

**DEEP-PD (PID: 11783)**

05/16/2024 2:03pm

Instruments	Events
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#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)										
<b>Instrument: Participant Summary Page (participant_summary_page)  Enabled as survey</b>													
1	[demo_id]	Participant ID	text, Required, Identifier										
2	[study_status]	Study Status	dropdown <table border="1" data-bbox="1068 401 1362 580"> <tr><td>1</td><td>Completed (Full)</td></tr> <tr><td>2</td><td>Partial Completer</td></tr> <tr><td>3</td><td>Terminated/Withdrawn/Disqualified</td></tr> <tr><td>4</td><td>Active</td></tr> <tr><td>5</td><td>Other</td></tr> </table>	1	Completed (Full)	2	Partial Completer	3	Terminated/Withdrawn/Disqualified	4	Active	5	Other
1	Completed (Full)												
2	Partial Completer												
3	Terminated/Withdrawn/Disqualified												
4	Active												
5	Other												
3	[participant_group]	Participant Group	dropdown <table border="1" data-bbox="1068 623 1117 686"> <tr><td>1</td><td>PD</td></tr> <tr><td>2</td><td>HC</td></tr> </table>	1	PD	2	HC						
1	PD												
2	HC												
4	[study_status_other]	Other:  Show the field ONLY if: [study_status] = '5'	text										
5	[completion_date]	Date Completed/Withdrawn/Terminated:  Show the field ONLY if: [study_status] = '1' and [study_status] = '2' and [study_status] = '3'	text (date_dmy)										
6	[screening_date]	Screening Visit Date:	text (date_dmy)										
7	[consent_version]	Consent Form Version Signed:	text (number, Min: 3, Max: 4)										
8	[consent_date]	Consent Date:	text (date_dmy)										
9	[enrollment_date]	Enrollment Date:	text (date_dmy)										
10	[oura_ring]	Was participant given an Oura ring?	yesno <table border="1" data-bbox="1068 1098 1117 1172"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
11	[mri_1_date]	MRI 1 Date:	text (date_dmy)										
12	[mri_2_date]	MRI 2 Date:	text (date_dmy)										
13	[mri_3_date]	MRI 3 Date:	text (date_dmy)										
14	[mri_4_date]	MRI 4 Date:	text (date_dmy)										
15	[mri_5_date]	MRI 5 Date:	text (date_dmy)										
16	[mri_6_date]	MRI 6 Date:	text (date_dmy)										
17	[compensation]	Compensation Received:	text (number)										
18	[compensation_date]	Compensation Date:	text (date_dmy)										
19	[ring_collection]	Oura Ring returned?  Show the field ONLY if: [oura_ring] = '1'	yesno <table border="1" data-bbox="1068 1488 1117 1562"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
20	[notes]	Notes	notes										
21	[participant_summary_page_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1" data-bbox="1068 1636 1166 1742"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
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1	Unverified												
2	Complete												
<b>Instrument: Demographic Collection Camh Health Equity Form And (demographic_collection_cmh_health_equity_form_and)  Enabled as survey</b>													
22	[demo_date]	Date of Assessment MM-DD-YYYY	text (date_mdy), Required										
23	[demo_complete]	Was this form completed?	radio, Required <table border="1" data-bbox="1068 1869 1117 1953"> <tr><td>1</td><td>1 Yes</td></tr> <tr><td>2</td><td>2 No</td></tr> </table>	1	1 Yes	2	2 No						
1	1 Yes												
2	2 No												
24	[demo_incomplete]	Why was this form not completed?  Show the field ONLY if:	dropdown, Required										

	[demo_complete] = '2'		<table border="1"> <tr><td>1</td><td>Participant unable to complete due to cognitive impairment</td></tr> <tr><td>2</td><td>Participant unable to complete due to physical impairment</td></tr> <tr><td>3</td><td>Participant refused to begin/finish</td></tr> <tr><td>4</td><td>Participant completed but with less than best effort</td></tr> <tr><td>5</td><td>Participant unable to be contacted</td></tr> <tr><td>6</td><td>Participant deceased</td></tr> <tr><td>7</td><td>Participant withdrew consent</td></tr> <tr><td>8</td><td>Time constraints</td></tr> <tr><td>9</td><td>Rater forgot to administer</td></tr> <tr><td>10</td><td>Missed appointment</td></tr> <tr><td>11</td><td>Participant was terminated from study</td></tr> <tr><td>12</td><td>Other</td></tr> </table> <p>Custom alignment: LV</p>	1	Participant unable to complete due to cognitive impairment	2	Participant unable to complete due to physical impairment	3	Participant refused to begin/finish	4	Participant completed but with less than best effort	5	Participant unable to be contacted	6	Participant deceased	7	Participant withdrew consent	8	Time constraints	9	Rater forgot to administer	10	Missed appointment	11	Participant was terminated from study	12	Other														
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25	[demo_incomplete_other]  Show the field ONLY if: [demo_incomplete] = '12'	Other reason form was not completed	text, Required Custom alignment: LV																																						
26	[demo_interviewer]	Interviewed by:	text (alpha_only), Required Field Annotation: @USERNAME																																						
27	[demo_age]	Age	text (number, Min: 16, Max: 125)																																						
28	[demo_height]	Height cm	text (number, Min: 40, Max: 275)																																						
29	[demo_weight]	Weight lbs	text (number, Min: 40, Max: 600)																																						
30	[demo_race]	Which of the following best describes your racial or ethnic group?	dropdown, Required <table border="1"> <tr><td>1</td><td>Asian - East (i.e. China, Japan, Korea)</td></tr> <tr><td>2</td><td>Asian - South East (i.e. Malaysia, Filipino, Vietnamese)</td></tr> <tr><td>3</td><td>Asian - South (i.e. India, Pakistan, Sri Lanka)</td></tr> <tr><td>4</td><td>Black - African (i.e. Ghanaian, Kenyan, Somali)</td></tr> <tr><td>5</td><td>Black - North American (i.e. Canadian, American)</td></tr> <tr><td>6</td><td>Black - Caribbean (i.e. Barbadian, Jamaican)</td></tr> <tr><td>7</td><td>First Nations</td></tr> <tr><td>8</td><td>Indian - Caribbean (i.e. Guyanese with origins in India)</td></tr> <tr><td>9</td><td>Indigenous/Aboriginal - not included elsewhere</td></tr> <tr><td>10</td><td>Inuit</td></tr> <tr><td>11</td><td>Latin American (i.e. Argentinean, Chilean, Salvadoran)</td></tr> <tr><td>12</td><td>Metis</td></tr> <tr><td>13</td><td>Middle Eastern (i.e. Egyptian, Iranian, Lebanese)</td></tr> <tr><td>14</td><td>White - European (i.e. English, Italian, Portuguese, Russian)</td></tr> <tr><td>15</td><td>White - North American (e.g. Canadian, American)</td></tr> <tr><td>16</td><td>Mixed heritage (i.e. Black-African &amp; White-North American)</td></tr> <tr><td>17</td><td>Prefer not to answer</td></tr> <tr><td>18</td><td>Do not know</td></tr> <tr><td>19</td><td>Other</td></tr> </table>	1	Asian - East (i.e. China, Japan, Korea)	2	Asian - South East (i.e. Malaysia, Filipino, Vietnamese)	3	Asian - South (i.e. India, Pakistan, Sri Lanka)	4	Black - African (i.e. Ghanaian, Kenyan, Somali)	5	Black - North American (i.e. Canadian, American)	6	Black - Caribbean (i.e. Barbadian, Jamaican)	7	First Nations	8	Indian - Caribbean (i.e. Guyanese with origins in India)	9	Indigenous/Aboriginal - not included elsewhere	10	Inuit	11	Latin American (i.e. Argentinean, Chilean, Salvadoran)	12	Metis	13	Middle Eastern (i.e. Egyptian, Iranian, Lebanese)	14	White - European (i.e. English, Italian, Portuguese, Russian)	15	White - North American (e.g. Canadian, American)	16	Mixed heritage (i.e. Black-African & White-North American)	17	Prefer not to answer	18	Do not know	19	Other
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31	[demo_raceother]  Show the field ONLY if: [demo_race] = '19'	Other please describe	text																																						
32	[demo_gender]	What is your Gender?	dropdown, Required <table border="1"> <tr><td>1</td><td>Female</td></tr> <tr><td>2</td><td>Male</td></tr> <tr><td>3</td><td>Intersex</td></tr> <tr><td>4</td><td>Trans Female to Male</td></tr> <tr><td>5</td><td>Trans Male to Female</td></tr> <tr><td>6</td><td>Two-Spirit</td></tr> </table>	1	Female	2	Male	3	Intersex	4	Trans Female to Male	5	Trans Male to Female	6	Two-Spirit																										
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9	Other																																																		
33	[ demo_genderother ]  Show the field ONLY if: [demo_gender]='9'	If Other please explain	text																																																
34	[ demo_education ]	What is the highest grade or level of school you have completed or the highest degree you have received?	dropdown, Required <table border="1"> <tr><td>1</td><td>NEVER ATTENDED/KINDERGARTEN ONLY</td></tr> <tr><td>2</td><td>1ST GRADE</td></tr> <tr><td>3</td><td>2ND GRADE</td></tr> <tr><td>4</td><td>3RD GRADE</td></tr> <tr><td>5</td><td>4TH GRADE</td></tr> <tr><td>6</td><td>5TH GRADE</td></tr> <tr><td>7</td><td>6TH GRADE</td></tr> <tr><td>8</td><td>7TH GRADE</td></tr> <tr><td>9</td><td>8TH GRADE</td></tr> <tr><td>10</td><td>9TH GRADE</td></tr> <tr><td>11</td><td>10TH GRADE</td></tr> <tr><td>12</td><td>11TH GRADE</td></tr> <tr><td>13</td><td>12TH GRADE, NO DIPLOMA</td></tr> <tr><td>14</td><td>HIGH SCHOOL GRADUATE</td></tr> <tr><td>15</td><td>GED OR EQUIVALENT</td></tr> <tr><td>16</td><td>SOME COLLEGE, NO DEGREE</td></tr> <tr><td>17</td><td>ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR VOCATIONAL PROGRAM</td></tr> <tr><td>18</td><td>ASSOCIATE DEGREE: ACADEMIC PROGRAM</td></tr> <tr><td>19</td><td>BACHELOR'S DEGREE (EXAMPLE: BA, AB, BS, BBA)</td></tr> <tr><td>20</td><td>MASTER'S DEGREE (EXAMPLE: MA, MS, MEng, MEd, MBA)</td></tr> <tr><td>21</td><td>PROFESSIONAL SCHOOL DEGREE (EXAMPLE: MD, DDS, DVM, JD)</td></tr> <tr><td>22</td><td>DOCTORAL DEGREE (EXAMPLE: PhD, EdD)</td></tr> <tr><td>23</td><td>REFUSED</td></tr> <tr><td>24</td><td>DON'T KNOW</td></tr> </table>	1	NEVER ATTENDED/KINDERGARTEN ONLY	2	1ST GRADE	3	2ND GRADE	4	3RD GRADE	5	4TH GRADE	6	5TH GRADE	7	6TH GRADE	8	7TH GRADE	9	8TH GRADE	10	9TH GRADE	11	10TH GRADE	12	11TH GRADE	13	12TH GRADE, NO DIPLOMA	14	HIGH SCHOOL GRADUATE	15	GED OR EQUIVALENT	16	SOME COLLEGE, NO DEGREE	17	ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR VOCATIONAL PROGRAM	18	ASSOCIATE DEGREE: ACADEMIC PROGRAM	19	BACHELOR'S DEGREE (EXAMPLE: BA, AB, BS, BBA)	20	MASTER'S DEGREE (EXAMPLE: MA, MS, MEng, MEd, MBA)	21	PROFESSIONAL SCHOOL DEGREE (EXAMPLE: MD, DDS, DVM, JD)	22	DOCTORAL DEGREE (EXAMPLE: PhD, EdD)	23	REFUSED	24	DON'T KNOW
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35	[ bprs_id ]	Participant ID	text, Required																																																
36	[ demographic_collection_camh_health_equity_form_and_complete ]	Section Header: <i>Form Status Complete?</i>	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																										
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<b>Instrument: Structured Clinical Interview For Dsm5 Scid (structured_clinical_interview_for_dsm5_scid)</b> <span style="color: green;">Enabled as survey</span>																																																			
37	[ scid5_notes1 ]	Notes:	text																																																
38	[ scid_notes ]		notes																																																
39	[ scid5_id ]	Participant ID	text, Required																																																
40	[ scid5_rat_ini ]	Rater Initials:	text (alpha_only), Required Field Annotation: @USERNAME																																																
41	[ scid5_doa ]	Date of Assessment: DD/MM/YYYY	text (date_dmy), Required																																																
42	[ scid5_form_complete ]	Was this form completed?	radio, Required <table border="1"> <tr><td>1</td><td>1 = Yes</td></tr> <tr><td>2</td><td>2 = No</td></tr> </table>	1	1 = Yes	2	2 = No																																												
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43	[ scid5_explain ]  Show the field ONLY if: [scid5_form_complete] = '2'	Why was this form not completed? (select one option)	dropdown (autocomplete), Required <table border="1"> <tr><td>1</td><td>Participant unable to complete due to cognitive impairment</td></tr> <tr><td>2</td><td>Participant unable to complete due to physical impairment</td></tr> <tr><td>3</td><td>Participant refused to begin/finish</td></tr> </table>	1	Participant unable to complete due to cognitive impairment	2	Participant unable to complete due to physical impairment	3	Participant refused to begin/finish																																										
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11	Participant was terminated from study
12	Other

Custom alignment: LV

44	[scid_other_reason_nc]  Show the field ONLY if: [scid5_explain] = '12'	Other reason the form was not completed	text, Required  Custom alignment: RH																								
45	[scid5_dis_yn]  Show the field ONLY if: [scid5_form_complete] = '1'	Does the participant present with a clinical disorder?	radio, Required  <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	2	No																				
1	Yes																										
2	No																										
46	[scid5_dis1]  Show the field ONLY if: [scid5_dis_yn] = '1'	Section Header: Axis I: Clinical Disorders A. Mental Disorders -List Illness with Psychotic Component OR Primary Disorder First  Primary Disorder Type: PRIMARY DISORDER	dropdown (autocomplete), Required  <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Mood Disorders</td></tr> <tr><td>2</td><td>Schizophrenia &amp; Psychotic Disorders</td></tr> <tr><td>3</td><td>Substance Use Disorders</td></tr> <tr><td>4</td><td>Anxiety Disorders</td></tr> <tr><td>5</td><td>Eating Disorders</td></tr> <tr><td>6</td><td>Obsessive Compulsive Disorders</td></tr> <tr><td>7</td><td>Post-Traumatic Stress Disorder</td></tr> <tr><td>8</td><td>Other DSM-IV Axis I Disorder</td></tr> </table>	1	Mood Disorders	2	Schizophrenia & Psychotic Disorders	3	Substance Use Disorders	4	Anxiety Disorders	5	Eating Disorders	6	Obsessive Compulsive Disorders	7	Post-Traumatic Stress Disorder	8	Other DSM-IV Axis I Disorder								
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47	[scid5_dis_cat_pick]  Show the field ONLY if: [scid5_dis_yn] = '1'	Disorder Category: Check all that Apply:	checkbox, Required  <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>scid5_dis_cat_pick__1</td><td>Mood Disorders</td></tr> <tr><td>2</td><td>scid5_dis_cat_pick__2</td><td>Schizophrenia &amp; Psychotic Disorders</td></tr> <tr><td>3</td><td>scid5_dis_cat_pick__3</td><td>Substance Use Disorders</td></tr> <tr><td>4</td><td>scid5_dis_cat_pick__4</td><td>Anxiety Disorders</td></tr> <tr><td>5</td><td>scid5_dis_cat_pick__5</td><td>Eating Disorders</td></tr> <tr><td>6</td><td>scid5_dis_cat_pick__6</td><td>Obsessive Compulsive Disorders</td></tr> <tr><td>7</td><td>scid5_dis_cat_pick__7</td><td>Post-Traumatic Stress Disorder</td></tr> <tr><td>8</td><td>scid5_dis_cat_pick__8</td><td>Other DSM-IV Axis I Disorder</td></tr> </table>	1	scid5_dis_cat_pick__1	Mood Disorders	2	scid5_dis_cat_pick__2	Schizophrenia & Psychotic Disorders	3	scid5_dis_cat_pick__3	Substance Use Disorders	4	scid5_dis_cat_pick__4	Anxiety Disorders	5	scid5_dis_cat_pick__5	Eating Disorders	6	scid5_dis_cat_pick__6	Obsessive Compulsive Disorders	7	scid5_dis_cat_pick__7	Post-Traumatic Stress Disorder	8	scid5_dis_cat_pick__8	Other DSM-IV Axis I Disorder
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48	[scid5_dis1_cat_mood]  Show the field ONLY if: [scid5_dis_cat_pick(1)]='1'	Disorder Type: Mood	dropdown (autocomplete)  <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Bipolar I Disorder</td></tr> <tr><td>2</td><td>Bipolar II Disorder (296.89, F31.81)</td></tr> <tr><td>3</td><td>Bipolar Disorder due to AMC (293.83, F31.89)</td></tr> <tr><td>4</td><td>Substance Induced Bipolar Disorder</td></tr> <tr><td>5</td><td>Other specified Bipolar Disorder (296.9, F31.89)</td></tr> <tr><td>6</td><td>Unspecified Bipolar and Related Disorder (296.80, F31.9)</td></tr> <tr><td>7</td><td>Major Depressive Disorder</td></tr> <tr><td>8</td><td>Persistent Depressive Disorder (300.4, F34.10)</td></tr> <tr><td>9</td><td>Other Specified Depressive Disorder (311, F32.80)</td></tr> <tr><td>10</td><td>Depressive Disorder due to AMC (293.83)</td></tr> <tr><td>11</td><td>Substance-induced Mood Disorder</td></tr> <tr><td>12</td><td>Unspecified Depressive Disorder (311, F32.9)</td></tr> </table>	1	Bipolar I Disorder	2	Bipolar II Disorder (296.89, F31.81)	3	Bipolar Disorder due to AMC (293.83, F31.89)	4	Substance Induced Bipolar Disorder	5	Other specified Bipolar Disorder (296.9, F31.89)	6	Unspecified Bipolar and Related Disorder (296.80, F31.9)	7	Major Depressive Disorder	8	Persistent Depressive Disorder (300.4, F34.10)	9	Other Specified Depressive Disorder (311, F32.80)	10	Depressive Disorder due to AMC (293.83)	11	Substance-induced Mood Disorder	12	Unspecified Depressive Disorder (311, F32.9)
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10	Depressive Disorder due to AMC (293.83)																										
11	Substance-induced Mood Disorder																										
12	Unspecified Depressive Disorder (311, F32.9)																										
49	[scid5_dis1_type_bipolar_i]  Show the field ONLY if: [scid5_dis1_cat_mood]='1'	Disorder Subtype: Bipolar I	dropdown (autocomplete)  <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Bipolar I Disorder, Current or most recent episode hypomanic (296.4)(F31.00)</td></tr> </table>	1	Bipolar I Disorder, Current or most recent episode hypomanic (296.4)(F31.00)																						
1	Bipolar I Disorder, Current or most recent episode hypomanic (296.4)(F31.00)																										

2	Bipolar I Disorder, Current or most recent episode hypomanic, Unspecified (296.4);(F31.90)
3	Bipolar I Disorder, Current or most recent episode manic, Unspecified (296.4);(F31.90)
4	Bipolar I Disorder, Current or most recent episode manic, Mild (296.41);(F31.11)
5	Bipolar I Disorder, Current or most recent episode manic, Moderate (296.42);(F31.12)
6	Bipolar I Disorder, Current or most recent episode manic, Severe (296.43);(F31.13)
7	Bipolar I Disorder, Current or most recent episode manic, With psychotic features (296.44);(F31.20)
8	Bipolar I Disorder, Current or most recent episode hypomanic, In partial remission (296.45);(F31.73)
9	Bipolar I Disorder, Current or most recent episode manic, In partial remission (296.45);(F31.73)
10	Bipolar I Disorder, Current or most recent episode hypomanic, In full remission (296.46);(F31.74)
11	Bipolar I Disorder, Current or most recent episode manic, In full remission (296.46);(F31.74)
12	Bipolar I Disorder, Current or most recent episode depressed, Unspecified (296.5);(F31.90)
13	Bipolar I Disorder, Current or most recent episode depressed, Mild (296.51);(F31.31)
14	Bipolar I Disorder, Current or most recent episode depressed, Moderate (296.52);(F31.32)
15	Bipolar I Disorder, Current or most recent episode depressed, Severe (296.53);(F31.40)
16	Bipolar I Disorder, Current or most recent episode depressed, With psychotic features (296.54);(F31.50)
17	Bipolar I Disorder, Current or most recent episode depressed, In partial remission (296.55);(F31.75)
18	Bipolar I Disorder, Current or most recent episode depressed, In full remission (296.56);(F31.76)
19	Bipolar I Disorder, Current or most recent episode unspecified (296.7);(F31.90)
20	Bipolar I Disorder, Most recent episode mixed, unspecified (296.6);(F31.60)
21	Bipolar I Disorder, Most recent episode mixed, mild (296.61);(F31.60)
22	Bipolar I Disorder, Most recent episode mixed, moderate (296.62);(F31.60)
23	Bipolar I Disorder, Most recent episode mixed, severe without psychotic features (296.63);(F31.60)
24	Bipolar I Disorder, Most recent episode mixed, severe with psychotic features (296.64);(F31.60)
25	Bipolar I Disorder, Most recent episode mixed, in partial remission (296.65);(F31.60)
26	Bipolar I Disorder, Most recent episode mixed, in full remission (296.66);(F31.60)
27	Bipolar I Disorder, Most recent episode unspecified (296.7);(F31.90)
28	Bipolar Disorder NOS (Unspecified Bipolar and related Disorder) (296.8);(F31.90)

50	<pre>[ scid5_dis1_type_major_depressions ]</pre> <p>Show the field ONLY if: [scid5_dis1_cat_mood]='7'</p>	Disorder Subtype: MDD	dropdown (autocomplete)							
			<table border="1"> <tr><td>1</td><td>Major Depressive Disorder, Single episode, Unspecified (296.2);(F32.90)</td></tr> <tr><td>2</td><td>Major Depressive Disorder, Single episode, Mild (296.21);(F32.10)</td></tr> <tr><td>3</td><td>Major Depressive Disorder, Single episode, Moderate (296.22);(F32.11)</td></tr> <tr><td>4</td><td>Major Depressive Disorder, Single episode, Severe without psychotic features (296.23);(F32.12)</td></tr> <tr><td>5</td><td>Major Depressive Disorder, Single episode, Severe with psychotic features (296.24);(F32.13)</td></tr> </table>	1	Major Depressive Disorder, Single episode, Unspecified (296.2);(F32.90)	2	Major Depressive Disorder, Single episode, Mild (296.21);(F32.10)	3	Major Depressive Disorder, Single episode, Moderate (296.22);(F32.11)	4
1	Major Depressive Disorder, Single episode, Unspecified (296.2);(F32.90)									
2	Major Depressive Disorder, Single episode, Mild (296.21);(F32.10)									
3	Major Depressive Disorder, Single episode, Moderate (296.22);(F32.11)									
4	Major Depressive Disorder, Single episode, Severe without psychotic features (296.23);(F32.12)									
5	Major Depressive Disorder, Single episode, Severe with psychotic features (296.24);(F32.13)									

6	Major Depressive Disorder, Single episode, In partial remission (296.25);(F32.14)
7	Major Depressive Disorder, Single episode, In full remission (296.26);(F32.15)
8	Major Depressive Disorder, Recurrent episode, Unspecified (296.3);(F32.16)
9	Major Depressive Disorder, Recurrent episode, Mild (296.31);(F32.17)
10	Major Depressive Disorder, Recurrent episode, Moderate (296.32);(F32.18)
11	Major Depressive Disorder, Recurrent episode, Severe without psychotic features (296.33);(F32.19)
12	Major Depressive Disorder, Recurrent episode, Severe with psychotic features (296.34);(F32.20)
13	Major Depressive Disorder, Recurrent episode, In partial remission (296.35);(F32.21)
14	Major Depressive Disorder, Recurrent episode, In full remission (296.36);(F32.22)

51	<p>[scid5_dis1_cat_scz_psyc]</p> <p>Show the field ONLY if: [scid5_dis_cat_pick(2)]= '1'</p>	Disorder Type: Psychotic	<p>dropdown (autocomplete)</p> <table border="1"> <tr><td>1</td><td>Schizophrenia</td></tr> <tr><td>2</td><td>Schizophreniform Disorder (295.4, F20.81)</td></tr> <tr><td>3</td><td>Schizoaffective Disorder</td></tr> <tr><td>4</td><td>Delusional Disorder (297.1, F22.00)</td></tr> <tr><td>5</td><td>Brief Psychotic Disorder (298.8, F23.00)</td></tr> <tr><td>6</td><td>Psychotic Disorder due to AMC (293.84, F06.40)</td></tr> <tr><td>7</td><td>Substance-induced Psychotic Disorder</td></tr> <tr><td>8</td><td>Other Specified Schizophrenia Spectrum and Other Psychotic Disorder (298.9, F28.00)</td></tr> <tr><td>9</td><td>Unspecified Schizophrenia Spectrum and Other Psychotic Disorder (298.9, F29)</td></tr> </table>	1	Schizophrenia	2	Schizophreniform Disorder (295.4, F20.81)	3	Schizoaffective Disorder	4	Delusional Disorder (297.1, F22.00)	5	Brief Psychotic Disorder (298.8, F23.00)	6	Psychotic Disorder due to AMC (293.84, F06.40)	7	Substance-induced Psychotic Disorder	8	Other Specified Schizophrenia Spectrum and Other Psychotic Disorder (298.9, F28.00)	9	Unspecified Schizophrenia Spectrum and Other Psychotic Disorder (298.9, F29)
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9	Unspecified Schizophrenia Spectrum and Other Psychotic Disorder (298.9, F29)																				
52	<p>[scid5_dis1_type_schizophrenia]</p> <p>Show the field ONLY if: [scid5_dis1_cat_scz_psyc]= '1'</p>	Disorder Subtype: Schizophrenia	<p>dropdown (autocomplete)</p> <table border="1"> <tr><td>1</td><td>First episode, currently in acute episode</td></tr> <tr><td>2</td><td>First episode, currently in partial remission</td></tr> <tr><td>3</td><td>First episode, currently in full remission</td></tr> <tr><td>4</td><td>Multiple episodes, currently in acute episode</td></tr> <tr><td>5</td><td>Multiple episodes, currently in partial remission</td></tr> <tr><td>6</td><td>Multiple episodes, currently in full remission</td></tr> <tr><td>7</td><td>Continuous</td></tr> <tr><td>8</td><td>Unspecified</td></tr> </table>	1	First episode, currently in acute episode	2	First episode, currently in partial remission	3	First episode, currently in full remission	4	Multiple episodes, currently in acute episode	5	Multiple episodes, currently in partial remission	6	Multiple episodes, currently in full remission	7	Continuous	8	Unspecified		
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7	Continuous																				
8	Unspecified																				
53	<p>[scid5_sz_cat]</p> <p>Show the field ONLY if: [scid5_dis1_cat_scz_psyc]= '1'</p>	Check if with Catatonia	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>scid5_sz_cat_1</td></tr> </table> <p>Custom alignment: LV</p>	1	scid5_sz_cat_1																
1	scid5_sz_cat_1																				
54	<p>[scid5_dis1_type_schizoaffective]</p> <p>Show the field ONLY if: [scid5_dis1_cat_scz_psyc]= '3'</p>	Disorder Subtype: Schizoaffective	<p>dropdown (autocomplete)</p> <table border="1"> <tr><td>1</td><td>Schizoaffective Disorder, Bipolar type (295.7, F25.00)</td></tr> <tr><td>2</td><td>Schizoaffective Disorder, Depressive type (295.7, F25.10)</td></tr> </table>	1	Schizoaffective Disorder, Bipolar type (295.7, F25.00)	2	Schizoaffective Disorder, Depressive type (295.7, F25.10)														
1	Schizoaffective Disorder, Bipolar type (295.7, F25.00)																				
2	Schizoaffective Disorder, Depressive type (295.7, F25.10)																				
55	<p>[scid5_dis1_type_psychotic_sub]</p> <p>Show the field ONLY if: [scid5_dis1_cat_scz_psyc]= '7'</p>	Disorder Subtype: Substance Induced Psychosis	<p>dropdown (autocomplete)</p> <table border="1"> <tr><td>1</td><td>Onset during intoxication</td></tr> <tr><td>2</td><td>Onset during withdrawal</td></tr> </table>	1	Onset during intoxication	2	Onset during withdrawal														
1	Onset during intoxication																				
2	Onset during withdrawal																				
56	<p>[scid5_dis1_cat_subst]</p> <p>Show the field ONLY if: [scid5_dis_cat_pick(3)] = '1'</p>	Disorder Type: Substance	<p>dropdown (autocomplete)</p> <table border="1"> <tr><td>18</td><td>Alcohol Use Disorder - Mild (305.00);(F10.10)</td></tr> <tr><td>19</td><td>Alcohol Use Disorder - Moderate (303.90);(F10.20)</td></tr> <tr><td>20</td><td>Alcohol Use Disorder - Severe (303.90);(F10.20)</td></tr> <tr><td>21</td><td>Amphetamine Use Disorder - Mild (305.70);(F15.10)</td></tr> <tr><td>22</td><td>Amphetamine Use Disorder - Moderate (304.40);(F15.20)</td></tr> <tr><td>23</td><td>Amphetamine Use Disorder - Severe (304.40);(F15.20)</td></tr> </table>	18	Alcohol Use Disorder - Mild (305.00);(F10.10)	19	Alcohol Use Disorder - Moderate (303.90);(F10.20)	20	Alcohol Use Disorder - Severe (303.90);(F10.20)	21	Amphetamine Use Disorder - Mild (305.70);(F15.10)	22	Amphetamine Use Disorder - Moderate (304.40);(F15.20)	23	Amphetamine Use Disorder - Severe (304.40);(F15.20)						
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23	Amphetamine Use Disorder - Severe (304.40);(F15.20)																				

24	Cannabis Use Disorder - Mild (305.20);(F12.10)
25	Cannabis Use Disorder - Moderate (304.30);(F12.20)
26	Cannabis Use Disorder - Severe (304.30);(F12.20)
27	Cocaine Use Disorder - Mild (305.60);(F14.10)
28	Cocaine Use Disorder - Moderate (304.20);(F14.20)
29	Cocaine Use Disorder - Severe (304.20);(F14.20)
30	Hallucinogens/PCP Use Disorder - Mild (305.90);(F16.10)
31	Hallucinogens/PCP Use Disorder - Moderate (304.60);(F16.20)
32	Hallucinogens/PCP Use Disorder - Severe (304.60);(F16.20)
33	Opioids Use Disorder - Mild (305.50);(F11.10)
34	Opioids Use Disorder - Moderate (304.00);(F11.20)
35	Opioids Use Disorder - Severe (304.00);(F11.20)
36	Other (or Unknown) Substance Use Disorder - Mild (305.90);(F19.10)
37	Other (or Unknown) Substance Use Disorder - Moderate (304.90);(F19.20)
38	Other (or Unknown) Substance Use Disorder - Severe (304.90);(F19.20)
39	Sedatives-Hypnotics-Anxiolytics Use Disorder - Mild (305.40);(F13.10)
40	Sedatives-Hypnotics-Anxiolytics Use Disorder - Moderate (304.10);(F13.20)
41	Sedatives-Hypnotics-Anxiolytics Use Disorder - Severe (304.10);(F13.20)
42	-----

