escape from feelings such as sadness or depression, helplessness, guilt, anxiety?</i> | 0 | 1 | 9 |
| 12. | <i>Have you committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling?</i> | 0 | 1 | 9 |
| 13. | <i>Did/do you rely on others to bail you out of financial crises caused by gambling?</i> | 0 | 1 | 9 |
| 14. | <i>Did/do you lie to family members, therapist or others to conceal the extent of your gambling?</i> | 0 | 1 | 9 |

15. **INTERVIEWER:** Count positive symptoms and enter here. SX

15.a) **INTERVIEWER:** Is question 15 four or more? 0 1 9

Skip to S. Antisocial Personality (page 129)

- | | | | | |
|-----|---|---|---------|--|
| 16. | <i>How old were you when you <u>first</u> gambled heavily?</i> | | Ons Age | |
| | | ← | | |
| | | ← | | |
| 17. | <i>How old were you the <u>last</u> time you gambled heavily?</i> | | Rec Age | |

- | | | | | |
|-----|---|---|---|---|
| 18. | <i>Have you ever sought help for a problem with gambling?</i> | 0 | 1 | 9 |
| 19. | <i>Did you have these problems other than during a mania?</i> | 0 | 1 | 9 |

Now I would like to ask you some questions about when you were younger.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>				
1. Before you were 15 years old...							
1.a.1) ...did you often skip school?	0	1	9				
If yes:							
1.a.2) ...how old were you the first time?		<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Ons</td> <td style="padding: 2px 10px;">Age</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>		Ons	Age		
Ons	Age						
1.b) ...did you run away from home overnight more than once or did you run away from home without returning?	0	1	9				
1.c) ...did you often start physical fights?	0	1	9				
1.d) ...did you more than once use a weapon like a club, gun, or knife in a fight?	0	1	9				
1.e) ...did you more than once steal things or did you more than once forge anyone's signature on a check or credit card?	0	1	9				
1.f) ...were you often mean to animals including pets or did you ever hurt an animal on purpose?	0	1	9				
1.g) ...did you physically hurt another person on purpose (other than in a fight)?	0	1	9				
1.h) ...did you ever set fires when you were not supposed to?	0	1	9				
1.i) ...did you ever destroy someone's property on purpose (other than fire setting)?	0	1	9				
1.j) ...did you often bully, threaten, or intimidate others?	0	1	9				
1.k) ...did you ever break into someone's house, building or car?	0	1	9				
1.l) ...did you often tell lies?	0	1	9				
<p>If yes: Why did you tell a lot of lies? _____</p> <p>_____</p>							
<p>INTERVIEWER: Code YES if intent was to obtain goods or favors or to avoid obligations. Code NO if subject lied to avoid physical or sexual abuse.</p>							
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Skip to question 2</div> ←							
1.m) ...did you ever force someone to have sex with you?	0	1	9				
1.n) ...did you ever take money or property from someone else by threatening them or using force, like snatching a purse or robbing someone?	0	1	9				

S. ANTISOCIAL PERSONALITY

2. **INTERVIEWER:** Count positive symptoms (1a-n) and enter here.

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

2.a) **INTERVIEWER:** Is question 2 three or more?

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

Skip to Separation Anxiety Disorder

3. *How old were you the first time you (list positive symptoms in question 1)?*

Age		

4. *Because of (positive behaviors) was there a difference in your social life or in how you managed your school, work, or household chores?*

0	1
---	---

If yes: *Specify.* _____

INTERVIEWER: For questions 5-15, probe as necessary for subjects with evidence of Mania, Schizophrenia, or Substance Use Disorders:

“Was this (Behavior) always due to your use of alcohol/drugs?”

If yes: Code as 2

“Was this (Behavior) always during an episode of mania or psychosis?”

If yes: Do not count as positive episodes that are solely related to episodes of mania or psychosis.

	<u>No</u>	<u>Yes</u>	<u>Only During Alc/ Drugs</u>
--	-----------	------------	---

Now I am going to ask you questions about yourself after the age of 15.

5. *In the last five years, have you been unemployed for six months or more, other than when you were in school, sick, on strike, laid off, a full-time housewife, retired, or in jail?*

0	1	2
---	---	---

6. *When you were working, were you often absent from work when you were not ill or did you repeatedly miss work because you did not want to go?*

0	1	2
---	---	---

INTERVIEWER: Code **NO** if absence due to illness in family.

7. *Since you were 15, have you quit three or more jobs without having another job lined up?*

0	1	2
---	---	---

8. *Since you were 15, have you repeatedly done things that you could have been arrested for like stealing, or engaging in illegal occupations such as selling drugs or stolen goods, destroying property, or harassing others?*

0	1	2
---	---	---

9. *Since you were 15, have you often thrown things, hit or physically attacked anyone (including your wife/husband, partner, or children)?*

0	1	2
---	---	---

10. *Since you were 15, have you often failed to pay back debts that you owed like credit card charges or loans, or have you failed to take care of other financial responsibilities like child support or providing support for other dependents?*

0	1	2
---	---	---

S. ANTISOCIAL PERSONALITY

	<u>No</u>	<u>Yes</u>	<u>Only During Alc/ Drugs</u>		
11. <i>Since you were 15, have you ever traveled from place to place without knowing where you were going to stay or work or have you had no regular place to live for a month or more?</i>	0	1	2		
12. <i>Since you were 15, have you frequently lied, used an alias, or conned others for personal profit or pleasure?</i>	0	1	2		
13. <i>Since you were 15, have you received three or more speeding tickets or have you often driven while intoxicated?</i>	0	1	2		
14. <i>Since you were 15, have you ever been responsible for children?</i>	0	1	2		
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin-right: 10px;">Skip to question 16</div>					
15. <i>Since you were 15, has anyone ever said that you were not taking proper care of a child of yours (or a child you were responsible for) like...</i>					
15.a) <i>...not giving the child enough food?</i>	0	1	2		
15.b) <i>...not keeping the child clean resulting in his/her illness?</i>	0	1	2		
15.c) <i>...not getting medical care when the child was seriously ill?</i>	0	1	2		
15.d) <i>...leaving the child with neighbors because you were not able to take care of the child at home (except for babysitting)?</i>	0	1	2		
15.e) <i>...not arranging for anyone to take care of the child when you were away?</i>	0	1	2		
15.f) <i>...running out of money to take care of the child more than once because you spent the money on yourself?</i>	0	1	2		
16. <i>Since you were 15, have you ever been faithful to one person in a romantic or love relationship for one year or longer; that is, you did not have an affair or any one-night stands during that time?</i>	0	1			
INTERVIEWER: Code YES (for positive symptom) if subject has <u>never</u> sustained a totally monogamous relationship for more than one year.					
17. <i>Did you feel it was okay for you to have stolen, hurt, hit, destroyed, or (List other antisocial acts from questions 8-13)?</i>	0	1			
18. <i>How old were you the <u>last</u> time you did any of these things?</i>			<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="text-align: center; font-size: small;">Rec Age</div> <table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> </div>		

These next sections ask about problems you might have had in childhood.

