**Current major depressive episode questions**

A1: Depressed Mood

CODE 3: depressed mood or sadness present most of the day nearly every day for a 2 week period

ASK: In the last month, has there been a period of time when you were feeling depressed or down most of the day nearly every day? If yes: How long did it last? As long as two weeks?

TIP: If patient not fully cooperative: (a) ask if others have observed/commented on whether the patient was depressed (b) look for cues in patient’s facial expression and demeanor during the interview. In children and adolescents: ask about persistent irritability, not just occasional frustration.

A2: Loss of interest/pleasure

CODE 3: Markedly diminished interest/pleasure in all or nearly all activities most of the day nearly every day (either subjective report or observed by others); includes loss of sexual interest/desire

ASK: What about losing interest or pleasure in things you usually enjoyed? Have you noticed any loss of interest in your intimate (sexual) relationships? If yes: Was it nearly every day? How long did it last? As long as two weeks?

TIP: If patient not fully cooperative, ask if others have observed/commented diminished interest in regular activities including reduction in sexual interest/activities.

A3: Weight loss/gain

CODE 1: Change due to general medical illness or to mood congruent delusions or hallucinations

CODE 3: Change of 5% or more in body weight in a month;

ASK: Thinking of the last month, have you notice any significant changes to your appetite? If yes: How long did it last? Was this nearly every day for two weeks? Have you lost/gained weight? How much?

TIP: Exclude the possibility that weight changes may be caused by prescribed medication, illicit drug (use or discontinuation) or planned weight loss or gain. In children, consider failure to make expected weight gains.

A6: Sleep Disturbance

CODE 1: Change due to general medical illness or to mood congruent delusions or hallucinations

CODE 3: Sleep disturbance present nearly every day for two weeks at least; could be insomnia (initial, middle, or terminal) or hypersomnia (prolonged nighttime sleep and/or excessive daytime sleep).

ASK: Thinking of the last month, have you notice any significant changes to your sleep? If yes: Are you sleeping more or less than usual? How many hours of sleep would get in a day (include night and daytime sleep)? Do you have problems falling asleep (i.e. initial insomnia)? Once you do fall asleep, do you keep waking up (middle insomnia)? Do you wake up really early in the morning without any reason (early morning wakening=terminal insomnia)? Do you sleep during the daytime? Have you had these problems nearly every day for two weeks?

TIP: Exclude the possibility that sleep disturbances may be caused by lifestyle changes (e.g. travel, shift work).

A9: Psychomotor disturbances

CODE 1: Change due to general medical illness or to mood congruent delusions or hallucinations

CODE 3: Psychomotor disturbances present nearly every day for two weeks at least AND observable by others; could be agitation or retardation.

ASK: Thinking of the last month, has anyone mentioned that you have been too fidgety or restless? F no: Has anyone mentioned that you have been too slowed down? Have you had these problems nearly every day for two weeks?

TIP: Code 3 based on patient’s behavior during the interview if (a) markedly restless (e.g. hand wringing, touching own self or objects, unable to sit still; or (b) markedly slowed-down (e.g. long pauses before responding, slow speech or movement including walking).

A12: Energy Disturbances

CODE 1: Change due to general medical illness or to mood congruent delusions or hallucinations

CODE 3: Tired all day, nearly every day for two weeks at least

ASK: Thinking of the last month, what was your energy like? Have you felt tired most of the time? Have you found everyday activities (e.g. getting dressed, basic hygiene) too tiring or taxing? Have you had these problems nearly every day for two weeks?

TIP: Exclude the possibility that energy disturbances may be caused by lifestyle changes (e.g. travel, shift work).

A13: Worthlessness or guilt

CODE 3: Feelings of worthlessness nearly every day for at least two weeks and/or excessive inappropriate guilt (e.g. guilt over minor past failings or trivial day to day events considered evidence of a personal defect or exaggerate personal responsibility) – Worthlessness or guilt may be delusional.

ASK: Thinking of the last month, have there been any changes to your self-esteem? During this time, did you feel worthless? During this time, have you felt that you were to blame for anything? If yes: What sort of things did you feel guilty about? Have you had these feelings or thoughts nearly every day for two weeks?

TIP: If the patient only reports low self-esteem or guilt over feeling sick and missing occupational or interpersonal responsibilities, code 1 or 2.

A16: Disturbances in concentration and decision making

CODE 1: Change due to general medical illness or to mood congruent delusions or hallucinations

CODE 3: Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others) for at least two weeks.

ASK: Thinking of the last month, have you noticed any problems with your concentration? Has anyone mentioned you had problems concentrating? Have you had any problems making decisions about everyday things? Has anyone mentioned you had problems with your thinking or decision-making? Have you had these problems nearly every day for two weeks?

TIP: The symptom refers specifically to lack of focus or an inability to make decisions about trivial and unimportant matters.

A 19: Suicidality

CODE 1: Self-harm or mutilation without suicidal intent

CODE 3: Recurrent thoughts of death, recurrent suicidal ideation with or without a plan or suicide attempt

ASK: Have things been so bad that you wish you never wake up in the mornings? Have you been thinking that you might be better off dead? Have you done anything about this, like making arrangements for what might happen after you’ve gone? Have you made or updated your will recently? Have you thought of killing yourself? If yes: Have you been thinking of ways to do this? Is this something you are considering at the moment?

ALERT: If CODE 3: if you consider the risk to be high and/or patient seems likely to act upon ideation soon, call the study clinician or alert a member of the clinical team if you are conducting this interview within a clinical service.

A25: Reduced psychosocial functioning

CODE 3: Clinically significant distress or impairment in social, occupational, or other important areas of functioning.

ASK: Have these problems with your mood, made it hard for you to do (or keep) your job? Have these problems made it difficult to take care of things at home? Have these problems made it been more difficult to keep in touch with friends and colleagues? Have these problems made it been more difficult to maintain your close relationships with family and loved ones?

TIP: Code 3 if the patient is currently in hospital; Exclude the possibility that functional disability may be due to events external to the patient’s control e.g. loss of occupational function due to employer bankruptcy

A26: xxxx

CODE 3: The symptoms must not be due to the direct physiological effects of a substance (e.g a drug of abuse, medication) or to another medical condition.

ASK: Just before you started feeling depressed, were you physically? If yes, what did the doctor say was the problem?

Just before you started feeling depressed, were you taking any prescribed medications? If yes, what medications were you using? Are you still taking them? When did you last take them? Have the dose been changed recently or before your depression began?

Just before you started feeling depressed, were you taking any street drugs? If yes, which ones? Are you still taking them? Have the dose been changed recently or before your depression began?

TIP:

Medical conditions that are likely to have a direct physiological effect include: stroke, Huntington’s disease, Parkinson’s disease, traumatic brain injury, Cushing’s disease, hypothyroidism, multiple sclerosis, systemic lupus erythematosus.

Medications or substances likely to have a direct physiological effect include: alcohol (either Intoxication or Withdrawal) phencyclidine (Intoxication), hallucinogens (Intoxication), inhalants (Intoxication), opioids (either Intoxication or Withdrawal), sedative, hypnotics or anxiolytics (either Intoxication or Withdrawal), amphetamine and other stimulants either Intoxication or Withdrawal), cocaine (either Intoxication or Withdrawal), antiviral agents (etavirenz), cardiovascular agents (clonodine, guanethidine, methyldopa, Reserpine), retinoic acid derivatives (isotretinoin), antidepressants, anticonvulants, anti-migraine agents (triptans), antipsychotics, hormonal agents (corticosteroids, oral contraceptives, gonadotropin-releasing hormone agonists, tamoxifen), smoking cessation agents (varenicline) and immunological agents (interferon).

IF YOU CODE 3, NOTE "PRIMARY DEPRESSIVE EPISODE" AND GO ON TO A28

IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE ABUSE, GO TO AMC/SUBSTANCE A307 AND RETURN HERE TO MAKE A RATING OF "1" OR "3".

**Anxiety specifier questions**

A30: Anxiety

CODE 3: Feeling anxious or tense for most of the day nearly every day of the current depressive episode, either by subjective report or as observed by others

ASK: For most of the days when you were feeling depressed, were you also feeling anxious or tense?

TIP: If not fully cooperative, ask if others have commented that the patient had been anxious or tense

A31: Restlessness

CODE 3: patient feels unusually restless for most of the day nearly every day of the current depressive episode, either by subjective report or as observed by others

ASK: Did you feel unusually restless?

TIP: If not fully cooperative, be sure to ask if others noticed restlessness

A32: Difficulty concentrating

CODE 3: patient has difficulty concentrating because of worry for most of the day nearly every day of the current depressive episode, either by subjective report or as observed by others

ASK: Did you have trouble concentrating because you were worrying about things?

TIP: If not fully cooperative, be sure to ask if others noticed lack of concentration

A33: Unfounded fear

CODE 3: patient thinks that something awful may happen, without a clear stimulus to think so, for most of the day nearly every day of the current depressive episode, either by subjective report or as observed by others

ASK: Were you afraid that something awful was going to happen?

TIP: Determine if fear was specific and/or reasonable, or a general sense of foreboding

A34: Loss of control

CODE 3: patient thinks that they may lose control of themselves for most of the day nearly every day of the current depressive episode, either by subjective report or as observed by others

ASK: Were you feeling that you might lose control of yourself?

TIP: if patient is not sure how to answer, try rephrasing the question, such as “did you feel in control of your own actions?”

**Peripartum onset specifier**

A37: with peripartum onset

CODE 3: Onset of mood symptoms occurs within 4 weeks following delivery

ASK: IF UNKNOWN: When did (DEPRESSIVE SXS) start?

TIP: not sure what to put here

**Mixed features specifier questions**

A38: Elevated/expansive mood

CODE 3: patient reports elevated/expansive mood, for most of the day nearly every day of the current depressive episode, either by subjective report or as observed by others

ASK: For most of the days you were feeling depressed, was your mood also elevated so that you felt on top of the world?

TIP: If not fully cooperative, be sure to ask if others noticed this period of elevated/expansive mood

A39: Inflated self-confidence

CODE 3: patient reports inflated self esteem or grandiosity, possibly to the point of having special powers or abilities

ASK: During that time, how did you feel about yourself? (More self confident than usual?) (Any special powers or abilities?)

TIP: Be sure to differentiate between delusion of special powers and just a grandiose sense of superiority. If not fully cooperative, be sure to ask if others noticed inflated self-esteem or grandiose behavior.

A40: Talkativeness

CODE 3: More talkative than usual or pressure to keep talking. If patient reported an irritable mood, consistent complaining, tirades, or hostile comments can warrant a coding of 3.

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

TIP: ask about a pressure or compulsion to keep talking, even when not appropriate. Singing, being inappropriately theatrical, irrelevant jokes/puns/trivia can also lead to a coding of 3 for an elevated mood.

A41: Racing thoughts

CODE 3: patient subjectively reports thoughts are racing or a flight of ideas.

