

001	<u>51</u>	025	<u>3</u>
002	<u>8724</u>	026	<u>2</u>
003	<u>3</u>	027	<u>4</u>
004	<u>3</u>	028	<u>5</u>
005	<u>3</u>	029	<u>2</u>
006	<u>3</u>	030	<u>1</u>
007	<u>35</u>	031	<u>1</u>
008	<u>21</u>	032	<u>3</u>
009	<u>3</u>	033	<u>1</u>
010	<u>30</u>	034	<u>5</u>
011	<u>1</u>	035	<u>1</u>
012	<u>0</u>	036	<u>3</u>
013	<u>4</u>	037	<u>2</u>
014	<u>4</u>	038	<u>3</u>
015	<u>36</u>	039	<u>2</u>
016	<u>3</u>	040	<u>2</u>
017	<u>9</u>	041	<u>5</u>
018	<u>4</u>	042	<u>4</u>
019	<u>4</u>	043	<u>4</u>
020	<u>4</u>	044	<u>1</u>
021	<u>4</u>	045	<u>5</u>
022	<u>3</u>	046	<u>6</u>
023	<u>3</u>	047	<u>1</u>
024	<u>1</u>	048	<u>1</u>

PAGE 2

049	<u>2</u>	073	<u>1</u>
050	<u>3</u>	074	<u>5</u>
051	<u>1</u>	075	<u>1</u>
052	<u>5</u>	076	<u>1</u>
053	<u>1</u>	077	<u>3</u>
054	<u>168</u>	078	<u>1</u>
055	<u>3</u>	079	<u>2</u>
056	<u>3</u>	080	<u>2</u>
057	<u>2</u>	081	<u>2</u>
058	<u>1</u>	082	<u>2</u>
059	<u>4</u>	083	<u>3</u>
060	<u>1</u>	084	<u>9</u>
061	<u>5</u>	085	<u>3</u>
062	<u>2</u>	086	<u>3</u>
063	<u>4</u>	087	<u>4</u>
064	<u>4</u>	088	<u>4</u>
065	<u>1</u>	089	<u>4</u>
066	<u>5</u>	090	<u>4</u>
067	<u>1</u>	091	<u>5</u>
068	<u>4</u>	092	<u>5</u>
069	<u>5</u>	093	<u>5</u>
070	<u>4</u>	094	<u>3</u>
071	<u>2</u>	095	<u>6</u>
072	<u>5</u>	096	<u>1</u>

097	<u>1</u>	121	<u>2</u>
098	<u>6</u>	122	<u>1</u>
099	<u>7</u>	123	<u>1</u>
100	<u>8</u>	124	<u>2</u>
101	<u>6</u>	125	<u>2</u>
102	<u>6</u>	126	<u>2</u>
103	<u>7</u>	127	<u>3</u>
104	<u>5</u>	128	<u>4</u>
105	<u>8</u>	129	<u>1</u>
106	<u>8</u>	130	<u>1</u>
107	<u>9</u>	131	<u>2</u>
108	<u>8</u>	132	<u>1</u>
109	<u>9</u>	133	<u>2</u>
110	<u>9</u>	134	<u>2</u>
111	<u>10</u>	135	<u>4</u>
112	<u>10</u>	136	<u>2</u>
113	<u>10</u>	137	<u>1</u>
114	<u>10</u>	138	<u>1</u>
115	<u>2</u>	139	<u>1</u>
116	<u>3</u>	140	<u>2</u>
117	<u>2</u>	141	<u>4</u>
118	<u>4</u>	142	<u>5</u>
119	<u>2</u>	143	<u>1</u>
120	<u>1</u>	144	<u>4</u>

145 1  
146 5  
147 2  
148 4  
149 1  
150 1  
151 5  
152 1  
153 2  
154 1  
155 1  
156 1  
157 1  
158 1  
159 1  
160 4  
161 4  
162 2  
163 1  
164 1  
165 4  
166 2  
167 4  
168 4

169 2  
170 5  
171 5  
172 1  
173 2  
174 3  
175 6  
176 2  
177 2  
178 5  
179 6  
180 1  
181 3  
182 4  
183 1  
184 4  
185 6  
186 2  
187 5  
188 4  
189 2  
190 4  
191 6  
192 2

193	<u>3</u>	217	<u>2</u>
194	<u>6</u>	218	<u>1</u>
195	<u>1</u>	219	<u>1</u>
196	<u>2</u>	220	<u>1</u>
197	<u>6</u>	221	<u>1</u>
198	<u>45</u>	222	<u>1</u>
199	<u>1</u>	223	<u>1</u>
200	<u>1</u>	224	<u>2</u>
201	<u>1</u>	225	<u>2</u>
202	<u>1</u>	226	<u>1</u>
203	<u>1</u>	227	<u>2</u>
204	<u>1</u>	228	<u>2</u>
205	<u>1</u>	229	<u>0</u>
206	<u>1</u>	230	<u>2</u>
207	<u>1</u>	231	<u>0</u>
208	<u>1</u>	232	<u>1</u>
209	<u>1</u>	233	<u>1</u>
210	<u>1</u>	234	<u>2</u>
211	<u>2</u>	235	<u>1</u>
212	<u>1</u>	236	<u>1</u>
213	<u>1</u>	237	<u>2</u>
214	<u>1</u>	238	<u>0</u>
215	<u>1</u>	239	<u>0</u>
216	<u>2</u>	240	<u>0</u>

PAGE 6

241 0

242 0

243 0

244 0

245 2

246 1

247 1

248 2

249 2

250 2

251 19

252 7.55

253 \_\_\_\_\_

254 \_\_\_\_\_

255 \_\_\_\_\_

256 \_\_\_\_\_

257 \_\_\_\_\_

258 \_\_\_\_\_

259 \_\_\_\_\_

260 \_\_\_\_\_

261 \_\_\_\_\_

262 \_\_\_\_\_

263 \_\_\_\_\_

264 \_\_\_\_\_

S# 51  
 Last 4 SS# 8724  
 Date 3/2/92

### Picture Completion WAIS-R

#### DIRECTIONS Before presenting the first card, say:

I am going to show you some pictures in which there is some important part missing. Look at each picture and tell me what is missing.

Present card 1 and say:

Now look at this picture. What important part is missing?

If the correct response is given, continue with the succeeding cards, saying:

Now what is missing in this picture?

This question may be shortened or eliminated when the subject clearly understands the task.

If the subject fails Card 1, Say:

You see, the doorknob is missing.

Point. If the subject fails Card 2, say:

You see, this person's racket is missing.

Point. Beginning with Card 3, give no such help.

Sometimes, a subject mentions an unessential missing part. The first time this occurs, it is permissible to say:

Yes, but what is the most important thing missing?

Do not repeat this comment for any of the remaining cards.

A maximum exposure of 20 seconds is allowed for each card. If the subject does not indicate the missing part within 20 seconds, either by naming it or by pointing to the correct spot, the item is scored as a failure and the next card is presented. If the subject responds incorrectly, proceed to the next card even if the full 20 seconds have not elapsed.

DISCONTINUE After 5 consecutive failures.

SCORING 1 point for each correct response. The subject is not required to give the exact name of the missing part to receive credit, as long as it is clear that the correct feature is described. If the subject gives a verbal response that you find difficult to score, it is permissible to say:

Show me where.

Occasionally, a subject will not give a verbal response, but will point to a part of the picture. Consider the item passed if you are certain that the subject is pointing to the right missing part. However, if the subject points to the right missing part but makes a verbal response that is clearly incorrect, the item is failed.

2. PICTURE COMPLETION Discontinue after 5 consecutive failures.	Score 1 or 0	Reaction Time (Secs.)
1. Door	1	6
2. Tennis	1	5
3. Frog	1	9
4. Playing card	1	4
5. Car	1	7
6. Pitcher	1	4
7. Glasses	1	2
8. Pliers	1	4
9. Boat	1	3
10. Beach	1	16
11. Mirror	1	10
12. Crab	1	9
13. Violin	1	3
14. Sun	1	7
15. Watch	1	3
16. Leaf	1	6
17. Man	1	12
18. Horse	1	4
19. Female profile	0	20
20. Woodpile	1	17
	Max=20	
Total	19	151 20 7.55

$$\frac{19}{7.55} = 2.51$$

S# 51  
 Last 4 SS# 8724  
 Date 3/2/92

Picture Completion WAIS-R

DIRECTIONS Before presenting the first card, say:

I am going to show you some pictures in which there is some important part missing. Look at each picture and tell me what is missing.

Present card 1 and say:

Now look at this picture. What important part is missing?

If the correct response is given, continue with the succeeding cards, saying:

Now what is missing in this picture?

This question may be shortened or eliminated when the subject clearly understands the task.

If the subject fails Card 1, Say:

You see, the doorknob is missing.

Point. If the subject fails Card 2, say:

You see, this person's racket is missing.

Point. Beginning with Card 3, give no such help.

Sometimes, a subject mentions an unessential missing part. The first time this occurs, it is permissible to say:

Yes, but what is the most important thing missing?

Do not repeat this comment for any of the remaining cards.

A maximum exposure of 20 seconds is allowed for each card. If the subject does not indicate the missing part within 20 seconds, either by naming it or by pointing to the correct spot, the item is scored as a failure and the next card is presented. If the subject responds incorrectly, proceed to the next card even if the full 20 seconds have not elapsed.

DISCONTINUE After 5 consecutive failures.

SCORING 1 point for each correct response. The subject is not required to give the exact name of the missing part to receive credit, as long as it is clear that the correct feature is described. If the subject gives a verbal response that you find difficult to score, it is permissible to say:

Show me where.

Occasionally, a subject will not give a verbal response, but will point to a part of the picture. Consider the item passed if you are certain that the subject is pointing to the right missing part. However, if the subject points to the right missing part but makes a verbal response that is clearly incorrect, the item is failed.

2. PICTURE COMPLETION Discontinue after 5 consecutive failures.	Score 1 or 0	Reaction Time (Secs.)
1. Door	1	6
2. Tennis	1	5
3. Frog	1	9
4. Playing card	1	4
5. Car	1	7
6. Pitcher	1	4
7. Glasses	1	2
8. Pliers	1	4
9. Boat	1	3
10. Beach	1	16
11. Mirror	1	10
12. Crab	1	9
13. Violin	1	3
14. Sun	1	7
15. Watch	1	3
16. Leaf	1	6
17. Man	1	12
18. Horse	1	4
19. Female profile	0	EE 20
20. Woodpile	1	17
	Max=20	
Total		

S# 51  
 DATE 3/2/92  
 PPVT INSTRUCTIONS

LAST 4 SS# 8724  
 EXAMINER Kline

Start with Training Plate D.

I have some pictures to show you.

See, there are four pictures on this page. Each of them is numbered. I will say a word. Then I want you to tell me the number of the word. Let's try one. Tell me the number of, or point to, the picture which best tells the meaning of... (practice word).

That's fine. (Go to Training Plate E). Now, what number is... (practice word).

Fine! Now I am going to show you some other pictures. Each time I say a word, you say the number of, or point to, the picture which best tells the meaning of the word. As we go through the book, you may not be sure you know the meaning of some of the words, but look carefully at all of the pictures anyway, and choose the one you think is right. What number is... (starting-point word: 110 ARCHERY)?

TRAINING KEY:

SERIES 1

SERIES 2

SERIES 3

SERIES 4

Plate D	wheel (4)	zipper (2)	rope (1)	rake (3)
Plate E	giant (1)	bride (3)	witch (4)	royal (2)

(SUBJECT MUST COMPLETE 1 OF THE 4 TRAINING SERIES WITHOUT ERROR)

Plate Number	Word	Key	Response	Error	Plate Number	Word	Key	Response	Error	Plate Number	Word	Key	Response	Error
78	spatula .....	(3)	○		112	husk .....	(1)	◇		146	nautical .....	(3)	3	☆
79	cooperation.....	(4)	□		113	utensil.....	(2)	○		147	tangent .....	(1)	1	◇
80	scalp.....	(4)	△		114	citrus.....	(3)	□		148	inclement .....	(4)	4	○
81	twig.....	(2)	Ω		115	pedestrian.....	(2)	△		149	trajectory.....	(1)	1	□
82	weasel .....	(2)	♡		116	parallelogram ..	(1)	Ω		150	fettered .....	(1)	1	△
83	demolishing ..	(4)	☆		117	slumbering .....	(3)	♡		151	waif.....	(3)	3	Ω
84	balcony.....	(1)	◊		118	peninsula .....	(4)	☆		152	jubilant .....	(2)	4	♡
85	locket .....	(1)	○		119	upholstery.....	(2)	◊		153	pilfering.....	(4)	4	☆
86	amazed.....	(3)	□		120	barricade.....	(4)	4	○	154	repose.....	(2)	1	◊
87	tubular.....	(1)	△		121	quartet .....	(4)	4	□	155	carrion.....	(3)	3	○
88	tusk.....	(1)	Ω		122	tranquil .....	(3)	3	△	156	indigent.....	(2)	2	□
89	bolt .....	(3)	♡		123	abrasive .....	(1)	1	Ω	157	convex .....	(1)	1	△
90	communication .	(4)	☆		124	fatigued.....	(3)	3	♡	158	emaciated.....	(2)	2	Ω
91	carpenter .....	(2)	◊		125	spherical.....	(2)	2	☆	159	divergence .....	(4)	1	♡
92	isolation .....	(1)	○		126	syringe .....	(2)	2	◊	160	dromedary .....	(2)	2	☆
93	inflated .....	(3)	□		127	feline.....	(2)	2	○	161	embellishing ..	(2)	2	◊
94	coast.....	(3)	△		128	arid .....	(4)	4	□	162	entomologist ..	(3)	3	○
95	adjustable.....	(2)	Ω		129	exterior .....	(1)	1	△	163	constrain.....	(1)	3	□
96	fragile .....	(3)	♡		130	constellation ..	(4)	4	Ω	164	infirm.....	(1)	1	△
97	assaulting .....	(1)	☆		131	cornea.....	(2)	2	♡	165	anthropoid.....	(3)	1	Ω
98	appliance .....	(1)	◊		132	mercantile.....	(1)	1	☆	166	specter .....	(4)	4	♡
99	pyramid.....	(4)	○		133	ascending .....	(3)	3	◊	167	incertitude.....	(2)	3	☆
100	blazing .....	(1)	□		134	filtration.....	(1)	1	○	168	vitreous.....	(1)	1	◊
101	hoisting.....	(1)	△		135	consuming .....	(4)	4	□	169	obelisk .....	(1)	1	○
102	arch.....	(4)	Ω		136	cascade .....	(4)	4	△	170	embossed.....	(4)	4	□
103	lecturing .....	(4)	♡		137	perpendicular ..	(3)	3	Ω	171	ambulation .....	(2)	2	△
104	dilapidated .....	(4)	☆		138	replenishing ..	(1)	1	♡	172	calyx .....	(2)	2	Ω
105	contemplating ..	(2)	◊		139	emission .....	(3)	3	☆	173	osculation .....	(3)	3	♡
106	canister.....	(1)	○		140	talon .....	(3)	3	◊	174	cupola.....	(4)	4	☆
107	dissecting .....	(3)	□		141	wrath.....	(3)	3	○	175	homunculus ..	(4)	2	◊
108	link .....	(4)	△		142	incandescent ..	(4)	4	□	Calculating Raw Score				
109	solemn .....	(3)	Ω		143	arrogant .....	(2)	2	△	Ceiling item .....				
110	archery .....	(2)	♡		144	confiding.....	(3)	3	Ω	minus errors .....				
111	transparent .....	(3)	☆		145	rhombus .....	(3)	3	♡	Raw score .....				

\*Count errors between highest basal and lowest ceiling only.

BASAL = 8 SUCCESSIVE CORRECT

CEILING = 6 ERRORS W/IN 8 SUCCESSIVE RESPONSES

----- THIS IS FORM "L" -----

175  
168

S# 51

Last 4 SS# 8724

Date 2/24/92

Examiner Kline

PANAS

Below you will find a number of words that describe different feelings and emotions. Read each item and then mark the best answer in the space next to that word. Indicate to what extent you feel this way right now, that is, at the present moment. Use the following scale to record your answers:

1

2

3

4

5

very slightly    a little    moderately    quite a bit    extremely

- |                          |                         |
|--------------------------|-------------------------|
| 1. <u>3</u> interested   | 11. <u>1</u> irritable  |
| 2. <u>3</u> distressed   | 12. <u>5</u> alert      |
| 3. <u>2</u> excited      | 13. <u>1</u> ashamed    |
| 4. <u>1</u> upset        | 14. <u>4</u> inspired   |
| 5. <u>4</u> strong       | 15. <u>5</u> nervous    |
| 6. <u>1</u> guilty       | 16. <u>4</u> determined |
| 7. <u>5</u> scared       | 17. <u>2</u> attentive  |
| 8. <u>2</u> hostile      | 18. <u>5</u> jittery    |
| 9. <u>4</u> enthusiastic | 19. <u>1</u> active     |
| 10. <u>4</u> proud       | 20. <u>5</u> afraid     |

S# 51  
Last 4 SS# 8724

Date 2/24/92  
Examiner Rline

### CODING FOR FACES

#### KEY

EACH PHOTOGRAPH IS CODED WITH 3 DIGITS: A UNIQUE NUMBER, A NUMBER REPRESENTING THE EXPRESSION, AND A NUMBER REPRESENTING THE SEX OF THE PICTURED INDIVIDUAL.  
THE FORMAT IS, e.g., 12 3-2, WHERE 12 = UNIQUE NO. AND 3-2 = DISTRESS-FEMALE.

<u>EXPRESSIONS:</u>	1 = NEUTRAL	6 = INTEREST
	2 = SURPRISE	7 = CONTEMPT
	3 = DISTRESS	8 = DISGUST
	4 = FEAR	9 = ANGER
	5 = SHAME	10 = JOY

SEX: 1 = MALE  
2 = FEMALE

INSTRUCTIONS: "I am going to present you with a series of photographs. For each one I present, please point to the one word which best describes the emotions expressed in the photograph."

1 1-1 1  
2 1-1 1  
3 1-2 3  
4 1-2 1  
5 2-1 2  
6 2-1 2  
7 2-2 2  
8 2-2 2  
9 3-1 3  
10 3-1 9  
11 3-2 3  
12 3-2 3  
13 4-1 4  
14 4-1 4  
15 4-2 4  
16 4-2 4  
17 5-1 5  
18 5-1 5  
19 5-2 5  
20 5-2 3

21 6-1 6  
22 6-1 1  
23 6-2 1  
24 6-2 6  
25 7-1 7  
26 7-1 8  
27 7-2 6  
28 7-2 6  
29 8-1 7  
30 8-1 5  
31 8-2 8  
32 8-2 8  
33 9-1 9  
34 9-1 8  
35 9-2 9  
36 9-2 9  
37 10-1 10  
38 10-1 10  
39 10-2 10  
40 10-2 10

F

S# 51  
Last 4 SS# 8724  
Date 2/24/92

Interpersonal Situations Inventory

(ISI)

We are interested in understanding more about the difficulties people have in social situations so we can help to do something about these difficulties. For this reason, we are asking each person to rate how much difficulty he personally has in a number of different social situations. You will hear situations that have been tape recorded. For each situation you hear, please choose the answer that best describes what you think about yourself.

Choose **one** of the following answers:

1. I would feel fairly comfortable in this situation and **would** be able to handle it satisfactorily.
2. I would feel fairly uncomfortable in this situation, but **would** be able to handle it satisfactorily anyway.
3. I would feel fairly comfortable in this situation, even though I **would not** be able to handle it very satisfactorily.
4. I would feel fairly uncomfortable in this situation, and probably **would not** be able to handle it satisfactorily.
5. This situation is not relevant for me since it probably would never come up.

Choose one of the following answers:

1. I would feel fairly comfortable in this situation and would be able to handle it satisfactorily.
2. I would feel fairly uncomfortable in this situation, but would be able to handle it satisfactorily anyway.
3. I would feel fairly comfortable in this situation, even though I would not be able to handle it very satisfactorily.
4. I would feel fairly uncomfortable in this situation, and probably would not be able to handle it satisfactorily.
5. This situation is not relevant for me since it probably would never come up.

---

3      Question 1

Let's suppose you respond to an employment ad in the newspaper and go for a job interview. A tall, well-dressed man walks up to you in the waiting room. He thinks you are someone else and says, "You must be Mr. X, the new man down the hall."

2      Question 2

You explain who you are and he invites you into his office. You talk about the job for awhile and he says, "What makes you think you have what it takes for this job?"

4      Question 3

As the interview goes on, he says, "By the way, we like to know whether any of our men have emotional problems which will influence their work. Do you?"

2      Question 4

The interview is at an end. You like to indicate to him that you really want the job. He walks you to the door and says, "We'll be in touch with you."

1      Question 5

Let's suppose that at work, you've been elected to collect money for an office party. You walk up to your boss, whom you hardly know at all, to ask him to contribute. He is sitting at his desk and as you come over, he looks up and says, "Yes. What do you want?"

Choose **one** of the following answers:

1. I would feel fairly comfortable in this situation and would be able to handle it satisfactorily.
2. I would feel fairly uncomfortable in this situation, but would be able to handle it satisfactorily anyway.
3. I would feel fairly comfortable in this situation, even though I **would not** be able to handle it very satisfactorily.
4. I would feel fairly uncomfortable in this situation, and probably **would not** be able to handle it satisfactorily.
5. This situation is not relevant for me since it probably would never come up.

---

✓ **Question 6**

After you ask him to contribute, he stares at you for a moment, and then says, "What makes you think I want to contribute?"

+ **Question 7**

Let's suppose you had some guests you didn't know too well over to your house. It's been a good evening, but you're very tired and want them to leave so you can go to bed. The trouble is, nobody's making a move to leave. Finally, there's a pause in the conversation, and you feel this is your chance to say something.

+ **Question 8**

You're playing cards with a bunch of guys you don't know too well. You realize it's time to take your medication. When you take out your pill, someone says, "Hey, what's that?"

✓ **Question 9**

When you explain, he says, "I wouldn't take those. I can handle my own problems without needing any crutches."

✓ **Question 10**

Let's suppose you're hanging around at a friend's house with some guys you don't really know. One of them takes you aside and says, "Want a fix?"

Choose one of the following answers:

1. I would feel fairly comfortable in this situation and would be able to handle it satisfactorily.
2. I would feel fairly uncomfortable in this situation, but would be able to handle it satisfactorily anyway.
3. I would feel fairly comfortable in this situation, even though I would not be able to handle it very satisfactorily.
4. I would feel fairly uncomfortable in this situation, and probably would not be able to handle it satisfactorily.
5. This situation is not relevant for me since it probably would never come up.

---

2      Question 11

Let's suppose you say "no" and he says, "What's the matter, you chicken or something?"

3      Question 12

Suppose you're at a small party where you find yourself in a corner with your host, Joe, and an attractive girl you've never met. Joe introduces you to the girl, then says as he starts walking away, "Will you excuse me? I'm going to put on some records." Now you and the girl are looking at each other in awkward silence. You feel it's up to you to speak.

4      Question 13

Suppose Joe left and you managed to start a conversation with the girl. Now she says, "Tell me about yourself."

5      Question 14

Suppose as the conversation progresses, you get the feeling the girl isn't interested in you--she keeps looking around the room. Now you ask her about a certain T.V. program, but she doesn't answer. You realize she hasn't even been listening.

6      Question 15

Let's say you're at a bar, and you see an attractive girl sitting alone at a table. You go over and you each introduce yourselves. She says, "Would you like to sit down?" You sit down, and there is a moment of silence. She looks over and smiles at you.

Choose one of the following answers:

1. I would feel fairly comfortable in this situation and would be able to handle it satisfactorily.
2. I would feel fairly uncomfortable in this situation, but would be able to handle it satisfactorily anyway.
3. I would feel fairly comfortable in this situation, even though I would not be able to handle it very satisfactorily.
4. I would feel fairly uncomfortable in this situation, and probably would not be able to handle it satisfactorily.
5. This situation is not relevant for me since it probably would never come up.

---

2      Question 16

As the conversation has gone on, she has told you many very personal things about herself, and she says, "Well, I've told you all about my problems, now you tell me about yours."

1      Question 17

Let's suppose you are at a wedding and are introduced to a man who is older than you. As you talk, this man tells you how successful he's been in business and how much money he's making. Then he says, "What are you doing with yourself, young man?"

2      Question 18

You don't like talking to this man and are looking for a chance to get away from him. But then he says, "Come on, young man. I'll buy you a drink and we can talk some more."

2      Question 19

Let's suppose you're in your therapist's waiting room and the only other person waiting, a young man, tries to start a conversation. He says "What are you here for?"

4      Question 20

The other person has been talking about things you know very little about. There's a pause in the conversation and you'd like to get it onto something you're interested in.

Choose one of the following answers:

1. I would feel fairly comfortable in this situation and would be able to handle it satisfactorily.
2. I would feel fairly uncomfortable in this situation, but would be able to handle it satisfactorily anyway.
3. I would feel fairly comfortable in this situation, even though I **would not** be able to handle it very satisfactorily.
4. I would feel fairly uncomfortable in this situation, and probably **would not** be able to handle it satisfactorily.
5. This situation is not relevant for me since it probably would never come up.

---

2      **Question 21**

Let's suppose you are sitting at a lunch table with a friend when a male friend of his comes over, and is introduced. Just then, your friend realizes he is late, gets up, and leaves. Now you are left at the table with the other guy, and you both have your lunch to eat. You look at each other in awkward silence.

+      **Question 22**

Suppose you are at a fairly large dinner party where you have been seated next to complete strangers. As you sit down to eat, the person on your right just looks at you and smiles, but doesn't say anything. You say, "Hello." This person nods, smiles again, and keeps looking at you.

1      **Question 23**

As the evening progresses, you have a couple of drinks. The other guy has been talking enthusiastically about his interest in sailing and bowling. He turns to you and says, "What do you do in your spare time?"

