

DIAGNOSTIC INTERVIEW FOR GENETIC STUDIES (DIGS)
--

SUBJECT ID												
SITE ID			—	FAMILY ID				—	INDIVIDUAL ID			

ALTERNATIVE ID:

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SUBJECT NAME: _____
First
Middle
Last

NICKNAME: _____

INTERVIEW DATE:

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 —

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M O N
D D
Y E A R

DATE OF BIRTH:

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 —

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M O N
D D
Y E A R

SELF REPORTED ETHNIC CATEGORY:

1. Hispanic or Latino	1	2	3
2. Not Hispanic or Latino			
3. Unknown (Individuals not reporting ethnicity)			

SELF REPORTED RACE:

1. American Indian/Alaska Native	1	2	3	4	5	6	7
2. Asian							
3. Native Hawaiian or Other Pacific Islander							
4. Black or African-American							
5. White							
6. More Than One Race							
7. Unknown or not reported							

IN PERSON or TELEPHONE: P T

RATER NAME: _____
First
MI
Last

RATER NUMBER:

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Version 4.0 / BP

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Version 2.0

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

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A blank copy of the DIGS, DIGS code manual, DIGS training manual, and DIGS software are available on the World Wide Web at <http://zork.wustl.edu/nimh/>

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In reference section:

- Ethnicity Card
- Modified MMS Card
- Depression Tally Sheet
- Mania Tally Sheet
- Drug Use Card
- Comorbidity Card

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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 (page 9).

- | | | <u>Male</u> | | <u>Female</u> |
|---|--|--|------------|---------------|
| 1. INTERVIEWER: Circle sex code. | | 0 | | 1 |
| 2. <i>How old are you?</i> | | Age | | |
| | | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | | |
| | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
| 3. <i>Were you adopted?</i> | | 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:* _____

A. DEMOGRAPHICS

	Code Response
<p>7. <i>What is your current marital status?</i></p> <p>1. Married</p> <p>2. Separated</p> <p>3. Divorced</p> <p>4. Widowed</p> <p>5. Never Married</p>	<p>1 2 3 4 5</p>
<p>7.a) If ever married: <i>How many times have you been legally married?</i></p>	<p style="text-align: center;">Marriages</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p style="text-align: center;">Children</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
<p>8. <i>How many living children do you have?</i></p>	<p style="text-align: center;">Code Response</p> <hr style="border: 0.5px solid black;"/>
<p>9. <i>Are you living alone or with others?</i></p> <p>1. Alone</p> <p>2. With partner (for at least one year), but not legally married</p> <p>3. In own home with spouse and/or children</p> <p>4. In home of parents or children</p> <p>5. In home of siblings or other non-lineal relatives</p> <p>6. In shared home with other relatives or friends</p> <p>7. In Residential Treatment Facility</p> <p>8. Other, <i>Specify:</i> _____</p>	<p>1 2 3 4 5 6 7 8</p>

A. DEMOGRAPHICS

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

Record response: _____

Present

--	--

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

Record response: _____

Most Resp.

--	--

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.*

Record response: _____

HoH

--	--

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?*

Years

Record response: _____

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

B. MEDICAL HISTORY

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

<u>Condition</u> (information to include in details on right)	<i>How old were you when you were first told you had (condition)?</i>			<u>Additional Details</u> (Example: types of cancer, loss of consciousness, other items indicated in parentheses at left)
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	
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.

Additional Details (Include details included in parentheses at left)

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
2.a) <i>Frequent symptoms (Specify)</i>	0	1	9
2.b) <i>Sees doctor regularly</i>	0	1	9
2.c) <i>Hospitalized, or takes medication regularly</i>	0	1	9
2.d) <i>Occupational disability (Able to work at all?)</i>	0	1	9

No Yes Unk

3. *Do you have any other medical problem or condition we haven't discussed?*
If yes: *Specify.* _____

0 1 9

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

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

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

B. MEDICAL HISTORY

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
6. <i>Are you taking any medications regularly (include aspirin and oral contraceptives)?</i>	0	1	9

<u>Medication</u>	<u>Dosage per day</u>	Duration of Dosage		
		Weeks	OR	Months
_____	_____		OR	
_____	_____		OR	
_____	_____		OR	
_____	_____		OR	
_____	_____		OR	
_____	_____		OR	

7. <i>Was your own birth or early development abnormal in any way?</i>	0	1	9
Skip to question 8	←		

7.a) <i>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?</i>	0	1	9
If yes: Specify. _____			

7.b) <i>Was your development abnormal in any way, for example did you walk or talk later than other children?</i>	0	1	9
If yes: Specify. _____			

INTERVIEWER: For MALES, skip to C1. Modified Mini-Mental Status (page 9).

8. <i>Have you ever been pregnant?</i>	0	1	9
Skip to question 9	←		

B. MEDICAL HISTORY

No Yes Unk

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?* 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

9. *Have you ever noticed regular mood changes in the premenstrual or menstrual period?* 0 1 9

If yes: Specify. _____

10. *Have you gone through menopause?* 0 1 9

10.a) **If yes:** *Have you ever had any severe emotional problems associated with menopause?* 0 1 9

If yes: Specify. _____

**C1. MODIFIED MINI-MENTAL STATUS
EXAMINATION**

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.**

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

Skip to D. Somatization (page 13)

INTERVIEWER: If this is a telephone interview, skip to C2. Telephone Interview for Cognitive Status (page 11).

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

	Maximum Score	Subject Score
1. <u>Orientation</u>		
1.a) <i>What is the: (Year) (Season) (Date) (Day) (Month)?</i>	5	<input style="width: 30px; height: 20px;" type="text"/>
1.b) <i>Where are we: (Country) (State) (Town) (Hospital/Bldg) (Floor/Street)?</i>	5	<input style="width: 30px; height: 20px;" type="text"/>
2. <u>Registration</u>		
Name three objects or concepts for the subject (e.g., fish hook, shoe, green) taking one second to say each. Tell subject s/he will be asked to recall them. Ask the subject to repeat all three after you have said them. Give one point for each correct answer. Repeat them until subject learns all three (up to six trials).	3	<input style="width: 30px; height: 20px;" type="text"/>
3. <u>Attention and Calculation</u>		
Serial 7's. <i>Count backward from 100 by 7.</i> Score one point for each correct. Stop after five answers.	5	<input style="width: 30px; height: 20px;" type="text"/>
-and-		
<i>Spell "world" (or some other 5-letter word) backward.</i> Score one point for each letter in correct order.	5	<input style="width: 30px; height: 20px;" type="text"/>
4. <u>Recall</u>		
Ask the subject to name the three objects repeated above. Score one point for each correct.	3	<input style="width: 30px; height: 20px;" type="text"/>
5. <u>Language</u>		
5.a) Point to a pencil and watch. Ask the subject " <i>What is this called?</i> " for each. Score two points.	2	<input style="width: 30px; height: 20px;" type="text"/>
5.b) Ask the subject to repeat the following " <i>No ifs, ands, or buts.</i> " Score one point.	1	<input style="width: 30px; height: 20px;" type="text"/>
5.c) Ask the subject to follow a three-stage command. (E.g., "Take a paper in your right hand, fold it in half, and put it on the floor.") Score three points.	3	<input style="width: 30px; height: 20px;" type="text"/>

	<u>Maximum Score</u>	<u>Subject Score</u>
*6. <u>Cognitive State</u>		
6.a) Hand the subject the MMS Card that reads "Close Your Eyes". Score one point.	1	<input type="checkbox"/>
6.b) <i>Write a sentence.</i> Score one point.	1	<input type="checkbox"/>
6.c) <i>Copy the design below.</i> Score one point.	1	<input type="checkbox"/>
7. Record Total Score	35	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
		<u>Code Response</u>
8. INTERVIEWER: Assess level of consciousness.		1 2 3
1. Alert		
2. Drowsy		
3. Stupor		

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

Otherwise, skip to D. Somatization (page 13)

* 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.

**C2. TELEPHONE INTERVIEW FOR
COGNITIVE STATUS**

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.

	<u>Maximum Score</u>	<u>Subject Score</u>
1. <i>Please tell me your name.</i> Score one point for first name, and one point for last name.	2	<input style="width: 40px; height: 25px;" type="text"/>
2. <i>What is today's date?</i> Score one point for month, date, year, day of week, and season. If incomplete ask specifics (e.g., "What is the month?" "What season are we in?")	5	<input style="width: 40px; height: 25px;" type="text"/>
3. <i>Where are you right now?</i> Score one point each for house number, street, city state and zip. If incomplete ask specifics (e.g., "What street are you on right now?")	5	<input style="width: 40px; height: 25px;" type="text"/>
4. <i>Count backwards from 20 to 1.</i> Score two points if completely correct on the first trial; one point if the completely correct on second trial; no points for anything else.	2	<input style="width: 40px; height: 25px;" type="text"/>
5. <i>I am going to read you a list of ten words. Please listen carefully and try to remember them. When I am done, tell me as many words as you can, in any order. Ready? The words are cabin, pipe, elephant, chest, silk, theater, watch, whip, pillow, giant. Now tell me all the words you remember.</i> Score one point for each correct response. No penalty for repetitions or intrusions.	10	<input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/>
6. <i>100 minus 7 equals what? And 7 from that? Etc.</i> Stop at 5 serial subtractions. Score one point for each correct subtraction. Do not inform the subject of incorrect responses, but allow subtractions to be made from his/her last response (e.g., 93-85-78-71-65 would get 3 points.)	5	<input style="width: 40px; height: 25px;" type="text"/>
7. <i>What do people use to cut paper?</i> Score one point for scissors or shears only.	1	<input style="width: 40px; height: 25px;" type="text"/>
<i>How many things in a dozen?</i> Score one point for 12.	1	<input style="width: 40px; height: 25px;" type="text"/>
<i>What do you call the prickly green plant that lives in the desert?</i> Score one point for cactus only.	1	<input style="width: 40px; height: 25px;" type="text"/>
<i>What animal does wool come from?</i> Score one point for sheep or lamb only.	1	<input style="width: 40px; height: 25px;" type="text"/>
8. <i>Say this: "No ifs ands or buts."</i> <i>Say this: "Methodist Episcopal."</i> Score one point for each complete repetition on the first trial. Repeat only if poorly presented.	2	<input style="width: 40px; height: 25px;" type="text"/>

C2. TELEPHONE INTERVIEW FOR COGNITIVE STATUS

	<u>Maximum Score</u>	<u>Subject Score</u>
9. <i>Who is the President of the United States right now? Who is the Vice-President?</i> Score one point each for correct first <u>and</u> last name.	2	<input type="text"/>
10. <i>With your finger, tap 5 times on the part of the phone you speak into.</i> Score two points if 5 taps are heard; one point if subject taps more or less than 5 times.	2	<input type="text"/>
11. <i>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"?</i> Score one point for "east".	1	<input type="text"/>
<i>What is the opposite of "generous"?</i> Score one point for "selfish", "greedy", "stingy", "tight", "cheap", "mean", "meager", "skimpy", or other good antonym.	1	<input type="text"/>
12. Record Total Score	41	<input type="text"/> <input type="text"/>

<p>INTERVIEWER: If Total Score is <u>20 or less</u>, discontinue interview at this time. If total score is between <u>20 and 28</u>, interviewer may need to consider whether proceeding through the interview will yield reliable information.</p>
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<p>Otherwise, continue with D. Somatization (page 13)</p>
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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.

D. SOMATIZATION

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

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1.a) <i>Before age 30, (or currently, if subject is <30 years old) did/do you have a lot of physical health problems or medical problems?</i> Probe: <i>Was treatment sought, how often? How impairing?</i> 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 (page 15)

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

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.

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

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

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

	<u>1</u>	<u>2</u>		<u>1</u>	<u>2</u>	
Antidepressants	<input type="checkbox"/>	<input type="checkbox"/>	Anafranil (clomipramine hydrochloride)	<input type="checkbox"/>	<input type="checkbox"/>	Parnate (tranylcypromine)
	<input type="checkbox"/>	<input type="checkbox"/>	Asendin (amoxapine)	<input type="checkbox"/>	<input type="checkbox"/>	Paxil (paroxetine)
	<input type="checkbox"/>	<input type="checkbox"/>	Celexa (citalopram hydrobromide)	<input type="checkbox"/>	<input type="checkbox"/>	Prozac (fluoxetine)
	<input type="checkbox"/>	<input type="checkbox"/>	Desyrel (trazodone)	<input type="checkbox"/>	<input type="checkbox"/>	Remeron (mirtazapine)
	<input type="checkbox"/>	<input type="checkbox"/>	Effexor (venlafaxine)	<input type="checkbox"/>	<input type="checkbox"/>	Serzone (nefazodone)
	<input type="checkbox"/>	<input type="checkbox"/>	Elavil (amitriptyline)	<input type="checkbox"/>	<input type="checkbox"/>	Sinequan/Adapin (doxepine)
	<input type="checkbox"/>	<input type="checkbox"/>	Lexapro (escitalopram oxalate)	<input type="checkbox"/>	<input type="checkbox"/>	Surmontil (trimipramine)
	<input type="checkbox"/>	<input type="checkbox"/>	Ludiomil (maprotiline)	<input type="checkbox"/>	<input type="checkbox"/>	Tofranil (imipramine)
	<input type="checkbox"/>	<input type="checkbox"/>	Luvox (fluvoxamine)	<input type="checkbox"/>	<input type="checkbox"/>	Vivactil (protriptyline)
	<input type="checkbox"/>	<input type="checkbox"/>	Marplan (isocarboxazid)	<input type="checkbox"/>	<input type="checkbox"/>	Wellbutrin (bupropion)
	<input type="checkbox"/>	<input type="checkbox"/>	Nardil (phenelzine sulfate)	<input type="checkbox"/>	<input type="checkbox"/>	Zoloft (sertraline)
	<input type="checkbox"/>	<input type="checkbox"/>	Norpramin (desipramine)			_____
	<input type="checkbox"/>	<input type="checkbox"/>	Pamelor/Aventyl (nortriptyline)			
	Mood Stabilizers	<input type="checkbox"/>	<input type="checkbox"/>	Lamictal (lamotrigine)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	Lithium			
<input type="checkbox"/>		<input type="checkbox"/>	Tegretol (carbamazepine)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sedatives / Hypnotics / Minor Tranquilizers	<input type="checkbox"/>	<input type="checkbox"/>	Ambien (zolpidem)	<input type="checkbox"/>	<input type="checkbox"/>	Noctec (chloral hydrate)
	<input type="checkbox"/>	<input type="checkbox"/>	Atarax (hydroxyzine)	<input type="checkbox"/>	<input type="checkbox"/>	Placidyl (ethchlorvynol)
	<input type="checkbox"/>	<input type="checkbox"/>	Ativan (lorazepam)	<input type="checkbox"/>	<input type="checkbox"/>	Restoril (temazepam)
	<input type="checkbox"/>	<input type="checkbox"/>	Benadryl (diphenhydramine)	<input type="checkbox"/>	<input type="checkbox"/>	Seconal (secobarbital)
	<input type="checkbox"/>	<input type="checkbox"/>	Buspar (buspirone)	<input type="checkbox"/>	<input type="checkbox"/>	Serax (oxazepam)
	<input type="checkbox"/>	<input type="checkbox"/>	Dalmane (flurazepam hydrochloride)	<input type="checkbox"/>	<input type="checkbox"/>	Tranzene (chlorazepate)
	<input type="checkbox"/>	<input type="checkbox"/>	Halcion (triazolam)	<input type="checkbox"/>	<input type="checkbox"/>	Valium (diazepam)
	<input type="checkbox"/>	<input type="checkbox"/>	Klonopin (clonazepam)	<input type="checkbox"/>	<input type="checkbox"/>	Xanax (alprazolam)
	<input type="checkbox"/>	<input type="checkbox"/>	Librium (chlordiazepoxide)	<input type="checkbox"/>	<input type="checkbox"/>	Versed (midazolam)
	<input type="checkbox"/>	<input type="checkbox"/>	Miltown/Equanil (meprobamate)	<input type="checkbox"/>	<input type="checkbox"/>	_____

