

ICPSR 27963

**Criminal Justice Drug Abuse
Treatment Studies (CJDATS): The
Criminal Justice Co-Occurring
Disorder Screening Instrument
(CJ-CODSI), 2002-2008 [United
States]**

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Data Collection Instrument for CODSI Minority
Supplement Data

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CJ-CODSI INTAKE INTERVIEW

v.8-5-05

STUDY NUMBER: _9_ _1_ _0_ _0_
SITE ID: _____
INTERVIEWER ID: _____
RESPONDENT ID NUMBER: _____
NAME CODE: _____
DATE OF ASSESSMENT: _____ _____ _____ MO DAY YR

A. START TIME.....	_____ : _____ am/pm
B. CLIENT GENDER	_____ (0=Female 1=Male)
C. SUBSTANCE ABUSE PROGRAM INTAKE DATE:	_____ _____ _____ MO DAY YR
D. SERVICE TYPE: What service type <i>has</i> the client received in the substance abuse program?	_____
1. <i>Therapeutic Community</i> 2. <i>Intensive Outpatient</i>	

READ ALOUD TO RESPONDENT:

I would like to start by thanking you for agreeing to talk with me today. These first few questions will take about 25 minutes to complete. I'm going to read you these questions exactly as they are worded so that each person is asked the same thing. I will need to keep things moving along, so I hope that I don't sound rude if I tell you we need to move on to the next question. I will be asking primarily about your personal background, your criminal and legal involvement, and your drug use history. All of your answers will be kept confidential and will in no way affect your legal status, or any services or money you may receive. Many of my questions will refer to the "last 6 months" or the "last 30 days" – *that is the time prior to the arrest that resulted in this incarceration*. I'll try to be clear, but please ask me if you are not sure about the time period involved. It is very important that you be open and honest. Some questions may be sensitive or difficult to talk about, but they are necessary to help us evaluate the services provided as part of this study. Do you have any questions before we start?

CJ-CODSI INTAKE INTERVIEW

INCARCERATION TIME LINE

____ - ____ - ____
MONTH DAY YEAR

Enter the date the respondent began his/her current incarceration. Verify with the respondent that he/she has not been free since that date.



____ - ____ - ____
MONTH DAY YEAR

Enter the date that precedes the date of incarceration by 30 days.

Days

Enter the number of days that the client was free during the 30 days prior to his or her current incarceration.

____ - ____ - ____
MONTH DAY YEAR

Enter the date that precedes the date of Incarceration by 6 months (180 days).

Days

Enter the number of days that the client was free during the six months prior to his or her current incarceration.

GENERAL INSTRUCTIONS TO INTERVIEWER: Please, write out clarifying comments or other explanations of answers as needed in the margins next to questions, and identify any items that the respondent cannot or refuses to answer. Codes are:

- 7 = REFUSED TO ANSWER**
- 4 = DON'T KNOW**
- 3 = NOT APPLICABLE**
- 9 = LEGITIMATE SKIP**

CJ-CODSI INTAKE INTERVIEW

PART A: SOCIODEMOGRAPHIC BACKGROUND

Let's begin with some general information.

1. What is your birthdate? |_____| - |_____| - |_____| |_____|
MONTH DAY YEAR
2. Are you Hispanic or Latino/a? *|_____|
0=No 1=Yes
- *IF "YES", ASK a:
 - a. What ethnic group do you consider yourself? |_____|
 1. Central American
 2. Cuban
 3. Dominican
 4. Mexican American
 - 4a. Mexican National
 5. Puerto Rican
 6. South American
 - 7.
3. What is your race or ethnic background? (code one only) |_____|
 1. African American
 2. Asian
 3. Native American
 4. White
 5. Pacific Islander
 6. Other (specify) _____
4. In the last 30 days prior to the arrest date on the timeline, where were you living most of the time? |_____|
 1. Shelter (safe havens, transitional living center, low demand facilities, reception centers, other temporary day or evening facility)
 2. Street/outdoors (sidewalk, doorway, park, public or abandoned building)
 3. Institution (hospital, nursing home, jail/prison)
 4. Own/rent apartment, room, or house
 5. Someone else's apartment, room or house
 6. Halfway house
 7. Residential treatment
 8. Other housed (specify) _____
5. How long had you been living there (at that place)? |_____| |_____| |_____|
#MONTHS
6. During the last 6 months prior to the arrest date on the timeline, how many nights did you spend in a homeless shelter? |_____| |_____| |_____|
NIGHTS
7. During the last 6 months prior to the arrest date on the timeline, how many nights did you spend in a supervised living situation, such as a halfway house or group home? |_____| |_____| |_____|
NIGHTS

CJ-CODSI INTAKE INTERVIEW

8. During the last 6 months prior to the arrest date on the timeline, were you living with a spouse, significant other, or domestic partner?*|_____|
0=No 1=Yes

***IF "YES", ASK a:**

a Which of the following most accurately described the employment status of your domestic partner/spouse?.....|_____|
CODE #

1. Employed Full Time (35 hours or more per week, includes armed forces)
2. Employed Part Time (Less than 35 hours per week)
3. Unemployed, looking for work in last 30 days, or on lay-off from job
4. Not in the labor force

9. How many children (including biological, step and adopted) do you have?*|_____|
CHILDREN

***IF "1" OR MORE, ASK a-d:**

- a How many of them are under the age of 18?.....|_____|
- b. How many had their primary residence with you for the majority of the last 6 months prior to the arrest date on the timeline? ..|_____|
- c. How many received financial support from you for the majority of the last 6 months prior to the arrest date on the timeline?.....|_____|
- d. During the last 6 months prior to the arrest date on the timeline, how many of your children were in foster care?.....|_____|
CHILDREN

10. During the last 6 months prior to the arrest date on the timeline, how many people (including children, spouse, others) were dependent on you for the majority of their food, shelter, etc? (Do not include self-supporting spouse or self.).....|_____|
PEOPLE

11. What is your current LEGAL status?..... .|____|

- | | |
|---|---------------------|
| 1. <i>Never married</i> | 4. <i>Separated</i> |
| 2. <i>Legally married</i> | 5. <i>Divorced</i> |
| 3. <i>Living as married</i>
<i>(including common law marriage)</i> | 6. <i>Widowed</i> |

12. What is the highest level of education you have finished, whether or not you received a degree? (01=1st grade, 12=12th grade, 13=college freshman, 16=college completion, 17=graduate degree, 20=professional degree)..... [DO NOT INCLUDE GED].....|_____|
LEVEL IN YEARS

CJ-CODSI INTAKE INTERVIEW

13. Have you (circle either yes or no for a-b; and yes, no, or NA for c-d):

NO	YES
----	-----
- a. graduated from high school? 0 1
b. completed a vocational or technical training program? 0 1
- *IF "GRADUATED HIGH SCHOOL", SKIP TO Q.14**
- c. Have you completed your GED? 0 1 NA
d. Are you currently working on your GED
or any type of vocational/technical training degree? 0 1 NA
14. Prior to the arrest date on the timeline, did you have a valid driver's license? 0=No 1=Yes
15. During most of the last 6 months prior to the arrest date on the timeline,
which of the following best described your employment status? (if 11, specify).....
1. *Employed full time (35+ hours per week)*
2. *Employed part time*
3. *Unemployed, looking for work*
4. *Unemployed, disabled*
5. *Unemployed, volunteer work*
6. *Unemployed, retired*
7. *Unemployed, not looking for work*
8. *Unemployed, in school*
9. *Armed Forces*
10. *Homemaker*
11. *Other (specify) _____*
16. What was your major (or largest) source of support during those 6 months?
(if 13, specify)
1. *Your job or employment ?*
2. *Your spouse or ex-spouse (including child support)?*
3. *A sexual partner (other than a spouse) or a friend?*
4. *Your family?*
5. *Unemployment compensation (for being laid off)?*
6. *Retirement?*
7. *Disability?*
8. *Welfare or public assistance (food stamps, housing assistance, AFDC, TANF, general relief, Medicaid, SSI)?*
9. *Selling drugs?*
10. *Selling, pimping or trading sex (prostitution)?*
11. *Any other kind of illegal activities (other than prostitution)?*
12. *Jail/prison, residential treatment program, or hospital?*
13. *Anything else? (specify) _____*

17. In the 30 days prior to this incarceration, how much money did receive from all of the above sources?

\$ _____, _____.

CJ-CODSI INTAKE INTERVIEW

PART B. CRIMINAL HISTORY

Now I'm going to ask you about your past **ARRESTS**. ["ARRESTED" MEANS TAKEN INTO CUSTODY OR TAKEN TO A POLICE STATION]

1. Altogether, about how many **TIMES** during your life

have you ever been arrested?*|_____|_____|_____|____|
ARRESTS

*[IF "1" OR MORE, ASK a-c:]

a. About how many of these arrests were for things you did
while using drugs or trying to get drugs?|_____|_____|_____|____|
ARRESTS

b. How old were you the first time you were arrested?*|_____|____|
AGE

*[IF "17" OR LESS, ASK c:]

c. How many times
were you arrested before you turned 18?|_____|_____|_____|____|
[TOTAL ARRESTS MUST BE LESS THAN OR EQUAL TO Q1] # ARRESTS

2. Altogether, how many **TIMES** were you arrested during the last 6 months

prior to the arrest date on the timeline?|_____|_____|____|
ARRESTS

3. How many **TIMES** in the last 30 days prior to the arrest date on the timeline,

were you arrested? [INCLUDING ARREST THAT LED TO THIS INCARCERATION]|_____|____|
ARRESTS

4. How many nights did you spend in jail during those 30 days?.....|_____|____|
[DON'T INCLUDE JAIL TIME FROM THE CURRENT INCARCERATION] # NIGHTS

5. In the last 6 months prior to the arrest date on the timeline,
what is the total length of time that you were on probation?.....|_____|_____|____|
DAYS

6. In the last 6 months prior to the arrest date on the timeline, what is the total length
of time that you were on parole?.....|_____|_____|____|
DAYS

7. How old were you the first time you were in jail, prison, or juvenile lock up?.....|_____|____|

8. Altogether, how much time have you ever spent in jail, prison, or juvenile lockup? ..|_____|_____|____|
#MONTHS

9a. How many times during your life have you ever been involved in the following illegal activities?

For example, the number of times you committed any of the following activities regardless of
arrests.

[HAND RESPONDENT CRIME CARD; RECORD RESPONSES IN "CRIME CHART"; IF "00" SKIP TO NEXT
ACTIVITY]

9b. Using the card, tell me how many times in the last 6 months prior to this incarceration
you were involved in [CRIME]?

9c. For the same crime, tell me how many times in the 30 days prior to this incarceration
you were involved in [CRIME]? FOR QUESTIONS 2, 14, 15, 16, 17, 18, 19, 20 & 23,ASK:

9d. How many people were injured as a result of your involvement in [CRIME] during
the 6 months prior to this incarceration?[INJURED MEANS HURT BADLY
ENOUGH TO REQUIRE MEDICAL ATTENTION WHETHER RECEIVED OR
NOT. DO NOT INCLUDE INJURY TO SELF].

9e. How many people died as a result of your involvement in [CRIME] during the 6
months prior to the arrest date on the timeline?

CJ-CODSI INTAKE INTERVIEW

*FOR 5a 1-14, IF ONE MORE ASK 5B-E FOR EACH CRIME

CRIME CHART: Type of Crimes (and examples of each)	*9a. Times Committed <u>Ever</u> <u>Lifetime</u>	9b. Times Committed <u>Last</u> <u>6 months</u>	9c. Times Committed <u>Last</u> <u>30 Days</u>	9d. Number of people Injured	9e. Number of people Died
1. Public intoxication from alcohol or drugs.....				N/A	N/A
2. Driving Under Influence of alcohol or drugs....					
3. Use or possession of illegal drugs.....				N/A	N/A
4. Possession with intent to distribute.....				N/A	N/A
5. Possession of drug paraphernalia.....				N/A	N/A
6. Manufacture or growing of drugs.....				N/A	N/A
7. Sale or distribution of drugs.....				N/A	N/A
8. Forgery/Fraud (bad checks, credit card fraud).....				N/A	N/A
9. Fencing (buying or selling stolen property).....				N/A	N/A
10. Illegal gambling (running numbers).....				N/A	N/A
11. Prostitution or pimping.....				N/A	N/A
12. Burglary/attempted burglary/breaking and entering (home, auto, business).....				N/A	N/A
13. Shoplifting/larceny/embezzlement.....				N/A	N/A
14. Auto theft/car jacking.....					
15. Robbery/attempted robbery/mugging.....					
16. Assault/aggravated assault/battery..... (DO NOT include rape or sexual assault)					
17. Kidnapping/hostage taking.....					
18. Terrorists threats/acts.....					
19. Homicide/manslaughter/attempted homicide...					
20. Arson offenses.....					
21. Weapons offenses.....				N/A	N/A
22. Vandalism/property damage/tagging.....				N/A	N/A
23. Sex offenses (rape/sex assault/sex w/ minors)...					
24. Probation/parole violations.....				N/A	N/A
25. Other offenses _____					

CJ-CODSI INTAKE INTERVIEW

**We are finished with that card, so I'll put it away. [TAKE BACK "CRIME CARD"]
Now I'm going to ask you about your current incarceration.**

10a. During the time that you have been incarcerated in the past 6 months, how many nights did you spend in the hospital unit because of:

1. medical problems.....|_____|
2. mental or emotional problems.....|_____|
3. substance abuse (including detox)|_____|

NIGHTS

b. During the time you have been incarcerated in the past 6 months, how many times did you visit a psychiatrist, psychologist, psychiatric social worker, or other mental health professional for an individual session because of mental or emotional problems?.....|_____|

TIMES

c. During the time you have been incarcerated in the past 6 months, how many times did you attend a group session with a psychiatrist, psychologist, psychiatric social worker or other mental health professional because of mental or emotional problems?.....|_____|

TIMES

d. During the time you have been incarcerated in the past 6 months, how many times did you visit a substance abuse counselor for individual sessions?.....|_____|

TIMES

e. During the time you have been incarcerated in the past 6 months, how many times did you attend a group session primarily for substance abuse? (Do not include 12-step support groups that you attended in a residential program.).....|_____|

TIMES

PART C: HEALTH AND PSYCHOLOGICAL STATUS

1. How would you rate your overall health right now?

1. *Poor* 2. *Fair* 3. *Good* 4. *Very Good* 5. *Excellent*

2. Not counting the effects from alcohol or other drug use,

In your lifetime have you ever experienced –

	No	Yes
a. a lot of physical <u>pain</u> or <u>discomfort</u> ?	0	1
b. serious <u>depression</u> (for two weeks or more at a time)?	0	1
c. serious <u>anxiety or tension</u> ?	0	1
d. <u>hallucinations</u> (hearing or seeing things that others thought were imaginary)?	0	1
e. trouble <u>understanding, concentrating, or remembering</u> ?	0	1
f. trouble controlling <u>violent behavior</u> ?	0	1
g. serious <u>thoughts of suicide</u> ?	0	1
h. attempts at <u>suicide</u> ?	0	1

CJ-CODSI INTAKE INTERVIEW

3. If female, how many times have you given birth? [IF R IS MALE, WRITE -3]..... * |____|____|

***IF "1 OR MORE", ASK a:**

a. How many of these times was the baby born early
or with health problems? |____|____|

4. During the 6 months prior to the arrest date on the timeline:

(circle yes or no for a-b)

No	Yes
----	-----

a. Were you attacked with a weapon, beaten or sexually abused?

0	1
---	---

b. Did you have an argument in which you physically or
verbally threatened someone?

0	1
---	---

5. How many times in your life have you been hospitalized for psychiatric/emotional problems? |____|____|

6. How many times in your life have you been hospitalized for physical health problems? |____|____|

7. During the past 30 days prior to the arrest date on the timeline, did you receive:

(circle yes or no, for all yes responses, record the number of nights/days)

		If yes, altogether for how many nights/days?	
		No	Yes
a. <u>Inpatient Treatment</u> for:			

1. Physical complaint.....	0	1	2. ____ ____
3. Mental or emotional difficulties.....	0	1	4. ____ ____
5. Alcohol or substance abuse.....	0	1	6. ____ ____

#NIGHTS/DAYS

b. Outpatient Treatment for:

1. Physical complaint.....	0	1	2. ____ ____
3. Mental or emotional difficulties.....	0	1	4. ____ ____
5. Alcohol or substance abuse.....	0	1	6. ____ ____

#NIGHTS/DAYS

c. Emergency Room Treatment for:

Admissions

1. Physical complaint.....	0	1	2. ____ ____
3. Mental or emotional difficulties.....	0	1	4. ____ ____
5. Alcohol or substance abuse.....	0	1	6. ____ ____

#ADMISSIONS

CJ-CODSI INTAKE INTERVIEW

PART D: DRUG AND TREATMENT HISTORY

1. Now I'd like to ask you about your drug and alcohol use. Remember that this information is confidential. Please look over this list of drugs and tell me which ones caused you the most serious problems before you entered this treatment. (Read categories.)

[HAND "DRUG CARD" TO RESPONDENT, USE CODE NUMBERS FROM "DRUG HISTORY CHART"]

- a. First most serious? | |
- b. Second most serious? | |
- c. Third most serious? | |

DRUG #

- 2a. For each drug that you have EVER USED (for non-medical use), tell me how old you were the first time you ever tried it (i.e., of your own choice).

[RECORD AGE AT FIRST USE IN "DRUG HISTORY CHART"; WRITE "-3" FOR THOSE DRUGS NEVER USED. FOR DRUGS NEVER USED, YOU CAN SKIP PARTS A, B, C #& D FOR THAT DRUG.]

FOR EACH SEPARATE DRUG USED, ASK:

[TAKE BACK "DRUG CARD" – HAND "ALCOHOL AND DRUG USE CARD" TO RESPONDENT]

- b. Using answers from this card, tell me how often during the LAST 6 MONTHS prior to the arrest date on the timeline you used (drug name).
[RECORD RESPONSE IN "DRUG HISTORY CHART"]
- c. In the LAST 30 DAYS before to the arrest date on the timeline, how often did you use (drug name)?

[RECORD RESPONSE IN "DRUG HISTORY CHART"; DO NOT USE RESPONSE CODE "1" FOR THIS MONTHLY ITEM BECAUSE IT OVERLAPS WITH CODES 2 & 3]

FOR DRUGS USED THAT CAN BE INJECTED (SEE CHART), ASK –

- d. How old were you the first time you injected (drug name)?
[RECORD AGE IN "DRUG HISTORY CHART," AND WRITE "0" FOR THOSE NEVER INJECTED]
- e. And how often in those last 30 days did you INJECT (drug name)?
[USE "ALCOHOL AND DRUG USE CARD"]

FREQUENCY OF USE CODES:

- | | |
|---|---|
| 0. Never/Not used
1. Only 1-3 times
2. About 1 time per MONTH
3. About 2-3 times per MONTH | 4. About 1 time per WEEK
5. About 2-6 times per WEEK
6. About EVERY DAY |
|---|---|

CJ-CODSI INTAKE INTERVIEW

DRUG HISTORY CHART

TYPE OF DRUGS (AND EXAMPLES OF EACH)	Q2a. AGE 1ST USED	Q2b. LAST 6 MONTHS	Q2c. LAST 30 DAYS	Q2d. AGE 1ST INJ.	Q2e. INJ. LAST 30 DAYS
(1) <u>Alcohol</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
(2) <u>Tobacco</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
(3) <u>Inhalants</u> (glue, spray paint, toluene, liquid paper, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
(4) <u>Marijuana/Hashish</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
(5) <u>Hallucinogens/LSD/ Psychedelics/PCP/ Mushrooms/Peyote</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
(6) <u>Crack/Freebase</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
(7) <u>Cocaine</u> (by itself)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(8) <u>Heroin and Cocaine</u> (mixed together)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(9) <u>Heroin and Meth</u> (mixed together)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(10) <u>Heroin</u> (by itself)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(11) <u>Street Methadone</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(12) <u>Other Opiates/Opium</u> Morphine/Demerol/ Dilaudid/Percodan/ Viocodin/Oxycotin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(13) <u>Methamphetamine/</u> Speed/Ice/Ecstasy/Crystal ..	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(14) <u>Other Amphetamines/</u> Uppers/Diet Pills	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(15) <u>Librium/Valium/</u> Minor Tranquilizers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(16) <u>Barbiturates</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(17) <u>Other Sedatives/</u> Hypnotics/Quaaludes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(18) <u>Non-prescription GHB</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(19) <u>Ketamine</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(20) Other (specify) _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CJ-CODSI INTAKE INTERVIEW

Now I'm going to ask you about your ALCOHOL USE in the last 30 days prior to the arrest date on the timeline. [IF Q2B = 0, THEN Q3 SHOULD = 0, AND THEN Q4 = -3]

3. Altogether, on how many of those 30 days did you drink any beer, malt beverage, wine, wine coolers, fortified wine or hard liquor?|_____|
[“HARD LIQUOR” INCLUDES WHISKEY, RUM, VODKA, GIN, ETC.] # DAYS
4. In those 30 days which did you drink the most often?|_____|
 1. beer
 2. malt liquor, malt beverages, or regular wine coolers [OLD ENGLISH, SMIRNOFF ICE, MICKEY'S, ST. IDES, BACARDI SILVER, BARTLES & JAMES, SEAGRAM'S COOLER]
 3. wine
 4. fortified wine, or fortified wine coolers [THUNDERBIRD, CISCO, MAD DOG]
 5. hard liquor [WHISKEY, RUM, VODKA, GIN, JELLO SHOTS, PUNCH, ETC.]

Think about the last 6 months prior to the arrest date on the timeline and tell me how often your use of alcohol or other drugs caused PROBLEMS for you. First, let's talk about alcohol, and then other drugs. [HAND “AFFECT CARD” TO RESPONDENT]

5. Tell me how often you think drinking alcohol or using other drugs have led to problems in each of the following areas of your life. ASK ABOUT “ALCOHOL”, THEN “OTHER DRUGS”
(circle one answer for a-n, alcohol and drug use)

HOW OFTEN DID YOUR (ALCOHOL/DRUG) USE AFFECT-	(1) Alcohol Use					(2) Other Drug Use				
	NEVER	RARELY	SOME- TIMES	OFTEN	ALWAYS	NEVER	RARELY	SOME- TIMES	OFTEN	ALWAYS
a. <u>your physical health</u>	1	2	3	4	5	1	2	3	4	5
b. <u>your relations with family or friends</u>	1	2	3	4	5	1	2	3	4	5
c. <u>your general attitude or emotional health</u>	1	2	3	4	5	1	2	3	4	5
d. <u>your attention and concentration</u>	1	2	3	4	5	1	2	3	4	5
e. <u>going to work or finding a job</u>	1	2	3	4	5	1	2	3	4	5
f. <u>money and finances</u>	1	2	3	4	5	1	2	3	4	5
g. <u>fights</u> or arguments.	1	2	3	4	5	1	2	3	4	5
h. <u>police</u> or legal trouble.	1	2	3	4	5	1	2	3	4	5

6. How many times have you ever overdosed on drugs? *|_____|
(Requires medical intervention) # TIMES

*IF “1” OR MORE, ASK a and b:

- a. How long has it been since the last time? |_____|
MONTHS
- b. How many times have you intentionally overdosed on drugs? |_____|
TIMES

CJ-CODSI INTAKE INTERVIEW

7. During the 30 days prior to the arrest date on the timeline, how stressful were things for you because of your use of alcohol or other drugs? |

1. Not at all 2. Somewhat 3. Considerably 4. Extremely -3. Not applicable

8. During the 30 days prior to the arrest date on the timeline, did your use of alcohol or other drugs cause you to reduce or give up important activities?..... |

1. Not at all 2. Somewhat 3. Considerably 4. Extremely -3. Not applicable

9. During the 30 days prior to the arrest date on the timeline, did your use of alcohol or other drugs cause you to have emotional problems?..... |

1. Not at all 2. Somewhat 3. Considerably 4. Extremely -3. Not applicable

10. How many TIMES have you ever quit using alcohol or other drugs for at least 3 months or longer? *| | |
TIMES

***IF "1" OR MORE, ASK a and b:**

a. How many times did you quit –

(1) on your own (without help)?..... | | |

(2) in a community based treatment program? | | |

(3) in jail/prison (no treatment)?..... | | |

(4) in a jail/prison treatment program?..... | | |

(5) some other way? (specify)..... | | |
TIMES

b. What is the longest time you were ever able to stay “clean and sober”? | | |
MONTHS

*IF "1" OR MORE ASK a-c; IF "0" SKIP TO 13

- a. Tell me how many TIMES you have ever been in each type of treatment program?

- a. Tell me how many TIMES you have ever been in each type of treatment program?

- [RECORD ANSWERS IN "DRUG TREATMENT CHART"]

***ASK b & c ONLY FOR TREATMENTS WITH "1" OR MORE ADMISSIONS:**

b. How old were you the first time you entered [TYPE OF TREATMENT]?

CJ-CODSI INTAKE INTERVIEW

Drug Treatment Chart			
READ EACH ITEM, RECORD ANSWER	12a. TIMES ENTERED	12b. AGE AT 1ST ADMISSION	12c. MONTHS TREATED
(1) <u>Inpatient treatment</u> (in a hospital setting)?.....	____	____	____
(2) <u>Residential/therapeutic community</u> ?.....	____	____	____
(3) <u>Other institutional treatment</u> (such as VA or state hospital or in-prison program)?.....	____	____	____
(4) Outpatient?.....	____	____	____
(5) Outpatient <u>methadone</u> ?.....	____	____	____
(6) Other? (specify) _____	____	____	____

13. Who was mainly responsible for you entering this current treatment? |

- 1. Judge
- 2. Court officer
- 3. Substance Abuse Referral unit
- 4. Correctional classification
- 5. Myself
- 6. Other criminal justice officer
- 7. Other (specify) _____

14. Have you ever gone to self-help meetings like AA, NA, CA, etc.? * |
[INCLUDE NON-12-STEP GROUPS SUCH AS RATIONAL RECOVERY AND SMART] 0=No 1=Yes

*IF YES, ASK a and b:

a. About how many meetings have you ever attended? Was it: |

- 1. 1-5
- 2. 6-10
- 3. 11-25
- 4. 26-100
- 5. Over 100

b. Did you attend any self-help group meetings in the last 30 days prior to the arrest date on the timeline? |
0=No 1=Yes

15. Did you have medical insurance during the 6 months prior to the arrest date on the timeline? |
0=No 1=Yes

[TO BE COMPLETED AFTER THE INTERVIEW]

A. END TIME.....|:| am/pm

B. DID THIS INTERVIEW TAKE PLACE IN A PRIVATE LOCATION WITH ONLY YOU AND THE CLIENT PRESENT? |
0=NO 1=YES

C. HOW RELIABLE DO YOU FEEL THE RESPONDENT'S ANSWERS WERE IN:

PART A (SOCIODEMPGRAPHIC BACKGROUND) |

PART B (CRIMINAL HISTORY) |

PART C (HEALTH AND PSYCHOLOGICAL STATUS) |

PART D (DRUG AND TREATMENT HISTORY) |

(NOT RELIABLE=0, SOMEWHAT RELIABLE=1, MOSTLY RELIABLE=2, RELIABLE=3)

CODSI Screening Battery 1

Before we continue, I want to remind you of some things:

CONFIDENTIALITY: As we said in the consent form, your answers to the interview are entirely confidential. The research is being conducted by National Development and Research Institutes, Inc. (NDRI), a not-for-profit organization that is entirely separate from Colorado DOC. Your name and any other personal identifiers are not included on the interview. All of the information is grouped together at NDRI and only the grouped information is available to people outside NDRI.

COMPLETENESS: We hope this research will help to improve the services people receive in prison. A skipped question means that we cannot add up your responses and we cannot use the information to help others in situations like yours. Therefore, it is important that every person answer every question.

INSTRUCTIONS:

1. For all of these questions you will answer either “YES or “NO”.

INTERVIEWERS: If you circle an answer marked by an asterisk (*), proceed to the next question marked by an (a). If you a circle an answer NOT marked by an asterisk, skip to next question marked by a number.

CODSI Screening Battery 1

I am going to start by asking you questions about how you have been feeling emotionally and mentally. I will be asking about how you have been feeling at different times in your life. For example, I might ask about the past 2 weeks, the past month, or ever.

