DIAGNOSTIC INTERVIEW FOR GENETIC STUDIES (DIGS)

Purpose of Document: This document is to serve as a harmonized product representing all content from Versions 3.0/B (Study 1), 3.0 GenRED I (Study 7), 3.01 MD GenRED II v1 (Study 52, 8/2005), 3.01 MD GenRED II v2 (Study 52, 4/2006), 3.0 Revised 7 (Study 42), 3.0/Anorexia Nervosa (Study 24), and 4.0/BP (Study 40).

Please note: 3.0/Anorexia Nervosa (Study 24) is only present in sections A, B, E, F, G, H, O, N, X, and Y. There are minimal differences between 3.0 GenRED I (Study 7), 3.01MD GenRedII v1 (Study 52), and 3.01 GenREDII v2 (Study 52). These differences are noted with unqiue square designs, which are explained under the "color system" heading. There is a section at the end of this instrument with additional materials from these three versions that are not in the other versions.

There is a seprerate harmonized document representing all content from Versions 1.0 (Study BP 0/Study SZ 0), 2.0 (Study BP 0, Study 1/Study SZ 0/Study 2), 2.1 MGS (Study 6), 2.2 MGS (Study 29), 3.0 (Study 22), and 4.0 (Study 22) of the DIGS.

DIAGNOSTIC INTERVIEW FOR GENETIC STUDIES (DIGS)

Document Information: This document is to be read as any other DIGS instrument. The sections are represented the same in this product as they are in each version, beginning with Section A and ending with Section AA (followed by a reference section and an appendix) .

Instrument Questions

In cases where questions differ among versions, there will be multiple forms of these questions presented so the reader not only knows what question is represented in what version, but also *how* the questions vary among the versions. In some of these instances, differences in font can be observed.

Red Lines

A red line coming down from a set of squares on the right side of the document indicates that all of the text to the left of this line applies to that same set of squares. Once a new set of squares is introduced, if there is not a large group of text that applies to this particular set (i.e., more than 1-2 questions), then there will not be a line.

| = grouping is ongoing

⊥ = grouping has ended

Page Numbers

When an interviewer note tells the reader to skip to a different section, the page that the section should begin on is not always the same among all of the versions. Therefore, page numbers referenced in the text have been deleted. Page numbers in the top right corner of this document refer only to this document.

Question Numbers

If comparing this harmonized document to a particular DIGS instrument, question numbers that are referred to in the document (e.g., when an interviewer note tells the reader to skip to "Question X") may vary. This is due to questions being added/omitted in a particular version(s) and not the others. Although the actual number might not be the same, the content is. Therefore, when one version asks the reader to skip to Question X and another version says to skip to Question Y, the reader will be directed to the appropriate location.

When multiple (unrealted) questions from other versions have been added and it is difficult to properly display these questions with the intended question number (e.g., when question #60 in version "1" is replaced with multiple questions from version "2," but these multiple questions are still numbered as "60, 61, 62," etc. yest the content is different), these numbers will be underlined with a red line to signify that they have been added to the document as a way to avoid confusion.

Pg. # = question has been added to section

DIAGNOSTIC INTERVIEW FOR GENETIC STUDIES (DIGS)

Color System: Each DIGS version identified in this document is represented by a colored square. Next to each question (interviewer note/open-ended response/etc.) there is a set of 5 squares.

If the square is filled in with a color, that indicates that the question is present in the version that the particular square represents (see key below). If the square is empty, that could mean that the question is not present in that version. An empty square could also indicate when the text in a particular version is not identical to the original text. In this case, the different text will be present in the same vincinity with the addition of a colored square that represents the DIGS version (with empty squares to indicate the versions that this added text would not be found in).

At the beginning of each section it is identified which version will be represented. This is to let the reader know when a particular version has been omitted from one of the DIGS versions in rather than the questions being present but different. In rare occasions, an entire section of one version might be too different to be harmonized, which would also result in an additional section with just the one version represented (i.e., section A1).

Key:

■ = all three versions (3.0 GenRED I, 3.01 Md GenRED II v1, 3.01 MD GenRED II v2) =

◪ ONLY 3.01 MD GenREDII v1

◪ = ONLY 3.01 MD GenREDII v2

▣ = BOTH 3.01 MD GenRED II v1 and 3.01 MD GenRED II v2, not 3.01 MD GenRED I

▮▮ = BOTH 3.01 MD GenRED II v1 and 3.01 MD GenRED II v2, not 3.0 GenRED I

✱ = BOTH 3.0 GenRED I and 3.01 MD GenRED II v1, not 3.01 MD GenRED II v2

CONTENTS

A. DEMOGRAPHICS

INTERVIEWER: If it appears that the subject's mental status is interfering with his/her ability to provide accurate information, skip to C1. Modified Mini-Mental Status Examination.

		Male	Female
1.	**INTERVIEWER:** Circle sex code.	0	1

2. *How old are you?* Age: ☐☐

	No	Yes	Unk
3. *Were you adopted?*	0	1	9

If yes: Clarify nature of adoption. (See manual for further information.)

_____

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: _____ _____ _____ _____

INTERVIEWER: Code using **Ethnicity Card**.

Mother: ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐

Father: ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐

Code Response

6. *What was your childhood religious affiliation?* 1 2 3 4 5 6

1. Catholic
2. Protestant
3. Jewish
4. Moslem
5. Not Affiliated
6. Other, *Specify:* _____

Code Response

7. *What is your current marital status?* 1 2 3 4 5

1. Married
2. Separated
3. Divorced
4. Widowed
5. Never Married

Marriages

7.a) **If ever married:** *How many times have you been legally married?*

Children

8. *How many living children do you have?*

(SCID I Question) *What are their ages?*

_____

9. *Are you living alone or with others?*

Code Response

1 2 3 4 5 6 7 8

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 siblings or other non-lineal relatives
6. In shared home with other relatives or friends
7. In Residential Treatment Facility
8. Other, *Specify*: _____

10. *What is your present occupation?* **Code occupation using chart.**

Present

Record response: _____

(SCID I Questions) If currently **NOT** working:

Why is that? _____

What kind of work have you done? _____

How are you supporting yourself now? _____

10.a) *What is the most responsible job you have ever held?* **Code using chart below.** Most Resp.

Record response: _____

10.b) **If subject not Head of Household:** *What is/was the occupation of the head of household during most of their working career?* **Code using chart below.** HoH

Record response: _____

Occupations

Managerial and Professional Specialty Occupations

01. Executive, Administrative, and Managerial Occupations
02. Professional Specialty 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

99. Unknown/No Answer

11. *How many years of school did you complete?*

Record response: _____ Years

(SCID I Question) IF FAILED TO COMPLETE A PROGRAM IN WHICH THEY WERE ENROLLED:

Why didn't you finish? _____

	No	Yes	Unk
12. *Have you ever been in the Military?*	0	1	9

Code Response

12.a) **If no:** *Were you ever rejected for Military Service? Why?* 1 2 3 4 5 6

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.

13. **If yes to question 12:** *What kind of discharge did you receive?* 1 2 3 4 5 6 7

1. Honorable
2. General
3. Medical
4. Without Honor
5. Undesirable
6. Dishonorable
7. Not Discharged, Currently in Active or Reserve Military

1. **Interviewer:** Circle sex code — Male 1 / Female 2

2. What is your birth date? ___ ___ ___ ___ - ___ ___ - ___ ___ (Y Y Y Y - M M - D D)

3. Were you adopted? — No 0 / Yes 1 / Unk 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: _____ _____ _____ _____

	MOTHER	FATHER
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?

[IF YES] Could you tell me about this?

[IF NO] Have you ever been actively involved with a religious group, sect, or cult?

RELIGIOUS GROUPS/CULTS

NOT INVOLVED.....1
TRADITIONAL FOR SUBJECT'S SOCIAL GROUP..... 2
NON-TRADITIONAL.....3
DK.....8
NA.....9

8. What is your current marital status?

MARRIED.....1
SEPARATED.....3
DIVORCED 4
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)?

[IF SEPARATED/DIVORCED] What do you feel led to your separation?

_____

_____

_____

INTIMATE RELATIONSHIPS

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?

[IF ENDED] What do you feel led to your separation(s)?

INTIMATE RELATINSHIPS

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 siblngs 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

NA.....9

13. When was the last time you worked for pay? 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

Precsion 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
DK.....8
NA.....9

IF YES: What kind of class was it?
_____

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

21. Did you ever attend a special school?

IF YES: What kind of school was it?

NO.....1
YES.....4
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	YES	UNK
1	2	9

22a)
(IF NO:) Were you ever rejected for Miltary 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?)

HIGH SCHOOL PERFORMANCE
EXCELLENT.....1
GOOD.....2
FAIR.....3
POOR.....5
FAILING.....4
DK.....8
N.....9

24h.

HIGH SCHOOL ADAPTATION
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?

SCHOOL DETERIORATION
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?)

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

24k.

ESTABLISHMENT OF INDEPENDENCE
INDEPENDENT.....1
UNSUCCESSFUL ATTEMPTS.....2
NO ATTEMPTS.....3
DK.....8
NA.....9

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.

1. *Have you ever had any serious physical illnesses or medical problems?*

No	Yes	Unk
0	1	9

If yes: *Specify.* _____

_____

(1.) *Has a doctor ever told you that you had:*

Condition (information to include in details on right)	No	Yes	Unk	*How old were you when you were first told you had* (condition)? Age (in Years)	**Additional Details** (Example: types of cancer, loss of consciousness, other items indicated in parentheses at left)
Allergies **(Specify)**	0	1	9		
Alzheimer Disease	0	1	9		
Anemia/low blood	0	1	9		
Arthritis	0	1	9		
Asthma	0	1	9		
Cancer/malignancy **(Type, location)**	0	1	9		
Chronic bronchitis	0	1	9		
Congestive heart failure	0	1	9		
Diabetes	0	1	9		
Emphysema	0	1	9		
Epilepsy/Seizures/ Convulsions	0	1	9		
Goiter/thyroid disease **(Specify)**	0	1	9		
Head injury **(Indicate if lost consciousness and for how long)**	0	1	9		
Heart attack/angina	0	1	9		
High blood pressure	0	1	9		
Liver condition **(Specify)**	0	1	9		
Migraine headaches **(Aura?)**	0	1	9		
Osteoporosis/brittle bones	0	1	9		
Overweight	0	1	9		
Skin Condition **(Specify)**	0	1	9		
Stroke	0	1	9		
Ulcer	0	1	9		
Other neurological problems	0	1	9		
Fibromyalgia	0	1	9		

(2.) **If yes to any:** *How do(es) this (these) condition(s) affect your daily life?*

INTERVIEWER: The goal is to get an impression of the total impact of all conditions on daily living.

		No	Yes	Unk	**Additional Details** (Include details included in parentheses at left)
2.a)	*Frequent symptoms* **(Specify)**	0	1	9	
2.b)	*Sees doctor regularly*	0	1	9	
2.c)	*Hospitalized, or takes medication regularly*	0	1	9	
2.d)	*Occupational disability* **(Able to work at all?)**	0	1	9	

	No	Yes	Unk
(3.) *Do you have any other medical problem or condition we haven't discussed?*	0	1	9

If yes: *Specify.* _____

_____

(4.) *Current height (in):* _____ *Maximum lifetime body weight (lbs):* _____

2. *How many times have you been admitted to hospital overnight?* # of times

INTERVIEWER: Exclude psychiatric or substance abuse treatment and pregnancies.

2.a) *How many surgeries have you had?* (Including outpatient)

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

Year	Description of Problem	Name of Hospital	Hospital Location

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

INTERVIEWER: If **YES**, probe whether the condition was diagnosed by a physician. Circle **1** if the subject reports having the conditions, circle **2** if this was confirmed by a physician's diagnosis.

INTERVIEWER: Please complete the modified medical screening form on the LAST TWO PAGES of this interview booklet. Then resume with Q. 3k, Epilepsy.

*****Record notes only on conditions which may be exclusions. Review all medical comorbidity with PI.*****

SKIP 3a

		No	Yes	DX	Onset Yr.	Notes
3.a)	*Thyroid or Other Hormonal Disorders?*	0	1	2	_____	_____
If yes: 3.a.1)	*Overactive Thyroid*	0	1	2	_____	_____
3.a.2)	*Underactive Thyroid*	0	1	2	_____	_____
3.a.3)	*Enlarged Thyroid*	0	1	2	_____	_____
3.a.4)	*Cushings Disorder*	0	1	2	_____	_____

SKIP 3b-j

		No	Yes	DX	Onset Yr.	Notes
3.b)	*Migraine Headaches?*	0	1	2	_____	_____
3.c)	*Ulcers or Other Bowel Diseases?*	0	1	2	_____	_____
If yes: 3.c.1)	*Peptic Ulcers*	0	1	2	_____	_____
3.c.2)	*Crohn's Disease*	0	1	2	_____	_____
3.c.3)	*Ulcerative Colitis*	0	1	2	_____	_____
3.d)	*Lupus?*	0	1	2	_____	_____
3.e)	*Learning Disabilities/ Hyperactivity?*	0	1	2	_____	_____
3.f)	*Meningitis/Other Brain Disorders?*	0	1	2	_____	_____
3.g)	*Parkinson's Disease/Other Movement Disorders?*	0	1	2	_____	_____
3.h)	*Multiple Sclerosis?*	0	1	2	_____	_____
3.i)	*Huntington's Disease?*	0	1	2	_____	_____
3.j)	*Stroke or TIA (mini stroke)?*	0	1	2	_____	_____

RESUME:

3.k)	*Epilepsy/Convulsions/Seizures?*	0	1	2	_____	_____

If yes: 3.k.1) *How many times have you had a seizure?* # of times

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

3.k.3) *Was a cause found for the seizure(s)?* No 0 Yes 1

If yes: *Specify.* _____

_____

	No	Yes	DX	Year of Onset	Notes
3.l) *Serious head injury?*	0	1	2	_____	_____

If yes:

3.l.1) *How many times have you had a serious head injury?* # of times (No 0, Yes 1)

3.l.2) *Did you lose consciousness?* 0 No, 1 Yes

If yes: *Specify how long:* Minutes _____ OR Days _____

3.l.3) *How old were you?* Age _____

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

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

	No	Yes	Year of Most Recent Test	Notes
4.a) (5.a) *EEG/"Brain Wave" tests?*	0	1	_____	_____
4.b) (5.b) *Head CAT scan?*	0	1	_____	_____
4.c) (5.c) *Head MRI?*	0	1	_____	_____

	No	Yes	Unk
5. (6.) *Are you taking any medications regularly (include aspirin and oral contraceptives)?*	0	1	9
Are you taking any medications regularly (include over-the-counter medications and oral contraceptives)?	0	1	9

Medication	Dosage per day	Duration of Dosage: Weeks	OR	Months
			OR	
			OR	
			OR	
			OR	
			OR	
			OR	
			OR	

Medication	Dosage per day	Duration of Dosage in Weeks

(SCID I Question) *Has there been any change in the amount you have been taking?*

	No	Yes	Unk
6. (7.) *Was your own birth or early development abnormal in any way?*	0	1	9

Skip to question 7 (8)

6.a) 7a.) *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?* 0 1 9

If yes: *Specify.* _____

_____

6.b) 7b.) *Was your development abnormal in any way, for example did you walk or talk later than other children?* 0 1 9

If yes: *Specify.* _____

_____

INTERVIEWER: For **MALES**, skip to C1. Modified Mini-Mental Status

INTERVIEWER: For MALES, skip to E. Overview of Psychiatric Disturbance

	No	Yes	Unk
7.(8.) *Have you ever been pregnant?*	0	1	9

Skip to question 8, 9

7.a) (8.a) *How many times have you been pregnant including miscarriages, abortions, and still births?* Pregnancies ☐☐

Record response: _____

_____

7.b) (8.b) *How many live births?* Live Births ☐☐

Code Response

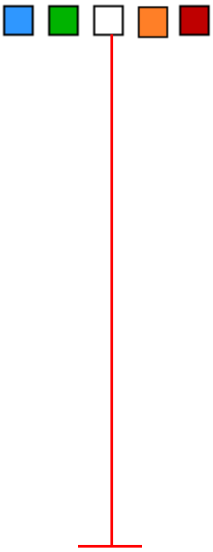
7.c) (8.c) *Have you ever had any severe emotional problems during a pregnancy or within a month of childbirth?* 0 1 2 3 9

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

If yes: *Specify:* _____

_____

	No	Yes	Unk
8. (9.) *Have you ever noticed regular mood changes in the premenstrual or menstrual period?*	0	1	9
If yes: *Specify.* _____			
_____			
9. (10.) *Have you gone through menopause?*	0	1	9
9.a) (10.a) **If yes:** *Have you ever had any severe emotional problems associated with menopause?*	0	1	9
If yes: *Specify.* _____			
_____			



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.

	No	Yes	Unk
1. *Have you ever had any serious physical illnesses or medical problems?*	1	2	9

If yes: *Specify.* _____

_____

# of times

2. *How many times have you been admitted to hospital overnight?* ☐☐

INTERVIEWER: Exclude psychiatric or substance abuse treatment and pregnancies.

2.a) *How many surgeries have you had?* (Including outpatient) ☐☐

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

Year	# of nights in hospital	Description of problem
_____	___ ___ ___	_____
_____	___ ___ ___	_____
_____	___ ___ ___	_____
_____	___ ___ ___	_____

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

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

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

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 ☐☐

3.w.3) *Was a cause found for the seizure(s)?* No 1 Yes 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 ☐☐

3.x.2) *Did you lose consciousness?* No 1 Yes 2

If yes: *Specify how long:* Minutes ☐☐☐ OR Days ☐☐

3.x.3) *How old were you?* Age ☐☐

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:*

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

		No	Yes	Unk
5.	*Are you taking any medications regularly (include aspirin and oral contraceptives)?*	1	2	9

Medication	Dosage per day (total mg)	Duration of Dosage in Weeks		

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.* _____

_____

7. Have you ever smoked cigarettes on a daily basis?
(If Yes:) Are you currently smoking?

No, never smoked cigarettes……1
Yes, currently……2
Yes, in past……9
Yes, smoked, but DK when……3
DK if smoked or NA……8

7a. **(IF YES AND EVER A CIGARETTE SMOKER)**: Estimate number of "pack years" and record:

PACK YEARS

___ ___ . ___ ___ #packs per day x ___ ___ . ___ ___ years = ___ ___ ___ . ___ ___

7b. **(IF SMOKED CIGARS:)** Estimate number of cigar years

CIGAR YEARS

___ ___ . ___ ___ #cigars per day x ___ ___ . ___ ___ years = ___ ___ ___ . ___ ___

7c. **(IF SMOKED PIPE:)** Estimate number of pipe years

PIPE YEARS

___ ___ . ___ ___ #pipes per day x ___ ___ . ___ ___ years = ___ ___ ___ . ___ ___

(IF EVER A CIGARETTE SMOKER):

Rate 7d to 7i for period of heaviest smoking:

7d. How soon after you wake/woke up do/did you smoke your first cigarette?		3	2	0
		<5'	6-30'	>30'
7e. Do/Did you find it difficult to refrain from smoking in places where it is forbidden, e.g., in church, at the library, in cinema, etc?			1	0
			Yes	No
7f. Which cigarette did/would you hate most to give up? (code 1 for "first one in the morning, 0 for all others)			1	0
7g. How many cigarettes a day do/did you smoke? (Code <10 = 0; 11-20=1; 21-30=2; >30=3)	0	1	2	3
7h. Do/did you smoke more frequently during the first hours after waking than during the rest of the day?			1	0
			Yes	No
7i. Do/Did you smoke if your are/were so ill that you are/were in bed most of the day?			1	0
			Yes	No

INTERVIEWER: For **MALES**, skip to C1. Modified Mini-Mental Status

		No	Yes	Unk
8.	*Have you ever been pregnant?*	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 ☐☐

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

_____

		No	Yes	Unk
9.	*Have you ever noticed regular mood changes in the premenstrual or menstrual period?*	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: Do you have reasonable suspicion from any source (e.g., behavior or appearance during interview, information from relatives, medical records) that subject may have a questionable mental status? **Complete this section only if the subject's mental status is questionable.**

No	Yes	Unk
0	1	9

Skip to D. Somatization

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

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

		Maximum Score	Subject Score
1.	Orientation		
1.a)	*What is the*: **(Year) (Season) (Date) (Day) (Month)?**	5	
1.b)	*Where are we*: **(Country) (State) (Town) (Hospital/Bldg) (Floor/Street)?**	5	
2.	Registration		
	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	
3.	Attention and Calculation		
	Serial 7's. *Count backward from 100 by 7.* Score one point for each correct. Stop after five answers.	5	
	–and–		
	Spell "world" (or some other 5-letter word) *backward.* Score one point for each letter in correct order.	5	
4.	Recall		
	Ask the subject to name the three objects repeated above. Score one point for each correct.	3	
5.	Language		
5.a)	Point to a pencil and watch. Ask the subject *"What is this called?"* for each. Score two points.	2	
5.b)	Ask the subject to repeat the following *"No ifs, ands, or buts."* Score one point.	1	
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	

*6. Cognitive State	Maximum Score	Subject Score
6.a) Hand the subject the MMS Card that reads "Close Your Eyes". Score one point.	1	
6.b) *Write a sentence.* Score one point.	1	
6.c) *Copy the design below.* Score one point.	1	
7. **Record Total Score**	35	

8. **INTERVIEWER:** Assess level of consciousness.
   1. Alert
   2. Drowsy
   3. Stupor

Code Response	
1	2 3

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.

Otherwise, skip to D. Somatization

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.

INTERVIEWER: Discontinuation of the interview should be strongly considered if the score is 25 or less, but scores above 25 can be observed in subjects with significant neurologically-based memory difficulties. A clinical judgement must be made in each case about the likely nature and severity of the difficulty and whether an interview might yield valuable information.

Some individuals with acute mood and/or psychotic symptoms achieve low scores due to poor attention and effort. If this appears likely, consider whether the subject might nevertheless be able to provide useful information. Consider whether symptoms are likely to abate in the near future, permitting more useful information to be obtained if the interview is postponed.

Discuss any questions about cognitive status in the narrative report.

If the decision is made to continue the interview, skip to D. Somatization

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 Score	Subject Score
1.	*Please tell me your name.* Score one point for first name, and one point for last name.	2	☐
2.	*What is today's date?* 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	☐
3.	*Where are you right now?* 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	☐
4.	*Count backwards from 20 to 1.* 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	☐
5.	*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.* Score one point for each correct response. No penalty for repetitions or intrusions.	10	☐☐
6.	*100 minus 7 equals what? And 7 from that? Etc.* 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	☐
7.	*What do people use to cut paper?* Score one point for scissors or shears only.	1	☐
	How many things in a dozen? Score one point for 12.	1	☐
	What do you call the prickly green plant that lives in the desert? Score one point for cactus only.	1	☐
	What animal does wool come from? Score one point for sheep or lamb only.	1	☐

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

INTERVIEWER: If Total Score is 20 or less, discontinue interview at this time. If total score is between 20 and 28, interviewer may need to consider whether proceeding through the interview will yield reliable information.

Otherwise, continue with D. Somatization

INTERVIEWER: Discontinuation of the interview should be strongly considered if the score is 25 or less, but scores above 25 can be observed in subjects with significant neurologically-based memory difficulties. A clinical judgement must be made in each case about the likely nature and severity of the difficulty and whether an interview might yield valuable information.

Some individuals with acute mood and/or psychotic symptoms achieve low scores due to poor attention and effort. If this appears likely, consider whether the subject might nevertheless be able to provide useful information. Consider whether symptoms are likely to abate in the near future, permitting more useful information to be obtained if the interview is postponed.

Discuss any questions about cognitive status in the narrative report.

If the decision is made to continue the interview, skip to D. Somatization

Adapted, with permission, from Brandt J, Spencer M, Folstein M, "The Telephone Interview for Cognitive Status", Neuropsychiatry, Neuropsychology and Behavioral Neurology, Vol 1, No. 2, pp. 111-117, 1988.

I am going to ask you a few more questions about your health.

		No	Yes	Unk
1.a)	*Before age 30, (or currently, if subject is <30 years old) did/do you have a lot of physical health problems or medical problems?* **Probe:** *Was treatment sought, how often? How impairing?* **Record response:** _____	0	1	9
1.b)	*Have you missed work or school more than twice because of headaches?*	0	1	9

Skip to E. Overview of Psychiatric Disturbance

2. *Have you ever been bothered a lot by problems with pains in your…*

2.a)	*…abdomen or stomach (other than during menstruation)?*	0	1
2.b)	*…back?*	0	1
2.c)	*…joints?*	0	1
2.d)	*…arms or legs (other than in the joints)?*	0	1
2.e)	*…chest?*	0	1
2.f)	*…painful sexual intercourse (other than after childbirth)?*	0	1
2.g)	*…genitals or rectum (other than during intercourse)?*	0	1
2.h)	*…during urination?*	0	1
2.i)	**If female:** *…painful menstrual periods?*	0	1
2.j)	*…headaches?*	0	1
2.i)	*…anywhere else?* **If yes:** *Specify:* _____	0	1

INTERVIEWER: If less than four coded **YES** (do not count question 2.j–Headaches), skip to E. Overview of Psychiatric Disturbances

Impairment Code

3. *Have you ever had any neurological problems such as…:*
If yes: *Who did you see about this problem? What did they say you had?*

3.a) *…temporary blindness in one or both eyes lasting several seconds or more?* 0 1 2 3 4
Who seen: _____ What told: _____

3.b) *…double vision?* 0 1 2 3 4
Who seen: _____ What told: _____

3.c) *…completely losing your hearing for a few seconds or longer?* 0 1 2 3 4
Who seen: _____ What told: _____

3.d) *…being paralyzed, where you could not move a part of your body for at least a few minutes?* 0 1 2 3 4
Who seen: _____ What told: _____

3.e) *…periods of weakness where you could not lift or move things you could normally lift or move?* 0 1 2 3 4
Who seen: _____ What told: _____

3.f) *…trouble walking?* (balance or coordination problems) 0 1 2 3 4
Who seen: _____ What told: _____

3.g) *…being unable to urinate or having difficulty urinating for 24 hours or longer or having to be catheterized (other than after childbirth or surgery)?* 0 1 2 3 4
Who seen: _____ What told: _____

3.h) *…having a lump in your throat that made it difficult to swallow (other than when you feel like crying)?* 0 1 2 3 4
Who seen: _____ What told: _____

3.i) *…having a seizure or convulsion (where you had staring spells or were unconscious and your body jerked)?* 0 1 2 3 4
Who seen: _____ What told: _____

3.j) *…being unconscious or fainting (not seizures)?* 0 1 2 3 4
Who seen: _____ What told: _____

3.k) *…amnesia for a period of several hours or days where you could not remember afterwards anything that happened?* 0 1 2 3 4
Who seen: _____ What told: _____

3.l) *…other similar symptoms, such as loss of speech, deafness, or numbness in a part of the body?* 0 1 2 3 4
Specify: _____

_____

Who seen: _____ What told: _____

INTERVIEWER: If question 3a-l <u>all</u> coded 0 or 1, skip to E. Overview of Psychiatric Disturbance

		Impairment Code
(2.)	*Have you ever had any neurological problems such as…:*	
(2.a)	*…temporary blindness in one or both eyes lasting several seconds or more?*	0 1 2 3 4
(2.b)	*…double vision?*	0 1 2 3 4
(2.c)	*…completely losing your hearing for a few seconds or longer?*	0 1 2 3 4
(2.d)	*…being paralyzed, where you could not move a part of your body for at least a few minutes?*	0 1 2 3 4
(2.e)	*…periods of weakness where you could not lift or move things you could normally lift or move?*	0 1 2 3 4
(2.f)	*…trouble walking?* (balance or coordination problems)	0 1 2 3 4
(2.g)	*…being unable to urinate or having difficulty urinating for 24 hours or longer or having to be catheterized (other than after childbirth or surgery)?*	0 1 2 3 4
(2.h)	*…having a lump in your throat that made it difficult to swallow (other than when you feel like crying)?*	0 1 2 3 4
(2.i)	*…having a seizure or convulsion (where you had staring spells or were unconscious and your body jerked)?*	0 1 2 3 4
(2.j)	*…being unconscious or fainting (not seizures)?*	0 1 2 3 4
(2.k)	*…amnesia for a period of several hours or days where you could not remember afterwards anything that happened?*	0 1 2 3 4
(2.l)	*…other similar symptoms, such as loss of speech, or numbness in a part of the body?*	0 1 2 3 4

Specify: _____

_____

IMPAIRMENT CODES
0. None
1. Yes, mild (never saw physician/never took medication/did not interfere with usual activities)
2. Yes, always secondary to alcohol or drug use.
3. Yes, always part of medically explained physical disorder.
4. Yes, medically unexplained.

4. *How old were you the first time you had any problems like* **(Review all items coded 2, 3, or 4 in question 3a-l above)***?*

Ons Age

5. *How old were you the last time you had any of these problems?*

Rec Age

INTERVIEWER: For each symptom coded **YES** in question 2 (page 14), ask the following:

6. *Who did you see about this problem?*
What did they say you had?

		Impairment Code
6.a)	*Abdominal pains* Who seen: _____ What told: _____	0 1 2 3 4
6.b)	*Back pain* Who seen: _____ What told: _____	0 1 2 3 4
6.c)	*Pain in the joints* Who seen: _____ What told: _____	0 1 2 3 4
6.d)	*Pain in the arms/legs* Who seen: _____ What told: _____	0 1 2 3 4
6.e)	*Chest pains* Who seen: _____ What told: _____	0 1 2 3 4
6.f)	*Painful sexual intercourse* Who seen: _____ What told: _____	0 1 2 3 4
6.g)	*Genital/rectal pain* Who seen: _____ What told: _____	0 1 2 3 4
6.h)	*Painful urination* Who seen: _____ What told: _____	0 1 2 3 4
6.i)	**If female:** *Painful menstrual periods* Who seen: _____ What told: _____	0 1 2 3 4
6.j)	*Headaches* Who seen: _____ What told: _____	0 1 2 3 4
6.k)	*Other pain (excluding headaches), Specify:* _____ Who seen: _____ What told: _____	0 1 2 3 4

IMPAIRMENT CODES
0. None 1. Yes, mild (never saw physician/never took medication/did not interfere with usual activities) 2. Yes, always secondary to alcohol or drug use. 3. Yes, always part of medically explained physical disorder. 4. Yes, medically unexplained.

7. *How old were you the first time you had any problems like* **(Review all items coded 2, 3, or 4 in question 6a-k above)***?*

Ons Age

8. *How old were you the last time you had any of these problems?*

Rec Age

9. *Have you ever been bothered by any stomach or digestive problems such as…:*
If yes:
Who did you see about this problem?
What did they say you had?

Impairment Code

9.a) *…vomiting or regurgitation of food (when not pregnant)?* 0 1 2 3 4
Who seen: _____ What told: _____

9.b) *…nausea (other than motion sickness)?* 0 1 2 3 4
Who seen: _____ What told: _____

9.c) *…excessive gas or bloating of your stomach or abdomen?* 0 1 2 3 4
Who seen: _____ What told: _____

9.d) *…loose bowels or diarrhea?* 0 1 2 3 4
Who seen: _____ What told: _____

9.e) *…three or more foods making you sick?* 0 1 2 3 4
Who seen: _____ What told: _____

10. *How old were you the first time you had any problems like* **(Review all items coded 2, 3, or 4 in question 9a-e above)***?*

Ons Age

11. *How old were you the last time you had any of these problems?*

Rec Age

IMPAIRMENT CODES
0. None 1. Yes, mild (never saw physician/never took medication/did not interfere with usual activities) 2. Yes, always secondary to alcohol or drug use. 3. Yes, always part of medically explained physical disorder. 4. Yes, medically unexplained.

12. *Have you ever been bothered by problems such as…:*
If yes:
Who did you see about this problem?
What did they say you had?

Impairment Code

12.a) …*feeling that your sex life was not very important?* 0 1 2 3 4
Who seen: _____ What told: _____

12.b) …*having sexual difficulties?* 0 1 2 3 4
Who seen: _____ What told: _____

If yes:

12.b.1)**If male:** …*impotence?* 0 1 2 3 4
Who seen: _____ What told: _____

12.b.2)**If female:** …*anorgasmia?* 0 1 2 3 4
Who seen: _____ What told: _____

INTERVIEWER: For **MALE** subjects, skip to question 13.