	<u>1</u>	<u>2</u>		<u>1</u>	<u>2</u>	
Antipsychotics	<input type="checkbox"/>	<input type="checkbox"/>	Abilify (ariprazole)	<input type="checkbox"/>	<input type="checkbox"/>	Risperdal (risperidone)
	<input type="checkbox"/>	<input type="checkbox"/>	Clozaril (clozapine)	<input type="checkbox"/>	<input type="checkbox"/>	Serentil (mesoridazine)
	<input type="checkbox"/>	<input type="checkbox"/>	Geodon (ziprasidone)	<input type="checkbox"/>	<input type="checkbox"/>	Seroquel (sertindole)
	<input type="checkbox"/>	<input type="checkbox"/>	Haldol (haloperidol)	<input type="checkbox"/>	<input type="checkbox"/>	Stelazine (trifluoperazine)
	<input type="checkbox"/>	<input type="checkbox"/>	Loxitane (loxapine)	<input type="checkbox"/>	<input type="checkbox"/>	Thorazine (chlorpromazine)
	<input type="checkbox"/>	<input type="checkbox"/>	Mellaril (thioridazine)	<input type="checkbox"/>	<input type="checkbox"/>	Trilafon (perphenazine)
	<input type="checkbox"/>	<input type="checkbox"/>	Moban (molindone)	<input type="checkbox"/>	<input type="checkbox"/>	Zyprexa (olanzapine)
	<input type="checkbox"/>	<input type="checkbox"/>	Navane (thiothixene)			
	<input type="checkbox"/>	<input type="checkbox"/>	Prolixin (fluphenazine)		<input type="checkbox"/>	<input type="checkbox"/>
Stimulants	<input type="checkbox"/>	<input type="checkbox"/>	Adderall (amphetamine / dextroamphetamine)	<input type="checkbox"/>	<input type="checkbox"/>	Metadate (methylphenidate hydrochloride)
	<input type="checkbox"/>	<input type="checkbox"/>	Concerta (methylphenidate hydrochloride)	<input type="checkbox"/>	<input type="checkbox"/>	Provigil (modafinil)
	<input type="checkbox"/>	<input type="checkbox"/>	Cylert (pemoline)	<input type="checkbox"/>	<input type="checkbox"/>	Ritalin (methylphenidate)
	<input type="checkbox"/>	<input type="checkbox"/>	Dexedrine (dextroamphetamine)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	Neurontin (gabapentin)	<input type="checkbox"/>	<input type="checkbox"/>	Strattera (Atomoxetine [norepinephrine reuptake blocker])
	<input type="checkbox"/>	<input type="checkbox"/>	Trileptal (oxycarbazepine [anti-epileptic])			
	<input type="checkbox"/>	<input type="checkbox"/>	Topamax (Topiramate ([anti-epileptic])	<input type="checkbox"/>	<input type="checkbox"/>	Symbyax (olanzapine and fluoxetine hydrochloride)
				<input type="checkbox"/>	<input type="checkbox"/>	_____

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MEDICATIONS CARD**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)	

Mood Stabilizers

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

Sedatives / Hypnotics / Minor Tranquilizers

Ambien (zolpidem, midazolam)	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)

Antipsychotics

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

Stimulants

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

Other

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

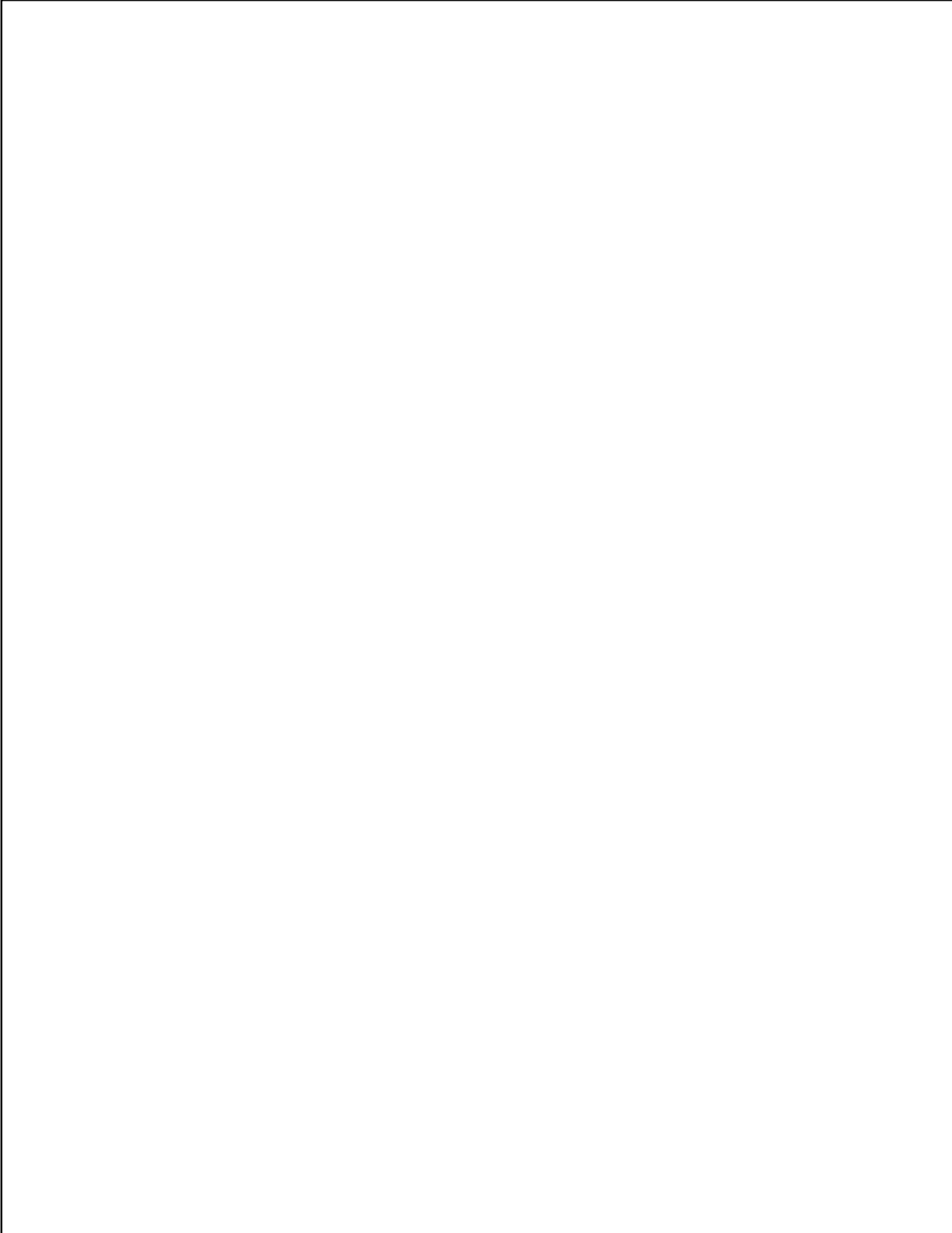
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INTERVIEWER: If subject reported any emotional problems in questions 1-6 skip to question 8.

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




Skip to F. Major Depression (page 25)

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

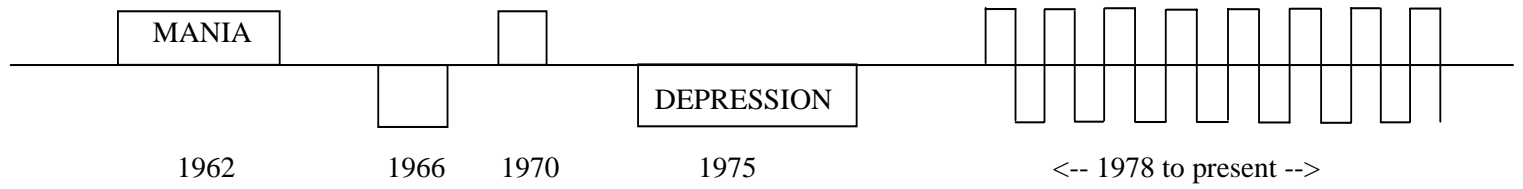


E. OVERVIEW OF PSYCHIATRIC DISTURBANCE

KEY

-  Affective Illness
-  Active Psychosis
-  Prodromal & Residual

SAMPLE: Affective Illness Only



SAMPLE: Psychosis and Affective Illness



PATIENT:

E. OVERVIEW OF PSYCHIATRIC DISTURBANCE

Age	Type of Episode or Symptoms	Duration (weeks)	Treatment

F. MAJOR DEPRESSION

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 (page 43)			
3. Have you been feeling that way recently (i.e., for at least one week during the past 30 days)?	0	1	9
3.a) If yes: How long have you felt this way?			Weeks

F. MAJOR DEPRESSION

Most Severe Episode

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

			-				
Month				Year			

Age

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

Weeks

4.b) How long did that period last?

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

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
---	---

F. MAJOR DEPRESSION

Most Severe Episode

During the most severe episode...:

	Code Response																					
<p>6. <i>Did you have a loss of appetite or did your appetite greatly increase?</i></p> <p>0. No 1. Yes, decreased 2. Yes, increased 3. Yes, mixture 9. Unknown/No information</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">0</td> <td style="width: 20%;">1</td> <td style="width: 20%;">2</td> <td style="width: 20%;">3</td> <td style="width: 20%;">9</td> </tr> </table>	0	1	2	3	9																
0	1	2	3	9																		
<p>6.a) <i>Did you lose/gain weight when you were not trying to?</i></p> <p>0. No 1. Loss 2. Gain 9. Unknown</p> <p>If yes:</p> <p>6.b) <i>What was your weight <u>before</u> the loss/gain?</i></p> <p>6.c) <i>What was your weight <u>after</u> the loss/gain?</i></p> <p>6.d) <i>Over what period of time did you lose/gain this amount of weight?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Pounds</td> </tr> <tr> <td style="width: 80%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Pounds</td> </tr> <tr> <td style="width: 80%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Weeks</td> </tr> </table>		Pounds		Pounds		Weeks															
	Pounds																					
	Pounds																					
	Weeks																					
<p>7. <i>Did you have trouble sleeping or were you sleeping more than usual?</i></p> <p>If yes:</p> <p>7.a) <i>Were you unable to fall asleep?</i></p> <p>7.b) If yes: <i>Was this for at least one hour?</i></p> <p>7.c) <i>Were you waking up in the middle of the night and having trouble going back to sleep?</i></p> <p>7.d) <i>Were you waking up too early in the morning?</i></p> <p>7.e) If yes: <i>Was this at least one hour earlier than usual?</i></p> <p>7.f) <i>Were you sleeping much more than usual?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;"><u>No</u></th> <th style="width: 33%;"><u>Yes</u></th> <th style="width: 33%;"><u>Unk</u></th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black;">0</td> <td style="border: 1px solid black;">1</td> <td style="border: 1px solid black;">9</td> </tr> <tr> <td style="border: 1px solid black;">0</td> <td style="border: 1px solid black;">1</td> <td style="border: 1px solid black;">9</td> </tr> <tr> <td style="border: 1px solid black;">0</td> <td style="border: 1px solid black;">1</td> <td style="border: 1px solid black;">9</td> </tr> <tr> <td style="border: 1px solid black;">0</td> <td style="border: 1px solid black;">1</td> <td style="border: 1px solid black;">9</td> </tr> <tr> <td style="border: 1px solid black;">0</td> <td style="border: 1px solid black;">1</td> <td style="border: 1px solid black;">9</td> </tr> <tr> <td style="border: 1px solid black;">0</td> <td style="border: 1px solid black;">1</td> <td style="border: 1px solid black;">9</td> </tr> </tbody> </table>	<u>No</u>	<u>Yes</u>	<u>Unk</u>	0	1	9	0	1	9	0	1	9	0	1	9	0	1	9	0	1	9
<u>No</u>	<u>Yes</u>	<u>Unk</u>																				
0	1	9																				
0	1	9																				
0	1	9																				
0	1	9																				
0	1	9																				
0	1	9																				
<p>8. <i>Were you so fidgety or restless that other people could have noticed (e.g., pacing or wringing hands)?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">0</td> <td style="width: 20%;">1</td> <td style="width: 20%;">9</td> </tr> </table>	0	1	9																		
0	1	9																				
<p>9. <i>Were you moving or speaking so slowly that other people could have noticed?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">0</td> <td style="width: 20%;">1</td> <td style="width: 20%;">9</td> </tr> </table>	0	1	9																		
0	1	9																				

Most Severe Episode

	No	Yes	Unk
10. <i>Were you much less able to enjoy sex and other pleasurable activities?</i>	0	1	9
10a. <i>Did you lose interest in nearly all of your usual activities?</i>	0	1	9
11. <i>Were you feeling a loss of energy or more tired than usual?</i>	0	1	9
12. <i>Were you feeling guilty or that you were a bad person?</i>	0	1	9
13. <i>Were you feeling that you were a failure or worthless?</i>	0	1	9
14. <i>Were you having difficulty thinking, concentrating, or making decisions?</i>	0	1	9
15. <i>Were you frequently thinking about death, or wishing you were dead, or thinking about taking your life?</i>	0	1	9
16. <i>Did you actually try to harm yourself?</i>	0	1	9
17. INTERVIEWER: Enter number of boxes with at least one YES response in questions 6–16 TOTAL BOXES <input type="text"/>			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> INTERVIEWER: If less than three, probe for other potentially severe episodes. If necessary, recode questions 6–16. If still less than three, skip to G. Mania/Hypomania (page 43). </div>			
18. (INTERVIEWER: Review symptoms in questions 6–16 plus depressed mood or hand subject Depression Tally Sheet to review): <i>During this episode was there a two-week period when these symptoms were present nearly every day (at least four symptoms plus depressed mood)?</i>	0	1	9
19. <i>Did you tend to feel worse in the morning or in the evening or was there no difference?</i>	<u>Code Response</u>		
0. A.M.	0	1	2
1. P.M.			
2. No difference			
	No	Yes	Unk
20. <i>During this episode, did you have beliefs or ideas that you later found out were not true? Probe: Like believing you had committed a crime or sin? Or that God was punishing you? Or that some terrible thing was going to happen? Or that someone was trying to harm you, or was talking about you? Or that something had gone wrong with your body? How certain were you?</i>	0	1	9
INTERVIEWER: If delusions are suspected, probe further to determine the content and whether the beliefs were held with certainty. Code on the basis of this information and describe below:			

20.1) If yes: <i>Were you convinced of these beliefs at the time?</i>	0	1	9

F. MAJOR DEPRESSION

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
If yes to question 20:			
20.a) <i>Did these beliefs occur either just before this depression or after it cleared?</i>	0	1	9
	Days		
20.b) If yes: <i>How long were they present before the depression began?</i>			
	Days		
20.c) If yes: <i>How long did they last after your mood returned to normal?</i>			
20.d) INTERVIEWER: Does this total more than 14 days?	0	1	9
21. <i>Did you see or hear things that other people could not see or hear?</i>	0	1	9
Probe: <i>Like voices talking or noises, or visions? Or have unusual tastes, smells, or physical sensations?</i>			
If yes: <i>Specify:</i> _____			

21.1) If yes: <i>Were you using any street drugs at the times that you experienced these (refer to experiences)?</i>	0	1	9
If yes: <i>What were they? (INTERVIEWER: List the drugs used and describe the frequency of use and doses, if possible.)</i> _____			

21.2) If voices: <i>Did these voices usually seem to originate:</i>			
21.2.a) <i>...from within your head?</i>	0	1	9
21.2.b) <i>...from outside your head?</i>	0	1	9
21.2.c) <i>...from some particular place outside your head?</i>	0	1	9
21.2.d) <i>Were these voices definitely different from your own thoughts?</i>	0	1	9
If yes to question 21:			
21.a) <i>Did these (refer to experiences) occur either just before this depression or after it cleared?</i>	0	1	9
	Days		
21.b) If yes: <i>How long were they present before the depression began?</i>			
	Days		
21.c) If yes: <i>How long did they last after your mood returned to normal?</i>			
21.d) INTERVIEWER: Does this total more than 14 days?	0	1	9

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
22. If yes to questions 20 or 21: INTERVIEWER: Did psychotic symptoms have content that was <u>inconsistent</u> with depressive themes such as poverty, guilt, illness, personal inadequacy or catastrophe?	0	1	9
22.a) If yes: INTERVIEWER: Was the subject preoccupied with psychotic symptoms to the exclusion of other symptoms or concerns?	0	1	9
23. <i>Did you seek or receive help from a doctor or other professional for this period of depression?</i>	0	1	9
24. <i>Were you prescribed medication for depression or was there a change in your dosage?</i>	0	1	9

If yes: Specify: _____

25. <i>During this episode were you admitted to the hospital for depression (including day hospital)?</i>	0	1	9
---	---	---	---

Days

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

Days

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

26. <i>Did you receive ECT (shock treatments)?</i>	0	1	9
--	---	---	---

INTERVIEWER: If the patient was hospitalized two days or more, had ECT, or had psychotic symptoms, skip to question 29 and code incapacitation.

