

STRUCTURED CLINICAL INTERVIEW FOR DSM-IV-TR AXIS I DISORDERS

EMBARC STUDY

Patient Edition (With Psychotic Screen)
(November 2002)

SCID - I / P (W/ PSYCHOTIC SCREEN)

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Study: _____	Study No.: _____	_____	PS1
Subject: _____	I.D. No.: _____	_____	PS2
Rater: _____	Rater No.: _____	_____	PS3
	Date of Interview: _____	_____	PS4
		Mo. Day Year	
Sources of information (check all that apply):	<input type="checkbox"/> Subject		PS5
	<input type="checkbox"/> Family/friends/associates		PS6
	<input type="checkbox"/> Health professional/chart/referral note		PS7
Edited and checked by: _____	Date: _____		

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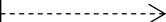


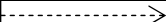
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DX code	Diagnosis	Lifetime Prevalence				Meets Symptomatic Dx. Crit. past Month		
		Inadequate info.	Absent	Sub- Threshold	Threshold	Absent	Present	
MOOD DISORDERS								
01	Bipolar I Disorder (D. 1)	?	1	2	3	1	3	PS8 PS9 PS10 PS11
	Single Manic Episode Recurrent				1 2	1 2 3 4 5	Current episode: manic mixed hypomanic major depressive unspecified	
	Without Rapid Cycling With Rapid Cycling				0 1		Neither Melancholic, Atypical, Nor catatonic Melancholic Atypical Catatonic	0 1 2 3
	W/O Seasonal Pattern With Seasonal Pattern				0 1			
	(only if not current): In Partial Remission In Full Remission				6 7	1 2 3 4 5	Current severity: mild moderate severe, without psychotic features with mood-congruent psychotic features with mood-incongruent psychotic features	PS12 PS13 PS14 PS15 PS16
02	Bipolar II Disorder (D. 2)	?	1	2	3	1	3	PS17 PS18 PS19
	Without Rapid Cycling With Rapid Cycling				0 1	1 2	Current episode: hypomanic major depressive	0 1 2 3
	W/O Seasonal Pattern With Seasonal Pattern				0 1		Neither Melancholic, Atypical, Nor catatonic Melancholic Atypical Catatonic	PS20 PS21 PS22
	(only if not current): In Partial Remission In Full Remission				6 7	1 2 3 4 5	Current severity: mild moderate severe, without psychotic features with mood-congruent psychotic features with mood-incongruent psychotic features	PS23 PS24
03	Other Bipolar Disorder (D. 5)	?	1	2	3	1	3	PS25 PS26 PS27
	1 Cyclothymic Disorder 2 Intermittent hypomanic episodes 3 Manic or hypomanic episode superimposed on Psychotic Disorder 4 Bipolar Disorder NOS with subthreshold manic episodes 5 Other							

DX code	Diagnosis	Lifetime Prevalence				Meets Symptomatic Dx. Crit. past Month			
		Inadequate info.	Absent	Sub- Threshold	Threshold	Absent	Present		
MOOD DISORDERS (continued)									
04	Major Depressive Disorder (D. 6)	?	1	2	3	----->	1	3	PS28 PS29 PS30 PS31 PS32 PS33 PS34
			Single Episode Recurrent		1 2		0 1 2 3	Type of current episode: Neither Melancholic, Atypical, Nor catatonic Melancholic Atypical Catatonic	
			W/O Seasonal Pattern With Seasonal Pattern		0 1				
			(only if not current): In Partial Remission In Full Remission		6 7		1 2 3 4 5	Current severity: mild moderate severe, without psychotic features with mood-congruent psychotic features with mood-incongruent psychotic features	
05	Dysthymic Disorder (current only) (A. 41)	?	1	2	3				PS35 PS36 PS37
			1 Early onset 2 Late onset						
			0 Without Atypical Features 1 With Atypical Features						
06	Depressive Disorder Not Otherwise Specified (D. 9)	?	1		3	----->	1	3	PS38 PS39 PS40
			1 Postpsychotic Depressive Disorder of Schizophrenia 2 Major Depressive Episode superimposed on a Psychotic Disorder 3 Premenstrual dysphoric disorder 4 Minor depressive disorder 5 Recurrent brief depressive disorder 6 Other						
07	Mood Disorder Due to A General Medical Condition (A. 44) Specify GMC: _____	?	1		3	----->	1	3	PS41 PS42 PS43
			1 With major depressive-like episode 2 With depressive features 3 With manic features 4 With mixed features						
08	Substance-Induced Mood Disorder (A. 46) Specify Substance: _____	?	1		3	----->	1	3	PS44 PS45 PS46
			1 With depressive features 2 With manic features 3 With mixed features						
PSYCHOTIC SYMPTOMS									
01	Primary Psychotic Symptoms (not part of Mood Disorder) (B/C. 4)	?	1	2	3	----->	1	3	PS47 PS48

DX code	Diagnosis	Lifetime Prevalence				Meets Symptomatic Dx. Crit. past Month			
		Inadequate info.	Absent	Sub- Threshold	Threshold	Absent	Present		
SUBSTANCE USE DISORDERS (Abuse/Dependence)									
17	Alcohol (E. 3/E. 6)	?	1	2	3	→	1	3	PS49 PS50
18	Sedative-Hypnotic-Anxiolytic (E. 22/E. 16)	?	1	2	3	→	1	3	PS51 PS52
19	Cannabis (E. 22/E. 16)	?	1	2	3	→	1	3	PS53 PS54
20	Stimulants (E. 22/E. 16)	?	1	2	3	→	1	3	PS55 PS56
21	Opiod (E. 22/E. 16)	?	1	2	3	→	1	3	PS57 PS58
22	Cocaine (E. 22/E. 16)	?	1	2	3	→	1	3	PS59 PS60
23	Hal./PCP (E. 22/E. 16)	?	1	2	3	→	1	3	PS61 PS62
24	Poly Drug (E. 16)	?	1		3	→	1	3	PS63 PS64
25	Other (E. 22/E. 16)	?	1	2	3	→	1	3	PS65 PS66

DX code	Diagnosis	Lifetime Prevalence				Meets Symptomatic Dx. Crit. past Month		
		Inadequate info.	Absent	Sub- Threshold	Threshold	Absent	Present	
ANXIETY DISORDERS								
26	Panic Disorder (F. 3)	?	1	2	3	1	3	PS67 PS68 PS69
	<div>1 without Agoraphobia 2 with Agoraphobia</div>							
27	Agoraphobia without History of Panic? Disorder (AWOPD) (F. 9)		1	2	3	1	3	PS70 PS71
28	Social Phobia (F. 14)	?	1	2	3	1	3	PS72 PS73
29	Specific Phobia (F. 18)	?	1	2	3	1	3	PS74 PS75
30	Obsessive Compulsive (F. 23)	?	1	2	3	1	3	PS76 PS77
31	Posttraumatic Stress (F. 29)	?	1	2	3	1	3	PS78 PS79
32	Generalized Anxiety (current only) (F. 34)	?	1	2	3			PS80
33	Anxiety Disorder Due To a General Medical Condition (F. 37) Specify GMC:_____	?	1		3	1	3	PS81 PS82 PS83
	<div>1 With Generalized Anxiety 2 With Panic Attacks 3 With Obsessive-Compulsive Symptoms</div>							
34	Substance-Induced Anxiety Disorder (F. 39) Specify Substance_____	?	1		3	1	3	PS84 PS85 PS86
	<div>1 With Generalized Anxiety 2 With Panic Attacks 3 With Obsessive-Compulsive Symptoms 4 With Phobic Symptoms</div>							
35	Anxiety Disorder NOS (F. 40)	?	1		3	1	3	PS87 PS88

DX code	Diagnosis	Lifetime Prevalence				Meets Symptomatic Dx. Crit. past Month		
		Inadequate info.	Absent	Sub- Threshold	Threshold	Absent	Present	
SOMATOFORM DISORDERS								
36	Somatization Disorder (current only) (G. 5)	?	1	2	3			PS89
37	Pain Disorder (current only) (G. 6)	?	1	2	3			PS90
38	Undifferentiated Somatoform Disorder (current only) (G. 8)	?	1	2	3			PS91
39	Hypochondriasis (current only) (G. 9)	?	1	2	3			PS92
40	Body Dysmorphic (current only) (G. 10)	?	1	2	3			PS93
EATING DISORDERS								
41	Anorexia Nervosa (H. 2)	?	1	2	3		13	PS94 PS95
42	Bulimia Nervosa (H. 5)	?	1	2	3		13	PS96 PS97
43	Binge Eating Disorder (H. 7)	?	1	2	3		13	PS98 PS99
44	ADJUSTMENT DISORDER (current only) (I. 2)	?	1	2	3			PS100
45	OTHER DSM-IV AXIS I DISORDER: Specify: _____	?	1	2	3		13	PS101 PS102

PRINCIPAL AXIS I DIAGNOSIS (i.e., the disorder that is [or should be] the main focus of current clinical attention).

Enter Dx Code number from scoresheet for principal diagnosis: ____

Note: Code 00 if no current Axis I disorder. Code 99 if unknown.

PS103

INTERVIEWER'S DIAGNOSES, IF DIFFERENT FROM SCID DIAGNOSES:

DSM-IV Axis IV: Psychosocial and Environmental Problems

Check:

___ **Problems with primary support group (childhood, adult, parent-child).** Specify: _____

PS104

___ **Problems related to the social environment.**

Specify: _____

PS104a

___ **Educational problems.** Specify: _____

PS104b

___ **Occupational problems.** Specify: _____

PS104c

___ **Housing problems.** Specify: _____

PS104d

___ **Economic problems.** Specify: _____

PS104e

___ **Problems with access to health care services.**

Specify: _____

PS104f

___ **Problems related to interaction with the legal system/crime.**

Specify: _____

PS104g

___ **Other psychosocial problems.** Specify: _____

PS104h

DSM-IV Axis V: Global Assessment of Functioning Scale

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations

CODE (Note: Use intermediate codes when appropriate, e.g., 45, 68, 72).

PS105

100 91	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his many positive qualities. No symptoms.
90 81	Absent or minimal symptoms (e.g., mild anxiety before an exam); good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
80 71	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work).
70 61	Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
60 51	Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or coworkers).
50 41	Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
40 31	Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
30 21	Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).
20 11	Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
10 1 0	Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
	Inadequate information.

EMBARC Eligibility Criteria per SCID-I/P

Inclusion Criteria

- Major Depressive Disorder

Exclusion Criteria

- History (lifetime) of
 - psychotic depressive disorder
 - bipolar (I, II, or NOS)
 - any psychotic disorder
- Primary obsessive compulsive disorder
- Substance dependence in the last 6 months
- Substance abuse in the last 2 months

Stage 2 Exclusion Criteria

- History (lifetime) of eating disorders

SCID SCREENING MODULE (OPTIONAL)

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

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

1. Has there been any time in your life when you had five or more drinks (beer, wine, or liquor) on one occasion?	1 CIRCLE "NO" ON E. 1	2 CIRCLE "YES" ON E. 1	3	S1
2. Have you ever used street drugs?	1 CIRCLE "NO" ON E. 9	2 CIRCLE "YES" ON E. 9	3	S2
3. Have you ever gotten "hooked" on a prescribed medicine or taken a lot more of it than you were supposed to?	1 CIRCLE "NO" ON E. 9	2 CIRCLE "YES" ON E. 9	3	S3
4. Have you ever had a panic attack, when you suddenly felt frightened or anxious or suddenly developed a lot of physical symptoms?	1 CIRCLE "NO" ON F. 1	2 CIRCLE "YES" ON F. 1	3	S4
5. Were you ever afraid of going out of the house alone, being in crowds, standing in a line, or traveling on buses or trains?	1 CIRCLE "NO" ON F. 7	2 CIRCLE "YES" ON F. 7	3	S5
6. Is there anything that you have been afraid to do or felt uncomfortable doing in front of other people, like speaking, eating or writing?	1 CIRCLE "NO" ON F. 11	2 CIRCLE "YES" ON F. 11	3	S6
7. Are there any other things that you have been especially afraid of, like flying, seeing blood, getting a shot, heights, closed places, or certain kinds of animals or insects?	1 CIRCLE "NO" ON F. 16	2 CIRCLE "YES" ON F. 16	3	S7

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

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

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

1	2	3
CIRCLE "NO" ON F. 20	CIRCLE "YES" ON F. 20	

S8

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

1	2	3
CIRCLE "NO" ON F. 21	CIRCLE "YES" ON F. 21	

S9

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

1	2	3
CIRCLE "NO" ON F. 31	CIRCLE "YES" ON F. 31	

S10

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

1	2	3
CIRCLE "NO" ON H. 1	CIRCLE "YES" ON H. 1	

S11

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

1	2	3
CIRCLE "NO" ON H. 4	CIRCLE "YES" ON H. 4	

S12

A. MOOD EPISODES

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

CURRENT MAJOR DEPRESSIVE EPISODE

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

MDE CRITERIA

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

In the last month . . .

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

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

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

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

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

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

?

1

2

3

A1

?

1

2

3

A2

IF NEITHER
ITEM (1) NOR
ITEM (2) IS
CODED "3," GO
TO *PAST
MAJOR
DEPRESSIVE
EPISODE,*
A. 12.

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

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

During this (TWO WEEK PERIOD) . . .

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

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

?

1

2

3

A3

Check if:

___ weight loss or decreased appetite

A4

___ weight gain or increased appetite

A5

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

(4) insomnia or hypersomnia nearly every day

?

1

2

3

A6

Check if:

___ insomnia

A7

___ hypersomnia

A8

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

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

?

1

2

3

A9

NOTE: CONSIDER BEHAVIOR
DURING THE INTERVIEW

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

Check if:

___ psychomotor agitation

___ psychomotor retardation

A10

A11

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

(6) fatigue or loss of energy nearly every day

1

2

3

A12

SCID-I (for DSM-IV-TR)	Current MDE	(NOV 2002)	Mood Episodes				A. 3
During this time . . .							
<p>.. how did you feel about yourself? (Worthless?) (Nearly every day?)</p> <p>IF NO: What about feeling guilty about things you had done or not done? (Nearly every day?)</p>	<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)</p> <p>NOTE: CODE "1" OR "2" IF ONLY LOW SELF-ESTEEM</p> <p>Check if: <input type="checkbox"/> worthlessness <input type="checkbox"/> inappropriate guilt</p>	?	1	2	3	A13	
<p>.. did you have trouble thinking or concentrating? (What kinds of things did it interfere with?) (Nearly every day?)</p> <p>IF NO: Was it hard to make Decisions about everyday things? (Nearly every day?)</p>	<p>(8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)</p> <p>Check if: <input type="checkbox"/> diminished ability to think <input type="checkbox"/> indecisiveness</p>	?	1	2	3	A14 A15 A16	
<p>.. were things so bad that you were thinking a lot about death or that you would be better off dead? What about thinking of hurting yourself?</p> <p>IF YES: Did you do anything to hurt yourself?</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> <p>NOTE: CODE "1" FOR SELF-MUTILATION W/O SUICIDAL INTENT</p> <p>Check if: <input type="checkbox"/> thoughts of own death <input type="checkbox"/> suicidal ideation <input type="checkbox"/> specific plan <input type="checkbox"/> suicide attempt</p>	?	1	2	3	A17 A18 A19	
<p>AT LEAST FIVE OF THE ABOVE SXS [A (1-9)] ARE CODED "3" AND AT LEAST ONE OF THESE IS ITEM (1) OR (2)</p> <p>NOTE: DSM-IV criterion B (i.e., does not meet criteria for a Mixed Episode) has been omitted from the SCID.</p>			1		3	A20 A21 A22 A23 A24	
			<div style="border: 1px solid black; padding: 5px; width: fit-content;"> GO TO *PAST MAJOR DEPRES- SIVE EPISODE* A. 12 </div>				

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

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

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

? 1 2 3 A25

GO TO *PAST
MAJOR
DEPRES-
SIVE
EPISODE*
A. 12

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

IF YES: What did the doctor say?

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

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

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

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

? 1 3 A26

DUE TO SUB-
STANCE USE
OR GMC
GO TO *PAST
MAJOR
DEPRESSIVE
EPISODE*
A. 12

IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC/SUBSTANCE,* A.43, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

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

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

PRIMARY
MOOD
EPISODE

CONTINUE
ON NEXT
PAGE

SCID-I (for DSM-IV-TR)	Current MDE	(NOV 2002)	Mood Episodes	A. 5
IF UNKNOWN: Did this [CURRENT EPISODE] begin soon after someone close to you died?	E. Not better accounted for by bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.	<div>1</div> <div>SIMPLE BEREAVEMENT</div> <div>GO TO *PAST MAJOR DEPRESSIVE EPISODE* A. 12</div>	<div>3</div> <div>NOT SIMPLE BEREAVEMENT</div> <div>CONTINUE WITH NEXT ITEM</div>	A27
	MAJOR DEPRESSIVE EPISODE CRITERIA A, C, D AND E ARE CODED "3"	<div>1</div> <div>GO TO *PAST MAJOR DEPRESSIVE EPISODE* A. 12</div>	<div>3</div> <div>CURRENT MAJOR DEPRESSIVE EPISODE</div>	A28
How many separate times in your life have you been (depressed/ OWN WORDS) nearly every day for at least two weeks and had several of the symptoms that you described, like (SXS OF WORST EPISODE)?	Total number of Major Depressive Episodes, including current (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT) NOTE: TO RECORD DETAILS OF PAST EPISODES, GO TO J. 9 (OPTIONAL).	_____	_____	A29

CURRENT MAJOR DEPRESSIVE EPISODE SPECIFIERS***WITH POSTPARTUM ONSET***

IF UNKNOWN: When did
(DEPRESSIVE SXS) start?

WITH POSTPARTUM ONSET

Onset of episode within 4 weeks
postpartum

?

1

3

A30

WITH
POST-
PARTUM
ONSET

WITH CATATONIC FEATURES

BY OBSERVATION OR HISTORY

CATATONIC FEATURES CRITERIA

The clinical picture is dominated
by at least 2 of the following:

(1) motoric immobility as
evidenced by catalepsy (including
waxy flexibility) or stupor

?