1. Have you been consistently depressed or down, most of the day, nearly every day, for the past 2 weeks?	YES	NO*
*1a. At any time in your life, were you ever consistently depressed or down, most of the day, nearly every day, for 2 weeks?	YES	NO
2. In the past 2 weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time?	YES	NO*
*2a. At any time in your life, were you less interested in most things or less able to enjoy the things you used to enjoy most of the time for a two week period?	YES	NO
3. Have you felt sad, low, or depressed most of the time for the last two years?	YES	NO*
*3a. At any point in your life, have you felt sad, low, or depressed most of the time for two years?	YES	NO
4. In the past month, did you think you would be better off dead or wish you were dead?	YES	NO*
*4a. At any time in your life have you thought that you would be better off dead or wish you were dead?	YES	NO
5. Have you ever had a period of time when you were feeling up, hyper, or so full	YES *	NO

CODSI Screening Battery 1

<p>of energy or full of yourself that you got into trouble or that other people thought you were not your usual self? <u>DO NOT</u> consider times when you were intoxicated on drugs or alcohol.</p>		
<p>*5a. Has this happened in the last month?</p>	<p>YES</p>	<p>NO</p>
<p>6. Have you ever been so irritable, grouchy, or annoyed for several days, that you had arguments, verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or overreacted, compared to other people, even when you thought you were right to act this way?</p>	<p>YES *</p>	<p>NO</p>
<p>*6a. Has this happened in the last month?</p>	<p>YES</p>	<p>NO</p>
<p>7. Note this question is in 2 parts:</p> <p>A. Have you had one or more occasions when you felt intensely anxious, frightened, uncomfortable, or uneasy even when most people would not feel that way?</p> <p style="text-align: center;">YES** NO</p> <p>B. If yes, did these intense feelings get to be their worst within 10 minutes?</p> <p style="text-align: center;">YES** NO</p> <p>**IF BOTH 7A AND B ARE YES, CODE YES. IF EITHER A OR B IS NO, CODE NO.</p>	<p>YES *</p>	<p>NO</p>
<p>*7a. Have you had one or more of these occasions in the last month?</p> <p style="text-align: center;">YES** NO</p> <p>*7b. If yes, did these intense feelings get to be their worst within 10</p>	<p>YES</p>	<p>NO</p>

CODSI Screening Battery 1

minutes?		
8. Do you feel anxious or uneasy in places or situations where you might have the	YES**	NO
**IF BOTH a AND b ARE YES, CODE YES. IF EITHER a OR b IS panic like symptoms we just spoke about? Or do you feel anxious NO, CODE NO.		
or uneasy	YES	NO

CODSI Screening Battery 1

in situations where help might not be available or escape might be difficult? <i>Examples include:</i> <ul style="list-style-type: none"> ○ <i>Being in a crowd; standing in a line; being alone away from home or alone at home; crossing a bridge; traveling in a bus, train, or car.</i> 	*	
*8a. Have you felt this way in the last month?	YES	NO
9. Have you worried excessively or been anxious about several things over the past 6 months? *IF NO TO Q9, ANSWER NO TO Q9a AND ASK Q10. IF YES ASK 9A & THEN SKIP TO Q11.	YES	NO*
9a. Are these worries present most days?	YES	NO
*10. Have you ever worried excessively or been anxious about several things? **IF NO TO Q10, ANSWER NO TO Q10a AND ASK Q11.	YES	NO*
10a. Were those worries present most days?	YES	NO
11. In the past month, were you afraid or embarrassed when others were watching you, or when you were the focus of attention? Were you afraid of being humiliated? <i>Examples include:</i> <ul style="list-style-type: none"> ○ <i>Speaking in public; eating in public or with others; writing while someone watches; being in social situations.</i> 	YES	NO*
*11a. At any time in your life, were you afraid or embarrassed when others were watching you, or when you were the focus of attention? Were you afraid of being humiliated?	YES	NO
12. In the past month, have you been bothered by thoughts, impulses, or images that you couldn't get rid of that were unwanted, distasteful,		

CODSI Screening Battery 1

<p>inappropriate, intrusive, or distressing?</p> <p><i>Examples include:</i></p> <ul style="list-style-type: none"> ○ <i>Were you afraid that you would act on some impulse that would be really shocking?; Did you worry a lot about being dirty, contaminated or having germs?; Did you worry a lot about contaminating others, or that you would harm someone even though you did not want to?; Did you have any fears or superstitions that you would be responsible for things going wrong?; Were you obsessed with sexual thoughts, images, or impulses?; Did you hoard or collect lots of things?; Did you have religious obsessions?</i> 	YES	NO*
<p>*12a. At any time in your life, have you been bothered by thoughts, impulses, or images that you couldn't get rid of that were unwanted, distasteful, inappropriate, intrusive, or distressing?</p>	YES	NO
<p>13. In the past month, did you do something repeatedly without being able to resist doing it?</p> <p><i>Examples include:</i></p> <ul style="list-style-type: none"> ○ <i>Washing or cleaning excessively; counting or rechecking things over and over; repeating, collecting, or arranging things; other superstitious rituals.</i> 	YES	NO*
<p>*13a. At any time in your life, did you do something repeatedly without being able to resist doing it?</p>	YES	NO

<p>14. Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else?</p> <p><i>Examples include:</i></p>	YES	NO*
*	*	*

CODSI Screening Battery 1

<ul style="list-style-type: none"> ○ Serious accidents; sexual or physical assault; terrorist attack; being held hostage; kidnapping; fire; discovering a body; sudden death of someone close to you; war; natural disaster. <p style="text-align: center;">**IF NO TO Q14, ANSWER NO TO Q15a and 15b.</p>		
<p>15a. Have you ever re-experienced the awful event in a distressing way? <i>Examples include:</i></p> <ul style="list-style-type: none"> ○ Dreams; intense recollections; flashbacks; physical reactions. <p style="text-align: center;">**IF NO TO Q15a, ANSWER NO TO Q15b.</p>	YES * YES	NO* * NO
<p>15b. Have you re-experienced the awful event in a distressing way in the past month? <i>Examples include:</i></p> <ul style="list-style-type: none"> ○ Dreams; intense recollections; flashbacks; physical reactions. 		
<p>16. Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you?</p>	YES *	NO
<p>*16a. Have you felt this way in the last month?</p>		
<p>17. Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking?</p>	YES *	NO
<p>*17a. Have you felt this way in the last month?</p>		
<p>18. Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Or, have you ever felt that you were possessed?</p>	YES *	NO
<p>*18a. Have you felt this way in the last month?</p>		
<p>19. Have you ever believed that you were being sent special messages through the TV, radio, or newspaper? Did you ever believe that someone you did not personally know was particularly interested in you?</p>	YES *	NO

CODSI Screening Battery 1

*19a. Have you felt this way in the last month?	YES	NO
20. Have your relatives or friends ever considered any of your beliefs strange or unusual?	YES *	NO
*20a. Have you felt this way in the last month?	YES	NO
21. Have you ever heard things other people couldn't hear, such as voices?	YES *	NO
*21a. Have you felt this way in the last month?	YES	NO
22. Have you ever had visions when you were awake or have you ever seen things other people couldn't see?	YES *	NO
*22a. Have you felt this way in the last month?	YES	NO

CODSI Screening Battery 1

Thank you for answering those questions. I am going to continue now with questions that ask about other emotional problems you may have. As a reminder, your answers will be kept in strict confidence. They will not be released to anyone else. If you do not know how to answer these questions, please ask me for guidance. Please note, each item first asks about your entire life history, not just your current situation, this is why each question begins -"Have you ever". If you answer yes to the first part, we will ask you another question about the last month.

23. Have you ever talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem?	YES*	NO
*23a. Have you done this in the last month?	YES	NO
24. Have you ever felt you needed help with your emotional problems, or have other people told you that you should get help for your emotional problems?	YES*	NO
*24a. Has this happened in the last month?	YES	NO
25. Have you ever been advised to take medication for anxiety, depression, hearing voices or for any other emotional problem?	YES*	NO
*25a. Has this happened in the last month?	YES	NO
26. Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?	YES*	NO
*26a. Has this happened in the last month?	YES	NO
27. Have you ever heard voices no one else could hear or seen objects or things which others could not see?	YES*	NO
*27a. Has this happened in the last month?	YES	NO
28. Have you ever been depressed for weeks at a time, lost interest or	YES*	NO**

CODSI Screening Battery 1

pleasure in most activities, had trouble concentrating and making decisions, or thought about killing yourself? **IF NO TO Q28, ANSWER NO TO Q28a, Q29, & Q29a.		
28a. Did you ever attempt to kill yourself?	YES	NO
29. Have you felt this way (depressed for weeks at a time, etc.) in the last month? **IF NO TO Q29, ANSWER NO TO Q29a.	YES*	NO**
29a. Have you tried to kill yourself in the last month?	YES	NO
30. Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? <i>Examples include:</i> o <i>Warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed.</i>	YES*	NO
*30a. Have you had these nightmares or flashbacks in the last month?	YES	NO
31. Have you ever experienced any strong fears? <i>Examples include:</i> o <i>Heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help.</i>	YES*	NO
*31a. Have you experienced these strong fears in the last month?	YES	NO
32. Have you ever given in to an aggressive urge or impulse, on more than one occasion, that resulted in serious harm to others or led to the destruction of property?	YES*	NO

CODSI Screening Battery 1

*32a. Have you given into these impulses in the last month?	YES	NO
33. Have you ever felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior?	YES*	NO
*33a. Have you felt this way in the last month?	YES	NO
34. Have you ever experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partner?	YES*	NO
*34a. Have you felt this way in the last month?	YES	NO
35. Was there ever a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating?	YES*	NO
<p><i>Examples include:</i></p> <ul style="list-style-type: none"> ○ <i>Repeatedly dieting or fasting, engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up.</i> 		
*35a. Has this happened in the last month?	YES	NO
36. Have you ever had a period of time when you were so full of energy and your ideas came very rapidly, when you talked nearly non-stop, when you moved quickly from one activity to another, when you needed little sleep, and believed you could do almost anything?	YES*	NO
*36a. Have you had a period like this in the last month?	YES	NO
37. Have you ever had spells or attacks when you suddenly felt anxious,	YES*	NO

CODSI Screening Battery 1

<p>frightened, uneasy to the extent that you began sweating, your heart began</p> <p>to beat rapidly, you were shaking or trembling, your stomach was upset, you</p> <p>felt dizzy or unsteady, as if you would faint?</p>		
<p>*37a. Have you had these spells or attacks in the last 6 months?</p>	YES	NO
<p>38. Have you ever had a persistent, lasting thought or impulse to do something</p> <p>over and over that caused you considerable distress and interfered with</p> <p>normal routines, work, or your social relations?</p> <p><i>Examples include:</i></p> <ul style="list-style-type: none"> ○ <i>Repeatedly counting things, checking and rechecking on things you had done, washing and rewashing your hands, praying, or maintaining a very rigid schedule of daily activities from which you could not deviate.</i> 	YES*	NO
<p>*38a. Has this happened in the last month?</p>	YES	NO
<p>39. Have you ever lost considerable sums of money through gambling or had</p> <p>problems at work, in school, with your family and friends as a result of your</p> <p>gambling?</p>	YES*	NO
<p>*39a. Has this happened in the last month?</p>	YES	NO
<p>40. Have you ever been told by teachers, guidance counselors, or others that</p> <p>you have a special learning problem?</p>	YES*	NO
<p>*40a. Have you been told this in the last month?</p>	YES	NO

CODSI Screening Battery 1

These next questions are about common psychological problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or they make you feel like you cannot go on.

<p>41. During the past 12 months have you had significant problems with: Sleeping, such as bad dreams, sleeping restlessly or falling asleep during the day?</p>	<p>YES</p>	<p>NO*</p>
<p>*41a. Have you <u>ever</u> had significant problems like these with sleeping?</p>		
<p>42. During the past 12 months have you had significant problems with: Feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?</p>	<p>YES</p>	<p>NO*</p>
<p>*42a. Have you <u>ever</u> had significant problems with feelings like these?</p>		
<p>43. During the past 12 months have you had significant problems with: Thoughts about ending your life or committing suicide? **IF NO TO Q43, ANSWER NO TO Q43a AND PROCEED TO Q44.</p>	<p>YES*</p>	<p>NO**</p>
<p>43a. Have you made a specific plan about how to kill yourself and gotten the things you need to carry out your plan in the last 12 months? **SKIP TO Q44a.</p>	<p>YES (skip to Q45)</p>	<p>NO**</p>
<p>44. Have you <u>ever</u> had significant problems with thoughts about ending your life or committing suicide?</p>		
<p>*44a. Have you <u>ever</u> made a specific plan about how to kill yourself and gotten the things you need to carry out your plan?</p>	<p>YES</p>	<p>NO</p>
<p>45. During the past 12 months have you had significant problems with:</p>		
	<p>YES</p>	<p>NO*</p>

CODSI Screening Battery 1

<p>Feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen?</p>			
<p>*45a. Have you <u>ever</u> had significant problems with feelings like these?</p>		YES	NO
<p>46. <u>During the past 12 months have you had significant problems:</u> When something reminded you of the past, so that you became very distressed and upset?</p>		YES	NO*
<p>*46a. Have you <u>ever</u> had significant problems with feeling this way when something reminded you of the past?</p>		YES	NO
<p>47. <u>During the past 12 months have you had significant problems with:</u> Being overly troubled in your thoughts, dreams, or feelings, or have you felt anxious about a stressful event from your past?</p>		YES	NO*
<p>*47a. Have you <u>ever</u> had significant problems with feelings like these about a stressful event from you past?</p>		YES	NO
<p>48. <u>During the past 12 months have you done the following 2 or more times:</u> Have you had a hard time paying attention at school, work, home, or prison?</p>		YES	NO*
<p>*48a. Have you <u>ever</u> had a hard time paying attention at school, work, home, or prison 2 or more times?</p>		YES	NO
<p>49. <u>During the past 12 months have you done the following 2 or more times:</u> Have you had a hard time listening to instructions at school, work, home, or prison?</p>		YES	NO*

CODSI Screening Battery 1

*49a. Have you <u>ever</u> had a hard time listening to instructions at school, work, home, or prison 2 or more times?	YES	NO
---	-----	----

CODSI Screening Battery 1

<p>50. <u>During the past 12 months have you done the following 2 or more times:</u> Have you been a bully or threatened other people?</p>	<p>YES</p>	<p>NO*</p>
<p>*50a. Have you <u>ever</u> been a bully or threatened people 2 or more times?</p>		
<p>51. <u>During the past 12 months have you done the following 2 or more times:</u> Have you lied or conned to get things you wanted or to avoid having to do something?</p>	<p>YES</p>	<p>NO*</p>
<p>*51a. Have you <u>ever</u> done that 2 or more times?</p>		
<p>52. <u>During the past 12 months have you done the following 2 or more times:</u> Hit someone or gotten into a physical fight?</p>	<p>YES</p>	<p>NO*</p>
<p>*52a. Have you <u>ever</u> done that 2 or more times?</p>		
<p>53. <u>During the past 12 months have you:</u> Tried to hide that you were using alcohol, marijuana or other drugs?</p>	<p>YES</p>	<p>NO*</p>
<p>*53a. Have you <u>ever</u> tried to hide that you were using alcohol or other drugs?</p>		
<p>54. <u>During the past 12 months have you:</u> Had your parents, family, partner, co-workers, classmates, friends, or fellow inmates complained about your alcohol, marijuana or other drug use?</p>	<p>YES</p>	<p>NO*</p>
<p>*54a. Have you <u>ever</u> had others complain about your use of alcohol or other drugs?</p>		
<p>55. <u>During the past 12 months have you:</u> Used alcohol, marijuana or other drugs</p>	<p>YES</p>	<p>NO*</p>

CODSI Screening Battery 1

weekly?		
*55a. Have you <u>ever</u> used alcohol or other drugs weekly?	YES	NO
56. <u>During the past 12 months have you:</u> Kept using alcohol, marijuana or other drugs even after you knew it could get you into fights or other kinds of legal trouble?	YES	NO*
*56a. Have you <u>ever</u> used alcohol or other drugs after you knew it could get you into fights or other kinds of legal trouble?	YES	NO
57. <u>During the past 12 months have you:</u> Spent a lot of time getting alcohol, marijuana or other drugs, using them, or feeling the effects of them (high, sick)?	YES	NO*
*57a. Have you <u>ever</u> spent a lot of time getting alcohol, marijuana or other drugs, using them, or feeling the effects of them (high, sick)?	YES	NO

CODSI Screening Battery 1

We are almost done with this part of the interview. These last questions ask about your thoughts and feelings. Remember that your answers are confidential and will not be shared with anyone.

58. Over the course of your life, have you rarely been able to stay in a job for more than a few months or have you felt that working is for idiots?	YES*	NO
*58a. Have you changed jobs or felt this way in the last month?	YES	NO
59. Over the course of your life, have you felt bad when you hurt or mistreated someone?	YES*	NO
*59a. Have you felt this way in the last month?	YES	NO
60. Over the course of your life, you have lied or conned people in order to serve your purpose?	YES*	NO
*60a. Have you lied or conned to serve your purpose in the last month?	YES	NO
61. Over the course of your life, have you shifted back and forth between strong love and strong hate for the people you are closest to?	YES*	NO
*61a. Have your feeling shifted like that in the last month?	YES	NO
62. Over the course of your life, have you recklessly given in to urges to do things that were sure to get you in trouble?	YES*	NO
*62a. Have you recklessly given in to these urges in the last month?	YES	NO
63. Over the course of your life, have you made desperate efforts to avoid feeling abandoned or to avoid being abandoned (e.g., repeatedly called someone to reassure yourself that he or she still cared, begged them not to leave you,	YES*	NO

CODSI Screening Battery 1

clung to them physically, or hurt yourself to keep them from leaving you)?		
*63a. Have you made these desperate attempts in the last month?	YES	NO

THANK YOU FOR ANSWERING THESE QUESTIONS. THE INTERVIEW FOR TODAY IS COMPLETE. ANOTHER INTERVIEWER WILL BE MEETING WITH YOU WITHIN ONE MONTH. THAT INTERVIEW WILL

STRUCTURED CLINICAL INTERVIEW FOR DSM-IV-TR AXIS I DISORDERS
Modified for use in CJ-CODSI, 2005

S C I D INTERVIEW

v. 8-2-05

Michael B. First, M.D.; Robert L. Spitzer, M.D.;
Miriam Gibbon, M.S.W.; and Janet B.W. Williams, D.S.W.

Study: CJ-CODSI

Study No.: _____

Study I.D. No: _____

Rater: _____

Rater No.: _____

Date of Interview: _____
Mo Day Year

Edited and checked by: _____

Date: _____

P1

P2

P3

P4

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DX code	Diagnosis	Lifetime Prevalence				Meets Symptomatic Dx. Crit. past Month		
		Inadequate info.	Absent	Sub-Threshold	Threshold	Absent	Present	
MOOD DISORDERS								
01	Bipolar I Disorder (D. 1)	?	1	2	3	> 1	3	P8 P9 P10 P11
			Single Manic Episode Recurrent		1 2	1 2 3 4 5	Current episode: manic mixed hypomanic major depressive unspecified	P12 P13 P14
			Without Rapid Cycling With Rapid Cycling		0 1			
			W/O Seasonal Pattern With Seasonal Pattern		0 1			
			(only if not current): In Partial Remission In Full Remission		6 7	1 2 3 4 5	Current severity: mild moderate severe, without psychotic features with mood-congruent psychotic features with mood-incongruent psychotic features	P15 P16
02	Bipolar II Disorder (D. 2)	?	1	2	3	> 1	3	P17 P18 P19
					1 2		Current episode: hypomanic major depressive	
			Without Rapid Cycling With Rapid Cycling		0 1		Neither Melancholic, Atypical, Nor catatonic	P20 P21
			W/O Seasonal Pattern With Seasonal Pattern		0 1		Melancholic Atypical Catatonic	P22
			(only if not current): In Partial Remission In Full Remission		6 7	1 2 3 4 5	Current severity: mild moderate severe, without psychotic features with mood-congruent psychotic features with mood-incongruent psychotic features	P23 P24
03	Other Bipolar Disorder (D. 5)	?	1	2	3	> 1	3	P25 P26 P27
			1 2 3 4 5	Cyclothymic Disorder Intermittent hypomanic episodes Manic or hypomanic episode superimposed on Psychotic Disorder Bipolar Disorder NOS with subthreshold manic episodes Other				

DX code	Diagnosis	Lifetime Prevalence			Meets Symptomatic Dx. Crit. past Month		
		Inadequate info.	Absent	Sub-Threshold	Threshold	Absent	Present
MOOD DISORDERS (continued)							
04	Major Depressive Disorder (D. 6)	?	1	2	3	> 1	3
			Single Episode Recurrent		1 2	0 1 2 3	Type of current episode: Neither Melancholic, Atypical, Nor catatonic Melancholic Atypical Catatonic
				W/O Seasonal Pattern With Seasonal Pattern	0 1	1 2 3	P32
				(only if not current): In Partial Remission In Full Remission	6 7	4 5	P33 P34
							Current severity: mild moderate severe, without psychotic features with mood-congruent psychotic features with mood-incongruent psychotic features
05	Dysthymic Disorder (current only) (A. 52)	?	1	2	3		
			1 2	Early onset Late onset			P35
			0 1	Without Atypical Features With Atypical Features			P36
							P37
06	Depressive Disorder Not Otherwise Specified (D. 9)	?	1		3	> 1	3
			1 2 3 4 5 6	Postpsychotic Depressive Disorder of Schizophrenia Major Depressive Episode superimposed on a Psychotic Disorder Premenstrual dysphoric disorder Minor depressive disorder Recurrent brief depressive disorder Other			P38 P39
07	Mood Disorder Due to A General Medical Condition (A. 54) Specify GMC:	?	1		3	> 1	3
			1 2 3 4	With major depressive-like episode With depressive features With manic features With mixed features			P41 P42
							P43
08	Substance-Induced Mood Disorder (A. 46) Specify Substance:	?	1		3	> 1	3
			1 2 3	With depressive features With manic features With mixed features			P44 P45
							P46

DX code	Diagnosis	Lifetime Prevalence				Meets Symptomatic Dx. Crit. past Month	
		Inadequate info.	Absent	Sub-Threshold	Threshold	Absent	Present
ANXIETY DISORDERS							
26	Panic Disorder (F. 3)	?	1	2	3	----->	1 3
							P84
							P85
							P86
27	Agoraphobia without History of Panic Disorder (AWOPD) (F. 9)	?	1	2	3	----->	1 3
30	Obsessive Compulsive (F. 14)	?	1	2	3	----->	1 3
31	Posttraumatic Stress (F. 20)	?	1	2	3	----->	1 3
32	Generalized Anxiety (current only) (F. 24)	?	1	2	3		P97
33	Anxiety Disorder Due To a General Medical Condition (F. 28) Specify GMC:	?	1		3	----->	1 3
							P98
							P99
							P100
							P101
							P102
34	Substance-Induced Anxiety Disorder (F. 30) Specify Substance	?	1		3	----->	1 3
							P103
							P104
							P105
DX code	Diagnosis	Lifetime Prevalence				Meets Symptomatic Dx. Crit. past Month	
		Inadequate info.	Absent	Sub-Threshold	Threshold	Absent	Present
EATING DISORDERS							
41	Anorexia Nervosa (H. 2)	?	1	2	3	1	3
42	Bulimia Nervosa (H. 5)	?	1	2	3	1	3
							P111
							P112
							P113
							P114

INTERVIEWER'S DIAGNOSES, IF DIFFERENT FROM SCID DIAGNOSES:

OVERVIEW**OVERVIEW OF PRESENT ILLNESS**

IF UNKNOWN: Have you been in any kind of treatment in the past month?

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

P12
8

IF CURRENTLY IN TREATMENT:
DATE ADMITTED TO PROGRAM FOR
PRESENT ILLNESS: _____

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

P12
9

When did you enter this program?

**CHIEF COMPLAINT
AND DESCRIPTION OF
PRESENTING PROBLEM**

What led to your coming here (this time)?
(What's the major problem you've been having trouble with?)

IF DOES NOT GIVE DETAILS OF
PRESENTING PROBLEM:

Tell me more about that. (What do you mean by . . .?)

**ONSET OF PRESENT ILLNESS
OR EXACERBATION**

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

When were you last feeling OK (your usual self)?

NEW SXS OR RECURRENCE

Is this something new or a return of something you had before?

(What made you come for help now?)

**ENVIRONMENTAL CONTEXT AND POSSIBLE
PRECIPITANTS OF PRESENT ILLNESS OR
EXACERBATION**

(USE THIS INFORMATION FOR CODING AXIS IV.)

What was going on in your life when this began?

**COURSE OF PRESENT ILLNESS
OR EXACERBATION**

After it started, what happened next? (Did other things start to bother you?)

Since this began, when have you felt the worst?

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

TREATMENT HISTORY

When was the first time you saw someone for emotional or psychiatric problems? (What was that for? What treatment(s) did you get? What medications?)

What about treatment for drugs or alcohol?

(THE LIFE CHART ON PAGE vi OF
OVERVIEW MAY BE USED TO DOCUMENT A
COMPLICATED HISTORY OF
PSYCHOPATHOLOGY AND TREATMENT)

HOSPITALIZATION HISTORY

Have you ever been a patient in a psychiatric hospital?

IF YES: What was that for? (How many times?)

Number of previous hospitalizations (Do not include transfers)	P130
0	0
1	1
2	2
3	3
4	4
5 (or more)	5 (or more)

IF GIVES AN INADEQUATE
ANSWER, CHALLENGE GENTLY:
e.g. Wasn't there something else?
People don't usually go to psychiatric
hospitals just because they are
(tired/nervous/OWN WORDS)

Have you ever been in a hospital for treatment of a medical problem?

IF YES: What was that for?

OTHER CURRENT PROBLEMS

Have you had any other problems in the last month?

What's your mood been like?

How has your physical health been? (Have you had any medical problems?) (USE THIS INFORMATION TO CODE AXIS III)

Do you take any medication or vitamins (other than those you've already told me about?)

IF YES: How much and how often do you take (MEDICATION)? (Has there been any change in the amount you have been taking?)

How much have you been drinking (alcohol) (in the past month)? Have you been taking any drugs (in the past month)? (What about marijuana, cocaine, other street drugs?)

CURRENT SOCIAL FUNCTIONING

How have you been spending your free time?

Who do you spend time with?

MOST LIKELY CURRENT DIAGNOSIS:

DIAGNOSES THAT NEED TO BE RULED OUT:

LIFE CHART

[RETURN TO OVERVIEW PAGE](#) viii, ***HOSPITALIZATION HISTORY***

SCID SCREENING MODULE

Now I want to ask you some more specific questions about problems you may have had. We'll go into more detail about them later.

RESPOND TO POSITIVE RESPONSES WITH: We'll talk more about that later.

1. Has there been any time in your life when you had five or more drinks (beer, wine, or liquor) on one occasion?	1	2	3	S1
2. Have you ever used street drugs?	1	2	3	S2
3. Have you ever gotten "hooked" on a prescribed medicine or taken a lot more of it than you were supposed to?	1	2	3	S3
4. Have you ever had a panic attack, when you suddenly felt frightened or anxious or suddenly developed a lot of physical symptoms?	1	2	3	S4
5. Were you ever afraid of going out of the house alone, being in crowds, standing in a line, or traveling on buses or trains?	1	2	3	S5
	<input type="checkbox"/> CIRCLE "NO" ON F. 1	<input type="checkbox"/> CIRCLE "YES" ON F. 1		S6
	<input type="checkbox"/> CIRCLE "NO" ON F. 7	<input type="checkbox"/> CIRCLE "YES" ON F. 7		S7

8. Have you ever been bothered by thoughts that didn't make any sense and kept coming back to you even when you tried not to have them?

IF NOT SURE WHAT IS MEANT: Thoughts like hurting someone even though you really didn't want to or being contaminated by germs or dirt.

9. Was there ever anything that you had to do over and over again and couldn't resist doing, like washing your hands again and again, counting up to a certain number, or checking something several times to make sure that you'd done it right?

10. In the last six months, have you been particularly nervous or anxious?

11. Have you ever had a time when you weighed much less than other people thought you ought to weigh?

12. Have you often had times when your eating was out of control?

1	2	3	S8
<input type="checkbox"/> CIRCLE "NO" ON F. 11			
<input type="checkbox"/> CIRCLE "YES" ON F. 11			
1	2	3	S9
<input type="checkbox"/> CIRCLE "NO" ON F. 12			
<input type="checkbox"/> CIRCLE "YES" ON F. 12			
1	2	3	S10
<input type="checkbox"/> CIRCLE "NO" ON F. 22			
<input type="checkbox"/> CIRCLE "YES" ON F. 22			
1	2	3	S11
<input type="checkbox"/> CIRCLE "NO" ON H. 1			
<input type="checkbox"/> CIRCLE "YES" ON H. 1			
1	2	3	S12
<input type="checkbox"/> CIRCLE "NO" ON H. 4			
<input type="checkbox"/> CIRCLE "YES" ON H. 4			

A. MOOD EPISODES

IN THIS SECTION, MAJOR DEPRESSIVE, MANIC, HYPOMANIC EPISODES, DYSTHYMIC DISORDER, MOOD DISORDER DUE TO A GENERAL MEDICAL CONDITION, SUBSTANCE-INDUCED MOOD DISORDER, AND EPISODE SPECIFIERS ARE EVALUATED. MAJOR DEPRESSIVE DISORDER AND BIPOLAR DISORDERS ARE DIAGNOSED IN MODULE D.

CURRENT MAJOR DEPRESSIVE EPISODE**MDE CRITERIA**

Now I am going to ask you some more questions about your mood

A. Five (or more) of the following symptoms have been present during the same two-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood, or (2) loss of interest or pleasure.

In the last month . . .

. . . has there been a period of time when you were feeling depressed or down most of the day nearly every day? (What was that like?)

IF YES: How long did it last? (As long as two weeks?)

. . . what about losing interest or pleasure in things you usually enjoyed?

IF YES: Was it nearly every day? How long did it last? (As long as two weeks?)

(1) depressed mood most of the day, nearly every day, as indicated either by subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). Note: in children or adolescents, can be irritable mood.

(2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated either by subjective account or observation made by others).

? 1 2 3 A
1 X X | 1

? 1 2 3 A
1 | | | 2

IF NEITHER
ITEM (1) NOR
ITEM (2) IS
CODED "3,"
GO TO
***PAST
MAJOR
DEPRESSIVE
EPISODE,***
A. 19

NOTE: WHEN RATING THE FOLLOWING ITEMS, CODE "1" IF CLEARLY DUE TO A GENERAL MEDICAL CONDITION, OR TO MOOD-INCONGRUENT DELUSIONS OR HALLUCINATIONS

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

FOR THE FOLLOWING QUESTIONS,
FOCUS ON THE WORST TWO WEEKS
IN THE PAST MONTH (OR ELSE THE
PAST TWO WEEKS IF EQUALLY
DEPRESSED FOR ENTIRE MONTH)

During this (TWO WEEK PERIOD) . . .

. . . how was your appetite? (What about compared to your usual appetite?) (Did you have to force yourself to eat?) (Eat [less/more] than usual?) (Was that nearly every day?) (Did you lose or gain any weight) (How much?) (Were you trying to [lose/gain] weight?)

(3) significant weight loss when not dieting, or weight gain (e.g., a change of more than 5% of body weight in a month) or decrease or increase in appetite nearly every day. Note: in children, consider failure to make expected weight gains.

1 2 3 A3

Check if:

- weight loss or decreased appetite
- weight gain or increased appetite

A4

A5

. . . how were you sleeping? (Trouble falling asleep, waking frequently, trouble staying asleep, waking too early, OR sleeping too much? How many hours a night compared to usual? Was that nearly every night?)

(4) insomnia or hypersomnia nearly every day

? 1 2 3 A6

Check if:

- insomnia
- hypersomnia

A7

A8

. . . were you so fidgety or restless that you were unable to sit still? (Was it so bad that other people noticed it? What did they notice? Was that nearly every day?)

(5) psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)

1 2 3 A9

NOTE: CONSIDER BEHAVIOR DURING THE INTERVIEW

Check if:

- psychomotor agitation
- psychomotor retardation

A1

0

A1

1

. . . what was your energy like?
(Tired all the time? Nearly every day?)

(6) fatigue or loss of energy nearly every day

1 2 3 A1

2

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

CJ-CODSI	SCID	Current MDE	Mood Episodes	A. 15
During this time . . .				
. . . how did you feel about yourself? (Worthless?) (Nearly every day?)		(7) feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)	? 1 2 3	A1 3
IF NO: What about feeling guilty about things you had done or not done? (Nearly every day?)		NOTE: CODE "1" OR "2" IF ONLY LOW SELF-ESTEEM		
		Check if: <input type="checkbox"/> worthlessness <input type="checkbox"/> inappropriate guilt		
. . . did you have trouble thinking or concentrating? (What kinds of things did it interfere with?) (Nearly every day?)		(8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)	? 1 2 3	A1 4 A1 5 A1 6
IF NO: Was it hard to make Decisions about everyday things? (Nearly every day?)		Check if: <input type="checkbox"/> diminished ability to think <input type="checkbox"/> indecisiveness		
				A1 7 A1 8

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

CJ-CODSI	SCID	Current MDE	Mood Episodes	A. 16
	. . were things so bad that you were thinking a lot about death or that you would be better off dead? What about thinking of hurting yourself?	(9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide	?	1 2 3 A1 9
IF YES: Did you do anything to hurt yourself?		NOTE: CODE "1" FOR SELF-MUTILATION W/O SUICIDAL INTENT		
		Check if:		
		____ thoughts of own death		A2
		____ suicidal ideation		0
		____ specific plan		A2
		____ suicide attempt		1
				A2
				2
				A2
				3
		AT LEAST FIVE OF THE ABOVE SXS [A (1-9)] ARE CODED "3" AND AT LEAST ONE OF THESE IS ITEM (1) OR (2)	1	3 A2 4
		NOTE: DSM-IV criterion B (i.e., does not meet criteria for a Mixed Episode) has been omitted from the SCID.		
			GO TO *PAST MAJOR DEPRES- SIVE EPISODE* A. 19	

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

IF UNCLEAR: Has (DEPRESSIVE EPISODE/OWN WORDS) made it hard for you to do your work, take care of things at home, or get along with other people?

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

1 2 3 A25

GO TO *PAST MAJOR DEPRESSIVE EPISODE*
A. 19

Just before this [CURRENT EPISODE] began, were you physically ill?

D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition

? 1 3 A26

Just before this [CURRENT EPISODE] began, were you using any medications?

IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC/SUBSTANCE,* A.53, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

**DUE TO SUBSTANCE USE OR GMC
GO TO *PAST MAJOR DEPRESSIVE EPISODE***
A. 19

IF YES: Any change in the amount you were using?

Just before this [CURRENT EPISODE] began, were you drinking or using any street drugs?

Etiological general medical conditions include: degenerative neurological illnesses (e.g., Parkinson's disease), cerebrovascular disease (e.g., stroke), metabolic conditions (e.g., Vitamin B-12 deficiency), endocrine conditions (e.g., hyper- and hypothyroidism, hyper- and hypoadrenocorticism); viral or other infections (e.g., hepatitis, mononucleosis, HIV), and certain cancers (e.g., carcinoma of the pancreas).

PRIMARY MOOD EPISODE

Etiological substances include: alcohol, amphetamines, cocaine, hallucinogens, inhalants, opioids, phencyclidine, sedatives, hypnotics, anxiolytics. Medications include antihypertensives, oral contraceptives, corticosteroids, anabolic steroids, anticancer agents, analgesics, anticholinergics, cardiac medications.

CONTINUE ON NEXT PAGE

CJ_CODSI	SCID								
IF UNKNOWN: Did this [CURRENT EPISODE] begin soon after someone close to you died?		Current MDE	E. Not better accounted for by bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.	Mood Episodes	A. 18 A2 7				
				<table border="1"> <tr> <td>1</td> <td>3</td> </tr> <tr> <td>SIMPLE BEREAVEMENT</td> <td>NOT SIMPLE BEREAVEMENT CONTINUE WITH NEXT ITEM</td> </tr> </table>	1	3	SIMPLE BEREAVEMENT	NOT SIMPLE BEREAVEMENT CONTINUE WITH NEXT ITEM	
1	3								
SIMPLE BEREAVEMENT	NOT SIMPLE BEREAVEMENT CONTINUE WITH NEXT ITEM								
				<table border="1"> <tr> <td>GO TO *PAST MAJOR DEPRESSIVE EPISODE*</td> </tr> <tr> <td>A. 19</td> </tr> </table>	GO TO *PAST MAJOR DEPRESSIVE EPISODE*	A. 19			
GO TO *PAST MAJOR DEPRESSIVE EPISODE*									
A. 19									
How many separate times in your life have you been (depressed/ OWN WORDS) nearly every day for at least two weeks and had several of the symptoms that you described, like (SXS OF WORST EPISODE)?		MAJOR DEPRESSIVE EPISODE CRITERIA A, C, D AND E ARE CODED "3"		<table border="1"> <tr> <td>1</td> <td>3</td> </tr> <tr> <td>GO TO *PAST MAJOR DEPRESSIVE EPISODE*</td> </tr> <tr> <td>A. 19</td> </tr> </table>	1	3	GO TO *PAST MAJOR DEPRESSIVE EPISODE*	A. 19	A2 8
1	3								
GO TO *PAST MAJOR DEPRESSIVE EPISODE*									
A. 19									
		Total number of Major Depressive Episodes, including current (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT)			A2 9				

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

PAST MAJOR DEPRESSIVE EPISODE

→ IF NOT CURRENTLY DEPRESSED:

Have you ever had a period when you were feeling depressed or down most of the day nearly every day? (What was that like?)

→ IF CURRENTLY DEPRESSED BUT FULL CRITERIA ARE NOT MET, SCREEN FOR PAST MDE:
Has there ever been another time when you were depressed or down most of the day nearly every day? (What was that like?)

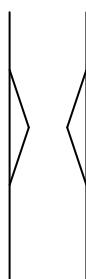
IF YES: When was that? How long did it last? (As long as two weeks?)

MDE CRITERIA

A. Five or more of the following symptoms have been present during the same two-week period and represent a change from previous functioning; at least one of the symptoms was either (1) depressed mood or (2) loss of interest or pleasure.

(1) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). Note: in children and adolescents, can be irritable mood.

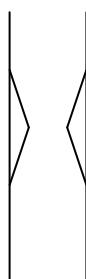
? 1 2 3



1



2



3

A52

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

CJ_CODSI	SCID	Past MDE	Mood Episodes	A. 20
► IF PAST DEPRESSED MOOD: During that time, did you lose interest or pleasure in things you usually enjoyed? (What was that like?)	(2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated either by subjective account or observation made by others).	?	1 2 3	A53

IF NEITHER
ITEM (1)
NOR (2) IS
CODED "3",
GO TO
***CURRENT
MANIC
EPISODE***
A. 27

IF YES: When was that? Was it nearly every day? How long did it last? (As long as two weeks?)

Have you had more than one time like that? (Which time was the worst?)

IF UNCLEAR: Have you had any times like that in the past year?

NOTE: IF MORE THAN ONE PAST EPISODE IS LIKELY, SELECT THE "WORST" ONE FOR YOUR INQUIRY ABOUT A PAST MAJOR DEPRESSIVE EPISODE. HOWEVER, IF THERE WAS AN EPISODE IN THE PAST YEAR, ASK ABOUT THAT EPISODE EVEN IF IT WAS NOT THE WORST.

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

FOR THE FOLLOWING QUESTIONS,
FOCUS ON THE WORST TWO
WEEKS OF THE PAST MAJOR
DEPRESSIVE EPISODE THAT YOU
ARE INQUIRING ABOUT

During that (TWO WEEK PERIOD) . . .

..how was your appetite?
(What about compared to your
usual appetite?) (Did you have to
force yourself to eat?) (Eat
[less/more] than usual?) (Was
that nearly every day?) (Did you
lose or gain any weight?) (How
much?) (Were you trying to
[lose/gain] weight?)

NOTE: WHEN RATING THE FOLLOWING ITEMS, CODE
"1" IF CLEARLY DIRECTLY DUE TO A GENERAL
MEDICAL CONDITION, OR TO MOOD-INCONGRUENT
DELUSIONS OR HALLUCINATIONS

. . how were you sleeping? (Trouble
falling asleep, waking frequently,
trouble staying asleep, waking too ear-
ly, OR sleeping too much? How many
hours a night compared to usual?
Was that nearly every night?

. . were you so fidgety or restless that
you were unable to sit still? (Was it so
bad that other people noticed it? What
did they notice? Was that nearly
every day?)

IF NO: What about the opposite --
talking or moving more slowly than
is normal for you? (Was it so bad
that other people noticed it? What
did they notice? Was it nearly
every day?)

. . what was your energy like? (Tired
all the time? Nearly every day?)

(3) significant weight loss when
not dieting, or weight gain (e.g., a
change of more than 5% of body
weight in a month) or decrease or
increase in appetite nearly every
day.

Check if:

- weight loss or decreased
appetite
- weight gain or increased
appetite

(4) insomnia or hypersomnia
nearly every day

Check if:

- insomnia
- hypersomnia

(5) psychomotor agitation or
retardation nearly every day
(observable by others, not merely
subjective feelings of restlessness
or being slowed down)

Check if:

- psychomotor agitation
- psychomotor retardation

(6) fatigue or loss of energy
nearly every day

? 1 2 3 A54

A55

A56

? 1 2 3 A57

A58

A59

? 1 2 3 A60

A61

A62

? 1 2 3 A63

CJ_CODSI SCID	Past MDE	Mood Episodes A. 22
During that time . . .		
. . . how did you feel about yourself? (Worthless?) (Nearly every day?)	(7) feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)	? 1 2 3
IF NO: What about feeling guilty about things you had done or not done? (Nearly every day?)	NOTE: CODE "1" OR "2" FOR LOW SELF-ESTEEM BUT NOT WORTHLESSNESS	A64
	Check if: <input type="checkbox"/> worthlessness <input type="checkbox"/> inappropriate guilt	
		A65 A66
. . . did you have trouble thinking or concentrating? (What kinds of things did it interfere with?) (Nearly every day?)	(8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)	? 1 2 3
IF NO: Was it hard to make decisions about everyday things? (Nearly every day?)	Check if: <input type="checkbox"/> diminished ability to think <input type="checkbox"/> indecisiveness	A67
		A68 A69
. . . were things so bad that you were thinking a lot about death or that you would be better off dead? What about thinking of hurting yourself?	(9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide	? 1 2 3
IF YES: Did you do anything to hurt yourself?	NOTE: CODE "1" FOR SELF-MUTILATION W/O SUICIDAL INTENT	A70
	Check if: <input type="checkbox"/> thoughts of own death <input type="checkbox"/> suicidal ideation <input type="checkbox"/> specific plan <input type="checkbox"/> suicide attempt	
		A71 A72 A73 A74

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

AT LEAST FIVE OF THE ABOVE SXS
[A(1-9)] ARE CODED "3" AND AT
LEAST ONE OF THESE IS ITEM (1)
OR (2)

 1

3

A75

IF NOT ALREADY ASKED: Has there been any other time when you were (depressed/OWN WORDS) and had even more of the symptoms that I just asked you about?

- IF YES: RETURN TO *PAST MAJOR DEPRESSIVE EPISODE,* A.19, AND CHECK WHETHER THERE HAVE BEEN ANY OTHER MAJOR DEPRESSIVE EPISODES THAT WERE MORE SEVERE AND/OR CAUSED MORE SYMPTOMS. IF SO, ASK ABOUT THAT EPISODE.
- IF NO: GO TO *CURRENT MANIC EPISODE.* A. 27.

NOTE: DSM-IV criterion B (i.e., does not meet criteria for a mixed episode) has been omitted from the SCID).

IF UNCLEAR: Did (depressive episode/OWN WORDS) make it hard for you to do your work, take care of things at home, or get along with other people?

C. The symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning..

 1 2 3

IF NOT ALREADY ASKED: Has there been any other time when you were (depressed/OWN WORDS) and it caused even more problems than the time I just asked you about?

**CONTINUE
ON NEXT
PAGE**

CJ_CODSI SCID

Past MDE

Mood Episodes A. 24

- IF YES: RETURN TO ***PAST MAJOR DEPRESSIVE EPISODE,* A. 19, AND CHECK WHETHER THERE HAVE BEEN ANY OTHER MAJOR DEPRESSIVE EPISODES THAT WERE MORE SEVERE AND/OR CAUSED MORE SYMPTOMS. IF SO, ASK ABOUT THAT EPISODE**
- IF NO: GO TO ***CURRENT MANIC EPISODE,* A. 27.**

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

Just before this [PAST EPISODE] began, were you physically ill?

IF YES: What did the doctor say

Just before this [PAST EPISODE] began, were you using any medications?

IF YES: Any change in the amount you were using?

Just before this [PAST EPISODE] began, were you drinking or using any street drugs?

D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition (e.g., hypothyroidism)

?	1
DUE TO SUBSTANCE USE OR GMC	

3

A77

IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC/ SUBSTANCE,* A. 53, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

REFER TO LIST OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES, A. 17.

IF UNKNOWN: Has there been any other time when you were (depressed / OWN WORDS) like this but were not (using SUBSTANCE / ill with GMC)?

PRIMARY MOOD EPISODE

- IF YES: GO TO *PAST MAJOR DEPRESSIVE EPISODE,* A. 19 AND CHECK WHETHER THERE HAS BEEN ANY OTHER MAJOR DEPRESSIVE EPISODE NOT DUE TO A SUBSTANCE OR GENERAL MEDICAL CONDITION. IF SO, ASK ABOUT THAT EPISODE.
- IF NO: GO TO *CURRENT MANIC EPISODE,* A. 27.

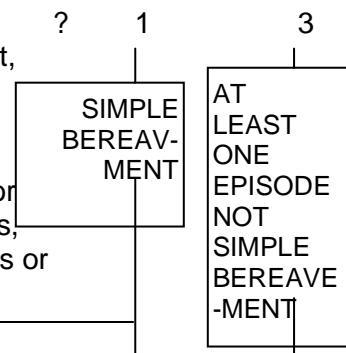
CONTINUE ON NEXT PAGE

CJ_CODSI SCID

IF UNKNOWN: Did this [PAST EPISODE] begin soon after someone close to you died?

Past MDE

E. The symptoms are not better accounted for by [Simple] Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms or psychomotor retardation.



Mood Episodes A. 26

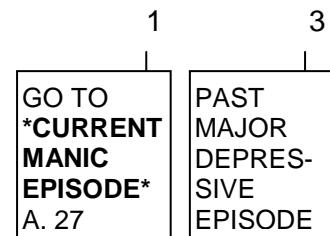
A78

IF UNKNOWN: Has there been any other time when you were (depressed / OWN WORDS) like this that did not occur after someone close to you died?

→ IF YES: GO TO *PAST MAJOR DEPRESSIVE EPISODE,* A. 19 AND CHECK WHETHER THERE HAS BEEN ANY OTHER MAJOR DEPRESSIVE EPISODE THAT WAS NOT BETTER ACCOUNTED FOR BY BEREAVEMENT. IF SO, ASK ABOUT THAT EPISODE.

→ IF NO: GO TO *CURRENT MANIC EPISODE,* A. 27.

MAJOR DEPRESSIVE EPISODE CRITERIA A, C, D, AND E ARE CODED "3"



A79

How old were you when PAST MAJOR DEPRESSIVE EPISODE started?

Age at onset of Past Major Depressive Episode coded above

A80

How many separate times in your life have you been (depressed/OWN WORDS) nearly every day for at least two weeks and had several of the symptoms that you described like (SXS OF WORST EPISODE)

Total number of Major Depressive Episodes (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT)

A81

NOTE: TO RECORD DETAILS OF OTHER PAST EPISODES, GO TO J. 9 (OPTIONAL).

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

CURRENT MANIC EPISODE**MANIC EPISODE CRITERIA**

IF THOROUGH OVERVIEW OF PRESENT ILLNESS PROVIDES NO BASIS FOR SUSPECTING A CURRENT MANIC, MIXED, OR HYPOMANIC EPISODE, CHECK HERE ____ AND GO TO ***PAST MANIC EPISODE,*** A. 36

In the last month has there been a period of time when you were feeling so good, "high," excited, or hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?

→ IF YES: What was it like? (Did anyone say you were manic?)
(Was that more than just feeling good?)

→ IF NO: In the last month, have you had a period of time when you were feeling irritable or angry every day for at least several days?

What was it like? (Did you find yourself often starting fights or arguments?)

How long did that last? (As long as one week?) (Did you have to go into a hospital?)

A. A distinct period [lasting at least 4 days] of abnormally and persistently elevated, expansive, or irritable mood . . .

Check if:

- elevated, expansive mood
 irritable mood

? 1 2 3

GO TO
***PAST
MANIC
EPISODE***
A. 36.

A83

A84
A85

. . . lasting at least one week (or any duration if hospitalization is necessary)

? 1 2 3

GO TO
***CURRENT
HYPOMANIC
EPISODE***
A. 32

A86

NOTE: IF ELEVATED MOOD LASTS LESS THAN ONE WEEK, CHECK WHETHER IRRITABLE MOOD LASTS AT LEAST ONE WEEK BEFORE SKIPPING TO A. 32.

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

CJ_CODSI	SCID	Current Manic	Mood Episodes	A. 28
FOCUS ON THE WORST PERIOD IN THE PAST MONTH OF THE CURRENT EPISODE FOR THE FOLLOWING QUESTIONS.		B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:		
IF UNCLEAR: During (EPISODE), when were you the most (OWN WORDS FOR MANIA)?				
During that time . . .				
. . . how did you feel about yourself? (More self-confident than usual?) (Any special powers or abilities?)		(1) inflated self-esteem or grandiosity	? 1 2 3	A87
. . . did you need less sleep than usual IF YES: Did you still feel rested?		(2) decreased need for sleep (e.g., feels rested after only three hours of sleep)	? 1 2 3	A88
. . . were you much more talkative than usual? (Did people have trouble stopping you or understanding you? Did people have trouble getting a word in edgewise?)		(3) more talkative than usual or pressure to keep talking	? 1 2 3	A89
. . . were your thoughts racing through you head?		(4) flight of ideas or subjective experience that thoughts are racing	? 1 2 3	A90
. . . were you so easily distracted by things around you that you had trouble concentrating or staying on one track?		(5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)	? 1 2 3	A91
. . . how did you spend your time? (Work, friends, hobbies?) (Were you so active that your friends or family were concerned about you?)		(6) increase in goal- directed activity (either socially, at work or school, or sexually) or psychomotor agitation	? 1 2 3	A92
IF NO INCREASED ACTIVITY: Were you physically restless? (How bad was it?)		Check if: <input type="checkbox"/> increase in activity <input type="checkbox"/> psychomotor agitation		A93 A94

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

CJ_CODSI	SCID	Current Manic	Mood Episodes	A. 29
During that time . . .				
. . . did you do anything that could have caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you?) (Reckless driving?)		(7) excessive involvement in pleasurable activities which have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)	? 1 2 3	A95
		AT LEAST THREE "B" SXS ARE CODED "3" (FOUR IF MOOD ONLY IRRITABLE)	1 3	A96
		Note: DSM-IV criterion C (i.e., does not meet criteria for a Mixed Episode) has been omitted from the SCID.		
IF NOT KNOWN: At that time did you have serious problems at home, or at work (school) because you were (SYMPTOMS) or did you have to go into a hospital?		D. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.	1 3	A97
		DESCRIBE:		

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

Just before this began, were you physically ill?

IF YES: What did the doctor say?

Just before this began, were you taking any medications?

IF YES: Any change in the amount you were taking?

Just before this began, were you drinking or using any street drugs?

E. The symptoms are not due to the direct physiological effects of a substance (i.e., a drug of abuse, medication) or to a general medical condition

?

1

3

A98

DUE TO SUBSTANCE USE OR GMC. GO TO *PAST MANIC EPISODE*
A. 36

PRIMARY MOOD EPISODE

IF THERE IS ANY INDICATION THAT MANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC/SUBSTANCE.* A. 53 AND RETURN HERE TO MAKE A RATING OF "1" OR 3."

NOTE: MANIC-LIKE EPISODES THAT ARE CLEARLY CAUSED BY SOMATIC ANTIDEPRESSANT TREATMENT (E.G., MEDICATION, ECT, LIGHT THERAPY) SHOULD NOT COUNT TOWARD A DIAGNOSIS OF BIPOLAR I DISORDER BUT ARE CONSIDERED SUBSTANCED-INDUCED MOOD DISORDERS, A. 45.

Etiological general medical conditions include: degenerative neurological illnesses (e.g., Huntington's disease, multiple sclerosis), cerebrovascular disease (e.g., stroke), metabolic conditions (e.g., Vitamin B-12 deficiency, Wilson's disease), endocrine conditions (e.g., hyperthyroidism), viral or other infections, and certain cancers (e.g., cerebral neoplasms).

Etiological substances include: alcohol, amphetamines, cocaine, hallucinogens, inhalants, opioids, phencyclidine, sedatives, hypnotics, and anxiolytics. Medications include psychotropic medications (e.g., anti-depressants), corticosteroids, anabolic steroids, isoniazid, antiparkinson medication (e.g., levadopa), and sympathomimetics/decongestants

CONTINUE BELOW

MANIC EPISODE CRITERIA
A, B, D AND E ARE CODED "3"

1

3

A99

GO TO *PAST MANIC EPISODE*
A. 36

CUR-RENT MANIC EPI-SODE

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

CJ_CODSI SCID

Catatonic Features

Mood Episodes A. 31

How many separate times in your life
were you (HIGH/OWN WORDS) and
had [ACKNOWLEDGED MANIC
SYMPTOMS] for at least a week (or
were hospitalized)?

Number of Manic Episodes, including
current (CODE 99 IF TOO INDISTINCT
OR NUMEROUS TO COUNT)

— —

A10
0

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

***CURRENT HYPOMANIC EPISODE* HYPOMANIC EPISODE CRITERIA**

IF CRITERIA ARE MET FOR A CURRENT MANIC EPISODE, CHECK HERE ____ AND GO TO THE NEXT MODULE.

(When you were [HIGH / IRRITABLE / OWN WORDS], did it last for at least four days?)

A. A distinct period of persistently elevated, expansive or irritable mood, lasting throughout at least 4 days, that is clearly different from the usual nondepressed mood.

? 1 2 3

**GO TO
*PAST
MANIC
EPISODE*
A. 36**

A107
a

A108

Check if:
 elevated, expansive mood
 irritable mood

A109
A110

Have you had more than one time like that? (When were you the most [HIGH / IRRITABLE / OWN WORDS]?)

FOCUS ON THE MOST EXTREME PERIOD IN THE PAST MONTH OF THE CURRENT EPISODE FOR THE FOLLOWING QUESTIONS.

(During this time . . .)

B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:

. . . how did you feel about yourself?

(1) inflated self-esteem or grandiosity

? 1 2 3

A111

(More self-confident than usual?
(Any special powers or abilities?)

. . . did you need less sleep than usual

(2) decreased need for sleep
(e.g., feels rested after only three hours of sleep)

? 1 2 3

A112

IF YES: Did you still feel rested?

(3) more talkative than usual or pressure to keep talking

? 1 2 3

A113

. . . were you much more talkative than usual? (Did people have trouble stopping you or understanding you? Did people have trouble getting a word in edgewise?)

(4) flight of ideas or subjective experience that thoughts are racing

? 1 2 3

A114

. . . were your thoughts racing through your head?

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

CJ_CODSI	SCID	Current Hypomanic	Mood Episodes	A. 33
		(5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)	?	1 2 3
		(6) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation	?	1 2 3
		Check if: ____ increase in activity ____ psychomotor agitation		A11 5 A11 6
				A11 7 A11 8
		(7) excessive involvement in pleasurable activities which have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)	?	1 2 3
		AT LEAST THREE "B" SXS ARE CODED "3" (FOUR IF MOOD ONLY IRRITABLE)	1	3
				A12 0
			GO TO *PAST MANIC EPISODE*	
			A. 36	
		C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the person when not symptomatic	?	1 2 3
			GO TO *PAST MANIC EPISODE*	
			A. 36	A12 1

CURRENT HYPOMANIC CRITERION C

IF NOT KNOWN: Was this very different from the way you usually are (when you're not depressed?) (How were you different? At work? With friends?)

C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the person when not symptomatic

?=inadequate information

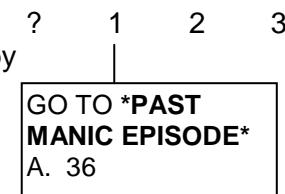
1=absent or false

2=subthreshold

3=threshold or true

IF NOT KNOWN: Did other people notice the change in you? (What did they say?)

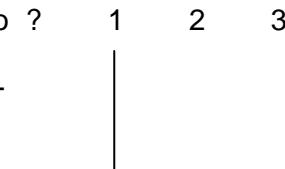
D. The disturbance in mood and the change in functioning are observable by others



A12
2

IF NOT KNOWN: At this time did you have serious problems at home or at work (school) because you were (SYMPTOMS) or did you have to go into a hospital?

E. The episode is not severe enough to cause marked impairment in social or occupational functioning, or to necessitate hospitalization, and there are no psychotic features

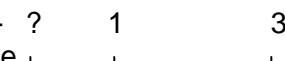


A12
3

IF SEVERE ENOUGH TO REQUIRE HOSPITALIZATION OR DURATION WAS AT LEAST ONE WEEK, GO TO A. 19 AND TRANSCRIBE B CRITERION SYMPTOM RATINGS AND CONTINUE WITH RATINGS FOR CURRENT MANIC EPISODE. OTHERWISE, GO TO A.. 28 AND CODE "OTHER BIPOLAR DISORDER" ON D.5.

Just before this began, were you physically ill?

F. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition



A12
4

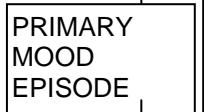
IF YES: What did the doctor say?

Just before this began, were you taking any medications?

IF YES: Any change in the amount you were taking?

Just before this began, were you drinking or using any street drugs?

IF THERE IS ANY INDICATION THAT THE HYPOMANIA MAY BE SECONDARY (I.E. , A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC/SUBSTANCE* A. 53, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."



NOTE: HYPOMANIC-LIKE EPISODES THAT ARE CLEARLY CAUSED BY SOMATIC ANTIDEPRESSANT TREATMENT (E.G., MEDICATION, ECT, LIGHT THERAPY) SHOULD NOT COUNT TOWARD A DIAGNOSIS OF BIPOLAR II DISORDER BUT ARE CONSIDERED SUBSTANCE-INDUCED MOOD DISORDERS, A. 55

REFER TO LIST OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES, A. 17



?=inadequate information

1=absent or false

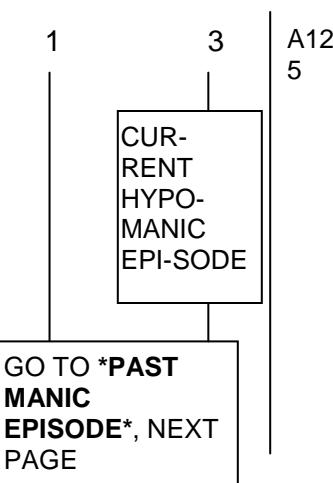
2=subthreshold

CJ_CODSI SCID

Current Hypomanic

Mood Episodes A. 35

HYPOMANIC EPISODE CRITERIA A, B, C, D, E, AND F ARE CODED "3"



?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

PAST MANIC EPISODE**MANIC EPISODE CRITERIA**

NOTE: IF CURRENTLY ELEVATED OR IRRITABLE MOOD BUT FULL CRITERIA ARE NOT MET FOR A MANIC EPISODE, SUBSTITUTE THE PHRASE "Has there ever been another time . . ." IN EACH OF THE SCREENING QUESTIONS BELOW.

Have you ever had a period of time when you were feeling so good, "high," excited, or hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?

→ IF YES: What was it like? (Did anyone say you were manic?)
(Was that more than just feeling good?)

→ IF NO: In the last month, have you had a period of time when you were feeling irritable or angry every day for at least several days?

What was it like? (Did you find yourself often starting fights or arguments?)

A. A distinct period [lasting at least 4 days] of abnormally and persistently elevated, expansive, or irritable mood . . . ? 1 2 3

A12
6

GO TO
*DYS-THYMIC
DISOR-DER*
A. 48

When was that?

What was it like?

A12
7
A12
8

Check if:

- elevated, expansive mood
 irritable mood

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

CJ_CODSI	SCID	Past Manic	Mood Episodes	A. 37
How long did that last? (as long as one week?) (Did you need to go to the hospital?)		... lasting at least one week (or any duration if hospitalization is necessary)	1 2 3	A12 9
Have you had more than one time like that? (Which time was the most extreme?)		NOTE: IF ELEVATED MOOD LASTS LESS THAN ONE WEEK, CHECK WHETHER IRRITABLE MOOD LASTS AT LEAST ONE WEEK BEFORE SKIPPING TO A.42		
IF UNCLEAR: Have you had any times like that in the past year?		NOTE: IF THERE IS EVIDENCE FOR MORE THAN ONE PAST EPISODE, SELECT THE "WORST" ONE FOR YOUR INQUIRY ABOUT PAST MANIC EPISODE. IF THERE WAS AN EPISODE IN THE PAST YEAR, ASK ABOUT THAT EPISODE EVEN IF IT WAS NOT THE WORST.		
			GO TO *PAST HYPOMANIC EPISODE* A. 42	

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

CJ_CODSI	SCID	Past Manic	Mood Episodes	A. 38
FOCUS ON THE WORST PERIOD OF THE EPISODE THAT YOU ARE INQUIRING ABOUT.		B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:		
IF UNCLEAR: During (EPISODE), when were you the most (OWN WORDS FOR MANIA)?				
During that time . . .				
. . . how did you feel about yourself? (More self-confident than usual?) (Any special powers or abilities?)		(1) inflated self-esteem or grandiosity	? 1 2 3	A13 0
. . . did you need less sleep than usual? IF YES: Did you still feel rested?		(2) decreased need for sleep (e.g., feels rested after only three hours of sleep)	? 1 2 3	A13 1
. . . were you much more talkative than usual? (Did people have trouble stopping you or understanding you? Did people have trouble getting a word in edgewise?)		(3) more talkative than usual or pressure to keep talking	? 1 2 3	A13 2
. . . were your thoughts racing through your head?		(4) flight of ideas or subjective experience that thoughts are racing	? 1 2 3	A13 3
. . . were you so easily distracted by things around you that you had trouble concentrating or staying on one track?		(5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)	? 1 2 3	A13 4
. . . how did you spend your time? (Work, friends, hobbies?) (Were you so active that your friends or family were concerned about you?)		(6) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation	? 1 2 3	A13 5
IF NO INCREASED ACTIVITY: Were you physically restless? (How bad was it?)		Check if: <input type="checkbox"/> increase in activity <input type="checkbox"/> psychomotor agitation		A13 6 A13 7

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

CJ_CODSI	SCID	Past Manic	Mood Episodes	A. 39
During that time . . .				
. . . did you do anything that could have caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you?) (Reckless driving?)		(7) excessive involvement in pleasurable activities which have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)	? 1 2 3	A13 8
		AT LEAST THREE "B" SXS ARE CODED "3" (FOUR IF MOOD ONLY IRRITABLE)	1	A13 9
IF NOT ALREADY ASKED: Has there been any other time when you were (high/irritable/OWN WORDS) and had even more of the symptoms that I just asked you about?				
→ IF YES: RETURN TO *PAST MANIC EPISODE,* A. 36, AND INQUIRE ABOUT WORST EPISODE.				
→ IF NO: GO TO *DYSTHYMIC DISORDER,* A. 48.		NOTE: DSM-IV criterion C (i.e., does not meet criteria for a Mixed Episode) has been omitted from the SCID.		
CONTINUE BELOW				
IF NOT KNOWN: At that time, did you have serious problems at home or at work (school) because you were (SYMPTOMS) or did you have to go into a hospital?		D. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others or there are psychotic features.	1 3	A14 0
IF NOT ALREADY ASKED: Has there been any other time when you were (high/irritable/OWN WORDS) and had (ACKNOWLEDGED MANIC SYMPTOMS) and you got into trouble with people or were hospitalized?		DESCRIBE:		
→ IF YES: RECODE CRITERION C as "3"				
→ IF NO: GO TO *PAST HYPOMANIC CRITERION C,* A. 44.				
CONTINUE ON NEXT PAGE				

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

Just before this began, were you physically ill?

IF YES: What did the doctor say?

Just before this began, were you taking any medications?

IF YES: Any change in the amount you were taking?

Just before this began, were you drinking or using any street drugs?

E. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition

DUE TO
SUBSTANCE USE
OR GMC

1

3

A14
1

IF THERE IS ANY INDICATION THAT THE MANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC / SUBSTANCE* A. 53, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

NOTE: MANIC-LIKE EPISODES THAT ARE CLEARLY CAUSED BY SOMATIC ANTIDEPRESSANT TREATMENT (E.G., MEDICATION, ECT, LIGHT THERAPY) SHOULD NOT COUNT TOWARD A DIAGNOSIS OF BIPOLAR I DISORDER BUT ARE CONSIDERED SUBSTANCE-INDUCED MOOD DISORDERS, A. 55.

REFER TO LIST OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES, A. 17.

IF UNKNOWN: Has there been any other time when you were (high / irritable / OWN WORDS) and were not (using SUBSTANCE / ill with GMC)?

→ IF YES: RETURN TO *PAST MANIC EPISODE,* A. 36, AND INQUIRE ABOUT OTHER EPISODE.

→ IF NO: GO TO *DYSTHYMIC DISORDER,* A. 48.

