

# **SCID-5-CV**

## **STRUCTURED CLINICAL INTERVIEW FOR DSM-5® DISORDERS**

### ***CLINICIAN VERSION***

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Patient: _____		Date of Interview:	month	day	year
Clinician: _____					

*Note:* The authors have worked to ensure that all information in this publication is accurate at the time of publication and consistent with general psychiatric and medical standards, and that information concerning drug dosages, schedules, and routes of administration is accurate at the time of publication and consistent with standards set by the U.S. Food and Drug Administration and the general medical community. As medical research and practice continue to advance, however, therapeutic standards may change. Moreover, specific situations may require a specific therapeutic response not included in this publication. For these reasons and because human and mechanical errors sometimes occur, we recommend that readers follow the advice of physicians directly involved in their care or the care of a member of their family.

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*For citation:* First MB, Williams JBW, Karg RS, Spitzer RL: Structured Clinical Interview for DSM-5 Disorders—Clinician Version (SCID-5-CV). Arlington, VA, American Psychiatric Association, 2016

Manufactured in the United States of America on acid-free paper  
21                  8 7 6 5

American Psychiatric Association Publishing  
800 Maine Ave. SW  
Suite 900  
Washington, DC 20024-2812  
[www.appi.org](http://www.appi.org)

## Contents

SCID-5-CV DIAGNOSTIC SUMMARY SCORE SHEET .....	1
OVERVIEW.....	7
A. MOOD EPISODES .....	10
B. PSYCHOTIC AND ASSOCIATED SYMPTOMS.....	31
C. DIFFERENTIAL DIAGNOSIS OF PSYCHOTIC DISORDERS .....	37
D. DIFFERENTIAL DIAGNOSIS OF MOOD DISORDERS .....	45
E. SUBSTANCE USE DISORDERS .....	53
Alcohol Use Disorder (Past 12 Months) .....	53
Nonalcohol Substance Use Disorder (Past 12 Months) .....	56
List of Withdrawal Symptoms .....	62
F. ANXIETY DISORDERS .....	63
G. OBSESSIVE-COMPULSIVE DISORDER and POSTTRAUMATIC STRESS DISORDER.....	73
Obsessive-Compulsive Disorder .....	73
Posttraumatic Stress Disorder.....	76
H. ADULT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER .....	86
I. SCREENING FOR OTHER CURRENT DISORDERS .....	91
J. ADJUSTMENT DISORDER .....	94

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### List of Abbreviations

ADHD	Attention-Deficit/Hyperactivity Disorder
AMC	Another Medical Condition
GAD	Generalized Anxiety Disorder
GMC	General Medical Condition
(I)	Intoxication
(I/W)	Intoxication/Withdrawal
OC	Obsessive-Compulsive
OCD	Obsessive-Compulsive Disorder
PTSD	Posttraumatic Stress Disorder
(W)	Withdrawal

**Note** in boldface reflects the inclusion of notes as contained in the DSM-5 criteria.

**NOTE** in italics and all-capital letters indicates specific guidance or instructions for rating the criteria or conducting the SCID-5-CV interview.

## SCID-5-CV DIAGNOSTIC SUMMARY SCORE SHEET

### Schizophrenia Spectrum and Other Psychotic Disorders

#### Past

Current	History	Disorder
		Schizophrenia (p. 44/C25)
<input type="checkbox"/>	<input type="checkbox"/>	F20.9
		Schizopreniform Disorder (p. 44/C26)
<input type="checkbox"/>	<input type="checkbox"/>	F20.81
		Schizoaffective Disorder (p. 44/C27)
<input type="checkbox"/>	<input type="checkbox"/>	F25.0      Bipolar Type
<input type="checkbox"/>	<input type="checkbox"/>	F25.1      Depressive Type
		Delusional Disorder (p. 44/C28)
<input type="checkbox"/>	<input type="checkbox"/>	F22
		Brief Psychotic Disorder (p. 44/C29)
<input type="checkbox"/>	<input type="checkbox"/>	F23

#### Lifetime

Psychotic Disorder Due to Another Medical Condition  
(p. 38/C6, p. 39/C8, p. 40/C12, p. 41/C17, p. 42/C21, p. 43/C24)

- F06.2      With Delusions
- F06.0      With Hallucinations

Substance/Medication-Induced Psychotic Disorder  
(p. 38/C6, p. 39/C8, p. 40/C12, p. 41/C17, p. 42/C21, p. 43/C24)

- F\_\_\_\_\_.\_\_\_\_<sup>1</sup> Indicate specific substance and diagnostic code: \_\_\_\_\_

#### Past

Current	History	Disorder
		Other Specified/Unspecified Schizophrenia Spectrum and Other Psychotic Disorder (p. 44/C30)
<input type="checkbox"/>	<input type="checkbox"/>	F28      Other Specified: _____
<input type="checkbox"/>	<input type="checkbox"/>	F29      Unspecified

### Bipolar and Related Disorders

#### Past

Current	History	Disorder
<b>Bipolar I Disorder</b>		
Bipolar I Disorder, Current or Most Recent Episode Manic (p. 49/D17)		
<input type="checkbox"/>		F31.11      Current Episode Manic, Mild
<input type="checkbox"/>		F31.12      Current Episode Manic, Moderate
<input type="checkbox"/>		F31.13      Current Episode Manic, Severe
<input type="checkbox"/>		F31.2      Current Episode Manic, With Psychotic Features
	<input type="checkbox"/>	F31.73      Most Recent Episode Manic, In Partial Remission
	<input type="checkbox"/>	F31.74      Most Recent Episode Manic, In Full Remission
Bipolar I Disorder, Current or Most Recent Episode Depressed (p. 49/D18)		
<input type="checkbox"/>		F31.31      Current Episode Depressed, Mild
<input type="checkbox"/>		F31.32      Current Episode Depressed, Moderate
<input type="checkbox"/>		F31.4      Current Episode Depressed, Severe
<input type="checkbox"/>		F31.5      Current Episode Depressed, With Psychotic Features
	<input type="checkbox"/>	F31.75      Most Recent Episode Depressed, In Partial Remission
	<input type="checkbox"/>	F31.76      Most Recent Episode Depressed, In Full Remission
Bipolar I Disorder, Current or Most Recent Episode Hypomanic (p. 50/D19)		
<input type="checkbox"/>		F31.0      Current Episode Hypomanic
	<input type="checkbox"/>	F31.71      Most Recent Episode Hypomanic, In Partial Remission
	<input type="checkbox"/>	F31.72      Most Recent Episode Hypomanic, In Full Remission
Bipolar I Disorder, Current or Most Recent Episode Unspecified (p. 50/D20)		
<input type="checkbox"/>	<input type="checkbox"/>	F31.9

<sup>1</sup> See page 6 for diagnostic codes for Substance/Medication-Induced Psychotic Disorder.

<b>Past</b>		
<b>Current</b>	<b>History</b>	<b>Disorder</b>
<b>Bipolar II Disorder</b>		
Bipolar II Disorder, Current or Most Recent Episode Hypomanic (p. 50/ <b>D21</b> )		
<input type="checkbox"/>		F31.81      Current Episode Hypomanic
	<input type="checkbox"/>	F31.81      Most Recent Episode Hypomanic, In Partial Remission
	<input type="checkbox"/>	F31.81      Most Recent Episode Hypomanic, In Full Remission
Bipolar II Disorder, Current or Most Recent Episode Depressed (p. 51/ <b>D22</b> )		
<input type="checkbox"/>		F31.81      Current Episode Depressed, Mild
<input type="checkbox"/>		F31.81      Current Episode Depressed, Moderate
<input type="checkbox"/>		F31.81      Current Episode Depressed, Severe
<input type="checkbox"/>		F31.81      Current Episode Depressed, With Psychotic Features
	<input type="checkbox"/>	F31.81      Most Recent Episode Depressed, In Partial Remission
	<input type="checkbox"/>	F31.81      Most Recent Episode Depressed, In Full Remission
<b>Lifetime</b>		
Bipolar and Related Disorder Due to Another Medical Condition (p. 19/ <b>A40</b> , p. 22/ <b>A53</b> , p. 25/ <b>A65</b> , p. 28/ <b>A77</b> , p. 47/ <b>D10</b> )		
<input type="checkbox"/>		F06.33      With Manic Features
<input type="checkbox"/>		F06.33      With Manic- or Hypomanic-Like Episode
<input type="checkbox"/>		F06.34      With Mixed Features
Substance/Medication-Induced Bipolar and Related Disorder (p. 19/ <b>A40</b> , p. 22/ <b>A53</b> , p. 25/ <b>A65</b> , p. 28/ <b>A77</b> , p. 47/ <b>D10</b> )		
<input type="checkbox"/>		F_____ <sup>2</sup> Indicate specific substance and diagnostic code: _____
<b>Past</b>		
<b>Current</b>	<b>History</b>	Other Specified/Unspecified Bipolar and Related Disorder (p. 51/ <b>D23</b> )
<input type="checkbox"/>	<input type="checkbox"/>	F31.89 <sup>3</sup> Other Specified: _____
<input type="checkbox"/>	<input type="checkbox"/>	F31.9      Unspecified
<b>Depressive Disorders</b>		
<b>Past</b>		
<b>Current</b>	<b>History</b>	<b>Disorder</b>
Major Depressive Disorder, Single Episode (p. 52/ <b>D24</b> )		
<input type="checkbox"/>		F32.0      Mild (current)
<input type="checkbox"/>		F32.1      Moderate (current)
<input type="checkbox"/>		F32.2      Severe (current)
<input type="checkbox"/>		F32.3      With Psychotic Features (current)
	<input type="checkbox"/>	F32.4      In Partial Remission
	<input type="checkbox"/>	F32.5      In Full Remission
Major Depressive Disorder, Recurrent Episode (p. 52/ <b>D24</b> )		
<input type="checkbox"/>		F33.0      Mild (current)
<input type="checkbox"/>		F33.1      Moderate (current)
<input type="checkbox"/>		F33.2      Severe (current)
<input type="checkbox"/>		F33.3      With Psychotic Features (current)
	<input type="checkbox"/>	F33.41      In Partial Remission
	<input type="checkbox"/>	F33.42      In Full Remission
Persistent Depressive Disorder (past 2 years) (p. 30/ <b>A90</b> )		
<input type="checkbox"/>		F34.1
<b>Lifetime</b>		
Depressive Disorder Due to Another Medical Condition (p. 12/ <b>A12</b> , p. 16/ <b>A26</b> , p. 30/ <b>A89</b> , p. 48/ <b>D16</b> )		
<input type="checkbox"/>		F06.34      With Mixed Features
<input type="checkbox"/>		F06.31      With Depressive Features
<input type="checkbox"/>		F06.32      With Major Depressive-Like Episode
Substance/Medication-Induced Depressive Disorder (p. 12/ <b>A12</b> , p. 16/ <b>A26</b> , p. 30/ <b>A89</b> , p. 48/ <b>D16</b> )		
<input type="checkbox"/>		F_____ <sup>4</sup> Indicate specific substance and diagnostic code: _____

<sup>2</sup> See page 6 for diagnostic codes for Substance/Medication-Induced Bipolar Disorder.

<sup>3</sup> The diagnostic code is F34.0 instead of F31.89 if the presentation meets criteria for Cyclothymic Disorder.

<sup>4</sup> See page 6 for diagnostic codes for Substance/Medication-Induced Depressive Disorder.

		<b>Past</b>	
<b>Current</b>	<b>History</b>	Other Specified/Unspecified Depressive Disorder (p. 52/ <b>D25</b> )	
<input type="checkbox"/>	<input type="checkbox"/>	F32.89	Other Specified: _____
<input type="checkbox"/>	<input type="checkbox"/>	F32.9	Unspecified

**Substance Use Disorders (past 12 months)****Past 12****Months**    **Disorder**Alcohol Use Disorder (p. 55/**E13**)

- |                          |        |          |
|--------------------------|--------|----------|
| <input type="checkbox"/> | F10.10 | Mild     |
| <input type="checkbox"/> | F10.20 | Moderate |
| <input type="checkbox"/> | F10.20 | Severe   |

Sedative, Hypnotic, or Anxiolytic Use Disorder (p. 61/**E36**)

- |                          |        |          |
|--------------------------|--------|----------|
| <input type="checkbox"/> | F13.10 | Mild     |
| <input type="checkbox"/> | F13.20 | Moderate |
| <input type="checkbox"/> | F13.20 | Severe   |

Specific drug used: \_\_\_\_\_

Cannabis Use Disorder (p. 61/**E36**)

- |                          |        |          |
|--------------------------|--------|----------|
| <input type="checkbox"/> | F12.10 | Mild     |
| <input type="checkbox"/> | F12.20 | Moderate |
| <input type="checkbox"/> | F12.20 | Severe   |

Specific drug used: \_\_\_\_\_

## Stimulant Use Disorders

Amphetamine-Type Substance Use Disorder (p. 61/**E36**)

- |                          |        |          |
|--------------------------|--------|----------|
| <input type="checkbox"/> | F15.10 | Mild     |
| <input type="checkbox"/> | F15.20 | Moderate |
| <input type="checkbox"/> | F15.20 | Severe   |

Specific drug used: \_\_\_\_\_

Cocaine Use Disorder (p. 61/**E36**)

- |                          |        |          |
|--------------------------|--------|----------|
| <input type="checkbox"/> | F14.10 | Mild     |
| <input type="checkbox"/> | F14.20 | Moderate |
| <input type="checkbox"/> | F14.20 | Severe   |

Specific drug used: \_\_\_\_\_

Other or Unspecified Stimulant Use Disorder (p. 61/**E36**)

- |                          |        |          |
|--------------------------|--------|----------|
| <input type="checkbox"/> | F15.10 | Mild     |
| <input type="checkbox"/> | F15.20 | Moderate |
| <input type="checkbox"/> | F15.20 | Severe   |

Specific drug used: \_\_\_\_\_

Opioid Use Disorder (p. 61/**E36**)

- |                          |        |          |
|--------------------------|--------|----------|
| <input type="checkbox"/> | F11.10 | Mild     |
| <input type="checkbox"/> | F11.20 | Moderate |
| <input type="checkbox"/> | F11.20 | Severe   |

Specific drug used: \_\_\_\_\_

Phencyclidine and Related Substance Use Disorder (p. 61/**E36**)

- |                          |        |          |
|--------------------------|--------|----------|
| <input type="checkbox"/> | F16.10 | Mild     |
| <input type="checkbox"/> | F16.20 | Moderate |
| <input type="checkbox"/> | F16.20 | Severe   |

Specific drug used: \_\_\_\_\_

Other Hallucinogen Use Disorder (p. 61/**E36**)

- |                          |        |          |
|--------------------------|--------|----------|
| <input type="checkbox"/> | F16.10 | Mild     |
| <input type="checkbox"/> | F16.20 | Moderate |
| <input type="checkbox"/> | F16.20 | Severe   |

Specific drug used: \_\_\_\_\_

Inhalant Use Disorder (p. 61/**E36**)

- |                          |        |          |
|--------------------------|--------|----------|
| <input type="checkbox"/> | F18.10 | Mild     |
| <input type="checkbox"/> | F18.20 | Moderate |
| <input type="checkbox"/> | F18.20 | Severe   |

Specific drug used: \_\_\_\_\_

Other (or Unknown) Substance Use Disorder (p. 61/**E36**)

- |                          |        |          |
|--------------------------|--------|----------|
| <input type="checkbox"/> | F19.10 | Mild     |
| <input type="checkbox"/> | F19.20 | Moderate |
| <input type="checkbox"/> | F19.20 | Severe   |

Specific drug used: \_\_\_\_\_

**Other Disorders**

		Past	
Current	History	Disorder	
		Panic Disorder (p. 66/ <b>F22</b> )	
<input type="checkbox"/>	<input type="checkbox"/>	F41.0	
		Agoraphobia (past 6 months) (p. 68/ <b>F31</b> )	
<input type="checkbox"/>		F40.00	
		Social Anxiety Disorder (past 6 months) (p. 70/ <b>F41</b> )	
<input type="checkbox"/>		F40.10	
		Generalized Anxiety Disorder (past 6 months) (p. 72/ <b>F54</b> )	
<input type="checkbox"/>		F41.1	
		Obsessive-Compulsive Disorder (past month) (p. 75/ <b>G8</b> )	
<input type="checkbox"/>		F42.2	
		Posttraumatic Stress Disorder (p. 85/ <b>G41</b> )	
<input type="checkbox"/>	<input type="checkbox"/>	F43.10	
		Attention-Deficit/Hyperactivity Disorder (past 6 months) (p. 90/ <b>H26</b> )	
<input type="checkbox"/>		F90.2              Combined Presentation	
<input type="checkbox"/>		F90.0              Predominantly Inattentive Presentation	
<input type="checkbox"/>		F90.1              Predominantly Hyperactive/Impulsive Presentation	
		Adjustment Disorder (past 6 months) (p. 95/ <b>J5</b> )	
<input type="checkbox"/>		F43.21              With Depressed Mood	
<input type="checkbox"/>		F43.22              With Anxiety	
<input type="checkbox"/>		F43.23              With Mixed Anxiety and Depressed Mood	
<input type="checkbox"/>		F43.24              With Disturbance of Conduct	
<input type="checkbox"/>		F43.25              With Mixed Disturbance of Emotions and Conduct	
<input type="checkbox"/>		F43.20              Unspecified	
		<b>Lifetime</b>	
		Anxiety Disorder Due to Another Medical Condition (p. 65/ <b>F20</b> , p. 70/ <b>F39</b> , p. 72/ <b>F53</b> )	
<input type="checkbox"/>		F06.4	
		Substance/Medication-Induced Anxiety Disorder (p. 65/ <b>F20</b> , p. 70/ <b>F39</b> , p. 72/ <b>F53</b> )	
<input type="checkbox"/>		F_____.____ <sup>5</sup> Indicate specific substance and diagnostic code: _____	
		Obsessive-Compulsive and Related Disorder Due to Another Medical Condition (p. 74/ <b>G7</b> )	
<input type="checkbox"/>		F06.8	
		Substance/Medication-Induced Obsessive-Compulsive and Related Disorder (p. 74/ <b>G7</b> )	
<input type="checkbox"/>		F_____.____ <sup>6</sup> Indicate specific substance and diagnostic code: _____	
		<b>Past</b>	
Current	History		
<input type="checkbox"/>	<input type="checkbox"/>	F_____.____	Other DSM-5 disorder:
<input type="checkbox"/>	<input type="checkbox"/>	F_____.____	Other DSM-5 disorder:

<sup>5</sup> See page 6 for diagnostic codes for Substance/Medication-Induced Anxiety Disorder.<sup>6</sup> See page 6 for diagnostic codes for Substance/Medication-Induced Obsessive-Compulsive and Related Disorder.

**Screened Disorders (current only)**

Current	Disorder
<input type="checkbox"/>	<i>Premenstrual Dysphoric Disorder (p. 91/I1)</i> F32.81
<input type="checkbox"/>	<i>Specific Phobia (p. 91/I2)</i> F40.218      Animal F40.228      Natural environment F40.230      Fear of blood F40.231      Fear of injections and transfusions F40.232      Fear of other medical care F40.233      Fear of injury F40.248      Situational F40.298      Other
<input type="checkbox"/>	<i>Separation Anxiety Disorder (p. 91/I3)</i> F93.0
<input type="checkbox"/>	<i>Hoarding Disorder (p. 91/I4)</i> F42.3
<input type="checkbox"/>	<i>Body Dysmorphic Disorder (p. 91/I5)</i> F45.22
<input type="checkbox"/>	<i>Trichotillomania (Hair-Pulling Disorder) (p. 91/I6)</i> F63.3
<input type="checkbox"/>	<i>Excoriation (Skin-Picking) Disorder (p. 92/I7)</i> F42.4
<input type="checkbox"/>	<i>Insomnia Disorder (p. 92/I8)</i> F51.01
<input type="checkbox"/>	<i>Hypersomnolence Disorder (p. 92/I9)</i> F51.11
<input type="checkbox"/>	<i>Anorexia Nervosa (p. 92/I10)</i> F50.01      Restricting type F50.02      Binge-eating/purging type
<input type="checkbox"/>	<i>Bulimia Nervosa (p. 92/I11)</i> F50.2
<input type="checkbox"/>	<i>Binge-Eating Disorder (p. 92/I11)</i> F50.81
<input type="checkbox"/>	<i>Avoidant/Restrictive Food Intake Disorder (p. 92/I12)</i> F50.82
<input type="checkbox"/>	<i>Somatic Symptom Disorder (p. 92)/I13)</i> F45.1
<input type="checkbox"/>	<i>Illness Anxiety Disorder (p. 93/I14)</i> F45.21
<input type="checkbox"/>	<i>Intermittent Explosive Disorder (p. 93/I15)</i> F63.81
<input type="checkbox"/>	<i>Gambling Disorder (p. 93/I16)</i> F63.0

**Diagnostic Codes for Substance/Medication-Induced Psychotic Disorder**

Substance class	With use disorder, mild	With use disorder, moderate or severe	Without use disorder
Alcohol	F10.159	F10.259	F10.959
Sedative, hypnotic, or anxiolytic	F13.159	F13.259	F13.959
Cannabis	F12.159	F12.259	F12.959
Amphetamine (or other stimulant)	F15.159	F15.259	F15.959
Cocaine	F14.159	F14.259	F14.959
Phencyclidine	F16.159	F16.259	F16.959
Other hallucinogen	F16.159	F16.259	F16.959
Inhalant	F18.159	F18.259	F18.959
Other (or unknown substance)	F19.159	F19.259	F19.959

**Diagnostic Codes for Substance/Medication-Induced Bipolar and Related Disorder**

Substance class	With use disorder, mild	With use disorder, moderate or severe	Without use disorder
Alcohol	F10.14	F10.24	F10.94
Sedative, hypnotic, or anxiolytic	F13.14	F13.24	F13.94
Amphetamine (or other stimulant)	F15.14	F15.24	F15.94
Cocaine	F14.14	F14.24	F14.94
Phencyclidine	F16.14	F16.24	F16.94
Other hallucinogen	F16.14	F16.24	F16.94
Other (or unknown substance)	F19.14	F19.24	F19.94

**Diagnostic Codes for Substance/Medication-Induced Depressive Disorder**

Substance class	With use disorder, mild	With use disorder, moderate or severe	Without use disorder
Alcohol	F10.14	F10.24	F10.94
Sedative, hypnotic, or anxiolytic	F13.14	F13.24	F13.94
Amphetamine (or other stimulant)	F15.14	F15.24	F15.94
Cocaine	F14.14	F14.24	F14.94
Opioid	F11.14	F11.24	F11.94
Phencyclidine	F16.14	F16.24	F16.94
Other hallucinogen	F16.14	F16.24	F16.94
Inhalant	F18.14	F18.24	F18.94
Other (or unknown substance)	F19.14	F19.24	F19.94

**Diagnostic Codes for Substance/Medication-Induced Anxiety Disorder**

Substance class	With use disorder, mild	With use disorder, moderate or severe	Without use disorder
Alcohol	F10.180	F10.280	F10.980
Sedative, hypnotic, or anxiolytic	F13.180	F13.280	F13.980
Cannabis	F12.180	F12.280	F12.980
Amphetamine (or other stimulant)	F15.180	F15.280	F15.980
Cocaine	F14.180	F14.280	F14.980
Caffeine	—	—	F15.980
Opioid	F11.188	F11.288	F11.988
Phencyclidine	F16.180	F16.280	F16.980
Other hallucinogen	F16.180	F16.280	F16.980
Inhalant	F18.180	F18.280	F18.980
Other (or unknown substance)	F19.180	F19.280	F19.980

**Diagnostic Codes for Substance/Medication-Induced Obsessive-Compulsive and Related Disorder**

Substance class	With use disorder, mild	With use disorder, moderate or severe	Without use disorder
Amphetamine (or other stimulant)	F15.188	F15.288	F15.988
Cocaine	F14.188	F14.288	F14.988
Other (or unknown substance)	F19.188	F19.288	F19.988

## OVERVIEW

I'm going to be asking you about problems or difficulties you may have had, and I'll be making some notes as we go along.  
Do you have any questions before we begin?

How old are you?

With whom do you live? (What kind of place do you live in?)



What kind of work do you do?

Have you always done that kind of work?

Are you currently employed (getting paid)?

► IF YES: Do you work part-time or full-time?

IF PART-TIME: How many hours do you typically work each week? (Why do you work part-time instead of full-time?)

► IF NO: Why is that? When was the last time you worked? How are you supporting yourself now?

IF DISABLED: Are you currently receiving disability payments? Why are you on disability?

IF UNKNOWN: Has there ever been a period of time when you were unable to work or go to school?

IF YES: Why was that?

### HISTORY OF CURRENT ILLNESS

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

What was going on in your life when this began?



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



### TREATMENT HISTORY

*NOTE: The goal of this section of the Overview is to determine the overall "landscape" of the person's lifetime psychopathology. Avoid going into excessive detail. For major past episodes, determine symptoms, medications, other treatments ("What treatment did you get for that?"), and approximate onset and offset ("When did it start? When were you feeling better?").*

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?



Have you ever been a patient in a psychiatric hospital?



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

IF AN INADEQUATE ANSWER IS GIVEN, 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 had any treatment for drugs or alcohol?



Age (or date) Description (symptoms, triggering events)



Treatment and offset

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Continue treatment history on page 9 if necessary.

MEDICAL PROBLEMS

How has your physical health been? (Have you had any medical problems?) 

Have you ever been in a hospital for treatment of a medical problem? (What was that for?) 

Do you take any medications, vitamins, or other nutritional supplements (other than those you've already told me about)?

IF YES:  are you taking and at what dose?

SUICIDAL IDEATION AND BEHAVIOR 

CHECK FOR THOUGHTS: Have you ever wished you were dead or wished you could go to sleep and not wake up? (Tell me about that.) 

► IF NO: SKIP TO SUICIDE ATTEMPT, BELOW.

► IF YES: Did you have any of these thoughts in the past week (including today)? 

► IF NO: SKIP TO SUICIDE ATTEMPT, BELOW.

► IF YES: CHECK FOR INTENT: Have you had a strong urge to kill yourself at any time in the past week? (Tell me about that.)  
In the past week, did you have any intention of attempting suicide? (Tell me about that.)

CHECK FOR PLAN AND METHOD: In the past week, have you thought about how you might actually do it? (Tell me about what you were thinking of doing.) Have you thought about what you would need to do to carry this out? (Tell me about that. Do you have the means to do this?)

SUICIDE ATTEMPT

CHECK FOR ATTEMPT: Have you ever tried to kill yourself? 

► IF NO: Have you ever done anything to harm yourself?

IF NO, GO TO OTHER CURRENT PROBLEMS, BELOW. 

► IF YES: What did you do? (Tell me what happened.) Were you trying to end your life?

IF MORE THAN ONE ATTEMPT: Which attempt had the most severe medical consequences (going to the emergency department, needing hospitalization, requiring care in ICU)?

Have you made any suicide attempts in the past week (including today)?

OTHER CURRENT PROBLEMS

Have you had any other problems in the past month? (How are things going at work, at home, and with other people?) 

What has your mood been like?

In the past month, how much have you been drinking? 

When you drink, who are you usually with? (Are you usually alone or out with other people?) 

In the past month, have you been using any illegal or recreational drugs? How about taking more of your prescription drugs than was prescribed or running out of medication early? 

**TREATMENT HISTORY (continued)**

## A. MOOD EPISODES

CURRENT MAJOR DEPRESSIVE EPISODE		MAJOR DEPRESSIVE EPISODE CRITERIA	
<p>Now I am going to ask you some more questions about your mood.</p>		<p>A. Five (or more) of the following symptoms have been present during the same 2-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.</p>	
A1	<p>In the past month, since (ONE MONTH AGO), has there been a period of time when you were feeling depressed or down most of the day, <u>nearly every day</u>? (Has anyone said that you look sad, down, or depressed?)</p> <p>IF NO: <u>How about feeling sad, empty, or hopeless, most of the day, nearly every day?</u></p> <p>IF YES TO EITHER OF ABOVE: What has it been like? How long has it lasted? (As long as 2 weeks?)</p>	<p>1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful).</p> 	— +
A2	<p>► IF PREVIOUS ITEM RATED "+": During that time, did you have less interest or pleasure in things you usually enjoyed? (What has that been like?)</p> <p>► IF PREVIOUS ITEM RATED "—": What about a time since (ONE MONTH AGO) when you lost interest or pleasure in things you usually enjoyed? (What has that been like?)</p> <p>IF YES TO EITHER OF ABOVE: <u>Has it been nearly every day? How long has it lasted? (As long as 2 weeks?)</u></p>	<p>2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).</p>	— +
<p>IF BOTH A1 AND A2 ARE RATED AS "—" FOR THE CURRENT MONTH, Continue with A15 (Past Major Depressive Episode), page 13.</p>			
A3	<p>FOR THE FOLLOWING QUESTIONS, FOCUS ON THE WORST 2-WEEK PERIOD OF THE PAST MONTH:</p> <p>During (2-WEEK PERIOD)...</p> <p>...how has your appetite been? (What about compared to your usual appetite? Have you had to force yourself to eat? Eat [less/more] than usual? <u>Has that been nearly every day?</u> Have you lost or gained any weight?)</p> <p>IF YES: How much? (Had you been trying to [lose/gain] weight?)</p>	<p>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.</p>	— +

A4	<p>...how have you been sleeping? (Trouble falling asleep, waking frequently, trouble staying asleep, waking too early, OR sleeping too much?)</p> <p>How many hours of sleep (including naps) have you been getting? How many hours of sleep did you typically get before you got (depressed/OWN WORDS)? <u>Has it been nearly every night?</u></p>	4. Insomnia or hypersomnia nearly every day.	- +	A4
A5	<p>...have you been so fidgety or restless that you were unable to sit still?</p> <p>What about the opposite—talking more slowly, or moving more slowly than is normal for you, as if you're moving through molasses or mud?</p> <p>(In either instance, has it been so bad that other people have noticed it? What have they noticed? <u>Has that been nearly every day?</u>)</p>	5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).	- +	A5
A6	<p>...what was your energy like? (Tired all the time? <u>Nearly every day?</u>)</p>	6. Fatigue or loss of energy nearly every day.	- +	A6
A7	<p>...have you been feeling worthless?</p> <p>What about feeling guilty about things you have done or not done?</p> <p>IF YES: What kinds of things? (Is this only because you can't take care of things since you have been sick?)</p> <p>IF YES TO EITHER OF ABOVE: <u>Nearly every day?</u></p>	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).	- +	A7
A8	<p>...have you had trouble thinking or concentrating? Has it been hard to make decisions about everyday things?</p> <p>(What kinds of things has it been interfering with? <u>Nearly every day?</u>)</p>	8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).	- +	A8
A9	<p>...have things been so bad that you thought a lot about death or that you would be better off dead? Have you thought about taking your own life?</p> <p>IF YES: Have you done something about it? (What have you done? Have you made a specific plan? Have you taken any action to prepare for it? Have you actually made a suicide attempt?)</p>	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.	- +	A9
A10	<p>AT LEAST FIVE OF THE ABOVE CRITERION A SXS (A1-A9) ARE RATED "+".</p>	<p style="text-align: center;">NO ↓</p> <p style="text-align: center;">YES ↓</p>	<p style="text-align: right;">Continue with A15 (Past Major Depressive Episode), page 13.</p>	A10 Continue with A11, next page.

