

**ALCOHOL ABUSE/DEPENDENCE CHECKLIST (08/27/2002)**

Date Edited: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Editor: \_\_\_\_

Family Number: \_\_\_\_ - \_\_\_\_

Informant #1 Number: \_\_\_\_

Subject Number: \_\_\_\_

Informant #2 Number: \_\_\_\_

Interviewer Number: \_\_\_\_

Because of drinking, did (Subject) ever have problems such as....	Inf. #1			Inf. #2			Final		
	No	Yes	Unk	No	Yes	Unk	No	Yes	Unk
1. being unable to stop or cut down on drinking? . . . . .	1	2	9	1	2	9	1	2	9
2. spending a lot of time drinking or being hung over? . . . . .	1	2	9	1	2	9	1	2	9
3. trouble with work or school? . . . . .	1	2	9	1	2	9	1	2	9
4. being high from drinking when s/he could get hurt? . . . . .	1	2	9	1	2	9	1	2	9
5. accidental injuries? . . . . .	1	2	9	1	2	9	1	2	9
6. reducing or giving up important activities? . . . . .	1	2	9	1	2	9	1	2	9
7. problems with family or friends? . . . . .	1	2	9	1	2	9	1	2	9
8. legal problems? . . . . .	1	2	9	1	2	9	1	2	9
9. blackouts? . . . . .	1	2	9	1	2	9	1	2	9
10. going on binges or benders? . . . . .	1	2	9	1	2	9	1	2	9
11. physical health problems (liver disease, pancreatitis)? . . . . .	1	2	9	1	2	9	1	2	9
12. emotional or psychological problems? . . . . .	1	2	9	1	2	9	1	2	9
13. any kind of treatment or hospitalization? . . . . .	1	2	9	1	2	9	1	2	9
14. Does s/he currently have a problem with alcohol? . . . . . (9 = deceased)	1	2	9	1	2	9	1	2	9
15. Record age s/he began to have alcohol-related problems: . . . . . (99 = Unknown)									
16. Record age s/he stopped drinking heavily: . . . . . (99 = Unknown; 96 = hasn't stopped; 96 = deceased, never stopped)									
17. Interviewer judgement of data provided by informants on this subject: . . . . .									
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
	1	2	3	1	2	3	1	2	3

**PLEASE LIST ANY OTHER PERTINENT DETAILS PROVIDED BY THESE INFORMANTS ON THE BACK OF THIS SHEET.**

**CONTINUE WITH DRUG ABUSE CHECKLIST IF APPLICABLE, OR RETURN TO FAMILY INFORMANT INTERVIEW, PART 1, QUESTION # 8.**

Describe below any important details provided by either informant:

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**DRUG ABUSE/DEPENDENCE CHECKLIST (08/27/2002)**

Date Edited: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Editor: \_\_\_\_

Family Number: \_\_\_\_ - \_\_\_\_\_

Informant #1 Number: \_\_\_\_\_

Subject Number: \_\_\_\_\_

Informant #2 Number: \_\_\_\_\_

Interviewer Number: \_\_\_\_\_

Did (Subject) ever have trouble with:

	Inf. #1			Inf. #2			Final		
	No	Yes	Unk	No	Yes	Unk	No	Yes	Unk
1. Marijuana . . . . .	1	2	9	1	2	9	1	2	9
2. Cocaine . . . . .	1	2	9	1	2	9	1	2	9
3. Stimulants . . . . .	1	2	9	1	2	9	1	2	9
4. Sedatives . . . . .	1	2	9	1	2	9	1	2	9
5. Opiates . . . . .	1	2	9	1	2	9	1	2	9
6. PCP . . . . .	1	2	9	1	2	9	1	2	9
7. Hallucinogens . . . . .	1	2	9	1	2	9	1	2	9
8. Solvents . . . . .	1	2	9	1	2	9	1	2	9
9. Other (Specify): . . . . .	1	2	9	1	2	9	1	2	9

Inf. #1: \_\_\_\_\_ Inf. #2: \_\_\_\_\_

10. Combinations (Specify): . . . . .	1	2	9	1	2	9	1	2	9
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Inf. #1: \_\_\_\_\_ Inf. #2: \_\_\_\_\_

Because of drug use, did (Subject) ever have problems such as . . .

	No	Yes	Unk	No	Yes	Unk	No	Yes	Unk
1. being unable to stop or cut down? . . . . .	1	2	9	1	2	9	1	2	9
2. spending a lot of time using drugs or being high? . . . . .	1	2	9	1	2	9	1	2	9
3. trouble with work or school? . . . . .	1	2	9	1	2	9	1	2	9
4. being high in situations where s/he could get hurt? . . . . .	1	2	9	1	2	9	1	2	9
5. accidental injuries? . . . . .	1	2	9	1	2	9	1	2	9
6. reducing or giving up important activities? . . . . .	1	2	9	1	2	9	1	2	9
7. problems with family or friends? . . . . .	1	2	9	1	2	9	1	2	9
8. legal problems? . . . . .	1	2	9	1	2	9	1	2	9

**CHECKLIST CONTINUED ON THE REVERSE SIDE**

**DRUG ABUSE/DEPENDENCE CHECKLIST, CONTINUED**

	<b>Inf. #1</b>			<b>Inf. #2</b>			<b>Final</b>					
	<b>No</b>	<b>Yes</b>	<b>Unk</b>	<b>No</b>	<b>Yes</b>	<b>Unk</b>	<b>No</b>	<b>Yes</b>	<b>Unk</b>			
Did (Subject) ever have trouble with:												
9. physical health problems (liver disease, pancreatitis)? . . . . .	1	2	9	1	2	9	1	2	9			
10. emotional or psychological problems? . . . . .	1	2	9	1	2	9	1	2	9			
11. any kind of treatment or hospitalization? . . . . .	1	2	9	1	2	9	1	2	9			
12. Does s/he currently have a problem with drugs? . . . . .	1	2	9	1	2	9	1	2	9			
(9 = deceased)												
13. Record age s/he began to have drug related problems: . . . . .	___	___		___	___		___	___				
(99 = Unknown)												
14. Record age s/he stopped using drugs heavily: . . . . .	___	___		___	___		___	___				
(99 = Unknown; 96 = hasn't stopped; 96 = deceased, never stopped)												
15. Interviewer judgement of data provided by informants		Good	Fair	Poor		Good	Fair	Poor		Good	Fair	Poor
on this subject: . . . . .	1	2	3	1	2	3	1	2	3			

Describe below any important details provided by either informant:

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**CONTINUE WITH ALC. ABUSE CHECKLIST IF APPLICABLE, OR RETURN TO FAMILY INFORMANT INTERVIEW, PART 1, QUESTION # 8.**

**DEPRESSION CHECKLIST (08/27/2002)**

**Date Edited:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Editor:** \_\_\_\_

**Family Number:** \_\_\_\_ - \_\_\_\_\_

**Informant #1 Number:** \_\_\_\_\_

**Subject Number:** \_\_\_\_\_

**Informant #2 Number:** \_\_\_\_\_

**Interviewer Number:** \_\_\_\_\_

While depressed, did (Subject)....

