

PAGE 1

001 <u>031</u>	025 <u>1</u>
002 <u>1698</u>	026 <u>1</u>
003 <u>7</u>	027 <u>2</u>
004 <u>7</u>	028 <u>4</u>
005 <u>7</u>	029 <u>3</u>
006 <u>2</u>	030 <u>2</u>
007 <u>35</u>	031 <u>2</u>
008 <u>28</u>	032 <u>3</u>
009 <u>3</u>	033 <u>2</u>
010 <u>46</u>	034 <u>1</u>
011 <u>3</u>	035 <u>2</u>
012 <u>0</u>	036 <u>1</u>
013 <u>2</u>	037 <u>1</u>
014 <u>2</u>	038 <u>1</u>
015 <u>16yrs</u>	039 <u>2</u>
016 <u>3</u>	040 <u>3</u>
017 <u>27yrs</u>	041 <u>1</u>
018 <u>1</u>	042 <u>1</u>
019 <u>1</u>	043 <u>2</u>
020 <u>1</u>	044 <u>1</u>
021 <u>2</u>	045 <u>1</u>
022 <u>1</u>	046 <u>4</u>
023 <u>3</u>	047 <u>3</u>
024 <u>1</u>	048 <u>1</u>

049	<u>1</u>	073	<u>2</u>
050	<u>4</u>	074	<u>1</u>
051	<u>1</u>	075	<u>4</u>
052	<u>1</u>	076	<u>3</u>
053	<u>2</u>	077	<u>7</u>
054	<u>126</u>	078	<u>6</u>
055	<u>3</u>	079	<u>10</u>
056	<u>2</u>	080	<u>2</u>
057	<u>1</u>	081	<u>2</u>
058	<u>1</u>	082	<u>2</u>
059	<u>2</u>	083	<u>3</u>
060	<u>1</u>	084	<u>1</u>
061	<u>1</u>	085	<u>8</u>
062	<u>1</u>	086	<u>3</u>
063	<u>2</u>	087	<u>4</u>
064	<u>1</u>	088	<u>2</u>
065	<u>1</u>	089	<u>2</u>
066	<u>4</u>	090	<u>2</u>
067	<u>1</u>	091	<u>5</u>
068	<u>4</u>	092	<u>9</u>
069	<u>1</u>	093	<u>3</u>
070	<u>1</u>	094	<u>8</u>
071	<u>2</u>	095	<u>6</u>
072	<u>1</u>	096	<u>4</u>

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

145	<u>1</u>	169	<u>2</u>
146	<u>2</u>	170	<u>2</u>
147	<u>2</u>	171	<u>5</u>
148	<u>2</u>	172	<u>1</u>
149	<u>1</u>	173	<u>2</u>
150	<u>2</u>	174	<u>3</u>
151	<u>2</u>	175	<u>6</u>
152	<u>1</u>	176	<u>2</u>
153	<u>2</u>	177	<u>2</u>
154	<u>2</u>	178	<u>5</u>
155	<u>1</u>	179	<u>3</u>
156	<u>2</u>	180	<u>1</u>
157	<u>1</u>	181	<u>3</u>
158	<u>2</u>	182	<u>4</u>
159	<u>1</u>	183	<u>1</u>
160	<u>2</u>	184	<u>4</u>
161	<u>2</u>	185	<u>4</u>
162	<u>2</u>	186	<u>2</u>
163	<u>2</u>	187	<u>1</u>
164	<u>1</u>	188	<u>6</u>
165	<u>2</u>	189	<u>3</u>
166	<u>2</u>	190	<u>4</u>
167	<u>2</u>	191	<u>5</u>
168	<u>2</u>	192	<u>2</u>