SEPARATION ANXIETY DISORDER

- | <u>1. Fears Calamitous Event that Will cause Separation</u> | <u>P</u> | <u>C</u> | <u>S</u> | |
|--|----------|----------|----------|--|
| | 0 | 0 | 0 | <i>No information</i> |
| <u>Did you ever worry that something bad might happen to you where you would never see your parents again? Like getting lost, kidnapped, killed, or getting into an accident? How much did you worry about this?</u> | 1 | 1 | 1 | Not present |
| | 2 | 2 | 2 | Subthreshold: Occasionally worried more severely and more often than a typical child his/her age |
| | 3 | 3 | 3 | Threshold: Frequently worried in separation situations |
|
 | | | | |
| <u>2. Fears Harm Befalling Attachment Figure</u> | <u>P</u> | <u>C</u> | <u>S</u> | |
| | 0 | 0 | 0 | <i>No information</i> |
| <u>Was there ever a time when you worried about something bad happening to your parents? Like what? Were you afraid of them being in an accident or getting killed? Were you afraid that they would leave you and not come back? How much did you worry about this?</u> | 1 | 1 | 1 | Not present |
| | 2 | 2 | 2 | Subthreshold: Occasionally worried more severely and more often than a typical child his/her age |
| | 3 | 3 | 3 | Threshold: Frequently worried in separation situations |
|
 | | | | |
| <u>3. School Reluctance/Refusal</u> | <u>P</u> | <u>C</u> | <u>S</u> | |
| | 0 | 0 | 0 | <i>No information</i> |
| <u>Was there ever a time when you had to be forced to go to school? Did you have worries about going to school? Tell me about those feelings. What were you afraid of? Had you been going to school? How often were you out of school or did you leave school early?</u> | 1 | 1 | 1 | Not present |
| | 2 | 2 | 2 | Subthreshold: Frequently somewhat resistant about going to school but usually could be persuaded to go, missed no more than 1 day in 2 weeks |
| | 3 | 3 | 3 | Threshold: Protested intensely about going to school <u>or</u> sent home or refused to go at least 1 day per week. |
| Note: Only count if school avoided in order to stay with attachment figure or at home | | | | |
|
 | | | | |
| <u>4. Fears Sleeping away from home/Sleeping Alone</u> | <u>P</u> | <u>C</u> | <u>S</u> | |
| | 0 | 0 | 0 | <i>No information</i> |
| <u>Was there ever a time after the age of four, when you were afraid of sleeping alone? Did you get scary feelings if you had to sleep away from home without your parents being with you?</u> | 1 | 1 | 1 | Not present |
| | 2 | 2 | 2 | Subthreshold: Occasionally fearful. Fears of sleeping away or alone more severe and frequent than a typical child his/her age |
| | 3 | 3 | 3 | Threshold: Frequently fearful, some |

avoidance of sleeping alone or away from home

5. Fears Being Alone at Home

P C S

0 0 0 No information

Was there ever a time, after the age of 4, when you used to follow your mother wherever she went? Did you get upset if she was not in the same room with you? Did you cling to your mother? Did you check up on your mother a lot? Did you always want to know where your mother was? How much were you afraid?

1	1	1	Not present
2	2	2	Subthreshold: Occasionally fearful. Fears of being alone more severe and frequent than a typical child his/her age
3	3	3	Threshold: Clings to mother; fearful, some avoidance of being alone

IF ALL SCORES ON ITEMS 1-5 ARE 0, 1, OR 2, SKIP TO A.D.H.D

1. Nightmares

P C S

Did you have a lot of nightmares? Dreams about being away from your parents? Getting kidnapped? Your parents going away or getting hurt? A lot? Sometimes?

0 0 0 No information

1	1	1	Not present
2	2	2	Subthreshold: Occasional nightmares, more severe and more often than a typical child his/her age
3	3	3	Threshold: Frequent nightmares (3 or more times per month).

2. Physical Symptoms on School/Separation Days

0 0 0 No information

Did you get sick to your stomach or throw up a lot? Have headaches? When – in the morning, at night, at school? What about during weekends?

1	1	1	Not present
2	2	2	Subthreshold: Occasional physical symptoms, more severe and more frequent than a typical child his/her age
3	3	3	Threshold: Frequent symptoms (at least 1 time per week) on school days or when anticipating separation.

3. Excessive Distress in Anticipation of Separations*P C S0 0 0 No informationDid you get very upset or angry when your mother/father was going out without you? Or when you were getting ready to go to school? A lot? Sometimes? What did you do?

1 1 1 Not present

2 2 2 Subthreshold: Occasional distress in anticipation of separations, more severe and more frequent than a typical child his/her age.

3 3 3 Threshold: Frequently quite distressed in anticipation of separation situations (e.g., temper tantrums, crying, pleading)

4. Excessive Distress Upon Separation*0 0 0 No informationDid you get very upset or angry when your mother/father were out? Did it get you upset to be left with a babysitter? A lot? What did you do? How long did it take you to calm down? Were you O.K. after a few minutes?

1 1 1 Not present

2 2 2 Subthreshold: Occasional distress upon separation, more severe and more frequent than a typical child his/her age.

3 3 3 Threshold: Frequently quite distressed in separation situations (e.g., temper tantrums, crying, pleading).

(* These two items are combined for DSM-IV diagnosis)

5. Duration of Disturbance:*For how long did you feel bad when you weren't around your parents?* **Record approximate duration of symptoms in weeks:****P:** ___ ___ ___**C:** ___ ___ ___**S:** ___ ___ ___5a. Age of onset:**P:** ___ ___ ___**C:** ___ ___ ___**S:** ___ ___ ___

6. Evidence of a Precipitant (Specify):

	No Information	No	Yes
7. <u>Evidence of Separation Anxiety Disorder</u>			
<u>DSM-III-R Criteria:</u>			
1. Meets criteria (S=3) for at least <u>three</u> of the <u>nine</u> symptoms surveyed assessing anxiety associated with separations from attachment figures.	0	1	2
2. Duration of disturbance at least <u>two weeks</u> , and			
3. Occurrence not exclusively during a course of PDD, schizophrenia, or any other psychotic disorder.			
8. <u>DSM-IV Criteria:</u>			
The items assessing distress in anticipation of separation, and upon separation, are counted as a single symptom in the DSM-IV (items 3 and 4 on previous page)	0	1	2
1. Meets criteria (S=3) for at least <u>three</u> of the <u>eight</u> symptoms surveyed assessing anxiety associated with separations from attachment figures			
2. Duration of disturbance at least <u>four weeks</u> , and			
3. Occurrence not exclusively during a course of PDD, schizophrenia, or any other psychotic disorder			

ATTENTION DEFICIT HYPERACTIVITY DISORDER

1. Difficulty Sustaining Attention on Tasks or Play Activities P C S
-
- 0 0 0 No information*
- Was there ever a time when you had trouble paying attention in school? Did it affect your school work? Did you get into trouble because of this? When you were working on your homework, did your mind wander? What about when you were playing games? Did you forget to go when it was your turn?
- 1 1 1 Not present
- 2 2 2 Subthreshold: Occasionally had difficulty sustaining attention on tasks or play activities. Problem had only minimal effect on functioning.
- 3 3 3 Threshold: Often had difficulty sustaining attention. Problem had moderate to severe effect on functioning.
2. Easily Distracted
-
- 0 0 0 No information*
- Was there ever a time when little distractions would make it very hard for you to keep your mind on what you were doing? Like if another kid in class asked the teacher a question while the class was working quietly, was it ever hard for you to keep your mind on your work? When there was an interruption, like when the phone rang, was it hard to get back to what you were doing before the interruption? Were there times when you could keep your mind on what you were doing, and little noises and things didn't bother you? How often were they a problem?
- 1 1 1 Not present
- 2 2 2 Subthreshold: Occasionally forgetful. Problem had only minimal effect on functioning
- 3 3 3 Threshold: Attention often disrupted by minor distractions other kids would be able to ignore. Problem had moderate to severe effect on functioning.
3. Difficulty Remaining Seated
-
- 0 0 0 No information*
- Was there ever a time when you got out of your seat a lot at school? Did you ever get into trouble for this? Was it hard to stay in your seat at school? What about dinner time?
- 1 1 1 Not present
- 2 2 2 Subthreshold: Occasionally had difficulty remaining seated when required to do so. Problem had only minimal effect on functioning.
- 3 3 3 Threshold: Often had difficulty remaining seated when required to do so. Problem had moderate to severe effect on functioning.

4. Impulsivity

P C S

0 0 0 No information

Did you tend to you act before you think or think before you act? Was there ever a time when these kinds of behaviors got you into trouble? Give some examples.

- 1 1 1 Not present
- 2 2 2 Subthreshold: Occasionally impulsive. Problem only had minimal effect on functioning.
- 3 3 3 Threshold: Often impulsive. Problem had moderate to severe effect on functioning.

IF ALL SCORES ON ITEMS 1-4 ARE 0, 1, OR 2, SKIP TO O.D.D.