1

2

3

A31

DESCRIBE SPECIFIC BEHAVIOR:

(2) excessive motor activity (that is
apparently purposeless and not
influenced by external stimuli)

?

1

2

3

A32

DESCRIBE SPECIFIC BEHAVIOR:

(3) extreme negativism (an
apparently motiveless resistance
to all instructions or maintenance
of a rigid posture against attempts
to be moved) or mutism

?

1

2

3

A33

DESCRIBE SPECIFIC BEHAVIOR:

(4) peculiarities of voluntary
movement as evidenced by
posturing (voluntary assumption of
inappropriate or bizarre postures),
stereotyped movements,
prominent mannerisms, or
prominent grimacing

?

1

2

3

A34

DESCRIBE SPECIFIC BEHAVIOR:

(5) echolalia (the pathological
parrotlike and apparently
senseless repetition of a word or
phrase just spoken by another
person) or echopraxia (the
repetitive imitation of the
movements of another person)

?

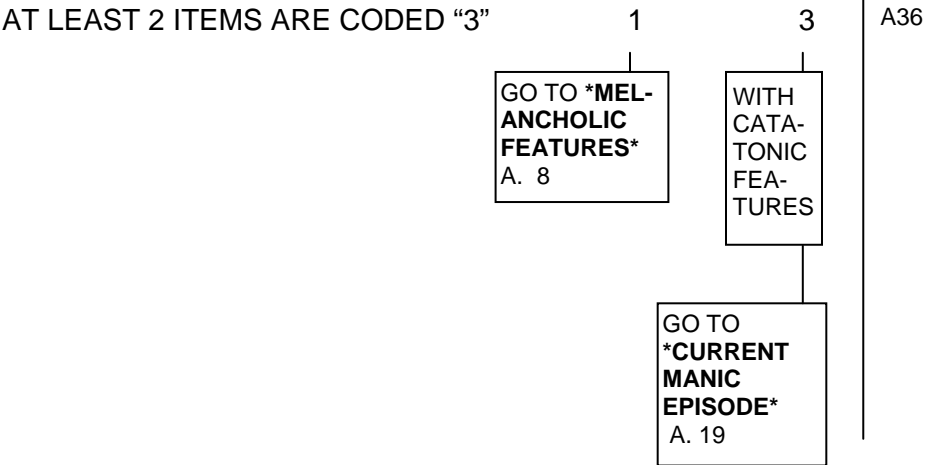
1

2

3

A35

DESCRIBE SPECIFIC BEHAVIOR:



WITH MELANCHOLIC FEATURES***MELANCHOLIC FEATURES CRITERIA**

IF UNKNOWN: During (PERIOD OF CURRENT EPISODE), when were you feeling the worst?

During that time when you were feeling the worst . . .

IF UNKNOWN: did you completely lose interest or pleasure in everything?

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

During that time when you were feeling the worst . . .

Was your feeling of (OWN WORDS FOR DEPRESSED MOOD) different from the kind of feeling you would get if someone close to you died? (Or something else bad happened to you?)

IF YES: How is it different?

Did you usually feel worse in the morning?

A. Either of the following, occurring during the most severe period of the current episode:

(1) loss of pleasure in all, or almost all, activities

(2) lack of reactivity to usually pleasurable stimuli (does not feel much better, even temporarily, when something good happens)

B. Three (or more) of the following:

(1) distinct quality of depressed mood (i.e., the depressed mood is perceived as distinctly different from the kind of feeling experienced after the death of a loved one)

(2) the depression is regularly worse in the morning

? 1 2 3 A37

? 1 2 3 A38

IF NEITHER
A(1) OR A(2)
ARE CODED 3
GO TO
*ATYPICAL
FEATURES*
A. 10

? 1 2 3 A39

? 1 2 3 A40

SCID-I (for DSM-IV-TR)	Melancholic Features (NOV 2002)		Mood Episodes			A. 9
IF UNKNOWN: What time did you wake up in the morning? (How much earlier is it than your usual time [before you were depressed]?)	(3) early morning awakening (at least two hours before usual time of awakening)	?	1	2	3	A41
IF UNKNOWN: Were you talking or moving very slowly during the time, as if you were doing things in slow motion?	(4) marked psychomotor retardation or agitation	?	1	2	3	A42
IF UNKNOWN: How about being extremely restless or unable to sit still? (Were you pacing around a lot or wringing your hands?)						
IF UNKNOWN: Did you virtually stop eating or lose a great deal of weight?	(5) significant anorexia or weight loss	?	1	2	3	A43
IF UNKNOWN: Were you feeling guilty about things you had done or not done?	(6) excessive or inappropriate guilt	?	1	2	3	A44
	AT LEAST THREE B ITEMS ARE CODED "3"		1		3	A45
			<div>GO TO *ATYPICAL FEATURES* A. 10</div>			
	CRITERIA A AND B ARE CODED "3"		1		3	A45a
						<div>WITH MELAN- CHOLIC FEATURES</div>
						<div>GO TO *CURRENT MANIC EPISODE* A. 19</div>

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

WITH ATYPICAL FEATURES**ATYPICAL FEATURES CRITERIA**

IF CURRENT EPISODE HAS MELANCHOLIC OR CATATONIC FEATURES,
CHECK HERE ____ AND GO TO ***CURRENT MANIC EPISODE***, A. 19.

A45b

The following features must
predominate during the most recent two
weeks of the Major Depressive Episode:

IF UNKNOWN: During the (LAST TWO
WEEKS OF CURRENT MDE),
If something good happens to you or
someone tries to cheer you up, do you
feel better, at least for a while?

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

1 2 3

A46

GO TO
***CURRENT
MANIC
EPISODE***
A. 19

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

IF UNKNOWN: Has your appetite
increased a lot or have you gained
a lot of weight? (How much?)

(1) significant weight gain or
increase in appetite

? 1 2 3

A47

How many hours (in a 24 hour period)
do you usually sleep (including naps)?

(2) hypersomnia

? 1 2 3

A48

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

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

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

? 1 2 3

A49

Are you especially sensitive to how
others treat you?

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

? 1 2 3

A50

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

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

SCID-I (for DSM-IV-TR)	Atypical Features (NOV 2002) AT LEAST TWO "B" CRITERIA ARE CODED "3"	Mood Episodes	A. 11
		13	A51
		GO TO *CURRENT MANIC EPISODE* A. 19	
	C. Criteria are not met for "With Melancholic Features" or "With Catatonic Features" during the same episode.	13	A51a
		GO TO *CURRENT MANIC EPISODE* A. 19	
	CRITERIA A, B, AND C ARE CODED "3"	13	A51b
		WITH ATYPICAL FEATURES	
		GO TO *CURRENT MANIC EPISODE* A. 19	

* CHRONOLOGY OF DEPRESSED MOOD*

How old were you when (FIRST MAJOR DEPRESSIVE EPISODE) started?	Age at onset of first Major Depressive Episode coded above	_____	_____	A80
How many separate times in your life have you been (depressed/OWN WORDS) nearly every day for at least two weeks and had several of the symptoms that you described like (SXS OF WORST EPISODE)	Total number of Major Depressive Episodes (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT)	_____	_____	A81
How long has this (CURRENT MAJOR DEPRESSIVE EPISODE) lasted?	Duration of current episode	_____ (months)		
Since you were (AGE OF FIRST MAJOR DEPRESSIVE EPISODE) what is the longest period of time, in months that you were <u>not</u> feeling depressed and were still interested in doing the things you usually like to do?	Longest period of time without dysphoria and/or loss of interest since earliest significant dysphoria	_____ (months)		
	888 = unable to obtain 000 = never without dysphoria and/or loss of interest since onset			
Rate over-all course of illness for dysphoria since onset (circle one)				1 2 3 4 5
1 single episode				
2 recurrent episodes (mainly well with distinct depressive episodes)				
3 chronic with multiple (i.e., > 2) well episodes (clear-cut well-being \geq 2 months)				
4 chronic with one or two well episodes				
5 chronic, intermittent (i.e., day to day without sustained well-being)				
6 chronic persistent (i.e., at most very infrequent days of well-being)				

CURRENT MANIC EPISODE**MANIC EPISODE CRITERIA**

IF THOROUGH OVERVIEW OF PRESENT ILLNESS PROVIDES NO BASIS FOR SUSPECTING A CURRENT MANIC, MIXED, OR HYPOMANIC EPISODE, CHECK HERE ____ AND GO TO ***PAST MANIC EPISODE,*** A. 28.

A82

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

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

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

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

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

A83

Check if:

____ elevated, expansive mood
____ irritable mood

GO TO
***PAST
MANIC
EPISODE***
A. 28

A84
A85

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

. . . lasting at least one week (or any duration if hospitalization is necessary) ? 1 2 3

A86

NOTE: IF ELEVATED MOOD LASTS LESS THAN ONE WEEK, CHECK WHETHER IRRITABLE MOOD LASTS AT LEAST ONE WEEK BEFORE SKIPPING TO A.24.

GO TO
***CURRENT
HYPOMANIC
EPISODE***
A. 24

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

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

During that time . . .

. . how did you feel about yourself? (1) inflated self-esteem or grandiosity ? 1 2 3 A87

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

. . did you need less sleep than usual (2) decreased need for sleep (e.g., feels rested after only three hours of sleep) ? 1 2 3 A88

IF YES: Did you still feel rested?

. . were you much more talkative than usual? (Did people have trouble stopping you or understanding you? Did people have trouble getting a word in edgewise?) (3) more talkative than usual or pressure to keep talking ? 1 2 3 A89

. . were your thoughts racing through you head? (4) flight of ideas or subjective experience that thoughts are racing ? 1 2 3 A90

. . were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli) ? 1 2 3 A91

. . how did you spend your time? (Work, friends, hobbies?) (Were you so active that your friends or family were concerned about you?) (6) increase in goal- directed activity (either socially, at work or school, or sexually) or psychomotor agitation ? 1 2 3 A92

IF NO INCREASED ACTIVITY:
Were you physically restless?
(How bad was it?) Check if:
_____ increase in activity A93
_____ psychomotor agitation A94

SCID-I (for DSM-IV-TR)	Current Manic	(NOV 2002)	Mood Episodes				A. 21
During that time . . .							
. . did you do anything that could have caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you?) (Reckless driving?)	(7) excessive involvement in pleasurable activities which have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)	?	1	2	3		A95
	AT LEAST THREE "B" SXS ARE CODED "3" (FOUR IF MOOD ONLY IRRITABLE)		1		3		A96
	Note: DSM-IV criterion C (i.e., does not meet criteria for a Mixed Episode) has been omitted from the SCID.		GO TO *PAST MANIC EPISODE,* A.28				
IF NOT KNOWN: At that time did you have serious problems at home, or at work (school) because you were (SYMPTOMS) or did you have to go into a hospital?	D. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.		1		3		A97
	DESCRIBE:		GO TO *CURRENT HYPOMANIC CRITERION C* A. 25				

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

SCID-I (for DSM-IV-TR)

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?

Current Manic (NOV 2002)

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

IF THERE IS ANY INDICATION THAT MANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO ***GMC/SUBSTANCE.*** A. 43 AND RETURN HERE TO MAKE A RATING OF "1" OR 3."

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

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

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

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

Mood Episodes A. 22
A98

1
DUE TO SUBSTANCE USE OR GMC. GO TO ***PAST MANIC EPI-SODE*** A. 28

3
PRIMARY MOOD EPISODE

CONTINUE BELOW

1
GO TO ***PAST MANIC EPI-SODE*** A. 28

3
CUR-RENT MANIC EPI-SODE

A99

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

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

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

A107a

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

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

? 1 2 3

A108

GO TO
*PAST
MANIC
EPISODE*
A. 28

Check if:

____ elevated, expansive mood
____ irritable mood

A109

A110

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

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

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

(During this time . . .)

. . how did you feel about yourself?

(1) inflated self-esteem or grandiosity

? 1 2 3

A111

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

. . did you need less sleep than usual

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

? 1 2 3

A112

IF YES: Did you still feel rested?

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

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

? 1 2 3

A113

. . were your thoughts racing through you head?

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

? 1 2 3

A114

SCID-I (for DSM-IV-TR)	Current Hypomanic	(NOV 2002)	Mood Episodes				A. 25
. . were you so easily distracted by things around you that you had trouble concentrating or staying on one track?	(5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)	?	1	2	3		A115
. . how did you spend your time? (Work, friends, hobbies?) (Were you so active that your friends or family were concerned about you?)	(6) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation	?	1	2	3		A116
IF NO INCREASED ACTIVITY: Were you physically restless? (How bad was it?)	Check if: ____ increase in activity ____ psychomotor agitation						A117 A118
. . did you do anything that could have caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you?) (Reckless driving?)	(7) excessive involvement in pleasurable activities which have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)	?	1	2	3		A119
	AT LEAST THREE "B" SXs ARE CODED "3" (FOUR IF MOOD ONLY IRRITABLE)		1		3		A120
			<div>GO TO *PAST MANIC EPISODE* A. 28</div>				
CURRENT HYPOMANIC CRITERION C							
IF NOT KNOWN: Was this very different from the way you usually are (when you're not depressed?) (How were you different? At work? With friends?)	C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the person when not symptomatic	?	1	2	3		A121
			<div>GO TO *PAST MANIC EPISODE* A. 28</div>				

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

SCID-I (for DSM-IV-TR)	Current Hypomanic	(NOV 2002)	Mood Episodes			A. 26
IF NOT KNOWN: Did other people notice the change in you? (What did they say?)	D. The disturbance in mood and the change in functioning are observable by others	? 1 2 3	1	2	3	A122
			<div style="border: 1px solid black; padding: 2px;"> GO TO *PAST MANIC EPISODE* A. 28 </div>			
IF NOT KNOWN: At this time did you have serious problems at home or at work (school) because you were (SYMPTOMS) or did you have to go into a hospital?	E. The episode is not severe enough to cause marked impairment in social or occupational functioning, or to necessitate hospitalization, and there are no psychotic features	? 1 2 3	1	2	3	A123
	IF SEVERE ENOUGH TO REQUIRE HOSPITALIZATION OR DURATION WAS AT LEAST ONE WEEK, GO TO A..19 AND TRANSCRIBE B CRITERION SYMPTOM RATINGS AND CONTINUE WITH RATINGS FOR CURRENT MANIC EPISODE. OTHERWISE, GO TO A.. 28 AND CODE "OTHER BIPOLAR DISORDER" ON D.5.					
Just before this began, were you physically ill?	F. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition	? 1 3	1		3	A124
IF YES: What did the doctor say?			<div style="border: 1px solid black; padding: 2px;"> DUE TO SUBSTANCE USE OR GMC GO TO *PAST MANIC EPISODE* A. 28 </div>			
Just before this began, were you taking any medications?	<div style="border: 1px solid black; padding: 5px;"> IF THERE IS ANY INDICATION THAT THE HYPOMANIA MAY BE SECONDARY (I.E. , A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC/SUBSTANCE* A. 43, AND RETURN HERE TO MAKE A RATING OF "1" OR "3." </div>					
IF YES: Any change in the amount you were taking?						
Just before this began, were you drinking or using any street drugs?						
	NOTE: HYPOMANIC-LIKE EPISODES THAT ARE CLEARLY CAUSED BY SOMATIC ANTIDEPRESSANT TREATMENT (E.G., MEDICATION, ECT, LIGHT THERAPY) SHOULD NOT COUNT TOWARD A DIAGNOSIS OF BIPOLAR II DISORDER BUT ARE CONSIDERED SUBSTANCE-INDUCED MOOD DISORDERS, A. 45					
	REFER TO LIST OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES, A. 21					
					<div style="border: 1px solid black; padding: 2px;"> PRIMARY MOOD EPISODE </div>	
					<div style="border: 1px solid black; padding: 2px;"> CONTINUE ON NEXT PAGE </div>	

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

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

1

3

CUR-
RENT
HYPO-
MANIC
EPI-
SODE

GO TO ***PAST
MANIC EPISODE***,
NEXT PAGE

A125

PAST MANIC EPISODE**MANIC EPISODE CRITERIA**

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

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

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

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

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

When was that?
What was it like?

How long did that last? (as long as one week?) (Did you need to go to the hospital?)

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

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

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

Check if:

___ elevated, expansive mood
___ irritable mood

? 1 2 3

GO TO *GMC /
SUBSTANCE*
A. 43

A126

A127
A128

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

? 1 2 3

NOTE: IF ELEVATED MOOD LASTS LESS THAN ONE WEEK, CHECK WHETHER IRRITABLE MOOD LASTS AT LEAST ONE WEEK BEFORE SKIPPING TO A.24.

GO TO *PAST
HYPOMANIC
EPISODE*
A. 33

A129

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

SCID-I (for DSM-IV-TR)
FOCUS ON THE WORST PERIOD
OF THE EPISODE THAT YOU ARE
INQUIRING ABOUT.

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

During that time . . .

Past Manic (NOV 2002)
B. During the period of mood
disturbance, three (or more) of the
following symptoms have persisted (four
if the mood is only irritable) and have
been present to a significant degree:

Mood Episodes A. 29

. . how did you feel about yourself? (More self-confident than usual?) (Any special powers or abilities?)	(1) inflated self-esteem or grandiosity	?	1	2	3	A130
. . did you need less sleep than usual? IF YES: Did you still feel rested?	(2) decreased need for sleep (e.g., feels rested after only three hours of sleep)	?	1	2	3	A131
. . were you much more talkative than usual? (Did people have trouble stopping you or understanding you? Did people have trouble getting a word in edgewise?)	(3) more talkative than usual or pressure to keep talking	?	1	2	3	A132
. . were your thoughts racing through your head?	(4) flight of ideas or subjective experience that thoughts are racing	?	1	2	3	A133
. . were you so easily distracted by things around you that you had trouble concentrating or staying on one track?	(5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)	?	1	2	3	A134
. . how did you spend your time? (Work, friends, hobbies?) (Were you so active that your friends or family were concerned about you?)	(6) increase in goal- directed activity (either socially, at work or school, or sexually) or psychomotor agitation	?	1	2	3	A135
IF NO INCREASED ACTIVITY: Were you physically restless? (How bad was it?)	Check if: ___ increase in activity ___ psychomotor agitation					A136 A137

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

During that time . . .

