



**STRICTLY
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1982

**NATIONAL SURVEY OF HEALTH AND DEVELOPMENT
(Medical Research Council)**

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Interviewer's Name

WH 14.12.96 INTB82

~~-INT82-~~



PRESENT STATE EXAMINATION

1. INTRODUCTION and 2. HEALTH, WORRYING, TENSION

Now I should like to get some idea of how you have been getting along in the past month, how your general health has been and how you have been feeling about things. Some of the things that I shall ask may not apply to you; I am just making sure that everything has been mentioned.

**** Most people have some sort of worry or trouble from time to time. What sort of things do you worry about?**

RECORD THE MAIN PROBLEMS SPONTANEOUSLY MENTIONED AND THE FIRST SENTENCE OF THE SUBJECT'S REPLY VERBATIM.

Means of exploration if subject gives inadequate information:

- | | |
|---|--|
| <i>If subject's statement too brief:</i> | Can you tell me more about that? |
| <i>If subject has no more to add:</i> | What else has been troubling you? |
| <i>If statements are difficult to understand:</i> | Can you explain what you mean by . . . ? |
| <i>If subject is vague:</i> | Could you give me an example of . . . ? |

**** What is it like when you worry?**

- (What sort of state of mind do you get into?)
 (Do unpleasant thoughts constantly go round and round in your mind?)
 (Can you stop them by turning your attention to something else?)

RATE WORRYING (4)

A round of painful thought which cannot be stopped and is out of proportion to the subject worried about.

Not present	0
Symptom definitely present during the past month, but of moderate clinical intensity, or intense less than 50% of the time .	1
Symptom clinically intense more than 50% of past month	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE482

**** Have you had headaches or other aches or pains during the past month?**

- (What kind?)

RATE ONLY TENSION PAINS (5)

e.g. 'band round head', 'pressure', 'tightness in scalp', 'ache in back of neck' etc., not migraine.

Not present	0
Symptom definitely present during past month, but of moderate clinical intensity, or intense less than 50% of the time .	1
Symptom clinically intense more than 50% of past month	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE582

**** Have you been getting exhausted and worn out during the day or evening even when you haven't been working very hard?**

RATE TIREDNESS OR EXHAUSTION (6)

Do not include tiredness due to 'flu, etc. (rate 9)

Not present	0
Only moderate form of symptom (tiredness) present, or intense form (exhaustion) for less than 50% of the time	1
Intense form of symptom present for more than 50% of past month	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE682

**** Have you had difficulty in relaxing during the past month?**

- (Do your muscles feel tensed up?)

RATE MUSCULAR TENSION (7)

Do not include a subjective feeling of nervous tension, which is rated later.

Not present	0
Symptom definitely present during past month, but of moderate clinical intensity, or intense less than 50% of the time .	1
Symptom clinically intense more than 50% of past month	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE782

**** Have you been so fidgety and restless that you couldn't sit still?**

(Do you have to keep pacing up and down?)

RATE RESTLESSNESS (8)

Not present	0
Only moderate form of symptom (fidgety, restless) present, or intense form (pacing, can't sit down) for less than 50% of the time	1
Intense form of symptom (pacing, etc.) present for more than 50% of past month	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE882

**** Is your physical health good?**

(Does your body function normally?)

**** Do you feel that you are physically ill in any way?**

(What is that like? How serious is it?)

RATE SUBJECT'S OWN SUBJECTIVE EVALUATION OF PRESENT PHYSICAL HEALTH (1)

(Irrespective of whether physical disease is present)

Feels physically very fit	0
No particular physical complaint, but does not say positively feels fit	1
Feels unwell, but not seriously incapacitated	2
Feels seriously incapacitated by physical illness	3
Examiner unsure, although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE182

**** Do you tend to worry over your physical health?**

RATE HYPOCHONDRIASIS (9)

Overconcern with possibility of death, disease or malfunction. Re-rate at end of interview if necessary.

Not present	0
Symptom present during past month, but not (2)	1
Subject constantly reverts to hypochondriacal preoccupations during interview	2
Examiner unsure although question asked	8
Not applicable, or not appropriate e.g. question not asked	9

PSE982

**** Do you often feel on edge, or keyed up, or mentally tense or strained?**

(Do you generally suffer with your nerves?)

(Do you suffer from nervous exhaustion?)

RATE SUBJECTIVE FEELING OF 'NERVOUS TENSION' (10)

There is no need for autonomic accompaniments for this symptom to be rated present.