<p><b>A11</b></p> <p>IF UNCLEAR: What effect have (DEPRESSIVE SXS) had on your life?</p> <p>ASK THE FOLLOWING QUESTIONS <u>ONLY AS NEEDED:</u></p> <p>How have (DEPRESSIVE SXS) affected your relationships or your interactions with other people? (Have [DEPRESSIVE SXS] caused you any problems in your relationships with your family, romantic partner, or friends?)</p> <p>How have (DEPRESSIVE SXS) affected your work/school? (How about your attendance at work/school? Have [DEPRESSIVE SXS] made it more difficult to do your work/schoolwork? Have [DEPRESSIVE SXS] affected the quality of your work/schoolwork?)</p> <p>How have (DEPRESSIVE SXS) affected your ability to take care of things at home? How about doing simple everyday things, like getting dressed, bathing, or brushing your teeth? What about doing other things that are important to you, like religious activities, physical exercise, or hobbies? Have you avoided doing anything because you felt like you weren't up to it?</p> <p>Have (DEPRESSIVE SXS) affected any other important part of your life?</p> <p>IF DEPRESSIVE SXS DO NOT INTERFERE WITH LIFE: How much have you been bothered or upset by having (DEPRESSIVE SXS)?</p>	<p>B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p> <p style="text-align: center;">— +</p> <p style="text-align: center;">↓</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Continue with A12, below.</b> </div> <p style="text-align: center;">↓</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Continue with A15 (Past Major Depressive Episode), page 13.</b> </div>	<p><b>A11</b></p>
<p><b>A12</b></p> <p>IF UNKNOWN: When did (EPISODE OF DEPRESSION) begin?</p> <p>Just before this period of depression began, were you physically ill?</p> <p>IF YES: What did the doctor say?</p> <p>Just before this began, were you taking any medications?</p> <p>IF YES: Any change in the amount you were taking?</p> <p>Just before this began, were you drinking or using any street drugs?</p> <p style="border: 1px dashed black; padding: 5px; margin-top: 10px;">Refer to the User's Guide, Section 9, for guidance on determining whether there is an etiological GMC or substance/medication.</p>	<p>C. [Primary Depressive Episode] The episode is not attributable to the physiological effects of a substance [e.g., a drug of abuse, medication] or another medical condition.</p> <p><i>NOTE: Code "NO" only if episode is due to a GMC or substance/medication.</i></p> <p>Etiological GMCs include stroke, Huntington's disease, Parkinson's disease, traumatic brain injury, Cushing's disease, hypothyroidism, multiple sclerosis, systemic lupus erythematosus.</p> <p>Etiological substances/medications include alcohol (I/W); phencyclidine (I); hallucinogens (I); inhalants (I); opioids (I/W); sedatives, hypnotics, or anxiolytics (I/W); amphetamine and other stimulants (I/W); cocaine (I/W); antiviral agents (efavirenz); cardiovascular agents (clonidine, guanethidine, methyldopa, reserpine); retinoic acid derivatives (isotretinoin); antidepressants; anticonvulsants; antimigraine agents (triptans); antipsychotics; hormonal agents (corticosteroids, oral contraceptives, gonadotropin-releasing hormone agonists, tamoxifen); smoking cessation agents (varenicline); and immunological agents (interferon).</p> <p style="text-align: center;">NO YES</p> <p style="text-align: center;">↓ ↓</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>PRIMARY</b> </div> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Diagnose: Depressive Disorder Due to AMC or Substance-Induced Depressive Disorder</b> </div> <p style="text-align: center;">↓</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Continue with A15 (Past Major Depressive Episode), page 13.</b> </div> <p style="text-align: center;">↓</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>CURRENT MAJOR DEPRESSIVE EPISODE</b> Continue with A13, next page.     </div>	<p><b>A12</b></p>

A13	IF UNKNOWN: When did this period of (depression/OWN WORDS) begin?	Onset of depression (month/year)	/	A13
A14	How many separate times in your life have you been (depressed/ OWN WORDS) nearly every day for at least 2 weeks and had several of the symptoms that you described, like (SXS OF CURRENT MAJOR DEPRESSIVE EPISODE)?	Total number of Major Depressive Episodes, including current (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT).	— —	A14 ↓ Continue with A29 (Current Manic Episode), page 17.

PAST MAJOR DEPRESSIVE EPISODE		MAJOR DEPRESSIVE EPISODE CRITERIA		
	<i>NOTE: IF THERE IS CURRENTLY DEPRESSED MOOD OR LOSS OF INTEREST BUT FULL CRITERIA ARE NOT MET FOR A MAJOR DEPRESSIVE EPISODE, SUBSTITUTE THE PHRASE "Has there ever been another time..." IN EACH OF THE TWO SCREENING QUESTIONS BELOW (I.E., A15 AND A16).</i>		A. Five (or more) of the following symptoms have been present during the same 2-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.	
A15	<p>Have you <u>ever</u> had a period of time when you were feeling depressed or down most of the day, <u>nearly every day</u>? (What was that like?)</p> <p>IF NO: <u>How about feeling sad, empty, or hopeless, most of the day, nearly every day?</u></p> <p>IF YES TO EITHER OF ABOVE: How long did it last? (As long as 2 weeks?)</p>		<p>1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful).</p>	— + A15
A16	<p>→ IF PREVIOUS ITEM RATED "+": During that time, did you lose interest or pleasure in things you usually enjoyed? (What was that like?)</p> <p>→ IF PREVIOUS ITEM RATED "—": Have you <u>ever</u> had a period of time when you lost interest or pleasure in things you usually enjoyed? (What was that like?)</p> <p>IF YES TO EITHER OF ABOVE: When was that? Was it <u>nearly every day</u>? How long did it last? (As long as 2 weeks?)</p>		<p>2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).</p>	— + A16
IF BOTH A15 AND A16 ARE RATED AS "—", continue with A29 (Current Manic Episode), page 17.				
<p>Have you had more than one time like that? (Which time was the worst?)</p> <p>IF UNCLEAR: Have you had any times like that since (ONE YEAR AGO)?</p>		<p><i>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.</i></p>		

FOR THE FOLLOWING QUESTIONS, FOCUS ON THE WORST 2 WEEKS OF THE PAST MAJOR DEPRESSIVE EPISODE THAT YOU ARE INQUIRING ABOUT.

IF UNCLEAR: During (MAJOR DEPRESSIVE EPISODE) when were you the most (depressed/OWN WORDS)?

A17

During (WORST 2-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 or 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.



A17

A18

...how were you sleeping? (Trouble falling asleep, waking frequently, trouble staying asleep, waking too early, OR sleeping too much?)

How many hours of sleep (including naps) had you been getting? How many hours of sleep did you typically get before you got (depressed/OWN WORDS)? Was that nearly every night?

4. Insomnia or hypersomnia nearly every day.



A18

A19

...Were you so fidgety or restless that you were unable to sit still?

What about the opposite—talking more slowly, or moving more slowly than is normal for you, as if you were moving through molasses or mud?

(In either instance, 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).

*NOTE: CONSIDER BEHAVIOR DURING THE INTERVIEW.*



A19

A20

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

6. Fatigue or loss of energy nearly every day.



A20

A21

...Were you feeling worthless?

What about feeling guilty about things you had done or not done?

IF YES: What kinds of things? (Was this only because you couldn't take care of things since you had been sick?)

IF YES TO EITHER OF ABOVE: 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).



A21

A22

...did you have trouble thinking or concentrating? Was it hard to make decisions about everyday things? (What kinds of things was it interfering 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).



A22

<b>A23</b> <p>...Were things so bad that you thought a lot about death or that you would be better off dead? Did you think about taking your own life?</p> <p>IF YES: Did you do something about it? (What did you do? Did you make a specific plan? Did you take any action to prepare for it? Did you actually make a suicide attempt?)</p>	<p>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.</p>	<input type="checkbox"/> — <input checked="" type="checkbox"/> +	<b>A23</b>	
		<b>AT LEAST FIVE OF THE ABOVE CRITERION A SXS (A15–A23) ARE RATED “+”.</b>	<b>NO</b> <b>YES</b>	<b>A24</b>
<p>Has there been any other time when you were (depressed/OWN WORDS) and had even more of the symptoms than I just asked about?</p> <p>→ IF YES: Go back to A15, page 13, and assess symptoms for that episode.</p> <p>→ IF NO: Continue with A29 (Current Manic Episode), page 17.</p>		<b>Continue with A25 (Criterion B).</b>		
<p>IF UNCLEAR: What effect did (DEPRESSIVE SXS) have on your life?</p> <p><u>ASK THE FOLLOWING QUESTIONS ONLY AS NEEDED:</u></p> <p>How did (DEPRESSIVE SXS) affect your relationships or your interactions with other people? (Did [DEPRESSIVE SXS] cause you any problems in your relationships with your family, romantic partner, or friends?)</p> <p>How did (DEPRESSIVE SXS) affect your work/school? (How about your attendance at work/school? Did (DEPRESSIVE SXS) make it more difficult to do your work/schoolwork? Did (DEPRESSIVE SXS) affect the quality of your work/schoolwork?)</p> <p>How did (DEPRESSIVE SXS) affect your ability to take care of things at home? How about doing simple everyday things, like getting dressed, bathing, or brushing your teeth? What about doing other things that were important to you, like religious activities, physical exercise, or hobbies? Did you avoid doing anything because you felt like you weren't up to it?</p> <p>Did (DEPRESSIVE SXS) affect any other important part of your life?</p> <p>IF DEPRESSIVE SXS DID NOT INTERFERE WITH LIFE: How much were you bothered or upset by having (DEPRESSIVE SXS)?</p>		<p>B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p>	<input type="checkbox"/> — <input checked="" type="checkbox"/> +	<b>A25</b>
<p>Has there been any other time when you were (depressed/OWN WORDS) and it caused even more problems than the time I just asked about?</p> <p>→ IF YES: Go back to A15, page 13, and assess symptoms for that episode.</p> <p>→ IF NO: Continue with A29 (Current Manic Episode), page 17.</p>		<b>Continue with A26 (Criterion C), next page.</b>		

<b>A26</b> <p>IF UNKNOWN: When did (EPISODE OF DEPRESSION) begin?  <b>Just before this began, were you physically ill?</b>          IF YES: What did the doctor say?  <b>Just before this began, were you taking any medications?</b>          IF YES: Any change in the amount you were taking?  <b>Just before this began, were you drinking or using any street drugs?</b></p> <p>Refer to the User's Guide, Section 9, for guidance on determining whether there is an etiological GMC or substance/medication.</p>	<p>C. [Primary Depressive Episode] The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, medication) or another medical condition.</p> <p><i>NOTE: Code "NO" only if episode is due to a GMC or substance/medication.</i></p> <p><i>Refer to list of etiological GMCs and substances/medications in A12, page 12.</i></p>	<p>NO      YES</p> <p><b>PRIMARY</b></p> <p><b>Diagnose:</b> Depressive Disorder Due to AMC or Substance- Induced Depressive Disorder</p> <p><b>PAST MAJOR DEPRESSIVE EPISODE</b></p>
<p>IF UNKNOWN: Has there been any other time when you were (depressed/OWN WORDS) like this but were not (ill with GMC/using SUBSTANCE)?</p> <p>→ IF YES: Go back to A15, page 13, and assess symptoms for that episode.          → IF NO: Continue with A29 (Current Manic Episode), page 17.</p>		<p>Continue with A27, below.</p>
<b>A27</b> <p>IF UNKNOWN: When did this period of (depression/OWN WORDS) begin?</p>	<p>Onset of depression (month/year)</p>	<p>____ / ____</p> <p><b>A27</b></p>
<b>A28</b> <p>How many separate times in your life have you been (depressed/ OWN WORDS) nearly every day for at least 2 weeks and had several of the symptoms that you described, like (SXS OF WORST EPISODE)?</p>	<p>Total number of Major Depressive Episodes, including current (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT.)</p>	<p>____ - ____</p> <p><b>A28</b></p> <p><b>Continue with A29 (Current Manic Episode), next page.</b></p>

CURRENT MANIC EPISODE	MANIC EPISODE CRITERIA
<p><b>A29</b></p> <p>In the past month, since (ONE MONTH AGO), has there been a period of time when you were feeling so good, "high," excited, or "on top of the world" that other people thought you were not your normal self?</p> <p>→ IF YES: What has it been like? (More than just feeling good?)</p> <p>Have you also been feeling like you were "hyper" or "wired" and had an unusual amount of energy? Have you been much more active than is typical for you? (Have other people commented on how much you have been doing?)</p>	
<p>→ IF NO: Since (ONE MONTH AGO), have you had a period of time when you were feeling irritable, angry, or short-tempered for most of the day, for at least several days? (Is that different from the way you usually are?)</p> <p>What has it been like?</p> <p>Have you also been feeling like you were "hyper" or "wired" and had an unusual amount of energy? Have you been much more active than is typical for you? (Have other people commented on how much you were doing?)</p>	<p>A. A distinct period [lasting at least several days] of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy.</p> <p style="text-align: right;">— + Continue with A54 (Past Manic Episode), page 22.</p>
<p><b>A30</b></p> <p>How long has this lasted? (As long as 1 week?)</p> <p>IF LESS THAN 1 WEEK: Did you need to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?</p> <p>Have you been feeling (high/irritable/OWN WORDS) for most of the day, <u>nearly every day</u>, during this time?</p>	<p>...lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).</p> <p><i>NOTE: IF ELEVATED MOOD LASTS LESS THAN 1 WEEK, CHECK WHETHER THERE HAS BEEN A PERIOD OF IRRITABLE MOOD LASTING AT LEAST 1 WEEK BEFORE SKIPPING TO A41.</i></p> <p style="text-align: right;">— + Continue with A41 (Current Hypomanic Episode), page 20.</p>
<p>FOR A31–A37, FOCUS ON THE MOST SEVERE WEEK IN THE PAST MONTH OF THE CURRENT EPISODE.</p> <p>IF UNKNOWN: During (EPISODE), when were you the most (high/irritable/OWN WORDS)?</p>	<p>B. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior:</p>
<p><b>A31</b></p> <p>During that time...</p> <p>...how did you feel about yourself? (More self-confident than usual? Did you feel much smarter or better than everyone else? Did you feel like you had any special powers or abilities?)</p>	<p>1. Inflated self-esteem or grandiosity.</p> <p style="text-align: right;">— + A31</p>

A32	<p>...did you need less sleep than usual? (How much sleep did you get?)</p> <p>IF YES: Did you still feel rested?</p>	2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).	- +	A32
A33	<p>...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?)</p>	3. More talkative than usual or pressure to keep talking.	- +	A33
A34	<p>...were your thoughts racing through your head? (What was that like?)</p>	4. Flight of ideas or subjective experience that thoughts are racing.	- +	A34
A35	<p>...were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (Give me an example of that.)</p>	5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.	- +	A35
A36	<p>...how did you spend your time? (Work, friends, hobbies? Were you especially busy during that time?)</p> <p>(Did you find yourself more enthusiastic at work or working harder at your job? Did you find yourself more engaged in school activities or studying harder?)</p> <p>(Were you more sociable during that time, such as calling on friends, going out with them more than you usually do, or making a lot of new friends?)</p> <p>(Were you spending more time thinking about sex or involved in doing something sexual, by yourself or with others? Was that a big change for you?)</p> <p>Were you physically restless during this time, doing things like pacing a lot, or being unable to sit still? (How bad was it?)</p>	6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).	- +	A36
A37	<p>...were you doing anything that could have caused trouble for you or your family?</p> <p>(Spending money on things you didn't need or couldn't afford? How about giving away money or valuable things? Gambling with money you couldn't afford to lose?)</p> <p>(Anything sexual that was likely to get you in trouble? Driving recklessly?)</p> <p>(Did you make any risky or impulsive business investments or get involved in a business scheme that you wouldn't normally have done?)</p>	7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).	- +	A37

<b>A38</b>  <p>IF UNCLEAR: What effect have (MANIC SXS) had on your life?</p> <p>IF UNKNOWN: Have you needed to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?</p> <p><b>ASK THE FOLLOWING QUESTIONS ONLY AS NEEDED:</b></p> <p><b>How have (MANIC SXS) affected your relationships or your interactions with other people? (Have [MANIC SXS] caused you any problems in your relationships with your family, romantic partner, or friends?)</b></p> <p><b>How have (MANIC SXS) affected your work/school? (How about your attendance at work/school? Have [MANIC SXS] made it more difficult to do your work/schoolwork? Have [MANIC SXS] affected the quality of your work/schoolwork?)</b></p> <p><b>How have (MANIC SXS) affected your ability to take care of things at home?</b></p>	<p>AT LEAST THREE OF THE ABOVE CRITERION B SXS (A31–A37) ARE RATED "+" (FOUR IF MOOD ONLY IRRITABLE).</p> <p><b>NO</b> <b>YES</b></p> <p>Continue with A54 (Past Manic Episode), page 22.</p> <p>Continue with A39, CRITERION C.</p>	<b>A38</b>  <p>C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.</p> <p><b>+</b></p> <p>Continue with A50 (Current Hypomanic Episode, Criterion C), page 21.</p>
<b>A40</b>  <p>IF UNKNOWN: When did this period of being (high/irritable/OWN WORDS) begin?</p> <p>Just before this began, were you physically ill?</p> <p>IF YES: What did the doctor say?</p> <p>Just before this began, were you taking any medications?</p> <p>IF YES: Any change in the amount you were taking?</p> <p>Just before this began, were you drinking or using any street drugs?</p> <p>Refer to the User's Guide, Section 9, for guidance on determining whether there is an etiological GMC or substance/medication.</p>	<p>D. [Primary Manic Episode] The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) or another medical condition.</p> <p><b>Note:</b> A full Manic Episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a Manic Episode and, therefore, a Bipolar I [Disorder] diagnosis.</p> <p><b>NOTE:</b> Code "NO" only if episode is due to a GMC or substance/medication.</p> <p><b>Etiological GMCs include</b> Alzheimer's disease, vascular dementia, HIV-induced dementia, Huntington's disease, Lewy body disease, Wernicke-Korsakoff syndrome, Cushing's disease, multiple sclerosis, amyotrophic lateral sclerosis, Parkinson's disease, Pick's disease, Creutzfeldt-Jakob disease, stroke, traumatic brain injuries, and hyperthyroidism.</p> <p><b>Etiological substances/medications include</b> alcohol (I/W); phencyclidine (I); hallucinogens (I); sedatives, hypnotics, and anxiolytics (I/W); amphetamines (I/W); cocaine (I/W); corticosteroids; androgens; isoniazid; levodopa; interferon-alpha; varenicline; procarbazine; clarithromycin; and ciprofloxacin.</p>	<p><b>NO</b> <b>YES</b></p> <p><b>PRIMARY</b></p> <p><b>Diagnose:</b> Bipolar Disorder Due to AMC or Substance-Induced Bipolar Disorder</p> <p>Continue with A54 (Past Manic Episode), page 22.</p> <p><b>CURRENT MANIC EPISODE</b> Continue with B1 (Psychotic Symptoms), page 31.</p>

CURRENT HYPOMANIC EPISODE		HYPOMANIC EPISODE CRITERIA	
A41	<p>Has the period when you were feeling (high/irritable/OWN WORDS) lasted for at least 4 days? <u>Has it lasted for most of the day, nearly every day?</u></p> <p>Have you had more than one time like that since (ONE MONTH AGO)? (Which one was the most extreme?)</p>	<p>A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least 4 consecutive days and present most of the day, nearly every day.</p>	 + <div style="border: 1px solid black; padding: 2px;">Continue with A54 (Past Manic Episode), page 22.</div>
A42	<p>FOR A42–A48, FOCUS ON THE MOST EXTREME PERIOD IN THE PAST MONTH OF THE CURRENT EPISODE.</p> <p>IF UNKNOWN: During (EPISODE), when were you the most (high/irritable/OWN WORDS)?</p>	<p>B. During the period of mood disturbance and increased energy and activity, three (or more) of the following symptoms (four if the mood is only irritable) have persisted, represent a noticeable change from usual behavior, and have been present to a significant degree:</p>	
A43	<p>During that time...</p> <p>...how were you feeling about yourself? (More self-confident than usual? Did you feel much smarter or better than everyone else? Did you feel like you had any special powers or abilities?)</p>	<p>1. Inflated self-esteem or grandiosity.</p>	 + 
A44	<p>...did you need less sleep than usual? (How much sleep did you get?)</p> <p>IF YES: Were you still feeling rested?</p>	<p>2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).</p>	 + 
A45	<p>...were you much more talkative than usual? (Did people have trouble stopping you, understanding you, or getting a word in edgewise?)</p>	<p>3. More talkative than usual or pressure to keep talking.</p>	 + 
A46	<p>...were your thoughts racing through your head? (What was that like?)</p>	<p>4. Flight of ideas or subjective experience that thoughts are racing.</p>	 + 
A47	<p>...were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (Give me an example of that.)</p> <p>...how were you spending your time? (Work, friends, hobbies? Were you especially productive or busy during that time?)</p> <p>(Were you finding yourself more enthusiastic at work or working harder at your job? Did you find yourself more engaged in school activities or studying harder?)</p> <p>(Were you more sociable during that time, such as calling on friends, going out with them more than you usually do, or making a lot of new friends?)</p> <p>(Were you spending more time thinking about sex or involved in doing something sexual, by yourself or with others? Was that a big change for you?)</p> <p>Were you physically restless during this time, doing things like pacing a lot or being unable to sit still? (How bad was it?)</p>	<p>5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.</p> <p>6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation.</p>	 + 

<b>A48</b> <p>...were you doing anything that could have caused trouble for you or your family?</p> <p>(Spending money on things you didn't need or couldn't afford? How about giving away money or valuable things? Gambling with money you couldn't afford to lose?)</p> <p>(Anything sexual that was likely to get you in trouble? Driving recklessly?)</p> <p>(Did you make any risky or impulsive business investments or get involved in a business scheme that you wouldn't normally have done?)</p>	<p>7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).</p>	<span style="border: 1px solid black; padding: 2px;">—</span> <span style="border: 1px solid black; padding: 2px;">+</span>	<b>A48</b>
<b>A49</b>	<p>AT LEAST THREE OF THE ABOVE CRITERION B SXS (A42–A48) ARE RATED "+" (FOUR IF MOOD ONLY IRRITABLE).</p>	<span style="border: 1px solid black; padding: 2px;">NO</span> <span style="border: 1px solid black; padding: 2px;">YES</span>	<b>A49</b>
<b>A50</b> <p>IF UNCLEAR: Was this very different from the way you usually are when you're not (high/irritable/OWN WORDS)? (How were you different? At work? At school? With friends?)</p>	<p>C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic.</p>	<span style="border: 1px solid black; padding: 2px;">—</span> <span style="border: 1px solid black; padding: 2px;">+</span>	<b>A50</b>
<b>A51</b> <p>IF UNKNOWN: Did other people notice the change in you? (What did they say?)</p>	<p>D. The disturbance in mood and the change in functioning are observable by others.</p>	<span style="border: 1px solid black; padding: 2px;">—</span> <span style="border: 1px solid black; padding: 2px;">+</span>	<b>A51</b>
<b>A52</b> <p>IF UNCLEAR: What effect have (HYPOMANIC SXS) had on your life?</p> <p>ASK THE FOLLOWING QUESTIONS ONLY AS NEEDED:</p> <p>How have (HYPOMANIC SXS) affected your relationships or your interactions with other people? (Have [HYPOMANIC SXS] caused you any problems in your relationships with your family, romantic partner, or friends?)</p> <p>How have (HYPOMANIC SXS) affected your work/school? (How about your attendance at work/school? Have [HYPOMANIC SXS] affected the quality of your work/schoolwork?)</p> <p>How have (HYPOMANIC SXS) affected your ability to take care of things at home?</p> <p>IF UNKNOWN: Have you needed to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?</p>	<p>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].</p> <p>If the episode is severe enough to require hospitalization, go back to A31 (Criterion B for Manic Episode), transcribe ratings from A42–A48 to A31–A37, code A30 "+," and A38 "YES," and continue with A39 (ratings for Criterion C in current Manic Episode). If the episode is severe enough to cause marked impairment or there are psychotic features but duration of the episode is between 4 and 7 days, continue with A54 (Past Manic Episode), page 22. If criteria ultimately are not met for a Past Manic Episode, diagnose this episode as Other Specified Bipolar Disorder (D23, page 51).</p>	<span style="border: 1px solid black; padding: 2px;">—</span> <span style="border: 1px solid black; padding: 2px;">+</span>	<b>A52</b>
			<p>Continue with A53, CRITERION F, next page.</p>

A53

IF UNKNOWN: When did this period of being (high/irritable/OWN WORDS) begin?

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?

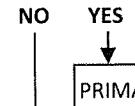
Refer to the User's Guide, Section 9, for guidance on determining whether there is an etiological GMC or substance/medication.

F. [Primary Hypomanic Episode] The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) or another medical condition.

**Note:** A full Hypomanic Episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a Hypomanic Episode diagnosis. However, caution is indicated so that one or two symptoms (particularly increased irritability, edginess, or agitation following antidepressant use) are neither taken as sufficient for diagnosis of a Hypomanic Episode, nor necessarily indicative of a bipolar diathesis.

**NOTE:** Code "NO" only if episode is due to a GMC or substance/medication.

Refer to list of etiological GMCS and substances/medications in A40, page 19.



A53

A53

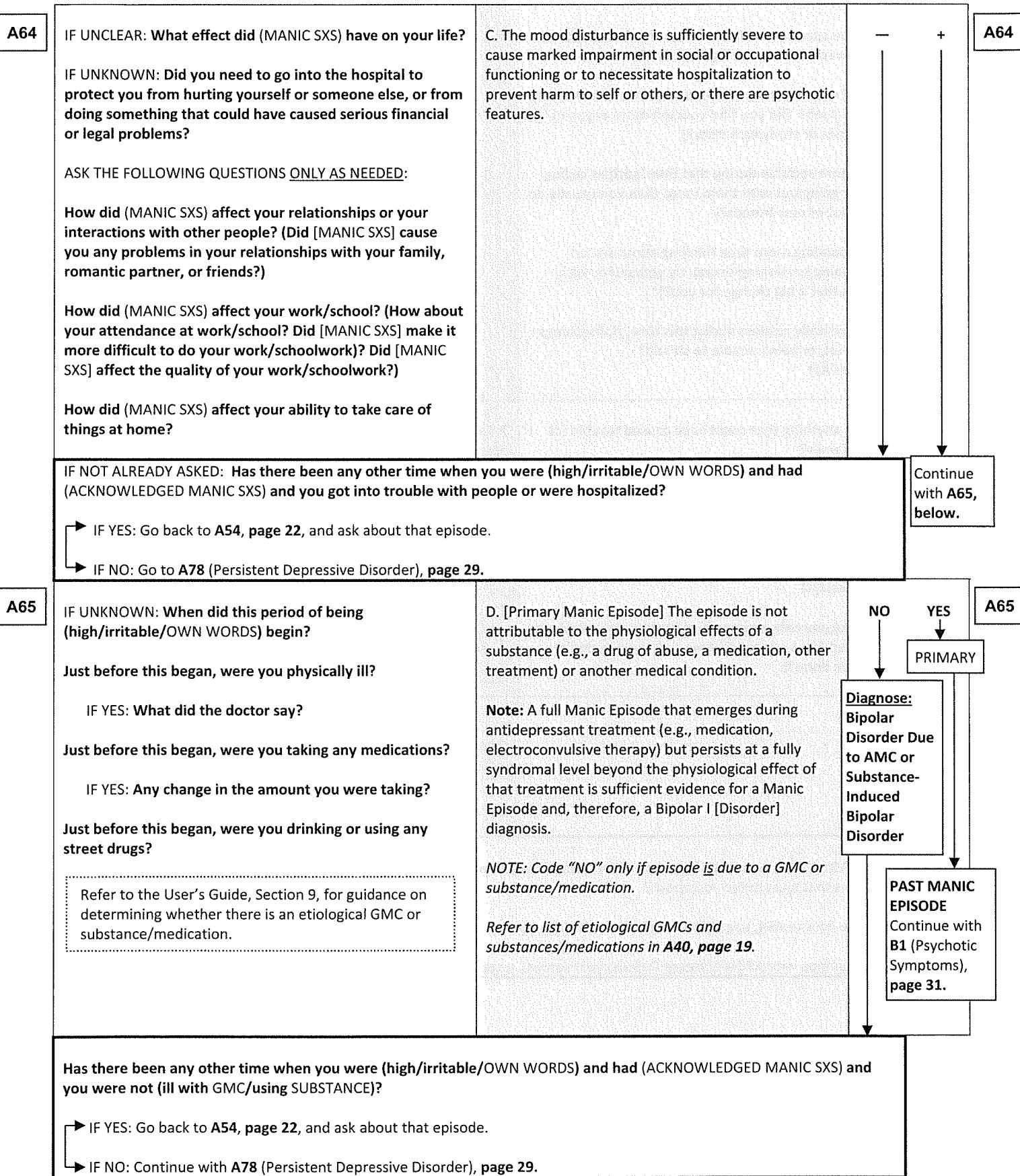
PAST MANIC EPISODE	MANIC EPISODE CRITERIA
<p><b>NOTE: IF THERE IS CURRENTLY ELEVATED OR IRRITABLE MOOD BUT FULL CRITERIA ARE NOT MET FOR A MANIC EPISODE, SUBSTITUTE THE PHRASE "Has there ever been another time..." IN THE SCREENING QUESTIONS BELOW.</b></p> <p>Have you <u>ever</u> had a period of time when you were feeling so good, "high," excited, or "on top of the world" that other people thought you were not your normal self?</p> <p>►IF YES: What was it like? (Was that more than just feeling good?)</p> <p>Did you also feel like you were "hyper" or "wired" and had an unusual amount of energy? Were you much more active than is typical for you? (Did other people comment on how much you were doing?)</p>	
<p>►IF NO: Have you <u>ever</u> had a period of time when you were feeling irritable, angry, or short-tempered for most of the day, for at least several days? (Was that different from the way you usually are?)</p> <p>What was it like?</p> <p>Did you also feel like you were "hyper" or "wired" and had an unusual amount of energy? Were you much more active than is typical for you? (Did other people comment on how much you were doing?)</p>	<p>A. A distinct period [lasting at least several days] of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy.</p> <p>— +</p> <p>Continue with A78 (Persistent Depressive Disorder), page 29.</p>