PRIMARY
MOOD
EPISODE

CONTINUE ON
NEXT PAGE

CJ_CODSI SCID

Past Manic

Mood Episodes A. 41

MANIC EPISODE CRITERIA
A, B, D AND E ARE CODED "3"

1

3

A14
2

GO TO
***DYSTHYMIC
DISORDER***
A. 48

PAST
MANIC
EPISODE

How old were you when (PAST
MANIC EPISODE) started?

Age at onset of Past Manic Episode
coded above

A14
3

How many separate times in your life
were you (HIGH / OWN WORDS) and
had [ACKNOWLEDGED MANIC
SYMPTOMS] for a period of time (or
were hospitalized?)

Number of Manic Episodes (CODE 99
IF TOO INDISTINCT OR NUMEROUS
TO COUNT)

A14
4

NOTE: TO RECORD DETAILS OF
OTHER PAST EPISODES, GO TO J.
14 (OPTIONAL)

GO TO
NEXT
MODULE

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

Modified for use in the CJ-CODSI 2/05

CJ_CODSI SCID

Past Hypomanic

Mood Episodes A. 42

PAST HYPOMANIC EPISODE

(When you were [HIGH / IRRITABLE / OWN WORDS], did it last for at least four days?)

What was it like?

Have you had more than one time like that? (Which time was the most extreme?)

IF UNCLEAR: Have you had any times like that in the past year?

FOCUS ON THE WORST PERIOD OF THE EPISODE THAT YOU ARE INQUIRING ABOUT.

IF UNCLEAR: During (EPISODE), when were you the most (OWN WORDS FOR HYPMANIA)?

During that time . . .

. . . how did you feel about yourself?

(More self-confident than usual?
(Any special powers or abilities?)

. . . did you need less sleep than usual?

IF YES: Did you still feel rested?

. . . were you much more talkative than usual? (Did people have trouble stopping you or understanding you? Did people have trouble getting a word in edgewise?)

. . . were your thoughts racing through you head?

HYPOMANIC EPISODE CRITERIA

A. A distinct period of sustained elevated, expansive, or irritable mood, lasting throughout at least 4 days, that is clearly different from the usual nondepressed mood

Check if:

- elevated, expansive mood
 irritable mood

NOTE: IF THERE IS EVIDENCE FOR MORE THAN ONE PAST EPISODE, SELECT THE "WORST" ONE FOR YOUR INQUIRY ABOUT PAST HYPOMANIC EPISODE. IF THERE WAS AN EPISODE IN THE PAST YEAR, ASK ABOUT THAT EPISODE EVEN IF IT WAS NOT THE WORST.

? 1 2 3

GO TO
*DYS-THYMIC
DIS-ORDER*
A. 48

A145

A146
A147

B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:

1) inflated self-esteem or grandiosity

? 1 2 3

A148

(2) decreased need for sleep (e.g., feels rested after only three hours of sleep)

? 1 2 3

A149

(3) more talkative than usual or pressure to keep talking

? 1 2 3

A150

(4) flight of ideas or subjective experience that thoughts are racing

? 1 2 3

A151

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

CJ_CODSI	SCID	Past Hypomanic	Mood Episodes	A. 43
During that time . . .				
.. were you so easily distracted by things around you that you had trouble concentrating or staying on one track?		(5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)	?	1 2 3 A15 2
.. how did you spend your time? (Work, friends, hobbies?) (Were you so active that your friends or family were concerned about you?)		(6) increase in goal- directed activity (either socially, at work or school, or sexually) or psychomotor agitation	?	1 2 3 A15 3
IF NO INCREASED ACTIVITY: Were you physically restless? (How bad was it?)		Check if: _____ increase in activity _____ psychomotor agitation		
.. did you do anything that could have caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you?) (Reckless driving?)		(7) excessive involvement in pleasurable activities which have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)	?	1 2 3 A15 4
		NOTE: BECAUSE OF THE DIFFICULTY OF DISTINGUISHING NORMAL PERIODS OF GOOD MOOD FROM HYPOMANIA, REVIEW ALL ITEMS CODED "3" IN CRITERIA A AND B AND RECODE ANY EQUIVOCAL JUDGMENTS.		
		AT LEAST THREE "B" SXS ARE CODED "3" (FOUR IF MOOD ONLY IRRITABLE)	1	3 A15 5
IF NOT ALREADY ASKED: Has there been any other time when you were (high/irritable/OWN WORDS) and had even more of the symptoms that I just asked you about?				
→ IF YES: RETURN TO *PAST HYPMANIC EPISODE, * A. 42 AND INQUIRE ABOUT THAT EPISODE.				
→ IF NO: GO TO *DYSTHYMIC DISORDER, * A. 48				
			CONTINUE ON NEXT PAGE	

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

CJ_CODSI SCID

Past Hypomanic

Mood Episodes A. 44

PAST HYPOMANIC CRITERION C

IF NOT KNOWN: Is this very different from the way you usually are? (How were you different? At work? With friends?)

C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the person when not symptomatic

?

1

2

3

A15
6

IF NOT ALREADY ASKED: Have there been any other times when you were (high/irritable/OWN WORDS) in which you were really different from the way you usually are?

DESCRIBE:

→ IF YES: RETURN TO *PAST HYPOMANIC EPISODE,* A. 42, AND INQUIRE ABOUT THAT EPISODE.

→ IF NO: GO TO *DYSTHYMIC DISORDER,* A. 48

CONTINUE
BELOW

IF NOT KNOWN: Did other people notice the change in you? (What did they say?)

D. The disturbance in mood and the change in functioning are observable by others

?

1

2

3

A15
7

IF NOT ALREADY ASKED: Have there been any other times when you were (high/irritable/OWN WORDS) and other people did notice the change in the way you were acting?

DESCRIBE:

→ IF YES: RETURN TO *PAST HYPOMANIC EPISODE,* A. 42, AND INQUIRE ABOUT THAT EPISODE.

→ IF NO: GO TO *DYSTHYMIC DISORDER,* A. 48

CONTINUE

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

CJ_CODSI	SCID	Past Hypomanic		Mood Episodes	A. 45
IF NOT KNOWN:	At that time, did you have serious problems at home or at work (school) because you were (SYMPTOMS) or did you have to go into a hospital?	E. The episode was not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization, and there are no psychotic features.	?	1	3 A15 8
[]					
IF SEVERE ENOUGH TO REQUIRE HOSPITALIZATION, CONSIDER RETURNING TO A. 42 AND RECODING AS PAST MANIC EPISODE. OTHERWISE, CONTINUE WITH A. 46 AND CODE "OTHER BIPOLAR DISORDER" ON D. 4					
CONTINUE ON NEXT PAGE					

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

Just before this began, were you physically ill?

IF YES: What did the doctor say?

Just before this began, were you taking any medications?

IF YES: Any change in the amount you were taking

Just before this began, were you drinking or using any street drugs?

F. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition

? 1 2 3
A15
9

DUE TO
SUBSTANCE
USE OR GMC

IF THERE IS ANY INDICATION THAT THE HYPOMANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC/SUBSTANCE,* A. 53, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

NOTE: HYPOMANIC-LIKE EPISODES THAT ARE CLEARLY CAUSED BY SOMATIC ANTIDEPRESSANT TREATMENT (E.G., MEDICATION, ECT, LIGHT THERAPY) SHOULD NOT COUNT TOWARD A DIAGNOSIS OF BIPO极 II DISORDER BUT ARE CONSIDERED SUBSTANCE-INDUCED MOOD DISORDERS, A. 55

REFER TO LIST OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES, A. 17

IF UNKNOWN: Has there been any other time when you were (high / irritable / OWN WORDS) and were not (using SUBSTANCE / ill with GMC)?

PRIMARY
MOOD
EPISODE

→ IF YES: RETURN TO *PAST HYPMANIC EPISODE.* A. 42, AND INQUIRE ABOUT ANOTHER EPISODE.

→ IF NO: GO TO *DYSTHYMIC DISORDER,* A. 48

CONTINUE
ON NEXT
PAGE

CJ_CODSI SCID

Past Hypomanic

Mood Episodes A. 47

HYPOMANIC EPISODE CRITERIA
A, B, C, D, E, AND F ARE CODED "3"

1

3

A16
0

GO TO
*DYSTHYMIC
DISORDER*
A. 48

PAST
HYPO-
MANIC
EPI-
SODE

How old were you when (PAST
HYPOMANIC EPISODE) started?

Age at onset of Past Hypomanic Episode coded above

A161

How many separate times in your life
were you (high / irritable / OWN
WORDS) and had
[ACKNOWLEDGED MANIC
SYMPTOMS] for a period of time?

Total number of Hypomanic Episodes
(CODE 99 IF TOO INDISTINCT OR
NUMEROUS TO COUNT)

A162

GO TO
NEXT
MODULE

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

Modified for use in the CJ-CODSI 2/05

DYSTHYMIC DISORDER
(CURRENT ONLY)

IF THERE HAS EVER BEEN A MANIC OR HYPOMANIC EPISODE, CHECK HERE AND GO TO NEXT MODULE

DYSTHYMIC DISORDER CRITERIA

- IF NO MAJOR DEPRESSIVE EPISODE IN PAST TWO YEARS:
For the past couple of years, have you been bothered by depressed mood most of the day, more days than not? (More than half of the time?)

A. Depressed mood for most of the day,? for more days than not, as indicated either by subjective account or observation made by others, for at least two years. Note: in children and adolescents, mood can be irritable and duration must be at least 1 year.

1

2

3

A163

GO TO
NEXT
MODULE

IF YES: What was that like?

- IF CURRENT MAJOR DEPRESSIVE EPISODE: Let's review when you first had most of the symptoms of (CURRENT MAJOR DEPRESSIVE EPISODE). For the two years prior to (BEGINNING DATE), were you bothered by depressed mood most of the day, more days than not? (More than half the time?)

FIRST MET CRITERIA FOR CURRENT MAJOR DEPRESSIVE EPISODE:

Month/Yr: ____/____ Age: ____

A163
a
A163
b

- FOR A PAST MAJOR DEPRESSIVE EPISODE DURING THE PAST TWO YEARS: Let's review when you first had most of the symptoms of (PAST MAJOR DEPRESSIVE EPISODE) and the point at which you no longer had most of the symptoms. Since the (DATE OF NO LONGER MEETING CRITERIA), have you still been bothered by depressed mood, so that you have been depressed for most of the day, more days than not?

FIRST MET CRITERIA FOR PAST MAJOR DEPRESSIVE EPISODE IN PAST TWO YEARS:

Month/Yr: ____/____ Age: ____

A163
c
A163
d

NO LONGER MET CRITERIA FOR PAST MAJOR DEPRESSIVE EPISODE IN PAST TWO YEAR:

Month/Yr: ____/____ Age: ____

A163
e
A163f

IF YES: For the two years prior to (DATE OF BEGINNING OF PAST MAJOR DEPRESSIVE EPISODE), were you bothered by depressed mood, most of the day, more days than not? (More than half the time?)

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

During these periods of (OWN WORDS FOR CHRONIC DEPRESSION) do you often . . .

. . . lose your appetite? (What about overeating?)

. . . have trouble sleeping or sleep too much?

. . . have little energy to do things or feel tired a lot?

. . . feel down on yourself? (Feel worthless, or a failure?)

. . . have trouble concentrating or making decisions?

. . . feel hopeless?

B. Presence, while depressed, of two (or more) of the following:

(1) poor appetite or overeating

? 1 2 3 A16
4

(2) insomnia or hypersomnia

? 1 2 3 A16
5

(3) low energy or fatigue

? 1 2 3 A16
6

(4) low self-esteem

? 1 2 3 A16
7

(5) poor concentration or difficulty making decisions

? 1 2 3 A16
8

(6) feelings of hopelessness

? 1 2 3 A16
9

AT LEAST TWO "B"
SYMPTOMS CODED "3"

? 1 2 3 A17
0

↓
GO TO
NEXT
MODULE

What is the longest period of time, during this period of long-lasting depression, that you felt OK? (NO DYSTHYMIC SYMPTOMS)

C. During the two year period (one year for children or adolescents) of the disturbance, the person has never been without the symptoms in criteria A and B for more than two months at a time.

? 1 3 A17
1

↓
GO TO
NEXT
MODULE

NOTE: CODE "1" IF NORMAL MOOD FOR AT LEAST TWO MONTHS AT A TIME

How long have you been feeling this way? (When did this begin?)

COMPARE ONSET OF DYSTHYMIC SXS WITH DATES OF PAST MAJOR DEPRESSIVE EPISODES TO DETERMINE IF THERE WERE ANY MAJOR DEPRESSIVE EPISODES IN FIRST TWO YEARS OF DYSTHYMIC DISORDER.

IF A MAJOR DEPRESSIVE EPISODE PRECEDED DYSTHYMIC SXS: Now I want to know whether you got completely back to your usual self after that (MAJOR DEPRESSIVE EPISODE) you had (DATE), before this long period of being mildly depressed? (Were you back to your usual self for at least two months?)

D. No Major Depressive Episode has been present during the first 2 years of the disturbance (1 year for children and adolescents): i.e., not better accounted for by chronic Major depressive Disorder or Major Depression in partial remission.

Age at onset of current Dysthymic Disorder (CODE 99 IF UNKNOWN)

? 1 2 3

GO TO
NEXT
MODULE

A17
2

Note: There may have been a previous Major Depressive Episode provided there was a full remission (no significant signs or symptoms for 2 months) before development of the Dysthymic Disorder. In addition, after the initial 2 years (1 year for children or adolescents) of Dysthymic Disorder, there may be superimposed episodes of Major Depressive Disorder, in which case both diagnoses may be given when criteria are met for a Major Depressive Episode.

NOTE: CODE "3" IF NO PAST MAJOR DEPRESSIVE EPISODES OR IF MAJOR DEPRESSIVE EPISODES WERE NOT PRESENT DURING THE FIRST TWO YEARS OR IF THERE WAS AT LEAST A TWO-MONTH PERIOD WITHOUT SYMPTOMS PRECEDING THE ONSET.

E. There has never been a Manic Episode, a Mixed Episode, a Hypomanic Episode, and the criteria have never been met for Cyclothymic Disorder.

1 3

GO TO
NEXT
MODULE

A17
4

IF NOT ALREADY CLEAR: RETURN TO THIS ITEM AFTER COMPLETING THE PSYCHOTIC DISORDERS SECTION.

F. The disturbance does not occur exclusively during the course of a chronic psychotic disorder, such as Schizophrenia or Delusional Disorder.

? 1 3

GO TO
NEXT
MODULE

NOT
SUPER-
IMPOSED

A17
5

NOTE: CODE "3" IF NO CHRONIC PSYCHOTIC DISORDER OR IF NOT SUPERIMPOSED ON A CHRONIC PSYCHOTIC DISORDER

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

Just before this began, were you physically ill?

IF YES: What did the doctor say?

Just before this began, were you using any medications?

IF YES: Any change in the amount you were using?

Just before this began, were you drinking or using any street drugs?

G. Not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition

IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC / SUBSTANCE*, A. 53, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

? 1 3
A17 6

DUE TO SUBSTANCE USE OR GMC
GO TO NEXT MODULE

PRIMARY MOOD DISORDFR

Etiological general medical conditions include: degenerative neurological illnesses (e.g., Parkinson's disease, Huntington's disease, cerebrovascular disease, metabolic and endocrine conditions (e.g., B-12 deficiency, hypothyroidism, autoimmune conditions (e.g., systemic lupus erythematosus), viral or other infections (e.g., hepatitis, mononucleosis, HIV), and certain cancers (e.g., carcinoma of the pancreas)

Etiological substances include: alcohol, amphetamines, cocaine, hallucinogens, inhalants, opioids, phencyclidine, sedatives, hypnotics, anxiolytics. Medications include antihypertensives, oral contraceptives, corticosteroids, anabolic steroids, anticancer agents, analgesics, anti-cholinergics, and cardiac medications.

CONTINUE BELOW

IF UNCLEAR: How much do your depressed feelings interfere with your life?

H. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

? 1 3
A17 7

GO TO NEXT MODULE

DYSTHYMIC DISORDER CRITERIA
A, B, C, D, E, F, G, AND H ARE CODED "3."

1 3
A17 8

GO TO NEXT MODULE

DYS-THYMIC DIS-ORDER

Indicate specifier:

- 1 – Early Onset: onset before age 21
- 2 – Late Onset: onset age 21 or older

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

***ATYPICAL FEATURES SPECIFIER* WITH ATYPICAL FEATURES**

During the times when you're feeling depressed . . .

If something good happens to you or someone tries to cheer you up, do you feel better, at least for a while?

A. Mood reactivity (i.e., mood brightens? in response to actual or potential positive events)

1 2 3

A18
0

GO TO NEXT MODULE

B. Two (or more) of the following features:

IF UNKNOWN: Is your appetite increased a lot or do you gain a lot of weight?

(1) significant weight gain or increase in appetite

? 1 2 3

A18
1

How many hours (in a 24 hour period) do you usually sleep (including naps) on days when you're feeling depressed?

(2) hypersomnia

? 1 2 3

A18
2

NOTE: CODE "3" IF MORE THAN 10 HOURS A DAY

Do your arms or legs often feel heavy (as though they were full of lead)?

(3) leaden paralysis (i.e., heavy, leaden feelings in arms or legs)

? 1 2 3

A18
3

Are you especially sensitive to how others treat you?

(4) long-standing pattern of interpersonal rejection sensitivity (not limited to episodes of mood disturbance) that results in significant social or occupational impairment

? 1 2 3

A18
4

What happens to you when someone rejects, criticizes, or slights you? (Do you get very down or angry?) (For how long?) (How has this affected you?) (Is your reaction more extreme than most people's?)

Have you avoided doing things or being with people because you were afraid of being criticized or rejected?

AT LEAST TWO "B" CRITERIA ARE CODED "3"

1 3

A18
5

GO TO NEXT MODULE

CRITERIA "A" AND "B" ARE CODED "3"

1 3

A18
6

WITH ATYPICAL FEATURES
GO TO NEXT MODULE

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

GMC/SUBSTANCE CAUSING MOOD SYMPTOMS**MOOD DISORDER DUE TO A GENERAL MEDICAL CONDITION****MOOD DISORDER DUE TO A GENERAL MEDICAL CONDITION CRITERIA**

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITION,
CHECK HERE AND GO TO ***SUBSTANCE-INDUCED MOOD DISORDER,*** A.55

CODE BASED ON INFORMATION
ALREADY OBTAINED

A. A prominent and persistent disturbance in mood predominates in the clinical picture and is characterized by either (or both) of the following:

(1) depressed mood or markedly diminished interest or pleasure in all, or almost all, activities

? 1 2 3

A18
8

(2) elevated, expansive, or irritable mood

? 1 2 3

A18
9
A19
0

Do you think your (MOOD SXS) were in any way related to your (COMORBID GENERAL MEDICAL CONDITION) ?

IF YES: Tell me how.

(Did the [MOOD SXS] start or get much worse only after [COMORBID GENERAL MEDICAL CONDITION] began?)

IF YES AND GMC HAS RESOLVED: Did the (MOOD SXS) get better once the (COMORBID GENERAL MEDICAL CONDITION) got better?

B./C. There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of a general medical condition and the disturbance is not better accounted for by another mental disorder (e.g., Adjustment Disorder With Depressed Mood, in response to the stress of having a general medical condition).

**GO TO
*SUB-
STANCE
INDUCED
*A. 55**

THE FOLLOWING FACTORS SHOULD BE CONSIDERED AND SUPPORT THE CONCLUSION THAT THE GMC IS ETIOLOGIC TO THE MOOD SYMPTOMS:

- 1) THERE IS EVIDENCE FROM THE LITERATURE OF A WELL-ESTABLISHED ASSOCIATION BETWEEN THE GMC AND MOOD SYMPTOMS.
- 2) THERE IS A CLOSE TEMPORAL RELATIONSHIP BETWEEN THE COURSE OF THE MOOD SYMP-TOMS AND THE COURSE OF THE GENERAL MEDICAL CONDITION.
- 3) THE MOOD SYMPTOMS ARE CHARACTERIZED BY UNUSUAL PRESENTING FEATURES (E.G., LATE AGE AT ONSET)

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

4) THERE ARE NO ALTERNATIVE EXPLANATIONS (E.G., MOOD SYMPTOMS AS A PSYCHOLOGICAL REACTION TO THE GMC).

IF UNCLEAR: How much did (MOOD SYMPTOMS) interfere with your life?

E. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

1 2 3

A19
1

GO TO *SUB-STANCE INDUCED*
A. 55

D. The disturbance does not occur exclusively during the course of Delirium.

1 3

A19
2

DELIRIUM DUE TO A GMC

MOOD DIS-ORDER DUE TO A GMC

Indicate which type of symptom presentation predominates:
 1 - With Major Depressive-like episode
 2 - With Depressive Features
 (if predominant mood is depressed but the full criteria are not met for a Major depressive episode)
 3 - With Manic Features
 4 - With Mixed Features

CONTINUE ON NEXT PAGE

A19
3

SUBSTANCE-INDUCED MOOD DISORDER

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE, CHECK HERE AND RETURN TO EPISODE BEING EVALUATED.

CODE BASED ON INFORMATION ALREADY OBTAINED.

SUBSTANCE-INDUCED MOOD DISORDER CRITERIA

A. A prominent and persistent disturbance in mood predominates in the clinical picture and is characterized by one (or both) of the following:

(1) depressed mood or markedly diminished interest or pleasure in all, or almost all, activities

(2) elevated, expansive or irritable mood

IF NOT KNOWN: When did the (MOOD SYMPTOMS) begin? Were you already using (SUBSTANCE) or had you just stopped or cut down your use?

Do you think your (MOOD SXS) are in any way related to your (SUBSTANCE USE)?

IF YES: Tell me how.

ASK ANY OF THE FOLLOWING QUESTIONS AS NEEDED TO RULE OUT A NON-SUBSTANCE-INDUCED ETIOLOGY

IF UNKNOWN: Which came first, the (SUBSTANCE USE) or the (MOOD SYMPTOMS)?

EPISODE BEING EVALUATED:	
Current MDE	A. 4
Past MDE	A. 12
Current Manic	A. 17
Current Hypomanic	A. 21
Past Manic	A. 26
Past Hypomanic	A. 31
Dysthymic	A. 36
Bipolar NOS	D. 4
Depressive NOS	D. 8

A193
a

? 1 2 3 A194

? 1 2 3 A195

? 1 2 3 A196

NOT SUBSTANCE INDUCED
RETURN TO EPISODE BEING EVALUATED

? 1 2 3 A197

NOT SUBSTANCE INDUCED
RETURN TO EPISODE BEING EVALUATED

1) the mood symptoms precede the onset of the Substance Abuse or Dependence (or medication use)

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

IF UNKNOWN: Have you had a period of time when you stopped using (SUBSTANCE)?

IF YES: After you stopped using (SUBSTANCE) did the (MOOD SXS) get better?

IF UNKNOWN: How much of (SUBSTANCE) were you using when you began to have (MOOD SYMPTOMS)?

IF UNKNOWN: Have you had any other episodes of (MOOD SYMPTOMS)?

IF YES: How many? Were you using (SUBSTANCES) at those times?

IF UNKNOWN: How much did (MOOD SYMPTOMS) interfere with your life?

2) the mood symptoms persist for a substantial period of time (e.g., about a month) after the cessation of acute withdrawal or severe intoxication

3) the mood symptoms are substantially in excess of what would be expected given the type, duration or amount of the substance used

4) there is evidence suggesting the existence of an independent non-substance-induced Mood Disorder (e.g. , a history of recurrent Major Depressive Episodes)

E. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

1

2

3

A19
8

RETURN TO EPISODE BEING EVALUATED

D. The disturbance does not occur exclusively during the course of Delirium

1

3

A19
9

SUBSTANCE INDUCED DELERIUM

SUBSTANCE INDUCED MODD DISORDER

Indicate which type of symptom presentation predominates:
 1 – With Depressive Features
 2 – With Manic Features
 3 – With Mixed Features

Indicate context of development of mood symptoms:
 1 – With Onset During Intoxication
 2 – With Onset During Withdrawal

RETURN TO EPISODE BEING EVALUATED

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

PSYCHOTIC AND ASSOCIATED SYMPTOMS

THIS MODULE IS FOR CODING PSYCHOTIC AND ASSOCIATED SXS THAT HAVE BEEN PRESENT AT ANY POINT IN THE PERSON'S LIFETIME.

FOR EACH PSYCHOTIC SYMPTOM CODED "3", DESCRIBE THE ACTUAL CONTENT AND INDICATE THE PERIOD OF TIME DURING WHICH THE SYMPTOM WAS PRESENT.

- IF ALREADY HAS ACKNOWLEDGED PSYCHOTIC SYMPTOMS: You've Told me about (PSYCHOTIC SXS). Now I'd like to ask you about other experiences like that.
- IF NO ACKNOWLEDGEMENT OF PSYCHOTIC SYMPTOMS SO FAR: Now I'd like to ask you about unusual experiences that people sometimes have.

Has it ever seemed like people were talking about you or taking special notice of you?

IF YES: Were you convinced they were talking about you or did you think it might have been your imagination?

What about receiving special messages from the TV, radio or newspaper, or from the way things were arranged around you?

What about anyone going out of their way to give you a hard time, or trying to hurt you?

Have you ever felt that you were especially important in some way, or that you had special powers to do things that other people could not do?

DELUSIONS

False personal beliefs based on incorrect inference about external reality and firmly sustained in spite of what constitutes incontrovertible and obvious proof or evidence to the contrary. The belief is not one ordinarily accepted by other members of the person's culture or subculture. Code overvalued ideas (unreasonable and sustained beliefs that are maintained with less than delusional intensity) as "2".

Delusions of reference, i.e. events, objects, or other people in the individual's immediate environment have a particular or unusual significance. ? 1 2 3 B1

DESCRIBE:

Persecutory delusions, i.e., the individual (or his/her group) is being attacked, harassed, cheated, persecuted, or conspired against. ? 1 2 3 B2

DESCRIBE:

Grandiose delusion, i.e., content involves exaggerated power, knowledge or importance, or a special relationship to a deity or famous person ? 1 2 3 B3

DESCRIBE:

Have you ever felt that something was very wrong with you physically even though your doctor said nothing was wrong . . . like you had cancer or some other terrible disease?

Have you ever been convinced that something was very wrong with the way a part or parts of your body looked?

(Have you ever felt that something strange was happening to parts of your body?)

(Have you ever had any unusual religious experiences?)

(Have you ever felt that you had committed a crime or done something terrible for which you should be punished?)

Somatic delusion, i.e., content involves change or disturbance in body appearance or functioning.

? 1 2 3

B4

DESCRIBE:

Other delusions

? 1 2 3

B5

Check if:

- religious delusions
- delusions of guilt
- jealous delusions
- erotomanic delusions

B6

B7

B8

B9

DESCRIBE:

IF NEVER HAD A DELUSION AND THERE IS NO SUSPICION OF ANY PSYCHOTIC FEATURES, CHECK HERE__ AND GO TO *AUDITORY HALLUCINATIONS,* B.4.

B10

Did you ever feel that someone or something outside yourself was controlling your thoughts or actions against your will?

(Did you ever feel that certain thoughts that were not your own were put into your head?)

(What about taken out of your head?)

Delusion of being controlled, i.e., feelings, impulses, thoughts or actions are experienced as being under the control of some external force

Check if:

- thought insertion
- thought withdrawal

1 2 3

B11

Did you ever feel as if your thoughts were being broadcast out loud so that other people could actually hear what you were thinking?

Did you ever believe that someone could read your mind?

Thought broadcasting, i.e., the delusion that one's thoughts are audible to others

1 2 3

B14

IF DELUSIONAL: How do you explain [CONTENT OF DELUSION]?

Bizarre delusion, i.e., involving a phenomenon that the individual's subculture would regard as totally implausible (e.g., the person's brain has been removed and replaced with someone else's brain)

1 2 3

B15

DESCRIBE:

AUDITORY HALLUCINATIONS

Did you ever hear things that other people couldn't, such as noises, or the voices of people whispering or talking? (Were you awake at the time?)

IF YES: What did you hear? How often did you hear it?

IF VOICES: Did they comment on what you were doing or thinking?

How many voices did you hear? Were they talking to each other?

VISUAL HALLUCINATIONS

Did you have visions or see things that other people couldn't see? (Were you awake at the time?)

NOTE: DISTINGUISH FROM AN ILLUSION, I.E., A MISPERCEPTION OF A REAL EXTERNAL STIMULUS

What about strange sensations in your body or on your skin?

(What about smelling or tasting things that other people couldn't smell or taste?)

HALLUCINATIONS (PSYCHOTIC)

A sensory perception that has the compelling sense of reality of a true perception but occurs without external stimulation of the relevant sensory organ. (CODE "2" FOR HALLUCINATIONS THAT ARE SO TRANSIENT AS TO BE WITHOUT DIAGNOSTIC SIGNIFICANCE)

Auditory hallucinations when fully awake, heard either inside or outside of the head.

DESCRIBE:

? 1 2 3

GO TO *VISUAL HALLUCINATIONS,* BELOW

A voice keeping up a running commentary on the individual's behavior or thoughts as they occur.

Two or more voices conversing with each other

? 1 2 3

B17

Visual hallucinations

? 1 2 3

B19

DESCRIBE:

Tactile hallucinations, e.g., electricity

? 1 2 3

B20

DESCRIBE

Other hallucinations, e.g. gustatory, olfactory

? 1 2 3

B21

Check if:

- gustatory
- olfactory

B22
B23

DESCRIBE:

OTHER SYMPTOMS**OTHER SYMPTOMS**

IF NO SUGGESTION THAT THERE HAVE EVER BEEN PSYCHOTIC SYMPTOMS, CHECK HERE ____ AND SKIP TO MODULE D.

B23a

(Let me stop for a minute while I make a few notes . . .)

THE FOLLOWING ITEMS ARE RATED BASED ON OBSERVATION AND HISTORY (CONSULT OLD CHARTS, OTHER OBSERVERS, E.G., FAMILY MEMBERS, THERAPEUTIC STAFF)

Catatonic behavior:

motoric immobility (i.e. catatonia or stupor)	?	1	2	3	B24
excessive motor activity (i.e., apparently purposeless agitation not influenced by external stimuli)	?	1	2	3	B25
extreme negativism (i.e., apparently motiveless resistance to instructions or attempts to be moved) or mutism	?	1	2	3	B26
posturing or stereotyped movements	?	1	2	3	B27
echolalia or echopraxia	?	1	2	3	B28

DESCRIBE:**Grossly disorganized behavior:** ? 1 2 3

may range from childlike silliness to unpredictable agitation. The person may appear markedly disheveled, may dress in an unusual manner (e.g., wearing multiple overcoats, scarves, and gloves on a hot day), display clearly inappropriate sexual behavior (e.g., public masturbation) or unpredictable and untriggered agitation (e.g., shouting or swearing).

B29

DESCRIBE:

Grossly inappropriate affect: affect? that is clearly discordant with the content of speech or ideation, e.g., smiling while discussing being persecuted.

1

2

3

B30

DESCRIBE:

Disorganized speech: frequent derailment (loosening of associations) or incoherence; derailment is a pattern of speech in which the ideas slip off the track onto another that is completely unrelated or only obliquely related. The person may shift the topic idiosyncratically from one frame of reference to another and things may be said in juxtaposition that lack a meaningful relationship. Incoherence is speech that is essentially incomprehensible to others because words or phrases are joined together without a logical or meaningful connection.