Not present	0
Symptom definitely present during past month, but of moderate intensity, or intense less than 50% of the time	1
Intense form of symptom present for more than 50% of past month	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE1082

3. AUTONOMIC ANXIETY

In this section, rate only subjective anxiety with autonomic accompaniments, either free floating or situational. Do not include worrying or nervous tension. Do not include anxiety due to e.g. persecutory delusions.

(CHECKLIST of autonomic accompaniments: Blushing, Butterflies in stomach, Choking, Difficulty in getting breath, Dizziness, Dry Mouth, Giddiness, Palpitations, Sweating, Trembling.)

**** Have there been times lately when you have been very anxious or frightened?**

(What was this like?)

(Did your heart beat fast? – ask for other autonomic symptoms)

(How often in the past month?)

RATE FREE-FLOATING AUTONOMIC ANXIETY (11)

Exclude if due to delusions. Exclude if purely situational.

Not present	0
Symptom definitely present, with autonomic accompaniment, during past month, but of moderate clinical intensity, or intense less than 50% of the time	1
Symptom clinically intense more than 50% of the time	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE1182

**** Have you had the feeling that something terrible might happen?**

- (That some disaster might occur but you are not sure what? Like illness or death or ruination?)
 (Have you been anxious about getting up in the morning because you are afraid to face the day?)
 (What did it feel like?)

RATE ANXIOUS FOREBODING WITH AUTONOMIC ACCOMPANIMENT (12)

Not present	0
Symptom definitely present, with autonomic accompaniment, during past month, but of moderate clinical intensity, or intense less than 50% of the time	1 PSE1282
Symptom clinically intense more than 50% of the time	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

**** Are there any special situations that make you anxious?**

IF NO EVIDENCE OF ANXIETY PROCEED TO NEXT **

Cut off Begins

Have you had times when you felt shaky, or your heart pounded, or you felt sweaty,
and you simply had to do something about it?

- (What was it like?)
 (What was happening at the time?)
 (How often during the past month?)

RATE PANIC ATTACKS WITH AUTONOMIC SYMPTOMS: (14)

*A panic attack is intolerable anxiety leading to some action to end it,
e.g. leaving a bus, phoning husband at work, going in to see a neighbour, etc.*

No panic attacks	0
1-4 panic attacks during past month	1 PSE1482
Panic attacks 5 times or more during past month	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

Do you tend to get anxious in certain situations, such as travelling or being alone, or being in a lift or tube train?

(What situations? How often in the past month?)

- (CHECKLIST: make a note of each situation:**
 Crowds (shop, street, theatre, cinema, church)
 Going out alone; being at home alone.
 Enclosed spaces (hairdressers, phone booth, tunnel)
 Open spaces, bridges
 Travelling (buses, cars, trains))

RATE SITUATIONAL AUTONOMIC ANXIETY (15)

Not present	0
Has not been in such situations during past month but aware that anxiety would have been present if the situation had occurred	1 PSE1582
Situation has occurred during past month and subject did feel anxious because of it	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

What about meeting people e.g. going into a crowded room, making conversation?

- (CHECKLIST: make a note of each situation:**
 Speaking to an audience.
 Eating, drinking or writing in front of other people.
 Parties.)

RATE AUTONOMIC ANXIETY ON MEETING PEOPLE (16)

Not present	0
Has not been in such situations during the past month but aware that anxiety would have been present if the situation had occurred	1 PSE1682
Situation has occurred during past month and subject did feel anxious because of it	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

Do you have any special fears, like some people are scared of feathers, or cats, or spiders, or birds?

- (CHECKLIST: make a note of each situation:**
 Heights, thunderstorms, darkness, animals or insects of any kind, dentists, injections, blood, injury)

RATE ONLY SPECIFIC PHOBIAS (17) NOT GENERAL SITUATIONAL ANXIETY)

Not present	0
Has not been in such situations during past month, but aware that anxiety would have been present if the situation had occurred	1 PSE1782
Situation has occurred during past month and subject did feel anxious because of it	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

Do you avoid any of these situations (specify as appropriate) because you know you will get anxious?

(How much does it affect your life?)