A54

A54

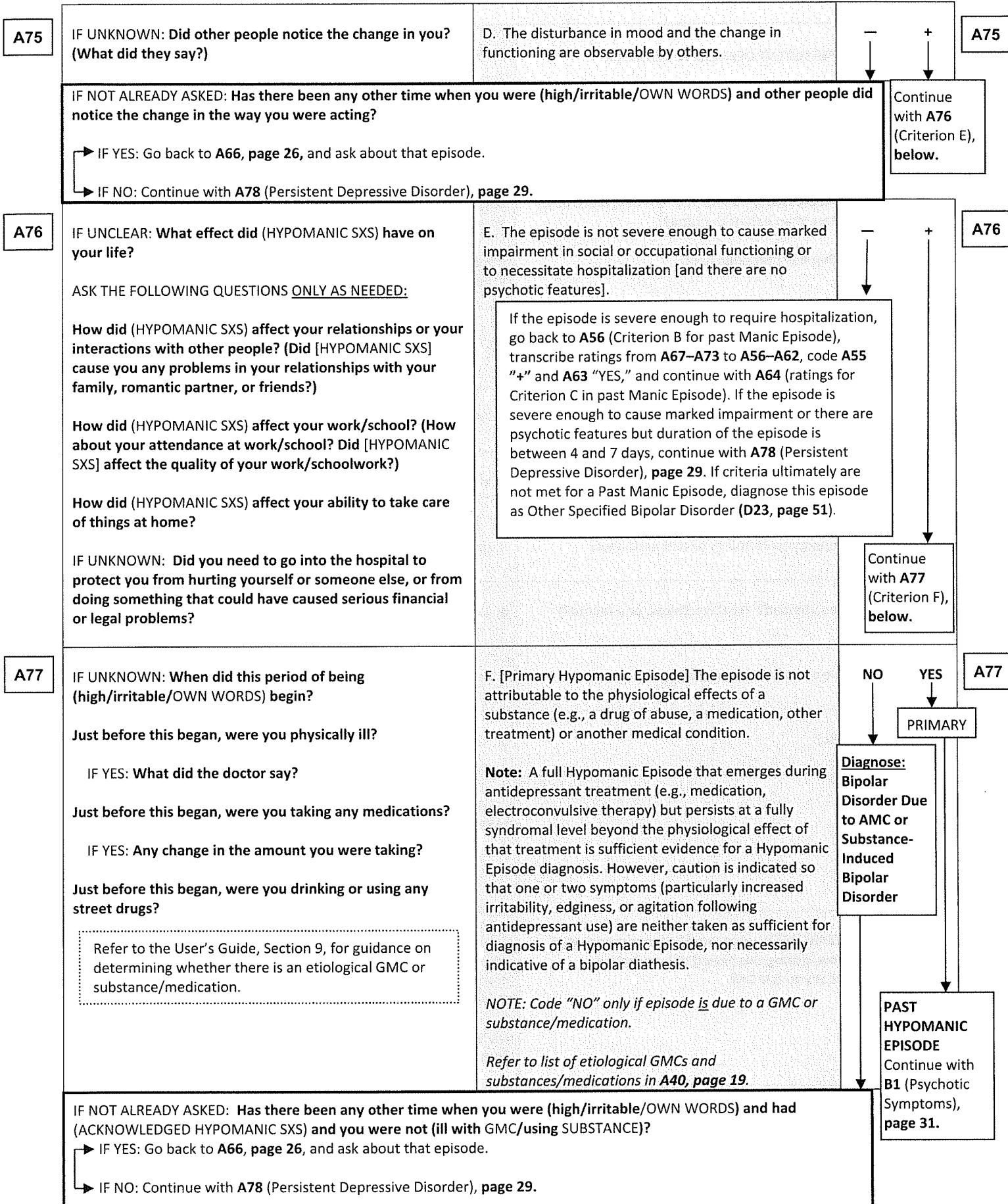
A55	<p>Have you had more than one time like that? (Which time was the most intense or caused the most problems?)</p> <p>IF UNCLEAR: Have you had any times like that since (ONE YEAR AGO)?</p> <p>How long did this last? (As long as 1 week?)</p> <p>IF LESS THAN ONE WEEK: Did you need to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?</p> <p>Did you feel (high/irritable/OWN WORDS) for most of the day, <u>nearly every day</u>, during this time?</p>	<p><b>NOTE:</b> If there is evidence for more than one past episode, select the one with the most impairment for your inquiry about past Manic Episode. If there was an episode in the past year, ask about that episode. If possible, avoid episodes that are likely to be substance-induced.</p> <p>...lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).</p> <p><b>NOTE: IF ELEVATED MOOD LASTED LESS THAN 1 WEEK, CHECK WHETHER THERE HAS BEEN A PERIOD OF IRRITABLE MOOD LASTING AT LEAST 1 WEEK BEFORE SKIPPING TO A66.</b></p>	<p>— +</p> <p>Continue with A66 (Past Hypomanic Episode), page 26.</p>	A55
A56	<p>FOR A56–A62, FOCUS ON THE MOST SEVERE PERIOD OF THE EPISODE THAT YOU ARE INQUIRING ABOUT.</p> <p>IF UNKNOWN: During (EPISODE), when were you the most (high/irritable/OWN WORDS)?</p>	<p>B. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior:</p>		A56
A57	<p>During that time...</p> <p>...how did you feel about yourself? (More self-confident than usual? Did you feel much smarter or better than everyone else? Did you feel like you had any special powers or abilities?)</p>	<p>1. Inflated self-esteem or grandiosity.</p>	<p>— +</p>	A57
A58	<p>...did you need less sleep than usual? (How much sleep did you get?)</p>	<p>2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).</p>	<p>— +</p>	A58
A59	<p>IF YES: Did you still feel rested?</p> <p>...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?)</p>	<p>3. More talkative than usual or pressure to keep talking.</p>	<p>— +</p>	A59
A60	<p>...were your thoughts racing through your head? (What was that like?)</p> <p>...were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (Give me an example of that.)</p>	<p>4. Flight of ideas or subjective experience that thoughts are racing.</p> <p>5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.</p>	<p>— +</p>	A60

<b>A61</b> <p>...how did you spend your time? (Work, friends, hobbies? Were you especially busy during that time?)</p> <p>(Did you find yourself more enthusiastic at work or working harder at your job? Did you find yourself more engaged in school activities or studying harder?)</p> <p>(Were you more sociable during that time, such as calling on friends or going out with them more than you usually do or making a lot of new friends?)</p> <p>(Were you spending more time thinking about sex or involved in doing something sexual, by yourself or with others? Was that a big change for you?)</p> <p>Were you physically restless during this time, doing things like pacing a lot, or being unable to sit still? (How bad was it?)</p>	<p>6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).</p>	<span style="border: 1px solid black; padding: 2px;">—</span> <span style="border: 1px solid black; padding: 2px;">+</span>	<b>A61</b>
<b>A62</b> <p>...did you do anything that could have caused trouble for you or your family?</p> <p>(Spending money on things you didn't need or couldn't afford? How about giving away money or valuable things? Gambling with money you couldn't afford to lose?)</p> <p>(Anything sexual that was likely to get you in trouble? Driving recklessly?)</p> <p>(Did you make any risky or impulsive business investments or get involved in a business scheme that you wouldn't normally have done?)</p>	<p>7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).</p>	<span style="border: 1px solid black; padding: 2px;">—</span> <span style="border: 1px solid black; padding: 2px;">+</span>	<b>A62</b>
<b>A63</b>	<p>AT LEAST THREE OF THE ABOVE CRITERION B SXS (A56–A62) ARE RATED “+” (FOUR IF MOOD ONLY IRRITABLE).</p>	<span style="border: 1px solid black; padding: 2px;">NO</span> <span style="border: 1px solid black; padding: 2px;">YES</span>	<b>A63</b>
<p>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?</p> <p>► IF YES: Go back to A54, page 22, and ask about that episode.</p> <p>► IF NO: Continue with A78 (Persistent Depressive Disorder), page 29.</p>		<p>Continue with A64 (Criterion C), next page.</p>	



PAST HYPOMANIC EPISODE	HYPOMANIC EPISODE CRITERIA	
<p><b>A66</b></p> <p>IF UNKNOWN: Have you had more than one time like that? IF YES: Which time was the most intense or extreme? IF UNCLEAR: Have you had any times like that in the last year, since (ONE YEAR AGO)? Did that period when you were (high/irritable/OWN WORDS) last for at least 4 days? <u>Was it for most of the day, nearly every day?</u></p>	<p>A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least 4 consecutive days and present most of the day, nearly every day.</p> <p><i>NOTE: If there is evidence for more than one past episode, select the "worst" (most intense) one for your inquiry about past Hypomanic Episode. If there was an episode in the past year, ask about that episode. If possible, avoid episodes that are likely to be substance-induced.</i></p>	<p>— +</p> <p><b>A66</b></p> <p>Continue with A78 (Persistent Depressive Disorder), page 29.</p>
	<p>B. During the period of mood disturbance and increased energy and activity, three (or more) of the following symptoms (four if the mood is only irritable) have persisted, represent a noticeable change from usual behavior, and have been present to a significant degree:</p>	
<p><b>A67</b></p> <p>During that time... ...how did you feel about yourself? (More self-confident than usual? Did you feel much smarter or better than everyone else? Did you feel like you had any special powers or abilities?)</p>	<p>1. Inflated self-esteem or grandiosity.</p>	<p>— +</p> <p><b>A67</b></p>
<p><b>A68</b></p> <p>...did you need less sleep than usual? (How much sleep did you get?) IF YES: Did you still feel rested?</p>	<p>2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).</p>	<p>— +</p> <p><b>A68</b></p>
<p><b>A69</b></p> <p>...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?)</p>	<p>3. More talkative than usual or pressure to keep talking.</p>	<p>— +</p> <p><b>A69</b></p>
<p><b>A70</b></p> <p>...were your thoughts racing through your head? (What was that like?)</p>	<p>4. Flight of ideas or subjective experience that thoughts are racing.</p>	<p>— +</p> <p><b>A70</b></p>
<p><b>A71</b></p> <p>...were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (Give me an example of that.)</p>	<p>5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.</p>	<p>— +</p> <p><b>A71</b></p>

A72	<p>...how did you spend your time? (Work, friends, hobbies? Were you especially productive or busy during that time?)</p> <p>(Did you find yourself more enthusiastic at work or working harder at your job? Did you find yourself more engaged in school activities or studying harder?)</p> <p>(Were you more sociable during that time, such as calling on friends or going out with them more than you usually do or making a lot of new friends?)</p> <p>(Were you spending more time thinking about sex or involved in doing something sexual, by yourself or with others? Was that a big change for you?)</p> <p>Were you physically restless during this time, doing things like pacing a lot, or being unable to sit still? (How bad was it?)</p>	<p>6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation.</p> <p>(Handwriting sample: [unclear])</p>	—	+	A72
A73	<p>...did you do anything that could have caused trouble for you or your family?</p> <p>(Spending money on things you didn't need or couldn't afford? How about giving away money or valuable things? Gambling with money you couldn't afford to lose?)</p> <p>(Anything sexual that was likely to get you in trouble? Driving recklessly?)</p> <p>(Did you make any risky or impulsive business investments or get involved in a business scheme that you wouldn't normally have done?)</p>	<p>7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).</p> <p>(Handwriting sample: [unclear])</p> <p>(Handwriting sample: [unclear])</p> <p>(Handwriting sample: [unclear])</p> <p>(Handwriting sample: [unclear])</p>	—	+	A73
A73a		<p>AT LEAST THREE OF THE ABOVE CRITERION B SXS (A67–A73) ARE RATED “+” (FOUR IF MOOD ONLY IRRITABLE).</p>	NO	YES	A73a
A74	<p>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?</p> <p>► IF YES: Go back to A66, page 26, and ask about that episode.</p> <p>► IF NO: Continue with A78 (Persistent Depressive Disorder), page 29.</p>	<p>Continue with A74, (Criterion C), below.</p>	+	—	A74
A74	<p>IF UNCLEAR: Was this very different from the way you usually are when you are not (high/irritable/OWN WORDS)? (How were you different? At work? With friends?)</p> <p>IF NOT ALREADY ASKED: Has there been any other time when you were (high/irritable/OWN WORDS) in which you were really different from the way you usually are?</p> <p>► IF YES: Go back to A66, page 26, and ask about that episode.</p> <p>► IF NO: Continue with A78 (Persistent Depressive Disorder), page 29.</p>	<p>C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic.</p> <p>(Handwriting sample: [unclear])</p>	—	+	A74



PERSISTENT DEPRESSIVE DISORDER		PERSISTENT DEPRESSIVE DISORDER CRITERIA	
<p>IF: THERE HAS EVER BEEN A MANIC OR HYPOMANIC EPISODE, SKIP THE ASSESSMENT OF PERSISTENT DEPRESSIVE DISORDER AND CONTINUE WITH B1 (PSYCHOTIC SYMPTOMS), PAGE 31.</p>			
A78	<p>In the past 2 years, since (TWO YEARS AGO), have you been bothered by depressed mood most of the day, more days than not? (More than half of the time?)</p> <p>IF YES: What has that been like?</p>	<p>A. Depressed mood for most of the day, for more days than not, as indicated either by subjective account or observation by others, for at least 2 years.</p> <p><b>Note:</b> In children and adolescents, mood can be irritable and duration must be at least 1 year.</p>	A78 — + Continue with B1 (Psychotic Symptoms), page 31.
A79	<p>During these periods of (OWN WORDS FOR CHRONIC DEPRESSION) did you often...</p> <p>...lose your appetite? (What about overeating?)</p>	<p>B. Presence, while depressed, of two (or more) of the following:</p> <p>1. Poor appetite or overeating.</p>	A79 — +
A80	<p>...have trouble sleeping or sleep too much?</p>	<p>2. Insomnia or hypersomnia.</p>	A80 — +
A81	<p>...have little energy to do things or feel tired a lot?</p>	<p>3. Low energy or fatigue.</p>	A81 — +
A82	<p>...feel down on yourself? (Feel worthless, or a failure?)</p>	<p>4. Low self-esteem.</p>	A82 — +
A83	<p>...have trouble concentrating or making decisions?</p>	<p>5. Poor concentration or difficulty making decisions.</p>	A83 — +
A84	<p>...feel hopeless?</p>	<p>6. Feelings of hopelessness.</p>	A84 — +
A85		<p>AT LEAST TWO OF THE ABOVE CRITERION B SXS (A79–A84) ARE RATED "+".</p>	<p>NO YES ↓ Continue with B1 (Psychotic Symptoms), page 31.</p>
A86	<p>Since (TWO YEARS AGO), what was the longest period of time up till now, during this period of long-lasting depression, that you felt OK?</p>	<p>C. During the 2-year period (1 year for children or adolescents) of the disturbance, the individual has never been without the symptoms in Criteria A and B for more than 2 months at a time.</p> <p><b>NOTE: CRITERION D HAS BEEN INTENTIONALLY OMITTED.</b></p>	<p>— + ↓ Continue with B1 (Psychotic Symptoms), page 31.</p>
A87		<p>E. There has never been a Manic Episode or a Hypomanic Episode, and criteria have never been met for Cyclothymic Disorder.</p>	<p>— + ↓ Continue with B1 (Psychotic Symptoms), page 31.</p>

<p><b>A88</b></p> <p>IF NOT ALREADY CLEAR: RETURN TO THIS ITEM AFTER COMPLETING THE PSYCHOTIC DISORDERS SECTION.</p>	<p>F. The disturbance is not better explained by a persistent Schizoaffective Disorder, Schizophrenia, Delusional Disorder, or Other Specified or Unspecified Schizophrenia Spectrum and Other Psychotic Disorder.</p> <p><i>NOTE: CODE “+” IF NO PERSISTENT PSYCHOTIC DISORDER OR IF NOT BETTER EXPLAINED BY A PERSISTENT PSYCHOTIC DISORDER.</i></p>	<p>— +</p> <p>Continue with B1 (Psychotic Symptoms), page 31.</p>
<p><b>A89</b></p> <p>IF UNKNOWN; When did this begin?</p> <p>Just before this began, were you physically ill?</p> <p>IF YES: What did the doctor say?</p> <p>Just before this began, were you taking any medications?</p> <p>IF YES: Any change in the amount you were taking?</p> <p>Just before this began, were you drinking or using any street drugs?</p> <p>Refer to the User’s Guide, Section 9, for guidance on determining whether there is an etiological GMC or substance/medication.</p>	<p>G. [Primary Depressive Disorder] The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hypothyroidism).</p> <p><i>Refer to list of etiological GMCs and substances/medications in A12, page 12.</i></p>	<p>NO YES</p> <p>PRIMARY</p> <p>Diagnose: Depressive Disorder Due to AMC or Substance-Induced Depressive Disorder</p> <p>Continue with B1 (Psychotic Symptoms), page 31.</p> <p>Continue with A90, below.</p>
<p><b>A90</b></p> <p>IF UNCLEAR: What effect have (DEPRESSIVE SXS) had on your life?</p> <p>ASK THE FOLLOWING QUESTIONS <u>ONLY AS NEEDED</u>:</p> <p>How have (DEPRESSIVE SXS) affected your relationships or your interactions with other people? (Have [DEPRESSIVE SXS] caused you any problems in your relationships with your family, romantic partner, or friends?)</p> <p>How have (DEPRESSIVE SXS) affected your work/school? (How about your attendance at work/school? Have [DEPRESSIVE SXS] made it more difficult to do your work/schoolwork? Have [DEPRESSIVE SXS] affected the quality of your work/schoolwork?)</p> <p>How have (DEPRESSIVE SXS) affected your ability to take care of things at home? How about doing simple everyday things, like getting dressed, bathing, or brushing your teeth? How about doing other things that are important to you, like religious activities, physical exercise, or hobbies? Did you avoid doing anything because you felt like you weren’t up to it?</p> <p>Have (DEPRESSIVE SXS) affected any other important part of your life?</p> <p>IF DOES NOT INTERFERE WITH LIFE: How much have you been bothered or upset by having (DEPRESSIVE SXS)?</p>	<p>H. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p> <p>— +</p> <p>Continue with B1 (Psychotic Symptoms), page 31.</p> <p>Diagnose: Persistent Depressive Disorder (current). Continue with B1 (Psychotic Symptoms), page 31.</p>	<p>A90</p>

## B. PSYCHOTIC AND ASSOCIATED SYMPTOMS

FOR ANY PSYCHOTIC AND ASSOCIATED SYMPTOMS THAT ARE PRESENT, DETERMINE WHETHER THE SYMPTOM IS DEFINITELY "PRIMARY" (I.E., DUE TO A PSYCHOTIC DISORDER) OR WHETHER THERE IS A POSSIBLE OR DEFINITE ETIOLOGICAL GMC OR SUBSTANCE/MEDICATION. (REFER TO C6, PAGE 38, FOR A LIST OF ETIOLOGICAL GMCS OR SUBSTANCES/MEDICATIONS.) THIS INFORMATION WILL BE USEFUL IN DIFFERENTIATING A PRIMARY PSYCHOTIC DISORDER FROM A PSYCHOTIC DISORDER DUE TO AMC OR SUBSTANCE/MEDICATION-INDUCED PSYCHOTIC DISORDER IN MODULE C.

THE FOLLOWING QUESTIONS MAY BE USEFUL FOR THIS DETERMINATION IF THE OVERVIEW HAS NOT ALREADY PROVIDED THE INFORMATION:

**Just before (PSYCHOTIC SXS) began, were you using drugs? IF YES: What were you using?**

...On any medications? IF YES: What were you taking?

...Did you drink much more than usual or stop drinking after you had been drinking a lot for a while?

...Were you physically ill?

IF YES TO ANY: Has there been a time when you had (PSYCHOTIC SXS) and were not (using [DRUG]/taking [MEDICATION]/changing your drinking habits/physically ill)?

Now I am going to ask you about unusual experiences that people sometimes have.

### DELUSIONS

A false belief based on incorrect inference about external reality that is firmly held despite what almost everyone else believes and despite 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 (i.e., it is not an article of religious faith). When a false belief involves a value judgment, it is regarded as a delusion only when the judgment is so extreme as to defy credibility.

*NOTE: Code overvalued ideas (unreasonable and sustained beliefs that are maintained with less than delusional intensity) as “—”.*

B1

Has it ever seemed like people were talking about you or taking special notice of you? (What do you think they were saying about you?)

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

Did you ever have the feeling that something on the radio, TV, or in a movie was meant especially for you? (Not just that it was particularly relevant to you, but that it was specifically meant for you.)

Did you ever have the feeling that the words in a popular song were meant to send you a special message?

Did you ever have the feeling that what people were wearing was intended to send you a special message?

Did you ever have the feeling that street signs or billboards had a special meaning for you?

**Delusion of reference** (i.e., a belief that events, objects, or other people in the individual's immediate environment have a particular or unusual significance)

DESCRIBE:

— +

B1

B2

What about anyone going out of their way to give you a hard time, or trying to hurt you? (Tell me about that.)

Have you ever had the feeling that you were being followed, spied on, manipulated, or plotted against?

Did you ever have the feeling that you were being poisoned or that your food had been tampered with?

**Persecutory delusion** (i.e., a belief that the individual [or his or her group] is being attacked, harassed, cheated, persecuted, or conspired against)

DESCRIBE:

— +

B2

B3	<p>Have you ever thought that you were especially important in some way, or that you had special powers or knowledge? (Tell me about that.)</p> <p>Did you ever believe that you had a special or close relationship with a celebrity or someone else famous?</p>	<p><b>Grandiose delusion</b> (i.e., content involves exaggerated power, knowledge or importance, or a special relationship to a deity or famous person)</p> <p>DESCRIBE:</p>	- +	B3
B4	<p>Have you ever been convinced that something was very wrong with your physical health even though your doctor said nothing was wrong...like you had cancer or some other disease? (Tell me about that.)</p> <p>Have you ever felt that something strange was happening to parts of your body?</p>	<p><b>Somatic delusion</b> (i.e., content involves change or disturbance in body appearance or functioning)</p> <p>DESCRIBE:</p>	- +	B4
B5	<p>Have you ever felt that you had committed a crime or done something terrible for which you should be punished? (Tell me about that.)</p> <p>Have you ever felt that something you did, or should have done but did not do, caused serious harm to your parents, children, other family members, or friends? (Tell me about that.)</p> <p>What about feeling responsible for a disaster such as a fire, flood, or earthquake? (Tell me about that.)</p>	<p><b>Delusion of guilt</b> (i.e., a belief that a minor error in the past will lead to disaster, or that he or she has committed a horrible crime and should be punished severely, or that he or she is responsible for a disaster [e.g., an earthquake or fire] with which there can be no possible connection)</p> <p>DESCRIBE:</p>	- +	B5
B6	<p>Have you ever been convinced that your spouse or partner was being unfaithful to you?</p> <p>IF YES: How did you know he/she was being unfaithful? (What clued you into this?)</p>	<p><b>Jealous delusion</b> (i.e., a belief that one's sexual partner is unfaithful)</p> <p>DESCRIBE:</p>	- +	B6
B7	<p>Are you a religious or spiritual person?</p> <ul style="list-style-type: none"> <li>▶ IF YES: Have you ever had any religious or spiritual experiences that the other people in your religious or spiritual community have not experienced?           <ul style="list-style-type: none"> <li>▶ IF YES: Tell me about your experiences. (What did they think about these experiences of yours?)</li> <li>▶ IF NO: Have you ever felt that God, the devil, or some other spiritual being or higher power has communicated directly with you? (Tell me about that. Do others in your religious or spiritual community also have such experiences?)</li> </ul> </li> <li>▶ IF NO: Have you ever felt that God, or the devil or some other spiritual being or higher power has communicated directly with you? (Tell me about that. Do others in your religious or spiritual community also have such experiences?)</li> </ul>	<p><b>Religious delusion</b> (i.e., a delusion with a religious or spiritual content)</p> <p>DESCRIBE:</p>	- +	B7

B8	<p>Did you ever have a "secret admirer" who, when you tried to contact them, denied that they were in love with you? (Tell me about that.)</p> <p>Were you ever romantically involved with someone famous? (Tell me about that.)</p>	<p><b>Erotomanic delusion</b> (i.e., a belief that another person, usually of higher status, is in love with the individual)</p> <p>DESCRIBE:</p>	- +	B8
B9	<p>Did you ever feel that someone or something outside yourself was controlling your thoughts or actions against your will? (Tell me about that.)</p>	<p><b>Delusion of being controlled</b> (i.e., feelings, impulses, thoughts, or actions are experienced as being under the control of some external force rather than under one's own control)</p> <p>DESCRIBE:</p>	- +	B9
B10	<p>Did you ever feel that certain thoughts that were not your own were put into your head? (Tell me about that.)</p>	<p><b>Thought insertion</b> (i.e., a belief that certain thoughts are not one's own, but rather are inserted into one's mind)</p> <p>DESCRIBE:</p>	- +	B10
B11	<p>What about thoughts being taken out of your head? (Tell me about that.)</p>	<p><b>Thought withdrawal</b> (i.e., a belief that one's thoughts have been "removed" by some outside force)</p> <p>DESCRIBE:</p>	- +	B11
B12	<p>Did you ever feel as if your thoughts were being broadcast out loud so that other people could actually hear what you were thinking? (Tell me about that.)</p>	<p><b>Thought broadcasting</b> (i.e., a delusion that one's thoughts are being broadcast out loud so that others can perceive them)</p> <p>DESCRIBE:</p>	- +	B12
B13	<p>Did you ever believe that someone could read your mind? (Tell me about that.)</p>	<p><b>Other delusions</b> (e.g., a belief that others can read the person's mind, a delusion that one has died several years ago)</p> <p>DESCRIBE:</p>	- +	B13
<b>HALLUCINATIONS</b>				
A perception-like experience with the clarity and impact of a true perception, but without the external stimulation of the relevant sensory organ. The person may or may not have insight into the nonveridical nature of the hallucination (i.e., one hallucinating person may recognize the false sensory experience, whereas another may be convinced that the experience is grounded in reality).				
<p><i>NOTE: Code “—” for hallucinations that are so transient as to be without diagnostic significance.</i></p> <p><i>Code “—” for hypnagogic or hypnopompic hallucinations occurring only when falling asleep or upon awakening, respectively.</i></p>				
B14	<p>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?)</p> <p>IF YES: What did you hear? How often did you hear it?</p>	<p><b>Auditory hallucinations</b> (i.e., a hallucination involving the perception of sound, most commonly of voice, when fully awake, heard either inside or outside of one's head)</p> <p>DESCRIBE:</p>	- +	B14

B15	<p>Did you have visions or see things that other people couldn't see? (Tell me about that. Were you awake at the time?)</p>	<p><b>Visual hallucinations</b> (i.e., a hallucination involving sight, which may consist of formed images, such as of people, or of unformed images, such as flashes of light)</p> <p><i>NOTE: Distinguish from an illusion (i.e., a misperception of a real external stimulus).</i></p> <p>DESCRIBE:</p>	-	+	B15
B16	<p>What about strange sensations on your skin, like feeling like something is creeping or crawling on or under your skin? How about the feeling of being touched or stroked? (Tell me about that.)</p>	<p><b>Tactile hallucinations</b> (i.e., a hallucination involving the perception of being touched or of something being under one's skin)</p> <p>DESCRIBE</p>	-	+	B16
B17	<p>What about having unusual sensations inside a part of your body, like a feeling of electricity? (Tell me about that.)</p>	<p><b>Somatic hallucinations</b> (i.e., a hallucination involving the perception of physical experience localized within the body [e.g., a feeling of electricity])</p> <p>DESCRIBE:</p>	-	+	B17
B18	<p>How about eating or drinking something that you thought tasted bad or strange even though everyone else who tasted it thought it was fine? (Tell me about that.)</p>	<p><b>Gustatory hallucinations</b> (i.e., a hallucination involving the perception of taste [usually unpleasant])</p> <p>DESCRIBE:</p>	-	+	B18
B19	<p>What about smelling unpleasant things that other people couldn't smell, like decaying food or dead bodies? (Tell me about that.)</p>	<p><b>Olfactory hallucinations</b> (i.e., a hallucination involving the perception of odor)</p> <p>DESCRIBE:</p>	-	+	B19

#### DISORGANIZED SPEECH AND BEHAVIOR AND CATATONIA

(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)

B20	<p><b>DISORGANIZED SPEECH:</b> The individual may switch from one topic to another (derailment or loose associations). Answers to questions may be obliquely related or completely unrelated (tangentiality). Rarely, speech may be so severely disorganized that it is nearly incomprehensible and resembles receptive aphasia in its linguistic disorganization (incoherence or "word salad"). Because mildly disorganized speech is common and nonspecific, the symptom must be severe enough to substantially impair effective communication.</p> <p>DESCRIBE:</p>	-	+	B20
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B21	<p><b>GROSSLY DISORGANIZED BEHAVIOR:</b> 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), or may display clearly inappropriate sexual behavior (e.g., public masturbation) or unpredictable and untriggered agitation (e.g., shouting or swearing).</p> <p><b>DESCRIBE:</b></p>	—	+	B21
B22	<p>THE FOLLOWING SIX ITEMS CAN BE ASSESSED BY OBSERVATION OR BY REPORTS OF INFORMANTS (CONSULT PATIENT RECORDS, OTHER OBSERVERS SUCH AS FAMILY MEMBERS, THERAPEUTIC STAFF).</p> <p>THE FOLLOWING THREE ITEMS CAN BE ASSESSED DURING THE INTERVIEW OR VIA INFORMANTS.</p> <p>THE FOLLOWING THREE ITEMS CAN BE ASSESSED DURING PHYSICAL EXAMINATION OR VIA INFORMANTS.</p> <p><b>CATATONIC BEHAVIOR</b></p> <p><b>Stupor</b> (i.e., no psychomotor activity; not actively relating to environment)</p> <p><b>Grimacing</b> (i.e., odd and inappropriate facial expressions unrelated to situation)</p> <p><b>Mannerism</b> (i.e., odd, circumstantial caricature of normal actions)</p> <p><b>Posturing</b> (i.e., spontaneous and active maintenance of a posture against gravity)</p> <p><b>Agitation, not influenced by external stimuli</b></p> <p><b>Stereotypy</b> (i.e., repetitive, abnormally frequent, non-goal-directed movements)</p> <p><b>Mutism</b> (i.e., no, or very little, verbal response [exclude if known aphasia])</p> <p><b>Echolalia</b> (i.e., mimicking another's speech)</p> <p><b>Negativism</b> (i.e., opposition or no response to instructions or external stimuli)</p> <p><b>Echopraxia</b> (i.e., mimicking another's movements)</p> <p><b>Catalepsy</b> (i.e., passive induction of a posture held against gravity)</p> <p><b>Waxy flexibility</b> (i.e., slight, even resistance to positioning by examiner)</p> <p><b>DESCRIBE:</b></p>	—	+	B22

<b>NEGATIVE SYMPTOMS</b>				
<p><i>For any negative symptoms rated "+", determine whether the symptom is definitely primary (i.e., due to a Psychotic Disorder) or whether it is possibly or definitely secondary—i.e., related to another mental disorder (e.g., depression), a substance or a GMC (e.g., medication-induced akinesia), or a psychotic symptom (e.g., command hallucinations not to move).</i></p>				
<b>B23</b>	<p>RATE THIS ITEM BASED ON INFORMATION OBTAINED FROM THE OVERVIEW.</p> <p>IF UNKNOWN: Has there been a period of time lasting at least several months when you were not working, not in school, or doing much of anything?</p> <p>IF UNKNOWN: How about a period of time when you were unable to take care of basic everyday things, like brushing your teeth or bathing?</p> <p>IF NO: Did anyone ever say that you were not taking care of these or other basic everyday things?</p>	<p><b>Avolition:</b> 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).</p>	$\begin{matrix} - & + \\ \downarrow & \end{matrix}$	<b>B23</b>
<b>B24</b>		<p><b>Diminished Emotional Expressiveness:</b> Includes reductions in the expression of emotions in the face, eye contact, intonation of speech (prosody), and movements of the hand, head, and face that normally give an emotional emphasis to speech.</p>	$\begin{matrix} - & + \\ \downarrow & \end{matrix}$	<b>B24</b>

Continue with **C1**  
(Differential Diagnosis  
of Psychotic Disorders),  
page 37.

## C. DIFFERENTIAL DIAGNOSIS OF PSYCHOTIC DISORDERS



If no psychotic items from Module B have ever been present, skip to **D1** (Differential Diagnosis of Mood Disorders), page 45.

When making the ratings for **C2**, **C3**, **C5**, **C6**, **C8**, **C16**, **C17**, and **C19-C21**, if it is not possible to determine whether a rating is "YES" or "NO," skip to **C22** (Other Specified Psychotic Disorder), page 42.

**C1**

Psychotic symptoms occur at times other than during Major Depressive (**A12/A26**) or Manic Episodes (**A40/A65**).

*The following question may be asked for clarification: 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/high/irritable/OWN WORDS)?*

YES

NO

Psychotic Mood Disorder  
Go to **D1** (Differential Diagnosis of Mood Disorders), page 45.