12.c) **(Code from question 2.i and 6.i without asking)** 0 1 2 3 4
…*painful menstruation?*
Who seen: _____ What told: _____

12.d) …*excessive menstrual bleeding (not within two years of menopause)?* 0 1 2 3 4
Who seen: _____ What told: _____

12.e) …*having irregular menstrual periods?* 0 1 2 3 4
Who seen: _____ What told: _____

12.f) …*vomiting throughout a pregnancy or being hospitalized for vomiting during pregnancy?* 0 1 2 3 4
Who seen: _____ What told: _____

13. *How old were you the <u>first</u> time you had any problems like* **(Review all items coded 2, 3, or 4 in question 12a-f above)***?*

Ons Age | | |

14. *How old were you the <u>last</u> time you had any of these problems?*

Rec Age | | |

IMPAIRMENT CODES
0. None 1. Yes, mild (never saw physician/never took medication/did not interfere with usual activities) 2. Yes, always secondary to alcohol or drug use. 3. Yes, always part of medically explained physical disorder. 4. Yes, medically <u>un</u>explained.

15. *Have you ever been bothered by problems such as…:*
If yes:
Who did you see about this problem?
What did they say you had?

Impairment Code

15.a) *…shortness of breath when you have not exerted yourself?* 0 1 2 3 4
Who seen: _____ What told: _____

15.b) *…your heart beating so hard you could feel it pounding in your chest?* 0 1 2 3 4
Who seen: _____ What told: _____

15.c) *…dizziness?* 0 1 2 3 4
Who seen: _____ What told: _____

16. *How old were you the <u>first</u> time you had any problems like* **(Review all items coded 2, 3, or 4 in question 15a-c above)***?*

Ons Age | | |

17. *How old were you the <u>last</u> time you had any of these problems?*

Rec Age | | |

IMPAIRMENT CODES
0. None 1. Yes, mild (never saw physician/never took medication/did not interfere with usual activities) 2. Yes, always secondary to alcohol or drug use. 3. Yes, always part of medically explained physical disorder. 4. Yes, medically <u>un</u>explained.

I am going to be asking you about problems or difficulties you may have had. I just want to get a general picture now. We'll go into more detail about them later.

		No	Yes	Unk
1.	*Have you ever had any emotional problems or a period when you were not feeling or behaving like your normal self?*	0	1	9
2.	*Have you ever seen any professional for emotional problems, your nerves, or the way you were feeling or acting?*	0	1	9
2.a)	*Have you been in psychotherapy or in counseling?*	0	1	9
	(SCID I Questions): *Have you been in any kind of treatment in the past month?*	0	1	9

If **YES**: *What was that for?*_____

_____

CURRENT TREATMENT STATUS (PAST MONTH)
1 - Current inpatient (including residential treatment)
2 - Current outpatient
3 - Other (e.g., 12-step program)
4 – No current treatment

Number of weeks since admission
1 < 1 week
2 1- 4 weeks
3 > 4 weeks

If yes to question 2 or 2.a:

2.b) *How old were you when you first saw someone for* **(Emotional problem)**? Age ____

2.c)	*Were you employed at the time or a full-time student or homemaker?*	0	1	9
3.	*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?*	0	1	9

(SCID I Questions): If **YES**: *When? Why was that?*

_____

_____

_____

	No	Yes	Unk
4. *Have you ever been admitted to a hospital or day hospital because of problems with your mood, emotions, or how you were acting?*	0	1	9

(SCID I Questions): If **YES**: *What was that for?*

_____

_____

_____

If yes:

4.a) *How many times were you admitted to an inpatient unit?* — Inpatient Hospitalizations: [ ][ ]

4.b) *How many times were you admitted to a day hospital?* — Day Hospitalizations: [ ][ ]

If any in 4a-b:

4.c) *Were any primarily for alcohol and/or drug treatment?* 0 1 9

4.c.1) **If yes:** *How many?* — Alc/Drug Hospitalizations: [ ][ ]

4.d) *How old were you at the time of your first psychiatric hospitalization?* — Age: [ ][ ]

5. *Have you ever received electro-convulsive treatment (ECT, shock treatments)?* 0 1 9

5.a) **If yes:** *How many courses of ECT have you received?* — # of courses: [ ][ ][ ]

	No	Yes	Unk
6. *Have you ever taken medications for your nerves or any emotional or mental problems?*	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".

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".

	1	2		1	2	
Tricyclic antidepressants	☐	☐	Anafranil (clomipramine)	☐	☐	Tofranil (imipramine)
	☐	☐	Asendin (amoxapine)	☐	☐	Vivactil (protriptyline)
	☐	☐	Elavil (amitriptyline)			
	☐	☐	Ludiomil (maprotiline)	☐	☐	_____
	☐	☐	Norpramin (desipramine)			
	☐	☐	Pamelor/Aventyl (nortriptyline)	☐	☐	_____
	☐	☐	Sinequan (doxepine)			
	☐	☐	Surmontil (trimipramine)			
Serotonin specific reuptake inhibitors (SSRIs)	☐	☐	Celexa (citalopram)			
	☐	☐	Luvox (fluvoxamine)	☐	☐	_____
	☐	☐	Paxil (paroxetine)			
	☐	☐	Prozac (fluoxetine)	☐	☐	_____
	☐	☐	Zoloft (sertraline)			
MAOI's	☐	☐	Marplan (isocarboxazid)	☐	☐	_____
	☐	☐	Nardil (phenelzine)			
	☐	☐	Parnate (tranylcypromine)	☐	☐	_____
Other antidepressants	☐	☐	Effexor (venlafaxine)			
	☐	☐	Desyrel (trazodone)	☐	☐	_____
	☐	☐	Remeron (mirtazapine)			
	☐	☐	Serzone (nefazodone)	☐	☐	_____
	☐	☐	Wellbutrin (bupropion)			

Antidepressants	☐	☐	Anafranil (clomipramine hydrochloride)	☐	☐	Parnate (tranylcypromine)
	☐	☐	Asendin (amoxapine)	☐	☐	Paxil (paroxetine)
	☐	☐	Celexa (citalopram hydrobromide)	☐	☐	Prozac (fluoxetine)
	☐	☐	Desyrel (trazodone)	☐	☐	Remeron (mirtazapine)
	☐	☐	Effexor (venlafaxine)	☐	☐	Serzone (nefazodone)
	☐	☐	Elavil (amitriptyline)	☐	☐	Sinequan/Adapin (doxepine)
	☐	☐	Lexapro (escitalopram oxalate)	☐	☐	Surmontil (trimipramine)
	☐	☐	Ludiomil (maprotiline)	☐	☐	Tofranil (imipramine)
	☐	☐	Luvox (fluvoxamine)	☐	☐	Vivactil (protriptyline)
	☐	☐	Marplan (isocarboxazid)	☐	☐	Wellbutrin (bupropion)
	☐	☐	Nardil (phenelzine sulfate)	☐	☐	Zoloft (sertraline)
	☐	☐	Norpramin (desipramine)			
	☐	☐	Pamelor/Aventyl (nortriptyline)	☐	☐	_____

Benzodiazepines

1	2		1	2	
☐	☐	Ativan (lorazepam)	☐	☐	Valium (diazepam)
☐	☐	Dalmane (flurazepam)	☐	☐	Xanax (alprazolam)
☐	☐	Halcion (triazolam)			
☐	☐	Klonopin (clonazepam)	☐	☐	_____
☐	☐	Librium (chlordiazepoxide)			
☐	☐	Restoril (temazepam)			
☐	☐	Serax (oxazepam)	☐	☐	_____
☐	☐	Tranxene (clorazepate)			

Sedatives / Hypnotics / Minor Tranquilizers

☐	☐	Ambien (zolpidem)	☐	☐	Noctec (chloral hydrate)
☐	☐	Atarax (hydroxyzine)	☐	☐	Placidyl (ethchlorvynol)
☐	☐	Ativan (lorazepam)	☐	☐	Restoril (temazepam)
☐	☐	Benadryl (diphenhydramine)	☐	☐	Seconal (secobarbital)
☐	☐	Buspar (buspirone)	☐	☐	Serax (oxazepam)
☐	☐	Dalmane (flurazepam hydrochloride)	☐	☐	Tranzene (chlorazepate)
			☐	☐	Valium (diazepam)
☐	☐	Halcion (triazolam)	☐	☐	Xanax (alprazolam)
☐	☐	Klonopin (clonazepam)	☐	☐	Versed (midzolam)
☐	☐	Librium (chlordiazepoxide)			
☐	☐	Miltown/Equanil (meprobamate)	☐	☐	_____

Other Sedative Hypnotics or Anxiolytics

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

Antipsychotics

☐	☐	Clozaril (clozapine)	☐	☐	Stelazine (trifluoperazine)
☐	☐	Haldol (haloperidol)	☐	☐	Thorazine (chlorpromazine)
☐	☐	Loxitane (loxapine)	☐	☐	Trilafon (perphenazine)
			☐	☐	Zyprexa (olanzapine)
			☐	☐	_____
			☐	☐	_____

Antipsychotics

- ☐☐ Abilify (ariprapizole)
- ☐☐ Clozaril (clozapine)
- ☐☐ Geodon (ziprasidone)
- ☐☐ Haldol (haloperidol)
- ☐☐ Loxitane (loxapine)
- ☐☐ Mellaril (thioridazine)
- ☐☐ Moban (molindone)
- ☐☐ Navane (thiothixene)
- ☐☐ Prolixin (fluphenazine)
- ☐☐ Risperdal (risperidone)
- ☐☐ Serentil (mesoridazine)
- ☐☐ Seroquel (sertindole)
- ☐☐ Stelazine (trifluoperazine)
- ☐☐ Thorazine (chlorpromazine)
- ☐☐ Trilafon (perphenazine)
- ☐☐ Zyprexa (olanzapine)
- ☐☐ _____

Antiparkinsonian Agents

- ☐☐ Akineton (biperiden)
- ☐☐ Artane (trihexyphenidyl)
- ☐☐ Cogentin (benztropine)
- ☐☐ Symmetrel (amantadine)
- ☐☐ _____
- ☐☐ _____

Stimulants

- ☐☐ Cylert (pemoline)
- ☐☐ Dexedrine (amphetamine)
- ☐☐ Ritalin (methylphenidate)
- ☐☐ _____
- ☐☐ _____

Stimulants

- ☐☐ Adderall (amphetamine / dextroamphetamine)
- ☐☐ Concerta (methylphenidate hydrochloride)
- ☐☐ Cylert (pemoline)
- ☐☐ Dexedrine (dextroamphetamine)
- ☐☐ Metadate (methylphenidate hydrochloride)
- ☐☐ Provigil (modafinil)
- ☐☐ Ritalin (methylphenidate)
- ☐☐ _____

Antimanic Agents

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

Mood Stabilizers

- ☐☐ Lamictal (lamotrigine)
- ☐☐ Lithium
- ☐☐ Tegretol (carbamazepine)
- ☐☐ Valproic Acid (depakene, depakote)
- ☐☐ _____

Other Medications or Herbal Preparations

☐☐ Melatonin
☐☐ St. John's Wort
☐☐ _____
☐☐ _____
☐☐ _____
☐☐ _____
☐☐ _____
☐☐ _____

Other

☐☐ Neurontin (gabapentin)
☐☐ Trileptal (oxycarbazepine [anti-epileptic])
☐☐ Topamax (Topiramate ([anti-epileptic])
☐☐ Strattera (Atomoxetine [norepinephrine reuptake blocker])
☐☐ Symbyax (olanzapine and fluoxetine hydrochloride)
☐☐ _____

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)

Other antidepressants

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

Antidepressants

Anafranil (clomipramine hydrochloride)	Luvox (fluvoxamine)	Serzone (nefazodone)
Asendin (amoxapine)	Marplan (isocarboxazid)	Sinequan (doxepine)
Celexa (citalopram hydrobromide)	Nardil (phenelzine sulfate)	Surmontil (trimipramine)
Desyrel (trazodone)	Norpramin (desipramine)	Tofranil (imipramine)
Effexor (venlafaxine)	Pamelor/Aventyl (nortriptyline)	Vivactil (protriptyline)
Elavil (amitriptyline)	Parnate (tranylcypromine)	Wellbutrin (bupropion)
Lexapro (escitalopram oxalate)	Paxil (paroxetine)	Zoloft (sertraline)
Ludiomil (maprotiline)	Prozac (fluoxetine)	
	Remeron (mirtazapine)	

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)

Sedatives / Hypnotics / Minor Tranquilizers

Ambien (zolpidem, midzolam)	Halcion (triazolam)	Restoril (temazepam)
Atarax (hydroxyzine)	Klonopin (clonazepam)	Seconal (secobarbital)
Ativan (lorazepam)	Librium (chlordiazepoxide)	Serax (oxazepam)
Benadryl (diphenhydramine)	Miltown/Equanil (meprobamate)	Tranzene (chlorazepate)
Buspar (buspirone)	Noctec (chloral hydrate)	Valium (diazepam)
Dalmane (flurazepam hydrochloride)	Placidyl (ethchlorvynol)	Xanax (alprazolam)

MEDICATIONS CARD

Antipsychotics

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

Antipsychotics

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

Antiparkinsonian Agents

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

Stimulants

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

Stimulants

Adderall (amphetamine / dextroamphetamine)
Concerta (methylphenidate hydrochloride)
Cylert (pemoline)
Dexedrine (amphetamine)
Metadate (methylphenidate hydrochloride)
Provigil (modafinil)
Ritalin (methylphenidate)

Antimanic Agents

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

Mood Stabilizers

Lamictal (lamotrigine)
Lithium
Tegretol (carbamazepine)
Valproic Acid (depakene, depakote)

Other Medications or Herbal Preparations

Melatonin
St. John's Wort

Other

Neurontin (gabapentin)
Trileptal (oxycarbazepine [anti-epileptic])
Topamax (Topiramate ([anti-epileptic])
Strattera (Atomoxetine [norepinephrine reuptake blocker])
Symbyax (olanzapine and fluoxetine hydrochloride)

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

	No	Yes	Unk
7. *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?*	0	1	9

Skip to F. Major Depression

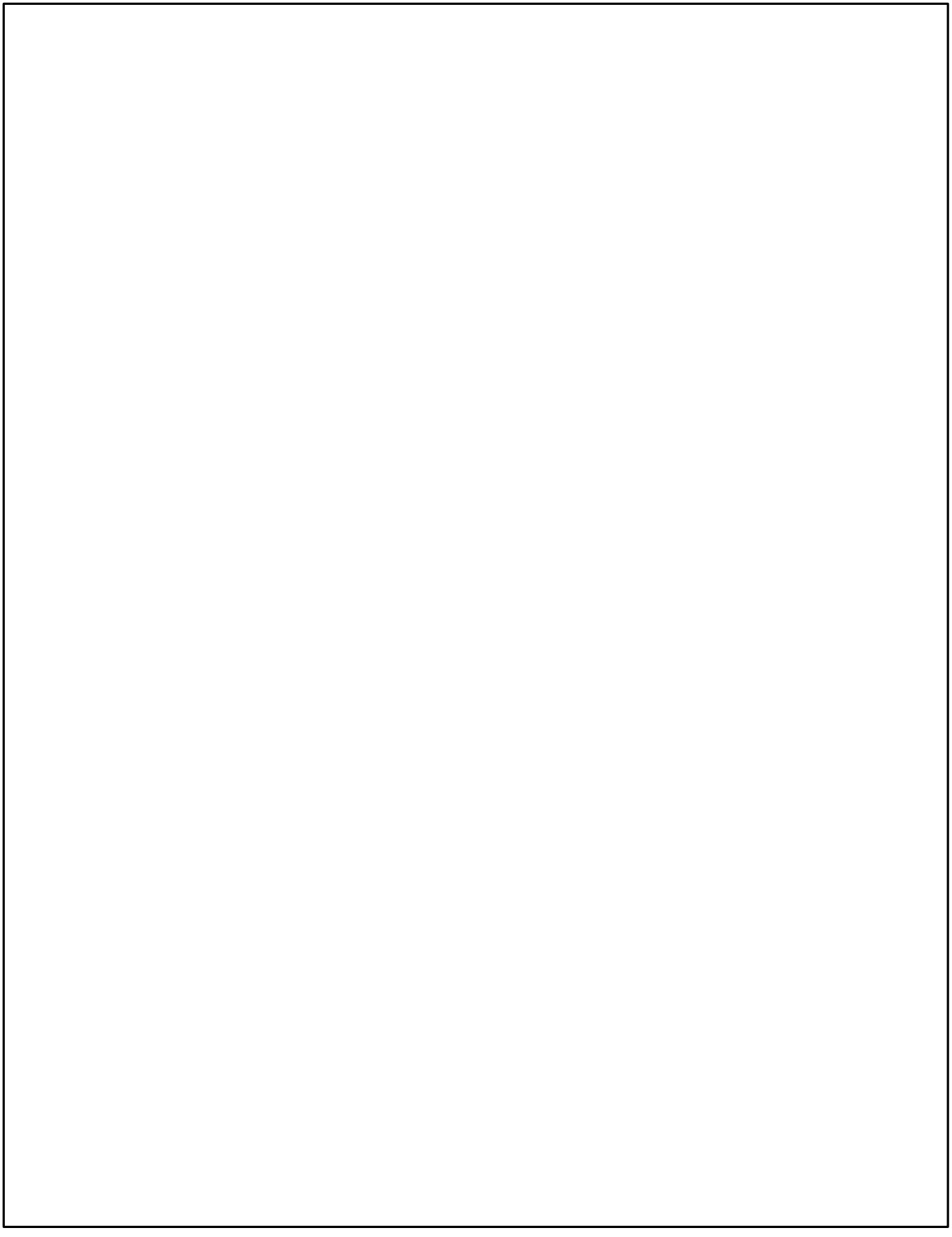
	No	Yes	Unk
*Was there ever a time when you or someone else thought you needed professional help because of your feelings or the way you were acting? (If **YES**: Who was that? When was that? What was that for?)*	0	1	9

_____

_____

_____

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



Interviewer: For the following section, obtain brief history only.

(8.)(SCID I Overview) History and Treatment of Eating Disorders and Psychiatric Problems.

- *When did your eating disorder begin?*

(When did you first notice that something was wrong?)

- *What was going on in your life when this began?*

- *Did anything happen or change just before all this started? (Do you think this had anything to do with the development of your eating disorder?*

- *Since this began, when have you felt the worst?*

IF MORE THAN A YEAR AGO: *In the last year, when have you felt the worst?*

	Age	Brief Description (Symptom, triggering events)	Treatment
(IF NOT KNOWN)			
• *When was the first time you saw someone for emotional or psychiatric problems?*			
(IF KNOWN)			
• *You said that you saw someone for emotional problems when you were (specify age--See **page 11 question 2b**).*			
• *What was that for? What treatments did you get? What medications?*			

- *Have you had any (other) problems in the last month?*
- *What's your mood been like?*
- *How has your physical health been? (Have you had any medical problems?)*
- *How much alcohol have you been drinking in the past month? Have you been taking any street drugs in the past month, like marijuana, cocaine or others?*
- *How have you been spending your free time?*
- *Who do you spend time with?*

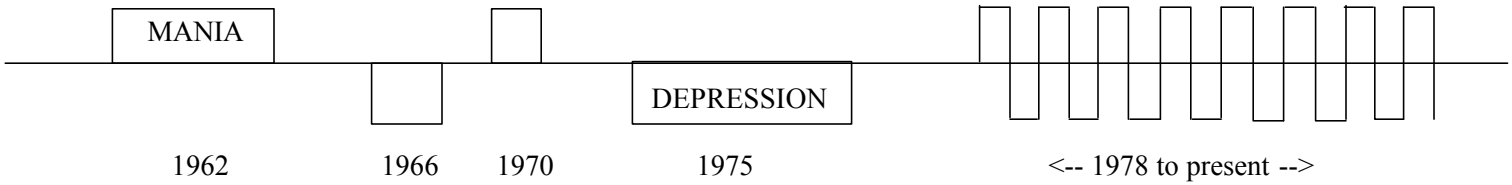
KEY

Affective Illness

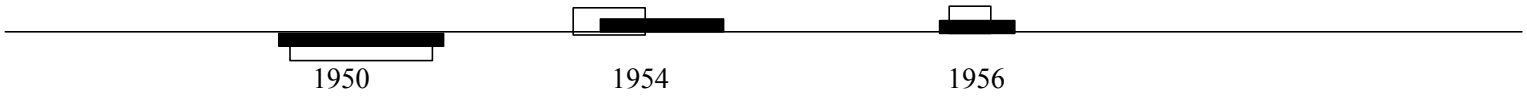
Active Psychosis

Prodromal & Residual

SAMPLE: Affective Illness Only



SAMPLE: Psychosis and Affective Illness



PATIENT:

Age	Type of Episode or Symptoms	Duration (weeks)	Treatment

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

		No	Yes	Unk
1.	*Have you ever had a period of at least one week when you were bothered most of the day, nearly every day, by feeling depressed, sad, down, low?*	0	1	9
1.a)	*By feeling irritable?*	0	1	9
1.b)	*By feeling anxious?*	0	1	9
1.c)	*Have you ever had a period of at least one week when you did not enjoy most things, even things you usually like to do?*	0	1	9
2.	If 1–1.c are all NO:			
	INTERVIEWER: Do you suspect a past or current episode from subject's responses, behavior, or other information?	0	1	9

If yes: *Specify:* _____

_____

Skip to G. Mania/Hypomania

		No	Yes	Unk
3.	*Have you been feeling that way recently (i.e., for at least one week during the past 30 days)?*	0	1	9

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

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: | | |

4.b) *How long did that period last?*

Weeks: | | | |

	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…:

Code Response

6. *Did you have a loss of appetite or did your appetite greatly increase?* — 0 1 2 3 9

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

6.a) *Did you lose/gain weight when you were not trying to?* — 0 1 2 9

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

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	Unk
7. *Did you have trouble sleeping or were you sleeping more than usual?*	0	1	9
If yes:			
7.a) *Were you unable to fall asleep?*	0	1	9
7.b) **If yes:** *Was this for at least one hour?*	0	1	9
7.c) *Were you waking up in the middle of the night and having trouble going back to sleep?*	0	1	9
7.d) *Were you waking up too early in the morning?*	0	1	9
7.e) **If yes:** *Was this at least one hour earlier than usual?*	0	1	9
7.f) *Were you sleeping much more than usual?*	0	1	9
8. *Were you so fidgety or restless that other people could have noticed (e.g., pacing or wringing hands)?*	0	1	9
9. *Were you moving or speaking so slowly that other people could have noticed?*	0	1	9

		No	Yes	Unk
10.	*Were you much less able to enjoy sex and other pleasurable activities?*	0	1	9
10a.	*Did you lose interest in nearly all of your usual activities?*	0	1	9
11.	*Were you feeling a loss of energy or more tired than usual?*	0	1	9
12.	*Were you feeling guilty or that you were a bad person?*	0	1	9
13.	*Were you feeling that you were a failure or worthless?*	0	1	9
14.	*Were you having difficulty thinking, concentrating, or making decisions?*	0	1	9
15.	*Were you frequently thinking about death, or wishing you were dead, or thinking about taking your life?*	0	1	9
16.	*Did you actually try to harm yourself?*	0	1	9

17. **INTERVIEWER:** Enter number of boxes with at least one **YES** response in questions 6–16 (7-16) **TOTAL BOXES** ☐

INTERVIEWER: If less than three, probe for other potentially severe episodes. If necessary, recode questions 6–16 (7-16). If still less than three, skip to **G. Mania/Hypomania**.

18.	**(INTERVIEWER: Review symptoms in questions 6–16 (7-16) plus depressed mood or hand subject Depression Tally Sheet to review):** *During this episode was there a two-week period when these symptoms were present nearly every day* (at least four symptoms plus depressed mood)*?*	0	1	9
	(INTERVIEWER: Review symptoms in questions 6–16 plus depressed mood): *During this episode was there a two-week period when these symptoms were present nearly every day* (at least four symptoms plus depressed mood, or five symptoms including loss of pleasure)*?*	0	1	9

19. *Did you tend to feel worse in the morning or in the evening?*

Code Response		
0	1	2

0. A.M.
1. P.M.
2. No difference

		No	Yes	Unk
20.	*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?*	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:

_____

_____

(20.1) **If yes:** *Were you convinced of these beliefs at the time?* 0 1 9

If yes to question 20:

	No	Yes	Unk
20.a) *Did these beliefs occur either just before this depression or after it cleared?*	0	1	9
20.b) **If yes:** *How long were they present before the depression began?*	Days		
20.c) **If yes:** *How long did they last after your mood returned to normal?*	Days		
20.d) **INTERVIEWER:** Does this total more than 14 days?	0	1	9
21. *Did you see or hear things that other people could not see or hear?* **Probe:** *Like voices talking or noises, or visions? Or have unusual tastes, smells, or physical sensations?* **If yes:** *Specify:* _____	0	1	9
(21.1) **If yes:** *Were you using any street drugs at the times that you experienced these* **(refer to experiences)***?*	0	1	9
If yes: *What were they?* **(INTERVIEWER: List the drugs used and describe the frequency of use and doses, if possible.)** _____			
(21.2) **If voices:** *Did these voices usually seem to originate:*			
(21.2.a) *...from within your head?*	0	1	9
(21.2.b) *...from outside your head?*	0	1	9
(21.2.c) *...from some particular place outside your head?*	0	1	9
(21.2.d) *Were these voices definitely different from your own thoughts?*	0	1	9

If yes to question 21:

If yes:

	No	Yes	Unk
21.a) *Did these* **(refer to experiences)** *occur either just before this depression or after it cleared?*	0	1	9
21.b) **If yes:** *How long were they present before the depression began?*	Days		
21.c) **If yes:** *How long did they last after your mood returned to normal?*	Days		
21.d) **INTERVIEWER:** Does this total more than 14 days?	0	1	9

22. **If yes to questions 20 or 21:**
INTERVIEWER: Did psychotic symptoms have content that was inconsistent with depressive themes such as poverty, guilt, illness, personal inadequacy or catastrophe? 0 1 9

22.a) **If yes: INTERVIEWER:** Was the subject preoccupied with psychotic symptoms to the exclusion of other symptoms or concerns? 0 1 9

23. *Did you seek or receive help from a doctor or other professional for this period of depression?* 0 1 9

24. *Were you prescribed medication for depression?* 0 1 9

If yes: *Specify:* _____

_____

Were you prescribed medication for depression or was there a change in your dosage? 0 1 9

If yes: *Specify:* _____

_____

Most Severe Episode

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

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

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

		No	Yes	Unk
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:* _____

_____

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

Code Response

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

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

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

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

If impaired or incapacitated: *Specify:* _____

_____

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

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

If yes: *Specify:* _____

_____

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

If yes: *Specify:* _____

_____

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

No Yes Unk

31. *Did this episode occur during pregnancy* **(code 1)** *or just after childbirth* **(code 2)***?* — 0 1 2 9

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

Month Year

	No	Yes	Unk
32. *Did this episode occur during or shortly after a serious physical illness?*	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:* _____

_____

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

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

		No	Yes	Unk
37.	*During this episode of depression did you have a week or more during which your mood frequently changed between sadness and irritability or even elation?*	0	1	9

If yes:

37.a) *During this episode of depression did you also experience any of these symptoms?*

37.a.1)	*Overactivity—Running around, many projects, or physically agitated?*	0	1	9
37.a.2)	*More talkative than usual, speech pressured?*	0	1	9
37.a.3)	*Thoughts racing, jumping from topic to topic?*	0	1	9
37.a.4)	*Feeling grandiose - more important, special, powerful?*	0	1	9
37.a.5)	*Needing less sleep - energetic after little or no sleep?*	0	1	9
37.a.6)	*Attention distracted by unimportant things?*	0	1	9
37.a.7)	*Doing risky things for pleasure - spending, sex, reckless driving, etc.?*	0	1	9

37.a.8) **INTERVIEWER:** Enter number of **YES** responses in 37.a.1-7: **TOTAL** [ ]

If total in 37.a.8 is **less than 3**, skip to question 38 (71)

37.a.9) *How long were these symptoms present?* Days [ ] OR Weeks [ ][ ][ ]

Other Episode

	No	Yes	Unk
38. *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?*	0	1	9

Skip to question 71

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: _____

_____

INTERVIEWER: If yes, probe as needed and **select another well-remembered, severe episode**, preferably without probable organic precipitants, occurring >2 months before or after the Most Severe episode. Consider the following priorities:

If the most severe episode...	Try to select...
occurred before age 18 ...	an episode with onset after age 18.
was not the first episode ...	the first episode if well-remembered.
occurred after the cutoff onset ages of 30 (for probands) or 40 (for relatives) ...	an episode that occurred before that age.

- Otherwise, select **the most recent severe episode** (can be current).

Briefly describe the basis for selection: _____

_____

_____

_____

_____

Note: If the first reported episode is not rated, describe it in the narrative, based on the Overview and additional probing if needed, to document age at onset.

38.a) *Is the selected episode <u>also</u> the current episode* (in the past 30 days)? 0 1

38.b) *When did it begin?* [ ][ ][ ] – [ ][ ][ ][ ]
Month Year

38.c) **INTERVIEWER:** Compute age. Age [ ][ ]

38.d) *How long (did that period last/has it lasted)?* [ ][ ][ ] Weeks

Other Episode

		No	Yes	Unk
38.e)	*Did you feel depressed, sad, down, or low?*	0	1	9
38.f)	*Did you feel irritable?*	0	1	9
38.g)	*Did you feel anxious?*	0	1	9

During the selected episode…:

Code Response

39. *Did you have a loss of appetite or did your appetite greatly increase?* 0 1 2 3 9

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

39.a) *Did you lose/gain weight when you were not trying to?* 0 1 2 9

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

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?*	0	1	9
	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

		No	Yes	Unk
43.	*Were you much less able to enjoy sex and other pleasurable activities?*	0	1	9
43.a)	*Did you lose interest in nearly all of your usual activities?*	0	1	9
44.	*Were you feeling a loss of energy or more tired than usual?*	0	1	9
45.	*Were you feeling guilty or that you were a bad person?*	0	1	9
46.	*Were you feeling that you were a failure or worthless?*	0	1	9
47.	*Were you having difficulty thinking, concentrating, or making decisions?*	0	1	9
48.	*Were you frequently thinking about death, or wishing you were dead, or thinking about taking your life?*	0	1	9
49.	*Did you actually try to harm yourself?*	0	1	9

50. **INTERVIEWER:** Enter number of boxes with at least one **YES** response in questions 39–49 **TOTAL BOXES** ☐

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.

51.	**(INTERVIEWER: Review symptoms in questions 39–49 plus depressed mood or hand subject Depression Tally Sheet to review):** *During this episode was there a two-week period when these symptoms were present nearly every day* (at least four symptoms plus depressed mood)?	0	1	9
	(INTERVIEWER: Review symptoms in questions 39–49 plus depressed mood): *During this episode was there a two-week period when these symptoms were present nearly every day* (at least four symptoms plus depressed mood, or five symptoms including loss of pleasure)?	0	1	9

Code Response

52.	*Did you tend to feel worse in the morning or in the evening?*	0	1	2
	Did you tend to feel worse in the morning or in the evening or was there no difference?	0	1	2

0. A.M.
1. P.M.
2. No difference

		No	Yes	Unk
53.	*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?*	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:

_____

_____

(53.1) **If yes:** *Were you convinced of these beliefs at the time?*

If yes to question 53:

	No	Yes	Unk
53.a) *Did these beliefs occur either just before this depression or after it cleared?*	0	1	9

53.b) **If yes:** *How long were they present before the depression began?* Days ____

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

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

54. *Did you see or hear things that other people could not see or hear?* 0 1 9
Probe: *Like voices talking or noises, or visions? Or have unusual tastes, smells, or physical sensations?*
If yes: *Specify:* _____

_____

_____

(54.1) **If yes:** *Were you using any street drugs at the times that you experienced these* **(refer to experiences)***?* 0 1 9

If yes: *What were they?* **(INTERVIEWER: List the drugs used and describe the frequency of use and doses, if possible.)** _____

_____

_____

(54.2) **If voices:** *Did these voices usually seem to originate:*

(54.2.a) *...from within your head?*	0	1	9
(54.2.b) *...from outside your head?*	0	1	9
(54.2.c) *...from some particular place outside your head?*	0	1	9
(54.2.d) *Were these voices definitely different from your own thoughts?*	0	1	9

If yes:

If yes to 54:

54.a) *Did these* **(refer to experiences)** *occur either just before this depression or after it cleared?* 0 1 9

54.b) **If yes:** *How long were they present before the depression began?* Days

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

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 inconsistent 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. *Did you seek or receive help from a doctor or other professional for this period of depression?* 0 1 9

57. *Were you prescribed medication for depression?* 0 1 9

If yes: *Specify:* _____

_____

Were you prescribed medication for depression or was there a change in your dosage? 0 1 9

If yes: *Specify:* _____

_____

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

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

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

		No	Yes	Unk
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:* _____

_____

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

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: *Was your functioning in any other area of your life affected?*

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.