+      **Question 24**

It's getting late, and you've tried to leave several times unsuccessfully. Someone says, "I'll make another pot of coffee."

Choose one of the following answers:

1. I would feel fairly comfortable in this situation and would be able to handle it satisfactorily.
2. I would feel fairly uncomfortable in this situation, but would be able to handle it satisfactorily anyway.
3. I would feel fairly comfortable in this situation, even though I would not be able to handle it very satisfactorily.
4. I would feel fairly uncomfortable in this situation, and probably would not be able to handle it satisfactorily.
5. This situation is not relevant for me since it probably would never come up.

---

2      Question 25

Let's suppose you've seen this guy quite a few times walking in your neighborhood. While you are out walking, you see him sitting on his stoop by himself. He says, "Hi!"

4      Question 26

He invites you to come in for a drink, but you don't have time right then. You have to refuse, but don't want to put him off. He says, "Why don't you come in for a couple of minutes?"

5      Question 27

Let's suppose you've seen this guy on the bus many times before, but never talked to him. His appearance is very different from yours, for example, the length of his hair. You'd like to have someone to chat with, so you sit down in the empty seat next to him. He looks up and catches your eye.

1      Question 28

Let's suppose after a couple of sentences are exchanged, there is a long pause. Now, he just sits there looking at you.

4      Question 29

Conversation with this guy hasn't been particularly interesting. He seems kind of cold and aloof. You would like to go back to reading your newspaper without insulting him. There is a pause in the conversation.

Choose one of the following answers:

1. I would feel fairly comfortable in this situation and would be able to handle it satisfactorily.
2. I would feel fairly uncomfortable in this situation, but would be able to handle it satisfactorily anyway.
3. I would feel fairly comfortable in this situation, even though I would not be able to handle it very satisfactorily.
4. I would feel fairly uncomfortable in this situation, and probably would not be able to handle it satisfactorily.
5. This situation is not relevant for me since it probably would never come up.

---

1      Question 30

Let's suppose you're at work and you feel like having company for lunch. None of your friends are around, so you decide to ask Mike, a guy you've been introduced to, but never really talked with. You walk over to ask him.

5      Question 31

Let's suppose you asked him if he would like to join you for lunch, and he said "Yes." Over lunch, you've been talking politics. But every time you express an opinion, he contradicts you. Now you tell him you'd like to see Smith win the election, and he says, "You're crazy."

2      Question 32

You've been talking in an excited way about politics, but you both seem to run out of things to say. Just as there is a lull, the meal arrives. You look up and catch each other's eye.

4      Question 33

Suppose that last night, you met a girl at a friend's house. Now you are calling her up to ask her for a date. She picks up the phone and says, "Hello." You say your name. She says, "Who?"

Choose one of the following answers:

1. I would feel fairly comfortable in this situation and would be able to handle it satisfactorily.
2. I would feel fairly uncomfortable in this situation, but would be able to handle it satisfactorily anyway.
3. I would feel fairly comfortable in this situation, even though I would not be able to handle it very satisfactorily.
4. I would feel fairly uncomfortable in this situation, and probably would not be able to handle it satisfactorily.
5. This situation is not relevant for me since it probably would never come up.

---

1      Question 34

Let's say the conversation has been going smoothly for a while. You decide it's time to ask her for a date. You ask her if she would like to go to the movies with you, and she says, "Sure, I'd love to. Could we go see Cannon? I hear it's supposed to be good." The trouble is, you've already seen Cannon.

1      Question 35

Suppose you ask her for a Saturday night date, and she says, "Oh, I'm really sorry, but I'm busy Saturday night."

5      Question 36

Let's suppose you've met this girl at a small party, and have been enjoying talking to her. She starts to talk about some slightly personal things, and you want her to go on. She says, "Sometimes I think I talk too much."

1      Question 37

You seem to really understand what this girl is talking about, and have good feelings about her. She says to you, "You know, sometimes I feel uncomfortable in social situations. Do you ever feel that way?"

2      Question 38

Let's suppose you are going on a vacation weekend and have found yourself on a bus sitting next to a pretty girl. You'd like to strike up a conversation with the possibility of later asking her to spend some time with you over the weekend. But she is reading a book.

Choose one of the following answers:

1. I would feel fairly comfortable in this situation and would be able to handle it satisfactorily.
2. I would feel fairly uncomfortable in this situation, but would be able to handle it satisfactorily anyway.
3. I would feel fairly comfortable in this situation, even though I would not be able to handle it very satisfactorily.
4. I would feel fairly uncomfortable in this situation, and probably would not be able to handle it satisfactorily.
5. This situation is not relevant for me since it probably would never come up.

---

Question 39

Suppose now you have started a conversation with this girl. You chat for a while about your plans, and then she looks at you in a friendly way and says, "What kind of person are you?"

Question 40

It's been a good conversation, and you'd like to spend more time with her over the weekend. The bus is just pulling up to the hotel.

Question 41

You've asked her to spend more time with you and she answers, "Oh, didn't you know I'm meeting my husband?"

Question 42

Let's suppose you're standing in a long check-out line at a department store. An attractive woman standing in front of you has turned around and smiled at you several times. You'd like to chat to pass the time. You decide to say something.

Question 43

After starting a conversation with her, you find that she is doing all the talking without giving you a chance to talk. You would like to change the topic. Now, at last, she pauses. This is your chance to talk. You would like to change the topic. Now, at last, she pauses. This is your chance.

Choose one of the following answers:

1. I would feel fairly comfortable in this situation and would be able to handle it satisfactorily.
2. I would feel fairly uncomfortable in this situation, but would be able to handle it satisfactorily anyway.
3. I would feel fairly comfortable in this situation, even though I would not be able to handle it very satisfactorily.
4. I would feel fairly uncomfortable in this situation, and probably would not be able to handle it satisfactorily.
5. This situation is not relevant for me since it probably would never come up.

---

1      Question 44

It is your turn to get waited on. By this time, you are feeling a little annoyed about being kept waiting for so long. The female clerk says, "You don't mind if I take a minute to have a cigarette break before I take care of you, do you?"

4      Question 45

Suppose you tell the clerk, "Yes, I do mind. I'm in a hurry, so please check me out." When the clerk hears your answer, she says sarcastically, "Well, you are awfully nice, aren't you?"

4      Question 46

Let's suppose you're at a party where people are dancing. There is an attractive girl you haven't met standing by herself fixing a drink. You walk up next to her to ask her to dance, but she continues to look the other way.

2      Question 47

You ask her to dance, and she accepts. You've just succeeded in getting a good conversation going with this girl, when the music stops. You want to continue talking with her. Now, as she begins to walk away, she says, "Thank you very much for the dance."

Choose one of the following answers:

1. I would feel fairly comfortable in this situation and would be able to handle it satisfactorily.
2. I would feel fairly uncomfortable in this situation, but would be able to handle it satisfactorily anyway.
3. I would feel fairly comfortable in this situation, even though I would not be able to handle it very satisfactorily.
4. I would feel fairly uncomfortable in this situation, and probably would not be able to handle it satisfactorily.
5. This situation is not relevant for me since it probably would never come up.

---

Question 48

Let's suppose you've been fixed up on a blind date. You've taken her to a movie and then for some coffee afterwards. All evening, you've been getting a feeling this girl is brighter than you. Now she begins to talk about a political candidate, a man you've never heard of. She says, "What do you think of him?"

Question 49

You have enjoyed your date with this girl and would like to ask her out for the next weekend. Now you are walking her home, there is a silence, and you decide this is the perfect time to ask her.

Question 50

Suppose you are at the doctor's office for a physical check-up. He looks you over, takes a few tests, and then tells you his findings. But he uses medical terms which you can't understand. After throwing out a few big words, he turns and starts to leave, saying, "That's all. You can get dressed and leave now."

Question 51

Let's suppose you are at a counter in a department store and you've waited ten minutes already to get service. Although the female clerk has seen you standing there, she keeps right on arranging things behind the counter. Finally, you decide to say something.

Choose one of the following answers:

1. I would feel fairly comfortable in this situation and would be able to handle it satisfactorily.
2. I would feel fairly uncomfortable in this situation, but would be able to handle it satisfactorily anyway.
3. I would feel fairly comfortable in this situation, even though I would not be able to handle it very satisfactorily.
4. I would feel fairly uncomfortable in this situation, and probably would not be able to handle it satisfactorily.
5. This situation is not relevant for me since it probably would never come up.

---

4      Question 52

Suppose when you ask the clerk to wait on you, she explains that she will as soon as she finishes what she is doing. But then another man comes up, calls to the clerk for assistance, and she goes over to help him right away, leaving you still standing there.

4      Question 53

You ask her to wait on you again, but she still ignores you.

2      Question 54

Let's suppose you are going to the store and park your car at a meter with 20 minutes on it. You are at the store for about 23 minutes. As you race back to the car, you see a policeman with his ticket book out. He says, "Is this yours?"

5      Question 55

What if, after you explain the circumstances, the policeman says, "Are you asking for special treatment or something?"

8724

## FACIAL RECOGNITION TEST RECORD FORM\*

Name #51 No. \_\_\_\_\_ Date 3/2/92  
 Age \_\_\_\_\_ Sex \_\_\_\_\_ Education \_\_\_\_\_ Handedness \_\_\_\_\_ Examiner Kline

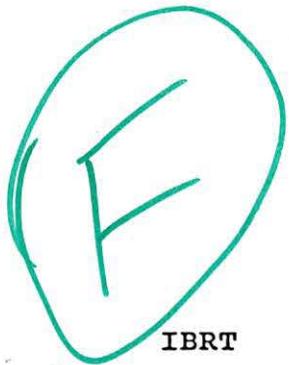
Score Conversions		Short Form (SF)						
Short Form	Long Form	Page No.	Correct Responses			Errors		
27	54	1	(5)	5		1	2	3
26	52	2	(1)	1		1	2	3
25	50	3	(2)	2		1	2	3
24	49	4	(3)	3		1	2	3
23	47	5	(6)	0		1	2	3
22	45	6	(2)	2		1	2	3
21	43					4	5	6
20	41	7	(2)	✓ (5) ✓ (6) ✓		1	3	4
19	39	8	(1)	✓ (3) ✓ (4) ✓		2	5	6
18	37	9	(2)	✓ (4) ✓ (6) ✓		1	3	5
17	36	10	(2)	✓ (5) ✓ (6) ✓		1	3	4
16	34	11	(1)	✓ (4) ✓ (6) ✓		2	3	5
15	32	12	(2)	✓ (3) ✓ (6) ✓		1	4	5
14	30	13	(1)	✓ (3) (5) —		2	4	6
13	28							
12	27							
11	25							
Score Corrections		Remaining Items for Long Form (LF)						
Age	6-11	12+	14	(1) — (3) — (5) —		2	4	6
16-54	0	0	15	(2) — (3) — (4) —		1	5	6
55-64	3	1	16	(2) — (4) — (5) —		1	3	6
65-74	4	2	17	(1) — (4) — (6) —		2	3	5
			18	(3) — (4) — (6) —		1	2	5
			19	(2) — (3) — (4) —		1	5	6
			20	(1) — (2) — (3) —		4	5	6
			21	(1) — (5) — (6) —		2	3	4
			22	(2) — (4) — (5) —		1	3	6

If Short Form is used, first find Long Form score and then add the correction to it.

SF Score 22 Lf Score 45  
 Correction + 0  
 Corrected Long Form Score 45

Normal: 41-54; Borderline: 39-40; Mod. Imp.: 37-38; Severe Imp.: < 37

Observations: \_\_\_\_\_



S# 51 1  
Last 4 SS# 8724  
Date 2/27/02  
Examiner Kline

### Situation 1

Suppose that last night you met a girl at a friend's house. Now, you are calling her to ask for a date. She picks up the phone and says, "Hello." You say your name. She says, "Who?"

I'm the fr. of your fri's whos calling to ask if u film w/ & if u w/L to go out to dinner this evening

### Situation 2

Let's suppose that in the same situation where you have called this girl for a date, she eventually does remember you. The conversation goes smoothly for a while, and you ask her for a Saturday night date. She says, "Oh, I'm really sorry, but I'm busy Saturday night!"

Oh well I'm sorry to bother u, it would be too much trouble to ask u for a date next Sat. & u can give me a call at 559...

### Situation 3

Let's suppose you've been fixed up on a blind date. You've taken her to a movie and then for some coffee afterwards. All evening you've been getting the feeling this girl is brighter than you. Now, she begins to talk about a political candidate, some man you've never heard of. She says, "What do you think of him?"

I d k, I d l t o k more abt him

Situation 4

Let's say you're at a bar, and you see an attractive girl sitting alone at a table. You each introduce yourselves. You sit down. As the conversation goes on, she tells you many very personal things about herself, and she says, "Well, I've told you all about my problems; now you tell me about yours."

Problems aren't my biggest interest, tho if  
u w/L to K, I'll tell u but I'd  
rather have a drink instead while I tell u  
or dance

Situation 5

Let's suppose you are at a wedding, and you are introduced to a man who is older than you. As you talk, this man tells you how successful he has been in business, and how much money he is making. Then he says, "What are you doing with yourself, young man?"

I'm an entrepreneur underemployed  
trying to secure financial security by various  
means !

Situation 6

Let's suppose in the same situation, you don't like talking to this man, and are looking for a chance to get away from him. But then he says, "Come on, young man. I'll buy you a drink and we can talk some more."

I d K, I th I have s.t.  
else to do

Situation 7

Let's suppose you respond to an employment ad in the newspaper and go for a job interview. The interviewer is a tall, well-dressed man. As the interview goes on, he says, "By the way, we like to know whether any of our men have emotional problems which will influence their work. Do you?"

None per se, I have diffic: finding work, which makes me worry.

Situation 8

Let's say the job interview is at an end. You'd like the interviewer to know that you really want the job. He walks you to the door and says, "We'll be in touch with you."

Thank u, I'll be forward to it

Situation 9

Let's suppose you've seen this guy on the bus many times before, but never talked to him. His appearance is very different from yours; for example, the length of his hair. You'd like to have someone to chat with, so you sit down in the empty seat next to him. He looks up and catches your eye.

Say nothing  
Hello, how are you?

Situation 10

Let's suppose you are hanging around at a friend's house with some guys you don't really know. One of them takes you aside and says, "Want a fix?"

No thank you, leave me alone please

Situation 11

Let's suppose you had some guests you didn't know too well over to your house. It has been a good evening, but you're very tired, and want them to leave, so you can go to bed. The trouble is that nobody is making a move to leave. Finally, there is a pause in the conversation, and you feel it is your chance to say something.

Well, it had been nice talking to you,  
nice seeing you, hope you have a nice  
driving, drive or walk safely

Situation 12

Let's suppose you are going on a vacation weekend and have found yourself on a bus sitting next to a pretty girl. You'd like to strike up a conversation with the possibility of later asking her to spend some time with you over the weekend, but she is reading a book.

Hello, what's your name, my name is  
Bill, how are you?!

Situation 13

Let's suppose in the same situation one the vacation bus, you and this girl have had a good conversation. You ask her to spend more time with you, and she answers, "Oh, didn't you know I was meeting my husband?"

Oh, I'm very, very sorry, nice  
chatting to you, it had been a lot of  
fun, & I must be going

Situation 14

Suppose you are at a doctor's office for a physical checkup. She looks you over, takes a few tests, and tells you her findings. But she uses medical terms which you can't understand. After throwing out a few big words, she turns and starts to leave, saying, "That's all. You can get dressed and leave now."

Thank you, is there anything wrong,  
have a nice day

Situation 15

Let's suppose you are standing in a long check-out line in a department store. You have started a conversation with an attractive women standing in front of you. You find that she is doing all the talking without giving you a chance to talk. You would like to change the topic. Now at last, she pauses.

Oh, yeah?

Situation 16

In the same situation, it's your turn to get waited on. By this time, you are feeling a little annoyed about being kept waiting for so long. The clerk says, "You don't mind if I take a minute to have a cigarette break before I take care of you, do you?"

Probably, you well, cause I've  
been waiting for a while, go right  
right ahead

Situation 17

Let's say in this same situation, you tell the clerk, "Yes, I do mind. I'm in a hurry, so please check me out." The clerk, hearing your answer, says sarcastically, "Well, you are awfully nice, aren't you?"

*Oh, I'm sorry, I was just feeling  
a little rushed today, go right ahead*

Situation 18

Suppose you're at a small party where you find yourself in a corner with your host, Joe, and an attractive girl you have never met. Joe introduces you to the girl, and then walks away. You managed to start a conversation with this girl and after a while, she says, "Tell me about yourself."

*Well, Joe is a good man, I al  
know him a little while ~~he lives close by~~  
do u live near by? I work down the street  
~~at the office paper Co.~~*

Situation 19

Suppose as the conversation goes on with this girl, you get the feeling she is not really interested in you. She keeps looking around the room. Now, you ask her about a certain TV program, but she doesn't answer. You realize she hasn't been listening.

*Well, I'll tell ya*

### Situation 20

Let's suppose you are sitting at a lunch table with a friend, Steve, when a male friend of his comes over and is introduced. Just then, your friend realizes he's late, and gets up and leaves. Now, you are left at the table with the other guy, and you both have your lunch to eat. You look at each other in awkward silence.

How do u & Steve do he work  
to you, live near by?

### Situation 21

Suppose you are at a fairly large dinner party where you have been seated next to complete strangers. As you sit down to eat, the person on your right just looks at you and smiles, but does not say anything. You say, "Hello." This person nods, smiles again, and just keeps looking at you.

Who r you? My name is Bill

### Situation 22

Let's suppose you have seen this guy quite a few times walking in your neighborhood. While you are out walking, you see him on his stoop by himself. He invites you to come in for a drink, but you don't have time right then. You have to refuse, but do not want to put him off. He says, "Why don't you come in for a couple of minutes?"

I'm sorry but I got to  
water the lawn

Situation 23

Let's suppose you are at a counter in a department store, and you have waited ten minutes already to get service. Although the female clerk has seen you standing there, she keeps right on arranging things behind the counter. Finally, you decide to say something.

Mrs can u help me I've been trying to get some assis here & I need your help

Situation 24

Suppose, when you ask the clerk to wait on you, she explains that she will, as soon as she finishes what she is doing. But then, another man comes up, calls to the clerk for assistance, and she goes over to help him right away, leaving you still standing there.

Pardon me, I believe I was <sup>st</sup> before this gentleman, if there is not a special reason I'd like u to help me please

Situation 25

Suppose when you ask her to wait on you again, she still ignores you.

I'd like to speak to your manager right away at once

~~ANSWER~~

8124

CHART REVIEW

Subject # 51

Reviewed by Kline Date: 2/19/92

Diagnostic Impression? Yes \_\_\_\_\_ Established Diagnosis? Yes \_\_\_\_\_

Axis I: Depression vs. Para vs. Schizoaffective  
Bipolar

Axis II: \_\_\_\_\_

Axis III: TD?

Current Meds

Tegretol 400 po BID  
200 " hs

Li 300g po Qm + 600 pd qhs

Neurologic Disorder? Yes \_\_\_\_\_ Head Injury? Yes \_\_\_\_\_ LOC? Yes no

Substance Abuse History: If no substance use, check here ✓

Last used on (date) \_\_\_\_\_

Substance(s) used: (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
(4) \_\_\_\_\_  
(5) \_\_\_\_\_

~~Send to:~~  
Attn: Chuck Vogel  
Public Guardian

Care: S.C. Co. Chuck Vogel  
LPS "OT" (408) 299-6144  
Richard Hartley Larry Davis  
S.J. CA 95116

1075 E.  
Santa Clara  
S.J. CA  
95116

## CHART REVIEW

Subject # \_\_\_\_\_

Reviewed by KM+CV Date: 1/15/92.Diagnostic Impression? Yes  Established Diagnosis? Yes Axis I: bipolar w/ psychotic features.vs paranoid schiz.

transferred from Crestwood  
 2° several assaults on  
 girlfriend - punched her,  
 pushed into fence. Not  
 psychotic; poor impulse  
 control.

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Current Meds

Tegretol 400 mg po BID Artane 5mg p.o BIDTegretol 200 mg po @ h.s.Lithium carb 358 mg Po qamLithium 600 mg P.O. @ h.sMellaril 25 mg P.O. qamMellaril 75 mg P.O. @ hsNeurologic Disorder? Yes  Head Injury? Yes  LOC? Yes 

Substance Abuse History: If no substance use, check here \_\_\_\_\_

Last used on (date) denies any recentSubstance(s) used: (1) LSD + mj. in Service -

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

30 y/o

wait



-8724

12/17 adm't.

*being reviewed now* conservator  
 chuck vogel  
 Santa Clara -

408-299-6144

From MP

St, can be hypomanic or so effective.  
agitated, eager to please, assault hx

---

notes: hyperactive "acting out feelings"

12/17 - argument.

12/18 - verbal abuse.

12/20 - " "

12/23 - loud demanding irritable.

12/23 - fight w/pt.

1/10 - "less" incidents.

1/15 - provoking & threatening staff.

---

2/7 2:45 Threatened nurse - in <sup>locked seclusion</sup> quiet time be verbally abusive  
holding grounds privileges. Impulse control poor  
Repetitions behavior

Jeff Kline Ph.D. X2349  
MPD - 324A  
Latest Revision: 5/1/89

STRUCTURED CLINICAL INTERVIEW FOR DSM-III-R - PATIENT VERSION

S C I D - P

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

01  
1-2

Study: Affect, Emotion, Social Functioning and Schizoaffective Disorder Study No.: \_\_\_\_\_

03-  
06

Subject: \_\_\_\_\_

I.D. No.: (last 4 ss#) 8724

07-  
10

Subject #: 51

Rater: Kline

Rater No.: \_\_\_\_\_

11-  
13

Joint interview

Rater is:

Interviewer 1  
Observer 2

14

Date of interview:

2 20 92  
Mo. Day Year

15-  
20

Evaluation:

Initial 1  
Reevaluation 2

21

Time interview began 2:00pm

ended 3:00pm

22  
23  
24

Sources of information (check all that apply):

- Subject  
 Family/friends/associates  
 Health professional/chart/  
referral note

25

Consultation with: \_\_\_\_\_

Form No. 28  
79-80\*

Edited and checked by: \_\_\_\_\_

Date: \_\_\_\_\_

\* Keypunch: Duplicate on all cards; "b" = leave blank.

The development of the SCID has been supported in part by  
NIMH Contract #278-83-0007(DB) and NIMH Grant #1 RO1 MH40511.

