

SCID-5-CV

STRUCTURED CLINICAL INTERVIEW FOR DSM-5® DISORDERS

CLINICIAN VERSION

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

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

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List of Abbreviations

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

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

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

SCID-5-CV DIAGNOSTIC SUMMARY SCORE SHEET

Schizophrenia Spectrum and Other Psychotic Disorders

Past		
Current	History	Disorder
		Schizophrenia (p. 44/C25)
<input type="checkbox"/>	<input type="checkbox"/>	F20.9
		Schizopreniform Disorder (p. 44/C26)
<input type="checkbox"/>	<input type="checkbox"/>	F20.81
		Schizoaffective Disorder (p. 44/C27)
<input type="checkbox"/>	<input type="checkbox"/>	F25.0 Bipolar Type
<input type="checkbox"/>	<input checked="" type="checkbox"/>	F25.1 Depressive Type
		Delusional Disorder (p. 44/C28)
<input type="checkbox"/>	<input type="checkbox"/>	F22
		Brief Psychotic Disorder (p. 44/C29)
<input type="checkbox"/>	<input type="checkbox"/>	F23
Lifetime		
		Psychotic Disorder Due to Another Medical Condition (p. 38/C6, p. 39/C8, p. 40/C12, p. 41/C17, p. 42/C21, p. 43/C24)
<input type="checkbox"/>		F06.2 With Delusions
<input type="checkbox"/>		F06.0 With Hallucinations
		Substance/Medication-Induced Psychotic Disorder (p. 38/C6, p. 39/C8, p. 40/C12, p. 41/C17, p. 42/C21, p. 43/C24)
<input type="checkbox"/>		F_____.____ ¹ Indicate specific substance and diagnostic code: _____
Past		
Current	History	Other Specified/Unspecified Schizophrenia Spectrum and Other Psychotic Disorder (p. 44/C30)
<input type="checkbox"/>	<input type="checkbox"/>	F28 Other Specified: _____
<input type="checkbox"/>	<input type="checkbox"/>	F29 Unspecified

Bipolar and Related Disorders

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

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

Other Disorders**Past**

Current	History	Disorder
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Panic Disorder (p. 66/ F22) F41.0
<input type="checkbox"/>		Agoraphobia (past 6 months) (p. 68/ F31) F40.00
<input type="checkbox"/>		Social Anxiety Disorder (past 6 months) (p. 70/ F41) F40.10
<input type="checkbox"/>		Generalized Anxiety Disorder (past 6 months) (p. 72/ F54) F41.1
<input type="checkbox"/>		Obsessive-Compulsive Disorder (past month) (p. 75/ G8) F42
<input type="checkbox"/>	<input type="checkbox"/>	Posttraumatic Stress Disorder (p. 85/ G41) F43.10
<input type="checkbox"/>		Attention-Deficit/Hyperactivity Disorder (past 6 months) (p. 90/ H26) F90.2 Combined Presentation F90.0 Predominantly Inattentive Presentation F90.1 Predominantly Hyperactive/Impulsive Presentation
<input type="checkbox"/>		Adjustment Disorder (past 6 months) (p. 95/ J5) F43.21 With Depressed Mood F43.22 With Anxiety F43.23 With Mixed Anxiety and Depressed Mood F43.24 With Disturbance of Conduct F43.25 With Mixed Disturbance of Emotions and Conduct F43.20 Unspecified

LifetimeAnxiety Disorder Due to Another Medical Condition (p. 65/**F20**, p. 70/**F39**, p. 72/**F53**) F06.4Substance/Medication-Induced Anxiety Disorder (p. 65/**F20**, p. 70/**F39**, p. 72/**F53**) F_____⁵ Indicate specific substance and diagnostic code: _____Obsessive-Compulsive and Related Disorder Due to Another Medical Condition (p. 74/**G7**) F06.8Substance/Medication-Induced Obsessive-Compulsive and Related Disorder (p. 74/**G7**) F_____⁶ Indicate specific substance and diagnostic code: _____**Past**

Current	History	
<input type="checkbox"/>	<input type="checkbox"/>	F_____.____ Other DSM-5 disorder:
<input type="checkbox"/>	<input type="checkbox"/>	F_____.____ Other DSM-5 disorder:

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

Diagnostic Codes for Substance/Medication-Induced Psychotic Disorder

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

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

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

Diagnostic Codes for Substance/Medication-Induced Depressive Disorder

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

Diagnostic Codes for Substance/Medication-Induced Anxiety Disorder

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

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

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

OVERVIEW

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

How old are you? 25

With whom do you live? (What kind of place do you live in?) parents and sister - house

What kind of work do you do? Asst. store manager at Starbucks

Have you always done that kind of work? Y

Are you currently employed (getting paid)? Y

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

IF PART-TIME: How many hours do you typically work each week? (Why do you work part-time instead of full-time?) 20 hours

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

If I worked full-time, it might be too stressful

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

IF UNKNOWN: Has there ever been a period of time when you were unable to work or go to school? Y - 2009 - During spring semester of freshman year at NYU, right after hospitalization - Believed he killed some people when he was 16 years old
IF YES: Why was that? Didn't remember details - started hearing voices that said he was a murderer and was going to be punished for what he had done.

HISTORY OF CURRENT ILLNESS

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

What was going on in your life when this began? Studying for final exams during freshman year of college, but wasn't feeling stressed - was smoking 2-3 joints a week - stopped smoking pot after 1st hospitalization.

When were you last feeling OK (your usual self)? Now. Wants to go back to school next year. Has been feeling good since last hospitalization

TREATMENT HISTORY

NOTE: The goal of this section of the Overview is to determine the overall "landscape" of the person's lifetime psychopathology.

Avoid going into excessive detail. For major past episodes, determine symptoms, medications, other treatments ("What treatment did you get for that?"), and approximate onset and offset ("When did it start? When were you feeling better?").

When was the first time you saw someone for emotional or psychiatric problems? (What was that for? What treatment[s] did you get?)
What medications? During sophomore year in high school. Depressed. Very sad. Barely slept but. Saw psychiatrist for medication (Zoloft). Took Zoloft until beginning of junior year in high school.

Have you ever been a patient in a psychiatric hospital?

3 times

IF YES: What was that for? (How many times?) Felt so guilty locked himself in his room and had thoughts of slashing wrists. After telling mother, parents took him to hospital - Got depressed after a couple of days in hospital. Psychotic symptoms + depression resolved at same time if an inadequate answer is given, challenge gently - e.g., Wasn't there something else? People don't usually go to psychiatric hospitals just because they are (tired/nervous/own words).

Have you ever had any treatment for drugs or alcohol?

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

Treatment and offset

4/2009 Delusions/hallucinations/depression

Hospitalized for 1 month - Bellevue Hosp. - Zoloft + Serax

12/2009 similar episode

Hospitalized at Bellevue for 4-5 weeks not leaving home
Olanzapine + Lexapro 10

8/2011 third episode - delusions/voices/wanted to slash wrists

Hospitalized for 6 weeks - Bellevue - Clozapine 200 mg and Lexapro 20

Continue treatment history on page 9 if necessary.

MEDICAL PROBLEMS

How has your physical health been? (Have you had any medical problems?) Fine - no medical problems

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

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

IF YES: What are you taking and at what dose? Besides Clozapine and Lexapro, no

SUICIDAL IDEATION AND BEHAVIOR

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

Wanted to slash his wrists before being hospitalized 1st and 3rd times

► IF NO: SKIP TO SUICIDE ATTEMPT, BELOW.