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

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

If other: Specify: _____

No Yes Unk

28. <i>Was your functioning (in this role) affected?</i>	0	1	9
--	---	---	---

If yes: Specify: _____

F. MAJOR DEPRESSION

Most Severe Episode

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

If yes: Specify: _____

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

Code Response

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

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

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

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

If impaired or incapacitated: Specify: _____

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

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

If yes: Specify: _____

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

If yes: Specify: _____

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

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>							
31. <i>Did this episode occur during pregnancy (code 1) or just after childbirth (code 2)?</i>	0	1 2	9							
31.a) If yes: <i>What was the date of childbirth?</i>										
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				-	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
	Month		Year							

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:* _____

F. MAJOR DEPRESSION

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
36. <i>Did this episode follow the death of someone close to you?</i>	0	1	9

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

36.b) **Date of death**

			-				
Month				Year			

37. <i>During this episode of depression did you have a week or more during which your mood frequently changed between sadness and irritability or even elation?</i>	0	1	9
--	---	---	---

If yes:

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

37.a.1) <i>Overactivity—Running around, many projects, or physically agitated?</i>	0	1	9
--	---	---	---

37.a.2) <i>More talkative than usual, speech pressured?</i>	0	1	9
---	---	---	---

37.a.3) <i>Thoughts racing, jumping from topic to topic?</i>	0	1	9
--	---	---	---

37.a.4) <i>Feeling grandiose - more important, special, powerful?</i>	0	1	9
---	---	---	---

37.a.5) <i>Needing less sleep - energetic after little or no sleep?</i>	0	1	9
---	---	---	---

37.a.6) <i>Attention distracted by unimportant things?</i>	0	1	9
--	---	---	---

37.a.7) <i>Doing risky things for pleasure - spending, sex, reckless driving, etc.?</i>	0	1	9
---	---	---	---

37.a.8) INTERVIEWER: Enter number of YES responses in 37.a.1-7: TOTAL			<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
--	--	--	--

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

37.a.9) <i>How long were these symptoms present?</i>		Days		OR	Weeks
	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>				<div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>

F. MAJOR DEPRESSION

Other Episode

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

Skip to question 71, page 42

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

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

Briefly describe the subject's response: _____

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

38.b) *When did it begin?*

			-				
Month				Year			

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

Age

Weeks

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

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

Other Episode

During the selected episode...:

	Code Response																					
<p>39. <i>Did you have a loss of appetite or did your appetite greatly increase?</i></p> <p>0. No 1. Yes, decreased 2. Yes, increased 3. Yes, mixture 9. Unknown/No information</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">0</td> <td style="width: 20%;">1</td> <td style="width: 20%;">2</td> <td style="width: 20%;">3</td> <td style="width: 20%;">9</td> </tr> </table>	0	1	2	3	9																
0	1	2	3	9																		
<p>39.a) <i>Did you lose/gain weight when you were not trying to?</i></p> <p>0. No 1. Loss 2. Gain 9. Unknown</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">0</td> <td style="width: 20%;">1</td> <td style="width: 20%;">2</td> <td style="width: 20%;">9</td> </tr> </table>	0	1	2	9																	
0	1	2	9																			
<p>If yes:</p> <p>39.b) <i>What was your weight <u>before</u> the loss/gain?</i></p>	<p>Pounds</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																					
<p>39.c) <i>What was your weight <u>after</u> the loss/gain?</i></p>	<p>Pounds</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																					
<p>39.d) <i>Over what period of time did you lose/gain this amount of weight?</i></p>	<p>Weeks</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																					
<p>40. <i>Did you have trouble sleeping or were you sleeping more than usual?</i></p> <p>If yes:</p> <p>40.a) <i>Were you unable to fall asleep?</i></p> <p>40.b) If yes: <i>Was this for at least one hour?</i></p> <p>40.c) <i>Were you waking up in the middle of the night and having trouble going back to sleep?</i></p> <p>40.d) <i>Were you waking up too early in the morning?</i></p> <p>40.e) If yes: <i>Was this at least one hour earlier than usual?</i></p> <p>40.f) <i>Were you sleeping much more than usual?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;"><u>No</u></th> <th style="width: 33%;"><u>Yes</u></th> <th style="width: 33%;"><u>Unk</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">9</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">9</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">9</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">9</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">9</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">9</td> </tr> </tbody> </table>	<u>No</u>	<u>Yes</u>	<u>Unk</u>	0	1	9	0	1	9	0	1	9	0	1	9	0	1	9	0	1	9
<u>No</u>	<u>Yes</u>	<u>Unk</u>																				
0	1	9																				
0	1	9																				
0	1	9																				
0	1	9																				
0	1	9																				
0	1	9																				
<p>41. <i>Were you so fidgety or restless that other people could have noticed (e.g., pacing or wringing hands)?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">0</td> <td style="width: 33%; text-align: center;">1</td> <td style="width: 33%; text-align: center;">9</td> </tr> </table>	0	1	9																		
0	1	9																				
<p>42. <i>Were you moving or speaking so slowly that other people could have noticed?</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">0</td> <td style="width: 33%; text-align: center;">1</td> <td style="width: 33%; text-align: center;">9</td> </tr> </table>	0	1	9																		
0	1	9																				

Other Episode

	No	Yes	Unk
43. <i>Were you much less able to enjoy sex and other pleasurable activities?</i>	0	1	9
43.a) <i>Did you lose interest in nearly all of your usual activities?</i>	0	1	9
44. <i>Were you feeling a loss of energy or more tired than usual?</i>	0	1	9
45. <i>Were you feeling guilty or that you were a bad person?</i>	0	1	9
46. <i>Were you feeling that you were a failure or worthless?</i>	0	1	9
47. <i>Were you having difficulty thinking, concentrating, or making decisions?</i>	0	1	9
48. <i>Were you frequently thinking about death, or wishing you were dead, or thinking about taking your life?</i>	0	1	9
49. <i>Did you actually try to harm yourself?</i>	0	1	9
50. INTERVIEWER: Enter number of boxes with at least one YES response in questions 39–49	TOTAL BOXES <input type="text"/>		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> INTERVIEWER: If less than three, probe for other potentially severe episodes. If necessary, recode questions 39–49. If still less than three, skip to question 71, page 42. </div>			
51. (INTERVIEWER: Review symptoms in questions 39–49 plus depressed mood or hand subject Depression Tally Sheet to review): <i>During this episode was there a two-week period when these symptoms were present nearly every day (at least four symptoms plus depressed mood)?</i>	0	1	9
52. <i>Did you tend to feel worse in the morning or in the evening or was there no difference?</i>	<u>Code Response</u>		
0. A.M.	0	1	2
1. P.M.			
2. No difference			
	No	Yes	Unk
53. <i>During this episode, did you have beliefs or ideas that you later found out were not true? Probe: Like believing you had committed a crime or sin? Or that God was punishing you? Or that some terrible thing was going to happen? Or that someone was trying to harm you, or was talking about you? Or that something had gone wrong with your body? How certain were you?</i>	0	1	9
INTERVIEWER: If delusions are suspected, probe further to determine the content and whether the beliefs were held with certainty. Code on the basis of this information and describe below:			

53.1) If yes: <i>Were you convinced of these beliefs at the time?</i>	0	1	9

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
If yes to question 53:			
53.a) <i>Did these beliefs occur either just before this depression or after it cleared?</i>	0	1	9
	Days		
53.b) If yes: <i>How long were they present before the depression began?</i>			
	Days		
53.c) If yes: <i>How long did they last after your mood returned to normal?</i>			
53.d) INTERVIEWER: Does this total more than 14 days?	0	1	9
54. <i>Did you see or hear things that other people could not see or hear?</i>	0	1	9
Probe: <i>Like voices talking or noises, or visions? Or have unusual tastes, smells, or physical sensations?</i>			
If yes: <i>Specify:</i> _____			

54.1) If yes: <i>Were you using any street drugs at the times that you experienced these (refer to experiences)?</i>	0	1	9
If yes: <i>What were they? (INTERVIEWER: List the drugs used and describe the frequency of use and doses, if possible.)</i> _____			

54.2) If voices: <i>Did these voices usually seem to originate:</i>			
54.2.a) <i>...from within your head?</i>	0	1	9
54.2.b) <i>...from outside your head?</i>	0	1	9
54.2.c) <i>...from some particular place outside your head?</i>	0	1	9
54.2.d) <i>Were these voices definitely different from your own thoughts?</i>	0	1	9
If yes to 54:	0	1	9
54.a) <i>Did these (refer to experiences) occur either just before this depression or after it cleared?</i>			
	Days		
54.b) If yes: <i>How long were they present before the depression began?</i>			
	Days		
54.c) If yes: <i>How long did they last after your mood returned to normal?</i>			
54.d) INTERVIEWER: Does this total more than 14 days?	0	1	9

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
55. If yes to questions 53 or 54: INTERVIEWER: Did psychotic symptoms have content that was <u>inconsistent</u> with depressive themes such as poverty, guilt, illness, personal inadequacy or catastrophe?	0	1	9
55.a) If yes: INTERVIEWER: Was the subject preoccupied with psychotic symptoms to the exclusion of other symptoms or concerns?	0	1	9
56. <i>Did you seek or receive help from a doctor or other professional for this period of depression?</i>	0	1	9
57. <i>Were you prescribed medication for depression or was there a change in your dosage?</i>	0	1	9

If yes: Specify: _____

58. <i>During this episode were you admitted to the hospital for depression (including day hospital)?</i>	0	1	9
---	---	---	---

Days

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

Days

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

59. <i>Did you receive ECT (shock treatments)?</i>	0	1	9
--	---	---	---

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

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

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

If other: Specify: _____

No Yes Unk

61. <i>Was your functioning (in this role) affected?</i>	0	1	9
--	---	---	---

If yes: Specify: _____

F. MAJOR DEPRESSION

Other Episode

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

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: _____

Other Episode

INTERVIEWER: If **MALE** or **NEVER PREGNANT**, skip to question 65, page 40.

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

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

			-				
Month				Year			

65. <i>Did this episode occur during or shortly after a serious physical illness?</i>	0	1	9
---	---	---	---

INTERVIEWER: The following illnesses, among others, may be relevant:
Hypothyroidism, CVA, MS, Mono, Hepatitis, Cancer, Parkinson's, HIV,
Cushing's or other endocrine illnesses.

If yes: Specify: _____

66. <i>Did this episode begin shortly after you started taking any prescribed medication?</i>	0	1	9
---	---	---	---

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

If yes: Specify medications: _____

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

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

If yes: Specify drug and quantity: _____

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

If yes: Specify: _____

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

If yes: Specify: _____

F. MAJOR DEPRESSION

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
69. <i>Did this episode follow the death of someone close to you?</i>	0	1	9

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

69.b) **Date of death**

			-				
Month				Year			

70. <i>During this episode of depression did you have a week or more during which your mood frequently changed between sadness and irritability or even elation?</i>	0	1	9
--	---	---	---

If yes:

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

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

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

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
------	----	-------

	<u>No</u>	<u>Yes</u>	<u>Unk</u>			
71. INTERVIEWER: Has there been at least one “clean” episode? A “clean” episode is one WITHOUT prior physical illness, drug or alcohol abuse, organic precipitants, or bereavement.	0	1	9			
If yes:						
		Clean Episodes				
72. How many episodes like this have you had?		<input type="text"/>				
72a. How old were you the <u>first</u> time you had an episode of depression like this? (Review requirements for clean episode above)		Ons Age				
		<input type="text"/>				
72b. How old were you the <u>last</u> time you had an episode of depression like this? (Review requirements for clean episode above)		Rec Age				
		<input type="text"/>				
73. If no clean episodes:		Unclean Episodes				
73.a) How many episodes like this have you had?		<input type="text"/>				
73.b) How old were you the <u>first</u> time you had an episode like this?		Ons Age				
		<input type="text"/>				
73.c) How old were you the <u>last</u> time you had an episode like this?		Rec Age				
		<input type="text"/>				
		Weeks				
74. What was the duration of your longest episode of depression in weeks?		<input type="text"/>				
75. How many times were you hospitalized for an episode of depression? (inpatient)		Hospitalized				
		<input type="text"/>				
75.a) How many times were you hospitalized for an episode of depression? (day hospital)		Hospitalized				
		<input type="text"/>				
		# of courses				
76. How many courses of ECT have you had for depression?		<input type="text"/>				
	<u>No</u>	<u>Yes</u>	<u>Unk</u>			
77. Did you ever feel high or were you overactive following medical treatment for depression?	0	1	9			
If yes: Describe: _____						

	Code Response					
78. Do your depressions tend to begin in any particular season?	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) <i>Did you ever have a period when you felt extremely good or high, clearly different from your normal self? (Was this more than just feeling good?)</i> | 0 | 1 | 9 |
| 1.b) <i>Did you ever have a period when you were unusually irritable, clearly different from your normal self so that you would shout at people or start fights or arguments?</i> | 0 | 1 | 9 |
| If yes to 1.a or 1.b, skip to question 1.e | 0 | 1 | 9 |
| 1.c) <i>Have you ever had periods lasting even a day or two when you felt unusually cheerful, irritable, energetic, or hyper?</i> | 0 | 1 | 9 |
| 1.d) <i>Have there been times when you felt much more energetic than usual and needed less sleep than usual?</i> | 0 | 1 | 9 |

INTERVIEWER: Probe for additional symptoms if necessary, using additional probes (e.g., *Did you experience racing thoughts or pressure to keep talking? Were you over-confident? Did you make unrealistic plans? Were you uncharacteristically impulsive? Did you experience increased activity or increased talkativeness?*) Gather and record information on any (even mild) mood states that seem qualitatively different from a normal good mood and that indicate hypomania. Record response including subject's description of the mood below:

- | | | | |
|--|---|---|---|
| 1.e) If any yes to questions 1a-d: <i>Did this last persistently throughout the day or intermittently for two days or more?</i> | 0 | 1 | 9 |
| 1.f) INTERVIEWER: Do you suspect a past or current episode from subject's responses, behavior, or other information? | 0 | 1 | 9 |

Skip to H. Dysthymia/Cyclothymia (page 63) ←

2. *Have you been feeling that way recently (i.e., during the past 30 days)?*
- | | | | |
|---|------|----|-------|
| | 0 | 1 | 9 |
| 2.a) If yes: <i>How long have you felt this way?</i> | Days | OR | Weeks |
| | | OR | |

G. MANIA/HYPOMANIA

Most Severe Episode

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

When did it begin?