For citation: Spitzer, Robert L., Williams, Janet B. W., Gibbon, Miriam and First, Michael B., "Structured Clinical Interview for DSM-III-R - Patient Version (SCID-P, 5/1/89)" Biometrics Research Department New York State Psychiatric Institute 722 West 168th Street New York, New York 10032

## SCID-P SUMMARY SCORE SHEET

Duration of interview (minutes): \_\_\_\_\_

26 b  
27-  
29

## Diagnosis

Lifetime Prevalence  
Diagnostic Index

Meets Symptom-  
atic Dx. Crit.  
Past Month  
*At any time  
within past mo.*

Inad-	Sub-
equate	thresh-
info.	old
Ab-	Thresh-
sent	old

Ab-	Pre-
sent	sent

## MOOD DISORDERS

01 Bipolar Disorder (D. 1) ? 1 2 | 3 | -----> (1) 3 | 30  
31

1 manic

32

2 depressed

3 mixed

1 mild

33

2 moderate

3 severe, without psychotic features

4 with mood-congruent psychotic features

5 with mood-incongruent psychotic features

02 Other Bipolar Disorder ? 1 2 | 3 | -----> (1) 3 | 34  
35

e.g. Cyclothymia  
Bipolar II, i.e. Bipolar NOS  
Recurrent hypomanic

## Diagnosis

## Lifetime Prevalence

Meets Symptom-  
atic Dx. Crit.  
Past Month

Inad-	Sub-			Ab-	Pre-
equate info.	Ab- sent	thresh- old	Thresh- old	sent	sent

## MOOD DISORDERS

03 Major Depression (D. 2)

? 1 2 | 3 | ----->

(1) 3

36  
37

- |   |  |
|---|--|
| 1 | mild                                     |
| 2 | moderate                                 |
| 3 | severe, without psychotic features       |
| 4 | with mood-congruent psychotic features   |
| 5 | with mood-incongruent psychotic features |

38

(DSM-III-R allows for past episodes)

04 Dysthymia (current only) (A. 18)

? 1 2 3

39

- |   |           |
|---|-----------|
| 1 | primary   |
| 2 | secondary |

40

05 Depressive Syndrome ? 1 | 3 | -----> (1) 3

Superimposed on Chronic Psychotic Dis. (D. 2)

41

42

→ Depression = residual psychotic Sx from past psychiatric disorder

## Diagnosis

## Lifetime Prevalence

Meets Symptom-  
atic Dx. Crit.  
Past Month

	Inad- equate info.	Ab- sent	Sub- thresh- old	Thresh- old		Ab- sent	Pre- sent
--	--------------------------	-------------	------------------------	----------------	--	-------------	--------------

**PSYCHOTIC DISORDERS**

06	Schizophrenia (C. 4)	?	1	2	<u>3</u>   ----->	1	3	<b>CHECK SUBTYPE BELOW</b>	43
07	Schizophreniform Dis. (C. 9)	?	1	2	<u>3</u>   ----->	1	3		44
									45
									46
08	Schizoaffective Dis. (C. 11)	?	1	2	<u>3</u>   ----->	1	3		47
									48
									49
09	Delusional Disorder (C. 13)	?	1	2	<u>3</u>   ----->	1	3		50
10	Brief Reactive Psychosis (C. 2)	?	1	2	<u>3</u>   ----->	1	3		51
11	Psychotic Disorder NOS (C. 14)	?	1	2	<u>3</u>   ----->	1	3		52
									53
									54
									55
									56

Schizophrenia Subtypes: 06.1 Paranoid Type \_\_\_\_ (Stable Type \_\_\_\_)  
 06.2 Catatonic Type \_\_\_\_  
 06.3 Disorganized Type \_\_\_\_  
 06.4 Undifferentiated Type \_\_\_\_  
 06.5 Residual Type \_\_\_\_

Do Not Use

## Diagnosis

## Lifetime Prevalence

Meets Symptom-  
atic Dx. Crit.  
Past Month

	PSYCHOACTIVE SUBSTANCE USE DISORDERS	Inad- equate info.				Ab- sent	Depen- dence	Ab- sent	Pre- sent	
				Ab-	use					
12	Alcohol (E. 4)	?	1		2	3	----->	1	3	57 58
13	Sedative-Hypnotic- Anxiolytic (E. 14)	?	1		2	3	----->	1	3	59 60
14	Cannabis (E. 14)	?	1		2	3	----->	1	3	61 62
15	Stimulant (E. 14)	?	1		2	3	----->	1	3	63 64
16	Opioid (E. 14)	?	1		2	3	----->	1	3	65 66
17	Cocaine (E. 14)	?	1		2	3	----->	1	3	67 68
18	Hall.-PCP (E. 14)	?	1		2	3	----->	1	3	69 70
19	Poly Drug (E. 14)	?	1		2	3	----->	1	3	71 72
20	Other (E. 14)	?	1		2	3	----->	1	3	73 74

75-78 b
28
79-80
Duplicate on all cards

Do Not Use

## Diagnosis

## Lifetime Prevalence

Meets Symptom-  
atic Dx. Crit.  
Past Month

Inad- Sub-  
equate Ab- thresh- Thresh-  
info. sent old old

**Ab-**sent      **Pre-**sent

02 duplicate b  
1-2 3-14 15

## **ANXIETY DISORDERS**

Do Not Use 1<sup>st</sup> part of this page

## Diagnosis

		Lifetime Prevalence				Meets Symptom- atic Dx. Crit. Past Month		28
		Inad- equate info.	Ab- sent	Sub- thresh- old	Thresh- old	Ab- sent	Pre- sent	
<b>SOMATOFORM DISORDERS</b>								
27	Somatization Disorder (current only) (G. 5)	?		1	2	3		
28	Somatoform Pain Disorder (current only) (G. 6)	?		1	2	3		
29	Undifferentiated Somatoform Disorder (current only) (G. 8)	?		1	2	3		29
30	Hypochondriasis (current only) (G. 10)	?		1	2	3		30
<b>EATING DISORDERS</b>								
31	Anorexia Nervosa (H. 2)	?		1	2	3   ----->	1	31
32	Bulimia Nervosa (H. 4)	?		1	2	3   ----->	1	32
33	ADJUSTMENT DISORDER (current only) (I. 2)	?		1	2	3		33
34	OTHER DSM-III-R AXIS I DISORDER:	?		1	2	3   ----->	1	34
Specify: _____								
35								
36								
37								

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

Enter code number from left of diagnosis above:

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

## DIAGNOSTIC CERTAINTY FOR CURRENT DIAGNOSES

CODE CERTAINTY OF THE PRESENCE OF AT LEAST ONE DISORDER IN A DIAGNOSTIC CLASS, OR THE ABSENCE OF ANY DISORDER IN THAT DIAGNOSTIC CLASS

	Poor	Fair	Good	
MOOD DISORDERS	1	2	3	40
PSYCHOTIC DISORDERS	1	2	3	41
PSYCHOACTIVE SUBSTANCE USE DISORDERS	1	2	3	42
ANXIETY DISORDERS	1	2	3	43
SOMATOFORM DISORDERS	1	2	3	44
EATING DISORDERS	1	2	3	45
ADJUSTMENT DISORDER	1	2	3	46

## INTERVIEWER'S DIAGNOSES, IF DIFFERENT FROM SCID DIAGNOSES:

BASED ON CLEAR EVIDENCE FROM THE PATIENT'S CHART AND/OR FROM THE INTERVIEW,  
DOES THE PATIENT HAVE A SUBSTANCE ABUSE DISORDER?

YES             
NO X

M.J. in past

## LIST ALL CURRENT PSYCHOTROPIC MEDICATIONS INCLUDING DAILY DOSE:

---



---



---



---



---

\* DO immediately after IV along w/ BPRS

### DSM-III-R Axis V: Global Assessment of Functioning Scale

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

Indicate appropriate code for the LOWEST level of functioning during the week of POOREST functioning in past month. (Use intermediate level when appropriate, e.g., 45, 68, 72).

35

47-  
48

#### Code

- 90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
- 80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work).
- 70 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
- 60 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with co-workers).
- 50 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
- 40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
- 30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends)
- 20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute)
- 10 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicide act with clear expectation of death

# Overview

Overview i

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

## DEMOGRAPHIC DATA

SEX:

- 1 male  
2 female

1

ETHNICITY:

- 1 Black, not of Hispanic origin  
2 Hispanic  
 3 White, not of Hispanic origin  
4 American Indian or Alaskan native  
5 Asian or Pacific Islander

2

AGE:

30

3-

MARITAL STATUS  
(most recent):

- 1 never married  
2 married once  
3 divorced  
4 divorced, remarried  
5 widowed

\*5

How old are you?

Are you married?

IF NO: Were you ever?

Any children? 1

IF YES: How many? 1

Where do you live?

Whom do you live with?

## EDUCATION AND WORK HISTORY

How far did you get in school?

EDUCATION:

1 yr.

- 1 grade 6 or less  
2 grade 7 to 12  
3 graduated high school or high school equivalent  
 4 part college  
5 graduated 2 year college  
6 graduated 4 year college  
7 part graduate/professional school  
8 completed graduate/professional school

\*6

IF FAILED TO COMPLETE A PROGRAM IN WHICH THEY WERE ENROLLED: Why didn't you finish?

I got a job vocational work sick and very  
de Anza

SCID-P 5/1/89

What kind of work do you do?  
(Do you work outside of  
your home?)

Are you working now?

-> IF YES: How long have you  
worked there?

IF LESS THAN 6 MONTHS: Why  
did you leave your last job?

Have you always done that kind  
of work?

-> IF NO: Why is that?  
What kind of work have you done?

How are you supporting yourself  
now?

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

IF YES: When? Why was that?

#### OVERVIEW OF PRESENT ILLNESS

DATE ADMITTED TO INPATIENT  
OR OUTPATIENT FACILITY FOR  
PRESENT ILLNESS

When did you come to the  
(hospital, clinic)?

CHIEF COMPLAINT  
AND DESCRIPTION OF  
PRESENTING PROBLEM

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

IF DOES NOT GIVE DETAILS  
OF PRESENTING PROBLEM:  
Tell me more about that.  
(What do you mean by...?)

Overview ii

Part-time jobs - recycling  
warehouse

Summer 1990

Temp. job.

working before hospital

fear of being sent out

drugs

GGT

Number of weeks since admission  
to facility

1 < 1 week

2 1-4 weeks

3 > 4 weeks

Dec 1991

out of Crestwood

physically & verbally abused

gf. (at Crestwood) - pushed her  
dignity

ONSET OF PRESENT ILLNESS  
OR EXACERBATION

When did this begin?

(When did you first notice  
that something was wrong?)When were you last feeling  
OK (your usual self)?

## NEW SXS OR RECURRENCE

Is this something new or a  
return of something you had  
before?(What made you come for help  
now?)ENVIRONMENTAL CONTEXT AND  
POSSIBLE PRECIPITANTS OF  
PRESENT ILLNESS OR EXACERBATION  
(USE THIS INFORMATION FOR  
CODING AXIS IV.)What was going on in your life  
when this began?Did anything happen or change  
just before all this started?  
(Do you think this had any-  
thing to do with your [PRESENT  
ILLNESS]?)COURSE OF PRESENT ILLNESS  
OR EXACERBATIONAfter it started, what happened  
next? (Did other things start  
to bother you?)Since this began, when have you  
felt the worst?IF MORE THAN A YEAR AGO: In  
the last year, when have you  
felt the worst?

para @ Staff

6/9/1first wk & since been here  
low self-esteem  
quit time away fromworse before exacerbation +  
forbiddenanx.  
unusual, I'm MD  
staff staring at me  
12/90 - 12/91 VA hosp.  
I'm a nobody, nothingproblems right away  
Food trouble, TV trouble10 diff arguments, floor slantinglast argument @ 1 1/2 wks  
PTA here  
pushed her head

## TREATMENT HISTORY

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

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

Have you ever been a patient in a psychiatric hospital?

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

What was the 1<sup>st</sup> year you were hospitalized for psychiatric problems?

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

## OTHER CURRENT PROBLEMS

Have you had any other problems in the last month?

What's your mood been like?

How has your physical health been? Do you take any medications or vitamins (other than those you've already told me about)? (Have you had any medical problems?) USE INFORMATION TO CODE AXIS III.

How much have you been drinking (alcohol) (in the past month)?

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

<u>Hospitalizations</u>	
Dep. Raged 3x	11 drugged, catatonic
out of girls' college	
Med. Lixitane & sedatives	
Number of previous hospitalizations (Do not include transfers)	
0	8
1	
2	
3	
4	
5 (or more)	
<u>1983</u> (year and/or age)	

staff changes  
poor authority  
poor medical skills  
no  
up front to Dr.  
L-Fac, arbit decision  
Q (yo. ago) by Team  
11 mo. ago - inhaler  
M. J.

## CURRENT SOCIAL FUNCTIONING

How have you been spending your free time?

Reading

Whom do you spend time with?

alone usually

## MOST LIKELY CURRENT DIAGNOSES:

---

---

## DIAGNOSES THAT NEED TO BE RULED OUT:

---

---

---

---

ADDITIONAL QUESTIONS TARGETING BPRS-SPECIFIC ITEMS:

(Current functioning)	NOT PRESENT	MODERATE	EXTREMELY SEVERE
SOMATIC CONCERN	3-4	↓ W	1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
ANXIETY	4	↓ J	[Degree of concern over present bodily health] "How do you feel about your physical health?" "Does your health concern you?"
GUILT FEELINGS	E	3	[Worry, fear, or over-concern for present or future].... "How do you feel in general about your present circumstances?"
DEPRESSIVE MOOD	E	3	[Over-concern or remorse for past behavior].... "...about the future?"
HOSTILITY	4.5	9 Koff	[Animosity, contempt, belligerence, disdain for other people outside the interview situation] "Are there things you've done in the past which you feel uncomfortable about?" "What kind of discomfort?"
SUSPICIOUSNESS	UK W	4.5	[Belief (delusional or otherwise) that others have now, or have had in the past, malicious/discriminatory intent toward the pt.] "What has your mood been like these days?" "How is it now?"
DISORIENTATION	Confusion	↓	[Confusion or lack of proper association for person, place, or time] "How do you feel about other people?" "Anyone you don't like?" (Explain)
			"Do you feel that other people might wish you harm in some way?"
			"Can you tell me today's date?" (day/mo/yr); "Day of the week?"
			"Time of day (approx.)?"
			"Where are we?"

## LIFE CHART

[RETURN TO OVERVIEW PAGE](#) [iv, OTHER CURRENT PROBLEMS](#)

# Mood Syndromes

IN THIS SECTION, MAJOR DEPRESSIVE, MANIC, HYPOMANIC SYNDROMES, AND DYSTHYMIA ARE EVALUATED. THE DIAGNOSES ARE MADE IN D. MOOD DISORDERS (EXCEPT FOR DYSTHYMIA, WHICH IS DIAGNOSED IN THIS MODULE.)

## CURRENT MAJOR DEPRESSIVE SYNDROME

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

### Major Depressive Syndrome Criteria

103 duplicate b1  
11-2 3-14 151

**A**. At least 5 of the following symptoms have each been present during the same two-week period (and represent a change from previous functioning); at least one of the symptoms was either  
 (1) depressed mood, or  
 (2) loss of interest or pleasure.

In the last month...

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

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

...what about being a lot less interested in most things or unable to enjoy the things you used to enjoy? (What was that like?)

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

(1) depressed mood most of the day, nearly every day, as indicated either by subjective account or observation by others

never less

? 1 2 3 16

| | | |

? 1 2 3 17

IF NEITHER ITEM (1)  
NOR ITEM (2) IS  
CODED "3,"  
GO TO  
\*PAST MAJOR  
DEPRESSIVE  
SYNDROME,\*  
A. 5

NOTE: DO NOT INCLUDE SXS THAT ARE CLEARLY DUE TO A PHYSICAL CONDITION, MOOD-INCONGRUENT DELUSIONS OR HALLUCINATIONS, INCOHERENCE OR MARKED LOOSENING OF ASSOCIATIONS, OR THAT ARE CLEARLY PART OF THE RESIDUAL OR PRODRMAL PHASES OF SCHIZOPHRENIA.

\* \* \*

During this time...

..did you lose or gain any weight? (How much?) (Were you trying to lose weight?)

IF NO: 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?)

..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?)

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

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

..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?)

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

? 1 2 3

18

(4) insomnia or hypersomnia nearly every day

? 1 2 3

19

→ Don't take into account if on meds or not

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

? 1 2 3

20

NOTE: CONSIDER BEHAVIOR DURING THE INTERVIEW

(6) fatigue or loss of energy nearly every day

? 1 2 3

21

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

? 1 2 3

22

NOTE: CODE "1" OR "2" IF ONLY LOW SELF ESTEEM

During this time...

..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?)

..were things so bad that you were thinking a lot about death or that you would be better off dead? What about thinking of hurting yourself?

IF YES: Did you do anything to hurt yourself?

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

? 1 2 3

23

*does not have to be every day*

(9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

? 1 2 3

24

NOTE: CODE "1" FOR SELF-MUTILATION W/O SUICIDAL INTENT



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

1 3

25

GO TO
*PAST
MAJOR
DEPRES-
SIVE
SYN-
DROME,*
A. 5

#### ETIOLOGIC ROLE OF AN ORGANIC FACTOR IN FULL DEPRESSIVE SYNDROME

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

Were you taking any street drugs or medicines? (Any change in the amount you were taking?)

IF YES TO ANY OF THESE QUESTIONS, DETERMINE IF THE DEPRESSIVE EPISODE WAS INITIATED AND MAINTAINED BY AN ORGANIC FACTOR.

*Have to be 90% sure to rule organic etiology*

B. (1) It cannot be established that an organic factor initiated and maintained the disturbance.

IF ORGANIC FACTOR, DESCRIBE:

Established organic factors include: hypothyroidism, hyper- and hypoadrenocorticism, substances such as reserpine, methyldopa, PCP, and other hallucinogens.

? 1 3

26

R/O ORGANIC MOOD SYNDROME	NO OR- GANIC ETIO- LOGY	CON- TINUE
GO TO *PAST MAJOR DEPRES- SIVE SYN- DROME,* A. 5		

SCID 5/1/89

Current MDS

Mood Syndromes

A. 4

(Did this begin soon after someone close to you died?)

normal reaction?  
→ clinical judgement

B.(2) The disturbance is not a normal reaction to the death of a loved one (Uncomplicated Bereavement). (NOTE: Morbid preoccupation with worthlessness, suicidal ideation, marked functional impairment or psychomotor retardation, or prolonged duration suggest bereavement complicated by Major Depression.)

? 1 3

27

R/O UN-	CUR-
COMPLI-	RENT
CATED	EPI-
BE-	SODE
REAVE-	NOT
MENT	DUE
GO TO	TO
*PAST	UNCOM-
MAJOR	PLI-
DEPRES-	CATED
SIVE	BE-
SYN-	REAVE
DROME,*	MENT
A. 5	

1 (1,3)

28



MAJOR DEPRESSIVE SYNDROME  
CRITERIA (A) AND (B) ARE CODED "3"

(SEE)  
(PG.) A. 3  
▶

(SEE)  
(PG.) A. 3  
‡  
(PG.) A. 4

GO TO	CUR-
*PAST	RENT
MAJOR	MAJOR
DEPRES-	DE-PRES-
SIVE	SIVE
SYN-	SYN-
DROME,*	DROME
A. 5	



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

Total number of episodes of Major Depressive Syndrome, including current (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT)

29-  
30

How old were you when you first had a lot of these symptoms for at least two weeks?

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

31-  
32

GO TO	
*CURRENT MANIC	
SYNDROME,*	
A. 10	

**PAST MAJOR DEPRESSIVE SYNDROME\***

-> IF NOT CURRENTLY DEPRESSED:

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

-> IF CURRENTLY DEPRESSED BUT FAILED TO MEET FULL CRITERIA, SCREEN FOR PAST MDS: 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?)

-> IF PAST DEPRESSED MOOD:

During that time, were you a lot less interested in most things or unable to enjoy the things you used to enjoy? (What was that like?)

-> IF NO PAST DEPRESSED MOOD:

What about a time when you were a lot less interested in most things or unable to enjoy the things you used to enjoy? (What was that like?)

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

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

NOTE: IF THERE WAS AN EPISODE IN THE PAST YEAR, ASK ABOUT THAT EPISODE EVEN IF IT WAS NOT "THE WORST"

**MDS CRITERIA**

A. At least 5 of the following symptoms have each been present during the same two-week period (and represent a change from previous functioning); at least one of the symptoms was either (1) depressed mood, or (2) loss of interest or pleasure.

(1) depressed mood most of the day, nearly every day, as indicated either by subjective account or observation by others

g/f. had b/f.

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

? 1 2 3

\*33

\*

\*

? 1 2 3

34

IF NEITHER  
ITEM (1)  
NOR (2) IS  
CODED "3,"  
GO TO  
\*CURRENT  
MANIC SYN-  
DROME,\*  
A. 10

NOTE: DO NOT INCLUDE SXS THAT ARE CLEARLY DUE TO A PHYSICAL CONDITION, MOOD-INCONGRUENT DELUSIONS OR HALLUCINATIONS, INCOHERENCE OR MARKED LOOSENING OF ASSOCIATIONS, OR SIMPLY PRODROMIC OR RESIDUAL SYMPTOMS OF SCHIZOPHRENIA.

FOCUS ON THE WORST EPISODE THAT  
THE SUBJECT CAN REMEMBER (OR ONE  
ONE IN PAST YEAR)

During that time...

..did you lose or gain any weight? (How much?) (Were you trying to lose weight?)

IF NO: 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?)

..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?)

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

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

..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?)

*had 5 days*

2=absent or false

3=subthreshold

4=threshold or true

(3) significant weight loss or weight gain when not dieting (e.g., more than 5% of body weight in a month)

or decrease or increase in appetite nearly every day

? 1 2 3

(4) insomnia or hypersomnia nearly every day

? 1 2 3

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

? 1 2 3

(6) fatigue or loss of energy nearly every day

? 1 2 3

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

NOTE: CODE "1" OR "2" FOR LOW SELF-ESTEEM BUT NOT WORTHLESSNESS

During that time...

..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?)

..were things so bad that you were thinking a lot about death or that you would be better off dead? What about thinking of hurting yourself?

IF YES: Did you do anything to hurt yourself?

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

(9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

NOTE: CODE "1" FOR SELF-MUTILATION W/O SUICIDAL INTENT.

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

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

-> IF NO: GO TO \*CURRENT MANIC SYNDROME,\* A. 10.

-> IF YES: RETURN TO \*PAST MAJOR DEPRESSIVE SYNDROME,\* A. 5, AND INQUIRE ABOUT WORST EPISODE.

1=absent or false  
2=subthreshold  
3=threshold or true

**ETIOLOGIC ROLE OF AN ORGANIC FACTOR IN FULL DEPRESSIVE SYNDROME**

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

Were you taking any medicines or street drugs? (Any change in the amount you were taking?)

IF YES TO ANY OF THESE QUESTIONS, DETERMINE IF THE DEPRESSIVE EPISODE WAS INITIATED AND MAINTAINED BY AN ORGANIC FACTOR

B.(1) It cannot be established that an organic factor initiated and maintained the disturbance.

IF ORGANIC FACTOR, DESCRIBE:

? 1

3

43

R/O ORGANIC MOOD SYNDROME	NO OR- GANIC ETIO- LOGY
------------------------------------	----------------------------------

Established organic factors include: hypothyroidism, hyper- and hypoadrenocorticism, substances such as reserpine, methyldopa, PCP and other hallucinogens.

DETERMINE IF THERE WAS A PERIOD OF DEPRESSED MOOD THAT WAS NOT INITIATED AND MAINTAINED BY AN ORGANIC FACTOR. IF SO, RETURN TO \*PAST MAJOR DEPRESSIVE SYNDROME,\* A. 5, AND ASK ABOUT THAT EPISODE.

IF NOT, GO TO \*CURRENT MANIC SYNDROME,\* A. 10.

CONTINUE

(Did this begin soon after someone close to you died?)

B.(2) The disturbance is not a normal reaction to the death of a loved one (Uncomplicated Bereavement). (NOTE: Morbid preoccupation with worthlessness, suicidal ideation, marked functional impairment or psychomotor retardation, or prolonged duration suggest bereavement complicated by Major Depression.)

? 1

3

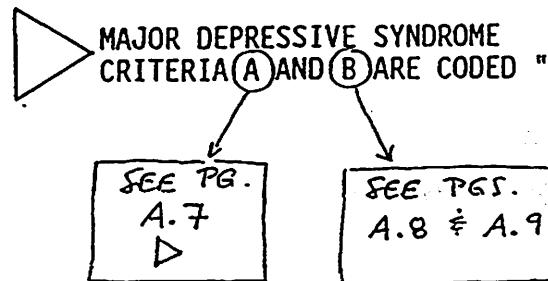
R/O UN-COMPLI-CATED BE-BE-REAVE-MENT

AT LEAST ONE EPI-SODE NOT DUE TO UNCOMPLI-CATED BE-BE-REAVE-MENT

CONTINUE

DETERMINE IF THERE WAS A PERIOD OF DEPRESSED MOOD THAT WAS NOT DUE TO UNCOMPLICATED BEREAVEMENT. IF SO, RETURN TO \*PAST MAJOR DEPRESSIVE SYNDROME,\* A. 5 AND ASK ABOUT THAT EPISODE.

IF NOT, GO TO \*CURRENT MANIC EPISODE,\* A.10.



GO TO  
\*CUR-  
RENT-  
MANIC-  
SYN-  
DROME,  
A. 10

PAST  
MAJOR  
DE-  
PRES-  
SIVE  
SYN-  
DROME

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

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

How old were you when you first had a lot of these symptoms for at least two weeks?

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

**\*CURRENT MANIC SYNDROME\***

IF THOROUGH OVERVIEW OF PRESENT ILLNESS PROVIDES NO BASIS FOR SUSPECTING A CURRENT MANIC SYNDROME, CHECK HERE \_\_\_\_\_ AND GO TO \*PAST MANIC SYNDROME\* A. 14.

In the last month, has there been a period of time when you were feeling so good or hyper that other people thought you were not your normal self or you were so hyper that you got into trouble? (Did anyone say you were manic?) (Was that more than just feeling good?)

IF NO: What about a period of time when you were so irritable that you would shout at people or start fights or arguments?

(Did you find yourself yelling at people you didn't really know?)

What was that like?

How long did that last?

When were you the most (OWN EQUIVALENT FOR EUPHORIA OR IRRITABILITY)?

FOR THE WORST PERIOD OF CURRENT EPISODE, ASK ABOUT ASSOCIATED SXS

(During this time...)

..how did you feel about yourself?

(More self-confident than usual?)

(Any special powers or abilities?)

**Manic Syndrome Criteria**

been checked, see specific  
for current period of time  
specific

and syndromes below (S)  
and/or pertaining to present  
episode

(no time period  
criteria)

not to result in diagnosis  
and consisting of various  
syndromes and sub-syndromes

and withdrawal (I)  
and mood and substance

**A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood.**

**Generalized Irritability,**  
not specific instance of irrit. toward a person

DATE:

IF IRRITABLE MOOD ONLY, CHECK  
HERE AFTER CODING "3" ABOVE

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

(1) inflated self-esteem  
or grandiosity

? 1 2 3

Wrote  
Power  
Over others  
Inflated  
Sense of  
Inferiority

During this time...

...did you need less sleep than usual?

IF YES: Did you still feel rested?

...were you more talkative than usual? (People had trouble stopping you or understanding you? People had trouble getting a word in edgewise?)

...were your thoughts racing through your head?

...did you have trouble concentrating because any little thing going on around you could get you off the track?

...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? (How bad was it?)

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

*All circled*

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

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

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

(5) distractibility, i.e., attention too easily drawn to unimportant or irrelevant external stimuli

(6) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation

(7) excessive involvement in pleasurable activities which have a high potential for painful consequences that the person does not recognize, e.g., the person engages in unrestrained buying sprees, sexual indiscretions, or foolish business investments

NOTE: BECAUSE OF THE DIFFICULTY OF DISTINGUISHING NORMAL PERIODS OF GOOD MOOD FROM HYPMANIA, REVIEW ALL ITEMS CODED "3" IN CRITERIA "A" AND "B" AND RECODE ANY EQUIVOCAL JUDGEMENTS

Must be convinced for  
cycling to be hypomania

SCID 5/1/89

Current MS

Mood Syndrome's

A. 12

AT LEAST THREE "B" SXS ARE  
CODED "3" (FOUR IF MOOD ONLY  
IRRITABLE) "1" GOOD TOOK  
YESTERDAY & YESTERDAY

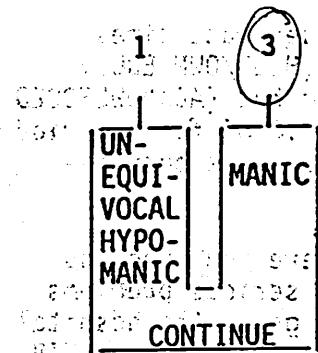


60

GO TO  
\*PAST  
MANIC  
SYN-  
DROME,\*  
A. 14

differentiates  
Hypomanic v. Manic

C To be schizophrenia or not  
Mood disturbance suffi-  
ciently severe to cause marked  
impairment in occupational  
functioning or in usual social  
activities or relationships  
with others, or to necessitate  
hospitalization to prevent  
harm to self or others.