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

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

Month — Year

	No	Yes	Unk
65. *Did this episode occur during or shortly after a serious physical illness?*	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. *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:* _____

_____

67. *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:* _____

_____

68. *Did this episode follow increased use of alcohol?*	0	1	9

If yes: *Specify:* _____

_____

68.a) *Did this episode follow decreased use of alcohol?*	0	1	9

If yes: *Specify:* _____

_____

69. *Did this episode follow the death of someone close to you?*	0	1	9

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

_____

69.b) **Date of death** | | | | – | | | | | Month Year

Other Episode

		No	Yes	Unk
70.	*During this episode of depression did you have a week or more during which your mood frequently changed between sadness and irritability or even elation?*	0	1	9

If yes:

70.a) *During this episode of depression did you also experience any of these symptoms?*

70.a.1)	*Overactivity—Running around, many projects, or physically agitated?*	0	1	9
70.a.2)	*More talkative than usual, speech pressured?*	0	1	9
70.a.3)	*Thoughts racing, jumping from topic to topic?*	0	1	9
70.a.4)	*Feeling grandiose - more important, special, powerful?*	0	1	9
70.a.5)	*Needing less sleep - energetic after little or no sleep?*	0	1	9
70.a.6)	*Attention distracted by unimportant things?*	0	1	9
70.a.7)	*Doing risky things for pleasure - spending, sex, reckless driving, etc.?*	0	1	9

70.a.8) **INTERVIEWER:** Enter number of **YES** responses in 70.a.1-7: **TOTAL** [ ]

If total in 70.a.8 is **less than 3**, skip to question 71

70.a.9) *How long were these symptoms present?* Days [ ] OR Weeks [ ]

		No	Yes	Unk
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. *How many like this have you had?* Clean Episodes [ ]

How many like this have you had? (Review these episodes with subject.) Clean Episodes [ ]

72a. *How old were you the first time you had an episode of depression like this?* (Review requirements for clean episode above) Ons Age [ ]

72b. *How old were you the last time you had an episode of depression like this?* (Review requirements for clean episode above) Rec Age [ ]

(A72.c) *What was the duration of your longest episode of depression in weeks?* (Rate only clean episodes here.) Weeks [ ]

Other Episode

73. **If no clean episodes:**

If there have been episodes with complicating factors, rate 73a-A73d:

If any unclean episodes:

73.a) *How many episodes like this have you had?* — Unclean Episodes

How many episodes like this have you had? (Review these episodes with subject.) — Unclean Episodes

73.b) *How old were you the first time you had an episode like this?* — Ons Age

73.c) *How old were you the last time you had an episode like this?* — Rec Age

A73.d) *What was the duration of your longest episode of depression of this kind in weeks?* (Review and rate only episodes with complicating factors here.) — Weeks

74. *What was the duration of your longest episode of depression in weeks?* — Weeks

(Also ask length of typical episode and record that here in weeks): — Weeks

75. *How many times were you hospitalized for an episode of depression?* (inpatient) — Hospitalized

75.a) *How many times were you hospitalized for an episode of depression?* (day hospital) — Hospitalized

76. *How many courses of ECT have you had for depression?* — # of courses

77. *Did you ever feel high or were you overactive following medical treatment for depression?*

No	Yes	Unk
0	1	9

If yes: *Describe:* _____

_____

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

Code Response

0 1 2 3 4 9

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

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

		No	Yes	Unk
1.a)	*Did you ever have a period when you felt extremely good or high, clearly different from your normal self? (Was this more than just feeling good?)*	0	1	9
1.b)	*Did you ever have a period when you were unusually irritable, clearly different from your normal self so that you would shout at people or start fights or arguments?*	0	1	9
	If yes to 1.a or 1.b, skip to question 1.e	0	1	9
1.c)	*Have you ever had periods lasting even a day or two when you felt unusually cheerful, irritable, energetic, or hyper?*			
1.d)	*Have there been times when you felt much more energetic than usual and needed less sleep than usual?*	0	1	9

INTERVIEWER: Probe for additional symptoms if necessary, using additional probes (e.g., *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:** *Did this last persistently throughout the day or intermittently for two days or more?*	0	1	9
1.f)	**INTERVIEWER:** Do you suspect a past or current episode from subject's responses, behavior, or other information?	0	1	9

Skip to H. Dysthymia/Cyclothymia

2.	*Have you been feeling that way recently (i.e., during the past 30 days)?*	0	1	9

2.a) **If yes:** *How long have you felt this way?* Days [ ] OR Weeks [ ][ ][ ]

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

			–				
Month				Year			

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

Age

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

Days		OR	Weeks		

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

No	Yes
0	1

G. MANIA/HYPOMANIA

Most Severe Episode

During the most severe episode…:

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

Code Response: 1 2 3

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

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

If yes:

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

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

		No	Yes	Unk
11.	*Did you have more trouble than usual concentrating because your attention kept jumping from one thing to another?*	0	1	9
12.	*Did you do anything that could have gotten you into trouble—like buy things, make business investments, have sexual indiscretions, drive recklessly?*	0	1	9

If yes: *Specify:* _____

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

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

13.a) *During this episode was there at least a week when these symptoms*

(INTERVIEWER: Review symptoms in questions 6–12 plus elated/irritable mood or hand subject Mania Tally Sheet to review) *were present most of the time?*	0	1	9
(INTERVIEWER: Review symptoms in questions 6–12 plus elated/irritable mood) *were present most of the time?*	0	1	9

		No	Yes	Unk
14.	*Would you say your behavior was provocative, obnoxious, arrogant, or manipulative enough to cause problems for your family, friends, or co-workers?* **If yes:** *Specify:* _____	0	1	9
15.	*Were you so excited that it was almost impossible to hold a conversation with you?*	0	1	9
16.	*During this episode, did you have beliefs or ideas that you later found out were not true?* **Probe:** *Like believing that you had powers and abilities others did not have? Or that you had a special mission, perhaps from God? Or that someone was trying to harm you? How certain were you?* **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: _____	0	1	9
16.1)	**If yes:** *Were you convinced of these beliefs at the time?*	0	1	9

If yes:

16.a)	*Did these beliefs occur either just before this episode or after it cleared?*	0	1	9
16.b)	**If yes:** *How long were they present before the episode began?* Days			
16.c)	**If yes:** *How long did they last after your mood returned to normal?* Days			
16.d)	**INTERVIEWER:** Does this total more than 14 days?	0	1	9
17.	*Did you see or hear things that other people could not see or hear?* **If yes:** *Specify:* _____	0	1	9

If yes:

If yes to question 17:

17.a) *Did these* **(refer to experiences)** *occur either just before this episode or after it cleared?* 0 1 9

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

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

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

17.1) **If yes:** *Were you using any street drugs at the times that you experienced these* **(refer to experiences)***?* 0 1 9

If yes: *What were they?* **(INTERVIEWER: List the drugs used and describe the frequency of use and doses, if possible.)** _____

_____

_____

	No	Yes	Unk
17.2) **If voices:** *Did these voices usually seem to originate:*			
17.2.a) *...from within your head?*	0	1	9
17.2.b) *...from outside your head?*	0	1	9
17.2.c) *...from some particular place outside your head?*	0	1	9
17.2.d) *Were these voices definitely different from your own thoughts?*	0	1	9

	No	Yes	Unk
18. **If yes to questions 16 or 17:** **INTERVIEWER:** Did psychotic symptoms have content that was inconsistent 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. *Did you seek or receive help from a doctor or other professional?*	0	1	9
20. *Were you prescribed medication?*	0	1	9

If yes: *Specify:* _____

_____

21. *During this episode were you admitted to the hospital (including day hospital)?* 0 1 9

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

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

22. *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 25 and code incapacitation.

23. *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:* _____

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

If yes: *Specify:* _____

_____

If yes:

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

If yes: *Specify:* _____

_____

_____

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

25. **INTERVIEWER:** Code based on answers to questions 15–24 Code Response 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: _____

		No	Yes	Unk
26.	**RDC Impairment**			
	If improvement or no change in question 25: *Was your functioning in any other area of your life affected or did you get into trouble in any way?*	0	1	9
	If no change in question 25: *Was your functioning in any other area of your life affected or did you get into trouble in any way?*	0	1	9
	If yes: *Specify:* _____			
27.	*Did this episode occur during or shortly after a serious physical illness?*	0	1	9

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

If yes: *Specify:* _____

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

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

If yes: *Specify medications:* _____

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

If yes: *Specify:* _____

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

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

30.a) *Cocaine?* 0 1 9

If yes: *Specify:* _____

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

If yes: *Specify drug and quantity:* _____

_____

	No	Yes	Unk
30.c) *Increased use of alcohol?*	0	1	9

If yes: *Specify:* _____

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

31. *During this episode did you have a week or more during which your mood frequently changed between irritability or elation and sadness or depression?* 0 1 9

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

31.a.1)	*Diminished desire for food, or marked overeating?*	0	1	9
31.a.2)	*Inability to sleep when sleep was desired, or excessive sleep?*	0	1	9
31.a.3)	*Feeling slowed down?*	0	1	9
31.a.4)	*Having fatigue or a loss of energy?*	0	1	9
31.a.5)	*Losing interest in pleasurable activities?*	0	1	9
31.a.6)	*Feeling guilty or worthless?*	0	1	9
31.a.7)	*Being unable to think or retain written information?*	0	1	9
31.a.8)	*Feeling suicidal or thinking a lot about death?*	0	1	9

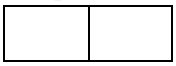
31.a.9) **INTERVIEWER:** Enter number of **YES** responses in 31.a.1-8: **TOTAL** ☐

If total in 31.a.9 is **less than 4**, skip to question 32

31.a.10) *How long were these symptoms present?* Days ☐ OR Weeks ☐☐☐

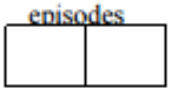
31.b) *How many episodes like this have you had?*

Episodes



How many episodes like this have you had? (Count only mixed episodes here.)

Mixed episodes



Other Episode

	No	Yes
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

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 [ ][ ][ ]

G. MANIA/HYPOMANIA

Other Episode

During this episode…:

Code

33. **INTERVIEWER:** Specify and code whether subject's mood was: 1 2 3

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

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

If yes:

38.a) *How many hours of sleep did you get per night?* Hours ☐☐

38.b) *How many hours of sleep do you usually get per night?* Hours ☐☐

39. *Did you have more trouble than usual concentrating because your attention kept jumping from one thing to another?*	0	1	9
40. *Did you do anything that could have gotten you into trouble—like buy things, make business investments, have sexual indiscretions, drive recklessly?*	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**

☐

INTERVIEWER: If only one or none, **skip to question 60**.

41.a) *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?* 0 1 9

During this episode was there at least a week when these symptoms **(INTERVIEWER: Review symptoms in questions 34–40 plus elated/irritable mood)** *were present most of the time?* 0 1 9

	No	Yes	Unk

42. *Would you say your behavior was provocative, obnoxious, arrogant, or manipulative enough to cause problems for your family, friends, or co-workers?* 0 1 9
If yes: *Specify:* _____

_____

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

44. *During this episode, did you have beliefs or ideas that you later found out were not true?* **Probe:** *Like believing that you had powers and abilities others did not have? Or that you had a special mission, perhaps from God? Or that someone was trying to harm you? How certain were you?* 0 1 9
INTERVIEWER: If delusions are suspected, probe further to determine the content and whether the beliefs were held with certainty. Code on the basis on this information and describe below:

_____

_____

_____

44.1) **If yes:** *Were you convinced of these beliefs at the time?* 0 1 9

If yes:

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

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?* Days

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

45. *Did you see or hear things that other people could not see or hear?* 0 1 9
If yes: *Specify:* _____

_____

_____

45.1) **If yes:** *Were you using any street drugs at the times that you experienced these* **(refer to experiences)***?* 0 1 9

If yes: *What were they?* **(INTERVIEWER: List the drugs used and describe the frequency of use and doses, if possible.)** _____

_____

_____

45.2) **If voices:** *Did these voices usually seem to originate:*

	No	Yes	Unk
45.2.a) *...from within your head?*	0	1	9
45.2.b) *...from outside your head?*	0	1	9
45.2.c) *...from some particular place outside your head?*	0	1	9
45.2.d) *Were these voices definitely different from your own thoughts?*	0	1	9

If yes to question 45:

If yes:

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

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?* Days

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

		No	Yes	Unk
46.	**If yes to questions 44 or 45:** **INTERVIEWER:** Did psychotic symptoms have content that was inconsistent 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.	*Did you seek or receive help from a doctor or other professional?*	0	1	9
48.	*Were you prescribed medication?*	0	1	9

If yes: *Specify:* _____

_____

Were you prescribed medication or was there a change in your dosage? 0 1 9

If yes: *Specify:* _____

_____

49. *During this episode were you admitted to the hospital (including day hospital)?* 0 1 9

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

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

50. *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 53 and code incapacitation.

51. *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:* _____

_____

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

If yes: *Specify:* _____

_____

If yes:

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

If yes: *Specify:* _____

_____

_____

52.b)	*Did someone notice a change in your functioning?*			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: _____

_____

	No	Yes	Unk
54. **RDC Impairment** **If no change in question 53:** *Was your functioning in any other area of your life affected or did you get into trouble in any way?* **If yes:** *Specify:* _____ _____	0	1	9
55. *Did this episode occur during or shortly after a serious physical illness?* **INTERVIEWER:** The following illnesses, among others, may be relevant: MS, HIV, Hyperthyroidism, Lupus, Cushing's, Brain Tumors, Encephalitis. **If yes:** *Specify:* _____ _____	0	1	9
56. *Did this episode begin shortly after you started using decongestants, steroids, or some other medication?* **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:* _____ _____	0	1	9
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?* **If yes:** *Specify:* _____ _____	0	1	9
58. *Were you using cocaine or other street drugs or were you drinking more than usual just before this episode began?* **INTERVIEWER:** Amphetamines, among others, may be relevant. **If yes:**	0	1	9
58.a) *Cocaine?* **If yes:** *Specify:* _____	0	1	9

		No	Yes	Unk
58.b)	*Other street drugs?*	0	1	9

If yes: *Specify drug and quantity:* _____

_____

		No	Yes	Unk
58.c)	*Increased use of alcohol?*	0	1	9

If yes: *Specify:* _____

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

If yes:

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

		No	Yes	Unk
59.a.1)	*Diminished desire for food, or marked overeating?*	0	1	9
59.a.2)	*Inability to sleep when sleep was desired, or excessive sleep?*	0	1	9
59.a.3)	*Feeling slowed down?*	0	1	9
59.a.4)	*Having fatigue or a loss of energy?*	0	1	9
59.a.5)	*Losing interest in pleasurable activities?*	0	1	9
59.a.6)	*Feeling guilty or worthless?*	0	1	9
59.a.7)	*Being unable to think or retain written information?*	0	1	9
59.a.8)	*Feeling suicidal or thinking a lot about death?*	0	1	9

59.a.9) **INTERVIEWER:** Enter number of **YES** responses in 59.a.1-8: **TOTAL** [ ]

If total in 59.a.9 is **less than 4**, skip to question 60

59.a.10) *How long were these symptoms present?* Days [ ] OR Weeks [ ]

Interviewer: If this is the first rated mixed episode, rate the following:

How many episodes like this have you had? (Count only mixed episodes here.) Mixed episodes [ ]

59.b) *How many episodes like this have you had?* Episodes [ ]

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.

		No	Yes	Unk
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

Other Episode

If yes:

60. *How many episodes like this have you had?* — Clean Episodes

CODE IN WEEKS, LONGEST EPISODE: ___ ___ ___ , TYPICAL EPISODE: ___ ___ ___

60.b) *How old were you the first time you had an episode like this?* — Ons Age

60.c) *How old were you the last time you had an episode like this?* — Rec Age

61. **If no clean episodes:**

61.a) *How many episodes like this have you had?* — Unclean Episodes

61.b) *How old were you the first time you had an episode like this?* — Ons Age

61.c) *How old were you the last time you had an episode like this?* — Rec Age

	No	Yes	Unk
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, estimate the number of **clean DSM-IV manias** (≥ 7 days with significant role impairment, or < 7 days with hospitalization or psychosis) and **hypomanias** (≥ 4 days without significant impairment).

"Clean" periods with significant role impairment (mania):

61.a/b) Number of "clean" manias (include mixed periods): — # Periods

61.c/d) Age at first and last "clean" manic periods: — Ons Age / Rec Age

"Clean" periods without significant role impairment (hypomania):

62.a/b) Number of "clean" hypomanias (include mixed periods): — # Periods

62.c/d) Age at first and last "clean" hypomanic periods: — Ons Age / Rec Age

63. **If no clean episodes:**

"Unclean" periods with significant role impairment (mania):

63.a/b) Number of "unclean" manias (include mixed periods): — # Periods

63.c/d) Age at first and last "unclean" manic periods: — Ons Age / Rec Age

"Unclean" periods without significant role impairment (hypomania):

64.a/b) Number of "unclean" hypomanias (include mixed periods): — # Periods

64.c/d) Age at first and last "unclean" hypomanic periods: — Ons Age / Rec Age

INTERVIEWER: for Q. A60 and A61, "clean" = without and **"unclean" = with** prior **organic precipitants** (physical illness,drug/alcohol abuse, etc.). Count distinct periods (can be within 2 months of another mood period) with elation + 3 or irritability + 4 manic criteria for ≥ one day. **Review the number and timing** of periods with and without significant role impairment (with additional probing if necessary). Summarize in the narrative.

A60. **INTERVIEWER:** Has there been at least one **"clean"** period of mania/hypomania? **If yes**, rate items A60a-h:

No Yes Unk
0 1 9

"Clean" periods with significant role impairment (mania):

	# Periods	Max Days
A60.a/b) Number and maximum duration of "clean" manias (include Mixed periods):		
	Ons Age	Rec Age
A60.c/d) Age at first and last "clean" manic periods:		

"Clean" periods without significant role impairment (hypomania):

	# Periods	Max Days
A60.e/f) Number and maximum duration of "clean" hypomanias (include Mixed periods):		
	Ons Age	Rec Age
A60.g/h) Age at first and last "clean" hypomanic periods:		

	Manias	Hypomanias
A60.i) Estimate the number of **clean DSM-IV manias** (≥7 days with significant role impairment, or <7 days with hospitalization or psychosis) and **hypomanias** (≥4 days without significant impairment).		

A61. **INTERVIEWER:** Has there been at least one **"unclean"** period of mania/hypomania? **If yes:** rate items A61a-h:

No Yes Unk
0 1 9

"Unclean" periods with significant role impairment (mania):

	# Episodes	Max Days
A61.a/b) Number and maximum duration of "unclean" manias (include Mixed periods):		
	Ons Age	Rec Age
A61.c/d) Age at first and last "unclean" manic periods:		

"Unclean" periods without significant role impairment (hypomania):

	# Episodes	Max Days
A61.e/f) Number and maximum duration of "unclean" hypomanias (include Mixed periods):		
	Ons Age	Rec Age
A61.g/h) Age at first and last "unclean" hypomanic periods:		

62. *How many times were you hospitalized for an episode of mania?* (inpatient)

Hospitalized

(65.) *How many times were you hospitalized for an episode of mania?* (inpatient)

Times

How many times were you hospitalized as an inpatient for an episode of mania?

Hospitalized

62.a) (65.a) *How many times were you hospitalized for an episode of mania?* (day hospital)

Hospitalized

How many times were you hospitalized in a day hospital for an episode of mania?

Day Hospital

63. *Do your episodes tend to begin in any particular season?*

(66.) *Do your episodes tend to begin in any particular season?* (Up to 3 seasons may be coded)

Code Response

0 1 2 3 4 9

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

	No	Yes	Unk
(67.) *Think about your first manic episode. Did it begin with a period of time when you didn't sleep (or slept very little) for several nights?*	0	1	9

If yes:

(67.a) *How many nights?*

Nights

(67.b) *How many hours did you sleep each night?*

Hours

SITE OPTIONAL

	No	Yes	Unk
(68.) *How about your most recent manic episode? Did it begin with a period like that?*	0	1	9
(69.) *How about your most severe manic episode? Did it begin with a period like that?*	0	1	9
[If not clear]: (70.) *Did most of your manic episodes begin with a period of sleeplessness?*	0	1	9

64. (71.) *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?*

No 0 | Yes 1 | Unk 9

64.a) (71.a) **If yes:** *Did this switch in your mood happen*
1. *every few hours*
2. *every few days, or*
3. *every few weeks?*

Code Response: 1 | 2 | 3

65. (72.) *Have you ever had a year when you had several different manic, hypomanic, depressive, or mixed episodes?*

No 0 | Yes 1 | Unk 9

If yes:

65.a) (72.a) *Altogether, how many different manic, hypomanic, depressive, or mixed episodes did you have during that year?*

Episodes: ____

Describe: _____

_____

Altogether, how many different manic, hypomanic, depressive, or mixed episodes did you have during that year? ("Episodes" are defined here as identifiable "periods" – no minimum time of remission between periods is required.)

Episodes: ____

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) (72.b) *Are you sure you got better between episodes?* **If yes:**

No 0 | Yes 1 | Unk 9

65.b.1) (72.b.1) *For how long?*

Weeks: ____

DYSTHYMIA

INTERVIEWER: Bipolar patients cannot meet DSM-IIIR/DSM-IV criteria for Dysthymia. However, it is **Site Optional** to continue through this section. Otherwise, for bipolar patients skip to Cyclothymia (question 7)

INTERVIEWER: Skip to Cyclothymia (question 7) if the subject has met DSM-IIIR/DSM-IV criteria for bipolar disorder.

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.

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

Skip to question 7

1.a) *When did the longest period like this begin?* ___ ___ ___ – ___ ___ ___ ___
Month Year

How old were when this first began? Ons Age ___

1.b) *When did this period end?* ___ ___ ___ – ___ ___ ___ ___
Month Year

How old were when it ended? End Age ___

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

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

If yes: *Specify:* _____

_____

INTERVIEWER: If **YES** to question 2 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.

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

		No	Yes	Unk
4.	*During that period did you…*			
4.a)	*…overeat?*	0	1	9
4.b)	*…have a poor appetite?*	0	1	9
4.c)	*…have trouble sleeping?*	0	1	9
4.d)	*…sleep too much?*	0	1	9
4.e)	*…feel tired easily?*	0	1	9
4.f)	*…feel inadequate or worthless?*	0	1	9
4.g)	*…find it hard to concentrate or make decisions?*	0	1	9
4.h)	*…feel hopeless?*	0	1	9

4.i) **INTERVIEWER:** Enter number **YES** responses in questions 4a–h. **Note: Boxed items count as only one YES response if yes to either.** **TOTAL** ☐

INTERVIEWER: If less than two, skip to question 7.

5. *During that period was your mood ever normal for more than two months in a row—that is, two months when you were <u>not</u> sad, blue or down?* 0 1 9

6. *During that two-year period was there a difference in the way you managed your work, school, or household tasks or was any other area of your life affected?* 0 1 9

If yes: *Specify:* _____

_____

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

If yes: *Specify:* _____

_____

CYCLOTHYMIC DISORDER

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

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

7. *Have you had a year or more when you have been a very moody person—someone who often had a few hours or days when you felt better than normal or high and other times when you felt down or depressed?*

0 1 9

Skip to I. Alcohol Abuse and Dependence

Skip to O. Suicidal Behavior

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

Month – Year

How old were when this first began?

Ons Age

7.b) *When did this period end?*

Month – Year

How old were when it ended?

End Age

INTERVIEWER: For adolescents or children, skip to I. Alcohol Abuse and Dependence if the period in questions 7.a-b is less than **1 year.**
For adults, skip to I. Alcohol Abuse and Dependence if the period in questions 7.a-b is less than **2 years.**

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

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

If yes: *Specify:* _____

_____

INTERVIEWER: If **YES** to question 8 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.
Site Optional: Interviewer may continue to specify cyclothymic symptoms.

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

	No	Yes	Unk
10.a) *During this period, did you have at least two of the following symptoms…:* **Elated:** *…more active or energetic than usual? …more talkative than usual? …needing less sleep than usual? …thoughts racing? …feeling very important?*	0	1	9

INTERVIEWER: **If yes**, consider returning to mania section if not completed previously.

10.b) *During this period, did you have at least two of the following symptoms…:* **Depressed:** *…trouble sleeping or sleeping too much? …loss of appetite of overeating? …trouble concentrating? …loss of energy? …feeling guilty or worthless? …being unable to enjoy things? …thinking about death?*	0	1	9
11. *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
12. *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?*	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. *How old were you the <u>first</u> time you had a year or more like this?* Age ☐☐

14. *How long did that period last?* Months ☐☐☐

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.

		No	Yes	Unk
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**

(1.) *How old were you when you had your first drink of alcohol?*

INTERVIEWER: If never had a drink of alcohol, code 00 for age and skip to J. Tobacco, Marijuana and Other Drug Abuse and Dependence

Age ☐☐

SITE OPTIONAL

SKIP

Skip Site Optional Section

		No	Yes
2.	*Let us begin with the last week. Did you have any drink containing alcohol in the last week?*	0	1

→ **Skip to question 4**

We would like to know the number of alcoholic drinks you have had on each day in the last week. Let us begin with yesterday, that is _____ **(Name and record day of week)**.

3. *How many drinks of* **(Type of Beverage)** *did you have on* **(Day)***?* **(Record in column I)**

3.a) *How long in minutes did it take you to consume that amount?* **(Record in column II)**

INTERVIEWER: Ask for all types of beverages and then go to the next day. If response is "Don't Know" or "Can't Remember", code UUU.

Day Last Week	Beer/Lite Beer I. Drinks	Beer/Lite Beer II. Minutes	Wine I. Drinks	Wine II. Minutes	Liquor I. Drinks	Liquor II. Minutes
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

	No	Yes
4. *Would you say that your drinking/not drinking in the past week was typical of your drinking habits?*	0	1

	No	Yes
5. *Did you ever drink regularly—that is, at least once a week, for six months or more?*	0	1

Skip to question 7 (3)

	No	Yes
(2.) *Did you ever drink regularly—that is, at least once a week, for six months or more?*	0	1

5.a) **If yes:** *How old were you the first time you drank that regularly?* Ons Age

SITE OPTIONAL

SKIP

Skip Site Optional Section

INTERVIEWER: If question 4 is **NO – Past week not typical**, continue. Otherwise, skip to question 7.

We would like to know the number of alcoholic drinks you have had on each day in a typical week in the past six months when you drink.

6. *During a typical week, how many drinks of* **(Type of Beverage)** *did you have on* **(Day)***?* **(Record in column I)**

6.a) *How long in minutes did it take you to consume that amount?* **(Record in column II)**

INTERVIEWER: Ask for all types of beverages and then go to the next day. If response is "Don't Know" or "Can't Remember", code UUU.

Day Last Week	Beer/Lite Beer I. Drinks	Beer/Lite Beer II. Minutes	Wine I. Drinks	Wine II. Minutes	Liquor I. Drinks	Liquor II. Minutes
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

No Yes

7. (3.) *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(2) and 7(3), skip to J. Tobacco, Marijuana, and Other Drug Abuse and Dependence

Drinks

8. (4.) *What is the largest number of drinks you have ever had in a 24-hour period?* ____

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

		No	Yes
9.	*Did you ever feel you should cut down on your drinking?*	0	1

SITE OPTIONAL

SKIP

9.a) **If yes:** *How old were you the first time you felt you should cut down on your drinking?* Ons Age

10.	*Have people annoyed you by criticizing your drinking?*	0	1
11.	*Have you ever felt bad or guilty about drinking?*	0	1
12.	*Did you ever have a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?*	0	1

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

*13.	*Have you often tried to stop or cut down on drinking?*	0	1
(12.)	*Have you often wanted or tried to stop or cut down on drinking?*	0	1

SITE OPTIONAL

SKIP

13.a) **If yes:** *How old were you the first time?* Ons Age

*14. (13.)	*Did you ever try to stop or cut down on drinking and find you could not?*	0	1

		No	Yes	Once
15.	*Have you more than once gone on binges or benders when you kept drinking for a couple of days or more without sobering up?*	0	1	2

SITE OPTIONAL

SKIP

15.a) **If yes:** *How old were you the first time?* Ons Age

	No	Yes
*16. *Have you often started drinking when you promised yourself that you would not, or have you often drunk more than you intended to?*	0	1
(11.) *Have you often kept on drinking when you promised yourself that you would not, or have you often drunk more than you intended to?*	0	1
*17.(14.) *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?*	0	1
18. *Did your drinking cause you to…:*		
18.a) *…have problems at work or at school?*	0	1
(8.) *Did your drinking often cause you to have problems at work, school or at home?*	0	1
(9.) *How old were you the first time any of these things happened?*	Age	
18.b) *...get into physical fights while drinking?*	0	1
18.c) *…hear objections about your drinking from your family, friends, doctor, or clergyman?*	0	1
18.d) *…lose friends?*	0	1
*18.e) **If any yes in questions 18a-d:** *Did you continue to drink after you knew it caused you any of these problems?*	0	1

If questions 5-8 [in 4.0/BP] are all no:

	No	Yes
(10.) **INTERVIEWER:** Do you have any suspicion of alcohol abuse or dependence (based on all available history and data gathered so far)?	0	1

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

SITE OPTIONAL

SKIP

18.f) **If yes in 18a-d:** *How old were you the first time you* **(Mention items coded YES in question 18.a-d)***?*

Ons Age

19. (16.) *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?* 0 1

If yes: **INTERVIEWER:** Hand Alcohol Use Card "A" to subject.

*19.a) *Would you say 50% more?* 0 1

20. *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?* 0 1

*21. *Have you ever given up or greatly reduced important activities because of your drinking– like sports, work, or associating with friends or relatives?* 0 1

(15.) *Have you often given up or greatly reduced important activities because of your drinking– like sports, work, or associating with friends or relatives?* 0 1

*21.a) *If yes: Has this happened more than once?* 0 1

22. *Have you ever had trouble driving, like having an accident, because of drinking?* 0 1

SITE OPTIONAL

SKIP

22.a) **If yes:** *How old were you the first time this happened?*

Ons Age

No Yes

23. *Have you ever been arrested for drunk driving?* 0 1

(7.) *Did your alcohol use more than once cause you to have legal problems, such as arrests for drunk driving or disorderly conduct or drunken behavior?* 0 1

SITE OPTIONAL
SKIP

23.a) **If yes:** *How old were you the first time this happened?* Ons Age

24. *Have you ever been arrested or detained by the police even for a few hours because of drunken behavior (other than drunk driving)?* 0 1

SITE OPTIONAL
SKIP

24.a) **If yes:** *How old were you the first time this happened?* Ons Age

*25. *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?* 0 1

(6.) *Have you often been high from drinking in a situation where it increased your chances of getting hurt–for instance, when driving, using machinery or guns, or during sports?* 0 1

*26. (5.) *Has your drinking or being hung over often kept you from working or taking care of household responsibilities?* 0 1

SITE OPTIONAL
SKIP

26.a) **If yes:** *How old were you the first time this happened?* Ons Age

27. (17.) *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?* 0 1

(17.a) **If yes:** *Did you continue to drink after you knew it caused you any of these problems?* 0 1

SITE OPTIONAL
SKIP

27.a) **If yes:** *How old were you the first time this happened?* Ons Age

28. *Did you ever drink unusual things such as rubbing alcohol, mouthwash, vanilla extract, cough syrup, or any other non-beverage substance containing alcohol?* 0 1

29. *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?* 0 1

30. *Have you used alcohol while taking medications or drugs you knew were dangerous to mix with alcohol?* 0 1

INTERVIEWER: Complete the **Ever** column, then complete the **Occur Together** column if 31.l is **YES**

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

INTERVIEWER: If all **NO**, skip to question 32.
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

(21.)	*Did you ever have times when you stopped or cut down on drinking and had withdrawal problems such as shaking hands, nausea and vomiting, sweating, anxiety, or trouble sleeping?*	0	1
(21.a)	**If yes**: *Have you more than once taken a drink to keep from having any of these symptoms or to make them go away?*	0	1

		No	Yes
32.	*There are several other health problems that can result from long stretches of heavy drinking. Did drinking ever…:*		
32.a)	*…cause you to have liver disease or yellow jaundice?*	0	1
32.b)	*…give you stomach disease or make you vomit blood?*	0	1
32.c)	*…cause your feet to tingle/feel numb for many hours?*	0	1
32.d)	*…give you memory problems even when you were not drinking (not blackouts)?*	0	1
32.e)	*…give you pancreatitis?*	0	1
32.f)	*…damage your heart (cardiomyopathy)?*	0	1
32.g)	*…cause other problems?*	0	1

If yes: *Specify:* _____

_____

Skip to question 33

(19.) *There are several other health problems that can result from long stretches of heavy drinking. Did you more than once have a serious health problem such as liver disease, pancreatitis, or stomach disease from drinking?* 0 1

*32.h) (19.a) *Did you continue to drink knowing that drinking caused you to have health problems?* 0 1

*33. (20.) *Have you ever continued to drink when you knew you had any (other) serious physical illness that might be made worse by drinking?* 0 1

If yes: *Specify illness:* _____

_____

		No	Yes
34. (18.)	*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?*	0	1

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

Specify: _____

(18.a)	**If yes:** *Did you continue to drink after you knew it caused you any of these problems?*	0	1
34.a)	*Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?*	0	1
34.b)	*Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?*	0	1
34.c)	*Having such trouble thinking clearly that it interfered with your functioning?*	0	1
34.d)	*Hearing, smelling, or seeing things that were not there?*	0	1
34.e)	*Feeling jumpy or easily startled or nervous to the point that it interfered with your functioning?*	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. (22.)	*Have you ever attended AA or had treatment for a drinking problem?*	0	1

If yes: *Was this…*

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

If yes: *Specify:* _____

INTERVIEWER: Check responses to questions 9–35. If all coded **NO**, skip to question 39,

Then check Alcohol Tally Sheet B. If **less than three** boxes checked, skip to question 37.