			-				
Month				Year			

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

Age

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

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

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

0 1

Most Severe Episode

During the most severe episode...:

	<u>Code Response</u>		
	1	2	3
5. INTERVIEWER: Specify and code whether subject's mood was:			
1. Irritable			
2. Elated/expansive			
3. Both irritable and elated			

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

If yes:

10.a) <i>How many hours of sleep did you get per night?</i>	Hours
10.b) <i>How many hours of sleep do you usually get per night?</i>	Hours
11. <i>Did you have more trouble than usual concentrating because your attention kept jumping from one thing to another?</i>	0 1 9
12. <i>Did you do anything that could have gotten you into trouble—like buy things, make business investments, have sexual indiscretions, drive recklessly?</i>	0 1 9

If yes: Specify: _____

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

TOTAL BOXES

INTERVIEWER: If only one or none, skip to H.
Dysthymia/Cyclothymia (page 63).

13.a) <i>During this episode was there at least a week when these symptoms (INTERVIEWER: Review symptoms in questions 6–12 plus elated/irritable mood or hand subject Mania Tally Sheet to review) were present most of the time?</i>	0	1	9
---	---	---	---

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
14. <i>Would you say your behavior was provocative, obnoxious, arrogant, or manipulative enough to cause problems for your family, friends, or co-workers?</i> If yes: Specify: _____ _____	0	1	9
15. <i>Were you so excited that it was almost impossible to hold a conversation with you?</i>	0	1	9
16. <i>During this episode, did you have beliefs or ideas that you later found out were not true? Probe: Like believing that you had powers and abilities others did not have? Or that you had a special mission, perhaps from God? Or that someone was trying to harm you? How certain were you?</i> 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: <i>Were you convinced of these beliefs at the time?</i> If yes:	0	1	9
16.a) <i>Did these beliefs occur either just before this episode or after it cleared?</i>	0	1	9
16.b) If yes: <i>How long were they present before the episode began?</i>	Days <input type="text"/>		
16.c) If yes: <i>How long did they last after your mood returned to normal?</i>	Days <input type="text"/>		
16.d) INTERVIEWER: Does this total more than 14 days?	0	1	9
17. <i>Did you see or hear things that other people could not see or hear?</i> If yes: Specify: _____ _____ _____	0	1	9
17.1) If yes: <i>Were you using any street drugs at the times that you experienced these (refer to experiences)?</i> If yes: <i>What were they? (INTERVIEWER: List the drugs used and describe the frequency of use and doses, if possible.)</i> _____ _____ _____	0	1	9

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
17.2) If voices: <i>Did these voices usually seem to originate:</i>			
17.2.a) <i>...from within your head?</i>	0	1	9
17.2.b) <i>...from outside your head?</i>	0	1	9
17.2.c) <i>...from some particular place outside your head?</i>	0	1	9
17.2.d) <i>Were these voices definitely different from your own thoughts?</i>	0	1	9
If yes to question 17:			
17.a) <i>Did these (refer to experiences) occur either just before this episode or after it cleared?</i>	0	1	9
17.b) If yes: <i>How long were they present before the episode began?</i>		Days	
17.c) If yes: <i>How long did they last after your mood returned to normal?</i>		Days	
17.d) INTERVIEWER: <i>Does this total more than 14 days?</i>	0	1	9
18. If yes to questions 16 or 17:	0	1	9
INTERVIEWER: <i>Did psychotic symptoms have content that was <u>inconsistent</u> with manic themes such as inflated worth, power, knowledge, identity, or special relationship to a deity or a famous person?</i>			
18.a) If yes: INTERVIEWER: <i>Was the subject preoccupied with psychotic symptoms to the exclusion of other symptoms or concerns?</i>	0	1	9
19. <i>Did you seek or receive help from a doctor or other professional?</i>	0	1	9
20. <i>Were you prescribed medication or was there a change in your dosage?</i>	0	1	9
If yes: Specify: _____ _____			
21. <i>During this episode were you admitted to the hospital (including day hospital)?</i>	0	1	9
21.a) If yes: <i>For how long (inpatient)?</i>		Days	
21.b) If yes: <i>For how long (day hospital) ?</i>		Days	
22. <i>Did you receive ECT (shock treatments)?</i>	0	1	9

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

Most Severe Episode

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

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

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

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

Most Severe Episode

	Code Response				
25. INTERVIEWER: Code based on answers to questions 15–24	0	1	2	3	9
0. No change					
1. Impairment					
2. Incapacitation					
3. Improvement					
9. Unknown					

Modified RDC Impairment: Decreased functioning not severe enough to meet incapacitation.

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

Improvement: Improvement in function.

Specify: _____

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

If yes: Specify: _____

27. <i>Did this episode occur during or shortly after a serious physical illness?</i>	0	1	9
---	---	---	---

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

If yes: Specify: _____

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
28. <i>Did this episode begin shortly after you started using decongestants, steroids, or some other medication?</i>	0	1	9

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

If yes: Specify medications: _____

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

If yes: Specify: _____

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

INTERVIEWER: Amphetamines, among others, may be relevant.

If yes:

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

If yes: Specify: _____

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

If yes: Specify drug and quantity: _____

30.c) <i>Increased use of alcohol?</i>	0	1	9
--	---	---	---

If yes: Specify: _____

G. MANIA/HYPOMANIA

Most Severe Episode

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

If yes:

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

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

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

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

G. MANIA/HYPOMANIA

Other Episode

32. **INTERVIEWER:** Refer to the instructions below, and indicate here whether a second episode of mania/hypomania will be rated.

	<u>No</u>	<u>Yes</u>
	<input type="text" value="0"/>	1

Skip to question 60, page 60

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

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

Briefly describe how the Other Episode was selected:

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

32.b) *When did it begin?*

			-				
Month				Year			

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

Age

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

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

Other Episode

During this episode...:

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

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

If yes:

38.a) <i>How many hours of sleep did you get per night?</i>	Hours
38.b) <i>How many hours of sleep do you usually get per night?</i>	Hours
39. <i>Did you have more trouble than usual concentrating because your attention kept jumping from one thing to another?</i>	0 1 9
40. <i>Did you do anything that could have gotten you into trouble—like buy things, make business investments, have sexual indiscretions, drive recklessly?</i>	0 1 9

If yes: Specify: _____

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

TOTAL BOXES

INTERVIEWER: If only one or none, skip to question 60 (page 60).

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

Other Episode

	No	Yes	Unk
42. <i>Would you say your behavior was provocative, obnoxious, arrogant, or manipulative enough to cause problems for your family, friends, or co-workers?</i> If yes: Specify: _____ _____	0	1	9
43. <i>Were you so excited that it was almost impossible to hold a conversation with you?</i>	0	1	9
44. <i>During this episode, did you have beliefs or ideas that you later found out were not true? Probe: Like believing that you had powers and abilities others did not have? Or that you had a special mission, perhaps from God? Or that someone was trying to harm you? How certain were you?</i> 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: _____ _____	0	1	9
44.1) If yes: <i>Were you convinced of these beliefs at the time?</i>	0	1	9
If yes: 44.a) <i>Did these beliefs occur either just before this episode or after it cleared?</i>	0	1	9
		Days	
44.b) If yes: <i>How long were they present before the episode began?</i>			
		Days	
44.c) If yes: <i>How long did they last after your mood returned to normal?</i>			
		Days	
44.d) INTERVIEWER: Does this total more than 14 days?	0	1	9
45. <i>Did you see or hear things that other people could not see or hear?</i> If yes: Specify: _____ _____ _____	0	1	9
45.1) If yes: <i>Were you using any street drugs at the times that you experienced these (refer to experiences)?</i>	0	1	9
If yes: <i>What were they? (INTERVIEWER: List the drugs used and describe the frequency of use and doses, if possible.)</i> _____ _____ _____			
45.2) If voices: <i>Did these voices usually seem to originate:</i>			

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
45.2.a) <i>...from within your head?</i>	0	1	9
45.2.b) <i>...from outside your head?</i>	0	1	9
45.2.c) <i>...from some particular place outside your head?</i>	0	1	9
45.2.d) <i>Were these voices definitely different from your own thoughts?</i>	0	1	9
If yes to question 45:	0	1	9
45.a) <i>Did these (refer to experiences) occur either just before this episode or after it cleared?</i>			
		Days	
45.b) If yes: <i>How long were they present before the episode began?</i>			
		Days	
45.c) If yes: <i>How long did they last after your mood returned to normal?</i>			
45.d) INTERVIEWER: <i>Does this total more than 14 days?</i>	0	1	9
46. If yes to questions 44 or 45:	0	1	9
INTERVIEWER: <i>Did psychotic symptoms have content that was <u>inconsistent</u> with manic themes such as inflated worth, power, knowledge, identity, or special relationship to a deity or a famous person?</i>			
46.a) If yes: INTERVIEWER: <i>Was the subject preoccupied with psychotic symptoms to the exclusion of other symptoms or concerns?</i>	0	1	9
47. <i>Did you seek or receive help from a doctor or other professional?</i>	0	1	9
48. <i>Were you prescribed medication or was there a change in your dosage?</i>	0	1	9
If yes: Specify: _____			

49. <i>During this episode were you admitted to the hospital (including day hospital)?</i>	0	1	9
		Days	
49.a) If yes: <i>For how long (inpatient)?</i>			
		Days	
49.b) If yes: <i>For how long (day hospital) ?</i>			
50. <i>Did you receive ECT (shock treatments)?</i>	0	1	9

INTERVIEWER: If the patient was hospitalized two days or more, had ECT, or had psychotic symptoms, skip to question 53 and code incapacitation.

G. MANIA/HYPOMANIA

Other Episode

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

If other: Specify: _____

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

If yes: Specify: _____

If yes:

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

If yes: Specify: _____

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

Other Episode

	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: _____

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

If yes: *Specify:* _____

55. <i>Did this episode occur during or shortly after a serious physical illness?</i>	0	1	9
---	---	---	---

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

If yes: *Specify:* _____

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
56. <i>Did this episode begin shortly after you started using decongestants, steroids, or some other medication?</i>	0	1	9

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

If yes: Specify medications: _____

57. <i>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?</i>	0	1	9
--	---	---	---

If yes: Specify: _____

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

INTERVIEWER: Amphetamines, among others, may be relevant.

If yes:

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

If yes: Specify: _____

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

If yes: Specify drug and quantity: _____

58.c) <i>Increased use of alcohol?</i>	0	1	9
--	---	---	---

If yes: Specify: _____

Other Episode

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

If yes:

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

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

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

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

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, page 52.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
60. INTERVIEWER: Has there been at least one “clean” episode of mania/hypomania? A “clean” episode is one WITHOUT prior physical illness, drug or alcohol abuse, or organic precipitants.	0	1	9

If yes, 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

Ons Age

Rec Age

61.c/d) Age at first and last “clean” manic periods:

“Clean” periods without significant role impairment (hypomania):

62.a/b) Number of “clean” hypomanias (include mixed periods):

Periods

Ons Age

Rec Age

62.c/d) Age at first and last “clean” hypomanic periods:

63. If no clean episodes:

“Unclean” periods with significant role impairment (mania):

63.a/b) Number of “unclean” manias (include mixed periods):

Periods

Ons Age

Rec Age

63.c/d) Age at first and last “unclean” manic periods:

“Unclean” periods without significant role impairment (hypomania):

64.a/b) Number of “unclean” hypomanias (include mixed periods):

Periods

Ons Age

Rec Age

64.c/d) Age at first and last “unclean” hypomanic periods:

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

Times

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

Code Response

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

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

0 1 2 3 4 9

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

If yes:

67.a) *How many nights?*

Nights

Hours

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

SITE OPTIONAL

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

71. <i>Have you ever switched back and forth quickly from feeling high to feeling normal, or from feeling high to feeling depressed without a normal mood in between?</i>	0	1	9
---	---	---	---

Code Response

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

1 2 3

No Yes Unk

72. <i>Have you ever had a year when you had several different manic, hypomanic, depressive, or mixed episodes?</i>	0	1	9
---	---	---	---

If yes:

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

Episodes

Describe: _____

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

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
(If subject describes multiple episodes of similar polarity)			
Ask:			
72.b) <i>Are you sure you got better between episodes?</i>	0	1	9
If yes:			
72.b.1) <i>For how long?</i>			<input type="text"/>

Weeks

SITE OPTIONAL

DYSTHYMIA

INTERVIEWER: Bipolar patients cannot meet DSM-III-R/DSM-IV criteria for Dysthymia. However, it is **Site Optional** to continue through this section. Otherwise, for bipolar patients skip to Cyclothymia (question 7, page 64).

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. <i>Have you ever had a period of a year or more when you felt sad, down, or blue most of the day, more days than not?</i>	0	1	9

Skip to question 7, page 64

1.a) *How old were when this first began?*

Ons Age

1.b) *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. <i>Did you have a severe episode of depression either during the first two years of this period or in the six months before this period began?</i>	0	1	9
---	---	---	---

3. <i>Just before and during this period was there a change in your use of street drugs, alcohol, or prescription medications, or did you have a serious physical illness?</i>	0	1	9
--	---	---	---

If yes: Specify: _____

INTERVIEWER: If **YES** to question 2 or 3, can you identify another period?
If **YES**, recode questions 1.a and 1.b.
If **NOT**, skip to Cyclothymia (question 7).
Site Optional: Interviewer may continue to specify dysthymic symptoms.

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

SITE OPTIONAL

	No	Yes	Unk
4.f) <i>...feel inadequate or worthless?</i>	0	1	9
4.g) <i>...find it hard to concentrate or make decisions?</i>	0	1	9
4.h) <i>...feel hopeless?</i>	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.			
INTERVIEWER: If less than two, skip to question 7.			
TOTAL			
5. <i>During that period was your mood ever normal for more than two months in a row—that is, two months when you were <u>not</u> sad, blue or down?</i>	0	1	9
6. <i>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?</i>	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?*

Skip to I. Alcohol Abuse and Dependence (page 67)

H. DYSTHYMIA/CYCLOTHYMIA

SITE OPTIONAL

7.a) How old were when this first began?

Ons Age

7.b) How old were when it ended?

End Age

INTERVIEWER: For adolescents or children, skip to I. Alcohol Abuse and Dependence (page 67) if the period in questions 7.a-b is less than **1 year**.
For adults, skip to I. Alcohol Abuse and Dependence (page 67) if the period in questions 7.a-b is less than **2 years**.

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

No Yes Unk

0 1 9

9. Just before and during this period was there a change in your use of street drugs, alcohol, or prescription medications, or did you have a serious physical illness?

0 1 9

If yes: Specify: _____

INTERVIEWER: If YES to question 8 or 9, can you identify another period?
If **YES**, recode questions 7.a and 7.b.
If **NOT**, skip to I. Alcohol Abuse and Dependence (page 67).
Site Optional: Interviewer may continue to specify cyclothymic symptoms.

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

0 1 9

Elated:

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

INTERVIEWER: If yes, consider returning to mania section (page 43) if not completed previously.

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

0 1 9

Depressed:

- ...trouble sleeping or sleeping too much?
- ...loss of appetite or overeating?
- ...trouble concentrating?
- ...loss of energy?
- ...feeling guilty or worthless?
- ...being unable to enjoy things?
- ...thinking about death?