61  
62

DESCRIBE:

D It cannot be established  
that an organic factor initiated  
and maintained the disturbance.  
NOTE: Somatic antidepressant  
treatment (e.g., drugs, ECT)  
that apparently precipitates a  
mood disturbance should not be  
considered an etiologic organic  
factor.

? 1 ..	3
R/O ORGANIC MOOD SYN- DROME	NO OR- GANIC ETIO- LOGY
GO TO *PAST MANIC SYN- DROME,* A. 14	CON- TINUE

IF ORGANIC FACTOR, DESCRIBE:

Established organic factors  
include: hyperthyroidism,  
substances such as stimulants  
and cocaine.

IF YES TO ANY OF THESE  
QUESTIONS, DETERMINE IF  
THE MANIC EPISODE WAS  
INITIATED AND MAINTAINED  
BY AN ORGANIC FACTOR.

ETIOLOGIC ROLE OF AN ORGANIC  
FACTOR IN MANIC OR HYPOMANIC  
SYNDROME

Just before this began, were  
you taking any street drugs or  
medicines? (Any change in the  
amount you were taking?) Were  
you physically ill?

IF YES TO ANY OF THESE  
QUESTIONS, DETERMINE IF  
THE MANIC EPISODE WAS  
INITIATED AND MAINTAINED  
BY AN ORGANIC FACTOR.

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

SCID 5/1/89

Current MS

Mood Syndromes

A. 13

► MANIC SYNDROME CRITERIA  
A, B, C AND D ARE CODED "3"  
SEE PG. A.12 ▶

NOTE: CODE "1" IF CURRENT  
HYOPMANIC SYNDROME ONLY

1

3

63

GO TO  
\*PAST  
MANIC  
SYN-  
DROME,\*  
A. 14

CUR-  
RENT  
MANIC  
SYN-  
DROME

How many separate times  
were you (HIGH/OWN EQUIV-  
ALENT) and had [ACKNOWLEDGED  
MANIC SYMPTOMS] for a period  
of time (or were hospital-  
lized)?

Number of episodes of  
Manic Syndrome; including  
current (CODE 99 IF TOO  
INDISTINCT OR NUMEROUS  
TO COUNT)

Age at onset of first Manic  
Syndrome. (CODE 99 IF UNKNOWN)

How old were you when you  
first had serious problems  
or had to go to the hospital  
because you were (OWN EQUIV-  
ALENT/MANIC)?

64-  
65 ON  
66-  
67

GO TO  
\*PSYCHOTIC  
SYMPTOMS,\*  
B. 1

SCID 5/1/89

Past MS

Mood Syndromes

A. 14

**\*PAST MANIC SYNDROME\***

**MANIC SYNDROME CRITERIA**

NOTE: IF CURRENTLY ELEVATED MOOD BUT FAILS TO MEET FULL CRITERIA FOR A MANIC SYNDROME, SUBSTITUTE THE PHRASE "Has there ever been another time..." FOR EACH OF THE SCREENING QUESTIONS BELOW.

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

(Did anyone say you were manic?) (Was that more than just feeling good?)

IF NO: What about a period of time when you were so irritable that you would shout at people or start fights or arguments? (Did you find yourself yelling at people you didn't really know?)

When was that?

What was it like?

How long did it last?

Have you had more than one time like that?

IF YES: Which time were you the most (HIGH/OWN EQUIVALENT)?

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

04 duplicate b  
1-2 3-14 15

**A.** A distinct period of abnormally and persistently elevated, expansive, or irritable mood.

DATE:

GOTO:

PSYCHOTIC AND ASSOCIATED SYMPTOMS

B.1

IF IRRITABLE MOOD ONLY, CHECK HERE AFTER CODING "3" ABOVE

16

17

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

(During that time...)

..how did you feel about yourself?

(More self-confident than usual?)

(Any special powers or abilities?)

..did you need less sleep than usual?

IF YES: Did you still not feel tired or sleepy?

..were you more talkative than usual? (People had trouble stopping you or understanding you? People had trouble getting a word in edgewise?)

..were your thoughts racing through your head?

..did you have trouble concentrating because any little thing going on around you could get you off the track?

..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? (How bad was it?)

(1) inflated self-esteem or grandiosity

? 1 2 3

18

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

? 1 2 3

19

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

? 1 2 3

20

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

? 1 2 3

21

(5) distractibility, i.e., attention too easily drawn to unimportant or irrelevant external stimuli

? 1 2 3

22

(6) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation

? 1 2 3

23

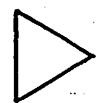
..did you do anything that could have caused trouble for you or your family? (Buying things you didn't need?) (Anything sexual that was unusual for you?) (Reckless driving?)

(7) excessive involvement in pleasurable activities which have a high potential for painful consequences that the person does not recognize, e.g., the person engages in unrestrained buying sprees, sexual indiscretions, or foolish business investments

? 1 2 3

24

NOTE: BECAUSE OF THE DIFFICULTY OF DISTINGUISHING NORMAL PERIODS OF GOOD MOOD FROM HYPOMANIA, REVIEW ALL ITEMS CODED "3" IN CRITERIA A AND B AND RECODE ANY EQUIVOCAL JUDGMENTS.



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

1

3

25

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

-> IF NO: GO TO \*DYSTHYMIA,\* A. 18.

PSYCHOTIC AND ASSOCIATED SX  
(B.1)

CONTINUE

-> IF YES: RETURN TO \*PAST MANIC SYNDROME,\* A. 14, AND INQUIRE ABOUT WORST EPISODE.

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

C. Mood disturbance sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others.

1 3

26

UN-EQUI-	VOCAL	MANIC
HYP-		
MANIC		

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

-> IF YES: RECODE CRITERION C as "3"

-> IF NO: CONTINUE ON NEXT PAGE

CONTINUE  
ON NEXT  
PAGE

Just before this began, were you taking any street drugs or medicines? (Any change in the amount you were taking?) Were you physically ill?

IF YES TO ANY OF THESE QUESTIONS, DETERMINE IF THERE WAS AT LEAST ONE MANIC EPISODE THAT WAS NOT INITIATED AND MAINTAINED BY AN ORGANIC FACTOR.

D It cannot be established that an organic factor initiated and maintained the disturbance.  
NOTE: Somatic antidepressant treatment (e.g., drugs, ECT) that apparently precipitates a mood disturbance should not be considered an etiologic organic factor.

R/O ORGANIC	NO ORGANIC
MOOD SYN-DROME	ETIOLOGY

IF ORGANIC FACTOR, DESCRIBE:

Established organic factors include: hyperthyroidism, substances such as stimulants and cocaine.

DETERMINE IF THERE WAS A PERIOD OF ELEVATED OR IRRITABLE MOOD THAT WAS NOT INITIATED OR MAINTAINED BY AN ORGANIC FACTOR. IF SO, RETURN TO \*PAST MANIC SYNDROME\*, AND INQUIRE ABOUT THAT EPISODE.

IF NOT, GO TO \*DYSTHYMIA,\* A. 18.

MANIC OR HYPOMANIC DYS  
precludes  
Dysthymia

PSYCHOTIC AND ASSOCIATED SX (B.1)

CONTINUE

MANIC SYNDROME CRITERIA  
A, B, C AND D ARE CODED "3"  
SEE PG. A.16 ▶

NOTE: CODE "1" IF PAST HYPOMANIC SYNDROMES ONLY.

GO TO \*PSYCHOTIC SXS,\*  
B. 1

PAST MANIC SYN-DROME

How many separate times were you (HIGH/OWN EQUIVALENT) and had several of these problems for a period of time (or were hospitalized)?

Total number of episodes of Manic Syndrome (CODE 99 IF TOO INDISTINCT OR NUMEROUS TO COUNT)

How old were you when you first had serious problems or had to go to the hospital because you were (OWN EQUIVALENT/MANIC)?

Age at onset of Manic Syndrome. (CODE 99 IF UNKNOWN)

GO TO \*PSYCHOTIC SXS,\* B. 1

[05] duplicate b  
[1-2 3-14 15]

# Psychotic and Associated Symptoms

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

FOR ANY PSYCHOTIC AND ASSOCIATED SYMPTOMS CODED "3", DETERMINE WHETHER THE SYMPTOM IS "NOT ORGANIC," OR WHETHER THERE IS A POSSIBLE OR DEFINITE ORGANIC CAUSE. THE FOLLOWING QUESTIONS MAY BE USEFUL IF THE OVERVIEW HAS NOT ALREADY PROVIDED THE INFORMATION:

(must be very sure to code organic)  
When you were (PSYCHOTIC SXS), were you taking any drugs or medicines? Drinking a lot? Physically ill?

-> IF HAS NOT ACKNOWLEDGED

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

-> IF HAS ACKNOWLEDGED PSYCHOTIC SXS: You have told me about (PSYCHOTIC EXPERIENCES). Now I am going to ask you more about those kinds of things.

## Delusions

False personal belief(s) based on incorrect inference about external reality and firmly sustained in spite of what almost everyone else believes and in spite of what constitutes incontrovertible and obvious proof or evidence to the contrary. Code overvalued ideas (unreasonable and sustained belief(s) that is/are maintained with less than delusional intensity) as "2."

! → NOTE: A SINGLE DELUSION MAY BE CODED "3" ON MORE THAN ONE OF THE FOLLOWING ITEMS.

Did it ever seem that people were talking about you or taking special notice of you?

Delusions of reference, i.e., personal significance is falsely attributed to objects or events in environment

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

DESCRIBE:

? 1 2 3 |

1 3 |

POSS/DEF	NOT
ORG	ORG

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

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

DESCRIBE:

? 1 2 3 |

1 3 |

POSS/DEF	NOT
ORG	ORG

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

*A IQ*

*Sc Silver*

Did you ever feel that parts of your body had changed or stopped working (when your doctor said there was nothing wrong with you)? (What did your doctor say?)

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

*(14 cr/mle  
on itself)*

Grandiose delusions, i.e., content involves exaggerated power, knowledge or importance

DESCRIBE:

*Special Kewl*

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

DESCRIBE:

*Popul*

Other delusions, e.g., delusions of guilt, jealousy, nihilism, poverty

DESCRIBE:

*by perished  
now & trouble Q B & C long  
(FUNCTIONAL)*

IF NEVER HAD A NON-ORGANIC DELUSION, CHECK HERE AND GO TO \*HALLUCINATIONS,\* B.4.

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

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

(What about taken out of your head?)

? 1 2 3

*ad delus*  
1 3

POSS/DEF NOT  
ORG ORG

? 1 2 3

1 3

POSS/DEF NOT  
ORG ORG

? 1 2 3

1 3

POSS/DEF NOT  
ORG ORG

Delusions of being controlled, i.e., feelings, impulses, thoughts or actions are experienced as being under the control of some external force (includes delusions of thought insertion and withdrawal)

DESCRIBE:

? 1 2 3

1 3

POSS/DEF NOT  
ORG ORG

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

(Are all of your thoughts about [DELUSIONS DESCRIBED SO FAR] related to each other in some way?)

(What is your understanding of why it is that [CONTENT OF DELUSION]?)

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

DESCRIBE: *My thoughts*

*MY thoughts*

Systematized delusions, i.e., a single delusion with multiple elaborations or a group of delusions that are all related by the individual to a single event or theme

DESCRIBE:

Bizarre delusions, i.e., involving a phenomenon that the individual's subculture would regard as totally implausible (e.g., thought broadcasting, being controlled by a dead person)

DESCRIBE:

? *2* 1 2 3

1	3
POSS/DEF ORG	NOT ORG

? *1* 1 2 3

1	3
POSS/DEF ORG	NOT ORG

? *1* 2 3

1	3
POSS/DEF ORG	NOT ORG

Hallucinations

**HALLUCINATIONS (PSYCHOTIC)**  
 A sensory perception without external stimulation of the relevant sensory organ.  
 (CODE "2" FOR HALLUCINATIONS THAT ARE SO TRANSIENT AS TO BE WITHOUT DIAGNOSTIC SIGNIFICANCE)

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

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

DESCRIBE:

gurules  
bells

What did you hear?  
 How often did you hear it?

More than two words heard more than twice with no apparent relation to depression or elation.

NOTE: CODE "3" ONLY IF THERE ARE MORE THAN TWO WORDS HEARD MORE THAN TWICE AND EITHER (1) THERE HAS NOT BEEN ANY DEPRESSED OR ELATED MOOD OR (2) THE CONTENT OF THE HALLUCINATIONS IS UNRELATED TO DEPRESSION OR ELATION

Did it comment on what you were doing or thinking?

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

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

Two or more voices conversing with each other

?	1	2	3	35
GO TO *VISUAL HALLU-CINA-TIONS* B. 5				

1	3	36		
POSS/DEF	NOT			
ORG	ORG			
?	1	2	3	37

\*  
\*  
\*  
\*  
\*  
\*  
\*

?	1	2	3	38
?	1	2	3	39

**\*VISUAL HALLUCINATIONS\***

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

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

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

Visual hallucinations

DESCRIBE:

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

1	3
POSS/DEF ORG	NOT ORG

40  
41  
\*

Tactile hallucinations, e.g.,  
electricity

DESCRIBE:

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

1	3
POSS/DEF ORG	NOT ORG

42  
43  
44  
45

Other hallucinations, e.g.,  
gustatory, olfactory

DESCRIBE:

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

1	3
POSS/DEF ORG	NOT ORG

46  
47  
48  
49

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

BASED ON OBSERVATION OR HISTORY OF OBSERVATION BY OTHER MENTAL HEALTH PROFESSIONAL

"(Now I just need to stop for a moment to make a few notes.)"

**CATATONIC BEHAVIOR**

Marked motor anomalies, including apparently purposeless excitement, negativism, rigidity, posturing, stupor, and waxy flexibility.

DESCRIBE:

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

1	3
POSS/DEF ORG	NOT ORG

46  
47  
48  
49

**FLAT AFFECT**

Virtually no affective expression, e.g., monotonous voice, immobile face

(as opposed to the less severe "blunt" or "constricted")

**GROSSLY INAPPROPRIATE AFFECT**

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

**DESCRIBE:**

TOM IS ON THE PHONE  
SHE IS CRYING

?	<input checked="" type="radio"/>	2	3
INAPPROPRIATE AFFECT			
1	2	3	4
POSS/DEF	NOT	ORG	ORG

**INCOHERENCE**

Speech that, for the most part, is not understandable because of either: lack of logical or meaningful connection between words, phrases, or sentences; excessive use of incomplete sentences, excessive irrelevancies or abrupt changes in subject matter; or idiosyncratic word usage.

**DESCRIBE:**

THE DOG IS A CAT  
I AM GOING TO GET A CAT

?	<input checked="" type="radio"/>	2	3
INCOHERENCE			
1	2	3	4
POSS/DEF	NOT	ORG	ORG

**MARKED LOOSENING OF ASSOCIATIONS**

Thinking characterized by speech in which ideas shift from one subject to another that is completely unrelated or only obliquely related, without the speaker's showing any awareness that the topics are unconnected. When severe, speech is incoherent. Do not include when abrupt shifts in topic are associated with a nearly continuous flow of accelerated speech (as in flight of ideas).

**DESCRIBE:**

?	<input checked="" type="radio"/>	2	3
MARKED LOOSENING OF ASSOCIATIONS			
1	2	3	4
POSS/DEF	NOT	ORG	ORG

**EMOTIONAL TURMOIL** - (e.g. for Brief Reactive Psychosis)  
Rapid shifts from one intense affect to another, or overwhelming perplexity or confusion, not due to a Mood Disorder.

**DESCRIBE:**

?	<input checked="" type="radio"/>	2	3
EMOTIONAL TURMOIL			
1	2	3	4
POSS/DEF	NOT	ORG	ORG

IF ANY DELUSIONS OR HALLUCINATIONS, NOTE DATES AND WHETHER PRESENT  
DURING PAST MONTH (e.g., "BIZARRE DELUSIONS, INTERMITTENTLY SINCE 1969  
AND PERSISTENTLY FOR PAST SIX MONTHS")

DATES:

Check here if present last month

# Differential Diagnosis

## c. of Psychotic Disorders

NOTE: IN THE RARE CASE OF A PERSON WHO RECOVERS FROM ONE PSYCHOTIC DISORDER (E.G., DELUSIONAL DISORDER) AND LATER DEVELOPS A DIFFERENT PSYCHOTIC DISORDER (E.G., SCHIZOAFFECTIVE DISORDER), ONLY THE MOST RECENT DISORDER SHOULD BE CODED.

06 duplicate b  
1-2 3-14 15

IF: THERE ARE NO ITEMS CODED "3" IN [B: PSYCHOTIC AND ASSOCIATED SYMPTOMS,] OR THE ONLY ITEM CODED "3" IS "EMOTIONAL TURMOIL," CHECK HERE        AND SKIP TO NEXT MODULE.

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

NOTE! BE SURE TO ASSESS THIS CRITERION.

Psychotic symptoms occur at times other than during mood syndromes

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

? 1

3

16

PSYCHOTIC MOOD DISORDER. GO TO \*MOOD DISORDERS\* D. 1

PSYCHOTIC WHEN NO MOOD SYN- DROMES

CONTI- NUE

\*  
\*  
\*17  
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\*

NOTE: LIST OF PSYCHOTIC SXS (i.e., "A" CRITERION) OMITTED HERE BECAUSE THEY HAVE ALREADY BEEN CODED IN MODULE B. OTHER CRITERIA ARE IN DIFFERENT ORDER THAN IN DSM-III-R.

### BRIEF REACTIVE PSYCHOSIS CRITERIA

A. Duration of an episode of the disturbance of from a few hours to one month.

? 1

3

18

GO TO \*SCHIZOPHRENIA,\* C. 3

B. Emotional turmoil, i.e., rapid shifts from one intense affect to another, or overwhelming perplexity or confusion.

? 1

3

19

GO TO \*SCHIZOPHRENIA,\* C. 3

C. Absence of the prodromal symptoms of Schizophrenia, and failure to meet the criteria for Schizotypal Personality

AND Disorder before onset of the disturbance.

NOTE: SEE PAGE C.5 FOR LIST

(of ambiguous and unclear)

D. The psychotic symptoms (coded in Module B) appear shortly after and apparently in response to one or more events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the person's culture. (no amn)

E. Not due to a psychotic Mood Disorder (i.e., no full mood syndrome is present).

CODE "2" FOR A PROVISIONAL DIAGNOSIS OF BRIEF REACTIVE PSYCHOSIS IF THE EXPECTED RECOVERY HAS NOT YET OCCURRED. CODE "3" FOR A DEFINITE DIAGNOSIS IF THERE HAS BEEN A FULL RECOVERY.

2	1	2	3	20
GO TO *SCHIZO- PHRENIA,* C. 3				

? 1 2 3 21

GO TO *SCHIZO- PHRENIA,* C. 3
--

? 1 2 3 22

PROVI- SIONAL DIAG- NOSIS OF BRIEF REACTIVE PSYCHO- SIS	DEFINITE DIAG- NOSIS OF BRIEF REACTIVE PSYCHO- SIS
GO TO *CHRONO- LOGY*, C. 15	

PSY- CHOTIC MOOD DIS- ORDER
GO TO *MOOD DIS- ORDERS,* D. 1

# Schizophrenia

## DIFFERENTIAL DIAGNOSIS OF: SCHIZOPHRENIA, SCHIZOPHRENIFORM, SCHIZOAFFECTIVE, AND DELUSIONAL DISORDERS

### SCHIZOPHRENIA CRITERIA

**A.** Presence of characteristic psychotic symptoms in the active phase: either (1), (2), or (3) for at least one week (unless the symptoms are successfully treated):

(1) bizarre delusions (i.e., involving a phenomenon that the person's subculture would regard as totally implausible, e.g., thought broadcasting, being controlled by a dead person)

(2) prominent hallucinations [as defined in (3)(b) below] of a voice with content having no apparent relation to depression or elation, or a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other

(3) two of the following:

(a) delusions

(b) prominent hallucinations (throughout the day for several days or several times a week for several weeks, each hallucinatory experience not being limited to a few brief moments)

(c) incoherence or marked loosening of associations

(d) catatonic behavior

(e) flat or grossly inappropriate affect

? 1

3

GO TO  
\*DELU-  
SIONAL  
DIS-  
ORDERS,\*  
C. 13

C. 4

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

**NOTE! BE SURE TO ASSESS  
THIS CRITERION!**

B.1. No major depressive or manic syndromes occurred during an active phase of the disturbance.

NOTE: CODE "3" IF NO MAJOR DEPRESSIVE OR MANIC SYNDROMES OR IF ALL MAJOR DEPRESSIVE OR MANIC SYNDROMES ARE DURING RESIDUAL OR PRODRMAL PHASES. CODE "1" IF ANY MOOD SYNDROMES OVERLAP WITH ACTIVE PSYCHOTIC SYMPTOMS.

NOTE: BECAUSE OF THE DIFFICULTY IN DISTINGUISHING THE PRODROMAL AND RESIDUAL SYMPTOMS OF SCHIZOPHRENIA (PAGE C.6) FROM A MAJOR DEPRESSIVE SYNDROME, THE RATER SHOULD RE-CONSIDER ANY PREVIOUSLY CODED MAJOR DEPRESSIVE SYNDROME TO BE SURE IT IS UNEQUIVOCAL.

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

B.2. The total duration of all mood syndromes has been brief relative to the total duration of the active and residual phases of the disturbance.

NOTE: CODE "1" IF TOTAL DURATION OF MOOD IS NOT BRIEF RELATIVE TO THE PSYCHOTIC DISTURBANCE OR IF TOTAL DURATION OF MOOD IS LONGER THAN DURATION OF PSYCHOTIC DISTURBANCE.

JANUARY 1910 7 10 AM WED  
CITY OF NEW YORK 24  
FIRE DEPARTMENT 3  
? 1

**GO TO  
\*PSY-  
CHOTIC  
DIS-  
ORDER  
NOS,\*  
C. 15**

**CONTINUE  
ON NEXT  
PAGE**

3

GO TO  
**\*PSY-  
CHOTIC  
DIS-  
ORDER  
NOS,\*  
C. 15**

GO TO  
**\*SCHIZO-**  
AFFEC-  
TIVE  
DIS--  
ORDER,\*  
C. 12

**CONTINUE  
ON NEXT  
PAGE**

brief = less than 10%

NOW MAKE A DIFFERENTIAL DIAGNOSIS BETWEEN SCHIZOPHRENIA AND SCHIZOPHRENIFORM DISORDER

**IF UNCLEAR:**

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

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

**C** Continuous signs of the disturbance for at least six months. The six-month period must include an active phase (of at least one week, or less if symptoms successfully treated) during which there were psychotic symptoms characteristic of Schizophrenia (sxs in "A"), with or without a prodromal or residual phase, as defined on the next page.

? 1 3 26

GO TO	*SCHIZOPHRENIFORM DISORDER,* C. 10
-------	---------------------------------------

**D** During the course of the disturbance, functioning in such areas as work, social relations, and self-care is markedly below the highest level achieved before onset of the disturbance (or with onset in childhood or adolescence, failure to achieve expected level of social development).

? 1 3 27

GO TO	SCHIZOPHRENIA GO TO *SUB-TYPES* C. 7
-------	--

**PRODROMATIC AND RESIDUAL PHASE SYMPTOMS OF SCHIZOPHRENIA**

**Prodromal phase:** A clear deterioration in functioning before the active phase of the disturbance that is not due to a disturbance in mood or to a Psychoactive Substance Use Disorder, and that involves at least two of the symptoms noted below.

**Residual phase:** Following the active phase of the disturbance, persistence of at least two of the symptoms noted below, these not being due to a disturbance in mood or to a Psychoactive Substance Use Disorder.

**Prodromal or Residual Symptoms:**

IF NOT ALREADY KNOWN:  
What kinds of difficulties were you having before or after (PSYCHOTIC EXPERIENCE)?

- (1) marked social isolation or withdrawal
- (2) marked impairment in role functioning as wage-earner, student, or homemaker
- (3) markedly peculiar behavior (e.g., collecting garbage, talking to self in public, hoarding food)
- (4) marked impairment in personal hygiene and grooming
- (5) blunted, flat, or inappropriate affect
- (6) digressive, vague, over-elaborate, or circumstantial speech, or poverty of speech or poverty of content of speech
- (7) odd beliefs or magical thinking, influencing behavior and inconsistent with cultural norms, e.g., superstition, belief in clairvoyance, telepathy, "sixth sense," "others can feel my feelings," overvalued ideas, ideas of reference
- (8) unusual perceptual experiences, e.g., recurrent illusions, sensing the presence of a force or person not actually present
- (9) marked lack of initiative, interests, or energy

# Schizophrenia

## Subtypes

### Psychotic Disorders (Differential Diagnosis) C. 7

NOW DETERMINE THE CURRENT PHENOMENOLOGIC **SUBTYPE** OF SCHIZOPHRENIA

(within past month)

and other  
psychopathology  
that has not yet  
been ruled out

and the main  
psychopathology  
is still present

for example

- A. Preoccupation with one or more systematized delusions or with frequent auditory hallucinations related to a single theme.**
- B. None of the following:** a. or b. or c.  
 incoherence, marked loosening of associations, flat or grossly inappropriate affect, catatonic behavior; grossly disorganized behavior.

Consider the following history

**Stable Type:** a. b. c. d. e. f.

The disturbance has met criteria "A" and "B" above during all (past and present) active phases.