1

2

3

B31

DESCRIBE:

NEGATIVE SYMPTOMS**NEGATIVE SYMPTOMS**

FOR ANY NEGATIVE SYMPTOMS CODED "3", DETERMINE WHETHER THE SYMPTOM IS DEFINITELY PRIMARY OR WHETHER IT IS POSSIBLY OR DEFINITELY SECONDARY, I.E., RELATED TO ANOTHER MENTAL DISORDER (E.G., DEPRESSION), A SUBSTANCE OR A GENERAL MEDICAL CONDITION (E.G., MEDICATION-INDUCED AKINESIA), OR TO A PSYCHOTIC SYMPTOM (E.G., COMMAND HALLUCINATIONS NOT TO MOVE).

IF UNKNOWN: How do you spend your time?

Avolition: an inability to initiate and ? persist in goal-directed activities.

When severe enough to be considered pathological, avolition is pervasive and prevents the person from completing many different types of activities (e.g., work, intellectual pursuits, self-care).

1 2

3

1
3
POSS/DEF
PRI-
SECONDARY
MARY

B32

Alogia: Impoverishment in thinking ? that is inferred from observing speech and language behavior. There may be restriction in the amount of spontaneous speech and brief and concrete replies to questions (poverty of speech). Sometimes the speech is adequate in amount but conveys little information because it is overconcrete, overabstract, repetitive, or stereotyped (poverty of content)

1 2

3

1
3
POSS/DEF
PRI-
SECONDARY
MARY

B33

B34

B35

Affective flattening: absence or near absence of signs of affective expression.

? 1 2 3

B36

1
3
POSS/DEF
PRI-
SECONDARY
MARY

B37

CHRONOLOGY OF PSYCHOTIC SYMPTOMS

IF ANY DELUSIONS OR HALLUCINATIONS, NOTE TYPE, COURSE, ONSET AND OFFSET DATES AND WHETHER PRESENT DURING PAST MONTH (E.G., "BIZARRE DELUSIONS OF BEING CONTROLLED BY ALIENS, PRESENT INTERMITTENTLY, ONSET 1969, OFFSET JUNE 1993).

IF UNKNOWN, ASK QUESTIONS LIKE: When did (SYMPTOMS) begin? IF NOT CURRENTLY PRESENT: When did they last occur?

TYPE OF SYMPTOM	COURSE	ONSET	OFFSET	CHECK IF PRESENT LAST MONTH
B38	B39	/ B40	/ B41	_____ B42
B43	B44	/ B45	/ B46	_____ B47
B48	B49	/ B50	/ B51	_____ B52
B53	B54	/ B55	/ B56	_____ B57
B58	B59	/ B60	/ B61	_____ B62

C. DIFFERENTIAL DIAGNOSIS OF PSYCHOTIC DISORDERS

NOTE: BOTH PRIMARY PSYCHOTIC SYMPTOMS AND PSYCHOTIC SYMPTOMS THAT ARE SUBSTANCE-INDUCED OR DUE TO A GENERAL MEDICAL CONDITION MAY BE PRESENT IN THE SAME INDIVIDUAL AT THE SAME TIME. THIS MAY REQUIRE MULTIPLE 'PASSES' THROUGH THE ALGORITHMS IN THIS MODULE.

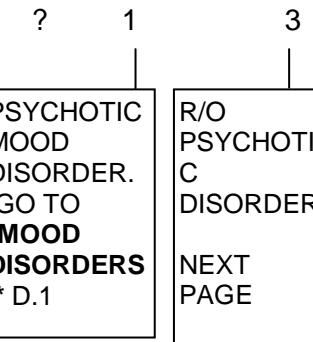
IF: ALL PSYCHOTIC SYMPTOMS IN MODULE B. ARE DUE TO A SUBSTANCE OR A GENERAL MEDICAL CONDITION, GO TO ***GMC/SUBSTANCE***, C. 19

IF: THERE ARE NO ITEMS CODED "3" IN **B. PSYCHOTIC AND ASSOCIATED SYMPTOMS**, CHECK HERE AND SKIP TO NEXT MODULE.

IF A MAJOR DEPRESSIVE OR MANIC EPISODE HAS EVER BEEN PRESENT: Has there ever been a time when you had (PSYCHOTIC SXS) and you were not (DEPRESSED/MANIC)?

Psychotic symptoms occur at times other than during Major Depressive, Manic, or Mixed episodes.

NOTE: CODE "3" IF NO MAJOR DEPRESSIVE, MANIC, OR MIXED EPISODES OR IF SOME PSYCHOTIC SYMPTOMS OCCUR OUTSIDE OF MOOD EPISODES OR IF PSYCHOTIC SXS OCCUR ONLY DURING MAJOR DEPRESSIVE EPISODES THAT LACK A(1) DEPRESSED MOOD.



CODE "1" IF PSYCHOTIC SXS OCCUR ONLY DURING MANIC, MIXED OR MAJOR DEPRESSIVE EPISODES (WITH A [1] DEPRESSED MOOD).

SCHIZOPHRENIA CRITERIA

CHECK FOR PRESENCE OF ACTIVE PHASE SYMPTOMS

REFER TO ITEMS CODED "3" IN THE PSYCHOTIC AND ASSOCIATED SYMPTOMS MODULE (MODULE B)

[NOTE: CRITERIA ARE IN DIFFERENT ORDER THAN IN DSM-IV-TR]

A. Two (or more) of the following, each present for a significant portion of time during a one month period (or less if successfully treated):

- (1) delusions
- (2) hallucinations
- (3) disorganized speech (e.g., frequent derailment or incoherence)
- (4) grossly disorganized or catatonic behavior
- (5) negative symptoms, i.e., affective flattening, alogia or avolition

?

1

3

GO TO
*PSYCH-
OTIC
DIS-
ORDER
NOS,*
C. 21

GO TO
*DELU-
SIONAL
DIS-
ORDER,*
C.13

[Note: only one A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other.]

D. Schizoaffective Disorder and Mood Disorder with Psychotic Features have been ruled out because either:

IF UNCLEAR: Has there ever been a time when you had (SXS FROM ACTIVE PHASE) at the same time that you were (down / high / irritable / OWN WORDS)?

- (1) No Major Depressive, Manic or Mixed episodes have occurred concurrently with the active phase symptoms (i.e., the "A" symptoms listed above)

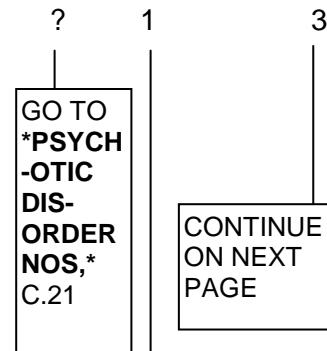
NOTE: CODE "3" IF NEVER ANY MAJOR DEPRESSIVE OR MANIC EPISODES OR IF ALL MAJOR DEPRESSIVE AND MANIC EPISODES OCCURRED DURING THE PRODROMAL OR RESIDUAL PHASE. CODE "1" IF ANY MOOD EPISODES OVERLAP WITH PSYCHOTIC SYMPTOMS.

NOTE: BECAUSE OF THE DIFFICULTY IN DISTINGUISHING THE PRODROMAL AND RESIDUAL SYMPTOMS OF SCHIZOPHRENIA FROM A MAJOR DEPRESSIVE SYNDROME, THE RATER SHOULD RECONSIDER ANY PREVIOUSLY CODED MAJOR DEPRESSIVE EPISODE TO BE SURE IT IS UNEQUIVOCAL.

IF UNCLEAR: How much of the time that you have had (SXS FROM ACTIVE AND RESIDUAL PHASES) would you say you have also been (depressed / high / irritable / OWN WORDS)

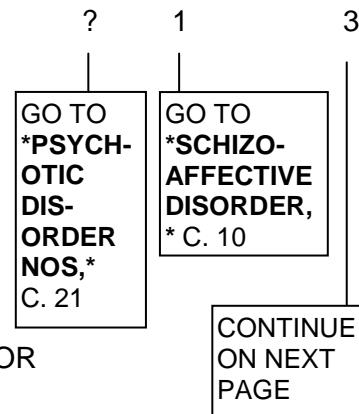
- (2) the total duration of mood episodes [occurring during the disturbance] has been brief relative to the total duration of the active and residual phases.

NOTE: CODE "1" IF SYMPTOMS MEETING CRITERIA FOR A MAJOR DEPRESSIVE, MANIC, OR MIXED EPISODE HAVE BEEN PRESENT FOR A SUBSTANTIAL PORTION OF THE TOTAL DURATION OF THE ACTIVE AND RESIDUAL PHASES.



C4

C5



NOW MAKE A DIFFERENTIAL
DIAGNOSIS BETWEEN
SCHIZOPHRENIA AND
SCHIZOPHRENIFORM
DISORDER

IF UNCLEAR: Between
(MULTIPLE EPISODES) were
you back to your normal self?
How long did each episode
last?

IF NOT ALREADY KNOWN:
When you (HAD "A" CRITERION
SXS), were you (working, having
a social life, taking care of your-
self)?

C. Continuous signs of the disturbance persist for at least six months. This six-month period must include at least one month of symptoms (or less if successfully treated) that meet criterion A (i.e., active phase symptoms), and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative sxs (i.e., affective flattening, alogia, avolition) or two or more symptoms listed in criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences)

B. For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations or self-care is markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic or occupational achievement).

? 1

GO TO
***SCHIZO-**
PHRENI-
FORM
DIS-
ORDER,*
C. 8

3 C6

? 1

GO TO
***PSYCHOTI**
C
DISORDER
NOS,* C. 21

3 C7

IF NOT KNOWN: Were you taking any drugs or medicines during this time?

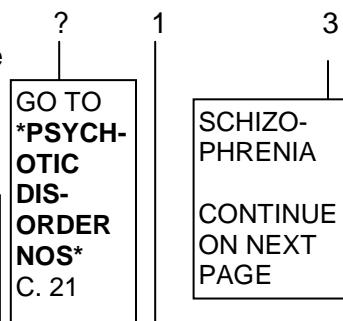
IF NOT KNOWN: Were you physically ill at this time?

E. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or to a general medical condition.

IF THERE IS ANY INDICATION THAT THE PSYCHOTIC SXS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC/SUBST* C. 17, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

Etiological general medical conditions include: neurological conditions (e.g., neoplasms, cerebrovascular disease, Huntington's disease, epilepsy, auditory nerve injury, deafness, migraine, central nervous system infections); endocrine conditions (e.g., hyper- and hypothyroidism, hyper- and hypoparathyroidism, hypocortisolism); metabolic conditions (e.g., hypoxia, hypercarbia, hypoglycemia); fluid or electrolyte imbalances; hepatic or renal diseases; and autoimmune disorders with central nervous system involvement (e.g., systemic lupus erythematosus).

Etiological substances include: alcohol, amphetamine, cannabis, cocaine, hallucinogens, inhalants, opioids (meperidine), phencyclidine, sedatives, hypnotics, anxiolytics, and other or unknown substances



C8

***SCHIZOPHRENIA
CHRONOLOGY***

IF UNCLEAR: During the past month, have you had (ANY SXS OF SCHIZOPHRENIA, INCLUDING NEGATIVE OR RESIDUAL SYMPTOMS)?

Meets criteria for Schizophrenia in the past month, i.e., any symptom in the past month, including negative or residual symptoms

? 1

3

C13a

INDICATE CURRENT SEVERITY:

- 1 - **Mild:** Psychotic symptoms only intermittently present in the past month, **AND** have little influence on behavior **OR** negative symptoms have limited impact on functioning
- 2 - **Moderate:** Symptoms or functional impairment intermediate between "mild" and "severe"
- 3 - **Severe:** Psychotic symptoms persistently present, **AND** markedly influence behavior **OR** marked functional impairment due to negative symptoms

CONTINUE WITH *AGE AT ONSET*, NEXT PAGE

C13b

IF NO CURRENT SYMPTOMS:

- 4 - **In Full Remission:** There are no longer any symptoms or signs of the disorder but it is still clinically relevant to note the disorder--for example, a person with previous episodes of psychotic symptoms who has been symptom free but on antipsychotic medication for the past two years.
- 5 - **Prior History:** There is a history of the criteria having been met for the disorder but the person is considered to have recovered from it.

When did you last have (SXS OF SCHIZOPHRENIA)?

Number of months prior to interview when last had any symptoms

C13c

C13d

CONTINUE WITH *AGE AT ONSET,* NEXT PAGE.

AGE AT ONSET

How old were you when you first had (PSYCHOTIC SXS)? Age at onset of psychotic symptoms (CODE 99 IF UNKNOWN) _____ C13e

IF NOT ALREADY KNOWN:
How many times did you have episodes of (PSYCHOTIC SYMPTOMS)? Number of episodes or exacerbations (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT) _____ C13f

THE FOLLOWING ITEMS APPLY ONLY TO A DIAGNOSIS OF SCHIZOPHRENIA:

IF NOT ALREADY KNOWN:
What kinds of difficulties were you having before you first had (PSYCHOTIC SXS)? Age at onset of prodromal symptoms (if any) (CODE 99 IF UNKNOWN) _____ C13g

(Were you working, having a social life, taking care of yourself?)

SCHIZOPHRENIFORM DISORDER

SCHIZOPHRENIFORM DISORDER CRITERIA

SCHIZOPHRENIA HAS BEEN RULED OUT BECAUSE THE DURATION IS LESS THAN SIX MONTHS.

IF NOT KNOWN: How long did
(PSYCHOTIC SXS) last?

IF NOT KNOWN: Were you taking any drugs or medications during this time?

IF NOT KNOWN: Were you physically ill at this time?

B. An episode of the disorder (including prodromal, active and residual phases) lasts at least one month but less than six months.

C. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition.

IF THERE IS ANY INDICATION THAT THE PSYCHOTIC SXS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO ***GMC/SUBST*** C. 17, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

**REFER TO LIST OF GENERAL
MEDICAL CONDITIONS AND
SUBSTANCES, C. 5**

When the diagnosis is made without waiting for recovery, it should be qualified as “provisional”

**NOTE: CODE "2" IF THE
EXPECTED RECOVERY HAS
NOT YET OCCURRED.
CODE "3" IF THERE HAS
BEEN A FULL RECOVERY.**

1 3 C14

**GO TO
*BRIEF
PSYCHOTIC
DISORDER***
C. 15

o the ?
|
**GO TO
*PSYCHOTIC
DISORDER
NOS* C. 21**

SCHIZOPHRENIFORM DISORDER

IF OTHER
PERIODS OF
PSYCHOTIC SXS
NOT DUE TO A
SUB-STANCE OR
GMC RETURN TO
C.1: OTHERWISE
GO TO
CHRONOLOGY C.
22

C15

C16

```
graph TD; A[PROVISIONAL DX] --> C[CONTINUE ON NEXT PAGE]; B[DEFIN-ITE DX] --> C
```

The diagram is a flowchart with three rectangular boxes. The top box is labeled 'PROVISIONAL DX'. An arrow points from this box down to a larger box at the bottom labeled 'CONTINUE ON NEXT PAGE'. Another arrow points from a second box labeled 'DEFIN-ITE DX' down to the same bottom box. The numbers '2' and '3' are positioned above their respective boxes, indicating they are on different pages.

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

CJ-CODSI SCID

Schizophreniform

Psychotic Diff

C.9

NOW DETERMINE IF GOOD PROGNOSTIC FEATURES ARE PRESENT.

At least two of the following features that are generally associated with good prognosis:

(1) onset of prominent psychotic symptoms within four weeks of first noticeable change in usual behavior or functioning

? 1 3

C17

(2) confusion or perplexity at the height of the psychotic episode

? 1 3

C18

(3) good premorbid social and occupational functioning

? 1 3

C19

(4) absence of blunted or flat affect

? 1 3

C20

AT LEAST TWO GOOD PROGNOSTIC FEATURES CODED "3"

1 3

C21

WITHOUT GOOD PROGNOSTIC FEATURES

WITH GOOD PROGNOSTIC FEATURES

GO TO
CHRONOLOGY,
C. 22

***SCHIZOAFFECTIVE
DISORDER***

SCHIZOPHRENIA AND SCHIZOPHRENIFORM DISORDER HAVE BEEN RULED OUT BECAUSE OF PROMINENT MOOD SYMPTOMS. CONSIDER A DIAGNOSIS OF SCHIZOAFFECTIVE DISORDER.

SCHIZOAFFECTIVE DISORDER CRITERIA

- A. An uninterrupted period of illness during which, at some time, there is either a Major Depressive Episode (which must include A(1) depressed mood), a Manic or a Mixed episode concurrent with symptoms that meet Criterion A for Schizophrenia.

Note: The Major Depressive Episode must include criterion A(1), depressed mood. If not, return to C.4 and continue

? 1

3 C22

GO TO
*PSYCHOTIC
DISORDER NOS,*
C. 21 OR GO TO
TOP OF C.4 IF
MDE IS W/O
DEPRESSED
MOOD

I
F NOT ALREADY KNOWN:
Have there been any times when you had (PSYCHOTIC SXS) when you were not (MANIC OR DEPRESSED)?

- B. During the same period of illness, there have been delusions or hallucinations for at least two weeks in the absence of prominent mood symptoms.

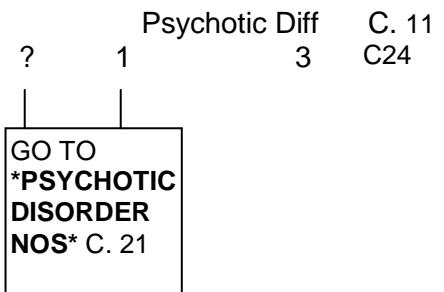
? 1

3 C23

GO TO
*PSYCHOTI
C
DISORDER
NOS* C. 21

PSYCH-OTIC
MOOD DIS-
ORDER GO TO
NEXT
MODULE

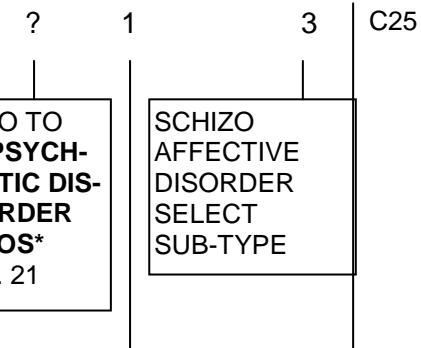
Schizoaffective
C. Symptoms that meet criteria for a mood episode are present for a substantial portion of the total duration of the active and residual periods of the illness



IF NOT KNOWN: Were you taking any drugs or medicines during this time?

IF NOT KNOWN: Were you physically ill at this time?

D. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition.

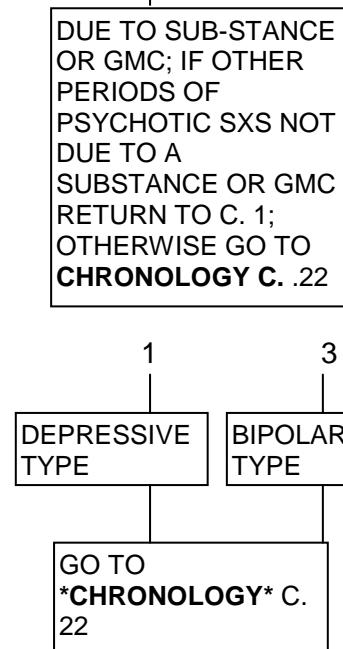


IF THERE IS ANY INDICATION THAT THE PSYCHOTIC OR MOOD SXS MAY BE SECONDARY (I.E. A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC / SUBSTANCE,* C. 17, AND RETURN HERE TO MAKE A RATING OF "1" OR "3".

REFER TO LIST OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES ON PAGE C. 5.

SCHIZOAFFECTIVE DISORDER SUBTYPES

Manic Episode or Mixed Episode (or a Manic or Mixed Episode and Major Depressive Episodes) during the course of the disturbance



DELUSIONAL DISORDER

SCHIZOPHRENIA,
SCHIZOPHRENIFORM, AND
SCHIZOAFFECTIVE
DISORDERS HAVE BEEN
RULED OUT.

IF UNCLEAR: Has there ever been a time when you have been (DELUSIONAL) at the same time that you were (depressed / high / irritable / OWN WORDS)?

DELUSIONAL DISORDER CRITERIA

NOTE: THE ORDER OF THE CRITERIA BELOW DIFFERS FROM THAT IN DSM-IV-TR.

D. (1) There are no Major Depressive, Manic or Mixed Episodes that have occurred concurrently with delusions.

NOTE: CODE "3" IF THERE HAVE NEVER BEEN ANY MAJOR DEPRESSIVE, MANIC OR MIXED EPISODES OR IF ALL MOOD EPISODES OCCURRED AT TIMES OTHER THAN DURING DELUSIONAL PERIODS. CODE "1" IF THERE HAS BEEN A PERIOD OF OVERLAP WITH DELUSIONS.

?

1

3

CONTINUE
ON NEXT
PAGE

C27

IF UNCLEAR: How much of the time that you have had (DELUSIONS) would you say you have also been (depressed / high / irritable / OWN WORDS)?

D. (2) The total duration of all mood episodes occurring concurrently with delusions has been brief relative to the duration of the delusional periods.

NOTE: CODE "1" IF SYMPTOMS MEETING CRITERIA FOR A MOOD EPISODE ARE PRESENT FOR A SUBSTANTIAL PORTION OF THE TOTAL DURATION OF THE DISTURBANCE.

?

1

3

GO TO
*PSY-
CHOTI
C
DIS-
ORDER
NOS,*
C. 21

CONTINUE
ON NEXT
PAGE

C28

IF UNCLEAR: Have you had (DELUSIONS) only at times when you were (depressed/high/OWN WORDS)?

Psychotic symptoms occur exclusively during Major Depressive, Manic, and Mixed Episodes

?

1

3

GO TO
*PSYCHOTIC
DISORDER
NOS,* C. 21

PSYCHOTIC
MOOD
DISORDER
GO TO
*MOOD
DIS-
ORDERS,*
D. 1

C29

A. Nonbizarre delusions (i.e., involving situations that occur in real life, such as being followed, poisoned, infected, loved at a distance, having a disease, or being deceived by one's spouse or lover) of at least one month's duration.

? 1 3
**GO TO*
BRIEF
PSYCHOTIC
DISORDER***
 C. 15

B. Has never met criterion A for Schizophrenia. Note: Tactile and olfactory hallucinations may be present in Delusional Disorder if they are related to the delusional theme.

? 1 3
**GO TO
*PSYCHOTIC
DISORDER
NOS.*C. 21**

NOTE: CODE "3" IF OTHER ACTIVE PHASE SYMPTOMS OF SCHIZOPHRENIA (E.G., HALLUCINATIONS) ARE NOT SIGNIFICANT (I.E., LAST LESS THAN ONE MONTH)

C. Apart from the impact of the delusion(s) or its ramifications, functioning is not markedly impaired and behavior is not obviously odd or bizarre.

? 1 3
**GO TO
*PSY-CHOTIC
DISORDER
NOS,*C. 21**

IF NOT KNOWN: Were you taking any drugs or medicines during this time?

IF NOT KNOWN: Were you physically ill at this time?

E. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

? 1 3
**GO TO
*PSYC
H-
OTIC
DIS-
ORDER
NOS***
 C. 21
**DELUSIONAL
DISORDER**
**SELECT
SUBTYPE
ON NEXT
PAGE**

IF THERE IS ANY INDICATION THAT THE DELUSIONS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE), GO TO *GMC/SUBST,* C. 17, AND RETURN HERE TO MAKE A RATING OF "1" OR "3"

REFER TO LIST OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES, PAGE C. 5.

DUE TO GMC/SUB IF OTHER PERIODS OF PSYCHOTIC SXS NOT DUE TO A SUBSTANCE OR GMC RETURN TO C. 1; OTHERWISE GO TO CHRONOLOGY *
 C. 22

***BRIEF PSYCHOTIC DISORDER* BRIEF PSYCHOTIC DISORDER CRITERIA**

A. Presence of one (or more) of the following symptoms: ? 1 3 C35

- (1) delusions
- (2) hallucinations
- (3) disorganized speech (e.g., frequent derailment or incoherence)
- (4) grossly disorganized or catatonic behavior

GO TO
***PSYCHOTIC
DISORDER
NOS* C. 21**

IF NOT KNOWN: Were you taking any drugs or medicines during this time?

IF NOT KNOWN: Were you physically ill at this time?

C. (2) The disturbance is not due to the direct physiological effects of a substance (drugs of abuse, medication) or to a general medical condition

GO TO *PSYCHOTIC DISORDER NOS* C. 21

? 1 3

C36

IF ANY INDICATION THAT THE SXS ARE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF GMC OR SUBST) GO TO *GMC / SUBST,* C. 17, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

DUE TO GMC/SUB IF OTHER PERIODS OF PSYCHOTIC SXS NOT DUE TO A SUBSTANCE OR GMC RETURN TO C. 1; OTHERWISE GO TO CHRONOLOGY C. 22

REFER TO LIST ON PAGE C. 5

? 1 3

C37

B. Duration of an episode of the disturbance is at least one day, but less than one month, with an eventual full return to premorbid level of functioning.

GO TO *PSYCHOTIC DISORDER NOS* C. 21

C. (1) Not better accounted for by a Mood Disorder (i.e., no full mood episode is present)

? 1 3

C38

NOTE: CODE "3" IF NO MOOD EPISODES

GO TO *PSYCHOTIC NOS* C. 21 **GO TO NEXT MODULE** **BRIEF PSYCHOTIC DISORDER**

Symptoms occur shortly after and apparently in response to events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the person's culture.

? 1 3

C39

WITHOUT MARKED STRESSORS **WITH MARKED STRESSOR**

DESCRIBE STRESSOR:

NOTE: CHECK HERE IF ONSET WITHIN 4 WEEKS POSTPARTUM

GO TO *CHRONOLOGY* C. 22

C40

GMC/SUBSTANCE CAUSING PSYCHOTIC SYMPTOMS**PSYCHOTIC DISORDER DUE TO A GENERAL MEDICAL CONDITION**

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITION, CHECK HERE AND GO TO ***SUBSTANCE-INDUCED PSYCHOTIC DISORDER,* C. 19**

C40a

CODE BASED ON INFORMATION ALREADY OBTAINED

PSYCHOTIC DISORDER DUE TO A GENERAL MEDICAL CONDITION CRITERIA

Do you think your (DELUSIONS/ HALLUCINATIONS) were in any way related to your (COMORBID GENERAL MEDICAL CONDITION)?

IF YES: Tell me how.

A. Prominent hallucinations or delusions

? 1 2 3

C41

B./C. There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of a general medical condition and the disturbance is not better accounted for by another mental disorder

? 1 2 3

C42

GO TO
*SUBSTANCE-
INDUCED*
C. 19

(Did the (DELUSIONS / HALLUCINATIONS) start or get much worse only after [COMORBID GENERAL MEDICAL CONDITION] began?)

THE FOLLOWING FACTORS SHOULD BE CONSIDERED AND SUPPORT THE CON-CLUSION THAT THE GMC IS ETIOLOGIC TO THE PSYCHOTIC SYMPTOMS:

IF YES AND GMC HAS RESOLVED: Did the (DELUSIONS / HALLUCINATIONS) get much better once the (COMORBID GENERAL MEDICAL CONDITION) got better?

1) THERE IS EVIDENCE FROM THE LITERATURE OF A WELL-ESTABLISHED ASSOCIATION BETWEEN THE GMC AND PSYCHOTIC SYMPTOMS.

2) THERE IS A CLOSE TEMPORAL RELATIONSHIP BETWEEN THE COURSE OF THE PSYCHOTIC SYMPTOMS AND THE COURSE OF THE GENERAL MEDICAL CONDITION.

3) THE PSYCHOTIC SYMPTOMS ARE CHARACTERIZED BY UNUSUAL PRESENTING FEATURES (E.G., LATE AGE AT ONSET)

4) THERE IS NO ALTERNATIVE EXPLANATION (PSYCHOTIC SYMPTOMS AS A PSYCHOLOGICAL REACTION TO THE GMC).

D. The disturbance does not occur exclusively during the course of Delirium.

1

3

C42a

DELIRIUM
DUE TO A
GMC

PSYCHOTIC
DISORDER DUE TO
A GMC

Indicate which type of symptom presentation predominates:
1 - With Delusions
2 - With Hallucinations

CONTINUE ON NEXT PAGE

C42b

SUBSTANCE-INDUCED PSYCHOTIC DISORDER

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE USE, CHECK HERE ___ AND RETURN TO DISORDER BEING EVALUATED.

SUBSTANCE-INDUCED PSYCHOTIC CRITERIA DISORDER

CODE BASED ON INFORMATION ALREADY OBTAINED.

DISORDER BEING EVALUATED:	
Schizophrenia	C. 5
Schizopreniform	C. 9
Schizoaffective	C. 11
Delusional	C. 14
Brief Psychotic	C. 16

A. Prominent hallucinations or delusions. Note: Do not include hallucinations if the person has insight that they are substance-induced.

? 1 2 3

RETURN TO
DISORDER BEING
EVALUATED

C43

IF NOT KNOWN: When did the (DELUSIONS/HALLUCINATIONS) begin? Were you already using (SUBSTANCE) or had you just stopped or cut down on its use?

B. There is evidence from the history, physical examination, or laboratory findings that either (1) the symptoms in A developed during, or within a month of, Substance Intoxication or Withdrawal, or (2) medication use is etiologically related to the disturbance.

? 1 2 3

RETURN TO
DISORDER BEING
EVALUATED

C44

Do you think your (DELUSIONS / HALLUCINATIONS) were in any way related to your (SUBSTANCE USE)?

IF YES: Tell me how.

C. The disturbance is not better accounted for by a Psychotic Disorder that is not substance-induced. Evidence that the symptoms are better accounted for by a Psychotic Disorder that is not substance-induced might include:

? 1 2 3

RETURN TO
DISORDER
BEING EVALUATED

C45

ASK ANY OF THE FOLLOWING QUESTIONS AS NEEDED TO RULE OUT A NON-SUBSTANCE-INDUCED ETIOLOGY

IF UNKNOWN: Which came first, the (SUBSTANCE USE) or the (PSYCHOTIC SXS)?

1) the psychotic symptoms precede the onset of the substance use (or medication use)

IF UNKNOWN: Have you had a period of time when you stopped using (SUBSTANCE)?

2) the psychotic symptoms persist for a substantial period of time (e.g., about a month) after the cessation of acute withdrawal or severe intoxication

IF YES: After you stopped using (SUBSTANCE) did the (DELUSION / HALLUCINATIONS) get better or were you still (DELUSIONAL / HAVING HALLUCINATIONS)?

IF UNKNOWN: How much of (SUBSTANCE) were you taking when you began to have (DELUSIONS / HALLUCINATIONS)?

3) the psychotic symptoms are substantially in excess of what would be expected given the type or amount of the substance used or the duration of use.

IF UNKNOWN: Have you had any other episodes of
(**DELUSIONS/**
HALLUCINATIONS)?

4) there is evidence suggesting the existence of an independent non-substance-induced Psychotic Disorder (e.g., a history of recurrent non-substance-related psychotic episodes).

IF YES: How many? (Were you taking (SUBSTANCES) at those times?

D. The disturbance does not occur exclusively during the course of Delirium.

SUB-STANCE-INDUCED PSYCHOTIC DISORDER

SUBSTANCE-INDUCED DELIRIUM

SUB-STAN^CE- INDUCED PSYCHOTIC DISORDER

Indicate which type of symptom presentation predominates:

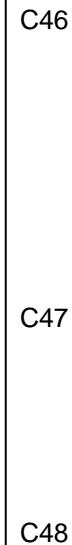
1 - With Delusions

2 - With Hallucinations

Indicate context of development of mood symptoms:

1 - With Onset During Intoxication
2 - With Onset During Withdrawal

RETURN TO DISORDER BEING EVALUATED



PSYCHOTIC DISORDER NOS**PSYCHOTIC DISORDER NOS**

NOTE: If psychotic symptoms have been present but are not diagnostically significant, code "1" (i.e., do not diagnose Psychotic Disorder NOS), for example recurrent "hallucinations" of name being called.