	<b>Inf. #1</b>			<b>Inf. #2</b>			<b>Final</b>		
	<b>No</b>	<b>Yes</b>	<b>Unk</b>	<b>No</b>	<b>Yes</b>	<b>Unk</b>	<b>No</b>	<b>Yes</b>	<b>Unk</b>
1. become anxious, worried or irritable? .....	1	2	9	1	2	9	1	2	9
2. cry often or become tearful? .....	1	2	9	1	2	9	1	2	9
3. lose interest in things s/he usually enjoyed? .....	1	2	9	1	2	9	1	2	9
4. lose or gain appetite/weight without trying to? .....	1	2	9	1	2	9	1	2	9
5. sleep too much or too little? .....	1	2	9	1	2	9	1	2	9
6. move or speak slower than usual? .....	1	2	9	1	2	9	1	2	9
7. pace or wring his/her hands? .....	1	2	9	1	2	9	1	2	9
8. have less energy or feel tired out? .....	1	2	9	1	2	9	1	2	9
9. become unable to work, go to school, or take care of the household responsibilities? .....	1	2	9	1	2	9	1	2	9
10. feel guilty, worthless, or blame him/herself? .....	1	2	9	1	2	9	1	2	9
11. have trouble concentrating or making decisions? .....	1	2	9	1	2	9	1	2	9
12. think or talk a lot about death or suicide? .....	1	2	9	1	2	9	1	2	9
13. attempt suicide? .....	1	2	9	1	2	9	1	2	9
14. have any type of treatment or hospitalization? .....	1	2	9	1	2	9	1	2	9
15. take any medication? .....	1	2	9	1	2	9	1	2	9

16. Record number of episodes: ..... \_\_\_\_\_  
(999 = Unknown)

17. Record duration of longest episode (record either days [if <7] or weeks [if ≥ 1 week] (99/9999 = Unknown):  
**Inf. #1:** \_\_\_\_ / \_\_\_\_      **Inf. #2:** \_\_\_\_ / \_\_\_\_      **Final:** \_\_\_\_ / \_\_\_\_  
 Days      Weeks                      Days      Weeks                      Days      Weeks

18. Record duration of a typical episode (record either days [if <7] or weeks [if ≥ 1 week] (99/9999 = Unknown):  
**Inf. #1:** \_\_\_\_ / \_\_\_\_      **Inf. #2:** \_\_\_\_ / \_\_\_\_      **Final:** \_\_\_\_ / \_\_\_\_  
 Days      Weeks                      Days      Weeks                      Days      Weeks

**CHECKLIST CONTINUED ON THE REVERSE SIDE**

**DEPRESSION CHECKLIST, CONTINUED**

- Inf. #1**                      **Inf. #2**                      **Final**
19. Record age at onset: (99 = Unknown) . . . . . \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_
20. Code treatment (complete each item; describe if applicable):

	<b>Inf. #1</b>			<b>Inf. #2</b>			<b>Final</b>		
	Circle			Circle			Circle		
	Y	N	U	Y	N	U	Y	N	U
<b>None</b>	1	2	9				1	2	9
<b>Inpatient</b>	1	2	9				1	2	9
<b>Outpatient</b>	1	2	9				1	2	9
<b>ECT</b>	1	2	9				1	2	9
<b>Medication</b>	1	2	9				1	2	9

- Inf. #1**                      **Inf. #2**                      **Final**
21. Rate impairment or incapacitation: (0=None,                      **N**   **Im**   **Inc**   **Unk**                      **N**   **Im**   **Inc**   **Unk**                      **N**   **Im**   **Inc**   **Unk**  
 1=Impaired, 2=Incapacitated, 9=Unknown): . . . . . 0   1   2   9                      0   1   2   9                      0   1   2   9

- Inf. #1**                      **Inf. #2**                      **Final**
22. Interviewer judgement of data provided by informants                      Good Fair Poor                      Good Fair Poor                      Good Fair Poor  
 on this subject: . . . . . 1   2   3                      1   2   3                      1   2   3

Describe below, any important details provided by either informant:

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**RETURN TO FAMILY INFORMANT INTERVIEW, PART I, QUESTION #10.**

**MANIA CHECKLIST (08/27/2002)**

Date Edited: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Editor: \_\_\_\_

Family Number: \_\_\_\_ - \_\_\_\_\_

Informant #1 Number: \_\_\_\_\_

Subject Number: \_\_\_\_\_

Informant #2 Number: \_\_\_\_\_

Interviewer Number: \_\_\_\_\_

While being much more active than usual, did (Subject).....	Inf. #1			Inf. #2			Final		
	No	Yes	Unk	No	Yes	Unk	No	Yes	Unk
1. seem too happy/high/excited? .....	1	2	9	1	2	9	1	2	9
2. act very irritable? .....	1	2	9	1	2	9	1	2	9
3. feel that s/he had special gifts or powers? .....	1	2	9	1	2	9	1	2	9
4. need less sleep? .....	1	2	9	1	2	9	1	2	9
5. become more talkative than usual? .....	1	2	9	1	2	9	1	2	9
6. jump from one idea to another? .....	1	2	9	1	2	9	1	2	9
7. get off the track easily? .....	1	2	9	1	2	9	1	2	9
8. get involved in too many activities at work or school? .....	1	2	9	1	2	9	1	2	9
9. become too sociable? .....	1	2	9	1	2	9	1	2	9
10. have more interest in sex than usual? .....	1	2	9	1	2	9	1	2	9
11. show poor judgement (e.g. spending sprees)? .....	1	2	9	1	2	9	1	2	9
12. have any type of treatment or hospitalization? .....	1	2	9	1	2	9	1	2	9
13. undergo treatment for depression at the time? .....	1	2	9	1	2	9	1	2	9

If yes, what type of treatment for depression?