? 1 3 28

GO TO <b>*CATATONIC TYPE,* C. 8</b>	PARA- NOID TYPE
--	-----------------------

CON- SIDER STABLE TYPE BELOW	TOM R. IN CARD SW 2nd enacted 311602
--	--

? 1 3 29

GO TO <b>*CHRONOLOGY,* C. 16</b>	
---	--

?=inadequate information

1=absent or false

3=threshold or true

**\*CATATONIC TYPE\***

-F1001  
-MEASR  
-GETAFTI  
-BOYT

07 08  
-CHRONOLOGY  
-C. 16

**Catatonic Type:** The clinical picture is dominated by any of the following:

? 1 3 30

**CATA-TONIC TYPE**  
GO TO  
**\*CHRONOLOGY,\***  
C. 16

(1) catatonic stupor (marked decrease in reactivity to the environment and/or reduction of spontaneous movements and activity) or mutism

(2) catatonic negativism (an apparently motiveless resistance to all instructions or attempts to be moved)

(3) catatonic rigidity (maintenance of a rigid posture against efforts to be moved)

(4) catatonic excitement (excited motor activity, apparently purposeless and not influenced by external stimuli)

(5) catatonic posturing (voluntary assumption of inappropriate or bizarre postures)

**Disorganized Type:**

? 1 3 31

**DISORGANIZED TYPE**  
GO TO  
**\*CHRONOLOGY,\***  
C. 16

A. Incoherence, marked loosening of associations.

B. Flat or grossly inappropriate affect

SCID-P

Undifferentiated Type:

Prominent delusions, hallucinations, incoherence, or grossly disorganized behavior.

? 1 3

UNDIF-  
FEREN-  
TIATED  
TYPE

GO TO  
**\*CHRONO-  
LOGY,\***  
C. 16

Residual Type:

- A. The absence of prominent delusions, hallucinations, incoherence, or grossly disorganized behavior.
- B. Continuing evidence of the disturbance, as indicated by two or more of the residual symptoms listed on page C. 6.

? 1 3

RESIDUAL  
TYPE

GO TO  
**\*CHRONO-  
LOGY,\***  
C. 16

CHECK RESIDUAL CRITERIA  
ON PAGE C.6

## Schizophreniform Disorder

IF YOU ARE HERE, SCHIZOPHRENIA SYMPTOM CRITERION "A" IS MET AND THE DURATION IS LESS THAN SIX MONTHS.

CODE "2" FOR A PROVISIONAL DIAGNOSIS OF SCHIZOPHRENIFORM IF THE EXPECTED RECOVERY HAS NOT YET OCCURRED. CODE "3" FOR A DEFINITE DIAGNOSIS IF THERE HAS BEEN FULL RECOVERY.

NOW DETERMINE IF GOOD PROGNOSTIC FEATURES

Good Prognostic Features  
Schizophrenia and Schizoaffective disorders

### SCHIZOPHRENIFORM DISORDER CRITERIA

An episode of the disturbance (including prodromal, active, and residual phases) lasts less than six months. (When the diagnosis must be made without waiting for recovery, it should be qualified as "provisional.")

	2	3	34
PROVISONAL DIAG- NOSIS OF SCHIZ- OPHRE- NIFORM DIS- ORDER	DEFI- NITE DIAG- NOSIS OF SCHIZ- OPHRE- NIFORM DIS- ORDER		

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

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

? 1 3 35

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

? 1 3 36

(continued on next page)



# Schizoaffective Disorder

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

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

## Psychotic Disorders (Differential Diagnosis) C. 12

### ALERTING INADEQUATE INFORMATION

### TELEGRAM FROM 1251

#### SCHIZOAFFECTIVE DISORDER CRITERIA

**A** A disturbance during which, at some time, there is either a major depressive or a manic syndrome concurrent with symptoms that meet the "A" criterion of Schizophrenia.

GO TO  
\*PSYCHO-  
TIC DIS-  
ORDER  
NOS,\*  
C. 16

**B** During an episode of the disturbance, there have been delusions or hallucinations for at least two weeks, but no prominent mood symptoms.

? 1 3 41

GO TO *PSY- CHO- TIC DIS- OR- DER NOS,* C. 15	SCHIZO- AFFEC- TIVE DISORDER
---	---------------------------------------

PSYCHOTIC MOOD DISORDER  
GO TO  
\*MOOD DISORDERS,\* D. 1

#### Phenomenologic Subtypes:

Manic syndrome present at some time during the course of the illness.

? 1 3 42

DEPRES- SIVE TYPE	BI- POLAR TYPE
-------------------------	----------------------

GO TO \*CHRONOLOGY,\* C. 16

## Delusional Disorder

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

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

## DELUSIONAL DISORDER CRITERIA

NOTE: THE ORDER OF THE CRITERIA BELOW DIFFERS FROM THAT IN DSM-III-R.

**A.1.** No major depressive or manic syndromes occurred during the delusional disturbance.

NOTE: CODE "3" IF NO MAJOR DEPRESSIVE OR MANIC SYNDROMES OR IF ALL MAJOR DEPRESSIVE OR MANIC SYNDROMES OCCURRED AT TIMES OTHER THAN DURING DELUSIONAL PERIODS. CODE "1" IF THESE IS OVERLAP WITH THE DELUSIONS.

GO TO  
\*PSY-  
CHOTIC  
DIS-  
ORDER  
NOS,\*  
C. 15

CONTINUE  
ON  
NEXT  
PAGE

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

**A.2.** The total duration of all episodes of the mood syndrome has been brief relative to the total duration of the delusional disturbance.

? 1 3

GO TO  
\*PSY-  
CHOTIC  
DIS-  
ORDER  
NOS,\*  
C. 15

CONTINUE  
ON  
NEXT  
PAGE

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

Psychotic symptoms occur exclusively during mood syndromes

? 1 3

GO TO  
\*PSYCHOTIC  
DISORDER  
NOS,\*  
C. 15

PSYCHO-  
TIC  
MOOD  
DIS-  
ORDER.

GO TO  
\*MOOD  
DISOR-  
DERS,\*  
D. 1

## Psychotic Disorders (Differential Diagnosis) C. 14

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

? 1 3 46

GO TO
PSY-
CHOTIC
DISORDER
NOS,*
C. 15

**C** Auditory or visual hallucinations, if present, are not prominent (i.e., throughout the day for several days or several times a week for several weeks).

? 1 3 47

GO TO
*PSY-
CHOTIC
DISORDER
NOS,*
C. 15

NOTE: CODE "3" IF NO HALLUCINATIONS

**D** Apart from the delusion(s) or its ramifications, behavior is not obviously odd or bizarre.

? 1 3 48

GO TO
*PSY-
CHOTIC
DISORDER
NOS,*
C. 15
DELU-
SIONAL
DIS-
ORDER
CONTI-
NUE
ON
NEXT
PAGE

SPECIFY TYPE ON THE BASIS OF PREDOMINANT THEME OF THE DELUSION(S), AND THEN GO TO \*CHRONOLOGY,\* C. 16.

- 1 Persecutory (being malevolently treated in some way)
- 2 Jealous (one's sexual partner is unfaithful)
- 3 Eerotomanic (another person of higher status is in love with the subject)
- 4 Somatic (there is some physical defect, disorder, or disease)
- 5 Grandiose (inflated worth, power, knowledge, special identity, or special relationship to a deity or famous person)
- 6 Other (cannot be subtyped in any of the previous categories, e.g., persecutory and grandiose themes without either predominating, delusion of reference without malevolent content)

**GO TO \*CHRONOLOGY\***  
C. 16

## Psychotic Disorder NOS

### PSYCHOTIC DISORDER NOS

This is a residual category for disorders in which there are psychotic symptoms (delusions, hallucinations, incoherence, marked loosening of associations, catatonic excitement or stupor, or disorganized behavior) that do not meet the criteria for any other non-organic psychotic disorder.

3

50

**PSYCHOTIC  
DISORDER  
NOS**

DESCRIBE THE CLINICAL FEATURES BELOW AND INDICATE DIFFERENTIAL DIAGNOSIS.  
THEN GO TO \*CHRONOLOGY,\* PAGE C. 16.

## Chronology

**CHRONOLOGY OF BRIEF REACTIVE PSYCHOSIS, SCHIZOPHRENIA, SCHIZOPHENIFORM, SCHIZOAFFECTIVE, DELUSIONAL ORGANIC, AND PSYCHOTIC DISORDER NOS**

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

Has met symptomatic criteria for the disorder during the past month, i.e., any psychotic symptom

? 1 3

When did you last have (PSYCHOTIC SXS)?

Number of months prior to interview when last had psychotic symptoms of the disorder

(SKIP TO \*PAST FIVE YEARS, \* BELOW)

NOTE CURRENT SEVERITY OF PSYCHOTIC DISORDER, WORST WEEK OF PAST MONTH:

- |             |   |
|-------------|---|
| 1 Mild:     | Psychotic symptoms only intermittently present, AND have little influence on behavior |
| 2 Moderate: | Symptoms or functional impairment intermediate between "mild" and "severe"            |
| 3 Severe:   | Psychotic symptoms persistently present, AND markedly influence behavior              |

\*PAST FIVE YEARS\*

During the past five years, how much of the time have you had (ANY SXS OF THE DISORDER?)

Approximate percentage of time during past five years that any symptoms of the disorder were present (including prodromal and residual symptoms)

Would you say...[CODES]?

- |   |
|---|
| 1 Not at all (0%)                                   |
| 2 Rarely (e.g., 5-10%)                              |
| 3 A significant minority of the time (e.g., 20-30%) |

4 About half the time

5 A significant majority of the time (e.g., 70-80%)

6 Almost all the time (e.g., 90-100%)

9 Unknown

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

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

IF NOT ALREADY KNOWN: What kinds of difficulties were you having before you first had (PSYCHOTIC SXS)?

**Age at onset of prodromal symptoms (if any) (CODE 99 IF UNKNOWN)**

Were you working, having a social life, taking care of yourself? SEE PRODRMAL SYMPTOM LIST, C. 6.

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

**\*MOOD DISORDERS\* (OTHER THAN DYSTHYMIA)**

[DYSTHYMIA HAS ALREADY BEEN CODED IN MODULE A. IF NO OTHER MOOD SYNDROMES, SKIP TO NEXT MODULE.]

IF: THERE HAS NEVER BEEN A MAJOR DEPRESSIVE EPISODE (PAGE A. 4 OR A. 9), MANIC OR HYPOMANIC EPISODE (PAGE A. 12 OR A. 16), OR IF ALL MOOD SYNDROMES OCCURRED ONLY AS PART OF SCHIZOAFFECTIVE DISORDER (PAGE C. 11), CHECK HERE  AND SKIP TO NEXT MODULE.

IF: NO MANIC OR UNEQUIVOCAL HYPOMANIC EPISODE EVER, CHECK HERE  AND SKIP TO \*MAJOR DEPRESSIVE SYNDROME\*, D. 2.

AT LEAST ONE PURE MANIC EPISODE (i.e., NOT SUPERIMPOSED ON SCHIZOPHRENIA, SCHIZOPHENIFORM DISORDER, DELUSIONAL DISORDER, OR PSYCHOTIC DISORDER NOS)

107 duplicate b  
11-2 3-14 15

16

17

18

BIPOLAR  
DIS-  
ORDER

## Subtype of Most Recent Episode

- 1 Manic
- 2 Depressed
- 3 Mixed (i.e., meets full criteria for both manic and major depressive episodes either intermixed or alternating, except for duration requirement of two weeks for depressive symptoms)

*Depression does not have to be for 2 wks*

GO TO \*MOOD CHRONOLOGY\* D. 3

## OTHER BIPOLAR DISORDER

Describe in space below:

- manic episode superimposed on delusional disorder, residual Schizophrenia or Psychotic Disorder NOS, or
- hypomanic episode(s) with major depressive episode(s) ("Bipolar II") or
- intermittent hypomanic episodes, or
- Cyclothymia

CHECK HERE  IF PRESENT IN LAST MONTH AND GO TO \*PAST FIVE YEARS,\* D. 5

19

\* 20  
\*  
\*

**\*MAJOR DEPRESSIVE SYNDROME\***

AT LEAST ONE PURE MAJOR DEPRESSIVE EPISODE (i.e., NOT SUPERIMPOSED ON SCHIZOPHRENIA, SCHIZOPHRENIFORM DISORDER, DELUSIONAL DISORDER, OR PSYCHOTIC DISORDER NOS)

**GO TO \*MOOD CHRONOLOGY\* D. 3**

**DEPRESSIVE DISORDER SUPERIMPOSED ON CHRONIC PSYCHOTIC DISORDER**  
(for Major Depressive Episodes superimposed on chronic or intermittent psychotic conditions) Note: Other conditions that in DSM-III-R would be classified as Depressive Disorder NOS, e.g., intermittent dysthymic symptoms, should be noted on the SCID scoresheet under "Other DSM-III-R Axis I Disorder".

Depression  
superimposed  
on Residual  
Schiz.

CHECK HERE  IF PRESENT IN LAST MONTH AND  
GO TO \*PAST FIVE YEARS,\* D. 5

\* 22  
\*  
\*

\*MOOD CHRONOLOGY\* - Is it current, i.e. within past month

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

Has met symptomatic criteria for manic syndrome (criteria A and B) or depressive syndrome in the past month.

? 1 2 3

23

→ NOTE: If there has been a previous Major Mood Disorder (i.e., Major Depression or Bipolar Disorder), then the current episode need not meet full criteria.

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

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

24-

26

#### SUBCLASSIFICATION OF CURRENT PARTIAL OR FULL REMISSION:

-> IF BIPOLAR DISORDER:

- 6 In Partial Remission: Full criteria were previously, but are not currently, met; some signs or symptoms of the disturbance have persisted.
- 7 In Full Remission: During the past six months no significant signs or symptoms of the disturbance.

-> IF MAJOR DEPRESSION:

- 6 In Partial Remission: Intermediate between "In Full Remission" and "Mild," AND no previous Dysthymia. [If Major Depressive Episode was superimposed on Dysthymia, the diagnosis of Dysthymia alone is given once the condition has returned to baseline Dysthymia.]
- 7 In Full Remission: During the past six months no significant signs or symptoms of the disturbance. [Note: Symptoms of Dysthymia may be present.]

GO TO \*PAST FIVE YEARS\*, D. 5.

CONTINUE ON NEXT PAGE.

**SUBCLASSIFICATION OF CURRENT EPISODE (WORST WEEK PAST MONTH):**  
(Additional questions regarding impairment may be necessary.)

-> IF MOST RECENT EPISODE IS HYPOMANIC, MANIC OR MIXED:

- 1 Mild: Meets minimum symptom criteria for a manic, or hypomanic episode (or a new episode that almost meets symptom criteria if has had a previous manic episode).
- 2 Moderate: Extreme increase in activity or impairment in judgment.
- 3 Severe, but without Psychotic Features: Almost continual supervision is required in order to prevent physical harm to self or others.
- 4 Mood-congruent psychotic features: Delusions or hallucinations whose content is entirely consistent with the typical manic themes of inflated worth, power, knowledge, identity, or special relationship to a deity or famous person.
- 5 Mood-incongruent psychotic features: Either (a) or (b):
  - (a) Delusions or hallucinations whose content does not involve the typical manic themes of inflated worth, power, knowledge, identity, or special relationship to a deity or famous person. Included are such symptoms as persecutory delusions, thought insertion, and delusions of being controlled.
  - (b) Any catatonic symptoms, e.g., stupor, mutism, negativism, or posturing.

-> IF MOST RECENT EPISODE IS DEPRESSED:

- 1 Mild: Few, if any, symptoms in excess of those required to make the diagnosis AND symptoms result in only minor impairment in occupational functioning or in usual social activities or relationships with others [OR subthreshold recurrence of Major Depression.]
- 2 Moderate: Symptoms or functional impairment intermediate between "mild" and "severe."
- 3 Severe, but without Psychotic Features: Several symptoms in excess of those required to make the diagnosis AND symptoms markedly interfere with occupational functioning or with usual social activities or relationships with others.
- 4 Mood-congruent psychotic features: Delusions or hallucinations whose content is entirely consistent with the typical depressive themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment.
- 5 Mood-incongruent psychotic features: Delusions or hallucinations

whose content does not involve typical depressive themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment. Included here are such symptoms as persecutory delusions, thought insertion, thought broadcasting, and delusions of control.

\*PAST FIVE YEARS\*

During the past five years, how much of the time have you been unusually (EUPHORIC/IRRITABLE AND/OR DEPRESSED/WITH LOSS OF INTEREST?)

Approximate percentage of time during past five years that euphoric/irritable AND/OR depressed mood AND/OR loss of interest were present.

Would you say...[CODES]?

- 1 Not at all (0%)
- 2 Rarely (e.g., 5-10%)
- 3 A significant minority of the time (e.g., 20-30%)
- 4 About half the time
- 5 A significant majority of the time (e.g., 70-80%)
- 6 Almost all the time (e.g., 90-100%)
- 9 Unknown

30

Jeff Kline Ph.D. X2349  
MPD - 324A  
Latest Revision: 5/1/89

STRUCTURED CLINICAL INTERVIEW FOR DSM-III-R - PATIENT VERSION

S C I D - P

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

01  
1-2

Study: Affect, Emotion, Social Functioning and Schizoaffective Disorder Study No.: \_\_\_\_\_

03-  
06

Subject: \_\_\_\_\_

I.D. No.: (last 4 ss#) 8724

07-  
10

Subject #: 51

Rater: Christine

Rater No.: \_\_\_\_\_

11-  
13



Rater is:

Interviewer 1  
Observer 2

14

Date of interview:

2 20 92  
Mo. Day Year

15-  
20

Evaluation:

Initial 1  
~~Reevaluation 2~~

21

Time interview began 2:10

ended \_\_\_\_\_

22  
23  
24

Sources of information (check all that apply):

- Subject
- Family/friends/associates
- Health professional/chart/  
referral note

25

Consultation with: \_\_\_\_\_

Form No. 28  
79-80\*

Edited and checked by: \_\_\_\_\_

Date: \_\_\_\_\_

\* Keypunch: Duplicate on all cards; "b" = leave blank.

The development of the SCID has been supported in part by  
NIMH Contract #278-83-0007(DB) and NIMH Grant #1 RO1 MH40511.

For citation: Spitzer, Robert L., Williams, Janet B. W., Gibbon, Miriam and First, Michael B., "Structured Clinical Interview for DSM-III-R - Patient Version (SCID-P, 5/1/89)" Biometrics Research Department New York State Psychiatric Institute 722 West 168th Street New York, New York 10032

**SCID-P SUMMARY SCORE SHEET**

Duration of interview (minutes): \_\_\_\_\_

26 b  
27-  
29

## Diagnosis

## Lifetime Prevalence Diagnostic Index

Meets Symptom-  
atic Dx. Crit.  
Past Month

At any time  
within past mo.

Inad- Sub-  
equate Ab- thresh- Thresh-  
info. sent old old

Ab-  
sent      Pre-  
sent

## MOOD DISORDERS

01 Bipolar Disorder ? 1 2 | 3 -----> 1 3

30

1	manic
2	depre
3	mixed

32

- 1 mild
- 2 moderate
- 3 severe, without psychotic features
- 4 with mood-congruent psychotic features
- 5 with mood-incongruent psychotic features

77

02 Other Bipolar Disorder ? 1 2 | 3 | -----> 1 3

34

35

e.g. Cyclophynia  
Bipolar II, i.e. Bipolar NDS  
Recurrent Hypomania

## Diagnosis

## Lifetime Prevalence

Meets Symptom-  
atic Dx. Crit.  
Past Month

Inad-	Sub-				
equate	thresh-	Thresh-			
info.	old	old			
			Ab-	Pre-	
			sent	sent	

## MOOD DISORDERS

03 Major Depression  
(D. 2)

? 1 2 | 3 -----&gt; 1 3

36  
37

- |   |  |
|---|--|
| 1 | mild                                     |
| 2 | moderate                                 |
| 3 | severe, without psychotic features       |
| 4 | with mood-congruent psychotic features   |
| 5 | with mood-incongruent psychotic features |

38

04 Dysthymia  
(current only)  
(A. 18)

? 1 2 3

39

- |   |           |
|---|-----------|
| 1 | primary   |
| 2 | secondary |

40

05 Depressive Syndrome  
Superimposed on  
Chronic Psychotic Dis.  
(D. 2)

? 1 | 3 -----&gt; 1 3

41

→ Depression = residual psychiatric Sx, from past psychiatric disorder

42

## Diagnosis

## Lifetime Prevalence

Meets Symptom-  
atic Dx. Crit.  
Past Month

	Inad-	Sub-	Ab-	thresh-	Thresh-	Ab-	Pre-
	equate	old	sent	old	old	sent	sent

**PSYCHOTIC DISORDERS**

06	Schizophrenia (C. 4)	?	1	2	<u>3</u>   ----->	1	3	CHECK SUBTYPE BELOW	43 44
07	Schizophreniform Dis. (C. 9)	?	1	2	<u>3</u>   ----->	1	3		45 46
<hr/>									
1 with good prognostic features									
2 without good prognostic features									
<hr/>									
08	Schizoaffective Dis. (C. 11)	?	1	2	<u>3</u>   ----->	1	3		48 49
1 bipolar type									
2 depressed type									
<hr/>									
09	Delusional Disorder (C. 13)	?	1	2	<u>3</u>   ----->	1	3		51 52
10	Brief Reactive Psychosis (C. 2)	?	1	2	<u>3</u>   ----->	1	3		53 54
11	Psychotic Disorder NOS (C. 14)	?	1	2	<u>3</u>   ----->	1	3		55 56

Schizophrenia Subtypes: 06.1 Paranoid Type \_\_\_\_ (Stable Type \_\_\_\_)  
 06.2 Catatonic Type \_\_\_\_  
 06.3 Disorganized Type \_\_\_\_  
 06.4 Undifferentiated Type \_\_\_\_  
 06.5 Residual Type \_\_\_\_

Do Not Use

## Diagnosis

## Lifetime Prevalence

Meets Symptom-  
atic Dx. Crit.  
Past Month

PSYCHOACTIVE SUBSTANCE USE DISORDERS	Inad- equate info.	Ab- sent	Abuse	Depen- dence	Meets Symptom- atic Dx. Crit.		Past Month
					Ab- sent	Pre- sent	
12 Alcohol (E. 4)	?	1	<u>2</u> <u>3</u>   ----->		1	3	57 58
13 Sedative-Hypnotic- Anxiolytic (E. 14)	?	1	<u>2</u> <u>3</u>   ----->		1	3	59 60
14 Cannabis (E. 14)	?	1	<u>2</u> <u>3</u>   ----->		1	3	61 62
15 Stimulant (E. 14)	?	1	<u>2</u> <u>3</u>   ----->		1	3	63 64
16 Opioid (E. 14)	?	1	<u>2</u> <u>3</u>   ----->		1	3	65 66
17 Cocaine (E. 14)	?	1	<u>2</u> <u>3</u>   ----->		1	3	67 68
18 Hall.-PCP (E. 14)	?	1	<u>2</u> <u>3</u>   ----->		1	3	69 70
19 Poly Drug (E. 14)	?	1	<u>2</u> <u>3</u>   ----->		1	3	71 72
20 Other (E. 14)	?	1	<u>2</u> <u>3</u>   ----->		1	3	73 74

75-78 b
28
79-80
Duplicate on all cards

Do Not Use

## Diagnosis

## Lifetime Prevalence

Meets Symptom-  
atic Dx. Crit.  
Past Month

Inad- Sub-  
equate Ab- thresh- Thresh-  
info. sent old old

**Ab-** **Pre-**  
**sent** **sent**

102 duplicate b1  
11-2 3-14 151

## **ANXIETY DISORDERS**

## Diagnosis

		Lifetime Prevalence				Meets Symptom- atic Dx. Crit. Past Month		28
		Inad- equate info.	Ab- sent	Sub- thresh- old	Thresh- old	Ab- sent	Pre- sent	
<b>SOMATOFORM DISORDERS</b>								
27	Somatization Disorder (current only) (G. 5)	?	1	2	3			28
28	Somatoform Pain Disorder (current only) (G. 6)	?	1	2	3			
29	Undifferentiated Somatoform Disorder (current only) (G. 8)	?	1	2	3			29
30	Hypochondriasis (current only) (G. 10)	?	1	2	3			30
<b>EATING DISORDERS</b>								
31	Anorexia Nervosa (H. 2)	?	1	2	3   ----->	1	3	31
32	Bulimia Nervosa (H. 4)	?	1	2	3   ----->	1	3	32
33	ADJUSTMENT DISORDER (current only) (I. 2)	?	1	2	3			33
34	OTHER DSM-III-R AXIS I DISORDER:	?	1	2	3   ----->	1	3	34
Specify: _____								
35								
36								
37								

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

Enter code number from left of diagnosis above:  
Note: Code 00 if no current Axis I disorder. Code 99 if unknown.

## DIAGNOSTIC CERTAINTY FOR CURRENT DIAGNOSES

CODE CERTAINTY OF THE PRESENCE OF AT LEAST ONE DISORDER IN A DIAGNOSTIC CLASS, OR THE ABSENCE OF ANY DISORDER IN THAT DIAGNOSTIC CLASS

	Poor	Fair	Good	
MOOD DISORDERS	1	2	3	40
PSYCHOTIC DISORDERS	1	2	3	41
PSYCHOACTIVE SUBSTANCE USE DISORDERS	1	2	3	42
ANXIETY DISORDERS	1	2	3	43
SOMATOFORM DISORDERS	1	2	3	44
EATING DISORDERS	1	2	3	45
ADJUSTMENT DISORDER	1	2	3	46

## INTERVIEWER'S DIAGNOSES, IF DIFFERENT FROM SCID DIAGNOSES:

---

---

---

BASED ON CLEAR EVIDENCE FROM THE PATIENT'S CHART AND/OR FROM THE INTERVIEW,  
DOES THE PATIENT HAVE A SUBSTANCE ABUSE DISORDER?

YES \_\_\_\_\_

NO \_\_\_\_\_

## LIST ALL CURRENT PSYCHOTROPIC MEDICATIONS INCLUDING DAILY DOSE:

---

---

---

---

\* Do immediately after IV along w/ BPRS

## DSM-III-R Axis V: Global Assessment of Functioning Scale

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

Indicate appropriate code for the LOWEST level of functioning during the week of POOREST functioning in past month. (Use intermediate level when appropriate, e.g., 45, 68, 72).