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

► IF NO: SKIP TO SUICIDE ATTEMPT, BELOW.

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

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

SUICIDE ATTEMPT

CHECK FOR ATTEMPT: Have you ever tried to kill yourself? N - just thoughts of slashing wrists

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

IF NO, GO TO OTHER CURRENT PROBLEMS, BELOW.

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

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

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

OTHER CURRENT PROBLEMS

Have you had any other problems in the past month? (How are things going at work, at home, and with other people?) N - going well with parents, at work (been promoted from barista to shift manager to asst. store manager) - good with friends
What has your mood been like? Really good - a little tired recently

In the past month, how much have you been drinking? Nothing

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

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

A. MOOD EPISODES

CURRENT MAJOR DEPRESSIVE EPISODE		MAJOR DEPRESSIVE EPISODE CRITERIA	
Now I am going to ask you some more questions about your mood.	A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.		
<p>A1</p> <p>In the past month, since (ONE MONTH AGO), has there been a period of time when you were feeling depressed or down most of the day, <u>nearly every day</u>? (Has anyone said that you look sad, down, or depressed?) N</p> <p>IF NO: <u>How about feeling sad, empty, or hopeless, most of the day, nearly every day?</u> N</p> <p>IF YES TO EITHER OF ABOVE: What has it been like? How long has it lasted? (As long as 2 weeks?)</p>	<p>1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful).</p>	<input type="radio"/> -	+
<p>A2</p> <ul style="list-style-type: none"> ▶ IF PREVIOUS ITEM RATED "+": During that time, did you have less interest or pleasure in things you usually enjoyed? (What has that been like?) ▶ IF PREVIOUS ITEM RATED "-": What about a time since (ONE MONTH AGO) when you lost interest or pleasure in things you usually enjoyed? (What has that been like?) N <p>IF YES TO EITHER OF ABOVE: <u>Has it been nearly every day?</u> How long has it lasted? (As long as 2 weeks?)</p>	<p>2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).</p>	<input type="radio"/> -	+
<p>IF BOTH A1 AND A2 ARE RATED AS “—” FOR THE CURRENT MONTH, Continue with A15 (Past Major Depressive Episode), page 13.</p>			
<p>FOR THE FOLLOWING QUESTIONS, FOCUS ON THE WORST 2-WEEK PERIOD OF THE PAST MONTH:</p> <p>During (2-WEEK PERIOD)...</p>			
<p>...how has your appetite been? (What about compared to your usual appetite? Have you had to force yourself to eat? Eat [less/more] than usual? <u>Has that been nearly every day?</u> Have you lost or gained any weight?)</p> <p>IF YES: How much? (Had you been trying to [lose/gain] weight?)</p>	<p>3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.</p>	<input type="radio"/>	+

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

PAST MAJOR DEPRESSIVE EPISODE		MAJOR DEPRESSIVE EPISODE CRITERIA	
<p>NOTE: IF THERE IS CURRENTLY DEPRESSED MOOD OR LOSS OF INTEREST BUT FULL CRITERIA ARE NOT MET FOR A MAJOR DEPRESSIVE EPISODE, SUBSTITUTE THE PHRASE "Has there ever been <u>another</u> time..." IN EACH OF THE TWO SCREENING QUESTIONS BELOW (I.E., A15 AND A16).</p>		<p>A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood, or (2) loss of interest or pleasure.</p>	
A15	<p>Have you <u>ever</u> had a period of time when you were feeling depressed or down most of the day, <u>nearly every day</u>? (What was that like?) <input checked="" type="checkbox"/></p> <p>IF NO: <u>How about feeling sad, empty, or hopeless, most of the day, nearly every day?</u></p> <p>IF YES TO EITHER OF ABOVE: How long did it last? (As long as 2 weeks?)</p>	<p>1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). <i>Sophomore year in high school - felt sad, depressed, hopeless; didn't want to do anything - didn't have energy</i> <i>Lasted 1 year.</i></p>	- <input checked="" type="radio"/> A15
A16	<p>► IF PREVIOUS ITEM RATED "+": During that time, did you lose interest or pleasure in things you usually enjoyed? (What was that like?) <input checked="" type="checkbox"/></p> <p>► IF PREVIOUS ITEM RATED "-": Have you <u>ever</u> had a period of time when you lost interest or pleasure in things you usually enjoyed? (What was that like?)</p> <p>IF YES TO EITHER OF ABOVE: When was that? <u>Was it nearly every day?</u> How long did it last? (As long as 2 weeks?)</p>	<p>2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation). <i>Going to mall with friends, going to football games, reading books, playing video games - all stopped</i></p>	- <input checked="" type="radio"/> A16
<p>IF BOTH A15 AND A16 ARE RATED AS "-", continue with A29 (Current Manic Episode), page 17.</p>			
<p>Have you had more than one time like that? (Which time was the worst?) <input checked="" type="checkbox"/></p> <p>IF UNCLEAR: Have you had any times like that since (ONE YEAR AGO)? <input checked="" type="checkbox"/></p>		<p>NOTE: If more than one past episode is likely, select the "worst" one for your inquiry about a past Major Depressive Episode. However, if there was an episode in the past year, ask about that episode even if it was not the worst. <i>Depressed during each hospitalization - Sophomore year episode was the worst</i></p>	

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

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

A17 During (WORST 2-WEEK PERIOD)... *2 weeks after Thanksgiving (called to dinner + just stared at food, wasn't hungry)*

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

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

-

A17

Bad - barely eating - forced self to eat. Nearly every day.

A18

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

4. Insomnia or hypersomnia nearly every day.

-

A18

Hard to fall asleep + stay asleep Every night

A19

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

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

-

A19

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

NOTE: CONSIDER BEHAVIOR DURING THE INTERVIEW.

A20

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

6. Fatigue or loss of energy nearly every day.

-

A20

No energy at all - nearly every day

A21

...Were you feeling worthless? *Y*

7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).

-

A21

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

wasn't doing anything, wasn't being productive with time, wasn't going out with friends, just lounging around - grades suffering. "felt like I wasn't accomplishing anything"

Nearly every day

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

IF YES TO EITHER OF ABOVE: Nearly every day? *Y*

8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).

-

A22

During class - staring at textbook, nothing sinking in, couldn't focus on anything. Also indecisive - couldn't decide what to wear to school.