Inf. #1: \_\_\_\_\_ Inf. #2: \_\_\_\_\_ Final: \_\_\_\_\_

	Inf. #1	Inf. #2	Final
14. Record number of episodes: (999 = unknown) .....	_____	_____	_____
15. Record duration of longest episode (record either days [if <7] or weeks [if >= 1 week]): (99 / 9999 = Unknown)			

Inf. #1: \_\_\_\_ / \_\_\_\_  
Days Weeks

Inf. #2: \_\_\_\_ / \_\_\_\_  
Days Weeks

Final: \_\_\_\_ / \_\_\_\_  
Days Weeks

**CHECKLIST CONTINUED ON THE REVERSE SIDE**

**MANIA CHECKLIST, CONTINUED**

**Inf. #1**                      **Inf. #2**                      **Final**

17. Record age at onset: (99 = Unknown) ..... \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

18. Code treatment (complete each item; describe if applicable):

	Inf. #1			Inf. #2			Final		
	Circle			Circle			Circle		
	Y	N	U	Y	N	U	Y	N	U
<b>None</b>	1	2	9				1	2	9
<b>Inpatient</b>	1	2	9				1	2	9
<b>Outpatient</b>	1	2	9				1	2	9
<b>ECT</b>	1	2	9				1	2	9
<b>Medication</b>	1	2	9				1	2	9

**Inf. #1**                      **Inf. #2**                      **Final**

19. Rate impairment or incapacitation: (0=None,      N   Im   Inc   Unk      N   Im   Inc   Unk      N   Im   Inc   Unk  
 1=Impaired, 2=Incapacitated, 9=Unknown): . . . . 0   1   2   9      0   1   2   9      0   1   2   9

20. Rate Manic Episodes vs. Hypomanic Episodes      **(RATE FOR WORST EPISODE):**

a. Manic Symptoms for                      **1w** **4d** **<4d** **Unk**      **1w** **4d** **<4d** **Unk**      **1w** **4d** **<4d** **Unk**  
 (1 = at least 1 week; 2 = at least 4 days;      1   2   3   9      1   2   3   9      1   2   3   9  
 3 = less than 4 days; 9 = unknown):

**Inf. #1**                      **Inf. #2**                      **Final**

b. Episode is associated with an unequivocal change in                      **No** **Yes** **Unk**      **No** **Yes** **Unk**      **No** **Yes** **Unk**  
 functioning that is uncharacteristic of the person                      1   2   9      1   2   9      1   2   9  
 when not symptomatic: . . . . .

c. The disturbance in mood and the change in functioning                      **No** **Yes** **Unk**      **No** **Yes** **Unk**      **No** **Yes** **Unk**  
 are observable: . . . . .                      1   2   9      1   2   9      1   2   9

d. The disturbance in functioning is (1 = severe and/or                      **Sev** **CS** **Unk**      **Sev** **CS** **Unk**      **Sev** **CS** **Unk**  
 requiring hospitalization; 2 = clinically significant,                      1   2   9      1   2   9      1   2   9  
 but not severe; 9 = unknown): . . . . .

**No** **Yes** **Unk**      **No** **Yes** **Unk**      **No** **Yes** **Unk**

e. Are psychotic symptoms present? . . . . .                      1   2   9      1   2   9      1   2   9

21. Interviewer judgement of data provided by informants                      **Good** **Fair** **Poor**      **Good** **Fair** **Poor**      **Good** **Fair** **Poor**  
 on this subject: . . . . .                      1   2   3      1   2   3      1   2   3

Describe below, any important details provided by either informant:

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**RETURN TO FAMILY INFORMANT INTERVIEW, PART I, QUESTION #11.**



**PSYCHOSIS CHECKLIST (08/27/2002)**

Date Edited: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Editor: \_\_\_\_

Family Number: \_\_\_\_ - \_\_\_\_

Informant #1 Number: \_\_\_\_

Subject Number: \_\_\_\_

Informant #2 Number: \_\_\_\_

Interviewer Number: \_\_\_\_

When (Subject) had unusual beliefs and experiences,  
did s/he also....

	Inf. #1			Inf. #2			Final		
	No	Yes	Unk	No	Yes	Unk	No	Yes	Unk
1. believe people were following him/her? .....	1	2	9	1	2	9	1	2	9
2. believe someone was trying to hurt or poison him/her? .....	1	2	9	1	2	9	1	2	9
3. believe someone was reading his/her mind? .....	1	2	9	1	2	9	1	2	9
4. believe s/he was under the control of some person/power/force?	1	2	9	1	2	9	1	2	9
5. believe someone could put thoughts into his/her mind? .....	1	2	9	1	2	9	1	2	9
6. believe someone could steal thoughts out of his/her mind? ....	1	2	9	1	2	9	1	2	9
7. believe s/he had special powers or was on a special mission? ..	1	2	9	1	2	9	1	2	9
8. believe people were talking about him/her? .....	1	2	9	1	2	9	1	2	9
9. believe s/he was receiving special messages from the t.v. or radio? .....	1	2	9	1	2	9	1	2	9
10. see things that were not really there? .....	1	2	9	1	2	9	1	2	9
11. hear voices when no one was around? .....	1	2	9	1	2	9	1	2	9
12. have any type of treatment or hospitalization? .....	1	2	9	1	2	9	1	2	9

13. Describe below any important details provided by either informant:

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14. Describe what s/he was like in the six months leading up to the (symptoms above):

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**CHECKLIST CONTINUED ON THE REVERSE SIDE**

**PSYCHOSIS CHECKLIST, CONTINUED**

15. (If in remission): What has s/he been like since the symptoms have cleared?