ASK: Did your thoughts race through your head? (What was that like?)

TIP: Racing thoughts will be subjectively reported, be sure to ask whether or not they could focus on a particular thought, or if it was hard or impossible to stay on one train of thought. Another sign of racing thoughts would be thoughts that are conceived at a rate much faster than can be expressed through speech, without the ability to turn them off. This could manifest as disorganized or incoherent speech, and might be noted during the interview.

A42: Increased Productivity

CODE 3: Increase in energy or goal-directed activity (either socially, at work or school, or sexually)

ASK: Were you especially productive or busy during that time? (How did you spend your time? (Work, friends, hobbies?))(Were you so active that your friends or family were concerned about you?) [IF NO INCREASED ACTIVITY: Were you physically restless? (Was it bad?)]

TIP: Look for an unusual focus on tasks or activities. If at work/school, establish a baseline attitude towards their work (normally not productive) and ascertain whether that has changed. Increased/goal directed sexual activity should be considered as well, such as increased sexual drive, unusual (for the patient) fantasies, and changes in sexual behavior. Psychomotor agitation (either observed or self reported) should be considered as well. If the patient reports renewing many old acquaintances/friends or befriending strangers, determine the frequency of this behavior and determine if this is out of the norm for the patient. In the case of children, it is especially important to determine their baseline behavior, and whether or not their new behavior occurs most of the day nearly every day, but most importantly use clinical judgment.

A43: Reckless Behavior

CODE 3: Increased or excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, foolish business investments).

ASK: During that time, did you do things that could have caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you?) (Reckless driving?)

TIP: determine whether they've engaged in risky behavior that is unusual for them. For example, going on a gambling spree despite having no real history of gambling; an increase in sexual activity with strangers that is out of their norm, or sex acts that they normally wouldn't consider doing; making risky investments with a history of being cautious, etc... Purchasing unnecessary items (sometime without a clear way to pay for them), and abruptly giving away possessions can also count towards coding a 3

A44: Decreased need for sleep

CODE 3: Patient reports decreased need for sleep (feeling rested despite sleeping less than usual; to be contrasted with insomnia).

ASK: Did you need less sleep than usual? (How much sleep did you get?) [IF YES: Did you still feel rested?]

TIP: Be sure to compare new sleep amount to normal baseline sleep. Look out for signs like feeling rested and full of energy after only 3 hours of sleep or less

**Melancholic features specifier questions**

A62: Loss of pleasure

CODE 3: Loss of pleasure in all, or almost all activities.

ASK: IF UNKNOWN: During (PERIOD OF CURRENT EPISODE), when were you feeling the worst? During that time when you were feeling the worst, did you completely lose interest or pleasure in everything?

TIP: Look for loss of pleasure in all or almost all activities. Consider asking if others noticed this, such as a regular golfer who stops going out golfing with his friends.

A63: Lack of reactivity to pleasure

CODE 3: Patient reports lack of reactivity to usually pleasurable stimuli (does not feel much better, even temporarily, when something good happens).

ASK: If something good happened to you or someone tried to cheer you up, did you feel better at least for a while?

TIP: Determine what constituted pleasurable stimuli before depressed mood, and whether or not they began to react differently to those stimuli

A64: Distinct quality of depressed mood

CODE 3: Patient reports a distinct quality of depressed mood characterized by profound despondency, despair, and/or moroseness or by so-called empty mood.

ASK: During that time when you were feeling the worst, was your feeling of (OWN WORDS FOR DEPRESSED MOOD) different from the kind of feeling you would get if someone close to you died? (Or something else bad happened to you?) IF YES: How is it different?

TIP: If patient not fully cooperative, determine if others noticed a distinct quality of depressed mood. Remember, this mood is being compared to “normal depressed” mood, not to a non-depressed baseline

A65: Morning depression

CODE 3: Patient or others reports depression that is regularly worse in the morning.

ASK: Did you usually feel worse in the morning?

TIP: If patient not fully cooperative, determine if others noticed that they felt worse in the morning. Be sure to differentiate from normal grogginess or lack of feeling awake due to lack of sleep

A66: Early morning awakening

CODE 3: Patient or others reports waking up at least 2 hours before usual awakening

ASK: IF UNKNOWN: What time did you wake up in the morning? (How much earlier is it than your usual time [before you were depressed]?)

TIP: Ascertain pre-depressed waking time, and compare to new time of awakening

A67: Psychomotor agitation/retardation

CODE 3: Patient or others report marked psychomotor agitation or retardation

ASK: IF UNKNOWN: Were you talking or moving very slowly during this time, as if you were doing things in slow motion? IF UNKNOWN: How about being extremely restless of unable to sit still? (Were you pacing around a lot or wringing your hands?)

TIP: Be sure to differentiate between subjective feelings of being slowed down, and actually moving slowly. Ask if others noticed this to confirm validity of psychomotor agitation/retardation.

A68: Weight loss

CODE 3: Significant anorexia or weight loss

ASK: IF UNKNOWN: Did you virtually stop eating or lose a great deal of weight?

TIP: Do not try and diagnose anorexia, determine simply if the patient lost their appetite and/or unintentionally lost weight. Make sure this does not coincide with AMC or medication/drugs.

A69: Guilt

CODE 3: patient or others report excessive or inappropriate guilt

ASK: IF UNKNOWN: Were you feeling guilty about things you had done or had not done?

TIP: The guilt must be excessive and/or inappropriate, sometimes a patient will feel incredibly guilty over something that they deservingly should feel guilt over

**Atypical features specifier questions**

A73: mood reactivity

CODE 3: patient or others report that their mood brightens in response to actual or potential positive events

ASK: IF UNKNOWN: During the (LAST 2 WEEKS OF CURRENT MDE), if something good happens to you or someone tries to cheer you up, do you feel better, at least for a while?

TIP: Look for signs like cheering up when they see their family/friends. Report of others may be particularly useful.

A74: Weight gain

CODE 3: significant weight gain or increase in appetite

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

TIP: Ask if others noticed this. Ask if they starting eating out more, or gained a lot of weight unintentionally.

A75: Hypersomnia

CODE 3: it patient or others report more than 10 hours of sleep in a day or excessive daytime sleep

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

TIP: Be sure to ask about daytime sleep and excessive nighttime sleep

A76: Leaden paralysis

CODE 3: patient reports heavy leaden feelings in arms or legs

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

TIP: Differentiate from subjective report of feeling slowed down 🡨not sure what to put for the tip

A77: Interpersonal rejection sensitivity

CODE 3: patient or others report a long standing pattern of interpersonal rejection sensitivity(not limited to episodes of mood disturbance) that results in significant social or occupational impairment

ASK: Are you especially sensitive to how others treat you? What happens when someone rejects, criticizes or slights you? (Do you get very down or angry?) (For how long?) (How has this affected you?)(Is your reaction more extreme than most people’s?)

TIP: the sensitivity must either be more severe than is appropriate or must affect their social or occupational functioning, such as losing friends or losing a job or negatively interacting with coworkers

**Past Major depressive episode**

A81: depressed mood

CODE 3: depressed mood or sadness present most of the day nearly every day for a 2 week period

ASK: IF NOT CURRENTLY DEPRESSED: Have you ever had a period of time when you were feeling depressed or down most of the day nearly every day? (What was that like?) [IF YES: When was that? How long did it last? (As long as two weeks?)] IF CURENTLY DEPRESSED BUT FULL CRITERIA ARE NOT MET, SCREEN FOR PAST MDE: Has there ever been another time when you were depressed or down most of the day nearly every day? (What was that like?) [IF YES: When was that? How long did it last? (As long as two weeks?)]

TIP: If patient not fully cooperative: (a) ask if others have observed/commented on whether the patient was depressed (b) look for cues in patient’s facial expression and demeanor during the interview. In children and adolescents: ask about persistent irritability, not just occasional frustration

A82: loss of pleasure

CODE 3: Markedly diminished interest/pleasure in all or nearly all activities most of the day nearly every day (either subjective report or observed by others); includes loss of sexual interest/desire

ASK: IF NO PAST DEPRESSED MOOD: What about losing interest or pleasure in things you usually enjoyed? [IF YES: When was that? Was it nearly every day? How long did it last? (As long as two weeks?)] Have you had more than one time like that? (Which was the worse?) IF UNCLEAR: Have you had any times like that in the past year? NOTE: IF MORE THAN ONE PAST EPISODE IS LIKELY, SELECT THE WORST ONE FOR YOUR INQUIRY ABOUT A PAST MDE. HOWEVER, IF THERE WAS AN EPISODE IN THE PAST YEAR, ASK ABOUT THAT EPISODE EVEN IF IT WAS NOT THE WORST.

TIP: If patient not fully cooperative, ask if others have observed/commented diminished interest in regular activities including reduction in sexual interest/activities.

A83: Weight loss/gain

CODE 1: Change due to general medical illness or to mood congruent delusions or hallucinations

CODE 3: Change of 5% or more in body weight in a month;

ASK: How was your appetite? (What about compared to your usual appetite?) (Did you have to force yourself to eat?) (Eat [less/more] than usual?) (Was that nearly every day?) (Did you

lose or gain any weight?) (How much?) (Were you trying to [lose/gain] weight)?

TIP: Exclude the possibility that weight changes may be caused by prescribed medication, illicit drug (use or discontinuation) or planned weight loss or gain. In children, consider failure to make expected weight gains.

A86: Sleep Disturbance

CODE 1: Change due to general medical illness or to mood congruent delusions or hallucinations

CODE 3: Sleep disturbance present nearly every day for two weeks at least; could be insomnia (initial, middle, or terminal) or hypersomnia (prolonged nighttime sleep and/or excessive daytime sleep).

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

TIP: Exclude the possibility that sleep disturbances may be caused by lifestyle changes (e.g. travel, shift work).

A89: Psychomotor disturbances

CODE 1: Change due to general medical illness or to mood congruent delusions or hallucinations

CODE 3: Psychomotor disturbances present nearly every day for two weeks at least AND observable by others; could be agitation or retardation.

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

TIP: Code 3 based on patient’s behavior during the interview if (a) markedly restless (e.g. hand wringing, touching own self or objects, unable to sit still; or (b) markedly slowed-down (e.g. long pauses before responding, slow speech or movement including walking).

A92: Energy Disturbances

CODE 1: Change due to general medical illness or to mood congruent delusions or hallucinations

CODE 3: Tired all day, nearly every day for two weeks at least

ASK: What was your energy like? (Tired all the time? Nearly every day?)

TIP: Exclude the possibility that energy disturbances may be caused by lifestyle changes (e.g. travel, shift work).

A93: Worthlessness or guilt

CODE 3: Feelings of worthlessness nearly every day for at least two weeks and/or excessive inappropriate guilt (e.g. guilt over minor past failings or trivial day to day events considered evidence of a personal defect or exaggerate personal responsibility) – Worthlessness or guilt may be delusional.