This category should be used to diagnose psychotic symptomatology (i.e., delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior) about which there is inadequate information to make a specific diagnosis, or about which there is contradictory information, or disorders with psychotic symptoms that do not meet the criteria for any specific psychotic disorder defined above.

1 3
|
**PSYCHOTIC
DISORDER
NOS**

C49

Indicate type:

- 1 Postpartum psychosis that does not meet criteria for Mood Disorder With Psychotic Features, Brief Psychotic Disorder, Psychotic Disorder Due to a General Medical Condition, or a Substance-Induced Psychotic Disorder.
- 2 Psychotic symptoms that have lasted for less than one month but have not yet remitted so that the criteria for Brief Psychotic Disorder are not met.
- 3 Persistent auditory hallucinations in the absence of any other features.
- 4 Persistent nonbizarre delusions with periods of overlapping mood episodes that have been present for a substantial portion of the delusional disturbance.
- 5 Situations in which the clinician has concluded that a psychotic disorder is present but is unable to determine whether it is primary, due to a general medical condition, or substance-induced.
- 6 Other (describe):

C50

GO TO ***CHRONOLOGY,*** C. 22 (NEXT PAGE)

CHRONOLOGY

**CHRONOLOGY OF BRIEF PSYCHOTIC DISORDER,
SCHIZOPHRENIFORM, SCHIZOAFFECTIVE, DELUSIONAL
DISORDER, PSYCHOTIC DISORDER DUE TO A GMC,
SUBSTANCE-INDUCED PSYCHOTIC DISORDER, OR
PSYCHOTIC DISORDER NOS**

IF UNCLEAR: During the past month, have you had (PSYCHOTIC SXS CODED "3" OR, FOR SCHIZOAFFECTIVE DISORDER, DEPRESSIVE OR MANIC SXS CODED "3")?

Meets criteria in the past month, i.e., any psychotic symptom in the past month or, for non-psychotic phases of Schizoaffective Disorder, meets full criteria for a Major Depressive, Manic, or Mixed Episode in the past month.

?

1

3

C51

INDICATE CURRENT SEVERITY:

- 1 - **Mild:** Psychotic symptoms only intermittently present in the past month, **AND** have little influence on behavior
- 2 - **Moderate:** Symptoms or functional impairment intermediate between "mild" and "severe"
- 3 - **Severe:** Psychotic symptoms persistently present, **AND** markedly influence behavior
- 4 - **Nonpsychotic:** No psychotic symptoms (but currently meets full criteria for Major Depressive or Manic Episode)

CONTINUE WITH *AGE AT ONSET*, NEXT PAGE

IF NOT CURRENTLY PSYCHOTIC:

- 5 - **In Partial Remission:** The full criteria for the disorder were previously met but currently only some of the symptoms or signs of the disorder remain.
- 6 - **In Full Remission:** There are no longer any symptoms or signs of the disorder but it is still clinically relevant to note the disorder--for example, a person with previous episodes of psychotic symptoms who has been symptom free but on antipsychotic medication for the past two years.
- 7 - **Prior History:** There is a history of the criteria having been met for the disorder but the person is considered to have recovered from it.

When did you last have (PSYCHOTIC SXS OR, FOR SCHIZOAFFECTIVE DISORDER, EITHER DEPRESSED MOOD, OR EUPHORIC OR IRRITABLE MOOD)?

Number of months prior to interview when last had psychotic symptoms (or, for Schizoaffective disorder, when last had persistently depressed, euphoric, or irritable mood)

C53

C54

CONTINUE WITH *AGE AT ONSET*, NEXT PAGE.

AGE AT ONSET

How old were you when you first had (PSYCHOTIC SXS)?

Age at onset of psychotic symptoms
(CODE 99 IF UNKNOWN)

C55

IF NOT ALREADY KNOWN:

How many times did you have episodes of (PSYCHOTIC SYMPTOMS)?

Number of episodes or exacerbations
(CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT)

C56

D. MOOD DISORDERS

IF THERE HAVE NEVER BEEN ANY CLINICALLY SIGNIFICANT MOOD SYMPTOMS, OR IF ALL MOOD SYMPTOMS ARE ACCOUNTED FOR BY A DIAGNOSIS OF SCHIZOAFFECTIVE DISORDER (SEE MODULE C), CHECK HERE AND GO TO THE NEXT MODULE.

D1

BIPOLAR I DISORDER CRITERIA

CODE BASED ON ITEMS A99
(PAGE A. 31) AND A142 (PAGE A.
42)

History of one or more Manic or Mixed Episodes

1

3

Note: In a Mixed Episode, the criteria are met for both a Manic Episode and a Major Depressive Episode (except for duration nearly every day during at least a 1-week period

At least one Manic or Mixed Episode is not due to the direct physiological effects of a general medical condition or substance use

1

3

Note: Manic-like Episodes that are clearly caused by somatic antidepressant treatment (e.g., medication, ECT, light therapy) should not count toward a diagnosis of Bipolar I Disorder

At least one Manic or Mixed Episode is not better accounted for by Schizoaffective Disorder and is not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder NOS

1

3

GO TO *BIPOLAR II DISORDER* D. 2

GO TO *BIPOLAR II DISORDER* D. 2

GO TO *BIPOLAR II DISORDER* D. 2

BIPOLAR I DISORDER

Indicate type of current (or most recent) episode:

- 1 - Manic
- 2 - Mixed (the current episode is Mixed if there is a period lasting at least one week in which the criteria are met for both a Manic Episode and a Major Depressive Episode nearly every day)
- 3 - Hypomanic
- 4 - Major Depressive
- 5 - Unspecified (i.e., criteria, except for duration, are currently met)

GO TO *RAPID CYCLING*. D. 3

D5

BIPOLAR II DISORDER

CODE BASED ON A125 (PAGE A. 36) AND A160 (PAGE A. 49)

BIPOLAR II DISORDER CRITERIA

At least one Hypomanic Episode is not due to the direct physiological effects of a general medical condition or substance use

Note: Hypomanic - like episodes that are clearly caused by somatic antidepressant treatment (e.g., medication, ECT, light therapy) should NOT count toward a diagnosis of Bipolar II Disorder.

CODE BASED ON A28 (PAGE A. 18) AND A79 (PAGE A. 27)

At least one Major Depressive Episode not due to the direct physiological effects of a general medical condition or substance use

1

3

GO TO *OTHER BIPOLAR DISORDER* D. 4

D6

There have never been any Manic or Mixed Episodes

NOTE: CODE "3" IF NEVER MANIC

1

3

GO TO *OTHER BIPOLAR DISORDER* D. 4

NEVER MANIC

D8

The mood symptoms are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified

1

3

GO TO *OTHER BIPOLAR DISORDER* D. 4

BIPOLAR II DISORDER

D9

Indicate type of current (or most recent) episode:
 1 - Hypomanic
 2 - Major Depressive

D10

RAPID CYCLING

IF UNKNOWN: How many times in the past year have you had periods of being (MANIC / HIGH / IRRITABLE / OWN WORDS) and periods of being (DEPRESSED / OWN WORDS)?

At least four episodes of a mood disturbance in the previous 12 months that meet criteria for a Depressive, Manic, Mixed, or Hypomanic Episode.

1

3

CURRENT RAPID CYCLING

D11

Note: Episodes are demarcated by either partial or full remission for at least 2 months or a switch to an episode of opposite polarity (e.g., Major Depressive Episode to Manic Episode)

SEASONAL PATTERN

IF THERE HAVE BEEN FEWER THAN TWO MAJOR DEPRESSIVE EPISODES, CHECK HERE AND GO TO ***CHRONOLOGY***,* D. 10.

IF UNKNOWN: Do the periods of [DEPRESSED MOOD] mostly seem to happen at the same time of the year, like fall or winter?

A. There has been a regular temporal relationship between the onset of the Major Depressive Episodes in Bipolar I or Bipolar II Disorder and a particular time of the year (e.g., regular appearance of the Major Depressive Episode in the fall or winter).

1

3

GO TO *MOOD CHRONOLOGY*
D. 10

D11

a

D12

Note: Do not include cases in which there is an obvious effect of seasonal-related psychosocial stressors (e.g., regularly being unemployed every winter)

1

3

GO TO *MOOD CHRONOLOGY*
D. 10

D13

IF UNKNOWN: Do the periods of [DEPRESSED MOOD] get better around the same time of the year, like in the spring?

B. Full remissions (or a change from depression to mania or hypomania) also occur at a characteristic time of the year (e.g., depression disappears in the spring).

1

3

GO TO *MOOD CHRONOLOGY*
D. 10

D14

IF UNKNOWN: How many periods of [DEPRESSION] did you have during the past two years?

C. In the last 2 years, two Major Depressive Episodes have occurred that demonstrate the temporal relationship defined in criteria A and B, and no non-seasonal Major Depressive Episodes have occurred during that same period.

1

3

GO TO *MOOD CHRONOLOGY*
D. 10

D15

How many of these occurred at the same time of the year?

D. Seasonal Major Depressive Episodes (as described above) substantially outnumber the nonseasonal Major Depressive Episodes that may have occurred over the individual's lifetime

1

3

SEASONAL PATTERN

D16

GO TO *MOOD CHRONOLOGY*
D. 10

IF UNKNOWN: About how many years can you recall having had periods of [DEPRESSION]?

How often did they occur in [ALTERNATES OF SEASONS STATED] rather than in [SEASONS STATED]?

OTHER BIPOLAR DISORDERS

IF UNKNOWN: Just before (MANIC/HYPOMANIC SXS) began, were you physically ill?

IF YES: What did the doctor say?

IF UNKNOWN: Just before (MANIC/HYPOMANIC SXS) began, were you taking any medications?

IF YES: Any change in the amount you were taking?

IF UNKNOWN: Just before (MANIC/HYPOMANIC SXS) began, were you drinking or using any street drugs?

Clinically significant manic or hypomanic symptoms that are not accounted for by a psychotic disorder (e.g., Schizophrenia).

NOTE: CODE "3" IF MANIC EPISODE IS SUPERIMPOSED ON PSYCHOTIC DISORDER

1

3

D17

GO TO *MAJOR DEPRESSIVE DISORDER* D. 6

Not due to the direct physiological effects of a substance (i.e., a drug of abuse, medication) or to a general medical condition

?

1

3

D18

**DUE TO SUBSTANCE USE OR GMC.
GO TO *MAJOR DEPRESSIVE DISORDER,*
D. 6**

IF THERE IS ANY INDICATION THAT THE MANIC OR HYPOMANIC SXS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC / SUBSTANCE,* A. 53, AND RETURN HERE TO MAKE A RATING OF "1" OR "3".

PRIMARY MOOD DISORDER

Etiological general medical conditions include: degenerative neurological illnesses (e.g., Huntington's disease, multiple sclerosis), cerebrovascular disease (e.g., stroke), metabolic conditions (e.g., Vitamin B-12 deficiency, Wilson's disease), endocrine conditions (e.g., hyperthyroidism), viral or other infections, and certain cancers (e.g., cerebral neoplasms).

Etiological substances include: alcohol, amphetamines, cocaine, hallucinogens, inhalants, opioids, phencyclidine, sedatives, hypnotics and anxiolytics. Medications include psychotropic medications (e.g., anti-depressants), corticosteroids, anabolic steroids, isoniazid, antiparkinson medication (e.g., levodopa), and sympathomimetics / decongestants.

**CONTINUE ON
NEXT PAGE**

CONTINUED FROM PREVIOUS

OTHER BIPOLAR DISORDERS

Indicate type:

1 - Cyclothymic Disorder: (must meet all three of the following criteria:)

- A. For at least two years (one year for children or adolescents), presence of numerous periods of hypomanic symptoms and numerous periods of depressed mood or loss of interest that did not meet criteria for a Major Depressive Episode
- B. During the above two-year period (one year in children or adolescents), the person has not been without the symptoms in A for more than two months at a time
- C. No clear evidence of a Manic or Major Depressive Episode during the first two years of the disturbance

2 - Intermittent hypomanic episodes (Bipolar Disorder NOS)

3 - Manic or Mixed Episode superimposed on Schizophrenia, Schizopreniform Disorder, Delusional Disorder, or Psychotic Disorder NOS (Bipolar NOS)

4 - Bipolar Disorder NOS with subthreshold manic episodes (because of duration of less than one week) that do not qualify for a diagnosis of Hypomanic Episode because the episode causes significant functional impairment

5 - Other Bipolar NOS (Describe): _____

CHECK HERE IF PRESENT IN LAST MONTH.

IF PRESENT IN PAST MONTH OR LIFETIME, GO
TO NEXT PAGE.

D19

D20

***MAJOR DEPRESSIVE DISORDER* MAJOR DEPRESSIVE DISORDER CRITERIA**

CODE BASED ON A27 (PAGE A.18)
AND A77 (PAGE A.26)

At least one Major Depressive Episode
that is not due to the direct physiologi-
cal effects of a general medical condi-
tion or substance use

1

3

D21

**GO TO
*DEPRESSIVE
DISORDER
NOS,* D. 8**

At least one Major Depressive Episode
that is not better accounted for by Schi-
zoaffective Disorder and is not supe-
rimposed on Schizophrenia, Schizoph-
reniform Disorder, Delusional Disorder,
or Psychotic Disorder Not Otherwise
Specified

1

3

D22

**GO TO
*DEPRESSIVE
DISORDER
NOS,* D. 8**

Has never had any Manic, Mixed, or
unequivocal Hypomanic Episodes

1

3

D23

**GO TO
NEXT
MODULE**

**MAJOR
DEPRESSIVE
DISORDFR**

Indicate type:

1 - Single Episode

2 - Recurrent (i.e., to be considered separate episodes, there
must be an interval of at least two months in which criteria
are not met for a Major Depressive Episode)

D24

SEASONAL PATTERN

IF THERE HAVE BEEN FEWER THAN TWO MAJOR DEPRESSIVE EPISODES,
CHECK HERE AND GO TO *CHRONOLOGY,* D. 10.

IF UNKNOWN: Do the periods of [DEPRESSED MOOD] mostly seem to happen at the same time of the year, like fall or winter?

- A. There has been a regular temporal relationship between the onset of the Major Depressive Episodes in Bipolar I or Bipolar II Disorder and a particular time of the year (e.g., regular appearance of the Major Depressive Episode in the fall or winter).

1

3

D25

GO TO *MOOD CHRONOLOGY*
D. 10

IF UNKNOWN: Do the periods of [DEPRESSED MOOD] get better around the same time of the year, like in the spring?

- B. Full remissions (or a change from depression to mania or hypomania) also occur at a characteristic time of the year (e.g., depression disappears in the spring).

1

3

D27

GO TO *MOOD CHRONOLOGY*
D. 10

IF UNKNOWN: How many periods of [DEPRESSION] did you have during the past two years?

- C. In the last 2 years, two Major Depressive Episodes have occurred that demonstrate the temporal relationship defined in criteria A and B, and no non-seasonal Major Depressive Episodes have occurred during that same period.

1

3

D28

GO TO *MOOD CHRONOLOGY*
D. 10

IF UNKNOWN: About how many years can you recall having had periods of [DEPRESSION]?

- D. Seasonal Major Depressive Episodes (as described above) substantially outnumber the nonseasonal Major Depressive Episodes that may have occurred over the individual's lifetime

1

3

D29

WITH SEASONAL PATTERN

GO TO *MOOD CHRONOLOGY* D. 10

How often did they occur in [ALTERNATES OF SEASONS STATED] rather than in [SEASONS STATED]?

DEPRESSIVE DISORDER NOS

NOTE: IF DEPRESSIVE SYMPTOMS ARE TEMPORALLY ASSOCIATED WITH A PSYCHOSOCIAL STRESSOR, CONSIDER ADJUSTMENT DISORDER, PAGE I.1.

IF UNKNOWN: Just before (DEPRESSIVE SXS) began, were you physically ill?

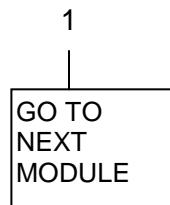
IF YES: What did the doctor say?

IF UNKNOWN: Just before (DEPRESSIVE SXS) began, were you taking any medications?

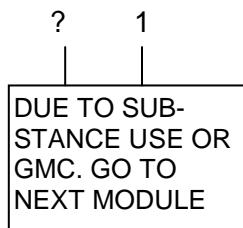
IF YES: Any change in the amount you were taking?

IF UNKNOWN: Just before (DEPRESSIVE SXS) began, were you drinking or using any street drugs?

Clinically significant depressive symptoms that do not meet criteria for Major Depressive Disorder, Dysthymic Disorder, or Adjustment Disorder, and are not better accounted for by Bereavement



Not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition



IF THERE IS ANY INDICATION THAT THE DEPRESSIVE SXS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC/ SUBSTANCE,* A. 53, AND RETURN HERE TO MAKE A RATING OF "1" OR "3".

Etiological general medical conditions include: degenerative neurological illnesses (e.g., Parkinson's disease), cerebrovascular disease (e.g., stroke), metabolic conditions (e.g., Vitamin B-12 deficiency), endocrine conditions (e.g., hyper- and hypothyroidism, hyper- and hypoadrenocorticism); viral or other infections (e.g., hepatitis, mononucleosis, HIV), and certain cancers (e.g., carcinoma of the pancreas).

Etiological substances include: alcohol, amphetamines, cocaine, hallucinogens, inhalants, opioids, phencyclidine, sedatives, hypnotics, anxiolytics. Medications include antihypertensives, oral contraceptives, corticosteroids, anabolic steroids, anticancer agents, analgesics, anticholinergics, cardiac medications.

CONTINUE ON NEXT PAGE

CONTINUED FROM PREVIOUS

D32

DEPRESSIVE DISORDER NOS

Indicate type:

- 1 - **Postpsychotic Depressive Disorder of Schizophrenia:** A Major Depressive Episode that occurs during the residual phase of Schizophrenia
- 2 - **Major Depressive Episode superimposed on Delusional Disorder, Psychotic Disorder NOS, or the active phase of Schizophrenia**
- 3 - **Premenstrual dysphoric disorder:** in most menstrual cycles during the past year, symptoms (e.g., markedly depressed mood, marked anxiety, marked affective lability, decreased interest in activities) regularly occurred during the last week of the luteal phase (and remitted within a few days of the onset of menses). These symptoms must be severe enough to markedly interfere with work, school, or usual activities and be entirely absent for at least one week post-menses. Note: The presence of the cyclical pattern of symptoms must be confirmed by at least two consecutive months of prospective daily symptom ratings.
- 4 - **Minor Depressive Disorder:** episodes of at least two weeks of depressive symptoms but with fewer than the five items required for Major Depressive Disorder. Note: Minor Depressive Disorder is diagnosed in Module J, Page J.4.
- 5 - **Recurrent Brief Depressive Disorder:** depressive episodes lasting from two days up to two weeks, occurring at least once a month for twelve months (not associated with the menstrual cycle).
- 6 - **Other:** _____

CHECK HERE <input type="checkbox"/> IF PRESENT IN LAST MONTH; IF PRESENT IN PAST MONTH OR LIFETIME, GO TO NEXT MODULE

D33

MOOD CHRONOLOGY

**NOTE: TO MAKE A DIAGNOSIS OF PREMENSTRUAL DYSPHORIC DISORDER, CODE "3"
UNDER DEPRESSIVE DISORDER NOS, PAGE D.9.**

IF UNCLEAR: During the past month, have you had (DEPRESSIVE OR MANIC SXS CODED "3")?

Has met symptomatic criteria for Manic, ?
Hypomanic, Mixed, or Major Depressive Episode in the past month.

1

3

D34

When did you last have (EITHER DEPRESSED MOOD, OR EUPHORIC OR IRRITABLE MOOD) (i.e., most recent episode)?

Number of months prior to interview when last had persistently depressed, or euphoric or irritable mood.

D35

SUBCLASSIFICATION OF CURRENT PARTIAL OR FULL REMISSION:

→ **IF BIPOLAR I OR BIPOLAR II DISORDER:**

- 6 **In Partial Remission:** Symptoms of a Hypomanic, Manic, Mixed, or Major Depressive Episode are present but full criteria are not met, or there is a period without any significant symptoms of a Hypomanic, Manic, Mixed, or Major Depressive Episode lasting less than 2 months following the end of the episode.
- 7 **In Full Remission:** During the past two months no significant signs or symptoms of the disturbance.

IF UNKNOWN: How old were you when you first started having (SXS OF MAJOR DEPRESSIVE EPISODE) or (SXS OF MANIC EPISODE)?

Age at onset of first Manic, Mixed, Hypomanic, or Major Depressive Episode (CODE 99 IF UNKNOWN)

GO TO
COURSE SPECIFIERS,
D. 13

D37

→ **IF MAJOR DEPRESSIVE DISORDER:**

- 6 **In Partial Remission:** Symptoms of a Major Depressive Episode are present but full criteria are not met, or there is a period without any significant symptoms of a Major Depressive Episode lasting less than two months following the end of the Major Depressive Episode. (If the Major Depressive Episode was superimposed on Dysthymic Disorder, the diagnosis of Dysthymic Disorder is given once the full criteria for a Major Depressive Episode are no longer met).
- 7 **In Full Remission:** During the past two months no significant signs or symptoms of the disturbance were present.

IF UNKNOWN: How old were you when you first started having (SXS OF MAJOR DEPRESSIVE EPISODE)?

Age at onset of first Major Depressive Episode (CODE 99 IF UNKNOWN)

GO TO ***COURSE SPECIFIERS,***
D. 13

D38

SUBCLASSIFICATION OF CURRENT EPISODE (WORST WEEK PAST MONTH):

(Additional questions regarding impairment may be necessary.)

→ **IF MOST RECENT EPISODE IS MANIC:**

D39

- 1 **Mild:** Minimum symptom criteria are met for a Manic Episode.
- 2 **Moderate:** Extreme increase in activity or impairment in judgment.
- 3 **Severe Without Psychotic Features:** Almost continual supervision is required in order to prevent physical harm to self or others.
- 4 **Mood-congruent psychotic features:** Delusions or hallucinations whose content is entirely consistent with the typical manic themes of inflated worth, power, knowledge, identity, or special relationship to a deity or famous person.
- 5 **Mood-incongruent psychotic features:** Delusions or hallucinations whose content does not involve typical manic themes of inflated worth, power, knowledge, identity, or special relationship to a deity or famous person. Included are such symptoms as persecutory delusions (not directly related to grandiose ideas or themes), thought insertion, and delusions of being controlled.

IF UNKNOWN: How old were you when you first started having (SXS OF MAJOR DEPRESSIVE EPISODE) or (SXS OF MANIC EPISODE)? Age at onset of first Manic, Mixed, Hypomanic, or Major Depressive Episode (CODE 99 IF UNKNOWN)

D40

GO TO
*COURSE
SPECIFIERS,*
D. 13

→ **IF MOST RECENT EPISODE IS MIXED:**

D41

- 1 **Mild:** No more than minimum symptom criteria are met for both a Manic Episode and a Major Depressive Episode.
- 2 **Moderate:** Symptoms or functional impairment between "mild" and "severe"
- 3 **Severe Without Psychotic Features:** Almost continual supervision is required in order to prevent physical harm to self or others.
- 4 **Mood-congruent psychotic features:** Delusions or hallucinations whose content is entirely consistent with the typical manic or depressive themes.
- 5 **Mood-incongruent psychotic features:** Delusions or hallucinations whose content does not involve typical manic or depressive themes. Included are such symptoms as persecutory delusions (not directly related to grandiose or depressive themes), thought insertion, and delusions of being controlled.

IF UNKNOWN: How old were you when you first started having (SXS OF MAJOR DEPRESSIVE EPISODE) or (SXS OF MANIC EPISODE)? Age at onset of first Manic, Mixed, Hypomanic, or Major Depressive Episode (CODE 99 IF UNKNOWN)

D42

GO TO
*COURSE
SPECIFIERS,*
D. 13

(continued from previous page)

→ **IF MOST RECENT EPISODE IS DEPRESSED:**

D43

- 1 **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis **AND** symptoms result in only minor impairment in occupational functioning or in usual social activities or relationships with others.
- 2 **Moderate:** Symptoms or functional impairment intermediate between "mild" and "severe."
- 3 **Severe Without Psychotic Features:** Several symptoms in excess of those required to make the diagnosis **AND** symptoms markedly interfere with occupational functioning or with usual social activities or relationships with others.
- 4 **Mood-congruent psychotic features:** Delusions or hallucinations whose content is entirely consistent with the typical depressive themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment
- 5 **Mood-incongruent psychotic features:** Delusions or hallucinations whose content does not involve typical depressive themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment.
Included are such symptoms as persecutory delusions (not directly related to depressive themes), thought insertion, and delusions of control.

IF UNKNOWN: How old were you Age at onset of first Major Depressive
when you first started having Episode (CODE 99) _____
(SXS OF MAJOR DEPRESSIVE IF UNKNOWN)
EPISODE)?

D44

LONGITUDINAL COURSE SPECIFIERS

IF THERE HAS BEEN ONLY ONE MOOD EPISODE (I.E., MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE OR BIPOLAR I DISORDER, SINGLE MANIC OR MIXED EPISODE),
CHECK HERE ____ AND GO TO NEXT MODULE.

D45

NOTE: IF DEPRESSIVE DISORDER NOS HAS BEEN SKIPPED PREVIOUSLY (BECAUSE OF A DIAGNOSIS OF BIPOLAR I, BIPOLAR II, OR MAJOR DEPRESSIVE DISORDER), AND AN EVALUATION OF PREMENSTRUAL DYSPHORIC DISORDER, MINOR DEPRESSIVE DISORDER, OR BRIEF RECURRENT DEPRESSIVE DISORDER IS NEEDED, RETURN TO D. 8,

D46

For Recurrent Major Depressive Disorder or Bipolar I or II Disorder, circle either:

- 1 **With Full Interepisode Recovery:** if full remission is attained between the two most recent Mood Episodes
- 2 **Without Full Interepisode Recovery:** if full remission is not attained between the two most recent Mood Episodes

E. SUBSTANCE USE DISORDERS

I am going to continue now with questions that ask about your use of alcohol and drugs in the past 12 months. Since you are in this facility, please refer to the 12-month period immediately before you were locked up; that is, the last time you were in the "free world".

Also, alcohol is a drug. Your answers to questions about drug use need to include alcohol use, such as drinking beer. Please remember that your answers to these questions are confidential and will not be shared with anyone in this facility.

During the last 12-months (before being locked up):

1. Did you use larger amounts of drugs or use them for a longer time than you had planned or intended?	YES	NO
2. Did you try to cut down on your drug use but were unable to do it?	YES	NO
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?	YES	NO
4a. Did you get so sick or high from drugs that it kept you from doing work, going to school, or caring for your children?	YES	NO
4b. Did you get so sick or high from drugs that it caused an accident or put you or others in danger?	YES	NO
5. Did you spend less time at work, school, or with friends so that you could use drugs?	YES	NO
During the last 12-months (before being locked up):		
6a. Did your drug use cause emotional or psychological problems?	YES	NO
6b. Did your drug use cause problems with family, friends, work, or the police?	YES	NO
6c. Did your drug use cause physical health or medical problems?	YES	NO
7. Did you increase the amount of a drug you were taking so that you could get the same effects as before?	YES	NO
8. Did you ever keep taking a drug to avoid withdrawal or keep from getting sick?	YES	NO
9. Did you ever get sick or have withdrawal when you quit or missed taking a drug?	YES	NO

TO SCORE: Give 1 point to each “YES” response to 1-9 (questions 4 and 6 are worth one point each if a respondent answers “YES” to any portion). The total score will range from 0-9; score values of 3 or greater indicate relatively severe drug-related problems, and correspond approximately to DSM drug dependence diagnosis.

TOTAL SCORE: _____

1=absent or false

2=subthreshold

3=threshold or true

F. ANXIETY DISORDERS**PANIC DISORDER****PANIC DISORDER CRITERIA**

- IF SCREENING QUESTION #4 ANSWERED "NO," SKIP TO *AWOPD,* F. 7.
- IF QUESTION #4 ANSWERED "YES":
You've said that you have had a panic attack, when you suddenly felt frightened, or anxious or suddenly developed a lot of physical symptoms . . .
- IF SCREENER NOT USED: Have you ever had a panic attack, when you suddenly felt frightened, or anxious or suddenly developed a lot of physical symptoms ?

SCREEN Q# 4	
YES	NO

F1a

GO TO
AWOPD
F. 7

IF YES: Have these attacks ever come on completely out of the blue--in situations where you didn't expect to be nervous or uncomfortable?

A. (1) recurrent unexpected panic attacks.

? 1 2 3

F1

GO TO
AWOPD
F. 7

IF UNCLEAR: How many of these kinds of attacks have you had? (At least two?)

After any of these attacks . . .

(2) at least one of the attacks has been followed by a month (or more) of one of the following:

? 1 2 3

F2

GO TO
AWOPD
F. 7

Did you worry that there might be something terribly wrong with you, like you were having a heart attack or were going crazy? (How long did you worry?) (At least a month?)

(b) worry about the implications of the attack or its consequences (e.g., losing control, having a heart attack, "going crazy");

IF NO: Did you worry a lot about having another one? (How long did you worry?) (At least a month?)

(a) persistent concern about having additional attacks;

IF NO: Did you do anything differently because of the attacks (like avoiding certain places or not going out alone?) (What about avoiding certain activities like exercise?) (What about things like always making sure you're near a bathroom or exit?)

(c) a significant change in behavior related to the attacks;

NOW CHECK TO SEE IF CRITERIA
ARE MET FOR A PANIC ATTACK.

When was the last bad one?
What was the first thing you
noticed? Then what?

IF UNKNOWN: Did the symptoms
come on all of a sudden?

IF YES: How long did it take from
when it began to when it got
really bad? (Less than ten
minutes?)

During that attack . . .

.. did your heart race, pound or skip?	(1) palpitations, pounding heart, or accelerated heart rate	?	1	2	3	F4
.. did you sweat?	(2) sweating	?	1	2	3	F5
.. did you tremble or shake?	(3) trembling or shaking	?	1	2	3	F6
.. were you short of breath? (Have trouble catching your breath?)	(4) sensations of shortness of breath or smothering	?	1	2	3	F7
.. did you feel as if you were choking?	(5) feeling of choking	?	1	2	3	F8
.. did you have chest pain or pressure?	(6) chest pain or discomfort	?	1	2	3	F9
.. did you have nausea or upset stomach or the feeling that you were going to have diarrhea?	(7) nausea or abdominal distress	?	1	2	3	F10
.. did you feel dizzy, unsteady, or like you might faint?	(8) feeling dizzy, unsteady, light-headed or faint	?	1	2	3	F11
.. did things around you seem unreal or did you feel detached from things around you or detached from part of your body?	(9) derealization (feelings of unreality) or depersonalization (being detached from oneself)	?	1	2	3	F12
.. were you afraid you were going crazy or might lose control?	(10) fear of losing control or going crazy	?	1	2	3	F13
.. were you afraid that you might die?	(11) fear of dying	?	1	2	3	F14

The panic attack symptoms developed abruptly and reached a peak within ten minutes

?