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- |  | <b>Inf. #1</b> |     |     | <b>Inf. #2</b> |     |     | <b>Final</b> |     |     |
|--|----------------|-----|-----|----------------|-----|-----|--------------|-----|-----|
|  | No             | Yes | Unk | No             | Yes | Unk | No           | Yes | Unk |
| 16. When any (symptoms on reverse side) happened, was s/he also depressed or manic at the same time? . . . . . | 1              | 2   | 9   | 1              | 2   | 9   | 1            | 2   | 9   |
| 17. Did the (mood disorder) last much longer than the (symptoms)? . . . . .                                    | 1              | 2   | 9   | 1              | 2   | 9   | 1            | 2   | 9   |
| 18. Were the (symptoms) ever present without his/her feeling depressed/manic for at least two weeks? . . . . . | 1              | 2   | 9   | 1              | 2   | 9   | 1            | 2   | 9   |
| 19. How much of the time during (symptoms) has s/he also experienced (mood episodes): (999=Unknown) . . . . .  | _____ %        |     |     | _____ %        |     |     | _____ %      |     |     |
| 20. Record age at onset: (99=Unknown) . . . . .  | _____          |     |     | _____          |     |     | _____        |     |     |

21. Code treatment (complete each item; describe if applicable):

	<b>Inf. #1</b>			<b>Inf. #2</b>			<b>Final</b>		
	Circle			Circle			Circle		
	Y	N	U	Y	N	U	Y	N	U
<b>None</b>	1	2	9	1	2	9	1	2	9
<b>Inpatient</b>	1	2	9	1	2	9	1	2	9
<b>Outpatient</b>	1	2	9	1	2	9	1	2	9
<b>ECT</b>	1	2	9	1	2	9	1	2	9
<b>Medication</b>	1	2	9	1	2	9	1	2	9

	<b>Inf. #1</b>				<b>Inf. #2</b>				<b>Final</b>			
	N	Im	Inc	Unk	N	Im	Inc	Unk	N	Im	Inc	Unk
22. Rate impairment or incapacitation: (0=None, 1=Impaired, 2=Incapacitated, 9=Unknown): . . . . .	0	1	2	9	0	1	2	9	0	1	2	9

	<b>Inf. #1</b>			<b>Inf. #2</b>			<b>Final</b>		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
23. Interviewer judgement of data provided by informants on this subject: . . . . .	1	2	3	1	2	3	1	2	3

**RETURN TO FAMILY INFORMANT INTERVIEW, PART I, QUESTION #12.**

**OBSESSIVE-COMPULSIVE DISORDER CHECKLIST (08/27/2002)**

Date Edited: \_\_\_ / \_\_\_ / \_\_\_

Editor: \_\_\_

Family Number: \_\_\_ - \_\_\_

Informant #1 Number: \_\_\_

Subject Number: \_\_\_

Informant #2 Number: \_\_\_

Interviewer Number: \_\_\_

1. (OBSESSIONS): You mentioned (Subject) worried about:

Inf. #1: \_\_\_\_\_ Inf. #2: \_\_\_\_\_ Final: \_\_\_\_\_

	Inf. #1			Inf. #2			Final		
	No	Yes	Unk	No	Yes	Unk	No	Yes	Unk
a. Were these thoughts persistent, and more than just excessive worries? .....	1	2	9	1	2	9	1	2	9
b. Were they troubling to him/her? .....	1	2	9	1	2	9	1	2	9
c. Did s/he do things to try to ignore or suppress the thoughts? ...	1	2	9	1	2	9	1	2	9
d. Did s/he recognize these thoughts as his/her own thoughts? ...	1	2	9	1	2	9	1	2	9
e. While bothered by these thoughts, did s/he ever believe that they were excessive or unreasonable? .....	1	2	9	1	2	9	1	2	9
f. Was s/he greatly upset about having these thoughts? .....	1	2	9	1	2	9	1	2	9
g. Did the thoughts interfere with school, work, social life, or completing household tasks? .....	1	2	9	1	2	9	1	2	9
h. Did the thoughts preoccupy him/her for more than 1 hour per day? .....	1	2	9	1	2	9	1	2	9

2. (COMPULSIONS): When (Subject) repetitively did

Inf. #1: \_\_\_\_\_ Inf. #2: \_\_\_\_\_ Final: \_\_\_\_\_

	Inf. #1			Inf. #2			Final		
	No	Yes	Unk	No	Yes	Unk	No	Yes	Unk
a. Did s/he feel driven to (perform compulsion)? .....	1	2	9	1	2	9	1	2	9
b. Did s/he think something would happen if s/he didn't (perform compulsion)? .....	1	2	9	1	2	9	1	2	9
c. Did s/he feel nervous/anxious when s/he tried <u>not</u> to (perform compulsion)? .....	1	2	9	1	2	9	1	2	9
d. While bothered by these behaviors, did s/he ever believe they were excessive or unreasonable? .....	1	2	9	1	2	9	1	2	9

**CHECKLIST CONTINUED ON THE REVERSE SIDE**

**OBSESSIVE-COMPULSIVE DISORDER CHECKLIST, CONTINUED**

- |  | <b>Inf. #1</b> |     |     | <b>Inf. #2</b> |     |     | <b>Final</b> |     |     |
|--|----------------|-----|-----|----------------|-----|-----|--------------|-----|-----|
|  | No             | Yes | Unk | No             | Yes | Unk | No           | Yes | Unk |
| e. Was s/he greatly upset about having to(perform compulsion)?   | 1              | 2   | 9   | 1              | 2   | 9   | 1            | 2   | 9   |
| f. Did the behaviors interfere with school, work, social life,<br>or completing household tasks? ..... | 1              | 2   | 9   | 1              | 2   | 9   | 1            | 2   | 9   |
| g. Did s/he ever spend more than 1 hour per day (performing<br>compulsion)? .....                      | 1              | 2   | 9   | 1              | 2   | 9   | 1            | 2   | 9   |
| 3. Record age at onset: (99 = Unknown) .....   | ___ ___        |     |     | ___ ___        |     |     | ___ ___      |     |     |

4. Code treatment (complete each item; describe if applicable):

	<b>Inf. #1</b>			<b>Inf. #2</b>			<b>Final</b>		
	Circle			Circle			Circle		
	Y	N	U	Y	N	U	Y	N	U
<b>None</b>	1	2	9	1	2	9	1	2	9
<b>Inpatient</b>	1	2	9	1	2	9	1	2	9
<b>Outpatient</b>	1	2	9	1	2	9	1	2	9
<b>Medication</b>	1	2	9	1	2	9	1	2	9