ASK: How did you feel about yourself? (Worthless?) (Nearly every day?) IF NO: What about feeling guilty about things you had done or not done? (Nearly every day)?

TIP: If the patient only reports low self-esteem or guilt over feeling sick and missing occupational or interpersonal responsibilities, code 1 or 2.

A96: Disturbances in concentration and decision making

CODE 1: Change due to general medical illness or to mood congruent delusions or hallucinations

CODE 3: Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others) for at least two weeks.

ASK: Did you have trouble thinking or concentrating? (What kinds of things did it interfere with?) (Nearly every day?) IF NO: Was it hard to make decisions about everyday things? (Nearly every day?)

TIP: The symptom refers specifically to lack of focus or an inability to make decisions about trivial and unimportant matters.

A 99: Suicidality

CODE 1: Self-harm or mutilation without suicidal intent

CODE 3: Recurrent thoughts of death, recurrent suicidal ideation with or without a plan or suicide attempt

ASK: Were things so bad that you were thinking a lot about death or that you would be better off dead? Did you think about hurting yourself? IF YES: Did you do anything to hurt yourself?

ALERT: If CODE 3: if you consider the risk to be high and/or patient seems likely to act upon ideation soon, call the study clinician or alert a member of the clinical team if you are conducting this interview within a clinical service.

A105: Reduced psychosocial functioning

CODE 3: Clinically significant distress or impairment in social, occupational, or other important areas of functioning.

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

TIP: Code 3 if the patient is currently in hospital; Exclude the possibility that functional disability may be due to events external to the patient’s control e.g. loss of occupational function due to employer bankruptcy

A106: Primary mood disorder

CODE: To code 3, the symptoms must not be due to the direct physiological effects of a substance (e.g a drug of abuse, medication) or to AMC. IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE ABUSE, GO TO AMC/SUBSTANCE A307 AND RETURN HERE TO MAKE A RATING OF "1" OR "3".

ASK: Just before this began, were you feeling physically ill?

[IF YES: What did the doctor say?] Just before this began, were you using any medications?

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

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

TIP: ETIOLOGICAL MEDICAL SYNDROMES INCLUDE: stroke, Huntington’s disease, Parkinson’s disease, traumatic brain injury, Cushing’s disease, hypothyroidism, multiple sclerosis, systemic lupus erythematosus. ETIOLOGICAL SUBSTANCES INCLUDE: alcohol (I/W), phencyclidine (I), hallucinogens (I), inhalants (I), opioids (I/W), sedative, hypnotics or anxiolytics (I/W), amphetamine and other stimulants (I/W), cocaine (I/W), antiviral agents (etavirenz), cardiovascular agents (clonodine, guanethidine, methyldopa, Reserpine), retinoic acid derivatives (isotretinoin), antidepressants, anticonvulants, anti-migraine agents (triptans), antipsychotics, hormonal agents (corticosteroids, oral contraceptives, gonadotropin-releasing hormone agonists, tamoxifen), smoking cessation agents (varenicline) and immunological agents (interferon).

A109: Age of onset

Patient provided age

ASK: How old were you when PAST MAJOR DEPRESSIVE EPISODE) started?

A110: number of lifetime episodes

Patient provided number

ASK: 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)?

**Current manic episode questions**

A112: Elevated mood

CODE 3: Patient or others report a distinct period lasting at least 4 days of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy

ASK: In the last month 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? [IF YES: What was it like? (Was that more than just feeling good?)]Did you also feel like you were "hyper" and had an unusual amount of energy? Have you been much more active than is typical for you? (Did other people comment on how much you were doing?) [IF NO: In the last month, have you had a period of time when you were feeling irritable, angry or short-tempered most of the day, for at least several days? (Was that different from the way you usually are?)] [What was it like?]

TIP: If patient is not fully cooperative, determine if others noticed this period of elevated/irritable mood.

A115: Hyper or increased energy

CODE 3: Patient or others report feelings of being hyper or increased energy most of the day nearly every day for at least 1 week. If hospitalized due to symptoms, ignore 1 week requirement to code 3.

ASK: Did you also feel like you were "hyper" and had an unusual amount of energy? Have you been much more active than is typical for you? (Did other people comment on how much you were doing?)(How long did that last? As long as 1 week?) Did you feel (HIGH/IRRITABLE) for most of the day, nearly every day during this time? (Did you have to go into a hospital?)

TIP: Differentiate from elevated mood, this could be manifested as increased productivity or excessive engagement in normal activities. If increased energy doesn’t last 1 week, be sure to check whether Irritable mood lasts 1 week before moving on.

FOCUS ON THE WORST WEEK IN THE PAST MONTH OF THE CURRENT MANIC EPISODE FOR THE FOLLOWING QUESTIONS

A116: Inflated self esteem

CODE 3: patient reports inflated self esteem or grandiosity, possibly to the point of having special powers or abilities

ASK: IF UNCLEAR: During (EPISODE), when were you the most (OWN WORDS FOR MANIA)? During that time, how did you feel about yourself? (More self confident than usual?)(Did you feel much smarter than everybody else?) (Any special powers or abilities?)

TIP: Be sure to differentiate between delusion of special powers and just a grandiose sense of superiority. If not fully cooperative, be sure to ask if others noticed inflated self-esteem or grandiose behavior.

A117: Decreased need for sleep

CODE 3: feels rested after very little sleep (e.g 3 hours)

ASK: Did you need less sleep than usual? (How much sleep did you get?) [IF YES: Did you still feel rested?]

TIP: Be sure to compare this amount of sleep to their baseline amount of sleep

A118: Talkativeness

CODE 3: More talkative than usual or pressure to keep talking. If patient reported an irritable mood, consistent complaining, tirades, or hostile comments can warrant a coding of 3.

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

TIP: Be sure to ask about a pressure or compulsion to keep talking, even when not appropriate. Singing, being inappropriately theatrical, irrelevant jokes/puns/trivia can also lead to a coding of 3. For an irritated mood, consistent complaining, tirades, or hostile comments can warrant a coding of 3.

A119: Racing thoughts

CODE 3: subjective report of thoughts racing in patient’s head, being unable to focus on one thought or one train of thought

ASK: Were your thoughts racing through your head? (What was that like?)

TIP: this is a subjective report of racing thoughts, if they aren’t sure how to answer, ask whether thoughts were conceived at a faster rate than can be expressed through speech without the ability to turn them off. This could manifest as disorganized or incoherent speech and could be noted during the interview.

A120: Distractibility

CODE 3: patient or others report that attention is too easily drawn to unimportant or irrelevant stimuli. Do not code 3 if patient is very capable of holding a conversation. Irrelevant tangents can warrant a coding of 3

ASK: Were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (Give me an example of that)

TIP: this is different from a subjective report of racing thoughts, this could be manifested as constantly changing the topic of conversation, noticing aspects of the environment and mentioning them when inappropriate or out of context.

A121: Increase in goal directed activity

CODE 3: patient or others report an increase in activity or focus, either at work/school/socially or hobbies. Increases in sexual behavior outside their baseline can warrant a coding of 3. Psychomotor agitation/restlessness (e.g inability to sit still) can warrant a coding of 3 as well.

ASK: How did you spend your time? (Work, friends, hobbies?) (Were you especially productive or busy during that time?) (Were you so active that your friends or family were concerned about you?)(Did you find yourself more enthusiastic at work or working harder at your job?)(Did you find yourself more engaged in school activities or studying harder?)(Were you more sociable during that time, such as calling on friends or going out with them more than you usually do or making a lot of new friends?)Were you spending more time thinking about sex or involved in doing something sexual, by yourself or with others? (Was that a big change for you?) [IF NO INCREASED ACTIVITY: Were you physically restless during this time, doing things like pacing a lot or being unable to sit still? (How bad was it?)]

TIP: this can manifest many different ways, increased focus on work or schoolwork, renewing old acquaintances or fiends or befriending strangers (outside of the patient’s norm). Be especially vigilant in determining a baseline level of activity for children, and whether the new behavior is consistent most of the day nearly every day.

A124: Reckless behavior

CODE 3: patient or others report engaging in risky behavior that is unusual for them

ASK: During that time, did you do anything that could have potentially caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you and likely to get you in trouble?) (Reckless driving?)(Did you make any risky business investments or get involved in a business scheme that you wouldn't normally have done?)

TIP: Examples of this include going on a gambling spree despite having no real history of gambling, increase in sexual activity with strangers (assuming this is not their norm), making risky investments despite a history of caution, or purchasing unnecessary items without a clear way to pay for them or abruptly giving away possessions

A126: Disturbance in Social/Occupational functioning and/or hospitalization

CODE 3: The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

ASK: At the time did you have serious problems at home, or at work (school) because you were (SXS) or did you have to go into a hospital?

TIP: this can be determined by asking whether they’ve been able to keep a job or if their performance at work/school has declined; whether relationships with family/friends has been affected; whether they’ve been hospitalized or arrested because of their symptoms. The presence of psychotic features or intent to harm self or others will also warrant a coding of 3.

A127: Primary manic episode

CODE: To code 3, the symptoms must not be due to the direct physiological effects of a substance (e.g a drug of abuse, medication) or to AMC. IF THERE IS ANY INDICATION THAT THE MANIA MAY BE SECONDARY (I.E A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE ABUSE, GO TO AMC/SUBSTANCE A307 AND RETURN HERE TO MAKE A RATING OF "1" OR "3".

ASK: Just before this began, were you feeling physically ill?

[IF YES: What did the doctor say?] Just before this began, were you using any medications?

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

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

TIP: ETIOLOGICAL MEDICAL SYNDROMES INCLUDE: Alzheimer’s disease, vascular dementia, HIV-induced dementia, Huntington’s disease, Lewy body disease, Ertmivkr-Korsakoff, Cushing’s disease, multiple sclerosis, ALS, Parkinson’s disease, Pick’s disease, Creutzfelt-Jakob disease, stroke, traumatic brain injuries, hyperthyroidism. ETIOLOGICAL SUBSTANCES INCLUDE: alcohol (I/W), phencyclidine (I), hallucinogens (I), sedatives, hypnotics, anxiolytics (I/W), amphetamines (I/W), cocaine (I/W), corticosteroids, androgens, isoniazid, levodopa, interferon alpha, varenicline, procarbazine, clarithromycin, coprofloxacin

A129: number of lifetime episodes

Patient provided number

ASK: How many separate times in your life have you been (MANIC/OWN WORDS) nearly every day for at least a week (or were hospitalized)?

**Current manic episode anxious features specifier questions**

A130: Presence of Anxiety

CODE 3: feeling keyed up or tense for most of the day nearly every day of the current manic episode, either by subjective report or as observed by others

ASK: For most of the days when you were feeling (EUPORHIC/IRRITABLE), were you also feeling keyed up or tense?