57	[ scid5_sub_yn1 ]  Show the field ONLY if: [scid5_dis_cat_pick(3)] = '1'	Enter another substance use disorder?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																				
1	Yes																																										
0	No																																										
58	[ scid5_dis2_sub ]  Show the field ONLY if: [scid5_sub_yn1] = '1'	Disorder Type: Substance Use	dropdown <table border="1"> <tr><td>18</td><td>Alcohol Use Disorder - Mild (305.00);(F10.10)</td></tr> <tr><td>19</td><td>Alcohol Use Disorder - Moderate (303.90);(F10.20)</td></tr> <tr><td>20</td><td>Alcohol Use Disorder - Severe (303.90);(F10.20)</td></tr> <tr><td>21</td><td>Amphetamine Use Disorder - Mild (305.70);(F15.10)</td></tr> <tr><td>22</td><td>Amphetamine Use Disorder - Moderate (304.40);(F15.20)</td></tr> <tr><td>23</td><td>Amphetamine Use Disorder - Severe (304.40);(F15.20)</td></tr> <tr><td>24</td><td>Cannabis Use Disorder - Mild (305.20);(F12.10)</td></tr> <tr><td>25</td><td>Cannabis Use Disorder - Moderate (304.30);(F12.20)</td></tr> <tr><td>26</td><td>Cannabis Use Disorder - Severe (304.30);(F12.20)</td></tr> <tr><td>27</td><td>Cocaine Use Disorder - Mild (305.60);(F14.10)</td></tr> <tr><td>28</td><td>Cocaine Use Disorder - Moderate (304.20);(F14.20)</td></tr> <tr><td>29</td><td>Cocaine Use Disorder - Severe (304.20);(F14.20)</td></tr> <tr><td>30</td><td>Hallucinogens/PCP Use Disorder - Mild (305.90);(F16.10)</td></tr> <tr><td>31</td><td>Hallucinogens/PCP Use Disorder - Moderate (304.60);(F16.20)</td></tr> <tr><td>32</td><td>Hallucinogens/PCP Use Disorder - Severe (304.60);(F16.20)</td></tr> <tr><td>33</td><td>Opioids Use Disorder - Mild (305.50);(F11.10)</td></tr> <tr><td>34</td><td>Opioids Use Disorder - Moderate (304.00);(F11.20)</td></tr> <tr><td>35</td><td>Opioids Use Disorder - Severe (304.00);(F11.20)</td></tr> <tr><td>36</td><td>Other (or Unknown) Substance Use Disorder - Mild (305.90);(F19.10)</td></tr> <tr><td>37</td><td>Other (or Unknown) Substance Use Disorder - Moderate (304.90);(F19.20)</td></tr> </table>	18	Alcohol Use Disorder - Mild (305.00);(F10.10)	19	Alcohol Use Disorder - Moderate (303.90);(F10.20)	20	Alcohol Use Disorder - Severe (303.90);(F10.20)	21	Amphetamine Use Disorder - Mild (305.70);(F15.10)	22	Amphetamine Use Disorder - Moderate (304.40);(F15.20)	23	Amphetamine Use Disorder - Severe (304.40);(F15.20)	24	Cannabis Use Disorder - Mild (305.20);(F12.10)	25	Cannabis Use Disorder - Moderate (304.30);(F12.20)	26	Cannabis Use Disorder - Severe (304.30);(F12.20)	27	Cocaine Use Disorder - Mild (305.60);(F14.10)	28	Cocaine Use Disorder - Moderate (304.20);(F14.20)	29	Cocaine Use Disorder - Severe (304.20);(F14.20)	30	Hallucinogens/PCP Use Disorder - Mild (305.90);(F16.10)	31	Hallucinogens/PCP Use Disorder - Moderate (304.60);(F16.20)	32	Hallucinogens/PCP Use Disorder - Severe (304.60);(F16.20)	33	Opioids Use Disorder - Mild (305.50);(F11.10)	34	Opioids Use Disorder - Moderate (304.00);(F11.20)	35	Opioids Use Disorder - Severe (304.00);(F11.20)	36	Other (or Unknown) Substance Use Disorder - Mild (305.90);(F19.10)	37	Other (or Unknown) Substance Use Disorder - Moderate (304.90);(F19.20)
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			<table border="1"> <tr><td>38</td><td>Other (or Unknown) Substance Use Disorder - Severe (304.90);(F19.20)</td></tr> <tr><td>39</td><td>Sedatives-Hypnotics-Anxiolytics Use Disorder - Mild (305.40);(F13.10)</td></tr> <tr><td>40</td><td>Sedatives-Hypnotics-Anxiolytics Use Disorder - Moderate (304.10);(F13.20)</td></tr> <tr><td>41</td><td>Sedatives-Hypnotics-Anxiolytics Use Disorder - Severe (304.10);(F13.20)</td></tr> <tr><td>42</td><td>-----</td></tr> </table>	38	Other (or Unknown) Substance Use Disorder - Severe (304.90);(F19.20)	39	Sedatives-Hypnotics-Anxiolytics Use Disorder - Mild (305.40);(F13.10)	40	Sedatives-Hypnotics-Anxiolytics Use Disorder - Moderate (304.10);(F13.20)	41	Sedatives-Hypnotics-Anxiolytics Use Disorder - Severe (304.10);(F13.20)	42	-----																																								
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59	[ scid5_sub_yn2 ]  Show the field ONLY if: [scid5_sub_yn1] = '1'	Enter another Substance Use Disorder?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																														
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60	[ scid5_dis3_sub ]  Show the field ONLY if: [scid5_sub_yn2] = '1'	Disorder Type: Substance Use	dropdown, Required <table border="1"> <tr><td>18</td><td>Alcohol Use Disorder - Mild (305.00);(F10.10)</td></tr> <tr><td>19</td><td>Alcohol Use Disorder - Moderate (303.90);(F10.20)</td></tr> <tr><td>20</td><td>Alcohol Use Disorder - Severe (303.90);(F10.20)</td></tr> <tr><td>21</td><td>Amphetamine Use Disorder - Mild (305.70);(F15.10)</td></tr> <tr><td>22</td><td>Amphetamine Use Disorder - Moderate (304.40);(F15.20)</td></tr> <tr><td>23</td><td>Amphetamine Use Disorder - Severe (304.40);(F15.20)</td></tr> <tr><td>24</td><td>Cannabis Use Disorder - Mild (305.20);(F12.10)</td></tr> <tr><td>25</td><td>Cannabis Use Disorder - Moderate (304.30);(F12.20)</td></tr> <tr><td>26</td><td>Cannabis Use Disorder - Severe (304.30);(F12.20)</td></tr> <tr><td>27</td><td>Cocaine Use Disorder - Mild (305.60);(F14.10)</td></tr> <tr><td>28</td><td>Cocaine Use Disorder - Moderate (304.20);(F14.20)</td></tr> <tr><td>29</td><td>Cocaine Use Disorder - Severe (304.20);(F14.20)</td></tr> <tr><td>30</td><td>Hallucinogens/PCP Use Disorder - Mild (305.90);(F16.10)</td></tr> <tr><td>31</td><td>Hallucinogens/PCP Use Disorder - Moderate (304.60);(F16.20)</td></tr> <tr><td>32</td><td>Hallucinogens/PCP Use Disorder - Severe (304.60);(F16.20)</td></tr> <tr><td>33</td><td>Opioids Use Disorder - Mild (305.50);(F11.10)</td></tr> <tr><td>34</td><td>Opioids Use Disorder - Moderate (304.00);(F11.20)</td></tr> <tr><td>35</td><td>Opioids Use Disorder - Severe (304.00);(F11.20)</td></tr> <tr><td>36</td><td>Other (or Unknown) Substance Use Disorder - Mild (305.90);(F19.10)</td></tr> <tr><td>37</td><td>Other (or Unknown) Substance Use Disorder - Moderate (304.90);(F19.20)</td></tr> <tr><td>38</td><td>Other (or Unknown) Substance Use Disorder - Severe (304.90);(F19.20)</td></tr> <tr><td>39</td><td>Sedatives-Hypnotics-Anxiolytics Use Disorder - Mild (305.40);(F13.10)</td></tr> <tr><td>40</td><td>Sedatives-Hypnotics-Anxiolytics Use Disorder - Moderate (304.10);(F13.20)</td></tr> <tr><td>41</td><td>Sedatives-Hypnotics-Anxiolytics Use Disorder - Severe (304.10);(F13.20)</td></tr> <tr><td>42</td><td>-----</td></tr> </table>	18	Alcohol Use Disorder - Mild (305.00);(F10.10)	19	Alcohol Use Disorder - Moderate (303.90);(F10.20)	20	Alcohol Use Disorder - Severe (303.90);(F10.20)	21	Amphetamine Use Disorder - Mild (305.70);(F15.10)	22	Amphetamine Use Disorder - Moderate (304.40);(F15.20)	23	Amphetamine Use Disorder - Severe (304.40);(F15.20)	24	Cannabis Use Disorder - Mild (305.20);(F12.10)	25	Cannabis Use Disorder - Moderate (304.30);(F12.20)	26	Cannabis Use Disorder - Severe (304.30);(F12.20)	27	Cocaine Use Disorder - Mild (305.60);(F14.10)	28	Cocaine Use Disorder - Moderate (304.20);(F14.20)	29	Cocaine Use Disorder - Severe (304.20);(F14.20)	30	Hallucinogens/PCP Use Disorder - Mild (305.90);(F16.10)	31	Hallucinogens/PCP Use Disorder - Moderate (304.60);(F16.20)	32	Hallucinogens/PCP Use Disorder - Severe (304.60);(F16.20)	33	Opioids Use Disorder - Mild (305.50);(F11.10)	34	Opioids Use Disorder - Moderate (304.00);(F11.20)	35	Opioids Use Disorder - Severe (304.00);(F11.20)	36	Other (or Unknown) Substance Use Disorder - Mild (305.90);(F19.10)	37	Other (or Unknown) Substance Use Disorder - Moderate (304.90);(F19.20)	38	Other (or Unknown) Substance Use Disorder - Severe (304.90);(F19.20)	39	Sedatives-Hypnotics-Anxiolytics Use Disorder - Mild (305.40);(F13.10)	40	Sedatives-Hypnotics-Anxiolytics Use Disorder - Moderate (304.10);(F13.20)	41	Sedatives-Hypnotics-Anxiolytics Use Disorder - Severe (304.10);(F13.20)	42	-----
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62	[ scid5_dis4_sub ]  Show the field ONLY if: [scid5_sub_yn3] = '1'	Disorder Type: Substance Use	dropdown (autocomplete) <table border="1"> <tr><td>18</td><td>Alcohol Use Disorder - Mild (305.00);(F10.10)</td></tr> <tr><td>19</td><td>Alcohol Use Disorder - Moderate (303.90);(F10.20)</td></tr> <tr><td>20</td><td>Alcohol Use Disorder - Severe (303.90);(F10.20)</td></tr> <tr><td>21</td><td>Amphetamine Use Disorder - Mild (305.70);(F15.10)</td></tr> <tr><td>22</td><td>Amphetamine Use Disorder - Moderate (304.40);(F15.20)</td></tr> <tr><td>23</td><td>Amphetamine Use Disorder - Severe (304.40);(F15.20)</td></tr> </table>	18	Alcohol Use Disorder - Mild (305.00);(F10.10)	19	Alcohol Use Disorder - Moderate (303.90);(F10.20)	20	Alcohol Use Disorder - Severe (303.90);(F10.20)	21	Amphetamine Use Disorder - Mild (305.70);(F15.10)	22	Amphetamine Use Disorder - Moderate (304.40);(F15.20)	23	Amphetamine Use Disorder - Severe (304.40);(F15.20)																																						
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63	[ scid5_sub_yn4 ]  Show the field ONLY if: [scid5_sub_yn3] = '1'	Enter another Substance Use Disorder?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																				
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64	[ scid5_dis5_sub ]  Show the field ONLY if: [scid5_sub_yn4] = '1'	Disorder Type: Substance Use	dropdown (autocomplete) <table border="1"> <tr><td>18</td><td>Alcohol Use Disorder - Mild (305.00);(F10.10)</td></tr> <tr><td>19</td><td>Alcohol Use Disorder - Moderate (303.90);(F10.20)</td></tr> <tr><td>20</td><td>Alcohol Use Disorder - Severe (303.90);(F10.20)</td></tr> <tr><td>21</td><td>Amphetamine Use Disorder - Mild (305.70);(F15.10)</td></tr> <tr><td>22</td><td>Amphetamine Use Disorder - Moderate (304.40);(F15.20)</td></tr> <tr><td>23</td><td>Amphetamine Use Disorder - Severe (304.40);(F15.20)</td></tr> <tr><td>24</td><td>Cannabis Use Disorder - Mild (305.20);(F12.10)</td></tr> <tr><td>25</td><td>Cannabis Use Disorder - Moderate (304.30);(F12.20)</td></tr> <tr><td>26</td><td>Cannabis Use Disorder - Severe (304.30);(F12.20)</td></tr> <tr><td>27</td><td>Cocaine Use Disorder - Mild (305.60);(F14.10)</td></tr> <tr><td>28</td><td>Cocaine Use Disorder - Moderate (304.20);(F14.20)</td></tr> <tr><td>29</td><td>Cocaine Use Disorder - Severe (304.20);(F14.20)</td></tr> <tr><td>30</td><td>Hallucinogens/PCP Use Disorder - Mild (305.90);(F16.10)</td></tr> <tr><td>31</td><td>Hallucinogens/PCP Use Disorder - Moderate (304.60);(F16.20)</td></tr> <tr><td>32</td><td>Hallucinogens/PCP Use Disorder - Severe (304.60);(F16.20)</td></tr> <tr><td>33</td><td>Opioids Use Disorder - Mild (305.50);(F11.10)</td></tr> <tr><td>34</td><td>Opioids Use Disorder - Moderate (304.00);(F11.20)</td></tr> <tr><td>35</td><td>Opioids Use Disorder - Severe (304.00);(F11.20)</td></tr> <tr><td>36</td><td>Other (or Unknown) Substance Use Disorder - Mild (305.90);(F19.10)</td></tr> <tr><td>37</td><td>Other (or Unknown) Substance Use Disorder - Moderate (304.90);(F19.20)</td></tr> </table>	18	Alcohol Use Disorder - Mild (305.00);(F10.10)	19	Alcohol Use Disorder - Moderate (303.90);(F10.20)	20	Alcohol Use Disorder - Severe (303.90);(F10.20)	21	Amphetamine Use Disorder - Mild (305.70);(F15.10)	22	Amphetamine Use Disorder - Moderate (304.40);(F15.20)	23	Amphetamine Use Disorder - Severe (304.40);(F15.20)	24	Cannabis Use Disorder - Mild (305.20);(F12.10)	25	Cannabis Use Disorder - Moderate (304.30);(F12.20)	26	Cannabis Use Disorder - Severe (304.30);(F12.20)	27	Cocaine Use Disorder - Mild (305.60);(F14.10)	28	Cocaine Use Disorder - Moderate (304.20);(F14.20)	29	Cocaine Use Disorder - Severe (304.20);(F14.20)	30	Hallucinogens/PCP Use Disorder - Mild (305.90);(F16.10)	31	Hallucinogens/PCP Use Disorder - Moderate (304.60);(F16.20)	32	Hallucinogens/PCP Use Disorder - Severe (304.60);(F16.20)	33	Opioids Use Disorder - Mild (305.50);(F11.10)	34	Opioids Use Disorder - Moderate (304.00);(F11.20)	35	Opioids Use Disorder - Severe (304.00);(F11.20)	36	Other (or Unknown) Substance Use Disorder - Mild (305.90);(F19.10)	37	Other (or Unknown) Substance Use Disorder - Moderate (304.90);(F19.20)
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65	[ scid5_dis1_cat_anx ]  Show the field ONLY if: [scid5_dis_cat_pick(4)] = '1'	Disorder Type: Anxiety	<p>dropdown (autocomplete)</p> <table border="1"> <tr><td>1</td><td>Generalized anxiety disorder (300.02, F41.10)</td></tr> <tr><td>2</td><td>Panic disorder</td></tr> <tr><td>3</td><td>Agoraphobia without history of panic disorder (300.22, F40.02)</td></tr> <tr><td>4</td><td>Specific phobia (300.29, F40.298)</td></tr> <tr><td>5</td><td>Social phobia (300.29, F40.10)</td></tr> <tr><td>8</td><td>Acute stress disorder (308.3, F43.00)</td></tr> <tr><td>9</td><td>Anxiety disorder due to a AMC (293.84, F06.40)</td></tr> <tr><td>10</td><td>Other Specified Anxiety Disorder (300, F41.80)</td></tr> <tr><td>11</td><td>Unspecified Anxiety Disorder (300.00, F41.9)</td></tr> </table>	1	Generalized anxiety disorder (300.02, F41.10)	2	Panic disorder	3	Agoraphobia without history of panic disorder (300.22, F40.02)	4	Specific phobia (300.29, F40.298)	5	Social phobia (300.29, F40.10)	8	Acute stress disorder (308.3, F43.00)	9	Anxiety disorder due to a AMC (293.84, F06.40)	10	Other Specified Anxiety Disorder (300, F41.80)	11	Unspecified Anxiety Disorder (300.00, F41.9)
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66	[ scid5_dis2_anx_sp ]  Show the field ONLY if: [scid5_dis1_cat_anx] = '4'	Disorder Subtype: Specific Phobia	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Animal (F40.218)</td></tr> <tr><td>2</td><td>Natural Environment (F40.228)</td></tr> <tr><td>3</td><td>Fear of Blood (F40.230)</td></tr> <tr><td>4</td><td>Fear of Injections/Transfusions (F40.231)</td></tr> <tr><td>5</td><td>Fear of other medical care (F40.323)</td></tr> <tr><td>6</td><td>Fear of Injury (F40.233)</td></tr> <tr><td>7</td><td>Situational (F40.428)</td></tr> <tr><td>8</td><td>Other (F40.298)</td></tr> </table>	1	Animal (F40.218)	2	Natural Environment (F40.228)	3	Fear of Blood (F40.230)	4	Fear of Injections/Transfusions (F40.231)	5	Fear of other medical care (F40.323)	6	Fear of Injury (F40.233)	7	Situational (F40.428)	8	Other (F40.298)		
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67	[ scid5_anx_yn1 ]  Show the field ONLY if: [scid5_dis_cat_pick(4)] = '1'	Enter Another Anxiety Disorder?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
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68	[ scid5_dis2_anx ]  Show the field ONLY if: [scid5_anx_yn1] = '1'	Disorder Type: Anxiety	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Generalized anxiety disorder (300.02, F41.10)</td></tr> <tr><td>2</td><td>Panic disorder</td></tr> <tr><td>3</td><td>Agoraphobia without history of panic disorder (300.22, F40.02)</td></tr> <tr><td>4</td><td>Specific phobia (300.29, F40.298)</td></tr> <tr><td>5</td><td>Social phobia (300.29, F40.10)</td></tr> <tr><td>8</td><td>Acute stress disorder (308.3, F43.00)</td></tr> <tr><td>9</td><td>Anxiety disorder due to a AMC (293.84, F06.40)</td></tr> <tr><td>10</td><td>Other Specified Anxiety Disorder (300, F41.80)</td></tr> <tr><td>11</td><td>Unspecified Anxiety Disorder (300.00, F41.9)</td></tr> </table>	1	Generalized anxiety disorder (300.02, F41.10)	2	Panic disorder	3	Agoraphobia without history of panic disorder (300.22, F40.02)	4	Specific phobia (300.29, F40.298)	5	Social phobia (300.29, F40.10)	8	Acute stress disorder (308.3, F43.00)	9	Anxiety disorder due to a AMC (293.84, F06.40)	10	Other Specified Anxiety Disorder (300, F41.80)	11	Unspecified Anxiety Disorder (300.00, F41.9)
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69	[ scid5_dis3_anx_sp ]  Show the field ONLY if: [scid5_dis2_anx] = '4'	Disorder Subtype: Specific Phobia	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Animal (F40.218)</td></tr> <tr><td>2</td><td>Natural Environment (F40.228)</td></tr> <tr><td>3</td><td>Fear of Blood (F40.230)</td></tr> <tr><td>4</td><td>Fear of Injections/Transfusions (F40.231)</td></tr> <tr><td>5</td><td>Fear of other medical care (F40.323)</td></tr> <tr><td>6</td><td>Fear of Injury (F40.233)</td></tr> <tr><td>7</td><td>Situational (F40.428)</td></tr> <tr><td>8</td><td>Other (F40.298)</td></tr> </table>	1	Animal (F40.218)	2	Natural Environment (F40.228)	3	Fear of Blood (F40.230)	4	Fear of Injections/Transfusions (F40.231)	5	Fear of other medical care (F40.323)	6	Fear of Injury (F40.233)	7	Situational (F40.428)	8	Other (F40.298)		
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70	[ scid5_anx_yn2 ]  Show the field ONLY if: [scid5_anx_yn1] = '1'	Enter Another Anxiety Disorder?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
71	[ scid5_dis3_anx ]	Disorder Type: Anxiety	dropdown, Required																		

	Show the field ONLY if: [scid5_anx_yn2] = '1'		<table border="1"> <tr><td>1</td><td>Generalized anxiety disorder (300.02, F41.10)</td></tr> <tr><td>2</td><td>Panic disorder</td></tr> <tr><td>3</td><td>Agoraphobia without history of panic disorder (300.22, F40.02)</td></tr> <tr><td>4</td><td>Specific phobia (300.29, F40.298)</td></tr> <tr><td>5</td><td>Social phobia (300.29, F40.10)</td></tr> <tr><td>8</td><td>Acute stress disorder (308.3, F43.00)</td></tr> <tr><td>9</td><td>Anxiety disorder due to a AMC (293.84, F06.40)</td></tr> <tr><td>10</td><td>Other Specified Anxiety Disorder (300, F41.80)</td></tr> <tr><td>11</td><td>Unspecified Anxiety Disorder (300.00, F41.9)</td></tr> </table>	1	Generalized anxiety disorder (300.02, F41.10)	2	Panic disorder	3	Agoraphobia without history of panic disorder (300.22, F40.02)	4	Specific phobia (300.29, F40.298)	5	Social phobia (300.29, F40.10)	8	Acute stress disorder (308.3, F43.00)	9	Anxiety disorder due to a AMC (293.84, F06.40)	10	Other Specified Anxiety Disorder (300, F41.80)	11	Unspecified Anxiety Disorder (300.00, F41.9)
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72	[ scid5_dis4_anx_sp ]  Show the field ONLY if: [scid5_dis3_anx] ='4'	Disorder Subtype: Specific Phobia	dropdown <table border="1"> <tr><td>1</td><td>Animal (F40.218)</td></tr> <tr><td>2</td><td>Natural Environment (F40.228)</td></tr> <tr><td>3</td><td>Fear of Blood (F40.230)</td></tr> <tr><td>4</td><td>Fear of Injections/Transfusions (F40.231)</td></tr> <tr><td>5</td><td>Fear of other medical care (F40.323)</td></tr> <tr><td>6</td><td>Fear of Injury (F40.233)</td></tr> <tr><td>7</td><td>Situational (F40.428)</td></tr> <tr><td>8</td><td>Other (F40.298)</td></tr> </table>	1	Animal (F40.218)	2	Natural Environment (F40.228)	3	Fear of Blood (F40.230)	4	Fear of Injections/Transfusions (F40.231)	5	Fear of other medical care (F40.323)	6	Fear of Injury (F40.233)	7	Situational (F40.428)	8	Other (F40.298)		
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73	[ scid5_anx_yn3 ]  Show the field ONLY if: [scid5_anx_yn2]= '1'	Enter Another Anxiety Disorder?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
74	[ scid5_dis4_cat_anx ]  Show the field ONLY if: [scid5_anx_yn3] = '1'	Disorder Type: Anxiety	dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>Generalized anxiety disorder (300.02, F41.10)</td></tr> <tr><td>2</td><td>Panic disorder</td></tr> <tr><td>3</td><td>Agoraphobia without history of panic disorder (300.22, F40.02)</td></tr> <tr><td>4</td><td>Specific phobia (300.29, F40.298)</td></tr> <tr><td>5</td><td>Social phobia (300.29, F40.10)</td></tr> <tr><td>8</td><td>Acute stress disorder (308.3, F43.00)</td></tr> <tr><td>9</td><td>Anxiety disorder due to a AMC (293.84, F06.40)</td></tr> <tr><td>10</td><td>Other Specified Anxiety Disorder (300, F41.80)</td></tr> <tr><td>11</td><td>Unspecified Anxiety Disorder (300.00, F41.9)</td></tr> </table>	1	Generalized anxiety disorder (300.02, F41.10)	2	Panic disorder	3	Agoraphobia without history of panic disorder (300.22, F40.02)	4	Specific phobia (300.29, F40.298)	5	Social phobia (300.29, F40.10)	8	Acute stress disorder (308.3, F43.00)	9	Anxiety disorder due to a AMC (293.84, F06.40)	10	Other Specified Anxiety Disorder (300, F41.80)	11	Unspecified Anxiety Disorder (300.00, F41.9)
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75	[ scid5_dis5_anx_sp ]  Show the field ONLY if: [scid5_dis4_cat_anx] ='4'	Disorder Subtype: Specific Phobia	dropdown <table border="1"> <tr><td>1</td><td>Animal (F40.218)</td></tr> <tr><td>2</td><td>Natural Environment (F40.228)</td></tr> <tr><td>3</td><td>Fear of Blood (F40.230)</td></tr> <tr><td>4</td><td>Fear of Injections/Transfusions (F40.231)</td></tr> <tr><td>5</td><td>Fear of other medical care (F40.323)</td></tr> <tr><td>6</td><td>Fear of Injury (F40.233)</td></tr> <tr><td>7</td><td>Situational (F40.428)</td></tr> <tr><td>8</td><td>Other (F40.298)</td></tr> </table>	1	Animal (F40.218)	2	Natural Environment (F40.228)	3	Fear of Blood (F40.230)	4	Fear of Injections/Transfusions (F40.231)	5	Fear of other medical care (F40.323)	6	Fear of Injury (F40.233)	7	Situational (F40.428)	8	Other (F40.298)		
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76	[ scid5_anx_yn4 ]  Show the field ONLY if: [scid5_anx_yn3] = '1'	Enter Another Anxiety Disorder?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
77	[ scid5_dis5_cat_anx ]  Show the field ONLY if: [scid5_anx_yn4]= '1'	Disorder Type: Anxiety	dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>Generalized anxiety disorder (300.02, F41.10)</td></tr> <tr><td>2</td><td>Panic disorder</td></tr> <tr><td>3</td><td>Agoraphobia without history of panic disorder (300.22, F40.02)</td></tr> <tr><td>4</td><td>Specific phobia (300.29, F40.298)</td></tr> <tr><td>5</td><td>Social phobia (300.29, F40.10)</td></tr> <tr><td>8</td><td>Acute stress disorder (308.3, F43.00)</td></tr> <tr><td>9</td><td>Anxiety disorder due to a AMC (293.84, F06.40)</td></tr> <tr><td>10</td><td>Other Specified Anxiety Disorder (300, F41.80)</td></tr> </table>	1	Generalized anxiety disorder (300.02, F41.10)	2	Panic disorder	3	Agoraphobia without history of panic disorder (300.22, F40.02)	4	Specific phobia (300.29, F40.298)	5	Social phobia (300.29, F40.10)	8	Acute stress disorder (308.3, F43.00)	9	Anxiety disorder due to a AMC (293.84, F06.40)	10	Other Specified Anxiety Disorder (300, F41.80)		
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			11 Unspecified Anxiety Disorder (300.00, F41.9)
78	[ scid5_specific_type ]  Show the field ONLY if: [scid5_dis5_cat_anx]=4'	Disorder Subtype: Specific Phobia	dropdown 1 Animal (F40.218) 2 Natural Environment (F40.228) 3 Fear of Blood (F40.230) 4 Fear of Injections/Transfusions (F40.231) 5 Fear of other medical care (F40.323) 6 Fear of Injury (F40.233) 7 Situational (F40.428) 8 Other (F40.298)
79	[ scid5_dis1_cat_eating ]  Show the field ONLY if: [scid5_dis_cat_pick(5)] ='1'	Disorder Type: Eating	dropdown (autocomplete) 1 Anorexia Nervosa 2 Bulimia Nervosa (307.51);(F50.20) 3 Binge Eating Disorder (307.51);(F50.80)
80	[ scid5_dis1_type_anorexia ]  Show the field ONLY if: [scid5_dis1_cat_eating]=1'	Disorder Subtype: Anorexia	dropdown (autocomplete) 1 Anorexia Nervosa, Binge-eating/purging type (307.1);(F50.02) 2 Anorexia Nervosa, Restricting type (307.1);(F50.01)
81	[ scid5_ed_yn ]  Show the field ONLY if: [scid5_dis_cat_pick(5)] ='1'	Enter Another Eating Disorder?	yesno, Required 1 Yes 0 No
82	[ scid5_ed2 ]  Show the field ONLY if: [scid5_ed_yn]=1'	Disorder Type: Eating  Specify Diagnosis.	dropdown, Required 1 Anorexia Nervosa 2 Bulimia Nervosa (307.51);(F50.20) 3 Binge Eating Disorder (307.51);(F50.80)
83	[ scid5_ed2_ann ]  Show the field ONLY if: [scid5_ed2]=1'	Disorder Subtype: Anorexia  Specify Diagnosis Specifiers.	dropdown, Required 1 Anorexia Nervosa, Binge-eating/purging type (307.1);(F50.02) 2 Anorexia Nervosa, Restricting type (307.1);(F50.01)
84	[ scid5_dis1_cat_ocdisorders ]  Show the field ONLY if: [scid5_dis_cat_pick(6)] = '1'	Disorder Type: OCD and Related  Specify Diagnosis.	dropdown (autocomplete), Required 1 Obsessive Compulsive Disorder (300.3, F42) 2 Body Dysmorphic Disorder (300.7, F45.22) 3 Hoarding Disorder (300.3, F42) 4 Trichotillomania (312.39, F63.3) 5 Excoriation Disorder (698.4, L98.1) 6 Substance-Induced OCD 7 OCD due to Another Medical Condition (294.8, F06.8) 8 Other Specified OC or Related Disorder (300.3, F42) 9 Unspecified OC or Related Disorder (300.3, F42)
85	[ scid5_dis_cat_ptsd ]  Show the field ONLY if: [scid5_dis_cat_pick(7)] ='1'	Disorder Type: Trauma and Stress Related Disorders	dropdown, Required 1 Post Traumatic Stress Disorder
86	[ scid5_dis1_other ]  Show the field ONLY if: [scid5_dis_cat_pick(8)]=1'	If Other, Give Disorder Name	text
87	[ scid5_dis1_other_icd10 ]  Show the field ONLY if: [scid5_dis_cat_pick(8)]=1'	ICD-10 code	text
88	[ scid5_other_yn ]  Show the field ONLY if: [scid5_dis_cat_pick(8)]=1'	Enter Another 'Other' Disorder?	yesno, Required 1 Yes 0 No
89	[ scid5_dis2_other ]  Show the field ONLY if: [scid5_other_yn]=1'	Disorder Name	text
90	[ scid5_dis2_other_icd10 ]	ICD-10 code	text

	Show the field ONLY if: [scid5_other_yn]='1'						
91	[scid5_gm_dis_yn]  Show the field ONLY if: [scid5_form_complete] = '1'	Section Header:  Does the participant present with a general medical disorder?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	2	No
1	Yes						
2	No						
92	[scid5_gm_dis1]  Show the field ONLY if: [scid5_gm_dis_yn] = '1'	Disorder	text, Required Custom alignment: RH				
93	[scid5_gm_dis1_icd10]  Show the field ONLY if: [scid5_gm_dis_yn] = '1'	ICD-10 Code:	text, Required				
94	[scid5_gm_dis1_notes]  Show the field ONLY if: [scid5_gm_dis_yn] = '1'	Notes	notes				
95	[scid5_gm_cont1]  Show the field ONLY if: [scid5_gm_dis_yn] = '1'	Enter another disorder?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	2	No
1	Yes						
2	No						
96	[scid5_gm_dis2]  Show the field ONLY if: [scid5_gm_cont1] = '1'	Disorder	text, Required Custom alignment: RH				
97	[scid5_gm_dis2_icd10]  Show the field ONLY if: [scid5_gm_cont1] = '1'	ICD-10 Code:	text, Required				
98	[scid5_gm_dis2_notes]  Show the field ONLY if: [scid5_gm_cont1] = '1'	Notes	notes				
99	[scid5_gm_cont2]  Show the field ONLY if: [scid5_gm_cont1] = '1'	Enter another disorder?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	2	No
1	Yes						
2	No						
100	[scid5_gm_dis3]  Show the field ONLY if: [scid5_gm_cont2] = '1'	Disorder	text, Required Custom alignment: RH				
101	[scid5_gm_dis3_icd10]  Show the field ONLY if: [scid5_gm_cont2] = '1'	ICD-10 Code:	text, Required				
102	[scid5_gm_dis3_notes]  Show the field ONLY if: [scid5_gm_cont2] = '1'	Notes	notes				
103	[scid5_gm_cont3]  Show the field ONLY if: [scid5_gm_cont2] = '1'	Enter another disorder?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	2	No
1	Yes						
2	No						
104	[scid5_gm_dis4]  Show the field ONLY if: [scid5_gm_cont3] = '1'	Disorder	text, Required Custom alignment: RH				
105	[scid5_gm_dis4_icd10]  Show the field ONLY if: [scid5_gm_cont3] = '1'	ICD-10 Code:	text, Required				
106	[scid5_gm_dis4_notes]  Show the field ONLY if: [scid5_gm_cont3] = '1'	Notes	notes				
107	[scid5_gm_cont4]  Show the field ONLY if: [scid5_gm_cont3] = '1'	Enter another disorder?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No
1	Yes						
2	No						

				Custom alignment: RH						
108	[ scid5_gm_dis5 ]  Show the field ONLY if: [scid5_gm_cont4] = '1'	Disorder	text, Required  Custom alignment: RH							
109	[ scid5_gm_dis5_icd10 ]  Show the field ONLY if: [scid5_gm_cont4] = '1'	ICD-10 Code:	text, Required							
110	[ scid5_gm_dis5_notes ]  Show the field ONLY if: [scid5_gm_cont4] = '1'	Notes	notes							
111	[ scid_lifechart ]  Show the field ONLY if: [scid5_form_complete] = '1'	Section Header: <i>LIFE CHART (Overview, page 9)</i>  Age (or date) Description (symptoms, triggering events) Treatment {scid_lifechart_age1} {scid_lifechart_descri1} {scid_lifechart_treat1} {scid_lifechart_age2} {scid_lifechart_descri2} {scid_lifechart_treat2} {scid_lifechart_age3} {scid_lifechart_descri3} {scid_lifechart_treat3} {scid_lifechart_age4} {scid_lifechart_descri4} ?{scid_lifechart_treat4} {scid_lifechart_age5} {scid_lifechart_descri5} ?{scid_lifechart_treat5} {scid_lifechart_age6} {scid_lifechart_descri6} ?{scid_lifechart_treat6} {scid_lifechart_age7} {scid_lifechart_descri7} ?{scid_lifechart_treat7} ???	descriptive							
112	[ scid_lifechart_age1 ]	age 1	text							
113	[ scid_lifechart_age2 ]	age 2	text							
114	[ scid_lifechart_age3 ]	age 3	text							
115	[ scid_lifechart_age4 ]	age 4	text							
116	[ scid_lifechart_age5 ]	age 5	text							
117	[ scid_lifechart_age6 ]	age 6	text							
118	[ scid_lifechart_age7 ]	age 7	text							
119	[ scid_lifechart_descri1 ]	Description 1	text							
120	[ scid_lifechart_descri2 ]	Description 2	text							
121	[ scid_lifechart_descri3 ]	Description 3	text							
122	[ scid_lifechart_descri4 ]	Description 4	text							
123	[ scid_lifechart_descri5 ]	Description 5	text							
124	[ scid_lifechart_descri6 ]	Description 6	text							
125	[ scid_lifechart_descri7 ]	Description 7	text							
126	[ scid_lifechart_treat1 ]	Treatment 1	text							
127	[ scid_lifechart_treat2 ]	Treatment 2	text							
128	[ scid_lifechart_treat3 ]	Treatment 3	text							
129	[ scid_lifechart_treat4 ]	Treatment 4	text							
130	[ scid_lifechart_treat5 ]	Treatment 5	text							
131	[ scid_lifechart_treat6 ]	Treatment 6	text							
132	[ scid_lifechart_treat7 ]	Treatment 7	text							
133	[ scid_source_lfchart ]  Show the field ONLY if: [scid5_form_complete] = '1'	Source of information for psychotic symptoms entered in life chart	checkbox, Required  <table border="1"> <tr> <td>1</td> <td>scid_source_lfchart__1</td> <td>Medical Records</td> </tr> <tr> <td>2</td> <td>scid_source_lfchart__2</td> <td>Participant's self-report</td> </tr> </table>	1	scid_source_lfchart__1	Medical Records	2	scid_source_lfchart__2	Participant's self-report	Custom alignment: LV
1	scid_source_lfchart__1	Medical Records								
2	scid_source_lfchart__2	Participant's self-report								
134	[ scid_source_lfchart_confid ]	What is the level of confidence for the participant's self-report?	radio  <table border="1"> <tr> <td>1</td> <td>Low</td> </tr> <tr> <td>2</td> <td>Medium</td> </tr> <tr> <td>3</td> <td>High</td> </tr> </table>	1	Low	2	Medium	3	High	Custom alignment: LV
1	Low									
2	Medium									
3	High									
135	[ scid_psyc_chronology ]  Show the field ONLY if: [scid5_form_complete] = '1'	Section Header: <i>CHRONOLOGY OF PSYCHOTIC SYMPTOMS (Module B, page B.10)</i>  TYPE OF SYMPTOM COURSE (E.G., INTERMITTENT, CHRONIC) ONSET (MONTH/YEAR) OFFSET (MONTH/YEAR) CHECK IF PRESENT ?? LAST MONTH {scid_b45} {scid_b46} {scid_b47} {scid_b48} {scid_b49} {scid_b50} {scid_b51} {scid_b52} {scid_b53} {scid_b54} {scid_b55} {scid_b56} {scid_b57} {scid_b58} {scid_b59} {scid_b60} {scid_b61} {scid_b62} {scid_b63} {scid_b64}	descriptive							
136	[ scid_b45 ]	Type of symptom 1	text							

	137	[ scid_b50 ]	Type of symptom 2	text
	138	[ scid_b55 ]	Type of symptom 3	text
	139	[ scid_b60 ]	Type of symptom 4	text
	140	[ scid_b46 ]	Course 1	text
	141	[ scid_b51 ]	Course 2	text
	142	[ scid_b56 ]	Course 3	text
	143	[ scid_b61 ]	Course 4	text
	144	[ scid_b47 ]	Onset 1	text
	145	[ scid_b52 ]	Onset 2	text
	146	[ scid_b57 ]	Onset 3	text
	147	[ scid_b62 ]	Onset 4	text
	148	[ scid_b48 ]	Offset 1	text
	149	[ scid_b53 ]	Offset 2	text
	150	[ scid_b58 ]	Offset 3	text
	151	[ scid_b63 ]	Offset 4	text
	152	[ scid_b49 ]	Check if present last month 1	checkbox 1 scid_b49_1 Present
	153	[ scid_b54 ]	Check if present last month 2	checkbox 1 scid_b54_1 Present
	154	[ scid_b59 ]	Check if present last month 3	checkbox 1 scid_b59_1 Present
	155	[ scid_b64 ]	Check if present last month 4	checkbox 1 scid_b64_1 Present
	156	[ scid_src_chrgly ]  Show the field ONLY if: [scid5_form_complete] = '1'	Source of information for psychotic symptoms entered in chronology of symptoms	checkbox, Required 1 scid_src_chrgly_1 Medical Records 2 scid_src_chrgly_2 Participant's self-report  Custom alignment: LV
	157	[ scid_src_chrgly_confid ]	What is the level of confidence for the participant's self-report?	radio 1 Low 2 Medium 3 High  Custom alignment: LV
	158	[ scid_c56 ]  Show the field ONLY if: [scid5_form_complete] = '1'	Section Header: AGE AT ONSET (Module C, page C.17)  How old were you when you first had (PSYCHOTIC SXS)? <i>Age at onset of psychotic symptoms (CODE 99 IF UNKNOWN).</i>	text (number), Required
	159	[ scid_src_c56 ]  Show the field ONLY if: [scid5_form_complete] = '1'	Source of information for age at onset	checkbox, Required 1 scid_src_c56_1 Medical Records 2 scid_src_c56_2 Participant's self-report  Custom alignment: LV
	160	[ scid_src_age_confid ]	What is the level of confidence for the participant's self-report?	radio 1 Low 2 Medium 3 High  Custom alignment: LV
	161	[ scid_c57 ]  Show the field ONLY if: [scid5_form_complete] = '1'	How many different periods of time did you have (PSYCHOTIC SYMPTOMS)? <i>Number of episodes or exacerbations (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT).</i>	text, Required
	162	[ scid_src_c57 ]  Show the field ONLY if: [scid5_form_complete] = '1'	Source of information for periods of psychotic symptoms	checkbox, Required 1 scid_src_c57_1 Medical Records 2 scid_src_c57_2 Participant's self-report  Custom alignment: LV
	163	[ scid_src_c57_confid ]	What is the level of confidence for the participant's self-report?	radio 1 Low

				<table border="1" style="margin-left: auto; margin-right: 0;"> <tr><td>2</td><td>Medium</td></tr> <tr><td>3</td><td>High</td></tr> </table>	2	Medium	3	High																				
2	Medium																											
3	High																											
				Custom alignment: LV																								
164	[structured_clinical_interview_for_dsm5_scid_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: 0;"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete																			
0	Incomplete																											
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<b>Instrument: Eligibility Checklist (eligibility_checklist)  Enabled as survey</b>																												
165	[elig_warning]	Enter all information and save as unverified. This form should only be marked as complete by the Principal Investigator after reviewing the information.	descriptive																									
166	[elig_id]	Participant ID	text, Required																									
167	[elig_complete]	Was this form completed?	radio, Required <table border="1" style="margin-left: auto; margin-right: 0;"><tr><td>1</td><td>1 Yes</td></tr><tr><td>2</td><td>2 No</td></tr></table>	1	1 Yes	2	2 No																					
1	1 Yes																											
2	2 No																											
168	[elig_incomplete]  Show the field ONLY if: [elig_complete] = '2'	Why was this form not completed?	dropdown, Required <table border="1" style="margin-left: auto; margin-right: 0;"><tr><td>1</td><td>Participant unable to complete due to cognitive impairment</td></tr><tr><td>2</td><td>Participant unable to complete due to physical impairment</td></tr><tr><td>3</td><td>Participant refused to begin/finish</td></tr><tr><td>4</td><td>Participant completed but with less than best effort</td></tr><tr><td>5</td><td>Participant unable to be contacted</td></tr><tr><td>6</td><td>Participant deceased</td></tr><tr><td>7</td><td>Participant withdrew consent</td></tr><tr><td>8</td><td>Time constraints</td></tr><tr><td>9</td><td>Rater forgot to administer</td></tr><tr><td>10</td><td>Missed appointment</td></tr><tr><td>11</td><td>Participant was terminated from study</td></tr><tr><td>12</td><td>Other</td></tr></table>	1	Participant unable to complete due to cognitive impairment	2	Participant unable to complete due to physical impairment	3	Participant refused to begin/finish	4	Participant completed but with less than best effort	5	Participant unable to be contacted	6	Participant deceased	7	Participant withdrew consent	8	Time constraints	9	Rater forgot to administer	10	Missed appointment	11	Participant was terminated from study	12	Other	Custom alignment: LV
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169	[elig_incomplete_other]  Show the field ONLY if: [elig_incomplete] = '12'	Other reason this form was not completed	text, Required																									
170	[elig_ra_in]	Completed by:	text, Required Field Annotation: @USERNAME																									
171	[elig_date]	Date of Assessment <i>DD-MM-YYYY</i>	text (date_dmy)																									
172	[elig_group]	Participant Group	radio, Required <table border="1" style="margin-left: auto; margin-right: 0;"><tr><td>1</td><td>PD</td></tr><tr><td>2</td><td>HC</td></tr></table>	1	PD	2	HC	Custom alignment: LV																				
1	PD																											
2	HC																											
173	[elig_age]	At least 16 years old?	yesno, Required <table border="1" style="margin-left: auto; margin-right: 0;"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No	Custom alignment: LV																				
1	Yes																											
0	No																											
174	[elig_english]	Fluent in English?	yesno, Required <table border="1" style="margin-left: auto; margin-right: 0;"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																					
1	Yes																											
0	No																											
175	[elig_mddpsy]  Show the field ONLY if: [elig_group] = '1'	Does participant have a DSM-5 diagnosis of Major Depressive Disorder with psychotic features that is currently in remission? <i>Based on treating psychiatrist's clinical judgement</i>	yesno, Required <table border="1" style="margin-left: auto; margin-right: 0;"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No	Custom alignment: LV																				
1	Yes																											
0	No																											
176	[elig_dsm_other]	Section Header: <i>Additional Exclusion Criteria</i>	radio (Matrix), Required																									

	Show the field ONLY if: [elig_group] = '1'	Meets current/lifetime DSM-5 criteria for any other psychotic disorder, bipolar disorder, or intellectual disability?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
177	[ <a href="#">elig_hc_currdsdm</a> ]  Show the field ONLY if: [elig_group] = '2'	DSM-5 criteria for a current psychiatric disorder?	radio (Matrix), Required <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
178	[ <a href="#">elig_hc_lifedsm</a> ]  Show the field ONLY if: [elig_group] = '2'	Lifetime DSM-5 criteria for any Axis 1 disorders?	radio (Matrix), Required <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
179	[ <a href="#">elig_dsm_bdd_ocd</a> ]	Current DSM-5 Body Dysmorphic Disorder or obsessive compulsive disorder?	radio (Matrix), Required <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
180	[ <a href="#">elig_dsm_dementia</a> ]	Current DSM-5 major neurocognitive disorder (dementia)?	radio (Matrix), Required <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
181	[ <a href="#">elig_dsm_sud</a> ]	Current DSM-5 substance abuse/dependence?	radio (Matrix), Required <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
182	[ <a href="#">elig_mri</a> ]	Any MRI contraindications?	radio (Matrix), Required <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
183	[ <a href="#">elig_psycosurg</a> ]	Any psychosurgery?	radio (Matrix), Required <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
184	[ <a href="#">elig_medical</a> ]	Are medically unstable (have changed medications in the past 6 weeks, or likely to change their antidepressants and/or their antipsychotic during the study)?	radio (Matrix), Required <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
185	[ <a href="#">elig_physicaldis</a> ]	Physical disability/sensory impairment severe enough to prevent participation in the assessments (e.g., severe visual or hearing impairment)?	radio (Matrix), Required <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
186	[ <a href="#">elig_neuro</a> ]	Any medical/neurologic disorder independently impacting functioning and/or cognition (e.g., Parkinson's disease, multiple sclerosis)?	radio (Matrix), Required <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
187	[ <a href="#">elig_meds</a> ]	Any changes to medication in last 6 weeks?	radio (Matrix), Required <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
188	[ <a href="#">elig_chg_meds</a> ]	Likely to change anti-depressants/anti-psychotics during the study?	radio (Matrix), Required <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
189	[ <a href="#">elig_ect</a> ]	Any electroconvulsive therapy (ECT) within the past 12 weeks?	radio (Matrix), Required <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
190	[ <a href="#">elig_preg</a> ]	Pregnant or may become pregnant?	radio (Matrix), Required <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
191	[ <a href="#">nest_elg_y</a> ]	ELIGIBLE	descriptive

	Show the field ONLY if: [elig_age] = '1' and [elig_english] = '1' and [elig_mddpsy] = '1' and [elig_group] = '2' and [elig_dsm_other] = '0' and [elig_hc_currdsm] = '0' and [elig_hc_lifedsm] = '0' and [elig_dsm_bdd_ocd] = '0' and [elig_dsm_dementia] = '0' and [elig_dsm_sud] = '0' and [elig_mri] = '0' and [elig_psycosurg] = '0' and [elig_medical] = '0' and [elig_physcaldis] = '0' and [elig_neuro] = '0' and [elig_meds] = '0' and [elig_chg_meds] = '0' and [elig_ect] = '0' and [elig_preg] = '0'						
192	[nest_elg_n]  Show the field ONLY if: [elig_age] = '0' or [elig_mddpsy] = '0' or [elig_english] = '0' or [elig_dsm_other] = '1' or [elig_dsm_bdd_ocd] = '1' or [elig_dsm_dementia] = '1' or [elig_dsm_sud] = '1' or [elig_mri] = '1' or [elig_psycosurg] = '1' or [elig_meds] = '1' or [elig_chg_meds] = '1' or [elig_ect] = '1' or [elig_preg] = '1'	NOT ELIGIBLE	descriptive				
193	[elig_oura_0]  Show the field ONLY if: [elig_age] = '1' and [elig_mddpsy] = '1' and [elig_english] = '1' and [elig_dsm_other] = '0' and [elig_dsm_bdd_ocd] = '0' and [elig_dsm_dementia] = '0' and [elig_dsm_sud] = '0' and [elig_mri] = '0' and [elig_psycosurg] = '0' and [elig_meds] = '0' and [elig_chg_meds] = '0' and [elig_ect] = '0' and [elig_preg] = '0'	Optional: Oura Ring Eligibility	descriptive				
194	[elig_oura_1]	Does the participant want to participate in the optional Oura Ring portion of the study?	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
195	[elig_oura_2]  Show the field ONLY if: [elig_oura_1] = '1'	Does the participant have a smart device (e.g., smartphone, tablet)?	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
196	[elig_oura_y]  Show the field ONLY if: [elig_oura_2] = '0'	ELIGIBLE FOR OURA RING	descriptive				
197	[elig_oura_n]  Show the field ONLY if: [elig_oura_2] = '0'	INELIGIBLE FOR OURA RING	descriptive				
198	[oura_size]  Show the field ONLY if: [elig_oura_1] = '1' and [elig_oura_2] = '1'	What ring size is the participant?	text (integer, Min: 6, Max: 13), Required				
199	[elg_comments]	Eligibility Comments	notes Custom alignment: LH				
200	[eligibility_pi_review]	Reviewed by Dr. Neufeld? (PI only)	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
201	[elig_pi]	Confirm participant's eligibility: (PI only)	radio, Required <table border="1"><tr><td>1</td><td>Eligible</td></tr><tr><td>2</td><td>Not eligible</td></tr></table> Custom alignment: RH	1	Eligible	2	Not eligible
1	Eligible						
2	Not eligible						
202	[elig_pi_e]  Show the field ONLY if: [elig_pi] = '1'	I hereby confirm that the participant identified above has been assessed for eligibility and meets the inclusion criteria and does not meet any of the exclusion criteria. Therefore, the participant	descriptive				

		can be enrolled into the study and complete the procedures as outlined in the protocol.							
203	[ <a href="#">elig_pi_ne</a> ] Show the field ONLY if: [elig_pi] = '2'	I hereby confirm that the participant identified above has been assessed and does not meet the eligibility criteria. Therefore, the participant will not be enrolled into the study.	descriptive						
204	[ <a href="#">elig_pi_sig</a> ]	PI Signature	file (signature), Required Custom alignment: RH						
205	[ <a href="#">elig_pi_sig_date</a> ]	Date of signature	text (datetime_dmy), Required						
206	[ <a href="#">eligibility_checklist_complete</a> ]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