INTERVIEWER: Check responses to questions 9–35. If all coded **NO**, skip to question 39.
Then **review starred (*) positive symptoms in questions 13–35.**
If **less than 3 are positive**, skip to question **39.**

INTERVIEWER: Check responses to questions 11–21a. If all coded **NO** or **less than 3 positive responses in separate boxes**, skip to **J. Tobacco, Marijuana and Other Drug 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

INTERVIEWER: Criteria require items from three separate boxes above.

	You told me you had these experiences such as **(Review starred (*) positive symptoms in questions 13–35.** *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 alcohol tally sheet.	0	1
	You told me you had these experiences such as **(Review boxed positive symptoms in questions 11–21a).** *While you were drinking, did you ever have at least three of these experiences occur at any time in the same 12-month period?* **INTERVIEWER:** Criteria require items from three separate boxes above.	0	1

If yes:

		Ons Age
36.a) (23.a)	*How old were you the <u>first</u> time at least three of these experiences occurred within the same 12 months?*	

		Rec Age
36.b) (23.b)	*How old were you the <u>last</u> time at least three of these experiences occurred within the* same 12 months?	

DSM-IIIR

SKIP ☐ ■ ☐ ☐ ☐

■ ■ ■ ☐ ☐

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:

Ons Age

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

Rec Age

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

SITE OPTIONAL ■ ▨ ☐ ☐ ☐
SKIP ■ ■ ☐ ☐ ☐
Skip site Optional Section ☐ ▨ ☐ ☐ ☐

■ ■ ☐ ☐ ☐

38. *How old were you the first (second/third) time you had any of these problems related to alcohol? What was the first (second/third) problem you experienced?*

Ons Age

38.a) First: _____ | | |

38.b) Second: _____ | | |

38.c) Third: _____ | | |

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

■ ■ ■ ☐ ☐

			–				

Month Year

MODIFIED

TOBACCO

Now I'm going to ask you some questions about using tobacco.

		No	Yes
1.	*Have you ever tried any form of tobacco?*	0	1

Code question 2.b NO and skip to Marijuana (question 22)

If NO, skip to MARIJUANA

1.a) *Have you ever…:*

1.a.1)	*…smoked a cigarette?*	0	1
1.a.2)	*…smoked a cigar?*	0	1
1.a.3)	*…smoked a pipe?*	0	1
1.a.4)	*…used chewing tobacco or snuff?*	0	1

1.b) *How old were you the first time you used any form of tobacco?* Ons Age ☐☐

(1.) *How old were you when you first tried any form of tobacco?* Age ☐☐

INTERVIEWER: If never used tobacco, code 00 for age, then code question 2.b NO and skip to Marijuana (question 22)

1.c) *How old were you the last time you used any form of tobacco?* Rec Age ☐☐

Tobacco

2.a) *Have you ever smoked cigarettes on a daily basis?*
If yes: *Are you currently smoking?*

Have you ever smoked cigarettes on a daily basis for a month or more?
If yes: *Are you currently smoking?*

0. No
1. Yes, currently smoking
2. Yes, smoked in the past

Code Response: 0 1 2

2.a.1) **If yes to question 2.a:** *Estimate number of "pack-years".*

Pack years: ____

Record: _____ # of packs per day X _____ # years

2.b) (2.) *Over your lifetime, have you smoked a total of 100 cigarettes?* No 0 Yes 1

Skip to Marijuana (question 22)

IF YES, SKIP TO Q. 4 (if NO, complete Q.3)

(3.) *Over your lifetime, have you:*

3a. *smoked a total of 100 cigars?* 0 1

3b. *smoked a total of 100 pipes of tobacco?* 0 1

3c. *used chewing tobacco or snuff 100 or more times?* 0 1

Skip to MARIJUANA

INTERVIEWER: The following section is site optional. However, it is recommended that all sites complete questions 3–8.
If skipping site optional Tobacco section, including questions 3–8, skip to Marijuana (question 22).

SITE OPTIONAL

MODIFIED

INTERVIEWER: Begin scoring starred (*) items on Tobacco Tally Card

3.a) *When you were smoking regularly, how many days per week did you usually smoke cigarettes?* Days ☐

INTERVIEWER: If not as often as once a week, code **0**.

*3.b) *How many cigarettes did you usually smoke in a day?* Cigarettes ☐☐

INTERVIEWER: If 20 or more cigarettes 2+ days per week, mark tally sheet.

3.c) *For about how long did you smoke this many cigarettes at that rate?* Months ☐☐ OR Years ☐☐

INTERVIEWER: If less than 2 weeks, code 00.

3.d) *How old were you the first time you smoked cigarettes at that rate?* Ons Age ☐☐

3.e) *How old were you the last time you smoked cigarettes at that rate?* Rec Age ☐☐

FAGERSTROM questions 3 - 8

Think about the period lasting a month or more when you were smoking the most.

Code Response

3. *How many cigarettes per day did you smoke?*
IF unknown, ASK: Would you say….

INTERVIEWER INSTRUCTION: ON AVERAGE.

(If R says Unknown or a range of values, rephrase with "Can you give us your best estimate of the average number of cigarettes you smoke per day?". If R still is unable to provide a number, read response categories and ask to select. "Would you say…"

0. 0-5
1. 6-10
2. 11-15
3. 16-20
4. 21-30
5. 31 or more

0 1 2 3 4 5

SITE OPTIONAL

MODIFIED

Think about the period lasting a month or more when you were smoking the most.

4. *During this period when you were smoking the most, about how many minutes after you woke up did you smoke your first cigarette?*

Code Response: 1 2 3 4 9

1. Within 5 minutes
2. Within 6-30 minutes
3. Within 31-60 minutes
4. More than 1 hour
9. Unknown

Now I want to ask you about the period of your life, lasting a month or more, when you were smoking cigarettes the most.
How soon after you woke up did you smoke your first cigarette?

1 = *after 60 minutes*
2 = *31-60 minutes*
3 = *6-30 minutes*
4 = *Within 5 minutes*

(7.) *How many cigarettes per day did you smoke at that time?*

0 = *10 or less*
1 = *11-20*
2 = *21-30*
3 = *31 or more*

		No	Yes
5.	*During the period when you were smoking the most, did you <u>usually</u> smoke more frequently during the first hours after waking than during the rest of the day?*	0	1
(8.)	*Did you smoke more frequently during the first hours after waking than during the rest of the day?*	0	1
6.	*During the period when you were smoking the most, did you usually find it difficult to keep from smoking in places where it was forbidden; for example, on airplanes, in movie theaters, in "no smoking" sections of restaurants or office buildings, or perhaps in situations where someone asked you not to?*	0	1
(5.)	*Did you find it difficult to refrain from smoking in places where it was forbidden?*	0	1

Code Response: 0 1

7. *During the period when you were smoking the most, which cigarette would you have hated <u>most</u> to give up:*

0. *the first one in the morning,*

1. *after eating, while watching television, or some other one?*

(6.) *Which cigarette would you have hated to give up?*

0 = *Any other*
1 = *The first one in the morining*

		No	Yes
8.	*During the period when you were smoking the most, were there times you smoked even when you were so ill that you had to be in bed most of the day?*	0	1
(9.)	*Did you smoke if you were so ill that you were in bed most of the day?*	0	1

Tobacco

SITE OPTIONAL

MODIFIED

INTERVIEWER: If only doing shortened Tobacco section, skip to Marijuana

Fagerstrom Score will be calculated by computer

The Following section on tobacco dependence is site optional. Will you continue? 0 1

Skip to Marijuana (question 22)

Tobacco Dependence

Now I'd like you to think about your cigarette smoking throughout your life as I ask you more questions about experiences people sometimes have when they smoke cigarettes. (Since you don't smoke now, I'd like to ask you about the times when you used to smoke cigarettes.)

Now I would like to ask a few other questions about your use of cigarettes.

	No	Yes
(10.) *Have you ever smoked at least five times a week?*	0	1
If yes:		
(10.a.) *How old were you when you began smoking at least 5 times a week?*	AGE	
(11.) *Have you smoked consistently for 10 or more years of your life?*	0	1

9. *Did you ever chain smoke; that is, where you smoked several cigarettes, one right after another?* 0 1

9.a) **If yes:** *For how many hours in a row did you smoke like that?* Hours

INTERVIEWER: If less than one hour, code **00**.

If less than 3 hours, skip to question 10

*9.b) **If yes:** *What is the longest period of time you have chain smoked every day or nearly every day?* Days OR Weeks

INTERVIEWER: If 7 or more days, mark tally sheet.

	No	Yes
*10. *Have you often given up or spent much less time in activities important to you such as work, sports, going to movies, or seeing friends or relatives because you would not be able to smoke?*	0	1

SITE OPTIONAL

MODIFIED

*11. *Have you <u>often</u> smoked a lot more than you intended or for more days in a row than you intended? For example, smoking half a pack or more when trying to limit yourself to only 1 or 2 cigarettes?* 0 1

*11.a) *Have you <u>often</u> found that you've run out of cigarettes sooner than you intended?* 0 1

12. *Have you smoked in situations where it was dangerous to smoke; for example, smoking in bed, when getting gasoline, or when using paint thinners or cleaning fluids?* 0 1

12.a) **If yes:** *Did this happen a total of 3 or more times?* 0 1

12.b) **If yes:** *Did this ever happen 3 or more times in any 12-month period?* 0 1

*13. (12) *Have you <u>often</u> wanted to quit or cut down on smoking?* 0 1

If yes: *Specify* (Do NOT count pregnancy)*:* _____

(13) *Did you ever have times when you stopped or cut down on smoking and had withdrawal problems such as irritability, depression, anxiety, and difficulty concentrating?* 0 1

(14) *Have you continued to smoke when you had any health problem such as a problem with your heart, a problem with your blood pressure, lung trouble, a cough that wouldn't go away; or another serious illness that you knew was made worse by smoking, for example: asthma or bronchitis?* 0 1

13.a) (12.) *Have you ever tried to quit smoking?* 0 1

Skip to question 14

If no to question 12, skip to MARIJUANA

13.b) (13.) *How many times did you try to quit?* Times

	No	Yes
(14.) *Have you ever experienced an episode of severe depression when you tried to quit smoking?*	0	1
(15.) *Are you presently smoking?*	0	1

If YES to question 15, skip to MARIJUANA

(16.) *Has it been at least a year since you stopped?* 0 1

SITE OPTIONAL

MODIFIED

13.b.1) **If unknown:** *Was it at least three times or more?* 0 1

13.c) *Were you always able to stop or cut down when you tried to?* 0 1

13.c.1) **If yes:** *Was this for at least 1 month?* 0 1

*13.c.2) **If no to 13.c or 13.c.1:** *Have you 3 or more times found that you were unable to stop or cut down on smoking (for at least 1 month)?* 0 1

14. *Since you began smoking regularly, what is the longest period of time you have gone without using any form of tobacco for any reason, like when you had an illness, or lost interest in tobacco, or intentionally quit?*

Days [ ][ ] OR Months [ ][ ][ ]

INTERVIEWER: If never, code **00**.
If less than one day, code **01**. If more than one month, code months.

		No	Yes
14.a)	*Have you ever attended a class or group for people trying to quit or reduce their use of tobacco?*	0	1
14.b)	*Have you ever tried nicotine gum or a nicotine patch (to quit or reduce your use of tobacco)?*	0	1
14.c)	*Have you ever tried nicotine-free cigarettes (to quit or reduce your use of tobacco)?*	0	1
14.d)	*Have you tried any other form of treatment or medicine to quit or reduce your use of tobacco?* **If yes:** *Specify:* _____ _____	0	1

Skip to question 15

Ons Age [ ][ ]

14.e) *How old were you the first time you tried any of these methods to quit or cut down?*

Rec Age [ ][ ]

14.d) *How old were you the last time you tried any of these methods to quit or cut down?*

SITE OPTIONAL

INTERVIEWER: Complete the **Ever** column, then complete the **Occur Together** column if 15.b is **YES**

		Ever		Occur Together	
15.	*I'm going to ask you about some problems that you might have had when you stopped smoking or smoked less tobacco than usual. Think about the time when you had the <u>most</u> problems when you went without cigarettes or had less than usual. During that time…:*	No	Yes	No	Yes
15.a.1)	*…were you irritable, angry, or frustrated?*	0	1	0	1
15.a.2)	*…were you nervous or anxious?*	0	1	0	1
15.a.3)	*…were you restless?*	0	1	0	1
15.a.4)	*…did you have trouble concentrating?*	0	1	0	1
15.a.5)	*…did your heart slow down?*	0	1	0	1
15.a.6)	*…did you feel down or depressed?*	0	1	0	1
15.a.7)	*…did your appetite increase or did you gain weight?*	0	1	0	1
15.a.8)	*…did you have trouble sleeping?*	0	1	0	1

INTERVIEWER: If all **NO**, skip to question 16. If 1-3 **YES** answers, skip to question 15.c).

*15.b) **If four or more YES answers in 15.a.1–8:** *Did at least four of these occur together in the first 24 hours after you stopped or cut down?* 0 1

INTERVIEWER: If **YES**, return to top of question 15 to ask: (If **NO**, skip to question 15.c)

15.b.1) *Which ones?* (Code in **Occur Together** column)

<u>OCCUR TOGETHER ONLY</u>

15.b.2) *How old were you the <u>first</u> time these problems occurred together?* Ons Age

15.b.3) *How old were you the <u>last</u> time these problems occurred together?* Rec Age

		No	Yes
15.c)	*Did the problems you had after quitting or cutting down on smoking <u>often</u> interfere with your work, school, or household responsibilities?*	0	1
*15.d)	*Did you start smoking again or use other sources of nicotine to avoid having the problems that quitting might cause?*	0	1

SITE OPTIONAL

		No	Yes
16.	*Did you have such a strong desire for cigarettes that you couldn't think of anything else?*	0	1
17.	*Has smoking ever made you nervous or jittery or caused you any other emotional or mental problem?*	0	1
17.a)	**If yes:** *Did feeling nervous, jittery, or having other emotional or mental problems from smoking interfere with your functioning?*	0	1
	If yes: *Specify:* _____		
	_____		
*17.b)	**If yes:** *Did you continue to smoke after you knew it caused you problems like these?*	0	1
18.	*Has smoking caused you any health problem such as a problem with your heart, a problem with your blood pressure, lung trouble, a cough that wouldn't go away, or another health problem?*	0	1
	If other: *Specify:* _____		
	_____		
	Skip to question 19		
*18.a)	*Did you continue to smoke after you knew it caused you (this/these) health problem(s)?*	0	1
*19.	*Have you continued to smoke when you had another serious illness that you knew was made worse by smoking, for example: asthma or bronchitis?*	0	1
	If yes: *Specify:* _____		
	_____		
*20. (15.)	*After you had been smoking for some time, did you find that cigarettes had less effect on you than before?*	0	1
20.a)	*After you had been smoking regularly, did you come to need more cigarettes each day?*	0	1
*20.b)	**If yes:** *Was this 50% more? So, if you used to smoke 10 cigarettes a day, you would increase to 15 a day, or go from 20 to 30?*	0	1

SITE OPTIONAL

INTERVIEWER: If less than 3 boxes are marked on the Tobacco Tally Sheet, skip to Marijuana, question 22.

INTERVIEWER: Hand subject the Tobacco Tally Sheet.

INTERVIEWER: If less than 3 boxes from tobacco dependence (9-15) are marked **yes** above, **Skip to Marijuana (question 17)**

21. *I'd like to review the experiences you've told me you had with smoking cigarettes. You've said that:* **(Read symptoms marked on Tobacco Tally Sheet)**

Did you ever have experiences from 3 or more boxes in any 12-month period? No 0 Yes 1

If yes: *Which ones?*

INTERVIEWER: Circle the symptoms that cluster. Must be from 3 different boxes.

(16.) *I'd like to review the experiences you've told me you had with smoking cigarettes. You've said that:* **(Read positive symptoms from boxes above)** *Did you ever have 3 or more of these experiences in the same year?* 0 1

21.a) (16.a) *How old were you the first time?* Ons Age

21.b) (16.b) *How old were you the last time?* Rec Age

MARIJUANA

No Yes

22. (17.) *Have you ever used marijuana?* 0 1

Skip to Other Drugs (question 38, 34)

22.a) (17.a) **If yes:** *Have you used marijuana at least 21 times in a single year?* 0 1

Skip to Other Drugs (question 38, 34)

(17.b) *How old were you when you used marijuana for the first time?* Ons Age

23. *What was the longest period that you used marijuana almost every day?* Days

23.a) *When was that?* Month – Year

When did that period begin? Month – Year

*24. (27.) *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?* 0 1

(21.) *Did your marijuana use often cause you to have problems at work, school, or at home?* 0 1

(22.) *How old were you the first time any of these things happened?* Age

If questions 18-21 are all NO:

(23.) **INTERVIEWER:** Do you have any suspicion of marijuana abuse or dependence (based on all available history and data gathered so far)? 0 1

Skip to Other Drugs (question 34)

	No	Yes
25. *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?*	0	1
(30) *While using marijuana, did you more than once have a psychological problem start or get worse such as feeling depressed, feeling paranoid, trouble thinking clearly, hearing, smelling or seeing things, or feeling jumpy? Or any physical problems (e.g. asthma) become worse using marijuana?*	0	1
(30.b) **If yes:** *Did you continue to use marijuana after you knew it caused you any of these problems?*		

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

Specify: _____

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

Skip to question 26

*25.f)	*Did you continue to use marijuana after you knew it caused you any of these problems?*	0	1
*26. (25)	*Have you often wanted to or tried to cut down on marijuana?*	0	1
*27.	*Did you ever try to cut down on marijuana and find you could not?*	0	1
(26)	*Did you ever try to stop or cut down on marijuana and find you could not?*	0	1
*28.	*Have you often used marijuana more frequently or in larger amounts than you intended to?*	0	1

Marijuana Dependence

Loss of Control / Compulsive Use

(24.)	*Have you often used marijuana over a longer period or in larger amounts than you intended to?*	0	1
29.	*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?*	0	1

If yes:

*29.a)	*Would you say 50% more?*	0	1

	No	Yes
*30. (31.) *Did stopping or cutting down ever cause you to feel bad physically?* (Co-occurrence of symptoms such as nervousness, insomnia, sweating, nausea, diarrhea.)	0	1
If yes: *Specify:* _____		
_____		
(32.) **If yes:** *Did you use marijuana to prevent these symptoms?*	0	1
*30.a) **If yes:** *Have you often used marijuana to make any of these withdrawal symptoms go away or to keep from having them?*	0	1
*31. *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?*	0	1
(19.) *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, or during sports?*	0	1
32. *Did anyone ever object to your marijuana use?*	0	1
*32.a) **If yes:** *Did you continue to use marijuana after you realized it was causing this problem?*	0	1
*33. (28.) *Have you often given up or greatly reduced important activities with friends or relatives or at work while using marijuana?*	0	1
*34. (18.) *Have you often been high on marijuana or suffering its after-effects while in school, working, or taking care of household responsibilities?*	0	1
35. (20.) *Did your marijuana use ever cause you to have legal problems, such as arrests for disorderly conduct, possession or selling?*	0	1

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

INTERVIEWER: If questions 24–35 are all **NO**, skip to question 37.b. **Then review starred (*) positive symptoms in Q 24-25.** If **less than three** are positive, skip to question 37b

INTERVIEWER: If questions 24–32 are all **NO** or **if there are less than 3 positive boxed symptoms**, skip to **Other Drugs question 34**

DSM-IV

No 0 Yes 1

36. *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?* **INTERVIEWER:** Criteria require items from three separate boxes on tally sheet.

(33) *You told me you had these experiences such as* **(Review starred (*) positive symptoms in questions 24-35)**. *While you were using marijuana, did you ever have at least three of these occur at any time in the same 12 month period?*

If yes:

36.a)(33.a) *How old were you the first time at least three of these experiences occurred within the same 12 months?* Ons Age

36.b)(33.b) *How old were you the last time at least three of these experiences occurred within the same 12 months?* Rec Age

33.c) *What was the longest period that you used marijuana almost every day?* Days

33.d) *How old were you at that time?* Age

SKIP *

DSM-IIIR

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) *How old were you the first time at least two of these experiences occurred persistently?* Ons Age

37.a.2) *How old were you the last time at least two of these experiences occurred persistently?* Rec Age

37.b) *When was the last time you used marijuana?* Month – Year

OTHER DRUGS

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

38. (34) *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) (34.a) **If yes:** *Which ones?*

A Coc	B Stim	C Sed	D Op	E PCP	F Hal	G Sol	H Oth	I 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

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 Coc	B Stim	C Sed	D Op	E PCP	F Hal	G Sol	H Oth	I Comb
# of times									

(34.c) For each drug, ask: *How many times have you used* **(Drug)** *in your life?* Times

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

A Coc	E PCP

(34.b) For each drug, ask: *How old were you when you first used* **(Drug)**? Age

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

No	Yes
0	1

INTERVIEWER: If all drugs in question 38.b (34.c) were used less than 11 times, skip to K. Psychosis

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 Coc	B Stim	C Sed	D Op	E Misc
Days					

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

Other Drugs

	A Coc	B Stim	C Sed	D Op	E Misc	
*40. (44.) *Has there ever been a period of a month or more when a great deal of your time was spent using* **(Drug)**, *getting* **(Drug)**, *or getting over effects?*	0 1	0 1	0 1	0 1	0 1	No Yes
*41.(42.) *Have you often wanted to or tried to cut down on* **(Drug)**?	0 1	0 1	0 1	0 1	0 1	No Yes
*42. *Did you ever find you could not stop or cut down?*	0 1	0 1	0 1	0 1	0 1	No Yes
(43.) *Did you ever try to cut down on* **(Drug)** *and find that you could not?*	0 1	0 1	0 1	0 1	0 1	No Yes
43.(46.) *Did you ever need larger amounts of* **(Drug)** *to get an effect, or find that you could no longer get high on the amount you used to use?*	0 1	0 1	0 1	0 1	0 1	No Yes
*43.a) **If yes:** *Would you say 50% more?*	0 1	0 1	0 1	0 1	0 1	No Yes
44. (45) *Have you often given up or greatly reduced important activities with friends or relatives or at work in order to use* **(Drug)**?	0 1	0 1	0 1	0 1	0 1	No Yes
*45. (41) *Have you often used* **(Drug)** *more days or in larger amounts than you intended to?*	0 1	0 1	0 1	0 1	0 1	No Yes

INTERVIEWER: Refer to List of Symptoms on Drug Use Card B

INTERVIEWER:

46. *Has stopping, cutting down on, or quitting* **(Drug)** *ever caused you any of these problems?*

46.a) *Feel depressed?*	0 1	0 1	0 1	0 1	0 1	No Yes
46.b) *Feel nervous, tense, restless, or irritable?*	0 1	0 1	0 1	0 1	0 1	No Yes
46.c) *Feel tired, sleepy, or weak?*	0 1	0 1	0 1	0 1	0 1	No Yes
46.d) *Have trouble sleeping?*	0 1	0 1	0 1	0 1	0 1	No Yes
46.e) *Have an increase or decrease in appetite?*	0 1	0 1	0 1	0 1	0 1	No Yes

		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. (48)	*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:* _____						
(48.b)	**If yes:** *Did you continue to use* **(Drug)** *after you knew it caused these problems?*	0 1	0 1	0 1	0 1	0 1	No Yes

If yes to question 49:	A Coc	B Stim	C Sed	D Op	E Misc	
*49.a) *Did you continue to use* **(Drug)** *after you knew it caused this problem?*	0 1	0 1	0 1	0 1	0 1	No Yes

Withdrawal

(49) *Did you ever have times when you stopped or cut down on your* ***(Drug)*** *use and had withdrawal problems such as irritability, depression, fatigue, or trouble sleeping?*	0 1	0 1	0 1	0 1	0 1	No Yes
(50) **If yes:** *Did you use* ***(Drug)*** *to prevent these symptoms?*	0 1	0 1	0 1	0 1	0 1	No Yes

INTERVIEWER: If questions 41-50 are all **NO** or **if there are less than 3 positive boxed symptoms**, skip to **question** 53.

50. *Did you ever experience objections from family, friends, clergyman, boss or people at work or school because of your* **(Drug)** *use?*	0 1	0 1	0 1	0 1	0 1	No Yes
*50.a) **If yes:** Did you continue to use* **(Drug)** *after you realized it was causing a problem?*	0 1	0 1	0 1	0 1	0 1	No Yes
*51. (35) *Have you often been high on* **(Drug)** *or suffering its after-effects while in school, working, or taking care of household responsibilities?*	0 1	0 1	0 1	0 1	0 1	No Yes
52. (37) *Did your use of* **(Drug)** *ever cause you to have legal problems such as arrests for disorderly conduct, possession or selling?*	0 1	0 1	0 1	0 1	0 1	No Yes
(38) *Did your* ***(Drug)*** *use often cause you to have problems at work, school, or at home?*	0 1	0 1	0 1	0 1	0 1	No Yes

	A Coc	B Stim	C Sed	D Op	E Misc
(39) *How old were you the first time any of these things happened?*	A ☐	B ☐	C ☐	D ☐	E ☐ Age

If questions 35-38 **are all NO:**

	A Coc	B Stim	C Sed	D Op	E Misc	
(40) **Interviewer:** Do you have any suspicion of (Drug) abuse or dependence (based on all available history and data gathered so far)?	0	0	0	0	0	No
	1	1	1	1	1	Yes

If all are **NO**, **skip to question 53**

INTERVIEWER: If evidence of drug abuse, select two drugs with the most symptoms of abuse (Qs 35-38)

	A Coc	B Stim	C Sed	D Op	E Misc	
53. (47) *While using* **(Drug)**, *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?*	0	0	0	0	0	No
	1	1	1	1	1	Yes

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

Specify: _____

	A Coc	B Stim	C Sed	D Op	E Misc	
(47.b) **If yes:** *Did you continue to use* **(Drug)** *after you knew it caused these problems?*	0	0	0	0	0	No
	1	1	1	1	1	Yes
53.a) *feeling depressed or uninterested in things for more than 24 hours to the point where it interfered with your functioning?*	0	0	0	0	0	No
	1	1	1	1	1	Yes
53.b) *feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?*	0	0	0	0	0	No
	1	1	1	1	1	Yes

		A Coc	B Stim	C Sed	D Op	E Misc	
53.c)	*having such trouble thinking clearly that it interfered with your functioning?*	0 1	0 1	0 1	0 1	0 1	No Yes
53.d)	*hearing, seeing, or smelling things that were not really there?*	0 1	0 1	0 1	0 1	0 1	No Yes
53.e)	*feeling jumpy or easily startled or nervous for more than 24 hours to the point that it interfered with your functioning?*	0 1	0 1	0 1	0 1	0 1	No Yes
*53.f)	**If yes to any in questions 53a-e:** *Did you continue to use* **(Drug)** *after you knew it caused any of these problems?*	0 1	0 1	0 1	0 1	0 1	No Yes
*54.	*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?*	0 1	0 1	0 1	0 1	0 1	No Yes
(36.)	*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, or during sports?*	0 1	0 1	[illegible] [illegible]	0 1	0 1	No Yes

J. TOBACCO, MARIJUANA, AND OTHER DRUG ABUSE AND DEPENDENCE

Other Drugs

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

Interviewer: If questions 40-54 are all NO, skip to question 58. Reviewed starred (*) positive symptoms in Q. 4-54. If less than three are positive, skip to question 57.

DSM-IV

55. *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?* **INTERVIEWER**: Criteria require items from three separate boxes on tally sheet.

0 0 0 0 0 No
1 1 1 1 1 Yes

DSM-IV

55. *You told me you had these experiences such as* **(Review starred (*) positive symptoms in Q. 40-54).** *While you were using* **(Drug)** *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 0 0 0 0 No
1 1 1 1 1 Yes

DSM-IV

(51.) *You told me you had these experiences such as* **(Review positive symptoms in boxes above Q. 41-50).** *While you were using* **(Drug)** *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 .

0 0 0 0 0 No
1 1 1 1 1 Yes

If yes:

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

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

DSM-IIIR

SKIP

SKIP Question 56

	A	B	C	D	E	
	Coc	Stim	Sed	Op	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

If yes:

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

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

	No	Yes
57. (52.) *Have you ever been treated for a drug problem?*	0	1
If yes: *Was this treatment…:*		
57.a) (52.a) *…discussion with a professional?*	0	1
57.b) (52.b) *…NA or other self-help?*	0	1
57.c) (52.c) *…outpatient drug-free program?*	0	1
57.d) (52.d) *…inpatient drug-free program?*	0	1
57.e) (52.e) *…other?*	0	1

If yes: *Specify:* _____

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

	Month	Year
58.a) *…cocaine?*		
58.b) *…stimulants?*		
58.c) *…sedatives, hypnotics, or tranquilizers?*		
58.d) *…opiates?*		
58.e) *…other drugs?*		

(53) *When was the last time you used…:*

	Year
(53.a) *…cocaine?*	
(53.b) *…stimulants?*	
(53.c) *…sedatives, hypnotics, or tranquilizers?*	
(53.d) *…opiates?*	
(53.e) *…other drugs?*	

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 <u>standard probes</u>:

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.

1. *Has there been a time when...*	No	Yes	Susp-ected	Unk
1.a) *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.*	0	1	2	9
1.b) *you had visions or saw things that were not visible to others?*	0	1	2	9
you had visions or saw things that were not visible to others, or had unusual physical sensations, tastes or smells?				
1.c) *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)?*	0	1	2	9
1.d) *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?*	0	1	2	9
you have ever engaged in any unusual behavior, had speech that was mixed up or did not make sense, or had your body stuck in one position so that you could not move?	0	1	2	9
1.e) *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]**	0	1	2	9
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 depression]**	0	1	2	9
1.f) **Interviewer:** Does the subject manifest or describe disorganized speech?	0	1	2	9
1.g) **Interviewer:** Does the subject manifest or describe bizarre behavior?	0	1	2	9
1.h) **Interviewer:** Does the subject manifest gross flattening of affect (e.g., unchanging facial expression, decreased spontaneous movements, poor eye contact, lack of vocal inflection) or poverty of content of speech (e.g., 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	9

INTERVIEWER: If there is NO EVIDENCE, from any source, of any psychosis skip to L. Schizotypal Personality or, only if applicable, M. SIS.

INTERVIEWER: If there is NO EVIDENCE, from any source of any psychosis skip to N, Comorbidity.
The psychosis section should be completed if there is any suspicion of psychosis from behavior or speech during the interview or from informants' reports.

INTERVIEWER: If there is NO EVIDENCE, from any source, of any psychosis skip to **N. Comorbidity Assessment.**

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

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

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

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

INTERVIEWER: If NO, skip to L. Schizotypal or, only if applicable, M. SIS.

INTERVIEWER: If NO, skip to L. Schizotypal

INTERVIEWER: If NO, skip to N. Comorbidity Assessment

	No	Yes	Unk
2. *Are you currently experiencing* **(Psychotic symptoms)**?	0	1	9

2.a) **If yes:** *How long ago did this begin?* Days _____ OR Weeks _____

Record response: _____

3. **If no:** *How old were you the last time you had* **(Psychotic symptoms)?** Age _____

3.a) *How long did these symptoms last?* Days _____ OR Weeks _____

	No	Yes	Unk
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).