ATTENTION DEFICIT HYPERACTIVITY DISORDER SUPPLEMENT

(If child is on medication for ADHD, rate behavior when not on medication)

	P C S	
1. Makes a lot of Careless Mistakes <i>Do you make a lot of careless mistakes at school? Do you often get problems wrong on tests because you didn't read the instructions right? Do you often leave some questions blank by accident? Forget to do the problems on both sides of a handout? How often do these types of things happen? Has your teacher ever said you should pay more attention to detail?</i>	0 0 0	No Information
	1 1 1	Not present
	2 2 2	Subthreshold: Occasionally makes careless mistakes. Problem has only minimal effect on functioning.
	3 3 3	Threshold: Often makes careless mistakes. Problem has moderate to severe effect on functioning.
2. Doesn't Listen Rate based on data reported by informant or observational data.	0 0 0	No Information
	1 1 1	Not present
	2 2 2	Subthreshold: Occasionally doesn't listen. Problem has only minimal effect on functioning.
	3 3 3	Threshold: Often does not listen. Problem has moderate to severe effect on functioning.
3. Difficulty Following Instructions <i>Do your teachers complain that you don't follow instructions? When your parents or your teacher tell you to do something, is it sometimes hard to remember what they said to do? Does it get you into trouble? Do you lose points on your assignments for not following directions or not completing the work? Do you forget to do your homework or forget to turn it in? Do you get into trouble at home for not finishing your chores or other things your parents ask you to do? How often?</i>	0 0 0	No Information
	1 1 1	Not present
	2 2 2	Subthreshold: Occasionally doesn't listen. Problem has only minimal effect on functioning.
	3 3 3	Threshold: Often does not listen. Problem has moderate to severe effect on functioning.

	P C S	
<p>4. Difficulty Organizing Tasks</p> <p><i>Is your desk or locker at school a mess? Does it make it hard for you to find the things you need? Does your teacher complain that your assignments are messy or disorganized? When you do your worksheets, do you usually start at the beginning and do all the problems in order, or do you like to skip around? Do you often miss problems? Do you have a hard time getting ready for school in the morning?</i></p>	<p>0 0 0</p> <p>1 1 1</p> <p>2 2 2</p> <p>3 3 3</p>	<p>No Information</p> <p>Not present</p> <p>Subthreshold: Occasionally disorganized. Problem has only minimal effect on functioning.</p> <p>Threshold: Often disorganized. Problem has moderate to severe effect on functioning.</p>
<p>5. Dislikes/Avoids Tasks Requiring Attention</p> <p><i>Are there some kinds of school work you hate doing more than others? Which ones? Why? Do you try to get out of doing your assignments? Do you pretend to forget about your homework to get out of doing it? About how many times a week do you not do your homework?</i></p>	<p>0 0 0</p> <p>1 1 1</p> <p>2 2 2</p> <p>3 3 3</p>	<p>No Information</p> <p>Not present</p> <p>Subthreshold: Occasionally avoids tasks that require sustained attention, and/or expresses mild dislike for these tasks. Problem has only minimal effect on functioning.</p> <p>Threshold: Often avoids tasks that require sustained attention, and/or expresses moderate dislike for these tasks. Problem has moderate to severe effect on functioning.</p>
<p>6. Loses Things</p> <p><i>Do you lose things a lot? Your pencils at school? Homework assignments? Things around home? About how often does this happen?</i></p>	<p>0 0 0</p> <p>1 1 1</p> <p>2 2 2</p> <p>3 3 3</p>	<p>No Information</p> <p>Not present</p> <p>Subthreshold: Occasionally loses things. Problem has only minimal effect on functioning.</p> <p>Threshold: Often loses things (e.g. once a week or more). Problem has moderate to severe effect on functioning.</p>
<p>7. Forgetful in Daily Activities</p> <p><i>Do you often leave your homework at home, or your books or coats on the bus? Do you leave your things outside by accident? How often do these things happen? Has anyone ever complained that you are too forgetful?</i></p>	<p>0 0 0</p> <p>1 1 1</p> <p>2 2 2</p> <p>3 3 3</p>	<p>No Information</p> <p>Not present</p> <p>Subthreshold: Occasionally forgetful. Problem has only minimal effect on functioning.</p> <p>Threshold: Often forgetful. Problem has moderate to severe effect on functioning.</p>

	P C S	
<p>8. Fidget <i>Do people often tell you to sit still, to stop moving, or stop squirming in your seat? Your teachers? Parents? Do you sometimes get into trouble for squirming in your seat or playing with little things at your desk? Do you have a hard time keeping your arms and legs still? How often?</i></p> <p>Rate based on data reported by informant or observational data.</p>	<p>0 0 0</p> <p>1 1 1</p> <p>2 2 2</p> <p>3 3 3</p>	<p>No Information</p> <p>Not present</p> <p>Subthreshold: Occasionally fidgets with hands or feet or squirms in seat. Problem causes only minimal effect on functioning.</p> <p>Threshold: Often fidgets with hands or feet or squirms in seat (e.g. At least 50% of the time). Problem causes moderate to severe effect on functioning.</p>
<p>9. Runs or Climbs Excessively <i>Do you get into trouble for running down the hall in school? Does your mom often have to remind you to walk instead of run when you are out together? Do your parents or your teacher complain about you climbing things you shouldn't? What kinds of things? How often does this restlessness happen?</i></p> <p>Adolescents: <i>Do you feel restless a lot? Feel like you have to move around, or that it is very hard to stay in one place?</i></p> <p>Rate based on data reported by informant or observational data.</p>	<p>0 0 0</p> <p>1 1 1</p> <p>2 2 2</p> <p>3 3 3</p>	<p>No Information</p> <p>Not present</p> <p>Subthreshold: Occasionally runs about or climbs excessively. Problem has only minimal effect on functioning. (In adolescents, may be limited to a subjective feeling of restlessness.)</p> <p>Threshold: Threshold: Often runs about or climbs excessively. Problem has moderate to severe effect on functioning. (In adolescents, may be limited to a subjective feeling of restlessness.)</p>
<p>10. On the Go/Acts Like Driven by Motor <i>Is it hard for you to slow down? Can you stay in one place for long, or are you always on the go? How long can you sit and watch TV or play a game? Do people tell you to slow down a lot?</i></p>	<p>0 0 0</p> <p>1 1 1</p> <p>2 2 2</p> <p>3 3 3</p>	<p>No Information</p> <p>Not present</p> <p>Subthreshold: Occasionally, minimal effect on functioning.</p> <p>Threshold: Often acts as if "driven by a motor". Moderate to severe effect on functioning.</p>
<p>11. Difficulty Playing Quietly <i>Do your parents or teachers often tell you to quiet down when you are playing? Do you have a hard time playing quietly?</i></p>	<p>0 0 0</p> <p>1 1 1</p> <p>2 2 2</p> <p>3 3 3</p>	<p>No Information</p> <p>Not present</p> <p>Subthreshold: Occasionally has difficulty playing quietly. Problem has only minimal effect on functioning.</p> <p>Threshold: Often has difficulty playing quietly. Problem has moderate to severe effect on functioning.</p>

	P C S	
12. Blurts Out Answers <i>At school, do you sometimes call out the answers before you are called on? Do you talk out of turn at home? Answer questions your parents ask your siblings? How often?</i>	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Occasionally talks out of turn. Problem has only minimal effect on functioning. Threshold: Often talks out of turn (e.g. daily or nearly daily). Problem has moderate to severe effect on functioning.
13. Difficulty Waiting Turn <i>Is it hard for you to wait your turn in games? What about in line in the cafeteria or at the water fountain?</i>	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Occasionally has difficulty waiting his/her turn. Problem has only minimal effect on functioning. Threshold: Often has difficulty waiting his/her turn. Problem has moderate to severe effect on functioning.
14. Interrupts or Intrudes <i>Do you get into trouble for talking out of turn in school? Do your parents, teachers, or any of the kids you know complain that you cut them off when they are talking? Do kids complain that you break in on games? Does this happen a lot?</i>	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Occasionally interrupts others. Threshold: Often interrupts others.
Rate based on data reported by informant or observational data.		
15. Shifts Activities <i>When you are playing or doing one thing, do you often stop what you are doing because you think of something else you'd rather do? Do you have trouble sticking with one activity? (Survey multiple items; e.g., setting the table, other chores, schoolwork, video games) Have other people said you do? Your teacher? Your mom?</i>	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Occasionally shifts tasks and does not finish activities. Threshold: Often shifts tasks and does not finish activities.
16. Talks Excessively <i>Do people say you talk too much? Do you get into trouble at school for talking when you are not supposed to? Do people in your family complain that you talk too much?</i>	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Occasionally talks excessively. Threshold: Often talks excessively.
Rate based on data reported by informant or observational data.		