. . . did you do anything that could have caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you?) (Reckless driving?)

(7) excessive involvement in pleasurable activities which have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

?

1

2

3

A138

AT LEAST THREE "B" SXs ARE CODED "3" (FOUR IF MOOD ONLY IRRITABLE)

1

3

A139

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

→ IF YES: RETURN TO ***PAST MANIC EPISODE**,* A. 28, AND INQUIRE ABOUT WORST EPISODE.

→ IF NO: GO TO ***GMC / SUBSTANCE***, A. 43.

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

CONTINUE
BELOW

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

D. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others or there are psychotic features.

1

3

A140

IF NOT ALREADY ASKED: Has there been any other time when you were (high/irritable/OWN WORDS) and had (ACKNOWLEDGED MANIC SYMPTOMS) and you got into trouble with people or were hospitalized? DESCRIBE:

→ IF YES: RECODE CRITERION C as "3"

→ IF NO: GO TO ***PAST HYPOMANIC CRITERION C***,* A. 35.

CONTINUE
ON NEXT
PAGE

SCID-I (for DSM-IV-TR)

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?

Past Manic

(NOV 2002)

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

IF THERE IS ANY INDICATION THAT THE MANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO ***GMC / SUBSTANCE*** A. 43, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

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

REFER TO LIST OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES, A. 21

Mood Episodes

A. 31

A141

?

1

3

DUE TO
SUBSTANCE
USE OR
GMC

PRIMARY
MOOD
EPISODE

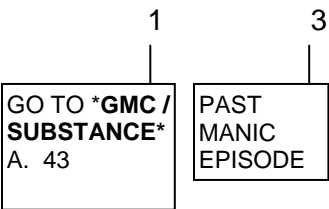
CONTINUE
ON NEXT
PAGE

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

→ IF YES: RETURN TO ***PAST MANIC EPISODE,*** A. 28, AND INQUIRE ABOUT OTHER EPISODE.

→ IF NO: GO TO ***GMC / SUBSTANCE***, A. 43.

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



GO TO NEXT
MODULE

A142

PAST HYPOMANIC EPISODE

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

HYPOMANIC EPISODE CRITERIA

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

? 1 2 3

GO TO *GMC /
SUBSTANCE*
A. 43

A145

What was it like?

Check if:

___ elevated, expansive mood
___ irritable mood

A146
A147

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

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

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

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

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

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

During that time . . .

. . how did you feel about yourself?

1) inflated self-esteem or grandiosity

? 1 2 3

A148

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

. . did you need less sleep than usual?

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

? 1 2 3

A149

IF YES: Did you still feel rested?

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

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

? 1 2 3

A150

. . were your thoughts racing through your head?

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

? 1 2 3

A151

During that time were you so easily distracted by things around you that you had trouble concentrating or staying on one track?	(5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)	?	1	2	3	A152	
.. how did you spend your time? (Work, friends, hobbies?) (Were you so active that your friends or family were concerned about you?)	(6) increase in goal- directed activity (either socially, at work or school, or sexually) or psychomotor agitation	?	1	2	3	A153	
IF NO INCREASED ACTIVITY: Were you physically restless? (How bad was it?)	Check if: _____ increase in activity _____ psychomotor agitation						
.. did you do anything that could have caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you?) (Reckless driving?)	(7) excessive involvement in pleasurable activities which have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)	?	1	2	3	A154	
<p>NOTE: BECAUSE OF THE DIFFICULTY OF DISTINGUISHING NORMAL PERIODS OF GOOD MOOD FROM HYPOMANIA, REVIEW ALL ITEMS CODED "3" IN CRITERIA A AND B AND RECODE ANY EQUIVOCAL JUDGMENTS.</p>							
<p>AT LEAST THREE "B" SXs ARE CODED "3" (FOUR IF MOOD ONLY IRRITABLE)</p>						<div>1</div> <div>3</div>	A155
<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: RETURN TO *PAST HYPOMANIC EPISODE, * A. 33, AND INQUIRE ABOUT THAT EPISODE.</p>							
<p>IF NO: GO TO *GMC / SUBSTANCE*, A. 43.</p>						<div>CONTINUE ON NEXT PAGE</div>	

PAST HYPOMANIC CRITERION C

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

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

?

1

2

3

A156

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

DESCRIBE:

→ IF YES: RETURN TO ***PAST HYPOMANIC EPISODE,*** A. 33, AND INQUIRE ABOUT THAT EPISODE.

→ IF NO: GO TO A. 43

CONTINUE
BELOW

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

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

?

1

2

3

A157

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

DESCRIBE:

→ IF YES: RETURN TO ***PAST HYPOMANIC EPISODE,*** A. 33, AND INQUIRE ABOUT THAT EPISODE.

→ IF NO: GO TO ***GMC / SUBSTANCE*,** A. 43.

CONTINUE

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

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

?

1

3

A158

IF SEVERE ENOUGH TO REQUIRE HOSPITALIZATION, CONSIDER RETURNING TO A. 28 AND RECODING AS PAST MANIC EPISODE. OTHERWISE, CONTINUE WITH A. 38 AND CODE "OTHER BIPOLAR DISORDER" ON D. 5

CONTINUE
ON NEXT
PAGE

Just before this began, were you physically ill?

IF YES: What did the doctor say?

Just before this began, were you taking any medications?

IF YES: Any change in the amount you were taking

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

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

IF THERE IS ANY INDICATION THAT THE HYPOMANIA MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC/SUBSTANCE*, A. 43, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

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

REFER TO LIST OF GENERAL MEDICAL CONDITIONS AND SUBSTANCES, A. 21

? 1 2 3
DUE TO
SUBSTANCE
USE OR GMC

A159

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

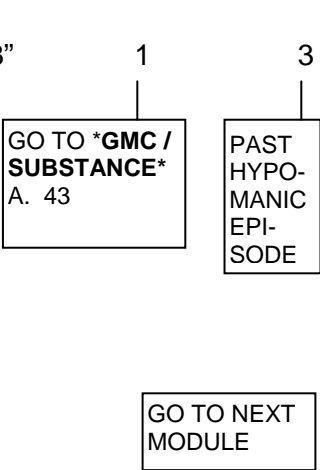
PRIMARY
MOOD
EPISODE

→ IF YES: RETURN TO ***PAST HYPOMANIC EPISODE.*** A. 33, AND INQUIRE ABOUT ANOTHER EPISODE.

→ IF NO: GO TO ***GMC / SUBSTANCE***, A. 43.

CONTINUE
ON NEXT
PAGE

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



A160

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

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITION,
CHECK HERE ____ AND GO TO ***SUBSTANCE-INDUCED MOOD DISORDER,*** A.45.

A187

CODE BASED ON INFORMATION
ALREADY OBTAINED

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

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

? 1 2 3

A188

(2) elevated, expansive, or
irritable mood

? 1 2 3

A189

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

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

? 1 2 3

A190

GO TO
***SUB-
STANCE
INDUCED***
A. 45

IF YES: Tell me how.

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

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

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

1) THERE IS EVIDENCE FROM THE
LITERATURE OF A WELL-ESTAB-
LISHED ASSOCIATION BETWEEN
THE GMC AND MOOD SYMPTOMS.

2) THERE IS A CLOSE TEMPORAL
RELATIONSHIP BETWEEN THE
COURSE OF THE MOOD SYMP-TOMS
AND THE COURSE OF THE GENERAL
MEDICAL CONDITION.

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

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

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

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

?123

GO TO *SUBSTANCE INDUCED* A. 45

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

13

DELIRIUM DUE TO A GMC

MOOD DISORDER DUE TO A GMC

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

CONTINUE ON NEXT PAGE

A191

A192

A193

SUBSTANCE-INDUCED MOOD DISORDER**SUBSTANCE-INDUCED MOOD DISORDER CRITERIA**

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

CODE BASED ON INFORMATION ALREADY OBTAINED.

EPISODE BEING EVALUATED:	
Current MDE	A. 4
Past MDE	A. 16
Current Manic	A. 21
Current Hypomanic	A. 26
Past Manic	A. 31
Past Hypomanic	A. 36
Dysthymic	A. 41
Minor Dep. Episode	J. 4
Bipolar NOS	D. 4
Depressive NOS	D. 8

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

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

? 1 2 3

A193a

(2) elevated, expansive or irritable mood

? 1 2 3

A195

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

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

? 1 2 3

A196

NOT SUBSTANCE
INDUCED RETURN
TO EPISODE
BEING EVAL-
UATED

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

IF YES: Tell me how.

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

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

? 1 2 3

A197

NOT SUBSTANCE
INDUCED RETURN
TO EPISODE
BEING EVAL-
UATED

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

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

SCID-I (for DSM-IV-TR)	Substance-Induced (NOV 2002)	Mood Episodes	A. 46
<p>IF UNKNOWN: Have you had a period of time when you stopped using (SUBSTANCE)?</p> <p>IF YES: After you stopped using (SUBSTANCE) did the (MOOD SXS) get better?</p> <p>IF UNKNOWN: How much of (SUBSTANCE) were you using when you began to have (MOOD SYMPTOMS)?</p> <p>IF UNKNOWN: Have you had any other episodes of (MOOD SYMPTOMS)?</p> <p>IF YES: How many? Were you using (SUBSTANCES) at those times?</p> <p>IF UNKNOWN: How much did (MOOD SYMPTOMS) interfere with your life?</p>	<p>2) the mood symptoms persist for a substantial period of time (e.g., about a month) after the cessation of acute withdrawal or severe intoxication</p> <p>3) the mood symptoms are substantially in excess of what would be expected given the type, duration or amount of the substance used</p> <p>4) there is evidence suggesting the existence of an independent non-substance-induced Mood Disorder (e.g. , a history of recurrent Major Depressive Episodes)</p>		
	<p>E. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p>	<p>? 1 2 3</p> <p>RETURN TO EPISODE BEING EVALUATED</p>	A198
	<p>D. The disturbance does not occur exclusively during the course of Delirium</p>	<p>1 3</p> <p>SUBSTANCE INDUCED DELIRIUM</p> <p>SUBSTANCE INDUCED MOOD DISORDER</p> <p>Indicate which type of symptom presentation predominates: 1 – With Depressive Features 2 – With Manic Features 3 – With Mixed Features</p> <p>Indicate context of development of mood symptoms: 1 – With Onset During Intoxication 2 – With Onset During Withdrawal</p> <p>RETURN TO EPISODE BEING EVALUATED</p>	<p>A199</p> <p>A200</p> <p>A201</p>

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

B/C PSYCHOTIC SCREENING MODULE (FOR SCID-I/NP OR P W/PSYCHOTIC SCREEN)

THIS MODULE IS FOR CODING PSYCHOTIC AND ASSOCIATED SXS THAT HAVE BEEN PRESENT AT ANY POINT IN THE PERSON'S LIFETIME. IT CAN BE USED FOR CLINICAL AND RESEARCH SETTINGS WHERE THOSE WITH A HISTORY OF PSYCHOTIC SXS THAT ARE NOT DUE TO SUBSTANCE USE OR A GENERAL MEDICAL CONDITION OR THAT OCCUR OUTSIDE THE CONTEXT OF A MOOD DISORDER ARE TO BE EXCLUDED.

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

FOR ANY PSYCHOTIC AND ASSOCIATED SYMPTOMS CODED "3," DETERMINE WHETHER THE SYMPTOM IS DEFINITELY "PRIMARY" OR WHETHER THERE IS A POSSIBLE OR DEFINITE ETIOLOGIC SUBSTANCE (INCLUDING MEDICATIONS) OR GENERAL MEDICAL CONDITION. THE FOLLOWING QUESTIONS MAY BE USEFUL IF THE OVERVIEW HAS NOT ALREADY PROVIDED THE INFORMATION:

Just before (PSYCHOTIC SXS) began, were you using drugs? ...on any medications? ...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 DRUGS/TAKING MEDICATION/CHANGING YOUR DRINKING HABITS/ILL)?

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

DELUSIONS

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

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

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

?	1	2	3
	1		3
	POSS/DEF		PRI-
	SUBST/		MARY
	GMC		

BC1

BC2

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

DESCRIBE:

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

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

Persecutory delusion, i.e., the individual (or his or her group) is being attacked, harassed, cheated, persecuted, or conspired against.

?	1	2	3
	1		3
	POSS/DEF		PRI-
	SUBST/		MARY
	GMC		

BC3

BC4

DESCRIBE:

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

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

?	1	2	3
	1		3
	POSS/DEF		PRI-
	SUBST/		MARY
	GMC		

BC5

BC6

DESCRIBE:

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

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

?	1	2	3
	1		3
	POSS/DEF		PRI-
	SUBST/		MARY
	GMC		

BC7

BC8

DESCRIBE:

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

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

(Have you ever had any unusual religious experiences?)

Other delusions

?	1	2	3
	1		3
	POSS/DEF		PRI-
	SUBST/		MARY
	GMC		

BC9

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

Check if:

- ☐ religious delusions
☐ delusions of guilt
☐ jealous delusions
☐ erotomaniac delusions

 BC10
 BC11
 BC12
 BC13
 BC14

DESCRIBE:

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

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

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

? 1 2 3

BC15

1	3
POSS/DEF SUBST/ GMC	PRI- MARY

BC16

DESCRIBE:

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

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

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

? 1 2 3

BC17

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

Two or more voices conversing with each other

? 1 2 3

BC18

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

Visual hallucinations

? 1 2 3

BC19

DESCRIBE:

1	3
POSS/DEF SUBST/ GMC	PRI- MARY

BC20

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

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

Tactile hallucinations, e.g., electricity

? 1 2 3

BC21

DESCRIBE:

1	3
POSS/DEF	PRI-
SUBST/	MARY
GMC	

BC22

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

Other hallucinations, e.g., gustatory, olfactory

? 1 2 3

BC23

Check if:

___ gustatory

___ olfactory

1	3
POSS/DEF	PRI-
SUBST/	MARY
GMC	

BC24

BC25

BC26

DESCRIBE:

ANY ITEM CODED "3" IN "PRIMARY" SECTION

? 1 3

BC27

GO TO
NEXT
MODULE

A PRI-
MARY
PSYCHO-
TIC SX
HAS
BEEN
PRESENT

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

Psychotic symptoms occur at times other than during mood syndromes

? 1 3

BC28

NOTE: CODE "3" IF NO MOOD SYNDROMES OR PSYCHOTIC SXS W/O MOOD EPISODES. CODE "1" ONLY IF PSYCHOTIC SYMPTOMS OCCUR EXCLUSIVELY DURING UNEQUIVOCAL MOOD SYNDROMES.

PSYCHO-
TIC MOOD
DISOR-
DER.

GO TO
NEXT
MODULE

PSYCHO-
TIC DIS-
ORDER
LIKELY

EXPLORE DETAILS AND DESCRIBE DIAGNOSTIC SIGNIFICANCE:

MAJOR DEPRESSIVE DISORDER

MAJOR DEPRESSIVE DISORDER CRITERIA

CODE BASED ON A27 (PAGE A.5) AND A77 (PAGE A.17)	At least one Major Depressive Episode that is <u>not</u> due to the direct physiological effects of a general medical condition or substance use	1	3	D21
		GO TO *DEPRESSIVE DISORDER NOS,* D. 8		
	At least one Major Depressive Episode that is <u>not</u> better accounted for by Schizoaffective Disorder and is not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified	1	3	D22
		GO TO *DEPRESSIVE DISORDER NOS,* D. 8		
	Has never had any Manic, Mixed, or unequivocal Hypomanic Episodes	1	3	D23
		GO TO NEXT MODULE		
			MAJOR DEPRESSIVE DISORDER	
	Indicate type: 1 - Single Episode 2 - Recurrent (i.e., to be considered separate episodes, there must be an interval of at least two months in which criteria are not met for a Major Depressive Episode)			D24

SEASONAL PATTERN

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

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

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

1

3

D25

GO TO ***MOOD
CHRONOLOGY***
D. 10

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

D26

GO TO ***MOOD
CHRONOLOGY***
D. 10

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

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

1

3

D27

GO TO ***MOOD
CHRONOLOGY***
D. 10

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

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

1

3

D28

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

GO TO ***MOOD
CHRONOLOGY***
D. 10

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

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

1

3

D29

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

WITH
SEASONAL
PATTERN

GO TO ***MOOD
CHRONOLOGY*** D. 10

E. SUBSTANCE USE DISORDERS**ALCOHOL USE DISORDERS (LIFETIME)**

IF SCREENING QUESTION #1 ANSWERED "NO," CHECK HERE ____ AND SKIP TO ***NON-ALCOHOL SUBSTANCE USE DISORDERS,*** E. 9.

IF SCREENER NOT USED, OR IF QUESTION #1 IS ANSWERED "YES," CONTINUE:

What are your drinking habits like?
(How much do you drink?) (Has there ever been a time in your life when you had five or more drinks on one occasion?)

When in your life were you drinking the most? (How long did that period last?)

RECORD DATE OF HEAVIEST USE AND DESCRIBE PATTERN:

During that time . . .

how often were you drinking?

what were you drinking? how much?

During that time . . .

did your drinking cause problems for you?

did anyone object to your drinking?

IF ALCOHOL DEPENDENCE SEEMS LIKELY, CHECK HERE ____ AND SKIP TO ***ALCOHOL DEPENDENCE,*** E. 4.

IF ANY INCIDENTS OF EXCESSIVE DRINKING OR ANY EVIDENCE OF ALCOHOL-RELATED PROBLEMS, CONTINUE WITH ***ALCOHOL ABUSE,*** ON NEXT PAGE.