**Instrument: Oura Setup (oura\_setup)**


207	[ <a href="#">oura_id</a> ]	Participant ID This must be in the NIP Participant ID format (i.e., DPD01_CMH_000000XX), with XX being the participant's number. Participant 1 would be DPD01_CMH_00000001, Participant 2 would be DPD01_CMH_00000002, etc.	text (nip_participant_id), Required																								
208	[ <a href="#">oura_complete</a> ]	Was this form completed?	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
209	[ <a href="#">oura_incomplete</a> ] Show the field ONLY if: [oura_complete] = '0'	Why was this form not completed?	dropdown, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Participant unable to complete due to cognitive impairment</td></tr> <tr><td>2</td><td>Participant unable to complete due to physical impairment</td></tr> <tr><td>3</td><td>Participant refused to begin/finish</td></tr> <tr><td>4</td><td>Participant completed but with less than best effort</td></tr> <tr><td>5</td><td>Participant unable to be contacted</td></tr> <tr><td>6</td><td>Participant deceased</td></tr> <tr><td>7</td><td>Participant withdrew consent</td></tr> <tr><td>8</td><td>Time constraints</td></tr> <tr><td>9</td><td>Rater forgot to administer</td></tr> <tr><td>10</td><td>Missed appointment</td></tr> <tr><td>11</td><td>Participant was terminated from study</td></tr> <tr><td>12</td><td>Other</td></tr> </table>	1	Participant unable to complete due to cognitive impairment	2	Participant unable to complete due to physical impairment	3	Participant refused to begin/finish	4	Participant completed but with less than best effort	5	Participant unable to be contacted	6	Participant deceased	7	Participant withdrew consent	8	Time constraints	9	Rater forgot to administer	10	Missed appointment	11	Participant was terminated from study	12	Other
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210	[ <a href="#">att_warn</a> ]	Note: Please log into the participant's Oura account (possibly in a private browser) prior to entering the links below into your web browser.	descriptive Field Annotation: @HIDDEN-SURVEY																								
211	[ <a href="#">oura_user_id</a> ]	Oura account email address	text (email), Required																								
212	[ <a href="#">oura_password</a> ]	Oura account password	text, Required																								
213	[ <a href="#">oura_team_inv_link</a> ]	Link to invite participant's Oura account to Oura Teams	notes Field Annotation: @DEFAULT='https://cloud.ouraring.com/research/study/join?t=6cba13bf41b84a33b4327988abc6c679'																								
214	[ <a href="#">oura_team_check</a> ]	Have you connected the participant's Oura account to Oura Teams?	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
215	[ <a href="#">oura_api</a> ]	Link for connecting participant's Oura account to Research Data Warehouse (Check if the Oura participant ID (e.g., DPD01_CMH_00000001) is at the end of the link)	notes Field Annotation: @DEFAULT='https://cloud.ouraring.com/oauth/authorize?client_id=3EL3PZE76ZVZFOI&state=XXX&redirect_uri=https%3A%2Fexternal.camh.ca%2Freceivedata%2Foura%2Fdpd01_cmh&response_type=code&code_challenge=[participant_id]'  [participant_id] is the participant ID from the previous field.																								
216	[ <a href="#">api_link_check</a> ]	Have you linked the participant's Oura account to the Research Data Warehouse?	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
217	[ <a href="#">oura_ring_serial</a> ]	Oura Ring Serial Number	text, Required																								
218	[ <a href="#">oura_charger_number</a> ]	Oura Ring Charger Serial Number	text, Required																								
219	[ <a href="#">oura_app_check</a> ]	Has the participant been instructed and/or helped in setting up the Oura app on their phone?	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> </table>	1	Yes																						
1	Yes																										

			<input type="checkbox"/> No																								
220	[oura_setup_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																		
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<b>Instrument: Hrsd24 (hrs24)  Enabled as survey</b>																											
221	[space44]	Section Header: <i>Hamilton Rating Scale for Depression (HRSD-24)</i>  IMPORTANT UPDATE!!!  NOTE TO RATERS!  Please Use This Form For All HRSD-24 Assessments (Screening, Baseline, Weekly and Follow-up)	descriptive																								
222	[space222]	Section Header: <i>IMPORTANT! PLEASE READ! REDCap DOES NOT AUTOSAVE your work! Please make sure that you SAVE your work frequently, even if the form is not complete.</i>	descriptive																								
223	[hdrs_completed]	Was the assessment completed?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
224	[hrds_reason_nc]  Show the field ONLY if: [hdrs_completed] = '0'	Why was the assessment not completed?	dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>Participant unable to complete due to cognitive impairment</td></tr> <tr><td>2</td><td>Participant unable to complete due to physical impairment</td></tr> <tr><td>3</td><td>Participant refused to begin/finish</td></tr> <tr><td>4</td><td>Participant completed but with less than best effort</td></tr> <tr><td>5</td><td>Participant unable to be contacted</td></tr> <tr><td>6</td><td>Participant deceased</td></tr> <tr><td>7</td><td>Participant withdrew consent</td></tr> <tr><td>8</td><td>Time constraints</td></tr> <tr><td>9</td><td>Rater forgot to administer</td></tr> <tr><td>10</td><td>Missed appointment</td></tr> <tr><td>11</td><td>Participant was terminated from study</td></tr> <tr><td>12</td><td>Other</td></tr> </table>	1	Participant unable to complete due to cognitive impairment	2	Participant unable to complete due to physical impairment	3	Participant refused to begin/finish	4	Participant completed but with less than best effort	5	Participant unable to be contacted	6	Participant deceased	7	Participant withdrew consent	8	Time constraints	9	Rater forgot to administer	10	Missed appointment	11	Participant was terminated from study	12	Other
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225	[hrds_reason_nc_other]  Show the field ONLY if: [hrds_reason_nc] = '12'	Other	text																								
226	[hrs24_rater]	Rater Name: <i>Please type your full name. You must be logged in from your account to complete this form.</i>	text, Required																								
227	[hrs24_date]	Date of Assessment: <i>If you click "Today", current date/time will appear in this field.</i>	text (date_dmy), Required																								
228	[hrs24_assmnt_mode]	How was the assessment completed?	radio, Required <table border="1"> <tr><td>1</td><td>Phone</td></tr> <tr><td>2</td><td>Video</td></tr> <tr><td>3</td><td>In-Person</td></tr> </table>	1	Phone	2	Video	3	In-Person																		
1	Phone																										
2	Video																										
3	In-Person																										
229	[hrs24_treatm]  Show the field ONLY if: [event-name] = 'week_1_assessments_arm_1' OR [event-name] = 'acute_additional_arm_1b'	After what visit was the assessment completed?	dropdown, Required <table border="1"> <tr><td>1</td><td>MRI 1</td></tr> <tr><td>2</td><td>MRI 2</td></tr> <tr><td>3</td><td>MRI 3</td></tr> <tr><td>4</td><td>MRI 4</td></tr> <tr><td>5</td><td>MRI 5</td></tr> <tr><td>6</td><td>MRI 6</td></tr> </table>	1	MRI 1	2	MRI 2	3	MRI 3	4	MRI 4	5	MRI 5	6	MRI 6												
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4	MRI 4																										
5	MRI 5																										
6	MRI 6																										
230	[hrs24_01_grid_yn]	Section Header: <i>1. DEPRESSED MOOD</i> Show Grid?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										

	231	[ hrsd24_01_grid ]  Show the field ONLY if: [hrsd24_01_grid_yn] = '1'	<p>1. Depressed Mood</p> <p>a) Normal mood fluctuations without clinical significance would not be rated.</p> <p>b) Rate depressed mood even if patient attributes to real life problems (e.g., depressed due to bad job, marital conflict).</p> <p>c) Some patients describe feelings of low mood without acknowledging sadness or "depression" (e.g., "down", "blah", "numb") and this is also rated here.</p> <p>d) Nonverbal signs (e.g., slumped posture, poor eye contact, sad facial expression) are considered in assessing severity.</p> <p>e) Consider that some patients have gone beyond the ability to weep.</p> <p>f) Do not rate angry, irritable, or anxious mood on this item.</p>	descriptive										
	232	[ hrsd24_01_intnsty_notes ]	<p>Intensity (Questions):</p> <p>1) What's your mood been like this past week (compared to when you feel OK)?</p> <p>2) Have you been feeling down or depressed? Sad or hopeless? Helpless? Worthless?</p> <p>3) How long have you been feeling this way?</p> <p>4) What have you been feeling (Sad/hopeless, etc.) about?</p> <p>5) How bad has it been this past week?</p> <p>6) Does your mood lift if something good happens?</p>	notes, Required										
	233	[ hrsd24_01_freq_notes ]	<p>Frequency (Questions):</p> <p>1) During the past week, how often did you feel this way?</p> <p>2) How much of the time did you feel this way?</p> <p>3) How many days in the past week (was it every day? How much of each day?)</p>	notes, Required										
	234	[ hrsd24_01_intnsty_resp ]	Symptom Intensity	<p>dropdown (autocomplete), Required</p> <table border="1"> <tr><td>1</td><td>Absent</td></tr> <tr><td>2</td><td>Mild</td></tr> <tr><td>3</td><td>Moderate</td></tr> <tr><td>4</td><td>Severe</td></tr> <tr><td>5</td><td>Very Severe</td></tr> </table>	1	Absent	2	Mild	3	Moderate	4	Severe	5	Very Severe
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4	Severe													
5	Very Severe													
	235	[ hrsd24_01_freq_resp ]	Symptom Frequency	<p>dropdown (autocomplete), Required</p> <table border="1"> <tr><td>1</td><td>Absent or clinically insignificant</td></tr> <tr><td>2</td><td>Occasional (Infrequent; &lt; 3 days; up to 30% of week)</td></tr> <tr><td>3</td><td>Much of the time (Often; 3-5 days; 31-75% of week)</td></tr> <tr><td>4</td><td>Almost all the time (Persistent; 6-7 days; &gt;75% of week)</td></tr> </table>	1	Absent or clinically insignificant	2	Occasional (Infrequent; < 3 days; up to 30% of week)	3	Much of the time (Often; 3-5 days; 31-75% of week)	4	Almost all the time (Persistent; 6-7 days; >75% of week)		
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	236	[ hrsd24_01_calc ]	<p>1. Depressed Mood Rating:</p>	<p>calc</p> <p>Calculation: if([hrsd24_01_intnsty_resp] = "NaN" OR [hrsd24_01_freq_resp] = "NaN", "NaN", if(([hrsd24_01_intnsty_resp]=1' AND [hrsd24_01_freq_resp]=1') OR ([hrsd24_01_intnsty_resp]=2' AND [hrsd24_01_freq_resp]=1'), 0, if(([hrsd24_01_intnsty_resp]=2' AND [hrsd24_01_freq_resp]=2') OR ([hrsd24_01_intnsty_resp]=2' AND [hrsd24_01_freq_resp]=3') OR ([hrsd24_01_intnsty_resp]=3' AND [hrsd24_01_freq_resp]=2'), 1, if(([hrsd24_01_intnsty_resp]=2' AND [hrsd24_01_freq_resp]=4') OR ([hrsd24_01_intnsty_resp]=2' AND [hrsd24_01_freq_resp]=3') OR ([hrsd24_01_intnsty_resp]=3' AND [hrsd24_01_freq_resp]=2'), 2, if(([hrsd24_01_intnsty_resp]=5' AND [hrsd24_01_freq_resp]=2') OR ([hrsd24_01_intnsty_resp]=4' AND [hrsd24_01_freq_resp]=3') OR ([hrsd24_01_intnsty_resp]=3' AND [hrsd24_01_freq_resp]=4'), 3, if(([hrsd24_01_intnsty_resp]=5' AND [hrsd24_01_freq_resp]=3') OR</p>										

			([hrsd24_01_intnsty_resp]='4' AND [hrsd24_01_freq_resp]='4') OR ([hrsd24_01_intnsty_resp]='5' AND [hrsd24_01_freq_resp]='4'), 4, 999))))										
237	[hrsd24_01_warning]  Show the field ONLY if: [hrsd24_01_calc] = '999'	WARNING!  It appears that you entered an incorrect combination of symptom severity and intensity for this item. Please review your answer(s) and select a valid combination by referring to the "Grid Table" above.	descriptive										
238	[hrsd24_02_grid_yn]	Section Header: 2. GUILT  Show Grid?	yesno <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
239	[hrsd24_02_grid]  Show the field ONLY if: [hrsd24_02_grid_yn] = '1'	2. Guilt  a) Realistic self-reproach is not rated (e.g. feeling bad to some degree about falling behind in work or not attending to children when this is really a problem) unless the patient dwelled on this excessively.  b) Vague feelings of low self-confidence or low self-esteem (e.g., feeling unattractive to the opposite sex) are not rated unless they are associated with self-reproach or self-criticism.  c) Distinguish between the feeling that the patient has brought the depression on themselves by mistakes they have made in their lives (=mild or moderate) from feeling depression is a punishment for bad things they have done (= severe). d) Feelings of worthlessness are an aspect of depressed mood (item 1) and are not related here unless accompanied by guilt.	descriptive										
240	[hrsd24_02_intnsty_notes]	Intensity (Questions):  1) Have you been especially critical of yourself this past week, or feeling like you've let others down?  IF YES: What have your thoughts been?  2) In the past week, have you been feeling guilty about anything you've done or not done?  3. What have you been feeling guilty about? What about things that happened a long time ago?  4) How guilty have you been feeling this past week?  5) Do you feel that your depression is a punishment for something bad that you've done?  6) Have you been hearing voices or seeing visions in the last week? IF YES: Tell me about them.	notes, Required										
241	[hrsd24_02_freq_notes]	Frequency (Questions):  1) During the past week, how often have you felt this way?  2) How much of the time have you felt this way?  3) How many days in the past week? (Was it every day? How much of each day?)	notes, Required										
242	[hrsd24_02_intnsty]	Symptom Intensity	dropdown, Required <table border="1"> <tr> <td>1</td><td>Absent</td></tr> <tr> <td>2</td><td>Mild</td></tr> <tr> <td>3</td><td>Moderate</td></tr> <tr> <td>4</td><td>Severe</td></tr> <tr> <td>5</td><td>Very Severe</td></tr> </table>	1	Absent	2	Mild	3	Moderate	4	Severe	5	Very Severe
1	Absent												
2	Mild												
3	Moderate												
4	Severe												
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243	[hrsd24_02_freq]	Symptom Frequency	dropdown, Required <table border="1"> <tr> <td>1</td><td>Absent or clinically insignificant</td></tr> <tr> <td>2</td><td>Occasional (Infrequent; &lt; 3 days; up to 30% of week)</td></tr> <tr> <td>3</td><td>Much of the time (Often; 3-5 days; 31-75% of week)</td></tr> <tr> <td>4</td><td>Almost all the time (Persistent; 6-7 days; &gt;75% of week)</td></tr> </table>	1	Absent or clinically insignificant	2	Occasional (Infrequent; < 3 days; up to 30% of week)	3	Much of the time (Often; 3-5 days; 31-75% of week)	4	Almost all the time (Persistent; 6-7 days; >75% of week)		
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244	[hrsd24_02_calc]	2. Guilt Rating:	calc Calculation: if([hrsd24_02_intnsty] = "NaN" OR [hrsd24_02_freq] = "NaN", "NaN", if([hrsd24_02_intnsty]=1'										

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245	[ hrsd24_02_warning ]  Show the field ONLY if: [hrsd24_02_calc] = '999'	WARNING!  It appears that you entered an incorrect combination of symptom severity and intensity for this item. Please review your answer(s) and select a valid combination by referring to the "Grid Table" above.	descriptive								
246	[ hrsd24_03_grid_yn ]	Section Header: 3. SUICIDE  Show Grid?	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No				
1	Yes										
0	No										
247	[ hrsd24_03_grid ]  Show the field ONLY if: [hrsd24_03_grid_yn] = '1'	3. Suicide  a) Note that some patients may attempt to conceal suicidal thoughts or behaviors.  b) Do not rate feelings of discouragement and alienation (e.g., "what's the use," "nobody cares," etc.) unless these are associated with thoughts that life is not worth living.  c) Feeling like life is a burden and they'd like to escape, without clear thoughts of suicide or death, would be rated as mild intensity.  d) Suicidal gestures or attempts that could objectively cause harm are rated as such even if patient describes this as cry for help or an act of revenge.  e) Suicidal thoughts or plans are rated regardless of rationale (e.g. terminal illness).  f) Preoccupation with death, in the absence of wishing to die, is rated as mild intensity.  Always consult with a supervising clinician if the patient describes current or recent suicidal thoughts.	descriptive								
248	[ hrsd24_03_intnsty_notes ]	Intensity (Questions)  1) This week, have you had thoughts that life is not worth living? IF YES: What have you thought about?  2) Any thoughts that you'd be better off dead? IF YES: Can you tell me more about that?  3) Have you had thoughts of hurting or killing yourself? IF YES: What have you thought about? Have you actually done anything to hurt yourself?  4) If unclear: Do you have a wish to be dead?	notes								
249	[ hrsd24_03_freq_notes ]	Frequency (Questions)  1) During the past week, how often have you felt this way?  2) How much of the time have you felt this way?  3) How many days in the past week? (Was it every day? How much of each day?)	notes								
250	[ hrsd24_03_intnsty ]	Symptom Intensity	dropdown, Required <table border="1"><tr><td>1</td><td>Absent</td></tr><tr><td>2</td><td>Mild</td></tr><tr><td>3</td><td>Moderate</td></tr><tr><td>4</td><td>Severe</td></tr></table>	1	Absent	2	Mild	3	Moderate	4	Severe
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251	[hrsd24_03_freq]	Symptom Frequency	dropdown, Required <table border="1"> <tr><td>1</td><td>Absent or clinically insignificant</td></tr> <tr><td>2</td><td>Occasional (Infrequent; &lt; 3 days; up to 30% of week)</td></tr> <tr><td>3</td><td>Much of the time (Often; 3-5 days; 31-75% of week)</td></tr> <tr><td>4</td><td>Almost all the time (Persistent; 6-7 days; &gt;75% of week)</td></tr> </table>	1	Absent or clinically insignificant	2	Occasional (Infrequent; < 3 days; up to 30% of week)	3	Much of the time (Often; 3-5 days; 31-75% of week)	4	Almost all the time (Persistent; 6-7 days; >75% of week)
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252	[hrsd24_03_calc]	3. Suicide Rating:	calc Calculation: if([hrsd24_03_intnsty] = "NaN" OR [hrsd24_03_freq] = "NaN", "NaN", if(([hrsd24_03_intnsty]=1' AND [hrsd24_03_freq]='1') OR ([hrsd24_03_intnsty]=2' AND [hrsd24_03_freq]='1'), 0, if(([hrsd24_03_intnsty]=2' AND [hrsd24_03_freq]=2') OR ([hrsd24_03_intnsty]=2' AND [hrsd24_03_freq]=3') OR ([hrsd24_03_intnsty]=3' AND [hrsd24_03_freq]=2'), 1, if(([hrsd24_03_intnsty]=2' AND [hrsd24_03_freq]=4') OR ([hrsd24_03_intnsty]=3' AND [hrsd24_03_freq]=3'), 2, if(([hrsd24_03_intnsty]=4' AND [hrsd24_03_freq]=2') OR ([hrsd24_03_intnsty]=4' AND [hrsd24_03_freq]=3') OR ([hrsd24_03_intnsty]=3' AND [hrsd24_03_freq]=4'), 3, if(([hrsd24_03_intnsty]=5' AND [hrsd24_03_freq]=3') OR ([hrsd24_03_intnsty]=5' AND [hrsd24_03_freq]=2') OR ([hrsd24_03_intnsty]=4' AND [hrsd24_03_freq]=4') OR ([hrsd24_03_intnsty]=5' AND [hrsd24_03_freq]=4'), 4, 999)))))								
253	[hrsd24_03_warning]	<p>WARNING!</p> <p>Show the field ONLY if: [hrsd24_03_calc] = '999'</p>	descriptive								
254	[hrsd24_reminder1]	REMINDER!!! PLEASE REMEMBER TO SAVE YOUR WORK!	descriptive								
255	[hrsd24_04_grid_yn]	Section Header: 4. EARLY INSOMNIA Show Grid?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
256	[hrsd24_04_grid]	<p>Show the field ONLY if: [hrsd24_04_grid_yn] = '1'</p> <p>4. Early Insomnia</p> <p>a) Rate all insomnia items that apply. For example, if patient wakes up in middle of the night and can't fall back to sleep at all, rate middle and late insomnia.</p> <p>b) Rate the sleep pattern as described. If patient uses sleep medication or alcohol to sleep some nights, rate sleep based on other nights. If medications are used all nights, rate the pattern as described -- even if the ratings are all 0.</p> <p>c) Rate early insomnia from the time the person lies down to fall asleep or from when the patient clearly postpones bedtime to avoid insomnia.</p> <p>d) Do not rate difficulty falling or staying asleep due to unambiguous external causes (e.g., baby crying, neighbour's party, etc.).</p> <p>e) Rate insomnia based on thresholds, even if the level of change is small. E.g., a patient who used to take 20 minutes to get to sleep, and now takes 30 minutes, is still rated as symptomatic. Likewise, an increase from 45 minutes to an hour is considered marked.</p> <p>f) Insomnia is rated regardless of whether the patient attributes this to daytime napping.</p> <p>g) Don't rate waking to use the bathroom, unless it takes &gt; 30 minutes to fall back to sleep.</p> <p>h) Getting out of bed is not necessary for a rating of 2 on middle and late insomnia.</p> <p>i) For frequent, brief awakenings, sum the total time awake (e.g., 10 + 10 + 10 = 30 mins).</p> <p>j) Do not rate "restless sleep" in the absence of being awake at least 30 minutes.</p>	descriptive								

	257	[ hrsd24_04_intnsty_notes ]	Intensity (Questions)  1) In the past week, have you had trouble falling asleep at the beginning of the night?  2) How long has it taken you to fall asleep?	notes								
	258	[ hrsd24_04_freq_notes ]	Frequency (Questions)  1) During the past week, how often have you had trouble falling asleep?  2) How many nights in the past week? (Was it every night?)	notes								
	259	[ hrsd24_04_intnsty ]	Symptom Intensity	dropdown, Required <table border="1"><tr><td>1</td><td>Absent</td></tr><tr><td>2</td><td>Mild</td></tr><tr><td>3</td><td>Marked</td></tr></table>	1	Absent	2	Mild	3	Marked		
1	Absent											
2	Mild											
3	Marked											
	260	[ hrsd24_04_freq ]	Symptom Frequency	dropdown, Required <table border="1"><tr><td>1</td><td>Absent or clinically insignificant</td></tr><tr><td>2</td><td>Occasional (Infrequent; &lt; 3 days; up to 30% of week)</td></tr><tr><td>3</td><td>Much of the time (Often; 3-5 days; 31-75% of week)</td></tr><tr><td>4</td><td>Almost all the time (Persistent; 6-7 days; &gt;75% of week)</td></tr></table>	1	Absent or clinically insignificant	2	Occasional (Infrequent; < 3 days; up to 30% of week)	3	Much of the time (Often; 3-5 days; 31-75% of week)	4	Almost all the time (Persistent; 6-7 days; >75% of week)
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	261	[ hrsd24_04_calc ]	4. Early Insomnia Rating:	calc Calculation: if([hrsd24_04_intnsty] = "NaN" OR [hrsd24_04_freq] = "NaN", "NaN", if(([hrsd24_04_intnsty]=1' AND [hrsd24_04_freq]=1') OR ([hrsd24_04_intnsty]=2' AND [hrsd24_04_freq]=1'), 0, if(([hrsd24_04_intnsty]=2' AND [hrsd24_04_freq]=2') OR ([hrsd24_04_intnsty]=2' AND [hrsd24_04_freq]=3') OR ([hrsd24_04_intnsty]=3' AND [hrsd24_04_freq]=2'), 1, if(([hrsd24_04_intnsty]=2' AND [hrsd24_04_freq]=4') OR ([hrsd24_04_intnsty]=3' AND [hrsd24_04_freq]=3') OR ([hrsd24_04_intnsty]=3' AND [hrsd24_04_freq]=4'), 2, 999)))								
	262	[ hrsd24_04_warning ]  Show the field ONLY if: [hrsd24_04_calc] = '999'	WARNING!  It appears that you entered an incorrect combination of symptom severity and intensity for this item. Please review your answer(s) and select a valid combination by referring to the "Grid Table" above.	descriptive								
	263	[ hrsd24_05_grid_yn ]	Section Header: 5. MIDDLE INSOMNIA  Show Grid?	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No				
1	Yes											
0	No											
	264	[ hrsd24_05_grid ]  Show the field ONLY if: [hrsd24_05_grid_yn] = '1'	5. Middle Insomnia	descriptive								
	265	[ hrsd24_05_intnsty_notes ]	Intensity (Questions)  1) In the past week, have you been waking up in the middle of the night?  2) How long has it been taking you to fall back asleep?	notes								
	266	[ hrsd24_05_freq_notes ]	Frequency (Questions)  1) During the past week, how often have you woken up in the middle of the night?  2) How many nights in the past week? (Was it every night?)	notes								
	267	[ hrsd24_05_intnsty ]	Symptom Intensity	dropdown, Required <table border="1"><tr><td>1</td><td>Absent</td></tr><tr><td>2</td><td>Mild</td></tr><tr><td>3</td><td>Marked</td></tr></table>	1	Absent	2	Mild	3	Marked		
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	268	[ hrsd24_05_freq ]	Symptom Frequency	dropdown, Required <table border="1"><tr><td>1</td><td>Absent or clinically insignificant</td></tr><tr><td>2</td><td>Occasional (Infrequent; &lt; 3 days; up to 30% of week)</td></tr><tr><td>3</td><td>Much of the time (Often; 3-5 days; 31-75% of week)</td></tr><tr><td>4</td><td>Almost all the time (Persistent; 6-7 days; &gt;75% of week)</td></tr></table>	1	Absent or clinically insignificant	2	Occasional (Infrequent; < 3 days; up to 30% of week)	3	Much of the time (Often; 3-5 days; 31-75% of week)	4	Almost all the time (Persistent; 6-7 days; >75% of week)
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	269	[hrsd24_05_calc]	5. Middle Insomnia Rating:  calc Calculation: if([hrsd24_05_intnsty] = "NaN" OR [hrsd24_05_freq] = "NaN", "NaN", if(([hrsd24_05_intnsty]='1' AND [hrsd24_05_freq]='1') OR ([hrsd24_05_intnsty]=2' AND [hrsd24_05_freq]=1'), 0, if(([hrsd24_05_intnsty]=2' AND [hrsd24_05_freq]=2') OR ([hrsd24_05_intnsty]=2' AND [hrsd24_05_freq]=3') OR ([hrsd24_05_intnsty]=3' AND [hrsd24_05_freq]=2'), 1, if(([hrsd24_05_intnsty]=2' AND [hrsd24_05_freq]=4') OR ([hrsd24_05_intnsty]=3' AND [hrsd24_05_freq]=3') OR ([hrsd24_05_intnsty]=3' AND [hrsd24_05_freq]=4'), 2, 999))))					
	270	[hrsd24_05_warning]  Show the field ONLY if: [hrsd24_05_calc] = '999'	WARNING!  It appears that you entered an incorrect combination of symptom severity and intensity for this item. Please review your answer(s) and select a valid combination by referring to the "Grid Table" above.					
	271	[hrsd24_reminder2]	REMINDER!!! PLEASE REMEMBER TO SAVE YOUR WORK!					
	272	[hrsd24_06_grid_yn]	Section Header: 6. LATE INSOMNIA  Show Grid?  <table border="1"><tr><td>yesno</td></tr><tr><td>1 Yes</td></tr><tr><td>0 No</td></tr></table>	yesno	1 Yes	0 No		
yesno								
1 Yes								
0 No								
	273	[hrsd24_06_grid]  Show the field ONLY if: [hrsd24_06_grid_yn] = '1'	6. Late Insomnia					
	274	[hrsd24_06_intnsty_notes]	Intensity (Questions)  1) This past week, what time have you been waking up in the morning for the last time?  2) Before your depression began, what time did you usually wake up?  3) (In the two hours before your usual waking time,) Are you able to fall back asleep? How long does it usually take you to fall back asleep?					
	275	[hrsd24_06_freq_notes]	Frequency (Questions)  1) During the past week, how often did you wake up earlier than is usual for you?  2) How many mornings in the past week? (Was it every morning?)					
	276	[hrsd24_06_intnsty]	Symptom Intensity  <table border="1"><tr><td>dropdown, Required</td></tr><tr><td>1 Absent</td></tr><tr><td>2 Mild</td></tr><tr><td>3 Marked</td></tr></table>	dropdown, Required	1 Absent	2 Mild	3 Marked	
dropdown, Required								
1 Absent								
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	277	[hrsd24_06_freq]	Symptom Frequency  <table border="1"><tr><td>dropdown, Required</td></tr><tr><td>1 Absent or clinically insignificant</td></tr><tr><td>2 Occasional (Infrequent; &lt; 3 days; up to 30% of week)</td></tr><tr><td>3 Much of the time (Often; 3-5 days; 31-75% of week)</td></tr><tr><td>4 Almost all the time (Persistent; 6-7 days; &gt;75% of week)</td></tr></table>	dropdown, Required	1 Absent or clinically insignificant	2 Occasional (Infrequent; < 3 days; up to 30% of week)	3 Much of the time (Often; 3-5 days; 31-75% of week)	4 Almost all the time (Persistent; 6-7 days; >75% of week)
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	278	[hrsd24_06_calc]	6. Late Insomnia Rating:  calc Calculation: if([hrsd24_06_intnsty] = "NaN" OR [hrsd24_06_freq] = "NaN", "NaN", if(([hrsd24_06_intnsty]='1' AND [hrsd24_06_freq]='1') OR ([hrsd24_06_intnsty]=2' AND [hrsd24_06_freq]=1'), 0, if(([hrsd24_06_intnsty]=2' AND [hrsd24_06_freq]=2') OR ([hrsd24_06_intnsty]=2' AND [hrsd24_06_freq]=3') OR ([hrsd24_06_intnsty]=3' AND [hrsd24_06_freq]=2'), 1, if(([hrsd24_06_intnsty]=2' AND [hrsd24_06_freq]=4') OR ([hrsd24_06_intnsty]=3' AND [hrsd24_06_freq]=3') OR ([hrsd24_06_intnsty]=3' AND [hrsd24_06_freq]=4'), 2, 999))))					
	279	[hrsd24_06_warning]  Show the field ONLY if: [hrsd24_06_calc] = '999'	WARNING!  It appears that you entered an incorrect combination of symptom severity and intensity for this item. Please review your answer(s) and select a valid combination by referring to the "Grid Table" above.					

	280	[ hrsd24_07_grid_yn ]	Section Header: 7. WORK AND ACTIVITIES Show Grid?	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No						
1	Yes													
0	No													
	281	[ hrsd24_07_grid ]  Show the field ONLY if: [hrsd24_07_grid_yn] = '1'	7. Work and Activities  This item assesses three dimensions that may sometimes be independent: loss of interest, loss of pleasure, and impairment. Severe and very severe intensity requires disturbance in all three domains.  a) Consider multiple dimensions of functioning (job, home, recreational activities), giving greater weight to roles that take up most time or are most important to the patient.  b) Impairment is evidenced by decreased time spent in activities, decreased productivity, or both.  c) Severe intensity requires impairment in primary role functioning or in multiple domains.  d) When evaluating a homemaker or retiree, consider normal routines and activities.  e) If unemployed, consider reasons why the patient is not working. Rate very severe only if the patient is unable to work due to the depression.  f) Do not rate inactivity that is better accounted for by fatigue or low energy (e.g., when patient tries to work but is too tired to continue).	descriptive										
	282	[ hrsd24_07_intnsty_notes ]	Intensity (Questions):  1) How have you been spending your time this past week (when not at work)?  2) Have you felt interested in doing (those things), or do you feel you have to push yourself to do them?  3) Have you stopped doing anything you used to do? (What about hobbies?) IF YES: Why?  4) IF WORKING (IN OR OUT OF THE HOME): Have you been able to get as much (work) done as you usually do?  5) How have you been getting along with your family? How about your friends? Has there been a change in how involved you are in relationships, or in how much you enjoy them?  Clarify severity:  6) How much less interested in things have you been this past week? How much less do you enjoy them?  7) How much harder has it been for you to do your work this past week?  8) How much trouble have you been having with relationships this past week?	notes, Required										
	283	[ hrsd24_07_freq_notes ]	Frequency (Questions):  1) During the past week, how often did you feel this way?  2) How much of the time did you feel this way? (How much less time did you spend doing things you enjoy?)  3) How many days in the past week? (Was it everyday? How much of each day?)	notes, Required										
	284	[ hrsd24_07_intnsty ]	Symptom Intensity	dropdown, Required <table border="1"><tr><td>1</td><td>Absent</td></tr><tr><td>2</td><td>Mild</td></tr><tr><td>3</td><td>Moderate</td></tr><tr><td>4</td><td>Severe</td></tr><tr><td>5</td><td>Very Severe</td></tr></table>	1	Absent	2	Mild	3	Moderate	4	Severe	5	Very Severe
1	Absent													
2	Mild													
3	Moderate													
4	Severe													
5	Very Severe													
	285	[ hrsd24_07_freq ]	Symptom Frequency	dropdown, Required										

1	Absent or clinically insignificant
2	Occasional (Infrequent; < 3 days; up to 30% of week)
3	Much of the time (Often; 3-5 days; 31-75% of week)
4	Almost all the time (Persistent; 6-7 days; >75% of week)

286	[ hrsd24_07_calc ]	7. Work and Activities Rating:	calc Calculation: if([hrsd24_07_intnsty] = "NaN" OR [hrsd24_07_freq] = "NaN", "NaN", if(([hrsd24_07_intnsty]=1' AND [hrsd24_07_freq]=1') OR ([hrsd24_07_intnsty]=2' AND [hrsd24_07_freq]=1'), 0, if(([hrsd24_07_intnsty]=2' AND [hrsd24_07_freq]=2') OR ([hrsd24_07_intnsty]=2' AND [hrsd24_07_freq]=3') OR ([hrsd24_07_intnsty]=3' AND [hrsd24_07_freq]=2'), 1, if(([hrsd24_07_intnsty]=2' AND [hrsd24_07_freq]=4') OR ([hrsd24_07_intnsty]=3' AND [hrsd24_07_freq]=3') OR ([hrsd24_07_intnsty]=4' AND [hrsd24_07_freq]=2'), 2, if(([hrsd24_07_intnsty]=5' AND [hrsd24_07_freq]=2') OR ([hrsd24_07_intnsty]=4' AND [hrsd24_07_freq]=3') OR ([hrsd24_07_intnsty]=3' AND [hrsd24_07_freq]=4'), 3, if(([hrsd24_07_intnsty]=5' AND [hrsd24_07_freq]=3') OR ([hrsd24_07_intnsty]=4' AND [hrsd24_07_freq]=4') OR ([hrsd24_07_intnsty]=5' AND [hrsd24_07_freq]=4'), 4, 999))))))
287	[ hrsd24_07_warning ] Show the field ONLY if: [hrsd24_07_calc] = '999'	WARNING!  It appears that you entered an incorrect combination of symptom severity and intensity for this item. Please review your answer(s) and select a valid combination by referring to the "Grid Table" above.	descriptive
288	[ hrsd24_08_grid ]	Section Header: 8. PSYCHOMOTOR RETARDATION  8. Psychomotor Retardation  RATE BASED ON OBSERVATION. This item rates behavioral indicators of psychomotor retardation. Do not assess the patient's subjective feelings of slowing or reduced concentration.  a) Consider delays in verbal responses and rate of speech, as well as physical movements.  b) The rater should take into account the range of psychomotor retardation that occurs in people with depression. Retardation and agitation (item 9) occasionally coexist, but only at mild intensity.	descriptive
289	[ hrsd24_08_notes ]	RATE BASED ON OBSERVATIONS  Notes	notes, Required
290	[ hrsd24_08_resp ]	Symptom Severity	dropdown, Required 1 Absent 2 Mild 3 Moderate 4 Severe 5 Very Severe
291	[ hrsd24_08_calc ]	8. Psychomotor Retardation Rating:	calc Calculation: if([hrsd24_08_resp]=1', 0, if([hrsd24_08_resp]= '2', 1, if([hrsd24_08_resp]= '3', 2, if([hrsd24_08_resp]= '4', 3, if([hrsd24_08_resp]= '5', 4, ""))))
292	[ hrsd24_09_grid ]	Section Header: 9. PSYCHOMOTOR AGITATION  9. Psychomotor Agitation  RATE BASED ON OBSERVATION. This item rates behavioural indicators of psychomotor agitation. Do not assess the patient's subjective feelings of agitation and/or restlessness.  a) Agitation and retardation (item 8) occasionally coexist, but only at mild intensity.	descriptive
293	[ hrsd24_09_notes ]	RATE BASED ON OBSERVATIONS  Notes	notes, Required
294	[ hrsd24_09_resp ]	Symptom Intensity	dropdown, Required 1 Absent 2 Mild

3	Moderate
4	Severe
5	Very Severe

295	[ hrsd24_09_calc ]	9. Psychomotor Agitation Rating:	calc Calculation: if([hrsd24_09_resp]='1', 0, if([hrsd24_09_resp]='2', 1, if([hrsd24_09_resp]='3', 2, if([hrsd24_09_resp]='4', 3, if([hrsd24_09_resp]='5', 4, ""))))										
296	[ hrsd24_10_grid_yn ]	Section Header: 10. ANXIETY, PSYCHIC Show Grid?	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No						
1	Yes												
0	No												
297	[ hrsd24_10_grid ] Show the field ONLY if: [hrsd24_10_grid_yn] = '1'	10. Anxiety (Psychic)  a) Excessive worry is worrying that is out of proportion either in time spent worrying or in intensity of worry.  b) If a patient has a few panic attacks with no anxiety at other times, this would be rated as high intensity but occasional (e.g., 2 or 3).  c) Psychic anxiety associated with a comorbid anxiety disorder (generalized anxiety disorder, panic disorder, social anxiety disorder, specific phobia) is rated even if this disorder preceded the depression and did not worsen with the onset of depression.	descriptive										
298	[ hrsd24_10_intnsty_notes ]	Intensity (Questions):  1) Have you been feeling especially tense or irritable this past week? How about feeling fearful this past week?  IF YES: in what kinds of situations? Is this more than is normal for you?  2) Have you been worrying a lot this past week? (About what?)  3) Have you been feeling panicky this past week? (About what?)  Clarify severity:  4) How bad has this been this past week?  5) Has this been very upsetting to you this past week?  6) How much difficulty has this caused you this past week?	notes, Required										
299	[ hrsd24_10_freq_notes ]	Frequency (Questions):  1) During the past week, how often did you feel this way?  2) How much of the time did you feel this way?  3) How many days in the past week? (Was it every day? How much of each day?)	notes, Required										
300	[ hrsd24_10_intnsty ]	Symptom Intensity	dropdown, Required <table border="1"><tr><td>1</td><td>Absent</td></tr><tr><td>2</td><td>Mild</td></tr><tr><td>3</td><td>Moderate</td></tr><tr><td>4</td><td>Severe</td></tr><tr><td>5</td><td>Very Severe</td></tr></table>	1	Absent	2	Mild	3	Moderate	4	Severe	5	Very Severe
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5	Very Severe												
301	[ hrsd24_10_freq ]	Symptom Frequency	dropdown, Required <table border="1"><tr><td>1</td><td>Absent or clinically insignificant</td></tr><tr><td>2</td><td>Occasional (Infrequent; &lt; 3 days; up to 30% of week)</td></tr><tr><td>3</td><td>Much of the time (Often; 3-5 days; 31-75% of week)</td></tr><tr><td>4</td><td>Almost all the time (Persistent; 6-7 days; &gt;75% of week)</td></tr></table>	1	Absent or clinically insignificant	2	Occasional (Infrequent; < 3 days; up to 30% of week)	3	Much of the time (Often; 3-5 days; 31-75% of week)	4	Almost all the time (Persistent; 6-7 days; >75% of week)		
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302	[ hrsd24_10_calc ]	10. Anxiety (Psychic) Rating:	calc Calculation: if([hrsd24_10_intnsty] = "NaN" OR [hrsd24_10_freq] = "NaN", "NaN", if([hrsd24_10_intnsty]='1' AND [hrsd24_10_freq]='1') OR ([hrsd24_10_intnsty]='2' AND [hrsd24_10_freq]='1'), 0, if(([hrsd24_10_intnsty]='2' AND [hrsd24_10_freq]='2') OR ([hrsd24_10_intnsty]='2' AND [hrsd24_10_freq]='3') OR ([hrsd24_10_intnsty]='3' AND [hrsd24_10_freq]='2')), 1, if(([hrsd24_10_intnsty]='2' AND [hrsd24_10_freq]='4') OR ([hrsd24_10_intnsty]='3' AND										