21

47-  
48

## Code

- 90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
- 80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work).
- 70 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
- 60 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with co-workers).
- 50 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
- 40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
- 30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).
- 20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
- 10 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicide act with clear expectation of death

# Overview

Overview i

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

## DEMOGRAPHIC DATA

SEX:

- 1 male  
2 female

ETHNICITY:

- 1 Black, not of Hispanic origin  
2 Hispanic  
 3 White, not of Hispanic origin  
4 American Indian or Alaskan native  
5 Asian or Pacific Islander

AGE:

30

MARITAL STATUS  
(most recent):

- 1 never married  
2 married once  
3 divorced  
4 divorced, remarried  
5 widowed

How old are you?

Are you married? No, co

IF NO: Were you ever? No

Any children? No

IF YES: How many? \_\_\_\_\_

Where do you live?

San Jose

BIC

Whom do you live with?

## EDUCATION AND WORK HISTORY

How far did you get in school?

EDUCATION:

- 1 grade 6 or less  
2 grade 7 to 12  
3 graduated high school or high school equivalent  
4 part college  
5 graduated 2 year college  
6 graduated 4 year college  
7 part graduate/professional school  
8 completed graduate/professional school

1 yr college

Be 1 yr voc training at Delaney -  
Work skills, mail room.

IF FAILED TO COMPLETE A PROGRAM IN WHICH THEY WERE ENROLLED: Why didn't you finish? \_\_\_\_\_

What kind of work do you do?  
(Do you work outside of  
your home?)

Are you working now? \_\_\_\_\_

-> IF YES: How long have you  
worked there?

IF LESS THAN 6 MONTHS: Why  
did you leave your last job?

Have you always done that kind  
of work?

-> IF NO: Why is that?  
What kind of work have you done?

How are you supporting yourself  
now?

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

IF YES: When? Why was that?

#### OVERVIEW OF PRESENT ILLNESS

DATE ADMITTED TO INPATIENT  
OR OUTPATIENT FACILITY FOR  
PRESENT ILLNESS

When did you come to the  
(hospital, clinic)?

CHIEF COMPLAINT  
AND DESCRIPTION OF  
PRESENTING PROBLEM

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

IF DOES NOT GIVE DETAILS  
OF PRESENTING PROBLEM:  
Tell me more about that.  
(What do you mean by...?)

Haven't work recently - recycling,  
warehouse, store clerk.

No

1990 last worked - stopped  
be temporary.

SS

Yes, be stigma of hospitalization.

Can't get employment bc  
of drugs

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

Dec 1991

7

Out of westwood - was physically  
verbally abusive. Arguments  
w/girlfriend who lived at  
westwood.

**ONSET OF PRESENT ILLNESS  
OR EXACERBATION**

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

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

**NEW SXS OR RECURRENCE**

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

(What made you come for help  
now?)

**ENVIRONMENTAL CONTEXT AND  
POSSIBLE PRECIPITANTS OF  
PRESENT ILLNESS OR EXACERBATION  
(USE THIS INFORMATION FOR  
CODING AXIS IV.)**

What was going on in your life  
when this began?

Did anything happen or change  
just before all this started?  
(Do you think this had any-  
thing to do with your [PRESENT  
ILLNESS]?)

**COURSE OF PRESENT ILLNESS  
OR EXACERBATION**

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

Since this began, when have you  
felt the worst?

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

Feels paranoid w/staff.

Past week and since been  
in hospital. Lower self-esteem.  
Quiet time 10X.

Has gotten worse. Antagonism  
from staff. Manic-depressive.  
Stress from staff.

Nothing as usual, no one  
gives a damn. Don't feel good  
abt self. Problems at spa.

No - problems started  
at westwood.

Fights w/girlfriend.

Last argument w/girlfriend -  
1/2 mo. before discharge

## TREATMENT HISTORY

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

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

Have you ever been a patient in a psychiatric hospital?

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

What was the 1<sup>st</sup> year you were hospitalized for psychiatric problems?

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

## OTHER CURRENT PROBLEMS

Have you had any other problems in the last month?

What's your mood been like?

How has your physical health been? Do you take any medications or vitamins (other than those you've already told me about)? (Have you had any medical problems?) USE INFORMATION TO CODE AXIS III.

How much have you been drinking (alcohol) (in the past month)?

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

1983 for homeless, depression, raped 3x, mugged 4x, cast out of life of girls, family, etc.

Given drugs for 52

Number of previous hospitalizations  
(Do not include transfers)

25-30

0  
1  
2  
3  
4

5 (or more)

1983 (year and/or age)

8

Staff inappropriate, not proper needs met for me, nutritional needs, not met at all.

fully  
brest. (?) Feel don't get enough food to eat. Feel bad abt self bc thin.  
No meds.

Over 1 yr ago.

6 months ago. Marijuana + inhalers.

## CURRENT SOCIAL FUNCTIONING

How have you been spending your free time?

Reading

Whom do you spend time with?

Alone. Aggravating when others

## MOST LIKELY CURRENT DIAGNOSES:

\_\_\_\_\_

\_\_\_\_\_

## DIAGNOSES THAT NEED TO BE RULED OUT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ADDITIONAL QUESTIONS TARGETING BPRS-SPECIFIC ITEMS:

(Current functioning)	NOT PRESENT	MODERATE	EXTREMELY SEVERE
	1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7		

## SOMATIC CONCERN

[Degree of concern over present bodily health] "How do you feel about your physical health?" "Does your health concern you?"

GUILT FEELINGS [Worry, fear, or over-concern for present or future].... "How do you feel in general about your present circumstances?" "....about the future?"

DEPRESSIVE MOOD [Over-concern or remorse for past behavior].... "Are there things you've done in the past which you feel uncomfortable about?" "What kind of discomfort?"

DEPRESSIVE MOOD [Despondency in mood, sadness].... "What has your mood been like these days?" "How is it now?"

## HOSTILITY

[Animosity, contempt, belligerence, disdain for other people outside the interview situation] "How do you feel about other people?" "Anyone you don't like?" (Explain)

SUSPICIOUSNESS [Belief (delusional or otherwise) that others have now, or have had in the past, malicious/discriminatory intent toward the pt.]

Problems at work and pts.

"Do you feel that other people might wish you harm in some way?"

## DISORIENTATION

[Confusion or lack of proper association for person, place, or time]

OK

Usually do - verbally change

"Can you tell me today's date?" (day/mo/yr); "Day of the week?"

"Time of day (approx.)?"

"Where are we?"

# Mood Syndromes

IN THIS SECTION, MAJOR DEPRESSIVE, MANIC, HYPOMANIC SYNDROMES, AND DYSTHYMIA ARE EVALUATED. THE DIAGNOSES ARE MADE IN D. MOOD DISORDERS (EXCEPT FOR DYSTHYMIA, WHICH IS DIAGNOSED IN THIS MODULE.)

**CURRENT MAJOR DEPRESSIVE SYNDROME**

## Major Depressive Syndrome Criteria

03 duplicate b  
| 1-2    3-14    15 |

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

**A.** At least 5 of the following symptoms have each been present during the same two-week period (and represent a change from previous functioning); at least one of the symptoms was either  
 (1) depressed mood, or  
 (2) loss of interest or pleasure.

In the last month...

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

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

...what about being a lot less interested in most things or unable to enjoy the things you used to enjoy?  
 (What was that like?)

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

Compared to the pt's normal state

(1) depressed mood most of the day, nearly every day, as indicated either by subjective account or observation by others

?  1 2 3 16

*Yes, everyday, control tempers.*

*No, being sad can be dangerous.  
I have been a failure.  
Sleepy - no.*

1 2 3

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

?  1 2 3 17

*No - more enjoyable*

IF NEITHER ITEM (1)  
NOR ITEM (2) IS  
CODED "3,"  
GO TO  
\*PAST MAJOR  
DEPRESSIVE  
SYNDROME,\*  
A. 5

NOTE: DO NOT INCLUDE SXS THAT ARE CLEARLY DUE TO A PHYSICAL CONDITION, MOOD-INCONGRUENT DELUSIONS OR HALLUCINATIONS, INCOHERENCE OR MARKED LOOSENING OF ASSOCIATIONS, OR THAT ARE CLEARLY PART OF THE RESIDUAL OR PRODROMIC PHASES OF SCHIZOPHRENIA.

## LIFE CHART

[RETURN TO OVERVIEW PAGE](#) [iv, OTHER CURRENT PROBLEMS](#)

During this time...

..did you lose or gain any weight? (How much?) (Were you trying to lose weight?)

IF NO: 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?)

..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?)

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

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

..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?)

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

? 1 2 3 18

(4) insomnia or hypersomnia nearly every day

? 1 2 3 19

→ Don't take into account if on meds or not

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

? 1 2 3 20

NOTE: CONSIDER BEHAVIOR DURING THE INTERVIEW

(6) fatigue or loss of energy nearly every day

? 1 2 3 21

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

? 1 2 3 22

NOTE: CODE "1" OR "2" IF ONLY LOW SELF ESTEEM

SCID 5/1/89

Current MDS

Mood Syndromes

A. 3

During this time...

..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?)

..were things so bad that you were thinking a lot about death or that you would be better off dead? What about thinking of hurting yourself?

IF YES: Did you do anything to hurt yourself?

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

? 1 2 3

23

\*

\*

\*\*

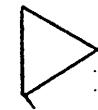
*does not have to be every day*

(9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

? 1 2 3

24

NOTE: CODE "1" FOR SELF-MUTILATION W/O SUICIDAL INTENT



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

1 ... 3

25

GO TO
*PAST
MAJOR
DEPRES-
SIVE
SYN-
DROME,*
A. 5

#### ETIOLOGIC ROLE OF AN ORGANIC FACTOR IN FULL DEPRESSIVE SYNDROME

*Have to be 90% sure to rate organic etiology*

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

Were you taking any street drugs or medicines? (Any change in the amount you were taking?)

IF YES TO ANY OF THESE QUESTIONS, DETERMINE IF THE DEPRESSIVE EPISODE WAS INITIATED AND MAINTAINED BY AN ORGANIC FACTOR.

B. (1) It cannot be established that an organic factor initiated and maintained the disturbance.

IF ORGANIC FACTOR, DESCRIBE:

Established organic factors include: hypothyroidism, hyper- and hypoadrenocorticism, substances such as reserpine, methyldopa, PCP, and other hallucinogens.

? 1 3

26

R/O	NO OR-
ORGANIC	GANIC
MOOD	ETIO-
SYNDROME	LOGY
GO TO	CON-
*PAST	TINUE
MAJOR	
DEPRES-	
SIVE	
SYN-	
DROME,*	
A. 5	

SCID 5/1/89

Current MDS

Mood Syndromes

A. 4

(Did this begin soon after someone close to you died?)

normal reaction?  
→ clinical judgment

B.(2) The disturbance is not a normal reaction to the death of a loved one (Uncomplicated Bereavement). (NOTE: Morbid preoccupation with worthlessness, suicidal ideation, marked functional impairment or psychomotor retardation, or prolonged duration suggest bereavement complicated by Major Depression.)

? 1 3

R/O UN-COMPLI-CATED BE-REAVE-MENT	CUR-RENT EPI-SODE NOT DUE TO UNCOM-PLI-CATED BE-REAVE-MENT
GO TO *PAST MAJOR DEPRES-SIVE SYN-DROME,* A. 5	

27

1 ( ) 3

GO TO *PAST MAJOR DEPRES-SIVE SYN-DROME,* A. 5	CUR-RENT MAJOR DE-PRES-SIVE SYN-DROME
	↙

28

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

How old were you when you first had a lot of these symptoms for at least two weeks?

Total number of episodes of Major Depressive Syndrome, including current (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT)

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

GO TO *CURRENT MANIC SYNDROME,* A. 10
---------------------------------------

29

30

31

32

**PAST MAJOR DEPRESSIVE SYNDROME\***

- > IF NOT CURRENTLY DEPRESSED: Have you ever had a period when you were feeling depressed or down most of the day nearly every day? (What was that like?)
- > IF CURRENTLY DEPRESSED BUT FAILED TO MEET FULL CRITERIA, SCREEN FOR PAST MDS: 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?)

*2 wks*

- > IF PAST DEPRESSED MOOD: During that time, were you a lot less interested in most things or unable to enjoy the things you used to enjoy? (What was that like?)

- > IF NO PAST DEPRESSED MOOD: What about a time when you were a lot less interested in most things or unable to enjoy the things you used to enjoy? (What was that like?)

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

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

NOTE: IF THERE WAS AN EPISODE IN THE PAST YEAR, ASK ABOUT THAT EPISODE EVEN IF IT WAS NOT "THE WORST"

*Last yr, end of June.*

**MDS CRITERIA**

- A.** At least 5 of the following symptoms have each been present during the same two-week period (and represent a change from previous functioning); at least one of the symptoms was either
- (1) depressed mood, or
  - (2) loss of interest or pleasure.

- (1) depressed mood most of the day, nearly every day, as indicated either by subjective account or observation by others

? 1 2 **3** \*33  
\*  
\*

*Sad, gloomy, rainy day.  
Changed my different girlfriends.  
when get de, hear voices,  
hallucinate.*

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

? 1 2 **3** 34

*Never been interested -  
couldn't find anything  
to do.*

IF NEITHER  
ITEM (1)  
NOR (2) IS  
CODED "3,"  
GO TO  
\*CURRENT  
MANIC SYN-  
DROME,\*  
A. 10

NOTE: DO NOT INCLUDE SXS THAT ARE CLEARLY DUE TO A PHYSICAL CONDITION, MOOD-INCONGRUENT DELUSIONS OR HALLUCINATIONS, INCOHERENCE OR MARKED LOOSENING OF ASSOCIATIONS, OR SIMPLY PRODROMAL OR RESIDUAL SYMPTOMS OF SCHIZOPHRENIA.

FOCUS ON THE WORST EPISODE THAT THE SUBJECT CAN REMEMBER (OR ON ONE IN PAST YEAR)

During that time...

..did you lose or gain any weight? (How much?) (Were you trying to lose weight?)

IF NO: 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?)

..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?)

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

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

..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?)

(1) eating, hoarding, (2) giving away possessions that you don't need, (3) giving away possessions that you don't want, (4) significant weight loss or weight gain when not dieting (e.g., more than 5% of body weight in a month)

or decrease or increase in appetite nearly every day

*Lost art be fasted  
for 5 days*

No

(4) insomnia or hypersomnia nearly every day

*usual sleep  
but at nightmares*

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

*No, I would just hide.*

DR

(6) fatigue or loss of energy nearly every day

*No energy - just gave up.*

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

NOTE: CODE "1" OR "2" FOR LOW SELF-ESTEEM BUT NOT WORTHLESSNESS

During that time...

..did you have trouble thinking or concentrating? (What kinds of things did it interfere with?)  
(Nearly every day?) *No - yes*

IF NO: Was it hard to make decisions about everyday things? (Nearly every day?) *didn't matter any more*

..were things so bad that you were thinking a lot about death or that you would be better off dead? What about thinking of hurting yourself?  
*more & less*

IF YES: Did you do anything to hurt yourself?

*Wanted to starve  
X feel like  
Wanted to super not be a mother*

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

-> IF NO: GO TO \*CURRENT MANIC SYNDROME,\* A. 10.

-> IF YES: RETURN TO \*PAST MAJOR DEPRESSIVE SYNDROME,\* A. 5, AND INQUIRE ABOUT WORST EPISODE.

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

(9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

NOTE: CODE "1" FOR SELF-MUTILATION W/O SUICIDAL INTENT

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

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## ETIOLOGIC ROLE OF AN ORGANIC FACTOR IN FULL DEPRESSIVE SYNDROME

Just before this began, were you physically ill? (What did the doctor say?) **No**

Were you taking any medicines or street drugs? (Any change in the amount you were taking?)

IF YES TO ANY OF THESE QUESTIONS, DETERMINE IF THE DEPRESSIVE EPISODE WAS INITIATED AND MAINTAINED BY AN ORGANIC FACTOR

**B.(1)** It cannot be established that an organic factor initiated and maintained the disturbance.

IF ORGANIC FACTOR, DESCRIBE:

Established organic factors include: hypothyroidism, hyper- and hypoadrenocorticism, substances such as reserpine, methyldopa, PCP and other hallucinogens.

DETERMINE IF THERE WAS A PERIOD OF DEPRESSED MOOD THAT WAS NOT INITIATED AND MAINTAINED BY AN ORGANIC FACTOR. IF SO, RETURN TO \*PAST MAJOR DEPRESSIVE SYNDROME,\* A. 5, AND ASK ABOUT THAT EPISODE.

IF NOT, GO TO \*CURRENT MANIC SYNDROME,\* A. 10.

No. Yes  
Despair be alone  
Sheer desperation  
23 hrs.

CONTINUE

(below box of mood syndromes)

? 1 3 '43

R/O ORGANIC MOOD SYNDROME	NO OR- GANIC ETIO- LOGY
------------------------------------	----------------------------------

(Did this begin soon after someone close to you died?)

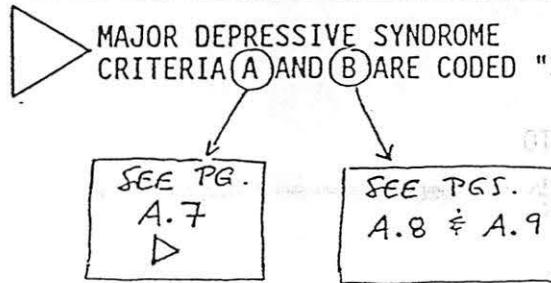
B.(2) The disturbance is not a normal reaction to the death of a loved one (Uncomplicated Bereavement). (NOTE: Morbid preoccupation with worthlessness, suicidal ideation, marked functional impairment or psychomotor retardation, or prolonged duration suggest bereavement complicated by Major Depression.)

?	1	3
R/O UN-COMPLI-CATED BE-BE-REAVE-MENT	AT LEAST ONE EPI-SODE NOT DUE TO UNCOM-PLI-CATED BE-BE-REAVE-MENT	

44

DETERMINE IF THERE WAS A PERIOD OF DEPRESSED MOOD THAT WAS NOT DUE TO UNCOMPLICATED BEREAVEMENT. IF SO, RETURN TO \*PAST MAJOR DEPRESSIVE SYNDROME,\* A. 5 AND ASK ABOUT THAT EPISODE.

IF NOT, GO TO \*CURRENT MANIC EPISODE,\* A.10.



CONTINUE

1	3
GO TO *CUR-RENT-MANIC-SYNDROME, A. 10	PAST MAJOR DE-PRES-SIVE SYN-DROME

45

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

How old were you when you first had a lot of these symptoms for at least two weeks?

Total number of episodes of Major Depressive Syndrome (CODE 99 IF TOO NUMEROUS OR DISTINCT TO COUNT)

none  
other

46-

47-

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

48-

49-

**\*CURRENT MANIC SYNDROME\***

IF THOROUGH OVERVIEW OF PRESENT ILLNESS PROVIDES NO BASIS FOR SUSPECTING A CURRENT MANIC SYNDROME, CHECK HERE \_\_\_\_\_ AND GO TO \*PAST MANIC SYNDROME\* A. 14.

In the last month, has there been a period of time when you were feeling so good or hyper that other people thought you were not your normal self or you were so hyper that you got into trouble? (Did anyone say you were manic?) (Was that more than just feeling good?)

IF NO: What about a period of time when you were so irritable that you would shout at people or start fights or arguments?

(Did you find yourself yelling at people you didn't really know?)

What was that like?

How long did that last?

When were you the most (OWN EQUIVALENT FOR EUPHORIA OR IRRITABILITY)?

FOR THE WORST PERIOD OF CURRENT EPISODE, ASK ABOUT ASSOCIATED SXS

(During this time...)

..how did you feel about yourself?

(More self-confident than usual?)

(Any special powers or abilities?)

?=inadequate information

**Manic Syndrome Criteria**

Hand syndromes from (E) need to be present to fulfill  
 (no time period criteria)  
 -and no need to fulfill (A)  
 -self consciousness evident  
 -patients expand

and irritability (B)  
 -which often odd and sudden

**A.** A distinct period of abnormally and persistently elevated, expansive, or irritable mood.

Generalized Irritability,  
 mood not specific instance of irrit. toward a person

DATE:

(labelled hyper)

IF IRRITABLE MOOD ONLY, CHECK HERE AFTER CODING "3" ABOVE

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

(1) inflated self-esteem or grandiosity

? 1 2 3

Feel great, hopeful.

I st believe this power see  
 in mind. See power when slipper union  
 ant stand out way of handily supper

1=absent or false

2=subthreshold

3=threshold or true

SCID 5/1/89

Unusual day - feels hyper, nervous  
Current MS *Energy changes* Mood Syndromes A. 11

During this time...

..did you need less sleep than usual?

IF YES: Did you still feel rested?

..were you more talkative than usual? (People had trouble stopping you or understanding you? People had trouble getting a word in edgewise?)

..were your thoughts racing through your head?

*No just worried*

..did you have trouble concentrating because any little thing going on around you could get you off the track?

*get distracted  
there's no way now*

..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? (How bad was it?)

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

*Not unusually  
not indiscriminate*

Symptom 1) decreased need for sleep, e.g., feels rested after only three hours of sleep

*5-7 hrs.*

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

*Racing thoughts  
Can't stop*

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

(4) distractibility, i.e., attention too easily drawn to unimportant or irrelevant external stimuli

*get distracted  
there's no way now*

(5) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation

*read, watch TV,  
TV*

(6) excessive involvement in pleasurable activities which have a high potential for painful consequences that the person does not recognize, e.g., the person engages in unrestrained buying sprees, sexual indiscretions, or foolish business investments

? 1 2 3

54

? 1 2 3

55

? 1 2 3

56

? 1 2 3

57

? 1 2 3

59

NOTE: BECAUSE OF THE DIFFICULTY OF DISTINGUISHING NORMAL PERIODS OF GOOD MOOD FROM HYPOMANIA, REVIEW ALL ITEMS CODED "3" IN CRITERIA "A" AND "B" AND RECODE ANY EQUIVOCAL JUDGEMENTS

*must be convinced for  
leading to be hypomania*

SCID 5/1/89

Current MS

Mood Syndrome's

A. 12

AT LEAST THREE "B" SXS ARE  
CODED "3" (FOUR IF MOOD ONLY  
IRRITABLE) "1" GOOD TON  
YING SHANGHAI CHAMOYH

1

3

60

GO TO  
\*PAST  
MANIC  
SYN-  
DROME,\*  
A. 14

IF NOT KNOWN: At that time,  
did you have serious prob-  
lems at home or at work  
(school) because you were  
(SYMPTOMS) or did you have  
to be admitted to the hospital?

differentiates  
Hypomanic v. Manic

C Mood disturbance suffi-  
ciently severe to cause marked  
impairment in occupational  
functioning or in usual social  
activities or relationships  
with others, or to necessitate  
hospitalization to prevent  
harm to self or others.

DESCRIBE:

#### ETIOLOGIC ROLE OF AN ORGANIC FACTOR IN MANIC OR HYPOMANIC SYNDROME

Just before this began, were  
you taking any street drugs or  
medicines? (Any change in the  
amount you were taking?) Were  
you physically ill?

IF YES TO ANY OF THESE  
QUESTIONS, DETERMINE IF  
THE MANIC EPISODE WAS  
INITIATED AND MAINTAINED  
BY AN ORGANIC FACTOR.

D It cannot be established  
that an organic factor initiated  
and maintained the disturbance.  
NOTE: Somatic antidepressant  
treatment (e.g., drugs, ECT)  
that apparently precipitates a  
mood disturbance should not be  
considered an etiologic organic  
factor.

IF ORGANIC FACTOR, DESCRIBE:

Established organic factors  
include: hyperthyroidism,  
substances such as stimulants  
and cocaine.

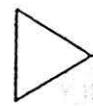
?	1 ..	3
R/O ORGANIC MOOD SYN- DROME	NO OR- GANIC ETIO- LOGY	
GO TO *PAST MANIC SYN- DROME,* A. 14	CON- TINUE	

SCID 5/1/89

Current MS

Mood Syndromes

A. 13



MANIC SYNDROME CRITERIA  
A, B, C AND D ARE CODED "3"  
SEE PG. A.12

NOTE: CODE "1" IF CURRENT  
HYOPMANIC SYNDROME ONLY

1	3	63
GO TO *PAST MANIC SYN- DROME,* A. 14	CUR- RENT MANIC SYN- DROME	

How many separate times  
were you (HIGH/OWN EQUIV-  
ALENT) and had [ACKNOWLEDGED  
MANIC SYMPTOMS] for a period  
of time (or were hospital-  
lized)?

How old were you when you  
first had serious problems  
or had to go to the hospital  
because you were (OWN EQUIV-  
ALENT/MANIC)?

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

Age at onset of first Manic  
Syndrome. (CODE 99 IF UNKNOWN)

GO TO *PSYCHOTIC SYMPTOMS,* B. 14
--

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

SCID 5/1/89

Past MS

## Mood Syndromes

A. 14

**\*PAST MANIC SYNDROME\***

NOTE: IF CURRENTLY ELEVATED MOOD  
BUT FAILS TO MEET FULL CRITERIA FOR  
A MANIC SYNDROME, SUBSTITUTE THE  
PHRASE "Has there ever been another  
time..." FOR EACH OF THE SCREENING  
QUESTIONS BELOW.

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

(Did anyone say you were  
manic?) (Was that more than  
just feeling good?)

IF NO: What about a period of time when you were so irritable that you would shout at people or start fights or arguments? (Did you find yourself yelling at people you didn't really know?)

When was that?

What was it like?

How long did it last?

Have you had more than one time like that?

IF YES: Which time were you the most (HIGH/OWN EQUIVALENT)?