RATE AVOIDANCE OF ANXIETY-PROVOKING SITUATIONS (18)

No avoidance	0
Subject tends to avoid such situations whenever possible	1
Marked generalisation of avoidance has occurred during past month e.g. subject has not dared leave the house or has gone out only if accompanied	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE1882

DESCRIBE ANXIETY SYMPTOMS AND LIST PHOBIAS IF NOT ALREADY RECORDED

Cut off Ends

4. THINKING, CONCENTRATION, INTERESTS

** Can you think clearly or is there any interference with your thoughts?

** Do your thoughts tend to be muddled or slow?

(Can you make up your mind about simple things quite easily?)
(Make decisions about everyday matters?)

RATE SUBJECTIVELY INEFFICIENT THINKING (19)

If due to intrusion of alien thoughts, rate 9.

Not present	0
Symptom definitely present during past month, but of moderate clinical intensity, or intense less than 50% of the time	1
Symptom clinically intense more than 50% of the past month	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE1982

IF NO INDICATION OF DELUSIONS CONNECTED WITH THINKING PROCESSES, PROCEED TO **

Are you in full control of your thoughts?

Can people read your mind? Who? How?

Is anything like hypnotism or telepathy going on?

Are thoughts put into your head which are not your own?

Do you feel under the control of some force or power other than yourself?

DESCRIBE IN DETAIL

PSE5582

IF DELUSIONS OF THOUGHT INSERTION ETC. (SYMPTOMS 55-59) MAY BE PRESENT,..... **Tick here** [25]

IF DELUSIONS OF CONTROL (SYMPTOM 71) MAY BE PRESENT,..... **Tick here** [26]

PSE7182

** What has your concentration been like recently?

(Can you read an article in the paper or watch a TV programme right through?)

(Do your thoughts drift off so that you don't take things in?)

RATE POOR CONCENTRATION (20)

Not present	0
Only moderate form of symptom present in past month (e.g. can read a short article, can concentrate if tries hard) or intense less than 50% of the time	1
Symptom clinically intense (cannot attempt to read or concentrate) more than 50% of past month	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE2082

** Do you tend to brood on things?

(So much that you even neglect your work?)

RATE NEGLECT DUE TO BROODING (21)

Not present	0
Symptom has caused moderate impairment to work or social relationships	1
Marked impairment	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE2182

**** What about your interests, have they changed at all?**

(Have you lost interest in work, or hobbies or recreations?)
 (Have you let your appearance go?)

RATE LOSS OF INTEREST (22)

continuing during past month

Not present	0
Symptom definitely present during past month but of moderate clinical severity or severe less than 50% of the time	1 PSE2282
Symptom clinically severe more than 50% of the past month	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

5. DEPRESSED MOOD

**** Do you keep reasonably cheerful or have you been very depressed or low-spirited recently?**

**** Have you cried at all?**

(When did you last really enjoy anything?)

RATE DEPRESSED MOOD (23)

N.B. When rating clinical severity of depression remember that deeply depressed people may not necessarily cry.
See definition in glossary.

Not present	0
Only moderately depressed during past month, or deep depression for less than 50% of the time and tending to vary in intensity	1 PSE2382
Deeply depressed for more than 50% of the past month, and tending to be unvarying in intensity	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

**** How do you see the future?**

(Has life seemed quite hopeless?)
 (Can you see any future?)
 (Have you given up or does there still seem some reason for trying?)

RATE HOPELESSNESS (24)

on subject's subjective view at present

Not present	0
Hopelessness of moderate intensity but still has some degree of hope for the future (irrespective of time during month)	1 PSE2482
Intense form of symptom (patient has given up hope altogether)	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

USE JUDGEMENT ABOUT WORDING THE FOLLOWING:

**** Have you felt that life wasn't worth living?**

(Did you ever feel like ending it all?)
 (What did you think you might do?)
 (Did you actually try?)

RATE SUICIDAL PLANS OR ACTS (25)

Never deliberately considered suicide	0
Deliberately considered suicide (not just a fleeting thought) but made no attempt	1
Suicidal attempt but subject's life never likely to be in serious danger, except unintentionally	2 PSE2582
Suicidal attempt apparently designed to end in death (i.e. accidental discovery or inefficient means)	3
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

(N.B. Examiner should judge clinically whether there was intent to end life or not. If in doubt, assume not.)