- |  | <b>Inf. #1</b> |    |     |     | <b>Inf. #2</b> |    |     |     | <b>Final</b> |    |     |     |
|--|----------------|----|-----|-----|----------------|----|-----|-----|--------------|----|-----|-----|
|  | N              | Im | Inc | Unk | N              | Im | Inc | Unk | N            | Im | Inc | Unk |
| 5. Rate impairment or incapacitation: (0=None,<br>1=Impaired, 2=Incapacitated, 9=Unknown): . . . . | 0              | 1  | 2   | 9   | 0              | 1  | 2   | 9   | 0            | 1  | 2   | 9   |

- |   | <b>Inf. #1</b> |      |      | <b>Inf. #2</b> |      |      | <b>Final</b> |      |      |
|---|----------------|------|------|----------------|------|------|--------------|------|------|
|   | Good           | Fair | Poor | Good           | Fair | Poor | Good         | Fair | Poor |
| 6. Interviewer judgement of data provided by informants<br>on this subject: ..... | 1              | 2    | 3    | 1              | 2    | 3    | 1            | 2    | 3    |

Describe below any important details provided by either informant:

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**RETURN TO FAMILY INFORMANT INTERVIEW, PART I, QUESTION #13.**

**PANIC DISORDER CHECKLIST (08/27/2002)**

**Date Edited:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Editor:** \_\_\_\_

**Family Number:** \_\_\_\_ - \_\_\_\_\_

**Informant #1 Number:** \_\_\_\_\_

**Subject Number:** \_\_\_\_\_

**Informant #2 Number:** \_\_\_\_\_

**Interviewer Number:** \_\_\_\_\_

	<b>Inf. #1</b>			<b>Inf. #2</b>			<b>Final</b>		
	<b>No</b>	<b>Yes</b>	<b>Unk</b>	<b>No</b>	<b>Yes</b>	<b>Unk</b>	<b>No</b>	<b>Yes</b>	<b>Unk</b>
When (Subject) was having panic attacks . . . . .									
1. did s/he ever see a doctor due to these episodes? . . . . .	1	2	9	1	2	9	1	2	9
2. During the attacks did s/he experience:									
a. pounding/racing heart? . . . . .	1	2	9	1	2	9	1	2	9
b. trembling or shaking? . . . . .	1	2	9	1	2	9	1	2	9
c. shortness of breath or smothering sensations? . . . . .	1	2	9	1	2	9	1	2	9
d. chest pain or discomfort? . . . . .	1	2	9	1	2	9	1	2	9
e. nausea or abdominal distress? . . . . .	1	2	9	1	2	9	1	2	9
f. numbness or tingling? . . . . .	1	2	9	1	2	9	1	2	9
g. chills or hot flashes? . . . . .	1	2	9	1	2	9	1	2	9
h. sweating? . . . . .	1	2	9	1	2	9	1	2	9
i. feeling dizzy, unsteady, light-headed or faint? . . . . .	1	2	9	1	2	9	1	2	9
j. choking sensation? . . . . .	1	2	9	1	2	9	1	2	9
k. feeling as though things were unreal or that s/he was in a dream? . . . . .	1	2	9	1	2	9	1	2	9
l. fearing that s/he was losing control or going crazy? . . . . .	1	2	9	1	2	9	1	2	9
m. fearing that s/he was dying? . . . . .	1	2	9	1	2	9	1	2	9
3. Did these symptoms start abruptly and peak within 10 minutes? . . . . .	1	2	9	1	2	9	1	2	9
4. Following any of the attacks, was s/he persistently worried about:									
a. having another attack, . . . . .	1	2	9	1	2	9	1	2	9
b. or what the attacks might mean (e.g. that s/he might die of a heart attack or lose his/her mind)? . . . . .	1	2	9	1	2	9	1	2	9

**CHECKLIST CONTINUED ON THE REVERSE SIDE**

**PANIC DISORDER CHECKLIST, CONTINUED**

- |  | <b>Inf. #1</b> |     |     | <b>Inf. #2</b> |     |     | <b>Final</b> |     |     |
|--|----------------|-----|-----|----------------|-----|-----|--------------|-----|-----|
|  | No             | Yes | Unk | No             | Yes | Unk | No           | Yes | Unk |
| 5. Did s/he significantly change his/her behavior or relationships with others due to the attacks (e.g. quitting a stressful job after the onset of the attacks and taking a less stressful job; no longer riding subways but taking buses instead)? . . . . . | 1              | 2   | 9   | 1              | 2   | 9   | 1            | 2   | 9   |
| 6. Did s/he ever:  |                |     |     |                |     |     |              |     |     |
| a. avoid any situation due to fear of having a panic attack? . . . . .   | 1              | 2   | 9   | 1              | 2   | 9   | 1            | 2   | 9   |
| b. force him/herself to enter these situations, at the cost of intense anxiety while s/he was there? . . . . .   | 1              | 2   | 9   | 1              | 2   | 9   | 1            | 2   | 9   |
| c. be able to enter a certain situation only when accompanied by a trusted companion? . . . . .  | 1              | 2   | 9   | 1              | 2   | 9   | 1            | 2   | 9   |
| 7. Record age at onset: (99 = Unknown) . . . . .   | _____          |     |     | _____          |     |     | _____        |     |     |

8. Code treatment (complete each item; describe if applicable):

	<b>Inf. #1</b>			<b>Inf. #2</b>			<b>Final</b>		
	Circle			Circle			Circle		
	Y	N	U	Y	N	U	Y	N	U
<b>None</b>	1	2	9	1	2	9	1	2	9
<b>Inpatient</b>	1	2	9	1	2	9	1	2	9
<b>Outpatient</b>	1	2	9	1	2	9	1	2	9
<b>Medication</b>	1	2	9	1	2	9	1	2	9

- |   | <b>Inf. #1</b> |    |     |     | <b>Inf. #2</b> |    |     |     | <b>Final</b> |    |     |     |
|---|----------------|----|-----|-----|----------------|----|-----|-----|--------------|----|-----|-----|
|   | N              | Im | Inc | Unk | N              | Im | Inc | Unk | N            | Im | Inc | Unk |
| 9. Rate impairment or incapacitation: (0=None, 1=Impaired, 2=Incapacitated, 9=Unknown): . . . . . | 0              | 1  | 2   | 9   | 0              | 1  | 2   | 9   | 0            | 1  | 2   | 9   |