			[hrsd24_10_freq]='3') OR ([hrsd24_10_intnsty]='4' AND [hrsd24_10_freq]='2'), 2, if(([hrsd24_10_intnsty]='5' AND [hrsd24_10_freq]='2') OR ([hrsd24_10_intnsty]='4' AND [hrsd24_10_freq]='3') OR ([hrsd24_10_intnsty]='3' AND [hrsd24_10_freq]='4'), 3, if(([hrsd24_10_intnsty]='5' AND [hrsd24_10_freq]='3') OR ([hrsd24_10_intnsty]='4' AND [hrsd24_10_freq]='4') OR ([hrsd24_10_intnsty]='5' AND [hrsd24_10_freq]='4'), 4, 999))))										
303	[hrsd24_10_warning]	<p>WARNING!</p> <p>Show the field ONLY if: [hrsd24_10_calc] = '999'</p>	descriptive										
304	[hrsd24_reminder3]	REMINDER!!! PLEASE REMEMBER TO SAVE YOUR WORK!	descriptive										
305	[hrsd24_11_grid_yn]	<p>Section Header: 11. ANXIETY, SOMATIC</p> <p>Show Grid?</p>	yesno <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
306	[hrsd24_11_grid]	<p>11. Anxiety (Somatic)</p> <p>a) In general, it is the overall impact of the combined symptoms that determines the level of intensity for this item.</p> <p>b) Headaches are rated in this item (and not in item 13, Somatic Symptoms, General). rate all headaches here, regardless of type (e.g. tension, migraine).</p>	descriptive										
307	[hrsd24_11_intnsty_notes]	<p>Intensity (Questions)</p> <p>1) Tell me if you've had any of the following physical symptoms in the past week. (READ LIST FROM GRID)</p> <p>Assess severity for each symptom:</p> <p>2) How bad has it been? (Did you have to take medicine for it?)</p> <p>3) How much has it bothered you this past week?</p> <p>4) Has it gotten in the way of your doing the things you usually do? (How much? In what way?)</p>	notes										
308	[hrsd24_11_freq_notes]	<p>Frequency (Questions)</p> <p>Assess frequency for each symptom:</p> <p>1) During the past week, how often did you feel this way?</p> <p>2) How much of the time did you feel this way?</p> <p>3) How many days in the past week? (Was it every day? How much of each day?)</p>	notes										
309	[hrsd24_11_intnsty]	Symptom Intensity	dropdown, Required <table border="1"> <tr> <td>1</td><td>Absent</td></tr> <tr> <td>2</td><td>Mild</td></tr> <tr> <td>3</td><td>Moderate</td></tr> <tr> <td>4</td><td>Severe</td></tr> <tr> <td>5</td><td>Very Severe</td></tr> </table>	1	Absent	2	Mild	3	Moderate	4	Severe	5	Very Severe
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310	[hrsd24_11_freq]	Symptom Frequency	dropdown, Required <table border="1"> <tr> <td>1</td><td>Absent or clinically insignificant</td></tr> <tr> <td>2</td><td>Occasional (Infrequent; &lt; 3 days; up to 30% of week)</td></tr> <tr> <td>3</td><td>Much of the time (Often; 3-5 days; 31-75% of week)</td></tr> <tr> <td>4</td><td>Almost all the time (Persistent; 6-7 days; &gt;75% of week)</td></tr> </table>	1	Absent or clinically insignificant	2	Occasional (Infrequent; < 3 days; up to 30% of week)	3	Much of the time (Often; 3-5 days; 31-75% of week)	4	Almost all the time (Persistent; 6-7 days; >75% of week)		
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311	[hrsd24_11_calc]	11. Anxiety (Somatic) Rating:	calc Calculation: if([hrsd24_11_intnsty] = "NaN" OR [hrsd24_11_freq] = "NaN", "NaN", if(([hrsd24_11_intnsty]='1' AND [hrsd24_11_freq]='1') OR ([hrsd24_11_intnsty]='2' AND [hrsd24_11_freq]='1'), 0, if(([hrsd24_11_intnsty]='2' AND [hrsd24_11_freq]='2') OR ([hrsd24_11_intnsty]='2' AND [hrsd24_11_freq]='3') OR ([hrsd24_11_intnsty]='3' AND [hrsd24_11_freq]='2'), 1, if(([hrsd24_11_intnsty]='2' AND [hrsd24_11_freq]='4') OR ([hrsd24_11_intnsty]='3' AND										

			[hrsd24_11_freq]='3') OR ([hrsd24_11_intnsty]='4' AND [hrsd24_11_freq]='2'), 2, if(([hrsd24_11_intnsty]='5' AND [hrsd24_11_freq]='2') OR ([hrsd24_11_intnsty]='4' AND [hrsd24_11_freq]='3') OR ([hrsd24_11_intnsty]='3' AND [hrsd24_11_freq]='4'), 3, if(([hrsd24_11_intnsty]='5' AND [hrsd24_11_freq]='3') OR ([hrsd24_11_intnsty]='4' AND [hrsd24_11_freq]='4') OR ([hrsd24_11_intnsty]='5' AND [hrsd24_11_freq]='4'), 4, 999))))								
312	[hrsd24_11_warning]	<p>WARNING!</p> <p>It appears that you entered an incorrect combination of symptom severity and intensity for this item. Please review your answer(s) and select a valid combination by referring to the "Grid Table" above.</p>	descriptive								
313	[hrsd24_12_grid_yn]	<p>Section Header: 12. LOSS OF APPETITE (SOMATIC SYMPTOMS, GASTROINTESTINAL)</p> <p>Show Grid?</p>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
314	[hrsd24_12_grid]	<p>12. Loss of Appetite (Somatic Symptoms, Gastrointestinal)</p> <p>a) Lack of appetite due to intentional dieting is not rated.</p> <p>b) Change in quantity of food eaten may or may not indicate change in appetite. Some patients with decreased appetite may skip meals or eat less at meals. Others continue to eat, but feel they have to push themselves to eat. Both would be rated.</p> <p>c) Do not count as symptomatic a patient whose depression has been associated with increased appetite and who is currently improving and appetite is decreasing to normal (pre-depression) levels.</p>	descriptive								
315	[hrsd24_12_intnsty_notes]	Intensity (Questions) <p>1) How has your appetite been this past week? What about compared to your usual appetite?</p> <p>2) IF LESS: How much less than usual has it been? Have you enjoyed eating as much as usual?</p> <p>3) Have you had to push yourself to eat?</p> <p>4) Have other people had to urge you to eat? Have you skipped meals?</p>	notes, Required								
316	[hrsd24_12_freq_notes]	Frequency (Questions) <p>1) During the past week, how much of the time was your appetite less than usual?</p> <p>2) How many meals did you just not feel like eating?</p> <p>3) How many days in the past week were like this? (Was it every day? How much of each day?)</p>	notes, Required								
317	[hrsd24_12_intnsty]	Symptom Intensity	dropdown, Required <table border="1"> <tr> <td>1</td> <td>Absent</td> </tr> <tr> <td>2</td> <td>Mild</td> </tr> <tr> <td>3</td> <td>Marked</td> </tr> </table>	1	Absent	2	Mild	3	Marked		
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2	Mild										
3	Marked										
318	[hrsd24_12_freq]	Symptom Frequency	dropdown, Required <table border="1"> <tr> <td>1</td> <td>Absent or clinically insignificant</td> </tr> <tr> <td>2</td> <td>Occasional (Infrequent; &lt; 3 days; up to 30% of week)</td> </tr> <tr> <td>3</td> <td>Much of the time (Often; 3-5 days; 31-75% of week)</td> </tr> <tr> <td>4</td> <td>Almost all the time (Persistent; 6-7 days; &gt;75% of week)</td> </tr> </table>	1	Absent or clinically insignificant	2	Occasional (Infrequent; < 3 days; up to 30% of week)	3	Much of the time (Often; 3-5 days; 31-75% of week)	4	Almost all the time (Persistent; 6-7 days; >75% of week)
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319	[hrsd24_12_calc]	12. Loss of Appetite Rating:	calc Calculation: if([hrsd24_12_intnsty] = "NaN" OR [hrsd24_12_freq] = "NaN", "NaN", if(([hrsd24_12_intnsty]='1' AND [hrsd24_12_freq]='1') OR ([hrsd24_12_intnsty]='2' AND [hrsd24_12_freq]='1'), 0, if(([hrsd24_12_intnsty]='2' AND [hrsd24_12_freq]='2') OR ([hrsd24_12_intnsty]='2' AND [hrsd24_12_freq]='3') OR ([hrsd24_12_intnsty]='3' AND [hrsd24_12_freq]='2') OR ([hrsd24_12_intnsty]='2' AND [hrsd24_12_freq]='4'), 1, if(([hrsd24_12_intnsty]='3' AND [hrsd24_12_freq]='3') OR ([hrsd24_12_intnsty]='3' AND [hrsd24_12_freq]='4'), 2, 999)))))								

	320	[ hrsd24_12_warning ]  Show the field ONLY if: [hrsd24_12_calc] = '999'	WARNING!  It appears that you entered an incorrect combination of symptom severity and intensity for this item. Please review your answer(s) and select a valid combination by referring to the "Grid Table" above.	descriptive								
	321	[ hrsd24_13_grid_yn ]	Section Header: 13. SOMATIC SYMPTOMS, GENERAL  Show Grid?	yesno <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes											
0	No											
	322	[ hrsd24_13_grid ]  Show the field ONLY if: [hrsd24_13_grid_yn] = '1'	13. Somatic Symptoms (General)  a) Note that this item rates loss of physical energy as opposed to lack of interest, which is rated in item 7, although many patients have both symptoms.  b) Any of the symptoms listed (energy, heaviness in limbs, muscle aches) is sufficient to earn a rating on this item.  c) Do not rate fatigue or muscle aches due to extra exertion or other causes clearly unrelated to depression (e.g. the flu).  d) Headaches are not rated here, but are rated in item 11, Somatic Anxiety.	descriptive								
	323	[ hrsd24_13_intnsty_notes ]	Intensity (Questions):  1) How has your energy been this past week, compared to before you were depressed?  IF LESS THAN USUAL: How much less than usual have you had?  2) Have you felt tired? (How bad has it been?)  3) This week, have you had any muscle aches or pains?  4) Have you felt any heaviness in your limbs, back, or head this past week? Or have you felt weighted down this past week?  5) How bad has it been?	notes, Required								
	324	[ hrsd24_13_freq_notes ]	Frequency (Questions):  1) During the past week, how often did you feel this way?  2) How much of the time did you feel this way?  3) How many days in the past week? (Was it every day? How much of each day?)	notes, Required								
	325	[ hrsd24_13_intnsty ]	Symptom Intensity	dropdown, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td> <td>Absent</td> </tr> <tr> <td>2</td> <td>Mild</td> </tr> <tr> <td>3</td> <td>Marked</td> </tr> </table>	1	Absent	2	Mild	3	Marked		
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	326	[ hrsd24_13_freq ]	Symptom Frequency	dropdown, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td> <td>Absent or clinically insignificant</td> </tr> <tr> <td>2</td> <td>Occasional (Infrequent; &lt; 3 days; up to 30% of week)</td> </tr> <tr> <td>3</td> <td>Much of the time (Often; 3-5 days; 31-75% of week)</td> </tr> <tr> <td>4</td> <td>Almost all the time (Persistent; 6-7 days; &gt;75% of week)</td> </tr> </table>	1	Absent or clinically insignificant	2	Occasional (Infrequent; < 3 days; up to 30% of week)	3	Much of the time (Often; 3-5 days; 31-75% of week)	4	Almost all the time (Persistent; 6-7 days; >75% of week)
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	327	[ hrsd24_13_calc ]	13.Somatic Symptoms (General) Rating:	calc Calculation: if([hrsd24_13_intnsty] = "NaN" OR [hrsd24_13_freq] = "NaN", "NaN", if(([hrsd24_13_intnsty]=1' AND [hrsd24_13_freq]=1') OR ([hrsd24_13_intnsty]=2' AND [hrsd24_13_freq]=1'), 0, if(([hrsd24_13_intnsty]=2' AND [hrsd24_13_freq]=2') OR ([hrsd24_13_intnsty]=2' AND [hrsd24_13_freq]=3') OR ([hrsd24_13_intnsty]=3' AND [hrsd24_13_freq]=2') OR ([hrsd24_13_intnsty]=2' AND [hrsd24_13_freq]=4'), 1, if(([hrsd24_13_intnsty]=3' AND [hrsd24_13_freq]=3') OR ([hrsd24_13_intnsty]=3' AND [hrsd24_13_freq]=4'), 2, 999)))								
	328	[ hrsd24_13_warning ]  Show the field ONLY if: [hrsd24_13_calc] = '999'	WARNING!  It appears that you entered an incorrect combination of symptom severity and intensity for this item. Please review your answer(s)	descriptive								

		and select a valid combination by referring to the "Grid Table" above.							
329	[ <a href="#">hrsd24_14_grid_yn</a> ]	Section Header: 14. SEXUAL INTEREST (GENITAL SYMPTOMS) Show Grid?	yesno <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
330	[ <a href="#">hrsd24_14_grid</a> ]  Show the field ONLY if: [hrsd24_14_grid_yn] = '1'	14. Sexual Interest (Genital Symptoms)  a) Problems with sexual performance are not rated here, as long as interest remains unchanged.  b) This item does not assess other symptoms (e.g., menstrual difficulties) categorized as genital in some versions of the HAM-D.  c) For person without a partner, decreased evidenced by decreased thoughts about sex.  d) Sexual interest is not limited to desire for intercourse, but includes desire for other sexual behavior.  e) The baseline level of sexual interest varies considerably. Do not rate unless there is evidence of lowering of interest from baseline with the onset of depression.  f) A change from a very high level of interest is still a decrease and would be rated as symptomatic.  g) Do not rate avoidance of partner due to interpersonal conflict if sexual interest remains unchanged.  h) A person who has sex regularly despite reduced interest (e.g., to accommodate a partner) would still be rated as symptomatic.	descriptive						
331	[ <a href="#">hrsd24_14_notes</a> ]	Severity (Questions):  1) How has your interest in sex been this past week? I'm not asking about actual sexual activity, but about your sexual interest or pleasure.  2) IF LOW OR NO INTEREST OR PLEASURE: Is this a change, compared to when you feel well?  3) Is this a little less or a lot less?	notes, Required						
332	[ <a href="#">hrsd24_14_resp</a> ]	Symptom Severity	dropdown, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Absent</td></tr> <tr> <td>2</td><td>Mild</td></tr> <tr> <td>3</td><td>Marked</td></tr> </table>	1	Absent	2	Mild	3	Marked
1	Absent								
2	Mild								
3	Marked								
333	[ <a href="#">hrsd24_14_calc</a> ]	14. Sexual Interest Rating:	calc Calculation: if([hrsd24_14_resp]='1', 0, if([hrsd24_14_resp]='2', 1, if([hrsd24_14_resp]='3', 2, "")))						
334	[ <a href="#">hrsd24_15_grid_yn</a> ]	Section Header: 15. HYPOCHONDRIASIS Show Grid?	yesno <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
335	[ <a href="#">hrsd24_15_grid</a> ]  Show the field ONLY if: [hrsd24_15_grid_yn] = '1'	15. Hypochondriasis  a) Somatic symptoms, themselves (e.g., stomach aches) are rated under somatic anxiety. Rate here the patient's worry about or preoccupation with having the condition.  b) Concerns about physical appearance (e.g., being overweight) are not rated on this item.  c) Do not rate fears of getting or catching an illness, only belief that the patient is already ill.  d) A person who still strongly believed they have a specific illness despite overwhelming evidence to the contrary (e.g., repeated medical tests) is rated as severe intensity.	descriptive						
336	[ <a href="#">hrsd24_15_intnsty_notes</a> ]	Intensity (Questions):  1) In the last week, how much have your thoughts been focused on your physical health or how your body is working?  2) What have your thoughts been? Have you thought about this more than you did before you became depressed?	notes, Required						

		<p>3) (Have you worried that you might be sick or have some type of physical illness? IF YES: What are you afraid you have?)</p> <p>Clarify severity:</p> <p>4) How much time have you spent thinking about this?</p> <p>5) How worried have you been about this?</p> <p>6) How sure are you that you have (illness)?</p>											
337	[ hrsd24_15_freq_notes ]	<p>Frequency (Questions):</p> <p>1) During the past week, how often did you think about this?</p> <p>2) How much of the time did you think about this?</p> <p>3) How many days in the past week? (Was it every day? How much of each day?)</p>	notes, Required										
338	[ hrsd24_15_intnsty ]	Symptom Intensity	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Absent</td></tr> <tr><td>2</td><td>Mild</td></tr> <tr><td>3</td><td>Moderate</td></tr> <tr><td>4</td><td>Severe</td></tr> <tr><td>5</td><td>Very Severe</td></tr> </table>	1	Absent	2	Mild	3	Moderate	4	Severe	5	Very Severe
1	Absent												
2	Mild												
3	Moderate												
4	Severe												
5	Very Severe												
339	[ hrsd24_15_freq ]	Symptom Frequency	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>Absent or clinically insignificant</td></tr> <tr><td>2</td><td>Occasional (Infrequent; &lt; 3 days; up to 30% of week)</td></tr> <tr><td>3</td><td>Much of the time (Often; 3-5 days; 31-75% of week)</td></tr> <tr><td>4</td><td>Almost all the time (Persistent; 6-7 days; &gt;75% of week)</td></tr> </table>	1	Absent or clinically insignificant	2	Occasional (Infrequent; < 3 days; up to 30% of week)	3	Much of the time (Often; 3-5 days; 31-75% of week)	4	Almost all the time (Persistent; 6-7 days; >75% of week)		
1	Absent or clinically insignificant												
2	Occasional (Infrequent; < 3 days; up to 30% of week)												
3	Much of the time (Often; 3-5 days; 31-75% of week)												
4	Almost all the time (Persistent; 6-7 days; >75% of week)												
340	[ hrsd24_15_calc ]	15. Hypochondriasis Rating:	<p>calc</p> <p>Calculation: if([hrsd24_15_intnsty] = "NaN" OR [hrsd24_15_freq] = "NaN", "NaN", if(([hrsd24_15_intnsty]=1' AND [hrsd24_15_freq]=1') OR ([hrsd24_15_intnsty]=2' AND [hrsd24_15_freq]=1'), 0, if(([hrsd24_15_intnsty]=2' AND [hrsd24_15_freq]=2') OR ([hrsd24_15_intnsty]=2' AND [hrsd24_15_freq]=3') OR ([hrsd24_15_intnsty]=3' AND [hrsd24_15_freq]=2'), 1, if(([hrsd24_15_intnsty]=2' AND [hrsd24_15_freq]=4') OR ([hrsd24_15_intnsty]=3' AND [hrsd24_15_freq]=3') OR ([hrsd24_15_intnsty]=4' AND [hrsd24_15_freq]=2'), 2, if(([hrsd24_15_intnsty]=4' AND [hrsd24_15_freq]=4') OR ([hrsd24_15_intnsty]=4' AND [hrsd24_15_freq]=3') OR ([hrsd24_15_intnsty]=5' AND [hrsd24_15_freq]=2') OR ([hrsd24_15_intnsty]=5' AND [hrsd24_15_freq]=4'), 3, if(([hrsd24_15_intnsty]=5' AND [hrsd24_15_freq]=3') OR ([hrsd24_15_intnsty]=5' AND [hrsd24_15_freq]=2') OR ([hrsd24_15_intnsty]=5' AND [hrsd24_15_freq]=4'), 4, 999))))))</p>										
341	[ hrsd24_15_warning ]	<p>WARNING!</p> <p>Show the field ONLY if: [hrsd24_15_calc] = '999'</p> <p>It appears that you entered an incorrect combination of symptom severity and intensity for this item. Please review your answer(s) and select a valid combination by referring to the "Grid Table" above.</p>	descriptive										
342	[ hrsd24_reminder4 ]	REMINDER!!! PLEASE REMEMBER TO SAVE YOUR WORK!	descriptive										
343	[ hrsd24_16_grid_yn ]	<p>Section Header: 16. LOSS OF WEIGHT</p> <p>Show Grid?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
344	[ hrsd24_16_grid ]	<p>Show the field ONLY if: [hrsd24_16_grid_yn] = '1'</p> <p>16. Loss of Weight</p> <p>If a person were still under their premorbid weight at a follow-up visit, they would carry forward their previous score, even if they have not lost additional weight (assuming that they have not gained any weight back). [For a person who has previously been given points for weight loss and has begun to gain weight, use the conventions above to decrease previous score, e.g., 1-2 lb. weight gain (.5 - 1 kg) would lower a 2 to a 1, or a 1 to a 0; a greater than 2-lb (&gt; 1 kg) weight gain would reduce a 2 to a 1 or a zero.]</p> <p>If a person were still under their premorbid weight at a follow-up visit, they would carry forward their previous score, even if they have not lost additional weight (assuming that they have not</p>	descriptive										

		<p>gained any weight back). [For a person who has previously been given points for weight loss and has begun to gain weight, use the conventions above to decrease previous score, e.g., 1-2 lb. weight gain (.5 - 1 kg) would lower a 2 to a 1, or a 1 to a 0; a greater than 2-lb (&gt; 1 kg) weight gain would reduce a 2 to a 1 or a zero.]</p> <p>a) Some patients "rationalize" weight loss after the fact, i.e. feeling pleased and stating that the weight loss was beneficial because they needed to lose weight. This is still rated as symptomatic.</p> <p>b) When onset of depressive episode is accompanied by weight gain, do not rate subsequent weight loss unless it falls below the pre-depression weight.</p> <p>c) If weight loss was rated positive at screening with a score of 1 (probable weight loss) and at a follow up visit the patient definitely weighs less (compared to their usual self), score 2.</p> <p>d) If the patient was rated 0 at screening and began to lose weight during the study, rate with the guidelines provided, e.g., probable weight loss in the past week = a score of 1, definite weight loss = a score of 2.</p>							
345	[ hrsd24_16_notes ]	<p>Loss of Weight (Questions)</p> <p>1) AT SCREENING: Have you lost any weight since this depression began?</p> <p>AT FOLLOW-UP: Have you lost any weight since your last visit?</p> <p>IF YES: Do you think it was because of feeling depressed or down? How much did you lose?</p> <p>2) IF NOT SURE: Do you think your clothes are any looser on you? IF YES: How much looser?</p> <p>3) AT FOLLOW-UP: Have you gained any of the weight back? IF YES: How much?</p> <p>NOTE: RATE 1 or 2 IF PATIENT LOST WEIGHT AND HAS NOT BEGUN TO GAIN IT BACK.</p>	notes						
346	[ hrsd24_16_source ]	<p>Loss of Weight Information</p>	radio, Required <table border="1"> <tr> <td>1</td><td>Rating by History</td></tr> <tr> <td>2</td><td>Actual Weight Measured</td></tr> </table>	1	Rating by History	2	Actual Weight Measured		
1	Rating by History								
2	Actual Weight Measured								
347	[ hrsd24_16_resp ]	<p>Weight Loss</p>	dropdown, Required <table border="1"> <tr> <td>1</td><td>No weight loss OR Less than 1 lb. (0.5 kg) loss</td></tr> <tr> <td>2</td><td>Probable weight loss OR 1-2 lb. (0.5-1 kg) loss</td></tr> <tr> <td>3</td><td>Definite weight loss OR More than 2 lb. (&gt;1kg) loss</td></tr> </table>	1	No weight loss OR Less than 1 lb. (0.5 kg) loss	2	Probable weight loss OR 1-2 lb. (0.5-1 kg) loss	3	Definite weight loss OR More than 2 lb. (>1kg) loss
1	No weight loss OR Less than 1 lb. (0.5 kg) loss								
2	Probable weight loss OR 1-2 lb. (0.5-1 kg) loss								
3	Definite weight loss OR More than 2 lb. (>1kg) loss								
348	[ hrsd24_16_calc ]	<p>16. Loss of Weight Rating:</p>	calc Calculation: if([hrsd24_16_resp]='1', 0, if([hrsd24_16_resp]='2', 1, if([hrsd24_16_resp]= '3', 2, "")))						
349	[ hrsd24_17_grid ]	<p>Section Header: 17. INSIGHT</p> <p>17. Insight</p> <p>a) This item is rated based on prior questioning. This symptom is not often positive in outpatients and should be rated conservatively.</p> <p>b) This item measures the presence of severe denial of being depressed only in patients who are clearly symptomatic.</p> <p>c) Do not rate denial that reflects cultural norms, e.g., in some cultures, admitting to feeling depressed is not generally accepted.</p> <p>d) Score a 0 if the patient recognizes they are in a depressed state - even if their explanation for why they are depressed seems implausible ("I'm depressed because I'm not getting enough vitamins.")</p> <p>e) Some patients know something is wrong but are not sure what depression is or if their symptoms are a result of being depressed or due to something else. Score a 0 if the patient allows for the possibility that they may be depressed. In this case, they are not denying they are depressed - they just don't know.</p>	descriptive						
350	[ hrsd24_17_resp ]	<p>Insight</p>	dropdown, Required						

1	Absent
2	Mild
3	Marked

351	[ hrsd24_17_calc ]	17. Insight Rating:  Show Grid?	calc Calculation: if([hrsd24_17_resp]='1', 0, if([hrsd24_17_resp]='2', 1, if([hrsd24_17_resp]='3', 2, "")))						
352	[ hrsd24_18_grid_yn ]	Section Header: 18. DIURNAL VARIATION  Show Grid?	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
353	[ hrsd24_18_grid ]  Show the field ONLY if: [hrsd24_18_grid_yn] = '1'	18. Diurnal Variation  If symptoms are worse in the morning or evening note which it is and rate the severity of variation.  Diurnal variation may pertain to any of the symptoms of depression, not just mood.  Morning is defined from awakening until noon; evening is defined from 5pm until midnight.	descriptive						
354	[ hrsd24_18_notes ]	Diurnal Variation (Questions)  During the past week, have you felt worse at any particular part of the day?  Has it been in the morning, afternoon or evening?  IF YES: How much worse do you feel at this time? A little worse or a lot?  How many days in the last week did this happen?	notes, Required						
355	[ hrsd24_18_resp ]	Diurnal Variation	dropdown, Required <table border="1"><tr><td>1</td><td>Absent</td></tr><tr><td>2</td><td>Mild to moderate difference</td></tr><tr><td>3</td><td>Marked to severe difference</td></tr></table> Custom alignment: RH	1	Absent	2	Mild to moderate difference	3	Marked to severe difference
1	Absent								
2	Mild to moderate difference								
3	Marked to severe difference								
356	[ hrsd24_18_ampm ]  Show the field ONLY if: [hrsd24_18_resp] = '2' or [hrsd24_18_resp] = '3'	If symptoms are worse in the morning or evening note which it is and rate the severity of variation	radio, Required <table border="1"><tr><td>1</td><td>AM</td></tr><tr><td>2</td><td>PM</td></tr></table> Custom alignment: RH	1	AM	2	PM		
1	AM								
2	PM								
357	[ hrsd24_18_calc ]	18. Diurnal Variation Rating:	calc Calculation: if([hrsd24_18_resp]='1', 0, if([hrsd24_18_resp]='2', 1, if([hrsd24_18_resp]='3', 2, ""))) Custom alignment: RH						
358	[ hrsd24_19_grid_yn ]	Section Header: 19. DEPERSONALIZATION AND DEREALIZATION  Show Grid?	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
359	[ hrsd24_19_grid ]  Show the field ONLY if: [hrsd24_19_grid_yn] = '1'	19. Depersonalization and Derealization  Patients with these symptoms typically readily recognize it; while those without the symptoms may have difficulty understanding the inquiries.  Patients who state that they do not feel like themselves or do not understand or believe why the illness is happening to them are not reporting symptoms of depersonalization or derealization. Rather the focus is on feelings of unreality. There should be clear-cut feelings that the surroundings or other people are unreal or that the patient is out of the body. DO NOT CONFUSE POOR CONCENTRATION WITH "SPACEY FEELINGS"	descriptive						
360	[ hrsd24_19_notes ]	Depersonalization and Derealization (Questions)  During the past week, have you ever had the feeling that some things are unreal, or that you are living in a dream, or cut off from people in some strange way? Have you had any spacey feeling?  IF YES TO ANY OF THE ABOVE: Tell me about these feelings. How often has it happened? How bad has it been?	notes, Required						

		<p>IF YES: How many days during the past week did you have these feelings?</p> <p>IF YES: Did it interfere with work or home life?</p>											
361	[hrsd24_19_resp]	Depersonalization and Derealization	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>No symptoms</td></tr> <tr><td>2</td><td>Mild or infrequent</td></tr> <tr><td>3</td><td>Frequent and of moderate severity</td></tr> <tr><td>4</td><td>Frequent, severe</td></tr> </table> <p>Custom alignment: RH</p>	1	No symptoms	2	Mild or infrequent	3	Frequent and of moderate severity	4	Frequent, severe		
1	No symptoms												
2	Mild or infrequent												
3	Frequent and of moderate severity												
4	Frequent, severe												
362	[hrsd24_19_calc]	19. Depersonalization and Derealization Rating:	<p>calc</p> <p>Calculation: if([hrsd24_19_resp]='1', 0, if([hrsd24_19_resp]='2', 1, if([hrsd24_19_resp]='3', 2, if([hrsd24_19_resp]='4', 3, ""))))</p> <p>Custom alignment: RH</p>										
363	[hrsd24_20_grid_yn]	<p>Section Header: 20. <i>Paranoid Symptoms</i></p> <p>Show Grid?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
364	[hrsd24_20_grid]	<p>20. Paranoid Symptoms</p> <p>The focus is on a feeling or belief of malevolence on the part of others and suspiciousness by the patient. Focus on whether others are against or out to harm the patient. If the patient states that others are talking about him/her, this should be discussed in detail. If the others restrict their statements to the patient being "bad" or "unworthy", determine what motive the patient attributes to others for making these comments. If these others are only discussing what the patient believes to be true and deserved, the information impacts on ratings of guilt, worthlessness, etc. If others are believed to be malevolent in their discussions or actions, rate also with respect to paranoia, e.g., they are spreading rumors to damage the patient's reputation.</p>	descriptive										
365	[hrsd24_20_notes]	<p>Paranoid Symptoms (Questions)</p> <p>"During the past week, have you felt that anyone was trying to give you a hard time or hurt or harm you in any way?"</p> <p>Did you feel that people were talking behind your back?</p> <p>Did you feel that people had bad intentions towards you?</p> <p>IF YES TO ANY OF THE ABOVE: Tell me about it. Who and why?</p> <p>Have you felt that you are being singled out or persecuted?</p>	<p>notes, Required</p> <p>Custom alignment: RH</p>										
366	[hrsd24_20_resp]	Paranoid Symptoms	<p>dropdown, Required</p> <table border="1"> <tr><td>1</td><td>No evidence</td></tr> <tr><td>2</td><td>Some suspiciousness</td></tr> <tr><td>3</td><td>More persistent or intense suspiciousness</td></tr> <tr><td>4</td><td>Relatively fixed idea that others are out to harm</td></tr> <tr><td>5</td><td>Paranoid ideation clearly delusional</td></tr> </table> <p>Custom alignment: RH</p>	1	No evidence	2	Some suspiciousness	3	More persistent or intense suspiciousness	4	Relatively fixed idea that others are out to harm	5	Paranoid ideation clearly delusional
1	No evidence												
2	Some suspiciousness												
3	More persistent or intense suspiciousness												
4	Relatively fixed idea that others are out to harm												
5	Paranoid ideation clearly delusional												
367	[hrsd24_20_calc]	20. Paranoid Symptoms Rating:	<p>calc</p> <p>Calculation: if([hrsd24_20_resp]='1', 0, if([hrsd24_20_resp]='2', 1, if([hrsd24_20_resp]='3', 2, if([hrsd24_20_resp]='4', 3, if([hrsd24_20_resp]='5', 4, ""))))</p> <p>Custom alignment: RH</p>										
368	[hrsd24_reminder5]	REMINDER!!! PLEASE REMEMBER TO SAVE YOUR WORK!	descriptive										
369	[hrsd24_21_grid_yn]	<p>Section Header: 21. <i>OBSESSIVE AND COMPULSIVE SYMPTOMS</i></p> <p>Show Grid?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
370	[hrsd24_21_grid]	<p>Show the field ONLY if: [hrsd24_21_grid_yn] = '1'</p> <p>21. Obsessional and Compulsive Symptoms</p> <p>Depressed patients frequently ruminate about mood-congruent themes such as guilty acts, inadequacy, life stressors, etc. Such rumination should be distinguished from obsessions (i.e., ego dystonic) and should not be scored for this item.</p>	descriptive										

		<p>Obsessive thoughts should be recognized as originating in the patient's mind, but also as being unwanted and alien. They should be associated with anxiety. There should be some struggle against them, i.e., substituting another thought or act (compulsion).</p> <p>Compulsions are repetitive, intentional behaviors, performed in a ritualistic or stereotyped fashion, often designed to neutralize an obsession or other dreaded situations, but the compulsive activity is not realistically connected with the stimulus or is clearly excessive. The patient generally recognizes that the behavior is excessive or unreasonable.</p>							
371	[hrsd24_21_notes]	<p>Obsessional and Compulsive Symptoms (Questions)</p> <p>1) During the past week, have there been things you have had to do over and over again, like checking the locks on doors several times or washing your hands?" IF YES: "Please give me an example"</p> <p>2) "During the past week, have you had any thoughts that do not make sense to you but that kept running over and over in your mind?" IF YES: "Please give me an example"</p> <p>3) Did you have any disturbing thoughts that you could not stop thinking about? IF YES: "Please give me an example"</p> <p>4) IF YES to any of the above: "How often in the past week did you have these (repetitive behaviors or disturbing thoughts)?"</p>	notes, Required Custom alignment: RH						
372	[hrsd24_21_resp]	Obsessional and Compulsive Symptoms	dropdown, Required <table border="1"> <tr><td>1</td><td>Absent</td></tr> <tr><td>2</td><td>Mild</td></tr> <tr><td>3</td><td>Severe</td></tr> </table> Custom alignment: RH	1	Absent	2	Mild	3	Severe
1	Absent								
2	Mild								
3	Severe								
373	[hrsd24_21_calc]	21. Obsessional and Compulsive Symptoms Rating:	calc Calculation: if([hrsd24_21_resp]='1', 0, if([hrsd24_21_resp]='2', 1, if([hrsd24_21_resp]='3', 2, ""))) Custom alignment: RH						
374	[hrsd24_22_grid_yn]	Section Header: 22. HELPLESSNESS Show Grid?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
375	[hrsd24_22_grid]	22. Helplessness <p>Show the field ONLY if: [hrsd24_22_grid_yn] = '1'</p> <p>It is sometimes difficult for patients to distinguish between helplessness and hopelessness. The helplessness item focuses on two domains: the need for urging or assistance in carrying out activities of daily life, and the subjective feeling of needing assistance or help in carrying out activities. During the interview, if patients report being overwhelmed by their obligations and no longer able to cope, it can be taken as a statement of helplessness (either spontaneous or elicited). It is often useful to follow up these reports with direct inquiries, such as, "Do you feel you need assistance to accomplish these things?"</p>	descriptive						
376	[hrsd24_22_notes]	Helplessness (Questions) <p>1) During the past week, did you feel that you had trouble coping with routine activities?</p> <p>2) Were there times when you felt overwhelmed and unable to complete your activities or responsibilities?</p> <p>3) Were these feelings so bad that you would say you felt helpless?</p> <p>4) Did other people have to encourage or urge you to tend to your work (school) or household activities?</p> <p>5) During the past week, did you feel that you were giving up trying to cope with life?</p> <p>6) During the past week, did you need the physical help of others to complete simple activities like grooming, dressing or eating?</p>	notes, Required Custom alignment: RH						
377	[hrsd24_22_resp]	Helplessness	dropdown, Required <table border="1"> <tr><td>1</td><td>Absent</td></tr> </table>	1	Absent				
1	Absent								

2	Reports inability only on inquiry
3	Feelings of being overwhelmed
4	Requires urging or guidance
5	Requires physical assistance

Custom alignment: RH

378	[ hrsd24_22_calc ]	22. Helplessness Rating:	calc Calculation: if([hrsd24_22_resp]='1', 0, if([hrsd24_22_resp]='2', 1, if([hrsd24_22_resp]='3', 2, if([hrsd24_22_resp]='4', 3, if([hrsd24_22_resp]='5', 4, "")))) Custom alignment: RH										
379	[ hrsd24_23_grid_yn ]	Section Header: 23.HOPELESSNESS Show Grid?	yesno <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
380	[ hrsd24_23_grid ]  Show the field ONLY if: [hrsd24_23_grid_yn] = '1'	23. Hopelessness  This item focuses on pessimistic feelings or despair about the future and, specifically, the probability of getting well or staying well. Scoring centres on whether the patient can be reassured. If the patient is pessimistic, it is important to ask whether the patient feels reassured about the future when others state that they will recover. If the response is negative it may be useful to ask if the patient would be reassured if their doctor or the interviewer were to state that they are optimistic about the patient's prospects.	descriptive										
381	[ hrsd24_23_notes ]	<p>Hopelessness (Questions)</p> <p>1) During the past week, were you optimistic or pessimistic about your future?</p> <p>2) Did you doubt that things would improve for you?</p> <p>If Yes:</p> <p>Do you have this doubt all the time? When people tell you that you will be well (or stay well), do you feel reassured?</p> <p>If your doctor told you he/she was optimistic about your prospects would you be reassured?</p> <p>If No:</p> <p>Do you have a feeling of despair or discouragement about the future that simply will not go away?</p>	notes, Required Custom alignment: RH										
382	[ hrsd24_23_resp ]	Hopelessness	dropdown, Required <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>No feelings of pessimism</td></tr> <tr><td>2</td><td>More optimistic than pessimistic</td></tr> <tr><td>3</td><td>Persistent pessimism or hopelessness</td></tr> <tr><td>4</td><td>Reports discouragement, despair and cannot be relieved</td></tr> <tr><td>5</td><td>Frequent repetitive and spontaneous statements of despair</td></tr> </table> Custom alignment: RH	1	No feelings of pessimism	2	More optimistic than pessimistic	3	Persistent pessimism or hopelessness	4	Reports discouragement, despair and cannot be relieved	5	Frequent repetitive and spontaneous statements of despair
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383	[ hrsd24_23_calc ]	23. Hopelessness Rating:	calc Calculation: if([hrsd24_23_resp]='1', 0, if([hrsd24_23_resp]='2', 1, if([hrsd24_23_resp]='3', 2, if([hrsd24_23_resp]='4', 3, if([hrsd24_23_resp]='5', 4, "")))) Custom alignment: RH										
384	[ hrsd24_24_grid_yn ]	Section Header: 24.WORTHLESSNESS Show Grid?	yesno <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
385	[ hrsd24_24_grid ]  Show the field ONLY if: [hrsd24_24_grid_yn] = '1'	24. Worthlessness  Scoring of this item is based on three dimensions. Any delusions of worthlessness merits a rating of 4 regardless of whether spontaneously reported or elicited on inquiry. Spontaneous reports of self-esteem deficits merits a rating of 2 or 3 depending upon severity and persistence of feelings. Non-delusional feelings	descriptive										

		of inferiority, regardless of severity or persistence, merit a rating of 1 if only evident on direct inquiry.											
386	[hrsd24_24_notes]	<p>Worthlessness (Questions)</p> <p>1) During the past week, have you felt that you are as good as other people whom you know and respect?</p> <p>2) Have you felt that others are better than you?</p> <p>3) If Yes to either:</p> <p>3a) During this past week, did you feel that you are no good, or inferior?</p> <p>3b) Would you say that you had feelings of being worthless?</p>	notes, Required Custom alignment: RH										
387	[hrsd24_24_resp]	<p>Worthlessness</p>	dropdown, Required <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>Reported only on direct inquiry</td></tr> <tr><td>3</td><td>Spontaneous report of diminished self-esteem</td></tr> <tr><td>4</td><td>Severe or persistent loss of self-esteem</td></tr> <tr><td>5</td><td>Delusion of worthlessness</td></tr> </table> Custom alignment: RH	1	None	2	Reported only on direct inquiry	3	Spontaneous report of diminished self-esteem	4	Severe or persistent loss of self-esteem	5	Delusion of worthlessness
1	None												
2	Reported only on direct inquiry												
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388	[hrsd24_24_calc]	24. Worthlessness Rating:	calc Calculation: if([hrsd24_24_resp]='1', 0, if([hrsd24_24_resp]='2', 1, if([hrsd24_24_resp] = '3', 2, if([hrsd24_24_resp]='4',3,if([hrsd24_24_resp]='5',4,""))))) Custom alignment: RH										
389	[hrds17_total]	<p>HRSD Total Score (17-item)</p> <p>NOTE: This field will automatically calculate a total score even if not all items are scored. Please ensure that items are scored.</p>	calc Calculation: sum([hrsd24_01_calc],[hrsd24_02_calc],[hrsd24_03_calc],[hrsd24_04_calc],[hrsd24_05_calc],[hrsd24_06_calc],[hrsd24_07_calc],[hrsd24_08_calc],[hrsd24_09_calc],[hrsd24_10_calc],[hrsd24_11_calc],[hrsd24_12_calc],[hrsd24_13_calc],[hrsd24_14_calc],[hrsd24_15_calc],[hrsd24_16_calc],[hrsd24_17_calc])										
390	[hrsd24_total]	<p>HRSD24-Total Score</p> <p>NOTE: This field will automatically calculate a total score even if not all items are scored. Please ensure that all 24 items are scored.</p>	calc Calculation: sum([hrsd24_01_calc],[hrsd24_02_calc],[hrsd24_03_calc],[hrsd24_04_calc],[hrsd24_05_calc],[hrsd24_06_calc],[hrsd24_07_calc],[hrsd24_08_calc],[hrsd24_09_calc],[hrsd24_10_calc],[hrsd24_11_calc],[hrsd24_12_calc],[hrsd24_13_calc],[hrsd24_14_calc],[hrsd24_15_calc],[hrsd24_16_calc],[hrsd24_17_calc],[hrsd24_18_calc],[hrsd24_19_calc],[hrsd24_20_calc],[hrsd24_21_calc],[hrsd24_22_calc],[hrsd24_23_calc],[hrsd24_24_calc])										
391	[save_hrsd24]	<p>Is this form completely filled out, with no warnings? If so, save as "Complete".          Everything else, save as "Incomplete"</p> <p>Questions? Ask your project admin!</p>	descriptive										
392	[hrsd24_complete]	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												

**Instrument: Brief Psychiatric Rating Scale Bprs (brief\_psychiatric\_rating\_scale\_bprs) **

393	[bprs_rat_ini]	Rater's Initials:	text (alpha_only), Required Field Annotation: @USERNAME						
394	[bprs_doa]	Date of Assessment: DD/MM/YYYY	text (date_dmy), Required						
395	[bprs_form_complete]	<p>Section Header:</p> <p>Was the form completed?</p>	radio, Required <table border="1"> <tr><td>1</td><td>1 = Yes</td></tr> <tr><td>2</td><td>2 = No</td></tr> </table>	1	1 = Yes	2	2 = No		
1	1 = Yes								
2	2 = No								
396	[bprs_explain]	Why was the form not completed? (select one option)  Show the field ONLY if: [bprs_form_complete] = '2'	dropdown (autocomplete), Required <table border="1"> <tr><td>1</td><td>Participant unable to complete due to cognitive impairment</td></tr> <tr><td>2</td><td>Participant unable to complete due to physical impairment</td></tr> <tr><td>3</td><td>Participant refused to begin/finish</td></tr> </table>	1	Participant unable to complete due to cognitive impairment	2	Participant unable to complete due to physical impairment	3	Participant refused to begin/finish
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2	Participant unable to complete due to physical impairment								
3	Participant refused to begin/finish								