193	<u>5</u>	217	<u>2</u>
194	<u>6</u>	218	<u>1</u>
195	<u>1</u>	219	<u>2</u>
196	<u>4</u>	220	<u>1</u>
197	<u>5</u>	221	<u>2</u>
198	<u>N/A</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>1</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>0</u>
207	<u>2</u>	231	<u>0</u>
208	<u>1</u>	232	<u>0</u>
209	<u>1</u>	233	<u>0</u>
210	<u>1</u>	234	<u>1</u>
211	<u>2</u>	235	<u>2</u>
212	<u>1</u>	236	<u>0</u>
213	<u>1</u>	237	<u>0</u>
214	<u>1</u>	238	<u>0</u>
215	<u>2</u>	239	<u>2</u>
216	<u>1</u>	240	<u>0</u>

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241 0

242 0

243 0

244 0

245 0

246 0

247 1

248 2

249 0

250 0

251 14

252 13,42

253 _____

254 _____

255 _____

256 _____

257 _____

258 _____

259 _____

260 _____

261 _____

262 _____

263 _____

264 _____

PCS 14

S# 31
 Last 4 SS# 1698
 Date 11/5/91
 Examiner Christine

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	door Knob	1	1
2. Tennis	paddle	1	1
3. Frog	leg	1	2
4. Playing card	dk	0	10
5. Car	handles	1	17
6. Pitcher	water	1	8
7. Glasses	bridge	1	3
8. Pliers	holt	1	2
9. Boat	on hold	1	12
10. Beach	tracks	1	4
11. Mirror	different girl	0	7
12. Crab	Claw	1	3
13. Violin	Cey	1	9
14. Sun	leaves	0	13
15. Watch	pin holder	1	11
16. Leaf	lines	1	18
17. Man	nothing-finger	1	19
18. Horse	saddle	0	15
19. Female profile	nothing-eat	0	20
20. Woodpile	fence	0	20
		Max=20	
		Total	14 / 88

$$\frac{14}{9.4} = 1.48$$

13.42

9.4

Pcs 14

S# 31
 Last 4 SS# 1698
 Date 11/5/97
 Examiner Christine

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		Score 1 or 0	Reaction Time (Secs.)
	Discontinue after 5 consecutive failures.		
1. Door	door knob	1	1
2. Tennis	paddle	1	1
3. Frog	leg	1	2
4. Playing card	DK	0	10
5. Car	handles	1	10
6. Pitcher	water	1	8
7. Glasses	bridge	1	3
8. Pliers	bolt	1	2
9. Boat	on hold	1	12
10. Beach	tracks	1	4
11. Mirror	different girl	0	7
12. Crab	claw	1	3
13. Violin	ley	1	9
14. Sun	leaves	0	13
15. Watch	pin holder	1	11
16. Leaf	lines	1	18
17. Man	nothing-finger	1	19
18. Horse	saddle	0	15
19. Female profile	nothing-ear	0	20
20. Woodpile	fence	0	20
		Max=20	
Total		14	188

13.42

S# 31
Last 4 SS# 1698

Date 11/6/91
Examiner Christine

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.

EXPRESSIONS: 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	<u>6</u>	21	6-1	<u>6</u>
2	1-1	<u>3</u>	22	6-1	<u>6</u>
3	1-2	<u>7</u>	23	6-2	<u>7</u>
4	1-2	<u>6</u>	24	6-2	<u>1</u>
5	2-1	<u>10</u>	25	7-1	<u>10</u>
6	2-1	<u>2</u>	26	7-1	<u>9</u>
7	2-2	<u>2</u>	27	7-2	<u>8</u>
8	2-2	<u>2</u>	28	7-2	<u>1</u>
9	3-1	<u>3</u>	29	8-1	<u>8</u>
10	3-1	<u>1</u>	30	8-1	<u>6</u>
11	3-2	<u>8</u>	31	8-2	<u>1</u>
12	3-2	<u>3</u>	32	8-2	<u>9</u>
13	4-1	<u>4</u>	33	9-1	<u>9</u>
14	4-1	<u>2</u>	34	9-1	<u>9</u>
15	4-2	<u>2</u>	35	9-2	<u>9</u>
16	4-2	<u>2</u>	36	9-2	<u>9</u>
17	5-1	<u>5</u>	37	10-1	<u>10</u>
18	5-1	<u>9</u>	38	10-1	<u>10</u>
19	5-2	<u>3</u>	39	10-2	<u>10</u>
20	5-2	<u>8</u>	40	10-2	<u>10</u>