TIP: If not fully cooperative, be sure to ask if others noticed anxiety or tension

A131: Restlessness

CODE 3: patient feels unusually restless for most of the day nearly every day of the current manic episode, either by subjective report or as observed by others

ASK: Did you feel unusually restless?

TIP: If not fully cooperative, be sure to ask if others noticed restlessness

A132: Difficulty concentrating

CODE 3: patient has difficulty concentrating because of worry for most of the day nearly every day of the current manic episode, either by subjective report or as observed by others

ASK: Did you have trouble concentrating because you were worrying about things?

TIP: If not fully cooperative, be sure to ask if others noticed lack of concentration

A133: Unfounded fear

CODE 3: patient thinks that something awful may happen, without a clear stimulus to think so, for most of the day nearly every day of the current manic episode, either by subjective report or as observed by others

ASK: Were you afraid that something awful was going to happen?

TIP: Determine if fear was specific and/or reasonable, or a general sense of foreboding

A134: Loss of control

CODE 3: patient thinks that they may lose control of themselves for most of the day nearly every day of the current manic episode, either by subjective report or as observed by others

ASK: Were you feeling that you might lose control of yourself?

TIP: if patient is not sure how to answer, try rephrasing the question, such as “did you feel in control of your own actions?”

**Peripartum onset specifier**

A137: with peripartum onset

CODE 3: Onset of mood symptoms occurs within 4 weeks following delivery

ASK: IF UNKNOWN: When did (MANIC SXS) start?

TIP: not sure what to put here

**Current manic episode Mixed features specifier questions**

A138: Depressed mood

CODE 3: Prominent dysphoria or depressed mood as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).

ASK: For most of the days that you were feeling (EUPORHIC/IRRITABLE), did you also have times that you were feeling depressed, sad, down, or empty?

TIP: If patient not fully cooperative, ask if others noticed this mood.

A139: Loss of pleasure

CODE 3: Diminished interest or pleasure in all, or almost all, activities (as indicated by either subjective account or observation made by others).

ASK: Did you also lose interest or pleasure in things you usually enjoyed?

TIP: If patient not fully cooperative, try to determine if others such as family observed diminished interest in activities one normally does regularly (i.e a weekly golfer who has since stopped or hardly goes golfing). Loss of sexual interest/desire can also warrant a coding of 3.

A140: Psychomotor retardation

CODE 3: Psychomotor retardation nearly every day (observable by others; not merely subjective feelings of being slowed down).

ASK: Did you talk or move more slowly than was normal for you? (Was it so bad that other people noticed it? What did they notice?)

TIP: differentiate from subjective feeling of slowed down, must be observable by others

A141: Low energy

CODE 3: Fatigue or loss of energy

ASK: Did you feel very tired or like your energy level was very low? (Did this happen for most of the days that you were feeling EUPHORIC/IRRITABLE?)

TIP: Unlike previous question, this is a subjective measure from the patient, but may also be observable to others. Could be manifested as a lack of productivity at work or not wanting to get out of bed

A142: Worthlessness and guilt

CODE 1 or 2: patient reports low self esteem

CODE 3: Feelings of worthlessness or excessive or inappropriate guilt (not merely self-reproach or guilt about being sick).

ASK: Did you feel worthless? How about feeling guilty about things you had done or not done? (What did you feel guilty about?)(Did this happen for most of the days that you were feeling EUPHORIC/IRRITABLE?)

TIP: look for Guilt over minor past failings or trivial day to day events that leads them to conclude a personal defect or exaggerate personal responsibility. For guilt over feeling sick and missing occupational/interpersonal responsibilities, unless delusional, do not code 3.

A143: Thoughts of death/suicide

CODE 3: 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. NOTE: ANY CURRENT SUICIDAL THOUGHTS, PLANS, OR ACTIONS SHOULD BE THOROUGHLY ASSESSED BY THE CLINICIAN AND ACTION TAKEN IF NECESSARY.

ASK: Were you feeling that things were so bad that you were thinking a lot about death or that you would be better off dead? What about thinking of hurting yourself? (Did this happen for most of the days that you were feeling EUPHORIC/IRRITABLE?)

TIP: Be subtle, try and determine the cause of these feelings and determine whether the situation is resolved or still a problem for the patient, this will allow you to segue into suicidal plans/ideation

**Current hypomanic episode questions**

A162: elevated mood

CODE 3: A distinct period of abnormally and persistently elevated, expansive or irritable mood and abnormally and persistently increased activity or energy, lasting at least 4 consecutive days, and present most of the day, nearly every day

ASK: (When you were [HIGH/IRRITABLE/ OWN WORDS], did it last for at least 4 days?) (Did it last for most of the day, nearly every day?) Have you had more than one time like that in the past month? (Which one was the most extreme?)

TIP: If patient is not fully cooperative, determine if others noticed this period of elevated/irritable mood. FOCUS ON THE MOST EXTREME PERIOD IN THE PAST MONTH OF THE CURRENT EPISODE FOR THE FOLLOWING QUESTIONS

A165: Inflated self esteem

CODE 3: patient reports inflated self esteem or grandiosity, possibly to the point of having special powers or abilities

ASK: During this time, how did you feel about yourself? (More self confident than usual?)(Did you feel much smarter than everybody else?) (Any special powers or abilities?)

TIP: Be sure to differentiate between delusion of special powers and just a grandiose sense of superiority. If not fully cooperative, be sure to ask if others noticed inflated self-esteem or grandiose behavior.

A166: Decreased need for sleep

CODE 3: feels rested after very little sleep (e.g 3 hours)

ASK: Did you need less sleep than usual? (How much sleep did you get?) [IF YES: Did you still feel rested?]

TIP: Be sure to compare this amount of sleep to their baseline amount of sleep

A167: Talkativeness

CODE 3: More talkative than usual or pressure to keep talking. If patient reported an irritable mood, consistent complaining, tirades, or hostile comments can warrant a coding of 3.

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

TIP: Be sure to ask about a pressure or compulsion to keep talking, even when not appropriate. Singing, being inappropriately theatrical, irrelevant jokes/puns/trivia can also lead to a coding of 3. For an irritated mood, consistent complaining, tirades, or hostile comments can warrant a coding of 3.

A168: Racing thoughts

CODE 3: subjective report of thoughts racing in patient’s head, being unable to focus on one thought or one train of thought

ASK: Were your thoughts racing through your head? (What was that like?)

TIP: this is a subjective report of racing thoughts, if they aren’t sure how to answer, ask whether thoughts were conceived at a faster rate than can be expressed through speech without the ability to turn them off. This could manifest as disorganized or incoherent speech and could be noted during the interview.

A169: Distractibility

CODE 3: patient or others report that attention is too easily drawn to unimportant or irrelevant stimuli. Do not code 3 if patient is very capable of holding a conversation. Irrelevant tangents can warrant a coding of 3

ASK: Were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (Give me an example of that)

TIP: this is different from a subjective report of racing thoughts, this could be manifested as constantly changing the topic of conversation, noticing aspects of the environment and mentioning them when inappropriate or out of context.

A170: Increase in goal directed activity

CODE 3: patient or others report an increase in activity or focus, either at work/school/socially or hobbies. Increases in sexual behavior outside their baseline can warrant a coding of 3. Psychomotor agitation/restlessness (e.g inability to sit still) can warrant a coding of 3 as well.

ASK: How did you spend your time? (Work, friends, hobbies?) (Were you especially productive or busy during that time?) (Were you so active that your friends or family were concerned about you?)(Did you find yourself more enthusiastic at work or working harder at your job?)(Did you find yourself more engaged in school activities or studying harder?)(Were you more sociable during that time, such as calling on friends or going out with them more than you usually do or making a lot of new friends?)Were you spending more time thinking about sex or involved in doing something sexual, by yourself or with others? (Was that a big change for you?) [IF NO INCREASED ACTIVITY: Were you physically restless during this time, doing things like pacing a lot or being unable to sit still? (How bad was it?)]

TIP: this can manifest many different ways, increased focus on work or schoolwork, renewing old acquaintances or fiends or befriending strangers (outside of the patient’s norm). Be especially vigilant in determining a baseline level of activity for children, and whether the new behavior is consistent most of the day nearly every day.

A173: Reckless behavior

CODE 3: patient or others report engaging in risky behavior that is unusual for them

ASK: During that time, did you do anything that could have potentially caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you and likely to get you in trouble?) (Reckless driving?)(Did you make any risky business investments or get involved in a business scheme that you wouldn't normally have done?)

TIP: Examples of this include going on a gambling spree despite having no real history of gambling, increase in sexual activity with strangers (assuming this is not their norm), making risky investments despite a history of caution, or purchasing unnecessary items without a clear way to pay for them or abruptly giving away possessions

A175: Uncharacteristic change in functioning

CODE 3: The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic

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

TIP: determine baseline level of functioning then see if new level of functioning differs from their baseline

A176: Observable by others

CODE 3: The disturbance in mood and the change in functioning are observable by others.

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

TIP: none

A177: Disturbance in Social/Occupational functioning and/or hospitalization

CODE 3: The mood disturbance is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, and there are no psychotic features.

ASK: At the time did you have serious problems at home, or at work (school) because you were (SXS) or did you have to go into a hospital?

TIP: this can be determined by asking whether they’ve been able to keep a job or if their performance at work/school has declined; whether relationships with family/friends has been affected; whether they’ve been hospitalized or arrested because of their symptoms. IF SEVERE ENOUGH TO REQUIRE HOSPITALIZATION OR DURATION WAS AT LEAST 1 WEEK, GO TO A116 AND TRANSCRIBE B CRITERION SYMPTOM RATINGS AND CONTINUE WITH RATINGS FOR CURRENT MANIC EPISODE. OTHERWISE CODE “OTHER BIPOLAR DISORDER” ON D15.

A178: Primary hypomanic episode

CODE: To code 3, the symptoms must not be due to the direct physiological effects of a substance (e.g a drug of abuse, medication) or to AMC. IF THERE IS ANY INDICATION THAT THE HYPOMANIA MAY BE SECONDARY (I.E A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE ABUSE, GO TO AMC/SUBSTANCE A307 AND RETURN HERE TO MAKE A RATING OF "1" OR "3".

ASK: Just before this began, were you feeling physically ill?

[IF YES: What did the doctor say?] Just before this began, were you using any medications?

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

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

TIP: ETIOLOGICAL MEDICAL SYNDROMES INCLUDE: Alzheimer’s disease, vascular dementia, HIV-induced dementia, Huntington’s disease, Lewy body disease, Ertmivkr-Korsakoff, Cushing’s disease, multiple sclerosis, ALS, Parkinson’s disease, Pick’s disease, Creutzfelt-Jakob disease, stroke, traumatic brain injuries, hyperthyroidism. ETIOLOGICAL SUBSTANCES INCLUDE: alcohol (I/W), phencyclidine (I), hallucinogens (I), sedatives, hypnotics, anxiolytics (I/W), amphetamines (I/W), cocaine (I/W), corticosteroids, androgens, isoniazid, levodopa, interferon alpha, varenicline, procarbazine, clarithromycin, ciprofloxacin. 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.