	P C S	
17. Engages in Physically Dangerous Activities <i>Do you sometimes run out in the street without looking? Forget to check for traffic when you ride your bike? Do other things that your parents think are dangerous, like jump from tall heights? Often? Has anyone ever said you were a dare devil? How come?</i>	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Occasionally engages in activities that are physically dangerous. Threshold: Often engages in activities that are physically dangerous.
18. For how long have you had trouble (list symptoms that were positively endorsed)? Criterion: 6 months or more	0 0 0 1 1 1 2 2 2	No Information Does not meet criterion Meets criterion (6 months or more)
19. Age of Onset <i>How old were you when you first started having trouble (list symptoms)? Did you have these problems in kindergarten? First Grade?</i> <i>Specify: _____</i> Criterion: onset before age 7	0 0 0 1 1 1 2 2 2	No Information Does not meet criterion Meets criterion (onset < 7)
20. Impairment		
a) Socially (with peers)	0 0 0 1 1 1 2 2 2	No Information Not present Present
b) With family:	0 0 0 1 1 1 2 2 2	No Information Not present Present
c) In school:	0 0 0 1 1 1 2 2 2	No Information Not present Present

<p>21. Evidence of ADHD (DSM-III-R) A. Meets criteria for at least eight of the following symptoms: 1) Difficulty sustaining Attention on Tasks or Play Activities 2) Doesn't Listen 3) Difficulty Following Instructions 4) Loses Things 5) Easily Distracted 6) Fidget 7) Difficulty Remaining Seated 8) Difficulty Playing Quietly 9) Blurts Out Answers 10) Difficulty Waiting Turn 11) Interrupts or Intrudes 12) Shifts Activities 13) Talks Excessively 14) Engages in Physically Dangerous Activities</p> <p>B. Duration of symptoms 6 months or longer; C. Onset before the age of 7; and D. does not meet criteria for Pervasive Developmental Disorder</p>	<p>0 No Information 1 Not Present 2 Present</p>
<p>22. Evidence of ADHD (DSM-IV) A. Either i or ii: Inattention: i. Meets criteria for at least six of the following nine symptoms: 1) Makes a lot of Careless Mistakes 2) Difficulty Sustaining Attention on Tasks or Play Activities 3) Doesn't Listen 4) Difficulty Following Instructions 5) Difficulty Organizing Tasks 6) Dislikes/Avoids Tasks Requiring Attention 7) Loses Things 8) Easily Distracted 9) Forgetful in Daily Activities or</p> <p>OR Hyperactivity/Impulsivity ii. Meets Criteria for at least six or more of the following nine symptoms: 1) Fidget 2) Difficulty Remaining Seated 3) Runs or Climbs Excessively 4) Difficulty Playing Quietly 5) On the go/Acts as if Driven by a Motor 6) Talks Excessively 7) Blurts Out Answers 8) Difficulty Waiting Turn 9) Often interrupts or intrudes</p> <p>B. duration of symptoms 6 months or longer; C. some symptoms that caused impairment present before the age of 7; D. some impairment from symptoms must be present in two or more situations (e.g. school and home) E. clinically significant impairment; and F. does not meet criteria for Pervasive Developmental Disorder.</p>	<p>0 No Information 1 Not Present 2 Present</p>

<p>23. Predominantly Inattentive Type</p> <p>Meets criterion Ai, but not criterion Aii for past six months.</p>	<p>0 No Information</p> <p>1 Not Present</p> <p>2 Present</p>
<p>24. Predominantly Hyperactive-Impulsive Type</p> <p>Meets criterion Aii, but not criterion Ai for past six months.</p>	<p>0 No Information</p> <p>1 Not Present</p> <p>2 Present</p>
<p>25. Combined Type</p> <p>Both criterion Ai and Aii are met for past six months.</p>	<p>0 No Information</p> <p>1 Not Present</p> <p>2 Present</p>
<p>26. Attention-Deficit Hyperactivity Disorder Not Otherwise Specified</p> <p>Prominent symptoms of inattention or hyperactivity - impulsivity that do not meet criteria for Attention Deficit/Hyperactivity Disorder.</p>	<p>0 No Information</p> <p>1 Not Present</p> <p>2 Present</p>

OPPOSITIONAL DEFIANT DISORDER

	P C S	
1. Loses Temper <i>Has there ever been a time when you would get upset easily and lose your temper? Did it take much to get you mad? How often did you get really mad or annoyed and lose your temper? What were you like when you had a temper tantrum? What did you do?</i>	0 0 0	No Information
	1 1 1	Not present
	2 2 2	Subthreshold: Occasional temper outburst. Outbursts more severe and more often than a typical child his/her age.
	3 3 3	Threshold: Severe temper outbursts 2 - 5 times a week.
2. Argues A Lot With Adults <i>Was there ever a time when you would argue a lot with adults? Your parents or teachers? What kinds of things did you argue with them about? Did you argue with them a lot? How bad did the fights get? Did you get into arguments with them?</i>	0 0 0	No Information
	1 1 1	Not present
	2 2 2	Subthreshold: Occasionally argues with parents and/or teachers. Arguments more severe and more often than a typical child his/her age.
	3 3 3	Threshold: Often argues with parents and/or teachers. Daily or nearly daily.
3. Disobeys Rules A Lot <i>Has there ever been a time when you got into trouble at home or at school for not following the rules? Did you get into trouble with the teachers at school? For what kinds of things? Did your parents get mad at you for not doing your chores or refusing to follow other household rules? How often did this happen? How often did you get away with things without getting into trouble or without getting caught?</i>	0 0 0	No Information
	1 1 1	Not present
	2 2 2	Subthreshold: Occasionally actively defies or refuses adult requests or rules (e.g., refuses to do chores at home). Disobedient more often than a typical child his/her age.
	3 3 3	Threshold: Often actively defies or refuses adult requests or rules. Daily or nearly daily.

IF ALL SCORES ON ITEMS 1-3 ARE 0, 1, OR 2, SKIP TO G.A.S.

OPPOSITIONAL DEFIANT DISORDER SUPPLEMENT

	P	C	S	
<p>1. Easily Annoyed or Angered <i>Do people bug you and get on your nerves a lot? What kinds of things set you off? Do you get really annoyed when your parents tell you that you can't do something you want to? Like what? What other things really get on your nerves? What do you do when you are feeling annoyed or bugged? How often would you say this happens?</i></p>	0	0	0	No Information
	1	1	1	Not present
	2	2	2	Subthreshold: Easily annoyed or angered on occasion. Annoyed more often than a typical child his/her age (1 - 3 times a week).
	3	3	3	Threshold: Easily annoyed or angered daily or almost daily.
<p>2. Angry or Resentful <i>Do you get angry or cranky with your parents a lot? How about with your teachers? brothers? sisters? friends? Do other people tell you that you get cranky a lot? Who? How often does it happen?</i></p>	0	0	0	No Information
	1	1	1	Not present
	2	2	2	Subthreshold: Occasionally angry or resentful. Angry more often than a typical child his/her age (1 - 3 times a week).
	3	3	3	Threshold: Angry or resentful daily or almost daily.
<p>3. Spiteful and Vindictive <i>When someone does something unfair to you, do you try to get back at them? Give me some examples? What if your brother or a friend did something to get you into trouble or make you mad. Would you do something back to them? Has this happened before? How often? Are there times when people do something to you and you let it slide? Does this happen a lot?</i></p>	0	0	0	No Information
	1	1	1	Not present
	2	2	2	Subthreshold: Spiteful and/or vindictive on occasion. Spiteful more often than a typical child his/her age (1-3 times a week).
	3	3	3	Threshold: Spiteful and/or vindictive daily or almost daily.
<p>4. Uses Bad Language <i>Do you curse or swear a lot? Do your parents or teachers ever complain about your mouth? How often do you curse?</i></p>	0	0	0	No Information
	1	1	1	Not present
	2	2	2	Subthreshold: Occasionally. Curses more often than a typical child his/her age.
	3	3	3	Threshold: Curses excessively daily or almost daily.
<p>5. Annoys People on Purpose <i>When your mom asks you to do something, do you usually do it? Like if she asks you to put away a game, do you or do you keep playing and pretending you didn't hear her? Do people say you do things on purpose to annoy or bug them? Your parents? Teachers? Brothers? What kinds of things do they complain about? Do you think that it's true?</i> Do not score teasing of a sibling.</p>	0	0	0	No Information
	1	1	1	Not present
	2	2	2	Subthreshold: On one or two occasions has deliberately done things to annoy other people.
	3	3	3	Threshold: On multiple occasions has deliberately done things to annoy other people.