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

		No	Yes	Unk
5.	**Persecutory Delusions** *Have you ever felt that people were out to get you or deliberately trying to harm you?* **If yes:** *Specify.* _____ _____	0	1	9
6.	**Jealousy Delusions** *Have you ever been convinced that your (husband/wife/boyfriend/girlfriend) was being unfaithful to you? What made you think so?* _____ _____	0	1	9
7.	**Guilt or Sin Delusions** *Have you ever been convinced that you committed a crime, sinned greatly, or deserved punishment?*	0	1	9
8.	**Grandiose Delusions** *Have you ever felt you had any special powers, talents, or abilities much more than other people?* **(Probes***: having a special purpose, mission or identity?***)**	0	1	9
9.	**Religious Delusions** *Have you had any religious beliefs or experiences that other people didn't share?* **If yes:** *Specify.* _____ _____	0	1	9
10.	**Somatic Delusions** *Have you ever had a change in your body or the way it was working for which the doctor could find no cause?* **If yes:** *Specify.* _____ _____ **(Probe:** *like incurable cancer, bowels stopped up, insides rotting?***)**	0	1	9

11. **Erotomanic Delusions**
Have you ever believed that another person was in love with you when there was no real reason to think so? 0 1 9

12. **Delusions of Reference**
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? 0 1 9

13. **Being Controlled**
Have you ever felt you were being controlled or possessed by some outside force or person? 0 1 9

Mind-reading
Have you ever had the feeling that people could read your mind or know what you were thinking? 0 1 9

14. **Thought Broadcasting**
Have you ever felt your thoughts were broadcast so other people could hear them? 0 1 9

15. **Thought Insertion**
Have you ever felt that thoughts that were not your own were being put into your head by some outside force? 0 1 9

16. **Thought Withdrawal**
Have you ever felt your thoughts were taken out of your head by some outside force? 0 1 9

17. *How long did your longest period of* **(Delusions)** *last?* Days [ ] OR Weeks [ ][ ][ ]

17.a) *Were you convinced of these beliefs at the time?* 0 1 9

INTERVIEWER: Determine when DELUSIONS were present, and their temporal relationship to mood syndromes, substance abuse, and medical/medication factors.

In the next section, probe for the same information regarding HALLUCINATIONS.

Consider this information in completing the ratings for SCHIZOAFFECTIVE DISORDERS.

INTERVIEWER: This space may be used to describe positive responses to questions 5-29 (5-16):

Code Response

18. *When you believed any* **(Delusion)**…,
…were you at all confused about where you were or the time of day?
…did you have trouble with your memory?

0 1 2 3 9

INTERVIEWER: Rate Sensorium While Delusional.

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

19. **INTERVIEWER: Rate Fragmentary Nature of Delusions.** 0 1 2 9

0. **Not at all:** All delusions are around a single theme, such as persecution.
1. **Somewhat fragmentary:** Several different, but possibly related themes.
2. **Definitely fragmentary:** Unrelated themes.
9. **Unknown**

20. **INTERVIEWER: Rate Widespread Delusions.** 0 1 9

0. **Not widespread.**
1. **Widespread:** Delusions intrude into most aspects of patient's life and/or preoccupy patient most of the time.
9. **Unknown**

21. **INTERVIEWER: Rate Bizarre Quality of Delusions.** 0 1 2 9

0. **Not at all:** (e.g., wife is unfaithful).
1. **Somewhat bizarre:** (e.g., subject is being persecuted by witches).
2. **Definitely bizarre:** (e.g., little green men from Mars have been recording his dreams and broadcasting them back home).
9. **Unknown**

HALLUCINATIONS

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

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

		No	Yes	Unk
22.	**Auditory – Voices, Noises, Music** *Have you ever heard sounds or voices other people could not hear?*	0	1	9
22a.	**If yes:** *Did they say bad things about you or threaten you?*	0	1	9
23.	**Auditory – Running Commentary** *Have you ever heard voices that described or commented on what you were doing or thinking?*	0	1	9
24.	**Auditory - Two or More Voices** *Have you ever heard two or more voices talking with each other*?	0	1	9
25.	**Thought Echo** *Have you ever experienced hearing your thoughts repeated or echoed?*	0	1	9
26.	**Somatic or Tactile** *Have you ever had unusual sensations or other strange feelings in your body when there was nothing to account for them?* (**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** *Have you ever experienced any strange smells you couldn't account for or smells that others didn't notice?*	0	1	9
28.	**Visual** *Have you ever had visions or seen things that other people could not?*	0	1	9
28b.	**If yes:** *Did this only occur when you were falling asleep or waking up?*	0	1	9
29.	**Gustatory** *Have you ever had a strange taste in your mouth that you couldn't account for?*	0	1	9

30. *How long did your longest period of* **(Hallucinations)** *last?* Days [ ] OR Weeks [ ][ ][ ]

30.b) **INTERVIEWER:** Did the subject experience prominent hallucinations (throughout the day for several days or several times a week for several weeks, each hallucination experience not being limited to a few brief moments)? 0 1 9

Code Response

31. *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?

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).

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

	No	Yes	Unk
32. *Have you ever engaged in any unusual behavior like digging through garbage, wearing unusual clothes, or collecting things that other people thought were worthless?*	0	1	9
33. *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?*	0	1	9

	Days		Weeks		
34. *How long did* **(Disorganized behavior)** *last?*		OR			

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.

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

		No	Yes	Unk
		0	1	9
36.	**Odd Speech** (Digressive, vague, over-elaborate, circumstantial, metaphorical; loosening of associations)			

		Days		Weeks	
37.	*How long did* **(Positive thought disorder)** *last?*		OR		

CATATONIC MOTOR BEHAVIOR

		No	Yes	Unk
38.	**Rigidity** *Did your body ever get stuck in one position so that you could not move*?	0	1	9
39.	**Stupor** *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?*	0	1	9
40.	**Excitement** *Have you ever been so excited that you moved around a lot without purpose* (aside from mania)?	0	1	9
41.	**Motoric immobility as evidenced by catalepsy (including waxy flexibility)** *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?*	0	1	9
42.	**Extreme negativism** *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)?*	0	1	9
43.	**Peculiarities of voluntary movement** *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?*	0	1	9
44.	**Echolalia or echopraxia** *Did you find yourself repeating other people's words or movements and that you could not stop yourself from doing this?*	0	1	9

		Days		Weeks	
45.	*How long did* **(Catatonic symptoms)** *last?*		OR		

AVOLITION/APATHY

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

		No	Yes	Unk
46.	*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)?*	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

		No	Yes	Unk
48.	**Alogia** *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

		No	Yes	Unk
50.	*Have you ever appeared to have no emotions?*	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. (32.) **INTERVIEWER: Check if subject has reported symptoms in each of the following categories:**

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

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

54.	**INTERVIEWER:** Has the subject ever had symptoms from two or more of the above **categories** (53/32a, 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? **(Probe symptom by symptom if necessary from positive responses to questions 5-52, 5-29)**	0	1
54.a)	Has the subject ever had (53.b or 53.d, 32.b or 32.d) most of the time for a month or been treated successfully for either of these?	0	1

		No	Yes
55.	*Was there ever a period of time when you had* **(Psychotic symptoms)** *when you were not 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 ____ OR Weeks ____		
55b.	**(IF NO TO question 55, 34 or 55.a, 34.a) INTERVIEWER:** Review all psychotic symptoms coded present during depression and code **YES** if mood incongruent psychotic symptoms were present during major depression.	0	1

Skip to N. Comorbidity Assessment or, if applicable, M. SIS

Skip to N. Comorbidity Assessment

Skip to Schizotypy Assessment

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 first time that you were experiencing* **(describe delusions, hallucinations, or other criteria for schizophrenia noted by the subject previously)**? Age ____

57. *How long did those* **(Psychotic symptoms)** *last?* Days ____ OR Weeks ____

		No	Yes	Unk
58.	*Did you return to feeling like your normal self for at least two months?*	0	1	9

59. (38) *How many episodes have you had? (By episodes I mean spells separated by periods of being your normal self for at least two months.)* Episodes ____

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) (38.a)	**INTERVIEWER:** Do you suspect autism on the basis of the medical history section or other information?	0	1	9
60.b) (38.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

	No	Yes	Unk
61. (39) *During the current/most recent episode, have you also been experiencing. . .*			
61.a) *a low/depressive episode?*	0	1	9
61.b) *a high/manic episode?*	0	1	9
62. *Did the current/most recent episode follow increased or excessive use of alcohol?*	0	1	9
If yes: *Specify*: ____			
63. *Did the current/most recent episode follow use of street drugs?*	0	1	9
If yes: *Specify*: ____			
64. *Did the current/most recent episode follow serious medical illness?*	0	1	9
If yes: *Specify*: ____			
65. *Did the current/most recent episode follow use of prescription medications?*	0	1	9
If yes: *Specify*: ____			
66. (44) *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)?*	0	1	9
If yes: *Specify*: ____			
67.a) (44.a) *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?*	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).

		No	Yes	Unk
67.b) (44.b)	**If yes:** *Has this change in your functioning continued for much of the time since this episode began?*	0	1	9
68.	**DSM III-R Brief Reactive Psychosis** *During the current/most recent episode, did you experience unpredictable, intense mood changes or did you feel baffled?*	0	1	9
69.	**If FEMALE:** *Did the current/most recent episode begin within four weeks of childbirth?*	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, 48.

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

Establishing the Prodromal Period:

70. (47) *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, 47.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		
	No	Yes	Unk	No	Yes	Unk
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		
	No	Yes	Unk	No	Yes	Unk
70.j) *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?*	0	1	9	0	1	9
70.k) *get nervous about being around other people, or about going to parties or other social events, or take criticism badly?*	0	1	9	0	1	9
70.l) *worry that people had it in for you, or feel that most people were your enemies, or think people were making fun of you?*	0	1	9	0	1	9

PRODROMAL ONLY

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

INTERVIEWER: Return to top of question 70,47 to establish the Residual period and code in Residual Column.

RESIDUAL ONLY

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

SCHIZOAFFECTIVE DISORDER, MANIC TYPE

INTERVIEWER: If subject has never had a period of mania or hypomania, skip to question 81

You mentioned before that you have had periods when you felt **(Manic moods)**.

		No	Yes	Unk
71. (48)	*Did* **(Delusions or Hallucinations)** *ever occur when you were feeling extremely good or high, or when you were feeling unusually irritable?* **If yes:** Record response: _____	0	1	

Skip to question 81, 58

72.	*Did the* **(Delusions or Hallucinations)** *correspond to either of the manic episodes described previously?* **INTERVIEWER:** Indicate if manic episode corresponds to manic periods described in the MANIA section.	0	1	9

Skip to question 75, 52

		Code Response 1	2
73.	**INTERVIEWER:** Specify and code whether subject's mood was: 1. Only irritable 2. Euphoric (with or without irritability)		

		No	Yes	Unk
73.a)	*During the period of feeling especially good or high when you were also having* **(Psychotic symptoms)** *were you also experiencing any of these symptoms?*			
73.a.1)	*Overactivity—Running around, many projects, or physically agitated?*	0	1	9
73.a.2)	*More talkative than usual, speech pressured?*	0	1	9
73.a.3)	*Thoughts racing, jumping from topic to topic?*	0	1	9
73.a.4)	*Feeling grandiose - more important, special, powerful?*	0	1	9
73.a.5)	*Needing less sleep - energetic after little or no sleep?*	0	1	9
73.a.6)	*Attention distracted by unimportant things?*	0	1	9
73.a.7)	*Doing risky things for pleasure - spending, sex, reckless driving, etc.?*	0	1	9

		SX
74.	**INTERVIEWER: Enter number of definite symptoms.** [If Euphoric, criterion = 3] [If Irritable only, criterion = 4]	

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, 94.

		No	Yes	Unk
75.	*Did these episodes only follow alcohol or drug intake or withdrawal?*	0	1	9
76. (53.)	**INTERVIEWER:** Has the subject ever met Criterion A for schizophrenia (i.e., was the response to question 54, 33 or 54.a, 33.a yes)?	0	1	
76a.	**If yes:** Did subject ever meet Criterion A for schizophrenia during an episode of mania?	0	1	9
76b.	**(IF 76.a, 53.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, 49 or 73, 50:			
	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, alogia or avolition	0	1	
77.	**Presence of Mood-Incongruent Psychotic Symptoms** Code **YES** if psychotic symptoms occurring during any manic episode had content that was not 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** *Did the* **(Hallucinations/delusions)** *ever continue after your mood returned to normal?*	0	1	9
78.a)	**If yes:** *What is the longest time they lasted after your mood became normal?*	Weeks		
79.	*Did the* **(Other psychotic symptoms such as formal thought disorder, bizarre behavior, catatonia)** *ever continue after your mood returned to normal?*	0	1	9
79.a)	**If yes:** *What is the longest time they lasted after your mood became normal?*	Weeks		
80. (57.)	**INTERVIEWER:** Were the Affective syndromes brief relative to the Psychotic symptoms?	0	1	9

INTERVIEWER NOTE: Brief = < 30%. Code question 80, 57 "yes" if the **total duration** of their affective episodes equals less than 30% of the time relative to the **total duration** of psychosis. If needed, use the following questions to clarify the overlap: "Since you first began experiencing (delusions/ hallucinations) what percent of the time were you manic? What percent of time was your mood normal?"

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, 68.

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

		No	Yes	Unk
81. (58.)	*Did* **(Delusions or Hallucinations)** *ever occur when you were feeling especially depressed?* **If yes:** Record response: _____	0	1	

Skip to question 91

82.	*Did the* **(Delusions or Hallucinations)** *correspond to either of the depressive episodes described previously?*	0	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 [ ]

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.

85.	*Did these episodes only follow alcohol or drug intake or withdrawal?*	0	1	9

		No	Yes	Unk
86. (63.)	**INTERVIEWER:** Has the subject ever met Criterion A for schizophrenia (i.e., was the response to question 54 or 54.a yes)?	0	1	
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 has reported symptoms in each of 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 not consistent with themes of personal inadequacy, guilt, etc.	0	1	9
88.	**Persistence of Psychotic Symptoms with Affective Clearing** *Did the* **(Hallucinations/delusions)** *ever continue after your mood returned to normal?*	0	1	9
88.a)	**If yes:** *What is the longest time they lasted after your mood became normal?*	Weeks		
89.	*Did the* **(Other psychotic symptoms such as formal thought disorder, bizarre behavior, catatonia)** *ever continue after your mood returned to normal?*	0	1	9
89.a)	**If yes:** *What is the longest time they lasted after your mood became normal?*	Weeks		
90.	**INTERVIEWER:** Were the Affective syndromes brief relative to the Psychotic symptoms?	0	1	9

INTERVIEWER NOTE: Brief = < 30%. Code question 90, 80, 67 "yes" if the **total duration** of their affective episodes equals less than 30% of the time relative to the **total duration** of psychosis. If needed, use the following questions to clarify the overlap: "Since you first began experiencing (delusions/hallucinations) what percent of the time were you depressed? What percent of time was your mood normal?"

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?"* ___ ___ ___ %

POLYDYPSIA

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

Code Response

93. **These specifiers can be applied only after at least 1 year has elapsed since the initial onset of active-phase symptoms.** 1 2 3 4 5 6

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

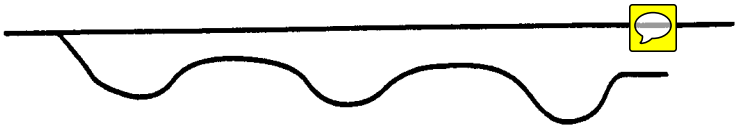
Code Response

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

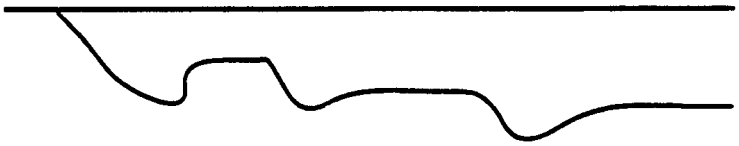
1 2 3 4 5

1. **Episodic Shift:** Episodes of illness are interspersed between periods of health or near normality.

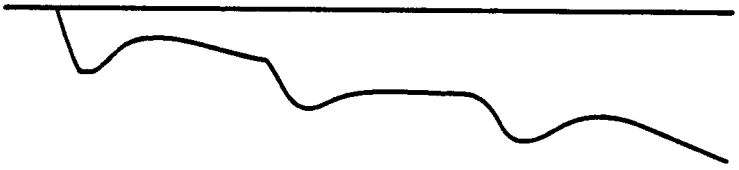
2. **Mild Deterioration:** Periods of illness occur, but there are also extended periods of return to near normality, with some ability to work at a job and near normal or normal social functioning.



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.



4. **Severe Deterioration:** The subject's illness has become chronic resulting in inability to maintain employment (outside of sheltered workshop) and social impairment.



5. **Relatively Stable:** The subject's illness has not changed significantly.

For Centers not using the SIS

	No	Yes	Unk
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

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).

In general did you....	No	Yes	Unk
2. *…stay away from family and friends, becoming socially isolated with no close friends or confidants?*	0	1	9
3. *…have trouble doing your job, going to school, or doing your work at home?*	0	1	9
4. *…do anything unusual, like collecting garbage, talking to yourself in public, hoarding food, wearing clothing that was unusual and would call attention to yourself?*	0	1	9
5. *…not take care of hygiene and grooming?*	0	1	9
6. *…not appear to have emotions, or not respond with emotion when appropriate or show emotions that did not fit with what was going on?*	0	1	9
7. *…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
8. *…have unusual beliefs or magical thinking (e.g., superstitiousness, belief in clairvoyance, telepathy, "sixth sense," feeling that "others can feel my feelings,")?*	0	1	9
9. *…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?*	0	1	9
10. *…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?*	0	1	9
11. *…get nervous about being around other people, or about going to parties or other social events?*	0	1	9
12. *…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?*	0	1	9

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.

INTERVIEWER: Does this section apply to subject.?

No	Yes	Unk
0	1	9

Skip to O. Suicidal Behavior

Skip to F. Anxiety Disorders

INTERVIEWER: Rate first occurrence at right.

Code Response: 1 2 3 4

1. *You mentioned earlier your* **(mood changes/psychotic symptoms),** *and also that you were using* **(alcohol/drugs)** *heavily. Think about the first time you had any of these problems. Which came first* **(mood changes/psychotic symptoms)** *or* **(alcohol/drugs)**?
   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.

	No	Yes	Unk
1.a) **If 1.** Mood changes/psychotic symptoms occurred first: *Did you have* **(mood changes/psychotic symptoms)** *right before you started using* **(alcohol/drugs)** *heavily?*	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: ____ ____ ____

	No	Yes	Unk
1.b) **If 2.** Alcohol/drugs occurred first: *Were you using* **(alcohol/drugs)** *heavily right before you had* **(mood changes/psychotic symptoms)**?	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: ____ ____ ____

INTERVIEWER: If only one episode (total) of mood changes/psychotic symptoms, skip to **O. Suicidal Behavior**

INTERVIEWER: If only one episode (total) of mood changes/psychotic symptoms, skip to **F. Anxiety Disorders**

	More than one episode	Only one episode	Unk
INTERVIEWER: If only one episode (total) of mood changes/psychotic symptoms, skip to **O. Suicidal Behavior.**	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 2 3 4 5 6

1. Emotional/thinking difficulties always occurred first → **Skip to question 4**
2. Alcohol/drug abuse always occurred first → **Ask question 3, but skip 4**
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 → **Skip to O. Suicidal Behavior**
6. Not Clear → **Skip to Module F. Anxiety Disorders**

		No	Yes	Unk
3.	*Have your* **(Mood/Psychotic)** *episodes <u>ever</u> 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 [ ] OR Weeks [ ][ ][ ]

		No	Yes	Unk
4.	*Did you <u>ever</u> 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 [ ] OR Weeks [ ][ ][ ]

SITE OPTIONAL

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

	No	Yes	Unk
1. *Have you ever tried to kill yourself?*	0	1	9

→ **Skip to question 23**

→ **End of Interview**

1.a) **If yes:** *How many times have you tried to kill yourself?* Times ____

→ If only **one time**, skip to question 2

1.b) *How many of those attempts led to medical care (i.e., stitches, "stomach pumped", intubation, etc.)* Times ____

1.c) *How old were you the first time you tried to kill yourself?* Age ____

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.

SITE OPTIONAL

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

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

INTERVIEWER: If there have been more than 1 attempt, explore the two most severe in terms of intent and/or medical intervention required.

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

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

Record response: _____

_____

Age

3. *How old were you?*

	No	Yes	Unk
4. *Did you require medical treatment after this attempt?*	0	1	9
5. *Were you admitted to a hospital after the attempt?*	0	1	9

If yes:

Code Response

5.a) *Medical hospital?* 0 1 2 9

0. No
1. Yes, Emergency Room
2. Yes, Inpatient
9. Unknown

5.b) *Psychiatric hospital?* 0 1 2 9

If yes: Note whether voluntary or involuntary.

0. No
1. Yes, voluntary
2. Yes, involuntary
9. Unknown

	No	Yes	Unk
6. *Did you want to die?*	0	1	9
7. *Did you think you would die from what you had done?*	0	1	9

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

Code Response

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.

SITE OPTIONAL

9. **INTERVIEWER:** Rate **lethality** of most serious attempt.

Code Response: 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. *Did the suicidal behavior described occur during an episode of…* (**Circle all that apply**)

	No	Yes	Unk
…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?	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

INTERVIEWER: FOR GENRED INTERVIEW, SKIP TO QUESTION 23.

(SKIP THIS PAGE)

SITE OPTIONAL

INTERVIEWER: If skipping site optional Suicide section, skip to question 23.

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

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

Record response: _____

_____

14. *How old were you?* Age ____

	No	Yes	Unk
15. *Did you require medical treatment after this attempt?*	0	1	9
16. *Were you admitted to a hospital after the attempt?*	0	1	9

If yes:

16.a) *Medical hospital?*

Code Response			
0	1	2	9

0. No
1. Yes, Emergency Room
2. Yes, Inpatient
9. Unknown

16.b) *Psychiatric hospital?*

0	1	2	9

If yes: Note whether voluntary or involuntary.

0. No
1. Yes, voluntary
2. Yes, involuntary
9. Unknown

	No	Yes	Unk
17. *Did you want to die?*	0	1	9
18. *Did you think you would die from what you had done?*	0	1	9

(SKIP THIS PAGE)

SITE OPTIONAL

19. **INTERVIEWER:** Rate **intent** of second most serious attempt.

Code Response: 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.

20. **INTERVIEWER:** Rate **lethality** of second most serious attempt.

Code Response: 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**.

21. **INTERVIEWER:** Rate **premeditation** of second 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**.

22. *Did the suicidal behavior described occur during an episode of…* (**Circle all that apply)**

	No	Yes	Unk
…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?	0	1	9

If yes: *Specify:* _____

_____

SITE OPTIONAL

VIOLENT BEHAVIOR

	No	Yes	Unk
23. (13.) *When angry or irritable, were there times when you hurt someone so they required medical attention?*	0	1	9

When angry or irritable, were there times when you hurt physically hurt someone?

If yes: *Describe:* _____

_____

Skip to question 25 (15)

23a. When angry or irritable, were there times when you hurt someone so they required medical attention?	0	1	9

24. (14.) *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
…drug abuse?	0	1	9
…psychosis?	0	1	9
…other?	0	1	9

If yes: *Specify:* _____

_____

SELF-HARM WITHOUT SUICIDAL INTENT

25. (15.) *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

If yes: *Describe:* _____

_____

SITE OPTIONAL

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

_____

27. (17.) **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		
		No	Yes	Unk	No	Yes	Unk
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. (18.) *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
…drug abuse?	0	1	9
…psychosis?	0	1	9
…other?	0	1	9

If yes: *Specify:* _____

_____

_____

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

OBSESSIONS

		No	Yes	Unk
1.	*Have you ever been bothered by thoughts that did not make any sense, that kept coming back to you even when you tried not to have them?* **If unclear:** *Did these thoughts continue to bother you no matter how hard you tried to get rid of them or ignore them?* **(Probe:** *Examples might be like thinking your hands are dirty no matter how often you wash them, or the repeated urge to curse in church, or feeling sure many times that you have run someone over with your car.)*	0	1	9

Skip to question 2

If yes:

1.a) *What were they?* _____

_____

1.b) *What did you do about them?* _____

_____

1.c) **INTERVIEWER:** Code **NO** if thoughts, impulses, or images are simply excessive worries about real-life problems.	0	1	9
1.d) **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
1.e) **INTERVIEWER:** Does the person recognize that the obsessions are imposed from within (not from without as in thought insertion)?	0	1	9
1.f) **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

COMPULSIONS

		No	Yes	Unk
2.	*Have you ever had to repeat some act over and over which you could not resist repeating in order to feel less anxious–like washing your hands, counting things, or checking things?* **(Probe:** *Another example might be doing things in a certain order and having to start over again if you get the order wrong.**)***	0	1	9

If **No** to questions 1 and 2, skip to question 11.
If **No** to question 2 only, skip to question 4.

If yes:

2.a) *What was it you did over and over?* _____

_____

	No	Yes	Unk
2.b) *What were you afraid would happen if you did not do it?* _____			
_____			
2.c) **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
2.d) **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
3. *Did you ever feel that these behaviors were excessive or unreasonable?*	0	1	9
4. *How much time did you spend doing* **(Compulsion)** *and or thinking about* **(Obsession)** *each day?*	Minutes: [ ][ ][ ]		
5. *Did you seek help from anyone, like a doctor or other professional?*	0	1	9
6. *Did you take any medication?* **If yes:** *Specify.* _____	0	1	9
_____			
7. *What effect did these* **(Obsessions and/or Compulsions)** *have on your life?*			
_____			
_____			
_____			
7.a) *Did these* **(Obsessions and/or Compulsions)** *bother you a lot?*	0	1	9
7.b) *Did they significantly interfere with how you managed your work, school, household tasks, or social relationships?*	0	1	9
7.c) *Did these* **(Obsessions and/or Compulsions)** *cause you a lot of anxiety or distress?*	0	1	9
8. *How old were you the first time you were bothered by* **(Obsession and/or Compulsion)***?*	Ons Age: [ ][ ]		
9. *How old were you the last time you were bothered by* **(Obsession and/or Compulsion)***?*	Rec Age: [ ][ ]		
10. *Did you ever have* **(Obsession and/or Compulsion)** *at some time other than within two months of having* **(Depression/Psychosis)**?	0	1	9

PANIC DISORDER

		No	Yes	Unk
11.	*Have you ever had panic attacks or anxiety attacks when you suddenly felt very frightened in situations that are usually not considered threatening?*	0	1	9
11.a)	**If no:** *Have you ever had sudden, unexplained episodes of physical symptoms such as rapid or loud heartbeat, feeling faint or lightheaded, sweating, trembling? How about sudden, unexplained episodes of chest tightness or a feeling of smothering?*	0	1	9

Skip to Phobic disorder (question 31, 28)

12. *Describe spells and situations in which* **(Symptoms indicated above)** *happen:* (Are the attacks predictable?)

_____

_____

_____

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

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

EVER ONLY

INTERVIEWER: If less than two symptoms, skip to Phobic disorder (question31, 28).

INTERVIEWER: If more than two symptoms are coded **YES** in question 13a-m and subject progressed past question 2 in D. Somatization, review corresponding items in Somatization disorder (questions 3.e, 6.e, 9.b, 15.a, 15.b, 15.c) to make sure they did not occur only during panic attacks. If they did, recode those items as **NO** in Somatization section.

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)

	0	1	9

Skip to Phobic Disorder (question 28)

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

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

		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

		No	Yes	Unk
18.c)	*Have you changed your behavior because of the attack?*	0	1	9

If yes: *Specify.* _____

_____

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

19.	*Did you seek help from anyone, like a doctor or other professional?*	0	1	9
20.	*Did you take any medications for these attacks?*	0	1	9

If yes: *Specify.* _____

_____

21.	*Did you <u>only</u> have the attacks when you were consuming a lot of caffeine or alcohol or taking drugs like amphetamines?*	0	1	9

If yes: *Specify.* _____

_____

22.a)	*Did a doctor ever tell you that you had a medical condition (e.g., overactive thyroid?) that might have been responsible for these attacks?*	0	1	9
22.b)	*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?*	0	1	9

23.	*How old were you the <u>first</u> time you had a panic attack?*	Ons Age [ ][ ]
24.	*How old were you the <u>last</u> time you had a panic attack?*	Rec Age [ ][ ]

25.	*Have you ever had panic attacks during an episode of depression?*	0	1	9
26.	*Have you ever had panic attacks during an episode of mania?*	0	1	9
27.	*Have you ever had panic attacks at any other time?*	0	1	9

SITE OPTIONAL

		None	Some	Most	All	Unk
28. (25)	*What proportion of panic attacks have occurred durin g depression?*	0	1	2	3	9
29. (26)	*What proportion of panic attacks have occurred during mania?*	0	1	2	3	9
30. (27)	*What proportion of panic attacks have occurred at other times?*	0	1	2	3	9

PHOBIC DISORDER

		No	Yes	Unk
31.	*Have you ever been excessively afraid of…*			
31.a)	**Agoraphobic** *…going out alone, being alone in a crowd or in stores, or being in places where you feel you cannot escape or get help?*	0	1	9
31.b)	**Social** *…doing certain things in front of people like speaking, eating, or writing?*	0	1	9
31.c)	**Simple/Specific** *…certain animals, heights, or being closed in?*	0	1	9

Skip to Q. Eating Disorders

Skip to GAD

32.	*Did you go out of your way to avoid...*			
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 Q. Eating Disorders

Skip to GAD

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

	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		
	No	Yes	Unk	No	Yes	Unk	No	Yes	Unk
INTERVIEWER: For each positive fear, ask questions 34–44.									
34. *Did you almost always become anxious when you were experiencing* **(Feared object/situation)**?	0	1	9	0	1	9	0	1	9
35. *Were you more anxious than you should have been?*	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) *Were you greatly upset about <u>having</u> the fear?*	0	1	9	0	1	9	0	1	9
37. *Because of* **(Feared object/situation)**, *was there a difference in your social life or in how you managed your work, school, or household tasks?*	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			

	Agoraphobic			Social			Simple/Specific		
	No	Yes	Unk	No	Yes	Unk	No	Yes	Unk
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. *Did you seek help from anyone, like a doctor or other professional?*	0	1	9	0	1	9	0	1	9
40. *Did you take any medications?* **If yes:** *Specify:*	0	1	9	0	1	9	0	1	9
41. *Did you ever have this problem at some time other than two months before or after having* **(Depression/Psychosis)**?	0	1	9	0	1	9	0	1	9
42. *How old were you the first time you had this problem?*	Ons Age			Ons Age			Ons Age		
43. *How old were you the last time you had this problem?*	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			

Social Phobia only

If recency age less than 18 years, Code **YES** if phobia lasted at least 6 months.

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

ANOREXIA NERVOSA

		No	Yes	Unk
1.	*Was there ever a time when you weighed much less than other people thought you ought to weigh?*	0	1	9

Skip to Bulimia (question 14)

		No	Yes	Unk
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

Skip to Bulimia (question 14)

3. *What was your lowest weight at that time?* Pounds ☐☐☐

4. *How tall were you?* Record response:_____ Inches ☐☐

5. *How old were you?* Age ☐☐

6. **INTERVIEWER: Note body frame**.

Sm	Med	Lrg
1	2	3

Elbow breadth for **medium** frame:

Women:
- 4'9" to 5'2": 2 ¼" to 2 ½"
- 5'3" to 5'11": 2 3/8" to 2 5/8"

Men:
- 5'1" to 5'6": 2 ½" to 2 7/8"
- 5'7" to 6'2": 2 ¾" to 3 1/8"
- ≥6'3": 2 7/8" to 3 ¼"

WEIGHT CRITERION FOR ANOREXIA (15% BELOW EXPECTED WEIGHT)

MEN				WOMEN			
Height	Small Frame	Medium Frame	Large Frame	Height	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
6.a)	**INTERVIEWER:** Is lowest weight (question 3) more than table entry for height, gender, and body?	0	1	9

Skip to Bulimia (question 14)

		No	Yes	Unk
7.	*At that time did you still feel fat or did you see yourself as too fat in some ways?*	0	1	9
8.	*Were you still very much afraid that you could become fat?*	0	1	9
9.	**If female:** *Did your periods stop even when you were not pregnant?*	0	1	9
9.a)	**If yes:** *Did you miss at least three cycles in a row?*	0	1	9
10.	*Was there a medical disorder causing your weight loss?*	0	1	9

If yes: *Specify:* _____

		No	Yes	Unk
11.	*Did your lowered weight follow the use of diet pills, amphetamines, cocaine, or other substances?*	0	1	9

If yes: *Specify:* _____

12. *How old were you the first time your weight was below __?*
(See weight criterion table for loss of 15%.)

Ons Age [ ][ ]

13. *How old were you the last time your weight was below ___?*
(See weight criterion table for loss of 15%.)