A180: number of lifetime episodes

Patient provided number

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

**Current hypomanic episode anxious features specifier questions**

A130: Presence of Anxiety

CODE 3: feeling keyed up or tense for most of the day nearly every day of the current hypomanic episode, either by subjective report or as observed by others

ASK: For most of the days when you were feeling (EUPORHIC/IRRITABLE), were you also feeling keyed up or tense?

TIP: If not fully cooperative, be sure to ask if others noticed anxiety or tension

A131: Restlessness

CODE 3: patient feels unusually restless for most of the day nearly every day of the current hypomanic episode, either by subjective report or as observed by others

ASK: Did you feel unusually restless?

TIP: If not fully cooperative, be sure to ask if others noticed restlessness

A132: Difficulty concentrating

CODE 3: patient has difficulty concentrating because of worry for most of the day nearly every day of the current hypomanic episode, either by subjective report or as observed by others

ASK: Did you have trouble concentrating because you were worrying about things?

TIP: If not fully cooperative, be sure to ask if others noticed lack of concentration

A133: Unfounded fear

CODE 3: patient thinks that something awful may happen, without a clear stimulus to think so, for most of the day nearly every day of the current hypomanic episode, either by subjective report or as observed by others

ASK: Were you afraid that something awful was going to happen?

TIP: Determine if fear was specific and/or reasonable, or a general sense of foreboding

A134: Loss of control

CODE 3: patient thinks that they may lose control of themselves for most of the day nearly every day of the current hypomanic episode, either by subjective report or as observed by others

ASK: Were you feeling that you might lose control of yourself?

TIP: if patient is not sure how to answer, try rephrasing the question, such as “did you feel in control of your own actions?”

**Peripartum onset specifier**

A137: with peripartum onset

CODE 3: Onset of mood symptoms occurs within 4 weeks following delivery

ASK: IF UNKNOWN: When did (DEPRESSIVE SXS) start?

TIP: not sure what to put here

**Current hypomanic episode Mixed features specifier questions**

A138: Depressed mood

CODE 3: Prominent dysphoria or depressed mood as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).

ASK: For most of the days that you were feeling (EUPORHIC/IRRITABLE), did you also have times that you were feeling depressed, sad, down, or empty?

TIP: If patient not fully cooperative, ask if others noticed this mood.

A139: Loss of pleasure

CODE 3: Diminished interest or pleasure in all, or almost all, activities (as indicated by either subjective account or observation made by others).

ASK: Did you also lose interest or pleasure in things you usually enjoyed?

TIP: If patient not fully cooperative, try to determine if others such as family observed diminished interest in activities one normally does regularly (i.e a weekly golfer who has since stopped or hardly goes golfing). Loss of sexual interest/desire can also warrant a coding of 3.

A140: Psychomotor retardation

CODE 3: Psychomotor retardation nearly every day (observable by others; not merely subjective feelings of being slowed down).

ASK: Did you talk or move more slowly than was normal for you? (Was it so bad that other people noticed it? What did they notice?)

TIP: differentiate from subjective feeling of slowed down, must be observable by others

A141: Low energy

CODE 3: Fatigue or loss of energy

ASK: Did you feel very tired or like your energy level was very low? (Did this happen for most of the days that you were feeling EUPHORIC/IRRITABLE?)

TIP: Unlike previous question, this is a subjective measure from the patient, but may also be observable to others. Could be manifested as a lack of productivity at work or not wanting to get out of bed

A142: Worthlessness and guilt

CODE 1 or 2: patient reports low self esteem

CODE 3: Feelings of worthlessness or excessive or inappropriate guilt (not merely self-reproach or guilt about being sick).

ASK: Did you feel worthless? How about feeling guilty about things you had done or not done? (What did you feel guilty about?)(Did this happen for most of the days that you were feeling EUPHORIC/IRRITABLE?)

TIP: look for Guilt over minor past failings or trivial day to day events that leads them to conclude a personal defect or exaggerate personal responsibility. For guilt over feeling sick and missing occupational/interpersonal responsibilities, unless delusional, do not code 3.

A143: Thoughts of death/suicide

CODE 3: 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. NOTE: ANY CURRENT SUICIDAL THOUGHTS, PLANS, OR ACTIONS SHOULD BE THOROUGHLY ASSESSED BY THE CLINICIAN AND ACTION TAKEN IF NECESSARY.

ASK: Were you feeling that things were so bad that you were thinking a lot about death or that you would be better off dead? What about thinking of hurting yourself? (Did this happen for most of the days that you were feeling (EUPHORIC/IRRITABLE?))

TIP: Be subtle, try and determine the cause of these feelings and determine whether the situation is resolved or still a problem for the patient, this will allow you to segue into suicidal plans/ideation

**Past manic episode questions**

A198: Elevated mood

CODE 3: A distinct period [lasting at least 4 days] of abnormally and persistently elevated, expansive or irritable mood and abnormally and persistently increased activity or energy

ASK: Have you ever 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? IF YES: What was it like? (Was that more than just feeling good? IF NO: Have you ever had a period of time when you were feeling irritable, angry, or short-tempered for most of the day, every day, for at least several days? (Was that different from the way you usually are?) Did you also feel like you were “hyper” and had an unusual amount of energy? Have you been much more active than is typical for you? (Did other people comment on how much you were doing?) What was it like? Did you also feel like you were “hyper” and had an unusual amount of energy? Have you been much more active than is typical for you? (Did other people comment on how much you were doing?) When was that?

TIP: If patient is not fully cooperative, determine if others noticed this period of elevated/irritable mood

A201: Length of mood

CODE 3: lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary)

ASK: How long did that last? (As long as 1 week?) (Did you need to go to the hospital?) Did you feel (HIGH/IRRITABLE) for most of the day, nearly every day during this time?) Have you had more than one time like that? (Which time was the most extreme?) IF UNCLEAR: Have you had any times like that in the past year?

TIP: NOTE: IF ELEVATED MOOD LASTS LESS THAN 1 WEEK, CHECK WHETHER IRRITABLE MOOD LASTS AT LEAST 1 WEEK BEFORE SKIPPING TO A217. NOTE: IF THERE IS EVIDENCE FOR MORE THAN ONE PAST EPISODE, SELECT THE “WORST” ONE FOR YOUR INQUIRY ABOUT PAST MANIC EPISODE. IF THERE WAS AN EPISODE IN THE PAST YEAR, ASK ABOUT THAT EPISODE EVEN IF IT WAS NOT THE WORST

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

A202: Inflated self esteem

CODE 3: patient reports inflated self esteem or grandiosity, possibly to the point of having special powers or abilities

ASK: IF UNCLEAR: During (EPISODE), when were you the most (OWN WORDS FOR MANIA)? During that time, how did you feel about yourself? (More self confident than usual?)(Did you feel much smarter than everybody else?) (Any special powers or abilities?)

TIP: Be sure to differentiate between delusion of special powers and just a grandiose sense of superiority. If not fully cooperative, be sure to ask if others noticed inflated self-esteem or grandiose behavior.

A203: Decreased need for sleep

CODE 3: feels rested after very little sleep (e.g 3 hours)

ASK: Did you need less sleep than usual? (How much sleep did you get?) [IF YES: Did you still feel rested?]

TIP: Be sure to compare this amount of sleep to their baseline amount of sleep

A204: Talkativeness

CODE 3: More talkative than usual or pressure to keep talking. If patient reported an irritable mood, consistent complaining, tirades, or hostile comments can warrant a coding of 3.

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

TIP: Be sure to ask about a pressure or compulsion to keep talking, even when not appropriate. Singing, being inappropriately theatrical, irrelevant jokes/puns/trivia can also lead to a coding of 3. For an irritated mood, consistent complaining, tirades, or hostile comments can warrant a coding of 3.

A205: Racing thoughts

CODE 3: subjective report of thoughts racing in patient’s head, being unable to focus on one thought or one train of thought

ASK: Were your thoughts racing through your head? (What was that like?)

TIP: this is a subjective report of racing thoughts, if they aren’t sure how to answer, ask whether thoughts were conceived at a faster rate than can be expressed through speech without the ability to turn them off. This could manifest as disorganized or incoherent speech and could be noted during the interview.

A206: Distractibility

CODE 3: patient or others report that attention is too easily drawn to unimportant or irrelevant stimuli. Do not code 3 if patient is very capable of holding a conversation. Irrelevant tangents can warrant a coding of 3

ASK: Were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (Give me an example of that)

TIP: this is different from a subjective report of racing thoughts, this could be manifested as constantly changing the topic of conversation, noticing aspects of the environment and mentioning them when inappropriate or out of context.

A207: Increase in goal directed activity

CODE 3: patient or others report an increase in activity or focus, either at work/school/socially or hobbies. Increases in sexual behavior outside their baseline can warrant a coding of 3. Psychomotor agitation/restlessness (e.g inability to sit still) can warrant a coding of 3 as well.

ASK: How did you spend your time? (Work, friends, hobbies?) (Were you especially productive or busy during that time?) (Were you so active that your friends or family were concerned about you?)(Did you find yourself more enthusiastic at work or working harder at your job?)(Did you find yourself more engaged in school activities or studying harder?)(Were you more sociable during that time, such as calling on friends or going out with them more than you usually do or making a lot of new friends?)Were you spending more time thinking about sex or involved in doing something sexual, by yourself or with others? (Was that a big change for you?) [IF NO INCREASED ACTIVITY: Were you physically restless during this time, doing things like pacing a lot or being unable to sit still? (How bad was it?)]

TIP: this can manifest many different ways, increased focus on work or schoolwork, renewing old acquaintances or fiends or befriending strangers (outside of the patient’s norm). Be especially vigilant in determining a baseline level of activity for children, and whether the new behavior is consistent most of the day nearly every day.

A210: Reckless behavior

CODE 3: patient or others report engaging in risky behavior that is unusual for them

ASK: During that time, did you do anything that could have potentially caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you and likely to get you in trouble?) (Reckless driving?)(Did you make any risky business investments or get involved in a business scheme that you wouldn't normally have done?)

TIP: Examples of this include going on a gambling spree despite having no real history of gambling, increase in sexual activity with strangers (assuming this is not their norm), making risky investments despite a history of caution, or purchasing unnecessary items without a clear way to pay for them or abruptly giving away possessions

A212: Disturbance in Social/Occupational functioning and/or hospitalization

CODE 3: The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

ASK: At the time did you have serious problems at home, or at work (school) because you were (SXS) or did you have to go into a hospital?

TIP: this can be determined by asking whether they’ve been able to keep a job or if their performance at work/school has declined; whether relationships with family/friends has been affected; whether they’ve been hospitalized or arrested because of their symptoms. The presence of psychotic features or intent to harm self or others will also warrant a coding of 3.