A23 <p>...Were things so bad that you thought a lot about death or that you would be better off dead? Did you think about taking your own life?</p> <p>IF YES: Did you do something about it? (What did you do? Did you make a specific plan? Did you take any action to prepare for it? Did you actually make a suicide attempt?)</p>	<p>9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.</p>	+ A23
A24	<p>AT LEAST FIVE OF THE ABOVE CRITERION A SXS (A15-A23) ARE RATED "+".</p>	NO YES A24
<p>Has there been any other time when you were (depressed/OWN WORDS) and had even more of the symptoms than I just asked about?</p> <p>→ IF YES: Go back to A15, page 13, and assess symptoms for that episode.</p> <p>→ IF NO: Continue with A29 (Current Manic Episode), page 17.</p>		 Continue with A25 (Criterion B).
<p>IF UNCLEAR: What effect did (DEPRESSIVE SXS) have on your life?</p> <p><u>ASK THE FOLLOWING QUESTIONS ONLY AS NEEDED:</u></p> <p>How did (DEPRESSIVE SXS) affect your relationships or your interactions with other people? (Did [DEPRESSIVE SXS] cause you any problems in your relationships with your family, romantic partner, or friends?)</p> <p>How did (DEPRESSIVE SXS) affect your work/school? (How about your attendance at work/school? Did (DEPRESSIVE SXS) make it more difficult to do your work/schoolwork? Did (DEPRESSIVE SXS) affect the quality of your work/schoolwork?)</p> <p>How did (DEPRESSIVE SXS) affect your ability to take care of things at home? How about doing simple everyday things, like getting dressed, bathing, or brushing your teeth? What about doing other things that were important to you, like religious activities, physical exercise, or hobbies? Did you avoid doing anything because you felt like you weren't up to it?</p> <p>Did (DEPRESSIVE SXS) affect any other important part of your life?</p> <p>IF DEPRESSIVE SXS DID NOT INTERFERE WITH LIFE: How much were you bothered or upset by having (DEPRESSIVE SXS)?</p>	<p>B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p> <p><i>Effect a lot of things: school: grades dropped - wasn't focusing on classes friends: they would call him and he made up excuses so they stopped calling. Lost a lot of friends.</i></p>	+ A25
<p>Has there been any other time when you were (depressed/OWN WORDS) and it caused even more problems than the time I just asked about?</p> <p>→ IF YES: Go back to A15, page 13, and assess symptoms for that episode.</p> <p>→ IF NO: Continue with A29 (Current Manic Episode), page 17.</p>		 Continue with A26 (Criterion C), next page.

A26 IF UNKNOWN: When did (EPISODE OF DEPRESSION) begin? Just before this began, were you physically ill? N IF YES: What did the doctor say? Just before this began, were you taking any medications? N IF YES: Any change in the amount you were taking? Just before this began, were you drinking or using any street drugs? N <div style="border: 1px dotted black; padding: 5px;"> Refer to the User's Guide, Section 9, for guidance on determining whether there is an etiological GMC or substance/medication. </div>	<p>beginning of sophomore year</p> <p>C. [Primary Depressive Episode] The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, medication) or another medical condition.</p> <p><i>NOTE: Code "NO" only if episode is due to a GMC or substance/medication.</i></p> <p>Refer to list of etiological GMCs and substances/medications in A12, page 12.</p> <p><i>started smoking pot after depression started</i></p>	<pre> graph TD A26[IF UNKNOWN: When did (EPISODE OF DEPRESSION) begin?] -- NO --> PRIMARY[PRIMARY] A26 -- YES --> Diagnose[Diagnose: Depressive Disorder Due to AMC or Substance-Induced Depressive Disorder] PRIMARY --> PMAE[PAST MAJOR DEPRESSIVE EPISODE] Diagnose --> PMAE PMAE --> Continue[Continue with A27, below.] </pre> <p>IF UNKNOWN: Has there been any other time when you were (depressed/OWN WORDS) like this but were not (ill with GMC/using SUBSTANCE)?</p> <ul style="list-style-type: none"> → IF YES: Go back to A15, page 13, and assess symptoms for that episode. → IF NO: Continue with A29 (Current Manic Episode), page 17.
A27 IF UNKNOWN: When did this period of (depression/OWN WORDS) begin? 2005 - September	Onset of depression (month/year) 9/2005	09/2005 A27
A28 How many separate times in your life have you been (depressed/ OWN WORDS) nearly every day for at least 2 weeks and had several of the symptoms that you described, like (SXS OF WORST EPISODE)?	Total number of Major Depressive Episodes, including current (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT.)	0 4 A28 <div style="border: 1px solid black; padding: 5px;"> Continue with A29 (Current Manic Episode), next page. </div>

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

<p>A53</p> <p>IF UNKNOWN: When did this period of being (high/irritable/OWN WORDS) begin?</p> <p>Just before this began, were you physically ill?</p> <p>IF YES: What did the doctor say?</p> <p>Just before this began, were you taking any medications?</p> <p>IF YES: Any change in the amount you were taking?</p> <p>Just before this began, were you drinking or using any street drugs?</p> <p>Refer to the User's Guide, Section 9, for guidance on determining whether there is an etiological GMC or substance/medication.</p>	<p>F. [Primary Hypomanic Episode] The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) or another medical condition.</p> <p>Note: A full Hypomanic Episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a Hypomanic Episode diagnosis. However, caution is indicated so that one or two symptoms (particularly increased irritability, edginess, or agitation following antidepressant use) are neither taken as sufficient for diagnosis of a Hypomanic Episode, nor necessarily indicative of a bipolar diathesis.</p> <p>NOTE: Code "NO" only if episode is due to a GMC or substance/medication.</p> <p>Refer to list of etiological GMCs and substances/medications in A40, page 19.</p>	<pre> graph TD A53[] -- NO --> F[] A53[] -- YES --> Primary[PRIMARY] Primary --> Diagnose[Diagnose: Bipolar Disorder Due to AMC or Substance- Induced Bipolar Disorder] Diagnose --> ContinueA54[Continue with A54 (Past Manic Episode), below.] ContinueA54 --> CurrentHypomanic[CURRENT HYPOMANIC EPISODE Continue with A54 (Past Manic Episode), below.] </pre>
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PAST MANIC EPISODE	MANIC EPISODE CRITERIA
<p>A54</p> <p>NOTE: IF THERE IS CURRENTLY ELEVATED OR IRRITABLE MOOD BUT FULL CRITERIA ARE NOT MET FOR A MANIC EPISODE, SUBSTITUTE THE PHRASE "Has there ever been another time..." IN THE SCREENING QUESTIONS BELOW.</p> <p>Have you <u>ever</u> had a period of time when you were feeling so good, "high," excited, or "on top of the world" that other people thought you were not your normal self? N</p> <p>→ IF YES: What was it like? (Was that more than just feeling good?)</p> <p>Did you also feel like you were "hyper" or "wired" and had an unusual amount of energy? Were you much more active than is typical for you? (Did other people comment on how much you were doing?)</p>	
<p>→ IF NO: Have you <u>ever</u> had a period of time when you were feeling irritable, angry, or short-tempered for most of the day, for at least several days? (Was that different from the way you usually are?) Y</p> <p>What was it like?</p> <p>Did you also feel like you were "hyper" or "wired" and had an unusual amount of energy? Were you much more active than is typical for you? (Did other people comment on how much you were doing?) N</p>	<p>A. A distinct period [lasting at least several days] of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy.</p> <p><i>During depression - so pharmer yr. Getting into fights with family all of the time - parents would ask him to do things like clean his room and he would blow up, get very angry, had a very short fuse. Lasted all year but worst time was during worst 2 weeks of depression.</i></p>