Rec Age [ ][ ]

BULIMIA

		No	Yes	Unk
14.	*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)?	0	1	9

Skip to R. Pathological Gambling

Skip to S. Antisocial Personality

15.	*During these binges were you afraid you could not stop eating, or that your eating was out of control?*	0	1	9
16.	*Did you have eating binges as often as twice a week for at least three months?*	0	1	9

Skip to question 19

17. *How old were you when you first binged regularly?*

Ons Age [ ][ ]

18. *How old were you the last time you binged regularly?*

Rec Age [ ][ ]

		No	Yes	Unk
19.	**Compensatory Behavior** *Did you do anything to make up for eating so much, perhaps like...*			
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?* **If yes:** *Specify:* _____	0	1	9

Skip to question 20

19.g)	*Did you do* **(Compensatory behavior/s)** *as often as twice a week for at least 3 months?*	0	1	9
20.	*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?*	0	1	9
21.	**INTERVIEWER:** Are questions 16 and 19g both **YES**?	0	1	9

Skip to R. Pathological Gambling

Skip to S. Antisocial Personality

22.	*Did these episodes of binge eating and* **(Compensatory behaviors)** *both occur on average twice a week for at least 3 months?*	0	1	9

Skip to R. Pathological Gambling

Skip to S. Antisocial Personality

23.	*How old were you when you <u>first</u> binged and* **(Compensatory behavior/s)** *regularly?*	Ons Age
24.	*How old were you the <u>last</u> time you binged and* **(Compensatory behavior/s)** *regularly?*	Rec Age

		No	Yes	Unk
25.	**INTERVIEWER:** If subject appears to meet criteria for **Anorexia Nervosa**, ask: *Did these episodes of binge eating and* **(Compensatory behaviors)** *occur at any time other than during an anorexia episode?*	0	1	9

		No	Yes	Unk
1.	*Have you ever gambled or bet too often or too much?*	0	1	9

Skip to S. Antisocial Personality

2.	*Did/do you frequently gamble larger amounts or over a longer period of time than you intend?*	0	1	9
3.	*Did/do you need to increase the size or frequency of the bets to achieve excitement?*	0	1	9
4.	*Did/do you become restless or irritable if you are unable to gamble?*	0	1	9
5.	*Did/do you sustain repeated losses by trying to win back losses?*	0	1	9
6.	*Were/are you frequently preoccupied with gambling?*	0	1	9
7.	*Have you made repeated attempts to stop or reduce your gambling?*	0	1	9
8.	*Have you frequently neglected family, social, or job obligations when you gamble*?	0	1	9
9.	*Has gambling ever caused you to skip important social, job, or recreational activities?*	0	1	9
10.	*Have you continued to gamble in spite of debts and/or other consequences?*	0	1	9
11.	*Did/do you continue to gamble to escape from feelings such as sadness or depression, helplessness, guilt, anxiety?*	0	1	9
12.	*Have you committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling?*	0	1	9
13.	*Did/do you rely on others to bail you out of financial crises caused by gambling?*	0	1	9
14.	*Did/do you lie to family members, therapist or others to conceal the extent of your gambling?*	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

16. *How old were you when you first gambled heavily?* Ons Age

17. *How old were you the last time you gambled heavily?* Rec Age

18.	*Have you ever sought help for a problem with gambling?*	0	1	9
19.	*Did you have these problems other than during a mania?*	0	1	9

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

		No	Yes	Unk
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?*		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

If yes: *Why did you tell a lot of lies?* _____

_____

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.

Skip to question 2

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

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

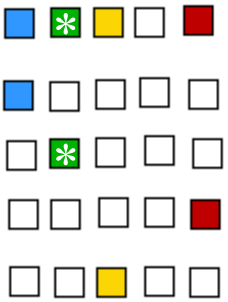
	No	Yes	Unk
2.a) **INTERVIEWER:** Is question 2 three or more?	0	1	9

Skip to T. Global Assessment Scale

Skip to X. Reliability Assessment

Skip to AA. ADHD

Skip to Separation Anxiety Disorder



Age

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

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.

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

	No	Yes	Only During Alc/ Drugs
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

		No	Yes	Only During Alc/ Drugs
11.	*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?*	0	1	2
12.	*Since you were 15, have you frequently lied, used an alias, or conned others for personal profit or pleasure?*	0	1	2
13.	*Since you were 15, have you received three or more speeding tickets or have you often driven while intoxicated?*	0	1	2
14.	*Since you were 15, have you ever been responsible for children?*	0	1	2

Skip to question 16

15.	*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...*			
15.a)	*…not giving the child enough food?*	0	1	2
15.b)	*…not keeping the child clean resulting in his/her illness?*	0	1	2
15.c)	*…not getting medical care when the child was seriously ill?*	0	1	2
15.d)	*…leaving the child with neighbors because you were not able to take care of the child at home (except for babysitting)?*	0	1	2
15.e)	*…not arranging for anyone to take care of the child when you were away?*	0	1	2
15.f)	*…running out of money to take care of the child more than once because you spent the money on yourself?*	0	1	2
16.	*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?*	0	1	

INTERVIEWER: Code **YES** (for positive symptom) if subject has never sustained a totally monogamous relationship for more than one year.

17.	*Did you feel it was okay for you to have stolen, hurt, hit, destroyed, or* **(List other antisocial acts from questions 8-13)***?*	0	1	

Rec Age

18. *How old were you the last time you did any of these things?* ☐☐

You said that you **(Review positive symptoms in questions 5-16)**.
How old were you the last time you did any of these things?

Rec Age ☐☐

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.

		No	Yes
1.	Is the subject hospitalized?	0	1

		Current Episode GAS	
2.	**GAS:** At worst point during current episode		

		Past Month GAS	
3.	**GAS:** During past month		

Score	Criteria
100	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.
91	
90	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.
81	
80	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.
71	
70	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".
61	
60	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.
51	
50	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).
41	
40	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.
31	
30	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).
21	
20	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).
11	
10	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.
1	

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 amount, 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

		None → Severe					Unk
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 → Severe						Unk
21. **Relationships with Friends and Peers** The patient may have few or no friends and may prefer to spend all his time isolated.	0	1	2	3	4	5	9
22. **Global Rating of Anhedonia/Asociality** This rating should reflect overall severity, taking into account the patient's age, family status, etc.	0	1	2	3	4	5	9

ATTENTION

23. **Social Inattentiveness** The patient appears uninvolved or unengaged. He may seem "spacey".	0	1	2	3	4	5	9
24. **Inattentiveness During Mental Status Testing** Refer to tests of "serial 7s" (at least five subtractions) and spelling "world" backwards.	0	1	2	3	4	5	9
25. **Global Rating of Attention** This rating should assess the patient's overall concentration, both clinically and on tests.	0	1	2	3	4	5	9

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

SITE OPTIONAL

RATE SUBJECTS WORST EPISODE HERE

SCALE FOR THE ASSESSMENT OF POSITIVE SYMPTOMS

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

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 →					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

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

SITE OPTIONAL

		None →					Severe	Unk
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

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

Please note:

Section V. SAPS repeats in version 3.0R7 only asking for the subject's last 30 days to be rated.

SITE OPTIONAL ☐☐■☐☐

RATE SUBJECTS 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

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 →					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

SAPS CODES			
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1 = Questionable	3 = Moderate	5 = Severe	

SITE OPTIONAL

		None →					Severe	Unk
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
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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

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

INTERVIEWER: Indicate how reliable you think the information provided by the subject is in the following areas.

		Good	Fair	Unreliable
1.	SOMATIZATION	1	2	3
2.	MAJOR DEPRESSION	1	2	3
3.	MANIA	1	2	3
4.	ALCOHOL ABUSE	1	2	3
5.	TOBACCO, MARIJUANA AND DRUG ABUSE	1	2	3
6.	PSYCHOSIS	1	2	3
7.	SUICIDAL BEHAVIOR AND VIOLENT BEHAVIOR	1	2	3
8.	ANXIETY DISORDERS	1	2	3
9.	EATING DISORDERS	1	2	3
10.	ANTISOCIAL PERSONALITY	1	2	3
11.	OVERALL RELIABILITY	1	2	3

Please explain below

		Good	Fair	Unreliable
1.	SOMATIZATION	1	2	3
2.	MAJOR DEPRESSION	1	2	3
3.	MANIA	1	2	3
4.	ALCOHOL ABUSE	1	2	3
5.	TOBACCO, MARIJUANA AND DRUG ABUSE	1	2	3
6.	PSYCHOSIS	1	2	3
7.	SUICIDAL BEHAVIOR AND VIOLENT BEHAVIOR	1	2	3
8.	ANXIETY DISORDERS	1	2	3
9.	EATING DISORDERS	1	2	3
10.	ANTISOCIAL PERSONALITY	1	2	3
11.	ADHD	1	2	3
12.	OVERALL RELIABILITY	1	2	3

Please explain below

INTERVIEWER: Indicate how reliable you think the information provided by the subject is in the following areas.

		Good	Fair	Unreliable
1.	MAJOR DEPRESSION (DIGS--F)	1	2	3
2.	MANIA (DIGS--G)	1	2	3
3.	ALCOHOL ABUSE/DEPENDENCE (SCID I—MODULE E)	1	2	3
4.	NON-ALCOHOL SUBSTANCE ABUSE/DEPENCE (SCID I—MODULE E)	1	2	3
5.	PSYCHOSIS (DIGS—K)	1	2	3
6.	SUICIDAL BEHAVIOR AND VIOLENT BEHAVIOR (DIGS—O)	1	2	3
7.	ANXIETY DISORDERS (SCID I—MODULE F; SADS)	1	2	3
8.	EATATELIFE PHENOTYPE: PART II	1	2	3
9.	EATING DISORDERS (MODULE H; SIAB-EX)	1	2	3
10.	PERSONALITY DISORDERS (SCID II)	1	2	3
11.	YBC-EDS	1	2	3
12.	Y-BOCS/OCD (SCID I)	1	2	3
13.	OVERALL RELIABILITY	1	2	3

Please explain below

1. Description of subject and interaction during interview
2. Chronological history of psychiatric symptoms/syndromes from onset to present
3. Summary of positive DIGS ratings with examples
4. Formulation and comments, including explanation of unknown or uncertain ratings, "flags", atypical features.

Subject ID: | | | – | | | | | |

Subject Name: _____ ____ _____

First name MI Last name

Date of Birth: | | | – | | | | – | | | | |

Day **Month** **Year**

Physician Name	Hospital/Clinic Name	City	State	Treatment Dates	Condition

Ethnicity

* 210 = **European** – Peoples West of the Urals and North of the Black Sea

220 = **African, sub-Saharan** – Most African-Americans and Afro-Caribbeans ("Black Hispanics"), as well as Sub-Saharan Africans (incl. South Sudanese).

230 = **African, northeastern** – Mediterranean and Saharan Africans (incl. Algerians, Egyptians, North Sudanese, Libyans, Moroccans, and Tunisians)

240 = **Southeast Asian** – Malaysian, Balinese, Viet Muong, Thai, South Chinese, Indonesian, and indigenous people of the Philippines.

250 = **All Other Asian** – All peoples East of the Urals and South of the Black Sea except Southeast Asians (e.g., North Chinese, Indians, Koreans, Japanese, Turks, Armenians)

260 = **Native Americans** – Indigenous peoples of North, Central, and South America

* 270 = **Admixed** – All recent mixtures of the above groups (incl. "Hispanics," non-indigenous Central and South Americans, Filipinos, etc.)

* 280 = **Special Populations** – Genetic isolates and outliers (e.g., Old Order Amish, Sardinian, Ashkenazi, Sephardic)

290 = **Other** – (e.g., Pacific Islanders, indigenous Australians, etc.)

999 = **Unknown**

SITE OPTIONAL

* Use third digit specifiers for sub-groups:

210 = **European** – Peoples West of the Urals and North of the Black Sea

211 = **Anglo–Saxon**

212 = **Northern European** (e.g., Norwegian).

213 = **West European** (e.g., French, German)

214 = **East European, Slavic**

215 = **Russian**

216 = **Mediterranean**

270 = **Admixed** – All recent mixtures of the above groups (incl. "Hispanics," non-indigenous Central and South Americans, Filipinos, etc.)

271 = **Hispanic** (not Puerto Rican)

272 = **Puerto Rican Hispanic**

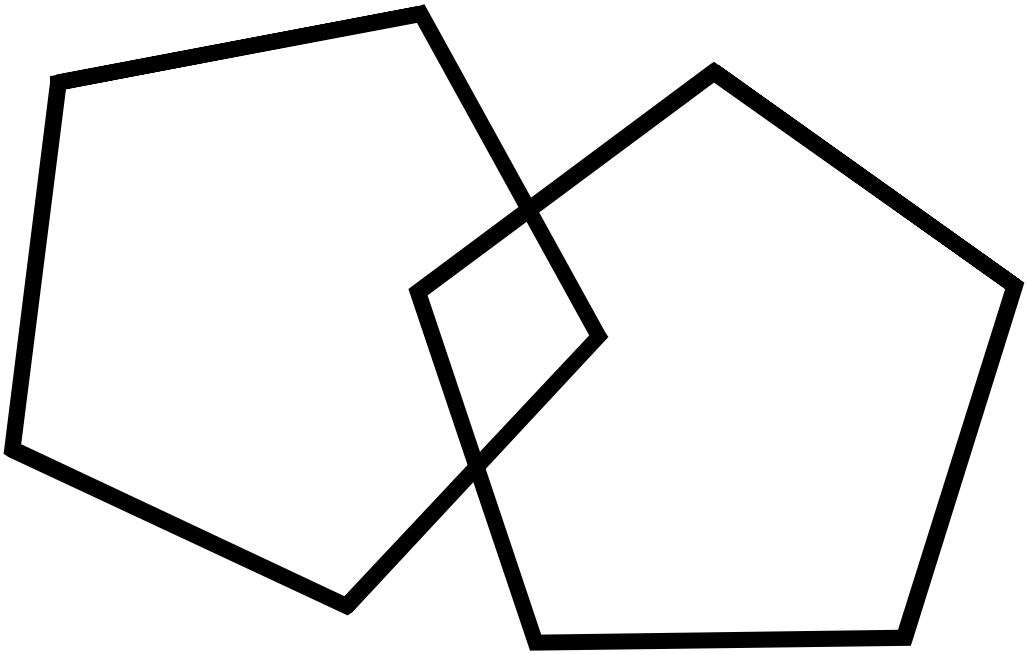
273 = **Mexican Hispanic**

280 = **Special Populations** – Genetic isolates and outliers (e.g., Old Order Amish, Sardinian, Ashkenazi, Sephardic)

281 = **Ashkenazi Jew**

282 = **Sephardic Jew**

CLOSE YOUR EYES



			Most Severe	Other
Depressed			Box 1: _____	_____
_____	F.4.c, 38.e	Felt depressed		
_____	F.4.d/e, 38.f/g	Felt irritable/anxious		
Appetite/Weight			Box 2: _____	_____
_____	F.6, 39	Change in appetite		
_____	F.6.a, 39.a	Change in weight		
Sleeping			Box 3: _____	_____
_____	F.7, 40	Trouble sleeping		
_____	F.7.b, 40.b	Unable to fall asleep for at least an hour		
_____	F.7.c, 40.c	Trouble sleeping through the night		
_____	F.7.e, 40.e	Waking up an hour earlier than usual		
_____	F.7.f, 40.f	Slept more than usual		
Restless/Slowed Down			Box 4: _____	_____
_____	F.8, 41	Was fidgety or restless		
_____	F.9, 42	Moved or talked slower		
Loss of Interest			Box 5: _____	_____
_____	F.10, 43	Loss of interest in sex/other pleasurable activities		
_____	F.10.a, 43.a	Loss of interest in nearly all usual activities		
Tired			Box 6: _____	_____
_____	F.11, 44	Loss of energy or more tired than usual		
Guilt			Box 7: _____	_____
_____	F.12, 45	Felt guilty or bad about self		
_____	F.13, 46	Felt was a failure or worthless		
Thinking			Box 8: _____	_____
_____	F.14, 47	Had difficulty thinking, concentrating or making decisions		
Thoughts of Dying			Box 9: _____	_____
_____	F.15, 48	Thought about dying/wishing was dead		
_____	F.16, 49	Tried to harm self		

DEPRESSION TALLY SHEET

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

MANIA/HYPOMANIA TALLY SHEET

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

Alcohol Use Card A

If you used to drink:	**50% MORE is:**
2 drinks/bottles	3 drinks/bottles
4 drinks/bottles	6 drinks/bottles
6 drinks/bottles	9 drinks/bottles
8 drinks/bottles	12 drinks/bottles
1 pint	1½ pints
2 pints	3 pints
1 quart	1½ quarts
2 quarts	3 quarts

Alcohol Tally Sheet A

A: DSM-IIIR

Needing/Able to Drink More — Box 1: _____

_____ I.19.a Needed 50% more alcohol to get an effect OR could drink 50% more alcohol before getting drunk

Trying to Cut Down — Box 2: _____

_____ I.13 Tried to stop or cut down

_____ I.14 Tried but was unable to stop or cut down

Drinking More than Intended — Box 3: _____

_____ I.16 Drank more than intended, more days in a row than intended, or when promised self wouldn't

Drinking Used All Time — Box 4: _____

_____ I.17 Drinking or recovering from effects left little time for anything else

Reduced Activities — Box 5: _____

_____ I.21 Gave up or greatly reduced important activities to drink

Drinking Interfered/Endangered Self — Box 6: _____

_____ I.25 Often was drunk in situations where could have injured self

_____ I.26 Drinking or being hung over often interfered with responsibilities

Continued to Drink Despite Problems — Box 7: _____

_____ I.18.e Continued to drink after knowing it caused problems such as lost friends/problems with family

_____ I.32.h Continued to drink knowing alcohol caused health problems

_____ I.33 Continued to drink despite serious physical illness

_____ I.34.f Continued to drink knowing alcohol caused emotional problems

Withdrawal Symptoms Together — Box 8: _____

_____ I.31.l Two or more withdrawal symptoms occurred together

Avoiding Withdrawal Symptoms — Box 9: _____

_____ I.31.n Often drank to relieve or avoid withdrawal symptoms

Alcohol Tally Sheet B

B: DSM-IV

Needing/Able to Drink More			Box 1: _____
_____	I.19.a	Needed 50% more alcohol to get an effect OR could drink 50% more alcohol before getting drunk	

Trying to Cut Down			Box 2: _____
_____	I.13	Tried to stop or cut down	
_____	I.14	Tried but was unable to stop or cut down	

Drinking More than Intended			Box 3: _____
_____	I.16	Drank more than intended, more days in a row than intended, or when promised self wouldn't	

Drinking Used All Time			Box 4: _____
_____	I.17	Drinking or recovering from effects left little time for anything else	

Reduced Activities			Box 5: _____
_____	I.21	Gave up or greatly reduced important activities to drink	

Continued to Drink Despite Problems			Box 6: _____
_____	I.32.h	Continued to drink knowing alcohol caused health problems	
_____	I.33	Continued to drink despite serious physical illness	
_____	I.34.f	Continued to drink knowing alcohol caused emotional problems	

Withdrawal Symptoms			Box 7: _____
_____	I.31.l	Two or more withdrawal symptoms occurred together	
_____	I.31.n	Often drank to relieve or avoid withdrawal symptoms	

Chain Smoking			Box 1: _____
_____	J.3.b	Smoked 20+ cigarettes in a day at least twice a week	
_____	J.9.b	Chain smoked for 7+ days	

Reduced Activities			Box 2: _____
_____	J.10	Gave up or greatly reduced important activities because could not smoke	

Smoking More than Intended			Box 3: _____
_____	J.11	Often smoked a lot more than intended	
_____	J.11.a	Often ran out of cigarettes sooner than intended	

Trying to Cut Down			Box 4: _____
_____	J.13	Often wanted to quit or cut down on smoking	
_____	J.13.c.2	Unable to stop or cut down 3+ times	

Withdrawal Symptoms			Box 5: _____
_____	J.15.b	Experienced 4 or more withdrawal symptoms in 24 hours after quitting or cutting down	
_____	J.15.d	Smoked or used other source of nicotine to avoid withdrawal symptoms	

Continued to Smoke Despite Problems			Box 6: _____
_____	J.17.b	Continued to smoke knowing it caused some emotional problems	
_____	J.18.a	Continued to smoke knowing it caused physical health problems	
_____	J.19	Continued to smoke despite serious physical health problems	

Increased Use/Less Effect			Box 7: _____
_____	J.20	Found smoking had less effect	
_____	J.20.b	Needed to increase cigarette use by 50% or more	

Marijuana Tally Sheet A

A: DSM-IIIR

Spent Great Deal of Time			Box 1: _____
_____	J.24	Great deal of time spent using marijuana, getting it, or getting over its effects for 1 month or more	
Trying to Cut Down			Box 2: _____
_____	J.26	Often wanted to stop or cut down on marijuana	
_____	J.27	Tried but was unable to stop or cut down on marijuana	
Used More than Intended			Box 3: _____
_____	J.28	Often used marijuana more frequently or in larger amounts than intended	
Needing More			Box 4: _____
_____	J.29.a	Needed to use 50% more to get same effect or couldn't get high on amount used to use	
Withdrawal Symptoms Together			Box 5: _____
_____	J.30	2 or more withdrawal symptoms occurred together	
Avoiding Withdrawal Symptoms			Box 6: _____
_____	J.30.a	Often used marijuana to relieve or avoid withdrawal symptoms	
Use Interfered/Endangered Self			Box 7: _____
_____	J.31	Often high from marijuana when could have been injured	
_____	J.34	Marijuana often interfered with responsibilities	
Continued to Use Despite Problems			Box 8: _____
_____	J.25.f	Continued to use marijuana knowing it caused emotional or psychological problems	
_____	J.32.a	Continued to use marijuana despite objections	
Reduced Activities			Box 9: _____
_____	J.33	Often gave up or greatly reduced important activities to use marijuana	

Marijuana Tally Sheet B

B: DSM-IV

Spent Great Deal of Time			Box 1: _____
_____	J.24	Great deal of time spent using marijuana, getting it, or getting over its effects for 1 month or more	

Continued to Use Despite Problems			Box 2: _____
_____	J.25.f	Continued to use marijuana knowing it caused emotional or psychological problems	

Trying to Cut Down			Box 3: _____
_____	J.26	Often wanted to stop or cut down on marijuana	
_____	J.27	Tried but was unable to stop or cut down on marijuana	

Used More than Intended			Box 4: _____
_____	J.28	Often used marijuana more frequently or in larger amounts than intended	

Needing More			Box 5: _____
_____	J.29.a	Needed to use 50% more to get same effect or couldn't get high on amount used to use	

Withdrawal Symptoms			Box 6: _____
_____	J.30	2 or more withdrawal symptoms occurred together	
_____	J.30.a	Often used marijuana to relieve or avoid withdrawal symptoms	

Reduced Activities			Box 7: _____
_____	J.33	Often gave up or greatly reduced important activities to use marijuana	

List of Drugs

A. Cocaine

Cocaine (girl)
Coca Leaves
Crack
Freebase
Rock
Toot

B. Stimulants

Amphetamine
Methamphetamine
Meth.
Speed
Crank
Crystal
Beauties (Black Beauties)
Diet Pills
Whitecrosses

C. Sedatives, Hypnotics, Tranquilizers

Quaaludes (Ludes)
Valium
Librium
Xanax
Barbiturates
Barbs
Seconal
Ativan
Sleeping Pills

D. Opiates

Heroin
Boy
Smack
Opium
Darvon
Codeine
Morphine
Percodan
Demerol
Methadone
Dilaudid
Vicodan
Lorcet
Oxycontin* (only in 4.0BP)

E. PCP

Hog
Angel Dust (Dust)
Seryl
Dip
Wack
Water

F. Hallucinogens

LSD (Acid)
Purple Microdot
Blotters
Mescaline
Peyote
Mushrooms (Magic Mushrooms)
Psilocybin
MDMA (Ecstasy)* (not in 4.0BP)
Psychedelics
DMT

G. Solvents

Glue
Toluene
Gasoline
Paint
Paint Thinner
White-Out

H. Other

Nitrous Oxide
Amyl Nitrite
Poppers
Butyl Nitrite
Khat
Betel Nut
Ecstacy

I. Combination

Speedball
T's and Blues
Ice

List of Symptoms

A. Feel depressed

B. Feel nervous, tense, restless, or irritable

C. Feel tired, sleepy, or weak

D. Have trouble sleeping

E. Have an increase or decrease in appetite

F. Tremble or twitch

G. Sweat or have a fever

H. Have nausea or vomiting

I. Have diarrhea or stomach aches

J. Have your eyes or nose run

K. Have muscle pains

L. Yawn

M. Have your heart race

N. Have seizures

Drug Tally Sheet A

A: DSM-IIIR

		Cocaine	Stim.	Sed.	Opiate	Other
Month or More Recovery						
J.40	A month or more spent using, getting, or getting over effects of (DRUG)	_____	_____	_____	_____	_____
Trying to Cut Down						
J.41	Often wanted to stop or cut down on (DRUG)	_____	_____	_____	_____	_____
J.42	Tried to stop or cut down on (DRUG) but couldn't	_____	_____	_____	_____	_____
Needing More						
J.43.a	Needed larger amounts of (DRUG) to get effect or couldn't get high on same amount	_____	_____	_____	_____	_____
Reduced Activities						
J.44	Often gave up or reduced important activities to use (DRUG)	_____	_____	_____	_____	_____
Used More than Intended						
J.45	Often used (DRUG) more days or in larger amounts than intended	_____	_____	_____	_____	_____
Withdrawal Symptoms						
J.47	Experienced withdrawal from (DRUG)	_____	_____	_____	_____	_____
Avoiding Withdrawal Symptoms						
J.48	Often used (DRUG) to relieve or avoid withdrawal symptoms	_____	_____	_____	_____	_____
Continued to Use Despite Problems						
J.49.a	Continued to use (DRUG) knowing it caused other health problems	_____	_____	_____	_____	_____
J.50.a	Continued to use (DRUG) knowing it caused (Objections/fights)	_____	_____	_____	_____	_____
J.53.f	Continued to use (DRUG) knowing it caused emotional or psychological problems	_____	_____	_____	_____	_____
Use Interfered/Endangered Self						
J.51	(DRUG) often interfered with responsibilities	_____	_____	_____	_____	_____
J.54	Often got high on (DRUG) when could have gotten hurt	_____	_____	_____	_____	_____

Drug Tally Sheet B

B: DSM-IV

		Cocaine	Stim.	Sed.	Opiate	Other
Month or More Recovery						
J.40	A month or more spent using, getting, or getting over effects of (DRUG)	_____	_____	_____	_____	_____
Trying to Cut Down						
J.41	Often wanted to stop or cut down on (DRUG)	_____	_____	_____	_____	_____
J.42	Tried to stop or cut down on (DRUG) but couldn't	_____	_____	_____	_____	_____
Needing More						
J.43.a	Needed larger amounts of (DRUG) to get effect or couldn't get high on same amount	_____	_____	_____	_____	_____
Reduced Activities						
J.44	Often gave up or reduced important activities to use (DRUG)	_____	_____	_____	_____	_____
Used More than Intended						
J.45	Often used (DRUG) more days or in larger amounts than intended	_____	_____	_____	_____	_____
Withdrawal Symptoms						
J.47	Experienced withdrawal from (DRUG)	_____	_____	_____	_____	_____
J.48	Often used (DRUG) to relieve or avoid withdrawal symptoms	_____	_____	_____	_____	_____
Continued to Use Despite Problems						
J.49.a	Continued to use (DRUG) knowing it caused other health problems	_____	_____	_____	_____	_____
J.53.f	Continued to use (DRUG) knowing it caused emotional or psychological problems	_____	_____	_____	_____	_____

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.

SITE OPTIONAL

MODIFIED STRUCTURED INTERVIEW FOR SCHIZOTYPY*,**

SUBJECT ID: | | | | | |

INTERVIEW DATE: | | | | — | | | — | | | | |
M O N D D Y E A R

RATER NUMBER: | | | | |

LENGTH OF INTERVIEW: _____ Minutes

TIME SIS INTERVIEW BEGAN: _____

***** **Developed by Kenneth S. Kendler, M.D.**
****** **Modified by NIMH Genetics Initiative Schizophrenia Linkage Sites**

Up until now, I have been asking you about specific feelings, emotions, or experiences you may have had in your life. The next part of the interview is designed to learn more about your personality--the kind of person you are in general. For some of the questions, your feelings may have changed over the years. In that case, please answer the way that has been most typical for you for most of your adult life.

SOCIAL ISOLATION/INTROVERSION

1. *How many friends do you have? By friends, I mean people you would have contact with, on a regular basis, either in person, by phone, or by letter.*

Friends [ ][ ][ ]

If **None**, skip to question 4.

	No	Yes
1.a) **If only one friend:** *Do you wish you had more friends?*	6	0

2. *How often do you have contact with friends—either see them (him/her), talk to them on the phone, or write letters? Would you say everyday, two or three times a week, once a week, once a month, less than once a month, or never?*

If **Never**, code 6 and skip to question 4.

0 = Every day
1 = Two or three times a week
2 = Once a week
3 = Once a month
4 = Less than once a month
6 = Never

If coded 0, 1 or 2, skip to question 3.

	No	Yes
2.a) Follow-up probe: *Do you wish you had more contact than you do?*	6	0

3. *How close do you feel to your friend(s)? Would you say very close, somewhat close, a little close, or not at all close?*

0 = Very close
2 = Somewhat close
4 = A little close
6 = Not at all close

4. *Another thing we'd like to know is how often you have contact with your relatives (not counting the ones you live with). How often would you see them, talk to them on the phone, or write letters? Would you say every day, two or three times a week, once a week, once a month, less than once a month, or never?*

0 = Every day
1 = Two or three times a week
2 = Once a week
3 = Once a month
4 = Less than once a month
6 = Never

5. *How often do you attend meetings of clubs or other organizations? In answering, please do not count religious services. Would you say more than once a week, once a week, a few times a month, once a month, less than once a month, or never?*

   0 = More than once a week
   1 = Once a week
   2 = A few times a month
   3 = Once a month
   4 = Less than once a month
   6 = Never

6. *How often do you attend religious services? Would you say more than once a week, once a week, a few times a month, once a month, less than once a month, or never?*

   0 = More than once a week
   1 = Once a week
   2 = A few times a month
   3 = Once a month
   4 = Less than once a month
   6 = Never

	No	Yes
7. *Is there anyone with whom you have a close relationship outside of your immediate family that you can share your most private feelings?* **(IF MARRIED, ADD**: *"This could include your husband/wife."***)**	6	0

→ Code question 8 as "00".

8. *How many people do you have that kind of relationship with?* # People: [ ][ ]

9. **INTERVIEWER: Rate Global Assessment of Social Isolation.**

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

→ Skip to question 11

10. **INTERVIEWER: Rate Objective Reason for Social Isolation**
(e.g., illness, physical handicap, most of friends died, lives in very isolated area with no transportation).

PROBES: *Has your physical health made it difficult for you to get out to meet people? Has your living situation or lack of transportation made it difficult for you to get out to meet people?*

   0 = Definite objective reason–probably explains all
   3 = Some objective reason–cannot explain all
   6 = No objective reason

11. *People differ in terms of how much they like to be alone versus to be with other people. That is, some people are more loners and others are more outgoing. Overall, would you consider yourself to be very much of a loner, somewhat of a loner, a little bit of a loner, or not at all a loner?*

0 = Not at all a loner
2 = A little bit of a loner
4 = Somewhat of a loner
6 = Very much of a loner

12. *Overall, would you consider yourself to be very outgoing, somewhat outgoing, a little bit outgoing, or not at all outgoing?*

0 = Very outgoing
2 = Somewhat outgoing
4 = A little bit outgoing
6 = Not at all outgoing

13. *Please answer the following questions for the kind of person you have been for most of your life. Answer either True or False.*

		True	False
13.a)	*I prefer hobbies and leisure activities that do not involve other people.*	6	0
13.b)	*I am usually content to just sit alone, thinking and day-dreaming.*	6	0
13.c)	*I could be happy living all alone in a cabin in the woods or mountains.*	6	0
13.d)	*If given the choice, I would much rather be alone than with others.*	6	0

If questions 11, 12 and 13.a-d are all coded 0, skip to question 15.