4	Participant completed but with less than best effort
5	Participant unable to be contacted
6	Participant deceased
7	Participant withdrew consent
8	Time constraints
9	Rater forgot to administer
10	Missed appointment
11	Participant was terminated from study
12	Other

Custom alignment: LV

397	[bprs_other_reason_nc]	Other reason form was not completed Show the field ONLY if: [bprs_explain] = '12'	text, Required Custom alignment: RH
398	[bprs_1somatic]	Section Header: "Please answer the following questions about your thoughts, feelings and behaviours in the PAST WEEK. ..."  1. Somatic Concern Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the patient, whether complaints have realistic bases or not. Somatic delusions should be rated in the severe range with or without somatic concern. Note: Be sure to assess the degree of impairment due to somatic concerns only and not other symptoms, e.g., depression. In addition, if the subject rates a "6" or "7" due to somatic delusions, then you must rate Unusual Thought Content at least a "4" or above. Questions: Have you been concerned about your physical health? Have you had any physical illness or seen a medical doctor lately? (What does your doctor say is wrong? How serious is it? Has anything changed regarding your appearance? Has it interfered with your ability to perform your usual activities and/or work? Did you ever feel that parts of your body had changed or stopped working?) [If patient reports any somatic concerns/delusions, ask the following]: How often are you concerned about [use patient's description]? Have you expressed any of these concerns to others?	radio, Required 1 1=Not Reported 2 2=Very Mild- Occasional somatic concerns that tend to be kept to self. 3 3=Mild- Occasional somatic concerns that tend to be voiced to others (e.g., family, physician). 4 4=Moderate- Frequent expressions of somatic concern or exaggerations of existing ills OR some preoccupation, but no impairment in functioning. Not delusional. 5 5=Moderately Severe- Frequent expressions of somatic concern or exaggeration of existing ills OR some preoccupation and moderate impairment of functioning. Not delusional 6 6=Severe- Preoccupation with somatic complaints with much impairment in functioning OR somatic delusions without acting on them or disclosing to others. 7 7=Extremely Severe- Preoccupation with somatic complaints with severe impairment in functioning OR somatic delusions that tend to be acted on or disclosed to others.
399	[bprs_notes1]	Notes 1:	notes Custom alignment: LV
400	[bprs_2anx]	2. Anxiety  Reported apprehension, tension, fear, panic or worry. Rate only the patient's statements, not observed anxiety which is rated under TENSION.  Questions: Have you been worried a lot during [mention time frame]? Have you been nervous or apprehensive? (What do you worry about?) Are you concerned about anything? How about finances or the future? When you are feeling nervous, do your palms sweat or does your heart beat fast (or shortness of breath, trembling, choking)?  [If patient reports anxiety or autonomic accompaniment, ask the following]:  How much of the time have you been [use patient's description]? Has it interfered with your ability to perform your usual activities/work?	radio, Required 1 1=Not Reported 2 2=Very Mild- Reports some discomfort due to worry OR infrequent worries that occur more than usual for most normal individuals. 3 3=Mild- Worried frequently but can readily turn attention to other things. 4 4=Moderate- Worried most of the time and cannot turn attention to other things easily but no impairment in functioning OR occasional anxiety with autonomic accompaniment but no impairment in functioning. 5 5=Moderately Severe- Frequent, but not daily, periods of anxiety with autonomic accompaniment OR some areas of functioning are disrupted by anxiety or worry. 6 6=Severe- Anxiety with autonomic accompaniment daily but not persisting throughout the day OR many areas of functioning are disrupted by anxiety or constant worry. 7 7=Extremely Severe- Anxiety with autonomic accompaniment persisting throughout the day OR most areas of functioning are disrupted by anxiety or constant worry.
401	[bprs_notes2]	Notes 2:	notes Custom alignment: LV

		3. Depression  Include sadness, unhappiness, anhedonia, and preoccupation with depressing topics (can't attend to TV or conversations due to depression), hopelessness, loss of self esteem (dissatisfied or disgusted with self or feelings of worthlessness). Do not include vegetative symptoms, e.g., motor retardation, early waking, or the amotivation that accompanies the deficit syndrome.  Questions: How has your mood been recently? Have you felt depressed (sad, down, unhappy as if you didn't care)? Are you able to switch your attention to more pleasant topics when you want to? Do you find that you have lost interest in or get less pleasure from things you used to enjoy, like family, friends, hobbies, watching TV, eating?  [If subject reports feelings of depression, ask the following]:  How long do these feelings last? Has it interfered with your ability to perform your usual activities/work?	radio, Required  <table border="1"> <tr><td>1</td><td>1=Not Reported</td></tr> <tr><td>2</td><td>2=Very Mild- Occasionally feels sad, unhappy or depressed.</td></tr> <tr><td>3</td><td>3=Mild- Frequently feels sad or unhappy but can readily turn attention to other things.</td></tr> <tr><td>4</td><td>4=Moderate- Frequent periods of feeling very sad, unhappy, moderately depressed, but able to function with extra effort.</td></tr> <tr><td>5</td><td>5=Moderately Severe- Frequent, but not daily, periods of deep depression OR some areas of functioning are disrupted by depression.</td></tr> <tr><td>6</td><td>6=Severe- Deeply depressed daily but not persisting throughout the day OR many areas of functioning are disrupted by depression.</td></tr> <tr><td>7</td><td>7=Extremely Severe- Deeply depressed daily OR most areas of functioning are disrupted by depression.</td></tr> </table> Custom alignment: LV	1	1=Not Reported	2	2=Very Mild- Occasionally feels sad, unhappy or depressed.	3	3=Mild- Frequently feels sad or unhappy but can readily turn attention to other things.	4	4=Moderate- Frequent periods of feeling very sad, unhappy, moderately depressed, but able to function with extra effort.	5	5=Moderately Severe- Frequent, but not daily, periods of deep depression OR some areas of functioning are disrupted by depression.	6	6=Severe- Deeply depressed daily but not persisting throughout the day OR many areas of functioning are disrupted by depression.	7	7=Extremely Severe- Deeply depressed daily OR most areas of functioning are disrupted by depression.
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403	[ bprs_notes3 ]	Notes 3:	notes Custom alignment: LV														
404	[ bprs_4suicide ]	4. Suicidality  Expressed desire, intent or actions to harm or kill self.  Questions: Have you felt that life wasn't worth living? Have you thought about harming or killing yourself? Have you felt tired of living or as though you would be better off dead? Have you ever felt like ending it all?  [If patient reports suicidal ideation, ask the following]:  How often have you thought about [use patient's description]? Did you (Do you) have a specific plan?	radio, Required  <table border="1"> <tr><td>1</td><td>1=Not Reported</td></tr> <tr><td>2</td><td>2=Very Mild- Occasional feelings of being tired of living. No overt suicidal thoughts.</td></tr> <tr><td>3</td><td>3=Mild- Occasional suicidal thoughts without intent or specific plan OR he/she feels they would be better off dead.</td></tr> <tr><td>4</td><td>4=Moderate- Suicidal thoughts frequent without intent or plan.</td></tr> <tr><td>5</td><td>5=Moderately Severe- Many fantasies of suicide by various methods. May seriously consider making an attempt with specific time and plan OR impulsive suicide attempt using non lethal method or in full view of potential saviors.</td></tr> <tr><td>6</td><td>6=Severe- Clearly wants to kill self. Searches for appropriate means and time, OR potentially serious suicide attempt with patient knowledge of possible rescue.</td></tr> <tr><td>7</td><td>7=Extremely Severe- Specific suicidal plan and intent (e.g., "as soon as _____ I will do it by doing X"), OR suicide attempt characterized by plan patient thought was lethal or attempt in secluded environment.</td></tr> </table> Custom alignment: LV	1	1=Not Reported	2	2=Very Mild- Occasional feelings of being tired of living. No overt suicidal thoughts.	3	3=Mild- Occasional suicidal thoughts without intent or specific plan OR he/she feels they would be better off dead.	4	4=Moderate- Suicidal thoughts frequent without intent or plan.	5	5=Moderately Severe- Many fantasies of suicide by various methods. May seriously consider making an attempt with specific time and plan OR impulsive suicide attempt using non lethal method or in full view of potential saviors.	6	6=Severe- Clearly wants to kill self. Searches for appropriate means and time, OR potentially serious suicide attempt with patient knowledge of possible rescue.	7	7=Extremely Severe- Specific suicidal plan and intent (e.g., "as soon as _____ I will do it by doing X"), OR suicide attempt characterized by plan patient thought was lethal or attempt in secluded environment.
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405	[ bprs_notes4 ]	Notes 4:	notes Custom alignment: LV														
406	[ bprs_5guilt ]	5. Guilt  Over concern or remorse for past behavior. Rate only patient's statements, do not infer guilt feelings from depression, anxiety, or neurotic defenses. Note: If the subject rates a "6" or "7" due to delusions of guilt, then you must rate Unusual Thought Content at least a "4" or above depending on level of preoccupation and impairment.  Questions: Is there anything you feel guilty about? Have you been thinking about past problems? Do you tend to blame yourself for things that have happened? Have you done anything you're still ashamed of?  [If patient reports guilt/remorse/delusions, ask the following]:  How often have you been thinking about [use patient's description]? Have you disclosed your feelings of guilt to others?	radio, Required  <table border="1"> <tr><td>1</td><td>1=Not Reported</td></tr> <tr><td>2</td><td>2=Very Mild- Concerned about having failed someone or at something but not preoccupied. Can shift thoughts to other matters easily.</td></tr> <tr><td>3</td><td>3=Mild- Concerned about having failed someone or at something with some preoccupation. Tends to voice guilt to others.</td></tr> <tr><td>4</td><td>4=Moderate- Disproportionate preoccupation with guilt, having done wrong, injured others by doing or failing to do something, but can readily turn attention to other things.</td></tr> <tr><td>5</td><td>5=Moderately Severe- Preoccupation with guilt, having failed someone or at something, can turn attention to other things, but only with great effort. Not delusional.</td></tr> <tr><td>6</td><td>6=Severe- Delusional guilt OR unreasonable self reproach very out of proportion to circumstances. Moderate preoccupation present.</td></tr> <tr><td>7</td><td>7=Extremely Severe- Delusional guilt OR unreasonable self reproach grossly out of proportion to</td></tr> </table>	1	1=Not Reported	2	2=Very Mild- Concerned about having failed someone or at something but not preoccupied. Can shift thoughts to other matters easily.	3	3=Mild- Concerned about having failed someone or at something with some preoccupation. Tends to voice guilt to others.	4	4=Moderate- Disproportionate preoccupation with guilt, having done wrong, injured others by doing or failing to do something, but can readily turn attention to other things.	5	5=Moderately Severe- Preoccupation with guilt, having failed someone or at something, can turn attention to other things, but only with great effort. Not delusional.	6	6=Severe- Delusional guilt OR unreasonable self reproach very out of proportion to circumstances. Moderate preoccupation present.	7	7=Extremely Severe- Delusional guilt OR unreasonable self reproach grossly out of proportion to
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				circumstances. Subject is very preoccupied with guilt and is likely to disclose to others or act on delusions.														
				Custom alignment: LV														
407	[bprs_notes5]	Notes 5:		notes Custom alignment: LV														
408	[bprs_6hostil]	<p>6. Hostility</p> <p>Animosity, contempt, belligerence, threats, arguments, tantrums, property destruction, fights and any other expression of hostile attitudes or actions. Do not infer hostility from neurotic defenses, anxiety or somatic complaints. Do not include incidents of appropriate anger or obvious self defense.</p> <p>Questions: How have you been getting along with people (family, co workers, etc.)? Have you been irritable or grumpy lately? (How do you show it? Do you keep it to yourself?) Were you ever so irritable that you would shout at people or start fights or arguments? (Have you found yourself yelling at people you didn't know?) Have you hit anyone recently?</p>	radio, Required <table border="1"> <tr><td>1</td><td>1=Not Reported</td></tr> <tr><td>2</td><td>2=Very Mild- Irritable or grumpy, but not overtly expressed.</td></tr> <tr><td>3</td><td>3=Mild- Argumentative or sarcastic.</td></tr> <tr><td>4</td><td>4=Moderate- Overtly angry on several occasions OR yelled at others excessively.</td></tr> <tr><td>5</td><td>5=Moderately Severe- Has threatened, slammed about or thrown things.</td></tr> <tr><td>6</td><td>6=Severe- Has assaulted others but with no harm likely, e.g., slapped or pushed, OR destroyed property, e.g., knocked over furniture, broken windows.</td></tr> <tr><td>7</td><td>7=Extremely Severe- Has attacked others with definite possibility of harming them or with actual harm, e.g., assault with hammer or weapon.</td></tr> </table>	1	1=Not Reported	2	2=Very Mild- Irritable or grumpy, but not overtly expressed.	3	3=Mild- Argumentative or sarcastic.	4	4=Moderate- Overtly angry on several occasions OR yelled at others excessively.	5	5=Moderately Severe- Has threatened, slammed about or thrown things.	6	6=Severe- Has assaulted others but with no harm likely, e.g., slapped or pushed, OR destroyed property, e.g., knocked over furniture, broken windows.	7	7=Extremely Severe- Has attacked others with definite possibility of harming them or with actual harm, e.g., assault with hammer or weapon.	Custom alignment: LV
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409	[bprs_notes6]	Notes 6:		notes Custom alignment: LV														
410	[bprs_7elevated]	<p>7. Elevated Mood</p> <p>A pervasive, sustained and exaggerated feeling of well being, cheerfulness, euphoria (implying a pathological mood), optimism that is out of proportion to the circumstances. Do not infer elation from increased activity or from grandiose statements alone.</p> <p>Questions: Have you felt so good or high that other people thought that you were not your normal self? Have you been feeling cheerful and "on top of the world" without any reason? [If patient reports elevated mood/euphoria, ask the following]: Did it seem like more than just feeling good? How long did that last?</p>	radio, Required <table border="1"> <tr><td>1</td><td>1=Not Reported</td></tr> <tr><td>2</td><td>2=Very Mild- Seems to be very happy, cheerful without much reason.</td></tr> <tr><td>3</td><td>3=Mild- Some unaccountable feelings of well being that persist.</td></tr> <tr><td>4</td><td>4=Moderate- Reports excessive or unrealistic feelings of well being, cheerfulness, confidence or optimism inappropriate to circumstances, some of the time. May frequently joke, smile, be giddy or overly enthusiastic OR few instances of marked elevated mood with euphoria.</td></tr> <tr><td>5</td><td>5=Moderately Severe- Reports excessive or unrealistic feelings of well being, confidence or optimism inappropriate to circumstances much of the time. May describe feeling on top of the world," "like everything is falling into place," or "better than ever before," OR several instances of marked elevated mood with euphoria.</td></tr> <tr><td>6</td><td>6=Severe- Reports many instances of marked elevated mood with euphoria OR mood definitely elevated almost constantly throughout interview and inappropriate to content.</td></tr> <tr><td>7</td><td>7=Extremely Severe- Patient reports being elated or appears almost intoxicated, laughing, joking, giggling, constantly euphoric, feeling invulnerable, all inappropriate to immediate circumstances.</td></tr> </table>	1	1=Not Reported	2	2=Very Mild- Seems to be very happy, cheerful without much reason.	3	3=Mild- Some unaccountable feelings of well being that persist.	4	4=Moderate- Reports excessive or unrealistic feelings of well being, cheerfulness, confidence or optimism inappropriate to circumstances, some of the time. May frequently joke, smile, be giddy or overly enthusiastic OR few instances of marked elevated mood with euphoria.	5	5=Moderately Severe- Reports excessive or unrealistic feelings of well being, confidence or optimism inappropriate to circumstances much of the time. May describe feeling on top of the world," "like everything is falling into place," or "better than ever before," OR several instances of marked elevated mood with euphoria.	6	6=Severe- Reports many instances of marked elevated mood with euphoria OR mood definitely elevated almost constantly throughout interview and inappropriate to content.	7	7=Extremely Severe- Patient reports being elated or appears almost intoxicated, laughing, joking, giggling, constantly euphoric, feeling invulnerable, all inappropriate to immediate circumstances.	Custom alignment: LV
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411	[bprs_notes7]	Notes 7:		notes Custom alignment: LV														
412	[bprs_8grandiose]	<p>8. Grandiosity</p> <p>Exaggerated self opinion, self enhancing conviction of special abilities or powers or identity as someone rich or famous. Rate only patient's statements about himself, not his demeanor. Note: If the subject rates a "6" or "7" due to grandiose delusions, you must rate Unusual Thought Content at least a "4" or above.</p> <p>Questions: Is there anything special about you? Do you have any special abilities or powers? Have you thought that you might be somebody rich or famous? [If the patient reports any grandiose ideas/delusions, ask the</p>	radio, Required <table border="1"> <tr><td>1</td><td>1=Not Reported</td></tr> <tr><td>2</td><td>2=Very Mild- Feels great and denies obvious problems, but not unrealistic.</td></tr> <tr><td>3</td><td>3=Mild- Exaggerated self opinion beyond abilities and training.</td></tr> <tr><td>4</td><td>4=Moderate- Inappropriate boastfulness claims to be brilliant, insightful, or gifted beyond realistic proportions, but rarely self discloses or acts on these inflated self concepts. Does not claim that grandiose accomplishments have actually occurred.</td></tr> <tr><td>5</td><td>5=Moderately Severe- Same as 4 but often self discloses and acts on these grandiose ideas. May have</td></tr> </table>	1	1=Not Reported	2	2=Very Mild- Feels great and denies obvious problems, but not unrealistic.	3	3=Mild- Exaggerated self opinion beyond abilities and training.	4	4=Moderate- Inappropriate boastfulness claims to be brilliant, insightful, or gifted beyond realistic proportions, but rarely self discloses or acts on these inflated self concepts. Does not claim that grandiose accomplishments have actually occurred.	5	5=Moderately Severe- Same as 4 but often self discloses and acts on these grandiose ideas. May have					
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		<p>following]:</p> <p>How often have you been thinking about [use patient's description]? Have you told anyone about what you have been thinking? Have you acted on any of these ideas?</p>	<p>doubts about the reality of the grandiose ideas. Not delusional.</p> <p>6=Severe- Delusional--claims to have special powers like ESP, to have millions of dollars, invented new machines, worked at jobs when it is known that he was never employed in these capacities, be Jesus Christ, or the President. Patient may not be very preoccupied.</p> <p>7=Extremely Severe- Delusional--Same as 6 but subject seems very preoccupied and tends to disclose or act on grandiose delusions.</p>														
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413	[bprs_notes8]	Notes 8:	notes Custom alignment: LV														
414	[bprs_9suspic]	<p>9. Suspiciousness</p> <p>Expressed or apparent belief that other persons have acted maliciously or with discriminatory intent. Include persecution by supernatural or other nonhuman agencies (e.g., the devil). Note: Ratings of "3" or above should also be rated under Unusual Thought Content.</p> <p>Questions: Do you ever feel uncomfortable in public? Does it seem as though others are watching you? Are you concerned about anyone's intentions toward you? Is anyone going out of their way to give you a hard time, or trying to hurt you? Do you feel in any danger?</p> <p>[If patient reports any persecutory ideas/delusions, ask the following]:</p> <p>How often have you been concerned that [use patient's description]? Have you told anyone about these experiences?</p>	radio, Required <table border="1"> <tr> <td>1</td><td>1=Not Reported</td></tr> <tr> <td>2</td><td>2=Very Mild- Seems on guard. Reluctant to respond to some "personal" questions. Reports being overly self conscious in public.</td></tr> <tr> <td>3</td><td>3=Mild- Describes incidents in which others have harmed or wanted to harm him/her that sound plausible. Patient feels as if others are watching, laughing, or criticizing him/her in public, but this occurs only occasionally or rarely. Little or no preoccupation.</td></tr> <tr> <td>4</td><td>4=Moderate- Says others are talking about him/her maliciously, have negative intentions, or may harm him/her. Beyond the likelihood of plausibility, but not delusional. Incidents of suspected persecution occur occasionally (less than once per week) with some preoccupation.</td></tr> <tr> <td>5</td><td>5=Moderately Severe- Same as 4, but incidents occur frequently, such as more than once per week. Patient is moderately preoccupied with ideas of persecution OR patient reports persecutory delusions expressed with much doubt (e.g., partial delusion).</td></tr> <tr> <td>6</td><td>6=Severe- Delusional--speaks of Mafia plots, the FBI, or others poisoning his/her food, persecution by supernatural forces.</td></tr> <tr> <td>7</td><td>7=Extremely Severe- Same as 6, but the beliefs are bizarre or more preoccupying. Patient tends to disclose or act on persecutory delusions.</td></tr> </table>	1	1=Not Reported	2	2=Very Mild- Seems on guard. Reluctant to respond to some "personal" questions. Reports being overly self conscious in public.	3	3=Mild- Describes incidents in which others have harmed or wanted to harm him/her that sound plausible. Patient feels as if others are watching, laughing, or criticizing him/her in public, but this occurs only occasionally or rarely. Little or no preoccupation.	4	4=Moderate- Says others are talking about him/her maliciously, have negative intentions, or may harm him/her. Beyond the likelihood of plausibility, but not delusional. Incidents of suspected persecution occur occasionally (less than once per week) with some preoccupation.	5	5=Moderately Severe- Same as 4, but incidents occur frequently, such as more than once per week. Patient is moderately preoccupied with ideas of persecution OR patient reports persecutory delusions expressed with much doubt (e.g., partial delusion).	6	6=Severe- Delusional--speaks of Mafia plots, the FBI, or others poisoning his/her food, persecution by supernatural forces.	7	7=Extremely Severe- Same as 6, but the beliefs are bizarre or more preoccupying. Patient tends to disclose or act on persecutory delusions.
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415	[bprs_notes9]	Notes 9:	notes Custom alignment: LV														
416	[bprs_10halluc]	<p>10. Hallucinations</p> <p>Reports of perceptual experiences in the absence of relevant external stimuli. When rating degree to which functioning is disrupted by hallucinations, include preoccupation with the content and experience of the hallucinations, as well as functioning disrupted by acting out on the hallucinatory content (e.g., engaging in deviant behavior due to command hallucinations). Include thoughts aloud ("gedankenlautwerden") or pseudohallucinations (e.g., hears a voice inside head) if a voice quality is present.</p> <p>Questions: Do you ever seem to hear your name being called? Have you heard any sounds or people talking to you or about you when there has been nobody around? [If hears voices]: What does the voice/voices say? Did it have a voice quality? Do you ever have visions or see things that others do not see? What about smell odors that others do not smell?</p> <p>[If the patient reports hallucinations, ask the following]:</p> <p>Have these experiences interfered with your ability to perform your usual activities/work? How do you explain them? How often do they occur?</p>	radio, Required <table border="1"> <tr> <td>1</td><td>1=Not Reported</td></tr> <tr> <td>2</td><td>2=Very Mild- While resting or going to sleep, sees visions, smells odors, or hears voices, sounds or whispers in the absence of external stimulation, but no impairment in functioning.</td></tr> <tr> <td>3</td><td>3=Mild- While in a clear state of consciousness, hears a voice calling the subjects name, experiences non verbal auditory hallucinations (e.g., sounds or whispers), formless visual hallucinations, or has sensory experiences in the presence of a modality relevant stimulus (e.g., visual illusions) infrequently (e.g., 1-2 times per week) and with no functional impairment.</td></tr> <tr> <td>4</td><td>4=Moderate- Occasional verbal, visual, gustatory, olfactory, or tactile hallucinations with no functional impairment OR non verbal auditory hallucinations/visual illusions more than infrequently or with impairment.</td></tr> <tr> <td>5</td><td>5=Moderately Severe- Experiences daily hallucinations OR some areas of functioning are disrupted by hallucinations.</td></tr> <tr> <td>6</td><td>6=Severe- Experiences verbal or visual hallucinations several times a day OR many areas of functioning are disrupted by these hallucinations.</td></tr> <tr> <td>7</td><td>7=Extremely Severe- Persistent verbal or visual hallucinations throughout the day OR most areas of</td></tr> </table>	1	1=Not Reported	2	2=Very Mild- While resting or going to sleep, sees visions, smells odors, or hears voices, sounds or whispers in the absence of external stimulation, but no impairment in functioning.	3	3=Mild- While in a clear state of consciousness, hears a voice calling the subjects name, experiences non verbal auditory hallucinations (e.g., sounds or whispers), formless visual hallucinations, or has sensory experiences in the presence of a modality relevant stimulus (e.g., visual illusions) infrequently (e.g., 1-2 times per week) and with no functional impairment.	4	4=Moderate- Occasional verbal, visual, gustatory, olfactory, or tactile hallucinations with no functional impairment OR non verbal auditory hallucinations/visual illusions more than infrequently or with impairment.	5	5=Moderately Severe- Experiences daily hallucinations OR some areas of functioning are disrupted by hallucinations.	6	6=Severe- Experiences verbal or visual hallucinations several times a day OR many areas of functioning are disrupted by these hallucinations.	7	7=Extremely Severe- Persistent verbal or visual hallucinations throughout the day OR most areas of
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417	[ <a href="#">bprs_notes10</a> ]	Notes 10:		notes Custom alignment: LV													
418	[ <a href="#">bprs_11unusualthought</a> ]	<p>11. Unusual thought content</p> <p>Unusual, odd, strange or bizarre thought content. Rate the degree of unusualness, not the degree of disorganization of speech. Delusions are patently absurd, clearly false or bizarre ideas that are expressed with full conviction. Consider the patient to have full conviction if he/she has acted as though the delusional belief were true. Ideas of reference/persecution can be differentiated from delusions in that ideas are expressed with much doubt and contain more elements of reality. Include thought insertion, withdrawal and broadcast. Include grandiose, somatic and persecutory delusions even if rated elsewhere. Note: if Somatic Concern, Guilt, Suspiciousness, or Grandiosity are rated "6" or "7" due to delusions, then Unusual Thought Content must be rated a "4" or above.</p> <p>Questions: Have you been receiving any special messages from people or from the way things are arranged around you? Have you seen any references to yourself on TV or in the newspapers? Can anyone read your mind? Do you have a special relationship with God? Is anything like electricity, X rays, or radio waves affecting you? Are thoughts put into your head that are not your own? Have you felt that you were under the control of another person or force?</p> <p>[If patient reports any odd ideas/delusions, ask the following]: How often do you think about [use patient's description]? Have you told anyone about these experiences? How do you explain the things that have been happening [specify]?</p>	radio, Required <table border="1"> <tr> <td>1</td> <td>1=Not Reported</td> </tr> <tr> <td>2</td> <td>2=Very Mild- Ideas of reference (people may stare or may laugh at him), ideas of persecution (people may mistreat him). Unusual beliefs in psychic powers, spirits, UFO's, or unrealistic beliefs in one's own abilities. Not strongly held. Some doubt.</td> </tr> <tr> <td>3</td> <td>3=Mild- Same as 2, but degree of reality distortion is more severe as indicated by highly unusual ideas or greater conviction. Content may be typical of delusions (even bizarre), but without full conviction. The delusion does not seem to have fully formed, but is considered as one possible explanation for an unusual experience.</td> </tr> <tr> <td>4</td> <td>4=Moderate- Delusion present but no preoccupation or functional impairment. May be an encapsulated delusion or a firmly endorsed absurd belief about past delusional circumstances.</td> </tr> <tr> <td>5</td> <td>5=Moderately Severe- Full delusion(s) present with some preoccupation OR some areas of functioning disrupted by delusional thinking.</td> </tr> <tr> <td>6</td> <td>6=Severe- Full delusion(s) present with much preoccupation OR many areas of functioning are disrupted by delusional thinking.</td> </tr> <tr> <td>7</td> <td>7=Extremely Severe- Full delusions present with almost total preoccupation OR most areas of functioning are disrupted by delusional thinking.</td> </tr> </table>	1	1=Not Reported	2	2=Very Mild- Ideas of reference (people may stare or may laugh at him), ideas of persecution (people may mistreat him). Unusual beliefs in psychic powers, spirits, UFO's, or unrealistic beliefs in one's own abilities. Not strongly held. Some doubt.	3	3=Mild- Same as 2, but degree of reality distortion is more severe as indicated by highly unusual ideas or greater conviction. Content may be typical of delusions (even bizarre), but without full conviction. The delusion does not seem to have fully formed, but is considered as one possible explanation for an unusual experience.	4	4=Moderate- Delusion present but no preoccupation or functional impairment. May be an encapsulated delusion or a firmly endorsed absurd belief about past delusional circumstances.	5	5=Moderately Severe- Full delusion(s) present with some preoccupation OR some areas of functioning disrupted by delusional thinking.	6	6=Severe- Full delusion(s) present with much preoccupation OR many areas of functioning are disrupted by delusional thinking.	7	7=Extremely Severe- Full delusions present with almost total preoccupation OR most areas of functioning are disrupted by delusional thinking.
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419	[ <a href="#">bprs_notes11</a> ]	Notes 11:		Custom alignment: LV													
420	[ <a href="#">bprs_12bizarre</a> ]	<p>12. Bizarre behaviour</p> <p>Reports of behaviors which are odd, unusual, or psychotically criminal. Not limited to interview period. Include inappropriate sexual behavior and inappropriate affect.</p> <p>Questions: Have you done anything that has attracted the attention of others? Have you done anything that could have gotten you into trouble with the police? Have you done anything that seemed unusual or disturbing to others?</p>	radio, Required <table border="1"> <tr> <td>1</td> <td>1=Not Reported</td> </tr> <tr> <td>2</td> <td>2=Very Mild- Slightly odd or eccentric public behavior, e.g., occasionally giggles to self, fails to make appropriate eye contact, that does not seem to attract the attention of others OR unusual behavior conducted in private, e.g., innocuous rituals, that would not attract the attention of others.</td> </tr> <tr> <td>3</td> <td>3=Mild- Noticeably peculiar public behavior, e.g., inappropriately loud talking, makes inappropriate eye contact, OR private behavior that occasionally, but not always, attracts the attention of others, e.g., hoards food, conducts unusual rituals, wears gloves indoors.</td> </tr> <tr> <td>4</td> <td>4=Moderate- Clearly bizarre behavior that attracts or would attract (if done privately) the attention or concern of others, but with no corrective intervention necessary. Behavior occurs occasionally, e.g., fixated staring into space for several minutes, talks back to voices once, inappropriate giggling/laughter on 1-2 occasions, talking loudly to self.</td> </tr> <tr> <td>5</td> <td>5=Moderately Severe- Clearly bizarre behavior that attracts or would attract (if done privately) the attention of others or the authorities, e.g., fixated staring in a socially disruptive way, frequent inappropriate giggling/laughter, occasionally responds to voices, or eats non-foods.</td> </tr> <tr> <td>6</td> <td>6=Severe- Bizarre behavior that attracts attention of others and intervention by authorities, e.g., directing traffic, public nudity, staring into space for long periods, carrying on a conversation with hallucinations, frequent inappropriate giggling/laughter.</td> </tr> <tr> <td>7</td> <td>7=Extremely Severe- Serious crimes committed in a bizarre way that attracts the attention of others and the control of authorities e.g., sets fires and stares at flames OR almost constant bizarre behavior, e.g., inappropriate giggling/laughter, responds only to hallucinations and cannot be engaged in interaction.</td> </tr> </table>	1	1=Not Reported	2	2=Very Mild- Slightly odd or eccentric public behavior, e.g., occasionally giggles to self, fails to make appropriate eye contact, that does not seem to attract the attention of others OR unusual behavior conducted in private, e.g., innocuous rituals, that would not attract the attention of others.	3	3=Mild- Noticeably peculiar public behavior, e.g., inappropriately loud talking, makes inappropriate eye contact, OR private behavior that occasionally, but not always, attracts the attention of others, e.g., hoards food, conducts unusual rituals, wears gloves indoors.	4	4=Moderate- Clearly bizarre behavior that attracts or would attract (if done privately) the attention or concern of others, but with no corrective intervention necessary. Behavior occurs occasionally, e.g., fixated staring into space for several minutes, talks back to voices once, inappropriate giggling/laughter on 1-2 occasions, talking loudly to self.	5	5=Moderately Severe- Clearly bizarre behavior that attracts or would attract (if done privately) the attention of others or the authorities, e.g., fixated staring in a socially disruptive way, frequent inappropriate giggling/laughter, occasionally responds to voices, or eats non-foods.	6	6=Severe- Bizarre behavior that attracts attention of others and intervention by authorities, e.g., directing traffic, public nudity, staring into space for long periods, carrying on a conversation with hallucinations, frequent inappropriate giggling/laughter.	7	7=Extremely Severe- Serious crimes committed in a bizarre way that attracts the attention of others and the control of authorities e.g., sets fires and stares at flames OR almost constant bizarre behavior, e.g., inappropriate giggling/laughter, responds only to hallucinations and cannot be engaged in interaction.
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421	[bprs_notes12]	Notes 12:	notes Custom alignment: LV														
422	[bprs_13selfneglect]	<p>13. Self-neglect</p> <p>Hygiene, appearance, or eating behavior below usual expectations, below socially acceptable standards, or life threatening.</p> <p>Questions:</p> <p>How has your grooming been lately? How often do you change your clothes?</p> <p>How often do you take showers? Has anyone (parents/staff) complained about your grooming or dress? Do you eat regular meals?</p>	radio, Required <table border="1"> <tr> <td>1</td><td>1=Not Reported</td></tr> <tr> <td>2</td><td>2=Very Mild- Hygiene/appearance slightly below usual community standards, e.g., shirt out of pants, buttons unbuttoned, shoelaces untied, but no social or medical consequences.</td></tr> <tr> <td>3</td><td>3=Mild- Hygiene/appearance occasionally below usual community standards, e.g., irregular bathing, clothing is stained, hair uncombed, occasionally skips an important meal. No social or medical consequences.</td></tr> <tr> <td>4</td><td>4=Moderate- Hygiene/appearance is noticeably below usual community standards, e.g., fails to bathe or change clothes, clothing very soiled, hair unkempt, needs prompting, noticeable by others OR irregular eating and drinking with minimal medical concerns and consequences.</td></tr> <tr> <td>5</td><td>5=Moderately Severe- Several areas of hygiene/appearance are below usual community standards OR poor grooming draws criticism by others, and requires regular prompting. Eating or hydration is irregular and poor, causing some medical problems.</td></tr> <tr> <td>6</td><td>6=Severe- Many areas of hygiene/appearance are below usual community standards, does not always bathe or change clothes even if prompted. Poor grooming has caused social ostracism at school/residence/work, or required intervention. Eating erratic and poor, may require medical intervention.</td></tr> <tr> <td>7</td><td>7=Extremely Severe- Most areas of hygiene/appearance/nutrition are extremely poor and easily noticed as below usual community standards OR hygiene/appearance/nutrition requires urgent and immediate medical intervention.</td></tr> </table>	1	1=Not Reported	2	2=Very Mild- Hygiene/appearance slightly below usual community standards, e.g., shirt out of pants, buttons unbuttoned, shoelaces untied, but no social or medical consequences.	3	3=Mild- Hygiene/appearance occasionally below usual community standards, e.g., irregular bathing, clothing is stained, hair uncombed, occasionally skips an important meal. No social or medical consequences.	4	4=Moderate- Hygiene/appearance is noticeably below usual community standards, e.g., fails to bathe or change clothes, clothing very soiled, hair unkempt, needs prompting, noticeable by others OR irregular eating and drinking with minimal medical concerns and consequences.	5	5=Moderately Severe- Several areas of hygiene/appearance are below usual community standards OR poor grooming draws criticism by others, and requires regular prompting. Eating or hydration is irregular and poor, causing some medical problems.	6	6=Severe- Many areas of hygiene/appearance are below usual community standards, does not always bathe or change clothes even if prompted. Poor grooming has caused social ostracism at school/residence/work, or required intervention. Eating erratic and poor, may require medical intervention.	7	7=Extremely Severe- Most areas of hygiene/appearance/nutrition are extremely poor and easily noticed as below usual community standards OR hygiene/appearance/nutrition requires urgent and immediate medical intervention.
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424	[bprs_14disorient]	<p>14. Disorientation</p> <p>Does not comprehend situations or communications, such as questions asked during the entire BPRS interview. Confusion regarding person, place, or time. Do not rate if incorrect responses are due to delusions.</p> <p>May I ask you some standard questions we ask everybody? How old are you? What is the date (allow + or 2 days)? What is this place called? What year were you born? Who is the president?</p>	radio, Required <table border="1"> <tr> <td>1</td><td>1=Not Reported</td></tr> <tr> <td>2</td><td>2=Very Mild- Seems muddled or mildly confused 1 2 times during interview. Oriented to person, place, and time.</td></tr> <tr> <td>3</td><td>3=Mild- Occasionally muddled or mildly confused 3 4 times during interview. Minor inaccuracies in person, place, or time, e.g., date off by more than + or 2 days, or gives wrong division of hospital.</td></tr> <tr> <td>4</td><td>4=Moderate- Frequently confused during interview. Minor inaccuracies in person, place, or time are noted, as in "3" above. In addition, may have difficulty remembering general information, e.g., name of presi? dent.</td></tr> <tr> <td>5</td><td>5=Moderately Severe- Markedly confused during interview, or to person, place, or time. Significant inaccuracies are noted, e.g., date off by more than one week, or cannot give correct name of hospital. Has difficulty remembering personal information, e.g., where he/she was born, or recognizing familiar people.</td></tr> <tr> <td>6</td><td>6=Severe- Disoriented to person, place, or time, e.g., cannot give correct month and year. Disoriented in 2 out of 3 spheres.</td></tr> <tr> <td>7</td><td>7=Extremely Severe- Grossly disoriented to person, place, or time, e.g., cannot give name or age. Disoriented in all 3 spheres.</td></tr> </table>	1	1=Not Reported	2	2=Very Mild- Seems muddled or mildly confused 1 2 times during interview. Oriented to person, place, and time.	3	3=Mild- Occasionally muddled or mildly confused 3 4 times during interview. Minor inaccuracies in person, place, or time, e.g., date off by more than + or 2 days, or gives wrong division of hospital.	4	4=Moderate- Frequently confused during interview. Minor inaccuracies in person, place, or time are noted, as in "3" above. In addition, may have difficulty remembering general information, e.g., name of presi? dent.	5	5=Moderately Severe- Markedly confused during interview, or to person, place, or time. Significant inaccuracies are noted, e.g., date off by more than one week, or cannot give correct name of hospital. Has difficulty remembering personal information, e.g., where he/she was born, or recognizing familiar people.	6	6=Severe- Disoriented to person, place, or time, e.g., cannot give correct month and year. Disoriented in 2 out of 3 spheres.	7	7=Extremely Severe- Grossly disoriented to person, place, or time, e.g., cannot give name or age. Disoriented in all 3 spheres.
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425	[bprs_notes14]	Notes 14:	Custom alignment: LV														
426	[bprs_15conceptdisorg]	Section Header: <i>OBSERVATIONAL RATINGS FROM HERE ON OUT:</i>	notes Custom alignment: LV														
			radio, Required														