SITE OPTIONAL

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
11. <i>During that period was your mood ever normal for more than two months in a row—that is, two months when you were <u>not</u> sad, blue or down?</i>	0	1	9
12. <i>During that period was there a difference in the way you managed your work, school, or household tasks or was any other area of your life affected?</i>	0	1	9

If yes: Specify: _____

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

If yes: Specify: _____

13. <i>How old were you the <u>first</u> time you had a year or more like this?</i>	Age <input type="text"/>
14. <i>How long did that period last?</i>	Months <input type="text"/>

I. ALCOHOL ABUSE AND DEPENDENCE

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

Age

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 (page 71)

No Yes

2. Did you ever drink regularly—that is, at least once a week, for six months or more?

0	1
---	---

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 2 and 3, skip to J. Tobacco, Marijuana, and Other Drug Abuse and Dependence (page 71)

Drinks

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
½ pint	=	6
1 pint	=	12
1 fifth	=	20
1 quart	=	24

Wine drink equivalents

1 bottle	=	6
1 wine cooler	=	1

Beer drink equivalents

1 bottle/can	=	1
1 case	=	24

If 3 drinks or fewer, skip to J. Tobacco, Marijuana and Other Drug Abuse and Dependence (page 71)

No Yes

Alcohol Abuse (criteria in boxed questions 5-8)

5. Has your drinking or being hung over often kept you from working or taking care of household responsibilities?

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
---	---

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
---	---

8. Did your drinking often cause you to have problems at work, school or at home?

No	Yes
0	1

9. How old were you the first time any of these things happened?

Age

If questions 5-8 are all NO:

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

No	Yes
0	1

Skip to J. Tobacco, Marijuana and Other
Drug Abuse and Dependence (page 71)



Alcohol Dependence (criteria in boxed questions 11 – 21a)

Loss of Control / Compulsive Use

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
---	---

12. Have you often wanted or tried to stop or cut down on drinking?

0	1
---	---

13. Did you ever try to stop or cut down on drinking and find you could not?

0	1
---	---

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
---	---

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
---	---

Tolerance

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
---	---

Psychological and Physical problems

	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>
17. <i>Have you more than once had blackouts, when you did not pass out, but you drank enough so that the next day you could not remember things you said or did?</i>	0	1		
17.a) If yes: <i>Did you continue to drink after you knew it caused you any of these problems?</i>			0	1
18. <i>While drinking, did you more than once have psychological problems start or get worse such as feeling depressed, feeling paranoid, trouble thinking clearly, hearing, smelling or seeing things, or feeling jumpy?</i>	0	1		
18.a) If yes: <i>Did you continue to drink after you knew it caused you any of these problems?</i>			0	1
19. <i>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?</i>	0	1		
19.a) If yes: <i>Did you continue to drink knowing that drinking caused you to have health problems?</i>			0	1
20. <i>Have you ever continued to drink when you knew you had any (other) serious physical illness that might be made worse by drinking?</i>			0	1

Withdrawal

21. <i>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?</i>			0	1
21.a) If yes: <i>Have you more than once taken a drink to keep from having any of these symptoms or to make them go away?</i>			0	1
22. <i>Have you ever attended AA or had treatment for a drinking problem?</i>			0	1
If yes: <i>Was this...</i>				
22.a) <i>...discussion with a professional?</i>			0	1
22.b) <i>...AA or other self-help?</i>			0	1
22.c) <i>...outpatient alcohol program?</i>			0	1
22.d) <i>...inpatient alcohol program?</i>			0	1
22.e) <i>...other?</i>			0	1

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 (page 71)**

No Yes

DSM-IV

23. *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?*

0 1

INTERVIEWER: Criteria require items from three separate boxes above.

If yes:

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

Ons Age

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

Rec Age

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

TOBACCO

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

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, page 74)

Code Response

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

0 1 2

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

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

Pack years

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

2.b) Over your lifetime, have you smoked a total of 100 cigarettes?

No Yes
 0 1

Skip to Marijuana (question 22, page 74)

FAGERSTROM questions 3 - 8

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

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

Code Response

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

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

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

1	2	3	4	9
---	---	---	---	---

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

5. *During the period when you were smoking the most, did you usually 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
---	---

Code Response

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

0. *the first one in the morning,*
1. *after eating, while watching television, or some other one?*

0	1
---	---

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

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
---	---

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, page 74)

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.)

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

0	1
---	---

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
---	---

- | | No | Yes |
|---|----|-----|
| 11. <i>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?</i> | 0 | 1 |
| 12. <i>Have you <u>often</u> wanted to quit or tried to cut down on smoking?</i> | 0 | 1 |
| 13. <i>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?</i> | 0 | 1 |
| 14. <i>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?</i> | 0 | 1 |
| 15. <i>After you had been smoking for some time, did you find that cigarettes had less effect on you than before?</i> | 0 | 1 |

INTERVIEWER: If less than 3 boxes from tobacco dependence (9-15) are marked **yes** above, **Skip to Marijuana (question 17, page 74)**

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?*
- 16.a) *How old were you the first time?*
- 16.b) *How old were you the last time?*
- | | | |
|--|---------|---|
| | 0 | 1 |
| | Ons Age | |
| | Rec Age | |

MARIJUANA

- | | <u>No</u> | <u>Yes</u> |
|---|--|----------------------------|
| 17. <i>Have you ever used marijuana?</i> | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| Skip to Other Drugs (question 34, page 76) | ← | |
| 17.a) If yes: <i>Have you used marijuana at least 21 times in a single year?</i> | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| Skip to Other Drugs (question 34, page 76) | ← | |
| 17.b) <i>How old were you when you used marijuana for the first time?</i> | Ons Age | |
| | <input style="width: 100px; height: 20px;" type="text"/> | |

Marijuana abuse (criteria in boxed questions 18-21)

- | | <u>No</u> | <u>Yes</u> |
|--|--|----------------------------|
| 18. <i>Have you <u>often</u> been high on marijuana or suffering its after-effects while in school, working, or taking care of household responsibilities?</i> | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| 19. <i>Have you <u>often</u> 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?</i> | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| 20. <i>Did your marijuana use more than once cause you to have legal problems, such as arrests for disorderly conduct, possession or selling?</i> | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| 21. <i>Did your marijuana use <u>often</u> cause you to have problems at work, school, or at home?</i> | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| | Age | |
| 22. <i>How old were you the first time any of these things happened?</i> | <input style="width: 100px; height: 20px;" type="text"/> | |

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)? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| Skip to Other Drugs (question 34, page 76) | ← | |

Marijuana Dependence

Loss of Control / Compulsive Use

- | | | |
|---|----------------------------|----------------------------|
| 24. <i>Have you <u>often</u> used marijuana over a longer period or in larger amounts than you intended to?</i> | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| 25. <i>Have you <u>often</u> wanted to or tried to cut down on marijuana?</i> | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| 26. <i>Did you ever try to stop or cut down on marijuana and find you could not?</i> | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |

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

	No	Yes
27. <i>Has there ever been a period of a month or more when a great deal of your time was spent using marijuana, getting marijuana, or getting over its effects?</i>	0	1

28. <i>Have you often given up or greatly reduced important activities with friends or relatives or at work while using marijuana?</i>	0	1
--	---	---

Tolerance

29. <i>Did you ever need larger amounts of marijuana to get an effect, or did you ever find that you could no longer get high on the amount you used to use?</i>	0	1
--	---	---

Psychological / Physical

30. <i>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?</i>	0	1
--	---	---

30.b) If yes: <i>Did you continue to use marijuana after you knew it caused you any of these problems?</i>	0	1
---	---	---

Withdrawal

31. <i>Did stopping or cutting down ever cause you to feel bad physically? (Co-occurrence of symptoms such as nervousness, insomnia, sweating, nausea, diarrhea.)</i>	0	1
---	---	---

32. If yes: <i>Did you use marijuana to prevent these symptoms?</i>	0	1
--	---	---

INTERVIEWER: If questions 24–32 are all **NO** or if there are less than 3 positive boxed symptoms, skip to **Other Drugs (question 34, page 76)**.

DSM-IV

33. <i>You told me you had these experiences such as (Review positive symptoms in questions 24-32). While you were using marijuana, did you ever have at least three of these experiences occur at any time in the same 12 month period?</i>	0	1
--	---	---

If yes:

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

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

33.c) <i>What was the longest period that you used marijuana almost every day?</i>	Days

33.d) <i>How old were you at that time?</i>	Age

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

If yes: *Specify:* _____

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

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

Year

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

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

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

Record an example of each positive response in the margins

1. <i>Has there been a time when . . .</i>	<u>No</u>	<u>Yes</u>	<u>Susp- ected</u>	<u>Unk</u>
1.a) <i>you heard voices? For example, some people have had the experience of hearing people's voices whispering or talking to them, even when no one was actually present.</i>	0	1	2	9
1.b) <i>you had visions or saw things that were not visible to others?</i>	0	1	2	9
1.c) <i>you had beliefs or ideas that others did not share or later found out were not true—like people being against you, people trying to harm you, or people talking about you, or believing you were being given special messages (e.g., through the TV or the radio)?</i>	0	1	2	9
1.d) <i>you have ever engaged in any unusual behavior, had speech that was mixed up or did not make sense [aside from mania and/or depression], or had your body stuck in one position so that you could not move?</i>	0	1	2	9
1.e) <i>you have had many days in a row when you did not get dressed, or have felt you had nothing to say, or appeared to have no emotions or have inappropriate emotions? [aside from mania and/or depression]</i>	0	1	2	9
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 **N. Comorbidity Assessment (page 99)**.

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

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

INTERVIEWER: If **NO**, skip to **N. Comorbidity Assessment (page 99)**.

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|---|---|------------|---|
| 2. Are you currently experiencing (Psychotic symptoms)? | 0 | 1 | 9 |
| 2.a) If yes: How long ago did this begin? | Days
<input style="width: 50px; height: 20px;" type="text"/> | OR | Weeks
<input style="width: 150px; height: 20px;" type="text"/> |
| Record response: _____ | | | |
| 3. If no: How old were you the <u>last</u> time you had (Psychotic symptoms)? | | | Age
<input style="width: 100px; height: 20px;" type="text"/> |
| 3.a) How long did these symptoms last? | Days
<input style="width: 50px; height: 20px;" type="text"/> | OR | Weeks
<input style="width: 150px; height: 20px;" type="text"/> |
| 4. Since you first began experiencing (Psychotic symptoms) have you ever returned to your normal self for at least two months? | 0 | 1 | 9 |

DELUSIONS
INTERVIEWER: If no delusions (question 1.c) skip to Hallucinations (question 22, page 86).

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

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|--|-----------|------------|------------|
| 5. Persecutory Delusions
Have you ever felt that people were out to get you or deliberately trying to harm you? | 0 | 1 | 9 |
| If yes: Specify. _____
_____ | | | |
| 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 |

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
<p>9. Religious Delusions <i>Have you had any religious beliefs or experiences that other people didn't share?</i></p> <p style="margin-left: 20px;">If yes: Specify. _____ _____</p>	0	1	9
<p>10. Somatic Delusions <i>Have you ever had a change in your body or the way it was working for which the doctor could find no cause?</i></p> <p style="margin-left: 20px;">If yes: Specify. _____ _____</p> <p style="margin-left: 20px;">(Probe: like incurable cancer, bowels stopped up, insides rotting?)</p>	0	1	9
<p>11. Erotomantic Delusions <i>Have you ever believed that another person was in love with you when there was no real reason to think so?</i></p>	0	1	9
<p>12. Delusions of Reference <i>Have you ever seen things in magazines or on TV that seem to refer specifically to you or contain a special message for you? Have you ever been sure that people were talking about you, laughing at you, or watching you?</i></p>	0	1	9
<p>13. Being Controlled <i>Have you ever felt you were being controlled or possessed by some outside force or person?</i></p>	0	1	9
<p>14. Thought Broadcasting <i>Have you ever felt your thoughts were broadcast so other people could hear them?</i></p>	0	1	9
<p>15. Thought Insertion <i>Have you ever felt that thoughts that were not your own were being put into your head by some outside force?</i></p>	0	1	9
<p>16. Thought Withdrawal <i>Have you ever felt your thoughts were taken out of your head by some outside force?</i></p>	0	1	9
<p>17. <i>How long did your longest period of (Delusions) last?</i></p>			
	Days	OR	Weeks
<p>17.a) <i>Were you convinced of these beliefs at the time?</i></p>	0	1	9

K. PSYCHOSIS

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

[Empty rectangular box for interview responses]

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

HALLUCINATIONS

INTERVIEWER: If no hallucinations (questions 1.a-b) skip to question 32, page 87).

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

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
22. Auditory – Voices, Noises, Music <i>Have you ever heard sounds or voices other people could not hear?</i>	0	1	9
22.a) If yes: <i>Did they say bad things about you or threaten you?</i>	0	1	9
23. Auditory – Running Commentary <i>Have you ever heard voices that described or commented on what you were doing or thinking?</i>	0	1	9
24. Auditory - Two or More Voices <i>Have you ever heard two or more voices talking with each other?</i>	0	1	9
25. Thought Echo <i>Have you ever experienced hearing your thoughts repeated or echoed?</i>	0	1	9
26. Somatic or Tactile <i>Have you ever had unusual sensations or other strange feelings in your body when there was nothing to account for them?</i> (Probe: <i>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?)</i>	0	1	9
27. Olfactory <i>Have you ever experienced any strange smells you couldn't account for or smells that others didn't notice?</i>	0	1	9
28. Visual <i>Have you ever had visions or seen things that other people could not?</i>	0	1	9
28.b) If yes: <i>Did this only occur when you were falling asleep or waking up?</i>	0	1	9
29. Gustatory <i>Have you ever had a strange taste in your mouth that you couldn't account for?</i>	0	1	9
30. <i>How long did your longest period of (Hallucinations) last?</i>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;">Days <input style="width: 50px; height: 20px;" type="text"/></div> <div style="margin-right: 10px;">OR</div> <div style="text-align: center; margin-right: 10px;">Weeks <input style="width: 150px; height: 20px;" type="text"/></div> </div>		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>
30.b) INTERVIEWER: <i>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)?</i>	0	1	9

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

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.

SCHIZOPHRENIA CRITERION A

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

	No	Yes
32.a) Delusions (questions 5-21)	0	1
If yes: 32.b) Definitely bizarre delusions (question 21 coded 2)	0	1
32.c) Hallucinations (questions 22-29)	0	1
If yes: 32.d) Two or more voices (question 24) or a voice that commented on what you were doing or thinking (question 23)	0	1
32.e) Disorganized speech (e.g. frequent derailment or incoherence) (question 1.f)	0	1
32.f) Grossly disorganized or catatonic behavior (question 1.g)	0	1
32.g) Negative symptoms , i.e., affective flattening, avolition or anhedonia (question 1.h)	0	1

TOTAL

If TOTAL is less than 2, skip to question 34.

33. **INTERVIEWER:** Has the subject ever had symptoms from two or more of the above categories (32.a, 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 5-29)

33.a) Has the subject ever had (32.b or 32.d) most of the time for a month or been treated successfully for either of these?	0	1
--	---	---

- | | <u>No</u> | <u>Yes</u> |
|--|----------------------|-------------------------|
| 34. Was there ever a period of time when you had (Psychotic symptoms) when you were <i>not</i> feeling (depressed/high or excited)? | 0 | 1 |
| 34a. 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 | Weeks |
| | <input type="text"/> | OR <input type="text"/> |
| 34b. (IF NO TO question 34 or 34.a) INTERVIEWER: Review all psychotic symptoms coded present during depression and code YES if <u>mood incongruent</u> psychotic symptoms were present during major depression. | 0 | 1 |
| Skip to N. Comorbidity Assessment (page 99) | | |

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

- | | | |
|---|----------------------|-------------------------|
| 35. How old were you the <u>first</u> time that you were experiencing (describe delusions, hallucinations, or other criteria for schizophrenia noted by the subject previously)? | Age | <input type="text"/> |
| 36. How long did those (Psychotic symptoms) last? | Days | Weeks |
| | <input type="text"/> | OR <input type="text"/> |
| | <u>No</u> | <u>Yes</u> |
| 37. Did you return to feeling like your normal self for at least two months? | 0 | 1 |
| | 9 | |
| 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.) | <u>Episodes</u> | |
| | <input type="text"/> | |

INTERVIEWER: Record total (minimum) number of episodes or periods of psychosis (separated from each other by at least two months). If subject never returned to pre-morbid state for at least two months, count as one period of illness.