**C1**

### CRITERIA FOR SCHIZOPHRENIA

*NOTE: Criteria are in a different order than in DSM-5.*

**C2**

A. Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated): At least one of these must be (1), (2), or (3):

1. Delusions [**B1-B13**].
2. Hallucinations [**B14-B19**].
3. Disorganized speech (e.g., frequent derailment or incoherence) [**B20**].
4. Grossly disorganized or catatonic behavior [**B21-B22**].
5. Negative symptoms (i.e., diminished emotional expression or avolition) [**B23-B24**].

*NOTE: Consider rating "NO" if the only symptoms are delusions accompanied by tactile and/or olfactory hallucinations that are thematically related to the content of the delusions (which is consistent with a diagnosis of Delusional Disorder).*

YES

NO

Go to **C13** (Delusional Disorder), page 40.

**C2****C3**

D. Schizoaffective Disorder and Depressive or Bipolar Disorder With Psychotic Features have been ruled out because either

1) No Major Depressive [**A12/A26**] or Manic Episodes [**A40/A65**] have occurred concurrently with the active-phase symptoms [i.e., Criterion A symptoms listed above in **C2**], or

*The following question may be asked for clarification: Has there ever been a time when you had (SXS FROM ACTIVE PHASE) at the same time that you were (depressed/high/irritable/OWN WORDS)?*

2) If mood episodes have occurred during active-phase symptoms, they have been present for a minority [i.e., less than 50%] of the total duration of the active and residual periods of the illness.

*The following question may be asked for clarification: How much of the time that you have had (SXS FROM ACTIVE AND RESIDUAL PERIODS) would you say you have also been (depressed/high/irritable/OWN WORDS)?*

*NOTE: Code "YES" if there have never been any Major Depressive or Manic Episodes OR if all episodes occurred during the prodromal or residual phase OR if mood episodes have been present for a minority of the total disturbance. Code "NO" only if mood episodes overlap with active-phase symptoms AND mood episodes have been present for a majority (50% or more) of the total duration of the illness.*

YES

NO

Go to **C9** (Schizoaffective Disorder), page 39.

**C3**

**C4**

C. Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 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 symptoms [i.e., diminished emotional expression or avolition] or by two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).

Prodromal/residual symptoms include:

- Unusual or odd beliefs that are not of delusional proportions (e.g., ideas of reference or magical thinking);
- Unusual perceptual experiences (e.g., sensing the presence of an unseen person);
- Speech that is generally understandable but digressive, vague, or overelaborate
- Behavior that is unusual but not grossly disorganized (e.g., collecting garbage, talking to self in public, hoarding food)
- Negative symptoms (e.g., marked impairment in personal hygiene and grooming; marked lack of initiative, interests, or energy)
- Blunted or inappropriate affect
- Marked social isolation or withdrawal

YES

NO

Go to C7 (Schizophreniform Disorder), page 39.

**C4****C5**

B. For a significant portion of the time since the onset of the disturbance, level of functioning in one or more major areas, 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, there is failure to achieve expected level of interpersonal, academic, or occupational functioning).

*The following question may be asked for clarification: Since you got sick, was there a period of time when you had a lot of difficulty functioning? (Like being unable to work or go to school or not being able to take care of yourself? How about having difficulties with family members or friends, or not wanting to be around other people?)*

YES

NO

Go to C22 (Other Specified Psychotic Disorder), page 42.

**C5****C6**

E. [Primary Psychotic Disorder] The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

*The following question may be asked for clarification: Just before this began, were you physically ill? Just before this began, were you taking any medications? Just before this began, were you using any street drugs?*

Refer to the User's Guide, Section 9, for guidance on determining whether there is an etiological GMC or substance/medication.

Etiological GMCs include neurological conditions (e.g., neoplasms, cerebrovascular disease, Huntington's disease, multiple sclerosis, epilepsy, auditory or visual nerve injury or impairment, deafness, migraine, central nervous system infections), endocrine conditions (e.g., hyper- and hypothyroidism, hyper- and hypoparathyroidism, hyper- and hypoadrenocorticism), 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/medications include alcohol (I/W); cannabis (I); hallucinogens (I), phencyclidine and related substances (I); inhalants (I); sedatives, hypnotics, and anxiolytics (I/W); stimulants (including cocaine) (I); anesthetics and analgesics; anticholinergic agents; anticonvulsants; antihistamines; antihypertensive and cardiovascular medications; antimicrobial medications; antiparkinsonian medications; chemotherapeutic agents (e.g., cyclosporine, procarbazine); corticosteroids; gastrointestinal medications; muscle relaxants; nonsteroidal anti-inflammatory medications; other over-the-counter medications (e.g., phenylephrine, pseudoephedrine); antidepressant medication; and disulfiram. Toxins include anticholinesterase, organophosphate insecticides, sarin and other nerve gases, carbon monoxide, carbon dioxide, and volatile substances such as fuel or paint.

YES (not due to a GMC or substance/medication)

SCHIZOPHRENIA

Go to C25 (Chronology of Psychotic Disorders), page 44.

NO

Diagnose: Psychotic Disorder Due to AMC or Substance-Induced Psychotic Disorder. Go back to C2, page 37, if there are other psychotic symptoms not due to a GMC or substance/medication. Otherwise, go to D1 (Differential Diagnosis of Mood Disorders), page 45.

**C6**

## CRITERIA FOR SCHIZOPHRENIFORM DISORDER

C7

B. [Symptoms meeting Criterion A of Schizophrenia (**C2**) last] at least 1 month but less than 6 months.

*The following question may be asked for clarification: How long did (PSYCHOTIC SXS) last?*

YES

NO

Go to **C19** (Brief Psychotic Disorder), page 41.

C7

C8

D. [Primary Psychotic Disorder] The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

*The following question may be asked for clarification: Just before this began, were you physically ill? Just before this began, were you taking any medications? Just before this began, were you using any street drugs?*

Refer to list of etiological GMCs and substances/medications in **C6**, page 38.

Refer to the User's Guide, Section 9, for guidance on determining whether there is an etiological GMC or substance/medication.

YES (not due to a GMC or substance/medication)

NO

**SCHIZOPHRENIFORM DISORDER**  
Go to **C26** (Chronology), page 44.

**Diagnose:** Psychotic Disorder Due to AMC or Substance-Induced Psychotic Disorder. Go back to **C2**, page 37, if there are other psychotic symptoms not due to a GMC or substance/medication. Otherwise, go to **D1** (Differential Diagnosis of Mood Disorders), page 45.

C8

## CRITERIA FOR SCHIZOAFFECTIVE DISORDER

C9

A. An uninterrupted period of illness during which there is a major mood episode [a Manic Episode (**A40/A65**) or a Major Depressive Episode (**A12/A26**) with depressed mood (i.e., the episode is not limited to anhedonia)] concurrent with [symptoms that meet full] Criterion A of Schizophrenia [**C2**]. **Note:** The Major Depressive Episode must include Criterion A1: Depressed mood [**A1/A15**].

*NOTE: Code "YES" if Manic Episodes or Major Depressive Episodes With Depressed Mood are concurrent with Criterion A symptoms of Schizophrenia. Code "NO" if the only concurrent mood episodes are Major Depressive Episodes without depressed mood (i.e., with loss of interest only.)*

YES

NO

Go to **C22** (Other Specified Psychotic Disorder), page 42.

C9

C10

B. Delusions [**B1–B13**] or hallucinations [**B14–B19**] for 2 or more weeks in the absence of a major mood episode (depressive or manic) during the lifetime duration of the illness.

*The following question may be asked for clarification: Thinking about your whole life from the time you first became ill until now, has there been any time when you had (PSYCHOTIC SXS) when you were not (depressed/high/irritable/OWN WORDS)?*

YES

NO

Go to **C22** (Other Specified Psychotic Disorder), page 42.

C10

C11

C. Symptoms that meet criteria for a major mood episode are present for the majority [i.e., 50% or more] of the total duration of the active and residual portions of the illness.

*The following question may be asked for clarification: 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)?*

YES

NO

Go to C22 Other Specified Psychotic Disorder),  
page 42.

C11

C12

D. [Primary Psychotic Disorder] The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

*The following question may be asked for clarification: Just before this began, were you physically ill? Just before this began, were you taking any medications? Just before this began, were you using any street drugs?*

Refer to list of etiological GMCs and substances/medications in C6, page 38.

Refer to the User's Guide, Section 9, for guidance on determining whether there is an etiological GMC or substance/medication.

C12

YES (not due to a GMC or substance/medication)

NO

SCHIZOAFFECTIVE DISORDER

Go to C27 (Chronology of Psychotic Disorders),  
page 44.

**Diagnose: Psychotic Disorder Due to AMC or Substance-Induced Psychotic Disorder.** Go back to C2, page 37 if there are other psychotic symptoms not due to a GMC or substance/medication. Otherwise, go to D1 (Differential Diagnosis of Mood Disorders), page 45.

## CRITERIA FOR DELUSIONAL DISORDER

C13

A. The presence of one (or more) delusions [B1–B13] with a duration of 1 month or longer.

*NOTE: If delusions are restricted to beliefs about appearance or to beliefs about obsessions or compulsions, consider whether the delusions are better explained by a diagnosis of Body Dysmorphic Disorder or Obsessive-Compulsive Disorder, With Absent Insight/Delusional Beliefs. If so, skip to D1 (Differential Diagnosis of Mood Disorders), page 45.*

C13

YES

NO

Go to C19 (Brief Psychotic Disorder), page 41.

C14

B. Criterion A for Schizophrenia [C2] has never been met.

**Note:** Hallucinations, if present, are not prominent and are related to the delusional theme (e.g., the sensation of being infested with insects associated with delusions of infestation).

C14

YES

NO

Go to C22 (Other Specified Psychotic Disorder),  
page 42.

C15

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

C15

YES

NO

Go to C22 (Other Specified Psychotic Disorder),  
page 42.

C16

D. If Manic [A40/A65] or Major Depressive Episodes [A12/A26] have occurred, these have been brief relative to the duration of the delusional periods.

*The following question may be asked for clarification: How much of the time that you have had (DELUSIONS) would you say you have also been (depressed/high/ irritable/OWN WORDS)?*

*NOTE: Code "YES" if there have never been any Major Depressive or Manic Episodes at all OR if they were brief relative to the total duration of the delusional periods.*

YES

NO

Go to C22 (Other Specified Psychotic Disorder),  
page 42.

C16

C17

E. [Primary Psychotic Disorder] The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition...

*The following question may be asked for clarification: Just before this began, were you physically ill? Just before this began, were you taking any medications? Just before this began, were you using any street drugs?*

Refer to list of etiological GMCs and substances/medications in C6, page 38.

Refer to the User's Guide, Section 9, for guidance on determining whether there is an etiological GMC or substance/medication.

YES (not due to a GMC or substance/medication)

NO

**Diagnose: Psychotic Disorder Due to AMC or Substance-Induced Psychotic Disorder.** Go back to C2, page 37, if there are other psychotic symptoms not due to a GMC or substance/medication. Otherwise, go to D1 (Differential Diagnosis of Mood Disorders), page 45.

C17

C18

[Continuation of Criterion E: The disturbance] is not better explained by another mental disorder, such as Body Dysmorphic Disorder or Obsessive-Compulsive Disorder.

YES

**DELUSIONAL DISORDER**

Go to C28 (Chronology of Psychotic Disorders),  
page 44.

NO

Go to D1 (Differential Diagnosis of Mood Disorders),  
page 45.

C18

## CRITERIA FOR BRIEF PSYCHOTIC DISORDER

C19

A. Presence of one (or more) of the following symptoms. At least one of these must be (1), (2), or (3):

1. Delusions [B1–B13].
2. Hallucinations [B14–B19].
3. Disorganized speech (e.g., frequent derailment or incoherence) [B20].
4. Grossly disorganized or catatonic behavior [B21–B22].

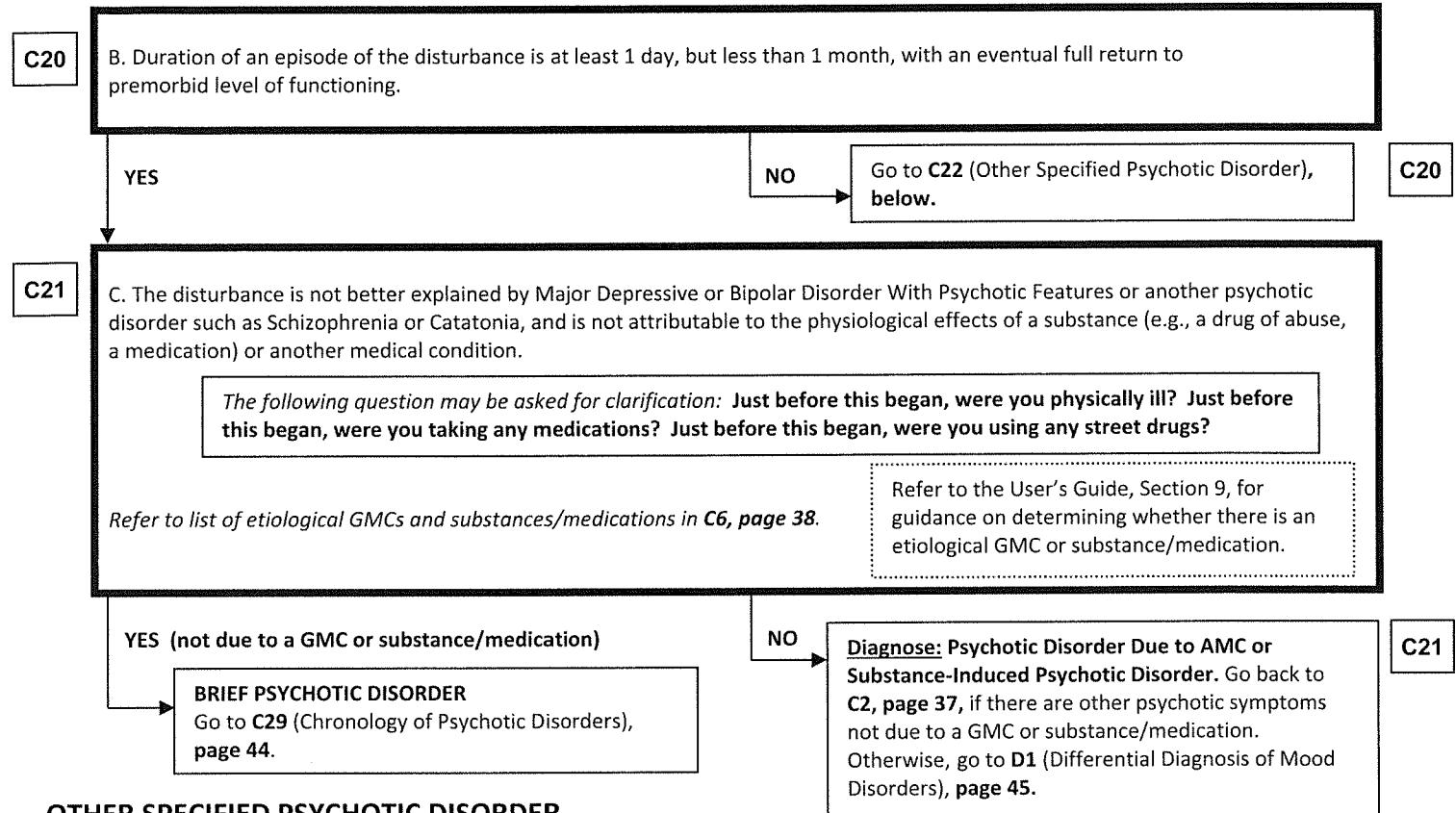
**Note:** Do not include a symptom if it is a culturally sanctioned response.

YES

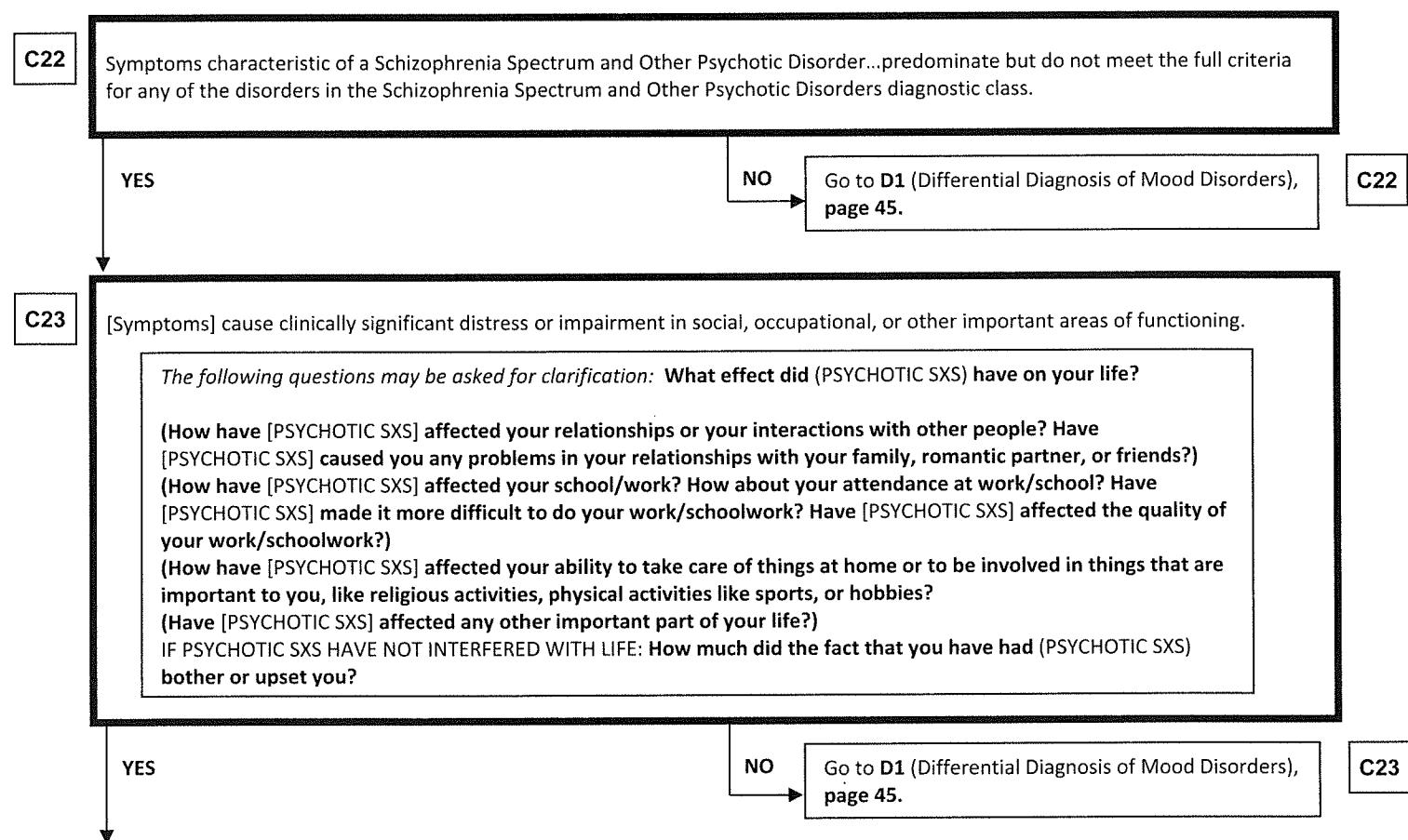
NO

Go to C22 (Other Specified Psychotic Disorder),  
page 42.

C19



## **OTHER SPECIFIED PSYCHOTIC DISORDER**



**C24**

[Primary Psychotic Disorder] The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

*The following question may be asked for clarification: Just before this began, were you physically ill? Just before this began, were you taking any medications? Just before this began, were you using any street drugs?*

Refer to list of etiological GMCs and substances/medications in C6, page 38.

Refer to the User's Guide, Section 9, for guidance on determining whether there is an etiological GMC or substance/medication.

YES (not due to a GMC or substance/medication)

OTHER SPECIFIED PSYCHOTIC DISORDER

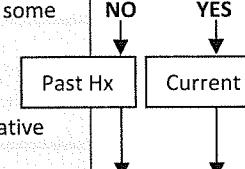
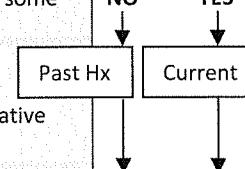
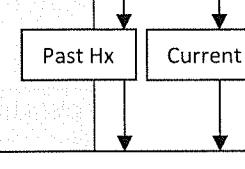
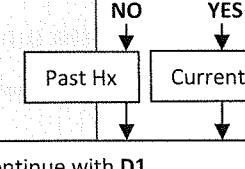
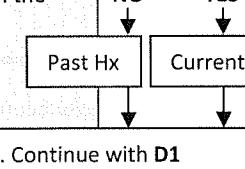
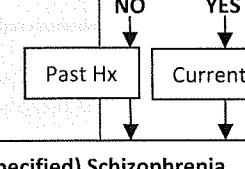
Go to C30 (Chronology of Psychotic Disorders),  
page 44.

NO

Diagnose: **Psychotic Disorder Due to AMC or Substance-Induced Psychotic Disorder.** Go back to C2, page 37, if there are other psychotic symptoms not due to a GMC or substance/medication. Otherwise, go to D1 (Differential Diagnosis of Mood Disorders), page 45.

**C24**

## CHRONOLOGY OF PSYCHOTIC DISORDERS

C25	<p>► For SCHIZOPHRENIA:</p> <p>IF UNCLEAR: During the past month, since (ONE MONTH AGO), have you had (PSYCHOTIC SXS)?</p>	<p>Active-phase criteria (except duration) met at some point in the past month, i.e., two or more of (1) delusions, (2) hallucinations, (3) disorganized speech, (4) grossly disorganized or catatonic behavior, or (5) negative symptoms, and one of which is (1), (2), or (3).</p>  <p><b>Diagnose:</b> Schizophrenia. Continue with D1 (Differential Diagnosis of Mood Disorders), page 45.</p>	C25
C26	<p>► For SCHIZOPHENIFORM DISORDER:</p> <p>IF UNCLEAR: During the past month, since (ONE MONTH AGO), have you had (PSYCHOTIC SXS)?</p>	<p>Active-phase criteria (except duration) met at some point in the past month, i.e., two or more of (1) delusions, (2) hallucinations, (3) disorganized speech, (4) grossly disorganized or catatonic behavior, or (5) negative symptoms, and one of which is (1), (2), or (3).</p>  <p><b>Diagnose:</b> Schizophreniform Disorder. Continue with D1 (Differential Diagnosis of Mood Disorders), page 45.</p>	C26
C27	<p>► For SCHIZOAFFECTIVE DISORDER:</p> <p>IF UNCLEAR: During the past month, since (ONE MONTH AGO), have you had (PSYCHOTIC SXS) or (DEPRESSIVE OR MANIC SXS)?</p>	<p>(1) A major mood episode (Major Depressive or Manic) concurrent with Criterion A of Schizophrenia at some point in past month or (2) delusions or hallucinations in the absence of a major mood episode at some point in the past month.</p>  <p><b>Diagnose:</b> Schizoaffective Disorder</p> <p><b>Bipolar Type:</b> If Manic Episode is part of presentation.</p> <p><b>Depressive Type:</b> If only Major Depressive Episodes are part of the presentation.</p> <p>Continue with D1 (Differential Diagnosis of Mood Disorders), page 45.</p>	C27
C28	<p>► For DELUSIONAL DISORDER:</p> <p>IF UNCLEAR: During the past month, since (ONE MONTH AGO), have you had (DELUSIONS)?</p>	<p>Delusions at some point in the past month.</p>  <p><b>Diagnose:</b> Delusional Disorder. Continue with D1 (Differential Diagnosis of Mood Disorders), page 45.</p>	C28
C29	<p>► For BRIEF PSYCHOTIC DISORDER:</p> <p>IF UNCLEAR: During the past month, since (ONE MONTH AGO), have you had (PSYCHOTIC SXS)?</p>	<p>One or more of the following at some point in the past month: (1) delusions, (2) hallucinations, (3) disorganized speech, (4) grossly disorganized or catatonic behavior, one of which is (1), (2), or (3).</p>  <p><b>Diagnose:</b> Brief Psychotic Disorder. Continue with D1 (Differential Diagnosis of Mood Disorders), page 45.</p>	C29
C30	<p>► For OTHER SPECIFIED PSYCHOTIC DISORDER:</p> <p>IF UNCLEAR: During the past month, since (ONE MONTH AGO), have you had (PSYCHOTIC SXS)?</p>	<p>Psychotic symptoms in past month.</p>  <p><b>Diagnose:</b> Other Specified (OR Unspecified) Schizophrenia Spectrum and Other Psychotic Disorder. Continue with D1 (Differential Diagnosis of Mood Disorders), page 45.</p>	C30

## D. DIFFERENTIAL DIAGNOSIS OF MOOD DISORDERS

**D1** If there have never been any clinically significant mood symptoms or if all mood symptoms are accounted for by a diagnosis of Schizoaffective Disorder, go to E1 (Substance Use Disorders), page 53. Otherwise continue with D2.

**D1**

### CRITERIA FOR BIPOLAR I DISORDER

**D2** A. Criteria have been met for at least one Manic Episode [A40/A65].

YES

NO

Go to D4 (Bipolar II Disorder), below.

**D2**

**D3** B. The occurrence of the Manic and Major Depressive Episode(s) is not better explained by Schizoaffective Disorder, Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Other Specified [...] Psychotic Disorder.

YES

NO

Go to D4 (Bipolar II Disorder), below.

**D3**
**BIPOLAR I DISORDER**

Indicate type of Current or Most Recent Episode:

- 1—Manic
- 2—Major Depressive
- 3—Hypomanic
- 4—Unspecified (i.e., criteria, except for duration, are currently met for a Manic, Hypomanic, or Major Depressive Episode)

Continue with D17 (Chronology of Bipolar Disorders), page 49.

### CRITERIA FOR BIPOLAR II DISORDER

**D4** A. Criteria have been met for at least one Hypomanic Episode [A53/A77] and at least one Major Depressive Episode [A12/A26].

YES

NO

Go to D8 (Other Specified Bipolar Disorder), page 46.

**D4**

**D5** B. There has never been a Manic Episode or all Manic Episodes are better explained by a Psychotic Disorder.

YES

NO

Go to D2 (Criteria for Bipolar I Disorder), above.

**D5**

**D6** C. The occurrence of the Hypomanic Episode(s) and Major Depressive Episode(s) is not better explained by Schizoaffective Disorder, Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Other Specified [...] Psychotic Disorder.

YES

NO

Go to D8 (Other Specified Bipolar Disorder), page 46.

**D6**

D7

D. The symptoms of depression or the unpredictability caused by frequent alternation between periods of depression and hypomania causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

*The following questions may be asked for clarification: What effect have (BIPOLAR II SXS) had on your life?*

- (How have [BIPOLAR II SXS] affected your relationships or your interactions with other people? Have [BIPOLAR II SXS] caused you any problems in your relationships with your family, romantic partner, or friends?)
- (How have [BIPOLAR II SXS] affected your work/school? How about your attendance at work/school? Have [BIPOLAR II SXS] made it more difficult to do your work/schoolwork? Have [BIPOLAR II SXS] affected the quality of your work/schoolwork?)
- (How did [BIPOLAR II SXS] affect your ability to take care of things at home?)
- (Have [BIPOLAR II SXS] affected any other important part of your life?)

IF HAVE NOT INTERFERED WITH LIFE: How much have (BIPOLAR II SXS) bothered or upset you?

YES

**BIPOLAR II DISORDER**

Indicate type of Current or Most Recent Episode:

- 1—Hypomanic
- 2—Major Depressive

Continue with D21 (Chronology of Bipolar Disorders), page 50.

NO

Go to D8 (Other Specified Bipolar Disorder), below.

D7

**OTHER SPECIFIED BIPOLAR DISORDER (including Cyclothymic Disorder)**

D8

Symptoms characteristic of a Bipolar and Related Disorder [...] predominate but do not meet the full criteria for [Bipolar I or Bipolar II Disorder].

YES

NO

Go to D11 (Major Depressive Disorder), page 47.

D8

D9

[Symptoms] cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

*The following questions may be asked for clarification: What effect have (BIPOLAR SXS) had on your life?*

- (How have [BIPOLAR SXS] affected your relationships or your interactions with other people? Have [BIPOLAR SXS] caused you any problems in your relationships with your family, romantic partner, or friends?)
- (How have [BIPOLAR SXS] affected your work/school? How about your attendance at work/school? Have [BIPOLAR SXS] affected the quality of your work/schoolwork?)
- (How did [BIPOLAR SXS] affect your ability to take care of things at home? Have you needed to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?)
- (Have [BIPOLAR SXS] affected any other important part of your life?)

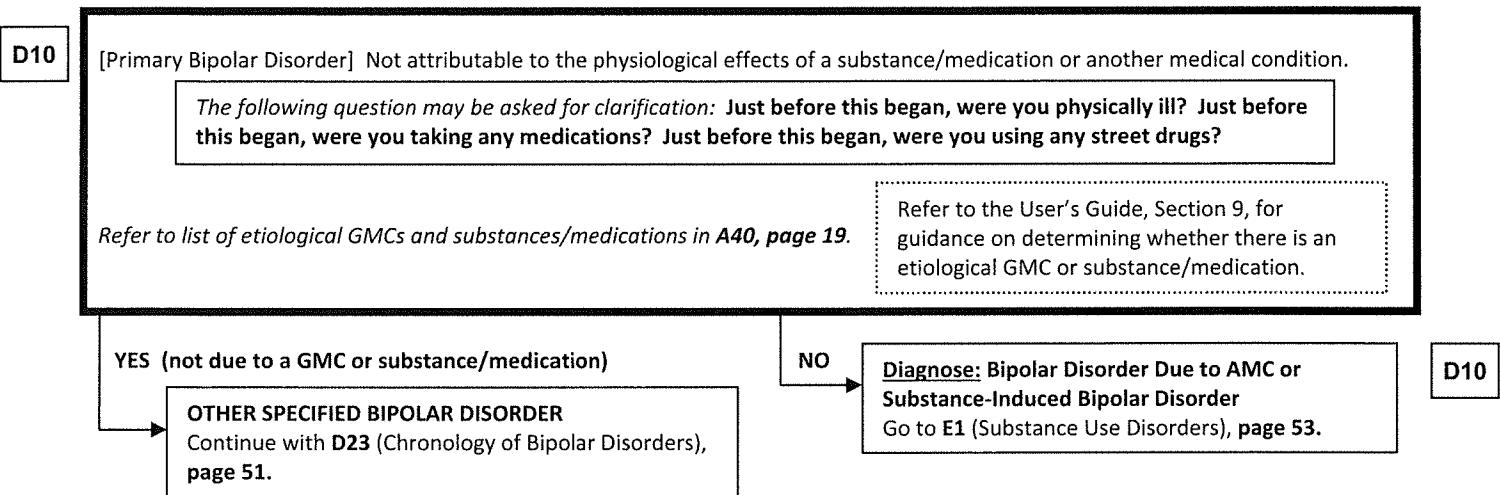
IF HAVE NOT INTERFERED WITH LIFE: How much have (BIPOLAR SXS) bothered or upset you?