		<p>15 Conceptual disorganisation</p> <p>Degree to which speech is confused, disconnected, vague or disorganized. Rate tangentiality, circumstantiality, sudden topic shifts, incoherence, derailment, blocking, neologisms, and other speech disorders. Do not rate content of speech.</p>	<table border="1"> <tr><td>1</td><td>1=Not Reported</td></tr> <tr><td>2</td><td>2=Very Mild- Peculiar use of words or rambling but speech is comprehensible.</td></tr> <tr><td>3</td><td>3=Mild- Speech a bit hard to understand or make sense of due to tangentiality, circumstantiality or sudden topic shifts.</td></tr> <tr><td>4</td><td>4=Moderate- Speech difficult to understand due to tangentiality, circumstantiality, idiosyncratic speech, or topic shifts on many occasions OR 1-2 instances of incoherent phrases.</td></tr> <tr><td>5</td><td>5=Moderately Severe- Speech difficult to understand due to circumstantiality, tangentiality, neologisms, blocking, or topic shifts most of the time OR 3-5 instances of incoherent phrases.</td></tr> <tr><td>6</td><td>6=Severe- Speech is incomprehensible due to severe impairments most of the time. Many BPRS items cannot be rated by self report alone.</td></tr> <tr><td>7</td><td>7=Extremely Severe- Speech is incomprehensible throughout interview.</td></tr> </table> <p>Custom alignment: LV</p>	1	1=Not Reported	2	2=Very Mild- Peculiar use of words or rambling but speech is comprehensible.	3	3=Mild- Speech a bit hard to understand or make sense of due to tangentiality, circumstantiality or sudden topic shifts.	4	4=Moderate- Speech difficult to understand due to tangentiality, circumstantiality, idiosyncratic speech, or topic shifts on many occasions OR 1-2 instances of incoherent phrases.	5	5=Moderately Severe- Speech difficult to understand due to circumstantiality, tangentiality, neologisms, blocking, or topic shifts most of the time OR 3-5 instances of incoherent phrases.	6	6=Severe- Speech is incomprehensible due to severe impairments most of the time. Many BPRS items cannot be rated by self report alone.	7	7=Extremely Severe- Speech is incomprehensible throughout interview.
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427	[ bprs_notes15 ]	Notes 15:	notes Custom alignment: LV														
428	[ bprs_16bluntedaffect ]	<p>16. Blunted affect</p> <p>Restricted range in emotional expressiveness of face, voice, and gestures. Marked indifference or flatness even when discussing distressing topics. In the case of euphoric or dysphoric patients, rate Blunted Affect if a flat quality is also clearly present.</p> <p>Use the following probes at end of interview to assess emotional responsiveness:</p> <p>Have you heard any good jokes lately? Would you like to hear a joke?</p>	radio, Required <table border="1"> <tr><td>1</td><td>1=Not Reported</td></tr> <tr><td>2</td><td>2=Very Mild- Emotional range is slightly subdued or reserved but displays appropriate facial expressions and tone of voice that are within normal limits.</td></tr> <tr><td>3</td><td>3=Mild- Emotional range overall is diminished, subdued, or reserved, without many spontaneous and appropriate emotional responses. Voice tone is slightly monotonous.</td></tr> <tr><td>4</td><td>4=Moderate- Emotional range is noticeably diminished, patient doesn't show emotion, smile, or react to distressing topics except infrequently. Voice tone is monotonous or there is noticeable decrease in spontaneous movements. Displays of emotion or gestures are usually followed by a return to flattened affect.</td></tr> <tr><td>5</td><td>5=Moderately Severe- Emotional range very diminished, patient doesn't show emotion, smile or react to distressing topics except minimally, few gestures, facial expression does not change very often. Voice tone is monotonous much of the time.</td></tr> <tr><td>6</td><td>6=Severe- Very little emotional range or expression. Mechanical in speech and gestures most of the time. Unchanging facial expression. Voice tone is monotonous most of the time.</td></tr> <tr><td>7</td><td>7=Extremely Severe- Virtually no emotional range or expressiveness, stiff movements. Voice tone is monotonous all of the time.</td></tr> </table> <p>Custom alignment: LV</p>	1	1=Not Reported	2	2=Very Mild- Emotional range is slightly subdued or reserved but displays appropriate facial expressions and tone of voice that are within normal limits.	3	3=Mild- Emotional range overall is diminished, subdued, or reserved, without many spontaneous and appropriate emotional responses. Voice tone is slightly monotonous.	4	4=Moderate- Emotional range is noticeably diminished, patient doesn't show emotion, smile, or react to distressing topics except infrequently. Voice tone is monotonous or there is noticeable decrease in spontaneous movements. Displays of emotion or gestures are usually followed by a return to flattened affect.	5	5=Moderately Severe- Emotional range very diminished, patient doesn't show emotion, smile or react to distressing topics except minimally, few gestures, facial expression does not change very often. Voice tone is monotonous much of the time.	6	6=Severe- Very little emotional range or expression. Mechanical in speech and gestures most of the time. Unchanging facial expression. Voice tone is monotonous most of the time.	7	7=Extremely Severe- Virtually no emotional range or expressiveness, stiff movements. Voice tone is monotonous all of the time.
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429	[ bprs_notes16 ]	Notes 16:	notes Custom alignment: LV														
430	[ bprs_17emowithdraw ]	<p>17. Emotional withdrawal</p> <p>Deficiency in patient's ability to relate emotionally during interview situation. Use your own feeling as to the presence of an "invisible barrier" between patient and interviewer. Include withdrawal apparently due to psychotic processes.</p>	radio, Required <table border="1"> <tr><td>1</td><td>1=Not Reported</td></tr> <tr><td>2</td><td>2=Very Mild- Lack of emotional involvement shown by occasional failure to make reciprocal comments, occasionally appearing preoccupied, or smiling in a stilted manner, but spontaneously engages the interviewer most of the time.</td></tr> <tr><td>3</td><td>3=Mild- Lack of emotional involvement shown by noticeable failure to make reciprocal comments, appearing preoccupied, or lacking in warmth, but responds to interviewer when approached.</td></tr> <tr><td>4</td><td>4=Moderate- Emotional contact not present much of the interview because subject does not elaborate responses, fails to make eye contact, doesn't seem to</td></tr> </table>	1	1=Not Reported	2	2=Very Mild- Lack of emotional involvement shown by occasional failure to make reciprocal comments, occasionally appearing preoccupied, or smiling in a stilted manner, but spontaneously engages the interviewer most of the time.	3	3=Mild- Lack of emotional involvement shown by noticeable failure to make reciprocal comments, appearing preoccupied, or lacking in warmth, but responds to interviewer when approached.	4	4=Moderate- Emotional contact not present much of the interview because subject does not elaborate responses, fails to make eye contact, doesn't seem to						
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			<p>care if interviewer is listening, or may be preoccupied with psychotic material.</p> <p>5=Moderately Severe- Same as "4" but emotional contact not present most of the interview.</p> <p>6=Severe- Actively avoids emotional participation. Frequently unresponsive or responds with yes/no answers (not solely due to persecutory delusions). Responds with only minimal affect.</p> <p>7=Extremely Severe- Consistently avoids emotional participation. Unresponsive or responds with yes/no answers (not solely due to persecutory delusions). May leave during interview or just not respond at all.</p>														
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431	[ bprs_notes17 ]	Notes 17:	notes Custom alignment: LV														
432	[ bprs_18motorret ]	18. Motor retardation  Reduction in energy level evidenced by slowed movements and speech, reduced body tone, decreased number of spontaneous body movements. Rate on the basis of observed behavior of the patient only. Do not rate on the basis of patient's subjective impression of his own energy level. Rate regardless of the medication effects.	radio, Required <table border="1"> <tr><td>1</td><td>1=Not Reported</td></tr> <tr><td>2</td><td>2=Very Mild- Slightly slowed or reduced movements or speech compared to most people.</td></tr> <tr><td>3</td><td>3=Mild- Noticeably slowed or reduced movements or speech compared to most people.</td></tr> <tr><td>4</td><td>4=Moderate- Large reduction or slowness in movements or speech.</td></tr> <tr><td>5</td><td>5=Moderately Severe- Seldom moves or speaks spontaneously OR very mechanical or stiff movements.</td></tr> <tr><td>6</td><td>6=Severe- Does not move or speak unless prodded or urged.</td></tr> <tr><td>7</td><td>7=Extremely Severe- Frozen, catatonic.</td></tr> </table>	1	1=Not Reported	2	2=Very Mild- Slightly slowed or reduced movements or speech compared to most people.	3	3=Mild- Noticeably slowed or reduced movements or speech compared to most people.	4	4=Moderate- Large reduction or slowness in movements or speech.	5	5=Moderately Severe- Seldom moves or speaks spontaneously OR very mechanical or stiff movements.	6	6=Severe- Does not move or speak unless prodded or urged.	7	7=Extremely Severe- Frozen, catatonic.
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433	[ bprs_notes18 ]	Notes 18:	notes Custom alignment: LV														
434	[ bprs_19tension ]	19. Tension  Observable physical and motor manifestations of tension, "nervousness," and agitation. Self-reported experiences of tension should be rated under the item on anxiety. Do not rate if restlessness is solely akathisia, but do rate if akathisia is exacerbated by tension.	radio, Required <table border="1"> <tr><td>1</td><td>1=Not Reported</td></tr> <tr><td>2</td><td>2=Very Mild- More fidgety than most but within normal range. A few transient signs of tension, e.g., picking at fingernails, foot wagging, scratching scalp several times, or finger tapping.</td></tr> <tr><td>3</td><td>3=Mild- Same as "2," but with more frequent or exaggerated signs of tension.</td></tr> <tr><td>4</td><td>4=Moderate- Many and frequent signs of motor tension with one or more signs some? times occurring simultaneously, e.g., wagging one's foot while wringing hands together. There are times when no signs of tension are present.</td></tr> <tr><td>5</td><td>5=Moderately Severe- Many and frequent signs of motor tension with one or more signs often occurring simultaneously. There are still rare times when no signs of tension are present.</td></tr> <tr><td>6</td><td>6=Severe- Same as "5," but signs of tension are continuous.</td></tr> <tr><td>7</td><td>7=Extremely Severe- Multiple motor manifestations of tension are continuously present, e.g., continuous pacing and hand wringing.</td></tr> </table>	1	1=Not Reported	2	2=Very Mild- More fidgety than most but within normal range. A few transient signs of tension, e.g., picking at fingernails, foot wagging, scratching scalp several times, or finger tapping.	3	3=Mild- Same as "2," but with more frequent or exaggerated signs of tension.	4	4=Moderate- Many and frequent signs of motor tension with one or more signs some? times occurring simultaneously, e.g., wagging one's foot while wringing hands together. There are times when no signs of tension are present.	5	5=Moderately Severe- Many and frequent signs of motor tension with one or more signs often occurring simultaneously. There are still rare times when no signs of tension are present.	6	6=Severe- Same as "5," but signs of tension are continuous.	7	7=Extremely Severe- Multiple motor manifestations of tension are continuously present, e.g., continuous pacing and hand wringing.
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435	[ bprs_notes19 ]	Notes 19:	notes Custom alignment: LV														
436	[ bprs_20uncooperative ]	20. Unco-operativeness  Resistance and lack of willingness to cooperate with the interview. The uncooperativeness might result from suspiciousness. Rate only uncooperativeness in relation to the interview, not behaviors involving peers and relatives.	radio, Required <table border="1"> <tr><td>1</td><td>1=Not Reported</td></tr> <tr><td>2</td><td>2=Very Mild- Shows nonverbal signs of reluctance, but does not complain or argue.</td></tr> <tr><td>3</td><td>3=Mild- Grieves or tries to avoid complying, but goes ahead without argument.</td></tr> <tr><td>4</td><td>4=Moderate- Verbally resists but eventually complies after questions are rephrased or repeated.</td></tr> </table>	1	1=Not Reported	2	2=Very Mild- Shows nonverbal signs of reluctance, but does not complain or argue.	3	3=Mild- Grieves or tries to avoid complying, but goes ahead without argument.	4	4=Moderate- Verbally resists but eventually complies after questions are rephrased or repeated.						
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437	[bprs_notes20]	Notes 20:	notes Custom alignment: LV														
438	[bprs_21excitement]	21. Excitement  Heightened emotional tone, or increased emotional reactivity to interviewer or topics being discussed, as evidenced by increased intensity of facial expressions, voice tone, expressive gestures or increase in speech quantity and speed.	radio, Required <table border="1"> <tr><td>1</td><td>1=Not Reported</td></tr> <tr><td>2</td><td>2=Very Mild- Subtle and fleeting or questionable increase in emotional intensity. For example, at times seems keyed up or overly alert.</td></tr> <tr><td>3</td><td>3=Mild- Subtle but persistent increase in emotional intensity. For example, lively use of gestures and variation in voice tone.</td></tr> <tr><td>4</td><td>4=Moderate- Definite but occasional increase in emotional intensity. For example, reacts to interviewer or topics that are discussed with noticeable emotional intensity. Some pressured speech.</td></tr> <tr><td>5</td><td>5=Moderately Severe- Definite and persistent increase in emotional intensity. For example reacts to many stimuli, whether relevant or not, with considerable emotional intensity. Frequent pressured speech.</td></tr> <tr><td>6</td><td>6=Severe- Marked increase in emotional intensity. For example reacts to most stimuli with inappropriate emotional intensity. Has difficulty settling down or staying on task. Often restless, impulsive, or speech is often pressured.</td></tr> <tr><td>7</td><td>7=Extremely Severe- Marked and persistent increase in emotional intensity. Reacts to all stimuli with inappropriate intensity, impulsiveness. Cannot settle down or stay on task. Very restless and impulsive most of the time. Constant pressured speech.</td></tr> </table> <p>Custom alignment: LV</p>	1	1=Not Reported	2	2=Very Mild- Subtle and fleeting or questionable increase in emotional intensity. For example, at times seems keyed up or overly alert.	3	3=Mild- Subtle but persistent increase in emotional intensity. For example, lively use of gestures and variation in voice tone.	4	4=Moderate- Definite but occasional increase in emotional intensity. For example, reacts to interviewer or topics that are discussed with noticeable emotional intensity. Some pressured speech.	5	5=Moderately Severe- Definite and persistent increase in emotional intensity. For example reacts to many stimuli, whether relevant or not, with considerable emotional intensity. Frequent pressured speech.	6	6=Severe- Marked increase in emotional intensity. For example reacts to most stimuli with inappropriate emotional intensity. Has difficulty settling down or staying on task. Often restless, impulsive, or speech is often pressured.	7	7=Extremely Severe- Marked and persistent increase in emotional intensity. Reacts to all stimuli with inappropriate intensity, impulsiveness. Cannot settle down or stay on task. Very restless and impulsive most of the time. Constant pressured speech.
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439	[bprs_notes21]	Notes 21:	notes Custom alignment: LV														
440	[bprs_22distract]	22. Distractibility  Degree to which observed sequences of speech and actions are interrupted by stimuli unrelated to the interview. Distractibility is rated when the patient shows a change in the focus of attention or a marked shift in gaze. Patient's attention may be drawn to noise in adjoining room, books on shelf, interviewer's clothing, etc. Do not rate circumstantiality, tangentiality, or flight of ideas. Also, do not rate rumination with delusional material. Rate even if the distracting stimulus cannot be identified.	radio, Required <table border="1"> <tr><td>1</td><td>1=Not Reported</td></tr> <tr><td>2</td><td>2=Very Mild- Generally can focus on interviewer's questions with only 1 distraction or inappropriate shift of attention of brief duration.</td></tr> <tr><td>3</td><td>3=Mild- Patient shifts focus of attention to matters unrelated to the interview 2-3 times.</td></tr> <tr><td>4</td><td>4=Moderate- Often responsive to irrelevant stimuli in the room, e.g., averts gaze from the interviewer.</td></tr> <tr><td>5</td><td>5=Moderately Severe- Same as above, but now distractibility clearly interferes with the flow of the interview.</td></tr> <tr><td>6</td><td>6=Severe- Extremely difficult to conduct interview or pursue a topic due to preoccupation with irrelevant stimuli.</td></tr> <tr><td>7</td><td>7=Extremely Severe- Impossible to conduct interview due to preoccupation with irrelevant stimuli.</td></tr> </table> <p>Custom alignment: LV</p>	1	1=Not Reported	2	2=Very Mild- Generally can focus on interviewer's questions with only 1 distraction or inappropriate shift of attention of brief duration.	3	3=Mild- Patient shifts focus of attention to matters unrelated to the interview 2-3 times.	4	4=Moderate- Often responsive to irrelevant stimuli in the room, e.g., averts gaze from the interviewer.	5	5=Moderately Severe- Same as above, but now distractibility clearly interferes with the flow of the interview.	6	6=Severe- Extremely difficult to conduct interview or pursue a topic due to preoccupation with irrelevant stimuli.	7	7=Extremely Severe- Impossible to conduct interview due to preoccupation with irrelevant stimuli.
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442	[bprs_23motohyp]	23. Motor hyperactivity  Increase in energy level evidenced in more frequent movement and/or rapid speech. Do not rate if restlessness is due to akathisia.	radio, Required <table border="1"> <tr><td>1</td><td>1=Not Reported</td></tr> <tr><td>2</td><td>2=Very Mild- Some restlessness, difficulty sitting still, lively facial expressions, or somewhat talkative.</td></tr> <tr><td>3</td><td>3=Mild- Occasionally very restless, definite increase in motor activity, lively gestures, 1-3 brief instances of pressured speech.</td></tr> </table>	1	1=Not Reported	2	2=Very Mild- Some restlessness, difficulty sitting still, lively facial expressions, or somewhat talkative.	3	3=Mild- Occasionally very restless, definite increase in motor activity, lively gestures, 1-3 brief instances of pressured speech.								
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			<table border="1"> <tr><td>4</td><td>4=Moderate- Very restless, fidgety, excessive facial expressions or nonproductive and repetitious motor movements. Much pressured speech, up to one third of the interview.</td></tr> <tr><td>5</td><td>5=Moderately Severe- Frequently restless, fidgety. Many instances of excessive non-productive and repetitious motor movements. On the move most of the time. Frequent pressured speech, difficult to interrupt. Rises on 1-2 occasions to pace.</td></tr> <tr><td>6</td><td>6=Severe- Excessive motor activity, restlessness, fidgety, loud tapping, noisy, etc. throughout most of the interview. Speech can only be interrupted with much effort. Rises on 3-4 occasions to pace.</td></tr> <tr><td>7</td><td>7=Extremely Severe- Constant excessive motor activity throughout entire interview, e.g., constant pacing, constant pressured speech with no pauses, interviewee can only be interrupted briefly and only small amounts of relevant information can be obtained.</td></tr> </table>	4	4=Moderate- Very restless, fidgety, excessive facial expressions or nonproductive and repetitious motor movements. Much pressured speech, up to one third of the interview.	5	5=Moderately Severe- Frequently restless, fidgety. Many instances of excessive non-productive and repetitious motor movements. On the move most of the time. Frequent pressured speech, difficult to interrupt. Rises on 1-2 occasions to pace.	6	6=Severe- Excessive motor activity, restlessness, fidgety, loud tapping, noisy, etc. throughout most of the interview. Speech can only be interrupted with much effort. Rises on 3-4 occasions to pace.	7	7=Extremely Severe- Constant excessive motor activity throughout entire interview, e.g., constant pacing, constant pressured speech with no pauses, interviewee can only be interrupted briefly and only small amounts of relevant information can be obtained.						
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443	[bprs_notes23]	Notes 23:	notes Custom alignment: LV														
444	[bprs_24mannpost]	<p>24. Mannerisms and posturing</p> <p>Unusual and bizarre behavior, stylized movements or acts, or any postures which are clearly uncomfortable or inappropriate. Exclude obvious manifestations of medication side effects. Do not include nervous mannerisms that are not odd or unusual.</p>	radio, Required <table border="1"> <tr><td>1</td><td>1=Not Reported</td></tr> <tr><td>2</td><td>2=Very Mild- Eccentric or odd mannerisms or activity that ordinary persons would have difficulty explaining, e.g., grimacing, picking. Observed once for a brief period.</td></tr> <tr><td>3</td><td>3=Mild- Same as "2," but occurring on two occasions of brief duration.</td></tr> <tr><td>4</td><td>4=Moderate- Mannerisms or posturing, e.g., stylized movements or acts, rocking, nodding, rubbing, or grimacing, observed on several occasions for brief periods or infrequently but very odd. For example, uncomfortable posture maintained for 5 seconds more than twice.</td></tr> <tr><td>5</td><td>5=Moderately Severe- Same as "4," but occurring often, or several examples of very odd mannerisms or posturing that are idiosyncratic to the patient.</td></tr> <tr><td>6</td><td>6=Severe- Frequent stereotyped behavior, assumes and maintains uncomfortable or inappropriate postures, intense rocking, smearing, strange rituals, or fetal posturing. Subject can interact with people and the environment for brief periods despite these behaviors.</td></tr> <tr><td>7</td><td>7=Extremely Severe- Same as "6," but subject cannot interact with people or the environment due to these behaviors.</td></tr> </table>	1	1=Not Reported	2	2=Very Mild- Eccentric or odd mannerisms or activity that ordinary persons would have difficulty explaining, e.g., grimacing, picking. Observed once for a brief period.	3	3=Mild- Same as "2," but occurring on two occasions of brief duration.	4	4=Moderate- Mannerisms or posturing, e.g., stylized movements or acts, rocking, nodding, rubbing, or grimacing, observed on several occasions for brief periods or infrequently but very odd. For example, uncomfortable posture maintained for 5 seconds more than twice.	5	5=Moderately Severe- Same as "4," but occurring often, or several examples of very odd mannerisms or posturing that are idiosyncratic to the patient.	6	6=Severe- Frequent stereotyped behavior, assumes and maintains uncomfortable or inappropriate postures, intense rocking, smearing, strange rituals, or fetal posturing. Subject can interact with people and the environment for brief periods despite these behaviors.	7	7=Extremely Severe- Same as "6," but subject cannot interact with people or the environment due to these behaviors.
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445	[bprs_notes24]	Notes 24:	notes Custom alignment: LV														
446	[bprs_excit_calc]	Section Header: <i>Scoring:</i> Excitement Domain Score: $6 + 7 + 8 + 21 + 22 + 23$	calc Calculation: sum ([bprs_6hostil] + [bprs_7elevated] + [bprs_8grandiose] + [bprs_21excitement] + [bprs_22distract] + [bprs_23motohyp]) Custom alignment: LV														
447	[bprs_negsx_calc]	Negative Symptom Domain Score: $13 + 16 + 17 + 18$	calc Calculation: sum ([bprs_13selfneglect] + [bprs_16bluntedaffect] + [bprs_17emowithdraw] + [bprs_18motorret]) Custom alignment: LV														
448	[bprs_possx_calc]	Positive Symptom Domain Score: $9 + 10 + 11 + 12 + 14$	calc Calculation: sum ([bprs_9suspic] + [bprs_10halluc] + [bprs_11unusualthought] + [bprs_12bizarre] + [bprs_14disorient]) Custom alignment: LV														
449	[bprs_depanx_calc]	Depression/Anxiety Domain Score: $2 + 3 + 4 + 5$	calc Calculation: sum ([bprs_2anx] + [bprs_3dep] + [bprs_4suicide] + [bprs_5guilt]) Custom alignment: LV														

	450	[bprs_total_calc]	BPRS Total Score: <i>Total</i>	calc Calculation: sum ([bprs_1somatic] + [bprs_2anx] + [bprs_3dep] + [bprs_4suicide] + [bprs_5guilt] + [bprs_6hostil] + [bprs_7elevated] + [bprs_8grandiose] + [bprs_9suspici] + [bprs_10halluc] + [bprs_11unusualthought] + [bprs_12bizarre] + [bprs_13selfneglect] + [bprs_14disorient] + [bprs_15conceptdisorg] + [bprs_16bluntedaffect] + [bprs_17emowithdraw] + [bprs_18motorret] + [bprs_19tension] + [bprs_20uncooperative] + [bprs_21excitement] + [bprs_22distract] + [bprs_23motohyp] + [bprs_24mannpost]) Custom alignment: LV																								
	451	[brief_psychiatric_rating_scale_bprs_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete																		
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<b>Instrument: Scale For The Assessment Of Negative Symptoms Sans (scale_for_the_assessment_of_negative_symptoms_sans)</b> <span style="float: right;">Enabled as survey</span>																												
	452	[sans_id]	Participant ID	text																								
	453	[sans_dos]	Date of Assessment <i>DD-MM-YYYY</i>	text (date_dmy)																								
	454	[sans_ra]	Rater initials	text Field Annotation: @USERNAME																								
	455	[sans_complete]	Was the form completed?	radio <table border="1"> <tr> <td>1</td> <td>1 Yes</td> </tr> <tr> <td>2</td> <td>2 No</td> </tr> </table>	1	1 Yes	2	2 No																				
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	456	[sans_incomplete_reason]  Show the field ONLY if: [sans_complete] = '2'	Why was this form not completed?	dropdown (autocomplete), Required <table border="1"> <tr><td>1</td><td>Participant unable to complete due to cognitive impairment</td></tr> <tr><td>2</td><td>Participant unable to complete due to physical impairment</td></tr> <tr><td>3</td><td>Participant refused to begin/finish</td></tr> <tr><td>4</td><td>Participant completed but with less than best effort</td></tr> <tr><td>5</td><td>Participant unable to be contacted</td></tr> <tr><td>6</td><td>Participant deceased</td></tr> <tr><td>7</td><td>Participant withdrew consent</td></tr> <tr><td>8</td><td>Time constraints</td></tr> <tr><td>9</td><td>Rater forgot to administer</td></tr> <tr><td>10</td><td>Missed appointment</td></tr> <tr><td>11</td><td>Participant was terminated from study</td></tr> <tr><td>12</td><td>Other</td></tr> </table>	1	Participant unable to complete due to cognitive impairment	2	Participant unable to complete due to physical impairment	3	Participant refused to begin/finish	4	Participant completed but with less than best effort	5	Participant unable to be contacted	6	Participant deceased	7	Participant withdrew consent	8	Time constraints	9	Rater forgot to administer	10	Missed appointment	11	Participant was terminated from study	12	Other
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	457	[sans_incomplete_other]  Show the field ONLY if: [sans_incomplete_reason] = '12'	Other reason form was not completed	text, Required																								
	458	[sans_1_ufe]	Section Header: AFFECTIVE FLATTENING OR BLUNTING <i>Affective flattening or blunting manifests itself as a characteristic impoverishment of emotional expression, reactivity, and feeling. Affective flattening can be evaluated by observation of the patient's behavior and responsiveness during a routine interview. The rating of some items may be affected by drugs, since the Parkinsonian side-effects of anti-psychotic medications may lead to mask-like faces and diminished associated movements. Other aspects of affect, such as responsiveness or appropriateness, will not be affected, however.</i>  1. Unchanging Facial Expression The patient's face appears wooden, mechanical, frozen. It does not change expression, or changes less than normally expected, as the emotional content of discourse changes. Since anti-psychotic medications may partially mimic this effect, the interviewer should be careful to note whether or not the patient is on medication, but should not try to "correct" his/her rating accordingly. Additionally, many patients may have initial anxiety about being interviewed and may therefore act in a "formal" manner during the beginning of the interview. Therefore, when rating facial expression, more emphasis should be given to the subject's facial expressiveness after he/she has had a chance to "warm up" to the interview. For subjects who still have decreased facial expressiveness after an appropriate "warm up" period, the interviewer should prompt the subject by smiling or telling a joke to see if the patient responds.	radio, Required <table border="1"> <tr><td>0</td><td>0 = Not at all. Patient is normal or labile.</td></tr> <tr><td>1</td><td>1 = Questionable decrease.</td></tr> <tr><td>2</td><td>2 = Mild. Slight decrease in the range of facial expression during the interview.</td></tr> <tr><td>3</td><td>3 = Moderate. Range of facial expression is definitely restricted but there is some spontaneous expressiveness during the interview.</td></tr> <tr><td>4</td><td>4 = Marked. Facial expression is wooden and/or unchanging except in response to prompting.</td></tr> <tr><td>5</td><td>5 = Severe. Facial expression is wooden throughout the entire interview even when prompted.</td></tr> </table>	0	0 = Not at all. Patient is normal or labile.	1	1 = Questionable decrease.	2	2 = Mild. Slight decrease in the range of facial expression during the interview.	3	3 = Moderate. Range of facial expression is definitely restricted but there is some spontaneous expressiveness during the interview.	4	4 = Marked. Facial expression is wooden and/or unchanging except in response to prompting.	5	5 = Severe. Facial expression is wooden throughout the entire interview even when prompted.												
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	459	[ sans1_additional ]	Unchanging Facial Expressions-Additional Comments	notes Custom alignment: LV												
	460	[ sans_2_dsm ]	2. Decreased Spontaneous MovementsThe patient shows few or no spontaneous movements, does not shift position, move extremities, etc.	radio, Required <table border="1"> <tr><td>0</td><td>0 = Not at all. Patient moves normally or is overactive.</td></tr> <tr><td>1</td><td>1 = Questionable decrease.</td></tr> <tr><td>2</td><td>2 = Mild. Some decrease in spontaneous movements.</td></tr> <tr><td>3</td><td>3 = Moderate. Significant decrease in spontaneous movements.</td></tr> <tr><td>4</td><td>4 = Marked. Movements are markedly decreased.</td></tr> <tr><td>5</td><td>5 = Severe. Patient sits immobile throughout the interview.</td></tr> </table> Custom alignment: LV	0	0 = Not at all. Patient moves normally or is overactive.	1	1 = Questionable decrease.	2	2 = Mild. Some decrease in spontaneous movements.	3	3 = Moderate. Significant decrease in spontaneous movements.	4	4 = Marked. Movements are markedly decreased.	5	5 = Severe. Patient sits immobile throughout the interview.
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	461	[ sans2_additional ]	Decreased Spontaneous Movement-Additional Comments	notes Custom alignment: LV												
	462	[ sans_3_peg ]	3. Paucity of Expressive Gestures The patient does not use his/her body as an aid in expressing his/her ideas through such means as hand gestures, sitting forward in his/her chair when intent on a subject, leaning back when relaxed, etc. This may occur in addition to decreased spontaneous movements.	radio, Required <table border="1"> <tr><td>0</td><td>0 = Not at all. Patient uses expressive gestures normally or excessively.</td></tr> <tr><td>1</td><td>1 = Questionable decrease.</td></tr> <tr><td>2</td><td>2 = Mild. Uses expressive gestures but is less animated than appropriate for interview situation.</td></tr> <tr><td>3</td><td>3 = Moderate. Uses expressive gestures sometimes but is noticeably less animated than appropriate for the interview situation.</td></tr> <tr><td>4</td><td>4 = Marked. Patient very infrequently uses his/her body as an aid in expression.</td></tr> <tr><td>5</td><td>5 = Severe. Patient never uses his/her body as an aid in expression.</td></tr> </table> Custom alignment: LV	0	0 = Not at all. Patient uses expressive gestures normally or excessively.	1	1 = Questionable decrease.	2	2 = Mild. Uses expressive gestures but is less animated than appropriate for interview situation.	3	3 = Moderate. Uses expressive gestures sometimes but is noticeably less animated than appropriate for the interview situation.	4	4 = Marked. Patient very infrequently uses his/her body as an aid in expression.	5	5 = Severe. Patient never uses his/her body as an aid in expression.
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	463	[ sans3_additional ]	Paucity of Expressive Gestures-Additional Comments	notes Custom alignment: LV												
	464	[ sans_4_pec ]	4. Poor Eye ContactWhen speaking or listening, the patient avoids looking at the interviewer. He/she does not use eye contact to facilitate communication with the interviewer. Do not rate for periods when the patient looks away to compose his/her thoughts.	radio, Required <table border="1"> <tr><td>0</td><td>0 = Not at all. Good eye contact and expression.</td></tr> <tr><td>1</td><td>1 = Questionable decrease.</td></tr> <tr><td>2</td><td>2 = Mild. When speaking or listening, the patient overall maintains eye contact with the interviewer but does look away during the interview for brief periods of time.</td></tr> <tr><td>3</td><td>3 = Moderate. Patient fails to make eye contact with the interviewer to the extent that communication between the patient and interviewer seems reduced.</td></tr> <tr><td>4</td><td>4 = Marked. Patient does not make eye contact with the interviewer for most of the interview.</td></tr> <tr><td>5</td><td>5 = Severe. Patient orients himself/herself away from the interviewer for most or all of the interview.</td></tr> </table> Custom alignment: LV	0	0 = Not at all. Good eye contact and expression.	1	1 = Questionable decrease.	2	2 = Mild. When speaking or listening, the patient overall maintains eye contact with the interviewer but does look away during the interview for brief periods of time.	3	3 = Moderate. Patient fails to make eye contact with the interviewer to the extent that communication between the patient and interviewer seems reduced.	4	4 = Marked. Patient does not make eye contact with the interviewer for most of the interview.	5	5 = Severe. Patient orients himself/herself away from the interviewer for most or all of the interview.
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	465	[ sans4_additional ]	Poor Eye Contact-Additional Comments	notes Custom alignment: LV												
	466	[ sans_5_anr ]	5. Affective Non-ResponsivityThe patient fails to smile or laugh when prompted	radio, Required <table border="1"> <tr><td>0</td><td>0 = Not at all.</td></tr> <tr><td>1</td><td>1 = Questionable lack of responsivity.</td></tr> <tr><td>2</td><td>2 = Mild. Slight but definite lack in responsivity.</td></tr> <tr><td>3</td><td>3 = Moderate. Moderate decrease in responsivity.</td></tr> <tr><td>4</td><td>4 = Marked. Marked decrease in responsivity.</td></tr> <tr><td>5</td><td>5 = Severe. Patient essentially unresponsive, even on prompting.</td></tr> </table> Custom alignment: LV	0	0 = Not at all.	1	1 = Questionable lack of responsivity.	2	2 = Mild. Slight but definite lack in responsivity.	3	3 = Moderate. Moderate decrease in responsivity.	4	4 = Marked. Marked decrease in responsivity.	5	5 = Severe. Patient essentially unresponsive, even on prompting.
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	467	[ sans5_additional ]	Affective Non-Responsivity-Additional Comments	notes Custom alignment: LV												
	468	[ sans_6_lvi ]	6. Lack of Vocal InflectionsWhile speaking the patient fails to show normal vocal emphasis patterns. Speech has a monotonous	radio, Required <table border="1"> <tr><td>0</td><td>0 = Not at all. Normal vocal inflections.</td></tr> </table>	0	0 = Not at all. Normal vocal inflections.										
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		quality, and important words are not emphasized through changes in pitch or volume. Patient also may fail to change volume with changes of subject so that he does not drop his voice when discussing private topics or raise it as he discusses things which are exciting or for which louder speech might be appropriate.	<table border="1"> <tr><td>1</td><td>1 = Questionable decrease.</td></tr> <tr><td>2</td><td>2 = Mild. Slight decrease in range of vocal inflections.</td></tr> <tr><td>3</td><td>3 = Moderate. Definite decrease in range of vocal inflections although subject has some spontaneous change in inflection.</td></tr> <tr><td>4</td><td>4 = Marked. Most of speech during interview is in a monotone.</td></tr> <tr><td>5</td><td>5 = Severe. Virtually all speech during interview is in a monotone.</td></tr> </table> <p>Custom alignment: LV</p>	1	1 = Questionable decrease.	2	2 = Mild. Slight decrease in range of vocal inflections.	3	3 = Moderate. Definite decrease in range of vocal inflections although subject has some spontaneous change in inflection.	4	4 = Marked. Most of speech during interview is in a monotone.	5	5 = Severe. Virtually all speech during interview is in a monotone.		
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469	[ sans6_additional ]	Lack of Vocal Inflections-Additional Comments	notes Custom alignment: LV												
470	[ sans_7_gaf ]	7. Global Rating of Affective FlatteningThe global rating should focus on overall severity of affective flattening or blunting. Special emphasis should be given to such core features as lack of expression and overall decrease in emotional intensity.	radio, Required <table border="1"> <tr><td>0</td><td>0 = No flattening. Normal affect.</td></tr> <tr><td>1</td><td>1 = Questionable affective flattening.</td></tr> <tr><td>2</td><td>2 = Mild affective flattening.</td></tr> <tr><td>3</td><td>3 = Moderate affective flattening.</td></tr> <tr><td>4</td><td>4 = Marked affective flattening.</td></tr> <tr><td>5</td><td>5 = Severe affective flattening</td></tr> </table> <p>Custom alignment: LV</p>	0	0 = No flattening. Normal affect.	1	1 = Questionable affective flattening.	2	2 = Mild affective flattening.	3	3 = Moderate affective flattening.	4	4 = Marked affective flattening.	5	5 = Severe affective flattening
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471	[ sans7_additional ]	Global Rating of Affective Flattening-Additional Comments	notes Custom alignment: LV												
472	[ sans_8_pos ]	<p><b>Section Header:</b> ALOGIA Alogia is a general term coined to refer to the impoverished thinking and cognition that often occur in patients with schizophrenia (Greek <i>a</i> = no, non; <i>logos</i> = mind, thought). Patients with alogia have thinking processes that seem empty, turgid, or slow. Since thinking cannot be observed directly, it is inferred from the patient's speech. The two major manifestations of alogia are non-fluent empty speech (poverty of speech) and fluent empty speech (poverty of content of speech). Blocking and increased latency of response may also reflect alogia.</p> <p><b>8. Poverty of Speech</b> There is a restriction in the amount of spontaneous speech, so that replies to questions tend to be brief, concrete, and unelaborated. Unprompted additional information is rarely provided. For example, in answer to the question, "How many children do you have?", the patient replies, "Two. A girl and a boy. The girl is 13 and the boy 10." "Two" is all that is required to answer the question, and the rest of the reply is additional information. Replies may be monosyllabic, and some of the questions may be left unanswered altogether. When confronted with this speech pattern, the interviewer may find himself/herself frequently prompting the patient in order to encourage elaboration of replies. To elicit this finding, the examiner must allow the patient adequate time to answer and to elaborate his answer.</p>	radio, Required <table border="1"> <tr><td>0</td><td>0 = No poverty of speech. A substantial and appropriate number of replies to questions include additional information.</td></tr> <tr><td>1</td><td>1 = Questionable poverty of speech.</td></tr> <tr><td>2</td><td>2 = Slight poverty of speech. Occasional replies do not include elaborated information even though this is appropriate.</td></tr> <tr><td>3</td><td>3 = Moderate poverty of speech. Some replies do not include appropriately elaborated information, and many replies are monosyllabic or very brief ("Yes." "No." "Maybe." "Don't know." "Last week.").</td></tr> <tr><td>4</td><td>4 = Marked poverty of speech. Answers are rarely more than a few words in length.</td></tr> <tr><td>5</td><td>5 = Severe poverty of speech. Patient says very little and occasionally fails to answer questions.</td></tr> </table> <p>Custom alignment: LV</p>	0	0 = No poverty of speech. A substantial and appropriate number of replies to questions include additional information.	1	1 = Questionable poverty of speech.	2	2 = Slight poverty of speech. Occasional replies do not include elaborated information even though this is appropriate.	3	3 = Moderate poverty of speech. Some replies do not include appropriately elaborated information, and many replies are monosyllabic or very brief ("Yes." "No." "Maybe." "Don't know." "Last week.").	4	4 = Marked poverty of speech. Answers are rarely more than a few words in length.	5	5 = Severe poverty of speech. Patient says very little and occasionally fails to answer questions.
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3	3 = Moderate poverty of speech. Some replies do not include appropriately elaborated information, and many replies are monosyllabic or very brief ("Yes." "No." "Maybe." "Don't know." "Last week.").														
4	4 = Marked poverty of speech. Answers are rarely more than a few words in length.														
5	5 = Severe poverty of speech. Patient says very little and occasionally fails to answer questions.														
473	[ sans8_additional ]	Poverty of Speech-Additional Comments	notes Custom alignment: LV												
474	[ sans_9_pocs ]	9. Poverty of Content of Speech-Please DO NOT Rate This ItemAlthough the subject's replies are long enough, they convey little information. Speech may be nebulous, overly abstract, overly concrete or repetitive. The interviewer may find that the patient has spoken at some length but has not given adequate information to answer the question. Alternatively, the patient may provide enough information, but require many words to do so, so that a lengthy reply can be summarized in a sentence or two. Sometimes the interviewer may characterize the speech as "empty philosophizing." Exclusions: This finding differs from circumstantiality in that the circumstantial patient tends to provide a wealth of detail.	radio <table border="1"> <tr><td>0</td><td>0 = No poverty of content of speech.</td></tr> <tr><td>1</td><td>1 = Questionable poverty of content of speech.</td></tr> <tr><td>2</td><td>2 = Mild poverty of content of speech. Occasional replies are too vague to be comprehensible or can be markedly condensed.</td></tr> <tr><td>3</td><td>3 = Moderate poverty of content of speech. Replies that are vague or can be markedly condensed make up at least a quarter of the interview.</td></tr> <tr><td>4</td><td>4 = Marked poverty of content of speech. At least half of the patient's speech is composed of vague or incomprehensible replies.</td></tr> <tr><td>5</td><td>5 = Severe poverty of content of speech. Nearly all the patient's speech is vague, incomprehensible, or can be markedly condensed.</td></tr> </table> <p>Custom alignment: LV</p>	0	0 = No poverty of content of speech.	1	1 = Questionable poverty of content of speech.	2	2 = Mild poverty of content of speech. Occasional replies are too vague to be comprehensible or can be markedly condensed.	3	3 = Moderate poverty of content of speech. Replies that are vague or can be markedly condensed make up at least a quarter of the interview.	4	4 = Marked poverty of content of speech. At least half of the patient's speech is composed of vague or incomprehensible replies.	5	5 = Severe poverty of content of speech. Nearly all the patient's speech is vague, incomprehensible, or can be markedly condensed.
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5	5 = Severe poverty of content of speech. Nearly all the patient's speech is vague, incomprehensible, or can be markedly condensed.														
475	[ sans_10_blocking ]	10. Blocking Interruption of a train of speech before a thought or idea has completed. After a period of silence that may last from a few seconds to minutes, the person indicates that he/she cannot recall what he had been saying or meant to say. Blocking should only be judged to be present if a person voluntarily describes	radio, Required <table border="1"> <tr><td>0</td><td>0 = No blocking.</td></tr> <tr><td>1</td><td>1 = Questionable decrease.</td></tr> </table>	0	0 = No blocking.	1	1 = Questionable decrease.								
0	0 = No blocking.														
1	1 = Questionable decrease.														