14. *The following is a list of questions. Please answer them with regard to the kind of person you are in general. Answer Yes or No.*

		Yes	No
14.a)	*Are you a talkative person?*	0	6
14.b)	*Are you rather lively?*	0	6
14.c)	*Do you usually take the initiative in making new friends?*	0	6
14.d)	*Do you enjoy cooperating with others?*	0	6
14.e)	*Do you tend to keep in the background on social occasions?*	6	0
14.f)	*Do you like mixing with people?*	0	6
14.g)	*Do you like plenty of bustle and excitement around you?*	0	6
14.h)	*Are you mostly quiet when you are with other people?*	6	0
14.i)	*Can you get a party going?*	0	6
14.j)	*Do you enjoy meeting new people?*	0	6

15. **INTERVIEWER: Rate Global Assessment of Introversion** (based on questions 11-14)

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

SENSITIVITY

16. *In general, how sensitive are you to comments or remarks made about you? Would you say very sensitive, somewhat sensitive, a little bit sensitive, or not at all sensitive?*

0 = Not at all
2 = A little bit
4 = Somewhat sensitive
6 = Very sensitive

17. *If someone made a nasty comment about you that you didn't deserve, how long would you take to get over it? Would you say a week or more, 2-3 days, a day, an hour, or just a minute?*

0 = A minute
1 = An hour
2 = A day
4 = Two to three days
6 = A week or more

18. *The following is a list of statements. Please tell me whether you think each item is definitely true for you, probably true for you, probably not true for you, or definitely not true for you.* [SIS CARDS, P.1]

	Definitely True	Probably True	Probably Not True	Definitely Not True
18.a) *I avoid doing things because I'm afraid that I might make a fool of myself.*	6	4	2	0
18.b) *I am touchy.*	6	4	2	0
18.c) *Emotionally, I'm pretty "thin-skinned."*	6	4	2	0
18.d) *I worry a lot about appearing foolish in front of other people.*	6	4	2	0
18.e) *Any kind of criticism really gets me upset.*	6	4	2	0

19. **INTERVIEWER: Rate Global Assessment of Sensitivity** (based on self-report)

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

ANGER TO PERCEIVED SLIGHTS

		No	Yes
20.	*Do people say that you sometimes look for and find criticism that wasn't really intended?*	0	6
21.	*Did you ever break off a relationship or leave a social situation because of being insulted?*	0	6

21.a) **If yes:** *How often has that happened?*
2 = Rarely
4 = Sometimes
6 = Often

22.	*There is a saying that the best defense is a good offense. Are you prone to attack back if you feel slighted or insulted by others?*	0	6

22.a) **If yes:** *How often does this happen?*
2 = Rarely
4 = Sometimes
6 = Often

23.	*Do you lose your temper easily?*	0	6

23.a) **If yes:** *How often?*
2 = Rarely
4 = Sometimes
6 = Often

24. **INTERVIEWER: Rate Global Assessment of Anger in Response to Perceived Slights**

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

SOCIAL ANXIETY

25. *I'd like to read to you a list of questions about how you have felt in social situations. The possible answers to these questions are always, often, sometimes, or never.* [SIS CARD, P. 2] *Again, answer these questions for what would be most typical for you for most of your adult life.*

	Always	Often	Sometimes	Never
25.a) *When you are in social situations, how often do you feel uncomfortable? Would you say always, often, sometimes, or never?*	6	4	2	0
25.b) *Before you attend a social event, how often do you feel anxious?*	6	4	2	0
25.c) *When you are in a social situation, how often do you worry too much about what other people might think of you?*	6	4	2	0
25.d) *How often would you avoid social situations where you knew you would have to be with people?*	6	4	2	0
25.e) *When you are in a social situation, how much of the time are you worrying that you'll say the wrong thing or appear foolish?*	6	4	2	0

26. **INTERVIEWER: Rate Global Assessment of Social Anxiety**

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

→ Skip to Ideas of Reference (Part 1) – question 28

	No	Yes
27. *You've mentioned feeling uncomfortable or ill at ease in some social situations. Does your discomfort tend to diminish after getting to know people?*	6	0

IDEAS OF REFERENCE (PART I) – BEING WATCHED

28. *At one time or another, when in public, many people have had the feeling they are being watched. How often have you had such a feeling? Would you say often, sometimes, rarely, or never?*

0 = Never

→ Skip to question 35

2 = Rarely

4 = Sometimes

6 = Often

29. *When this happens, do you feel you are being watched by a lot of people, by just a few people, or by only one person?*

2 = One

4 = A few

6 = A lot

30. *When this happens (the feeling of being watched), do you feel you are being singled out for special attention?*

2 = No

4 = Possibly

6 = Definitely

31. *Could you give me an example of one time you remember when you had the feeling of being watched by others?*

Record response verbatim: _____

_____

_____

32. *Why did you think that you were being looked at?*
INTERVIEWER: Record any realistic reasons why subject might have been looked at (e.g., sexual "checking-out", physical anomaly, poor clothing, accent, etc.), then rate.

0 = Strong realistic reasons describing normal reaction

→ Skip to question 35

2 = Some realistic reason, but over-reaction

4 = Little realistic reason, very exaggerated reaction

6 = No evident realistic reason

33. *Where have you been when you had the feeling of being watched?*

PROBE: *Has it only been near where you live? How about when you travel to another town?*

0 = Not applicable, hasn't traveled far from home

2 = Only near home

4 = Only far from home

6 = Both near and far from home

34. *The people who appear to be watching you, are they people you know, you don't know, or both?*

2 = Only known

4 = Only unknown

6 = Both known and unknown

35. *If you were going to a public place tomorrow, do you think you would be watched? Would you say definitely, probably, probably not, or definitely not?*

0 = Definitely not

2 = Probably not

If question 32 "skipped out" or rated 0, skip to Schizotypal Social Anxiety Rating – question 36.

4 = Probably

6 = Definitely

	No	Yes
35.a) **If question 26 is rated 2 or more:** *I want to go back a bit. Before you talked about feeling uncomfortable or ill at ease in social situations. Would you say that your discomfort is related to the feeling that you're being watched or that others are paying special attention to you?*	0	6

Skip to Schizotypal Social Anxiety Rating question 36

	No	Yes
35.b) **If yes:** *Is your discomfort about being watched greater when in public among people you don't know than in situations where you know people?*	0	6

Skip to Schizotypal Social Anxiety Rating question 36

35.c) **If yes:** *How much greater is your discomfort (with unfamiliar people)?*

Record response verbatim: _____

_____

36. **INTERVIEWER: Rate Schizotypal Social Anxiety**

Rate the degree of social anxiety involving unfamiliar people that tends to be associated with paranoid fears or does not diminish with familiarity. (Based on questions 26-28, 32, 35, 35a and 35b)

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

IDEAS OF REFERENCE (PART II) – REMARKS

	No	Yes
37. *When in public places, people sometimes have the feeling that the people around them are talking about them. Have you ever had a feeling like that?*	0	6

Skip to question 38

37.a) **If yes:** *How often do you have this feeling? Would you say often, sometimes, or only rarely?*

2 = Rarely

4 = Sometimes

6 = Often

38. *How about the feeling of being laughed at in public? Does this happen to you <u>often</u>, <u>sometimes</u>, <u>rarely</u>, or <u>never</u>?*

0 = Never

→ If no to question 37 <u>and</u> never to question 38, skip to question 41

2 = Rarely

4 = Sometimes

6 = Often

39. *Are they talking about (and/or) laughing at you more than about other people?*

2 = No

4 = Possibly

6 = Definitely

40. *Why do you think they are talking about (and/or) laughing at you?*

INTERVIEWER: Rate Objective Reasons for Reactions.

0 = Strong realistic reasons describing normal reaction

2 = Some realistic reason, but over-reaction

4 = Little realistic reason, very exaggerated reaction

6 = No evident realistic reason

41. *When you are in public, how often do you feel that other people are dropping hints about you? (**Probe:** How often do people try to tell you something without saying it directly or straight out?) Would this happen <u>often</u>, <u>sometimes</u>, <u>rarely</u>, or <u>never</u>?*

0 = Never

→ Skip to question 43

2 = Rarely

4 = Sometimes

6 = Often

42. *Could you give me an example or two of this (a time when people were dropping hints about you)?*

0 = Definitely normal

2 = Probably normal

4 = Probably pathological

6 = Definitely pathological

	<u>No</u>	<u>Yes</u>
43. *Do people ever seem to be using a kind of "double-talk" around you, where it may appear that they are just talking normally, but they are really slipping in nasty comments about you?*	0	6

If YES, probe and only score YES if pathological.

→ Skip to Global Assessment Rating –question 44

43.a) **If yes:** *How often do people seem to use this kind of "double-talk" around you? Would you say <u>often</u>, <u>sometimes</u>, or only <u>rarely</u>?*

2 = Rarely
4 = Sometimes
6 = Often

44. **INTERVIEWER: Rate Global Assessment of Ideas of Reference**

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

SUSPICIOUSNESS

Remember that in this part of the interview I'm asking about the kind of person you are <u>in general</u>. Please answer these questions in the way that has been most typical for you for most of your adult life.

45. *Some people tend to be very trusting by nature, while others are less inclined to trust people. Overall, would you consider yourself to be a <u>very</u> trusting person, <u>somewhat</u> trusting, <u>a little bit</u> trusting, or <u>not at all</u> trusting?*

0 = Very trusting
2 = Somewhat trusting
4 = A little bit trusting
6 = Not at all trusting

46. *People differ in their views about people and how much they can really be trusted. Here are two different views about people. The first is, "Most people are untrustworthy. Given the opportunity, they will take advantage of you." The second view is "Most people are basically trustworthy. Given the opportunity, they will do their best to help their fellow man." Which of these views do you believe in most?*

0 = Second statement
3 = In-between
6 = First statement

47. *I would now like to read a list of feelings that some people have. I want you to tell me how often you have had feelings like that. The possible answers are <u>often</u>, <u>sometimes</u>, <u>rarely</u>, or <u>never</u>?* [SIS CARDS, P.3]

	Often	Sometimes	Rarely	Never
47.a) *I feel that the people I know cannot really be trusted. Would you say often, sometimes, rarely, or never?*	6	4	2	0
47.b) *I feel that people criticize me more than I deserve.*	6	4	2	0
47.c) *I feel that I need to be on my guard around other people.*	6	4	2	0
47.d) *I feel that people blame me for things that are not my fault.*	6	4	2	0

48. *For the following statements, would you say that you <u>definitely agree</u>, <u>probably agree</u>, <u>probably disagree</u>, or <u>definitely disagree</u> with them? [SIS CARDS, P.4]*

	Definitely Agree	Probably Agree	Probably Disagree	Definitely Disagree
48.a) *All in all, it is probably safer never to trust anyone.*	6	4	2	0
48.b) *If I trust too much in people, sooner or later they will let me down.*	6	4	2	0
48.c) *If I am not careful, others will take advantage of me.*	6	4	2	0
48.d) *People seem to lie to me a lot.*	6	4	2	0
48.e) *If you confide in people, sooner or later they will use the information you gave them to hurt you.*	6	4	2	0
48.f) *I hold grudges for a long time.*	6	4	2	0
48.g) *I feel that I have been the victim of some kind of conspiracy.*	6	4	2	0

No Yes

49. *Are there people who have gone out of their way to deliberately hold you back in life and to make things difficult for you?* 0 6

Skip to question 50

49.a) **If yes:** *What makes you think that? How did they hold you back?*

0 = Definitely normal
2 = Probably normal
4 = Probably pathological
6 = Definitely pathological

50. *In order to protect yourself from others, do you feel that you have to go out of your way to take precautions?* 0 6

Skip to question 51

50.a) **If yes:** *What precautions do you take?*

0 = Definitely normal
2 = Probably normal
4 = Probably pathological
6 = Definitely pathological

51. *How well do you get along with your neighbors?*

PROBES: *Have you had any arguments with them? Have any of them gone out of their way to make trouble for you? Why have they acted that way?*

0 = No trouble with neighbors
2 = Trouble with neighbors, but appears justified
4 = Trouble with neighbors unlikely to be justified
6 = Major unjustified trouble with neighbors

52. **INTERVIEWER: Rate Global Assessment of Suspiciousness** (based on Self-Report only)

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

Skip to Pathological Jealousy – question 54

53. **INTERVIEWER: Rate Objective Reasons for Suspiciousness**
Probe: *You said ".....". Has anything happened in your life to make you feel that way?*

Rate based on probe and responses to questions 49.a, 50.a, and 51.

0 = A lot
2 = Some
4 = A little
6 = None

PATHOLOGICAL JEALOUSY

	No	Yes
54. *Do you get jealous easily?*	0	6

Skip to question 55

If yes:

54.a) *What types of things make you jealous?*

Record response verbatim: _____

_____

_____

54.b) *How much of the time do you feel jealous?*

2 = Rarely
4 = Sometimes
6 = Often

54.c) *What problems does it cause for you?*

Record response verbatim: _____

_____

_____

54.d) **INTERVIEWER: Rate Based on questions 54.a-c.**

0 = Definitely normal
2 = Probably normal
4 = Probably pathological
6 = Definitely pathological

	No	Yes
55. *Have you ever found that your spouse or partner was unfaithful to you?*	0	6

Skip to question 56

55.a) **If yes:** *How did you find out about it?*

Record response verbatim: _____

_____

_____

55.b) **If yes:** *How did you react to the situation?*

Record response verbatim: _____

_____

_____

55.c) **INTERVIEWER: Rate Based on questions 55.a-b.**

0 = Definitely normal
2 = Probably normal
4 = Probably pathological
6 = Definitely pathological

56. **INTERVIEWER: Rate Global Assessment of Pathological Jealousy**

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

RESTRICTED EMOTION

57. *The following is a list of brief statements. Could you tell me if they are true for you often, sometimes, rarely, or never?* [SIS CARDS, P.3]

	Often	Sometimes	Rarely	Never
57.a) *I want to hug people I feel close to.*	0	2	4	6
57.b) *I feel very happy.*	0	2	4	6
57.c) *I feel very sad.*	0	2	4	6
57.d) *I show my true feelings.*	0	2	4	6
57.e) *I feel strongly about a social or political issue.*	0	2	4	6
57.f) *I feel emotionally moved by things like music or the beauty of nature.*	0	2	4	6
57.g) *I feel sentimental.*	0	2	4	6
57.h) *I show affection to the people I care about.*	0	2	4	6

58. **INTERVIEWER: Rate Global Assessment of Restricted Emotion**

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

MAGICAL THINKING

59. *I have a list of statements here. Could you tell me if you think they are definitely true for you, probably true for you, probably not true for you, or definitely not true for you?* [SIS CARDS, P.1]

	Definitely True	Probably True	Probably Not True	Definitely Not True
59.a) *I think I could learn to read other people's minds if I wanted to.*	6	4	2	0
59.b) *Horoscopes are right too often for it to be a coincidence.*	6	4	2	0
59.c) *Numbers like 13 and 7 have special powers.*	6	4	2	0
59.d) *I can sometimes foretell the future.*	6	4	2	0
59.e) *Good luck charms keep evil away.*	6	4	2	0
59.f) *I have felt that I might cause something to happen just by thinking too much about it.*	6	4	2	0
59.g) *I feel that the spirits of the dead can influence the living.*	6	4	2	0
59.h) *I believe in black magic.*	6	4	2	0
59.i) *Accidents can be caused by mysterious forces.*	6	4	2	0

60. *Now, I have another list of statements. I'd like to know how often you have experiences like this. The possible responses are often, sometimes, rarely, or never.* [SIS CARDS, P.3]

	Often	Sometimes	Rarely	Never
60.a) *I communicate with other people using only my mind. Would you say often, sometimes, rarely, or never?*	6	4	2	0
60.b) *I sense when bad things are going to happen to people close to me.*	6	4	2	0
60.c) *I feel the presence of an evil spirit around me.*	6	4	2	0
60.d) *Dreams that I have come true.*	6	4	2	0
60.e) *I feel that other people are reading my mind.*	6	4	2	0

61. **INTERVIEWER: Rate Deviance of Magical Thinking from Subcultural Norms**

0 = Not applicable, no magical thinking
1 = Not deviant
2 = Mildly deviant
4 = Moderately deviant
6 = Markedly deviant

	No	Yes
62. *Many people think that there are things that can bring bad luck or misfortune, such as seeing a black cat, walking under a ladder, breaking a mirror, or Friday the 13th. Do you have any beliefs like that?*	0	6

62.a) **If yes:** *What sorts of beliefs like these do you have? Any more?*

Record response verbatim: _____

_____

_____

_____

_____

_____

	No	Yes
63. *Many people do things to keep evil away or to bring themselves good luck, such as keeping a rabbit's foot or a lucky horseshoe, knocking on (touching) wood, or throwing salt over their shoulder if they spill it. Do you do any things like that to keep evil away or bring good luck?*	0	6

INTERVIEWER: Only score superstitious responses as YES.

If **no** to question 62 and 63, skip to Global Rating – question 68

If **no** only to question 63, skip to question 64

63.a) **If yes:** *Tell me what sorts of things you do to keep evil away. Any more?*

Record response verbatim: _____

_____

_____

_____

_____

_____

64. **INTERVIEWER: Read the list of recorded superstitions to subject (and/or) what he/she does to keep evil away**.

How sure are you (that these beliefs are really true) and/or (that you need to do this to keep evil away)?
PROBE: *Could they just be "old wives' tales"?*

0 = Considerable doubt as to veracity of superstitions
2 = Some doubt as to veracity of superstitions
4 = A little doubt as to veracity of superstitions
6 = No doubt as to veracity of superstitions

65. **INTERVIEWER: Rate Number of Superstitious Beliefs**

2 = Few
4 = Some
6 = Many

66. **INTERVIEWER: Rate Deviance of Superstitions from Sub-Cultural Norms**

0 = Not at all deviant
2 = Mildly deviant
4 = Moderately deviant
6 = Markedly deviant

	No	Yes
67. *Do these beliefs* **(List superstitions)** *have a practical effect on your life?*	0	6

Skip to question 68

67.a) **If yes:** *In what way do they affect you?*
Probe: *What do you do different because of what you believe?*

2 = Minimal effect on behavior
4 = Modest effect on behavior
6 = Large effect on behavior

68. **INTERVIEWER: Rate Global Assessment of Magical Thinking**

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

ILLUSIONS

69. *People sometimes have the experience of mistaking an object for a person or an animal. For example, driving at dusk you might see a lamp post (gate post) out of the corner of your eye and think it is a man standing by the road. How often have you had experiences like that? Would you say often, sometimes, rarely, or never?*

0 = Never
2 = Rarely
4 = Sometimes
6 = Often

70. *People also sometimes hear crackling or knocking sounds or bells ringing, sounds that are probably not real. How often have you heard sounds like that? Would you say often, sometimes, rarely, or never?*

0 = Never
2 = Rarely
4 = Sometimes
6 = Often

71. *How often have you had the experience of hearing your name called but realizing that it must have been your imagination? Would you say often, sometimes, rarely, or never?*

0 = Never
2 = Rarely
4 = Sometimes
6 = Often

No Yes

72. *When it's quiet, some people have the experience of hearing people's voices whispering or talking to them, even when no one is actually present. Have you ever had such an experience?* 0 6

Skip to question 73

72.a) **If yes:** *How often have you had this experience (of hearing whispers or voices)? Would you say <u>often</u>, <u>sometimes</u>, or <u>rarely</u>?*

2 = Rarely
4 = Sometimes
6 = Often

73. *Have you ever had the experience that some person or force was around you even if you could not see anyone?* **PROBES:** *When did this happen? What kind of person or force did you experience?*

0 = No

Skip to Global Assessment – question 74

2 = Yes, other
4 = Yes, religious experience
6 = Yes, dead relative or close friend

73.a) **If yes:** *How often would you have this experience (feeling that some person or force was around you)? Would you say <u>often</u>, <u>sometimes</u>, or <u>rarely</u>?*

2 = Rarely
4 = Sometimes
6 = Often

74. **INTERVIEWER: Rate Global Assessment of Illusions**

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

PSYCHOTIC-LIKE PHENOMENA

75. *How often do your thoughts become muddled or confused? Would you say <u>often</u>, <u>sometimes</u>, <u>rarely</u>, or <u>never</u>?*

0 = Never
2 = Rarely
4 = Sometimes
6 = Often

76. *How often do your thoughts suddenly stop, causing you to lose completely your train of thought? Would you say often, sometimes, rarely, or never?*

0 = Never

Skip to question 78

2 = Rarely

4 = Sometimes

6 = Often

77. *Do you ever feel as if some outside agency or power is causing your thoughts to stop, or even taking the thoughts out of your head?*

0 = No

3 = Yes, just stopping

6 = Yes, out of head

	No	Yes
78. *Sometimes people feel that their thoughts are so real that it seems as if they are spoken out loud so that other people could hear them. Have you ever experienced that?*	0	6

Skip to question 79

78.a) **If yes:** *How often have you had this experience (of feeling like your thoughts were being spoken out loud)? Would you say often, sometimes, or rarely?*

2 = Rarely

4 = Sometimes

6 = Often

79. *How often do thoughts or feelings come into your mind which feel like they don't belong? Would you say often, sometimes, rarely, or never?*

0 = Never

2 = Rarely

4 = Sometimes

6 = Often

80. *How often do thoughts or feelings come into your mind which feel like they are not yours? Would you say often, sometimes, rarely, or never?*

0 = Never

2 = Rarely

4 = Sometimes

6 = Often

81. *How often do thoughts or feelings come into your mind which feel like they were placed there by an agency or power outside yourself? Would you say <u>often</u>, <u>sometimes</u>, <u>rarely</u>, or <u>never</u>?*

0 = Never

→ Skip to Global Assessment Rating – question 82

2 = Rarely

4 = Sometimes

6 = Often

81.a) *What agency or power do you feel places thoughts or feelings in your mind?*

INTERVIEWER: Circle all that apply

1 = Close relative or friend

2 = Devil

3 = God

4 = Other, Specify:_____

81.b) *How is it that (this agency or power) places thoughts or feelings in your mind?*

0 = Not at all deviant

2 = Slightly deviant

4 = Moderately deviant

6 = Very deviant

82. **INTERVIEWER: Rate Global Assessment of Psychotic-Like Symptoms**

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

SEXUAL ANHEDONIA

Finally, I want to ask you just a few questions about your sexual experiences.

	No	Yes
83. *Over your adult life, have you had one or more relationship(s) in which sex was a part of that relationship(s)?*	6	0
83.a) **If no:** *Do you wish you had?*	6	0

84. *Over your adult life, would you say that your drive for sexual relations has been:*

0 = Very strong

2 = Somewhat strong

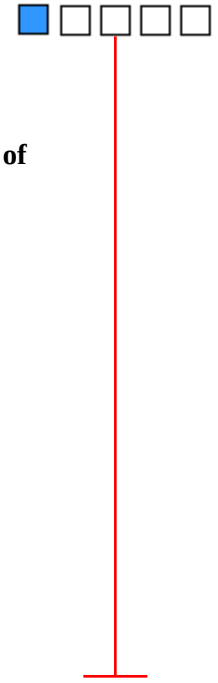
4 = Not too strong

6 = Almost nonexistent

85. **INTERVIEWER: Rate Global Assessment of Sexual Anhedonia**

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

That's all the questions I have in this part of the interview.



Time SIS Ended: _____:_____

INTERVIEWER: At the conclusion of the interview, review the following set of global ratings. If any of the following are rated 3 or more, then return to page 61 and administer the Psychosis Section items.

86. SIS Summary

	SIS Question	SIS Item Description	Rating
86.a)	44	Global Ideas of Reference	_____
86.b)	52	Global Suspiciousness	_____
86.c)	68	Global Magical Thinking	_____
86.d)	74	Global Illusions	_____
86.e)	82	Global Psychotic-Like Symptoms	_____

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

Card 1

DEFINITELY TRUE

PROBABLY TRUE

PROBABLY NOT TRUE

DEFINITELY NOT TRUE

Card 2

ALWAYS

OFTEN

SOMETIMES

NEVER

Card 3

OFTEN

SOMETIMES

RARELY

NEVER

Card 4

DEFINITELY AGREE

PROBABLY AGREE

PROBABLY DISAGREE

DEFINITELY DISAGREE

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**

Good	Fair to Good	Fair	Poor	Very Poor
0	1	2	3	4

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

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**

Good	Fair to Good	Fair	Poor	Very Poor
0	1	2	3	4

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

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

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

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

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**

Good	Fair to Good	Fair	Poor	Very Poor
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

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.

None	Slight	Mild	Moderate	Marked
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**

None	Slight	Mild	Moderate	Marked
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

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.

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

Additional Content (Version-specific)

Childhood Events Questionnaire

(Modified by Elliot Nelson, M.D., Washington University, and Douglas Levinson, M.D., for GenRED II; based on NCS trauma screening questions and Washington Univ. instrument.)

This is a self-report version. The instrument will be tested initially by asking 100 subjects ***both*** to complete it as a self-report instrument and then to respond to the same questions during their interview, to assess consistency of reporting. If high agreement is obtained, GenRED I probands will be asked to complete the self-report version.

The Questionnaire begins on the next page.

Childhood Events Questionnaire

DIRECTIONS: This is a questionnaire about experiences that some people have had when they were children. It asks about your experiences *before the age of 18.*

For each item (1-5) there are several questions (A, B, etc.). For each question, please blacken the box that indicates the frequency with which this happened.

For each question, if the event EVER happened, please write down your best recollection of the AGE when it probably FIRST happened. If any of the events in the box happened, answer the two additional questions at the bottom of the box (Yes or No). If the answer to one of these question is Yes, indicate the age when you probably first had that experience.

Thank you for completing this questionnaire. All answers will be kept strictly confidential.

1. Before you were 18 how often did anyone do or involve you in any of the following *when you did not want this to happen*:	**Never**	**Once**	**2-5 times**	**6-10 times**	**More than 10 times**	**AGE it first occurred**
A) Touch parts of your body other than your genitals in a sexual way, or have you touch non-genital parts of the person in a sexual way	❍	❍	❍	❍	❍ →	
B) Touch your sexual organs or have you touch that person's sexual organs	❍	❍	❍	❍	❍ →	
C) Attempt to have oral sex, anal sex, or sexual intercourse with you	❍	❍	❍	❍	❍ →	
D) Have oral sex, anal sex, or sexual intercourse with you	❍	❍	❍	❍	❍ →	
If any of these ever occurred, please answer the following two questions:						
Did you have to avoid thoughts or feelings that reminded of this kind of experience?		**NO** ❍		**YES** ❍ →		
Did you have physical reactions when reminded of this kind of experience?		**NO** ❍		**YES** ❍ →		

2. **Before you were 18 how often did *your mother, father, or another adult member of your household*:**	**Never**	**Rarely**	**Some-times**	**Frequently**	**AGE it first occurred**
A) Choke, throttle or kick you	❍	❍	❍	❍ →	
B) Give you a severe beating	❍	❍	❍	❍ →	
C) Purposely injure you, causing bruises, cuts, abrasions, or broken bones	❍	❍	❍	❍ →	
D) Burn you with a hot object as a punishment	❍	❍	❍	❍ →	
E) Lock you in your room or a smaller space (like a closet) or withhold food as a punishment	❍	❍	❍	❍ →	
If any of these ever occurred, please answer the following two questions:					
Did you have to avoid thoughts or feelings that reminded of this kind of experience?	**NO** ❍		**YES** ❍ →		
Did you have physical reactions when reminded of this kind of experience?	**NO** ❍		**YES** ❍ →		

3. Before you were 18 how often did *someone outside your household*:	**Never**	**Once**	**2-5 times**	**6-10 times**	**More than 10 times**	**AGE it first occurred**
A) Physically attack or assault you	○	○	○	○	○ →	
B) Threaten you with a weapon or hold you captive	○	○	○	○	○ →	
If any of these ever occurred, please answer the following two questions:						
Did you have to avoid thoughts or feelings that reminded of this kind of experience?	**NO** ○			**YES** ○ →		
Did you have physical reactions when reminded of this kind of experience?	**NO** ○			**YES** ○ →		

4. **Before you were 18 how frequently:**	**Never**	**Rarely**	**Some-times**	**Frequently**	**AGE it first occurred**
A) Did you witness severe violence involving someone close to you	○	○	○	○ →	
B) Did you observe your parents screaming in anger or being physically aggressive either with each other or with others	○	○	○	○ →	
C) Did one or both parents scream or yell at you when you didn't feel you had done anything to deserve it	○	○	○	○ →	
D) Did one or both parents call you stupid, lazy, or other names that upset you	○	○	○	○ →	
If any of these ever occurred, please answer the following two questions:					
Did you have to avoid thoughts or feelings that reminded of this kind of experience?	**NO** ○		**YES** ○ →		
Did you have physical reactions when reminded of this kind of experience?	**NO** ○		**YES** ○ →		

5. **Before you turned 18 how frequently *did your parents fail to*:**	**Never**	**Rarely**	**Some-times**	**Frequently**	**AGE it first occurred**
A) Make sure that you were going to school	○	○	○	○ →	
B) Provide adequate food, clothing, and shelter for you	○	○	○	○ →	
C) Obtain necessary medical care for you	○	○	○	○ →	
D) Comfort you when you were upset	○	○	○	○ →	
E) Know what you were doing when they weren't around	○	○	○	○ →	
F) Care who your friends were	○	○	○	○ →	
If any of these ever occurred, please answer the following two questions:					
Did you have to avoid thoughts or feelings that reminded of this kind of experience?	**NO** ○		**YES** ○ →		
Did you have physical reactions when reminded of this kind of experience?	**NO** ○		**YES** ○ →		

Parental loss inventory: *I have a few questions about your parents.*

❑ Check here if the subject was ***adopted*** (DIGS item A-3) at birth or before earliest memories, and substitute "parents" for "natural parents" during the rest of the interview. If adopted later, then rate the questions to indicate the timing of separation from the natural parents.

1. *Did you live **continuously** with your natural **mother** through the age of **16**?* (Circle YES or NO)

YES ↓ NO → *What happened?*_____

_____

1a. # years lived with mother: _____

2. *Did you live **continuously** with your natural **father** through the age of **16**?* (Circle YES or NO)

YES ↓ NO → *What happened?*_____

_____

2a. # years lived with father: _____

[IF 1 AND 2 *BOTH* YES, SKIP TO ITEM 8a]

3. Interviewer – check all that apply:

❑ a. Mother died
❑ b. Father died
❑ c. Parents divorced
❑ d. Separated from mother
❑ e. Separated from father
❑ f. Other:_____

4. *How old were you when you wee **first separated** from:*

a. MOTHER: _____YEARS OLD
b. FATHER: _____YEARS OLD

5. *With whom did you live after that?* (Check all that apply):

❑ a. Natural mother
❑ b. Natural father
❑ c. Stepmother
❑ d. Stepfather
❑ e. Maternal grandmother
❑ f. Maternal grandfather
❑ g. Paternal grandmother
❑ h. Paternal grandfather
❑ i. Other, specify: _____ _____ _____

6. **IF NATURAL PARENTS DIVORCED OR SEPARATED (otherwise skip to 7a):**

After the (divorce/permanent separation), *how often did you have contact with your natural* (father/mother, the parent with whom the subject did not live). *Would you say:*

❑ 1. Nearly every day
❑ 2. A few times a week.
❑ 3. Once a week.
❑ 4. Once a month.
❑ 5. A few times a year.
❑ 6. Never.

7a. **IF NATURAL MOTHER DIED (otherwise skip to 7b):**

After the death of your natural mother, was there another person who was able to act like a mother to you?

YES NO

7b. **IF NATURAL FATHER DIED (otherwise skip to 8):**

After the death of your natural father, was there another person who was able to act like a father to you?

YES NO

8a. Code or ask: *Is your* (mother / mother-like figure) ***still living**?* YES NO Doesn't know

8a. Code or ask: *Is your* (father / father-like figure) ***still living**?* YES NO Doesn't know

ID # _____

POSTTRAUMATIC STRESS DISORDER

Sometimes things happen to people that are extremely upsetting--things like being in a life threatening situation like a major disaster. very serious accident or fire: being physically assauited on raped; seeing another person killed or dead, or badly hurt.. or hearing about something horrible that has happened to someone you are close to. I am going to read each item on the list to you. Please tell me whether each thing ever happened to you, and also whether you ever witnessed it happening to someone, and whether these things occurred before or after the age of 16. At any time during your life, have any of the folllowing kinds of events happened to you, or have you witnessed any of them? If you experienced or witnessed any of these things, I will ask whether that happened before age 16 and also whether it happened after 16.

Experience	Happened to me		Witnessed it		NO
	Before 16	After 16	Before 16	After 16	
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)					
2. Fire or explosion					
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)					
4. Serious accident at work, home, or during recreational activity					
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)					
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)					
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)					
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)					
9. Other unwanted or uncomfortable sexual experience					
10. Combat or exposure to a war-zone (in the military or as a civilian)					
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)					
12. Life threatening illness or injury					
13. Severe human suffering					
14. Sudden, violent death (for example, homicide, suicide)					
15. Serious injury, harm or death you caused to someone else					
16. Any other stressful event or experience					

IF ALL ARE NO, SKIP THE REST OF THE PTSD SECTION.

17. Which of the experiences bothers you the most or continues to cause you distress. If you cannot decide on one experience, you may choose more than one. When did it/they happen? Can you describe it/them?

_____

_____

_____

18a. Sometimes these things keep coming back in flashbacks. or thoughts that you can't get rid of. Has that ever happened to you? YES NO

IF N0:

18b. What about being very upset when you were in a situation that reminded you of one of these terrible things? YES NO

IF NO TO 18b AND 18b, CHECK HERE ___ AND SKIP THE REST OF THE PTSD SECTION.