- | | | | |
|---|---|---|---|
| 38.a) INTERVIEWER: Do you suspect autism on the basis of the medical history section or other information? | 0 | 1 | 9 |
| 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

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|--|-----------|------------|------------|
| 39. During the current/most recent episode, have you also been experiencing. . . | | | |
| 39.a) a low/depressive episode? | 0 | 1 | 9 |
| 39.b) a high/manic episode? | 0 | 1 | 9 |

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
40. <i>Did the current/most recent episode follow increased or excessive use of alcohol?</i>	0	1	9
If yes: <i>Specify:</i> _____ _____			
41. <i>Did the current/most recent episode follow use of street drugs?</i>	0	1	9
If yes: <i>Specify:</i> _____ _____			
42. <i>Did the current/most recent episode follow serious medical illness?</i>	0	1	9
If yes: <i>Specify:</i> _____ _____			
43. <i>Did the current/most recent episode follow use of prescription medications?</i>	0	1	9
If yes: <i>Specify:</i> _____ _____			
44. <i>Did the current/most recent episode follow an extremely stressful life event (such as your house burning down or a violent death of a family member or friend)?</i>	0	1	9
If yes: <i>Specify:</i> _____ _____			
44.a) <i>During the current/most recent episode, was there a change in your ability to function at work or with family and friends? (That is, were you unable to do your job, go to school, do your work at home, or perform self-care activities?) Was there a decrease in your ability to have relationships with family and/or friends?</i>	0	1	9
INTERVIEWER: Code for deterioration of function: during the course of the disturbance, functioning in such areas as work, social relations, and self care is markedly below the highest level achieved before onset of the disturbance (or when the onset is in childhood or adolescence, failure to achieve expected level of social development).			
44.b) If yes: <i>Has this change in your functioning continued for much of the time since this episode began?</i>	0	1	9
45. DSM III-R Brief Reactive Psychosis <i>During the current/most recent episode, did you experience unpredictable, intense mood changes or did you feel baffled?</i>	0	1	9
46. If FEMALE: <i>Did the current/most recent episode begin within four weeks of childbirth?</i>	0	1	9

PRODROMAL AND RESIDUAL SYMPTOMS

INTERVIEWER: Complete the Prodromal Period first then complete the Residual Period. If the subject is actively psychotic, complete the Prodromal Period only, then skip to question 48, page 92.

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

Establishing the Prodromal Period:

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 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
47.a) <i>stay away from family and friends, become socially isolated?</i>	0	1	9	0	1	9
47.b) <i>have trouble doing your job, going to school, or doing your work at home?</i>	0	1	9	0	1	9
47.c) <i>do anything unusual, like collecting garbage, talking to yourself in public, hoarding food?</i>	0	1	9	0	1	9
47.d) <i>neglect grooming, bathing, and keeping your clothes cleaned?</i>	0	1	9	0	1	9
47.e) <i>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)?</i>	0	1	9	0	1	9
47.f) <i>speak in a way that was hard to understand, have a hard time getting to the point, or were you at a loss for words (not due to a speech impediment)?</i>	0	1	9	0	1	9
47.g) <i>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?</i>	0	1	9	0	1	9
47.h) <i>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?</i>	0	1	9	0	1	9
47.i) <i>have trouble getting going, or have no interests or energy?</i>	0	1	9	0	1	9

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

PRODROMAL ONLY

	Weeks		
47.m) <i>How long did you have these experiences before you had (Active psychotic features)?</i>	<input style="width: 100%; height: 20px;" type="text"/>		
47.n) <i>Was this year typical of your usual self (that is, as subject was prior to onset of earliest symptoms)?</i>	0	1	9

INTERVIEWER: Return to top of question 47 to establish the Residual period and code in Residual Column.

RESIDUAL ONLY

	Weeks		
47.o) <i>How long did you have these experiences after your (Active psychotic features) stopped?</i>	<input style="width: 100%; height: 20px;" type="text"/>		
47.p) <i>Did you return to your usual self (as subject was prior to age of onset of earliest symptoms)?</i>	0	1	9

SCHIZOAFFECTIVE DISORDER, MANIC TYPE**INTERVIEWER: If subject has never had a period of mania or hypomania, skip to question 58, page 94.***You mentioned before that you have had periods when you felt (Manic moods).*

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
48. <i>Did (Delusions or Hallucinations) ever occur when you were feeling extremely good or high, or when you were feeling unusually irritable?</i>	0	1	

If yes: Record response: _____

Skip to question 58, page 94

49. <i>Did the (Delusions or Hallucinations) correspond to either of the manic episodes described previously?</i>	0	1	9
---	---	---	---

INTERVIEWER: Indicate if manic episode corresponds to manic periods described in the MANIA section.**Skip to question 52**

	<u>Code Response</u>	
	1	2
50. INTERVIEWER: Specify and code whether subject's mood was:		
1. Only irritable		
2. Euphoric (with or without irritability)		

50.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?*

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
50.a.1) <i>Overactivity—Running around, many projects, or physically agitated?</i>	0	1	9

50.a.2) <i>More talkative than usual, speech pressured?</i>	0	1	9
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50.a.3) <i>Thoughts racing, jumping from topic to topic?</i>	0	1	9
--	---	---	---

50.a.4) <i>Feeling grandiose - more important, special, powerful?</i>	0	1	9
---	---	---	---

50.a.5) <i>Needing less sleep - energetic after little or no sleep?</i>	0	1	9
---	---	---	---

50.a.6) <i>Attention distracted by unimportant things?</i>	0	1	9
--	---	---	---

50.a.7) <i>Doing risky things for pleasure - spending, sex, reckless driving, etc.?</i>	0	1	9
---	---	---	---

51. **INTERVIEWER: Enter number of definite symptoms.**

[If Euphoric, criterion = 3]

[If Irritable only, criterion = 4]

SX

INTERVIEWER: If this episode does not meet criteria for mania (i.e., no evidence of delusions or hallucinations during a mania), skip to question 58, page 94.

	No	Yes	Unk
52. <i>Did these episodes <u>only</u> follow alcohol or drug intake or withdrawal?</i>	0	1	9
53. INTERVIEWER: Has the subject ever met Criterion A for schizophrenia (i.e., was the response to question 33 or 33.a yes)?	0	1	
53a. If yes: Did subject ever meet Criterion A for schizophrenia during an episode of mania?	0	1	9
53b. (IF 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 49 or 50:			
53.b.1) Delusions	0	1	
53.b.1.a) If yes: Bizarre delusions	0	1	
53.b.2) Hallucinations	0	1	
53.b.2.a) If yes: Two or more voices or a voice commenting on the subject's behavior or thoughts	0	1	
53.b.3) Disorganized speech (e.g. frequent derailment or incoherence)	0	1	
53.b.4) Grossly disorganized or catatonic behavior	0	1	
53.b.5) Negative symptoms, i.e., affective flattening, alogia or avolition	0	1	
54. Presence of Mood-Incongruent Psychotic Symptoms Code YES if psychotic symptoms occurring during any manic episode had content that was <u>not</u> consistent with themes of inflated worth, power, knowledge, identity, or special relationship to a deity or a famous person.	0	1	9
55. Persistence of Psychotic Symptoms with Affective Clearing <i>Did the (Hallucinations/delusions) <u>ever</u> continue after your mood returned to normal?</i>	0	1	9
55.a) If yes: <i>What is the longest time they lasted after your mood became normal?</i>			Weeks
56. <i>Did the (Other psychotic symptoms such as formal thought disorder, bizarre behavior, catatonia) <u>ever</u> continue after your mood returned to normal?</i>	0	1	9
56.a) If yes: <i>What is the longest time they lasted after your mood became normal?</i>			Weeks
57. INTERVIEWER: Were the Affective syndromes brief relative to the Psychotic symptoms?	0	1	9

INTERVIEWER NOTE: Brief = < 30%. Code question 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?"

SCHIZOAFFECTIVE DISORDER, DEPRESSED TYPE

INTERVIEWER: If subject has never had a period of depression lasting at least one week, skip to question 68, page 95.

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

	No	Yes	Unk
58. Did (Delusions or Hallucinations) ever occur when you were feeling especially depressed? If yes: Record response: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Skip to question 68, page 95			
59. Did the (Delusions or Hallucinations) correspond to either of the depressive episodes described previously?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skip to question 62			
60. During the period of feeling especially depressed when you were also having (Psychotic symptoms) were you also experiencing any of these symptoms?			
60.a) Diminished desire for food, or marked overeating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60.b) Inability to sleep when sleep was desired, or excessive sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60.c) Feeling slowed down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60.d) Having fatigue or a loss of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60.e) Losing interest in pleasurable activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60.f) Feeling guilty or worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60.g) Being unable to think or retain written information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60.h) Feeling suicidal or thinking a lot about death?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. INTERVIEWER: Enter number of definite symptoms.			
		SX	
61.a) Is this a current episode?	<input type="checkbox"/>	<input type="checkbox"/>	
INTERVIEWER: If this episode does not meet criteria for depression (i.e., no evidence of delusions or hallucinations during a depression), skip to question 68, page 95.			
62. Did these episodes <u>only</u> follow alcohol or drug intake or withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
63. INTERVIEWER: Has the subject ever met Criterion A for schizophrenia (i.e., was the response to question 33 or 33.a yes)?	0	1	
63.a) If yes: Did subject ever meet Criterion A for schizophrenia during an episode of depression?	0	1	9
63.b) (IF 63.a is UNKNOWN:) Ask if subject has reported symptoms in each of the following categories during the episode of depression referred to in question 59 or 60:			←
63.b.1) Delusions	0	1	
63.b.1.a) If yes: Bizarre delusions	0	1	
63.b.2) Hallucinations	0	1	
63.b.2.a) If yes: Two or more voices or a voice commenting on the subject's behavior or thoughts	0	1	
63.b.3) Disorganized speech (e.g. frequent derailment or incoherence)	0	1	
63.b.4) Grossly disorganized or catatonic behavior	0	1	
63.b.5) Negative symptoms, i.e., affective flattening, alogia or avolition	0	1	
64. Presence of Mood-Incongruent Psychotic Symptoms Code YES if psychotic symptoms occurring during any depressed episode had content that was <u>not</u> consistent with themes of personal inadequacy, guilt, etc.	0	1	9
65. Persistence of Psychotic Symptoms with Affective Clearing <i>Did the (Hallucinations/delusions) <u>ever</u> continue after your mood returned to normal?</i>	0	1	9
65.a) If yes: <i>What is the longest time they lasted after your mood became normal?</i>			Weeks
66. <i>Did the (Other psychotic symptoms such as formal thought disorder, bizarre behavior, catatonia) <u>ever</u> continue after your mood returned to normal?</i>	0	1	9
66.a) If yes: <i>What is the longest time they lasted after your mood became normal?</i>			Weeks
67. INTERVIEWER: Were the Affective syndromes brief relative to the Psychotic symptoms?	0	1	9

INTERVIEWER NOTE: Brief = < 30%. Code question 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?"

POLYDYPسيا

68. *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

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

1 2 3 4 5

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

**CLASSIFICATION OF LONGITUDINAL
COURSE FOR SCHIZOPHRENIA**

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

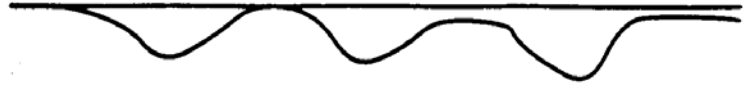
PATTERN OF SEVERITY

Code Response

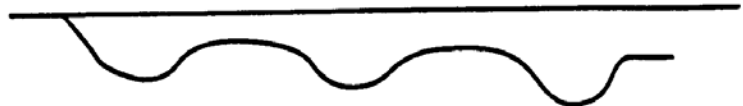
71. **INTERVIEWER:** Circle appropriate pattern from descriptions below:

1 2 3 4 5

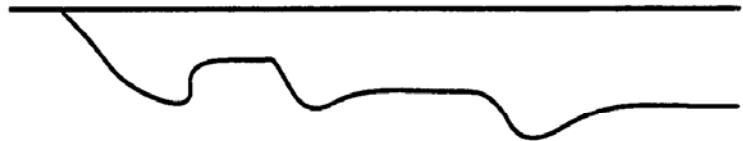
1. **Episodic Shift:** Episodes of illness are interspersed between periods of health or near normality.



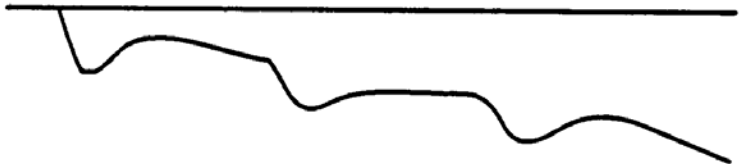
2. **Mild Deterioration:** Periods of illness occur, but there are also extended periods of return to near normality, with some ability to work at a job and near normal or normal social functioning.



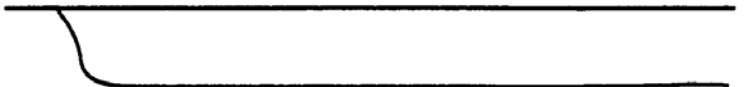
3. **Moderate Deterioration:** The subject may occasionally experience some resolution of symptoms, but overall the course is downhill culminating in a relatively severe degree of social and occupational incapacitation.



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.



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

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

Skip to O. Suicidal Behavior (page 101)

INTERVIEWER: Rate first occurrence at right.

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

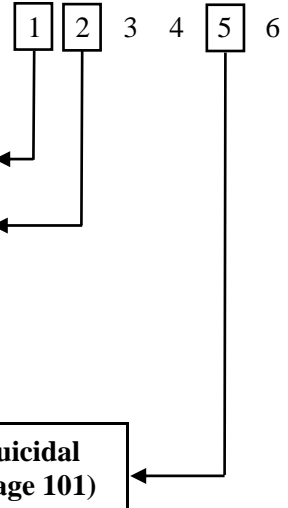
SITE OPTIONAL		<u>No</u>	<u>Yes</u>	<u>Unk</u>
1.a)	If 1. Mood changes/psychotic symptoms occurred first: <i>Did you have (mood changes/psychotic symptoms) right before you started using (alcohol/drugs) heavily?</i>	0	1	9
	If yes:			
1.a.1)	<i>For how long did you have (mood changes/psychotic symptoms) right before you started using (alcohol/drugs) heavily?</i>			
	Days		OR	
				Weeks
1.b)	If 2. Alcohol/drugs occurred first: <i>Were you using (alcohol/drugs) heavily right before you had (mood changes/psychotic symptoms)?</i>	0	1	9
	If yes:			
1.b.1)	<i>For how long were you using (alcohol/drugs) heavily right before your (mood changes/psychotic symptoms) began?</i>			
	Days		OR	
				Weeks

INTERVIEWER: If only one episode (total) of mood changes/psychotic symptoms, skip to **O. Suicidal Behavior** (page 101).

INTERVIEWER: Hand Comorbidity Card to subject.

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

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



<u>SITE OPTIONAL</u>		<u>No</u>	<u>Yes</u>	<u>Unk</u>
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
		<input style="width: 50px; height: 20px;" type="text"/>		<input style="width: 100px; height: 20px;" type="text"/>
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
		<input style="width: 50px; height: 20px;" type="text"/>		<input style="width: 100px; height: 20px;" type="text"/>

O. SUICIDAL BEHAVIOR

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

- | | No | Yes | Unk |
|---|--------------------------------|-----|-----|
| 1. Have you ever <u>tried</u> to kill yourself? | <input type="text" value="0"/> | 1 | 9 |
- Skip to question 13, page 104**
- 1.a) **If yes:** How many times have you tried to kill yourself?
- If only one time, skip to question 2, page 102**
- 1.b) How many of those attempts led to medical care (i.e., stitches, "stomach pumped", intubation, etc.)
- 1.c) How old were you the first time you tried to kill yourself?
- 1.d) Please tell me more about the time/times you tried to kill yourself.