- |   | <b>Inf. #1</b> |      |      | <b>Inf. #2</b> |      |      | <b>Final</b> |      |      |
|---|----------------|------|------|----------------|------|------|--------------|------|------|
|   | Good           | Fair | Poor | Good           | Fair | Poor | Good         | Fair | Poor |
| 10. Interviewer judgement of data provided by informants on this subject: . . . . . | 1              | 2    | 3    | 1              | 2    | 3    | 1            | 2    | 3    |

Describe below, any important details provided by either informant:

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**GENERALIZED ANXIETY DISORDER CHECKLIST (08/27/2002)**

**Date Edited:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Editor:** \_\_\_\_

**Family Number:** \_\_\_\_ - \_\_\_\_\_

**Informant #1 Number:** \_\_\_\_\_

**Subject Number:** \_\_\_\_\_

**Informant #2 Number:** \_\_\_\_\_

**Interviewer Number:** \_\_\_\_\_

	<b>Inf. #1</b>			<b>Inf. #2</b>			<b>Final</b>		
	<b>No</b>	<b>Yes</b>	<b>Unk</b>	<b>No</b>	<b>Yes</b>	<b>Unk</b>	<b>No</b>	<b>Yes</b>	<b>Unk</b>
When (Subject) was worrying a lot . . . . .									
1. were these worries realistic? . . . . .	1	2	9	1	2	9	1	2	9
2. did this period last at least six months? . . . . .	1	2	9	1	2	9	1	2	9
3. was s/he unable to stop him/herself from worrying, or was it difficult for him/her to control the worry? . . . . .	1	2	9	1	2	9	1	2	9
4. During this period did s/he also feel:									
a. restless or on edge? . . . . .	1	2	9	1	2	9	1	2	9
b. tired easily? . . . . .	1	2	9	1	2	9	1	2	9
c. as though his/her mind would go blank at times? . . . . .	1	2	9	1	2	9	1	2	9
d. irritable? . . . . .	1	2	9	1	2	9	1	2	9
e. tense muscles? . . . . .	1	2	9	1	2	9	1	2	9
f. Trouble sleeping? . . . . .	1	2	9	1	2	9	1	2	9
5. was the anxiety, worry, or physical problems so severe that they were very upsetting for him/her? . . . . .	1	2	9	1	2	9	1	2	9
6. did the anxiety, worry, or physical problems interfere with his/her functioning? . . . . .	1	2	9	1	2	9	1	2	9
7. Record age at onset: (99 = Unknown) . . . . .									

**GENERAL ANXIETY DISORDER CHECKLIST, CONTINUED**

8. Code treatment (complete each item; describe if applicable):

	Inf. #1			Inf. #2			Final					
	Circle			Describe			Circle			Describe		
	Y	N	U				Y	N	U			
None	1	2	9				1	2	9			
Inpatient	1	2	9				1	2	9			
Outpatient	1	2	9				1	2	9			
Medication	1	2	9				1	2	9			

9. Rate impairment or incapacitation: (0=None, 1=Impaired, 2=Incapacitated, 9=Unknown): . . . .

Inf. #1	Inf. #2	Final									
N	Im	Inc	Unk	N	Im	Inc	Unk	N	Im	Inc	Unk
0	1	2	9	0	1	2	9	0	1	2	9

10. Interviewer judgement of data provided by informants on this subject: . . . . .

Inf. #1	Inf. #2	Final						
Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
1	2	3	1	2	3	1	2	3

Describe below, any important details provided by either informant:

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RETURN TO FAMILY HISTORY INTERVIEW, PART I, QUESTION #15.



**AGORAPHOBIA CHECKLIST (08/27/2002)**

Date Edited: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Editor: \_\_\_\_

Family Number: \_\_\_\_ - \_\_\_\_\_

Informant #1 Number: \_\_\_\_\_

Subject Number: \_\_\_\_\_

Informant #2 Number: \_\_\_\_\_

Interviewer Number: \_\_\_\_\_

When (Subject) was fearful/anxious about . . . .

Inf. #1: \_\_\_\_\_ Inf. #2: \_\_\_\_\_ Final: \_\_\_\_\_

- |   | Inf. #1 |       |       | Inf. #2 |       |       | Final |       |       |
|---|---------|-------|-------|---------|-------|-------|-------|-------|-------|
|   | No      | Yes   | Unk   | No      | Yes   | Unk   | No    | Yes   | Unk   |
| 1. Did s/he restrict their travel <u>or</u> only enter specific situations with a trusted companion? . . . . .                  | 1       | 2     | 9     | 1       | 2     | 9     | 1     | 2     | 9     |
| 2.a. Fear physical symptoms (such as fainting, or diarrhea) or actually experience these symptoms when in this situation? . . . | 1       | 2     | 9     | 1       | 2     | 9     | 1     | 2     | 9     |
| b. IF (Subject) DID EXPERIENCE PHYSICAL SYMPTOMS: was there a medical explanation for these symptoms? . . . . .                 | 1       | 2     | 9     | 1       | 2     | 9     | 1     | 2     | 9     |
| 3. Record age at onset: (99 = Unknown) . . . . .  | _____   | _____ | _____ | _____   | _____ | _____ | _____ | _____ | _____ |
| 4. Code treatment (complete each item; describe if applicable):   |         |       |       |         |       |       |       |       |       |

	Inf. #1			Inf. #2			Final					
	Circle			Describe			Circle			Describe		
	Y	N	U				Y	N	U			
None	1	2	9				1	2	9			
Inpatient	1	2	9				1	2	9			
Outpatient	1	2	9				1	2	9			
Medication	1	2	9				1	2	9			