1	2	3
---	---	---

GO TO
AWOPD F. 7

CJ-CODSI SCID	Panic	Anxiety Disorders	F. 3
. . . did you have tingling or numbness in parts of your body?	(12) paresthesias (numbness or tingling sensations)	? 1 2 3	F15
. . . did you have flushes (hot flashes) or chills?	(13) chills or hot flushes	? 1 2 3	F16
	AT LEAST FOUR ITEMS CODED "3"	? 1 2 3	F17
		GO TO *AWOPD* F. 7	
Just before you began having panic attacks, were you taking any drugs, caffeine, diet pills, or other medicines? (How much coffee, tea, or caffeinated soda do you drink a day?)	C. Not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition	? 1 2 3	F18
Just before the attacks, were you physically ill?	IF THERE IS ANY INDICATION THAT PANIC ATTACKS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC / SUBSTANCE,* F. 29, AND RETURN HERE TO MAKE A RATING OF "1" OR "3"	DUE TO SUBSTANCE USE OR GMC GO TO *AWOPD* F. 7	
IF YES: What did the doctor say?		PRIMARY ANXIETY DISORDER	
	<u>Etiological general medical conditions include:</u> hyperthyroidism, hyperparathyroidism, pheochromocytoma, vestibular dysfunctions, seizure disorders, and cardiac conditions (e.g., arrhythmias, supraventricular tachycardia).		
	<u>Etiological substances include:</u> intoxication with central nervous system stimulants (e.g., cocaine, amphetamines, caffeine) or cannabis or withdrawal from central nervous system depressants (e.g., alcohol, barbiturates) or from cocaine.	CONTINUE	
	D. The panic attacks are not better accounted for by another mental disorder, such as Social Phobia (e.g., occurring on exposure to feared social situations), Specific Phobia, Obsessive-Compulsive Disorder (e.g., on exposure to dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder, or Separation Anxiety Disorder.	? 1 2 3	F19
		GO TO *AWOPD* F. 7 PANIC DISORDER	

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

PANIC DISORDER WITH AGORAPHOBIA

IF NOT OBVIOUS FROM OVERVIEW:
Are there situations that make you nervous because you are afraid that you might have a panic attack?

Tell me about that.

IF CANNOT GIVE SPECIFICS:
What about . . .

- . . . being uncomfortable if you're more than a certain distance from home?
- . . . being in a crowded place like a busy store, movie theatre, or restaurant?
- . . . standing in a line?
- . . . being on a bridge?
- . . . using public transportation--like a bus, train, or subway--or driving a car?

Do you avoid these situations?

IF NO: When you are in one of these situations, do you feel very uncomfortable or like you might have a panic attack?

(Can you go into one of these situations only if you are with someone you know?)

B. The presence of Agoraphobia:

? 1 2 3

PANIC
DISORDER
WITHOUT
AGORA-PHOBIA
GO TO
***CHRON-
OLOGY*** F. 6

F20

(2) Agoraphobic situations are avoided (e.g., travel is restricted), or else endured with marked distress or with anxiety about having a panic attack or panic-like symptoms, or require the presence of a companion.

? 1 2 3

PANIC
DISORDER
WITHOUT
AGORA-PHOBIA
GO TO
***CHRON-
OLOGY*** F. 6

F21

(3) The anxiety or phobic avoidance is not better accounted for by another mental disorder, such as Social Phobia (e.g., avoidance limited to social situations because of fear of embarrassment), Specific Phobia (e.g., avoidance limited to a single situation like elevators), Obsessive-Compulsive Disorder (e.g., avoidance of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), or Separation Anxiety Disorder (e.g., avoidance of leaving home or relatives).

NOTE: CONSIDER SPECIFIC PHOBIA IF FEAR IS LIMITED TO ONE OR ONLY A FEW SPECIFIC SITUATIONS OR SOCIAL PHOBIA IF FEAR IS LIMITED TO SOCIAL SITUATIONS

B1), B(2), B(3) ALL CODED "3"

? 1 2 3

PANIC
DISORDER
WITHOUT
AGORA-PHOBIA
GO TO *CHRON-
OLOGY* F. 6

F22

? 1 2 3

PANIC
DISORDER
WITHOUT
AGORA- PHOBIA

PANIC
DISORDER
WITH
AGORA-
PHOBIA

F23

PANIC DISORDER CHRONOLOGY

IF UNCLEAR: During the past month how many panic attacks have you had?

Has met symptomatic criteria for Panic Disorder during the past month, i.e., recurrent unexpected panic attacks or agoraphobic avoidance

1 2 3

F24

INDICATE CURRENT SEVERITY:

- 1 - **Mild**: Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairment in social or occupational functioning.
- 2 - **Moderate**: Symptoms or functional impairment between "mild" and "severe" are present.
- 3 - **Severe**: Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

F25

CONTINUE WITH ***AGE AT ONSET***, BELOW.

F26

IF CURRENT CRITERIA NOT FULLY MET (OR NOT AT ALL):

- 4 - **In Partial Remission**: The full criteria for the disorder were previously met but currently only some of the symptoms or signs of the disorder remain.
- 5 - **In Full Remission**: There are no longer any symptoms or signs of the disorder, but it is still clinically relevant to note the disorder--for example, in an individual with previous episodes of Panic Disorder who has been symptom free on antidepressants for the past three years.
- 6 - **Prior History**: There is a history of the criteria having been met for the disorder but the individual is considered to have recovered from it.

When did you last have (ANY SX OF PANIC DISORDER)?

Number of months prior to interview when last had a symptom of Panic Disorder

F27

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having panic attacks?

Age at onset of Panic Disorder
(CODE 99 IF UNKNOWN)

F28

GO TO *OCD
* F. 11

AGORAPHOBIA WITHOUT HISTORY OF PANIC DISORDER (AWOPD)**AGORAPHOBIA WITHOUT HISTORY OF PANIC DISORDER (AWOPD) CRITERIA**

IF: EVER MET CRITERIA FOR PANIC DISORDER, CHECK HERE ____ AND SKIP TO * OCD,* F. 11.

SCREEN Q# 5	F28
YES	a

→ IF SCREENING QUESTION #5 ANSWERED "NO," SKIP TO * OCD,* F. 11.

IF NO: GO TO * OCD	F28b
*	
F. 11	

→ IF QUESTION #5 ANSWERED "YES": You've said that you have been afraid of going out of the house alone, being in crowds, standing in a line, or traveling on buses or trains . . .

→ IF SCREENER NOT USED: Were you ever afraid of going out of the house alone, being alone, being in a crowd, standing in a line, or traveling on buses or trains?

What were you afraid could happen?

A. The presence of Agoraphobia:

(1) anxiety about being in places or situations from which escape might be difficult (or embarrassing) or in which help may not be available in the event of having panic-like symptoms (e.g., dizziness or diarrhea). Agoraphobic fears typically involve characteristic clusters of situations that include being outside the home alone; being in a crowd or standing in a line; being on a bridge; and traveling in a bus, train, or car.

? 1 2 3

GO TO
* OCD * F. 11

F29

INDICATE FEARED SYMPTOM:

having a limited symptom attack (a panic-like attack with less than four symptoms)

F30

becoming dizzy or falling

F31

depersonalization or derealization

F32

loss of bladder or bowel control

F33

vomiting

F34

fear of cardiac distress

F35

other (Specify:_____)

F36

CJ-CODSI SCID	AWOPD	Anxiety Disorders	F. 8
Do you avoid these situations?	(2) Agoraphobic situations are avoided (e.g., travel is restricted), or else endured with marked distress or with anxiety about having panic-like symptoms, or require the presence of a companion.	? 1 2 3	F37
IF NO: When you are in one of these situations, do you feel very uncomfortable or like you might have a panic attack?		<div style="border: 1px solid black; padding: 5px; text-align: center;">GO TO * OCD * F.11</div>	
(Can you go into one of these situations only if you are with someone you know?)	(3) The anxiety or phobic avoidance is not better accounted for by another mental disorder, such as Social Phobia (e.g., avoidance limited to social situations because of fear of embarrassment), Specific Phobia (e.g., avoidance limited to single situations like elevators), Obsessive-Compulsive Disorder (e.g., avoidance of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), Separation Anxiety Disorder (e.g., avoidance of leaving home or relatives).	? 1 2 3	F38
	NOTE: CONSIDER SPECIFIC PHOBIA IF FEAR IS LIMITED TO ONE OR ONLY A FEW SPECIFIC SITUATIONS, OR SOCIAL PHOBIA IF FEAR IS LIMITED TO SOCIAL SITUATIONS		
A(1), A(2), A(3) ALL CODED "3"	? 1 2 3		F39
	<div style="border: 1px solid black; padding: 5px; text-align: center;">GO TO * OCD * F.11</div>		

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

Just before you began having these fears, were you taking any drugs, caffeine, diet pills, or other medicines?

(How much coffee, tea, or caffeinated soda do you drink a day?)

Just before the fears began, were you physically ill?

IF YES: What did the doctor say?

C. Not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition

? 1 2 3

F40

DUE TO
SUBSTANCE
USE OR GMC
GO TO * OCD
* F.11

PRIMARY
ANXIETY
DISORDER

IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC / SUBSTANCE,* F. 29, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

Etiological general medical conditions include hyper- and hypothyroidism, hypoglycemia, hyperparathyroidism, pheochromocytoma, congestive heart failure, arrhythmias, pulmonary embolism, chronic obstructive pulmonary disease, pneumonia, hyperventilation, B-12 deficiency, porphyria, CNS neoplasms, vestibular dysfunction, encephalitis.

Etiological substances include intoxication with central nervous stimulants (e.g., cocaine, amphetamines, caffeine) or cannabis, hallucinogens, PCP, or alcohol, or withdrawal from central nervous system depressants (e.g., alcohol, sedatives, hypnotics) or from cocaine.

CONTINUE

D. If an associated general medical condition is present, the fear described in criterion A is clearly in excess of that usually associated with the condition.

? 1 2 3

F41

GO TO *
OCD *
F. 11

AWOPD

AGORAPHOBIA WITHOUT PANIC CHRONOLOGY

IF UNCLEAR: During the past month, have you avoided (PHOBIC SITUATIONS)?

Has met criteria for Agoraphobia without History of Panic Disorder during past month

? 1 2 3

F42

INDICATE CURRENT SEVERITY:

- 1 - **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.
- 2 - **Moderate:** Symptoms or functional impairment between "mild" and "severe" are present.
- 3 - **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

CONTINUE WITH *AGE AT ONSET* BELOW.

F43

IF CURRENT CRITERIA NOT FULLY MET (OR NOT AT ALL):

- 4 - **In Partial Remission:** The full criteria for the disorder were previously met, but currently only some of the symptoms or signs of the disorder remain.
- 5 - **In Full Remission:** There are no longer any symptoms or signs of the disorder, but it is still clinically relevant to note the disorder--for example, in an individual with previous episodes of AWOPD who has been symptom free on an antianxiety agent for the past three years.
- 6 - **Prior History:** There is a history of the criteria having been met for the disorder, but the individual is considered to have recovered from it.

F44

When did you last have (ANY SX OF AGORAPHOBIA)?

Number of months prior to interview when last had a symptom of Agoraphobia Without Panic Disorder

F45

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having (SXS OF AGORAPHOBIA)?

Age at onset of Agoraphobia Without Panic Disorder (CODE 99 IF UNKNOWN)

F46

OBSESSIVE COMPULSIVE DISORDER**OBSESSIVE COMPULSIVE DISORDER CRITERIA**

SCREEN Q# 8
YES
NO

F84
a

→ IF SCREENING QUESTION #8 ANSWERED "NO", SKIP TO ***COMPULSIONS**,* F. 12 (NOTE: BECAUSE SOME SUBJECTS WITH OCD MAY BE RELUCTANT TO CONFIDE THEIR OBSESSIONS DURING THE SCREENING, CONSIDER RE-ASKING SCREENING QUESTION BELOW AT THIS POINT IN THE SCID).

IF NO: GO TO
***COMPULSIONS**
* F. 12

→ IF QUESTION #8 ANSWERED "YES":
You've said that you have had thoughts that didn't make any sense and kept coming back to you even when you tried not to have them . . .

→ IF SCREENER NOT USED: Now I would like to ask you if you have ever been bothered by thoughts that didn't make any sense and kept coming back to you even when you tried not to have them?

(What were they?)

IF SUBJECT NOT SURE WHAT IS MEANT: . . . Thoughts like hurting someone, even though you really didn't want to or being contaminated by germs or dirt?

When you had these thoughts, did you try hard to get them out of your head?
(What would you try to do?)

IF UNCLEAR: Where did you think these thoughts were coming from?

A. Either obsessions or compulsions:

Obsessions as defined by (1), (2), (3) and (4)

(1) recurrent and persistent thoughts, ?
impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate, and that cause marked anxiety or distress

1 2 3

F85

(2) the thoughts, impulses, or images are not simply excessive worries about real-life problems.

? 1 2 3

F86

(3) the person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action.

? 1 2 3

F87

(4) the person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion)

? 1 2 3

F88

OBSESSIONS

**NO OBSESSIONS
CONTINUE ON NEXT PAGE**

DESCRIBE CONTENT OF OBSESSION(S):

COMPULSIONS

→ IF SCREENING QUESTION #9 ANSWERED "NO," SKIP TO *CHECK FOR

SCREEN Q# 9	
YES	NO

F88
a

OBSESSIONS/COMPULSIONS,* F. 13. (NOTE: BECAUSE SOME SUBJECTS WITH OCD MAY BE RELUCTANT TO CONFIDE THEIR COMPULSIONS DURING THE SCREENING, CONSIDER RE-ASKING SCREENING QUESTION BELOW AT THIS POINT IN THE SCID).

IF NO: GO TO
CHECK FOR OBSESSIONS / COMPULSIONS F. 13

IF QUESTION #9 ANSWERED "YES": You've said that there were things that you had to do over and over again and couldn't resist doing, like washing your hands again and again, counting up to a certain number or checking something several times to make sure that you had done it right . . .

IF SCREENER NOT USED: Was there ever anything that you had to do over and over again and couldn't resist doing, like washing your hands again and again, counting up to a certain number, or checking something several times to make sure that you'd done it right?

Compulsions as defined by (1) and (2)

(1) repetitive behaviors (e.g., hand-washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly

? 1 2 3

F89

(What did you have to do?)

IF UNCLEAR: Why did you have to do (COMPULSIVE ACT?) What would happen if you didn't do it?

(2) the behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive

? 1 2 3

F90

IF UNCLEAR: How many times would you do (COMPULSIVE ACT)? How much time a day would you spend doing it?

GO TO *CHECK FOR OBSESSIONS / COMPULSIONS,*

F. 13 (TOP OF NEXT PAGE)

DESCRIBE CONTENT OF COMPULSION(S):

CHECK FOR OBSESSIONS / COMPULSIONS

IF: EITHER OBSESSIONS, COMPULSIONS, OR BOTH, CONTINUE BELOW.

IF: NEITHER OBSESSIONS NOR COMPULSIONS, CHECK HERE ____ AND GO TO
***POSTTRAUMATIC STRESS DISORDER,* F. 16.**

Have you (thought about [OBSESSIVE THOUGHTS]/done [COMPULSIVE ACTS]) more than you should have (or than made sense)?

IF NO: How about when you first started having this problem?

B. At some point during the course of ?
 the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable.
 Note: this does not apply to children.

1

2

3

**GO TO
PTSD* F. 16*

F91

F92

What effect did this (OBSESSION OR COMPULSION) have on your life? (Did [OBSESSION OR COMPULSION] bother you a lot?)

(How much time do you spend [OBSESSION OR COMPULSION]?)

C. The obsessions or compulsions cause marked distress, are time-consuming (take more than an hour a day), or significantly interfere with the person's normal routine, occupational functioning, or usual social activities or relationships.

?

1

2

3

F93

F94

IF NOT ALREADY CLEAR: RETURN TO THIS ITEM AFTER COMPLETING INTERVIEW

D. If another Axis I disorder is present, the content of the obsessions or compulsions is not restricted to it (e.g., preoccupation with food in the presence of an Eating Disorder; hair pulling in the presence of Trichotillomania; concern with appearance in the presence of Body Dysmorphic Disorder; preoccupation with drugs in the presence of a Substance Use Disorder; preoccupation with having a serious illness in the presence of Hypochondriasis; preoccupation with sexual urges or fantasies in the presence of a Paraphilia, or guilty ruminations in the presence of Major Depressive Disorder).

?

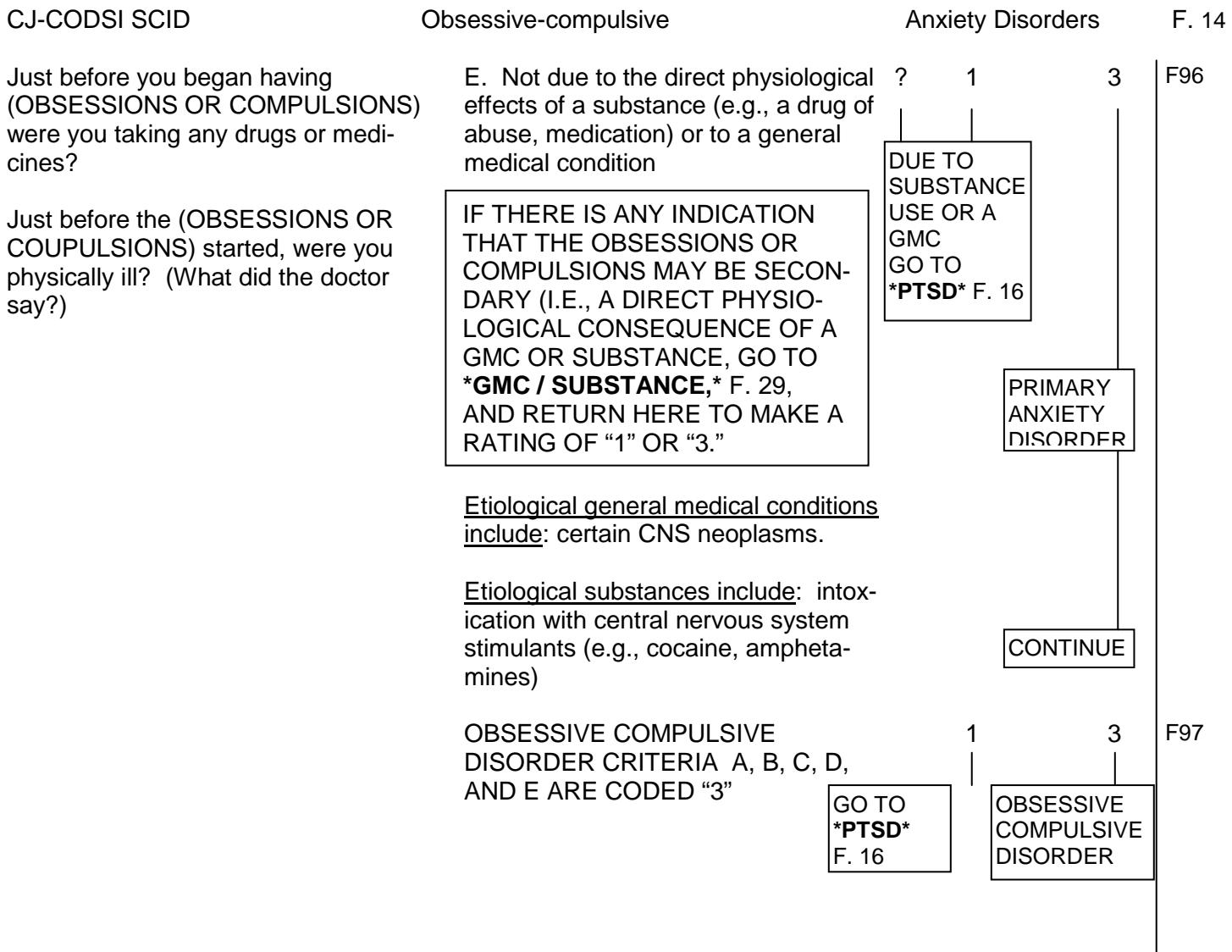
1

2

3

F95

**GO TO
PTSD* F. 16*



?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

OBSESSIVE COMPULSIVE DISORDER CHRONOLOGY

IF UNCLEAR: During the past month, did the (OBSESSIONS OR COMPULSIONS) have any effect on your life or bother you a lot?

? 1 3

F98

INDICATE CURRENT SEVERITY:

- 1 - **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.
- 2 - **Moderate:** Symptoms or functional impairment between "mild" and "severe" are present.
- 3 - **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

CONTINUE WITH ***AGE AT ONSET***, BELOW.

IF CURRENT CRITERIA NOT FULLY MET (OR NOT AT ALL):

- 4 – **In Partial Remission:** The full criteria for the disorder were previously met but currently only some of the symptoms or signs of the disorder remain.
- 5 – **In Full Remission:** There are no longer any symptoms or signs of the disorder but it is still clinically relevant to note the disorder—for example, in an individual with previous episodes of OCD who has been symptom free on an SSRI for the past three years.
- 6 – **Prior History:** There is a history of the criteria having been met for the disorder but the individual is considered to have recovered from it.

When did you last have (ANY OBSESSIONS OR COMPULSIONS)?

Number of months prior to interview when last had a symptom of Obsessive Compulsive Disorder

F100

F101

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having (OBSESSIONS OR COMPULSIONS)?

Age at onset of Obsessive Compulsive Disorder (CODE 99 IF UNKNOWN)

F102

GO TO
*PTSD, F. 16

POSTTRAUMATIC STRESS DISORDER

Sometimes things happen to people that are extremely upsetting--things like being in a life threatening situation like a major disaster, very serious accident or fire; being physically assaulted or raped; seeing another person killed or dead, or badly hurt, or hearing about something horrible that has happened to someone you are close to. At any time during your life, have any of these kinds of things happened to you?

IF NO SUCH EVENTS, CHECK HERE AND GO TO ***GENERALIZED ANXIETY DISORDER,*** F. 22.

F103

Traumatic Events List

Brief Description	Date (Month/Yr)	Age
F103a	/	F103c
F103d	/	F103f
F103g	/	F103i
F103j	/	F103l
F103m	/	F103o
F103p	/	F103r
F103s	/	F103u

IF ANY EVENTS LISTED: Sometimes these things keep coming back in nightmares, flashbacks, or thoughts that you can't get rid of. Has that ever happened to you?

IF NO: What about being very upset when you were in a situation that reminded you of one of these terrible things?

IF NO TO BOTH OF ABOVE, CHECK HERE AND SKIP TO ***GENERALIZED ANXIETY DISORDER,*** F. 22.

F104

**POSTTRAUMATIC STRESS DISORDER
CRITERIA**

**FOR FOLLOWING QUESTIONS,
FOCUS ON TRAUMATIC EVENT(S)
MENTIONED IN SCREENING
QUESTION ABOVE.**

**IF MORE THAN ONE TRAUMA IS
REPORTED:** Which of these do you
think affected you the most?

IF UNCLEAR: How did you react when
(TRAUMA) happened? (Were you very
afraid or did you feel helpless or horri-
fied?)

Now I'd like to ask a few questions
about specific ways that it may have
affected you.

For example . . .

. . . did you think about
(TRAUMA) when you didn't want
to or did thoughts about
(TRAUMA) come to you suddenly
when you didn't want them to?

. . . what about having dreams
about (TRAUMA)?

. . . what about finding yourself
acting or feeling as if you were
back in the situation?

. . . what about getting very upset
when something reminded you of
(TRAUMA)?

A. The person has been exposed to
a traumatic event in which both of the
following were present:

(1) the person experienced,
witnessed, or was confronted
with an event or events that
involved actual or threatened
death or serious injury, or a
threat to the physical integrity of
self or others

(2) the person's response
involved intense fear,
helplessness or horror.

? 1 2 3 F105

GO TO
***GAD**
 F. 22*

? 1 2 3 F106

GO TO
***GAD**
 F. 22*

B. The traumatic event is persistently
reexperienced in one (or more) of
the following ways:

(1) recurrent and intrusive
distressing recollections of the
event, including images,
thoughts or perceptions

(2) recurrent distressing dreams
of the event

(3) acting or feeling as if the
traumatic event were recurring
(includes a sense of reliving the
experience, illusions, hallucinations
and dissociative flashback episodes,
including those that occur on awakening or when
intoxicated)

(4) intense psychological
distress at exposure to internal
or external cues that symbolize
or resemble an aspect of the
traumatic event

? 1 2 3 F107

? 1 2 3 F108

? 1 2 3 F109

? 1 2 3 F110

CJ-CODSI SCID	Post-traumatic Stress	Anxiety Disorders	F. 18
... what about having physical symptoms--like breaking out in a sweat, breathing heavily or irregularly, or your heart pounding or racing, when something reminded you of (TRAUMA)?	(5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event	? 1 2 3	F111
	AT LEAST ONE "B" SX IS CODED "3"	1 GO TO *GAD* F. 22 3	F112
	C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:		
Since (THE TRAUMA) . . .			
... have you made a special effort to avoid thinking or talking about what happened?	(1) efforts to avoid thoughts, feelings, or conversations associated with the trauma	? 1 2 3	F113
... have you stayed away from things or people that reminded you of (TRAUMA)?	(2) efforts to avoid activities, places, or people that arouse recollections of the trauma	? 1 2 3	F114
... have you been unable to remember some important part of what happened?	(3) inability to recall an important aspect of the trauma	? 1 2 3	F115
... have you been less interested in doing things that used to be important to you, like seeing friends, reading books or watching TV?	(4) markedly diminished interest or participation in significant activities	? 1 2 3	F116
... have you felt distant or cut off from others?	(5) feeling of detachment or estrangement from others	? 1 2 3	F117
... have you felt "numb" or like you no longer had strong feelings about anything or loving feelings for anyone?	(6) restricted range of affect, (e.g., unable to have loving feelings)	? 1 2 3	F118

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

CJ-CODSI SCID	Post-traumatic Stress	Anxiety Disorders	F. 19
. . . did you notice a change in the way you think about or plan for the future?	(7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)	? 1 2 3	F119
		1 AT LEAST 3 "C" SXS ARE CODED "3"	3 F120
Since (THE TRAUMA) . . .	D. Persistent symptoms of increased arousal (not present before the trauma) as indicated by two (or more) of the following:		
. . . have you had trouble sleeping? (What kind of trouble?)	(1) difficulty falling or staying asleep	? 1 2 3	F121
. . . have you been unusually irritable? What about outbursts of anger?	(2) irritability or outbursts of anger	? 1 2 3	F122
. . . have you had trouble concentrating?	(3) difficulty concentrating	? 1 2 3	F123
. . . have you been watchful or on guard even when there was no reason to be?	(4) hypervigilance	? 1 2 3	F124
. . . have you been jumpy or easily startled, like by sudden noises?	(5) exaggerated startle response	? 1 2 3	F125
	AT LEAST TWO "D" SXS ARE CODED "3"	1 GO TO *GAD* F. 22	3 F126

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

CJ-CODSI SCID

Post-traumatic Stress

Anxiety Disorders

F. 20

About how long did these problems--
(CITE POSITIVE PTSD SYMPTOMS)--
last?

E. Duration of the disturbance
(symptoms in criteria B, C, and D) is
more than one month

? 1 2 3

GO TO
GAD F. 22

F127

F. The disturbance causes clinically
significant distress or impairment in
social, occupational, or other impor-
tant areas of functioning

? 1 2 3

GO TO
GAD F. 22

F128

POSTTRAUMATIC STRESS
DISORDER CRITERIA A, B, C, D, E,
AND F ARE CODED "3"

1 3

GO TO
GAD F. 22

POST-
TRAUMATIC
STRESS
DISORDER

F129

CHRONOLOGY OF PTSD

IF UNCLEAR: During the past month, have you had (SYMPTOMS OF PTSD)?

Has met criteria for Posttraumatic Stress Disorder during past month

? 1 3

F130

INDICATE CURRENT SEVERITY:

- 1 - **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.
- 2 - **Moderate:** Symptoms or functional impairment between “mild” and “severe”
- 3 - **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

CONTINUE WITH ***AGE AT ONSET***, BELOW.

IF CURRENT CRITERIA NOT FULLY MET (OR NOT AT ALL):

- 4 - **In Partial Remission:** The full criteria for the disorder were previously met, but currently only some of the symptoms or signs of the disorder remain.
- 5 - **In Full Remission:** There are no longer any symptoms or signs of the disorder, but it is still clinically relevant to note the disorder.
- 6 - **Prior History:** There is a history of the criteria having been met for the disorder, but the individual is considered to have recovered from it.

When did you last have (SXS OF POST TRAUMATIC STRESS DISORDER)?

Number of months prior to interview when last had a symptom of Posttraumatic Stress Disorder

F132

F133

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having (SXS OF PTSD)?

Age at onset of Posttraumatic Stress Disorder (CODE 99 IF UNKNOWN)

F134

GO TO
GAD F. 22

***GENERALIZED ANXIETY DISORDER* GENERALIZED ANXIETY
(CURRENT ONLY) DISORDER CRITERIA**

SCREEN Q#10
YES
NO

F134
a

IF: IN RESIDUAL PHASE OF SCHIZOPHRENIA,
CHECK HERE ____ AND GO TO *ANXIETY DISORDER NOS,* F. 31

→ IF SCREENING QUESTION #10 ANSWERED "NO," SKIP TO
***ANXIETY DISORDER NOS,* F. 31**

→ IF QUESTION #10 ANSWERED "YES":

You've said that in the last six months
you've been particularly nervous or anxious . . .

→ IF SCREENER NOT USED: In the last six months,
have you been particularly nervous or anxious?

Do you also worry a lot about bad
things that might happen?

IF YES: What do you worry
about? (How much do you worry
about [EVENTS OR
ACTIVITIES]?)

During the last six months, would
you say that you have been
worrying more days than not?

When you're worrying this way, do you
find that it's hard to stop yourself?

When did this anxiety start?
COMPARE ANSWER WITH ONSET
OF MOOD OR PSYCHOTIC
DISORDER.

A. Excessive anxiety and worry (ap-
prehensive expectation), occurring
more days than not for at least six
months, about a number of events or
activities (such as work or school per-
formance)

B. The person finds it difficult to con-
trol the worry.

F(2). Does not occur exclusively dur-
ing the course of a Mood Disorder,
Psychotic Disorder, or a Pervasive
Developmental Disorder

? 1 2 3

GO TO
***ANXIETY
DISORDER
NOS* F. 31**

F135

? 1 2 3

GO TO
***ANXIETY
DISORDER
NOS* F. 31**

F136

? 1 2 3

GO TO
***ANXIETY
DISORDER
NOS* F. 31**

F137

Now I am going to ask you some questions about symptoms that often go along with being nervous.

Thinking about those periods in the past six months when you're feeling nervous or anxious . . .

. . . do you often feel physically restless--can't sit still?

. . . do you often feel keyed up or on edge?

. . . do you often tire easily?

. . . do you have trouble concentrating or does your mind go blank?

. . . are you often irritable?

. . . are your muscles often tense?

. . . do you often have trouble falling or staying asleep?

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past six months):

Note: only one item is required in children.