YES

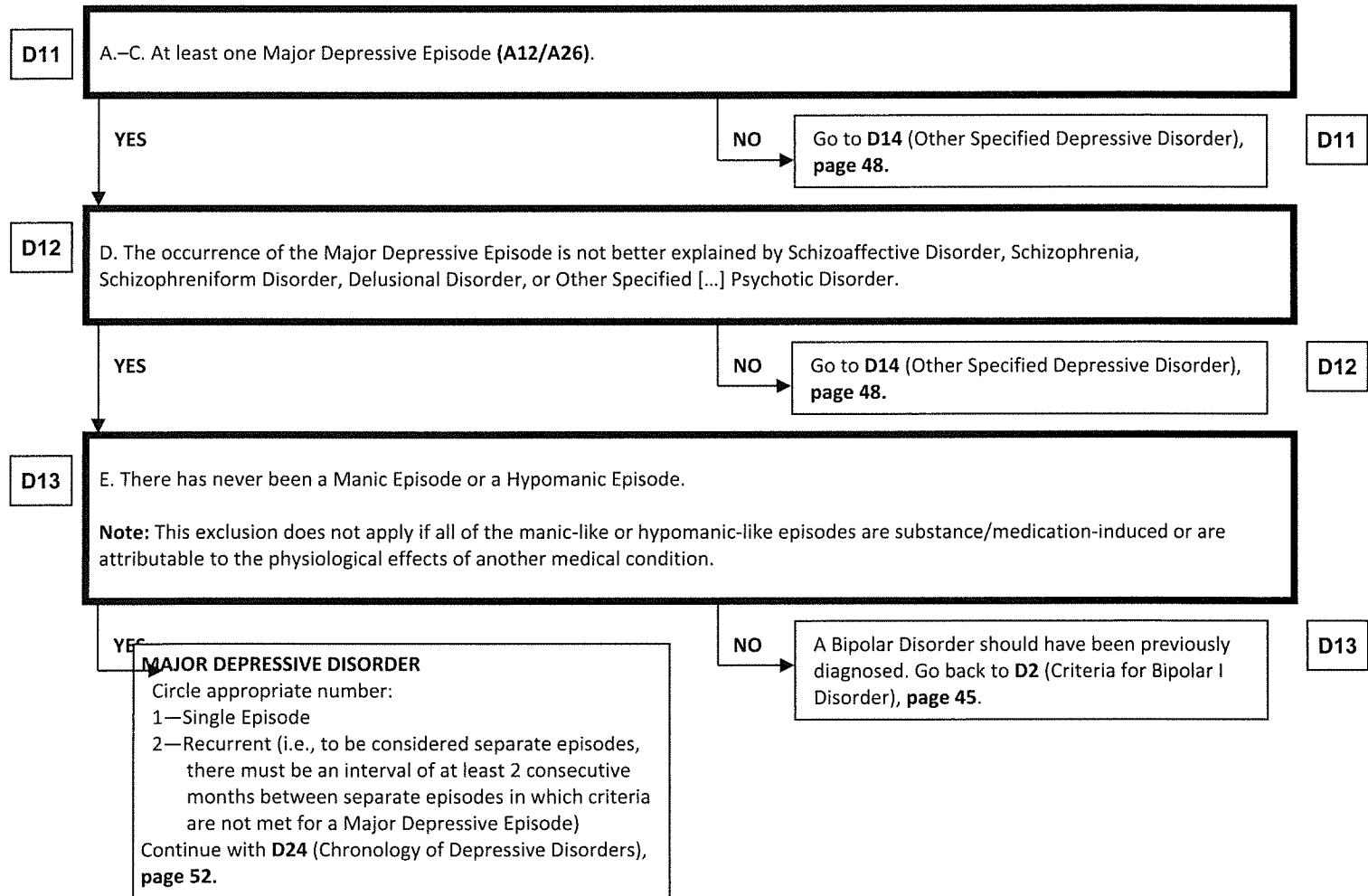
NO

Go to D11 (Major Depressive Disorder), page 47.

D9



## CRITERIA FOR MAJOR DEPRESSIVE DISORDER



## OTHER SPECIFIED DEPRESSIVE DISORDER

D14

Symptoms characteristic of a depressive disorder [...] predominate but do not meet the full criteria for [Major Depressive Disorder, Persistent Depressive Disorder, Premenstrual Dysphoric Disorder, or Adjustment Disorder With Depressed Mood or Adjustment Disorder With Mixed Anxiety and Depressed Mood].

YES

NO

Go to E1 (Substance Use Disorders), page 53.

D14

D15

[Symptoms] cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

*The following question may be asked for clarification: What effect have (DEPRESSIVE SXS) had on your life?*

(How have [DEPRESSIVE SXS] affected your relationships or your interactions with other people? Have [DEPRESSIVE SXS] caused you any problems in your relationships with your family, romantic partner, or friends?)

(How have [DEPRESSIVE SXS] affected your work/school? How about your attendance at work/school?)

Have [DEPRESSIVE SXS] made it more difficult to do your work/schoolwork? Have [DEPRESSIVE SXS] affected the quality of your work/schoolwork?)

(How did [DEPRESSIVE SXS] affect your ability to take care of things at home?)

(Have [DEPRESSIVE SXS] affected any other important part of your life?)

YES

NO

Go to E1 (Substance Use Disorders), page 53.

D15

D16

[Primary Depressive Disorder] Not attributable to the physiological effects of a substance/medication or another medical condition.

*The following question may be asked for clarification: Just before this began, were you physically ill? Just before this began, were you taking any medications? Just before this began, were you using any street drugs?*

Refer to list of etiological GMCs and substances/medications in A12, page 12.

Refer to the User's Guide, Section 9, for guidance on determining whether there is an etiological GMC or substance/medication.

YES (not due to a GMC or substance/medication)

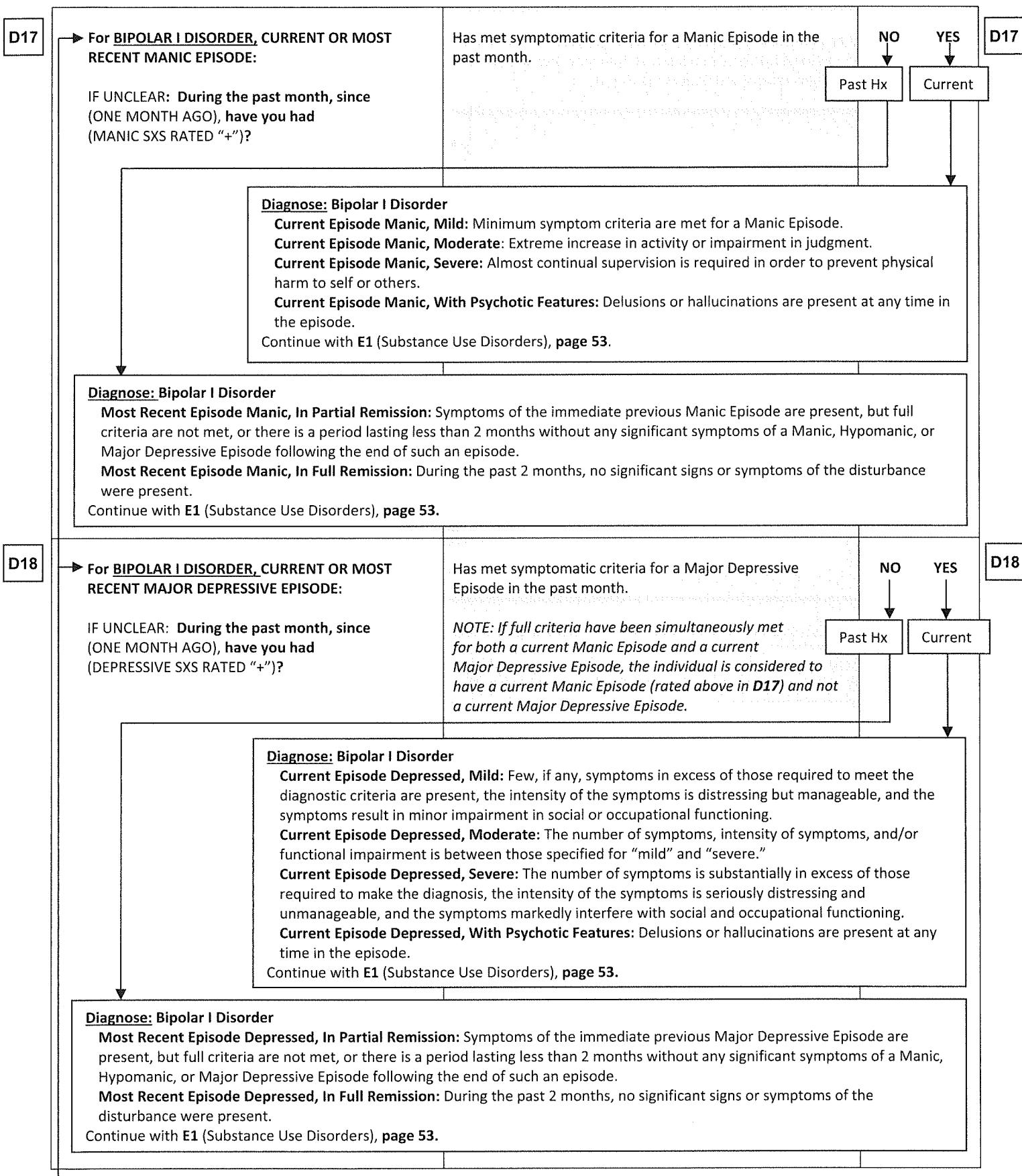
OTHER SPECIFIED DEPRESSIVE DISORDER:  
Continue with D24 (Chronology of Depressive Disorders),  
page 52.

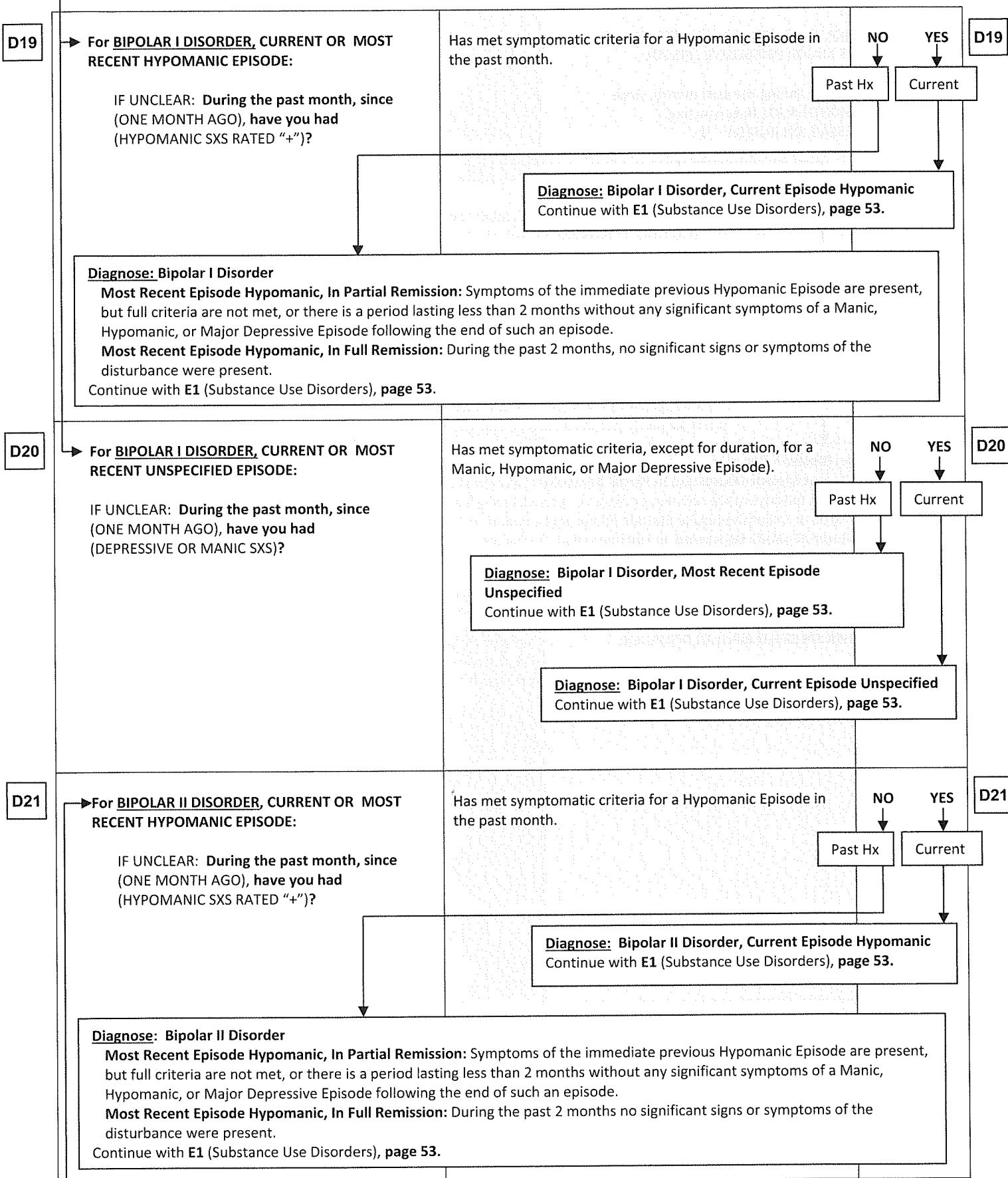
NO

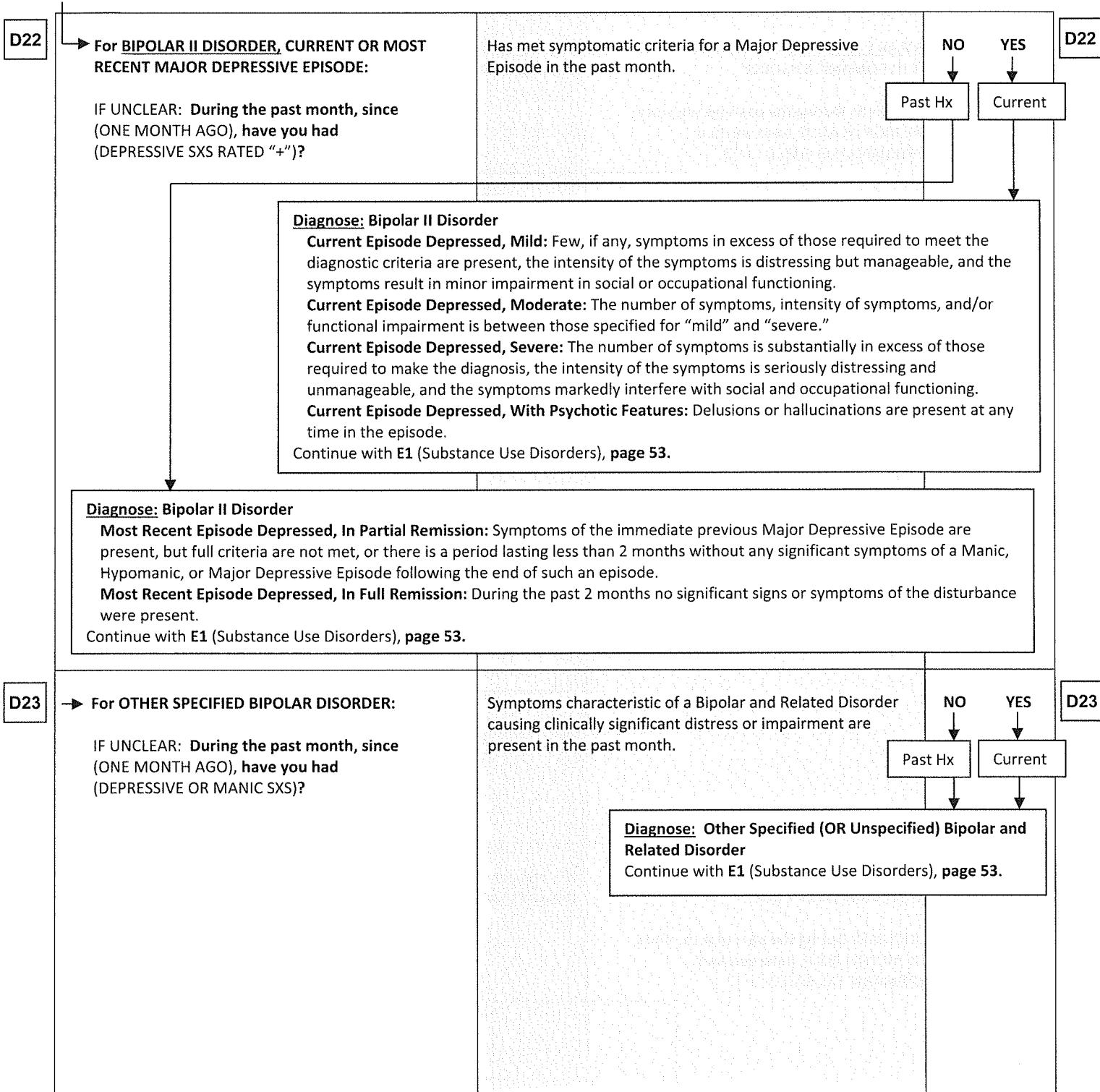
**Diagnose: Depressive Disorder Due to AMC or Substance/Medication-Induced Depressive Disorder.** Go to E1 (Substance Use Disorders), page 53.

D16

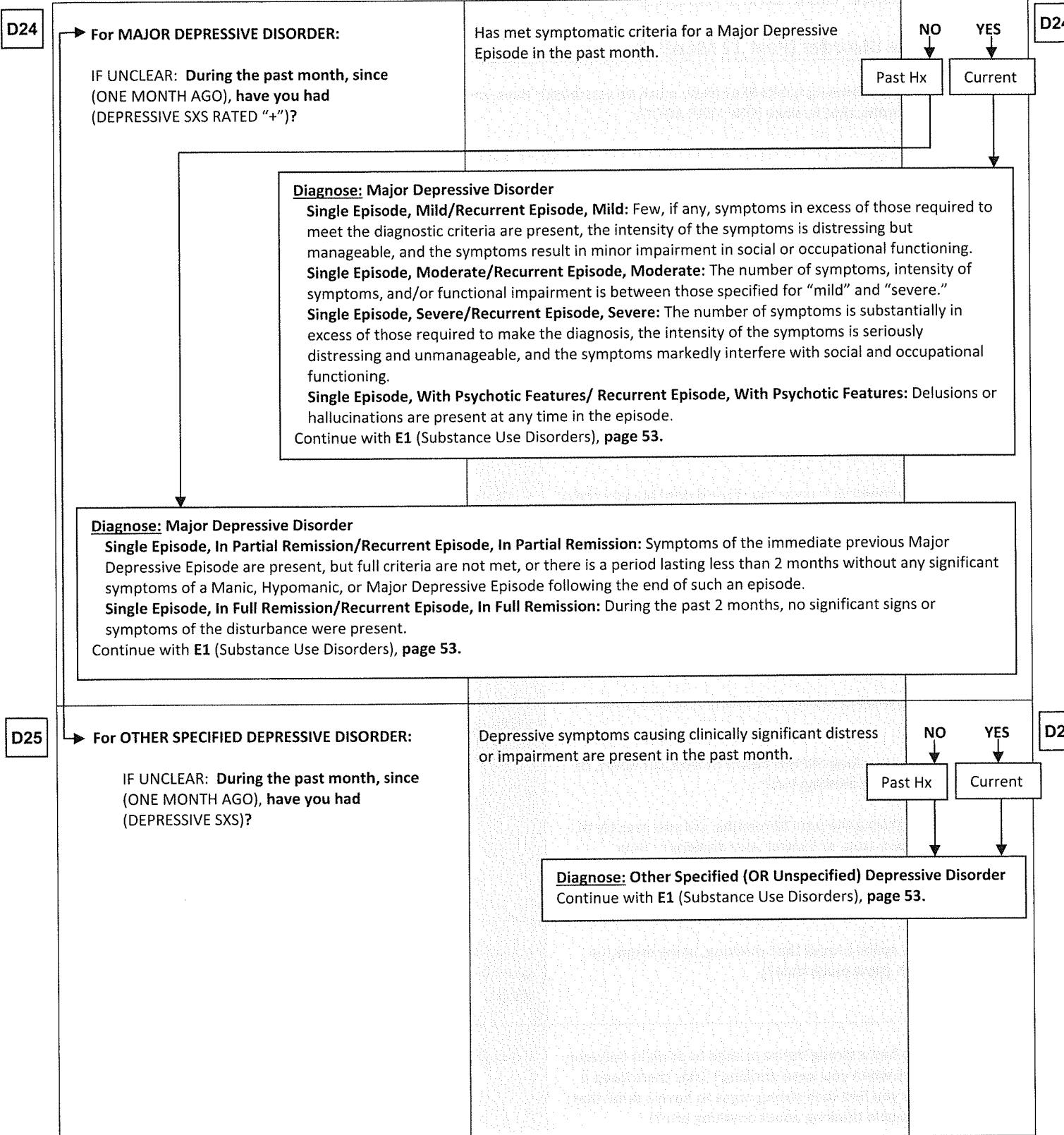
## CHRONOLOGY OF BIPOLAR DISORDERS







## CHRONOLOGY OF DEPRESSIVE DISORDERS



## E. SUBSTANCE USE DISORDERS

### Alcohol Use Disorder (Past 12 Months)

E1

What are your drinking habits like? (How much do you drink? Have you drunk alcohol at least six times in the past 12 months, that is, since (ONE YEAR AGO)?

E1

IF DID NOT DRINK AT LEAST SIX TIMES IN PAST 12 MONTHS, SKIP TO E14 (Nonalcohol Substance Use Disorder), page 56.

#### PAST-12-MONTH ALCOHOL USE DISORDER

#### ALCOHOL USE DISORDER CRITERIA

I'd now like to ask you some more questions about your drinking habits in the past 12 months, since (ONE YEAR AGO)....

A. A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following occurring within a 12-month period:

E2

During the past 12 months...

...have you found that once you started drinking you ended up drinking much more than you intended to? For example, you planned to have only one or two drinks but you ended up having many more. (Tell me about that. How often did this happen?)

IF NO: What about drinking for a much longer period of time than you were intending to?

1. Alcohol is often taken in larger amounts OR over a longer period than was intended.

— +

E2

E3

...have you wanted to stop, cut down, or control your drinking?

2. There is a persistent desire OR unsuccessful efforts to cut down or control alcohol use.

— +

E3

► IF YES: How long did this desire to stop, cut down, or control your drinking last?

► IF NO: During the past 12 months, did you ever try to cut down, stop, or control your drinking? How successful were you? (Did you make more than one attempt to stop, cut down, or control your drinking?)

E4

...have you spent a lot of time drinking, being drunk, or hung over? (How much time?)

3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.

— +

E4

E5

...have you had a strong desire or urge to drink in between those times when you were drinking? (Has there been a time when you had such strong urges to have a drink that you had trouble thinking about anything else?)

4. Craving, or a strong desire or urge to use alcohol.

— +

E5

IF NO: How about having a strong desire or urge to drink when you were around bars or around people with whom you go drinking?

<p><b>E6</b></p> <p>During the past 12 months, since (ONE YEAR AGO)...</p> <p>...have you missed work or school or often arrived late because you were intoxicated, high, or very hung over?</p> <p>IF NO: How about doing a bad job at work or school, or failing courses or getting kicked out of school because of your drinking?</p> <p>IF NO: How about getting into trouble at work or school because of your use of alcohol?</p> <p>IF NO: How about not taking care of things at home because of your drinking, like making sure there are food and clean clothes for your family and making sure your children go to school and get medical care? How about not paying your bills?</p> <p>IF YES TO ANY: How often?</p>	<p>5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home [e.g., repeated absences or poor work performance related to alcohol use; alcohol-related absences, suspensions, or expulsions from school; neglect of children or household].</p>	<p>— +</p>	<p><b>E6</b></p>
<p><b>E7</b></p> <p>...has your drinking caused problems with other people, such as family members, friends, or people at work? (Have you found yourself regularly getting into arguments about what happens when you drink too much? Have you gotten into physical fights when you were drunk?)</p> <p>IF YES: Did you keep on drinking anyway? (Over what period of time?)</p>	<p>6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol [e.g., arguments with spouse about consequences of intoxication, physical fights].</p>	<p>— +</p>	<p><b>E7</b></p>
<p><b>E8</b></p> <p>...have you had to give up or reduce the time you spent at work or school, with family or friends, or on things you like to do (like sports, cooking, other hobbies) because you were drinking or hungover?</p>	<p>7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.</p>	<p>— +</p>	<p><b>E8</b></p>
<p><b>E9</b></p> <p>...have you ever had a few drinks right before doing something that requires coordination and concentration like driving, boating, climbing on a ladder, or operating heavy machinery?</p> <p>IF YES: Would you say that the amount you had to drink affected your coordination or concentration so that it was more likely that you or someone else could have been hurt?</p> <p>IF YES AND UNKNOWN: How many times? (When?)</p>	<p>8. Recurrent alcohol use in situations in which it is physically hazardous [e.g., driving an automobile or operating a machine when impaired by alcohol use].</p>	<p>— +</p>	<p><b>E9</b></p>
<p><b>E10</b></p> <p>...has your drinking caused you any problems like making you very depressed or anxious? How about putting you in a "mental fog," making it difficult for you to sleep, or making it so you couldn't recall what happened while you were drinking?</p> <p>Has your drinking caused significant physical problems or made a physical problem worse, like stomach ulcers, liver disease, or pancreatitis?</p> <p>IF YES TO EITHER OF ABOVE: Did you keep on drinking anyway?</p>	<p>9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol [e.g., continued drinking despite recognition that an ulcer was made worse by alcohol consumption].</p>	<p>— +</p>	<p><b>E10</b></p>

E11	<p><b>During the past 12 months, since (ONE YEAR AGO)...</b></p> <p>...have you ever found that you needed to drink much more in order to get the feeling you wanted than you did when you first started drinking?</p> <p>► IF YES: <b>How much more?</b></p> <p>► IF NO: <b>What about finding that when you drank the same amount, it had much less effect than before? (How much less?)</b></p>	<p>10. Tolerance, as defined by either of the following:</p> <ol style="list-style-type: none"> <li>A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.</li> <li>A markedly diminished effect with continued use of the same amount of alcohol.</li> </ol>	—	+	E11
E12	<p>...have you ever had any withdrawal symptoms, in other words felt sick when you cut down or stopped drinking?</p> <p>► IF YES: <b>What symptoms did you have?</b> (Sweating or a racing heart? Your hand[s] shaking? Trouble sleeping? Feeling nauseated or vomiting? Feeling agitated? Feeling anxious? How about having a seizure or seeing, feeling, or hearing things that weren't really there?)</p> <p>► IF NO: <b>Have you ever started the day with a drink, or did you often drink or take some other drug or medication to keep yourself from getting the shakes or becoming sick?</b></p>	<p>11. Withdrawal, as manifested by either of the following:</p> <ol style="list-style-type: none"> <li>[At least TWO] of the following, developing within several hours to a few days after the cessation of (or reduction in) alcohol use that has been heavy and prolonged:           <ol style="list-style-type: none"> <li>Autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bpm)</li> <li>Increased hand tremor</li> <li>Insomnia</li> <li>Nausea or vomiting</li> <li>Transient visual, tactile, or auditory hallucinations or illusions</li> <li>Psychomotor agitation</li> <li>Anxiety</li> <li>Generalized tonic-clonic seizures</li> </ol> </li> <li>Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.</li> </ol>	—	+	E12
E13	<p><b>IF UNCLEAR: When did (ABOVE CRITERION A SXS [E2–E12] RATED "+") occur? (Did they all happen within the past 12 months?)</b></p>	<p>AT LEAST TWO OF THE ABOVE ALCOHOL USE CRITERION A SXS (E2–E12) ARE RATED "+" AND SXS OCCURRED WITHIN THE PAST 12 MONTHS.</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>NO</p> <p>YES</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> <p>Go to E14 (Nonalcohol Substance Use Disorder), page 56.</p> </div>			E13
<p><b>Diagnose: Alcohol Use Disorder</b></p> <p><b>Mild:</b> If 2–3 symptoms.</p> <p><b>Moderate:</b> If 4–5 symptoms.</p> <p><b>Severe:</b> If 6 or more symptoms.</p> <p>Continue with E14 (Nonalcohol Substance Use Disorder), page 56.</p>					

**Nonalcohol Substance Use Disorder (Past 12 Months)**

Now I'd like to ask you about your use of drugs or medicines over the past 12 months, since (ONE YEAR AGO).			
E14	Drug Classes to Ask About	DRUG CLASS USED IN PAST 12 MONTHS	
E14			
E15	<b>Sedatives, Hypnotics, or Anxiolytics:</b> In the past 12 months, have you taken any pills to calm you down, help you relax, or help you sleep? (Drugs like Valium, Xanax, Ativan, Klonopin, Ambien, Sonata, or Lunesta?) IF YES, specific drug(s) used: _____	YES	NO
E16	<b>Cannabis:</b> In the past 12 months, have you used marijuana ("pot," "grass," "weed"), hashish ("hash"), THC, K2, or "spice?" IF YES, specific drug(s) used: _____	YES	NO
E17	<b>Stimulants:</b> In the past 12 months, have you used any stimulants or "uppers" to give you more energy, keep you alert, lose weight, or help you focus? (Drugs like speed, methamphetamine, crystal meth, "crank," Ritalin or methylphenidate, Dexedrine, Adderall or amphetamine, or prescription diet pills?)  How about cocaine or "crack"? IF YES, specific drug(s) used: _____	YES	NO
E18	<b>Opioids:</b> In the past 12 months, have you ever used heroin or methadone? How about prescription pain killers? (Drugs like morphine, codeine, Percocet, Percodan, Oxycontin, Tylox or oxycodone, Vicodin, Lortab, Lorcet or hydrocodone, Suboxone or buprenorphine?) IF YES, specific drug(s) used: _____	YES	NO
E19	<b>Phencyclidine (PCP) and Related Substances:</b> In the past 12 months, have you ever used PCP ("angel dust," "peace pill") or ketamine ("Special K," "Vitamin K")? IF YES, specific drug(s) used: _____	YES	NO
E20	<b>Other Hallucinogens:</b> In the past 12 months, have you used any drugs to "trip" or heighten your senses? (Drugs like LSD, "acid," peyote, mescaline, "mushrooms," psilocybin, Ecstasy [MDMA, "molly"], bath salts, DMT, or other hallucinogens?) IF YES, specific drug(s) used: _____	YES	NO
E21	<b>Inhalants:</b> In the past 12 months, have you ever used glue, paint, correction fluid, gasoline, or other inhalants to get high? IF YES, specific drug(s) used: _____	YES	NO
E22	<b>Other:</b> What about other drugs, like anabolic steroids, nitrous oxide (laughing gas, "whippets"), nitrites (amyl nitrite, butyl nitrite, "poppers," "snappers"), diet pills (phentermine), or over-the-counter medicine for allergies, colds, cough, or sleep? IF YES, specific drug(s) used: _____	YES	NO
<p>If <u>any</u> of items E15–E22 have been rated "YES" (i.e., use of some substance in past 12 months), continue with the ratings for E15a–E22a on the <b>next page</b>.</p> <p>If all of items E15–E22 have been rated "NO," go to F1 (Panic Disorder), page 63.</p>			

IF ACKNOWLEDGES USE OF A DRUG FROM ANY CLASS IN E15–E22, page 56, FOLLOW UP WITH THESE QUESTIONS TO DETERMINE WHETHER USE IS AT OR ABOVE THRESHOLD FOR ASSESSMENT OF SUBSTANCE USE DISORDER:

► IF ILLICIT OR RECREATIONAL DRUG: Have you used (SUBSTANCE) at least six times during the past 12 months?

IF YES: During the past year, when were you taking (SUBSTANCE) the most? How long did that period last? During that time, how often were you taking it? How much were you using? Did your use of (SUBSTANCE) cause problems for you? Did anyone object to your use of (SUBSTANCE)?

► IF PRESCRIBED/OVER-THE-COUNTER (OTC) MEDICATION: Over the past 12 months, did you get hooked or become dependent on (PRESCRIBED/OTC MEDICATION)? Did you ever take more of it than was prescribed or run out of your prescription early? Did you ever have to go to more than one doctor to make sure you didn't run out?