S# 31

Last 4 SS# 1698

Date 11/6/91

Examiner Christine

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

PPVT INSTRUCTIONS

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 1SERIES 2SERIES 3SERIES 4Plate D
Plate Ewheel (4) ✓
giant (1)zipper (2) ✓
bride (3)rope (1) ✓
witch (4)rake (3) ✓
royal (2)

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

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

Calculating Raw Score

Ceiling item 147minus errors* 21Raw score 126

*Count errors between highest basal and lowest ceiling only

BASAL = 6 SUCCESSIVE CORRECT

1

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

CEILING = 6 ERRORS W/IN 8 SUCCESSIVE RESPONSES

F

S# 31
Last 4 SS# 1698
Date 11/6/91

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.

2 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?"

2 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?"

1 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."

2 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.

1 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?"

2 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.

2 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?"

2 Question 9

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

1 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.

Question 11

2
Let's suppose you say "no" and he says, "What's the matter, you chicken or something?"

2
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.

2
Question 13

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

2
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.

2
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.

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."

2
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."

1
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?"

2
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.

2 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?"

2 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.

1 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!"

2 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?"

2 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.

2 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.

2 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.

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.

3
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.

2
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.

2
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."

2
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

2 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?"

1 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.

2 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?"

1 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.

2 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?"

2 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?"

2 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

2
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?"

1
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.

2
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."

2
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.

2 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.

2 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?"

2 Question 55

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

FACIAL RECOGNITION TEST RECORD FORM*

1698

Name _____ No. #31 Date 11/5/91

Age _____ Sex _____ Education _____ Handedness _____ Examiner Christine

Score Conversions Short Form Conversions Short Form (SF)

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

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

Observations: _____

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1698

FACIAL RECOGNITION TEST RECORD FORM*

Name _____ No. #31 Date 11/5/91

Age ____ Sex ____ Education _____ Handedness _____ Examiner Christine

Score Conversions

Short Form

Long Form

Page No. Correct Responses

Short Form (SF)

					1	2	3	4	5	6
27	54	1	(5) <u>5</u>		1	2	3	4	5	6
26	52	2	(1) <u>1</u>		1	2	3	4	5	6
25	50	3	(2) <u>2</u>		1	2	3	4	5	6
24	49	4	(3) <u>3</u>		1	2	3	4	5	6
23	47	5	(6) <u>6</u>		1	2	3	4	5	6
22	45	6	(2) <u>2</u>		1	2	3	4	5	6
21	43									
20	41	7	(2) <u>2</u> (5) <u>5</u> (6) <u>5</u>		1	3				4
19	39	8	(1) <u>1</u> (3) <u>3</u> (4) <u>4</u>		2	5	6			
18	37	9	(2) <u>2</u> (4) <u>4</u> (6) <u>6</u>		1	3	5			
17	36	10	(2) <u>2</u> (5) <u>5</u> (6) <u>6</u>		1	3	4			
16	34	11	(1) <u>1</u> (4) <u>4</u> (6) <u>5</u>		2	3	5			
15	32	12	(2) <u>2</u> (3) <u>3</u> (6) <u>6</u>		1	4	5			
14	30	13	(1) <u>1</u> (3) <u>3</u> (5) <u>5</u>		2	4	6			
13	28									
12	27									
11	25									

Score Corrections

Educ.

Age 6-11 12+
16-54 0 0
55-64 3 1
65-74 4 2

Remaining Items for Long Form (LF)

14	(1) <u>1</u> (3) <u>3</u> (5) <u>5</u>	2	4	6
15	(2) <u>2</u> (3) <u>3</u> (4) <u>4</u>	1	5	6
16	(2) <u>2</u> (4) <u>4</u> (5) <u>5</u>	1	3	6
17	(1) <u>1</u> (4) <u>4</u> (6) <u>6</u>	2	3	5
18	(3) <u>3</u> (4) <u>4</u> (6) <u>6</u>	1	2	5
19	(2) <u>2</u> (3) <u>3</u> (4) <u>4</u>	1	5	6
20	(1) <u>1</u> (2) <u>2</u> (3) <u>3</u>	4	5	6
21	(1) <u>1</u> (5) <u>5</u> (6) <u>6</u>	2	3	4
22	(2) <u>2</u> (4) <u>4</u> (5) <u>5</u>	1	3	6

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

SF Score _____ Lf Score _____
Correction +
Corrected Long Form Score _____

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

Observations: _____

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F

S# 31
Last 4 SS# 1699
Date 11/5/91
Examiner Christine

1

IBRT

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?"