A213: Primary manic episode

CODE: To code 3, the symptoms must not be due to the direct physiological effects of a substance (e.g a drug of abuse, medication) or to AMC. IF THERE IS ANY INDICATION THAT THE MANIA MAY BE SECONDARY (I.E A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE ABUSE, GO TO AMC/SUBSTANCE A307 AND RETURN HERE TO MAKE A RATING OF "1" OR "3".

ASK: Just before this began, were you feeling physically ill?

[IF YES: What did the doctor say?] Just before this began, were you using any medications?

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

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

TIP: ETIOLOGICAL MEDICAL SYNDROMES INCLUDE: Alzheimer’s disease, vascular dementia, HIV-induced dementia, Huntington’s disease, Lewy body disease, Ertmivkr-Korsakoff, Cushing’s disease, multiple sclerosis, ALS, Parkinson’s disease, Pick’s disease, Creutzfelt-Jakob disease, stroke, traumatic brain injuries, hyperthyroidism. ETIOLOGICAL SUBSTANCES INCLUDE: alcohol (I/W), phencyclidine (I), hallucinogens (I), sedatives, hypnotics, anxiolytics (I/W), amphetamines (I/W), cocaine (I/W), corticosteroids, androgens, isoniazid, levodopa, interferon alpha, varenicline, procarbazine, clarithromycin, ciprofloxacin. Note: A full manic episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a manic episode and, therefore, a bipolar I diagnosis

A215: Age of onset

Patient provided age

ASK: How old were you when PAST MANIC EPISODE) started?

A216: number of lifetime episodes

Patient provided number

ASK: How many separate times in your life have you been (MANIC/OWN WORDS) nearly every day for at least a week (or were hospitalized)?

**Past Hypomanic Episode questions**

A217: elevated mood

CODE 3: A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least 4 consecutive days and persistent most of the day, nearly every day

ASK: (When you were [HIGH/IRRITABLE/ OWN WORDS], did it last for at least 4 days?) (Did it last for most of the day, nearly every day?) What was it like? Have you had more than one time like that? (Which time was the most extreme?) IF UNCLEAR: Have you had any times like that in the past year?

TIP: If patient is not fully cooperative, determine if others noticed this period of elevated/irritable mood. NOTE: IF THERE IS EVIDENCE FOR MORE THAN ONE PAST EPISODE, SELECT THE”WORST” ONE FOR YOUR INQUIRY ABOUT PAST HYPOMANIC EPISODE. IF THERE WAS AN EPISODE IN THE PAST YEAR, ASK ABOUT THAT EPISODE EVEN IF IT WAS NOT THE WORST

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

A220: Inflated self esteem

CODE 3: patient reports inflated self esteem or grandiosity, possibly to the point of having special powers or abilities

ASK: IF UNCLEAR: During (EPISODE), when were you the most (OWN WORDS FOR MANIA)? During that time, how did you feel about yourself? (More self confident than usual?)(Did you feel much smarter than everybody else?) (Any special powers or abilities?)

TIP: Be sure to differentiate between delusion of special powers and just a grandiose sense of superiority. If not fully cooperative, be sure to ask if others noticed inflated self-esteem or grandiose behavior.

A221: Decreased need for sleep

CODE 3: feels rested after very little sleep (e.g 3 hours)

ASK: Did you need less sleep than usual? (How much sleep did you get?) [IF YES: Did you still feel rested?]

TIP: Be sure to compare this amount of sleep to their baseline amount of sleep

A222: Talkativeness

CODE 3: More talkative than usual or pressure to keep talking. If patient reported an irritable mood, consistent complaining, tirades, or hostile comments can warrant a coding of 3.

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

TIP: Be sure to ask about a pressure or compulsion to keep talking, even when not appropriate. Singing, being inappropriately theatrical, irrelevant jokes/puns/trivia can also lead to a coding of 3. For an irritated mood, consistent complaining, tirades, or hostile comments can warrant a coding of 3.

A223: Racing thoughts

CODE 3: subjective report of thoughts racing in patient’s head, being unable to focus on one thought or one train of thought

ASK: Were your thoughts racing through your head? (What was that like?)

TIP: this is a subjective report of racing thoughts, if they aren’t sure how to answer, ask whether thoughts were conceived at a faster rate than can be expressed through speech without the ability to turn them off. This could manifest as disorganized or incoherent speech and could be noted during the interview.

A224: Distractibility

CODE 3: patient or others report that attention is too easily drawn to unimportant or irrelevant stimuli. Do not code 3 if patient is very capable of holding a conversation. Irrelevant tangents can warrant a coding of 3

ASK: Were you so easily distracted by things around you that you had trouble concentrating or staying on one track? (Give me an example of that)

TIP: this is different from a subjective report of racing thoughts, this could be manifested as constantly changing the topic of conversation, noticing aspects of the environment and mentioning them when inappropriate or out of context.

A225: Increase in goal directed activity

CODE 3: patient or others report an increase in activity or focus, either at work/school/socially or hobbies. Increases in sexual behavior outside their baseline can warrant a coding of 3. Psychomotor agitation/restlessness (e.g inability to sit still) can warrant a coding of 3 as well.

ASK: How did you spend your time? (Work, friends, hobbies?) (Were you especially productive or busy during that time?) (Were you so active that your friends or family were concerned about you?)(Did you find yourself more enthusiastic at work or working harder at your job?)(Did you find yourself more engaged in school activities or studying harder?)(Were you more sociable during that time, such as calling on friends or going out with them more than you usually do or making a lot of new friends?)Were you spending more time thinking about sex or involved in doing something sexual, by yourself or with others? (Was that a big change for you?) [IF NO INCREASED ACTIVITY: Were you physically restless during this time, doing things like pacing a lot or being unable to sit still? (How bad was it?)]

TIP: this can manifest many different ways, increased focus on work or schoolwork, renewing old acquaintances or fiends or befriending strangers (outside of the patient’s norm). Be especially vigilant in determining a baseline level of activity for children, and whether the new behavior is consistent most of the day nearly every day.

A228: Reckless behavior

CODE 3: patient or others report engaging in risky behavior that is unusual for them

ASK: During that time, did you do anything that could have potentially caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you and likely to get you in trouble?) (Reckless driving?)(Did you make any risky business investments or get involved in a business scheme that you wouldn't normally have done?)

TIP: Examples of this include going on a gambling spree despite having no real history of gambling, increase in sexual activity with strangers (assuming this is not their norm), making risky investments despite a history of caution, or purchasing unnecessary items without a clear way to pay for them or abruptly giving away possessions

A230: Uncharacteristic change in functioning

CODE 3: The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic

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

TIP: determine baseline level of functioning then see if new level of functioning differs from their baseline

A231: Observable by others

CODE 3: The disturbance in mood and the change in functioning are observable by others.

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

TIP: none

A232: Disturbance in Social/Occupational functioning and/or hospitalization

CODE 3: The mood disturbance is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, and there are no psychotic features.

ASK: At the time did you have serious problems at home, or at work (school) because you were (SXS) or did you have to go into a hospital?

TIP: this can be determined by asking whether they’ve been able to keep a job or if their performance at work/school has declined; whether relationships with family/friends has been affected; whether they’ve been hospitalized or arrested because of their symptoms. IF SEVERE ENOUGH TO REQUIRE HOSPITALIZATION OR DURATION WAS AT LEAST 1 WEEK, GO TO A198 AND TRANSCRIBE B CRITERION SYMPTOM RATINGS AND CONTINUE WITH RATINGS FOR PAST MANIC EPISODE. OTHERWISE CODE “OTHER BIPOLAR DISORDER” ON D15

A233: Primary hypomanic episode

CODE: To code 3, the symptoms must not be due to the direct physiological effects of a substance (e.g a drug of abuse, medication) or to AMC. IF THERE IS ANY INDICATION THAT THE MANIA MAY BE SECONDARY (I.E A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE ABUSE, GO TO AMC/SUBSTANCE A307 AND RETURN HERE TO MAKE A RATING OF "1" OR "3".

ASK: Just before this began, were you feeling physically ill?

[IF YES: What did the doctor say?] Just before this began, were you using any medications?

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

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

TIP: ETIOLOGICAL MEDICAL SYNDROMES INCLUDE: Alzheimer’s disease, vascular dementia, HIV-induced dementia, Huntington’s disease, Lewy body disease, Ertmivkr-Korsakoff, Cushing’s disease, multiple sclerosis, ALS, Parkinson’s disease, Pick’s disease, Creutzfelt-Jakob disease, stroke, traumatic brain injuries, hyperthyroidism. ETIOLOGICAL SUBSTANCES INCLUDE: alcohol (I/W), phencyclidine (I), hallucinogens (I), sedatives, hypnotics, anxiolytics (I/W), amphetamines (I/W), cocaine (I/W), corticosteroids, androgens, isoniazid, levodopa, interferon alpha, varenicline, procarbazine, clarithromycin, ciprofloxacin. 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

A235: Age of onset

Patient provided age

ASK: How old were you when PAST HYPOMANIC EPISODE) started?

A236: number of lifetime episodes

Patient provided number

ASK: How many separate times in your life have you been (MANIC/OWN WORDS) nearly every day for at least a week (or were hospitalized)?

**Persistent depressive disorder**

A238: Depressed mood

CODE 3: 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. Note: in children and adolescents, mood can be irritable and duration must be at least 1 year.

ASK: For the past couple of years, have you been bothered by depressed mood most of the day, more days than not? (More than half of the time?) [IF YES: What has that been like?]

TIP: If patient is not fully cooperative, determine if others noticed depressed mood for most of the day, more days than not for at least 2 years in adults, and 1 year in children.

A239: Poor appetite

CODE 3: Poor appetite or overeating

ASK: During these periods of (OWN WORDS FOR CHRONIC DEPRESSION), do you often lose your appetite? (What about overeating?)

TIP: If patient is not fully cooperative, determine if others noticed loss of appetite or overeating.

A240: Insomnia/Hypersomnia

CODE 3: insomnia or hypersomnia

ASK: Do you have trouble sleeping or sleep too much?

TIP: Ask about baseline level of sleep before depressed mood, and ascertain whether the patient doesn’t sleep at night, or has excessive daytime sleep/naps

A241: Low energy

CODE 3: low energy or fatigue

ASK: Do you have little energy to do things or feel tired a lot?

TIP: If patient is not fully cooperative, determine if others noticed fatigue in the patient that is different from their level of energy before depressed mood.

A242: Low self esteem

CODE 3: low self esteem

ASK: Do you feel down on yourself? (Feel worthless, or a failure?)

TIP: NOTE SURE WHAT TO PUT HERE

A243: Concentration and Indecisiveness

CODE 3: Poor concentration or difficulty making decisions.

ASK: Do you have trouble concentrating or making decisions?