	<b>Drugs Used (recorded on page 56)</b>	<b>At or Above Assessment Threshold</b>	<b>Use Pattern (based on above questions)</b>	
E15a	Sedatives, Hypnotics, or Anxiolytics Name of specific drug(s) used in this class:	YES      NO		E15a
E16a	Cannabis Name of specific drug(s) used in this class:	YES      NO		E16a
E17a	Stimulants Name of specific drug(s) used in this class:	YES      NO		E17a
E18a	Opioids Name of specific drug(s) used in this class:	YES      NO		E18a
E19a	Phencyclidine and Related Substances Name of specific drug(s) used in this class:	YES      NO		E19a
E20a	Other Hallucinogens Name of specific drug(s) used in this class:	YES      NO		E20a
E21a	Inhalants Name of specific drug(s) used in this class:	YES      NO		E21a
E22a	Other Name of specific drug(s) used in this class:	YES      NO		E22a

IF ANY CLASS OF ILLEGAL OR RECREATIONAL DRUGS WAS USED AT LEAST SIX TIMES WITHIN THE PAST 12 MONTHS OR PRESCRIBED/OTC MEDICATIONS WERE ABUSED OVER THE PAST 12 MONTHS (E.G., TAKING MORE THAN PRESCRIBED OR RECOMMENDED, DOCTOR SHOPPING TO GET PRESCRIPTIONS), GO TO E23 (Past-12-Month Nonalcohol Substance Use Disorder), page 58.

OTHERWISE (I.E., NO DRUG USED AT LEAST SIX TIMES AND NO EVIDENCE OF PRESCRIPTION/OTC MEDICATION ABUSE), GO TO F1 (Panic Disorder), page 63.

PAST-12-MONTH NONALCOHOL SUBSTANCE USE DISORDER	SUBSTANCE USE DISORDER CRITERIA
Which drugs or medications caused you the most problems over the past 12 months, since (ONE YEAR AGO)? Which ones did you use the most? Which were your "drugs of choice"?	
E23  I'd now like to ask you some more questions about your use of (SUBSTANCE USED MOST HEAVILY OR CAUSED MOST PROBLEMS) in the past 12 months, since (ONE YEAR AGO).	A. A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following occurring within a 12-month period:
E24  During the past 12 months...  ...have you found that once you started using (DRUG) you ended up using much more than you <u>intended to</u> ? For example, you planned to have (SMALL AMOUNT OF DRUG) but you ended up having much more. (Tell me about that. How often did that happen?)  IF NO: What about using (DRUG) for a much longer period of time than you were <u>intending to</u> ?	1. The substance is often taken in larger amounts OR over a longer period than was intended.  — +
E25  ...have you wanted to stop or cut down using (DRUG), or control your use of (DRUG)?  ► IF YES: How long did this desire to stop, cut down, or control your use of (DRUG) last?  ► IF NO: During the past year, did you ever try to cut down, stop, or control your use of (DRUG)? How successful were you? (Did you make more than one attempt to stop, cut down, or control your use of (DRUG)?)	2. There is a persistent desire OR unsuccessful efforts to cut down or control substance use.  — +
E26  ...have you spent a lot of time getting (DRUG) or using (DRUG) or has it taken a lot of time for you to get over the effects of (DRUG)? (How much time?)	3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.  — +
E27  ...have you had a strong desire or urge to use (DRUG) In between those times when you were using (DRUG)? (Has there been a time when you had such strong urges to use (DRUG) that you had trouble thinking about anything else?)  IF NO: How about having a strong desire or urge to use (DRUG) when you were around people with whom you have used (DRUG)?	4. Craving, or a strong desire or urge to use the substance.  — +

E28

**During the past 12 months, since (ONE YEAR AGO)...**

**...have you missed work or school or often arrived late because you were intoxicated, high, or recovering from the night before?**

**IF NO: How about doing a bad job at work or school, or failing courses or getting kicked out of school because of your use of (DRUG)?**

**IF NO: How about getting into trouble at work or school because of your use of (DRUG)?**

**IF NO: How about not taking care of things at home because of your use of (DRUG), like making sure there are food and clean clothes for your family and making sure your children go to school and get medical care? How about not paying your bills?**

**IF YES TO ANY: How often?**

5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household).

— +

E28

E29

**...has your use of (DRUG) caused problems with other people, such as with family members, friends, or people at work? (Have you found yourself regularly getting into arguments about your [DRUG] use? Have you gotten into physical fights when you were taking [DRUG]?)**

**IF YES: Did you keep on using (DRUG) anyway? (Over what period of time?)**

6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights).

— +

E29

E30

**...have you had to give up or reduce the time you spent at work, with family or friends, or on your hobbies because you were using (DRUG) instead?**

7. Important social, occupational, or recreational activities given up or reduced because of substance use.

— +

E30

E31

**...have you ever gotten high before doing something that requires coordination and concentration like driving, boating, climbing on a ladder, or operating heavy machinery?**

8. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use).

— +

E31

► **IF YES (FOR SUBSTANCES OTHER THAN STIMULANTS): Would you say that your use of (DRUG) affected your coordination or concentration so that it was more likely that you or someone else could have been hurt?**

► **IF YES (FOR STIMULANTS ONLY): Would you say that your being high on (STIMULANT DRUG) made you drive recklessly like driving very fast or taking unnecessary risks?**

**IF YES TO EITHER OF ABOVE AND IF UNKNOWN:  
How many times?**

E32	<p>During the past 12 months, since (ONE YEAR AGO)...</p> <p>...has your use of (DRUG) caused you any problems like making you very depressed, anxious, paranoid, very irritable, or extremely agitated? What about triggering panic attacks, making it difficult for you to sleep, putting you into a "mental fog," or making it so you couldn't recall what happened while you were using (DRUG)?</p> <p>Has your use of (DRUG) ever caused physical problems, like heart palpitations, coughing or trouble breathing, constipation, or skin infections?</p> <p>IF YES TO EITHER OF ABOVE: Did you keep on using (DRUG) anyway?</p>	<p>9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., recurrent cocaine use despite recognition of cocaine-related depression).</p>	— +	E32
E33	<p>...have you found that you needed to use much more (DRUG) in order to get the feeling you wanted than when you first started using it?</p> <p>→ IF YES: How much more?</p> <p>→ IF NO: What about finding that when you used the same amount, it had much less effect than before?</p> <p>IF PRESCRIBED MEDICATION: Were you taking (DRUG) exactly as your doctor told you to? (Did you ever take more of it than was prescribed or run out of your prescription early? Did you ever go to more than one doctor in order to get the amount of medication you wanted?)</p>	<p>10. Tolerance, as defined by either of the following:</p> <ul style="list-style-type: none"> <li>a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.</li> <li>b. Markedly diminished effect with continued use of the same amount of the substance.</li> </ul>	— +	E33
E34	<p>THE FOLLOWING ITEM DOES NOT APPLY TO PCP, HALLUCINOGENS, AND INHALANTS.</p> <p>Have you ever had any withdrawal symptoms, in other words felt sick when you cut down or stopped using (DRUG)?</p> <p>→ IF YES: What symptoms did you have? (Refer to List of Withdrawal Symptoms on page 62.)</p> <p>→ IF NO: After not using (DRUG) for a few hours or more, did you sometimes use it or something like it to keep yourself from getting sick with (WITHDRAWAL SYMPTOMS)?</p> <p>IF PRESCRIBED MEDICATION: Were you taking this exactly as your doctor told you to? (Did you ever take more of it than was prescribed or run out of your prescription early? Did you ever have to go to more than one doctor to make sure you didn't run out?)</p>	<p>11. Withdrawal, as manifested by either of the following:</p> <ul style="list-style-type: none"> <li>a. The characteristic withdrawal syndrome for the substance [see page 62].</li> <li>b. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.</li> </ul> <p><i>NOTE: This criterion applies to use of the following: sedatives, hypnotics, or anxiolytics; cannabis; stimulants/cocaine; and opioids. As in DSM-5, this criterion does <u>not</u> apply to PCP, hallucinogens, or inhalants.</i></p> <p><i>NOTE: This criterion is not considered met for individuals taking opioids; sedatives, hypnotics, or anxiolytics; or stimulant medications solely under medical supervision.</i></p>	— +	E34
E35	<p>IF UNCLEAR: When did (ABOVE CRITERION A SXS [E24–E34] RATED "+") occur? (Did they all happen within the past 12 months?)</p>	<p>AT LEAST TWO OF THE ABOVE SUBSTANCE USE CRITERION A SXS (E24–E34) ARE RATED "+" AND SXS OCCURRED WITHIN THE PAST 12 MONTHS.</p>	NO ↓ YES ↓	E35
		<p>If there is threshold use of other drug classes in past year (six or more times in 12 months or prescription abuse), return to E23 on page 58 and reassess the criteria for each drug class used at threshold in sequence until either criteria are met for a Substance Use Disorder in the past 12 months or else none of the drug classes meet criteria. If no drug class ultimately meets criteria, continue with F1 (Panic Disorder), page 63.</p>		<p>Continue with E36, next page.</p>

**E36**

**Diagnose** based on drug class and number of symptoms; indicate the diagnosis by circling the specific substance use disorder and severity level below:

**E36****Sedative, Hypnotic, or Anxiolytic Use Disorder****Mild:** If 2–3 symptoms**Moderate:** If 4–5 symptoms**Severe:** If 6 or more symptoms*Specific drug used:* \_\_\_\_\_**Cannabis Use Disorder****Mild:** If 2–3 symptoms**Moderate:** If 4–5 symptoms**Severe:** If 6 or more symptoms*Specific drug used:* \_\_\_\_\_**Stimulant Use Disorder***(including amphetamines, cocaine, and other stimulants)***Mild:** If 2–3 symptoms**Moderate:** If 4–5 symptoms**Severe:** If 6 or more symptoms*Specific drug used:* \_\_\_\_\_**Opioid Use Disorder****Mild:** If 2–3 symptoms**Moderate:** If 4–5 symptoms**Severe:** If 6 or more symptoms*Specific drug used:* \_\_\_\_\_**Phencyclidine and Related Substance Use Disorder****Mild:** If 2–3 symptoms**Moderate:** If 4–5 symptoms**Severe:** If 6 or more symptoms*Specific drug used:* \_\_\_\_\_**Other Hallucinogen Use Disorder****Mild:** If 2–3 symptoms**Moderate:** If 4–5 symptoms**Severe:** If 6 or more symptoms*Specific drug used:* \_\_\_\_\_**Inhalant Use Disorder****Mild:** If 2–3 symptoms**Moderate:** If 4–5 symptoms**Severe:** If 6 or more symptoms*Specific drug used:* \_\_\_\_\_**Other (or Unknown) Substance Use Disorder****Mild:** If 2–3 symptoms**Moderate:** If 4–5 symptoms**Severe:** If 6 or more symptoms*Specific drug used:* \_\_\_\_\_

**List of Withdrawal Symptoms (from DSM-5 criteria for specific substance withdrawal diagnoses)**

Listed below are the characteristic withdrawal syndromes for those classes of psychoactive substances for which a withdrawal syndrome has been identified. (*NOTE: A specific withdrawal syndrome has not been identified for PCP, HALLUCINOGENS, and INHALANTS.*) Withdrawal symptoms may occur following the cessation of prolonged moderate or heavy use of a psychoactive substance or a reduction in the amount used.

**SEDATIVES, HYPNOTICS, OR ANXIOLYTICS**

Two (or more) of the following, developing within several hours to a few days after the cessation of (or reduction in) sedative, hypnotic, or anxiolytic use that has been heavy and prolonged:

1. Autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bpm).
2. Hand tremor.
3. Insomnia.
4. Nausea or vomiting.
5. Transient visual, tactile, or auditory hallucinations or illusions.
6. Psychomotor agitation.
7. Anxiety.
8. Grand mal seizures.

**CANNABIS**

Three (or more) of the following signs and symptoms developing within approximately 1 week after cessation of cannabis use that has been heavy and prolonged (i.e., usually daily or almost daily use over a period of at least a few months):

1. Irritability, anger, or aggression.
2. Nervousness or anxiety.
3. Sleep difficulty (e.g., insomnia, disturbing dreams).
4. Decreased appetite or weight loss.
5. Restlessness.
6. Depressed mood.
7. At least one of the following physical symptoms causing significant discomfort: abdominal pain, shakiness/tremors, sweating, fever, chills, or headache.

**STIMULANTS/COCAINE**

Dysphoric mood AND two (or more) of the following physiological changes, developing within a few hours to several days after cessation of (or reduction in) prolonged amphetamine-type substance, cocaine, or other stimulant use:

1. Fatigue.
2. Vivid, unpleasant dreams.
3. Insomnia or hypersomnia.
4. Increased appetite.
5. Psychomotor retardation or agitation.

**OPIOIDS**

Three (or more) of the following, developing within minutes to several days after cessation of (or reduction in) opioid use that has been heavy and prolonged (i.e., several weeks or longer) or after administration of an opioid antagonist after a period of opioid use:

1. Dysphoric mood.
2. Nausea or vomiting.
3. Muscle aches.
4. Lacrimation or rhinorrhea (runny nose).
5. Pupillary dilation, piloerection [("goose bumps")], or sweating.
6. Diarrhea.
7. Yawning.
8. Fever.
9. Insomnia.

## F. ANXIETY DISORDERS

	LIFETIME PANIC DISORDER	PANIC DISORDER CRITERIA	
F1	<p>Have you ever had an intense rush of anxiety, or what someone might call a "panic attack," when you <u>suddenly</u> felt very frightened or anxious or suddenly developed a lot of physical symptoms? (Tell me about that.)</p> <p>When was the last bad one? What was it like? How did it begin?</p> <p>IF UNCLEAR: Did the symptoms come on suddenly?</p> <p>IF YES: How long did it take from when it began to when it got really bad? (Did it happen within a few minutes?)</p>	<p>A. [Panic Attack] A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms occur:</p> <p><b>Note:</b> The abrupt surge can occur from a calm state or an anxious state.</p>	<p style="text-align: center;">↓ +</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           Go to F23            (Agoraphobia),            page 66.         </div>
F2	During that attack...	1. Palpitations, pounding heart, or accelerated heart rate.	- +
F3	...did you sweat?	2. Sweating.	- +
F4	...did you tremble or shake?	3. Trembling or shaking.	- +
F5	...were you short of breath? (Have trouble catching your breath? Feel like you were being smothered?)	4. Sensations of shortness of breath or smothering.	- +
F6	...did you feel as if you were choking?	5. Feelings of choking.	- +
F7	...did you have chest pain or pressure?	6. Chest pain or discomfort.	- +
F8	...did you have nausea or upset stomach or the feeling that you were going to have diarrhea?	7. Nausea or abdominal distress.	- +
F9	...did you feel dizzy, unsteady, or like you might pass out?	8. Feeling dizzy, unsteady, light-headed, or faint.	- +
F10	...did you have flushes, hot flashes, or chills?	9. Chills or heat sensations.	- +
F11	...did you have tingling or numbness in parts of your body?	10. Paresthesias (numbness or tingling sensations).	- +

F12	<p>...did you have the feeling that you were detached from your body or mind, that time was moving slowly, or that you were an outside observer of your own thoughts or movements?</p> <p>IF NO: How about feeling that everything around you was unreal or that you were in a dream?</p>	11. Derealization (feelings of unreality) or depersonalization (being detached from oneself).	— +	F12
F13	...were you afraid you were going crazy or might lose control?	12. Fear of losing control or "going crazy."	— +	F13
F14	...were you afraid that you were dying?	13. Fear of dying.	— +	F14
F15		AT LEAST FOUR OF THE ABOVE CRITERION A SXS (F2–F14) ARE RATED "+".	NO YES	F15
	Besides the one you just described, have you had any other attacks which had even more of the symptoms that I just asked you about?			Continue with F16, below.
	<ul style="list-style-type: none"> <li>► IF YES: Go back to F2, page 63, and assess the symptoms for that attack.</li> <li>► IF NO: Go to F23 (Agoraphobia), page 66.</li> </ul>			
F16	<p>Have any of these attacks ever come on out of the blue—in situations where you didn't expect to be nervous or uncomfortable?</p> <p>► IF YES: What was going on when the attack(s) happened? (What were you doing at the time? Were you already nervous or anxious at the time or rather were you relatively calm or relaxed?) How many of these kinds of attacks have you had? (At least two?)</p> <p>► IF NO: How about the very first one you had. What was going on in your life at that time? What were you doing at the time? Were you already nervous or anxious at the time or rather were you relatively calm or relaxed?)</p> <p>IF ATTACK IS UNEXPECTED: How many of these kinds of attacks have you had? (At least two?)</p>	<p>A. Recurrent unexpected panic attacks.</p> 	— +	F16
	After any of these attacks...	B. At least one of the attacks has been followed by 1 month (or more) of one or both of the following:		
F17	<p>...were you concerned or worried that you might have another attack or worried that you would feel like you were having a heart attack again, or worried that you would lose control or go crazy?</p> <p>IF YES: How long did that concern or worry last? (Did it last at least 1 month? Nearly every day?)</p>	<p>1. Persistent concern or worry about additional panic attacks or their consequences (e.g., losing control, having a heart attack, "going crazy").</p>	— +	F17

F18	<p>...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?)</p> <p>IF YES: How long did that last? (As long as 1 month?)</p>	<p>2. A significant maladaptive change in behavior related to the attacks (e.g., behaviors designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations).</p>	— +	F18
F19		CRITERION B1 (F17) OR B2 (F18) RATED "+".	NO YES	F19
		Go to F23 (Agoraphobia), page 66.		
F20	<p>IF UNKNOWN: When did your panic attacks start?</p> <p>Just before you began having panic attacks, were you taking any drugs, caffeine, diet pills, or other medicines?</p> <p>(How much coffee, tea, or caffeinated beverages do you drink a day?)</p> <p>Just before the attacks, were you physically ill?</p> <p>IF YES: What did the doctor say?</p> <div style="border: 1px dashed black; padding: 5px;"> <p>Refer to the User's Guide, Section 9, for guidance on determining whether there is an etiological GMC or substance/medication.</p> </div>	<p>C. [Primary Anxiety Disorder] The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hypothyroidism, cardiopulmonary disorders).</p> <p><u>Etiological GMCs</u> include endocrine disease (e.g., hyperthyroidism, pheochromocytoma, hypoglycemia, hyperadrenocortisolism), cardiovascular disorders (e.g., congestive heart failure, pulmonary embolism, arrhythmia such as atrial fibrillation), respiratory illness (e.g., chronic obstructive pulmonary disease, asthma, pneumonia), metabolic disturbances (e.g., vitamin B12 deficiency, porphyria), and neurological illness (e.g., neoplasms, vestibular dysfunction, encephalitis, seizure disorders).</p> <p><u>Etiological substances/medications</u> include alcohol (I/W); caffeine (I); cannabis (I); opioids (W); phencyclidine (I); other hallucinogens (I); inhalants (I); stimulants (including cocaine) (I/W); sedatives, hypnotics, and anxiolytics (W); anesthetics and analgesics; sympathomimetics or other bronchodilators; anticholinergics; insulin; thyroid preparations; oral contraceptives; antihistamines; antiparkinsonian medications; corticosteroids; antihypertensive and cardiovascular medications; anticonvulsants; lithium carbonate; antipsychotic medications; antidepressant medications; and exposure to heavy metals and toxins such as organophosphate insecticide, nerve gases, carbon monoxide, carbon dioxide, and volatile substances such as gasoline and paint.</p>	NO YES	<p>PRIMARY</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><u>Diagnose:</u> Anxiety Disorder Due to AMC or Substance- Induced Anxiety Disorder; Go to F23 (Agoraphobia), page 66.</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Continue with F21 (Criterion D), below.</p> </div>
F21		<p>D. The disturbance is not better explained by another mental disorder (e.g., the panic attacks do not occur only in response to feared social situations, as in Social Anxiety Disorder; in response to circumscribed phobic objects or situations, as in Specific Phobia; in response to obsessions, as in Obsessive-Compulsive Disorder; in response to reminders of traumatic events, as in Posttraumatic Stress Disorder; or in response to separation from attachment figures, as in Separation Anxiety Disorder).</p>	NO YES	F21
		Go to F23 (Agoraphobia), page 66.		

F22

During the past month, since (ONE MONTH AGO), how many panic attacks have you had?

During the past month, have you been concerned or worried that you might have another attack or worried that you would feel like you were having a heart attack again, or worried that you would lose control or go crazy?

Have you done anything differently because of the attacks (like avoiding certain places or not going out alone)?

[During the past month, recurrent panic attacks (unexpected or expected) AND at least one of the attacks have been followed by persistent concern or worry about additional attacks or their consequences or a significant maladaptive change in behavior related to the attacks throughout the month.]

NO

YES

Past Hx

Current

**Diagnose: Panic Disorder.** Continue with F23 (Agoraphobia), below.

F22

F23

#### CURRENT AGORAPHOBIA (PAST 6 MONTHS)

In the past 6 months, since (6 MONTHS AGO), have you been very anxious about or afraid of situations like going out of the house alone, being in crowds, going to stores, standing in lines, or traveling on buses or trains?

Tell me about the situations that you've been afraid of.

IF UNKNOWN: Have you been afraid of, or anxious about, traveling in taxicabs, buses, trains, ships or planes?

IF UNKNOWN: How about being in open spaces, like parking lots, outdoor marketplaces, or bridges?

IF UNKNOWN: How about being in enclosed places like stores, movie theaters, or shopping malls?

IF UNKNOWN: How about standing in a line or being in a crowd?

IF UNKNOWN: How about being outside of the house alone?

#### AGORAPHOBIA CRITERIA

A. Marked fear or anxiety about two (or more) of the following five situations:

1. Using public transportation (e.g., automobiles, buses, trains, ships, planes).
2. Being in open spaces (e.g., parking lots, marketplaces, bridges).
3. Being in enclosed places (e.g., shops, theaters, cinemas).
4. Standing in line or being in a crowd.
5. Being outside of the home alone.

Go to F32 (Social Anxiety Disorder), page 68.

F23

F24

Why have you been avoiding (AVOIDED SITUATIONS) or what have you been afraid would happen?

(Have you been afraid that it might be hard for you to get out of [AVOIDED SITUATIONS] if you absolutely needed to...like if you suddenly developed a panic attack?)

(Or developing something else that would be embarrassing like losing control of your bladder or bowels or vomiting?)

(Have you been afraid of becoming impaired in some way, like by falling or passing out?)

(How about being worried that there would be nobody there to help you in case these kinds of things happened?)

B. The individual fears or avoids these situations because of thoughts that escape might be difficult or help might not be available in the event of developing panic-like symptoms or other incapacitating or embarrassing symptoms (e.g., fear of falling in the elderly, fear of incontinence).

Go to F32 (Social Anxiety Disorder), page 68.

F2

F25

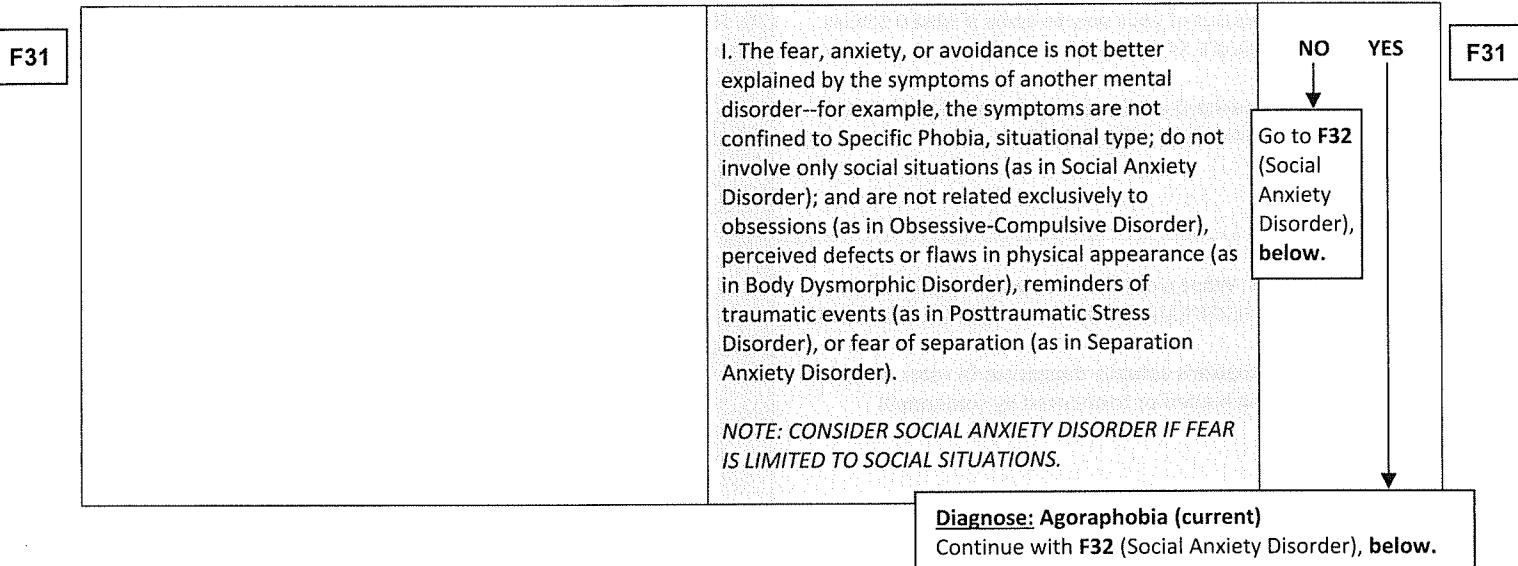
Do you almost always feel frightened or anxious when you are in (AVOIDED SITUATIONS)?

C. The agoraphobic situations almost always provoke fear or anxiety.

Go to F32 (Social Anxiety Disorder), page 68.

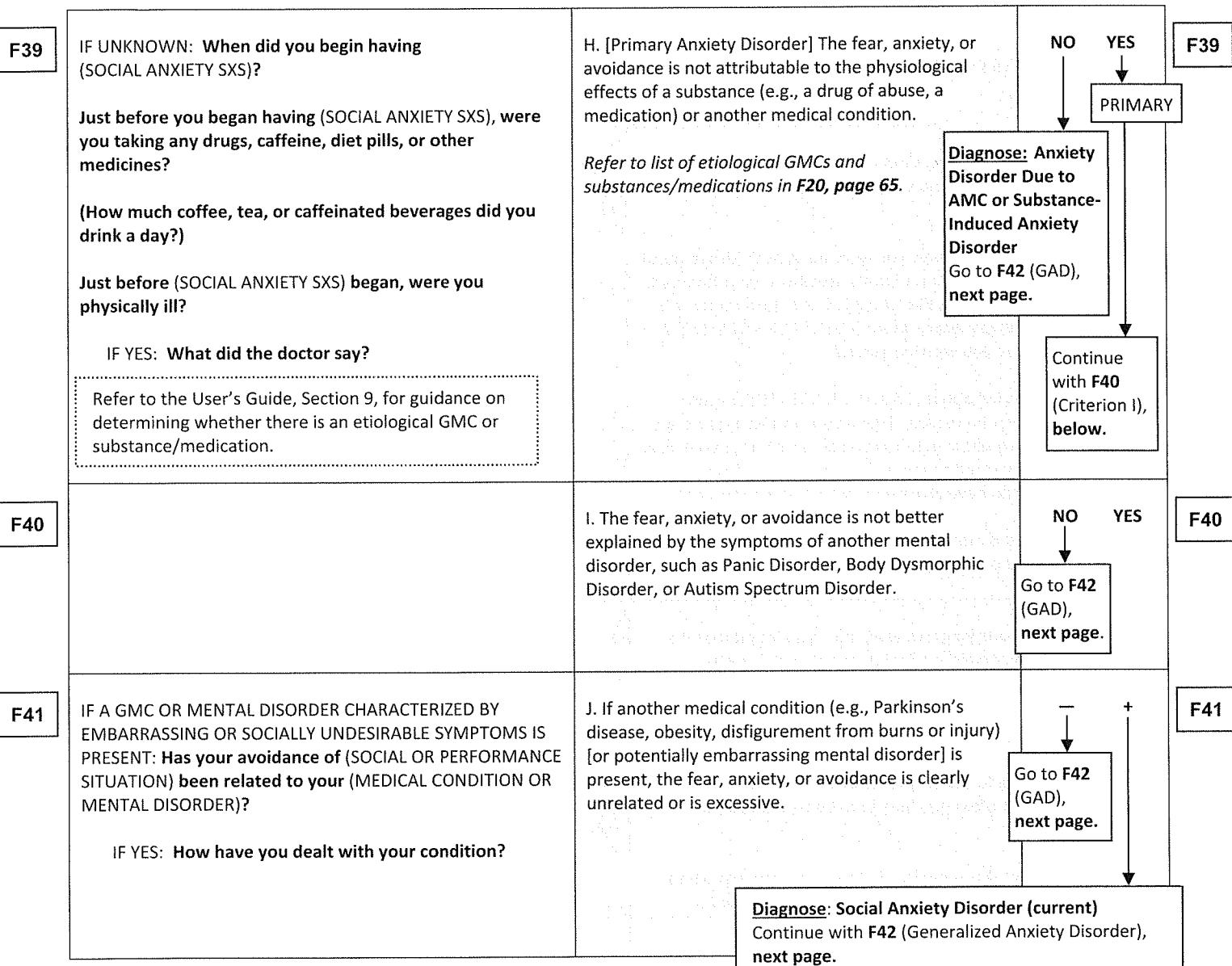
F2

F26	<p><b>Have you gone out of your way to avoid these situations?</b></p> <p>IF NO: Have you been only able to go into one of these situations if you are with someone you know?</p> <p>IF NO: When you have had to be in one of these situations, have you felt intensely afraid or anxious?</p>	<p>D. The agoraphobic situations are actively avoided, require the presence of a companion, or are endured with intense fear or anxiety.</p>	<p>— +</p> <p>Go to F32 (Social Anxiety Disorder), page 68.</p>	F26
F27	<p>IF UNKNOWN: <b>Do you feel any danger or threat to your safety when you are in (SITUATIONS)?</b></p>	<p>E. The fear or anxiety is out of proportion to the actual danger posed by the agoraphobic situations and to the sociocultural context.</p>	<p>— +</p> <p>Go to F32 (Social Anxiety Disorder), page 68.</p>	F27
F28	<p><b>Has your fear or avoidance of (AVOIDED SITUATIONS) been present for most of the past 6 months?</b></p>	<p>F. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.</p>	<p>— +</p> <p>Go to F32 (Social Anxiety Disorder), page 68.</p>	F28
F29	<p>IF UNCLEAR: <b>What effect have (AGORAPHOBIC SXS) had on your life?</b></p> <p><b>ASK THE FOLLOWING QUESTIONS ONLY AS NEEDED:</b></p> <p><b>How have (AGORAPHOBIC SXS) affected your relationships or your interactions with other people?</b> (Have [AGORAPHOBIC SXS] caused any problems in your relationships with your family, romantic partner, or friends?)</p> <p><b>How have (AGORAPHOBIC SXS) affected your ability to work, take care of your family or household needs, or be involved in things that are important to you, like religious activities, physical exercise, or hobbies?</b></p> <p><b>Have (AGORAPHOBIC SXS) affected any other important part of your life?</b></p> <p><b>IF AGORAPHOBIC SXS HAVE NOT INTERFERED WITH FUNCTIONING: How much have you been bothered or upset by having (AGORAPHOBIC SXS)?</b></p>	<p>G. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p>	<p>— +</p> <p>Go to F32 (Social Anxiety Disorder), page 68.</p>	F29
F30	<p><b>IF A GMC CHARACTERIZED BY INCAPACITATING SYMPTOMS IS PRESENT: Is your avoidance of (AVOIDED SITUATION) related to your (MEDICAL CONDITION)? (Tell me about it. How often has [INCAPACITATING SYMPTOM] actually happened in [AVOIDED SITUATION]?)</b></p>	<p>H. If another medical condition (e.g., inflammatory bowel disease, Parkinson's disease) is present, the fear, anxiety, or avoidance is clearly excessive.</p>	<p>— +</p> <p>Go to F32 (Social Anxiety Disorder), page 68.</p>	F30