PERSISTENT DEPRESSIVE DISORDER		PERSISTENT DEPRESSIVE DISORDER CRITERIA	
IF: THERE HAS EVER BEEN A MANIC OR HYPOMANIC EPISODE, SKIP THE ASSESSMENT OF PERSISTENT DEPRESSIVE DISORDER AND CONTINUE WITH B1 (PSYCHOTIC SYMPTOMS), PAGE 31.			
A78	<p><i>July 2013</i></p> <p>In the past 2 years, since (TWO YEARS AGO), have you been bothered by depressed mood most of the day, more days than not? (More than half of the time?) N</p> <p>IF YES: What has that been like?</p>	<p>A. Depressed mood for most of the day, for more days than not, as indicated either by subjective account or observation by others, for at least 2 years.</p> <p>Note: In children and adolescents, mood can be irritable and duration must be at least 1 year.</p>	 Continue with B1 (Psychotic Symptoms), page 31.
A79	During these periods of (OWN WORDS FOR CHRONIC DEPRESSION) did you often...	B. Presence, while depressed, of two (or more) of the following:	
A80	...lose your appetite? (What about overeating?)	1. Poor appetite or overeating.	- +
A81	...have trouble sleeping or sleep too much?	2. Insomnia or hypersomnia.	- +
A82	...have little energy to do things or feel tired a lot?	3. Low energy or fatigue.	- +
A83	...feel down on yourself? (Feel worthless, or a failure?)	4. Low self-esteem.	- +
A84	...have trouble concentrating or making decisions?	5. Poor concentration or difficulty making decisions.	- +
A85	...feel hopeless?	6. Feelings of hopelessness.	- +
A86	Since (TWO YEARS AGO), what was the longest period of time up till now, during this period of long-lasting depression, that you felt OK?	<p>AT LEAST TWO OF THE ABOVE CRITERION B SXS (A79-A84) ARE RATED "+".</p> <p>NO</p>	YES
A87		<p>C. During the 2-year period (1 year for children or adolescents) of the disturbance, the individual has never been without the symptoms in Criteria A and B for more than 2 months at a time.</p> <p><i>NOTE: CRITERION D HAS BEEN INTENTIONALLY OMITTED.</i></p>	 Continue with B1 (Psychotic Symptoms), page 31.
A88		<p>E. There has never been a Manic Episode or a Hypomanic Episode, and criteria have never been met for Cyclothymic Disorder.</p>	 Continue with B1 (Psychotic Symptoms), page 31.

B. PSYCHOTIC AND ASSOCIATED SYMPTOMS

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

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

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

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

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

...**Were you physically ill?**

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

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

DELUSIONS

A false belief based on incorrect inference about external reality that is firmly held despite what almost everyone else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary. The belief is not one ordinarily accepted by other members of the person's culture or subculture (i.e., it is not an article of religious faith). When a false belief involves a value judgment, it is regarded as a delusion only when the judgment is so extreme as to defy credibility.

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

B1

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

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

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

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

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

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

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

DESCRIBE: *Convinced classmates and patients in the hospital were talking about him, saying things about him being a murderer. Not taking drugs at the time.*

-

(+)

B1

B2

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

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

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

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

DESCRIBE: *Believed that people were going to find him and make him pay for murder. Felt like life was in danger. Not taking drugs at the time.*

-

(+)

B2

B3	<p>Have you ever thought that you were especially important in some way, or that you had special powers or knowledge? (Tell me about that.) N</p> <p>Did you ever believe that you had a special or close relationship with a celebrity or someone else famous? N</p>	<p>Grandiose delusion (i.e., content involves exaggerated power, knowledge or importance, or a special relationship to a deity or famous person)</p> <p>DESCRIBE:</p>	<input checked="" type="radio"/> - <input type="radio"/> +	B3
B4	<p>Have you ever been convinced that something was very wrong with your physical health even though your doctor said nothing was wrong...like you had cancer or some other disease? (Tell me about that.) N</p> <p>Have you ever felt that something strange was happening to parts of your body? N</p>	<p>Somatic delusion (i.e., content involves change or disturbance in body appearance or functioning)</p> <p>DESCRIBE:</p>	<input checked="" type="radio"/> - <input type="radio"/> +	B4
B5	<p>Have you ever felt that you had committed a crime or done something terrible for which you should be punished? (Tell me about that.) Y</p> <p>Have you ever felt that something you did, or should have done but did not do, caused serious harm to your parents, children, other family members, or friends? (Tell me about that.) N</p> <p>What about feeling responsible for a disaster such as a fire, flood, or earthquake? (Tell me about that.) N</p>	<p>Delusion of guilt (i.e., a belief that a minor error in the past will lead to disaster, or that he or she has committed a horrible crime and should be punished severely, or that he or she is responsible for a disaster [e.g., an earthquake or fire] with which there can be no possible connection)</p> <p>DESCRIBE: Thought he had murdered people when he was 6 years old. Convinced. Wasn't taking drugs when this happened; not physically ill</p>	<input type="radio"/> - <input checked="" type="radio"/> +	B5
B6	<p>Have you ever been convinced that your spouse or partner was being unfaithful to you? N</p> <p>IF YES: How did you know he/she was being unfaithful? (What clued you into this?)</p>	<p>Jealous delusion (i.e., a belief that one's sexual partner is unfaithful)</p> <p>DESCRIBE:</p>	<input checked="" type="radio"/> - <input type="radio"/> +	B6
B7	<p>Are you a religious or spiritual person? Y</p> <p>► IF YES: Have you ever had any religious or spiritual experiences that the other people in your religious or spiritual community have not experienced? N</p> <p>► IF YES: Tell me about your experiences. (What did they think about these experiences of yours?)</p> <p>► IF NO: Have you ever felt that God, the devil, or some other spiritual being or higher power has communicated directly with you? (Tell me about that. Do others in your religious or spiritual community also have such experiences?) N</p> <p>► IF NO: Have you ever felt that God, or the devil or some other spiritual being or higher power has communicated directly with you? (Tell me about that. Do others in your religious or spiritual community also have such experiences?)</p>	<p>Religious delusion (i.e., a delusion with a religious or spiritual content)</p> <p>DESCRIBE: Catholic</p>	<input checked="" type="radio"/> - <input type="radio"/> +	B7

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

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

DISORGANIZED SPEECH AND BEHAVIOR AND CATATONIA

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

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

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

NEGATIVE SYMPTOMS

For any negative symptoms rated "+", determine whether the symptom is definitely primary (i.e., due to a Psychotic Disorder) or whether it is possibly or definitely secondary—i.e., related to another mental disorder (e.g., depression), a substance or a GMC (e.g., medication-induced akinesia), or a psychotic symptom (e.g., command hallucinations not to move).

B23

RATE THIS ITEM BASED ON INFORMATION OBTAINED FROM THE OVERVIEW.

IF UNKNOWN: Has there been a period of time lasting at least several months when you were not working, not in school, or doing much of anything?

IF UNKNOWN: How about a period of time when you were unable to take care of basic everyday things, like brushing your teeth or bathing?

IF NO: Did anyone ever say that you were not taking care of these or other basic everyday things?

Avolition: An inability to initiate and persist in goal-directed activities. When severe enough to be considered pathological, avolition is pervasive and prevents the person from completing many different types of activities (e.g., work, intellectual pursuits, self-care). 2009 - 2012 since started inpt. Period when he wasn't working or going to school. Psychiatrist suggested he take it easy. Didn't start working at Starbucks until a year after 3rd hospitalization. Took care of basic self-care.

+

- +
POSSIBLY/ DEFINITELY SECONDARY PRIMARY

B24

Diminished Emotional Expressiveness: Includes reductions in the expression of emotions in the face, eye contact, intonation of speech (prosody), and movements of the hand, head, and face that normally give an emotional emphasis to speech.