DESCRIBE ANY ATTEMPT:

IF EVIDENCE OF BOTH DEPRESSION AND ANXIETY**Which seems worse, the depression or the anxiety? (use subject's own terms)****RATE ANXIETY OR DEPRESSION PRIMARY (26)***See definition in glossary.**If subject suffers from both anxiety and depression, try to decide which is primary*

Anxiety primary	0	
Anxiety and depression both present but seem independent of each other	1	PSE2682
Depression primary	2	
Examiner unsure	8	
Not applicable or not appropriate e.g. question not asked	9	

Is the depression worse at any particular time of day?**RATE MORNING DEPRESSION (27)***(particularly on waking)*

No depression	0	
Not specially marked in mornings	1	PSE2782
Specially marked in mornings	2	
Examiner unsure although question asked	8	
Not applicable or not appropriate e.g. question not asked	9	

6. SELF AND OTHERS**** Have you wanted to stay away from other people?**

(Why?)

(Have you been suspicious of their intentions? Of actual harm?)

RATE SOCIAL WITHDRAWAL (28)

Not present	0	
Only passive form of symptom i.e. subject does not seek company but does not refuse it if offered, or, if active withdrawal, less than 50% of the month	1	PSE2882
Actively avoids company (refuses it if offered); actively withdrew in this way for more than 50% of the month	2	
Examiner unsure although question asked	8	
Not applicable or not appropriate e.g. question not asked	9	

**** What is your opinion of yourself compared to other people?**

(Do you feel better, or not as good, or about the same as most?)

(Do you feel inferior or even worthless?)

RATE SELF-DEPRECIATION (29)

Not present	0	
Some inferiority, not amounting to feeling of worthlessness. If subject considers self to be worthless, this intense form of the symptom is present less than 50% of the time	1	PSE2982
Subject considers self to be completely worthless. Symptom present more than 50% of the month	2	
Examiner unsure although question asked	8	
Not applicable or not appropriate e.g. question not asked	9	

**** How confident do you feel in yourself?**

(For example, in talking to others, in managing with other people?)

RATE LACK OF SELF-CONFIDENCE WITH OTHER PEOPLE (30)*Consider only competence in social relationships, not competence in mechanical work, etc.*

Not present	0	
Moderate lack of self-confidence, or intense lack for less than 50% of the month	1	
Intense lack of self-confidence for more than 50% of the month	2	PSE3082
Examiner unsure although question asked	8	
Not applicable or not appropriate e.g. question not asked	9	

**** Are you self-conscious in public?**

(Do you get the feeling that other people are taking notice of you in the street or a bus or a restaurant?)

(Do they ever seem to laugh at you or talk about you critically?)

(Do you consider people really are looking at you, or is it perhaps the way you feel about it?)

RATE SIMPLE IDEAS OF REFERENCE (31)*(not delusions)*

Not present	0	
Marked self-consciousness only (irrespective of time during month)	1	
Feels that people are criticising or laughing at self but can be reassured	2	PSE3182
Examiner unsure although question asked	8	
Not applicable or not appropriate e.g. question not asked	9	

**IF NO EVIDENCE OF GUILT, OR OF DELUSIONS OF REFERENCE OR PERSECUTION,
PROCEED TO NEXT ****

Cut off Begins

IF EVIDENCE OF GUILT:

Do you have the feeling that you are being blamed for something or even accused? What about?

RATE GUILTY IDEAS OF REFERENCE (32)

Do not include justifiable blame or accusation. Exclude delusions of guilt.

Not present	0
Subject feels blamed but not accused (irrespective of time during month)	1
Subject feels accused of some sin or misdemeanour; not delusional	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE3282

Do you tend to blame yourself at all?

(If people are critical, do you think you deserve it?)

RATE PATHOLOGICAL GUILT ONLY (33)

Not present	0
Subject feels over guilty about some peccadillo (irrespective of time during month)	1
Subject feels to blame for everything that has gone wrong even when not his fault, but not that he has committed a serious crime or sin; not delusional	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE3382

Do you feel you have committed a crime or sinned greatly or deserve punishment?

(Have you felt you might contaminate or ruin other people?)

DESCRIBE IN DETAIL:

PSE8882

IF DEPRESSIVE DELUSIONS (SYMPTOMS 88, 91, 92) MAY BE PRESENT **Tick here** [41]

IF EVIDENCE OF DELUSIONS OF REFERENCE OR PERSECUTION

Do people seem to drop hints or say things with a double meaning?

Do things seem specially arranged?

(Do people follow you about?)

(Do you see any reference to yourself on TV or in the papers?)

(How do you explain it?)