IF NEVER HAD ANY INCIDENTS OF EXCESSIVE DRINKING AND THERE IS NO EVIDENCE OF ANY ALCOHOL-RELATED PROBLEMS, SKIP TO ***NON-ALCOHOL SUBSTANCE USE DISORDERS,*** E. 9..

SCREEN Q#1	
YES	NO

IF NO: GO TO *NON-ALCOHOL USE DISORDERS* E. 9
--

E1a

E1b
E1c

E1d

LIFETIME ALCOHOL ABUSE**ALCOHOL ABUSE CRITERIA**

Let me ask you a few more questions about (TIME WHEN DRINKING THE MOST OR TIME WHEN DRINKING CAUSED MOST PROBLEMS). During that time...

A. A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by one (or more) of the following occurring within a twelve month period:

(Did you ever miss/Have you ever missed) work or school because you were intoxicated, high, or very hung over? (What about doing a bad job at work or failing courses at school because of your drinking?)

(1) 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).

? 1 2 3

E2

IF NO: What about not keeping your house clean or not taking proper care of your children because of your drinking?

IF YES TO EITHER OF ABOVE: How often? (Over what period of time?)

(Did you ever drink/have you ever drank) in a situation in which it might have been dangerous to drink at all? (Did you ever drive while you were really too drunk to drive?)

(2) 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)

? 1 2 3

E3

IF YES AND UNKNOWN: How many times? (When?)

(Did your drinking get/Has your drinking gotten) you into trouble with the law?

(3) recurrent alcohol-related legal problems (e.g., arrests for alcohol-related disorderly conduct)

? 1 2 3

E4

IF YES AND UNKNOWN: How often? (Over what period of time?)

IF NOT ALREADY KNOWN: (Did your drinking cause/Has your drinking caused) problems with other people, such as with family members, friends, or people at work? ([Did you get/Have you ever gotten] into physical fights when you were drinking? What about having bad arguments about what happens when you drink too much?)

(4) 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)

? 1 2 3

E5

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

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

AT LEAST ONE "A" ITEM CODED "3"	1	3	E6
<div>IF ALCOHOL DEPENDENCE QUESTIONS HAVE ALREADY BEEN ASKED (I.E., DEPENDENCE SEEMED LIKELY AFTER ALCOHOL SCREENING ON E. 1 BUT FULL CRITERIA WERE NOT MET), GO TO *NON-ALCOHOL USE DISORDERS,* E. 9.</div>			
<div>IF ALCOHOL DEPENDENCE QUESTIONS HAVE NOT YET BEEN EVALUATED AND THERE IS ANY POSSIBILITY OF PHYSIOLOGICAL DEPENDENCE OR COMPULSIVE USE, GO TO *ALCOHOL DEPENDENCE,* ON PAGE E. 4. OTHERWISE, GO TO *NON-ALCOHOL USE DISORDERS,* E. 9.</div>			
<div>ALCOHOL ABUSE</div>			
<div>IF ALCOHOL DEPENDENCE QUESTIONS HAVE ALREADY BEEN ASKED (I.E., DEPENDENCE SEEMED LIKELY AFTER ALCOHOL SCREENING ON E. 1, BUT FULL CRITERIA WERE NOT MET), GO TO *ALCOHOL ABUSE CHRONOLOGY,* E. 6.</div>			
<div>IF ALCOHOL DEPENDENCE QUESTIONS HAVE <u>NOT</u> YET BEEN EVALUATED, CONTINUE WITH *ALCOHOL DEPENDENCE,* ON PAGE E. 4.</div>			

ALCOHOL DEPENDENCE**ALCOHOL DEPENDENCE CRITERIA**

I'd now like to ask you some more questions about (TIME WHEN DRINKING THE MOST OR TIME WHEN DRINKING CAUSED MOST PROBLEMS). During that time...

A maladaptive pattern of alcohol use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following occurring at any time in the same twelve month period:

NOTE: CRITERIA FOR ALCOHOL DEPENDENCE ARE NOT IN DSM-IV-TR ORDER

(Did you often find/Have you often found) that when you started drinking you ended up drinking much more than you were planning to?

(3) alcohol is often taken in larger amounts OR over a longer period than was intended

? 1 2 3

E7

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

(Did you try/Have you tried) to cut down or stop drinking alcohol?

(4) there is a persistent desire OR unsuccessful efforts to cut down or control alcohol use

? 1 2 3

E8

IF YES: Did you ever actually stop drinking altogether?

(How many times did you try to cut down or stop altogether?)

IF NO: Did you want to stop or cut down? (Is this something you kept worrying about?)

(Did you spend/Have you spent) a lot of time drinking, being high, or hung over?

(5) a great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects

? 1 2 3

E9

(Did you have times/Have you had times) when you would drink so often that you started to drink instead of working or spending time at hobbies or with your family or friends, or engaging in other important activities, such as sports, gardening, or playing music?

(6) important social, occupational, or recreational activities given up or reduced because of alcohol use

? 1 2 3

E10

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

IF UNKNOWN: When did (SXS CODED "3" ABOVE) occur? (Did they all happen around the same time?)

AT LEAST THREE DEPENDENCE ITEMS CODED "3" AND ITEMS OCCURRED WITHIN THE SAME TWELVE MONTH PERIOD

1

3

E15

IF ALCOHOL ABUSE QUESTIONS (PAGES E.1-E.3) HAVE NOT YET BEEN ASKED, GO TO PAGE E.2 AND CHECK FOR ABUSE.

ALCOHOL
DEPENDENCE
GO TO
*CHRON-
OLOGY* E.7

IF ABUSE QUESTIONS HAVE BEEN ASKED AND ABUSE IS PRESENT, CODE "3." OTHERWISE, IF QUESTIONS HAVE BEEN ASKED AND ABUSE IS NOT PRESENT, GO TO ***NON-ALCOHOL USE DISORDERS,*** E. 9

1

3

E16

GO TO ***NON-
ALCOHOL USE
DISORDER,***
E. 9

ALCOHOL
ABUSE

ALCOHOL ABUSE CHRONOLOGY

How old were you when you first had (ABUSE SXS CODED "3")?

Age at onset of Alcohol Abuse (CODE 99 IF UNKNOWN)

E17

IF UNCLEAR: During the past month, have you had anything at all to drink?

Criteria for Alcohol Abuse met at any time in past month

1

3

E18

IF YES: Tell me more about it. (Has your drinking caused you any problems?)

PAST
ABUSE

CURRENT
ABUSE

GO TO ***NON-
ALCOHOL USE
DISORDER,***E. 9

CHRONOLOGY FOR DEPENDENCE

How old were you when you first had (LIST OF ALCOHOL DEPENDENCE OR ABUSE SXS CODED "3")?

Age at onset of Alcohol Dependence or Abuse (CODE 99 IF UNKNOWN) _____

E19

IF UNCLEAR: During the past month, have you had anything at all to drink?

Full criteria for Alcohol Dependence met at any time in past month (or never had a month without symptoms of Dependence or Abuse since last onset of Dependence)

?

1

3

E20

IF YES: Tell me more about it. (Has your drinking caused you any problems?)

GO TO
*REMISSION
SPECIFIERS*
E. 8

CURRENT
DEPEN-
DENCE

Indicate if:

E21

1 - **With Physiological Dependence** (current evidence of tolerance or withdrawal)

2 - **Without Physiological Dependence** (no current evidence of tolerance or withdrawal)

NOTE SEVERITY OF DEPENDENCE FOR WORST WEEK OF PAST MONTH

E22

(Additional questions about the effect of alcohol on social and occupational functioning may be necessary.)

- 1 Mild: Few, if any, symptoms in excess of those required to make the diagnosis, **and** the symptoms result in no more than mild impairment in occupational functioning or in usual social activities or relationships with others (or criteria met for Dependence in the past and some current problems).
- 2 Moderate: Symptoms or functional impairment between "mild" and "severe."
- 3 Severe: Many symptoms in excess of those required to make the diagnosis, **and** the symptoms markedly interfere with occupational functioning or with usual social activities or relationships with others.

GO TO NON-ALCOHOL USE DISORDERS, E. 9

REMISSION SPECIFIERS FOR DEPENDENCE

THE FOLLOWING REMISSION SPECIFIERS CAN BE APPLIED ONLY AFTER NO CRITERIA FOR DEPENDENCE OR ABUSE HAVE BEEN MET FOR AT LEAST ONE MONTH IN THE PAST.

Note: These specifiers do not apply if the individual is **On Agonist Therapy** or **In a Controlled Environment** (below).

Number of months prior to interview when last had some problems with Alcohol

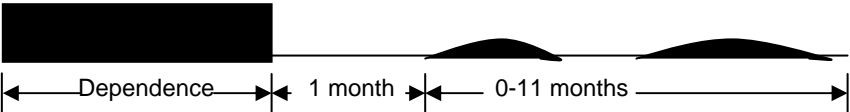
E23

1 **Early Full Remission:** For at least one month, but less than twelve months, no criteria for Dependence or Abuse have been met.

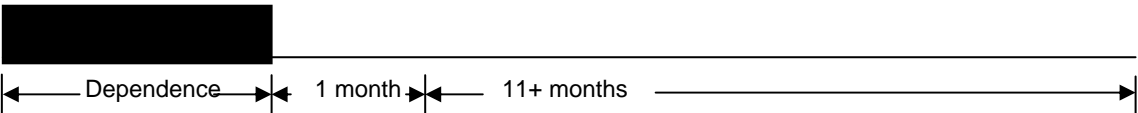
E24



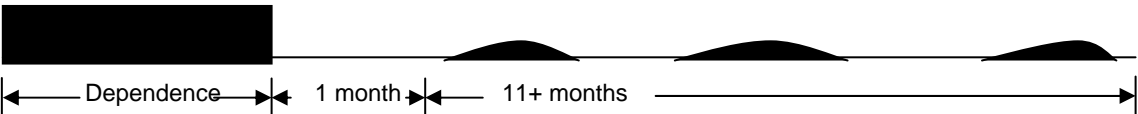
2 **Early Partial Remission:** For at least one month, but less than twelve months, one or more criteria for Dependence or Abuse have been met (but the full criteria for Dependence have not been met).



3 **Sustained Full Remission:** None of the criteria for Dependence or Abuse have been met at any time during a period of twelve months or longer.



4 **Sustained Partial Remission:** Full criteria for Dependence have not been met for a period of twelve months or longer; however, one or more criteria for Dependence or Abuse have been met.



Check _____ if **In a Controlled Environment:** The individual is in an environment where access to alcohol and controlled substances is restricted and no criteria for Dependence or Abuse have been met for at least the past month. Examples are closely-supervised and substance-free jails, therapeutic communities, and locked hospital units.

E26

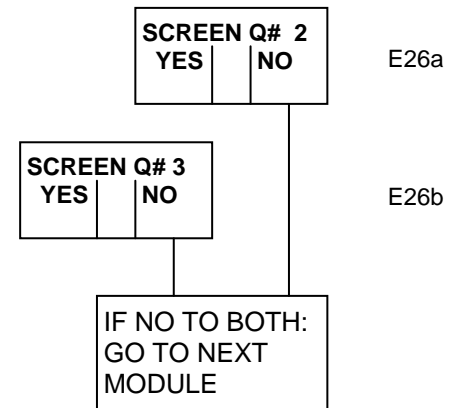
***NON-ALCOHOL SUBSTANCE USE DISORDERS* (LIFETIME DEPENDENCE AND ABUSE)**

IF SCREENING QUESTIONS #2 AND #3 ARE BOTH ANSWERED "NO."
CHECK HERE ☐ AND SKIP TO THE NEXT MODULE.

IF SCREENER NOT USED OR IF QUESTION #2 OR QUESTION #3 WAS
ANSWERED "YES," CONTINUE:
Now I am going to ask you about
your use of drugs or medicines.

SHOW DRUG LIST TO SUBJECT.

Have you ever taken any of
these to get high, to sleep
better, to lose weight, or to
change your mood?



REFERRING TO LIST ON NEXT PAGE, DETERMINE LEVEL OF DRUG USE USING GUIDELINES BELOW

**GUIDELINES FOR RATING LEVEL
OF DRUG USE:**

FOR EACH DRUG GROUP EVER USED: Either (1) or (2):

- IF STREET DRUG: When were you using (DRUG) the most? (1) has ever taken street drug more than 10 times in a one-month period
(Has there ever been a time when you used it at least ten times in a one-month period of time?)
- IF PRESCRIBED: Did you ever get hooked (become dependent) on (PRESCRIBED DRUG) or take much more of it than was prescribed? (2) reports becoming dependent on a prescribed drug OR using much more of it than was prescribed
- IF DRUG GROUP NEVER USED OR USED ONLY ONCE, OR IF PRESCRIBED DRUG USED AS DIRECTED, CIRCLE "1" FOR DRUG GROUP ON E.10
- IF DRUG GROUP USED AT LEAST TWICE, BUT LESS THAN LEVEL INDICATED ON (1), CODE "2" FOR DRUG GROUP ON E.10
- IF DRUG GROUP USED AT LEVEL INDICATED IN ITEM (1) OR IF POSSIBLY DEPENDENT ON PRESCRIBED DRUG (ITEM (2) IS TRUE), CODE "3" ON E.10

CIRCLE THE NAME OF EACH DRUG
EVER USED (OR WRITE IN NAME IF
"OTHER")

RECORD PERIOD OF
HEAVIEST USE (AGE OR DATE,
AND DURATION) AND
DESCRIBE PATTERN OF USE

INDICATE LEVEL OF
USE (USE GUIDELINES,
E.9)

Sedatives-hypnotics-anxiolytics:

Quaalude, Seconal, Valium, Xanax,
Librium, barbiturates, Miltown,
Ativan, Dalmane, Halcion, Restoril,
or other: _____

_____ ? 1 2 3 E27

Cannabis: marijuana, hashish, THC,
or other: _____

_____ ? 1 2 3 E28

Stimulants: amphetamine, "speed",
crystal meth, dexadrine, Ritalin,
"ice", or other: _____

_____ ? 1 2 3 E29

Opioids: heroin, morphine, opium,
Methadone, Darvon, codeine,
Percodan, Demerol, Dilaudid,
unspecified or other: _____

_____ ? 1 2 3 E30

Cocaine: intranasal, IV, freebase,
crack, "speedball," unspecified or
other: _____

_____ ? 1 2 3 E31

Hallucinogens/PCP: LSD,
mescaline, peyote, psilocybin, STP,
mushrooms, PCP ("angel dust"),
Extasy, MDMA, or other: _____

_____ ? 1 2 3 E32

Other: steroids, "glue," paint,
inhalants, nitrous oxide ("laughing
gas"), amyl or butyl nitrate
("poppers"), nonprescription sleep
or diet pills, unknown, or other: _____

_____ ? 1 2 3 E33

ANY DRUG GROUPS CODED
"2" OR "3"

1 3 E34

GO TO
NEXT
MODULE

IF AT LEAST THREE DRUG GROUPS USED AND PERIOD OF INDISCRIMINANT USE SEEMS LIKELY, ASK THE FOLLOWING:

You've told me that you've used (DRUG/ALCOHOL). Was there a period when you were using a lot of different drugs at the same time and that it did not matter what you were taking as long as you could get high?

Behavior during the same 12 month period in which the person was repeatedly using at least three groups of substance (not including caffeine and nicotine), but no single substance predominated. Further, during this period, the Dependence criteria were (likely) met for substances as a group but not for any specific substance.

NOTE: IN CASES THAT INCLUDE PERIODS OF INDISCRIMINATE USE AND OTHER PERIODS OF USE OF SPECIFIC DRUGS, POLY DRUG SHOULD BE CODED IN ADDITION TO SPECIFIC DRUG COLUMNS.

? 1 2 3 E35

USE
POLY
DRUG
COL-
UMN

IF NO DRUG CLASSES WERE CODED "3" ON PREVIOUS PAGE (I.E., "2"S ONLY), GO TO *SUBSTANCE ABUSE*, E. 20

FOR DRUG CLASSES CODED "3" CIRCLE THE APPROPRIATE COLUMNS ON PAGES E. 11 TO E. 18

NON-ALCOHOL SUBSTANCE DEPENDENCE

Now I'm going to ask you some specific questions about your use of (DRUG CODED "3").

ASK EACH OF THE FOLLOWING QUESTIONS FOR EACH DRUG CODED "3": For (DRUG), during (TIME WHEN TAKING THE MOST OR TIME WHEN CAUSED MOST PROBLEMS). . .

(Did you often find/have you ever found) that when you started using (DRUG) you ended up using much more of it than you were planning to?

IF NO: What about using it over a much longer period of time than you were planning to?

NOTE: CRITERIA FOR DEPENDENCE ARE IN A DIFFERENT ORDER THAN IN DSM-IV-TR.

SUBSTANCE DEPENDENCE CRITERIA

A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three (or more) of the following occurring within a twelve month period:

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(3) The substance is often taken in larger amounts OR over a longer period than was intended	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	?	?	?	?	?	?	?	?
	E36	E37	E38	E39	E40	E41	E42	E43

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

(Did you try/Have you ever tried) to cut down or stop using (DRUG)?

IF YES: Did you ever actually stop using (DRUG) altogether? (How many times did you try to cut down or stop altogether?)

IF UNCLEAR: Did you want to stop or cut down?

IF YES: Is this something you kept worrying about?

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(4) there is a persistent desire OR unsuccessful efforts to cut down or control substance use	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	?	?	?	?	?	?	?	?
	E44	E45	E46	E47	E48	E49	E50	E51

(Did you spend/Have you ever spent) a lot of time using (DRUG) or doing whatever you had to do to get it? Did it take you a long time to get back to normal? (How much time? As long as several hours?)

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(5) A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	?	?	?	?	?	?	?	?
	E52	E53	E54	E55	E56	E57	E58	E59

(Did you have/Have you ever had) times when you would use (DRUG) so often that you used (DRUG) instead of working or spending time at hobbies or with your family or friends or engaging in other activities, such as sports, gardening or playing music?