+

- +
POSSIBLY/ DEFINITELY SECONDARY PRIMARY

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

C. DIFFERENTIAL DIAGNOSIS OF PSYCHOTIC DISORDERS

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

When making the ratings for **C1–C20**, if it is not possible to determine whether a rating is "YES" or "NO," skip to **C22** (Other Specified Psychotic Disorder), page 42.

C1

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

The following question may be asked for clarification: IF A MAJOR DEPRESSIVE OR MANIC EPISODE HAS EVER BEEN PRESENT: Has there ever been a time when you had (PSYCHOTIC SXS) and you were not (depressed/high/irritable/OWN WORDS)?

YES**NO**

CRITERIA FOR SCHIZOPHRENIA

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

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

C1**C2**

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

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

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

YES**NO**

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

C2**C3**

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

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

The following question may be asked for clarification: Has there ever been a time when you had (SXS FROM ACTIVE PHASE) at the same time that you were (depressed/high/irritable/OWN WORDS)? - All 3x hospitalizations

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

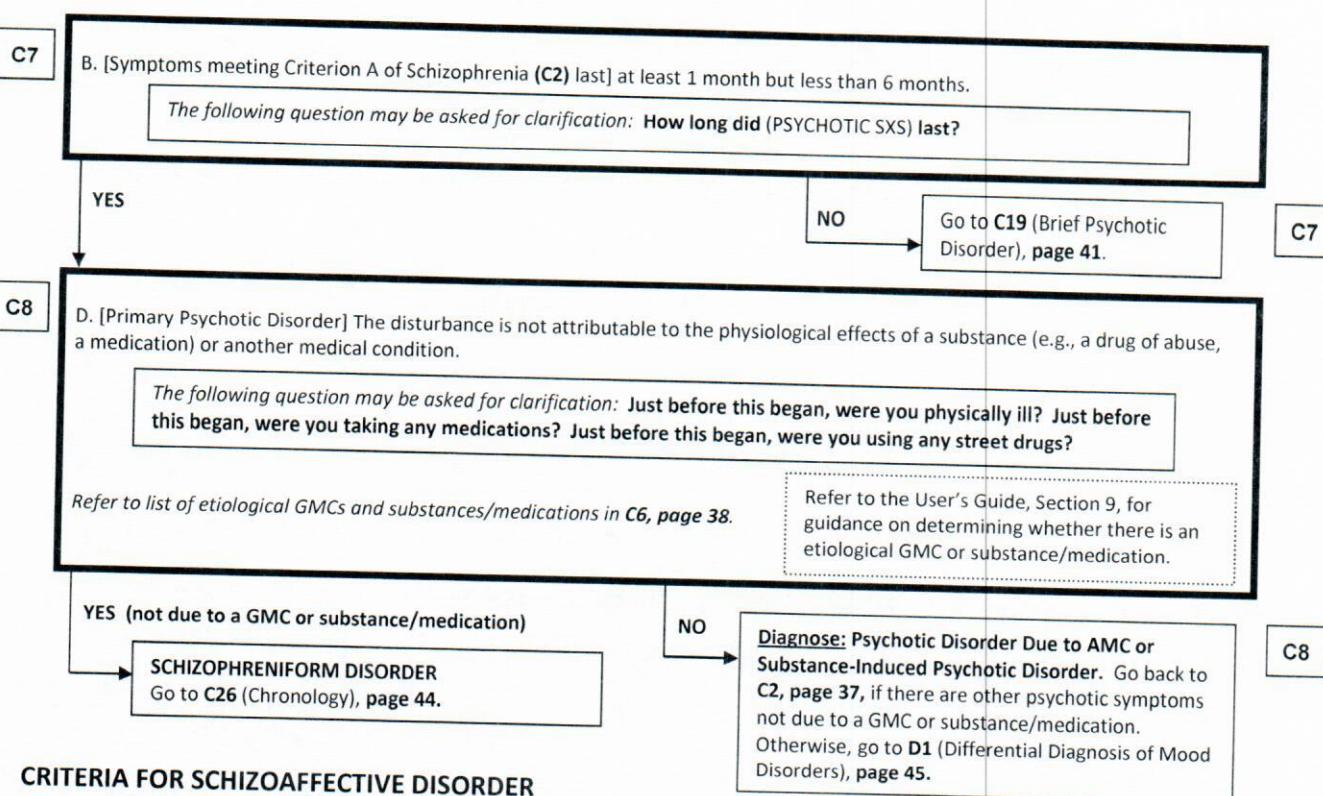
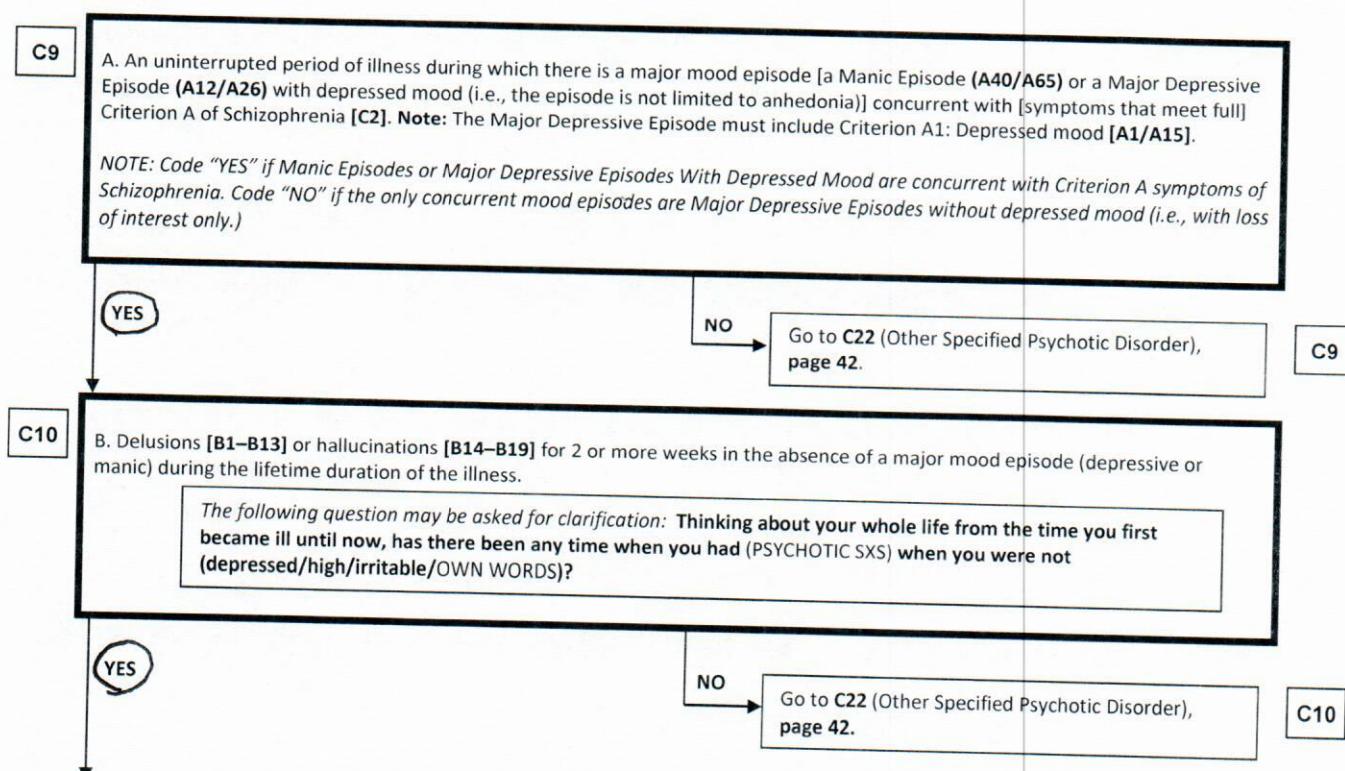
The following question may be asked for clarification: How much of the time that you have had (SXS FROM ACTIVE AND RESIDUAL PERIODS) would you say you have also been (depressed/high/irritable/OWN WORDS)? More than half the time psychotic was also depressed.