DESCRIBE IN DETAIL:

PSE7282

IF DELUSIONS OF REFERENCE OR MISINTERPRETATION
(SYMPTOMS 72 and 73) MAY BE PRESENT **Tick here** [42]

Is anyone trying to harm you?

(How? Is there any organization behind it?)

(How do you explain it?)

DESCRIBE IN DETAIL:

PSE7482

IF DELUSIONS OF PERSECUTION (SYMPTOM 74) MAY BE PRESENT **Tick here** [43]

Cut off Ends

7. APPETITE, SLEEP, RETARDATION, LIBIDO

**** What has your appetite been like recently?**

(Have you lost any weight during the past 3 months?)

RATE LOSS OF WEIGHT DUE TO POOR APPETITE (34)

Do not include changes due to physical illness

No weight loss	0
Less than 7 lb.	1
7 lb. or more	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE3482

**** Have you had any trouble getting off to sleep during the past month?**

(How long do you lie awake?)

(What happens if you take sleeping tablets?)

(How often does it happen?)

RATE DELAYED SLEEP (35)

Not present	0
One hour or more delay (irrespective of sleeping tablets)	1
Two hours or more delay (irrespective of sleeping tablets) (In either case 10 or more nights during month)	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE3582

**** Do you seem to be slowed down in your movements, or have too little energy recently? How much has it affected you?**

(Do things seem to be moving too fast for you?)

RATE SUBJECTIVE ANERGIA AND RETARDATION (36)

Not present	0
Marked subjective listlessness and lack of energy	1
Marked retardation and underactivity (irrespective of time during month)	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE3682

IF NO APPETITE OR SLEEP DISTURBANCE, AND NO DEPRESSION PROCEED TO NEXT **

IF SLEEP DISTURBANCE OR DEPRESSION

Do you wake early in the morning?

RATE EARLY WAKING (37)

(1 hour before usual)

Not present	0
One-two hours before ordinary time	1
Two hours or more before ordinary time (In either case, 10 or more nights during month)	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE3782

(Use discretion whether to ask this)

Has there been any change in your interest in sex?

RATE LOSS OF LIBIDO WITHIN PRESENT EPISODE OF ILLNESS AND PERSISTING DURING PAST MONTH (38)

Not present	0
Marked loss of interest and performance	1
Almost total loss of libido	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE3882

Ask if appropriate:

Does the depression or tension get worse just before the start of the monthly period?

RATE PREMENSTRUAL EXACERBATION (39)

No definite exacerbation	0
Marked exacerbation	1
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE3982

8. IRRITABILITY

**** Have you been very much more irritable than usual recently?**

- (How do you show it?)
 (Do you keep it to yourself, or shout, or even hit people?)

RATE IRRITABILITY (40)

Not present	0
Keeps irritation to self	1
Shows anger by shouting or quarrelling	2
Shows anger by hitting people, throwing or breaking things	3
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE4082

9. EXPANSIVE MOOD AND IDEATION

**** Have you sometimes felt particularly cheerful and on top of the world, without any reason?**

- (Too cheerful to be healthy?)
 (How long does it last?)

RATE EXPANSIVE MOOD (41)

Not ordinary high spirits

Not present	0
Moderately expansive mood (euphoria with marked element of inappropriateness or excitement, whether recognised by subject or not), present during past month, and persistent for hours at a time.	1
<i>Do not include transient high spirits.</i> Not necessarily described by subject	1
Intense form of symptom (elation or exaltation) definitely present during past month and persistent for hours at a time. Described by subject	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE4182

**** Have you felt particularly full of energy lately, or full of exciting ideas?**

- (Do things seem to go too slowly for you?)
 (Do you need less sleep than usual?)
 (Do you find yourself extremely active but not getting tired?)
 (Have you developed new interests recently?)

RATE SUBJECTIVE IDEOMOTOR PRESSURE (42)

Not present	0
Subjective equivalent of flight of ideas. Images and ideas flash through the mind, each suggesting others, at a faster rate than usual. State persists for hours at a time	1
As (1) but accompanied by very high energy output and activity which does not seem to make subject tired at the time. Definitely occurred during past month and persisted for hours at a time	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE4282

IF NO EVIDENCE OF EXPANSIVE MOOD AND IDEATION, PROCEED TO NEXT**

IF EVIDENCE OF EXPANSIVE MOOD AND IDEATION

Have you seemed super-efficient at work, or as though you had special powers or talents quite out of the ordinary?

- (Have you felt specially healthy?)
 (Have you been buying any interesting things recently?)