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(6) Important social, occupational, or recreational activities given up or reduced because of substance use	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	?	?	?	?	?	?	?	?
	E60	E61	E62	E63	E64	E65	E66	E67

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

IF NOT ALREADY KNOWN: (Did [DRUG] cause/Has [DRUG] ever caused) any psychological problems, like making you depressed?

IF NOT ALREADY KNOWN: (Did [DRUG] cause/Has (DRUG) ever caused) any significant physical problems or made a physical problem worse?

IF YES TO EITHER OF ABOVE: Did you keep on using (DRUG) anyway?

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(7) The 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)	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	?	?	?	?	?	?	?	?
	E68	E69	E70	E71	E72	E73	E74	E75

(Did you find/Have you ever found) that you needed to use a lot more (DRUG) in order to get the feeling you wanted than you did when you first starting using it?

IF YES: How much more?

IF NO: What about finding that when you used the same amount, it had much less effect than before?

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(1) Tolerance, as defined by either of the following:								
(a) a need for markedly increased amounts of substance to achieve intoxication or desired effect	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1
	?	?	?	?	?	?	?	?
(b) markedly diminished effect with continued use of the same amount of substance	E76	E77	E78	E79	E80	E81	E82	E83

THE FOLLOWING ITEM MAY NOT APPLY TO CANNABIS AND
HALLUCINOGENS/PCP

(Did you have/Have you ever had) withdrawal symptoms, that is, felt sick
when you cut down or stopped using (DRUG)?

IF YES: What symptoms did you have? REFER TO LIST OF
WITHDRAWAL SYMPTOMS ON E. 15

IF NO: After not using (DRUG) for a few hours or more, (did you often
use it/have you often used it) to keep yourself from getting sick with
(WITHDRAWAL SXS)?

IF NO: What about using (DRUG IN SAME GROUP) when you were
feeling sick with (WITHDRAWAL SXS) so that you would feel
better?

(2) Withdrawal, as manifested by either of the following:	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
(a) the characteristic withdrawal syndrome for the substance	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2
(b) the same (or a closely related substance is taken to relieve or avoid withdrawal symptoms	1	1	1	1	1	1	1	1
	?	?	?	?	?	?	?	?
	E84	E85	E86	E87	E88	E89	E90	E91

LIST OF WITHDRAWAL SYMPTOMS (FROM DSM-IV CRITERIA)

Listed below are the characteristic withdrawal symptoms for those classes of psychoactive substances for which a withdrawal syndrome has been identified. (NOTE: A specific withdrawal syndrome has not been identified for CANNABIS AND HALLUCINOGENS/PCP). 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, AND ANXIOLYTICS:

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

- (1) autonomic hyperactivity (e.g., sweating or pulse rate greater than 100)
- (2) increased 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

STIMULANTS / COCAINE

Dysphoric mood AND two (or more) of the following physiological changes, developing within a few hours to several days after cessation (or reduction of substance use which has been heavy and prolonged):

- (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 (or reduction) of opioid use which has been heavy and prolonged (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
- (5) pupillary dilation, piloerection, or sweating
- (6) diarrhea
- (7) yawning
- (8) fever
- (9) insomnia

IF UNKNOWN: When did (SXS CODED "3" ABOVE) occur? (Did they all happen around the same time?)

SED/
HYPN/
ANX

CANN
ABIS

STIMU
LANTS

OPI
OID

COC
AINE

HALL/
PCP

POLY

OTHER

SUBSTANCE DEPENDENCE At least 3 items are coded "3" AND items occurred within the same twelve-month period

3

3

3

3

3

3

3

3

FOR EACH CLASS CODED "3", GO TO ***CHRONOLOGY***, E. 17

Fewer than 3 items coded "3"

1

1

1

1

1

1

1

1

E92

E93

E94

E95

E96

E97

E98

E99

FOR DRUG CLASSES CODED "1": IF THE NUMBER OF DIFFERENT DEPENDENCE SYMPTOMS (TAKEN FROM AT LEAST THREE DIFFERENT DRUG CLASSES INCLUDING ALCOHOL) AND OCCURRING DURING THE SAME 12-MONTH PERIOD ADDS UP TO AT LEAST THREE, MAKE A DIAGNOSIS OF POLYSUBSTANCE DEPENDENCE (ABOVE) AND GO TO ***CHRONOLOGY***, E. 17

GO TO ***LIFETIME SUBSTANCE ABUSE***, E. 20 AND ASK THE FOUR ABUSE ITEMS FOR EACH DRUG CLASS CODED "1" ABOVE.

CHRONOLOGY FOR DEPENDENCE

FOR EACH DRUG CLASS IN WHICH CRITERIA HAVE BEEN MET
FOR DEPENDENCE DURING LIFETIME:

AGE AT ONSET*

How old were you when you first had (LIST OF SUBSTANCE
DEPENDENCE OR ABUSE SXS CODED "3")?

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
Age at onset of Substance Dependence or abuse (CODE 99 IF UNKNOWN)	— E100	— E101	— E102	— E103	— E104	— E105	— E106	— E107

MEETS CRITERIA IN PAST MONTH

IF UNCLEAR: During the past month, have you used (DRUG) at all?

IF YES: Has your (DRUG) use caused you any problems?

(How about being high when you were at school or work,
or taking care of children? How about missing something
important because of being high or hung over? How about
using (DRUG) while you were driving? How about getting
into trouble with the law because of your use of (DRUG)?)

NOTE: YOU MAY NEED TO REFER TO
ABUSE CRITERIA, PAGE E. 20.

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
Full criteria for Dependence met at any time in past month (or never had a month without symptoms of Dependence or Abuse since onset of Dependence)	3 E108	3 E109	3 E110	3 E111	3 E112	3 E113	3 E114	3 E115
No symptoms of Dependence or Abuse in past month or meets partial criteria after one month without symptoms	1 E108	1 E109	1 E110	1 E111	1 E112	1 E113	1 E114	1 E115

TYPE AND SEVERITY OF CURRENT DEPENDENCE

FOR EACH CLASS CODED "3" ON ITEMS E108-E115, INDICATE TYPE AND SEVERITY OF CURRENT DEPENDENCE:

Indicate current type:

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
With Physiological Dependence (current evidence of tolerance or withdrawal)	3	3	3	3	3	3	3	3
Without Physiological Dependence (no current evidence of tolerance or withdrawal)	1	1	1	1	1	1	1	1
	E116	E117	E118	E119	E120	E121	E122	E123

FOR EACH DRUG CLASS WITH CURRENT DEPENDENCE, CODE SEVERITY:

USE SCALE BELOW TO RATE SEVERITY OF DEPENDENCE FOR WORST WEEK OF PAST MONTH (Additional questions about the effect of the substance on social and occupational functioning may be necessary)

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
3	3	3	3	3	3	3	3	3
2	2	2	2	2	2	2	2	2
1	1	1	1	1	1	1	1	1
?	?	?	?	?	?	?	?	?
	E132	E133	E134	E135	E136	E137	E138	E139

- 1 Mild: Few, if any, symptoms in excess of those required to make the diagnosis, and the symptoms result in no more than mild impairment in occupational functioning or in usual social activities or relationships with others.
- 2 Moderate: Symptoms or functional impairment between "mild" and "severe."
- 3 Severe: Many symptoms in excess of those required to make the diagnosis, and the symptoms markedly interfere with occupational functioning or with usual social activities or relationships with others.

REMISSION SPECIFIERS

THE FOLLOWING REMISSION SPECIFIERS CAN BE APPLIED ONLY AFTER NO CRITERIA FOR DEPENDENCE OR ABUSE HAVE BEEN MET FOR AT LEAST ONE MONTH IN THE PAST. (REFER TO PAGE E.8 FOR DEFINITIONS OF REMISSION).

USE SCALE BELOW TO INDICATE TYPE OF REMISSION

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	POLY	OTHER
Early Full Remission	1	1	1	1	1	1	1	1
Early Partial Remission	2	2	2	2	2	2	2	2
Sustained Full Remission	3	3	3	3	3	3	3	3
Sustained Partial Remission	4	4	4	4	4	4	4	4
Check if On Agonist Therapy				_____			_____	_____
Check if In a Controlled Environment	_____	_____	_____	_____	_____	_____	_____	_____
	E140	E141	E142	E143	E144	E145	E146	E147
				E143a			E146a	E147a
	E140b	E141a	E142b	E143b	E144b	E145a	E146b	E147b

On Agonist Therapy: The individual is on a prescribed agonist medication (e.g., methadone) and no criteria for Dependence or Abuse have been met for that class of medication for at least the past month (except tolerance to or withdrawal from, the agonist). This category also applies to those being treated for Dependence using a partial agonist or a mixed agonist/antagonist.

In a Controlled Environment: The individual is in an environment where access to alcohol and controlled substances is restricted and no criteria for Dependence or Abuse have been met for at least the past month. Examples are closely-supervised and substance-free jails, therapeutic communities, and locked hospital units.

LIFETIME SUBSTANCE ABUSE

→ FOR EACH DRUG CLASS CODED "2" (I.E., DRUGS USED AT A LEVEL OF <10 TIMES IN ANY ONE MONTH), START THIS SECTION WITH THE FOLLOWING INTRODUCTION:

Now I'm going to ask you some specific questions about your use of (DRUGS CODED "2")

→ FOR EACH DRUG CLASS CODED "3" ON PAGE E. 10 THAT DID NOT MEET CRITERIA FOR DEPENDENCE:

Now I'd like to ask you a few more questions about your use of (DRUGS CODED "3" THAT DID NOT MEET CRITERIA FOR DEPENDENCE).

SUBSTANCE ABUSE CRITERIA

A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following occurring within a twelve month period:

Have you ever missed work or school because you were intoxicated, high, or very hung over? (What about doing a bad job at work or failing courses at school because of your [DRUG] use?)

IF NO: What about not keeping your house clean or not taking proper care of your children because of your (DRUG) use?

IF YES TO EITHER OF ABOVE: How often? (Over what period of time?)

(1) 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).	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
	1	1	1	1	1	1	1
	?	?	?	?	?	?	?
	E148	E149	E150	E151	E152	E153	E155

Have you ever used (DRUG) in a situation in which it might have been dangerous to be using (DRUG) at all? (Have you ever driven while you were really too high to drive?)

IF YES AND UNKNOWN: How often? (Over what period of time?)

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
(2) 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)	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
	1	1	1	1	1	1	1
	?	?	?	?	?	?	?
	E156	E157	E158	E159	E160	E161	E163

Has your use of (DRUG) ever gotten you into trouble with the law?

IF YES AND UNKNOWN: How often? (Over what period of time?)

	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
(3) Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
	1	1	1	1	1	1	1
	?	?	?	?	?	?	?
	E164	E165	E166	E167	E168	E169	E171

IF NOT ALREADY KNOWN: Has your use of (DRUG) caused problems with other people, such as with family members, friends, or people at work? (Did you ever get into physical fights or bad arguments about your drug use?)

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

(4) 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)	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
	1	1	1	1	1	1	1
	?	?	?	?	?	?	?
	E172	E173	E174	E175	E176	E177	E179

SUBSTANCE ABUSE (LIFETIME): At least one "A" item is coded "3"	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
	3	3	3	3	3	3	3
	1	1	1	1	1	1	1
	E180	E181	E182	E183	E184	E185	E186

FOR DRUG CLASSES WITH LIFETIME ABUSE (I.E., CODED "3" ON PRIOR ITEM):

AGE AT ONSET

How old were you when you first had (LIST OF SUBSTANCE DEPENDENCE OR ABUSE SXS CODED "3")?	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
Age at onset of substance dependence or abuse (CODE 99 IF UNKNOWN)	—	—	—	—	—	—	—
	E187a	E187b	E187c	E187d	E187e	E187f	E187h

Has some symptoms of Substance Abuse in past month	SED/ HYPN/ ANX	CANN ABIS	STIMU LANTS	OPI OID	COC AINE	HALL/ PCP	OTHER
IF UNCLEAR: When was the last time you had problems with (SUBSTANCE)?	3	3	3	3	3	3	3
	1	1	1	1	1	1	1
	E188	E189	E190	E191	E192	E193	E195

Substance	Name of the substance	Age of initial use	Heaviest period of use (age and duration)	Frequency during heaviest period of use	Last time used	Treatment for Substance Addiction (e.g. rehab)
<input type="checkbox"/> None						
Sedative-hypnotics-anxiolytics						
Cannabis						
Stimulants						
Opioids						
Cocaine						
Hallucinogens						
Other						

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

→ IF SCREENING QUESTION #4 ANSWERED "NO," SKIP TO ***AWOPD,*** F. 7.

→ IF QUESTION #4 ANSWERED "YES":
You've said that you have had a panic attack, when you suddenly felt frightened, or anxious or suddenly developed a lot of physical symptoms . . .

→ IF SCREENER NOT USED: Have you ever had a panic attack, when you suddenly felt frightened, or anxious or suddenly developed a lot of physical symptoms ?

IF YES: Have these attacks ever come on completely out of the blue--in situations where you didn't expect to be nervous or uncomfortable?

IF UNCLEAR: How many of these kinds of attacks have you had? (At least two?)

After any of these attacks . . .

Did you worry that there might be something terribly wrong with you, like you were having a heart attack or were going crazy? (How long did you worry?) (At least a month?)

IF NO: Did you worry a lot about having another one? (How long did you worry?) (At least a month?)

IF NO: Did you do anything differently because of the attacks (like avoiding certain places or not going out alone?) (What about avoiding certain activities like exercise?) (What about things like always making sure you're near a bathroom or exit?)

A. (1) recurrent unexpected panic attacks.

? 1 2 3 F1

GO TO
AWOPD
F. 7

(2) at least one of the attacks has been followed by a month (or more) of one of the following:

? 1 2 3 F2

GO TO
AWOPD
F. 7

(b) worry about the implications of the attack or its consequences (e.g., losing control, having a heart attack, "going crazy");

(a) persistent concern about having additional attacks;

(c) a significant change in behavior related to the attacks;

SCREEN Q# 4 F1a
YES NO

GO TO
AWOPD
F. 7

NOW CHECK TO SEE IF CRITERIA
ARE MET FOR A PANIC ATTACK.

When was the last bad one?
What was the first thing you
noticed? Then what?

IF UNKNOWN: Did the symptoms
come on all of a sudden?

The panic attack symptoms
developed abruptly and reached a
peak within ten minutes

? 1 2 3

F3

IF YES: How long did it take from
when it began to when it got
really bad? (Less than ten
minutes?)

GO TO
AWOPD
F. 7

During that attack . . .

. . did your heart race, pound or skip?	(1) palpitations, pounding heart, or accelerated heart rate	?	1	2	3	F4
. . did you sweat?	(2) sweating	?	1	2	3	F5
. . did you tremble or shake?	(3) trembling or shaking	?	1	2	3	F6
. . were you short of breath? (Have trouble catching your breath?)	(4) sensations of shortness of breath or smothering	?	1	2	3	F7
. . did you feel as if you were choking?	(5) feeling of choking	?	1	2	3	F8
. . did you have chest pain or pressure?	(6) chest pain or discomfort	?	1	2	3	F9
. . did you have nausea or upset stomach or the feeling that you were going to have diarrhea?	(7) nausea or abdominal distress	?	1	2	3	F10
. . did you feel dizzy, unsteady, or like you might faint?	(8) feeling dizzy, unsteady, light- headed or faint	?	1	2	3	F11
. . did things around you seem unreal or did you feel detached from things around you or detached from part of your body?	(9) derealization (feelings of un- reality) or depersonalization (being detached from oneself)	?	1	2	3	F12
. . were you afraid you were going crazy or might lose control?	(10) fear of losing control or going crazy	?	1	2	3	F13
. . were you afraid that you might die?	(11) fear of dying	?	1	2	3	F14

SCID-I (for DSM-IV-TR)	Panic (NOV 2002)	Anxiety Disorders	F. 3
.. did you have tingling or numbness in parts of your body?	(12) paresthesias (numbness or tingling sensations)	? 1 2 3	F15
.. did you have flushes (hot flashes) or chills?	(13) chills or hot flushes	? 1 2 3	F16
	AT LEAST FOUR ITEMS CODED "3"	? 1 2 3 GO TO *AWOPD* F. 7	F17
Just before you began having panic attacks, were you taking any drugs, caffeine, diet pills, or other medicines? (How much coffee, tea, or caffeinated soda do you drink a day?) Just before the attacks, were you physically ill? IF YES: What did the doctor say?	C. Not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition IF THERE IS ANY INDICATION THAT PANIC ATTACKS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC / SUBSTANCE,* F. 36, AND RETURN HERE TO MAKE A RATING OF "1" OR "3" <u>Etiological general medical conditions include:</u> hyperthyroidism, hyperparathyroidism, pheochromocytoma, vestibular dysfunctions, seizure disorders, and cardiac conditions (e.g., arrhythmias, supraventricular tachycardia). <u>Etiological substances include:</u> intoxication with central nervous stimulants (e.g., cocaine, amphetamines, caffeine) or cannabis or withdrawal from central nervous system depressants (e.g., alcohol, barbiturates) or from cocaine.	? 1 2 3 DUE TO SUBSTANCE USE OR GMC GO TO *AWOPD* F. 7 PRIMARY ANXIETY DISORDER CONTINUE	F18
	D. The panic attacks are not better accounted for by another mental disorder, such as Social Phobia (e.g., occurring on exposure to feared social situations), Specific Phobia, Obsessive-Compulsive Disorder (e.g., on exposure to dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder, or Separation Anxiety Disorder.	? 1 2 3 GO TO *AWOPD* F. 7 PANIC DISORDER	F19

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

PANIC DISORDER WITH AGORAPHOBIA**IF NOT OBVIOUS FROM OVERVIEW:**

Are there situations that make you nervous because you are afraid that you might have a panic attack?

Tell me about that.

IF CANNOT GIVE SPECIFICS:

What about . . .

- . . being uncomfortable if you're more than a certain distance from home?
- . . being in a crowded place like a busy store, movie theatre, or restaurant?
- . . standing in a line?
- . . being on a bridge?
- . . using public transportation--like a bus, train, or subway--or driving a car?