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

YES**NO**

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

C3

CRITERIA FOR SCHIZOPHRENIFORM DISORDER**CRITERIA FOR SCHIZOAFFECTIVE DISORDER**

C11

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

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

YES

NO

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

C11

C12

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

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

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

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

YES

(not due to a GMC or substance/medication)

SCHIZOAFFECTIVE DISORDER

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

NO

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

C12

CRITERIA FOR DELUSIONAL DISORDER

C13

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

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

YES

NO

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

C13

C14

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

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

YES

NO

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

C14

C15

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

YES

NO

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

C15

CHRONOLOGY OF PSYCHOTIC DISORDERS

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

D. DIFFERENTIAL DIAGNOSIS OF MOOD DISORDERS

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

CRITERIA FOR BIPOLAR I DISORDER

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

YES

NO

Go to **D4** (Bipolar II Disorder), **below**.

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

YES

NO

Go to **D4** (Bipolar II Disorder), **below**.

BIPOLAR I DISORDER

- Indicate type of Current or Most Recent Episode:
 - 1—Manic
 - 2—Major Depressive
 - 3—Hypomanic
 - 4—Unspecified (i.e., criteria, except for duration, are currently met for a Manic, Hypomanic, or Major Depressive Episode)
- Continue with **D17** (Chronology of Bipolar Disorders), **page 49**.

CRITERIA FOR BIPOLAR II DISORDER

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

YES

NO

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

D5 B. There has never been a Manic Episode.

YES

NO

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

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

YES

NO

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

D7

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

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

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

(How have [BIPOLAR II SXS] affected your work/school? How about your attendance at work/school? Have [BIPOLAR II SXS] made it more difficult to do your work/schoolwork? Have [BIPOLAR II SXS] affected the quality of your work/schoolwork?)

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

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

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

YES

BIPOLAR II DISORDER

Indicate type of Current or Most Recent Episode:

1—Hypomanic

2—Major Depressive

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

NO

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

D7

OTHER SPECIFIED BIPOLAR DISORDER (including Cyclothymic Disorder)

D8

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

YES

NO

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

D8

D9

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

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

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

(How have [BIPOLAR SXS] affected your work/school? How about your attendance at work/school? Have [BIPOLAR SXS] affected the quality of your work/schoolwork?)

(How did [BIPOLAR SXS] affect your ability to take care of things at home? Have you needed to go into the hospital to protect you from hurting yourself or someone else, or from doing something that could have caused serious financial or legal problems?)

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

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

YES

NO

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

D9

D10

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

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

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

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

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

OTHER SPECIFIED BIPOLAR DISORDER

Continue with D23 (Chronology of Bipolar Disorders), page 51.

NO

Diagnose: Bipolar Disorder Due to AMC or Substance-Induced Bipolar Disorder

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

D10

CRITERIA FOR MAJOR DEPRESSIVE DISORDER

D11

A.-C. At least one Major Depressive Episode (A12/A26).

YES

NO

Go to D14 (Other Specified Depressive Disorder), page 48.

D11

D12

D. The occurrence of the Major Depressive Episode is not better explained by Schizoaffective Disorder, Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Other Specified [...] Psychotic Disorder.

YES

NO

Go to D14 (Other Specified Depressive Disorder), page 48.

D12

D13

E. There has never been a Manic Episode or a Hypomanic Episode.

Note: This exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance/medication-induced or are attributable to the physiological effects of another medical condition.

YES

MAJOR DEPRESSIVE DISORDER

Circle appropriate number:

1—Single Episode

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

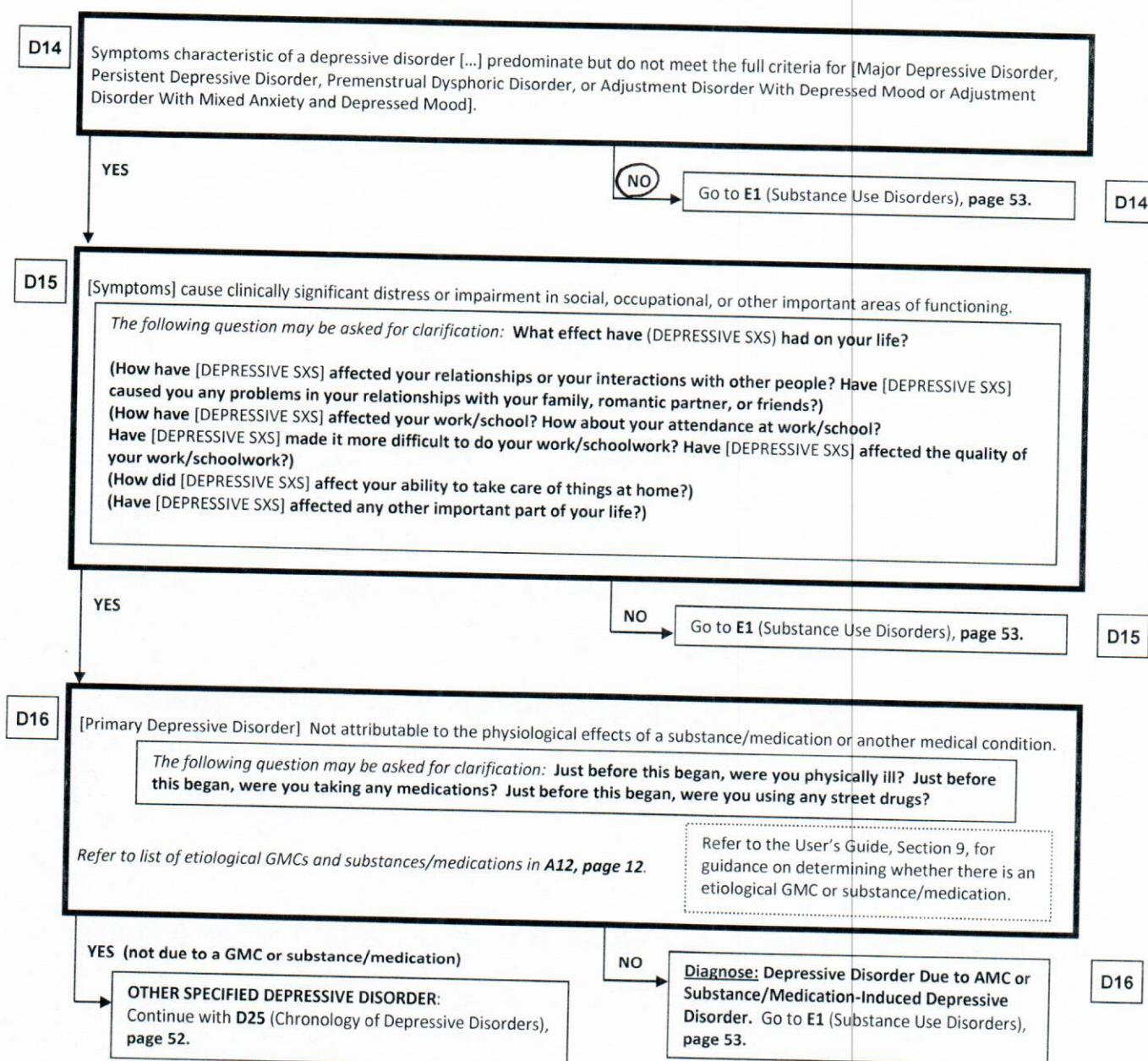
Continue with D24 (Chronology of Depressive Disorders), page 52.