(1) restlessness or feeling keyed up or on edge

? 1 2 3 F138

(2) being easily fatigued

? 1 2 3 F139

(3) difficulty concentrating or mind going blank

? 1 2 3 F140

(4) irritability

? 1 2 3 F141

(5) muscle tension

? 1 2 3 F142

(6) sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)

? 1 2 3 F143

? 1 2 3 F144

AT LEAST THREE "C" SXS ARE CODED "3"

GO TO
*ANXIETY
DISORDER
NOS* F. 31

CODE BASED ON PREVIOUS INFORMATION

D. The focus of the anxiety and worry is not confined to the features of another Axis I Disorder, e.g., the anxiety or worry is not about having a panic attack (as in Panic Disorder), being embarrassed in public (as in Social Phobia), being contaminated (as in Obsessive Compulsive Disorder), being away from home or close relatives (as in Separation Anxiety Disorder), gaining weight (as in Anorexia Nervosa), having multiple physical complaints (as in Somatization Disorder), or having a serious illness (as in Hypochondriasis), and the anxiety or worry do not occur exclusively during Posttraumatic Stress Disorder.

IF UNCLEAR: What effect has the anxiety, worry, or (PHYSICAL SYMPTOMS) had on your life? (Has it made it hard for you to do your work or be with your friends?)

E. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

? 1 3 F145

GO TO
***ANXIETY
DISORDER
NOS*** F. 31

? 1 2 3 F146

GO TO
***ANXIETY
DISORDER
NOS*** F. 31

Just before you began having this anxiety, were you taking any drugs, caffeine, diet pills, or other medicines?

(How much coffee, tea, or caffeinated soda do you drink a day?)

Just before these problems began, were you physically ill?

IF YES: What did the doctor say?

F. Not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition

? 1 3 F147

DUE TO SUBSTANCE USE OR A GMC GO TO *ANXIETY DISORDER NOS* F. 31

PRIMARY ANXIETY DISORDER

IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC / SUBSTANCE* F. 29, AND

RETURN HERE TO MAKE A RATING OF "1" OR "3."

Etiological general medical conditions include: hyper- and hypo-thyroidism, hypoglycemia, hyper-parathyroidism, pheochromocytoma, congestive heart failure, arrhythmias, pulmonary embolism, chronic obstructive pulmonary disease, pneumonia, hyperventilation, B-12 deficiency, porphyria, CNS neoplasms, vestibular dysfunction, encephalitis.

Etiological substances include: intoxication with central nervous stimulants (e.g., cocaine, amphetamines, caffeine) or cannabis, hallucinogens, PCP, or alcohol or withdrawal from central nervous system depressants (e.g., alcohol, sedatives, hypnotics) or from cocaine.

GENERALIZED ANXIETY CRITERIA
A, B, C, D, E AND F ARE CODED "3"

CONTINUE

1 3

GO TO *ANXIETY DISORDER NOS* F. 31

GENERALIZED ANXIETY DISORDER

F148

CHRONOLOGY OF GENERALIZED ANXIETY DISORDER**INDICATE CURRENT SEVERITY:**

- 1 - **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.
- 2 - **Moderate:** Symptoms or functional impairment between "mild" and "severe" are present.
- 3 - **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having (SXS OF GAD)? Age at onset of Generalized Anxiety Disorder (CODE 99 IF UNKNOWN) _____

F149

GO TO
NEXT
MODULE

GMC/SUBSTANCE AS ETIOLOGY FOR ANXIETY SYMPTOMS**ANXIETY DISORDER DUE TO A GENERAL MEDICAL CONDITION****ANXIETY DISORDER DUE TO A GENERAL MEDICAL CONDITION CRITERIA**

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITION
CHECK HERE AND GO TO *SUBSTANCE-INDUCED ANXIETY DISORDER,* F. 29

CODE BASED ON INFORMATION
ALREADY OBTAINED

Did the (ANXIETY SYMPTOMS) start
or get much worse only after (GMC)
began?

IF GMC HAS RESOLVED: Did the
(ANXIETY SYMPTOMS) get better
once the (GMC) got better?

A. Prominent anxiety, panic attacks, ? 1
obsessions or compulsions predomi-
nate in the clinical picture.

B/C. There is evidence from this his-
tory, physical examination, or labora-
tory findings that the distur-bance is
the direct physiological consequence
of a general medical condition and
the disturbance is not better ac-
counted for by another mental dis-
order (e.g., adjustment disorder With
Anxiety), in which the stressor is a
serious general medical condition).

? 1 2 3
**GO TO
*SUBSTANCE
INDUCED* F. 29**

F149
a

F150

F151

THE FOLLOWING FACTORS SHOULD BE
CONSIDERED AND SUPPORT THE CONCLUSION
THAT THE GMC IS ETIOLOGIC TO THE ANXIETY
SYMPTOMS.

- 1) THERE IS EVIDENCE FROM THE LITERATURE
OF A WELL-ESTABLISHED ASSOCIATION
BETWEEN THE GMC AND ANXIETY SYMPTOMS.
- 2) THERE IS A CLOSE TEMPORAL RELATIONSHIP
BETWEEN THE COURSE OF THE ANXIETY
SYMPTOMS AND THE COURSE OF THE GENERAL
MEDICAL CONDITION.
- 3) THE ANXIETY SYMPTOMS ARE
CHARACTERIZED BY UNUSUAL PRESENTING
FEATURES (E.G., LATE AGE AT ONSET)
- 4) THE ABSENCE OF ALTERNATIVE
EXPLANATIONS (E.G., ANXIETY SYMPTOMS AS A
PSYCHOLOGICAL REACTION TO THE GMC).

IF UNCLEAR: How much did (ANXIETY SYMPTOMS) interfere with your life?

(Has it made it hard for you to do your work or be with your friends?)

E. The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

? 1 2 3

**GO TO
*SUBSTANCE
INDUCED* F. 29**

D. The disturbance does not occur exclusively during the course of Delirium.

1 3

**ANXIETY
DISORDER
DUE TO A
GMC**

**DELIRIUM
DUE TO A**

Indicate which type of symptom presentation predominates:
 1 - With Generalized Anxiety
 2 - With Panic attacks
 3 - With Obsessive-Compulsive symptoms

CONTINUE ON NEXT PAGE

F152

F152
a

F152
b

SUBSTANCE-INDUCED ANXIETY DISORDER

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE USE, CHECK HERE AND RETURN TO DISORDER BEING EVALUATED.

SUBSTANCE-INDUCED ANXIETY DISORDER CRITERIA

EPISODE BEING EVALUATED:	
Panic	F. 3
AWOPD	F. 9
OCD	F.14
GAD	F.25
Anxiety Nos	F.31

F152
c

CODE BASED ON INFORMATION ALREADY OBTAINED

A. Prominent anxiety, panic attacks, obsessions or compulsions predominate in the clinical picture.

? 1 2 3

F153

IF NOT KNOWN: When did the (ANXIETY SYMPTOMS) begin? Were you already using (SUBSTANCE) or had you just stopped or cut down your use?

B. There is evidence from the history, physical examination, or laboratory findings that either: (1) the symptoms in A developed during, or within a month of, substance intoxication or withdrawal, or (2) medication use is etiologically related to the disturbance

? 1 2 3

F154

 NOT
SUBSTANCE
INDUCED
RETURN TO
DISORDER
BEING
EVALUATED

ASK ANY OF THE FOLLOWING QUESTIONS AS NEEDED TO RULE OUT A NON-SUBSTANCE-INDUCED ETIOLOGY:

C. The disturbance is NOT better accounted for by an Anxiety Disorder that is not substance-induced.

? 1 2 3

F155

 NOT
SUBSTANCE
INDUCED
RETURN TO
DISORDER
BEING
EVALUATED

Guidelines for Primary Anxiety: Evidence that the symptoms are better accounted for by a primary (i.e., non-substance-induced) Anxiety Disorder may include any (or all) of the following:

(1) the anxiety symptoms precede the onset of the Substance Abuse or Dependence (or medication use)

(2) the anxiety symptoms persist for a substantial period of time (e.g., about a month) after the cessation of acute withdrawal or severe intoxication

IF UNKNOWN: Which came first, the (SUBSTANCE USE) or the (ANXIETY SYMPTOMS)?

IF UNKNOWN: Have you had a period of time when you stopped using (SUBSTANCE)?

IF YES: After you stopped using (SUBSTANCE) did the (ANXIETY SYMPTOMS) get better or did they continue?

IF UNKNOWN: How much (SUBSTANCE) were you using when you began to have (ANXIETY SYMPTOMS)?

(3) the anxiety symptoms are substantially in excess of what would be expected given the character, duration, or amount of the substance used

IF UNKNOWN: Have you had any other episodes of (ANXIETY SYMPTOMS)?

(4) there is evidence suggesting the existence of an independent, non-substance-induced Anxiety Disorder (e.g., a history of recurrent non-substance-related panic attacks)

IF UNKNOWN: How much did (ANXIETY SYMPTOMS) interfere with your life?

E. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

(Has it made it hard for you to do your work or be with your friends?)

? 1 2 3

F156

**RETURN TO
DISORDER
BEING
EVALUATED**

1 3

F156

D. The disturbance does not occur exclusively during the course of Delirium.

**SUBSTANCE-
INDUCED
DELIRIUM**

**SUBSTANCE-
INDUCED
ANXIETY
DISORDER**

Indicate which type of symptom presentation predominates:
 1 - With Generalized Anxiety
 2 - With Panic Attacks
 3 - With Obsessive-Compulsive symptoms
 4 - With Phobic Symptoms

Indicate context of development of anxiety symptoms:

1- With Onset During Intoxication
 2- With Onset During Withdrawal

**RETURN TO DISORDER
BEING EVALUATED**

F156
b

F156
c

ANXIETY DISORDER NOS**ANXIETY DISORDER NOT OTHERWISE SPECIFIED**

Clinically significant anxiety or phobic avoidance that does not meet criteria for any specific Anxiety Disorder, Adjustment Disorder With Anxiety, or Adjustment Disorder with Mixed Anxiety and Depressed Mood. (See Module I to rule out Adjustment Disorder)

Just before you began having this anxiety, were you taking any drugs, stimulants or Medicines?

(How much coffee, tea, or caffeinated soda do you drink a day?)

Just before these problems began, were you physically ill? (What did the doctor say?)

1
GO TO
NEXT
MODULE

3
F156
d

Not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition

? 1
DUE TO SUB-
STANCE USE
OR A GMC
GO TO NEXT
MODULE

3 F157

IF A GENERAL MEDICAL CONDITION OR SUBSTANCE MAY BE ETIOLOGICALLY ASSOCIATED WITH THE ANXIETY, GO TO *GMC / SUBSTANCE,* F. 29 AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

PRIMARY
ANXIETY
DISORDER

Etiological general medical conditions include: hyper- and hypo-thyroidism, hypoglycemia, hyper-parathyroidism, pheochromocytoma, congestive heart failure, arrhythmias, pulmonary embolism, chronic obstructive pulmonary disease, pneumonia, hyperventilation, B-12 deficiency, porphyria, CNS neoplasms, vestibular dysfunction, encephalitis.

Etiological substances include: intoxication with central nervous stimulants (e.g., cocaine, amphetamines, caffeine) or cannabis, hallucinogens, PCP, or alcohol or withdrawal from central nervous system depressants (e.g., alcohol, sedatives, hypnotics) or from cocaine.

ANXIETY
DISORDER
NOS

INDICATE
TYPE ON
NEXT PAGE

TYPES OF ANXIETY DISORDER NOS

F158

- 1 Clinically significant social phobic symptoms related to the social impact of having a general medical condition or mental disorder (e.g., Parkinson's disease, dermatologic conditions, Stuttering, Anorexia Nervosa, Body Dysmorphic Disorder).
- 2 Situations in which the clinician has concluded that an Anxiety Disorder is present but is unable to determine whether it is primary, due to a general medical condition, or substance-induced.
- 3 Mixed anxiety-depressive disorder: clinically significant symptoms of anxiety and depression but the criteria are not met for a specific Mood or Anxiety Disorder (Go to Module J, page J. 6 for research criteria).
- 4 Other: _____

ANOREXIA NERVOSA

ANOREXIA NERVOSA CRITERIA

SCREEN Q#11	
YES	NO

H1a

→ IF SCREENING QUESTION #11 ANSWERED “NO,” SKIP TO ***BULIMIA NERVOSA*** H. 4

→ IF QUESTION #11 ANSWERED “YES”:
You’ve said that there was a time when you weighed much less than other people thought you ought to weigh . . .

→ IF SCREENER NOT USED: Now I would like to ask you some questions about your eating habits and your weight. Have you ever had a time when you weighed much less than other people thought you ought to weigh?

IF YES: Why was that? How much did you weigh? How old were you then? How tall were you?

At that time, were you very afraid that you could become fat?

At your lowest weight, did you still feel too fat or that part of your body was too fat?

IF NO: Did you need to be very thin in order to feel good about yourself?

IF NO AND LOW WEIGHT IS MEDICALLY SERIOUS: When you were that thin, did anybody tell you it could be dangerous to your health to be that thin? (What did you think?)

A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected) ? 1 2 3

GO TO
BULIMIA NERVOSA H.4

B. Intense fear of gaining weight or becoming fat, even though underweight. ? 1 2 3

GO TO
BULIMIA NERVOSA H.4

C. Disturbance in the way in which one’s body weight or shape is experienced; undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight ? 1 2 3

GO TO
BULIMIA NERVOSA H.4

FOR FEMALES: Before this time, were you having your periods? Did they stop? (For how long?)

D. In postmenarchal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles. (A woman is still considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen, administration)

? 1 2 3 H4

GO TO
*BULIMIA
NERVOSA* H.4

ANOREXIA NERVOSA CRITERIA A, B,
C, AND D ARE CODED "3"

1 3 H5

GO TO
*BULIMIA
NERVOSA*
H.4

ANOREXIA
NERVOSA

(Do you have eating binges in which you eat a lot of food in a short period of time and feel that your eating is out of control? (How often?)

IF NO: What kinds of things have you done to keep weight off?
(Ever make yourself vomit or take laxatives, enemas, or water pills?)
(How often?)

SUBTYPE CURRENT EPISODE:

During the current episode of Anorexia Nervosa, the person has regularly engaged in binge-eating or purging behavior (i.e., self-induced vomiting or misuse of laxatives, diuretics, or enemas)

1 3 H5a

RESTRICT-
ING
TYPE

BINGE-
EATING/
PURING
TYPE

ANOREXIA NERVOSA CHRONOLOGY

IF UNCLEAR: During the past month, have you had (SXS OF ANOREXIA NERVOSA)?

Has met symptomatic criteria for Anorexia Nervosa during past month (criteria A, B, and C)

? 1

3

H6

INDICATE CURRENT SEVERITY:

- 1 - **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social, or occupational functioning.
- 2 - **Moderate:** Symptoms or functional impairment between "mild" and "severe" are present.
- 3 - **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

CONTINUE WITH ***AGE AT ONSET***, BELOW.

IF CURRENT CRITERIA NOT FULLY MET (OR NOT AT ALL):

- 4 - **In Partial Remission:** The full criteria for the disorder were previously met, but currently only some of the symptoms or signs of the disorder remain.
- 5 - **In Full Remission:** There are no longer any symptoms or signs of the disorder, but it is still clinically relevant to note the disorder--for example, in an individual with previous episodes of Anorexia Nervosa who has been symptom free while receiving weekly psychotherapy for past year.
- 6 - **Prior History:** There is a history of the criteria having been met for the disorder, but the individual is considered to have recovered from it.

H8

When did you last have (ANY SXS OF ANOREXIA NERVOSA)?

Number of months prior to interview when last had a symptom of Anorexia Nervosa

H9

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having (SXS OF ANOREXIA NERVOSA)?

Age at onset of Anorexia Nervosa
(CODE 99 IF UNKNOWN)

H10

GO TO *BULIMIA NERVOSA* H. 4

BULIMIA NERVOSA**BULIMIA NERVOSA CRITERIA**

IF: CRITERIA CURRENTLY MET FOR ANOREXIA NERVOUSA, CHECK HERE _____
AND SKIP TO THE NEXT MODULE.

SCREEN	Q#12
YES	NO

H10a

→ IF SCREENING QUESTION #12 IS ANSWERED "NO," SKIP TO NEXT MODULE.

→ IF QUESTION #12 ANSWERED "YES":
You've said that you've often had times
when your eating was out of control.
Tell me about those times.

IF NO: SKIP TO
LAST PAGE,
END OF
INTERVIEW

→ IF SCREENER NOT USED: Have
you often had times when your
eating was out of control? Tell me
about those times.

A. Recurrent episodes of binge eating.
An episode of binge eating is characterized by BOTH of the following:

? 1 2 3

H11

(2) a sense of lack of control
over eating during the episode
(e.g., a feeling that one cannot
stop eating or control what or
how much one is eating)

IF UNCLEAR: During these times, do you
often eat within any two hour period what
most people would regard as an unusual
amount of food? Tell me about that.

(1) eating, in a discrete period
of time (e.g., within any two hour
period), an amount of food that
is definitely larger than most
people would eat during a
similar period of time and under
similar circumstances.

? 1 2 3

H12

SKIP TO LAST
PAGE, END OF
INTERVIEW

Did you do anything to counteract the effects of eating that much? (Like making yourself vomit, taking laxatives, enemas or water pills, strict dieting or fasting, or exercising a lot?)

B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as: self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.

? 1 2 3

H13

How often were you eating that much
(AND COMPENSATORY BEHAVIOR)?
(At least twice a week for at least three
months?)

C. The binge eating and inappropriate
compensatory behaviors both occur, on
average, at least twice a week for three
months.

? 1 2 3

H14

Were your body shape and weight among the most important things that affected how you felt about yourself?	D. Self-evaluation is unduly influenced by body shape and weight.	?	1	2	3	H15
	E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa	?	1	2	3	H16
	BULIMIA NERVOZA CRITERIA A, B, C, D AND E ARE CODED "3"	1		3		H17
	SPECIFY TYPE: During the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas	1		3		H17 a

BULIMIA NERVOSA CHRONOLOGY

IF UNCLEAR: During the past month, have you had (SXS OF BULIMIA NERVOSA)?

Has met symptomatic criteria for Bulimia Nervosa during past month (criteria A, B, C, D, and E) ? 1 3

H18

INDICATE CURRENT SEVERITY:

- 1 - **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social, or occupational functioning.
- 2 - **Moderate:** Symptoms or functional impairment between "mild" and "severe" are present.
- 3 - **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

H19

CONTINUE WITH ***AGE AT ONSET***, BELOW.

IF CURRENT CRITERIA NOT FULLY MET (OR NOT AT ALL):

- 4 - **In Partial Remission:** The full criteria for the disorder were previously met, but currently only some of the symptoms or signs of the disorder remain.
- 5 - **In Full Remission:** There are no longer any symptoms or signs of the disorder, but it is still clinically relevant to note the disorder--for example, in an individual with previous episodes of Anorexia Nervosa who has been symptom free while receiving weekly psychotherapy for past year.
- 6 - **Prior History:** There is a history of the criteria having been met for the disorder, but the individual is considered to have recovered from it.

H20

When did you last have (ANY SXS OF BULIMIA NERVOSA)?

Number of months prior to interview when last had a symptom of Bulimia Nervosa

H21

SCID-II SUMMARY SCORESHEET

Overall completeness of information: (circle one)

1= poor 2= fair 3= good 4= excellent

Personality Disorders (Boxed numbers indicate threshold required for a diagnosis)

01 Borderline (P.1- P.4) 1 2 3 4 **5** 6 7 8 9

02 Antisocial (P.9- P. 12) 1 2 **3** 4 5 6 7

Principal AXIS II Diagnosis (i.e., the Personality Disorder that is- or should be- the main focus of clinical attention).

Enter code number from left of diagnosis above: ____

Note: Enter 99 if no Axis II disorder.

**BORDERLINE
PERSONALITY
DISORDER****BORDERLINE
PERSONALITY
DISORDER CRITERIA**

A pervasive pattern of instability of interpersonal relationships, self-image, and affects and marked impulsivity, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

90. You've said that you have [*Have you*] often become frantic when you thought that someone you really cared about was going to leave you.

? 1 2 3

112

- (1) frantic efforts to avoid real or imagined abandonment (**Note:** Do not include suicidal or self-mutilating behavior covered in item (5).)

3 = several examples

What have you done?

(Have you threatened or pleaded with him/her?)

91. You've said that [*Do*] your relationships with people you really care about have lots of extreme ups and downs.

? 1 2 3

113

- (2) a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation

Tell me about them.

(Were there times when you thought they were everything you wanted and other times when you thought they were terrible? How many relationships were like this?)

- 3 = either one prolonged relationship or several briefer relationships in which the alternating pattern occurs at least twice

92. You've said that you have *[Have you]* all of a sudden changed your sense of who you are and where you are headed.

(3) identity disturbance: markedly and persistently unstable self-image or sense of self

? 1 2 3 114

Give me some examples of this.

[Note: Do not include normal adolescent uncertainty.]

93. You've said that your sense of who you are often changes *[Does your sense of who you are often change]* dramatically.

3 = acknowledges trait

Tell me more about that.

94. You've said that you are *[Are you]* different with different people or in different situations so that you sometimes don't know who you really are.

Give me some examples of this.
(Do you feel this way a lot?)

95. You've said that there have been *[Have there been]* lots of sudden changes in your goals, career plans, religious beliefs, and so on.

Tell me more about that.

96. You've said that you've *[Have you]* often done things impulsively.

(4) impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). (Note: Do not include suicidal or self-mutilating behavior covered in item (5)).

? 1 2 3

115

What kinds of things?

(How about . . .
. . . buying things you really couldn't afford?

. . . having sex with people you hardly know, or "unsafe sex"?
. . . drinking too much or taking drugs?
. . . driving recklessly?
. . . uncontrollable eating?)

3 = several examples indicating a pattern of impulsive behavior (not necessarily limited to examples given above)

? = inadequate information 1 = absent or false 2 = subthreshold 3 = threshold or true

BORDERLINE PERSONALITY DISORDER

IF YES TO ANY OF ABOVE:

Tell me about that. How often does it happen? What kinds of problems has it caused?

- | | | | |
|--|---|-------------------------|------------|
| <p>97. You've said that you have <i>[Have you]</i> tried to hurt or kill yourself or threatened to do so.</p> <p>98. You've said that you have <i>[Have you ever]</i> cut, burned, or scratched yourself on purpose.</p> | <p>(5) recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior</p> <p>3 = two or more events (when not in a Major Depressive Episode)</p> | <p>? 1 2 3</p> | <p>116</p> |
| <p>Tell me about that.</p> | | | |
| <p>99. You've said that <i>[Do]</i> you have a lot of sudden mood changes.</p> <p>Tell me about that.</p> <p>(How long do your "bad" moods last? How often do these mood changes happen? How suddenly do your moods change?)</p> | <p>(6) affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)</p> <p>3 = acknowledges trait</p> | <p>? 1 2 3</p> | <p>117</p> |
| <p>Tell me more about this.</p> | | | |
| <p>100. You've said that <i>[Do]</i> you often feel empty inside.</p> | <p>(7) chronic feelings of emptiness</p> <p>3 = acknowledges trait</p> | <p>? 1 2 3</p> | <p>118</p> |
| <p>Tell me about this.</p> | | | |
| <p>101. You've said that <i>[Do]</i> you often have temper outbursts or get so angry that you lose control.</p> | <p>(8) inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)</p> <p>3 = acknowledges trait and at least one example</p> | <p>? 1 2 3</p> | <p>119</p> |

? = inadequate information 1 = absent or false 2 = subthreshold 3 = threshold or true

102. You've said that *[Do]* you hit people or throw things when you get angry.

Tell me about this.

(Does this happen often?)

103. You've said that *[Do]* even little things get you very angry.

When does this happen?

(Does this happen often?)

104. You've said that when you are under a lot of stress, you *[When you are under a lot of stress, do you]* get suspicious of other people or feel especially spaced out.

Tell me about that.

(9) transient, stress-related paranoid ideation or severe dissociative symptoms

? 1 2 3

120

3 = several examples that do not occur exclusively during a Psychotic Disorder or a Mood Disorder With Psychotic Features

AT LEAST FIVE ITEMS ARE CODED "3"

1

3

121

BORDERLINE
PERSONALITY
DISORDER

ANTISOCIAL PERSONALITY DISORDER		ANTISOCIAL PERSONALITY DISORDER CRITERIA	
		Note: Behavior should NOT be considered characteristic of Antisocial Personality Disorder if it occurs exclusively during the course of Schizophrenia or a Manic Episode.	B. The individual is at least age 18 years. ? 1 2 3 122
			C. There is evidence of Conduct Disorder with onset before age 15 years [as evidenced by at least two of the following:]
105.	You've said that before you were 15, you would <i>[Before you were 15, would you]</i> bully or threaten other kids.	(1) (Before the age of 15) often bullied, threatened, or intimidated others	? 1 2 3 123
	Tell me about that.		
106.	You've said that before you were 15, you would <i>[Before you were 15, would you]</i> start fights.	(2) (Before the age of 15) often initiated physical fights	? 1 2 3 124
	How often?		
107.	You've said that before you were 15, you hurt or threatened someone <i>[Before you were 15, did you hurt or threaten someone]</i> with a weapon, like a bat, brick, broken bottle, knife, or gun.	(3) (Before the age of 15) used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)	? 1 2 3 125
	Tell me about that.		
108.	You've said that before you were 15, you deliberately tortured someone or caused someone physical pain and suffering. <i>[Before you were 15, did you deliberately torture someone or cause someone physical pain and suffering?]</i>	(4) (Before the age of 15) was physically cruel to people	? 1 2 3 126
	What did you do?		

? = inadequate information 1 = absent or false 2 = subthreshold 3 = threshold or true

109. You've said that before you were 15 you tortured or hurt animals on purpose. *[Before you were 15, did you torture or hurt animals on purpose?]*
- (5) (Before the age of 15) was physically cruel to animals ? 1 2 3 | 127

What did you do?

110. You've said that before you were 15, you robbed, mugged, or forcibly took *[Before you were 15, did you rob, mug, or forcibly take]* something from someone by threatening him or her.
- (6) (Before the age of 15) stole while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery) ? 1 2 3 | 128

Tell me about that.

111. You've said that before you were 15, you forced someone *[Before you were 15, did you force someone]* to have sex with you, to get undressed in front of you, or to touch you sexually.
- (7) (Before the age of 15) forced someone into sexual activity ? 1 2 3 | 129

Tell me about it.

112. You've said that before you were 15 you *[Before you were 15, did you]* set fires.
- (8) (Before the age of 15) deliberately engaged in fire setting with the intention of causing serious damage ? 1 2 3 | 130

Tell me about that.

113. You've said that before you were 15, you deliberately destroyed *[Before you were 15, did you deliberately destroy]* things that weren't yours.
- (9) (Before the age of 15) deliberately destroyed others' property (other than by fire setting) ? 1 2 3 | 131

What did you do?

114. You've said that before you were 15, you broke *[Before you were 15, did you break]* into houses, other buildings, or cars.
- (10) (Before the age of 15) broke into someone else's house, building, or car ? 1 2 3 | 132

Tell me about that.

? = inadequate information 1 = absent or false 2 = subthreshold 3 = threshold or true

115. You've said that before you were 15, you lied a lot or "conned" [Before you were 15, did you lie a lot or "con"] other people. (11) (Before the age of 15) often lied to obtain goods or favors or to avoid obligations (i.e., "cons" others) ? 1 2 3 133

What would you lie about?

116. You've said that before you were 15, you sometimes stole or shoplifted things or forged someone's signature. [Before you were 15, did you sometimes steal or shoplift things or forge someone's signature?] (12) (Before the age of 15) stole items of nontrivial value without confronting a victim (e.g., shoplifting, stealing but without breaking and entering, forgery) ? 1 2 3 134

Tell me about it.

117. You've said that before you were 15, you ran away from home and stayed [Before you were 15, did you run away and stay] away overnight. (13) (Before the age of 15) ran away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period) ? 1 2 3 135

Was that more than once?

(With whom were you living at the time?)

118. You've said that before you were 13, you would [Before you were 13, did you] often stay out very late, long after the time you were supposed to be home. (14) (Before the age of 13) often stayed out at night despite parental prohibitions ? 1 2 3 136

How often?

119. You've said that before you were 13, you often skipped [Before you were 13, did you often skip] school.

How often?

AT LEAST TWO ITEMS ARE CODED "3" (i.e., "some" evidence of Conduct Disorder)

? 1 2 3

137

1 3 138

**CRITERION C
OF ANTISOCIAL
PERSONALITY
DISORDER MET;
CONTINUE
ON NEXT PAGE**

**SCID FINISHED
STOP THE
INTERVIEW
HERE!!!!**

? = inadequate information 1 = absent or false 2 = subthreshold 3 = threshold or true

ANTISOCIAL PERSONALITY DISORDER

Now, since you were 15...

A. There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following:

Have you done things that are against the law—even if you weren't caught—like stealing, using or selling drugs, writing bad checks, or having sex for money?

(1) failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest

? 1 2 3

139

3 = several examples

IF NO: Have you ever been arrested for anything?

Do you often find that you have to lie to get what you want? (Have you ever used an alias or pretended you were someone else?)

(2) deceitfulness, as indicated by repeated lying, use of aliases, or "conning" others for personal profit or pleasure

? 1 2 3

140

3 = several examples

(Have you often "conned" others to get what you want?)

Do you often do things on the spur of the moment without thinking about how it will affect you or other people?

(3) impulsivity or failure to plan ahead

? 1 2 3

141

3 = several examples

What kinds of things?

Was there ever a time when you had no regular place to live?

(For how long?)

(Since you were 15) have you been in any fights? (4) irritability and aggressiveness, as indicated by repeated physical fights or assaults ? 1 2 3 142

(How often?) 3 = several examples

Have you ever hit or thrown things at your spouse or partner?

(How often?)

Have you ever hit a child, yours or someone else's—so hard that he or she had bruises or had to stay in bed or see a doctor?

Tell me about that.

Have you physically threatened or hurt anyone else?

Tell me about that. (How often?)

Did you ever drive a car when you were drunk or high? (5) reckless disregard for safety of self or others ? 1 2 3 143

How many speeding tickets have you gotten or car accidents have you been in? 3 = several examples

Do you always use protection if you have sex with someone you don't know well?

(Has anyone ever said that you allowed a child that you were taking care of to be in a dangerous situation?)

? = inadequate information 1 = absent or false 2 = subthreshold 3 = threshold or true

How much of the time in the last 5 years were you not working? (6) consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations ? 1 2 3 144

IF FOR A PROLONGED PERIOD: Why? (Was there work available?) 3 = several examples

When you were working, did you miss a lot of work?

IF YES: Why?

Did you ever walk off a job without having another one to go to?

IF YES: How many times did this happen?

Have you ever owed people money and not paid them back? (How often?)

What about not paying child support, or not giving money to children or someone else who depended on you?

IF THERE IS EVIDENCE OF ANTISOCIAL ACTS AND IT IS UNCLEAR WHETHER THERE IS ANY REMORSE: How do you feel about [LIST ANTISOCIAL ACTS]? (7) lacks remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another ? 1 2 3 145

3 = lacks remorse about several antisocial acts

(Do you think what you did was wrong in any way?)

? = inadequate information 1 = absent or false 2 = subthreshold 3 = threshold or true

AT LEAST THREE ITEMS ARE
CODED "3"

1 3
↓
**CRITERION A OF
ANTISOCIAL
PERSONALITY
DISORDER MET**

CRITERIA A, B, AND C ARE
CODED "3"

1 3
↓
**ANTISOCIAL
PERSONALITY
DISORDER**

INTERVIEW IS COMPLETE. PLEASE THANK RESPONDENT
FOR THEIR TIME AND ENSURE THAT MONEY WILL BE
PLACED IN THEIR INMATE CANTEEN ACCOUNT.

? = inadequate information 1 = absent or false 2 = subthreshold 3 = threshold or true