- |   | Inf. #1        |    |     |     | Inf. #2        |    |     |     | Final          |    |     |     |
|---|----------------|----|-----|-----|----------------|----|-----|-----|----------------|----|-----|-----|
|   | N              | Im | Inc | Unk | N              | Im | Inc | Unk | N              | Im | Inc | Unk |
| 5. Rate impairment or incapacitation: (0=None, 1=Impaired, 2=Incapacitated, 9=Unknown): . . . . . | 0              | 1  | 2   | 9   | 0              | 1  | 2   | 9   | 0              | 1  | 2   | 9   |
| 6. Interviewer judgement of data provided by informants on this subject: . . . . .                | Inf. #1        |    |     |     | Inf. #2        |    |     |     | Final          |    |     |     |
|   | Good Fair Poor |    |     |     | Good Fair Poor |    |     |     | Good Fair Poor |    |     |     |
|   | 1              | 2  | 3   |     | 1              | 2  | 3   |     | 1              | 2  | 3   |     |

**PLEASE LIST ANY OTHER PERTINENT DETAILS PROVIDED BY THESE INFORMANTS ON THE BACK OF THIS SHEET.**

Describe details below:

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**RETURN TO FAMILY HISTORY INTERVIEW, PART I, QUESTION #16.**

**SOCIAL PHOBIA CHECKLIST (08/27/2002)**

Date Edited: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Editor: \_\_\_\_

Family Number: \_\_\_\_ - \_\_\_\_\_

Informant #1 Number: \_\_\_\_\_

Subject Number: \_\_\_\_\_

Informant #2 Number: \_\_\_\_\_

Interviewer Number: \_\_\_\_\_

When (Subject) was fearful of (social situation) . . . . .

Inf. #1: \_\_\_\_\_ Inf. #2: \_\_\_\_\_ Final: \_\_\_\_\_

	Inf. #1			Inf. #2			Final		
	No	Yes	Unk	No	Yes	Unk	No	Yes	Unk
1. Did s/he actually avoid those situations, or did s/he force him/herself into them but seem very anxious while h/she was there? . . . . .	1	2	9	1	2	9	1	2	9
2. Was s/he nervous when s/he knew s/he was going to have to confront the (feared situation)? . . . . .	1	2	9	1	2	9	1	2	9
3. Was s/he very upset and bothered that s/he had this fear? . . . . .	1	2	9	1	2	9	1	2	9
4. Did the fear, worries beforehand, or avoidance cause him/her any problems? . . . . .	1	2	9	1	2	9	1	2	9
5. Record age at onset: (99 = Unknown) . . . . .	_____	_____	_____	_____	_____	_____	_____	_____	_____

6. Code treatment (complete each item; describe if applicable):

	Inf. #1			Inf. #2			Final					
	Circle			Describe			Circle			Describe		
	Y	N	U				Y	N	U			
None	1	2	9				1	2	9			
Inpatient	1	2	9				1	2	9			
Outpatient	1	2	9				1	2	9			
Medication	1	2	9				1	2	9			

	Inf. #1				Inf. #2				Final			
	N	Im	Inc	Unk	N	Im	Inc	Unk	N	Im	Inc	Unk
7. Rate impairment or incapacitation: (0=None, 1=Impaired, 2=Incapacitated, 9=Unknown): . . . . .	0	1	2	9	0	1	2	9	0	1	2	9

	Inf. #1			Inf. #2			Final		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
8. Interviewer judgement of data provided by informants on this subject: . . . . .	1	2	3	1	2	3	1	2	3

Describe details below:

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**SPECIFIC PHOBIA CHECKLIST (08/27/2002)**

Date Edited: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Editor: \_\_\_\_

Family Number: \_\_\_\_ - \_\_\_\_\_

Informant #1 Number: \_\_\_\_\_

Subject Number: \_\_\_\_\_

Informant #2 Number: \_\_\_\_\_

Interviewer Number: \_\_\_\_\_

When (Subject) was fearful of (situation / stimulus) . . . . .

Inf. #1: \_\_\_\_\_ Inf. #2: \_\_\_\_\_ Final: \_\_\_\_\_

- |   | Inf. #1 |     |     | Inf. #2 |     |     | Final |     |     |
|---|---------|-----|-----|---------|-----|-----|-------|-----|-----|
|   | No      | Yes | Unk | No      | Yes | Unk | No    | Yes | Unk |
| 1. Did s/he actually avoid (situation/stimulus), or seem extremely anxious when s/he was around (situation/stimulus)? . . . . . | 1       | 2   | 9   | 1       | 2   | 9   | 1     | 2   | 9   |
| 2. Was s/he nervous when s/he knew s/he was going to have to confront the (situation/stimulus)? . . . . .                       | 1       | 2   | 9   | 1       | 2   | 9   | 1     | 2   | 9   |
| 3. Was s/he very upset and bothered that s/he had this fear? . . . . .  | 1       | 2   | 9   | 1       | 2   | 9   | 1     | 2   | 9   |
| 4. Did the fear, worries, or avoidance cause him/her any problems? . . . . .  | 1       | 2   | 9   | 1       | 2   | 9   | 1     | 2   | 9   |
| 5. Record age at onset: (99 = Unknown) . . . . .  | _____   |     |     | _____   |     |     | _____ |     |     |
| 6. Code treatment (complete each item; describe if applicable):   |         |     |     |         |     |     |       |     |     |

	Inf. #1			Inf. #2			Final					
	Circle			Describe			Circle			Describe		
	Y	N	U				Y	N	U			
None	1	2	9				1	2	9			
Inpatient	1	2	9				1	2	9			
Outpatient	1	2	9				1	2	9			
Medication	1	2	9				1	2	9			

- |   | Inf. #1 |    |     |     | Inf. #2 |    |     |     | Final |    |     |     |
|---|---------|----|-----|-----|---------|----|-----|-----|-------|----|-----|-----|
|   | N       | Im | Inc | Unk | N       | Im | Inc | Unk | N     | Im | Inc | Unk |
| 7. Rate impairment or incapacitation: (0=None, 1=Impaired, 2=Incapacitated, 9=Unknown): . . . . . | 0       | 1  | 2   | 9   | 0       | 1  | 2   | 9   | 0     | 1  | 2   | 9   |

- |  | Inf. #1 |      |      | Inf. #2 |      |      | Final |      |      |
|--|---------|------|------|---------|------|------|-------|------|------|
|  | Good    | Fair | Poor | Good    | Fair | Poor | Good  | Fair | Poor |
| 8. Interviewer judgement of data provided by informants on this subject: . . . . . | 1       | 2    | 3    | 1       | 2    | 3    | 1     | 2    | 3    |