RATE GRANDIOSE IDEAS AND ACTIONS (43)

Not present	0
Subjective feeling of superb health, exceptionally high intelligence, extraordinary abilities, etc.	1
Persistent for hours at a time. Symptom occurred at some time during the month	1
Grandiose ideas have been translated into action during the month e.g. overspending, gambling, etc. under the influence of grandiose ideas and expansive affect. <i>Do not include compulsive gambling unless clearly of this type</i>	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE4382

Is there anything special about you?

- (Is there a special purpose or mission to your life?)
 (Are you specially clever or inventive?)
 (Are you a very prominent person?)
 (How do you explain this?)

DESCRIBE IN DETAIL:

PSE7582

IF GRANDIOSE DELUSIONS (SYMPTOMS 75-77) MAY BE PRESENT **Tick here** [54]

10. OBSESSIONS

These symptoms are usually experienced as occurring against conscious resistance. (See definition in glossary)

**** Do you find that you have to keep on checking things that you know you have already done?**

(Like gas taps, doors, switches, etc.)

(Do you have to touch or count things many times or repeat the same action over and over again?)

(What happens when you try to stop?)

RATE OBSESSIONAL CHECKING AND REPEATING (44)

Not present	0
Symptom of moderate intensity or, if severe, present less than 50% of the time	1
Symptom present in severe degree for more than 50% of the past month	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE4482

**** Do you spend a lot of time on personal cleanliness, like washing over and over again**

even though you know you are clean? What about tidiness?

(Do you get worried by contamination with germs?)

(Do you have other rituals?)

(What happens when you try to stop?)

RATE OBSESSIONAL CLEANLINESS AND SIMILAR RITUALS (45)

Not present	0
Symptom of moderate intensity or, if severe, present for less than 50% of the time	1
Symptom present in intense degree for more than 50% of the past month	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE4582

**** Do you find it difficult to make decisions even about trivial things?**

(Do you constantly have to question the meaning of the universe?)

(Do you get awful thoughts coming into your mind even when you try to keep them out?)

(What happens when you try to stop?)

RATE OBSESSIONAL IDEAS AND RUMINATION (46)

Not present	0
Symptom of moderate intensity or, if severe, present for less than 50% of the time	1
Symptom present in intense degree for more than 50% of the past month	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE4682

11. DEPERSONALISATION AND DEREALISATION

**** Have you had the feeling recently that things around you were unreal?)**

(As though everything was an imitation of reality, like a stage set,

with people acting instead of being themselves?)

(What is it like? How do you explain it?)

RATE DEREALISATION (47)

Not present	0
Moderately intense form of symptom definitely occurred during past month, and persisted for hours at a time.	
Things appear colourless and artificial, people appear lifeless and seem to act rather than being themselves	1
Intense form of symptom occurred during month and persisted for hours at a time e.g. whole world appears like a gigantic stage-set, with imitation instead of real objects and puppets instead of people	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE4782

**** Have you yourself felt unreal, that you were not a person, not in the living world?**

(Or that you were outside yourself, looking at yourself from outside?)

(Or that you look unreal in the mirror?)

(Or that some part of your body did not belong to you?)

(How do you explain it?)

RATE DEPERSONALISATION (48)

Not present	0
Moderately intense form of the symptom definitely occurred during past month and persisted for hours at a time.	
Subject feels himself unreal, a sham, a shadow	1
Intense form of symptom definitely occurred during past month and persisted for hours at a time. Subject feels he is dead, not a person, living in a parallel existence, a hollow shell, even that he does not exist	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE4882

12. OTHER PERCEPTUAL DISTORTION, ETC.

**** Does your imagination ever play tricks on you?**

**** Do you get the feeling something odd is going on you can't explain?**

**** Is there anything unusual about the way things look or sound or smell or taste?**

(Is your own appearance normal?)
(How do you explain it?)

DESCRIBE IN DETAIL:

PSE4982

IF PERCEPTUAL DISTORTION (SYMPTOMS 49-54) MAY BE PRESENT **Tick here** [60]

**** Do you ever seem to hear what seem to be voices when nobody is about?**

(When? What is it like?)
(What are the words? Is there more than one person?)
(How do you explain it?)

DESCRIBE IN DETAIL:

PSE6082

IF AUDITORY HALLUCINATIONS (SYMPTOMS 60-64) MAY BE PRESENT **Tick here** [61]

**** Have you ever had a vision or seen things other people couldn't see?**

(When? What is that like?)
(How do you explain it?)