IF YES TO 18a OR 18b, CONTINUE TO THE NEXT PAGE, FOCUSING ON OR TWO EVENTS IDENTIFIED AS MOST DISTRESSING.

POSTTRAUMATIC STRESS DISORDER CRITERIA

FOR FOLLOWING QUESTIONS, FOCUS ON TRAUMATIC EVENT(S) MENTIONED IN SCREENING QUESTION ABOVE.

IF MORE THAN ONE TRAUMA IS REPORTED: Which of these do you think affected you the most?

IF UNCLEAR: How did you react when (TRAUMA) happened? (Were you very afraid or did you feel terrified or helpless?)

Now I'd like to ask a few questions about specific ways that it may have affected you.

For example...

...did you think about (TRAUMA) when you didn't want to or did thoughts about (TRAUMA) come to you suddenly when you didn't want them to?

...what about having dreams about (TRAUMA)?

...what about finding yourself acting or feeling as if you were back in the situation?

...what about getting very upset when something reminded you of (TRAUMA)?

A. The person has been exposed to a traumatic event in which both of the following were present:

(1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others — ? 1 2 3 — F105

GO TO *GAD,* F. 31

(2) the person's response involved intense fear, helplessness, or horror. — ? 1 2 3 — F106

GO TO *GAD,* F. 31

B. The traumatic event is persistently reexperienced in one (or more) of the the following ways:

(1) recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions — ? 1 2 3 — F107

(2) recurrent distressing dreams of the event — ? 1 2 3 — F108

(3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated) — ? 1 2 3 — F109

(4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event — ? 1 2 3 — F110

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

...what about having physical symptoms--like breaking out in a sweat, breathing heavily or irregularly, or your heart pounding or racing?	(5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event	?	1	2	3	F111
	AT LEAST ONE "B" SX IS CODED "3"		1		3	F112
			GO TO *GAD,* F. 31			
	C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:					
Since (THE TRAUMA)...						
...have you made a special effort to avoid thinking or talking about what happened?	(1) efforts to avoid thoughts, feelings, or conversations associated with the trauma	?	1	2	3	F113
...have you stayed away from things or people that reminded you of (TRAUMA)?	(2) efforts to avoid activities, places, or people that arouse recollections of the trauma	?	1	2	3	F114
...have you been unable to remember some important part of what happened?	(3) inability to recall an important aspect of the trauma	?	1	2	3	F115
...have you been much less interested in doing things that used to be important to you, like seeing friends, reading books, or watching TV?	(4) markedly diminished interest or participation in significant activities	?	1	2	3	F116
...have you felt distant or cut off from others?	(5) feeling of detachment or estrangement from others	?	1	2	3	F117
...have you felt "numb" or like you no longer had strong feelings about anything or loving feelings for anyone?	(6) restricted range of affect, (e.g., unable to have loving feelings)	?	1	2	3	F118

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

...did you notice a change in the way you think about or plan for the future?	(7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)	?	1	2	3	F119
	AT LEAST 3 "C" SXS ARE CODED "3"		1		3	F120

GO TO *GAD.* F. 31

Since (THE TRAUMA)...

D. Persistent symptoms of increased arousal (not present before the trauma) as indicated by two (or more) of the following:

...have you had trouble sleeping? (What kind of trouble?)	(1) difficulty falling or staying asleep	?	1	2	3	F121
...have you been unusually irritable? What about outbursts of anger?	(2) irritability or outbursts of anger	?	1	2	3	F122
...have you had trouble concentrating?	(3) difficulty concentrating	?	1	2	3	F123
...have you been watchful or on guard even when there was no reason to be?	(4) hypervigilance	?	1	2	3	F124
...have you been jumpy or easily startled, like by sudden noises?	(5) exaggerated startle response	?	1	2	3	F125
	AT LEAST TWO "D" SXS ARE CODED "3"		1		3	F126

GO TO *GAD.* F. 31

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

About how long did these problems--(CITE POSITIVE PTSD SYMPTOMS)--last?

E. Duration of the disturbance (symptoms in criteria B, C, and D) is more than one month — ? 1 2 3 — F127

TO DIAGNOSE CURRENT ACUTE STRESS DISORDER, GO TO J.1 (OPTIONAL MODULE).

OTHERWISE, GO TO *GAD,* F. 31

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. — ? 1 2 3 — F128

? → GO TO *GAD,* F. 31

POSTTRAUMATIC STRESS DISORDER CRITERIA A, B, C, D, E, AND F ARE CODED "3" — 1 3 — F129

1 → GO TO *GAD,* F. 31

3 → POSTTRAUMATIC STRESS DISORDER

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

POSTTRAUMATIC STRESS DISORDER CHRONOLOGY

IF UNCLEAR: During the past month, have you had (SYMPTOMS OF PTSD)?	Has met criteria for Posttraumatic Stress Disorder during past month	? 1 3	F130

INDICATE CURRENT SEVERITY:
1 - **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.
2 - **Moderate:** Symptoms or functional impairment between "mild" and "severe" are present.
3 - **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

CONTINUE WITH *AGE AT ONSET,* BELOW. F131

IF CURRENT CRITERIA NOT FULLY MET (OR NOT AT ALL):
4 - **In Partial Remission:** The full criteria for the disorder were previously met but currently only some of the symptoms or signs of the disorder remain.
5 - **In Full Remission:** There are no longer any symptoms or signs of the disorder but it is still clinically relevant to note the disorder.
6 - **Prior History:** There is a history of the criteria having been met for the disorder but the individual is considered to have recovered from it. F132

When did you last have (SXS OF POSTTRAUMATIC STRESS DISORDER)?	Number of months prior to interview when last had a symptom of Posttraumatic Stress Disorder	___ ___ ___	F133

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having (SXS OF PTSD)?	Age at onset of Posttraumatic Stress Disorder (CODE 99 IF UNKNOWN	___ ___	F134

GO TO *GAD,* F. 31

1=did not meet criteria in past month 3=met full criteria in past month

These two pages should be completed after B. MEDICAL HISTORY section.

3a.01-56 *Have you ever had any of the following conditions? As I read the list, please let me know if you think you might have had any of the conditions I mention, or if you are not sure. (this checklist is specific to this version)*

Interviewer: Read through the list at a moderate pace (including the words and phrases in parentheses). Pause very briefly after each item to give the subject an opportunity to indicate recognition, and then continue.

For any **YES** response, probe whether the condition was diagnosed by a physician. Circle **1** if the subject reports having the condition, circle **2** if this was confirmed by a physician's diagnosis, and record age of onset.

	No Yes DX	Age at onset	Comments
CANCER			
01 Cancer (specify)			
CARDIOVASCULAR			
02 Angina/Myocardial Infarction (heart attack)			
03 Hypertension (high blood pressure)			
04 Mitral Valve Prolapse (leaky valve)			
05 Other Cardiovascular (heart disease)			
DERMATOLOGIC/SKIN DISEASE			
06 Skin Disorder (acne, psoriasis, eczema)			
07 Scleroderma (thickening of tissue)			
08 Other Dermatologic/Skin Disease			
ENDOCRINE/GLANDULAR			
09 Hyperthyroid (high)			
10 Hypothyroid (low)			
11 Other Endocrine (including Cushing's Disease)			

	No Yes DX	Age at onset	Comments
GASTROINTESTINAL/DIGESTIVE SYSTEM			
12 Colitis ("irritable bowel")			
13 Enteritis (chronic inflamed intestines)			
14 Gall bladder problems			
15 Hepatitis/Jaundice (liver inflammation)			
16 Liver disease (other than hepatitis)			
17 Ulcer			
18 Other Gastrointestinal			
GENITO-URINARY			
19 Kidney disease			
20 STD (Syphilis, Gonorrhea, Herpes)			
21 Other Genito-Urinary or Bladder problems			
If YES, specify (e.g., surgery, recurrent UTIs, enuresis > age 4)			
HEMATOLOGIC/BLOOD DISORDER			
22 Anemia (specify)			
23 Other Hematologic/Blood Disorder			

	No Yes DX	Age at onset	Comments
INFECTIOUS			
24 Tuberculosis			
25 Rheumatic fever			

	No Yes DX	Age at onset	Comments
NEUROLOGICAL/NEUROMUSCULAR			
36 Encephalitis (inflammation of brain)			
37 Meningitis (brain infection)			
38 Migraine headaches			
39 Repeated headaches (not migraine)			
40 Polio, palsy, or paralysis			
41 Stroke			
42 Vision problems (e.g., glaucoma)			
43 Other Neurological/Neuromuscular (include Parkinson's, Huntington's)			
RESPIRATORY			
44 Asthma			
45 Bronchitis			
46 Emphysema			
47 Other Respiratory			

	No Yes DX	Age at onset	Comments
SYSTEMIC			
48 Allergies (specify)			
49 Arthritis/Rheumatism			
50 Autoimmune disorder (e.g., lupus erythematous)			
51 Other Systemic			
OTHER			
52 Lead Poisoning			
53 Unconsciousness			
54 Learning Disabilities/Hyperactivity			
55 Other			
56 Other			

Ask for subject's current: **Height (in.):** **Weight (lbs.):**

INTERVIEWER:
RETURN TO:B. MEDICAL HISTORY, PAGE 6.

SiteID: Subject ID: Alternative ID:

Name:

FOR FOLLOWING QUESTIONS, FOCUS ON TRAUMATIC EVENT(S) MENTIONED IN SCREENING QUESTIONS ABOVE.

IF MORE THAN ONE TRAUMA IS REPORTED: *Which of these do you think affected you the most?*

IF UNCLEAR: *How did you react when (TRAUMA) happened? (Were you afraid or did you feel terrified or helpless?)*

A. The person has been exposed to traumatic event in which both of the following were present:

	No	Yes	Unk
(1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.			
(2) the person's response involved intense fear, hopelessness or horror.			

If either answer is "0", Skip to Q. Eating Disorders (page 128)

Now I'd like to ask a few questions about specific ways that it maybe affected you.

B. The traumatic event is persistently re-experienced in one (or more) of the following ways.

For example...

...did you think about (TRAUMA) when you didn't want to or did thoughts about (TRAUMA) come to you suddenly when you didn't want to?

(1) recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions

...what about having dreams about (TRAUMA)?

(2) recurrent, distressing dream sof the event.

...what about finding yourself acting or feeling as if you were back in the situation?

(3) acting or feelings as if the traumatic event were recurring (unless a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including thouse that occur on wakening or when intoxicated).

...what about getting very upset when something reminded you of (TRAUMA)?

(4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

...what about having physical symptoms - like breaking out in a sweat, breathing heavily, or your heart pounding or racing?

No Yes Unk

(5) physiological reactivity on exposure to cues that symbolize or resemble an aspect of the traumatic event

AT LEAST ONE "B" SYMPTOM IS CODED "1"

If "0", Skip to Q. Eating Disorders (page 128)

Since (THE TRAUMA)...

C. Persistent avoidance of stimuli associated with teh trauma and numbing of general responsiveness (not present before the trauma), as indicated by three or more of the following:

...have you made a special effort to avoid thinking or talking about what happened?

(1) efforts to avoid thoughts, feelings or conversations assoicated with the trauma

...have you stayed away from things or people that reminded you of (TRAUMA)?

(2) efforts to avoid activities, places or people that arouse recollections of the trauma

...have you been unable to remember some important part of what happened?

(3) inability to recall an important aspect of the trauma

...have you been much less interested in doing things that used to be important to you, like seeing friends, reading books, or watching TV?

(4) markedly diminished interest or participation in significant activities

...have you felt distant or cut off from others?

(5) feelings of detachment or estrangement from others

...have you felt "numb" or like you no longer had strong feelings about anything or loving feelings for anyone?

(6) restricted range of affect (e.g. unable to have loving feelings)

...did you notice a change in the way you think about or plan for the future?

(7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

AT LEAST THREE "C" SYMPTOMS ARE CODED "1"

If "0", Skip to Q. Eating Disorders (page 128)

Since (THE TRAUMA)...

D. Persistent symptoms of increased arousal (not present before the trauma) as indicated by two (or more) of the following:

...have you had trouble sleeping? (What kind of trouble)

No	Yes	Unk

(1) difficulty falling or staying asleep

...have you been unually irritable? What about outbursts of anger?

(2) irritability or outbursts of anger

...have you had trouble concentrating?

(3) difficulty concentrating

...have you been watchful or on guard even when there was no reason to be?

(4) hypervigilance

...have you been jumpy or easily startled, like by sudden noises?

(5) exaggerated startle response

AT LEAST TWO "D" SYMPTOMS ARE CODED "1"

If "0", Skip to Q. Eating Disorders (page 128)

About how long did these problems -- (CITE POSITIVE PTSD SYMPTOMS) -- last?

No	Yes

E. Duration of the disturbance (symptoms in criteria B, C, and D) is more than one month

If "0", Skip to Q. Eating Disorders (page 128)

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

If "0", Skip to Q. Eating Disorders (page 128)

POSTTRAUMATIC STRESS DISORDER CHRONOLOGY

IF UNCLEAR: During the past month, have you had (SYMPTOMS OF PTSD)?

If "0", Skip to second box

IF YES...

INDICATE **CURRENT SEVERITY:**

1 -- MILD: Few, if any, symptoms in excess of those required to make the diagnosis are present and symptoms result in no more than minor impairments in social or occupational functioning.
2 -- MODERATE: Symptoms or functional impairment between "mild" and "severe" are present.
3 -- SEVERE: Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

CONTINUE TO NEXT QUESTION...

IF NO...

IF CURRENT CRITERIA NOT FULLY MET (OR NOT AT ALL):

4 -- IN PARTIAL REMISSION: The full criteria for the disorder were previously met but currently only some of the symptoms or signs of the disorder remain.
5 -- IN FULL REMISSION: There are no longer any symptoms or signs of the disorder but it is still clinically relevant to note the disorder.
6 -- PRIOR HISTORY: There is a history of the criteria to having been met for the disorder but the individual is considered to have recovered from it.

When did you last have (SYMPTOMS OF POSTTRAUMATIC STRESS DISORDER)?

Number of months prior to interview when last had a symptom

CONTINUE TO NEXT QUESTION...

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having (SYMPTOMS OF PTSD)?

Age at onset of Posttraumatic Stress Disorder (CODE -9999 IF UNKNOWN)

POSTTRAUMATIC STRESS DISORDER

(Modified SCID module F*)

PTSD

SiteID: 00 Subject ID: 10000 Alternative ID: 001

Name:

To skip this form please click here Yes No

If the checklist was returned in the mail, refer to the mailed Events Checklist and **skip to item 17 below.**

If the checklist was not returned in the mail, ASK: *In the packet we mailed to you, there was a list of 16 upsetting experiences that some people have had - I don't mean the childhood questionnaire, I mean the checklist that came after that, about experiences that could happen to adults or children. Did you send one in?* [If not:] *Is it alright if I ask you about these kinds of experiences now, or would you prefer to skip this part of the interview?* Skip the PTSD module if requested by the subject, otherwise complete the checklist.

ASK: *Sometimes things happen to people that are extremely upsetting. I am going to read you a list that may have happened to some people, or which some people have witnessed. For each one, please tell me whether (at any time in your life) it ever happened to you, or whether you ever witnessed it happening [can be both]. If you find any of the questions in this section upsetting, please let me know, and we can talk about it or skip to the next section if you prefer.*

Experience	Happened to me (age)	Witnessed it (age)	Neither
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)			
2. Fire or explosion			
3. Transportation accident (for example, car accident, boat accident, train			
4. Serious accident at work, home, or during recreational activity			
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)			
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten			
7. Assault with a weapon (for example, being shot, stabbed, threated with a			
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act			
9. Other unwanted or uncomfortable sexual experience.			
10. Combat or exposure to a war-zone (in the military or as a civilian)			
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of			
12. Life threatening illness or injury.			
13. Severe human suffering.			
14. Sudden, violent death (for example, homicide, suicide).			
15. Serious injury, harm or death you caused to someone else.			
16. Any other stressful event or experience.			

IF ALL ARE NO, SKIP THE REST OF THE PTSD SECTION.

17. *(If checklist was returned by mail, review the items reported to have occurred; inquire about item 16 if checked.)* Which of the experiences bothered you the most or continues to cause you distress? If you cannot decide on one experience, you may choose more than one. When did it/they happen? Can you describe it/them?

18a. Sometimes these things keep coming back in flashbacks or thoughts that you can't get rid of. Has that ever happened to you? Yes No

IF NO: 18b. What about being very upset when you were in a situation that reminded you of one of these terrible things? Yes No

If no to 18a and 18b. **SKIP** the rest of the PTSD section and check here (put a '1' in this box):

Otherwise, CONTINUE, FOCUSING ON ONE OR TWO EVENTS IDENTIFIED AS MOST DISTRESSING.

PLI. PARENTAL LOSS INVENTORY

SiteID: 00 **Subject ID:** 10000 **Alternative ID:** 001

Name:

Adopted?

INTERVIEWER: If adopted, before earliest memories, substitute "parents" for "natural parents" during the rest of the interview. If adopted later, then rate the questions to indicate the timing of separation from the natural parents.

I have a few questions about your parents:

1. *Did you live **continuously** with your natural **mother** through the age of **16**?* (Non-continuous means a break of 6 or more months, unless the parental ***role*** was clearly continuous, i.e., father away in the military.) Yes No

If no: *Specify:*

1a. How many years did you live with your mother: Years

2. *Did you live **continuously** with your natural **father** through the age of **16**?* Yes No

If no: *Specify:*

2a. How many years did you live with your father: Years

[IF 1 AND 2 *BOTH* YES, SKIP TO ITEM 8a]

3. Interviewer - check all that apply:

a. Mother died
b. Father died
c. Parents divorced
d. Separated from mother
e. Separated from father
f. Other:

4. *How old were you when you were **first separated** from:* [separation 6+ months as defined in 1]

Age

a. Mother:
b. Father:

5. *With whom did you live after that?* (Check all that apply):

a. Natural mother		e. Maternal grandmother	
b. Natural father		f. Maternal grandfather	
c. Stepmother		g. Paternal grandmother	
d. Stepfather		h. Paternal grandfather	
		i. Other:	

6. **IF NATURAL PARENTS DIVORCED OR SEPARATED (otherwise skip to 7a):**

After the (divorce/permanent separation)*, how often did you have contact with your natural* (father/mother, the parent with whom the subject did not live). *Would you say:*

7a. **IF NATURAL MOTHER DIED (otherwise skip to 7b):**

After the death of your natural mother, was there another person who was able to act like a mother to you? Yes No

7b. **IF NATURAL FATHER DIED (otherwise skip to 8):**

After the death of your natural father, was there another person who was able to act like a father to you? Yes No

Yes No Unk

8a. Code or ask: *Is your* (mother/mother-like figure) **still living?**

8b. Code or ask: *Is your* (father/father-like figure) **still living?**

OBSESSIONS

	No	Yes	Unk
A. Have you ever had certain thoughts or images that kept coming into your mind? For example:			
….. the persistent idea that your hands are dirty or contaminated or have germs on them, no matter how much you wash them?	0	1	9
…. Or the idea that you might harm someone (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 harm yourself (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 embarrassing, like blurting out obscenities in public?	0	1	9
…. Or that you might do something on impulse, like stealing things or driving your car into a wall?	0	1	9
…. Or other unpleasant thoughts that seemed unreasonable, like unexplained violent images (of dead bodies or torturings) or sexual urges (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:

_____

_____

	NO	YES	UNK
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 excessive or unreasonable? 0 1 9

COMPULSIONS

		No	Yes	Unk
2.	*Have you ever had to do something over and over again or in a certain set way? For example:*			
	…. *Washing your hands, or other parts of your body, over and over again even when they were clean?*	0	1	9
	…. Or going back several times to check that you've locked the door or turned off the stove?	0	1	9
	…. Or touching things a certain number of times, like touching the couch five times before turning off the stove?	0	1	9
	…. Or counting 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 order, 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 <u>OBSESSIONS AND / OR COMPULSIONS</u>, COMPLETE THESE QUESTIONS:

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

___ ___ ___
Minutes

P. ANXIETY DISORDERS

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

GENERALIZED ANXIETY DISORDER

	No	Yes	Unk
1. *Have you ever had a period when most of the time you felt worried or anxious or afraid for no particular reason?*	0	1	9
If yes, 1a. *Did this feeling last for a six-month period?*	0	1	9
1b. *(If subject also reported panic attacks):* *Have you had anxiety feelings most days, not just in attacks?*	0	1	9
1c. *Were you worrying about things that were unlikely to happen?*	0	1	9
1d. *Were these worries unwarranted or not really serious?*	0	1	9
2. *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?*	0	1	9
If Yes, 2a. *Did this feeling occur over a six-month period?*	0	1	9
EXAMINER: If NO to 1 and 2, skip to Q Eating Disorders (page 125)			
3. *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?*	0	1	9
3a. *Did you find it difficult to control the worry?*	0	1	9
4. *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:*			
a. *easily tired?*	0	1	9
b. *easily startled?*	0	1	9
c. *trembly or shaky?*	0	1	9
d. *restless?*	0	1	9
e. *bothered by tense, sore or aching muscles?*	0	1	9
f. *having a lot of trouble keeping your mind on what you were doing?*	0	1	9
g. *keyed up or on edge?*	0	1	9
h. *particularly irritable?*	0	1	9
i. *sweating a lot?*	0	1	9
j. *aware of your heart pounding or racing?*	0	1	9
k. *having cold or clammy hands?*	0	1	9
l. *feeling dizzy or light-headed?*	0	1	9
m. *having a dry mouth?*	0	1	9
n. *having nausea or diarrhea?*	0	1	9
o. *having to urinate too frequently?*	0	1	9
p. *having hot flashes or chills?*	0	1	9
q. *short of breath or feeling like you were smothering?*	0	1	9
r. *having trouble swallowing?*	0	1	9
s. *having trouble falling or staying asleep?*	0	1	9
5. *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:			
6. *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?*	0	1	9

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

SEPARATION ANXIETY DISORDER

	P C S	
1. Fears Calamitous Event that Will cause Separation		
	0 0 0	*No information*
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?*	1 1 1	Not present
	2 2 2	Subthreshold: Occasionally worried Worried more severely and more often than a typical child his/her age
	3 3 3	Threshold: Frequently worried in separation situations
2. Fears Harm Befalling Attachment Figure		
	0 0 0	*No information*
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?*	1 1 1	Not present
	2 2 2	Subthreshold: Occasionally worried Worried more severely and more often than a typical child his/her age
	3 3 3	Threshold: Frequently worried in separation situations
3. School Reluctance/Refusal		
	0 0 0	*No information*
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? from school or did you leave school early?*	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
Note: Only count if school avoided in order to stay with attachment figure or at home	3 3 3	Threshold: Protested intensely about going to school or sent home or refused to go at least 1 day per week.
4. Fears Sleeping away from home/Sleeping Alone		
	0 0 0	*No information*
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?*	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*
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

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?

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

1. Nightmares

P	C	S	
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).

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?

2. Physical Symptoms on School/Separation Days

P	C	S	
0	*0*	*0*	*No information*
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.

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?*

3. Excessive Distress in Anticipation of Separations*

	P	C	S	
	0	*0*	*0*	*No information*
Did 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*

	P	C	S	
	0	*0*	*0*	*No information*
Did 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. Evidence of Separation Anxiety Disorder DSM-III-R Criteria:			
1. Meets criteria (S=3) for at least three of the nine symptoms surveyed assessing anxiety associated with separations from attachment figures.	0	1	2
2. Duration of disturbance at least two weeks, and			
3. Occurrence not exclusively during a course of PDD, schizophrenia, or any other psychotic disorder.			
8. DSM-IV Criteria:			
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 three of the eight symptoms surveyed assessing anxiety associated with separations from attachment figures			
2. Duration of disturbance at least four weeks, 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*
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.

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?

2. Easily Distracted

P	C	S	
0	*0*	*0*	*No information*
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.

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?

3. Difficulty Remaining Seated

P	C	S	
0	*0*	*0*	*No information*
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.

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?

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 *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?*	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 *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?	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	
4. Difficulty Organizing Tasks *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?*	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Occasionally disorganized. Problem has only minimal effect on functioning. Threshold: Often disorganized. Problem has moderate to severe effect on functioning.
5. Dislikes/Avoids Tasks Requiring Attention *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?*	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Occasionally avoids tasks that require sustained attention, and/or expresses mild dislike for these tasks. Problem has only minimal effect on functioning. Threshold: Often avoids tasks that require sustained attention, and/or expresses moderate dislike for these tasks. Problem has moderate to severe effect on functioning.
6. Loses Things *Do you lose things a lot? Your pencils at school? Homework assignments? Things around home? About how often does this happen?*	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Occasionally loses things. Problem has only minimal effect on functioning. Threshold: Often loses things (e.g. once a week or more). Problem has moderate to severe effect on functioning.
7. Forgetful in Daily Activities *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?*	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Occasionally forgetful. Problem has only minimal effect on functioning. Threshold: Often forgetful. Problem has moderate to severe effect on functioning.

	P C S	
8. Fidget *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?* **Rate based on data reported by informant or observational data.**	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Occasionally fidgets with hands or feet or squirms in seat. Problem causes only minimal effect on functioning. 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.
9. Runs or Climbs Excessively *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?* **Adolescents:** *Do you feel restless a lot? Feel like you have to move around, or that it is very hard to stay in one place?* **Rate based on data reported by informant or observational data.**	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present 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.) 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.)
10. On the Go/Acts Like Driven by Motor *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?*	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Occasionally, minimal effect on functioning. Threshold: Often acts as if "driven by a motor". Moderate to severe effect on functioning.
11. Difficulty Playing Quietly *Do your parents or teachers often tell you to quiet down when you are playing? Do you have a hard time playing quietly?*	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Occasionally has difficulty playing quietly. Problem has only minimal effect on functioning. Threshold: Often has difficulty playing quietly. Problem has moderate to severe effect on functioning.

	P C S	
12. Blurts Out Answers *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?*	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 *Is it hard for you to wait your turn in games? What about in line in the cafeteria or at the water fountain?*	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 *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?* **Rate based on data reported by informant or observational data.**	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Occasionally interrupts others. Threshold: Often interrupts others.
15. Shifts Activities 0 0 0 No information. *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?*	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 *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?* **Rate based on data reported by informant or observational data.**	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Occasionally talks excessively. Threshold: Often talks excessively.

	P C S	
17. Engages in Physically Dangerous Activities *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?*	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 *How old were you when you first started having trouble (list symptoms)? Did you have these problems in kindergarten? First Grade?* *Specify:* _____ **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

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 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	0 No Information 1 Not Present 2 Present
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 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 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.	0 No Information 1 Not Present 2 Present

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

OPPOSITIONAL DEFIANT DISORDER

	P C S	
1. Loses Temper *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?*	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 *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?*	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 *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?*	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	
1. Easily Annoyed or Angered *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?*	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Easily annoyed or angered on occasion. Annoyed more often than a typical child his/her age (1 - 3 times a week). Threshold: Easily annoyed or angered daily or almost daily.
2. Angry or Resentful *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?	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Occasionally angry or resentful. Angry more often than a typical child his/her age (1 - 3 times a week). Threshold: Angry or resentful daily or almost daily.
3. Spiteful and Vindictive *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?*	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Spiteful and/or vindictive on occasion. Spiteful more often than a typical child his/her age (1-3 times a week). Threshold: Spiteful and/or vindictive daily or almost daily.
4. Uses Bad Language *Do you curse or swear a lot? Do your parents or teachers ever complain about your mouth? How often do you curse?*	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: Occasionally. Curses more often than a typical child his/her age. Threshold: Curses excessively daily or almost daily.
5. Annoys People on Purpose *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?* **Do not score teasing of a sibling.**	0 0 0 1 1 1 2 2 2 3 3 3	No Information Not present Subthreshold: On one or two occasions has deliberately done things to annoy other people. Threshold: On multiple occasions has deliberately done things to annoy other people.

	P C S	
6. Blames Others for Own Mistakes *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?*	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 *How long have you had problems with your temper (or other symptoms)?* **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

22. **Evidence of Oppositional Defiant Disorder** **a. DSM-III-R Criteria** 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); 2. duration of symptoms 6 months or longer; and 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.	0 No Information 1 Not Present 2 Present
b. DSM-IV Criteria 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.	0 No Information 1 Not Present 2 Present

AA. ATTENTION DEFICIT / HYPERACTIVITY DISORDER

Now I am going to ask you some questions about when you were younger.

		No	Yes	Unk
1.	*When you were age 13 or younger, was there ever a time when you had a lot of trouble paying attention in school or a time when little distractions made it very hard for you to keep your mind on what you were doing?*	0	1	9

Skip to question 12 (page 126)

INATTENTION

When you were age 13 or younger, was there ever a six month period when you often did any of the following:

2.	*Did you make a lot of careless mistakes at school, like not reading the instructions, or leaving questions blank by accident?*	0	1	9
3.	*Were you easily distracted when trying to complete a task or while playing a game?*	0	1	9
3.a)	*Did you have trouble sticking to one activity or when you were playing or doing one thing, did you often stop what you were doing because you'd think of something else you'd rather do?*	0	1	9
4.	*Did you "tune people out" or did your parents or teachers complain that you didn't listen to them when they talked to you?*	0	1	9
5.	*Did you often leave projects incomplete or did you have a hard time following through on things?*	0	1	9
5.a)	*Did your parents or teachers complain that you didn't follow instructions?*	0	1	9
6.	*Did you often have trouble organizing tasks and activities or did other people tell you that you were disorganized?*	0	1	9
6.a)	*Was your desk or locker at school a mess, to the point you had difficulty finding the things you needed or did your teachers complain that your assignments were messy and disorganized?*	0	1	9
7.	*Did you dislike tasks or activities that required a lot of attention?*	0	1	9
8.	*Did you lose things a lot like homework assignments or things around your home?*	0	1	9
9.	*Were you easily distracted by things going on around you?*	0	1	9
10.	*Did you often leave your homework at home or leave things outside by accident?*	0	1	9
10.a)	*Were you often forgetful throughout your day or did other people tell you that you were forgetful?*	0	1	9

		SX
11.	**INTERVIEWER:** Count number of boxes with at least one **Yes** response in questions 2-10 and enter here.	

HYPERACTIVITY / IMPULSIVITY

		No	Yes	Unk
12.	*When you were age 13 or younger, was there ever a time when you had a lot of difficulty staying seated when you were supposed to or a time when you got into trouble because you didn't think before you acted?*	0	1	9

If BOTH Q.1 and Q.12 are **NO, skip to T. Global Assessment Scale (page 129).**
If Q.1 is **YES** and Q.12 is **NO, skip to question 23 (page 127.**

When you were age 13 or younger, was there ever a six month period when you often did any of the following:

13.	*Did you have a hard time keeping your arms and legs still or did people often tell you to sit still, to stop moving, or to stop squirming in your seat?*	0	1	9
14.	*Did you often leave your seat when you were not supposed to in school or in other places where being seated was required?*	0	1	9
	14.a) **If yes:** *Did you often get into trouble for this?*	0	1	9
15.	*Did your parents often have to remind you to walk instead of run when you were out together or did your parents or teachers complain about you climbing things you shouldn't?*	0	1	9
16.	*Did you have a hard time playing quietly or did your parents or teachers often tell you to quiet down when you were playing?*	0	1	9
17.	*Was it hard for you to slow down or stay in one place for very long, or did people tell you to slow down a lot?*	0	1	9
18.	*Did people say you talked too much or did you get in trouble at school for talking when you weren't supposed to?*	0	1	9
19.	*Did you talk out of turn at home or did you sometimes call out the answers before you were called on at school?*	0	1	9
20.	*Was it hard for you to wait your turn in games or in line at the water fountain or in the cafeteria?*	0	1	9
21.	*Did your parents, teachers, or kids you knew complain that you cut them off when they were talking?*	0	1	9

		SX
22.	**INTERVIEWER:** Count number of boxes with at least one **Yes** response in questions 13-21 and enter here.	

		No	Yes	Unk
23.	**INTERVIEWER:** Is the total for either question 11 or 22 six or more?	0	1	9

Skip to T. Global Assessment Scale (page 129)

24.	*Did you have any of these experiences to the point it caused problems for you and/or your family before you were seven years old?*	0	1	9
25.	**If yes:** *Did these behaviors cause problems for you in at least two areas of your life (like at school and at home)?*	0	1	9
25.a)	**INTERVIEWER:** If **NO** to question 25, is there any other evidence of clinically significant impairment in social, academic, or occupational functioning?	0	1	9

26. *How did these behaviors impact your functioning?* **Specify:**_____

_____

_____

_____

27.	*Did you seek or receive help from a doctor or other professional for these problems?*	0	1	9
27.a)	**If yes:** *Did you receive medication?*	0	1	9

Specify:_____

28. *How old were you the last time you had any of these experiences to the point that it caused problems for you and/or your family?*

Age [ ]

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