	P C S	
6. Blames Others for Own Mistakes <i>When you get into trouble, how easy is it for you to take responsibility for what you've done? Is it usually your fault or someone else? How often do you own up to what you've done? Do you think most of your troubles are caused by other people or are they your own fault?</i>	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: On occasion blames others for own mistakes. Denial of responsibility more often than a typical child his/her age. Threshold: Often blames others for own mistakes over 50% of the time.
7. Duration <i>How long have you had problems with your temper (or other symptoms)?</i> Criterion: 6 months or more.	0 0 0 1 1 1 2 2 2	No Information Does not meet criterion Meets criterion (6 months or more)
8. Impairment		
a) Socially (with peers)	0 0 0 1 1 1 2 2 2	No Information Not present Present
b) With family:	0 0 0 1 1 1 2 2 2	No Information Not present Present
c) In school:	0 0 0 1 1 1 2 2 2	No Information Not present Present
9. Evidence of a Precipitant Specify: _____	0 0 0 1 1 1 2 2 2	No Information Not present Present

OPPOSITIONAL DEFIANT DISORDER

<p>22. Evidence of Oppositional Defiant Disorder</p> <p>a. DSM-III-R Criteria</p> <p>1. Meets criteria for five of the 9 oppositional symptoms surveyed (e.g., loses temper; argues a lot with adults; disobeys rules; easily annoyed or angered; angry or resentful; spiteful or vindictive; uses obscene language; annoys people on purpose; blames others for own mistakes);</p> <p>2. duration of symptoms 6 months or longer; and</p> <p>3. Does not meet criteria for Conduct Disorder, and oppositional symptoms do not occur exclusively during the course of a psychotic disorder, Dysthymia, MDD, Hypomanic, or Manic episode.</p>	<p>0 No Information</p> <p>1 Not Present</p> <p>2 Present</p>
<p>b. DSM-IV Criteria</p> <p>The item assessing the use of obscene language was deleted from the DSM-IV criteria. To obtain a diagnosis of Oppositional Defiant Disorder (ODD), children must meet criteria for four of the remaining 8 symptoms surveyed. In addition, there must be evidence of functional impairment.</p>	<p>0 No Information</p> <p>1 Not Present</p> <p>2 Present</p>

INTERVIEWER: Rate subject's lowest level of functioning during the past month (or at time of admission if hospitalized). Rate actual functioning regardless of treatment or prognosis.

	<u>No</u>	<u>Yes</u>
1. Is the subject hospitalized?	0	1
2. GAS: At worst point during current episode	Current Episode GAS	
3. GAS: During past month	Past Month GAS	

<u>Score</u>	<u>Criteria</u>
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 warmth and integrity. No symptoms.
90 81	Good functioning in all areas, many interests, socially effective, generally satisfied with life. There may or may not be transient symptoms and "everyday" worries that only occasionally get out of hand.
80 71	No more than slight impairment in functioning, varying degrees of "everyday" worries and problems that sometimes get out of hand. Minimal symptoms may or may not be present.
70 61	Some mild symptoms (e.g., depressive mood and mild insomnia) OR some difficulty in several areas of functioning, but generally functioning pretty well, has some meaningful interpersonal relationships and most untrained people would not consider him "sick".
60 51	Moderate symptoms OR generally functioning with some difficulty (e.g., few friends and flat affect, depressed mood and pathological self-doubt, euphoric mood and pressure of speech), moderately severe antisocial behavior.
50 41	Any serious symptomatology or impairment in functioning that most clinicians would think obviously requires treatment or attention (e.g., suicidal preoccupation or gesture, severe obsessional rituals, frequent anxiety attacks, serious antisocial behavior, compulsive drinking, mild but definite manic syndrome).
40 31	Major impairment in several areas, such as work, family relations, judgment, thinking or mood (e.g., depressed woman avoids friends, neglects family, unable to do housework), OR some impairment in reality testing or communication (e.g., speech is at times obscure, illogical, or irrelevant) OR single suicide attempt.
30 21	Unable to function in almost all areas (e.g., stays in bed all day) OR behavior is considerably influenced by either delusions or hallucinations OR serious impairment in communication (e.g., sometimes incoherent or unresponsive) or judgment (e.g., acts grossly inappropriate).
20 11	Needs some supervision to prevent hurting self or others, or to maintain minimal personal hygiene (e.g., repeated suicide attempts, frequently violent, manic excitement, smears feces), OR gross impairment in communication (e.g., largely incoherent or mute).
10 1	Needs constant supervision for several days to prevent hurting self or others or makes no attempt to maintain minimal personal hygiene or serious suicide act with clear intent and expectation of death.

SITE OPTIONAL

SCALE FOR THE ASSESSMENT OF NEGATIVE SYMPTOMS

See SANS Manual for detailed coding definitions (N. Andreason, 1984).

INTERVIEWER: Ratings are to be based on the last 30 days.

AFFECTIVE FLATTENING OR BLUNTING

None —————> Severe Unk

- | 1. Unchanging Facial Expression
The patient's face appears wooden—changes less than expected as emotional content of discourse changes. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |
|---|---|---|---|---|---|---|---|
| 2. Decreased Spontaneous Movements
The patient shows few or no spontaneous movements, does not shift position, move extremities, etc. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |
| 3. Paucity of Expressive Gestures
The patient does not use hand gestures or body position as an aid in expressing his ideas. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |
| 4. Poor Eye Contact
The patient avoids eye contact or “stares through” interviewer even when speaking. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |
| 5. Affective Nonresponsivity
The patient fails to laugh or smile when prompted. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |
| 6. Inappropriate Affect
The patient's affect is inappropriate or incongruous, not simply flat or blunted. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |
| 7. Lack of Vocal Inflections
The patient fails to show normal vocal emphasis patterns, is often monotonic. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |
| 8. Global Rating of Affective Flattening
This rating should focus on overall severity of symptoms, especially unresponsiveness, inappropriateness and an overall decrease in emotional intensity. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |

ALOGIA

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 9. Poverty of Speech
The patient's replies to questions are restricted in <u>amount</u> , tend to be brief, concrete, unelaborated. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |
| 10. Poverty of Content of Speech
The patient's replies are adequate in amount but tend to be vague, over concrete or over generalized, and convey little in information. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |

SANS CODES			
0 = None/Not at all	2 = Mild	4 = Marked	9 = Unknown/Cannot be assessed/Not assessed
1 = Questionable	3 = Moderate	5 = Severe	

SITE OPTIONAL

	<u>None</u>	————→	<u>Severe</u>	<u>Unk</u>			
11. Blocking The patient indicates, either spontaneously or with prompting, that his train of thought was interrupted.	0	1	2	3	4	5	9
12. Increased Latency of Response The patient takes a long time to reply to questions, prompting indicates the patient is aware of the question.	0	1	2	3	4	5	9
13. Global Rating of Alogia The core features of alogia are poverty of speech and poverty of content.	0	1	2	3	4	5	9