"The guy a friend that was at
your house last night"

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!"

"If you're busy Sunday night, what
about Monday night or what about
another night?"

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?"

"Who are you talking about? Candidate
for what election? Oh, I'm sorry I don't
know who you are talking about. Can
you explain?"

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."

"My problems I tell you, you wouldn't be interested because you're a drinker and I'm a non-drinker."

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?"

"Oh, who do you work for, how much \$ are you making, where do you work? Is it a question of \$ or is it a question of success?"

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 don't drink and we can talk about drinking!"

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?"

"Yes I do. I think every man and everywoman would have emotional problems, depending on, depending the type of work they do."

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."

"How soon will you be in touch with me?"

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.

"Hello, how are you? Do you mind if I sit here? I guess you don't talk to strangers, but if you care to have a conversation, then

Situation 10

we may!"

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, uh I don't uh do drugs or dope or, shoot up with heroin or cocaine."

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.

"I have to retire now. Can you wrap up this party?"

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.

No answer. (would sit and let her read the book)

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 sorry, I didn't know you were married and we had a good conversation together."

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."

"Wait a minute. What is your name? And can you tell me about the findings of the examination on my level. On my level, can you tell me what the findings are instead of medical, or doctor terms?"

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.

"Pardon me lady, but uh, I'd like to say something abt the conversation we're talkin' about."

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?"

"No I don't mind at all. What time to do close?"

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?"

"Yes, uh, I don't think you need the cigarette. And it's harmful to your health!"

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."

"Why spoil the evening & tell you about myself when I would like to hear about you. Your conversation is good talky talky." Situation 19 about yourself."

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.

"Are you uh waiting for someone or all you supposed to be somewhere at this time?"

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.

"Excuse me but I have a friend over here that I'd like to eat lunch with her, so excuse me." (would get up to leave)

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.

"I'm going to move to another table or to another place in the room."

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?"

"No thank you I don't drink. Maybe some other time when you're not drinking we'll talk, just talk."

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.

"Excuse me, uh, can you wait on me or can you help me?"

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.

"That's quite alright, you wait on him first, and then I'll wait until you wait on me, but I'm in a hurry."

Situation 25

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

"She in a hurry, can you wait on me!"

1698

not conserved.
admit 10/9

CHART REVIEW

Subject # 31

Reviewed by KM. Date: 11/4/91

Diagnostic Impression? Yes Established Diagnosis? Yes ✓ "by hx".

Axis I: schizophrenia, paranoid

Axis II: none

Axis III: _____

Current Meds yilafon 24mg po qhs.
antane 2mg po q am.

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

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

Last used on (date) denies. - not since 10/9 at least.

Substance(s) used: (1) none reported.

(2) _____

(3) _____

(4) _____

(5) _____

delusions - paranoia

DTC reported -

c/o "blindness"

+ A/H. - only when asked directly
disorganized.