B. The presence of Agoraphobia:

(1) Anxiety about being in places or situations from which escape might be difficult (or embarrassing) or in which help may not be available in the event of having an unexpected or situationally predisposed Panic Attack or panic-like symptoms. Agoraphobic fears typically involve characteristic clusters of situations that include being outside the home alone; being in a crowd or standing in a line; being on a bridge; and traveling in a bus, train or automobile.

? 1 2 3

PANIC
DISORDER
WITHOUT
AGORA-
PHOBIA

GO TO
*CHRON-
OLOGY*
F. 6

F20

Do you avoid these situations?

IF NO: When you are in one of these situations, do you feel very uncomfortable or like you might have a panic attack?

(Can you go into one of these situations only if you are with someone you know?)

(2) Agoraphobic situations are avoided (e.g., travel is restricted), or else endured with marked distress or with anxiety about having a panic attack or panic-like symptoms, or require the presence of a companion.

? 1 2 3

PANIC
DISORDER
WITHOUT
AGORA-
PHOBIA

GO TO
*CHRON-
OLOGY*
F. 6

F21

(3) The anxiety or phobic avoidance is not better accounted for by another mental disorder, such as Social Phobia (e.g., avoidance limited to social situations because of fear of embarrassment), Specific Phobia (e.g., avoidance limited to a single situation like elevators), Obsessive-Compulsive Disorder (e.g., avoidance of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), or Separation Anxiety Disorder (e.g., avoidance of leaving home or relatives).

?123

F22

PANIC
DISORDER
WITHOUT
AGORA-
PHOBIA

GO TO
*CHRON-
OLOGY*
F. 6

NOTE: CONSIDER SPECIFIC
PHOBIA IF FEAR IS LIMITED TO
ONE OR ONLY A FEW SPECIFIC
SITUATIONS OR SOCIAL PHOBIA
IF FEAR IS LIMITED TO SOCIAL
SITUATIONS

B1), B(2), B(3) ALL CODED “3”

?123

F23

PANIC
DISORDER
WITHOUT
AGORA-
PHOBIA

PANIC
DISORDER
WITH
AGORA-
PHOBIA

PANIC DISORDER CHRONOLOGY

IF UNCLEAR: During the past month how many panic attacks have you had?

Has met symptomatic criteria for Panic Disorder during the past month, i.e., recurrent unexpected panic attacks or agoraphobic avoidance

? 1 2 3

F24

INDICATE CURRENT SEVERITY:

- 1 - **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairment in social or occupational functioning.
- 2 - **Moderate:** Symptoms or functional impairment between "mild" and "severe" are present.
- 3 - **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

F25

CONTINUE WITH ***AGE AT ONSET***, BELOW.

IF CURRENT CRITERIA NOT FULLY MET (OR NOT AT ALL):

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

F26

When did you last have (ANY SX OF PANIC DISORDER)?

Number of months prior to interview when last had a symptom of Panic Disorder

F27

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having panic attacks?

Age at onset of Panic Disorder (CODE 99 IF UNKNOWN)

F28

GO TO ***SOCIAL PHOBIA*** F. 11

SOCIAL PHOBIA**SOCIAL PHOBIA CRITERIA**

→ SCREENING QUESTION #6 ANSWERED "NO," SKIP TO
***SPECIFIC PHOBIA**,* F. 16.

→ IF QUESTION #6 ANSWERED
"YES": You've said that there are
things that you were afraid to do
in front of other people, like
speaking, eating, or writing . . .

→ IF SCREENER NOT USED: Was
there anything that you have
been afraid to do or felt
uncomfortable doing in front of
other people, like speaking,
eating, or writing?

Tell me about it.

What were you afraid would happen
when _____?

IF PUBLIC SPEAKING ONLY: (Do you
think that you are more uncomfortable
than most people are in that situation?)

A. A marked and persistent fear of
one or more social or performance
situations in which the person is
exposed to unfamiliar people or to
possible scrutiny by others. The
individual fears that he or she will act
in a way (or show anxiety symptoms)
that will be humiliating or
embarrassing.

PHOBIC SITUATION(S) Check:

___ public speaking
___ eating in front of others
___ writing in front of others
___ generalized (most social
situations)
___ other (Specify: _____)

Note: In adolescents, there must be
evidence of capacity for age-
appropriate relationships with familiar
people and the anxiety must occur in
peer settings, not just in interactions
with adults.

Have you always felt anxious when you
(CONFRONTED PHOBIC
STIMULUS)?

B. Exposure to the feared social
situation almost invariably provokes
anxiety, which may take the form of a
situationally bound or situationally
predisposed panic attack.

Note: in children, the anxiety may be
expressed by crying, tantrums,
freezing, or shrinking from social
situations with unfamiliar people.

SCREEN Q# 6
YES NO

F46a

IF NO: GO TO
SPECIFIC PHOBIA
F. 16

? 1 2 3

F47

GO TO
***SPECIFIC
PHOBIA***
F. 16

F48

F49

F50

F51

F52

? 1 2 3

F53

GO TO
***SPECIFIC
PHOBIA***
F. 16

Did you think that you were more afraid of (PHOBIC ACTIVITY) than you should have been (or than made sense)?

C. The person recognizes that the fear is excessive or unreasonable. Note: in children, this feature may be absent.

? 1 2 3

GO TO
*SPECIFIC
PHOBIA*
F. 16

F54

IF NOT OBVIOUS: Did you go out of your way to avoid _____?

D. The feared social or performance situations are avoided, or else endured with intense anxiety or distress.

? 1 2 3

GO TO
*SPECIFIC
PHOBIA*
F. 16

F55

IF UNCLEAR WHETHER FEAR WAS CLINICALLY SIGNIFICANT: How much did _____ interfere with your life?

E. The avoidance, anxious anticipation, or distress in the feared social or performance situation(s) interferes significantly with the person's normal routine, occupational (academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.

? 1 2 3

GO TO
*SPECIFIC
PHOBIA*
F. 16

F56

IF DOES NOT INTERFERE WITH LIFE: How much has the fact that you have this fear bothered you?

IF UNDER AGE 18: (For how long have you had these fears?)

F. In individuals under age 18 years, the duration is at least 6 months.

? 1 2 3

GO TO
*SPECIFIC
PHOBIA*
F.16

F57

Just before you began having these fears, were you taking any drugs, caffeine, diet pills, or other medicines?

(How much coffee, tea, or caffeinated soda did you drink a day?)

Just before the fears began, were you physically ill?

IF YES: What did the doctor say?

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

IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF THE GMC OR SUBSTANCE, GO TO ***GMC / SUBSTANCE**, * F. 36, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

Etiological general medical conditions include: hyper- and hypothyroidism, hypoglycemia, hyperparathyroidism, pheochromocytoma, congestive heart failure, arrhythmias, pulmonary embolism, chronic obstructive pulmonary disease, pneumonia, hyperventilation, B-12 deficiency, porphyria, CNS neoplasms, vestibular dysfunction, encephalitis.

Etiological substances include: intoxication with central nervous stimulants (e.g., cocaine, amphetamines, caffeine) or cannabis, hallucinogens, PCP, or alcohol, or withdrawal from central nervous system depressants (e.g., alcohol, sedatives, hypnotics) or from cocaine.

? 1 2 3

DUE TO
SUBSTANCE
USE OR GMC

GO TO
***SPECIFIC
PHOBIA*** F.16

PRIMARY
ANXIETY
DISORDER

CONTINUE

F58

... and is not better accounted for by another mental disorder (e.g., Panic Disorder Without Agoraphobia, Separation Anxiety Disorder, Body Dysmorphic Disorder, a Pervasive Developmental Disorder, or Schizoid Personality Disorder).

? 1 2 3

GO TO
***SPECIFIC
PHOBIA***
F. 16

F59

F61

SOCIAL PHOBIA CHRONOLOGY

IF UNCLEAR: During the past month, have you been bothered by (SOCIAL PHOBIA SITUATION)?

Criteria have been met for social Phobia during past month

?

1

3

F62

INDICATE CURRENT SEVERITY:

- 1 - **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.
- 2 - **Moderate:** Symptoms or functional impairment between "mild" and "severe" are present.
- 3 - **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

CONTINUE WITH ***AGE AT ONSET***, BELOW

F63

IF CURRENT CRITERIA NOT FULLY MET (OR NOT AT ALL):

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

F64

When did you last have (ANY SX OF SOCIAL PHOBIA)?

Number of months prior to interview when last had a symptom of Social Phobia

____ _

F65

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having (SXS OF SOCIAL PHOBIA)?

Age at onset of Social Phobia (CODE 99 IF UNKNOWN)

____ _

F66

GO TO
***SPECIFIC
PHOBIA*** F. 16

SPECIFIC PHOBIA**SPECIFIC PHOBIA CRITERIA**

→ IF SCREENING QUESTION #7 ANSWERED "NO," SKIP TO ***OBSESSIVE COMPULSIVE DISORDER,*** F. 20.

SCREEN Q#7	
YES	NO

F66a

→ IF QUESTION #7 ANSWERED "YES": You've said that there are other things that you've been especially afraid of, like flying, seeing blood, getting a shot, heights, closed places, or certain kinds of animals or insects . . .

IF NO: GO TO *OBSESSIVE COMPULSIVE DISORDER* F. 20

→ IF SCREENER NOT USED: Are there any other things that you've been especially afraid of, like flying, seeing blood, getting a shot, heights, closed places, or certain kinds of animals or insects?

A. Marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).

?	1	2	3
---	---	---	---

F67

GO TO *OBSESSIVE COMPULSIVE DISORDER* F. 20
--

Tell me about that.

What were you afraid would happen when (CONFRONTED WITH PHOBIC STIMULUS)?

Did you always feel frightened when you (CONFRONTED PHOBIC STIMULUS)?

B. Exposure to the phobic stimulus almost invariably provokes an immediate anxiety response, which may take the form of a situationally bound or situationally predisposed panic attack. Note: in children, the anxiety may be expressed by crying, tantrums, freezing, or clinging.

?	1	2	3
---	---	---	---

F68

GO TO *OBSESSIVE COMPULSIVE DISORDER* F.20

Did you think that you were more afraid of (PHOBIC STIMULUS) than you should have been (or than made sense)?

C. The person recognizes that the fear is excessive or unreasonable. Note: in children, this feature may be absent.

?	1	2	3
---	---	---	---

F69

GO TO *OBSESSIVE COMPULSIVE DISORDER* F.20

SCID-I (for DSM-IV-TR)	Specific Phobia	(NOV 2002)	Anxiety Disorders	F. 17
<p>Did you go out of your way to avoid (PHOBIC STIMULUS)?</p> <p>(Are there things you didn't do because of this fear, that you would otherwise have done?)</p> <p>IF NO: How hard was it for you to (CONFRONT PHOBIC STIMULUS)?</p>	D. The phobic situation(s) is avoided, or else endured with intense anxiety or distress.	? 1 2 3	<div>GO TO *OBSESSIVE COMPULSIVE DISORDER* F. 20</div>	F70
<p>IF UNCLEAR WHETHER FEAR WAS CLINICALLY SIGNIFICANT: How much did (PHOBIA) interfere with your life?</p> <p>(Is there anything you've avoided because of being afraid of [PHOBIC STIMULUS])?</p> <p>IF DOES NOT INTERFERE WITH LIFE: How much has the fact that you were afraid of (PHOBIC STIMULUS) bothered you?</p>	E. The avoidance, anxious anticipation, or distress in the feared situation(s) interferes significantly with the person's normal routine, occupational (or academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.	? 1 2 3	<div>GO TO *OBSESSIVE COMPULSIVE DISORDER* F. 20</div>	F71
<p>IF YOUNGER THAN AGE 18: How long have you had these fears?</p>	F. For individuals under age 18 years, the duration is at least 6 months.	? 1 2 3	<div>GO TO *OBSESSIVE COMPULSIVE DISORDER* F. 20</div>	F72

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

IF NOT ALREADY CLEAR:
RETURN TO THIS ITEM AFTER
COMPLETING SECTION ON PTSD
AND OBSESSIVE-COMPULSIVE
DISORDER.

G. The anxiety, Panic Attacks, or phobic avoidance associated with the specific object or situation are not better accounted for by another mental disorder, such as Obsessive-Compulsive Disorder (e.g., fear of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g. avoidance of stimuli associated with a severe stressor), Separation Anxiety Disorder (e.g., avoidance of school), Social Phobia (e.g., avoidance of social situations because of fear of embarrassment), Panic Disorder With Agoraphobia, or Agoraphobia Without History of Panic Disorder.

? 1 2 3

GO TO
*OBSESSIVE
COMPULSIVE
DISORDER*
F. 20

F73

SPECIFIC PHOBIA CRITERIA A, B,
C, D, E, F, AND G ARE CODED "3"

1

3

F74

INDICATE TYPE:
(Check all that apply)

GO TO *OBSESSIVE
COMPULSIVE
DISORDER* F. 20

SPECIFIC
PHOBIA

___ **Animal type** (includes insects)

F75

___ **Natural Environment Type** (includes storms, heights, water)

F76

___ **Blood-Injection-Injury Type** (includes seeing blood or injury or receiving an injection or other invasive procedure)

F77

___ **Situational Type** (includes public transportation, tunnels, bridges, elevators, flying, driving, or enclosed places)

F78

___ **Other Type** (e.g., fear of situations that might lead to choking, vomiting, or contracting an illness; in children, avoidance of loud sounds or costumed characters) Specify: _____

F79

SPECIFIC PHOBIA CHRONOLOGY

IF UNCLEAR: During the past month, have you been bothered by (SPECIFIC PHOBIA)?

Has met criteria for Specific Phobia during past month

?

1

2

3

F80

INDICATE CURRENT SEVERITY:

- 1 - **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.
- 2 - **Moderate:** Symptoms or functional impairment between "mild" and "severe" are present.
- 3 - **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

CONTINUE WITH ***AGE AT ONSET***, BELOW.

F81

IF CURRENT CRITERIA NOT FULLY MET (OR NOT AT ALL):

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

F82

When did you last have (ANY SX OF SPECIFIC PHOBIA)?

Number of months prior to interview when last had a symptom of Specific Phobia

F83

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having (SXS OF SPECIFIC PHOBIA)?

Age at onset of Specific Phobia (CODE 99 IF UNKNOWN)

F84

GO TO ***OBSESSIVE
COMPULSIVE
DISORDER*** F. 20

OBSESSIVE COMPULSIVE DISORDER**OBSESSIVE COMPULSIVE DISORDER
CRITERIA**

SCREEN Q# 8	
YES	NO

F84a

→ IF SCREENING QUESTION #8 ANSWERED "NO", SKIP TO ***COMPULSIONS,*** F. 21 (NOTE: BECAUSE SOME SUBJECTS WITH OCD MAY BE RELUCTANT TO CONFIDE THEIR OBSESSIONS DURING THE SCREENING, CONSIDER RE-ASKING SCREENING QUESTION BELOW AT THIS POINT IN THE SCID).

→ IF QUESTION #8 ANSWERED "YES":
You've said that you have had thoughts that didn't make any sense and kept coming back to you even when you tried not to have them . . .

→ IF SCREENER NOT USED: Now I would like to ask you if you have ever been bothered by thoughts that didn't make any sense and kept coming back to you even when you tried not to have them?

(What were they?)

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

When you had these thoughts, did you try hard to get them out of your head?
(What would you try to do?)

IF UNCLEAR: Where did you think these thoughts were coming from?

A. Either obsessions or compulsions:

Obsessions as defined by (1), (2), (3) and (4)

(1) recurrent and persistent thoughts, ? 1 2 3
impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate, and that cause marked anxiety or distress

(2) the thoughts, impulses, or images ? 1 2 3
are not simply excessive worries about real-life problems.

(3) the person attempts to ignore or ? 1 2 3
suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action.

(4) the person recognizes that the ? 1 2 3
obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion)

F85

F86

F87

F88

OBSES- SIONS

NO OBSESSIONS CONTINUE ON NEXT PAGE

DESCRIBE CONTENT OF OBSESSION(S):

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

COMPULSIONS

→ IF SCREENING QUESTION #9 ANSWERED "NO," SKIP TO ***CHECK FOR**

→ **OBSSESSIONS/COMPULSIONS,*** F. 22. (NOTE: BECAUSE SOME SUBJECTS WITH OCD MAY BE RELUCTANT TO CONFIDE THEIR COMPULSIONS DURING THE SCREENING, CONSIDER RE-ASKING SCREENING QUESTION BELOW AT THIS POINT IN THE SCID).

IF QUESTION #9 ANSWERED "YES": You've said that there were things that you had to do over and over again and couldn't resist doing, like washing your hands again and again, counting up to a certain number or checking something several times to make sure that you had done it right . . .

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

(What did you have to do?)

IF UNCLEAR: Why did you have to do (COMPULSIVE ACT?) What would happen if you didn't do it?

IF UNCLEAR: How many times would you do (COMPULSIVE ACT)? How much time a day would you spend doing it?

Compulsions as defined by (1) and (2)

(1) repetitive behaviors (e. g., handwashing, ordering ,checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly

(2) the behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive

SCREEN Q# 9
YES NO

F88a

IF NO: GO TO
***CHECK FOR
OBSSESSIONS /
COMPULSIONS***
F. 22

? 1 2 3

F89

? 1 2 3

F90

COMPULSIONS

GO TO ***CHECK FOR OBSSESSIONS /
COMPULSIONS,***
F. 22 (TOP OF NEXT PAGE)

DESCRIBE CONTENT OF COMPULSION(S):

CHECK FOR OBSESSIONS / COMPULSIONS

IF: EITHER OBSESSIONS, COMPULSIONS, OR BOTH, CONTINUE BELOW.

IF: NEITHER OBSESSIONS NOR **COMPULSIONS**, CHECK HERE ____ AND GO TO
***POSTTRAUMATIC STRESS DISORDER,* F. 25.**

F91

Have you (thought about [OBSESSIVE THOUGHTS]/done [COMPULSIVE ACTS]) more than you should have (or than made sense)?