AVOLITION/APATHY

14. Grooming and Hygiene The patient's clothes may be sloppy or soiled, and he may have greasy hair, body odor, etc.	0	1	2	3	4	5	9
15. Inpersistence at Work or School The patient has difficulty seeking or maintaining employment, completing school work, keeping house, etc. If an inpatient, cannot persist at ward activities, such as OT, playing cards, etc.	0	1	2	3	4	5	9
16. Physical Anergia The patient tends to be physically inert. He may sit for hours and not initiate spontaneous activity.	0	1	2	3	4	5	9
17. Global Rating of Avolition/Apathy Strong weight may be given to one or two prominent symptoms if particularly striking.	0	1	2	3	4	5	9

ANHEDONIA/ASOCIALITY

18. Recreational Interests and Activities The patient may have few or no interests. Both the quality and quantity of interests should be taken into account.	0	1	2	3	4	5	9
19. Sexual Activity The patient may show decrease in sexual interest and activity, or no enjoyment when active.	0	1	2	3	4	5	9
20. Ability to Feel Intimacy and Closeness The patient may display an inability to form close or intimate relationships, especially with opposite sex and family.	0	1	2	3	4	5	9

SANS CODES

0 = None/Not at all	2 = Mild	4 = Marked	9 = Unknown/Cannot be assessed/Not assessed
1 = Questionable	3 = Moderate	5 = Severe	

SITE OPTIONAL

	None	1	2	3	4	5	9
<p>21. Relationships with Friends and Peers The patient may have few or no friends and may prefer to spend all his time isolated.</p>	0	1	2	3	4	5	9
<p>22. Global Rating of Anhedonia/Asociality This rating should reflect overall severity, taking into account the patient's age, family status, etc.</p>	0	1	2	3	4	5	9
<div style="border: 2px solid black; padding: 5px; display: inline-block;">ATTENTION</div>							
<p>23. Social Inattentiveness The patient appears uninvolved or unengaged. He may seem “spacey”.</p>	0	1	2	3	4	5	9
<p>24. Inattentiveness During Mental Status Testing Refer to tests of “serial 7s” (at least five subtractions) and spelling “world” backwards.</p>	0	1	2	3	4	5	9
<p>25. Global Rating of Attention This rating should assess the patient's overall concentration, both clinically and on tests.</p>	0	1	2	3	4	5	9

SANS CODES			
0 = None/Not at all	2 = Mild	4 = Marked	9 = Unknown/Cannot be assessed/Not assessed
1 = Questionable	3 = Moderate	5 = Severe	

SITE OPTIONAL

SCALE FOR THE ASSESSMENT OF POSITIVE SYMPTOMS

RATE SUBJECT'S WORST EPISODE HERE

See SANS Manual for detailed coding definitions (N. Andreasen, 1984).

HALLUCINATIONS

	None	→	Severe	Unk
1. Auditory Hallucinations The patient reports voices, noises, or other sounds that no one else hears.	0	1	2 3 4 5	9
2. Voices Commenting The patient reports a voice which makes a running commentary on his behavior or thoughts.	0	1	2 3 4 5	9
3. Voices Conversing The patient reports hearing two or more voices conversing.	0	1	2 3 4 5	9
4. Somatic or Tactile Hallucinations The patient reports experiencing peculiar physical sensations in the body.	0	1	2 3 4 5	9
5. Olfactory Hallucinations The patient reports experiencing unusual smells which no one else notices.	0	1	2 3 4 5	9
6. Visual Hallucinations The patient sees shapes or people that are not actually present.	0	1	2 3 4 5	9
7. Global Rating of Hallucinations This rating should be based on the duration and severity of the hallucinations and their effects on the patient's life.	0	1	2 3 4 5	9

DELUSIONS

8. Persecutory Delusions The patient believes he is being conspired against or persecuted in some way.	0	1	2 3 4 5	9
9. Delusions of Jealousy The patient believes his spouse is having an affair with someone.	0	1	2 3 4 5	9
10. Delusions of Guilt or Sin The patient believes that he has committed some terrible sin or done something unforgivable.	0	1	2 3 4 5	9
11. Grandiose Delusions The patient believes he has special powers or abilities.	0	1	2 3 4 5	9

SAPS CODES

0 = None/Not at all	2 = Mild	4 = Marked	9 = Unknown/Cannot be assessed/Not assessed
1 = Questionable	3 = Moderate	5 = Severe	

SITE OPTIONAL

	None	1	2	3	4	5	9
12. Religious Delusions The patient is preoccupied with false beliefs of a religious nature.	0	1	2	3	4	5	9
13. Somatic Delusions The patient believes that somehow his body is diseased, abnormal, or changed.	0	1	2	3	4	5	9
14. Delusions of Reference The patient believes that insignificant remarks or events refer to him or have special meaning.	0	1	2	3	4	5	9
15. Delusions of Being Controlled The patient feels that his feelings or actions are controlled by some outside force.	0	1	2	3	4	5	9
16. Delusions of Mind Reading The patient feels that people can read his mind or know his thoughts.	0	1	2	3	4	5	9
17. Thought Broadcasting The patient believes that his thoughts are broadcast so that he himself or others can hear them.	0	1	2	3	4	5	9
18. Thought Insertion The patient believes that thoughts that are not his own have been inserted into his mind.	0	1	2	3	4	5	9
19. Thought Withdrawal The patient believes that thoughts have been taken away from his mind.	0	1	2	3	4	5	9
20. Global Rating of Delusions This rating should be based on the duration and persistence of the delusions and their effect on the patient's life.	0	1	2	3	4	5	9

BIZARRE BEHAVIOR

21. Clothing and Appearance The patient dresses in an unusual manner or does other strange things to alter his appearance.	0	1	2	3	4	5	9
22. Social and Sexual Behavior The patient may do things considered inappropriate according to usual social norms (e.g., masturbating in public).	0	1	2	3	4	5	9
23. Aggressive and Agitated Behavior The patient may behave in an aggressive, agitated manner, often unpredictably.	0	1	2	3	4	5	9

SAPS CODES			
0 = None/Not at all	2 = Mild	4 = Marked	9 = Unknown/Cannot be assessed/Not assessed
1 = Questionable	3 = Moderate	5 = Severe	

SITE OPTIONAL

	<u>None</u>	→	<u>Severe</u>	<u>Unk</u>
24. Repetitive or Stereotyped Behavior The patient develops a set of repetitive actions or rituals that he must perform over and over.	0	1	2	3 4 5 9
25. Global Rating of Bizarre Behavior This rating should reflect the type of behavior and the extent to which it deviates from social norms.	0	1	2	3 4 5 9

POSITIVE FORMAL THOUGHT DISORDER

26. Derailment A pattern of speech in which ideas slip off track onto ideas obliquely related or unrelated.	0	1	2	3	4	5	9
27. Tangentiality The patient replies to a question in an oblique or irrelevant manner.	0	1	2	3	4	5	9
28. Incoherence A pattern of speech that is essentially incomprehensible at times.	0	1	2	3	4	5	9
29. Illogicality A pattern of speech in which conclusions are reached that do not follow logically.	0	1	2	3	4	5	9
30. Circumstantiality A pattern of speech that is very indirect and delayed in reaching its goal idea.	0	1	2	3	4	5	9
31. Pressure of Speech The patient's speech is rapid and difficult to interrupt; the amount of speech produced is greater than that considered normal.	0	1	2	3	4	5	9
32. Distractible Speech The patient is distracted by nearby stimuli which interrupt his flow of speech.	0	1	2	3	4	5	9
33. Clanging A pattern of speech in which sounds rather than meaningful relationships govern word choice.	0	1	2	3	4	5	9
34. Global Rating of Positive Formal Thought Disorder The frequency of this rating should reflect the frequency of abnormality and degree to which it affects the patient's ability to communicate.	0	1	2	3	4	5	9

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SITE OPTIONAL

SCALE FOR THE ASSESSMENT OF POSITIVE SYMPTOMS

RATE SUBJECT'S LAST 30 DAYS HERE

See SANS Manual for detailed coding definitions (N. Andreason, 1984).