Describe details below:

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**RETURN TO FAMILY HISTORY INTERVIEW, PART I, QUESTION #18.**

**PARANOID/SCHIZOID/SCHIZOTYPAL PERSONALITY CHECKLIST (08/27/2002)**

Date Edited: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Editor: \_\_\_\_

Family Number: \_\_\_\_ - \_\_\_\_\_

Informant #1 Number: \_\_\_\_\_

Subject Number: \_\_\_\_\_

Informant #2 Number: \_\_\_\_\_

Interviewer Number: \_\_\_\_\_

Code for a single episode (best recalled, worst if possible):

	Inf. #1			Inf. #2			Final		
	No	Yes	Unk	No	Yes	Unk	No	Yes	Unk
<b>PARANOID PERSONALITY:</b>									
Does s/he:									
1.a. often keep an eye out to stop people from taking advantage of him/her?									
<b>Expects without sufficient basis, to be exploited or harmed by others. . . . .</b>									
	1	2	9	1	2	9	1	2	9
1.b. get concerned that friends or co-workers are not really loyal or trustworthy?									
<b>Questions, without justification, loyalty of friends or associates. . . . .</b>									
	1	2	9	1	2	9	1	2	9
1.c. often pick up hidden threats or put-downs from what people say or do?									
<b>Reads hidden demeaning or threatening meanings into benign remarks or events. . . . .</b>									
	1	2	9	1	2	9	1	2	9
1.d. take a long time to forgive someone if they have insulted or hurt him/her?									
<b>Bears grudges or unforgiving of insults or slights. . . . .</b>									
	1	2	9	1	2	9	1	2	9
1.e. seem to believe it is best not to let other people know much about him/her?									
<b>Reluctant to confide in others because of an unwarranted fear that information will be used against him/her. . . . .</b>									
	1	2	9	1	2	9	1	2	9
1.f. often get angry about being insulted or slighted?									
<b>Easily slighted, quick to react with anger or counter-attack. . . . .</b>									
	1	2	9	1	2	9	1	2	9
1.g. seem to be a jealous person? Ever suspected that his/her spouse/partner was unfaithful?									
<b>Questions, without justification, fidelity of spouse or sexual partner. . . . .</b>									
	1	2	9	1	2	9	1	2	9

**SCHIZOID PERSONALITY:**

	No	Yes	Unk	No	Yes	Unk	No	Yes	Unk
Does s/he:									
2.a. seem not to want or enjoy close relationships, like with family or friends?									
<b>Neither desires nor enjoys close relationships, including family. . . . .</b>									
	1	2	9	1	2	9	1	2	9
2.b. prefer to do things alone rather than with other people?									
<b>Almost always chooses solitary activities. . . . .</b>									
	1	2	9	1	2	9	1	2	9
2.c. hardly ever seem to have strong feelings, like being very angry or very happy?									
<b>Rarely, if ever, claims or appears to be experiencing strong emotions, anger/joy. . . . .</b>									
	1	2	9	1	2	9	1	2	9

CHECKLIST CONTINUED ON THE REVERSE SIDE

**PARANOID/SCHIZOID/SCHIZOTYPAL PERSONALITY , CONTINUED**

<b>SCHIZOID PERSONALITY CONTINUED:</b>	<b>Inf. #1</b>			<b>Inf. #2</b>			<b>Final</b>		
	No	Yes	Unk	No	Yes	Unk	No	Yes	Unk
Code for a single episode (best recalled, worst if possible):									
2.d. seem uninterested in being sexually involved with another person? <b>Little if any desire to have sexual experiences with another person (age taken into account).</b> . . . . .	1	2	9	1	2	9	1	2	9
2.e. seem not to care if people praise or criticize him/her? <b>Indifferent to praise and criticism from others.</b> . . . . .	1	2	9	1	2	9	1	2	9
2.f. have no one to be really close to or confide in, or just one person, outside of immediate family? <b>No close friends or confidants, or only one, other than first-degree relatives.</b> . . . . .	1	2	9	1	2	9	1	2	9
2.g. act cold or distant, hardly ever smile or nod back at people? <b>Constricted affect, aloof, cold, rarely reciprocates gestures or expressions.</b> . . . . .	1	2	9	1	2	9	1	2	9
<b>SCHIZOTYPAL PERSONALITY:</b>	<b>Inf. #1</b>			<b>Inf. #2</b>			<b>Final</b>		
	No	Yes	Unk	No	Yes	Unk	No	Yes	Unk
Does s/he:									
3.a. wonder if people talking to each other are talking about him/her, or say that a common event or object is a special sign for him/her? <b>Ideas of reference (not delusions of reference).</b> . . . . .	1	2	9	1	2	9	1	2	9
3.b. often act nervous in a group of unfamiliar people? <b>Excessive social anxiety.</b> . . . . .	1	2	9	1	2	9	1	2	9
3.c. report experiences with the supernatural or believe in astrology, seeing the future, UFO's, ESP or a "sixth sense"? <b>Odd beliefs or magical thinking, influencing behavior and inconsistent with subcultural norms.</b> . . . . .	1	2	9	1	2	9	1	2	9
3.d. mistake objects or shadows for people, or noises for voices; have a sense that some invisible person or force is around? See faces change before his/her eyes? <b>Unusual perceptual experiences.</b> . . . . .	1	2	9	1	2	9	1	2	9
3.e. behave in odd or eccentric ways. Look peculiar or untidy, have unusual mannerisms or talks to him/herself? <b>Odd, eccentric, peculiar behavior or appearance.</b> . . . . .	1	2	9	1	2	9	1	2	9
3.f. speak in such a way that is difficult to follow or ramble off the subject? Does he talk in vague or abstract terms? <b>Odd speech (Without loosening associations or incoherence).</b> . . . . .	1	2	9	1	2	9	1	2	9
3.g. sometimes act silly or in a manner not in keeping with the situation? Or does s/he tend not to show any feelings in response to people? <b>Inappropriate or constricted affect (e.g. silly or aloof).</b> . . . . .	1	2	9	1	2	9	1	2	9
4. Interviewer judgement of data provided by informants on this subject: . . . . .	Good Fair Poor			Good Fair Poor			Good Fair Poor		
	1	2	3	1	2	3	1	2	3