## **MANIC SYNDROME CRITERIA**

106 duplicate b

**A.** A distinct period of abnormally and persistently elevated, expansive, or irritable mood.

DATE: \_\_\_\_\_

**GO TO :**  
**PSYCHOTIC AND  
ASSOCIATED  
SYMPTOMS**

IF IRRITABLE MOOD ONLY, CHECK  
HERE AFTER CODING "3" ABOVE

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

(During that time...)

..how did you feel about yourself?

(More self-confident than usual?)

(Any special powers or abilities?)

..did you need less sleep than usual?

IF YES: Did you still not feel tired or sleepy?

..were you more talkative than usual? (People had trouble stopping you or understanding you? People had trouble getting a word in edgewise?)

..were your thoughts racing through your head?

..did you have trouble concentrating because any little thing going on around you could get you off the track?

..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? (How bad was it?)

(1) inflated self-esteem or grandiosity

? 1 2 3  
18

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

? 1 2 3  
19

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

? 1 2 3  
20

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

? 1 2 3  
21

(5) distractibility, i.e., attention too easily drawn to unimportant or irrelevant external stimuli

? 1 2 3  
22

(6) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation

? 1 2 3  
23

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

(7) excessive involvement in pleasurable activities which have a high potential for painful consequences that the person does not recognize, e.g., the person engages in unrestrained buying sprees, sexual indiscretions, or foolish business investments

NOTE: BECAUSE OF THE DIFFICULTY OF DISTINGUISHING NORMAL PERIODS OF GOOD MOOD FROM HYPMANIA, REVIEW ALL ITEMS CODED "3" IN CRITERIA A AND B AND RECODE ANY EQUIVOCAL JUDGMENTS.



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

1
---

3

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

-> IF NO: GO TO \*DYSTHYMIA,\* A. 18.

PSYCHOTIC AND ASSOCIATED SX  
(B.1)

CONTINUE

-> IF YES: RETURN TO \*PAST MANIC SYNDROME,\* A. 14, AND INQUIRE ABOUT WORST EPISODE.

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

C. Mood disturbance sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others.

UN-EQUI-VOCAL-HYPO-MANIC

MANIC

1 3

26

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

-> IF YES: RECODE CRITERION C as "3"

-> IF NO: CONTINUE ON NEXT PAGE

CONTINUE  
ON NEXT  
PAGE

Just before this began, were you taking any street drugs or medicines? (Any change in the amount you were taking?) Were you physically ill?

IF YES TO ANY OF THESE QUESTIONS, DETERMINE IF THERE WAS AT LEAST ONE MANIC EPISODE THAT WAS NOT INITIATED AND MAINTAINED BY AN ORGANIC FACTOR.

D It cannot be established that an organic factor initiated and maintained the disturbance.  
NOTE: Somatic antidepressant treatment (e.g., drugs, ECT) that apparently precipitates a mood disturbance should not be considered an etiologic organic factor.

?	1	3
R/O ORGANIC MOOD SYN-DROME	NO ORGANIC ETIOLOGY	

IF ORGANIC FACTOR, DESCRIBE:

Established organic factors include: hyperthyroidism, substances such as stimulants and cocaine

DETERMINE IF THERE WAS A PERIOD OF ELEVATED OR IRRITABLE MOOD THAT WAS NOT INITIATED OR MAINTAINED BY AN ORGANIC FACTOR. IF SO, RETURN TO \*PAST MANIC SYNDROME\*, AND INQUIRE ABOUT THAT EPISODE.

IF NOT, GO TO \*DYSTHYMIA,\* A. 18.

MANIC OR HYPOMANIC DT  
frequencies  
Dysthymia

PSYCHOTIC AND ASSOCIATED SX (B.1)

CONTINUE

MANIC SYNDROME CRITERIA  
A, B, C AND D ARE CODED "3"  
SEE PG. A.16

NOTE: CODE "1" IF PAST HYPOMANIC SYNDROMES ONLY.

GO TO \*PSYCHOTIC SXS,\*  
B. 1

PAST MANIC SYN-DROME

How many separate times were you (HIGH/OWN EQUIVALENT) and had several of these problems for a period of time (or were hospitalized)?

Total number of episodes of Manic Syndrome (CODE 99 IF TOO INDISTINCT OR NUMEROUS TO COUNT)

How old were you when you first had serious problems or had to go to the hospital because you were (OWN EQUIVALENT/MANIC)?

Age at onset of Manic Syndrome. (CODE 99 IF UNKNOWN)

GO TO \*PSYCHOTIC SXS,\* B. 1

# Psychotic and Associated Symptoms

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

FOR ANY PSYCHOTIC AND ASSOCIATED SYMPTOMS CODED "3", DETERMINE WHETHER THE SYMPTOM IS "NOT ORGANIC," OR WHETHER THERE IS A POSSIBLE OR DEFINITE ORGANIC CAUSE. THE FOLLOWING QUESTIONS MAY BE USEFUL IF THE OVERVIEW HAS NOT ALREADY PROVIDED THE INFORMATION:

(must be very sure to code organic)  
When you were (PSYCHOTIC SXS), were you taking any drugs or medicines? Drinking a lot? Physically ill?

- > IF HAS NOT ACKNOWLEDGED PSYCHOTIC SXS: Now I am going to ask you about unusual experiences that people sometimes have.
- > IF HAS ACKNOWLEDGED PSYCHOTIC SXS: You have told me about (PSYCHOTIC EXPERIENCES). Now I am going to ask you more about those kinds of things.

## Delusions

False personal belief(s) based on incorrect inference about external reality and firmly sustained in spite of what almost everyone else believes and in spite of what constitutes incontrovertible and obvious proof or evidence to the contrary. Code overvalued ideas (unreasonable and sustained belief(s) that is/are maintained with less than delusional intensity) as "2."

! → NOTE: A SINGLE DELUSION MAY BE CODED "3" ON MORE THAN ONE OF THE FOLLOWING ITEMS.

Did it ever seem that people were talking about you or taking special notice of you?

Delusions of reference, i.e., personal significance is falsely attributed to objects or events in environment

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

No, only when heard person

DESCRIBE:

No

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

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

DESCRIBE:

Harassed, tormented  
By other kids. Kids  
made fun of me.

Everyone out to  
cheat me

?	<input checked="" type="radio"/>	1	2	3
1		2	3	
POSS/DEF ORG		NOT ORG		

?	1	2	<input checked="" type="radio"/>	3
1		2	3	
POSS/DEF ORG		NOT ORG		

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

*badooline, less diff spellin',  
less freq IDQ. Yes, I'm damn good at  
science, english, always do better in Jr. high*

Did you ever feel that parts of your body had changed or stopped working (when your doctor said there was nothing wrong with you)? (What did your doctor say?)

*No.*

Grandiose delusions, i.e., content involves exaggerated power, knowledge or importance

?	1	2	3
1	3		

POSS/DEF NOT  
ORG ORG

20

21

DESCRIBE:

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

?	1	2	3
1	3		

POSS/DEF NOT  
ORG ORG

22

23

DESCRIBE:

Other delusions, e.g., delusions of guilt, jealousy, nihilism, poverty

?	1	2	3
1	3		

POSS/DEF NOT  
ORG ORG

24

25

DESCRIBE:

(FUNCTIONAL)  
IF NEVER HAD A NON-ORGANIC  
DELUSION, CHECK HERE  
AND GO TO \*HALLUCINATIONS,\*  
B.4.

Delusions of being controlled, i.e., feelings, impulses, thoughts or actions are experienced as being under the control of some external force (includes delusions of thought insertion and withdrawal)

?	1	2	3
1	3		

POSS/DEF NOT  
ORG ORG

26

27

DESCRIBE:

*Not acting but way think & feel still bothers me.*

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

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

(What about taken out of your head?)

yes.

*as a result, yes. People talk my ideas*

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

No.

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

DESCRIBE: *Some people can feel my mood.*

(Are all of your thoughts about [DELUSIONS DESCRIBED SO FAR] related to each other in some way?)

Systematized delusions, i.e., a single delusion with multiple elaborations or a group of delusions that are all related by the individual to a single event or theme

DESCRIBE:

(What is your understanding of why it is that [CONTENT OF DELUSION]?)

DK.

*As I'm not here?*

Bizarre delusions, i.e., involving a phenomenon that the individual's subculture would regard as totally implausible (e.g., thought broadcasting, being controlled by a dead person)

DESCRIBE:

?	1	2	3
	1	3	
POSS/DEF ORG	NOT ORG		

29  
30

?	1	2	3
	1	3	
POSS/DEF ORG	NOT ORG		

31  
32

?	1	2	3
	1	3	
POSS/DEF ORG	NOT ORG		

33  
\*

DK	1	2	3
Inadeq info	1	2	3
POSS/DEF ORG	NOT ORG		

34

Hallucinations

**HALLUCINATIONS (PSYCHOTIC)**  
 A sensory perception without external stimulation of the relevant sensory organ.  
 (CODE "2" FOR HALLUCINATIONS THAT ARE SO TRANSIENT AS TO BE WITHOUT DIAGNOSTIC SIGNIFICANCE)

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

→ No.

Auditory hallucinations  
 when fully awake and heard either inside or outside of head/ear  
 DESCRIBE: short and brief  
 hearing of something that was not there

(vs. illusion) (hallucination → a misinterpretation of sensory stim.)

?	1	2	3
GO TO *VISUAL HALLUCINATIONS*			
B. 5			

35

36

37

1	3
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POSS/DEF	NOT
ORG	ORG

What did you hear?  
 How often did you hear it?

friends' bills  
 friends voice  
 etc. in a weirdo  
 way

More than two words heard more than twice with no apparent relation to depression or elation

NOTE: CODE "3" ONLY IF THERE ARE MORE THAN TWO WORDS HEARD MORE THAN TWICE AND EITHER (1) THERE HAS NOT BEEN ANY DEPRESSED OR ELATED MOOD OR (2) THE CONTENT OF THE HALLUCINATIONS IS UNRELATED TO DEPRESSION OR ELATION

Did it comment on what you were doing or thinking?

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

?	1	2	3
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38

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

Two or more voices conversing with each other

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

39

No just a couple of times

**\*VISUAL HALLUCINATIONS\***

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

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

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

Visual hallucinations

DESCRIBE:

No

?	1	2	3
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1	3
POSS/DEF ORG	NOT ORG

40
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41
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Tactile hallucinations, e.g.,  
electricity

DESCRIBE:

None

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

1	3
POSS/DEF ORG	NOT ORG

42
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43
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Other hallucinations, e.g.,  
gustatory, olfactory

DESCRIBE:

No

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

1	3
POSS/DEF ORG	NOT ORG

44
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45
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(What about smelling things that other people couldn't smell?)

BASED ON OBSERVATION OR HISTORY OF OBSERVATION BY OTHER MENTAL HEALTH PROFESSIONAL

"(Now I just need to stop for a moment to make a few notes.)"

**CATATONIC BEHAVIOR**

Marked motor anomalies, including apparently purposeless excitement, negativism, rigidity, posturing, stupor, and waxy flexibility.

DESCRIBE:

?	1	2	3
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1	3
POSS/DEF ORG	NOT ORG

46
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47
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**FLAT AFFECT**

Virtually no affective expression, e.g., monotonous voice, immobile face

(as opposed to the less severe "blunt" or "constricted")

?	1	2	3
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1	3
POSS/DEF ORG	NOT ORG

48
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49
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**GROSSLY INAPPROPRIATE AFFECT**

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

DESCRIBE:

TOM 3/20/2004

?	1	2	3	50
POSS/DEF	NOT			
ORG	ORG			
1	3			
POSS/DEF	NOT			
ORG	ORG			

**INCOHERENCE**

Speech that, for the most part, is not understandable because of either: lack of logical or meaningful connection between words, phrases, or sentences; excessive use of incomplete sentences, excessive irrelevancies or abrupt changes in subject matter; or idiosyncratic word usage.

DESCRIBE:

TOM 3/20/2004

?	1	2	3	52
POSS/DEF	NOT			
ORG	ORG			
1	3			
POSS/DEF	NOT			
ORG	ORG			

**MARKED LOOSENING OF ASSOCIATIONS**

Thinking characterized by speech in which ideas shift from one subject to another that is completely unrelated or only obliquely related, without the speaker's showing any awareness that the topics are unconnected. When severe, speech is incoherent. Do not include when abrupt shifts in topic are associated with a nearly continuous flow of accelerated speech (as in flight of ideas).

DESCRIBE:

TOM 3/20/2004

?	1	2	3	54
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POSS/DEF	NOT			
ORG	ORG			

**EMOTIONAL TURMOIL - (e.g. for Brief Reactive Psychosis)**

Rapid shifts from one intense affect to another, or overwhelming perplexity or confusion, not due to a Mood Disorder.

DESCRIBE:

TOM 3/20/2004

?	1	2	3	56
POSS/DEF	NOT			
ORG	ORG			
1	3			
POSS/DEF	NOT			
ORG	ORG			

IF ANY DELUSIONS OR HALLUCINATIONS, NOTE DATES AND WHETHER PRESENT DURING PAST MONTH (e.g., "BIZARRE DELUSIONS, INTERMITTENTLY SINCE 1969 AND PERSISTENTLY FOR PAST SIX MONTHS")

DATES:

Check here if present last month

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## Differential Diagnosis

## c. of Psychotic Disorders

NOTE: IN THE RARE CASE OF A PERSON WHO RECOVERS FROM ONE PSYCHOTIC DISORDER (E.G., DELUSIONAL DISORDER) AND LATER DEVELOPS A DIFFERENT PSYCHOTIC DISORDER (E.G., SCHIZOAFFECTIVE DISORDER), ONLY THE MOST RECENT DISORDER SHOULD BE CODED.

106 duplicate b  
1-2 3-14 15

IF: THERE ARE NO ITEMS CODED "3" IN [B.: PSYCHOTIC AND ASSOCIATED SYMPTOMS,] OR THE ONLY ITEM CODED "3" IS "EMOTIONAL TURMOIL," CHECK HERE  AND SKIP TO NEXT MODULE.

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

NOTE! BE SURE TO ASSESS THIS CRITERION.

Psychotic symptoms occur at times other than during mood syndromes

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

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PSYCHOTIC MOOD DISORDER. GO TO \*MOOD DISORDERS\* D. 1

PSYCHOTIC WHEN NO MOOD SYN- DROMES

CONTI- NUE

yes. Not manic or de, but people harassing me.

## BRIEF REACTIVE PSYCHOSIS CRITERIA

A. Duration of an episode of the disturbance of from a few hours to one month.

? 1

3

18

GO TO \*SCHIZO- PHRENIA,\* C. 3

B. Emotional turmoil, i.e., rapid shifts from one intense affect to another, or overwhelming perplexity or confusion.

? 1

3

19

GO TO \*SCHIZO- PHRENIA,\* C. 3

C. Absence of the prodromal symptoms of Schizophrenia, and failure to meet the criteria for Schizotypal Personality Disorder before onset of the disturbance.

(SIC) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

NOTE: SEE PAGE C.5 FOR LIST

(PDS: ambiguous and false)

D. The psychotic symptoms (coded in Module B) appear shortly after and apparently in response to one or more events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the person's culture. (no/rise)

E. Not due to a psychotic Mood Disorder (i.e., no full mood syndrome is present).

(SIC) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

? 1 2 3 0

20

GO TO	1
*SCHIZO-	2
PHRENIA,*	3
C. 3	0

? 1 2 3

21

GO TO	1
*SCHIZO-	2
PHRENIA,*	3
C. 3	0

? 1 2 3

22

PROVI-	DEFINITE
SIONAL	DIAG-
DIAG-	NOSIS
NOSIS	OF
OF	BRIEF
BRIEF	REACTIVE
REACTIVE	PSYCHO-
PSYCHO-	SIS

GO TO \*CHRONOLOGY\*, C.15

PSY-	
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ORDER	
GO TO	
*MOOD	
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ORDERS,*	
D. 1	

# Schizophrenia

## DIFFERENTIAL DIAGNOSIS OF: SCHIZOPHRENIA, SCHIZOPHRENIFORM, SCHIZOAFFECTIVE, AND DELUSIONAL DISORDERS

Something left to exclude: D  
and something added to exclude:

### SCHIZOPHRENIA CRITERIA

**A.** Presence of characteristic psychotic symptoms in the active phase: either (1), (2), or (3) for at least one week (unless the symptoms are successfully treated):

(1) bizarre delusions (i.e., involving a phenomenon that the person's subculture would regard as totally implausible, e.g., thought broadcasting, being controlled by a dead person) ~~and/or~~ a ~~and/or~~

(2) prominent hallucinations [as defined in (3)(b) below] of a voice with content having no apparent relation to depression or elation, or a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other ~~and/or~~

(3) two of the following:

(a) delusions

(b) prominent hallucinations (throughout the day for several days or several times a week for several weeks, each hallucinatory experience not being limited to a few brief moments)

(c) incoherence or marked loosening of associations

(d) catatonic behavior

(e) flat or grossly inappropriate affect

? 1

3

23

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

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

NOTE! BE SURE TO ASSESS THIS CRITERION!

**B.1.** No major depressive or manic syndromes occurred during an active phase of the disturbance.

NOTE: CODE "3" IF NO MAJOR DEPRESSIVE OR MANIC SYNDROMES OR IF ALL MAJOR DEPRESSIVE OR MANIC SYNDROMES ARE DURING RESIDUAL OR PRODRMAL PHASES. CODE "1" IF ANY MOOD SYNDROMES OVERLAP WITH ACTIVE PSYCHOTIC SYMPTOMS.

NOTE: BECAUSE OF THE DIFFICULTY IN DISTINGUISHING THE PRODRMAL AND RESIDUAL SYMPTOMS OF SCHIZOPHRENIA (PAGE C.6) FROM A MAJOR DEPRESSIVE SYNDROME, THE RATER SHOULD RECONSIDER ANY PREVIOUSLY CODED MAJOR DEPRESSIVE SYNDROME TO BE SURE IT IS UNEQUIVOCAL.

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

**B.2.** The total duration of all mood syndromes has been brief relative to the total duration of the active and residual phases of the disturbance.

NOTE: CODE "1" IF TOTAL DURATION OF MOOD IS NOT BRIEF RELATIVE TO THE PSYCHOTIC DISTURBANCE OR IF TOTAL DURATION OF MOOD IS LONGER THAN DURATION OF PSYCHOTIC DISTURBANCE.

? 1	3	24	JANUARY 1989 A 3 AM WOY -05102 1989103 21 198910 -05102 1989103 21 198910 -05102 1989103 21 198910
			CONTINUE ON NEXT PAGE

? 1	3	25	JANUARY 1989 A 3 AM WOY -05102 1989103 21 198910 -05102 1989103 21 198910 -05102 1989103 21 198910
			CONTINUE ON NEXT PAGE

brief = less than 10%

NOW MAKE A DIFFERENTIAL DIAGNOSIS BETWEEN SCHIZOPHRENIA AND SCHIZOPHRENIFORM DISORDER

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

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

**C** Continuous signs of the disturbance for at least six months. The six-month period must include an active phase (of at least one week, or less if symptoms successfully treated) during which there were psychotic symptoms characteristic of Schizophrenia (sxs in "A"), with or without a prodromal or residual phase, as defined on the next page.

? 1 3 26

GO TO	
*SCHIZO-	
PHRENI-	
FORM	
DIS-	
ORDER,*	
C. 10	

**D** During the course of the disturbance, functioning in such areas as work, social relations, and self-care is markedly below the highest level achieved before onset of the disturbance (or with onset in childhood or adolescence, failure to achieve expected level of social development).

? 1 3 27

GO TO	SCHIZ-
*PSY-	OPHRE-
CHOTIC	NIA
DISOR-	GO TO
DER	*SUB-
NOS,*	TYPES*
C. 15	C. 7

**PRODROMAL AND RESIDUAL PHASE SYMPTOMS OF SCHIZOPHRENIA**

**Prodromal phase:** A clear deterioration in functioning before the active phase of the disturbance that is not due to a disturbance in mood or to a Psychoactive Substance Use Disorder, and that involves at least two of the symptoms noted below.

**Residual phase:** Following the active phase of the disturbance, persistence of at least two of the symptoms noted below, these not being due to a disturbance in mood or to a Psychoactive Substance Use Disorder.

**Prodromal or Residual Symptoms:**

- (1) marked social isolation or withdrawal
- (2) marked impairment in role functioning as wage-earner, student, or homemaker
- (3) markedly peculiar behavior (e.g., collecting garbage, talking to self in public, hoarding food)
- (4) marked impairment in personal hygiene and grooming
- (5) blunted, flat, or inappropriate affect
- (6) digressive, vague, over-elaborate, or circumstantial speech, or poverty of speech or poverty of content of speech
- (7) odd beliefs or magical thinking, influencing behavior and inconsistent with cultural norms, e.g., superstition, belief in clairvoyance, telepathy, "sixth sense," "others can feel my feelings," overvalued ideas, ideas of reference
- (8) unusual perceptual experiences, e.g., recurrent illusions, sensing the presence of a force or person not actually present
- (9) marked lack of initiative, interests, or energy

## Schizophrenia Subtypes

## Psychotic Disorders (Differential Diagnosis) ( C. 7 )

#### 19. *Albomyces* (Berk.) Sacc.

C. 7

NOW DETERMINE THE CURRENT PHENOMENOLOGIC SUBTYPE OF SCHIZOPHRENIA

within past month)

**Paranoid Type:** Individuals of this type tend to be suspicious, distrustful, and aloof.

A. Preoccupation with one or more systematized delusions or with frequent auditory hallucinations related to a single theme.

B. None of the following: as no one incoherence, marked loosening of associations, flat or grossly inappropriate affect, catatonic behavior; grossly disorganized behavior.

? 1 3

**PARANOID TYPE**

28

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ପାଦରେ ପାଦ

**behavior.** *Behavior* is the observable action of an organism. Behavior is the observable action of an organism.

and vibration. (c) reinforced reinforced vibroaction (R) which consists of the joint use of galvanized rebar.

<sup>1</sup> See also the discussion of 'moral economy' in the introduction to *Moral Economy* (1999).

**Stable Type:** *Silene dioica*

The disturbance has met criteria "A" and "B" above during all (past and present) active phases.

? 1 3

GO TO  
\*CHRONOLOGY,\*  
C. 16

20

?=inadequate information

`l=absent or false`

3=threshold or true

**\*CATATONIC TYPE\***

-11000  
-13000  
GETAITU  
3957

07 09  
-0408-07  
\* 1981-5  
11 5

卷之三

卷之三

Catatonic Type: The clinical picture is dominated by any of the following:

- (1) catatonic stupor (marked decrease in reactivity to the environment and/or reduction of spontaneous movements and activity) or mutism
  - (2) catatonic negativism (an apparently motiveless resistance to all instructions or attempts to be moved)
  - (3) catatonic rigidity (maintenance of a rigid posture against efforts to be moved)
  - (4) catatonic excitement (excited motor activity, apparently purposeless and not influenced by external stimuli)
  - (5) catatonic posturing (voluntary assumption of inappropriate or bizarre postures)

? 1 3

30

**CATA-  
TONIC  
TYPE**

**GO TO  
\*CHRO-  
NOLOGY,  
C. 16**

### Disorganized Type:

- A. Incoherence, marked loosening of associations.
  - B. Flat or grossly inappropriate affect

? 1 3

31

**DISORGANIZED  
TYPE**

GO TO  
**\*CHRONOLOGY,\***  
C. 16

Undifferentiated Type:

Prominent delusions, hallucinations, incoherence, or grossly disorganized behavior.

? 1 3

**UNDIF-  
FEREN-  
TIATED  
TYPE**

GO TO  
**\*CHRONO-  
LOGY,\***  
C. 16

Residual Type:

- A. The absence of prominent delusions, hallucinations, incoherence, or grossly disorganized behavior.
- B. Continuing evidence of the disturbance, as indicated by two or more of the residual symptoms listed on page C. 6.

? 1 3 33

**RESIDUAL  
TYPE**

GO TO  
**\*CHRONO-  
LOGY,\***  
C. 16

CHECK RESIDUAL CRITERIA  
ON PAGE C.6

## Schizophreniform Disorder

IF YOU ARE HERE, SCHIZOPHRENIA SYMPTOM CRITERION "A" IS MET AND THE DURATION IS LESS THAN SIX MONTHS.

CODE "2" FOR A PROVISIONAL DIAGNOSIS OF SCHIZOPHRENIFORM IF THE EXPECTED RECOVERY HAS NOT YET OCCURRED. CODE "3" FOR A DEFINITE DIAGNOSIS IF THERE HAS BEEN FULL RECOVERY.

RECOVERY PROGNOSTIC  
RECOVERY PROGNOSTIC

NOW DETERMINE IF GOOD PROGNOSTIC FEATURES

GOOD PROGNOSTIC  
GOOD PROGNOSTIC

GOOD PROGNOSTIC  
GOOD PROGNOSTIC

(continued on next page)

?=inadequate information

1=absent or false

3=threshold or true

An episode of disturbance (including prodromal, active, and residual phases) lasts less than six months. (When the diagnosis must be made without waiting for recovery, it should be qualified as "provisional.")

### SCHIZOPHRENIFORM DISORDER CRITERIA

1. An episode of disturbance (including prodromal, active, and residual phases) lasts less than six months. (When the diagnosis must be made without waiting for recovery, it should be qualified as "provisional.")

An episode of the disturbance (including prodromal, active, and residual phases) lasts less than six months. (When the diagnosis must be made without waiting for recovery, it should be qualified as "provisional.")