		losing his/her thought or if upon questioning by the interviewer the person indicates that that was his/her reason for pausing.	<table border="1"> <tr><td>2</td><td>2 = Mild blocking. A single instance noted during a 15-minute period.</td></tr> <tr><td>3</td><td>3 = Moderate blocking. Occurs twice during 15 minutes.</td></tr> <tr><td>4</td><td>4 = Marked blocking. Occurs three times during 15 minutes.</td></tr> <tr><td>5</td><td>5 = Severe blocking. Occurs more than three times.</td></tr> </table> <p>Custom alignment: LV</p>	2	2 = Mild blocking. A single instance noted during a 15-minute period.	3	3 = Moderate blocking. Occurs twice during 15 minutes.	4	4 = Marked blocking. Occurs three times during 15 minutes.	5	5 = Severe blocking. Occurs more than three times.				
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5	5 = Severe blocking. Occurs more than three times.														
476	[ sans10_additional ]	Blocking-Additional Comments	notes Custom alignment: LV												
477	[ sans_11_ilr ]	11. Increased Latency of Response The patient takes a longer time to reply to questions than is usually considered normal. He/she may seem "distant" and sometimes the examiner may wonder if he/she has even heard the question. Upon questioning by the interviewer, the patient should indicate that he/she is aware of the question but is having difficulty in developing his/her thoughts. ?	radio, Required <table border="1"> <tr><td>0</td><td>0 = Not at all. Patient typically replies promptly.</td></tr> <tr><td>1</td><td>1 = Questionable increase.</td></tr> <tr><td>2</td><td>2 = Mild. Occasional brief pauses before replying.</td></tr> <tr><td>3</td><td>3 = Moderate. Frequent brief pauses before replying or long pauses before replying to a third of questions.</td></tr> <tr><td>4</td><td>4 = Marked. Long pauses before replying to half of questions.</td></tr> <tr><td>5</td><td>5 = Severe. Long pauses prior to nearly all replies.</td></tr> </table> <p>Custom alignment: LV</p>	0	0 = Not at all. Patient typically replies promptly.	1	1 = Questionable increase.	2	2 = Mild. Occasional brief pauses before replying.	3	3 = Moderate. Frequent brief pauses before replying or long pauses before replying to a third of questions.	4	4 = Marked. Long pauses before replying to half of questions.	5	5 = Severe. Long pauses prior to nearly all replies.
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5	5 = Severe. Long pauses prior to nearly all replies.														
478	[ sans11_additional ]	Increased Latency of Response-Additional Comments	notes Custom alignment: LV												
479	[ sans_12_gra ]	12. Global Rating of Alogia Since the core features of alogia are poverty of speech and poverty of content, the global rating should place particular emphasis on these.	radio, Required <table border="1"> <tr><td>0</td><td>0 = No alogia.</td></tr> <tr><td>1</td><td>1 = Questionable alogia.</td></tr> <tr><td>2</td><td>2 = Mild. Mild but definite impoverishment in thinking.</td></tr> <tr><td>3</td><td>3 = Moderate. Significant evidence for impoverished thinking.</td></tr> <tr><td>4</td><td>4 = Marked. Patient's thinking seems impoverished much of the time.</td></tr> <tr><td>5</td><td>5 = Severe. Patient's thinking seems impoverished nearly all of the time.</td></tr> </table> <p>Custom alignment: LV</p>	0	0 = No alogia.	1	1 = Questionable alogia.	2	2 = Mild. Mild but definite impoverishment in thinking.	3	3 = Moderate. Significant evidence for impoverished thinking.	4	4 = Marked. Patient's thinking seems impoverished much of the time.	5	5 = Severe. Patient's thinking seems impoverished nearly all of the time.
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480	[ sans12_additional ]	Global Rating of Alogia-Additional Comments	notes Custom alignment: LV												
481	[ sans_13_gh ]	Section Header: AVOLITION-APATHY <i>Avolition manifests itself as a characteristic lack of energy, drive and interest. Patients are unable to mobilize themselves to initiate or persist in completing many different kinds of tasks. Unlike the diminished energy or interest of depression, the avolitional symptom complex in schizophrenia is usually not accompanied by saddened or expressed affect.</i> 13. Grooming and Hygiene The patient displays less attention to grooming and hygiene than normal. Clothing may appear sloppy, outdated, or soiled. Patient may bathe infrequently and not care for hair, nails, or teeth, leading to such manifestations as greasy or uncombed hair, dirty hands, body odor, or unclean teeth and bad breath. Overall, the appearance is dilapidated and disheveled. In extreme cases, the patient may even have poor toilet habits with soiling.	radio, Required <table border="1"> <tr><td>0</td><td>0 = No evidence of poor grooming and hygiene.</td></tr> <tr><td>1</td><td>1 = Questionable decrease.</td></tr> <tr><td>2</td><td>2 = Mild. Some slight but definite indication of inattention to appearance (e.g. hair not combed, rumpled clothing).</td></tr> <tr><td>3</td><td>3 = Moderate. Appearance is somewhat disheveled (e.g. as above but more severe or clothes inappropriate or mismatched).</td></tr> <tr><td>4</td><td>4 = Marked. Appearance is significantly disheveled (e.g. bathes infrequently, clothes soiled).</td></tr> <tr><td>5</td><td>5 = Severe. Appearance is extremely disheveled (e.g. refuses to bathe, clothes filthy, unfastened, or refuses to wear clothes).</td></tr> </table> <p>Custom alignment: LV</p>	0	0 = No evidence of poor grooming and hygiene.	1	1 = Questionable decrease.	2	2 = Mild. Some slight but definite indication of inattention to appearance (e.g. hair not combed, rumpled clothing).	3	3 = Moderate. Appearance is somewhat disheveled (e.g. as above but more severe or clothes inappropriate or mismatched).	4	4 = Marked. Appearance is significantly disheveled (e.g. bathes infrequently, clothes soiled).	5	5 = Severe. Appearance is extremely disheveled (e.g. refuses to bathe, clothes filthy, unfastened, or refuses to wear clothes).
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482	[ sans13_additional ]	Grooming and Hygiene-Additional Comments	notes Custom alignment: LV												
483	[ sans_14_crft ]	Section Header: ROLE FUNCTION <i>The patient may have difficulty fulfilling social role expectations (employment, school, homemaking) as appropriate for his or her age and cultural background. In rating role functioning, one must consider both 1) the difficulty of the role that the patient is attempting to fulfill and 2) how well the patient is functioning within that role. Therefore, this item is rated in two parts. First, the degree to which the patient's current role is appropriate to his/her age and social and cultural background is rated. Next, the degree to which the patient fulfills that role is rated separately.</i> 14. Current Role Function - Level Patient's current social/vocational level (Code 5 for inpatients).	radio, Required <table border="1"> <tr><td>0</td><td>0 = Age and socially appropriate role (full-time paid employment, matriculated in full-time school program NOT including psychiatric rehabilitation affiliated work or school programs, fulfills expectations of full-time homemaker, etc.).</td></tr> <tr><td>1</td><td>1 = Questionable decrease.</td></tr> <tr><td>2</td><td>2 = As above not full-time (part-time student, part-time paid employment, etc.).</td></tr> </table>	0	0 = Age and socially appropriate role (full-time paid employment, matriculated in full-time school program NOT including psychiatric rehabilitation affiliated work or school programs, fulfills expectations of full-time homemaker, etc.).	1	1 = Questionable decrease.	2	2 = As above not full-time (part-time student, part-time paid employment, etc.).						
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			<table border="1"> <tr><td>3</td><td>3 = High level psychiatric setting (high-level day program, vocational programs, etc.).</td></tr> <tr><td>4</td><td>4 = Low-expectation psychiatric setting (e.g. social/recreational programs or undemanding training programs).</td></tr> <tr><td>5</td><td>5 = Does not engage in any appropriate activities (no job, training program or therapeutic program) or is an inpatient.</td></tr> </table>	3	3 = High level psychiatric setting (high-level day program, vocational programs, etc.).	4	4 = Low-expectation psychiatric setting (e.g. social/recreational programs or undemanding training programs).	5	5 = Does not engage in any appropriate activities (no job, training program or therapeutic program) or is an inpatient.						
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			Custom alignment: LV												
484	[sans14_additional]	Current Role Function Level-Additional Comments	notes Custom alignment: LV												
485	[sans_15a_crft_outpatient]	15a. Current Role Function - Quality: For Outpatients Only Degree to which patient fulfills role noted above in item #14.  Show the field ONLY if: [sans_14_crft] = '1' or [sans_14_crft] = '2' or [sans_14_crft] = '3' or [sans_14_crft] = '4' or [sans_14_crft] = '5'	radio, Required <table border="1"> <tr><td>0</td><td>0 = Fulfills expectations of current role (as rated in previous item).</td></tr> <tr><td>1</td><td>1 = Questionable decrease.</td></tr> <tr><td>2</td><td>2 = Fulfills expectations of current role but with some difficulty (e.g. occasionally misses work, school or program without justifiable reason, occasionally fails to fulfill responsibilities).</td></tr> <tr><td>3</td><td>3 = Has definite difficulty fulfilling role responsibilities (e.g. consistently fails to attend and/or participate appropriately in current role).</td></tr> <tr><td>4</td><td>4 = Functioning at current role is seriously compromised and/or in danger of being dropped from current activity.</td></tr> <tr><td>5</td><td>5 = Not functioning in role (Note: Patients given this rating should have been rated 5 on the item above).</td></tr> </table>	0	0 = Fulfills expectations of current role (as rated in previous item).	1	1 = Questionable decrease.	2	2 = Fulfills expectations of current role but with some difficulty (e.g. occasionally misses work, school or program without justifiable reason, occasionally fails to fulfill responsibilities).	3	3 = Has definite difficulty fulfilling role responsibilities (e.g. consistently fails to attend and/or participate appropriately in current role).	4	4 = Functioning at current role is seriously compromised and/or in danger of being dropped from current activity.	5	5 = Not functioning in role (Note: Patients given this rating should have been rated 5 on the item above).
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			Custom alignment: LV												
486	[sans15_additional]	Current Role Function - Quality: For Outpatients Only-Additional Comments  Show the field ONLY if: [sans_14_crft] = '1' or [sans_14_crft] = '2' or [sans_14_crft] = '3' or [sans_14_crft] = '4' or [sans_14_crft] = '5'	notes Custom alignment: LV												
487	[sans_15b_pa_inpatient]	15b. Participation in Unit-Appropriate Activities: For Inpatients Only Patients may have difficulty in attending and/or participating in assigned activities and general unit activities such as groups on the unit. Patients with mild impairment may attend activities but do not participate fully or do not complete assigned tasks. Patients with more severe impairment attend activities only with staff encouragement or not at all.  Show the field ONLY if: [sans_14_crft] = '6'	radio <table border="1"> <tr><td>0</td><td>0 = Participates appropriately in unit activities.</td></tr> <tr><td>1</td><td>1 = Questionable decrement in participation.</td></tr> <tr><td>2</td><td>2 = Mild. Patient requires some encouragement to attend or maintain participation in activities.</td></tr> <tr><td>3</td><td>3 = Moderate. Patient attends most activities but needs frequent prodding to attend or maintain participation.</td></tr> <tr><td>4</td><td>4 = Marked. Patient attends activities less than half the time and/or participates minimally.</td></tr> <tr><td>5</td><td>5 = Severe. Patient consistently fails to attend activities.</td></tr> </table>	0	0 = Participates appropriately in unit activities.	1	1 = Questionable decrement in participation.	2	2 = Mild. Patient requires some encouragement to attend or maintain participation in activities.	3	3 = Moderate. Patient attends most activities but needs frequent prodding to attend or maintain participation.	4	4 = Marked. Patient attends activities less than half the time and/or participates minimally.	5	5 = Severe. Patient consistently fails to attend activities.
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			Custom alignment: LV												
488	[sans16_additional]	Participation in Unit-Appropriate Activities: For Inpatients Only-Additional Comments  Show the field ONLY if: [sans_14_crft] = '6'	notes Custom alignment: LV												
489	[sans_16_panergia]	16. Physical Anergia The core concept is the extent to which the patient tends to be physically inactive given age-appropriate expectations of the general population. He/she may spend large amounts of time in physically inactive and mentally undemanding tasks such as watching TV. The family may report that he/she spends most of his/her time "doing nothing except sitting around." The patient may report an increased need to rest beyond that appropriate for his/her level of physical exertion. In severe cases, he/she may spend most or all of his/her time in bed.	radio, Required <table border="1"> <tr><td>0</td><td>0 = No evidence of physical anergia.</td></tr> <tr><td>1</td><td>1 = Questionable physical anergia.</td></tr> <tr><td>2</td><td>2 = Mild anergia. Spends slightly more time resting or in physically undemanding activities than expected given the patient's age.</td></tr> <tr><td>3</td><td>3 = Moderate anergia. Spends a significant amount of time resting or in physically undemanding tasks.</td></tr> <tr><td>4</td><td>4 = Marked anergia. Spends most of his/her time resting or in physically undemanding tasks.</td></tr> <tr><td>5</td><td>5 = Severe anergia. Spends almost all of his/her time resting or in physically undemanding tasks.</td></tr> </table>	0	0 = No evidence of physical anergia.	1	1 = Questionable physical anergia.	2	2 = Mild anergia. Spends slightly more time resting or in physically undemanding activities than expected given the patient's age.	3	3 = Moderate anergia. Spends a significant amount of time resting or in physically undemanding tasks.	4	4 = Marked anergia. Spends most of his/her time resting or in physically undemanding tasks.	5	5 = Severe anergia. Spends almost all of his/her time resting or in physically undemanding tasks.
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			Custom alignment: LV												
490	[sans17_additional]	Physical Anergia-Additional Comments	notes Custom alignment: LV												

	491	[ sans_17_gravolition ]	17. Global Rating of AvolitionThe global rating should reflect the overall severity of the avolition symptoms, given expectations of outpatients.	radio, Required <table border="1"> <tr><td>0</td><td>0 = No avolition.</td></tr> <tr><td>1</td><td>1 = Questionable avolition.</td></tr> <tr><td>2</td><td>2 = Mild but definitely present.</td></tr> <tr><td>3</td><td>3 = Moderate avolition.</td></tr> <tr><td>4</td><td>4 = Marked avolition.</td></tr> <tr><td>5</td><td>5 = Severe avolition.</td></tr> </table>	0	0 = No avolition.	1	1 = Questionable avolition.	2	2 = Mild but definitely present.	3	3 = Moderate avolition.	4	4 = Marked avolition.	5	5 = Severe avolition.
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	492	[ sans17_additional ]	Global Rating of Avolition-Additional Comments	notes Custom alignment: LV												
	493	[ sans_18_asociality ]	Section Header: ASOCIALITY - ANHEDONIA  18. AsocialityThe core feature of Asociality is a decrease in social interactions with others. Rate primarily on the basis of patient report. Patients with mild Asociality may not initiate social contact with others but do respond to overtures by others. In more severe cases, patients avoid social contact with others.	radio, Required <table border="1"> <tr><td>0</td><td>0 = No evidence of lack of sociability.</td></tr> <tr><td>1</td><td>1 = Questionable decrease.</td></tr> <tr><td>2</td><td>2 = Mild. Reports some difficulty initiating social interactions but usually welcomes overtures by others.</td></tr> <tr><td>3</td><td>3 = Moderate. Rarely initiates social activities but sometimes responds to overtures by others.</td></tr> <tr><td>4</td><td>4 = Marked. Rarely initiates social activities; avoids being with others unless prodded by others.</td></tr> <tr><td>5</td><td>5 = Severe. Avoids being with others whenever possible.</td></tr> </table>	0	0 = No evidence of lack of sociability.	1	1 = Questionable decrease.	2	2 = Mild. Reports some difficulty initiating social interactions but usually welcomes overtures by others.	3	3 = Moderate. Rarely initiates social activities but sometimes responds to overtures by others.	4	4 = Marked. Rarely initiates social activities; avoids being with others unless prodded by others.	5	5 = Severe. Avoids being with others whenever possible.
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	494	[ sans18_additional ]	Asociality-Additional Comments	notes Custom alignment: LV												
	495	[ sans_19_anhedonia ]	19. Anhedonia Patients with Anhedonia have loss of interest in initiating pleasurable activities or, in more severe cases, lose the ability to experience pleasure when participating in activities normally considered pleasurable. Psychiatric patients frequently have significant financial restraints on the recreational activities in which they may engage. These restrictions should be taken into account in rating Anhedonia.	radio, Required <table border="1"> <tr><td>0</td><td>0 = No evidence of Anhedonia; seeks out pleasurable opportunities available to him/her and reports enjoyment of activities he/she engages in.</td></tr> <tr><td>1</td><td>1 = Questionable decrease.</td></tr> <tr><td>2</td><td>2 = Mild. Does not usually initiate pleasurable activities but often participates in what is offered and enjoys it.</td></tr> <tr><td>3</td><td>3 = Moderate. Has to be encouraged to participate in pleasurable activities and/or sometimes does not enjoy otherwise pleasurable activities.</td></tr> <tr><td>4</td><td>4 = Marked. Usually does not participate in activities and reports little enjoyment of activities.</td></tr> <tr><td>5</td><td>5 = Severe. Reports total inability to enjoy activities.</td></tr> </table>	0	0 = No evidence of Anhedonia; seeks out pleasurable opportunities available to him/her and reports enjoyment of activities he/she engages in.	1	1 = Questionable decrease.	2	2 = Mild. Does not usually initiate pleasurable activities but often participates in what is offered and enjoys it.	3	3 = Moderate. Has to be encouraged to participate in pleasurable activities and/or sometimes does not enjoy otherwise pleasurable activities.	4	4 = Marked. Usually does not participate in activities and reports little enjoyment of activities.	5	5 = Severe. Reports total inability to enjoy activities.
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5	5 = Severe. Reports total inability to enjoy activities.															
	496	[ sans19_additional ]	Anhedonia-Additional Comments	notes Custom alignment: LV												
	497	[ sans_20_dsi ]	20. Decreased Sexual Interest and ActivityThe patient may show a decrement in sexual interest and/or activity. Rate upon the basis of expressed interest and activities engaged by patient given the patient's environment and social and cultural background.	radio, Required <table border="1"> <tr><td>0</td><td>0 = No evidence of decreased sexual interest or activity.</td></tr> <tr><td>1</td><td>1 = Questionable decrease.</td></tr> <tr><td>2</td><td>2 = Mild. Reports some diminished interest in sex but does pursue some sexual activity.</td></tr> <tr><td>3</td><td>3 = Moderate. Expresses interest in sex but little or no pursuit of sexual activity.</td></tr> <tr><td>4</td><td>4 = Marked. Reports little interest in sex and does not pursue sexual activity.</td></tr> <tr><td>5</td><td>5 = Severe. Reports no interest in sex and no sexual activity.</td></tr> </table>	0	0 = No evidence of decreased sexual interest or activity.	1	1 = Questionable decrease.	2	2 = Mild. Reports some diminished interest in sex but does pursue some sexual activity.	3	3 = Moderate. Expresses interest in sex but little or no pursuit of sexual activity.	4	4 = Marked. Reports little interest in sex and does not pursue sexual activity.	5	5 = Severe. Reports no interest in sex and no sexual activity.
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5	5 = Severe. Reports no interest in sex and no sexual activity.															
	498	[ sans20_additional ]	Decreased Sexual Interest and Activity-Additional Comments	notes Custom alignment: LV												
	499	[ sans_21_afintimacy ]	21. Ability to Feel Intimacy and ClosenessThe patient may be unable to form close and emotionally intimate relationships. The core feature to be rated is the degree to which patients can confide with others their feelings, goals, problems, or other important aspects of their lives. This should be distinguished from patients who may be superficially sociable without being close to others.	radio, Required <table border="1"> <tr><td>0</td><td>0 = Consistently maintains a close relationship with at least one family member/spouse and at least one person outside family.</td></tr> <tr><td>1</td><td>1 = Questionable decrease.</td></tr> </table>	0	0 = Consistently maintains a close relationship with at least one family member/spouse and at least one person outside family.	1	1 = Questionable decrease.								
0	0 = Consistently maintains a close relationship with at least one family member/spouse and at least one person outside family.															
1	1 = Questionable decrease.															

			<table border="1"> <tr><td>2</td><td>2 = Mild. Consistently maintains a close relationship with either a family member or one person outside the family.</td></tr> <tr><td>3</td><td>3 = Moderate. Sometimes is able to be close to a family member or someone outside the family.</td></tr> <tr><td>4</td><td>4 = Marked. Rarely is able to be close to others.</td></tr> <tr><td>5</td><td>5 = Severe. Has no close relationships with family or people outside the family.</td></tr> </table>	2	2 = Mild. Consistently maintains a close relationship with either a family member or one person outside the family.	3	3 = Moderate. Sometimes is able to be close to a family member or someone outside the family.	4	4 = Marked. Rarely is able to be close to others.	5	5 = Severe. Has no close relationships with family or people outside the family.				
2	2 = Mild. Consistently maintains a close relationship with either a family member or one person outside the family.														
3	3 = Moderate. Sometimes is able to be close to a family member or someone outside the family.														
4	4 = Marked. Rarely is able to be close to others.														
5	5 = Severe. Has no close relationships with family or people outside the family.														
			Custom alignment: LV												
500	[sans21_additional]	Ability to Feel Intimacy and Closeness-Additional Comments	notes Custom alignment: LV												
501	[sans_22_graa]	22. Global Rating of Asociality-AnhedoniaThe global rating should reflect the overall severity of the asocial-anhedonic symptoms.	radio, Required <table border="1"> <tr><td>0</td><td>0 = No asociality-anhedonia.</td></tr> <tr><td>1</td><td>1 = Questionable asociality-anhedonia.</td></tr> <tr><td>2</td><td>2 = Mild asociality-anhedonia.</td></tr> <tr><td>3</td><td>3 = Moderate asociality-anhedonia.</td></tr> <tr><td>4</td><td>4 = Marked asociality-anhedonia.</td></tr> <tr><td>5</td><td>5 = Severe asociality-anhedonia.</td></tr> </table>	0	0 = No asociality-anhedonia.	1	1 = Questionable asociality-anhedonia.	2	2 = Mild asociality-anhedonia.	3	3 = Moderate asociality-anhedonia.	4	4 = Marked asociality-anhedonia.	5	5 = Severe asociality-anhedonia.
0	0 = No asociality-anhedonia.														
1	1 = Questionable asociality-anhedonia.														
2	2 = Mild asociality-anhedonia.														
3	3 = Moderate asociality-anhedonia.														
4	4 = Marked asociality-anhedonia.														
5	5 = Severe asociality-anhedonia.														
			Custom alignment: LV												
502	[sans22_additional]	Global Rating of Asociality-Anhedonia-Additional Comments	notes Custom alignment: LV												
503	[scale_for_the_assessment_of_negative_symptoms_sans_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														

Instrument: **CORE Measure** (core\_measure)  Enabled as survey

504	[core_date]	Date of assessment	text (date_dmy), Required																								
505	[core_rater]	Rater	text																								
506	[core_completed]	Was this form completed?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
507	[core_reason]  Show the field ONLY if: [core_completed] = '0'	Why was the form not completed?	dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>Participant unable to complete due to cognitive impairment</td></tr> <tr><td>2</td><td>Participant unable to complete due to physical impairment</td></tr> <tr><td>3</td><td>Participant refused to begin/finish</td></tr> <tr><td>4</td><td>Participant completed but with less than best effort</td></tr> <tr><td>5</td><td>Participant unable to be contacted</td></tr> <tr><td>6</td><td>Participant deceased</td></tr> <tr><td>7</td><td>Participant withdrew consent</td></tr> <tr><td>8</td><td>Time constraints</td></tr> <tr><td>9</td><td>Rater forgot to administer</td></tr> <tr><td>10</td><td>Missed appointment</td></tr> <tr><td>11</td><td>Participant was terminated from study</td></tr> <tr><td>12</td><td>Other</td></tr> </table>	1	Participant unable to complete due to cognitive impairment	2	Participant unable to complete due to physical impairment	3	Participant refused to begin/finish	4	Participant completed but with less than best effort	5	Participant unable to be contacted	6	Participant deceased	7	Participant withdrew consent	8	Time constraints	9	Rater forgot to administer	10	Missed appointment	11	Participant was terminated from study	12	Other
1	Participant unable to complete due to cognitive impairment																										
2	Participant unable to complete due to physical impairment																										
3	Participant refused to begin/finish																										
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5	Participant unable to be contacted																										
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8	Time constraints																										
9	Rater forgot to administer																										
10	Missed appointment																										
11	Participant was terminated from study																										
12	Other																										
508	[core_reason_other]  Show the field ONLY if: [core_reason] = '12'	Other	text, Required																								
509	[core_1]	1. Non-interactivity For what proportion of the interview does the patient not respond to the social cues or fail to interact with or "stay with" the interviewer, i.e., give the impression that the interviewer has "not been registered"? A non-interactive patient does not necessarily show an impairment of concentration.	radio, Required <table border="1"> <tr><td>0</td><td>0= Consistently Interactive</td></tr> <tr><td>1</td><td>1=Not interactive some of the time</td></tr> <tr><td>2</td><td>2=Not interactive much of the time</td></tr> <tr><td>3</td><td>3= Not interactive almost all of the time</td></tr> </table>	0	0= Consistently Interactive	1	1=Not interactive some of the time	2	2=Not interactive much of the time	3	3= Not interactive almost all of the time																
0	0= Consistently Interactive																										
1	1=Not interactive some of the time																										
2	2=Not interactive much of the time																										
3	3= Not interactive almost all of the time																										
			Custom alignment: LV																								

	510	[core_2]	2. Facial immobility The rater should assess the lack of moment-to-moment fluctuation of facial expression. The depth of expression is important such that shallow, fleeting changes or mere social reactions should not be given great weight. Disregard natural blinking in your assessment.	radio, Required <table border="1"> <tr><td>0</td><td>0=Mobility within normal limits</td></tr> <tr><td>1</td><td>1=Somewhat restricted facial mobility</td></tr> <tr><td>2</td><td>2=Moderately restricted facial mobility</td></tr> <tr><td>3</td><td>3=Fixed and immobile face</td></tr> </table> Custom alignment: LV	0	0=Mobility within normal limits	1	1=Somewhat restricted facial mobility	2	2=Moderately restricted facial mobility	3	3=Fixed and immobile face
0	0=Mobility within normal limits											
1	1=Somewhat restricted facial mobility											
2	2=Moderately restricted facial mobility											
3	3=Fixed and immobile face											
	511	[core_3]	3. Postural slumping Judge the presence and severity of postural slumping (i.e., head bowed, shoulders rolled forward) relevant to the patient's age and physical status, while the patient is sitting, standing and walking.	radio, Required <table border="1"> <tr><td>0</td><td>0&gt;No slumping</td></tr> <tr><td>1</td><td>1=Slightly slumped posture</td></tr> <tr><td>2</td><td>2=Moderately slumped posture</td></tr> <tr><td>3</td><td>3=Markedly slumped posture</td></tr> </table> Custom alignment: LV	0	0>No slumping	1	1=Slightly slumped posture	2	2=Moderately slumped posture	3	3=Markedly slumped posture
0	0>No slumping											
1	1=Slightly slumped posture											
2	2=Moderately slumped posture											
3	3=Markedly slumped posture											
	512	[core_4]	4. Non-reactivity Assess any failure by the patient to show improvement in mood in response to something pleasing, or to your attempts at cheering the patient up. If there is no spontaneous reactivity, test for it formally (e.g., ask about an interest or normally pleasurable event, compliment the patient about some characteristic or achievement or use humour). All patients who have failed to smile during the interview should be asked formally to smile. Spontaneous or unforced smiles, and full smiles evoked by request, should generate a 0 rating for non-reactivity. Superficial or forced smiles favour a positive rating.	radio, Required <table border="1"> <tr><td>0</td><td>0=Appropriately reactive mood</td></tr> <tr><td>1</td><td>1=Slightly non-reactive mood</td></tr> <tr><td>2</td><td>2=Moderately non-reactive mood</td></tr> <tr><td>3</td><td>3=Severely non-reactive mood (neither worsening nor improving)</td></tr> </table> Custom alignment: LV	0	0=Appropriately reactive mood	1	1=Slightly non-reactive mood	2	2=Moderately non-reactive mood	3	3=Severely non-reactive mood (neither worsening nor improving)
0	0=Appropriately reactive mood											
1	1=Slightly non-reactive mood											
2	2=Moderately non-reactive mood											
3	3=Severely non-reactive mood (neither worsening nor improving)											
	513	[core_5]	5. Facial apprehension Rate the extent to which the patient's face shows sustained morbid apprehension, perplexity, bewilderment, fearfulness or tortured concern. The apprehension is unable to be relieved substantially by the interviewer's attempts to provide realistic comfort or reassurance. The item should not be rated unless the apprehension is clearly pathological and persistent.	radio, Required <table border="1"> <tr><td>0</td><td>0&gt;No facial apprehension</td></tr> <tr><td>1</td><td>1=Slight facial apprehension</td></tr> <tr><td>2</td><td>2=Moderate facial apprehension</td></tr> <tr><td>3</td><td>3=Marked facial apprehension</td></tr> </table> Custom alignment: LV	0	0>No facial apprehension	1	1=Slight facial apprehension	2	2=Moderate facial apprehension	3	3=Marked facial apprehension
0	0>No facial apprehension											
1	1=Slight facial apprehension											
2	2=Moderate facial apprehension											
3	3=Marked facial apprehension											
	514	[core_6]	6. Delay in responding verbally Judge the extent to which the patient shows delay or inhibition in replying to questions. Allow for the patient's education, culture, age and language	radio, Required <table border="1"> <tr><td>0</td><td>0&gt;No obvious delay in responding</td></tr> <tr><td>1</td><td>1=Slight delay in responding</td></tr> <tr><td>2</td><td>2=Moderate delay in responding</td></tr> <tr><td>3</td><td>3=Severe delay in responding</td></tr> </table> Custom alignment: LV	0	0>No obvious delay in responding	1	1=Slight delay in responding	2	2=Moderate delay in responding	3	3=Severe delay in responding
0	0>No obvious delay in responding											
1	1=Slight delay in responding											
2	2=Moderate delay in responding											
3	3=Severe delay in responding											
	515	[core_7]	7. Length of verbal responses Rate the extent to which the patient refrains from speaking or responding at any length in reply to more open-ended questions. Allow for the patient's education, culture, age and language.	radio, Required <table border="1"> <tr><td>0</td><td>0=Responses of appropriate length</td></tr> <tr><td>1</td><td>1=Responses distinctly shortened</td></tr> <tr><td>2</td><td>2=Responses generally of a few words only</td></tr> <tr><td>3</td><td>3=Mute</td></tr> </table> Custom alignment: LV	0	0=Responses of appropriate length	1	1=Responses distinctly shortened	2	2=Responses generally of a few words only	3	3=Mute
0	0=Responses of appropriate length											
1	1=Responses distinctly shortened											
2	2=Responses generally of a few words only											
3	3=Mute											
	516	[core_8]	8. Inattentiveness Inattentiveness is, in effect, an impairment of concentration as judged by the observer. Rate the extent to which the patient is inattentive to the interview and to the interviewer. The patient may have full consciousness but be inattentive. This differs from non-interactiveness (Item 1) in that the patient may well appear to interact but be unable to sustain attention to the interview.	radio, Required <table border="1"> <tr><td>0</td><td>0=Consistently attentive</td></tr> <tr><td>1</td><td>1=Inattentive for some of the time</td></tr> <tr><td>2</td><td>2=Inattentive for much of the time</td></tr> <tr><td>3</td><td>3=Inattentive almost all of the time</td></tr> </table> Custom alignment: LV	0	0=Consistently attentive	1	1=Inattentive for some of the time	2	2=Inattentive for much of the time	3	3=Inattentive almost all of the time
0	0=Consistently attentive											
1	1=Inattentive for some of the time											
2	2=Inattentive for much of the time											
3	3=Inattentive almost all of the time											
	517	[core_9]	9. Facial agitation Judge the extent to which the patient's facial movements and fluctuations in expression indicate pathological fearfulness, bewilderment, anguish, perplexity or mental torment. Agitation can be commonly expressed in sudden outbursts of anguish or despair. At other times the patient's face may lack mobility. Do not rate on the basis of the patient's complaints of anxiety. Do not rate dyskinetic movements which are not associated typically with tormented mental features. Do not rate tremulous movements or physical disorders which may produce apparent tremors. In distinguishing from movements associated with anxiety, refer to Point 3 in the general guidelines. A 3 rating requires persistent and significant agitation and/or several	radio, Required <table border="1"> <tr><td>0</td><td>0&gt;No facial agitation</td></tr> <tr><td>1</td><td>1=Slight facial agitation</td></tr> <tr><td>2</td><td>2=Moderate facial agitation</td></tr> <tr><td>3</td><td>3=Persistent and/or several epochs of marked facial agitation</td></tr> </table> Custom alignment: LV	0	0>No facial agitation	1	1=Slight facial agitation	2	2=Moderate facial agitation	3	3=Persistent and/or several epochs of marked facial agitation
0	0>No facial agitation											
1	1=Slight facial agitation											
2	2=Moderate facial agitation											
3	3=Persistent and/or several epochs of marked facial agitation											

		epochs of severe agitation superimposed on a facial expression of bewilderment, perplexity and/or retardation.									
518	[core_10]	10. Body immobility (amount, not speed) Judge the extent to which the patient moves limbs, hands and body, relevant to the patient's age and physical status.	radio, Required <table border="1"> <tr><td>0</td><td>0=Mobility within normal limits</td></tr> <tr><td>1</td><td>1=Slightly restricted mobility</td></tr> <tr><td>2</td><td>2=Moderately restricted mobility</td></tr> <tr><td>3</td><td>3 =Virtually no movement (immobile)</td></tr> </table> Custom alignment: LV	0	0=Mobility within normal limits	1	1=Slightly restricted mobility	2	2=Moderately restricted mobility	3	3 =Virtually no movement (immobile)
0	0=Mobility within normal limits										
1	1=Slightly restricted mobility										
2	2=Moderately restricted mobility										
3	3 =Virtually no movement (immobile)										
519	[core_11]	11. Motor agitation Rate persistent, excessive or inappropriate motor activity as manifested by a characteristic inability by the patient to sit or stay still, indicating thwarted or misdirected energy. Typical movements include slow rubbing, pacing, writhing or wandering actions. The movements may have an autistic quality. Do not rate tremors, dyskinesia or mannerisms. Note Point 3 in the general guidelines. A 2 rating could reflect persisting agitation of moderate severity or epochs of quite severe agitation, while a 3 rating reflects persistent and severe agitation.	radio, Required <table border="1"> <tr><td>0</td><td>0=No abnormality, or movements more typical of anxiety</td></tr> <tr><td>1</td><td>1 =Slight motor agitation</td></tr> <tr><td>2</td><td>2 =Persistent agitation of moderate severity or epochs of moderate intensity</td></tr> <tr><td>3</td><td>3 =Severe motor agitation, unable to sit still at all</td></tr> </table> Custom alignment: LV	0	0=No abnormality, or movements more typical of anxiety	1	1 =Slight motor agitation	2	2 =Persistent agitation of moderate severity or epochs of moderate intensity	3	3 =Severe motor agitation, unable to sit still at all
0	0=No abnormality, or movements more typical of anxiety										
1	1 =Slight motor agitation										
2	2 =Persistent agitation of moderate severity or epochs of moderate intensity										
3	3 =Severe motor agitation, unable to sit still at all										
520	[core_12]	12. Poverty of associations Judge the vagueness of information given, and the extent to which topics and themes lack explication or richness, again allowing for education and cultural differences. Ignore the extent to which the patient talks freely or not. Rate in response to both open-ended and specific questions.	radio, Required <table border="1"> <tr><td>0</td><td>0=No abnormality</td></tr> <tr><td>1</td><td>1 =Slight poverty of associations</td></tr> <tr><td>2</td><td>2 =Moderate poverty of associations</td></tr> <tr><td>3</td><td>3 =Severe poverty of associations</td></tr> </table> Custom alignment: LV	0	0=No abnormality	1	1 =Slight poverty of associations	2	2 =Moderate poverty of associations	3	3 =Severe poverty of associations
0	0=No abnormality										
1	1 =Slight poverty of associations										
2	2 =Moderate poverty of associations										
3	3 =Severe poverty of associations										
521	[core_13]	13. Slowed movement (speed, not amount) Rate any slowing in movement, relevant to the patient's age and physical status. Observe the patient entering and leaving the room, and sitting and standing, or test by asking the patient to walk the length of the room.	radio, Required <table border="1"> <tr><td>0</td><td>0= Normal speed of movement</td></tr> <tr><td>1</td><td>1= Slightly slowed movements</td></tr> <tr><td>2</td><td>2 =Moderately slowed movements</td></tr> <tr><td>3</td><td>3 =Severely slowed movements</td></tr> </table> Custom alignment: LV	0	0= Normal speed of movement	1	1= Slightly slowed movements	2	2 =Moderately slowed movements	3	3 =Severely slowed movements
0	0= Normal speed of movement										
1	1= Slightly slowed movements										
2	2 =Moderately slowed movements										
3	3 =Severely slowed movements										
522	[core_14]	14.Verbal stereotypy Rate the extent to which the patient's speech is morbidly repetitive or perseverative (e.g., constantly seeking but generally inaccessible to reassurance, often importuning or complaining without heed to time or place). The repetition of limited themes, often of a mundane or seemingly inappropriate nature, is particularly characteristic. Typically, the effect of interruption on such verbal output is minimal, as is the degree to which the patient's themes are altered or diverted by the interview situation.	radio, Required <table border="1"> <tr><td>0</td><td>0=No obvious verbal stereotypy</td></tr> <tr><td>1</td><td>1=Slight verbal stereotypy</td></tr> <tr><td>2</td><td>2 =Moderate verbal stereotypy</td></tr> <tr><td>3</td><td>3 =Severe verbal stereotypy</td></tr> </table> Custom alignment: LV	0	0=No obvious verbal stereotypy	1	1=Slight verbal stereotypy	2	2 =Moderate verbal stereotypy	3	3 =Severe verbal stereotypy
0	0=No obvious verbal stereotypy										
1	1=Slight verbal stereotypy										
2	2 =Moderate verbal stereotypy										
3	3 =Severe verbal stereotypy										
523	[core_15]	15. Delay in motor activity Judge the extent to which the patient shows delay or inhibition in initiating movement (e.g., getting up to leave the room), relevant to the patient's age and physical status.	radio, Required <table border="1"> <tr><td>0</td><td>0=No obvious delay in motor activity</td></tr> <tr><td>1</td><td>1=Slight delay in motor activity</td></tr> <tr><td>2</td><td>2 =Moderate delay in motor activity</td></tr> <tr><td>3</td><td>3 =Severe delay in motor activity</td></tr> </table> Custom alignment: LV	0	0=No obvious delay in motor activity	1	1=Slight delay in motor activity	2	2 =Moderate delay in motor activity	3	3 =Severe delay in motor activity
0	0=No obvious delay in motor activity										
1	1=Slight delay in motor activity										
2	2 =Moderate delay in motor activity										
3	3 =Severe delay in motor activity										
524	[core_16]	16. Impaired spontaneity of talk Judge impaired spontaneity of talk after allowing for any likely educational, cultural or other relevant influences, and rate in response to both open-ended and specific questions.	radio, Required <table border="1"> <tr><td>0</td><td>0=Spontaneously raises issues</td></tr> <tr><td>1</td><td>1 = Slight loss of spontaneity</td></tr> <tr><td>2</td><td>2 = Moderate loss of spontaneity</td></tr> <tr><td>3</td><td>3= No spontaneous talk</td></tr> </table> Custom alignment: LV	0	0=Spontaneously raises issues	1	1 = Slight loss of spontaneity	2	2 = Moderate loss of spontaneity	3	3= No spontaneous talk
0	0=Spontaneously raises issues										
1	1 = Slight loss of spontaneity										
2	2 = Moderate loss of spontaneity										
3	3= No spontaneous talk										
525	[core_17]	17. Slowing of speech rate Judge any slowing in speech rate, allowing for the patient's age and physical status	radio, Required <table border="1"> <tr><td>0</td><td>0=Normal rate of speech</td></tr> <tr><td>1</td><td>1 =Slightly slowed rate of speech</td></tr> <tr><td>2</td><td>2 =Moderately slowed rate of speech</td></tr> <tr><td>3</td><td>3 =Markedly slowed rate of speech</td></tr> </table> Custom alignment: LV	0	0=Normal rate of speech	1	1 =Slightly slowed rate of speech	2	2 =Moderately slowed rate of speech	3	3 =Markedly slowed rate of speech
0	0=Normal rate of speech										
1	1 =Slightly slowed rate of speech										
2	2 =Moderately slowed rate of speech										
3	3 =Markedly slowed rate of speech										

	526	[core_18]	<p>18. Stereotyped movements Rate the presence and severity of certain persistent, repetitive or purposeless movements. Stereotypic movements are distinct, unusual, idiosyncratic and often bizarre. Examples of stereotyped movements might be rubbing of hands in a rather bizarre manner, picking at the skin, fiddling with clothes and skin in association with an autistic and perturbed mien. To be rated as present, the movements should be obvious, characteristic and little affected by external distraction. We regard "stereotyped movements" as a higher-order variable of "motor agitation" (Item 11). Thus, all depressed patients with stereotyped movements will have "motor agitation," but the reverse is not necessarily true. If Item 11 ("motor agitation") has returned a 0 rating, then a 0 rating must be returned here.</p>	radio, Required <table border="1"> <tr><td>0</td><td>=Normal non-stereotyped movements</td></tr> <tr><td>1</td><td>=Slight degree of stereotyped movements (use for those who show hand-wringing only)</td></tr> <tr><td>2</td><td>=Moderate degree of stereotyped movements</td></tr> <tr><td>3</td><td>=Severe degree of stereotyped movements</td></tr> </table> <p>Custom alignment: LV</p>	0	=Normal non-stereotyped movements	1	=Slight degree of stereotyped movements (use for those who show hand-wringing only)	2	=Moderate degree of stereotyped movements	3	=Severe degree of stereotyped movements
0	=Normal non-stereotyped movements											
1	=Slight degree of stereotyped movements (use for those who show hand-wringing only)											
2	=Moderate degree of stereotyped movements											
3	=Severe degree of stereotyped movements											
	527	[core_nadir]	<p>Circle whether the mental state examination was undertaken near to or at the nadir (most severe period) of the episode.</p> <p>Nadir:</p>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: RH</p>	1	Yes	0	No				
1	Yes											
0	No											
	528	[core_score1]	Non-interactiveness Total Score:	calc, Required Calculation: [core_1]+[core_4]+[core_7]+[core_8]+[core_12]+[core_16] Custom alignment: RH								
	529	[core_score2]	Retardation Total Score:	calc, Required Calculation: [core_2]+[core_3]+[core_6]+[core_10]+[core_13]+[core_15]+[core_17] Custom alignment: RH								
	530	[core_score3]	Agitation Total Score:	calc, Required Calculation: [core_5]+[core_9]+[core_11]+[core_14]+[core_18] Custom alignment: RH								
	531	[core_tot]	Total CORE Score	calc, Required Calculation: [core_score1]+[core_score2]+[core_score3] Custom alignment: RH								
	532	[core_measure_complete]	<p>Section Header: Form Status</p> <p>Complete?</p>	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete											
1	Unverified											
2	Complete											

**Instrument: SADS DELUSION and HALLUCINATION SEVERITY SCALE (sads\_delusion\_and\_hallucination\_severity\_scale)** Enabled as survey