NO

A Bipolar Disorder should have been previously diagnosed. Go back to D2 (Criteria for Bipolar I Disorder), page 45.

D13

OTHER SPECIFIED DEPRESSIVE DISORDER



E. SUBSTANCE USE DISORDERS

Alcohol Use Disorder (Past 12 Months)

What are your drinking habits like? (How much do you drink? Have you drunk alcohol at least six times in the past 12 months, that is, since (ONE YEAR AGO)? <i>July 2014</i> No drinking			
E1			E1
IF DID NOT DRINK AT LEAST SIX TIMES IN PAST 12 MONTHS, SKIP TO E14 (Nonalcohol Substance Use Disorder), page 56.			
PAST-12-MONTH ALCOHOL USE DISORDER		ALCOHOL USE DISORDER CRITERIA	
I'd now like to ask you some more questions about your drinking habits in the past 12 months, since (ONE YEAR AGO)....		A. A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following occurring within a 12-month period:	
E2	During the past 12 months... ...have you found that once you started drinking you ended up drinking much more than you <u>intended</u> to? For example, you planned to have only one or two drinks but you ended up having many more. (Tell me about that. How often did this happen?) IF NO: What about drinking for a much longer period of time than you were <u>intending</u> to?	1. Alcohol is often taken in larger amounts OR over a longer period than was intended.	- +
E3	...have you wanted to stop, cut down, or control your drinking? → IF YES: How long did this desire to stop, cut down, or control your drinking last? → IF NO: During the past 12 months, did you ever try to cut down, stop, or control your drinking? How successful were you? (Did you make more than one attempt to stop, cut down, or control your drinking?)	2. There is a persistent desire OR unsuccessful efforts to cut down or control alcohol use.	- +
E4	...have you spent a lot of time drinking, being drunk, or hung over? (How much time?)	3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.	- +
E5	...have you had a strong desire or urge to drink In between those times when you were drinking? (Has there been a time when you had such strong urges to have a drink that you had trouble thinking about anything else?) IF NO: How about having a strong desire or urge to drink when you were around bars or around people with whom you go drinking?	4. Craving, or a strong desire or urge to use alcohol.	- +

Nonalcohol Substance Use Disorder (Past 12 Months)

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

F. ANXIETY DISORDERS

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

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

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

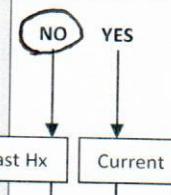
F22

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

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

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

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



F22

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

F23

CURRENT AGORAPHOBIA (PAST 6 MONTHS)

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

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

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

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

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

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

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

AGORAPHOBIA CRITERIA

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

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

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



F23

F24

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

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

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

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

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

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

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



F24

F25

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

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

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



F25

F31	<p>I. The fear, anxiety, or avoidance is not better explained by the symptoms of another mental disorder—for example, the symptoms are not confined to Specific Phobia, situational type; do not involve only social situations (as in Social Anxiety Disorder); and are not related exclusively to obsessions (as in Obsessive-Compulsive Disorder), perceived defects or flaws in physical appearance (as in Body Dysmorphic Disorder), reminders of traumatic events (as in Posttraumatic Stress Disorder), or fear of separation (as in Separation Anxiety Disorder).</p> <p><i>NOTE: CONSIDER SOCIAL ANXIETY DISORDER IF FEAR IS LIMITED TO SOCIAL SITUATIONS.</i></p>	NO  Go to F32 (Social Anxiety Disorder), below.
		YES 

Diagnose: Agoraphobia (current)

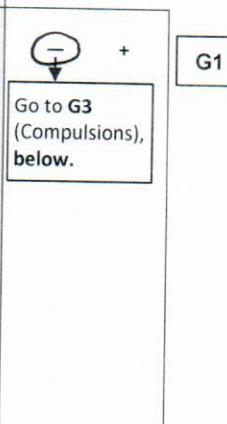
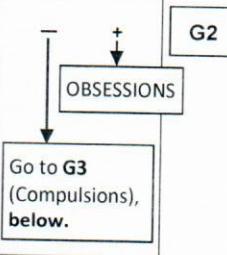
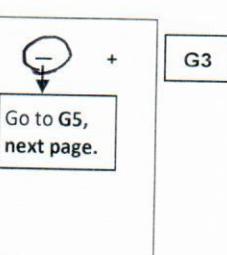
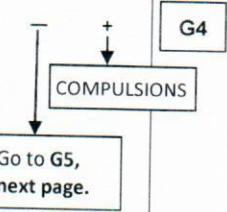
Continue with F32 (Social Anxiety Disorder), below.

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

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

G. OBSESSIVE-COMPULSIVE DISORDER and POSTTRAUMATIC STRESS DISORDER

Obsessive-Compulsive Disorder

CURRENT OBSESSIVE-COMPULSIVE DISORDER		OBSESSIVE-COMPULSIVE DISORDER CRITERIA
<p style="text-align: center;"><i>June 2015</i></p> <p>In the past month, since (ONE MONTH AGO)...</p>		<p>A. Presence of obsessions, compulsions, or both: Obsessions are defined by (1) and (2):</p>
G1	<p>...have you been bothered by thoughts that kept coming back to you even when you didn't want them to, like being exposed to germs or dirt or needing everything to be lined up in a certain way? (What were they?) <input checked="" type="checkbox"/></p> <p>How about having urges to do something that kept coming back to you even though you didn't want them to, like an urge to harm a loved one? (What were they?) <input checked="" type="checkbox"/></p> <p>How about having images popping into your head that you didn't want, like violent or horrible scenes or something of a sexual nature? (What were they?) <input checked="" type="checkbox"/></p> <p>IF YES TO ANY OF ABOVE: Have these (THOUGHTS/URGES/IMAGES) made you very anxious or upset?</p>	<p>1. Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.</p> <p></p>
G2	<p>When you had these (THOUGHTS/URGES/IMAGES) did you try hard to get them out of your head? (What would you try to do?)</p>	<p>2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).</p> <p></p>
G3	<p>In the past month, since (ONE MONTH AGO)...</p> <p>...was there anything that you had to do over and over again and was hard to resist doing, like washing your hands again and again, repeating something over and over again until it "felt right," counting up to a certain number, or checking something many times to make sure that you'd done it right? <input checked="" type="checkbox"/></p> <p>Tell me about that. (What did you have to do?)</p>	<p>Compulsions are defined by (1) and (2):</p> <p>1. Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.</p> <p></p>
G4	<p>IF UNCLEAR: Why did you have to do (COMPULSIVE ACT)? What would happen if you didn't do it?</p> <p>IF UNCLEAR: How many times would you do (COMPULSIVE ACT)? Are you doing (COMPULSIVE ACT) more than really makes sense?</p>	<p>2. The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive.</p> <p></p>

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

Posttraumatic Stress Disorder**LIFETIME TRAUMA HISTORY**

G9 I'd now like to ask about some things that may have happened to you that may have been extremely upsetting. People often find that talking about these experiences can be helpful. I'll start by asking if these experiences apply to you, and if so, I'll ask you to briefly describe what happened and how you felt at the time.