2	3	34
PROVISONAL DIAGNOSIS OF SCHIZOPHRENIFORM DISORDER	DEFINITE DIAGNOSIS OF SCHIZOPHRENIFORM DISORDER	

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

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

? 1 3 35

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

? 1 3 36



## GOOD PROGNOSTIC FEATURES (CONTINUED)

Referential and delusional

(3) good premorbid social  
and occupational func-  
tioning

AFFECTIVE REACTIONS (4) absence of blunted or flat affect

so-called "good" or "absent" reactions are often associated with good prognosis.  
**AT LEAST TWO GOOD PROGNOSTIC  
FEATURES CODED "3"**

Assessive codes of four attempts to  
grade 1) psychoses not meeting  
"disorganized" criteria as follows:

1=absent or false  
2=inadequate information  
3=threshold or true  
4=good or true

1=absent or false  
2=inadequate information  
3=threshold or true  
4=good or true

? 1 2 3 37  
1 2 3 38  
1 2 3 39

1 2 3 38  
1 2 3 39

SCHIZO-	SCHIZO-
PHRENI-	PHRENI-
FORM	FORM
DISORDER	DISORDER
WITHOUT	WITH
GOOD	GOOD
PROGNO-	PROGNO-
TIC	TIC
FEATURES	FEATURES

GO TO \*CHRONOLOGY,\*  
C..16

# Schizoaffective Disorder

SCHIZOPHRENIA AND SCHIZOPHENIFORM HAVE BEEN RULED OUT BECAUSE OF PROMINENT MOOD SYMPTOMS. NOW CONSIDER SCHIZOAFFECTIVE DISORDER.

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

## SCHIZOAFFECTIVE DISORDER CRITERIA

**A** A disturbance during which, at some time, there is either a major depressive or a manic syndrome concurrent with symptoms that meet the "A" criterion of Schizophrenia.

?	1	3	40
GO TO	*PSYCHO-TIC DIS-OR-DER NOS,*	C. 16	

**B** During an episode of the disturbance, there have been delusions or hallucinations for at least two weeks, but no prominent mood symptoms.

?	1	3	41
GO TO	*PSYCHO-TIC DIS-OR-DER NOS,*	SCHIZO-AFFECTIVE DISORDER	

PSYCHOTIC MOOD DISORDER  
GO TO  
\*MOOD DISORDERS,\* D. 1

## Phenomenologic Subtypes:

Manic syndrome present at some time during the course of the illness.

?	1	3	42
DEPRESSIVE TYPE	BI-POLAR TYPE	GO TO *CHRONOLOGY,* C. 16	

## Delusional Disorder

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

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

## DELUSIONAL DISORDER CRITERIA

NOTE: THE ORDER OF THE CRITERIA BELOW DIFFERS FROM THAT IN DSM-III-R.

**A.1.** No major depressive or manic syndromes occurred during the delusional disturbance.

NOTE: CODE "3" IF NO MAJOR DEPRESSIVE OR MANIC SYNDROMES OR IF ALL MAJOR DEPRESSIVE OR MANIC SYNDROMES OCCURRED AT TIMES OTHER THAN DURING DELUSIONAL PERIODS. CODE "1" IF THESE IS OVERLAP WITH THE DELUSIONS.

GO TO  
\*PSY-  
CHOTIC  
DIS-  
ORDER  
NOS,\*  
C. 15

CONTINUE  
ON  
NEXT  
PAGE

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

**A.2.** The total duration of all episodes of the mood syndrome has been brief relative to the total duration of the delusional disturbance.

NOTE: CODE "1" IF TOTAL DURATION OF MOOD IS NOT BRIEF RELATIVE TO THE DELUSIONAL DISTURBANCE OR IF TOTAL DURATION OF MOOD IS LONGER THAN DURATION OF DELUSIONAL DISTURBANCE.

GO TO  
\*PSY-  
CHOTIC  
DIS-  
ORDER  
NOS,\*  
C. 15

CONTINUE  
ON  
NEXT  
PAGE

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

Psychotic symptoms occur exclusively during mood syndromes

GO TO  
\*PSYCHOTIC  
DISORDER  
NOS,\*  
C. 15

PSYCHO-  
TIC  
MOOD  
DIS-  
ORDER.

GO TO  
\*MOOD  
DISOR-  
DERS,\*  
D. 1

## Psychotic Disorders (Differential Diagnosis) C. 14

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

? 1 3 46

GO TO
PSY-
CHOTIC
DISORDER
NOS.*
C. 15

**C** Auditory or visual hallucinations, if present, are not prominent (i.e., throughout the day for several days or several times a week for several weeks).

? 1 3 47

GO TO
*PSY-
CHOTIC
DISORDER
NOS.*
C. 15

NOTE: CODE "3" IF NO HALLUCINATIONS

**D** Apart from the delusion(s) or its ramifications, behavior is not obviously odd or bizarre.

? 1 3 48

GO TO
*PSY-
CHOTIC
DISORDER
NOS.*
C. 15
DELUSIONAL DISORDER
CONTINUE ON NEXT PAGE

SPECIFY TYPE ON THE BASIS OF PREDOMINANT THEME OF THE DELUSION(S), AND THEN GO TO \*CHRONOLOGY,\* C. 16.

- 1 Persecutory (being malevolently treated in some way)
- 2 Jealous (one's sexual partner is unfaithful)
- 3 Eerotomanic (another person of higher status is in love with the subject)
- 4 Somatic (there is some physical defect, disorder, or disease)
- 5 Grandiose (inflated worth, power, knowledge, special identity, or special relationship to a deity or famous person)
- 6 Other (cannot be subtyped in any of the previous categories, e.g., persecutory and grandiose themes without either predominating, delusion of reference without malevolent content)

**GO TO \*CHRONOLOGY\***  
C. 16

## Psychotic Disorder NOS

### PSYCHOTIC DISORDER NOS

This is a residual category for disorders in which there are psychotic symptoms (delusions, hallucinations, incoherence, marked loosening of associations, catatonic excitement or stupor, or disorganized behavior) that do not meet the criteria for any other non-organic psychotic disorder.

3

50

**PSYCHOTIC  
DISORDER  
NOS**

DESCRIBE THE CLINICAL FEATURES BELOW AND INDICATE DIFFERENTIAL DIAGNOSIS. THEN GO TO \*CHRONOLOGY,\* PAGE C. 16.

?=inadequate information

1=absent or false

3=threshold or true

## Chronology

CHRONOLOGY OF BRIEF REACTIVE  
PSYCHOSIS, SCHIZOPHRENIA,  
SCHIZOPHRENIFORM, SCHIZO-  
AFFECTIVE, DELUSIONAL OR  
PSYCHOTIC DISORDER NOS

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

Has met symptomatic criteria for the disorder during the past month, i.e., any psychotic symptom

? 1

3

When did you last have (PSYCHOTIC SXS)?

Number of months prior to interview when last had psychotic symptoms of the disorder

(SKIP TO \*PAST FIVE YEARS,\* BELOW)

## NOTE CURRENT SEVERITY OF PSYCHOTIC DISORDER, WORST WEEK OF PAST MONTH:

- |             |   |
|-------------|---|
| 1 Mild:     | Psychotic symptoms only intermittently present, AND have little influence on behavior |
| 2 Moderate: | Symptoms or functional impairment intermediate between "mild" and "severe"            |
| 3 Severe:   | Psychotic symptoms persistently present, AND markedly influence behavior              |

## \*PAST FIVE YEARS\*

During the past five years, how much of the time have you had (ANY SXS OF THE DISORDER?)

Approximate percentage of time during past five years that any symptoms of the disorder were present (including prodromal and residual symptoms)

Would you say...[CODES]?

- |   |
|---|
| 1 Not at all (0%)                                   |
| 2 Rarely (e.g., 5-10%)                              |
| 3 A significant minority of the time (e.g., 20-30%) |

*He said of of  
the time?*

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

IF NOT ALREADY KNOWN: What kinds of difficulties were you having before you first had (PSYCHOTIC SXS)?

Were you working, having a social life, taking care of yourself? SEE PRODRMAL SYMPTOM LIST, C. 6.

4 About half the time

5 A significant majority of the time (e.g., 70-80%)

6 Almost all the time (e.g., 90-100%)

9 Unknown

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

Age at onset of prodromal symptoms (if any) (CODE 99 IF UNKNOWN)

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

**\*MOOD DISORDERS\* (OTHER THAN DYSTHYMIA)**

[DYSTHYMIA HAS ALREADY BEEN CODED IN MODULE A. IF NO OTHER MOOD SYNDROMES, SKIP TO NEXT MODULE.]

IF: THERE HAS NEVER BEEN A MAJOR DEPRESSIVE EPISODE (PAGE A. 4 OR A. 9), MANIC OR HYPOMANIC EPISODE (PAGE A. 12 OR A. 16), OR IF ALL MOOD SYNDROMES OCCURRED ONLY AS PART OF SCHIZOAFFECTIVE DISORDER (PAGE C. 11), CHECK HERE  AND SKIP TO NEXT MODULE.

IF: NO MANIC OR UNEQUIVOCAL HYPOMANIC EPISODE EVER, CHECK HERE  AND SKIP TO \*MAJOR DEPRESSIVE SYNDROME,\* D. 2.

AT LEAST ONE PURE MANIC EPISODE (i.e., NOT SUPERIMPOSED ON SCHIZOPHRENIA, SCHIZOPHENIFORM DISORDER, DELUSIONAL DISORDER, OR PSYCHOTIC DISORDER NOS)

107 duplicate b  
11-2 3-14-1 151

BIPOLAR  
DIS-  
ORDER

## Subtype of Most Recent Episode

- 1 Manic
- 2 Depressed
- 3 Mixed (i.e., meets full criteria for both manic and major depressive episodes either intermixed or alternating, except for duration requirement of two weeks for depressive symptoms)

*Depression does not have to be for 2 wks*

GO TO \*MOOD CHRONOLOGY\* D. 3

## OTHER BIPOLAR DISORDER

Describe in space below:

- manic episode superimposed on delusional disorder, residual Schizophrenia or Psychotic Disorder NOS, or
- hypomanic episode(s) with major depressive episode(s) ("Bipolar II") or
- intermittent hypomanic episodes, or
- Cyclothymia

CHECK HERE  IF PRESENT IN LAST MONTH AND  
GO TO \*PAST FIVE YEARS,\* D. 5

\* 29  
\*  
\*

**\*MAJOR DEPRESSIVE SYNDROME\***

AT LEAST ONE PURE MAJOR DEPRESSIVE EPISODE (i.e., NOT SUPERIMPOSED ON SCHIZOPHRENIA, SCHIZOPHRENIFORM DISORDER, DELUSIONAL DISORDER, OR PSYCHOTIC DISORDER NOS)

? 1

3

21

**MAJOR  
DEPRES-  
SION****GO TO \*MOOD CHRONOLOGY\* D. 3**

**DEPRESSIVE DISORDER SUPERIMPOSED ON CHRONIC PSYCHOTIC DISORDER**  
(for Major Depressive Episodes superimposed on chronic or intermittent psychotic conditions) Note: Other conditions that in DSM-III-R would be classified as Depressive Disorder NOS, e.g., intermittent dysthymic symptoms, should be noted on the SCID scoresheet under "Other DSM-III-R Axis I Disorder".

Depression  
Superimposed  
on Residual  
Schiz.

CHECK HERE  IF PRESENT IN LAST MONTH AND  
GO TO \*PAST FIVE YEARS,\* D. 5

\* 22  
\*  
\*

\*MOOD CHRONOLOGY\* - Is it current, i.e. within past month

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

Has met symptomatic criteria for manic syndrome (criteria A and B) or depressive syndrome in the past month.

? 1 3  
23

→ NOTE: If there has been a previous Major Mood Disorder (i.e., Major Depression or Bipolar Disorder), then the current episode need not meet full criteria.

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

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

24-  
26

#### SUBCLASSIFICATION OF CURRENT PARTIAL OR FULL REMISSION:

-> IF BIPOLAR DISORDER:

- 6 In Partial Remission: Full criteria were previously, but are not currently, met; some signs or symptoms of the disturbance have persisted.
- 7 In Full Remission: During the past six months no significant signs or symptoms of the disturbance.

-> IF MAJOR DEPRESSION:

- 6 In Partial Remission: Intermediate between "In Full Remission" and "Mild," AND no previous Dysthymia. [If Major Depressive Episode was superimposed on Dysthymia, the diagnosis of Dysthymia alone is given once the condition has returned to baseline Dysthymia.]
- 7 In Full Remission: During the past six months no significant signs or symptoms of the disturbance. [Note: Symptoms of Dysthymia may be present.]

GO TO \*PAST FIVE YEARS\*, D. 5.

CONTINUE ON NEXT PAGE.

**SUBCLASSIFICATION OF CURRENT EPISODE (WORST WEEK PAST MONTH):**  
(Additional questions regarding impairment may be necessary.)

-> IF MOST RECENT EPISODE IS HYPOMANIC, MANIC OR MIXED:

- 1 Mild: Meets minimum symptom criteria for a manic, or hypomanic episode (or a new episode that almost meets symptom criteria if has had a previous manic episode).
- 2 Moderate: Extreme increase in activity or impairment in judgment.
- 3 Severe, but without Psychotic Features: Almost continual supervision is required in order to prevent physical harm to self or others.
- 4 Mood-congruent psychotic features: Delusions or hallucinations whose content is entirely consistent with the typical manic themes of inflated worth, power, knowledge, identity, or special relationship to a deity or famous person.
- 5 Mood-incongruent psychotic features: Either (a) or (b):  
(a) Delusions or hallucinations whose content does not involve the typical manic themes of inflated worth, power, knowledge, identity, or special relationship to a deity or famous person. Included are such symptoms as persecutory delusions, thought insertion, and delusions of being controlled.  
(b) Any catatonic symptoms, e.g., stupor, mutism, negativism, or posturing.

-> IF MOST RECENT EPISODE IS DEPRESSED:

- 1 Mild: Few, if any, symptoms in excess of those required to make the diagnosis AND symptoms result in only minor impairment in occupational functioning or in usual social activities or relationships with others [OR subthreshold recurrence of Major Depression.]
- 2 Moderate: Symptoms or functional impairment intermediate between "mild" and "severe."
- 3 Severe, but without Psychotic Features: Several symptoms in excess of those required to make the diagnosis AND symptoms markedly interfere with occupational functioning or with usual social activities or relationships with others.
- 4 Mood-congruent psychotic features: Delusions or hallucinations whose content is entirely consistent with the typical depressive themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment.
- 5 Mood-incongruent psychotic features: Delusions or hallucinations

whose content does not involve typical depressive themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment. Included here are such symptoms as persecutory delusions, thought insertion, thought broadcasting, and delusions of control.

**\*PAST FIVE YEARS\***

During the past five years, how much of the time have you been unusually (EUPHORIC/IRRITABLE AND/OR DEPRESSED/WITH LOSS OF INTEREST?)

Would you say...[CODES]?

Approximate percentage of time during past five years that euphoric/irritable AND/OR depressed mood AND/OR loss of interest were present.

- 1 Not at all (0%)
- 2 Rarely (e.g., 5-10%)
- 3 A significant minority of the time (e.g., 20-30%)
- 4 About half the time
- 5 A significant majority of the time (e.g., 70-80%)
- 6 Almost all the time (e.g., 90-100%)
- 9 Unknown

30

## BFRS RATING SCALE

PATIENT NAME \_\_\_\_\_

RATER \_\_\_\_\_

Kuhl

# 51

PATIENT ID \_\_\_\_\_

DATE \_\_\_\_\_

ENT1 \_\_\_\_\_

2120192

8724

ENT2 \_\_\_\_\_

		Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the patient, whether complaints have a realistic basis or not.	Rating Scale					
			1 Not Present	2 Very Mild	3 Mild	4 Moderate	5 Moderately Severe	7 Extremely Severe
1.	SOMATIC CONCERN	Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the patient, whether complaints have a realistic basis or not.	[ ]	[ ]	[ ]	X	[ ]	[ ]
2.	ANXIETY	Worry, fear, or over-concern for present or future. Rate solely on the basis of verbal report of patient's own subjective experiences. Do not infer anxiety from physical signs or from neurotic defense mechanisms.	[ ]	[ ]	[ ]	X	[ ]	[ ]
3.	EMOTIONAL WITHDRAWAL	Deficiency in relating to the interviewer and to the interview situation. Rate only the degree to which the patient gives the impression of failing to be in emotional contact with other people in the interview situation.	[ ]	[ ]	[ ]	X	[ ]	[ ]
4.	CONCEPTUAL DISORGANIZATION	Degree to which the thought processes are confused, disconnected or disorganized. Rate on the basis of integration of the verbal products of the patient; do not rate on the basis of patient's subjective impression of his own level of functioning.	[ ]	[ ]	[ ]	X	[ ]	[ ]
5.	GUILT FEELINGS	Over-concern or remorse for past behavior. Rate on the basis of the patient's subjective experiences of guilt as evidenced by verbal report with appropriate affect; do not infer guilt feelings from depression, anxiety or neurotic defenses.	[ ]	[ ]	X	[ ]	[ ]	[ ]
6.	TENSION	Physical and motor manifestations of tension "nervousness," and heightened activation level. Tension should be rated solely on the basis of physical signs and motor behavior and not on the basis of subjective experiences of tension reported by the patient.	[ ]	[ ]	X	[ ]	[ ]	[ ]
7.	MANNERISMS AND POSTURING	Unusual and unnatural motor behavior, the type of motor behavior which causes certain mental patients to stand out in a crowd of normal people. Rate only abnormality of movements; do not rate simple heightened motor activity here.	X	[ ]	[ ]	[ ]	[ ]	[ ]
8.	GRANDIOSITY	Exaggerated self-opinion, conviction of unusual ability or powers. Rate only on the basis of patient's statements about himself or self-in-relation-to-others, not on the basis of his demeanor in the interview situation.	[ ]	[ ]	X	[ ]	[ ]	[ ]
9.	DEPRESSIVE MOOD	Despondency in mood, sadness. Rate only degree of despondency; do not rate on the basis of inferences concerning depression based upon general retardation and somatic complaints.	[ ]	X	[ ]	[ ]	[ ]	[ ]
10.	HOSTILITY	Animosity, contempt, belligerence, disdain for other people outside the interview situation. Rate solely on the basis of the verbal report of feelings and actions of the patient toward others; do not infer hostility from neurotic defenses, anxiety or somatic complaints. (Rate attitude toward interviewer under "uncooperativeness.")	[ ]	[ ]	[ ]	X	[ ]	[ ]

		1	2	3	4	5	6	7
		Not Present	Very Mild	Mild	Mod- er- ate	Moder- ately Severe	Severe	Ex- tremely Severe
11.	SUSPICIOUSNESS	Belief (delusional or otherwise) that others have now, or have had in the past, malicious or discriminatory intent toward the patient. On the basis of verbal report, rate only those suspicions which are currently held whether they concern past or present circumstances.	[ ]	[ ]	[ ]	[ ]	X	[ ]
12.	HALLUCINATORY BEHAVIOR	Perceptions without normal external stimulus correspondence. Rate only those experiences which are reported to have occurred within the last week and which are described as distinctly different from the thought and imagery processes of normal people.	[ ]	X	[ ]	[ ]	[ ]	[ ]
13.	MOTOR RETARDATION	Reduction in energy level evidenced in slowed movements. Rate on the basis of observed behavior of the patient only; do not rate on basis of patient's subjective impression of own energy level.	X	[ ]	[ ]	[ ]	[ ]	[ ]
14.	UNCOOPERATIVENESS	Evidence of resistance, unfriendliness, resentment, guardedness, and lack of readiness to cooperate with the interviewer. Rate only on the basis of the patient's attitude and responses to the interviewer and the interview situation; do not rate on basis of reported resentment or uncooperativeness outside the interview situation.	X	[ ]	[ ]	[ ]	[ ]	[ ]
15.	UNUSUAL THOUGHT CONTENT	Unusual, odd, strange, or bizarre thought content. Rate here the degree of unusualness, not the degree of disorganization of thought processes.	[ ]	[ ]	X	[ ]	[ ]	[ ]
16.	BLUNTED AFFECT	Reduced emotional tone, apparent lack of normal feeling or involvement.	X	[ ]	[ ]	[ ]	[ ]	[ ]
17.	EXCITEMENT	Heightened emotional tone, agitation, increased reactivity.	[ ]	[ ]	[ ]	[ ]	X	[ ]
18.	DISORIENTATION	Confusion or lack of proper association for person, place or time.	X	[ ]	[ ]	[ ]	[ ]	[ ]

19 brat# no. of raters \_\_\_\_\_

20 bmeds	BPRS med status	CODE 0 off>14	CODE 1 off 1-14	CODE 2 off unk	CODE 3 unk	CODE 4 on unk
		CODE 5 on 1-14	CODE 6 on>14			

## BPRS RATING SCALE

PATIENT NAME \_\_\_\_\_

RATER Christine # \_\_\_\_\_PATIENT ID 51DATE 2/20/92

ENT1 \_\_\_\_\_ ENT2 \_\_\_\_\_

61

			Rating Scale						
			1 Not Present	2 Very Mild	3 Mild	4 Moderate	5 Moderately Severe	6 Severe	7 Extremely Severe
1.	SOMATIC CONCERN	Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the patient, whether complaints have a realistic basis or not.	[ ]	[ ]	X	[ ]	[ ]	[ ]	[ ]
2.	ANXIETY	Worry, fear, or over-concern for present or future. Rate solely on the basis of verbal report of patient's own subjective experiences. Do not infer anxiety from physical signs or from neurotic defense mechanisms.	[ ]	X	[ ]	[ ]	[ ]	[ ]	[ ]
3.	EMOTIONAL WITHDRAWAL	Deficiency in relating to the interviewer and to the interview situation. Rate only the degree to which the patient gives the impression of failing to be in emotional contact with other people in the interview situation.	[ ]	[ ]	X	[ ]	[ ]	[ ]	[ ]
4.	CONCEPTUAL DISORGANIZATION	Degree to which the thought processes are confused, disconnected or disorganized. Rate on the basis of integration of the verbal products of the patient; do not rate on the basis of patient's subjective impression of his own level of functioning.	[ ]	X	[ ]	[ ]	[ ]	[ ]	[ ]
5.	GUILT FEELINGS	Over-concern or remorse for past behavior. Rate on the basis of the patient's subjective experiences of guilt as evidenced by verbal report with appropriate affect; do not infer guilt feelings from depression, anxiety or neurotic defenses.	[ ]	X	[ ]	[ ]	[ ]	[ ]	[ ]
6.	TENSION	Physical and motor manifestations of tension "nervousness," and heightened activation level. Tension should be rated solely on the basis of physical signs and motor behavior and not on the basis of subjective experiences of tension reported by the patient.	[ ]	[ ]	[ ]	[ ]	X	[ ]	[ ]
7.	MANNERISMS AND POSTURING	Unusual and unnatural motor behavior, the type of motor behavior which causes certain mental patients to stand out in a crowd of normal people. Rate only abnormality of movements; do not rate simple heightened motor activity here.	[ ]	[ ]	[ ]	X	[ ]	[ ]	[ ]
8.	GRANDIOSITY	Exaggerated self-opinion, conviction of unusual ability or powers. Rate only on the basis of patient's statements about himself or self-in-relation-to-others, not on the basis of his demeanor in the interview situation.	[ ]	[ ]	[ ]	X	[ ]	[ ]	[ ]
9.	DEPRESSIVE MOOD	Despondency in mood, sadness. Rate only degree of despondency; do not rate on the basis of inferences concerning depression based upon general retardation and somatic complaints.	X	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
10.	HOSTILITY	Animosity, contempt, belligerence, disdain for other people outside the interview situation. Rate solely on the basis of the verbal report of feelings and actions of the patient toward others; do not infer hostility from neurotic defenses, anxiety or somatic complaints. (Rate attitude toward interviewer under "uncooperativeness.")	[ ]	[ ]	[ ]	[ ]	X	X	[ ]

		1	2	3	4	5	6	7
		Not Present	Very Mild	Mild	Mod- er- ate	Moder- ately Severe	Severe	Ex- tremely Severe
11.	SUSPICIOUSNESS	Belief (delusional or otherwise) that others have now, or have had in the past, malicious or discriminatory intent toward the patient. On the basis of verbal report, rate only those suspicions which are currently held whether they concern past or present circumstances.	[ ]	[ ]	[ ]	[ ]	X	[ ]
12.	HALLUCINATORY BEHAVIOR	Perceptions without normal external stimulus correspondence. Rate only those experiences which are reported to have occurred within the last week and which are described as distinctly different from the thought and imagery processes of normal people.	X	[ ]	[ ]	[ ]	[ ]	[ ]
13.	MOTOR RETARDATION	Reduction in energy level evidenced in slowed movements. Rate on the basis of observed behavior of the patient only; do not rate on basis of patient's subjective impression of own energy level.	X	[ ]	[ ]	[ ]	[ ]	[ ]
14.	UNCOOPERATIVENESS	Evidence of resistance, unfriendliness, resentment, guardedness, and lack of readiness to cooperate with the interviewer. Rate only on the basis of the patient's attitude and responses to the interviewer and the interview situation; do not rate on basis of reported resentment or uncooperativeness outside the interview situation.	[ ]	X	[ ]	[ ]	[ ]	[ ]
15.	UNUSUAL THOUGHT CONTENT	Unusual, odd, strange, or bizarre thought content. Rate here the degree of unusuality, not the degree of disorganization of thought processes.	[ ]	[ ]	X	[ ]	[ ]	[ ]
16.	BLUNTED AFFECT	Reduced emotional tone, apparent lack of normal feeling or involvement.	X	[ ]	[ ]	[ ]	[ ]	[ ]
17.	EXCITEMENT	Heightened emotional tone, agitation, increased reactivity.	[ ]	[ ]	[ ]	X	[ ]	[ ]
18.	DISORIENTATION	Confusion or lack of proper association for person, place or time.	X	[ ]	[ ]	[ ]	[ ]	[ ]

19 brat# no. of raters \_\_\_\_\_

20 bmeds	BPRS med status	CODE 0 off>14	CODE 1 off 1-14	CODE 2 off unk	CODE 3 unk	CODE 4 on unk
		CODE 5 on 1-14	CODE 6 on>14			