DESCRIBE IN DETAIL:

PSE6482

IF VISUAL HALLUCINATIONS (SYMPTOMS 64,66,67) MAY BE PRESENT **Tick here** [62]

IF YOU SUSPECT OTHER DELUSIONS MAY BE PRESENT **Tick here** [63]

PSEDEL82

16. SENSORIUM AND FACTORS AFFECTING, AND TREATMENT

**** Have you had any lapses of memory recently?**

**** Have there been any periods in which you completely forgot what happened?**

(What was it like?)
(How do you explain it?)

RATE FUGUES, BLACKOUTS, AMNESIA (97)
for more than 1 hour: irrespective of aetiology

Not present	0
Less than 12 hours	1
12-14 hours	2
More than 24 hours	3
Examiner unsure although questions asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE9782

IF NO EVIDENCE OF POOR MEMORY, PROCEED TO **

IF ANY SUSPICION OF POOR MEMORY OR DISORIENTATION**May I ask one or two standard questions we ask of everybody?**

- How old are you?
 When is your birthday?
 Can you tell me the year and the month?
 What is the name of the Prime Minister?

RATE ORGANIC IMPAIRMENT OF MEMORY (103)

Not present	0
Mild	1
Moderate	2
Severe	3
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE10382

**** What medicines or drugs do you take?**

- (Do you take anything for your nerves or your mood?)
 (Who prescribes them? Do you buy them over the counter?)
 (What about other types of drugs, like cannabis?)

OBTAIN LIST OF DRUGS**RATE DRUG ABUSE DURING MONTH (98)
(ONE, THE HIGHEST CATEGORY, ONLY)**

Not present	0
Cannabis	1
Barbiturates, etc	2
LSD, amphetamines, etc	3
Heroin, cocaine, etc	4
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE9882

**** May I ask about your drinking habits?****** How much do you usually drink each day?**

- (Is alcohol in any way a problem for you?)
 (In what way?)

(CHECKLIST: During the past month have you: Had family problems because of your drinking? Missed work because of drinking? Had morning shakes? Had blackouts for several hours? Heard voices or seen visions?)

RATE ALCOHOL ABUSE DURING MONTH (99)

Not present	0
Agrees alcohol has been a problem but not 2	1
Any check list item applies	2
Examiner unsure although question asked	8
Not applicable or not appropriate e.g. question not asked	9

PSE9982

Take subjects' previous replies into account when asking next 3 questions

**** I have been asking about the last month; now may I ask if there has been any time in the past year when you have felt consistently sad and low spirited for a considerable period?**

No	0
Yes	1
Examiner unsure	8
Not applicable	9

PSEDEP82

(When was that?)

**** Has there been any time during the past year when you have felt anxious or fearful or nervous over a considerable period?**

(Such that you were prone to nervous sweating, trembling or 'butterflies' in the stomach?)

No	0
Yes	1
Examiner unsure	8
Not applicable	9

PSEANX82

(When was that?)

**** Has there been any time during the past year when you have felt full to overflowing of energy or exciting ideas for days at a stretch? (Such that you needed less sleep than usual?)**

(When was that?)

No	0
Yes	1
Examiner unsure	8
Not applicable	9

PSEHYP82

RATE THE FOLLOWING IF SUFFICIENT INFORMATION HAS ALREADY EMERGED

IF NOT, THEN ASK

**** May I ask if you are seeing a doctor for your nerves?**

(Or specify any psychosomatic complaints?)

IF YES

**** What kind of doctor is he?**

(Your own GP, a private doctor, a psychiatrist, at hospital outpatients?)

No doctor	0
GP	1
Private doctor other than GP	2
Psychiatrist	3
Hospital out-patient (other than psychiatrist)	4
Other paramedical specialist or osteopath	5
Other – please specify	6

PSEMMDM82

**** Have you seen a doctor in the past year for any nervous condition?**

If YES what kind of doctor?
When was that? PSEMDY82

**** Are you attending for treatment, any person who is not medically qualified**

e.g. lay therapist, herbalist, acupuncturist, faith healer, Christian Scientist, church which forbids medical advice?

Or have you done so in the past year?

PSEAMD82

(When?)

(What were you complaining of at the time?)

SPECIFY TREATMENT:

SPECIFY COMPLAINT:

Now return to Questionnaire A, page 18, question 73