IF NO: How about when you first started having this problem?

B. At some point during the course of ? the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable. Note: this does not apply to children.

1 2 3

GO TO
PTSD
 F. 25

F92

Check here ____ if **With Poor Insight:** i.e., for most of the time during the current episode, the person does not recognize that the obsessions and compulsions are excessive or unreasonable.

F93

What effect did this (OBSESSION OR COMPULSION) have on your life? (Did [OBSESSION OR COMPULSION] bother you a lot?)

(How much time do you spend [OBSESSION OR COMPULSION])?

C. The obsessions or compulsions cause marked distress, are time-consuming (take more than an hour a day), or significantly interfere with the person's normal routine, occupational functioning, or usual social activities or relationships.

? 1 2 3

GO TO
PTSD
 F.25

F94

IF NOT ALREADY CLEAR: RETURN TO THIS ITEM AFTER COMPLETING INTERVIEW

D. If another Axis I disorder is present, the content of the obsessions or compulsions is not restricted to it (e.g., preoccupation with food in the presence of an Eating Disorder; hair pulling in the presence of Trichotillomania; concern with appearance in the presence of Body Dysmorphic Disorder; preoccupation with drugs in the presence of a Substance Use Disorder; preoccupation with having a serious illness in the presence of Hypochondriasis; preoccupation with sexual urges or fantasies in the presence of a Paraphilia, or guilty ruminations in the presence of Major Depressive Disorder).

? 1 2 3

GO TO
PTSD
 F. 25

F95

Just before you began having (OBSESSIONS OR COMPULSIONS) were you taking any drugs or medicines?

Just before the (OBSESSIONS OR COUPULSIONS) started, were you physically ill? (What did the doctor say?)

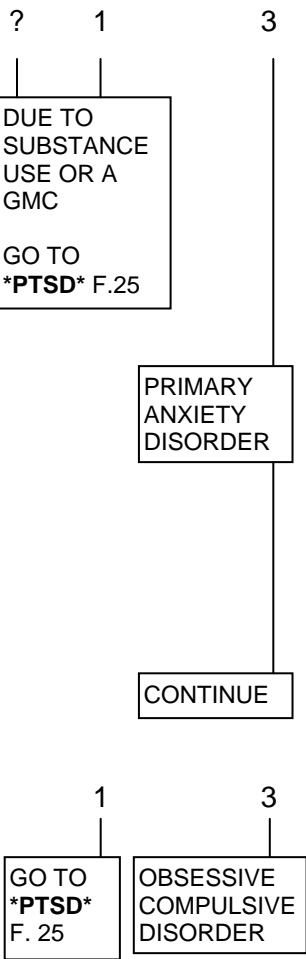
E. Not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition

IF THERE IS ANY INDICATION THAT THE OBSESSIONS OR COMPULSIONS MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO *GMC / SUBSTANCE,* F. 36, AND RETURN HERE TO MAKE A RATING OF “1” OR “3.”

Etiological general medical conditions include: certain CNS neoplasms.

Etiological substances include: intoxication with central nervous system stimulants (e.g., cocaine, amphetamines)

OBSESSIVE COMPULSIVE DISORDER CRITERIA A, B, C, D, AND E ARE CODED “3”



F96

F97

OBSESSIVE COMPULSIVE DISORDER CHRONOLOGY

	?	1	3	
IF UNCLEAR: During the past month, did the (OBSESSIONS OR COMPULSIONS) have any effect on your life or bother you a lot?				F98
<p>Has met criteria for Obsessive Compulsive Disorder during past month</p>				
<p>INDICATE CURRENT SEVERITY:</p> <p>1 - Mild: Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.</p> <p>2 - Moderate: Symptoms or functional impairment between "mild" and "severe" are present.</p> <p>3 - Severe: Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.</p> <p>CONTINUE WITH *AGE AT ONSET*, BELOW.</p>				F99
<p>IF CURRENT CRITERIA NOT FULLY MET (OR NOT AT ALL):</p> <p>4 – In Partial Remission: The full criteria for the disorder were previously met but currently only some of the symptoms or signs of the disorder remain.</p> <p>5 – In Full Remission: There are no longer any symptoms or signs of the disorder but it is still clinically relevant to note the disorder—for example, in an individual with previous episodes of OCD who has been symptom free on an SSRI for the past three years.</p> <p>6 – Prior History: There is a history of the criteria having been met for the disorder but the individual is considered to have recovered from it.</p>				F100
When did you last have (ANY OBSESSIONS OR COMPULSIONS)?	Number of months prior to interview when last had a symptom of Obsessive Compulsive Disorder		_____	F101
<p>*AGE AT ONSET*</p> <p>IF UNKNOWN: How old were you when you first started having (OBSESSIONS OR COMPULSIONS)?</p> <p>Age at onset of Obsessive Compulsive Disorder (CODE 99 IF UNKNOWN)</p>				F102
<p>GO TO *PTSD,* F. 25</p>				

POSTTRAUMATIC STRESS DISORDER

Sometimes things happen to people that are extremely upsetting--things like being in a life threatening situation like a major disaster, very serious accident or fire; being physically assaulted or raped; seeing another person killed or dead, or badly hurt, or hearing about something horrible that has happened to someone you are close to. At any time during your life, have any of these kinds of things happened to you?

IF NO SUCH EVENTS, CHECK HERE ____ AND GO TO ***GENERALIZED ANXIETY DISORDER,* F. 31**

F103

Traumatic Events List

Brief Description	Date (Month/Yr)	Age
_____ F103a	_____ F103b	_____ F103c
_____ F103d	_____ F103e	_____ F103f
_____ F103g	_____ F103h	_____ F103i
_____ F103j	_____ F103k	_____ F103l
_____ F103m	_____ F103n	_____ F103o
_____ F103p	_____ F103q	_____ F103r
_____ F103s	_____ F103t	_____ F103u

IF ANY EVENTS LISTED: Sometimes these things keep coming back in nightmares, flashbacks, or thoughts that you can't get rid of. Has that ever happened to you?

IF NO: What about being very upset when you were in a situation that reminded you of one of these terrible things?

IF NO TO BOTH OF ABOVE, CHECK HERE ____ AND SKIP TO ***GENERALIZED ANXIETY DISORDER,* F. 31.**

F104

POSTTRAUMATIC STRESS DISORDER CRITERIA

FOR FOLLOWING QUESTIONS,
FOCUS ON TRAUMATIC EVENT(S)
MENTIONED IN SCREENING
QUESTION ABOVE.

A. The person has been exposed to
a traumatic event in which both of the
following were present:

IF MORE THAN ONE TRAUMA IS
REPORTED: Which of these do you
think affected you the most?

(1) the person experienced,
witnessed, or was confronted
with an event or events that
involved actual or threatened
death or serious injury, or a
threat to the physical integrity of
self or others

? 1 2 3

GO TO
*GAD
F. 31*

F105

IF UNCLEAR: How did you react when
(TRAUMA) happened? (Were you very
afraid or did you feel helpless or
horrified?)

(2) the person's response
involved intense fear,
helplessness or horror.

? 1 2 3

GO TO
*GAD
F. 31*

F106

Now I'd like to ask a few questions
about specific ways that it may have
affected you.

B. The traumatic event is
persistently reexperienced in one (or
more) of the following ways:

For example . . .

. . . did you think about
(TRAUMA) when you didn't want
to or did thoughts about
(TRAUMA) come to you suddenly
when you didn't want them to?

(1) recurrent and intrusive
distressing recollections of the
event, including images,
thoughts or perceptions

? 1 2 3

F107

. . . what about having dreams
about (TRAUMA)?

(2) recurrent distressing dreams
of the event

? 1 2 3

F108

. . . what about finding yourself
acting or feeling as if you were
back in the situation?

(3) acting or feeling as if the
traumatic event were recurring
(includes a sense of reliving the
experience, illusions, hallucina-
tions and dissociative flashback
episodes, including those that
occur on awakening or when
intoxicated)

? 1 2 3

F109

. . . what about getting very upset
when something reminded you of
(TRAUMA)?

(4) intense psychological
distress at exposure to internal
or external cues that symbolize
or resemble an aspect of the
traumatic event

? 1 2 3

F110

... what about having physical symptoms--like breaking out in a sweat, breathing heavily or irregularly, or your heart pounding or racing, when something reminded you of (TRAUMA)?

(5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

? 1 2 3

F111

AT LEAST ONE "B" SX IS CODED "3"

1

3

F112

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

GO TO
GAD F. 31

Since (THE TRAUMA) ...

... have you made a special effort to avoid thinking or talking about what happened?

(1) efforts to avoid thoughts, feelings, or conversations associated with the trauma

? 1 2 3

F113

... have you stayed away from things or people that reminded you of (TRAUMA)?

(2) efforts to avoid activities, places, or people that arouse recollections of the trauma

? 1 2 3

F114

... have you been unable to remember some important part of what happened?

(3) inability to recall an important aspect of the trauma

? 1 2 3

F115

... have you been less interested in doing things that used to be important to you, like seeing friends, reading books or watching TV?

(4) markedly diminished interest or participation in significant activities

? 1 2 3

F116

... have you felt distant or cut off from others?

(5) feeling of detachment or estrangement from others

? 1 2 3

F117

... have you felt "numb" or like you no longer had strong feelings about anything or loving feelings for anyone?

(6) restricted range of affect, (e.g., unable to have loving feelings)

? 1 2 3

F118

SCID-I (for DSM-IV-TR)	Post-traumatic Stress	(JAN 2004)	Anxiety Disorders				F. 28
... did you notice a change in the way you think about or plan for the future?	(7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)		?	1	2	3	F119
	AT LEAST 3 "C" SXS ARE CODED "3"			1		3	F120
Since (THE TRAUMA) ...	D. Persistent symptoms of increased arousal (not present before the trauma) as indicated by two (or more) of the following:						
... have you had trouble sleeping? (What kind of trouble?)	(1) difficulty falling or staying asleep		?	1	2	3	F121
... have you been unusually irritable? What about outbursts of anger?	(2) irritability or outbursts of anger		?	1	2	3	F122
... have you had trouble concentrating?	(3) difficulty concentrating		?	1	2	3	F123
... have you been watchful or on guard even when there was no reason to be?	(4) hypervigilance		?	1	2	3	F124
... have you been jumpy or easily startled, like by sudden noises?	(5) exaggerated startle response		?	1	2	3	F125
	AT LEAST TWO "D" SXS ARE CODED "3"			1		3	F126

GO TO
GAD
F. 31

GO TO
GAD
F. 31

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

About how long did these problems-- (CITE POSITIVE PTSD SYMPTOMS)-- last?	E. Duration of the disturbance (symptoms in criteria B, C, and D) is more than one month	?	1	2	3	F127
			GO TO *GAD* F. 31			
	F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning	?	1	2	3	F128
			GO TO *GAD* F. 31			
	POSTTRAUMATIC STRESS DISORDER CRITERIA A, B, C, D, E, AND F ARE CODED "3"		1		3	F129
			GO TO *GAD* F. 31		POST- TRAUMATIC STRESS DISORDER	

CHRONOLOGY OF PTSD

? 1 3

F130

IF UNCLEAR: During the past month, have you had (SYMPTOMS OF PTSD)?

Has met criteria for Posttraumatic Stress Disorder during past month

INDICATE CURRENT SEVERITY:

- 1 - **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.
- 2 - **Moderate:** Symptoms or functional impairment between "mild" and "severe"
- 3 - **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

CONTINUE WITH ***AGE AT ONSET***, BELOW.

F131

IF CURRENT CRITERIA NOT FULLY MET (OR NOT AT ALL):

- 4 - **In Partial Remission:** The full criteria for the disorder were previously met, but currently only some of the symptoms or signs of the disorder remain.
- 5 - **In Full Remission:** There are no longer any symptoms or signs of the disorder, but it is still clinically relevant to note the disorder.
- 6 - **Prior History:** There is a history of the criteria having been met for the disorder, but the individual is considered to have recovered from it.

F132

When did you last have (SXS OF POST TRAUMATIC STRESS DISORDER)?

Number of months prior to interview when last had a symptom of Posttraumatic Stress Disorder

F133

AGE AT ONSET

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

Age at onset of Posttraumatic Stress Disorder (CODE 99 IF UNKNOWN)

F134

GO TO ***GAD***
F.31

***GENERALIZED ANXIETY DISORDER* GENERALIZED ANXIETY
(CURRENT ONLY) DISORDER CRITERIA**

IF: IN RESIDUAL PHASE OF SCHIZOPHRENIA,
CHECK HERE ____ AND GO TO ***ANXIETY DISORDER NOS,* F. 40**

SCREEN Q#10
YES ☐ **NO** ☐

F134a

IF NO: GO TO
***ANXIETY DISORDER
NOS* F.40**

→ IF SCREENING QUESTION #10 ANSWERED "NO," SKIP TO
***ANXIETY DISORDER NOS,* F. 40**

→ IF QUESTION #10 ANSWERED "YES":
You've said that in the last six months
you've been particularly nervous or anxious . . .

→ IF SCREENER NOT USED: In the last six months,
have you been particularly nervous or anxious?

Do you also worry a lot about bad
things that might happen?

A. Excessive anxiety and worry
(apprehensive expectation), occurring
more days than not for at least six
months, about a number of events or
activities (such as work or school
performance)

? 1 2 3

F135

IF YES: What do you worry
about? (How much do you worry
about [EVENTS OR
ACTIVITIES]?)

GO TO
***ANXIETY
DISORDER
NOS* F.40**

During the last six months, would
you say that you have been
worrying more days than not?

When you're worrying this way, do you
find that it's hard to stop yourself?

B. The person finds it difficult to
control the worry.

? 1 2 3

F136

GO TO
***ANXIETY
DISORDER
NOS* F.40**

When did this anxiety start?
COMPARE ANSWER WITH ONSET
OF MOOD OR PSYCHOTIC
DISORDER.

F(2). Does not occur exclusively
during the course of a Mood
Disorder, Psychotic Disorder, or a
Pervasive Developmental Disorder

? 1 2 3

F137

GO TO
***ANXIETY
DISORDER
NOS* F.40**

Now I am going to ask you some questions about symptoms that often go along with being nervous.

Thinking about those periods in the past six months when you're feeling nervous or anxious . . .

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past six months):

Note: only one item is required in children.

. . . do you often feel physically restless--can't sit still?	(1) restlessness or feeling keyed up or on edge	?	1	2	3	F138
. . . do you often feel keyed up or on edge?						
. . . do you often tire easily?	(2) being easily fatigued	?	1	2	3	F139
. . . do you have trouble concentrating or does your mind go blank?	(3) difficulty concentrating or mind going blank	?	1	2	3	F140
. . . are you often irritable?	(4) irritability	?	1	2	3	F141
. . . are your muscles often tense?	(5) muscle tension	?	1	2	3	F142
. . . do you often have trouble falling or staying asleep?	(6) sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)	?	1	2	3	F143
		?	1	2	3	F144
AT LEAST THREE "C" SXs ARE CODED "3"						

GO TO
*ANXIETY
DISORDER
NOS* F. 40

CODE BASED ON PREVIOUS INFORMATION	D. The focus of the anxiety and worry is not confined to the features of another Axis I Disorder, e.g., the anxiety or worry is not about having a panic attack (as in Panic Disorder), being embarrassed in public (as in Social Phobia), being contaminated (as in Obsessive Compulsive Disorder), being away from home or close relatives (as in Separation Anxiety Disorder), gaining weight (as in Anorexia Nervosa), having multiple physical complaints (as in Somatization Disorder), or having a serious illness (as in Hypochondriasis), and the anxiety or worry do not occur exclusively during Posttraumatic Stress Disorder.	?	1	3	F145
			<div>GO TO *ANXIETY DISORDER NOS* F. 40</div>		
IF UNCLEAR: What effect has the anxiety, worry, or (PHYSICAL SYMPTOMS) had on your life? (Has it made it hard for you to do your work or be with your friends?)	E. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning	?	1	2 3	F146
			<div>GO TO *ANXIETY DISORDER NOS* F. 40</div>		

Just before you began having this anxiety, were you taking any drugs, caffeine, diet pills, or other medicines?

(How much coffee, tea, or caffeinated soda do you drink a day?)

Just before these problems began, were you physically ill?

IF YES: What did the doctor say?

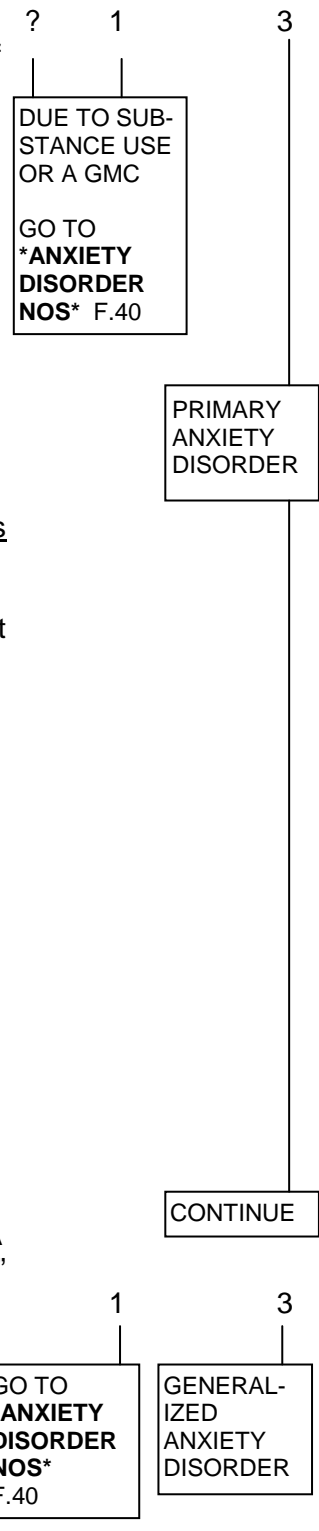
F. Not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition

IF THERE IS ANY INDICATION THAT THE ANXIETY MAY BE SECONDARY (I.E., A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE, GO TO ***GMC / SUBSTANCE*** F.36, AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

Etiological general medical conditions include: hyper- and hypo-thyroidism, hypoglycemia, hyper-parathyroidism, pheochromocytoma, congestive heart failure, arrhythmias, pulmonary embolism, chronic obstructive pulmonary disease, pneumonia, hyperventilation, B-12 deficiency, porphyria, CNS neoplasms, vestibular dysfunction, encephalitis.