TIP: do not code 3 for trouble making life changing decisions, look for inability to make trivial decisions to the point of affecting functioning

A244: Hopelessness

CODE 3: Feelings of hopelessness

ASK: Do you feel hopless?

TIP: NOTE SURE WHAT TO PUT HERE

A246: Period without dysthymic symptoms

CODE 1: Normal mood for at least 2 months at a time.

CODE 3: 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.

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

A250: Primary mood disorder

CODE 3: To code 3, the symptoms must not be due to the direct physiological effects of a substance (e.g a drug of abuse, medication) or to AMC. IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE ABUSE, GO TO AMC/SUBSTANCE A307 AND RETURN HERE TO MAKE A RATING OF "1" OR "3".

ASK: Just before this began, were you feeling physically ill?

[IF YES: What did the doctor say?] Just before this began, were you using any medications?

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

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

TIP: ETIOLOGICAL MEDICAL SYNDROMES INCLUDE: stroke, Huntington’s disease, Parkinson’s disease, traumatic brain injury, Cushing’s disease, hypothyroidism, multiple sclerosis, systemic lupus erythematosus. ETIOLOGICAL SUBSTANCES INCLUDE: alcohol (I/W), phencyclidine (I), hallucinogens (I), inhalants (I), opioids (I/W), sedative, hypnotics or anxiolytics (I/W), amphetamine and other stimulants (I/W), cocaine (I/W), antiviral agents (etavirenz), cardiovascular agents (clonodine, guanethidine, methyldopa, Reserpine), retinoic acid derivatives (isotretinoin), antidepressants, anticonvulants, anti-migraine agents (triptans), antipsychotics, hormonal agents (corticosteroids, oral contraceptives, gonadotropin-releasing hormone agonists, tamoxifen), smoking cessation agents (varenicline) and immunological agents (interferon).

A251: disturbance in social/occupational functioning

CODE 3: The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

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

TIP: this can be determined by asking whether they’ve been able to keep a job or if their performance at work/school has declined; whether relationships with family/friends has been affected; whether they’ve been hospitalized or arrested because of their symptoms. The presence of psychotic features or intent to harm self or others will also warrant a coding of 3.

**Anxiety specifier questions**

A255: Presence of Anxiety

CODE 3: feeling keyed up or tense for most of the day nearly every day of the current depressive episode, either by subjective report or as observed by others

ASK: For most of the days when you were feeling depressed, were you also feeling keyed up or tense?

TIP: If not fully cooperative, be sure to ask if others noticed anxiety or tension

A256: Restlessness

CODE 3: patient feels unusually restless for most of the day nearly every day of the current depressive episode, either by subjective report or as observed by others

ASK: Did you feel unusually restless?

TIP: If not fully cooperative, be sure to ask if others noticed restlessness

A257: Difficulty concentrating

CODE 3: patient has difficulty concentrating because of worry for most of the day nearly every day of the current depressive episode, either by subjective report or as observed by others

ASK: Did you have trouble concentrating because you were worrying about things?

TIP: If not fully cooperative, be sure to ask if others noticed lack of concentration

A258: Unfounded fear

CODE 3: patient thinks that something awful may happen, without a clear stimulus to think so, for most of the day nearly every day of the current depressive episode, either by subjective report or as observed by others

ASK: Were you afraid that something awful was going to happen?

TIP: Determine if fear was specific and/or reasonable, or a general sense of foreboding

A259: Loss of control

CODE 3: patient thinks that they may lose control of themselves for most of the day nearly every day of the current depressive episode, either by subjective report or as observed by others

ASK: Were you feeling that you might lose control of yourself?

TIP: if patient is not sure how to answer, try rephrasing the question, such as “did you feel in control of your own actions?”

**Atypical features specifier questions**

A262: mood reactivity

CODE 3: patient or others report that their mood brightens in response to actual or potential positive events

ASK: IF UNKNOWN: During the (LAST 2 WEEKS OF CURRENT MDE), if something good happens to you or someone tries to cheer you up, do you feel better, at least for a while?

TIP: Look for signs like cheering up when they see their family/friends. Report of others may be particularly useful.

A263: Weight gain

CODE 3: significant weight gain or increase in appetite

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

TIP: Ask if others noticed this. Ask if they starting eating out more, or gained a lot of weight unintentionally.

A264: Hypersomnia

CODE 3: it patient or others report more than 10 hours of sleep in a day or excessive daytime sleep

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

TIP: Be sure to ask about daytime sleep and excessive nighttime sleep

A265: Leaden paralysis

CODE 3: patient reports heavy leaden feelings in arms or legs

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

TIP: Differentiate from subjective report of feeling slowed down 🡨not sure what to put for the tip

A266: Interpersonal rejection sensitivity

CODE 3: patient or others report a long standing pattern of interpersonal rejection sensitivity(not limited to episodes of mood disturbance) that results in significant social or occupational impairment

ASK: Are you especially sensitive to how others treat you? What happens when someone rejects, criticizes or slights you? (Do you get very down or angry?) (For how long?) (How has this affected you?)(Is your reaction more extreme than most people’s?)

TIP: the sensitivity must either be more severe than is appropriate or must affect their social or occupational functioning, such as losing friends or losing a job or negatively interacting with coworkers

**Premenstrual dysphoric disorder**

A270: Onset of symptoms in relation to menses

CODE 3: In the majority of menstrual cycles, at least five symptoms must be present in the final week before the onset of menses, start to improve within a few days after the onset of menses, and become minimal or absent in the week postmenses. Note: If number of days of symptoms is 20 or greater, recheck symptom-free and symptom present intervals.

ASK: Looking back over your menstrual cycles for the past 12 months, 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 interval in which your symptoms went away last for at least a week?] For how many days did you have symptoms? During the last 12 months, think of the most severe premenstrual time you experienced. Tell me about that time.

TIP: This will most likely have to be coded after you’ve gone through Criteria B and C, unless the patient endorses 5 symptoms and their timing right off the bat

A271: Affective lability

CODE 3: Marked affective lability (e.g. mood swings; feeling suddenly sad or tearful, or increased sensitivity to rejection).

ASK: Now I’m going to ask you some specific questions about that premenstrual time. Did you have mood swings in which you would feel suddenly sad or tearful? [IF NO: How about getting unusually upset if someone criticized or rejected you?] [IF YES: Did this go away when your menstrual period began or shortly after?]

TIP: If patient is not fully cooperative, determine if others noticed mood swings. Be sure to ascertain timing of mood swings in relation to onset of menses.

A272: Irritability

CODE 3: Marked irritability or anger or increased interpersonal conflicts

ASK: Were you especially irritable or angry? [IF NO: How about getting into a lot of fights or arguments with other people?] [IF YES: Did this go away when your menstrual period began or shortly after?]

TIP: If patient is not fully cooperative, determine if others noticed irritability or anger/interpersonal conflicts. Be sure to ascertain timing of these symptoms in relation to onset of menses.

A273: Depressed mood

CODE 3: Marked depressed mood, feeling of hopelessness, or self-deprecating thoughts

ASK: Did you feel very sad, down, depressed, or hopeless? [IF NO: How about feeling especially critical of yourself or that everything you did was wrong?] [IF YES: Did this go away when your menstrual period began or shortly after?]

TIP: If patient is not fully cooperative, determine if others noticed depressed mood. Be sure to ascertain timing of these symptoms in relation to onset of menses.

A274: Anxiety

CODE 3: Marked anxiety, tension, and/or feelings of being keyed up or on edge

ASK: Did you feel extremely anxious or tense, or like you were keyed up or on the edge? [IF YES: Did this go away when your menstrual period began or shortly after?]

TIP: If patient is not fully cooperative, determine if others noticed anxiety. Be sure to ascertain timing of these symptoms in relation to onset of menses.

A276: Decreased interest in activities

CODE 3: Decreased interest in usual activities (e.g., work, school, friends, and hobbies).

ASK: Now I’ll ask you about some other symptoms that sometimes go along with these mood symptoms. Did you lose interest in work or school, going out with friends, or in your hobbies? [IF YES: Did this go away when your menstrual period began or shortly after?]

TIP: If patient is not fully cooperative, determine if others noticed loss of interest in activities. Be sure to ascertain timing of these symptoms in relation to onset of menses.

A277: Concentration

CODE 3: Subjective difficulty in concentration

ASK: Did you find it hard to concentrate on things? [IF YES: Did this go away when your menstrual period began or shortly after?]

TIP: Be sure to ascertain timing of these symptoms in relation to onset of menses.

A278: Lack of energy

CODE 3: Lethargy, easy fatigability, or marked lack of energy

ASK: Did you feel your energy was very low, or that you got tired very easily? [IF YES: Did this go away when your menstrual period began or shortly after?]

TIP: If patient is not fully cooperative, determine if others noticed lethargy or easy fatigability. Be sure to ascertain timing of these symptoms in relation to onset of menses.

A279: Appetite changes

CODE 3: Marked change in appetite, overeating, or specific food cravings

ASK: Was your appetite increased? Did you have specific food cravings, like for chocolate or fried foods? [IF YES: Did this go away when your menstrual period began or shortly after?]

TIP: If patient is not fully cooperative, determine if others noticed changes in appetite or food cravings. Be sure to ascertain timing of these symptoms in relation to onset of menses.

A280: Insomnia/hypersomnia

CODE 3: insomnia or hypersomnia

ASK: Were you sleeping more than is usual for you or having difficulty sleeping? (How much sleep were you getting during that time?) [IF YES: Did this go away when your menstrual period began or shortly after?]

TIP: If patient is not fully cooperative, determine if others noticed changes in sleep habits. Be sure to ascertain timing of these symptoms in relation to onset of menses.

A281: Feeling overwhelmed

CODE 3: a sense of being overwhelmed or out of control

ASK: Were you feeling overwhelmed by everything or that your life was out of control? [IF YES: Did this go away when your menstrual period began or shortly after?]

TIP: Be sure to ascertain timing of these symptoms in relation to onset of menses.

A282: Physical symptoms

CODE 3: Physical symptoms such as breast tenderness or swelling, joint or muscle pain, a sensation of “bloating,” or weight gain

ASK: Did you have physical symptoms like breast tenderness or swelling, joint of muscle pain, or feeling bloated? Did you gain weight? [IF YES: Did this go away when your menstrual period began or shortly after?]

TIP: Be sure to ascertain timing of these symptoms in relation to onset of menses.

A285: number of cycles with symptoms

CODE 3: The symptoms in criteria A-C have been met for most menstrual cycles that occurred in the preceding year (6 or more).

ASK: IF UNCLEAR: Has this happened for most of your cycles in the past year?

TIP: WHAT ABOUT WOMEN ON BIRTH CONTROL WHO HAVE FEWER THAN 12 CYCLES IN A YEAR AND HAVE THESE SYMPTOMS WITH MOST OF THE CYCLES THEY DO HAVE?