HALLUCINATIONS

None ———→ Severe Unk

- | | | | | | | | | |
|----|---|---|---|---|---|---|---|---|
| 1. | Auditory Hallucinations
The patient reports voices, noises, or other sounds that no one else hears. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |
| 2. | Voices Commenting
The patient reports a voice which makes a running commentary on his behavior or thoughts. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |
| 3. | Voices Conversing
The patient reports hearing two or more voices conversing. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |
| 4. | Somatic or Tactile Hallucinations
The patient reports experiencing peculiar physical sensations in the body. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |
| 5. | Olfactory Hallucinations
The patient reports experiencing unusual smells which no one else notices. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |
| 6. | Visual Hallucinations
The patient sees shapes or people that are not actually present. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |
| 7. | Global Rating of Hallucinations
This rating should be based on the duration and severity of the hallucinations and their effects on the patient's life. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |

DELUSIONS

- | | | | | | | | | |
|-----|--|---|---|---|---|---|---|---|
| 8. | Persecutory Delusions
The patient believes he is being conspired against or persecuted in some way. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |
| 9. | Delusions of Jealousy
The patient believes his spouse is having an affair with someone. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |
| 10. | Delusions of Guilt or Sin
The patient believes that he has committed some terrible sin or done something unforgivable. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |
| 11. | Grandiose Delusions
The patient believes he has special powers or abilities. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |
| 12. | Religious Delusions
The patient is preoccupied with false beliefs of a religious nature. | 0 | 1 | 2 | 3 | 4 | 5 | 9 |

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1 = Questionable	3 = Moderate	5 = Severe	

SITE OPTIONAL

	None	1	2	3	4	5	9	Severe	Unk
13. Somatic Delusions The patient believes that somehow his body is diseased, abnormal, or changed.	0	1	2	3	4	5	9		
14. Delusions of Reference The patient believes that insignificant remarks or events refer to him or have special meaning.	0	1	2	3	4	5	9		
15. Delusions of Being Controlled The patient feels that his feelings or actions are controlled by some outside force.	0	1	2	3	4	5	9		
16. Delusions of Mind Reading The patient feels that people can read his mind or know his thoughts.	0	1	2	3	4	5	9		
17. Thought Broadcasting The patient believes that his thoughts are broadcast so that he himself or others can hear them.	0	1	2	3	4	5	9		
18. Thought Insertion The patient believes that thoughts that are not his own have been inserted into his mind.	0	1	2	3	4	5	9		
19. Thought Withdrawal The patient believes that thoughts have been taken away from his mind.	0	1	2	3	4	5	9		
20. Global Rating of Delusions This rating should be based on the duration and persistence of the delusions and their effect on the patient's life.	0	1	2	3	4	5	9		

BIZARRE BEHAVIOR

21. Clothing and Appearance The patient dresses in an unusual manner or does other strange things to alter his appearance.	0	1	2	3	4	5	9		
22. Social and Sexual Behavior The patient may do things considered inappropriate according to usual social norms (e.g., masturbating in public).	0	1	2	3	4	5	9		
23. Aggressive and Agitated Behavior The patient may behave in an aggressive, agitated manner, often unpredictably.	0	1	2	3	4	5	9		

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SITE OPTIONAL

	None	1	2	3	4	5	9
24. Repetitive or Stereotyped Behavior The patient develops a set of repetitive actions or rituals that he must perform over and over.	0	1	2	3	4	5	9
25. Global Rating of Bizarre Behavior This rating should reflect the type of behavior and the extent to which it deviates from social norms.	0	1	2	3	4	5	9

POSITIVE FORMAL THOUGHT DISORDER

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29. Illogicality A pattern of speech in which conclusions are reached that do not follow logically.	0	1	2	3	4	5	9
30. Circumstantiality A pattern of speech that is very indirect and delayed in reaching its goal idea.	0	1	2	3	4	5	9
31. Pressure of Speech The patient's speech is rapid and difficult to interrupt; the amount of speech produced is greater than that considered normal.	0	1	2	3	4	5	9
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33. Clanging A pattern of speech in which sounds rather than meaningful relationships govern word choice.	0	1	2	3	4	5	9
34. Global Rating of Positive Formal Thought Disorder The frequency of this rating should reflect the frequency of abnormality and degree to which it affects the patient's ability to communicate.	0	1	2	3	4	5	9

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1 = Questionable	3 = Moderate	5 = Severe	

INTERVIEWER: The following items should be rated after the interview. Rate questions 1–27 from observation during the interview.

RAPPORT

1. **INTERVIEWER: Rate Eye Contact.** How often did the subject look at you during the interview? How good was eye contact? How would it compare to an average interview with a "normal" person?
 0 = Average
 1 = More than average
 2 = Less than average
 3 = Much less than average
 4 = Absent

2. **INTERVIEWER: Rate Body Language.** Did the subject nod and smile at appropriate times? Did the subject appropriately say hello and goodbye with a handshake or other appropriate gesture? Did the subject's body language convey a sense of emotional involvement in the interview, or was his/her body turned away?
 0 = Good: body language appropriate, indicates emotional involvement in interview.
 1 = Fair to Good: body language only subtly indicates distance and detachment.
 2 = Fair: body language sometimes indicates distance, detachment from interview.
 3 = Poor: body language often demonstrates distance, detachment from interview.
 4 = Very Poor: body language indicates almost no involvement in interview.

3. **INTERVIEWER: Rate Emotional Rapport.** How well was the subject able to convey affect to you in the course of the interview? How warm and close did you feel the interview was?
 0 = Good: emotional rapport close, but some appropriate distance.
 1 = Fair to Good: emotional rapport usually present, but occasionally subject is too distant.
 2 = Fair: emotional rapport sometimes present, but sometimes felt to be too distant.
 3 = Poor: emotional rapport only rarely present.
 4 = Very Poor: virtually no sense of rapport during interview.

4. **INTERVIEWER: Rate Global Rapport**

<u>Good</u>	Fair to			Very
0	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Poor</u>
	1	2	3	4

SAPS CODES			
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AFFECT

5. **INTERVIEWER: Rate Fullness of Affect.** Did the subject demonstrate an expected range of emotions during the interview (e.g., sadness, joy, anger and humor)? Your rating must take into account what affect might normally be displayed, given the subject matter of the interview. That is, if nothing really sad was discussed, do not rate affect as less full because the subject did not demonstrate sadness.

0 = Good: full affective range
 1 = Fair to Good: affective range subtly muted
 2 = Fair: some affective range, but often aloof
 3 = Poor: affect nearly always aloof, sometimes blunted
 4 = Very Poor: affect flat

6. **INTERVIEWER: Rate Appropriateness of Affect.** Did the subject express affect that was not expected, given the content of the interview? Score only the presence of inappropriate affect. (Flat affect, by itself, is not inappropriate.)

0 = Good: affect never inappropriate
 1 = Fair to Good: affect rarely inappropriate
 2 = Fair: affect sometimes appropriate, but occasionally inappropriate
 3 = Poor: affect frequently inappropriate
 4 = Very Poor: affect nearly always inappropriate/incongruous

7. **INTERVIEWER: Rate Lability/Stability of Affect.** How rapidly did the subject's affect change during the interview? Assess appropriateness of affective change during the interview.

0 = Good: affect very stable, well modulated
 1 = Fair to Good: affect usually stable, well modulated. Only rarely labile
 2 = Fair: some lability of affect
 3 = Poor: affect frequently labile
 4 = Very Poor: affect very frequently and dramatically changing throughout interview

8. **INTERVIEWER: Rate General Warmth versus Coldness of Subject's Affect.** If the interview occurred during a home visit, how welcome did you feel?

0 = Very Warm
 1 = Warm
 2 = Neutral
 3 = Cold
 4 = Very Cold

9. **INTERVIEWER: Rate Global Affect**

	Fair to			Very
<u>Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Poor</u>
0	1	2	3	4

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ORGANIZATION OF SPEECH/THOUGHT

INTERVIEWER: This section should be assessed based in part on the subject's speech during an unstructured part of your contact with him/her.

10. **INTERVIEWER: Rate Goal-Directedness of Speech/Thought.** Did the subject stick to the subject of the questions, and answer them in a direct, logical manner? Or did the subject digress from the subject under discussion? If so, how often and how far did the subject digress from the theme being discussed? Include here "circumstantiality," that is, digressions that eventually make it back to the subject under discussion, and "vagueness," and inability to follow the subject's thinking pattern clearly.