INTERVIEWER: Probe for means, intent, whether other persons were present at the time of the suicide attempt, and what medical or psychiatric intervention resulted.

Data Entry: Do not code.

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

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

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

Record response: _____

3. *How old were you?*

Age

No	Yes	Unk
0	1	9
0	1	9

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

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

If yes:

Code Response

5.a) *Medical hospital?*

0 1 2 9

- 0. No
- 1. Yes, Emergency Room
- 2. Yes, Inpatient
- 9. Unknown

5.b) *Psychiatric hospital?*

0 1 2 9

If yes: Note whether voluntary or involuntary.

- 0. No
- 1. Yes, voluntary
- 2. Yes, involuntary
- 9. Unknown

No Yes Unk

6. *Did you want to die?*

0 1 9

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

0 1 9

Code Response

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

1 2 3 9

- 1. No intent or minimal intent, manipulative gesture.
- 2. Definite intent, but ambivalent.
- 3. Serious intent, expected to die.
- 9. No information, not sure.

O. SUICIDAL BEHAVIOR

	Code Response						
<p>9. INTERVIEWER: Rate lethality of most serious attempt.</p> <p>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.</p>	1	2	3	4	5	6	9
<p>10. INTERVIEWER: Rate premeditation of most serious attempt.</p> <p>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.</p>	1	2	3				9
<p>11. <i>Did the suicidal behavior described occur during an episode of...</i> (Circle all that apply)</p> <p><i>...depression?</i></p> <p><i>...bipolar (mixed state)?</i></p> <p><i>...alcohol abuse?</i></p> <p><i>...drug abuse?</i></p> <p><i>...psychosis?</i></p> <p><i>...other?</i></p> <p>If yes: Specify: _____</p> <p>_____</p>	<u>No</u>	<u>Yes</u>	<u>Unk</u>				
<p>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.)</p>	0	1					9

O. SUICIDAL BEHAVIOR

SITE OPTIONAL

VIOLENT BEHAVIOR

	No	Yes	Unk
13. <i>When angry or irritable, were there times when you hurt someone so they required medical attention?</i> If yes: Describe: _____ _____ _____	0	1	9

Skip to question 15

14. <i>Did this behavior occur during an episode of...</i> (Circle all that apply)			
...depression?	0	1	9
...bipolar (mixed state)?	0	1	9
...alcohol abuse?	0	1	9
...drug abuse?	0	1	9
...psychosis?	0	1	9
...other? If yes: Specify: _____ _____ _____	0	1	9

SELF-HARM WITHOUT SUICIDAL INTENT

15. <i>Have you ever intentionally harmed yourself when you were upset but you had no intention to commit suicide?</i>	0	1	9
INTERVIEWER: You may ask “ <i>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?</i> ”			
Skip to P. Anxiety Disorders (page 107)			

If yes: Describe: _____

O. SUICIDAL BEHAVIOR

SITE OPTIONAL

16. *Why did you do that?*

Describe: _____

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

18. *Did this behavior occur during an episode of...*

(Circle all that apply)

<i>...depression?</i>	0	1	9
<i>...bipolar (mixed state)?</i>	0	1	9
<i>...alcohol abuse?</i>	0	1	9
<i>...drug abuse?</i>	0	1	9
<i>...psychosis?</i>	0	1	9
<i>...other?</i>	0	1	9

If yes: Specify: _____

This page left intentionally blank

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

OBSESSIONS

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1. <i>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?</i> If unclear: <i>Did these thoughts continue to bother you no matter how hard you tried to get rid of them or ignore them?</i> (Probe: <i>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.)</i>	0	1	9
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Skip to question 2</div>			
If yes:			
1.a) <i>What were they?</i> _____			

1.b) <i>What did you do about them?</i> _____			

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

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
2. <i>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?</i> (Probe: <i>Another example might be doing things in a certain order and having to start over again if you get the order wrong.)</i>	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?* _____

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
2.b) <i>What were you afraid would happen if you did not do it?</i> _____ _____			
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. <i>Did you ever feel that these behaviors were excessive or unreasonable?</i>	0	1	9
4. <i>How much time did you spend doing (Compulsion) and or thinking about (Obsession) each day?</i>	Minutes		
	<input type="text"/>		
5. <i>Did you seek help from anyone, like a doctor or other professional?</i>	0	1	9
6. <i>Did you take any medication?</i> If yes: Specify. _____ _____	0	1	9
7. <i>What effect did these (Obsessions and/or Compulsions) have on your life?</i> _____ _____ _____			
7.a) <i>Did these (Obsessions and/or Compulsions) bother you a lot?</i>	0	1	9
7.b) <i>Did they significantly interfere with how you managed your work, school, household tasks, or social relationships?</i>	0	1	9
7.c) <i>Did these (Obsessions and/or Compulsions) cause you a lot of anxiety or distress?</i>	0	1	9
8. <i>How old were you the <u>first</u> time you were bothered by (Obsession and/or Compulsion)?</i>	Ons Age		
	<input type="text"/>		
9. <i>How old were you the <u>last</u> time you were bothered by (Obsession and/or Compulsion)?</i>	Rec Age		
	<input type="text"/>		
10. <i>Did you ever have (Obsession and/or Compulsion) at some time other than within two months of having (Depression/Psychosis)?</i>	0	1	9

PANIC DISORDER

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
11. <i>Have you ever had panic attacks or anxiety attacks when you suddenly felt very frightened in situations that are usually not considered threatening?</i>	0	1	9
11.a) If no: <i>Have you ever had <u>sudden, unexplained</u> episodes of physical symptoms such as rapid or loud heartbeat, feeling faint or lightheaded, sweating, trembling? How about <u>sudden, unexplained</u> episodes of chest tightness or a feeling of smothering?</i>	0	1	9
Skip to Phobic disorder (question 28, page 112) ←			
12. <i>Describe spells and situations in which (Symptoms indicated above) happen: (Are the attacks predictable?)</i>			
12.a) INTERVIEWER: Code NO if the attacks were always predictable. Code YES if attacks were at least initially unexpected and seemed to be coming out of the blue even if they later became triggered by one particular stimulus.	0	1	9
12.b) INTERVIEWER: Code NO if the attacks were associated exclusively with physical exertion or life-threatening situations.	0	1	9

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

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

P. ANXIETY DISORDERS

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

EVER ONLY

INTERVIEWER: If less than two symptoms, **skip to Phobic disorder (question 28, page 112).**

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		

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

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

Skip to Phobic disorder (question 28, page 112)

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		

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

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

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

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

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

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

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

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

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

If yes: *Specify.* _____

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

Weeks		

P. ANXIETY DISORDERS

	<u>No</u>	<u>Yes</u>	<u>Unk</u>		
19. <i>Did you seek help from anyone, like a doctor or other professional?</i>	0	1	9		
20. <i>Did you take any medications for these attacks?</i> If yes: Specify. _____ _____	0	1	9		
21. <i>Did you <u>only</u> have the attacks when you were consuming a lot of caffeine or alcohol or taking drugs like amphetamines?</i> If yes: Specify. _____ _____	0	1	9		
22.a) <i>Did a doctor ever tell you that you had a medical condition (e.g., overactive thyroid?) that might have been responsible for these attacks?</i>	0	1	9		
22.b) <i>Did a doctor ever tell you that you had a psychiatric condition (e.g., phobias, OCD, PTSD) that might have been responsible for these attacks?</i>	0	1	9		
23. <i>How old were you the <u>first</u> time you had a panic attack?</i>		Ons Age			
24. <i>How old were you the <u>last</u> time you had a panic attack?</i>		Rec Age			
	<u>None</u>	<u>Some</u>	<u>Most</u>	<u>All</u>	<u>Unk</u>
25. <i>What proportion of panic attacks have occurred during depression?</i>	0	1	2	3	9
26. <i>What proportion of panic attacks have occurred during mania?</i>	0	1	2	3	9
27. <i>What proportion of panic attacks have occurred at other times?</i>	0	1	2	3	9

PHOBIC DISORDER

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
28. <i>Have you ever been excessively afraid of...</i>			
28.a) Agoraphobic <i>... going out alone, being alone in a crowd or in stores, or being in places where you feel you cannot escape or get help?</i>	0	1	9
28.b) Social <i>...doing certain things in front of people like speaking, eating, or writing?</i>	0	1	9
28.c) Simple/Specific <i>...certain animals, heights, or being closed in?</i>	0	1	9
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Skip to Q. Eating Disorders (page 115) </div>	←		
29. <i>Did you go out of your way to avoid...</i>			
29.a) Agoraphobic fear(s)?	0	1	9
29.b) Social fear(s)?	0	1	9
29.c) Simple/Specific fear(s)?	0	1	9
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Skip to Q. Eating Disorders (page 115) </div>	←		
30. 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.			
30.a) Agoraphobic Fear(s): _____ _____ _____			
30.a.1) INTERVIEWER: Did the avoidant behavior begin during or just after a panic attack?	0	1	9
30.b) Social Fear(s): _____ _____ _____			
30.b.1) INTERVIEWER: Did the avoidant behavior begin during or just after a panic attack?	0	1	9

	<u>No</u>	<u>Yes</u>	<u>Unk</u>						
30.c) Simple/Specific Fear(s): _____ _____ _____									
30.c.1) INTERVIEWER: Did the avoidant behavior begin during or just after a panic attack?	0	1	9						
	Agoraphobic			Social			Simple/Specific		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
INTERVIEWER: For each positive fear, ask questions 31–41.									
31. <i>Did you almost always become anxious when you were experiencing (Feared object/situation)?</i>	0	1	9	0	1	9	0	1	9
32. <i>Were you more anxious than you should have been?</i>	0	1	9	0	1	9	0	1	9
33. 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
33.a) <i>Were you greatly upset about <u>having</u> the fear?</i>	0	1	9	0	1	9	0	1	9
34. <i>Because of (Feared object/situation), was there a difference in your social life or in how you managed your work, school, or household tasks?</i>	0	1	9	0	1	9	0	1	9
If yes: Specify:									
35a. Agoraphobia only INTERVIEWER: Code YES if the fear is unrelated to substance use, medication effects or a preexisting medical disorder.	0	1	9						
35b. Social Phobia only INTERVIEWER: Code YES if the fear is unrelated to substance use, medication effects, or a preexisting medical or psychiatric disorder.				0	1	9			

P. ANXIETY DISORDERS

	Agoraphobic			Social			Simple/Specific		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
35c. 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
36. <i>Did you seek help from anyone, like a doctor or other professional?</i>	0	1	9	0	1	9	0	1	9
37. <i>Did you take any medications?</i> If yes: Specify:	0	1	9	0	1	9	0	1	9
	_____			_____			_____		
	_____			_____			_____		
	_____			_____			_____		
38. <i>Did you ever have this problem at some time other than two months before or after having (Depression/Psychosis)?</i>	0	1	9	0	1	9	0	1	9
39. <i>How old were you the <u>first</u> time you had this problem?</i>	Ons Age <input style="width: 80px; height: 25px;" type="text"/>			Ons Age <input style="width: 80px; height: 25px;" type="text"/>			Ons Age <input style="width: 80px; height: 25px;" type="text"/>		
40. <i>How old were you the <u>last</u> time you had this problem?</i>	Rec Age <input style="width: 80px; height: 25px;" type="text"/>			Rec Age <input style="width: 80px; height: 25px;" type="text"/>			Rec Age <input style="width: 80px; height: 25px;" type="text"/>		
41. Social Phobia only If question 40 is 17 or less, Code YES if phobia lasted at least 6 months.				0	1	9			

ANOREXIA NERVOSA

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

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|--|---|------------|------------|
| 1. Was there ever a time when you weighed much less than other people thought you ought to weigh? | 0 | 1 | 9 |
| <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 5px;">Skip to Bulimia (question 14, page 116)</div> | | | |
| 2. At that time, had you lost a lot of weight on purpose or was it while you were growing up and you kept your weight down on purpose? | 0 | 1 | 9 |
| <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 5px;">Skip to Bulimia (question 14, page 116)</div> | | | |
| 3. What was your lowest weight at that time? | <div style="border: 1px solid black; width: 150px; height: 25px; margin: 5px;"></div> | | |
| 4. How tall were you? Record response: _____ | <div style="border: 1px solid black; width: 100px; height: 25px; margin: 5px; text-align: center;">Inches</div> | | |
| 5. How old were you? | <div style="border: 1px solid black; width: 100px; height: 25px; margin: 5px; text-align: center;">Age</div> | | |
| | <div style="display: flex; justify-content: space-around; width: 100px;"> <u>Sm</u> <u>Med</u> <u>Lrg</u> </div> | | |
| 6. INTERVIEWER: Note body frame. | 1 | 2 | 3 |

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.

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|---|-----------|------------|------------|
| 6.a) INTERVIEWER: Is lowest weight (question 3) more than table entry for height, gender, and body? | 0 | 1 | 9 |
| <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 5px;">Skip to Bulimia (question 14, page 116)</div> | | | |

Q. EATING DISORDERS

	No	Yes	Unk
7. <i>At that time did you still feel fat or did you see yourself as too fat in some ways?</i>	0	1	9
8. <i>Were you still very much afraid that you could become fat?</i>	0	1	9
9. If female: <i>Did your periods stop even when you were not pregnant?</i>	0	1	9
9.a) If yes: <i>Did you miss at least three cycles in a row?</i>	0	1	9
10. <i>Was there a medical disorder causing your weight loss?</i>	0	1	9
If yes: Specify: _____			
11. <i>Did your lowered weight follow the use of diet pills, amphetamines, cocaine, or other substances?</i>	0	1	9
If yes: Specify: _____			
12. <i>How old were you the <u>first</u> time your weight was below ___?</i> (See weight criterion table for loss of 15%.)		Ons Age	
13. <i>How old were you the <u>last</u> time your weight was below ___?</i> (See weight criterion table for loss of 15%.)		Rec Age	

BULIMIA

	No	Yes	Unk
14. <i>Has there been a time in your life when you went on food binges (i.e., rapid consumption of a large amount of food in a discrete period of time, usually less than two hours)?</i>	0	1	9
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Skip to R. Pathological Gambling (page 119)</div> ←			
15. <i>During these binges were you afraid you could not stop eating, or that your eating was out of control?</i>	0	1	9
16. <i>Did you have eating binges as often as twice a week for at least three months?</i>	0	1	9
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Skip to question 19</div> ←			
17. <i>How old were you when you <u>first</u> binged regularly?</i>		Ons Age	
18. <i>How old were you the <u>last</u> time you binged regularly?</i>		Rec Age	

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
19. Compensatory Behavior <i>Did you do anything to make up for eating so much, perhaps like...</i>			
19.a) ...making yourself vomit?	0	1	9
19.b) ...taking laxatives or diuretics?	0	1	9
19.c) ...strictly dieting?	0	1	9
19.d) ...fasting?	0	1	9
19.e) ...exercising a lot?	0	1	9
19.f) ...other?	0	1	9
If yes: Specify: _____			
Skip to question 20	←		
19.g) <i>Did you do (Compensatory behavior/s) as often as twice a week for at least 3 months?</i>	0	1	9
20. <i>At this time when you went on food binges were you a lot more concerned about your weight and/or shape than most people your age?</i>	0	1	9
21. INTERVIEWER: Are questions 16 and 19g both YES?	0	1	9
Skip to R. Pathological Gambling (page 119)	←		
22. <i>Did these episodes of binge eating and (Compensatory behaviors) both occur on average twice a week for at least 3 months?</i>	0	1	9
Skip to R. Pathological Gambling (page 119)	←		
23. <i>How old were you when you <u>first</u> binged and (Compensatory behavior/s) regularly?</i>		Ons Age	
24. <i>How old were you the <u>last</u> time you binged and (Compensatory behavior/s) regularly?</i>		Rec Age	
	<u>No</u>	<u>Yes</u>	<u>Unk</u>
25. INTERVIEWER: If subject appears to meet criteria for Anorexia Nervosa , ask: <i>Did these episodes of binge eating and (Compensatory behaviors) occur at any time other than during an anorexia episode?</i>	0	1	9