A287: Exacerbation of symptoms from another disorder

CODE 3: The disturbance is not merely an exacerbation of the symptoms of another disorder, such as major depressive disorder, panic disorder, persistent depressive disorder (dysthymia), or a personality disorder (although it may co-occur with any of these disorders).

ASK: IF HISTORY OF ANOTHER MENTAL DISORDER AND UNKNOWN: Are these symptoms different from the symptoms you had from [PAST DISORDER]? Or is it just those same symptoms getting worse just before your period?

TIP: Be sure to match symptoms reported here with symptoms reported while going through other sections. Timing of symptoms is incredibly important in determining whether or not the symptoms reported here are due to premenstrual dysphoric disorder or another disorder.

A288: Primary mood disorder

CODE 3: To code 3, the symptoms must not be due to the direct physiological effects of a substance (e.g a drug of abuse, medication) or to AMC. IF THERE IS ANY INDICATION THAT THE DEPRESSION MAY BE SECONDARY (I.E A DIRECT PHYSIOLOGICAL CONSEQUENCE OF A GMC OR SUBSTANCE ABUSE, GO TO AMC/SUBSTANCE A307 AND RETURN HERE TO MAKE A RATING OF "1" OR "3".

ASK: Just before this began, were you feeling physically ill?

[IF YES: What did the doctor say?] Just before this began, were you using any medications?

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

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

TIP: ETIOLOGICAL MEDICAL SYNDROMES INCLUDE: stroke, Huntington’s disease, Parkinson’s disease, traumatic brain injury, Cushing’s disease, hypothyroidism, multiple sclerosis, systemic lupus erythematosus. ETIOLOGICAL SUBSTANCES INCLUDE: alcohol (I/W), phencyclidine (I), hallucinogens (I), inhalants (I), opioids (I/W), sedative, hypnotics or anxiolytics (I/W), amphetamine and other stimulants (I/W), cocaine (I/W), antiviral agents (etavirenz), cardiovascular agents (clonodine, guanethidine, methyldopa, Reserpine), retinoic acid derivatives (isotretinoin), antidepressants, anticonvulants, anti-migraine agents (triptans), antipsychotics, hormonal agents (corticosteroids, oral contraceptives, gonadotropin-releasing hormone agonists, tamoxifen), smoking cessation agents (varenicline) and immunological agents (interferon

**Bipolar and related disorder due to AMC questions**

A293: Relation between symptoms and AMC

CODE 3: There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of another medical condition and the disturbance is not better accounted for by another mental disorder

ASK: Did the (BIPOLAR SYMPTOMS) change after (AMC) began? Did (BIPOLAR SYMPTOMS) start or get much worse only after (AMC) began? How long after (AMC) began did (BIPOLAR SYMPTOMS) change? [IF AMC HAS RESOLVED: Did the (BIPOLAR SYMPTOMS) get better once the (AMC) got better?]

TIP: The following factors should be considered and support the conclusion that a general medical condition is etiologic to the bipolar symptoms: 1) there is evidence from the literature of a well-established association between the other medical condition and bipolar symptoms. 2) there is a close temporal relationship between the course of the bipolar symptoms and the course of the other medical condition. 3) the bipolar symptoms are characterized by unusual presenting features (e.g., late age-at-onset). 4) the absence of alternative explanations (e.g., bipolar symptoms as a psychological reaction to AMC).

A294: Disturbance in social/occupational functioning

CODE 3: The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or necessitates hospitalization to prevent harm to self or others, or there are psychotic features

ASK: IF UNCLEAR: How much did (BIPOLAR SYMPTOMS) interfere with your life? (Has it made it hard for you to do your work, take care of your family, or be with your friends?) [IF DOES NOT INTERFERE WITH LIFE: How much have the (BIPOLAR SYMPTOMS) bothered you?]

TIP: Look for events such as losing a job or ending a long-term relationship, hospitalization, psychotic features, or intent to harm self or others.

**Substance/medication induced bipolar disorder questions**

A300: Relation between bipolar symptoms and substance use

CODE 3: There is evidence from the history, physical examination, or laboratory findings of both (1) and (2): (1) The symptoms in criterion A developed during or soon after substance intoxication or withdrawal or exposure to a medication. (2) The involved substance/ medication is capable of producing the symptoms in Criterion A

ASK: IF NOT KNOWN: When did the (BIPOLAR SYMPTOMS) begin? Were you already using (SUBSTANCE/MEDICATION) or had you just stopped or cut down your use? IF UNKNOWN: How much (SUB-STANCE/MEDICATION) were you using when you began to have (BIPOLAR SYMPTOMS)?

TIP: Keep in mind that both substance intoxication and withdrawal can lead to the onset of symptoms, so be sure to ask about stopping using drugs as well as stopping regular medication (with or without knowledge and approval of a physician).

A301: Not better accounted for by Bipolar or related disorders that are not substance induced

CODE 3: The disturbance is NOT better accounted for by a bipolar or related disorder that is not substance-induced. Such evidence of an independent bipolar or related disorder could include the following: The symptoms precede the onset of the substance/medication use; the symptoms persist for a substantial period of time (e.g., about 1 month) after the cessation of acute withdrawal or severe intoxication; or there is other evidence suggesting the existence of an independent non-substance/ medication-induced bipolar and related disorder (e.g., a history of recurrent non-substance/ medication-related episodes).

ASK: [IF UNKNOWN: Which came first, the (SUBSTANCE/MEDICATION USE) or the (BIPOLAR SYMPTOMS)?] [IF UNKNOWN: Have you had a period of time when you stopped using (SUBSTANCE/MEDICATION)? [IF YES: After you stopped using (SUBSTANCE/MEDICATION) did the (BIPOLAR SYMPTOMS) go away or get better] [IF YES: How long did it take for them to get better? Did they go away within a month of stopping?]] [IF UNKNOWN: Have you had any other episodes of (BIPOLAR SYMPTOMS) [IF YES: How many? Were you using (SUBSTANCE/MEDICATION) at those times]]

TIP: see “CODE 3” to determine coding criteria. If necessary, look in the literature to see if the specific drug-symptom combination has been studied before.

A302: Disturbance in social/occupational functioning

CODE 3: The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or necessitates hospitalization to prevent harm to self or others, or there are psychotic features

ASK: IF UNCLEAR: How much did (BIPOLAR SYMPTOMS) interfere with your life? (Has it made it hard for you to do your work, take care of your family, or be with your friends?) [IF DOES NOT INTERFERE WITH LIFE: How much have the (BIPOLAR SYMPTOMS) bothered you?]

TIP: Look for events such as losing a job or ending a long-term relationship, hospitalization, psychotic features, or intent to harm self or others.

**Depressive disorder due to AMC**

A309: Relation between depressive symptoms and AMC

CODE 3: There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of another medical condition and the disturbance is not better accounted for by another mental disorder

ASK: Did the (DEPRESSIVE SYMPTOMS) change after (AMC) began? Did (DEPRESSIVE SYMPTOMS) start or get much worse only after (AMC) began? How long after (AMC) began did (DEPRESSIVE SYMPTOMS) change? [IF AMC HAS RESOLVED: Did the (DEPRESSIVE SYMPTOMS) get better once the (AMC) got better?]

TIP: The following factors should be considered and support the conclusion that a general medical condition is etiologic to the depressive symptoms: 1) there is evidence from the literature of a well-established association between the other medical condition and depressive symptoms. 2) there is a close temporal relationship between the course of the depressive symptoms and the course of the other medical condition. 3) the depressive symptoms are characterized by unusual presenting features (e.g., late age-at-onset). 4) the absence of alternative explanations (e.g., depressive symptoms as a psychological reaction to AMC).

A310: Disturbance in social/occupational functioning

CODE 3: The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or necessitates hospitalization to prevent harm to self or others, or there are psychotic features

ASK: IF UNCLEAR: How much did (DEPRESSIVE SYMPTOMS) interfere with your life? (Has it made it hard for you to do your work, take care of your family, or be with your friends?) [IF DOES NOT INTERFERE WITH LIFE: How much have the (DEPRESSIVE SYMPTOMS) bothered you?]

TIP: Look for events such as losing a job or ending a long-term relationship, hospitalization, psychotic features, or intent to harm self or others.

**Substance/medication induced depressive disorder**

A316: Relation between depressive symptoms and substance use

CODE 3: There is evidence from the history, physical examination, or laboratory findings of both (1) and (2): (1) The symptoms in criterion A developed during or soon after substance intoxication or withdrawal or exposure to a medication. (2) The involved substance/ medication is capable of producing the symptoms in Criterion A

ASK: IF NOT KNOWN: When did the (DEPRESSIVE SYMPTOMS) begin? Were you already using (SUBSTANCE/MEDICATION) or had you just stopped or cut down your use? IF UNKNOWN: How much (SUB-STANCE/MEDICATION) were you using when you began to have (DEPRESSIVE SYMPTOMS)?

TIP: Keep in mind that both substance intoxication and withdrawal can lead to the onset of symptoms, so be sure to ask about stopping using drugs as well as stopping regular medication (with or without knowledge and approval of a physician).

A317: Not better accounted for by a depressive or related disorders that are not substance induced

CODE 3: The disturbance is NOT better accounted for by a depressive or related disorder that is not substance-induced. Such evidence of an independent depressive or related disorder could include the following: The symptoms precede the onset of the substance/medication use; the symptoms persist for a substantial period of time (e.g., about 1 month) after the cessation of acute withdrawal or severe intoxication; or there is other evidence suggesting the existence of an independent non-substance/ medication-induced bipolar and related disorder (e.g., a history of recurrent non-substance/ medication-related episodes).

ASK: [IF UNKNOWN: Which came first, the (SUBSTANCE/MEDICATION USE) or the (DEPRESSIVE SYMPTOMS)?] [IF UNKNOWN: Have you had a period of time when you stopped using (SUBSTANCE/MEDICATION)? [IF YES: After you stopped using (SUBSTANCE/MEDICATION) did the (DEPRESSIVE SYMPTOMS) go away or get better] [IF YES: How long did it take for them to get better? Did they go away within a month of stopping?]] [IF UNKNOWN: Have you had any other episodes of (DEPRESSIVE SYMPTOMS) [IF YES: How many? Were you using (SUBSTANCE/MEDICATION) at those times]]

TIP: see “CODE 3” to determine coding criteria. If necessary, look in the literature to see if the specific drug-symptom combination has been studied before.

A318: Disturbance in social/occupational functioning

CODE 3: The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or necessitates hospitalization to prevent harm to self or others, or there are psychotic features

ASK: IF UNCLEAR: How much did (DEPRESSIVE SYMPTOMS) interfere with your life? (Has it made it hard for you to do your work, take care of your family, or be with your friends?) [IF DOES NOT INTERFERE WITH LIFE: How much have the (DEPRESSIVE SYMPTOMS) bothered you?]

TIP: Look for events such as losing a job or ending a long-term relationship, hospitalization, psychotic features, or intent to harm self or others