	533	[sads_date]	Date of assessment	text (date_dmy), Required																								
	534	[sads_rater]	Assessment completed by:	text																								
	535	[sads_complete]	Was the form completed?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																											
0	No																											
	536	[sads_reason_nc]	Why was the form not completed?  Show the field ONLY if: [sads_complete] = '0'	dropdown (autocomplete), Required <table border="1"> <tr><td>1</td><td>Participant unable to complete due to cognitive impairment</td></tr> <tr><td>2</td><td>Participant unable to complete due to physical impairment</td></tr> <tr><td>3</td><td>Participant refused to begin/finish</td></tr> <tr><td>4</td><td>Participant completed but with less than best effort</td></tr> <tr><td>5</td><td>Participant unable to be contacted</td></tr> <tr><td>6</td><td>Participant deceased</td></tr> <tr><td>7</td><td>Participant withdrew consent</td></tr> <tr><td>8</td><td>Time constraints</td></tr> <tr><td>9</td><td>Rater forgot to administer</td></tr> <tr><td>10</td><td>Missed appointment</td></tr> <tr><td>11</td><td>Participant was terminated from study</td></tr> <tr><td>12</td><td>Other</td></tr> </table>	1	Participant unable to complete due to cognitive impairment	2	Participant unable to complete due to physical impairment	3	Participant refused to begin/finish	4	Participant completed but with less than best effort	5	Participant unable to be contacted	6	Participant deceased	7	Participant withdrew consent	8	Time constraints	9	Rater forgot to administer	10	Missed appointment	11	Participant was terminated from study	12	Other
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9	Rater forgot to administer																											
10	Missed appointment																											
11	Participant was terminated from study																											
12	Other																											
	537	[sads_reason_nc_other]	Other  Show the field ONLY if: [sads_reason_nc] = '1'	text																								
	538	[sads_delusions]	Severity of Delusion(s)	dropdown, Required <table border="1"> <tr><td>1</td><td>1: Absent</td></tr> </table>	1	1: Absent																						
1	1: Absent																											

2	2: Delusion(s) suspected or likely
3	3: Delusion(s) present but at times the individual questions belief
4	4: Full delusional conviction, but little or no influence on behavior
5	5: Full delusional conviction, but only minimal impact on behavior
6	6: Delusion(s) ha(s/ve) significant effect on behavior (e.g., neglects responsibilities because of preoccupation with belief that he or she is God)
7	7: Delusion(s) ha(s/ve) major impact on behavior (e.g., stops eating because of belief that food is poisoned)

dropdown, Required
1 1: No hallucination(s)
2 2: Probable hallucination(s)
3 3: Definite hallucination(s)

dropdown
0 Incomplete
1 Unverified
2 Complete

**Instrument: Personal And Social Performance Scale Psp (personal\_and\_social\_performance\_scale\_psp)**  Enabled as survey

541	[ psp_id ]	Participant ID	text, Required												
542	[ psp_initials ]	Rater Initials	text, Required Field Annotation: @USERNAME												
543	[ psp_date ]	Date of Assessment DD-MM-YYYY	text (date_dmy)												
544	[ psp_complete ]	Was this assessment completed?	radio, Required <table border="1"><tr><td>1 Yes</td></tr><tr><td>2 No</td></tr></table>	1 Yes	2 No										
1 Yes															
2 No															
545	[ psp_inc ] Show the field ONLY if: [psp_complete] = '2'	Why wasn't this assessment completed?	dropdown <table border="1"><tr><td>99 Participant unable to complete due to cognitive impairment</td></tr><tr><td>98 Participant unable to complete due to physical impairment</td></tr><tr><td>97 Participant refused to begin/finish</td></tr><tr><td>96 Participant completed but with less than best effort</td></tr><tr><td>95 Participant unable to be contacted</td></tr><tr><td>94 Participant deceased</td></tr><tr><td>93 Participant withdrew consent</td></tr><tr><td>92 Time constraints</td></tr><tr><td>91 Rater forgot to administer</td></tr><tr><td>90 Missed appointment</td></tr><tr><td>89 Participant was terminated from study</td></tr><tr><td>88 Other</td></tr></table> Custom alignment: LV	99 Participant unable to complete due to cognitive impairment	98 Participant unable to complete due to physical impairment	97 Participant refused to begin/finish	96 Participant completed but with less than best effort	95 Participant unable to be contacted	94 Participant deceased	93 Participant withdrew consent	92 Time constraints	91 Rater forgot to administer	90 Missed appointment	89 Participant was terminated from study	88 Other
99 Participant unable to complete due to cognitive impairment															
98 Participant unable to complete due to physical impairment															
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95 Participant unable to be contacted															
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93 Participant withdrew consent															
92 Time constraints															
91 Rater forgot to administer															
90 Missed appointment															
89 Participant was terminated from study															
88 Other															
546	[ psp_inc_other ] Show the field ONLY if: [psp_inc] = '88'	Other reason form was not completed	text, Required												
547	[ psp_a_c_show ]	Show severity ratings for areas a-c	radio <table border="1"><tr><td>1 Yes</td></tr><tr><td>2 No</td></tr></table> Custom alignment: LH	1 Yes	2 No										
1 Yes															
2 No															
548	[ psp_instr_a_c ] Show the field ONLY if: [psp_a_c_show] = '1'	Degree of severity for areas a-c  Absent  Mild Mild, not manifest difficulties: known only to someone who is very familiar with the person	descriptive												

		<p>Manifest Manifest, but not marked: difficulties clearly noticeable by everyone, but not interfering substantially with the person's ability to perform his/her role in that area, given the person's socio-cultural context, age, sex and educational levels</p> <p>Marked Difficulties interfering heavily with role performance in that area; however, the person is still able to do something without professional or social help, although inadequately and/or occasionally; if helped by someone, he/she may be able to reach the previous level of functioning</p> <p>Severe Difficulties that make the person unable to perform any role in that area, if not professionally helped, or lead the person to a destructive role; however, there are no survival risks</p> <p>Very severe Impairments and difficulties of such intensity to endanger the person's survival</p>													
549	[psp_d_show]	Show severity ratings for area d	radio <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table> Custom alignment: LH	1	Yes	2	No								
1	Yes														
2	No														
550	[psp_instr_d]  Show the field ONLY if: [psp_d_show] = '1'	Degrees of severity for area d  Absent  Mild Corresponding to mild rudeness, unsociability or whingeing  Manifest Manifest, but not marked: such as speaking too loudly or speaking to others in a too-familiar manner, or eating in a socially unacceptable manner  Marked Insulting others in public, breaking or wrecking objects, acting frequently in a socially inappropriate but not dangerous way (e.g. stripping or urinating in public)  Severe Frequent verbal threats or frequent physical assaults, without intention or possibility of severe injuries  Very severe Defined as frequent aggressive acts, aimed at or likely to cause severe injuries	descriptive												
551	[psp_1]	Section Header: <i>Rate the Patient on his/her level of dysfunctioning during the PAST MONTH</i>  a) socially useful activities; including work and study	radio (Matrix), Required <table border="1"> <tr> <td>0</td><td>Absent</td></tr> <tr> <td>1</td><td>Mild</td></tr> <tr> <td>2</td><td>Manifest</td></tr> <tr> <td>3</td><td>Marked</td></tr> <tr> <td>4</td><td>Severe</td></tr> <tr> <td>5</td><td>Very Severe</td></tr> </table>	0	Absent	1	Mild	2	Manifest	3	Marked	4	Severe	5	Very Severe
0	Absent														
1	Mild														
2	Manifest														
3	Marked														
4	Severe														
5	Very Severe														
552	[psp_2]	b) personal and social relationships	radio (Matrix), Required <table border="1"> <tr> <td>0</td><td>Absent</td></tr> <tr> <td>1</td><td>Mild</td></tr> <tr> <td>2</td><td>Manifest</td></tr> <tr> <td>3</td><td>Marked</td></tr> <tr> <td>4</td><td>Severe</td></tr> <tr> <td>5</td><td>Very Severe</td></tr> </table>	0	Absent	1	Mild	2	Manifest	3	Marked	4	Severe	5	Very Severe
0	Absent														
1	Mild														
2	Manifest														
3	Marked														
4	Severe														
5	Very Severe														
553	[psp_3]	c) self-care	radio (Matrix), Required <table border="1"> <tr> <td>0</td><td>Absent</td></tr> <tr> <td>1</td><td>Mild</td></tr> <tr> <td>2</td><td>Manifest</td></tr> <tr> <td>3</td><td>Marked</td></tr> </table>	0	Absent	1	Mild	2	Manifest	3	Marked				
0	Absent														
1	Mild														
2	Manifest														
3	Marked														

4	Severe
5	Very Severe

radio (Matrix), Required
0 Absent
1 Mild
2 Manifest
3 Marked
4 Severe
5 Very Severe

radio
1 Yes
2 No

Custom alignment: LH

554	[ psp_4 ]	d) disturbing and aggressive behaviours	radio (Matrix), Required <table border="1"> <tr><td>0 Absent</td></tr> <tr><td>1 Mild</td></tr> <tr><td>2 Manifest</td></tr> <tr><td>3 Marked</td></tr> <tr><td>4 Severe</td></tr> <tr><td>5 Very Severe</td></tr> </table>	0 Absent	1 Mild	2 Manifest	3 Marked	4 Severe	5 Very Severe
0 Absent									
1 Mild									
2 Manifest									
3 Marked									
4 Severe									
5 Very Severe									
555	[ psp_scoring_show ]	Section Header: Show scoring guidelines	radio <table border="1"> <tr><td>1 Yes</td></tr> <tr><td>2 No</td></tr> </table> Custom alignment: LH	1 Yes	2 No				
1 Yes									
2 No									
556	[ psp_instr_score ]  Show the field ONLY if: [psp_scoring_show] = '1'	Scoring guidelines  100-91 Excellent functioning in all four main areas. He/she is held in high consideration for his/her good qualities, copes adequately with life problems, is involved in a wide range of interests and activities  90-81 Good functioning in all four main areas, presence of only common problems or difficulties  80-71 Mild difficulties in 1 or more of areas a-c  70-61 Manifest, but not marked difficulties in 1 or more areas a-c or mild difficulties in d  60-51 Marked difficulties in 1 of areas a-c, or manifest difficulties in d  50-41 Marked difficulties in 2 or more, or severe difficulties in 1 of areas a-c, with or without manifest difficulties in d  40-31 Severe difficulties in 1 and marked difficulties in at least 1 of areas a-c, or marked difficulties in d  30-21 Severe difficulties in 2 of areas a-c, or severe difficulties in d, with or without impairment in areas a-c  20-11 Severe difficulties in all areas a-d or very severe ind with or without impairment in general areas a-c. If the person reacts to external prompts, the suggested scores are 20-16; if not, the suggested scores are 15-11  10-1 Lack of autonomy in basic functioning with extreme behaviours but without survival risk (ratings 6-10) or with survival risk, e.g. death risk due to malnutrition, dehydration, infections, inability to recognize situations of manifest danger (ratings 5-1).	descriptive						
557	[ psp_score ]	Section Header: PSP score 1-100	text (integer, Min: 1, Max: 100), Required						
558	[ personal_and_social_performance_scale_psp_complete ]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0 Incomplete</td></tr> <tr><td>1 Unverified</td></tr> <tr><td>2 Complete</td></tr> </table>	0 Incomplete	1 Unverified	2 Complete			
0 Incomplete									
1 Unverified									
2 Complete									

Instrument: **Pittsburgh Sleep Quality Index Psqi** (pittsburgh\_sleep\_quality\_index\_psqi)  Enabled as survey

559	[ psqi_date ]	Today's Date:	text (date_ymd) Field Annotation: @HIDDEN-SURVEY @TODAY	
560	[ psqi_completed ]	Was this form completed?	yesno, Required <table border="1"> <tr><td>1 Yes</td></tr> </table>	1 Yes
1 Yes				

				0 No																								
561	[psqi_reason_nc]  Show the field ONLY if: [psqi_completed] = '0'	Why was the form not completed?	dropdown (autocomplete)	<table border="1"> <tr><td>1</td><td>Participant unable to complete due to cognitive impairment</td></tr> <tr><td>2</td><td>Participant unable to complete due to physical impairment</td></tr> <tr><td>3</td><td>Participant refused to begin/finish</td></tr> <tr><td>4</td><td>Participant completed but with less than best effort</td></tr> <tr><td>5</td><td>Participant unable to be contacted</td></tr> <tr><td>6</td><td>Participant deceased</td></tr> <tr><td>7</td><td>Participant withdrew consent</td></tr> <tr><td>8</td><td>Time constraints</td></tr> <tr><td>9</td><td>Rater forgot to administer</td></tr> <tr><td>10</td><td>Missed appointment</td></tr> <tr><td>11</td><td>Participant was terminated from study</td></tr> <tr><td>12</td><td>Other</td></tr> </table>	1	Participant unable to complete due to cognitive impairment	2	Participant unable to complete due to physical impairment	3	Participant refused to begin/finish	4	Participant completed but with less than best effort	5	Participant unable to be contacted	6	Participant deceased	7	Participant withdrew consent	8	Time constraints	9	Rater forgot to administer	10	Missed appointment	11	Participant was terminated from study	12	Other
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11	Participant was terminated from study																											
12	Other																											
562	[psqi_reason_nc_other]  Show the field ONLY if: [psqi_reason_nc] = '12'	Other	text																									
563	[psqi_1]	Section Header: PITTSBURGH SLEEP QUALITY INDEX INSTRUCTIONS: The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.  1. During the past month, what time have you usually gone to bed at night? <i>BED TIME</i>	text (time), Required																									
564	[psqi_2]	2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night? <i>NUMBER OF MINUTES</i>	text (integer, Min: 0), Required																									
565	[psqi_3]	3. During the past month, what time have you usually gotten up in the morning? <i>GETTING UP TIME</i>	text (time), Required																									
566	[psqi_4]	4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.) <i>HOURS OF SLEEP PER NIGHT</i>	text (number, Min: 0, Max: 24), Required																									
567	[psqi_5a]	Section Header: For each of the remaining questions, check the one best response. Please answer all questions. 5. During the past month, how often have you had trouble sleeping because you...  5a) Cannot get to sleep within 30 minutes	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week																	
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1	Less than once a week																											
2	Once or twice a week																											
3	Three or more times a week																											
568	[psqi_5b]	5b) Wake up in the middle of the night or early morning	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week																	
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1	Less than once a week																											
2	Once or twice a week																											
3	Three or more times a week																											
569	[psqi_5c]	5c) Have to get up to use the bathroom	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week																	
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1	Less than once a week																											
2	Once or twice a week																											
3	Three or more times a week																											
570	[psqi_5d]	5d) Cannot breathe comfortably	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week																	
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1	Less than once a week																											
2	Once or twice a week																											
3	Three or more times a week																											
571	[psqi_5e]	5e) Cough or snore loudly	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week																			
0	Not during the past month																											
1	Less than once a week																											
2	Once or twice a week																											

			<input type="checkbox"/> 3 Three or more times a week
572	[psqi_5f]	5f) Feel too cold	radio, Required <input type="checkbox"/> 0 Not during the past month <input type="checkbox"/> 1 Less than once a week <input type="checkbox"/> 2 Once or twice a week <input type="checkbox"/> 3 Three or more times a week
573	[psqi_5g]	5g) Feel too hot	radio, Required <input type="checkbox"/> 0 Not during the past month <input type="checkbox"/> 1 Less than once a week <input type="checkbox"/> 2 Once or twice a week <input type="checkbox"/> 3 Three or more times a week
574	[psqi_5h]	5h) Had bad dreams	radio, Required <input type="checkbox"/> 0 Not during the past month <input type="checkbox"/> 1 Less than once a week <input type="checkbox"/> 2 Once or twice a week <input type="checkbox"/> 3 Three or more times a week
575	[psqi_5i]	5i) Have pain	radio, Required <input type="checkbox"/> 0 Not during the past month <input type="checkbox"/> 1 Less than once a week <input type="checkbox"/> 2 Once or twice a week <input type="checkbox"/> 3 Three or more times a week
576	[psqi_Sother]	5j) Other reason(s), please describe	notes
577	[psqi_Sothera]  Show the field ONLY if: [psqi_Sother]<>""	How often during the past month have you had trouble sleeping because of this?	radio, Required <input type="checkbox"/> 0 Not during the past month <input type="checkbox"/> 1 Less than once a week <input type="checkbox"/> 2 Once or twice a week <input type="checkbox"/> 3 Three or more times a week
578	[psqi_6]	6. During the past month, how would you rate your sleep quality overall?	radio, Required <input type="checkbox"/> 0 Very good <input type="checkbox"/> 1 Fairly good <input type="checkbox"/> 2 Fairly bad <input type="checkbox"/> 3 Very bad
579	[psqi_7]	7. During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")?	radio, Required <input type="checkbox"/> 0 Not during the past month <input type="checkbox"/> 1 Less than once a week <input type="checkbox"/> 2 Once or twice a week <input type="checkbox"/> 3 Three or more times a week
580	[psqi_8]	8. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	radio, Required <input type="checkbox"/> 0 Not during the past month <input type="checkbox"/> 1 Less than once a week <input type="checkbox"/> 2 Once or twice a week <input type="checkbox"/> 3 Three or more times a week
581	[psqi_9]	9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?	radio, Required <input type="checkbox"/> 0 No problem at all <input type="checkbox"/> 1 Only a very slight problem <input type="checkbox"/> 2 Somewhat of a problem <input type="checkbox"/> 3 A very big problem
582	[psqi_10]	10. Do you have a bed partner or room mate?	radio, Required <input type="checkbox"/> 0 No bed partner or room mate <input type="checkbox"/> 1 Partner/room mate in other room <input type="checkbox"/> 2 Partner in same room, but not same bed <input type="checkbox"/> 3 Partner in same bed
583	[psqi_10a]  Show the field ONLY if:	Section Header: If you have a room mate or bed partner, ask him/her how often in the past month you have had...	radio, Required <input type="checkbox"/> 0 Not during the past month

	[psqi_10]<>"0"	10a) Loud snoring	<table border="1"> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	1	Less than once a week	2	Once or twice a week	3	Three or more times a week																		
1	Less than once a week																										
2	Once or twice a week																										
3	Three or more times a week																										
584	[psqi_10b] Show the field ONLY if: [psqi_10]<>"0"	10b) Long pauses between breaths while asleep	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week																
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1	Less than once a week																										
2	Once or twice a week																										
3	Three or more times a week																										
585	[psqi_10c] Show the field ONLY if: [psqi_10]<>"0"	10c) Legs twitching or jerking while you sleep	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week																
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1	Less than once a week																										
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3	Three or more times a week																										
586	[psqi_10d] Show the field ONLY if: [psqi_10]<>"0"	10d) Episodes of disorientation or confusion during sleep	radio, Required <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week																
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587	[psqi_10e] Show the field ONLY if: [psqi_10]<>"0"	10e) Other restlessness while you sleep; please describe	notes																								
588	[psqi_10e1] Show the field ONLY if: [psqi_10]<>"0"		radio <table border="1"> <tr><td>0</td><td>Not during the past month</td></tr> <tr><td>1</td><td>Less than once a week</td></tr> <tr><td>2</td><td>Once or twice a week</td></tr> <tr><td>3</td><td>Three or more times a week</td></tr> </table>	0	Not during the past month	1	Less than once a week	2	Once or twice a week	3	Three or more times a week																
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589	[pittsburgh_sleep_quality_index_psqi_complete]	Section Header: Form Status Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																		
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<b>Instrument: Amsterdam Restingstate Questionnairearsq (amsterdam_restingstate_questionnairearsq)</b> 																											
590	[arsq_date]	Date completed	text (date_dmy), Required																								
591	[arsq_completed]	Was this form completed?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
592	[arsq_reason_nc]  Show the field ONLY if: [arsq_completed] = '0'	Why was the form not completed?	dropdown (autocomplete), Required <table border="1"> <tr><td>1</td><td>Participant unable to complete due to cognitive impairment</td></tr> <tr><td>2</td><td>Participant unable to complete due to physical impairment</td></tr> <tr><td>3</td><td>Participant refused to begin/finish</td></tr> <tr><td>4</td><td>Participant completed but with less than best effort</td></tr> <tr><td>5</td><td>Participant unable to be contacted</td></tr> <tr><td>6</td><td>Participant deceased</td></tr> <tr><td>7</td><td>Participant withdrew consent</td></tr> <tr><td>8</td><td>Time constraints</td></tr> <tr><td>9</td><td>Rater forgot to administer</td></tr> <tr><td>10</td><td>Missed appointment</td></tr> <tr><td>11</td><td>Participant was terminated from study</td></tr> <tr><td>12</td><td>Other</td></tr> </table>	1	Participant unable to complete due to cognitive impairment	2	Participant unable to complete due to physical impairment	3	Participant refused to begin/finish	4	Participant completed but with less than best effort	5	Participant unable to be contacted	6	Participant deceased	7	Participant withdrew consent	8	Time constraints	9	Rater forgot to administer	10	Missed appointment	11	Participant was terminated from study	12	Other
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8	Time constraints																										
9	Rater forgot to administer																										
10	Missed appointment																										
11	Participant was terminated from study																										
12	Other																										
593	[arsq_reason_nc_other]  Show the field ONLY if: [arsq_reason_nc] = '12'	Other	text																								
594	[arsq_1]	Section Header: Instructions: Several statements will follow regarding potential feelings and thoughts you may have experienced during the resting MRI scans. Please indicate the extent to which you agree with each statement."	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Completely Disagree</td></tr> </table>	1	Completely Disagree																						
1	Completely Disagree																										

		1. "I thought about my feelings."	<table border="1"> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Completely Agree</td></tr> </table>	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Completely Agree		
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Completely Agree												
595	[arsq_2]	2. "I felt restless."	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Completely Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Completely Agree</td></tr> </table>	1	Completely Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Completely Agree
1	Completely Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Completely Agree												
596	[arsq_3]	3. "I felt tired."	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Completely Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Completely Agree</td></tr> </table>	1	Completely Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Completely Agree
1	Completely Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Completely Agree												
597	[arsq_4]	4. "I felt sleepy."	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Completely Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Completely Agree</td></tr> </table>	1	Completely Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Completely Agree
1	Completely Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Completely Agree												
598	[arsq_5]	5. "I felt comfortable."	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Completely Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Completely Agree</td></tr> </table>	1	Completely Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Completely Agree
1	Completely Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Completely Agree												
599	[arsq_6]	6. "I felt relaxed."	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Completely Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Completely Agree</td></tr> </table>	1	Completely Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Completely Agree
1	Completely Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Completely Agree												
600	[arsq_7]	7. "I felt happy."	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Completely Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Completely Agree</td></tr> </table>	1	Completely Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Completely Agree
1	Completely Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Completely Agree												
601	[arsq_8]	8. "I felt ill."	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Completely Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Completely Agree</td></tr> </table>	1	Completely Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Completely Agree
1	Completely Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Completely Agree												
602	[arsq_9]	9. "I enjoyed the session."	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Completely Disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Neither Agree nor Disagree</td></tr> <tr><td>4</td><td>Agree</td></tr> <tr><td>5</td><td>Completely Agree</td></tr> </table>	1	Completely Disagree	2	Disagree	3	Neither Agree nor Disagree	4	Agree	5	Completely Agree
1	Completely Disagree												
2	Disagree												
3	Neither Agree nor Disagree												
4	Agree												
5	Completely Agree												
603	[arsq_10]	10."I had negative feelings."	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Completely Disagree</td></tr> </table>	1	Completely Disagree								
1	Completely Disagree												

2	Disagree
3	Neither Agree nor Disagree
4	Agree
5	Completely Agree

604	[arsq_11]	11. "I felt bored."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
605	[arsq_12]	12. "I felt nothing."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
606	[arsq_13]	13. "I felt the same throughout the session."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
607	[arsq_14]	14. "I thought about my health."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
608	[arsq_15]	15. "I thought about my work/study."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
609	[arsq_16]	16. "I thought about my behavior."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
610	[arsq_17]	17. "I had thoughts that I would not readily share with others."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
611	[arsq_18]	18. "I had busy thoughts."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
612	[arsq_19]	19. "I had similar thoughts throughout the session."	radio (Matrix), Required 1 Completely Disagree

2	Disagree
3	Neither Agree nor Disagree
4	Agree
5	Completely Agree

613	[arsq_20]	20. "I thought about others."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
614	[arsq_21]	21. "I thought about myself."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
615	[arsq_22]	22. "I thought about pleasant things."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
616	[arsq_23]	23. "I had my thoughts under control."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
617	[arsq_24]	24. "I thought about solving problems."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
618	[arsq_25]	25. "I thought about the aim of the experiment."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
619	[arsq_26]	26. "I had difficulty staying awake."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
620	[arsq_27]	27. "I had rapidly switching thoughts."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
621	[arsq_28]	28. "I had superficial thoughts."	radio (Matrix), Required 1 Completely Disagree

2	Disagree
3	Neither Agree nor Disagree
4	Agree
5	Completely Agree

622	[arsq_29]	29. "I thought about the past."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
623	[arsq_30]	30. "I thought about the present."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
624	[arsq_31]	31. "I thought about the future."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
625	[arsq_32]	32. "I had deep thoughts."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
626	[arsq_33]	33. "I thought about nothing."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
627	[arsq_34]	34. "I had difficulty holding on to my thoughts."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
628	[arsq_35]	35. "I thought about people I like."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
629	[arsq_36]	36. "I thought in images."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
630	[arsq_37]	37. "I thought in words."	radio (Matrix), Required 1 Completely Disagree

2	Disagree
3	Neither Agree nor Disagree
4	Agree
5	Completely Agree

631	[arsq_38]	38. "I thought about things I need to do."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
632	[arsq_39]	39. "I was conscious of my body."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
633	[arsq_40]	40. "I thought about the sounds around me."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
634	[arsq_41]	41. "I thought about the odors around me."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
635	[arsq_42]	42. "I thought about my heartbeat."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
636	[arsq_43]	43. "I thought about my breathing."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
637	[arsq_44]	44. "I felt pain."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
638	[arsq_45]	45. "I placed myself in other peoples' shoes."	radio (Matrix), Required 1 Completely Disagree 2 Disagree 3 Neither Agree nor Disagree 4 Agree 5 Completely Agree
639	[arsq_matrix_score]	Matrix Score	calc Calculation: sum (if([arsq_8]=1, 5, "NaN"), if([arsq_8]=2, 4,

			"NaN"), if([arsq_8]=3, 3, "NaN"), if([arsq_8]=4, 2, "NaN"), if([arsq_8]=5, 1, "NaN"), if([arsq_10]=1, 5, "NaN"), if([arsq_10]=2, 4, "NaN"), if([arsq_10]=3, 3, "NaN"), if([arsq_10]=4, 2, "NaN"), if([arsq_10]=5, 1, "NaN"), if([arsq_23]=1, 5, "NaN"), if([arsq_23]=2, 4, "NaN"), if([arsq_23]=3, 3, "NaN"), if([arsq_23]=4, 2, "NaN"), if([arsq_23]=5, 1, "NaN"), if([arsq_44]=1, 5, "NaN"), if([arsq_44]=2, 4, "NaN"), if([arsq_44]=3, 3, "NaN"), if([arsq_44]=4, 2, "NaN"), if([arsq_44]=5, 1, "NaN"))						
640	[arsq_sum]	Total Score	calc Calculation: [arsq_1]+[arsq_2]+[arsq_3]+[arsq_4]+[arsq_5]+[arsq_6]+[arsq_7]+[arsq_9]+[arsq_11]+[arsq_12]+[arsq_13]+[arsq_14]+[arsq_15]+[arsq_16]+[arsq_17]+[arsq_18]+[arsq_19]+[arsq_20]+[arsq_21]+[arsq_22]+[arsq_24]+[arsq_25]+[arsq_26]+[arsq_27]+[arsq_28]+[arsq_29]+[arsq_30]+[arsq_31]+[arsq_32]+[arsq_33]+[arsq_34]+[arsq_35]+[arsq_36]+[arsq_37]+[arsq_38]+[arsq_39]+[arsq_40]+[arsq_41]+[arsq_42]+[arsq_43]+[arsq_45]+[arsq_matrix_score] Field Annotation: @HIDDEN-SURVEY						
641	[amsterdam_restingstate_questionnairearsq_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Mri Summary Sheet** (mri\_summary\_sheet)  Enabled as survey

642	[mri_id]	Participant ID	text, Required																				
643	[mri_initials]	Rater Initials	text, Required Field Annotation: @USERNAME																				
644	[mri_date]	Date of MRI <i>DD-MM-YYYY</i>	text (datetime_dmy), Required																				
645	[mri_complete]	Was the MRI completed?	radio, Required <table border="1"><tr><td>1</td><td>1 Yes</td></tr><tr><td>2</td><td>2 No</td></tr></table>	1	1 Yes	2	2 No																
1	1 Yes																						
2	2 No																						
646	[mri_scansurvey]	Enter MRI Info in Scan Completed Survey Under 'Bookmarks' in Left Column  Show the field ONLY if: [mri_complete] = '1'	descriptive																				
647	[mri_incomplete]	Why wasn't the MRI completed?  Show the field ONLY if: [mri_complete] = '2'	radio, Required <table border="1"><tr><td>1</td><td>Participant did not attend appointment</td></tr><tr><td>2</td><td>Participant refused to begin/finish</td></tr><tr><td>3</td><td>Participant withdrew from study</td></tr><tr><td>4</td><td>Participant no longer eligible</td></tr><tr><td>5</td><td>Participant unable to complete due to cognitive impairment</td></tr><tr><td>6</td><td>Participant unable to complete due to physical impairment</td></tr><tr><td>7</td><td>Rater forgot to administer</td></tr><tr><td>8</td><td>Technological reasons</td></tr><tr><td>9</td><td>Time constraints</td></tr><tr><td>99</td><td>Other</td></tr></table> Custom alignment: LV	1	Participant did not attend appointment	2	Participant refused to begin/finish	3	Participant withdrew from study	4	Participant no longer eligible	5	Participant unable to complete due to cognitive impairment	6	Participant unable to complete due to physical impairment	7	Rater forgot to administer	8	Technological reasons	9	Time constraints	99	Other
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99	Other																						
648	[mri_incomplete_other]	Other reason MRI was not completed  Show the field ONLY if: [mri_incomplete] = '99'	text, Required																				
649	[mri_visit]	Section Header: MRI visit number	dropdown <table border="1"><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr></table>	1	1	2	2	3	3	4	4	5	5	6	6								
1	1																						
2	2																						
3	3																						
4	4																						
5	5																						
6	6																						
650	[mri_subid]	MRI Subject ID	text, Required																				

		First 2 letters of MRI booking + 2 initials + MRI scan number (get from technician)																															
651	[mri_studySubID]	Full Subject ID: Study_Site_SubID_Time Point_Scan Number	text, Required																														
652	[mri_examID]	MRI Exam Number: Get this from technician	text, Required																														
653	[mri_acquisitions_1_6]  Show the field ONLY if: [mri_visit] = '1' or [mri_visit] = '6'	Please check all acquisitions that were collected:	checkbox, Required <table border="1"> <tr><td>1</td><td>mri_acquisitions_1_6__1</td><td>Sag T1 MPRAGE</td></tr> <tr><td>2</td><td>mri_acquisitions_1_6__2</td><td>Ax DTI</td></tr> <tr><td>3</td><td>mri_acquisitions_1_6__3</td><td>Ax RS fMRI Run#1</td></tr> <tr><td>4</td><td>mri_acquisitions_1_6__4</td><td>Ax RS fMRI Run#2</td></tr> <tr><td>5</td><td>mri_acquisitions_1_6__5</td><td>Ax RS fMRI Run#3</td></tr> <tr><td>6</td><td>mri_acquisitions_1_6__6</td><td>Ax RS fMRI Run#4</td></tr> <tr><td>7</td><td>mri_acquisitions_1_6__7</td><td>UF EPI: Mid Pons</td></tr> <tr><td>8</td><td>mri_acquisitions_1_6__8</td><td>UF EPI: CCJ - C1</td></tr> <tr><td>9</td><td>mri_acquisitions_1_6__9</td><td>EPI: CCJ - Skull Base</td></tr> </table>	1	mri_acquisitions_1_6__1	Sag T1 MPRAGE	2	mri_acquisitions_1_6__2	Ax DTI	3	mri_acquisitions_1_6__3	Ax RS fMRI Run#1	4	mri_acquisitions_1_6__4	Ax RS fMRI Run#2	5	mri_acquisitions_1_6__5	Ax RS fMRI Run#3	6	mri_acquisitions_1_6__6	Ax RS fMRI Run#4	7	mri_acquisitions_1_6__7	UF EPI: Mid Pons	8	mri_acquisitions_1_6__8	UF EPI: CCJ - C1	9	mri_acquisitions_1_6__9	EPI: CCJ - Skull Base			
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654	[mri_acquisitions_2_4]  Show the field ONLY if: [mri_visit] = '2' or [mri_visit] = '4'	Please check all acquisitions that were collected:	checkbox, Required <table border="1"> <tr><td>1</td><td>mri_acquisitions_2_4__1</td><td>Sag T1 MPRAGE</td></tr> <tr><td>2</td><td>mri_acquisitions_2_4__2</td><td>Ax RS fMRI Run#1</td></tr> <tr><td>3</td><td>mri_acquisitions_2_4__3</td><td>Ax RS fMRI Run#2</td></tr> <tr><td>4</td><td>mri_acquisitions_2_4__4</td><td>Ax RS fMRI Run#3</td></tr> <tr><td>5</td><td>mri_acquisitions_2_4__5</td><td>Ax RS fMRI Run#4</td></tr> <tr><td>6</td><td>mri_acquisitions_2_4__6</td><td>DWI_b100_6_AP</td></tr> <tr><td>7</td><td>mri_acquisitions_2_4__7</td><td>DWI_b100_72_PA</td></tr> <tr><td>8</td><td>mri_acquisitions_2_4__8</td><td>UF EPI: Mid Pons</td></tr> <tr><td>9</td><td>mri_acquisitions_2_4__9</td><td>UF EPI: CCJ - C1</td></tr> <tr><td>10</td><td>mri_acquisitions_2_4__10</td><td>EPI: CCJ - Skull Base</td></tr> </table>	1	mri_acquisitions_2_4__1	Sag T1 MPRAGE	2	mri_acquisitions_2_4__2	Ax RS fMRI Run#1	3	mri_acquisitions_2_4__3	Ax RS fMRI Run#2	4	mri_acquisitions_2_4__4	Ax RS fMRI Run#3	5	mri_acquisitions_2_4__5	Ax RS fMRI Run#4	6	mri_acquisitions_2_4__6	DWI_b100_6_AP	7	mri_acquisitions_2_4__7	DWI_b100_72_PA	8	mri_acquisitions_2_4__8	UF EPI: Mid Pons	9	mri_acquisitions_2_4__9	UF EPI: CCJ - C1	10	mri_acquisitions_2_4__10	EPI: CCJ - Skull Base
1	mri_acquisitions_2_4__1	Sag T1 MPRAGE																															
2	mri_acquisitions_2_4__2	Ax RS fMRI Run#1																															
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5	mri_acquisitions_2_4__5	Ax RS fMRI Run#4																															
6	mri_acquisitions_2_4__6	DWI_b100_6_AP																															
7	mri_acquisitions_2_4__7	DWI_b100_72_PA																															
8	mri_acquisitions_2_4__8	UF EPI: Mid Pons																															
9	mri_acquisitions_2_4__9	UF EPI: CCJ - C1																															
10	mri_acquisitions_2_4__10	EPI: CCJ - Skull Base																															
655	[mri_acquisitions_3_5]  Show the field ONLY if: [mri_visit] = '3' or [mri_visit] = '5'	Please check all acquisitions that were collected:	checkbox, Required <table border="1"> <tr><td>1</td><td>mri_acquisitions_3_5__1</td><td>Sag T1 MPRAGE</td></tr> <tr><td>2</td><td>mri_acquisitions_3_5__2</td><td>Ax RS fMRI Run#1</td></tr> <tr><td>3</td><td>mri_acquisitions_3_5__3</td><td>Ax RS fMRI Run#2</td></tr> <tr><td>4</td><td>mri_acquisitions_3_5__4</td><td>Ax RS fMRI Run#3</td></tr> <tr><td>5</td><td>mri_acquisitions_3_5__5</td><td>Ax RS fMRI Run#4</td></tr> <tr><td>6</td><td>mri_acquisitions_3_5__6</td><td>FIESTA-C (or)</td></tr> <tr><td>7</td><td>mri_acquisitions_3_5__7</td><td>ASL</td></tr> <tr><td>8</td><td>mri_acquisitions_3_5__8</td><td>UF EPI: Mid Pons</td></tr> <tr><td>9</td><td>mri_acquisitions_3_5__9</td><td>UF EPI: CCJ - C1</td></tr> <tr><td>10</td><td>mri_acquisitions_3_5__10</td><td>EPI: CCJ - Skull Base</td></tr> </table>	1	mri_acquisitions_3_5__1	Sag T1 MPRAGE	2	mri_acquisitions_3_5__2	Ax RS fMRI Run#1	3	mri_acquisitions_3_5__3	Ax RS fMRI Run#2	4	mri_acquisitions_3_5__4	Ax RS fMRI Run#3	5	mri_acquisitions_3_5__5	Ax RS fMRI Run#4	6	mri_acquisitions_3_5__6	FIESTA-C (or)	7	mri_acquisitions_3_5__7	ASL	8	mri_acquisitions_3_5__8	UF EPI: Mid Pons	9	mri_acquisitions_3_5__9	UF EPI: CCJ - C1	10	mri_acquisitions_3_5__10	EPI: CCJ - Skull Base
1	mri_acquisitions_3_5__1	Sag T1 MPRAGE																															
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10	mri_acquisitions_3_5__10	EPI: CCJ - Skull Base																															
656	[mri_alert]	Section Header: <i>Additional information</i> Did participant appear alert during the entire scan?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No																										
1	Yes																																
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657	[mri_halluc]	Did participant experience hallucinations during the scan?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No																										
1	Yes																																
2	No																																
658	[mri_feel]	How did the participant feel about the scan?	notes, Required																														
659	[mri_proceed]	Did participant agree to proceed with the remaining scan(s)?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>N/A</td></tr> </table>	1	Yes	2	No	3	N/A																								
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660	[mri_cmts]	Section Header: MRI Additional Comments	notes Custom alignment: LH																														
661	[mri_summary_sheet_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> </table>	0	Incomplete	1	Unverified																										
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Instrument: Debrief Form (debrief\_form)  Enabled as survey

662	[debrief_date]	Date	text (date_dmy), Required																								
663	[debrief_completed]	Was this form completed?	yesno, Required <table border="1" style="margin-left: 10px;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																				
1	Yes																										
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664	[debrief_reason_nc]  Show the field ONLY if: [debrief_completed] = '0'	Why was the form not completed?	dropdown (autocomplete), Required <table border="1" style="margin-left: 10px;"> <tr><td>1</td><td>Participant unable to complete due to cognitive impairment</td></tr> <tr><td>2</td><td>Participant unable to complete due to physical impairment</td></tr> <tr><td>3</td><td>Participant refused to begin/finish</td></tr> <tr><td>4</td><td>Participant completed but with less than best effort</td></tr> <tr><td>5</td><td>Participant unable to be contacted</td></tr> <tr><td>6</td><td>Participant deceased</td></tr> <tr><td>7</td><td>Participant withdrew consent</td></tr> <tr><td>8</td><td>Time constraints</td></tr> <tr><td>9</td><td>Rater forgot to administer</td></tr> <tr><td>10</td><td>Missed appointment</td></tr> <tr><td>11</td><td>Participant was terminated from study</td></tr> <tr><td>12</td><td>Other</td></tr> </table>	1	Participant unable to complete due to cognitive impairment	2	Participant unable to complete due to physical impairment	3	Participant refused to begin/finish	4	Participant completed but with less than best effort	5	Participant unable to be contacted	6	Participant deceased	7	Participant withdrew consent	8	Time constraints	9	Rater forgot to administer	10	Missed appointment	11	Participant was terminated from study	12	Other
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12	Other																										
665	[debrief_reason_nc_other]  Show the field ONLY if: [debrief_reason_nc] = '12'	Other	text																								
666	[debrief_id]	Participant ID	text																								
667	[debrief_0]  Thank you for participating in our research study. As a part of our study, we are interested in your thoughts and ideas as a participant of the study experience to help us understand how people view participation and improve the process. Please try to be honest in your answers and remember that your answers will only be examined by researchers with your anonymous participant ID. Please provide responses along a 5-point scale indicating if you agree or disagree with a statement. 1- Strongly disagree 2- Disagree 3- Neither agree nor disagree 4- Agree 5- Strongly agree	descriptive																									
668	[debrief_1]	1. It was easy to make time for the research appointments.	radio (Matrix), Required <table border="1" style="margin-left: 10px;"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table>	1	1	2	2	3	3	4	4	5	5														
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669	[debrief_2]	2. The assessments before each scan were not too long.	radio (Matrix), Required <table border="1" style="margin-left: 10px;"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table>	1	1	2	2	3	3	4	4	5	5														
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670	[debrief_3]	3. The MRI scans were not too long.	radio (Matrix), Required <table border="1" style="margin-left: 10px;"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table>	1	1	2	2	3	3	4	4	5	5														
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671	[debrief_4]	4. There was a reasonable number of MRI scans.	radio (Matrix), Required <table border="1" style="margin-left: 10px;"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> </table>	1	1	2	2																				
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3	3													
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672	[debrief_5]	5. If asked, I would have completed more MRI scans.	radio (Matrix), Required	<table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table>	1	1	2	2	3	3	4	4	5	5
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673	[debrief_6]	6. I would have been able to tolerate an extra half-hour in each MRI scan (i.e. 90 minutes instead of 60 minutes).	radio (Matrix), Required	<table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table>	1	1	2	2	3	3	4	4	5	5
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674	[debrief_7]	7. I found the MRI scans to be difficult.	radio (Matrix), Required	<table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table>	1	1	2	2	3	3	4	4	5	5
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675	[debrief_8]	8. I am glad I participated.	radio (Matrix), Required	<table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table>	1	1	2	2	3	3	4	4	5	5
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4	4													
5	5													
676	[debrief_add]	Additional comments/clarification of above responses	text											
677	[debrief_total]	Total Score	calc Calculation: [debrief_1]+[debrief_2]+[debrief_3]+[debrief_4]+ [debrief_5]+[debrief_6]+[debrief_7]+[debrief_8] Field Annotation: @HIDDEN-SURVEY											
678	[debrief_form_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete					
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