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	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1. <i>Have you ever gambled or bet too often or too much?</i>	<input style="border: 1px solid black; width: 20px; height: 20px;" type="text" value="0"/>	1	9
<div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 5px;"> Skip to S. Antisocial Personality (page 121) </div> ←			
2. <i>Did/do you frequently gamble larger amounts or over a longer period of time than you intend?</i>	0	1	9
3. <i>Did/do you need to increase the size or frequency of the bets to achieve excitement?</i>	0	1	9
4. <i>Did/do you become restless or irritable if you are unable to gamble?</i>	0	1	9
5. <i>Did/do you sustain repeated losses by trying to win back losses?</i>	0	1	9
6. <i>Were/are you frequently preoccupied with gambling?</i>	0	1	9
7. <i>Have you made repeated attempts to stop or reduce your gambling?</i>	0	1	9
8. <i>Have you frequently neglected family, social, or job obligations when you gamble?</i>	0	1	9
9. <i>Has gambling ever caused you to skip important social, job, or recreational activities?</i>	0	1	9
10. <i>Have you continued to gamble in spite of debts and/or other consequences?</i>	0	1	9
11. <i>Did/do you continue to gamble to escape from feelings such as sadness or depression, helplessness, guilt, anxiety?</i>	0	1	9
12. <i>Have you committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling?</i>	0	1	9
13. <i>Did/do you rely on others to bail you out of financial crises caused by gambling?</i>	0	1	9
14. <i>Did/do you lie to family members, therapist or others to conceal the extent of your gambling?</i>	0	1	9
15. INTERVIEWER: Count positive symptoms and enter here.			SX <input style="border: 1px solid black; width: 100px; height: 20px;" type="text"/>
15.a) INTERVIEWER: Is question 15 four or more?	<input style="border: 1px solid black; width: 20px; height: 20px;" type="text" value="0"/>	1	9
<div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 5px;"> Skip to S. Antisocial Personality (page 121) </div> ←			
16. <i>How old were you when you <u>first</u> gambled heavily?</i>		Ons Age	<input style="border: 1px solid black; width: 100px; height: 20px;" type="text"/>
17. <i>How old were you the <u>last</u> time you gambled heavily?</i>		Rec Age	<input style="border: 1px solid black; width: 100px; height: 20px;" type="text"/>
18. <i>Have you ever sought help for a problem with gambling?</i>	0	1	9
19. <i>Did you have these problems other than during a mania?</i>	0	1	9

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S. ANTISOCIAL PERSONALITY

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

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1. Before you were 15 years old...			
1.a.1) ...did you often skip school?	0	1	9
If yes:			
1.a.2) ...how old were you the first time?		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 AA. ADHD (page 125)

	Age		
3. How old were you the <u>first</u> 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.

	No	Yes	Only During Alc/ Drugs
Now I am going to ask you questions about yourself after the age of 15.			
5. In the last five years, have you been unemployed for six months or more, other than when you were in school, sick, on strike, laid off, a full-time housewife, retired, or in jail?	0	1	2
6. When you were working, were you often absent from work when you were not ill or did you repeatedly miss work because you did not want to go?	0	1	2

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

7. Since you were 15, have you quit three or more jobs without having another job lined up?	0	1	2
8. Since you were 15, have you repeatedly done things that you could have been arrested for like stealing, or engaging in illegal occupations such as selling drugs or stolen goods, destroying property, or harassing others?	0	1	2
9. Since you were 15, have you often thrown things, hit or physically attacked anyone (including your wife/husband, partner, or children)?	0	1	2
10. Since you were 15, have you often failed to pay back debts that you owed like credit card charges or loans, or have you failed to take care of other financial responsibilities like child support or providing support for other dependents?	0	1	2

S. ANTISOCIAL PERSONALITY

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

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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

11. **INTERVIEWER:** Count number of boxes with at least one **Yes** response in questions 2-10 and enter here. SX

HYPERACTIVITY / IMPULSIVITY

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

14. <i>Did you often leave your seat when you were not supposed to in school or in other places where being seated was required?</i>	0	1	9
14.a) If yes: <i>Did you often get into trouble for this?</i>	0	1	9

15. <i>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?</i>	0	1	9
--	---	---	---

16. <i>Did you have a hard time playing quietly or did your parents or teachers often tell you to quiet down when you were playing?</i>	0	1	9
---	---	---	---

17. <i>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?</i>	0	1	9
--	---	---	---

18. <i>Did people say you talked too much or did you get in trouble at school for talking when you weren't supposed to?</i>	0	1	9
---	---	---	---

19. <i>Did you talk out of turn at home or did you sometimes call out the answers before you were called on at school?</i>	0	1	9
--	---	---	---

20. <i>Was it hard for you to wait your turn in games or in line at the water fountain or in the cafeteria?</i>	0	1	9
---	---	---	---

21. <i>Did your parents, teachers, or kids you knew complain that you cut them off when they were talking?</i>	0	1	9
--	---	---	---

22. **INTERVIEWER:** Count number of boxes with at least one **Yes** response in questions 13-21 and enter here. SX

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
23. INTERVIEWER: Is the total for <u>either</u> question 11 or 22 six or more?	<input type="text" value="0"/>	1	9
Skip to T. Global Assessment Scale (page 129) ←			
24. <i>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?</i>	0	1	9
25. If yes: <i>Did these behaviors cause problems for you in at least two areas of your life (like at school and at home)?</i>	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. <i>How did these behaviors impact your functioning? Specify:</i> _____ _____ _____			
27. <i>Did you seek or receive help from a doctor or other professional for these problems?</i>	0	1	9
27.a) If yes: <i>Did you receive medication?</i>	0	1	9
Specify: _____			
28. <i>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?</i>			Age <input type="text"/>

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

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

<u>Score</u>	<u>Criteria</u>
100 91	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his warmth and integrity. No symptoms.
90 81	Good functioning in all areas, many interests, socially effective, generally satisfied with life. There may or may not be transient symptoms and "everyday" worries that only occasionally get out of hand.
80 71	No more than slight impairment in functioning, varying degrees of "everyday" worries and problems that sometimes get out of hand. Minimal symptoms may or may not be present.
70 61	Some mild symptoms (e.g., depressive mood and mild insomnia) OR some difficulty in several areas of functioning, but generally functioning pretty well, has some meaningful interpersonal relationships and most untrained people would not consider him "sick".
60 51	Moderate symptoms OR generally functioning with some difficulty (e.g., few friends and flat affect, depressed mood and pathological self-doubt, euphoric mood and pressure of speech), moderately severe antisocial behavior.
50 41	Any serious symptomatology or impairment in functioning that most clinicians would think obviously requires treatment or attention (e.g., suicidal preoccupation or gesture, severe obsessional rituals, frequent anxiety attacks, serious antisocial behavior, compulsive drinking, mild but definite manic syndrome).
40 31	Major impairment in several areas, such as work, family relations, judgment, thinking or mood (e.g., depressed woman avoids friends, neglects family, unable to do housework), OR some impairment in reality testing or communication (e.g., speech is at times obscure, illogical, or irrelevant) OR single suicide attempt.
30 21	Unable to function in almost all areas (e.g., stays in bed all day) OR behavior is considerably influenced by either delusions or hallucinations OR serious impairment in communication (e.g., sometimes incoherent or unresponsive) or judgment (e.g., acts grossly inappropriate).
20 11	Needs some supervision to prevent hurting self or others, or to maintain minimal personal hygiene (e.g., repeated suicide attempts, frequently violent, manic excitement, smears feces), OR gross impairment in communication (e.g., largely incoherent or mute).
10 1	Needs constant supervision for several days to prevent hurting self or others or makes no attempt to maintain minimal personal hygiene or serious suicide act with clear intent and expectation of death.

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SITE OPTIONAL

SCALE FOR THE ASSESSMENT OF NEGATIVE SYMPTOMS

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

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

None \longrightarrow Severe Unk

AFFECTIVE FLATTENING OR BLUNTING

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

ALOGIA

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

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

SITE OPTIONAL

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

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

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SITE OPTIONAL

SCALE FOR THE ASSESSMENT OF POSITIVE SYMPTOMS

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

None → Severe Unk

HALLUCINATIONS

- | | | | | | | | | |
|----|---|---|---|---|---|---|---|---|
| 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	1	2	3	4	5	9
13. Somatic Delusions The patient believes that somehow his body is diseased, abnormal, or changed.	0	1	2	3	4	5	9
14. Delusions of Reference The patient believes that insignificant remarks or events refer to him or have special meaning.	0	1	2	3	4	5	9
15. Delusions of Being Controlled The patient feels that his feelings or actions are controlled by some outside force.	0	1	2	3	4	5	9
16. Delusions of Mind Reading The patient feels that people can read his mind or know his thoughts.	0	1	2	3	4	5	9
17. Thought Broadcasting The patient believes that his thoughts are broadcast so that he himself or others can hear them.	0	1	2	3	4	5	9
18. Thought Insertion The patient believes that thoughts that are not his own have been inserted into his mind.	0	1	2	3	4	5	9
19. Thought Withdrawal The patient believes that thoughts have been taken away from his mind.	0	1	2	3	4	5	9
20. Global Rating of Delusions This rating should be based on the duration and persistence of the delusions and their effect on the patient's life.	0	1	2	3	4	5	9

BIZARRE BEHAVIOR

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

SAPS CODES

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

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X. INTERVIEWER'S RELIABILITY ASSESSMENT

INTERVIEWER: Indicate how reliable you think the information provided by the subject is in the following areas.

	<u>Good</u>	<u>Fair</u>	<u>Unreliable</u>
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

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Z. MEDICAL RECORDS INFORMATION

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

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ETHNICITY CARD

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 Hmong, 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

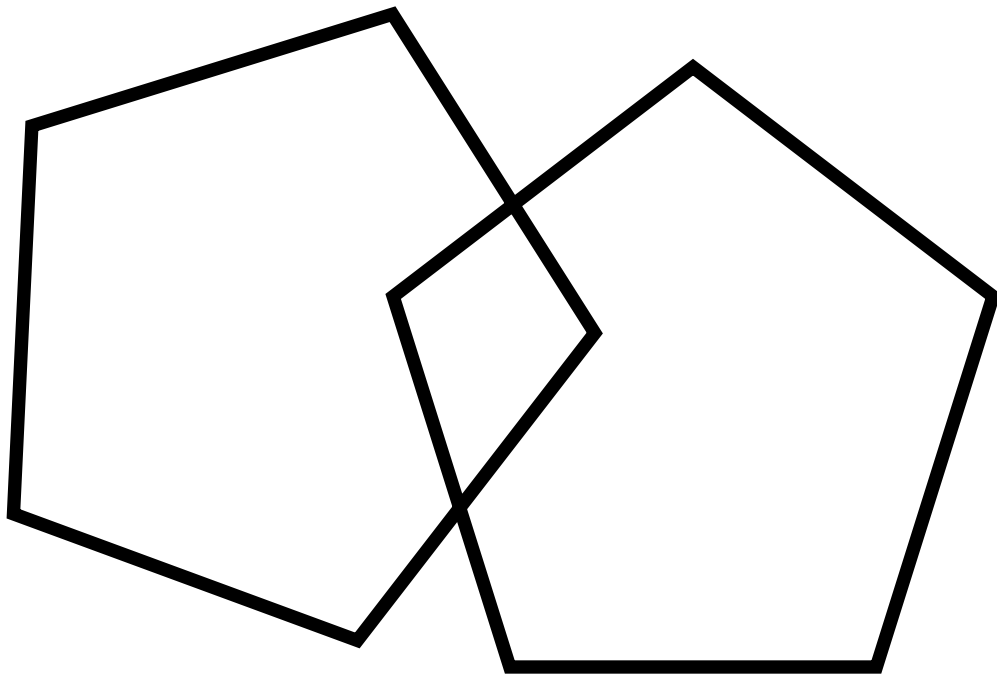
* Use third digit specifiers for sub-groups:

- 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**

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CLOSE YOUR EYES

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DEPRESSION TALLY SHEET

	Most Severe	Other
<p>Depressed</p> <p>_____ F.4.c, 38.e Felt depressed</p> <p>_____ F.4.d/e, 38.f/g Felt irritable/anxious</p>	Box 1:	_____
<p>Appetite/Weight</p> <p>_____ F.6, 39 Change in appetite</p> <p>_____ F.6.a, 39.a Change in weight</p>	Box 2:	_____
<p>Sleeping</p> <p>_____ F.7, 40 Trouble sleeping</p> <p>_____ F.7.b, 40.b Unable to fall asleep for at least an hour</p> <p>_____ F.7.c, 40.c Trouble sleeping through the night</p> <p>_____ F.7.e, 40.e Waking up an hour earlier than usual</p> <p>_____ F.7.f, 40.f Slept more than usual</p>	Box 3:	_____
<p>Restless/Slowed Down</p> <p>_____ F.8, 41 Was fidgety or restless</p> <p>_____ F.9, 42 Moved or talked slower</p>	Box 4:	_____
<p>Loss of Interest</p> <p>_____ F.10, 43 Loss of interest in sex/other pleasurable activities</p> <p>_____ F.10.a, 43.a Loss of interest in nearly all usual activities</p>	Box 5:	_____
<p>Tired</p> <p>_____ F.11, 44 Loss of energy or more tired than usual</p>	Box 6:	_____
<p>Guilt</p> <p>_____ F.12, 45 Felt guilty or bad about self</p> <p>_____ F.13, 46 Felt was a failure or worthless</p>	Box 7:	_____
<p>Thinking</p> <p>_____ F.14, 47 Had difficulty thinking, concentrating or making decisions</p>	Box 8:	_____
<p>Thoughts of Dying</p> <p>_____ F.15, 48 Thought about dying/wishing was dead</p> <p>_____ F.16, 49 Tried to harm self</p>	Box 9:	_____

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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	_____	_____

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List of Drugs

A. Cocaine

Cocaine (girl)
Coca Leaves
Crack
Freebase
Rock
Toot

E. PCP

Hog
Angel Dust (Dust)
Seryl
Dip
Wack
Water

B. Stimulants

Amphetamine
Methamphetamine
Meth.
Speed
Crank
Crystal
Beauties (Black Beauties)
Diet Pills
Whitecrosses

F. Hallucinogens

LSD (Acid)
Purple Microdot
Blotters
Mescaline
Peyote
Mushrooms (Magic Mushrooms)
Psilocybin
Psychedelics
DMT

C. Sedatives, Hypnotics, Tranquilizers

Quaaludes (Ludes)
Valium
Librium
Xanax
Barbiturates
Barbs
Seconal
Ativan
Sleeping Pills

G. Solvents

Glue
Toluene
Gasoline
Paint
Paint Thinner
White-Out

D. Opiates

Heroin
Boy
Smack
Opium
Darvon
Codeine
Morphine
Percodan
Demerol
Methadone
Dilaudid
Vicodan
Lorcet
Oxycontin

H. Other

Nitrous Oxide
Amyl Nitrite
Poppers
Butyl Nitrite
Khat
Betel Nut
Ecstasy (MDMA)

I. Combination

Speedball
T's and Blues
Ice

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- 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.**