Etiological substances include: intoxication with central nervous stimulants (e.g., cocaine, amphetamines, caffeine) or cannabis, hallucinogens, PCP, or alcohol or withdrawal from central nervous system depressants (e.g., alcohol, sedatives, hypnotics) or from cocaine.

GENERALIZED ANXIETY CRITERIA A, B, C, D, E AND F ARE CODED "3"



F147

F148

CHRONOLOGY OF GENERALIZED ANXIETY DISORDER

INDICATE CURRENT SEVERITY:

- 1 - **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.
- 2 - **Moderate:** Symptoms or functional impairment between "mild" and "severe" are present.
- 3 - **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

AGE AT ONSET

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

Age at onset of Generalized Anxiety
Disorder (CODE 99 IF UNKNOWN)

F149

GO TO NEXT
MODULE

GMC/SUBSTANCE AS ETIOLOGY FOR ANXIETY SYMPTOMS**ANXIETY DISORDER DUE TO A
GENERAL MEDICAL CONDITION****ANXIETY DISORDER DUE TO A GENERAL
MEDICAL CONDITION CRITERIA**

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CONDITON
CHECK HERE ____ AND GO TO ***SUBSTANCE-INDUCED ANXIETY DISORDER,*** F. 38

F149a

CODE BASED ON INFORMATION
ALREADY OBTAINED

A. Prominent anxiety, panic attacks, ? 1 3
obsessions or compulsions
predominate in the clinical picture.

F150

Did the (ANXIETY SYMPTOMS) start
or get much worse only after (GMC)
began?

B/C. There is evidence from this ? 1 2 3
history, physical examination, or
laboratory findings that the distur-
bance is the direct physiological
consequence of a general medical
condition and the disturbance is not
better accounted for by another
mental disorder (e.g., adjustment
disorder With Anxiety), in which the
stressor is a serious general medical
condition).

F151

IF GMC HAS RESOLVED: Did the
(ANXIETY SYMPTOMS) get better
once the (GMC) got better?

GO TO
***SUBSTANCE
INDUCED***
F.38

THE FOLLOWING FACTORS SHOULD BE
CONSIDERED AND SUPPORT THE CONCLUSION
THAT THE GMC IS ETIOLOGIC TO THE ANXIETY
SYMPTOMS.

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

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

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

4) THE ABSENCE OF ALTERNATIVE
EXPLANATIONS (E.G., ANXIETY SYMPTOMS AS A
PSYCHOLOGICAL REACTION TO THE GMC).

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

(Has it made it hard for you to do your
work or be with your friends?)

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

? 1 2 3

GO TO
***SUBSTANCE
INDUCED***
F. 38

F152

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

1 3

F152a

DELIRIUM DUE
TO A GMC

ANXIETY
DISORDER
DUE TO A
GMC

Indicate which type of symptom
presentation predominates:
1 - With Generalized Anxiety
2 - With Panic attacks
3 - With Obsessive-Compulsive
symptoms

F152b

CONTINUE ON NEXT PAGE

SUBSTANCE-INDUCED ANXIETY DISORDER**SUBSTANCE-INDUCED ANXIETY DISORDER CRITERIA**

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

EPISODE BEING EVALUATED:	
Panic	F. 3
AWOPD	F. 9
Social Phobia	F.13
OCD	F.23
GAD	F.34
Anxiety Nos	F.40
Mixed Anxiety Dep	J. 5

F152c

CODE BASED ON INFORMATION ALREADY OBTAINED

A. Prominent anxiety, panic attacks, ? 1 2 3
obsessions or compulsions
predominate in the clinical picture.

F153

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

B. There is evidence from the ? 1 2 3
history, physical examination, or
laboratory findings that either: (1) the
symptoms in A developed during, or
within a month of, substance
intoxication or withdrawal, or (2)
medication use is etiologically related
to the disturbance

F154

NOT
SUBSTANCE
INDUCED

RETURN TO
DISORDER
BEING
EVALUATED

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

C. The disturbance is NOT better ? 1 2 3
accounted for by an Anxiety Disorder
that is not substance-induced.

F155

Guidelines for Primary Anxiety:
Evidence that the symptoms are
better accounted for by a primary
(i.e., non-substance-induced) Anxiety
Disorder may include any (or all) of
the following:

NOT
SUBSTANCE
INDUCED

RETURN TO
DISORDER
BEING
EVALUATED

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

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

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

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

IF YES: After you stopped using (SUBSTANCE) did the (ANXIETY SYMPTOMS) get better or did they continue?

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

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

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

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

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

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

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

? 1 2 3

F156

(Has it made it hard for you to do your work or be with your friends?)

RETURN TO DISORDER BEING EVALUATED

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

1 3

F156a

SUBSTANCE-INDUCED DELIRIUM

SUBSTANCE-INDUCED ANXIETY DISORDER

Indicate which type of symptom presentation predominates:
1 - With Generalized Anxiety
2 - With Panic Attacks
3 - With Obsessive-Compulsive symptoms
4 - With Phobic Symptoms

F156b

Indicate context of development of anxiety symptoms:
1- With Onset During Intoxication
2- With Onset During Withdrawal

F156c

RETURN TO DISORDER BEING EVALUATED

ANXIETY DISORDER NOS

ANXIETY DISORDER NOT OTHERWISE SPECIFIED

Clinically significant anxiety or phobic avoidance that does not meet criteria for any specific Anxiety Disorder, Adjustment Disorder With Anxiety, or Adjustment Disorder with Mixed Anxiety and Depressed Mood. (See Module I to rule out Adjustment Disorder)

1

3

F156d

GO TO NEXT MODULE

Just before you began having this anxiety, were you taking any drugs, stimulants or Medicines?

(How much coffee, tea, or caffeinated soda do you drink a day?)

Just before these problems began, were you physically ill? (What did the doctor say?)

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

?

1

3

F157

DUE TO SUBSTANCE USE OR A GMC

GO TO NEXT MODULE

IF A GENERAL MEDICAL CONDITION OR SUBSTANCE MAY BE ETIOLOGICALLY ASSOCIATED WITH THE ANXIETY, GO TO *GMC / SUBSTANCE,* F. 36 AND RETURN HERE TO MAKE A RATING OF "1" OR "3."

PRIMARY ANXIETY DISORDER

Etiological general medical conditions include: hyper- and hypo-thyroidism, hypoglycemia, hyper-parathyroidism, pheochromocytoma, congestive heart failure, arrhythmias, pulmonary embolism, chronic obstructive pulmonary disease, pneumonia, hyperventilation, B-12 deficiency, porphyria, CNS neoplasms, vestibular dysfunction, encephalitis.

Etiological substances include: intoxication with central nervous stimulants (e.g., cocaine, amphetamines, caffeine) or cannabis, hallucinogens, PCP, or alcohol or withdrawal from central nervous system depressants (e.g., alcohol, sedatives, hypnotics) or from cocaine.

ANXIETY DISORDER NOS

INDICATE TYPE ON NEXT PAGE

TYPES OF ANXIETY DISORDER NOS

F158

- 1 Clinically significant social phobic symptoms related to the social impact of having a general medical condition or mental disorder (e.g., Parkinson's disease, dermatologic conditions, Stuttering, Anorexia Nervosa, Body Dysmorphic Disorder).
- 2 Situations in which the clinician has concluded that an Anxiety Disorder is present but is unable to determine whether it is primary, due to a general medical condition, or substance-induced.
- 3 Mixed anxiety-depressive disorder: clinically significant symptoms of anxiety and depression but the criteria are not met for a specific Mood or Anxiety Disorder (Go to Module J, page J. 6 for research criteria).
- 4 Other: _____

H. EATING DISORDERS***ANOREXIA NERVOSA*****ANOREXIA NERVOSA CRITERIA**

→ IF SCREENING QUESTION #11 ANSWERED "NO," SKIP TO ***BULIMIA NERVOSA,*** H. 4

→ IF QUESTION #11 ANSWERED "YES":
You've said that there was a time when
you weighed much less than other people
thought you ought to weigh . . .

→ IF SCREENER NOT USED: Now
I would like to ask you some
questions about your eating habits
and your weight. Have you ever
had a time when you weighed
much less than other people
thought you ought to weigh?

IF YES: Why was that? How
much did you weigh? How old
were you then? How tall were
you?

At that time, were you very afraid that you
could become fat?

At your lowest weight, did you still feel too
fat or that part of your body was too fat?

IF NO: Did you need to be very
thin in order to feel good about
yourself?

IF NO AND LOW WEIGHT IS
MEDICALLY SERIOUS: When
you were that thin, did anybody tell
you it could be dangerous to your
health to be that thin? (What did
you think?)

A. Refusal to maintain body weight at or
above a minimally normal weight for age
and height (e.g., weight loss leading to
maintenance of body weight less than
85% of that expected; or failure to make
expected weight gain during period of
growth, leading to body weight less than
85% of that expected)

B. Intense fear of gaining weight or
becoming fat, even though underweight.

C. Disturbance in the way in which
one's body weight or shape is
experienced; undue influence of body
weight or shape on self-evaluation, or
denial of the seriousness of the current
low body weight

SCREEN Q#11
YES NO

H1a

IF NO: GO TO
***BULIMIA
NERVOSA***
H.4

? 1 2 3

H1

GO TO
***BULIMIA
NERVOSA***
H.4

? 1 2 3

H2

GO TO
***BULIMIA
NERVOSA***
H.4

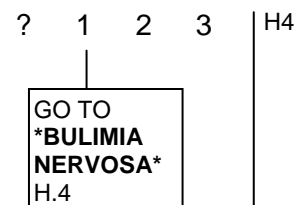
? 1 2 3

H3

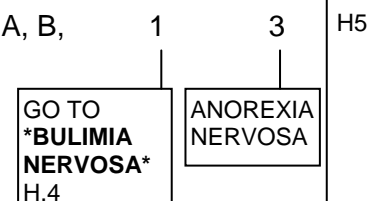
GO TO
***BULIMIA
NERVOSA***
H.4

FOR FEMALES: Before this time, were you having your periods? Did they stop? (For how long?)

D. In postmenarchal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles. (A woman is still considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen, administration)



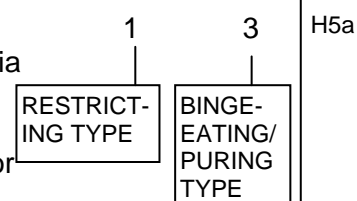
ANOREXIA NERVOSA CRITERIA A, B, C, AND D ARE CODED "3"



(Do you have eating binges in which you eat a lot of food in a short period of time and feel that your eating is out of control? (How often?)

SUBTYPE CURRENT EPISODE:

During the current episode of Anorexia Nervosa, the person has regularly engaged in binge-eating or purging behavior (i.e., self-induced vomiting or misuse of laxatives, diuretics, or enemas)



IF NO: What kinds of things have you done to keep weight off? (Ever make yourself vomit or take laxatives, enemas, or water pills?) (How often?)

ANOREXIA NERVOSA CHRONOLOGY

IF UNCLEAR: During the past month, have you had (SXS OF ANOREXIA NERVOSA)?

Has met symptomatic criteria for Anorexia Nervosa during past month (criteria A, B, and C)

? 1 3

H6

INDICATE CURRENT SEVERITY:

- 1 - **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social, or occupational functioning.
- 2 - **Moderate:** Symptoms or functional impairment between "mild" and "severe" are present.
- 3 - **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

CONTINUE WITH ***AGE AT ONSET***, BELOW.

H7

IF CURRENT CRITERIA NOT FULLY MET (OR NOT AT ALL):

- 4 - **In Partial Remission:** The full criteria for the disorder were previously met, but currently only some of the symptoms or signs of the disorder remain.
- 5 - **In Full Remission:** There are no longer any symptoms or signs of the disorder, but it is still clinically relevant to note the disorder--for example, in an individual with previous episodes of Anorexia Nervosa who has been symptom free while receiving weekly psychotherapy for past year.
- 6 - **Prior History:** There is a history of the criteria having been met for the disorder, but the individual is considered to have recovered from it.

H8

When did you last have (ANY SXS OF ANOREXIA NERVOSA)?

Number of months prior to interview when last had a symptom of Anorexia Nervosa

H9

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having (SXS OF ANOREXIA NERVOSA)?

Age at onset of Anorexia Nervosa (CODE 99 IF UNKNOWN)

H10

GO TO ***BULIMIA NERVOSA*** H. 4

BULIMIA NERVOSA**BULIMIA NERVOSA CRITERIA**

IF: CRITERIA CURRENTLY MET FOR ANOREXIA NERVOSA, CHECK HERE ____ AND SKIP TO THE NEXT MODULE.

SCREEN Q#12	
YES	NO

H10a

→ IF SCREENING QUESTION #12 IS ANSWERED "NO," SKIP TO NEXT MODULE.

IF NO: GO TO NEXT MODULE

→ IF QUESTION #12 ANSWERED "YES":
You've said that you've often had times
when your eating was out of control.
Tell me about those times.

→ IF SCREENER NOT USED: Have
you often had times when your
eating was out of control? Tell me
about those times.

A. Recurrent episodes of binge eating.
An episode of binge eating is
characterized by BOTH of the following:

(2) a sense of lack of control
over eating during the episode
(e.g., a feeling that one cannot
stop eating or control what or
how much one is eating)

?	1	2	3
---	---	---	---

H11

GO TO NEXT MODULE

IF UNCLEAR: During these times, do you
often eat within any two hour period what
most people would regard as an unusual
amount of food? Tell me about that.

(1) eating, in a discrete period
of time (e.g., within any two hour
period), an amount of food that
is definitely larger than most
people would eat during a
similar period of time and under
similar circumstances.

?	1	2	3
---	---	---	---

H12

GO TO NEXT MODULE

Did you do anything to counteract the
effects of eating that much? (Like making
yourself vomit, taking laxatives, enemas
or water pills, strict dieting or fasting, or
exercising a lot?)

B. Recurrent inappropriate
compensatory behavior in order to
prevent weight gain, such as: self-
induced vomiting; misuse of laxatives,
diuretics, enemas, or other medications;
fasting; or excessive exercise.

?	1	2	3
---	---	---	---

H13

GO TO *BINGE EATING DISORDER,* H. 7

How often were you eating that much
(AND COMPENSATORY BEHAVIOR)?
(At least twice a week for at least three
months?)

C. The binge eating and inappropriate
compensatory behaviors both occur, on
average, at least twice a week for three
months.

?	1	2	3
---	---	---	---

H14

GO TO *BINGE EATING DISORDER,* H. 7

Were your body shape and weight among the most important things that affected how you felt about yourself?	D. Self-evaluation is unduly influenced by body shape and weight.	? 1 2 3	H15
		GO TO NEXT MODULE	
	E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa	? 1 2 3	H16
		GO TO NEXT MODULE	
	BULIMIA NERVOSA CRITERIA A, B, C, D AND E ARE CODED "3"	1 3	H17
		GO TO NEXT MODULE BULIMIA NERVOSA	
	SPECIFY TYPE: During the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas	1 3	H17a
		NON-PURGING TYPE PURGING TYPE	

BULIMIA NERVOSA CHRONOLOGY

IF UNCLEAR: During the past month, have you had (SXS OF BULIMIA NERVOSA)?

Has met symptomatic criteria for Bulimia Nervosa during past month (criteria A, B, C, D, and E) ? 1 3

H18

INDICATE CURRENT SEVERITY:

- 1 - **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social, or occupational functioning.
- 2 - **Moderate:** Symptoms or functional impairment between "mild" and "severe" are present.
- 3 - **Severe:** Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

H19

CONTINUE WITH ***AGE AT ONSET***, BELOW.

IF CURRENT CRITERIA NOT FULLY MET (OR NOT AT ALL):

- 4 - **In Partial Remission:** The full criteria for the disorder were previously met, but currently only some of the symptoms or signs of the disorder remain.
- 5 - **In Full Remission:** There are no longer any symptoms or signs of the disorder, but it is still clinically relevant to note the disorder--for example, in an individual with previous episodes of Anorexia Nervosa who has been symptom free while receiving weekly psychotherapy for past year.
- 6 - **Prior History:** There is a history of the criteria having been met for the disorder, but the individual is considered to have recovered from it.

H20

When did you last have (ANY SXS OF BULIMIA NERVOSA)?

Number of months prior to interview when last had a symptom of Bulimia Nervosa

H21

AGE AT ONSET

IF UNKNOWN: How old were you when you first started having (SXS OF BULIMIA NERVOSA)?

Age at onset of Bulimia Nervosa (CODE 99 IF UNKNOWN)

H22

GO TO NEXT MODULE

Sedatives-hypnotics-anxiolytics: ("downers")

Quaalude ("ludes"), Seconal ("reds"), Valium, Xanax, Librium, barbiturates, Miltown, Ativan, Dalmane, Halcion, Restoril

Cannabis:

marijuana, hashish ("hash"), THC, "pot", "grass", "weed", "reefer"

Stimulants: ("uppers")

Amphetamine, "speed", crystal meth, dexadrine, ritalin, diet pills, "ice"

Opioids:

heroin, morphine, opium, Methadone, Darvon, codeine, Percodan, Demerol, Dilaudid

Cocaine:

snorting, IV, freebase, crack, "speedball"

Hallucinogens: ("psychedelics")

LSD ("acid"), mescaline, peyote, psilocybin, STP, mushrooms, Ecstasy, MDMA

PCP:

"angel dust," peace pill, Special K

Other:

Steroids, "glue," ethyl chloride, paint, inhalants, nitrous oxide ("laughing gas"), amyl or butyl nitrate ("poppers"), nonprescription sleep or diet pills