3 admissions -

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#) 1698

07-
10

Subject #: 31

Rater No.: _____

11-
13

Rater: Kate

Rater is:

Interviewer 1
 Observer 2

14
15-
20

Date of interview:

Mo. Day Year

Evaluation:

Initial 1
 Reevaluation 2

21

Time interview began 1 pm

ended 2:10

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
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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

(c) 1989 Biometrics Research Department

31

SCID-P SUMMARY SCORE SHEET

Duration of interview (minutes): _____

26 b
27-
29

Diagnosis

Lifetime Prevalence
Diagnostic IndexMeets Symptom-
atic Dx. Crit.
Past MonthAt any time
within past mo.Inad- Sub-
equate Ab- thresh- Thresh-
info. sent old oldAb- Pre-
sent sent

MOOD DISORDERS

01	Bipolar Disorder (D. 1)	?	1	2	<u>3</u> ----->	1	3	
----	----------------------------	---	---	---	-------------------	---	---	--

- | | | |
|---|-----------|----|
| 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 (D. 1)	?	1	2	<u>3</u> ----->	1	3	
----	----------------------------------	---	---	---	-------------------	---	---	--

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

34
35

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 ? 1 2 | 3 | -----> 1 3 36
 (D. 2) 37

- 1 mild 38
- 2 moderate
- 3 severe, without psychotic features
- 4 with mood-congruent psychotic features
- 5 with mood-incongruent psychotic features

(DSM-III-R allows for past episodes)
 04 Dysthymia ? 1 2 3 39
 (current only)
 (A. 18)

- 1 primary 40
- 2 secondary

05 Depressive Syndrome ? 1 | 3 | -----> 1 3 41
 Superimposed on
 Chronic Psychotic Dis.
 (D. 2) 42

→ Depression = residual psychiatric Sx's from past psychiatric disorder

Diagnosis

Lifetime Prevalence

**Meets Symptom-
atic Dx. Crit.
Past Month**

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

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

PSYCHOTIC DISORDERS

06	Schizophrenia (C. 4)	?	1	2	<u>3</u> ----->	1	3	CHECK SUBTYPE BELOW
07	Schizophreniform Dis. (C. 9)	?	1	2	<u>3</u> ----->	<u>1</u>	3	
08	Schizoaffective Dis. (C. 11)	?	1	2	<u>3</u> ----->	<u>1</u>	3	
09	Delusional Disorder (C. 13)	?	1	2	<u>3</u> ----->	<u>1</u>	3	
10	Brief Reactive Psychosis (C. 2)	?	1	2	<u>3</u> ----->	<u>1</u>	3	
11	Psychotic Disorder NOS (C. 14)	?	1	2	<u>3</u> ----->	<u>1</u>	3	

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	
	Inad- equate info.	Ab- sent	Abuse	Depen- dence	Ab- sent	Pre- sent
12 Alcohol (E. 4)	?	1	<u>2</u> <u>3</u> ----->		1	3
13 Sedative-Hypnotic-Anxiolytic (E. 14)	?	1	<u>2</u> <u>3</u> ----->		1	3
14 Cannabis (E. 14)	?	1	<u>2</u> <u>3</u> ----->		1	3
15 Stimulant (E. 14)	?	1	<u>2</u> <u>3</u> ----->		1	3
16 Opioid (E. 14)	?	1	<u>2</u> <u>3</u> ----->		1	3
17 Cocaine (E. 14)	?	1	<u>2</u> <u>3</u> ----->		1	3
18 Hall.-PCP (E. 14)	?	1	<u>2</u> <u>3</u> ----->		1	3
19 Poly Drug (E. 14)	?	1	<u>2</u> <u>3</u> ----->		1	3
20 Other (E. 14)	?	1	<u>2</u> <u>3</u> ----->		1	3
						57 58
						59 60
						61 62
						63 64
						65 66
						67 68
						69 70
						71 72
						73 74
						75-78 b
						28
						79-80
						Duplicate on all cards

Diagnosis

Lifetime Prevalence

Meets Symptom-
atic Dx. Crit.
Past Month

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

	102	duplicate	b
	1-2	3-14	15

ANXIETY DISORDERS

21	Panic Disorder (F. 5)	?	1	2	<u>3</u> ----->	1	3	16
								17
		1						18
		2						
22	Agoraphobia without History of Panic Disorder (AWOPD) (F. 8)	?	1	2	<u>3</u> ----->	1	3	19
								20
23	Social Phobia (F. 11)	?	1	2	<u>3</u> ----->	1	3	21
								22
24	Simple Phobia (F. 14)	?	1	2	<u>3</u> ----->	1	3	23
								24
25	Obsessive Compulsive (F. 17)	?	1	2	<u>3</u> ----->	1	3	25
								26
26	Generalized Anxiety (current only) (F. 21)	?	1	2	3			27

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.