G9

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

N

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

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

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

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

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

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

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

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

PAST LIFETIME EVENT #1:**G10**

IF DIRECT EXPOSURE TO TRAUMA:

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

IF WITNESSED TRAUMATIC EVENT HAPPENING TO OTHERS:
What happened? What did you see? How close were you to (TRAUMATIC EVENT)? Were you concerned about your own safety?

IF LEARNED ABOUT TRAUMATIC EVENT:

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

IF UNKNOWN: How old were you at the time?

IF UNKNOWN: Did this happen more than once?

Description of traumatic event:

G10

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

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

Indicate mode of exposure to traumatic event:

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

Age at time of event: _____

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

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

H. ADULT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

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

I. SCREENING FOR OTHER CURRENT DISORDERS

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

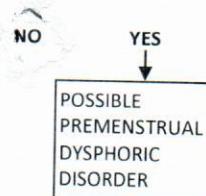
IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," FOLLOW UP WITH ADDITIONAL QUESTIONS, SUCH AS, "Tell me more about that," "Is this causing a problem for you or interfering with your life?" AND "Are you currently getting help for that?"

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

I1 Looking back over your menstrual cycles for the past 12 months, since (ONE YEAR AGO), have you had mood symptoms such as anger, irritability, anxiety, or depression that developed before your period and then went away during the week after your period?

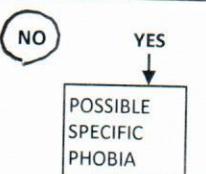
IF YES: After your period began, did the problems disappear for at least a week?

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



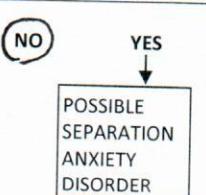
I2 In the past 6 months, since (6 MONTHS AGO), have there been things that have made you especially anxious or afraid, like flying, seeing blood, getting a shot, heights, closed places, or certain kinds of animals or insects? **N**

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



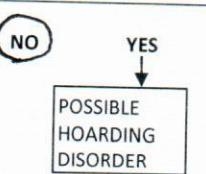
I3 In the past 6 months, have you been especially anxious about being separated from people you're attached to (like your parents, children, or partner)? **N**

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



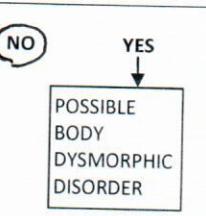
I4 In the past month, since (ONE MONTH AGO), have you found it difficult to throw out, sell, or give away things?

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



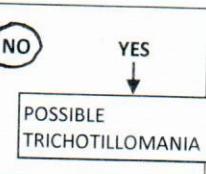
I5 In the past month, have you been very concerned that there is something wrong with your physical appearance or the way one or more parts of your body look? **N**

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



I6 In the past month, have you been repeatedly pulling out hair from anywhere on your body other than for cosmetic reasons? **N**

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



I17	In the past month, have you been repeatedly picking at your skin with your fingernails, tweezers, pins, or other objects? <input checked="" type="checkbox"/> N IF YES: Consider Excoriation (Skin-Picking) Disorder (DSM-5, p. 254; User's Guide, p. 120).	NO YES POSSIBLE EXCORIATION DISORDER	I17
I18	Over the past 3 months, since (3 MONTHS AGO), has a major concern of yours been that you are not getting enough good sleep or not feeling rested? <input checked="" type="checkbox"/> N IF YES: Consider Insomnia Disorder (DSM-5, p. 362; User's Guide, p. 121).	NO YES POSSIBLE INSOMNIA DISORDER	I18
I19	Over the past 3 months, have you often had days when you were sleepy despite having slept for at least 7 hours? <input checked="" type="checkbox"/> N IF YES: Consider Hypersomnolence Disorder (DSM-5, p. 368; User's Guide, p. 121).	NO YES POSSIBLE HYPERSOMNOLENCE DISORDER	I19
I10	In the past 3 months, have you had a time when you weighed much less than other people thought you ought to weigh? <input checked="" type="checkbox"/> N IF YES: Consider Anorexia Nervosa (DSM-5, p. 338; User's Guide, p. 122).	NO YES POSSIBLE ANOREXIA NERVOSA	I10
I11	In the past 3 months, have you had eating binges, that is, times when you couldn't resist eating a lot of food or stop eating once you started? <input checked="" type="checkbox"/> N IF YES: Consider Bulimia Nervosa (DSM-5, p. 345; User's Guide, p. 122) or Binge-Eating Disorder (DSM-5, p. 350; User's Guide, p. 123).	NO YES POSSIBLE BULIMIA NERVOSA OR BINGE-EATING DISORDER	I11
I12	In the past month, since (ONE MONTH AGO), have you been uninterested in food in general or have you kept forgetting to eat? <input checked="" type="checkbox"/> N IF NO: In the past month, have you avoided eating a lot of foods because of the way they look or the way they feel in your mouth? <input checked="" type="checkbox"/> N IF NO: In the past month, have you avoided eating a lot of different foods because you are afraid you won't be able to swallow or that you will choke, gag, or throw up? <input checked="" type="checkbox"/> N IF YES TO ANY: Consider Avoidant/Restrictive Food Intake Disorder (DSM-5, p. 334; User's Guide, p. 123).	NO YES POSSIBLE AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER	I12
I13	Over the past 6 months, since (6 MONTHS AGO), have you been bothered by any physical symptoms? <input checked="" type="checkbox"/> N IF YES: Consider Somatic Symptom Disorder (DSM-5, p. 311; User's Guide, p. 124).	NO YES POSSIBLE SOMATIC SYMPTOM DISORDER	I13

I14

Over the past 6 months, have you spent a lot of time thinking that you have, or will get, a serious disease? N

IF YES: Consider **Illness Anxiety Disorder** (DSM-5, p. 315; User's Guide, p. 124).

(NO)

YES

POSSIBLE
ILLNESS
ANXIETY
DISORDER

I14

I15

In the past 12 months, since (ONE YEAR AGO), have you had periods in which you frequently lost control of your temper and ended up yelling or getting into arguments with others? N

IF NO: In the past year, have you lost your temper so that you shoved, hit, kicked, or threw something at a person or an animal or damaged someone's property?

IF YES TO EITHER: Consider **Intermittent Explosive Disorder** (DSM-5, p. 466; User's Guide, p. 125).

(NO)

YES

POSSIBLE
INTERMITTENT
EXPLOSIVE
DISORDER

I15

I16

In the past 12 months, have you regularly gambled or regularly bought lottery tickets? N

IF YES: Consider **Gambling Disorder** (DSM-5, p. 585; User's Guide, p. 126).

(NO)

YES

POSSIBLE
GAMBLING
DISORDER

I16

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

J. ADJUSTMENT DISORDER

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