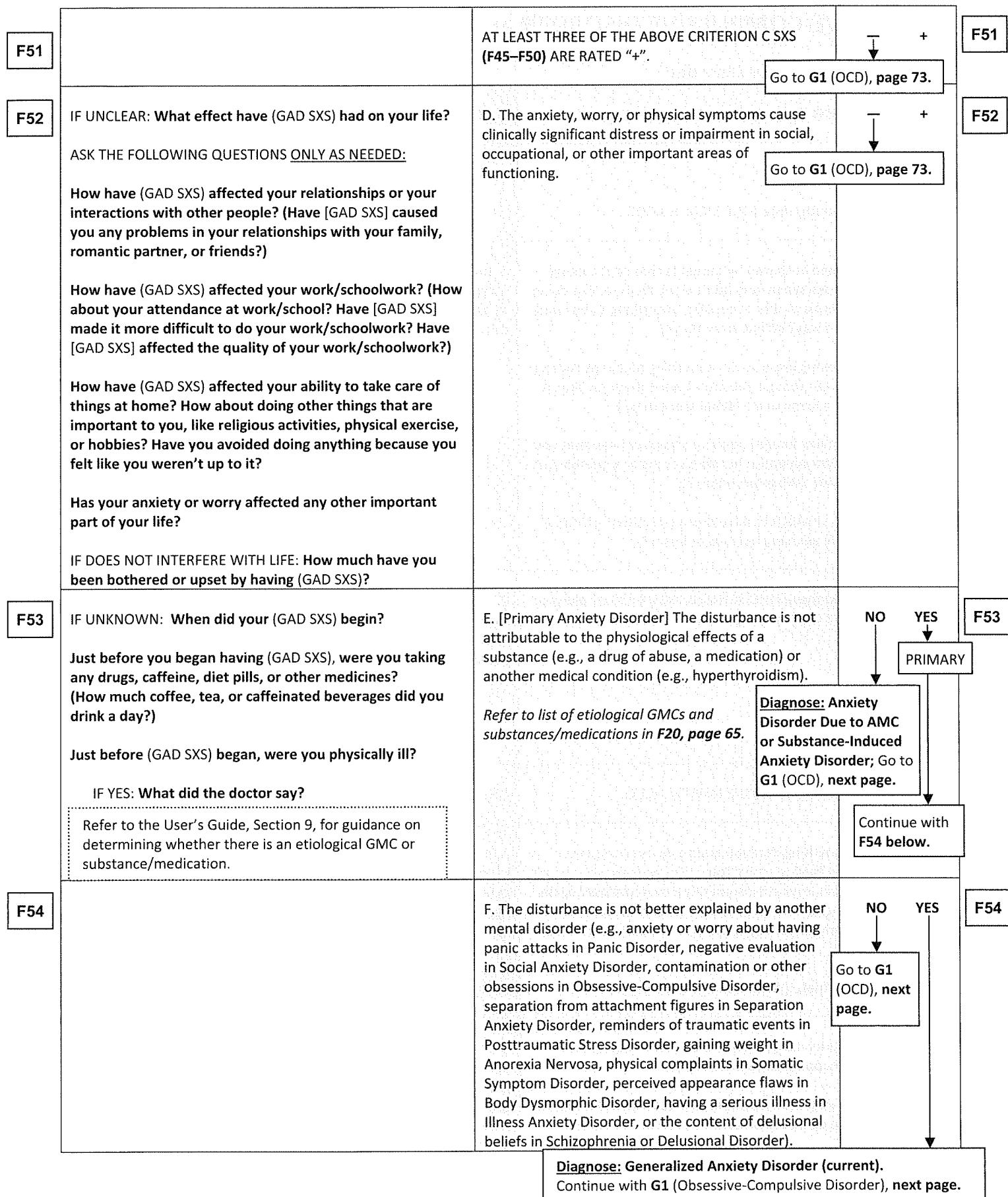


CURRENT SOCIAL ANXIETY DISORDER (PAST 6 MONTHS)	SOCIAL ANXIETY DISORDER CRITERIA	
<p>In the past 6 months, since (SIX MONTHS AGO), have you been especially nervous or anxious in social situations, like having a conversation or meeting unfamiliar people?</p> <p>IF NO: Is there anything that you have been afraid to do or felt very uncomfortable doing in front of other people, like speaking, eating, writing, or using a public bathroom?</p> <p>IF YES TO EITHER OF ABOVE: Tell me about that. Give me some examples of when this has happened.</p>	<p>A. Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions (e.g., having a conversation, meeting unfamiliar people), being observed (e.g., eating or drinking), and performing in front of others (e.g., giving a speech).</p>	<p>— ↓ +</p> <p>Go to F42 (GAD), page 71.</p> <p><b>F32</b></p>
<p>What were you afraid would happen when you were in (FEARED SOCIAL OR PERFORMANCE SITUATION)? (Were you afraid of being embarrassed because of what you might say or how you might act? Were you afraid that this would lead to your being rejected by other people? How about making others uncomfortable or offending them because of what you said or how you acted?)</p>	<p>B. The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e., will be humiliating or embarrassing; will lead to rejection or offend others).</p>	<p>— ↓ +</p> <p>Go to F42 (GAD), page 71.</p> <p><b>F33</b></p>
<p>Have you almost always felt frightened when you would be in (FEARED SOCIAL OR PERFORMANCE SITUATIONS)?</p>	<p>C. The social situations almost always provoke fear or anxiety.</p>	<p>— ↓ +</p> <p>Go to F42 (GAD), page 71.</p> <p><b>F34</b></p>

F35	<p>Have you gone out of your way to avoid (FEARED SOCIAL OR PERFORMANCE SITUATION)?</p> <p>IF NO: How hard is it for you to be in (FEARED SOCIAL OR PERFORMANCE SITUATION)?</p>	<p>D. The social situations are avoided or endured with intense fear or anxiety.</p>	<p>— +</p> <p>Go to F42 (GAD), page 71.</p>	F35
F36	<p>IF UNKNOWN: What would you say would be the likely outcome of (PERFORMING POORLY IN SOCIAL SITUATION)?</p> <p>(Are these situations actually dangerous in some way, like avoiding being bullied or tormented by someone?)</p>	<p>E. The fear or anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context.</p>	<p>— +</p> <p>Go to F42 (GAD), page 71.</p>	F36
F37	<p>Has your fear or avoidance of (FEARED SOCIAL OR PERFORMANCE SITUATION) been present for most of the past 6 months?</p>	<p>F. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.</p>	<p>— +</p> <p>Go to F42 (GAD), page 71.</p>	F37
F38	<p>IF UNCLEAR: What effect have (SOCIAL ANXIETY SXS) had on your life?</p> <p>ASK THE FOLLOWING QUESTIONS <u>ONLY AS NEEDED</u>:</p> <p>How have (SOCIAL ANXIETY SXS) affected your ability to have friends or meet new people? (How about dating?)</p> <p>How have (SOCIAL ANXIETY SXS) affected your interactions with other people, especially unfamiliar people?</p> <p>How have (SOCIAL ANXIETY SXS) affected your ability to do things at school or at work that require interacting with other people? How about making presentations or giving talks?</p> <p>Have you avoided going to school or to work if you think you will be put in a situation that makes you uncomfortable?</p> <p>How have (SOCIAL ANXIETY SXS) affected your ability to work, take care of your family or household needs, or be involved in things that are important to you, like religious activities, physical exercise, or hobbies?</p> <p>Have (SOCIAL ANXIETY SXS) affected any other important part of your life?</p> <p>IF SOCIAL ANXIETY SXS HAVE NOT INTERFERED WITH FUNCTIONING: How much have you been bothered or upset by having (SOCIAL ANXIETY SXS)?</p>	<p>G. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p>	<p>— +</p> <p>Go to F42 (GAD), page 71.</p>	F38



CURRENT GENERALIZED ANXIETY DISORDER (PAST 6 MONTHS)		GENERALIZED ANXIETY DISORDER CRITERIA	
F42	<p>Over the past 6 months, since (6 MONTHS AGO), have you been feeling anxious and worried for a lot of the time? (Tell me about that.)</p> <p>What kinds of things have you worried about? (What about your job, your health, your family members, your finances, or other smaller things like being late for appointments?) How much did you worry about (EVENTS OR ACTIVITIES)? What else have you worried about?</p> <p>Have you worried about (EVENTS OR ACTIVITIES) even when there was no reason? (Have you worried more than most people would in your circumstances? Has anyone else thought you worried too much? Have you worried more than you should have given your actual circumstances?)</p> <p>During the last 6 months, would you say that you have been worrying more days than not?</p>	<p>A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).</p>	<p style="text-align: center;">— +</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;">           Go to G1 (OCD), page 73.         </div>
F43	When you're worrying this way, have you found that it's hard to stop yourself or to think about anything else?	B. The individual finds it difficult to control the worry.	<p style="text-align: center;">— +</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;">           Go to G1 (OCD), page 73.         </div>
F44	<p>Now I am going to ask you some questions about symptoms that often go along with being nervous or worried.</p> <p>Thinking about those periods in the past 6 months when you have been feeling nervous, anxious, or worried...</p>	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 6 months):	F44
F45	<p>...have you often felt physically restless, like you couldn't sit still?</p> <p>...have you often felt keyed up or on edge?</p>	1. Restlessness or feeling keyed up or on edge.	<p style="text-align: center;">— +</p>
F46	...have you often tired easily?	2. Being easily fatigued.	<p style="text-align: center;">— +</p>
F47	...have you often had trouble concentrating or has your mind often gone blank?	3. Difficulty concentrating or mind going blank.	<p style="text-align: center;">— +</p>
F48	...have you often been irritable?	4. Irritability.	<p style="text-align: center;">— +</p>
F49	...have your muscles often been tense?	5. Muscle tension.	<p style="text-align: center;">— +</p>
F50	...have you often had trouble falling or staying asleep? How about often feeling tired when you woke up because you didn't get a good night's sleep?	6. Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep).	<p style="text-align: center;">— +</p>



## G. OBSESSIVE-COMPULSIVE DISORDER and POSTTRAUMATIC STRESS DISORDER

### Obsessive-Compulsive Disorder

CURRENT OBSESSIVE-COMPULSIVE DISORDER		OBSSESSIVE-COMPULSIVE DISORDER CRITERIA
In the past month, since (ONE MONTH AGO)...		<p>A. Presence of obsessions, compulsions, or both:</p> <p>Obsessions are defined by (1) and (2):</p>
G1 ...have you been bothered by thoughts that kept coming back to you even when you didn't want them to, like being exposed to germs or dirt or needing everything to be lined up in a certain way? (What were they?)  How about having urges to do something that kept coming back to you even though you didn't want them to, like an urge to harm a loved one? (What were they?)  How about having images popping into your head that you didn't want, like violent or horrible scenes or something of a sexual nature? (What were they?)  IF YES TO ANY OF ABOVE: Have these (THOUGHTS/URGES/IMAGES) made you very anxious or upset?		<p>1. Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.</p> <p>↓ + Go to G3 (Compulsions), below.</p>
G2 When you had these (THOUGHTS/URGES/IMAGES) did you try hard to get them out of your head? (What would you try to do?)		<p>2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).</p> <p>↓ + OBSESSIONS ↓ + Go to G3 (Compulsions), below.</p>
In the past month, since (ONE MONTH AGO)...		<p>Compulsions are defined by (1) and (2):</p>
G3 ...was there anything that you had to do over and over again and was hard to resist doing, like washing your hands again and again, repeating something over and over again until it "felt right," counting up to a certain number, or checking something many times to make sure that you'd done it right?  Tell me about that. (What did you have to do?)		<p>1. Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.</p> <p>↓ + Go to G5, next page.</p>
G4 IF UNCLEAR: Why did you have to do (COMPULSIVE ACT)? What would happen if you didn't do it?  IF UNCLEAR: How many times would you do (COMPULSIVE ACT)? Are you doing (COMPULSIVE ACT) more than really makes sense?		<p>2. The behaviors or mental acts are aimed at preventing or reducing anxiety or 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.</p> <p>↓ + COMPULSIONS ↓ + Go to G5, next page.</p>

G5	<b>CHECK FOR OBSESSIONS AND/OR COMPULSIONS</b>	<b>PRESENCE OF OBSESSIONS (G2 RATED "+") OR COMPULSIONS (G4 RATED "+")</b>	<b>NO</b>  <b>YES</b> 
G6	<p><b>IF UNCLEAR: How much time have you spent on (OBSESSION OR COMPULSION)?</b></p> <p><b>IF UNCLEAR: What effect did these (OBSESSIONS OR COMPULSIONS) have on your life?</b></p> <p><b>ASK THE FOLLOWING QUESTIONS ONLY AS NEEDED:</b></p> <p><b>How have (OBSESSIONS OR COMPULSIONS) affected your relationships or your interactions with other people? (Have [OBSESSIONS OR COMPULSIONS] caused you any problems in your relationships with your family, romantic partner, roommates, or friends?)</b></p> <p><b>How have (OBSESSIONS OR COMPULSIONS) affected your work/school? (How about your attendance at work/school? Have [OBSESSIONS OR COMPULSIONS] made it more difficult to do your work/schoolwork? Have [OBSESSIONS OR COMPULSIONS] affected the quality of your work/schoolwork?)</b></p> <p><b>How have (OBSESSIONS OR COMPULSIONS) affected your ability to take care of things at home? How about doing other things that are important to you, like religious activities, physical exercise, or hobbies?</b></p> <p><b>Have (OBSESSIONS OR COMPULSIONS) affected any other important part of your life?</b></p> <p><b>IF HAVE NOT INTERFERED WITH LIFE: How much have you been bothered by having (OBSESSIONS OR COMPULSIONS)?</b></p>	<p>B. The obsessions or compulsions are time-consuming (e.g., take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p>	 <b>+</b>  <b>Go to G9 (PTSD), page 76.</b>
G7	<p><b>IF UNKNOWN: When did (OBSESSIONS OR COMPULSIONS) begin?</b></p> <p><b>Just before you began having (OBSESSIONS OR COMPULSIONS), were you taking any drugs or medicines?</b></p> <p><b>Just before the (OBSESSIONS OR COMPULSIONS) started, were you physically ill?</b></p> <p><b>IF YES: What did the doctor say?</b></p> <div style="border: 1px dashed black; padding: 5px; margin-top: 10px;"> <p>Refer to the User's Guide, Section 9, for guidance on determining whether there is an etiological GMC or substance/medication.</p> </div>	<p>C. [Primary Obsessive-Compulsive Disorder] The obsessive-compulsive symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.</p> <p><u>Etiological GMCs include</u> Sydenham's chorea and medical conditions leading to striatal damage, such as cerebral infarction.</p> <p><u>Etiological substances/medications include</u> intoxication with cocaine, amphetamines, or other stimulants, and exposure to heavy metals.</p>	<b>NO</b>  <b>YES</b> 
		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>PRIMARY</b> </div> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Diagnose: OC and Related Disorder Due to AMC or Substance-Induced OC and Related Disorder.</b>  <b>Go to G9 (PTSD), page 76.</b> </div>	 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Continue with G8, next page.</b> </div>

G8	<p>D. The disturbance is not better explained by the symptoms of another mental disorder (e.g., excessive worries, as in Generalized Anxiety Disorder; preoccupation with appearance, as in Body Dysmorphic Disorder; difficulty discarding or parting with possessions, as in Hoarding Disorder; hair pulling, as in Trichotillomania [Hair-Pulling Disorder]; skin picking, as in Excoriation [Skin-Picking] Disorder; stereotypies, as in Stereotypic Movement Disorder; ritualized eating behavior, as in Eating Disorders; preoccupation with substances or gambling, as in Substance-Related and Addictive Disorders; preoccupation with having an illness, as in Illness Anxiety Disorder; sexual urges or fantasies, as in Paraphilic Disorders; impulses, as in Disruptive, Impulse-Control, and Conduct Disorders; guilty ruminations, as in Major Depressive Disorder; thought insertion or delusional preoccupations, as in Schizophrenia Spectrum and Other Psychotic Disorders; or repetitive patterns of behavior, as in Autism Spectrum Disorder).</p>	<p>NO ↓ <b>Go to G9 (PTSD), next page.</b></p> <p>YES ↓</p>
<b>Diagnose: Obsessive-Compulsive Disorder (current). Continue with G9 (PTSD), next page.</b>		

G8

## Posttraumatic Stress Disorder

G9

G9

### LIFETIME TRAUMA HISTORY

I'd now like to ask about some things that may have happened to you that may have been extremely upsetting. People often find that talking about these experiences can be helpful. I'll start by asking if these experiences apply to you, and if so, I'll ask you to briefly describe what happened and how you felt at the time.

SCREEN FOR EACH TYPE OF TRAUMA (BASED ON DSM-5 TEXT AND PTSD CRITERION A) USING THE QUESTIONS BELOW.  
Have you ever been in a life-threatening situation like a major disaster or fire, combat, or a serious car or work-related accident?

What about being physically or sexually assaulted or abused, or threatened with physical or sexual assault?

How about seeing another person being physically or sexually assaulted or abused, or threatened with physical or sexual assault?

Have you ever seen another person killed or dead, or badly hurt?

How about learning that one of these things happened to someone you are close to?

IF UNKNOWN: Have you ever been the victim of a serious crime?

IF NO EVENTS ENDORSED: What would you say has been the most stressful or traumatic experience you have had over your life?

IF NO EVENTS ACKNOWLEDGED, CONTINUE WITH H1 (Attention-Deficit/Hyperactivity Disorder), page 86.

IF ANY EVENTS ACKNOWLEDGED: IN G10–G12 BELOW, REVIEW AND INQUIRE IN DETAIL FOR UP TO THREE PAST EVENTS (E.G., SELECT THREE WORST EVENTS; SELECT TRAUMA OF INTEREST PLUS TWO OTHER WORST EVENTS).

### PAST LIFETIME EVENT #1:

G10

G10

IF DIRECT EXPOSURE TO TRAUMA:

What happened? Were you afraid of dying or being seriously hurt? Were you seriously hurt?

IF WITNESSED TRAUMATIC EVENT HAPPENING TO OTHERS:

What happened? What did you see? How close were you to (TRAUMATIC EVENT)? Were you concerned about your own safety?

IF LEARNED ABOUT TRAUMATIC EVENT:

What happened? Who did it involve? (How close [emotionally] were you to them? Did it involve violence, suicide, or a bad accident?)

IF UNKNOWN: How old were you at the time?

IF UNKNOWN: Did this happen more than once?

Description of traumatic event:

Indicate type of traumatic event (check all that apply):

- Death, actual
- Death, threatened
- Serious injury, actual
- Serious injury, threatened
- Sexual violence, actual
- Sexual violence, threatened

Indicate mode of exposure to traumatic event:

- Directly experienced
- Witnessed happening to others in person
- Learning about event in close family member or friend
- Repeated or extreme exposure to aversive details of traumatic events (e.g., police officers repeatedly exposed to details of child abuse)

Age at time of event: \_\_\_\_\_

Indicate single event vs. prolonged/repeated exposure by circling appropriate number:

- 1—Single event
- 2—Prolonged or repeated exposure to same trauma (e.g., witnessing repeated episodes of parental domestic violence over years)

**PAST LIFETIME EVENT #2:****G11****IF DIRECT EXPOSURE TO TRAUMA:**

**What happened? Were you afraid of dying or being seriously hurt? Were you seriously hurt?**

**IF WITNESSED TRAUMATIC EVENT HAPPENING TO OTHERS:**

**What happened? What did you see? How close were you to (TRAUMATIC EVENT)? Were you concerned about your own safety?**

**IF LEARNED ABOUT TRAUMATIC EVENT:**

**What happened? Who did it involve? (How close [emotionally] were you to them? Did it involve violence, suicide, or a bad accident?)**

**IF UNKNOWN: How old were you at the time?**

**IF UNKNOWN: Did this happen more than once?**

**Description of traumatic event:****G11****Indicate type of traumatic event (check all that apply):**

- Death, actual
- Death, threatened
- Serious injury, actual
- Serious injury, threatened
- Sexual violence, actual
- Sexual violence, threatened

**Indicate mode of exposure to traumatic event:**

- Directly experienced
- Witnessed happening to others in person
- Learning about event in close family member or friend
- Repeated or extreme exposure to aversive details of traumatic events (e.g., police officers repeatedly exposed to details of child abuse)

**Age at time of event:** \_\_\_\_\_

**Indicate single event vs. prolonged/repeated exposure by circling appropriate number:**

- 1—Single event
- 2—Prolonged or repeated exposure to same trauma (e.g., witnessing repeated episodes of parental domestic violence over years)

**PAST LIFETIME EVENT #3:****G12****IF DIRECT EXPOSURE TO TRAUMA:**

**What happened? Were you afraid of dying or being seriously hurt? Were you seriously hurt?**

**IF WITNESSED TRAUMATIC EVENT HAPPENING TO OTHERS:**

**What happened? What did you see? How close were you to (TRAUMATIC EVENT)? Were you concerned about your own safety?**

**IF LEARNED ABOUT TRAUMATIC EVENT:**

**What happened? Who did it involve? (How close [emotionally] were you to them? Did it involve violence, suicide, or a bad accident?)**

**IF UNKNOWN: How old were you at the time?**

**IF UNKNOWN: Did this happen more than once?**

**Description of traumatic event:****G12****Indicate type of traumatic event (check all that apply):**

- Death, actual
- Death, threatened
- Serious injury, actual
- Serious injury, threatened
- Sexual violence, actual
- Sexual violence, threatened

**Indicate mode of exposure to traumatic event:**

- Directly experienced
- Witnessed happening to others in person
- Learning about event in close family member or friend
- Repeated or extreme exposure to aversive details of traumatic events (e.g., police officers repeatedly exposed to details of child abuse)

**Age at time of event:** \_\_\_\_\_

**Indicate single event vs. prolonged/repeated exposure by circling appropriate number:**

- 1—Single event
- 2—Prolonged or repeated exposure to same trauma (e.g., witnessing repeated episodes of parental domestic violence over years)

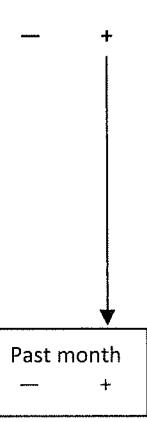
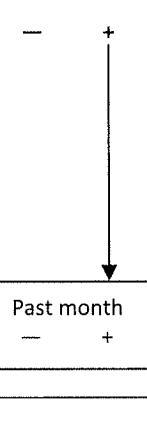
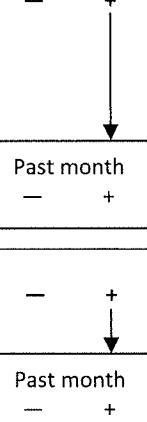
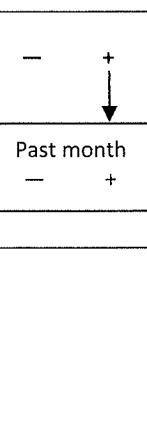
CURRENT POSTTRAUMATIC STRESS DISORDER	POSTTRAUMATIC STRESS DISORDER CRITERIA	
<p><b>G13</b></p> <p>IF THE ONLY EXPOSURE TO TRAUMA EVENTS HAS BEEN WITHIN THE PAST MONTH, GO TO H1 (ADHD).</p> <p>IF MORE THAN ONE TRAUMATIC EVENT IS REPORTED: Which of these (EVENT FROM G10–G12) do you think affected you the most?</p> <p>PAST LIFETIME EVENT # _____</p> <p>RATE G13–G41 (ASSESSMENT OF PTSD CRITERIA) USING SELECTED EVENT ABOVE. AS NOTED IN G19, G22, G30, G37, G38, G39, G40, IF SELECTED EVENT IS NOT ASSOCIATED WITH FULL PTSD, CONSIDER REASSESSING THE ENTIRE PTSD CRITERIA SET (G13–G41) USING OTHER REPORTED TRAUMAS (G10–G12).</p>	<p>A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:</p> <ol style="list-style-type: none"> <li>1. Directly experiencing the traumatic event(s).</li> <li>2. Witnessing, in person, the event(s) as it occurred to others.</li> <li>3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.</li> <li>4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).</li> </ol> <p><b>Note:</b> Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.</p>	<p>— +</p> <p>Go to H1 (ADHD), page 86.</p> <p><b>G13</b></p>
<p>Now I'd like to ask a few questions about specific ways that (TRAUMATIC EVENT) may have affected you at any time since (TRAUMATIC EVENT).</p> <p>For example, since (TRAUMATIC EVENT)...</p>	<p>B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:</p>	<p>— +</p>
<p>...have you had memories of (TRAUMATIC EVENT), including feelings, physical sensations, sounds, smells, or images, when you didn't expect to or want to? (How often has this happened?)</p> <p>IF LIFETIME RATING OF "+": Has this also been the case in the past month, since (ONE MONTH AGO)? How many times?</p>	<p>1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).</p>	<p>— +</p> <p>Past month — +</p> <p><b>G14</b></p>
<p>...what about repeatedly having upsetting dreams that reminded you of (TRAUMATIC EVENT)? (Tell me about that.)</p> <p>IF LIFETIME RATING OF "+": Has this also happened in the past month? How many times?</p>	<p>2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic events.</p>	<p>— +</p> <p>Past month — +</p> <p><b>G15</b></p>
<p>...what about having found yourself acting or feeling as if you were back in the situation? (Have you had "flashbacks" of [TRAUMATIC EVENT]?)</p> <p>IF LIFETIME RATING OF "+": Has this also happened in the past month? How many times?</p>	<p>3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)</p>	<p>— +</p> <p>Past month — +</p> <p><b>G16</b></p>

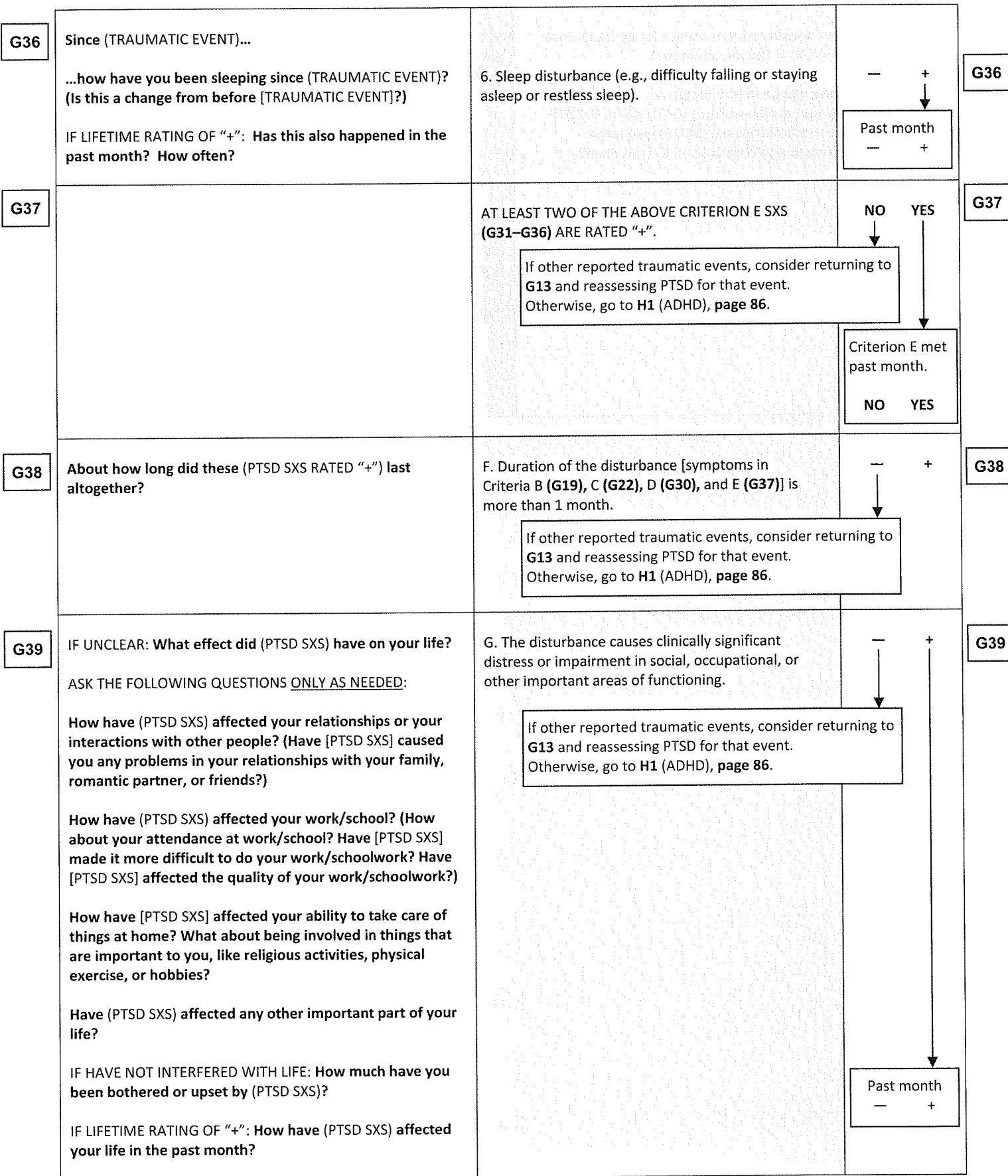
<p><b>Since (TRAUMATIC EVENT)...</b></p> <p><b>...have you had a strong emotional or physical reaction when something reminded you of (TRAUMATIC EVENT)?</b></p> <p><b>Give me some examples of the kinds of things that would have triggered this reaction. (Things like...seeing a person who resembles the person who attacked you, hearing the screech of brakes if you were in a car accident, hearing the sound of helicopters if you were in combat, any kind of physically intimacy if you were raped?)</b></p> <p><b>NOTE: IF DENIES EMOTIONAL OR PHYSICAL REACTION TO REMINDERS, CODE “—” FOR BOTH G17 (EMOTIONAL REACTION) AND G18 (PHYSICAL REACTION).</b></p>					
<p><b>G17</b></p> <p><b>IF ACKNOWLEDGES STRONG EMOTIONAL OR PHYSICAL REACTION:</b> What kind of reaction did you have? Did you get very upset or stay upset for a while, even after the reminder had gone away?</p> <p><b>IF LIFETIME RATING OF “+”:</b> Has this also happened in the past month? How many times?</p>	<p>4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).</p>	<p><b>G17</b></p> <p>— + ↓</p> <table border="1" data-bbox="1325 819 1498 910"> <tr> <td>Past month</td> <td>—</td> <td>+</td> </tr> </table>	Past month	—	+
Past month	—	+			
<p><b>G18</b></p> <p><b>IF ACKNOWLEDGES STRONG EMOTIONAL OR PHYSICAL REACTION:</b> What about having physical symptoms—like breaking out in a sweat, breathing heavily or irregularly, or feeling your heart pound or race when something reminded you of (TRAUMATIC EVENT)? How about feeling tense or shaky?</p> <p><b>IF LIFETIME RATING OF “+”:</b> Has this also happened in the past month? How many times?</p>	<p>5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).</p>	<p><b>G18</b></p> <p>— + ↓</p> <table border="1" data-bbox="1325 1157 1498 1248"> <tr> <td>Past month</td> <td>—</td> <td>+</td> </tr> </table>	Past month	—	+
Past month	—	+			
<p><b>G19</b></p>	<p>AT LEAST ONE OF THE ABOVE CRITERION B SXS (G14–G18) IS RATED “+”.</p> <p>If other reported traumatic events, consider returning to G13 and reassessing PTSD for that event. Otherwise, go to H1 (ADHD), page 86.</p>	<p><b>G19</b></p> <p>NO YES ↓</p> <table border="1" data-bbox="1325 1495 1498 1643"> <tr> <td>Criterion B met past month.</td> <td>NO</td> <td>YES</td> </tr> </table>	Criterion B met past month.	NO	YES
Criterion B met past month.	NO	YES			