0 = Good: speech always goal-directed.

1 = Fair to Good: speech usually goal-directed, but with occasional digression.

2 = Fair: speech in general goal-directed, but digression not infrequent.

3 = Poor: frequent digression away from content of question.

4 = Very Poor: subject digresses nearly all the time, rarely sticks to subject of question.

11. **INTERVIEWER: Rate Organization of Associations.** Did the subject's associations during the interview make sense? Could you follow the subject's line of reasoning? With many individuals, even though they are digressive, it is easy to follow their lines of "digression." With others, this is much more difficult. Take into account educational level, accents, articulation difficulties, etc.

0 = Good: subject's associations always tight, easy to follow.

1 = Fair to Good: subject's associations nearly always tight, occasional tangentiality.

2 = Fair: subject's associations usually appropriate, but tangentiality definitely present.

3 = Poor: subject nearly always tangential, but derailment and incoherence rare.

4 = Very Poor: subject often derails, incoherence definitely present—a "Schizophrenic" speech pattern.

12. **INTERVIEWER: Evaluate Rate of Subject's Speech.** What was the average speed of the subject's speech? Was it difficult to interrupt the subject when speaking?

0 = Average

1 = Slightly pressured speech

2 = Definitely pressured speech

3 = Slow - rate slower than normal

4 = Very Slow – long pauses in subject's speech

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1 = Questionable	3 = Moderate	5 = Severe	

13. **INTERVIEWER: Rate Amount of Subject's Speech.** How much would the subject say in response to questions? How often would you need to prod or probe the subject to get information?
- 0 = Amount of speech average
 - 1 = More than average amount of speech
 - 2 = Greatly more speech than average
 - 3 = Possible poverty of speech
 - 4 = Definite poverty of speech
14. **INTERVIEWER: Rate Poverty of Content of Subject's Speech.** Subject's speech may be adequate in amount, but conveys little information. Score especially repetitive, stereotyped, empty speech.
- 0 = Absent
 - 1 = Slight
 - 2 = Mild
 - 3 = Moderate
 - 4 = Marked
15. **INTERVIEWER: Rate Global Organization of Speech/Thought**
- | | | | | |
|-------------|-------------|-------------|-------------|-------------|
| | Fair to | | | Very |
| <u>Good</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> | <u>Poor</u> |
| 0 | 1 | 2 | 3 | 4 |

ODD/ECCENTRIC BEHAVIOR

16. **INTERVIEWER: Rate Motor Behavior--Posture, Gait, Body Movements.** Was the subject's non-verbal behavior odd or eccentric? Did the subject hold his/her body in an unusual posture? Did the subject have any odd tics or other motor movements?
- 0 = No evidence of odd motor behavior
 - 1 = Motor behavior slightly odd
 - 2 = Motor behavior mildly odd
 - 3 = Motor behavior moderately odd
 - 4 = Motor behavior definitely odd
17. **INTERVIEWER: Rate Appropriateness of Subject's Social Behavior.** Was the subject's behavior socially inappropriate in any way? Was it, for example, too familiar, e.g., invading your body space, staring, inappropriately seductive, flirtatious, or hostile? Could you read the subject's social cues, or was "something missing"? Include "talking to self" and inappropriate attempts at humor here.
- 0 = No evidence of social oddness
 - 1 = Social behavior slightly odd
 - 2 = Social behavior mildly odd
 - 3 = Social behavior moderately odd
 - 4 = Social behavior definitely odd

SAPS CODES

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1 = Questionable	3 = Moderate	5 = Severe	

18. **INTERVIEWER: Rate Appropriateness of Dress, Grooming, Cleanliness.** In this rating, you must consider social circumstances and job (i.e., rate a farmer differently from an office worker).

- 0 = Good: dress, grooming, fully appropriate
- 1 = Fair to Good: dress, grooming, generally appropriate
- 2 = Fair: dress, grooming, somewhat inappropriate
- 3 = Poor: dress, grooming, markedly inappropriate
- 4 = Very Poor: dress, grooming, clearly inappropriate

19. **INTERVIEWER: Rate Global Oddness**
Take into account motor, social, and dressing behaviors.

- | | | | | |
|-------------|---------------|-------------|-----------------|---------------|
| <u>None</u> | <u>Slight</u> | <u>Mild</u> | <u>Moderate</u> | <u>Marked</u> |
| 0 | 1 | 2 | 3 | 4 |

SUSPICIOUSNESS/GUARDEDNESS

20. **INTERVIEWER: Rate Non-Verbal Aspects of Suspiciousness/Guardedness.** What is subject's level of vigilance, does subject have a "squint-eyed" suspicious look, continually scanning environment for danger. If interview occurred during a home visit, was there inappropriate hesitancy to let you into home. Note that many of these behaviors have the result of making the interviewer feel "on edge."

- 0 = None: absolutely no evidence of nonverbal suspiciousness/guardedness
- 1 = Slight: suspicious behavior possibly present, but only occurs rarely
- 2 = Mild: suspicious behavior definitely present, but only occasionally
- 3 = Moderate: suspicious behavior definitely present, moderately frequent
- 4 = Marked: nearly continual suspicious behavior

21. **INTERVIEWER: Rate Verbal Aspects of Suspiciousness/Guardedness.** Did the subject ask repetitive questions about the object of the study, question the validity of your answers to questions, or look for "hidden" meaning in questions?

- 0 = None: absolutely no evidence of verbal suspiciousness/guardedness
- 1 = Slight: suspicious comments possibly made, but only rarely
- 2 = Mild: suspicious comments definitely made, but only occasionally
- 3 = Moderate: suspicious comments definitely made, with moderate frequency
- 4 = Marked: suspicious comments made nearly continually

22. **INTERVIEWER: Rate Global Suspiciousness**

- | | | | | |
|-------------|---------------|-------------|-----------------|---------------|
| <u>None</u> | <u>Slight</u> | <u>Mild</u> | <u>Moderate</u> | <u>Marked</u> |
| 0 | 1 | 2 | 3 | 4 |

IRRITABILITY

23. **INTERVIEWER: Rate Irritable Behavior.** Is the subject cranky, argumentative? This includes both behavior toward the interviewer and also toward other people in the area if observed.

- 0 = None: absolutely no evidence of irritability

SAPS CODES			
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1 = Questionable	3 = Moderate	5 = Severe	

- 1 = Slight: irritable behavior possibly present, but only occurs rarely
 2 = Mild: irritable behavior definitely present, but only occurs occasionally
 3 = Moderate: irritable behavior definitely present, occurs with moderate frequency
 4 = Marked: irritable behavior present continually

24. **INTERVIEWER: Rate Social and Interpersonal Functioning.** Given the subject's background, sex, and age, how well was the subject functioning socially and interpersonally? Consider both acquaintances/friends and enduring intimate relations. Has the subject been able to socialize, e.g., enjoy social life, have meaningful friendships, have intimate love relationships?

- 0 = Excellent: excellent interpersonal/social functioning
 1 = Good: good interpersonal/social functioning
 2 = Fair: slight decrement in interpersonal/social functioning
 3 = Poor: clear decrement in interpersonal/social functioning
 4 = Very Poor: very poor interpersonal/social functioning

25. **INTERVIEWER: How did the subject react to the length of the interview?**

- | | | | | | |
|---|---|----------------|---|---|---------------|
| 1 | 2 | 3 | 4 | 5 | 9 |
| Too long, R was
tired, bored, or
concerned about
time. | | About
right | | Too short, R wanted
to talk more, tell
more than we had
time for | Don't
know |

26. **INTERVIEWER: When answering the questions, how open and forthcoming do you think the respondent was?**

- | | | | | | | |
|--------------|---|---|------------------|---|---|--------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Very
open | | | About
average | | | Not at all
open |

27. **INTERVIEWER: How was the subject's understanding of the questions?**

- 0 = Excellent
 1 = Good
 2 = Fair
 3 = Poor

28. **INTERVIEWER: Rate the overall quality of this interview.**

- 0 = High quality
 1 = Generally reliable
 2 = Questionable
 3 = Unsatisfactory

INTERVIEWER: Remember to review interview.

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