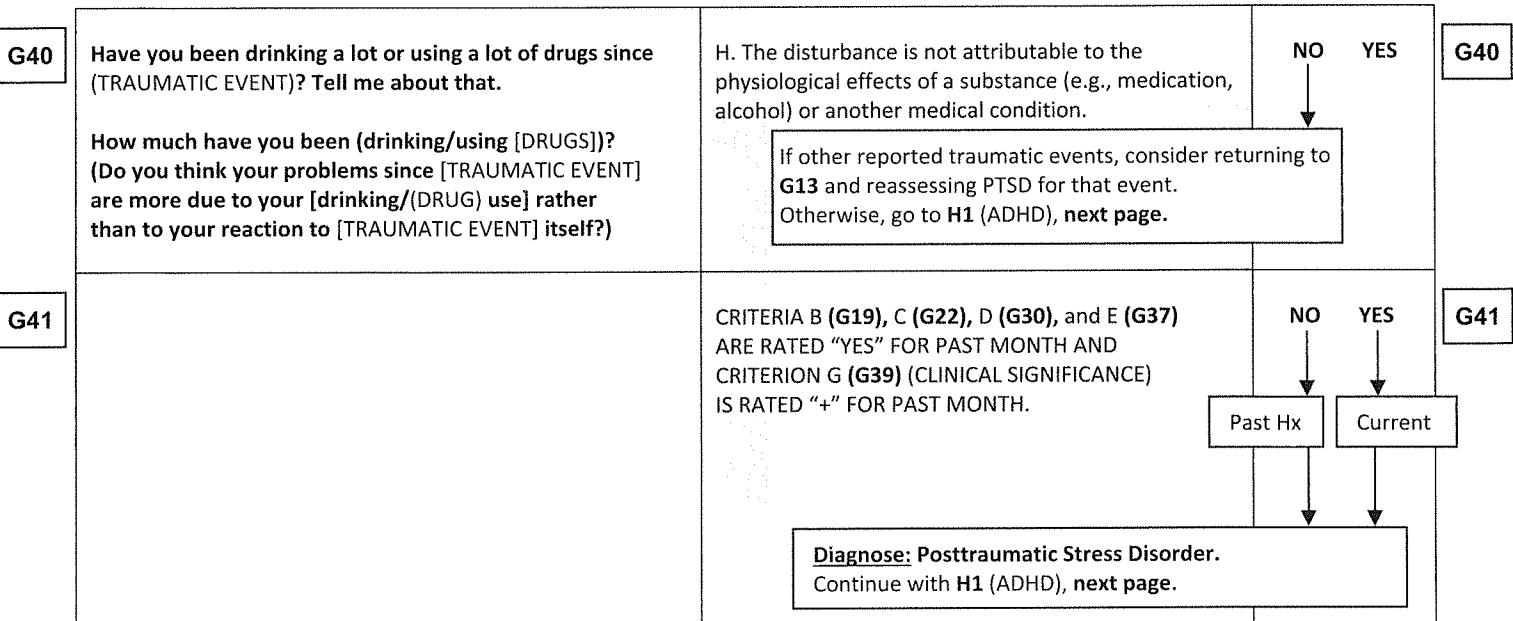
	C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:	
G20	<p>Since (TRAUMATIC EVENT)...</p> <p>...have you done things to avoid remembering or thinking about (TRAUMATIC EVENT), like keeping yourself busy, distracting yourself by playing computer or video games or watching TV, or using drugs or alcohol to "numb" yourself or try to forget what happened? How long has this gone on? (Almost all of the time for more than 1 month?)</p> <p>IF NO: How about doing things to avoid having feelings similar to those you had during (TRAUMATIC EVENT)? Since (TRAUMATIC EVENT), how long has this gone on? (Almost all of the time for more than 1 month?)</p> <p>IF LIFETIME RATING OF "+": Has this also happened in the past month, since (ONE MONTH AGO)? Has it been almost all of the time during the past month?</p>	<p>1. Avoidance of, or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).</p> <p>— +</p>
G21	<p>...have there been things, places, or people that you have tried to avoid because it brought up upsetting memories, thoughts, or feelings about (TRAUMATIC EVENT)? How long has this gone on? (Almost all of the time for more than 1 month?)</p> <p>IF NO: How about avoiding certain activities, situations, or topics of conversation? Since (TRAUMATIC EVENT), how long has this gone on? (Almost all of the time for more than 1 month?)</p> <p>IF LIFETIME RATING OF "+": Has this also happened in the past month? Has it been almost all of the time during the past month?</p>	<p>2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations), that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).</p> <p>— +</p>
G22		<p>AT LEAST ONE OF THE ABOVE CRITERION C SXS (G20–G21) IS RATED "+".</p> <p>If other reported traumatic events, consider returning to G13 and reassessing PTSD for that event. Otherwise, go to H1 (ADHD), page 86.</p> <p>NO YES</p>

	<p><b>Since (TRAUMATIC EVENT)...</b></p> <p>D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:</p>	
G23	<p><b>...have you been unable to remember some important part of what happened? (Tell me about that.)</b></p> <p><b>IF YES: Did you get a head injury during (TRAUMATIC EVENT)? Were you drinking a lot or were taking any drugs at the time of (TRAUMATIC EVENT)?</b></p> <p><b>IF LIFETIME RATING OF "+": Has this also been the case in the past month, since (ONE MONTH AGO)? How many times?</b></p>	<p>1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).</p> <p><b>Past month</b></p> <p>— +</p>
G24	<p><b>.....has there been a change in how you think about yourself? (Like feeling you are "bad," or permanently damaged or "broken"? ) Tell me about that. How long have you felt this way about yourself? (Have you felt this way almost all of the time for more than 1 month?)</b></p> <p><b>IF NO: Has there been a change in how you see other people or the way the world works? Like you can't trust anyone anymore? Like the world is a completely dangerous place? Tell me about that. How long have you thought this way? (Have you thought this way almost all of the time for more than 1 month?)</b></p> <p><b>IF LIFETIME RATING OF "+": Has this also been the case in the past month? How much of the time? (Almost all of the time?)</b></p>	<p>2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").</p> <p><b>Past month</b></p> <p>— +</p>
G25	<p><b>...have you blamed yourself for the (TRAUMATIC EVENT) or how it affected your life? (Like thinking that [TRAUMATIC EVENT] was your fault or that you should have done something to prevent it? Like thinking that you should have gotten over it by now?)</b></p> <p>► <b>IF YES: Tell me about it. How long have you thought this way? (Have you thought this way almost all of the time for more than 1 month?)</b></p> <p>► <b>IF NO: Have you blamed someone else for (TRAUMATIC EVENT)? Tell me about that. (What did they have to do with [TRAUMATIC EVENT]? ) How long have you thought it was their fault? (Have you thought this way almost all of the time for more than 1 month?)</b></p> <p><b>IF LIFETIME RATING OF "+": Has this also been the case in the past month? How much of the time? (Almost all of the time?)</b></p>	<p>3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.</p> <p><b>Past month</b></p> <p>— +</p>

<p><b>G26</b></p> <p>Since (TRAUMATIC EVENT)...</p> <p>...have you had bad feelings a lot of the time, like feeling sad, angry, afraid, guilty, ashamed, or numb? (Tell me about that.) How long have you felt this way? (Have you felt this way almost all of the time for more than 1 month?)</p> <p>IF YES: Is this different from the way you were before (TRAUMATIC EVENT)?</p> <p>IF LIFETIME RATING OF "+": Has this also been the case in the past month? How much of the time? (Almost all of the time?)</p>	<p>4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).</p> <p>— +</p> <p>Past month — +</p>	<p><b>G26</b></p>	
<p><b>G27</b></p> <p>...have you been a lot less interested in things that you were interested in before (TRAUMATIC EVENT), like spending time with family or friends, reading books, watching TV, cooking, or sports? (Tell me about that.)</p> <p>IF NO LOSS OF INTEREST: Are you still doing as many activities as you were before (TRAUMATIC EVENT)?</p> <p>IF LIFETIME RATING OF "+": Has this also been the case in the past month?</p>	<p>5. Markedly diminished interest or participation in significant activities.</p>	<p>— +</p> <p>Past month — +</p>	<p><b>G27</b></p>
<p><b>G28</b></p> <p>...have you felt distant or disconnected from others or have you closed yourself off from other people? (Tell me about that.)</p> <p>IF YES: Is this different from the way you were before (TRAUMATIC EVENT)?</p> <p>IF LIFETIME RATING OF "+": Has this also been the case in the past month?</p>	<p>6. Feelings of detachment or estrangement from others.</p>	<p>— +</p> <p>Past month — +</p>	<p><b>G28</b></p>
<p><b>G29</b></p> <p>...have you been unable to experience good feelings, like feeling happy, joyful, satisfied, loving, or tender toward other people? (Tell me about that.) How long have you been unable to experience good feelings? (Have you been unable to experience good feelings almost all of the time for more than 1 month?)</p> <p>IF YES: Is this different from the way you were before (TRAUMATIC EVENT)?</p> <p>IF LIFETIME RATING OF "+": Has this also been the case in the past month? How much of the time? (Almost all of the time?)</p>	<p>7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).</p>	<p>— +</p> <p>Past month — +</p>	<p><b>G29</b></p>
<p><b>G30</b></p>	<p>AT LEAST TWO OF THE ABOVE CRITERION D SXS (G23–G29) ARE RATED "+".</p> <p>If other reported traumatic events, consider returning to G13 and reassessing PTSD for that event. Otherwise, go to H1 (ADHD), page 86.</p>	<p>NO      YES</p> <p>Criterion D met past month. NO      YES</p>	<p><b>G30</b></p>

	Since (TRAUMATIC EVENT)...	E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:	
G31	<p>...have you lost control of your anger, so that you threatened or hurt someone or damaged something? Tell me what happened. (Was it over something little or even nothing at all?)</p> <p>IF NO: Since (TRAUMATIC EVENT), have you been more quick-tempered or had a shorter "fuse" than before?</p> <p>IF YES TO EITHER: How different is this from the way you were before (TRAUMATIC EVENT)?</p> <p>IF LIFETIME RATING OF "+": Has this also happened in the past month, since (ONE MONTH AGO)? How often?</p>	<p>1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.</p>	<p>— +</p> 
G32	<p>...have you done reckless things, like driving dangerously, or drinking or using drugs without caring about the consequences?</p> <p>IF NO: How about hurting yourself on purpose or trying to kill yourself? (What did you do?)</p> <p>IF YES TO ETIHER: How different is this from the way you were before (TRAUMATIC EVENT)?</p> <p>IF LIFETIME RATING OF "+": Has this also happened in the past month? How often?</p>	<p>2. Reckless or self-destructive behavior.</p>	<p>— +</p> 
G33	<p>...have you noticed that you have been more watchful or on guard? (What are some examples?)</p> <p>IF NO: Have you been extra aware of your surroundings and your environment?</p> <p>IF LIFETIME RATING OF "+": Has this also happened in the past month? How often?</p>	<p>3. Hypervigilance.</p>	<p>— +</p> 
G34	<p>...have you been jumpy or easily startled, like by sudden noises? (Is this a change from before [TRAUMATIC EVENT]?)</p> <p>IF LIFETIME RATING OF "+": Has this also happened in the past month? How often?</p>	<p>4. Exaggerated startle response.</p>	<p>— +</p> 
G35	<p>...have you had trouble concentrating? (What are some examples? (Is this a change from before [TRAUMATIC EVENT]?)</p> <p>IF LIFETIME RATING OF "+": Has this also happened in the past month? How often?</p>	<p>5. Problems with concentration.</p>	<p>— +</p>





## H. ADULT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

CURRENT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (PAST 6 MONTHS, ADULTS)		ATTENTION-DEFICIT/HYPERACTIVITY DISORDER CRITERIA
<b>H1</b>	<p>Over the past several years, have you been easily distracted or disorganized?</p> <p>IF NO: Over the past several years, have you had a lot of difficulty sitting still or waiting your turn?</p> <p>IF THERE IS NO EVIDENCE THAT THE PERSON HAS BEEN DISTRACTED, DISORGANIZED, IMPULSIVE, OR UNABLE TO SIT STILL OVER THE PAST 6 MONTHS, CHECK HERE _____ AND GO TO I1 (Screening), page 91.</p>	<p>A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):</p>
<b>H2</b>	Thinking about how you have been over the past 6 months, since (6 MONTHS AGO)...	<p>1. <b>Inattention:</b> Five (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:</p> <p><b>Note:</b> The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions.</p>
<b>H3</b>	...have you often missed important details or made mistakes at work (or school) or while taking care of things at home? Please give me some examples. (Have you often made mistakes balancing your checkbook or paying bills? Have other people complained that you don't pay enough attention to detail or that your work is careless?)	a. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate). <span style="float: right;">— +</span>
<b>H4</b>	...have you often had trouble staying focused on things like reading a book, following a conversation, or doing household chores? Give me some examples.	b. Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading). <span style="float: right;">— +</span>
<b>H5</b>	...has anyone commented or complained that you haven't seemed to be listening or that your mind was elsewhere while they were talking? Tell me about that. (How often has this happened?)  (Has this happened even when nothing else is going on...when there are no obvious distractions?)	c. Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction). <span style="float: right;">— +</span>
	...have you often started things and then dropped them without finishing because you lost your focus or got sidetracked? Give me some examples.	d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked). <span style="float: right;">— +</span>

H6	<p><b>In the past 6 months, since (SIX MONTHS AGO)...</b></p> <p>...have you had trouble organizing things at home or at work, or staying on top of things? Tell me about that. (Are your desk and closet so messy and disorganized that you have had trouble finding things? Have you had trouble managing your time so that you have been late a lot or missed appointments or failed to meet deadlines?)</p>	<p>e. Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).</p>	— +	H6
H7	<p>...have you typically avoided or strongly disliked tasks or jobs that require concentrating on details for extended periods, things like preparing a report for work or writing a paper? Give me some examples of the types of tasks or jobs you have avoided or disliked.</p>	<p>f. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework, for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).</p>	— +	H7
H8	<p>...have you often lost or misplaced things like your wallet, your glasses, your keys, or your cell phone? How about files at work or tools you needed for work? Tell me about that.</p>	<p>g. Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).</p>	— +	H8
H9	<p>...have you been very easily distracted by things going on around you that most others would have easily ignored, like a car honking or other people talking? Tell me about that.</p> <p>IF NO: Have you often gotten distracted by your own thoughts that were unrelated to what you were doing?</p>	<p>h. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).</p>	— +	H9
H10	<p>...have you often been very forgetful, for example, forgetting to return phone calls, forgetting to pay bills, or forgetting appointments? Tell me about that.</p>	<p>i. Is often forgetful in everyday activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).</p>	— +	H10
H11		<p>AT LEAST FIVE OF THE ABOVE CRITERION A1 (INATTENTION) SXS (H2–H10) ARE RATED “+”.</p>	<p>NO YES ↓</p> <p>ADHD Criterion A1 is met.</p>	H11

	<b>Thinking about how you have been over the past 6 months, since (6 MONTHS AGO)...</b>	<b>2. Hyperactivity and impulsivity:</b> Five (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:  <b>Note:</b> The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions.	
H12	...have you often fidgeted or squirmed or tapped your foot when you were in a situation where you have had to sit still, like on a plane, in class, or at meetings? Tell me about that.	a. Often fidgets with or taps hands or feet or squirms in seat.	- + H12
H13	...have you often left your seat when you were expected to stay seated, for example, during a religious service, in a movie theater, in class, or at meetings? Tell me about that.	b. Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).	- + H13
H14	...have you often felt physically restless, especially when you had to stay put for a while? Tell me about that.	c. Often runs about or climbs in situations where it is inappropriate. ( <b>Note:</b> In adolescents or adults, may be limited to feeling restless.)	- + H14
H15	...have you often been unable to do something quietly in your spare time, like reading a book? Tell me about that. (Have others said that you talk too much or that you make too much noise when you are supposed to be quiet?)	d. Often unable to play or engage in leisure activities quietly.	- + H15
H16	...have you often felt like you always have to be moving or doing something? Have you been uncomfortable being still for any length of time? Have others told you that you are hard to keep up with? Have other people told you that being with you is exhausting or draining? Tell me about that.	e. Is often "on the go," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).	- + H16
H17	...have you often talked too much? Tell me about that. (Have other people complained that you talk too much? How often does this happen?)	f. Often talks excessively.	- + H17
H18	...have you often finished people's sentences or blurted out an answer before the other person finished asking the question? Tell me about that. (Has it often been hard for you to wait your turn in conversations?)	g. Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).	- + H18
H19	...have you often had trouble waiting for your "turn," like while waiting in line or ordering at a restaurant? Describe what happens.	h. Often has difficulty waiting his or her turn (e.g., while waiting in line).	- + H19

<b>H20</b>	<p><b>In the past 6 months, since (SIX MONTHS AGO)...</b></p> <p>...have you often interrupted other people while they were talking or barged into others' conversations? What about jumping in to take over what someone else was doing, like when someone was taking too long to unlock a door or fix something? Give me some examples of when that has happened.</p>	<p>i. Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).</p>	<p>— +</p> <p><b>H20</b></p>
<b>H21</b>		<p>AT LEAST FIVE OF THE ABOVE CRITERION A2 (HYPERACTIVITY-IMPULSIVITY) SXS (<b>H12-H20</b>) ARE RATED "+".</p>	<p>NO YES</p> <p>↓</p> <p>ADHD Criterion A2 is met.</p> <p><b>H21</b></p>
<b>H22</b>		<p>AT LEAST FIVE SXS IN CRITERION A1 (<b>H11</b>) OR CRITERION A2 (<b>H21</b>) ARE RATED "+".</p>	<p>NO YES</p> <p>↓</p> <p>Go to I1 (Screening), page 91.</p> <p><b>H22</b></p>
<b>H23</b>	<p><b>How old were you when you started having some of these (SXS RATED "+")? (Was this before you were 12?)</b></p> <p>Tell me about that. (Did teachers complain that you were not paying attention or that you talked too much in class? Were you ever sent to the principal's office because of your behavior? Did your parents complain that you were not able to sit still, that you were very messy, or that you were never ready on time?)</p>	<p>B. Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.</p>	<p>— +</p> <p>↓</p> <p>Go to I1 (Screening), page 91.</p> <p><b>H23</b></p>
<b>H24</b>	<p><b>IF UNKNOWN:</b> These things you've told me about, like (SXS RATED "+"), have they happened in more than one area of your life, like at work and at home? Or are they confined to just one situation, for example, only at work but never when you are with friends or family?</p>	<p>C. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).</p>	<p>— +</p> <p>↓</p> <p>Go to I1 (Screening), page 91.</p> <p><b>H24</b></p>

<p><b>H25</b></p> <p>IF UNCLEAR: <b>What effect have (ADHD SXS) had on your life in the past 6 months, since (6 MONTHS AGO)?</b></p> <p>ASK THE FOLLOWING QUESTIONS <u>ONLY AS NEEDED</u>:</p> <p><b>How have (ADHD SXS) affected your relationships or your interactions with other people? (Have [ADHD SXS] caused you any problems in your relationships with your family, romantic partner, or friends?)</b></p> <p><b>How have (ADHD SXS) affected your work/school? (How about your attendance at work/school? Have [ADHD SXS] made it more difficult to do your work/schoolwork? Have [ADHD SXS] affected the quality of your work/schoolwork?)</b></p> <p><b>How have (ADHD SXS) affected your ability to take care of things at home? Have your (ADHD SXS) made it hard for you to do things that are important to you, like religious activities, physical exercise, sports, or hobbies?</b></p> <p><b>Have (ADHD SXS) affected any other important part of your life?</b></p>	<p>D. There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.</p>	<p>— +</p> <p>Go to I1 (Screening), next page.</p>
<p><b>H26</b></p> <p>IF A PSYCHOTIC DISORDER HAS BEEN DIAGNOSED: <b>Did you have (ADHD SXS RATED "+") before you had (SXS OF PSYCHOTIC DISORDER)?</b></p>	<p>E. The symptoms do not occur exclusively during the course of Schizophrenia or another Psychotic Disorder and are not better explained by another mental disorder (e.g., Depressive Disorder, Bipolar Disorder, Anxiety Disorder, Dissociative Disorder, Personality Disorder, Substance Intoxication or Withdrawal).</p>	<p>NO YES</p> <p>Go to I1 (Screening), next page.</p>
<p><b>Diagnose:</b> Attention-Deficit/Hyperactivity Disorder (current)</p> <p><b>Combined Presentation:</b> If Criterion A1/item H11, page 87 (inattention) and Criterion A2/item H21, page 89 (hyperactivity-impulsivity) are met for the past 6 months.</p> <p><b>Predominantly Inattentive Presentation:</b> If Criterion A1/item H11, page 87 (inattention) is met but Criterion A2/item H21, page 89 (hyperactivity-impulsivity) is not met for the past 6 months.</p> <p><b>Predominantly Hyperactive/Impulsive Presentation:</b> If Criterion A2/item H21, page 89 (hyperactivity-impulsivity) is met but Criterion A1/item H11, page 87 (inattention) is not met for the past 6 months.</p>		<p>Go to I1 (Screening), next page.</p>

Go to I1 (Screening), next page.

## I. SCREENING FOR OTHER CURRENT DISORDERS

Now I'm going to ask you just a few more questions about other problems you may be experiencing.

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," FOLLOW UP WITH ADDITIONAL QUESTIONS, SUCH AS, "Tell me more about that," "Is this causing a problem for you or interfering with your life?" AND "Are you currently getting help for that?"

IF PATIENT IS A BIOLOGICAL MALE, POSTMENOPAUSAL FEMALE, PREGNANT FEMALE, OR FEMALE WITH HYSTERECTOMY PLUS OOPHORECTOMY, SKIP TO THE NEXT QUESTION (I2).

I1

Looking back over your menstrual cycles for the past 12 months, since (ONE YEAR AGO), have you had mood symptoms such as anger, irritability, anxiety, or depression that developed before your period and then went away during the week after your period?



IF YES: After your period began, did the problems disappear for at least a week?

IF YES TO BOTH: Consider Premenstrual Dysphoric Disorder (DSM-5, p. 171; User's Guide, p. 116).

NO

YES

POSSIBLE  
PREGNANT  
DYSPHORIC  
DISORDER

I2

In the past 6 months, since (6 MONTHS AGO), have there been things that have made you especially anxious or afraid, like flying, seeing blood, getting a shot, heights, closed places, or certain kinds of animals or insects?



IF YES: Consider Specific Phobia (DSM-5, p. 197; User's Guide, p. 117).

NO

YES

POSSIBLE  
SPECIFIC  
PHOBIA

I3

In the past 6 months, have you been especially anxious about being separated from people you're attached to (like your parents, children, or partner)?



IF YES: Consider Separation Anxiety Disorder (DSM-5, p. 190; User's Guide, p. 118).

NO

YES

POSSIBLE  
SEPARATION  
ANXIETY  
DISORDER

I4

In the past month, since (ONE MONTH AGO), have you found it difficult to throw out, sell, or give away things?



IF YES: Consider Hoarding Disorder (DSM-5, p. 247; User's Guide, p. 119).

NO

YES

POSSIBLE  
HOARDING  
DISORDER

I5

In the past month, have you been very concerned that there is something wrong with your physical appearance or the way one or more parts of your body look?



IF YES: Consider Body Dysmorphic Disorder (DSM-5, p. 242; User's Guide, p. 119).

NO

YES

POSSIBLE  
BODY  
DYSMORPHIC  
DISORDER

I6

In the past month, have you been repeatedly pulling out hair from anywhere on your body other than for cosmetic reasons?



IF YES: Consider Trichotillomania (Hair-Pulling Disorder) (DSM-5, p. 251; User's Guide, p. 120).

NO

YES

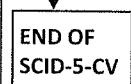
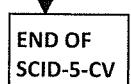
POSSIBLE  
TRICHOTILLOMANIA

I7	In the past month, have you been repeatedly picking at your skin with your fingernails, tweezers, pins, or other objects?  IF YES: Consider <b>Excoriation (Skin-Picking) Disorder</b> (DSM-5, p. 254; User's Guide, p. 120).	NO      YES ↓ POSSIBLE EXCORIATION DISORDER	I7
I8	Over the past 3 months, since (3 MONTHS AGO), has a major concern of yours been that you are not getting enough good sleep or not feeling rested?  IF YES: Consider <b>Insomnia Disorder</b> (DSM-5, p. 362; User's Guide, p. 121).	NO      YES ↓ POSSIBLE INSOMNIA DISORDER	I8
I9	Over the past 3 months, have you often had days when you were sleepy despite having slept for at least 7 hours?  IF YES: Consider <b>Hypersomnolence Disorder</b> (DSM-5, p. 368; User's Guide, p. 121).	NO      YES ↓ POSSIBLE HYPERSOMNOLENCE DISORDER	I9
I10	In the past 3 months, have you had a time when you weighed much less than other people thought you ought to weigh?  IF YES: Consider <b>Anorexia Nervosa</b> (DSM-5, p. 338; User's Guide, p. 122).	NO      YES ↓ POSSIBLE ANOREXIA NERVOSA	I10
I11	In the past 3 months, have you had eating binges, that is, times when you couldn't resist eating a lot of food or stop eating once you started?  IF YES: Consider <b>Bulimia Nervosa</b> (DSM-5, p. 345; User's Guide, p. 122) or <b>Binge-Eating Disorder</b> (DSM-5, p. 350; User's Guide, p. 123).	NO      YES ↓ POSSIBLE BULIMIA NERVOSA OR BINGE-EATING DISORDER	I11
I12	In the past month, since (ONE MONTH AGO), have you been uninterested in food in general or have you kept forgetting to eat?  IF NO: In the past month, have you avoided eating a lot of foods because of the way they look or the way they feel in your mouth?  IF NO: In the past month, have you avoided eating a lot of different foods because you are afraid you won't be able to swallow or that you will choke, gag, or throw up?  IF YES TO ANY: Consider <b>Avoidant/Restrictive Food Intake Disorder</b> (DSM-5, p. 334; User's Guide, p. 123).	NO      YES ↓ POSSIBLE AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER	I12
I13	Over the past 6 months, since (6 MONTHS AGO), have you been bothered by any physical symptoms?  IF YES: Consider <b>Somatic Symptom Disorder</b> (DSM-5, p. 311; User's Guide, p. 124).	NO      YES ↓ POSSIBLE SOMATIC SYMPTOM DISORDER	I13

I14	<p><b>Over the past 6 months, have you spent a lot of time thinking that you have, or will get, a serious disease?</b></p> <p>IF YES: Consider <b>Illness Anxiety Disorder</b> (DSM-5, p. 315; User's Guide, p. 124).</p>	<p>NO      YES</p> <p>↓</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>POSSIBLE ILLNESS ANXIETY DISORDER</b> </div>	I14
I15	<p><b>In the past 12 months, since (ONE YEAR AGO), have you had periods in which you frequently lost control of your temper and ended up yelling or getting into arguments with others?</b></p> <p>IF NO: In the past year, have you lost your temper so that you shoved, hit, kicked, or threw something at a person or an animal or damaged someone's property?</p> <p>IF YES TO EITHER: Consider <b>Intermittent Explosive Disorder</b> (DSM-5, p. 466; User's Guide, p. 125).</p>	<p>NO      YES</p> <p>↓</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>POSSIBLE INTERMITTENT EXPLOSIVE DISORDER</b> </div>	I15
I16	<p><b>In the past 12 months, have you regularly gambled or regularly bought lottery tickets?</b></p> <p>IF YES: Consider <b>Gambling Disorder</b> (DSM-5, p. 585; User's Guide, p. 126).</p>	<p>NO      YES</p> <p>↓</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>POSSIBLE GAMBLING DISORDER</b> </div>	I16

Go to J1,  
(Adjustment  
Disorder),  
next page.

## J. ADJUSTMENT DISORDER

		CURRENT ADJUSTMENT DISORDER (PAST 6 MONTHS)	ADJUSTMENT DISORDER CRITERIA	
CONSIDER ADJUSTMENT DISORDER ONLY IF 1) THERE IS AN IDENTIFIED STRESSOR AND 2) THERE ARE SYMPTOMS OCCURRING IN THE PAST 6 MONTHS THAT DO NOT MEET THE CRITERIA FOR ANOTHER DSM-5 DISORDER.				
IF SYMPTOMS MEET CRITERIA FOR A DSM-5 DISORDER <u>NOT</u> INCLUDED IN THE SCID-5-CV, OR MEET THE DEFINITIONAL REQUIREMENTS FOR AN OTHER OR UNSPECIFIED CATEGORY NOT INCLUDED IN THE SCID-5-CV (E.G., OTHER SPECIFIED OR UNSPECIFIED ANXIETY DISORDER), RECORD THAT DISORDER AND THE ICD-10-CM DIAGNOSTIC CODE AT THE BOTTOM OF PAGE 4 OF THE DIAGNOSTIC SUMMARY SCORE SHEET.				
OTHERWISE THE SCID-5-CV HAS BEEN COMPLETED.				
J1	INFORMATION OBTAINED FROM OVERVIEW OF PRESENT ILLNESS WILL USUALLY BE SUFFICIENT TO RATE THIS CRITERION.	A. The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).	 END OF SCID-5-CV	J1
J2	<p>IF UNKNOWN: Did anything happen to you before (SXS) began?</p> <p>IF YES: Tell me about what happened. Do you think that (STRESSOR) had anything to do with your developing (SXS)?</p> <ul style="list-style-type: none"> <li>→ IF SINGLE EVENT: How long after (STRESSOR) did you first develop (SXS)? (Was it within 3 months?)</li> <li>→ IF CHRONIC STRESSOR: How long after (STRESSOR) began did you first develop (SXS)? (Was it within 3 months?)</li> </ul> <p>IF UNKNOWN: What effect did (SXS) have on your life?  <u>ASK THE FOLLOWING QUESTIONS AS NEEDED:</u></p> <p>How have (SXS) affected your relationships or your interactions with other people? (Have [SXS] caused you any problems in your relationships with your family, romantic partner, or friends?)</p> <p>How have (SXS) affected your work/school? (How about your attendance at work/school? Have [SXS] made it more difficult to do your work/schoolwork? Have [SXS] affected the quality of your work/schoolwork?)</p> <p>How have (SXS) affected your ability to take care of things at home? What about being involved in things that are important to you, like religious activities, physical exercise, or hobbies?</p> <p>Have (SXS) affected any other important part of your life?</p> <p>IF DO NOT INTERFERE WITH LIFE: How much have you been bothered or upset by having (SXS)?</p>	<p>B. These symptoms or behaviors are clinically significant, as evidenced by one or both of the following:</p> <ol style="list-style-type: none"> <li>1. Marked distress that is out of proportion to the severity or intensity of the stressor, taking into account the external context and the cultural factors that might influence symptom severity and presentation.</li> <li>2. Significant impairment in social, occupational, or other important areas of functioning.</li> </ol>	 END OF SCID-5-CV	J2