38
39

Do this only on this page

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:

see chart review

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

How old are you?

SEX:

- 1 male
2 female

Are you married?

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

IF NO: Were you ever?

AGE:

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

Any children? 0

3 stepdaughters

4 6

IF YES: How many? _____

MARITAL STATUS
(most recent):

Where do you live?

Park Towers apts. in Palo Alto Evt Ave.
alone

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

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

4th grade - problems in school w/ Blacks →
racial - '62 fights at school. enlisted.

1

2

3-
4

*5
*
*
*
*

*6
*
*
*
*
*
*
*
*
*

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...?)

transpiration, divorce → probs wif wife
led to divorce

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

8th Oct.

ss-3rd time DTx - overworking brain - stress.
advised > to come

14th Unit of inventions -

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 anything 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?

trying to quit smoking -
financial problems - trying to make extra \$.
laying down meal - sleeping →
July >
<when I was 40>
always had - since service 1964.

pains in chest → when overworking. nitro +

these things come to me → on television
"coincidences"

about when told to come to hosp.



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 1st 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?)

1964 - after service →

crying spells - nervous condition
meds - shots + pills.

have to be careful
of shots
be (one) Dr's not
there to harm.

Number of previous hospitalizations
(Do not include transfers)

Dr.
MD

0

1

2

3

4

5 (or
more)

1964

→ (year and/or age)

problems since me never threatened.
scary.

wanted to be around people →

stable → no behavior really contented.

→ found spot on lung → 6 mos → xray.
nitro-heart.

Ø

¶

CURRENT SOCIAL FUNCTIONING

How have you been spending your free time?

Whom do you spend time with?

go home, pay bills, sleep
lying on bed. /activity/escorting.
no one - people who are around.

MOST LIKELY CURRENT DIAGNOSES:**DIAGNOSES THAT NEED TO BE RULED OUT:**

para. schiz.

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?"
 no! late 70's had before. o:

ANXIETY

[Worry, fear, or over-concern for present or future].... "How do you feel in general about your present circumstances?"
 glad didn't relapse - brief stay. o tomorrow comes.

GUILT FEELINGS

[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?"
 work 8 hours - stressful. o - 1

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] o - 1 "How do you feel about other people?"
 "Anyone you don't like?" (Explain)

SUSPICIOUSNESS

[Belief (delusional or otherwise) that others have now, or have.... "Do you feel that other people might had in the past, malicious/discriminatory intent toward the pt.] o wish you harm in some way?"

DISORIENTATION

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

11/12
 1:30

Nov.

"Can you tell me today's date?"
 (day/mo/yr); "Day of the week?"
 "Time of day (approx.)?"
 "Where are we?"

PAVA Mental Park Menlo Park.

LIFE CHART

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

Mood Syndromes

IN THIS SECTION, MAJOR DEPRESSIVE, MANIC, HYPMANIC 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

103 duplicate b1
11-2 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

/ \ |

(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

| |

less interested in making things w/hands.

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 PRODROMAL 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

*
*
*

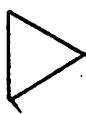
does not have to be every day

(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 rate 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 ORGANIC ETIOLOGY
GO TO *PAST MAJOR DEPRES-SIVE SYN-DROME,*	CONTINUE
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-COMPLI-CATED BE-REAVE-MENT	CUR-RENT EPI-SODE NOT DUE TO			
GO TO *PAST MAJOR DEPRES-SIVE SYN-DROME,* A. 5	UNCOM-PLI-CATED BE-REAVE-MENT			

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

(SEE) A.3 (SEE) A.3 ≠ A.4

1	3	28
GO TO *PAST MAJOR DEPRES-SIVE SYN-DROME,* A. 5	CUR-RENT 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, including current (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)

29-
3031-
32

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

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

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

(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 PRODROMAL OR RESIDUAL SYMPTOMS OF SCHIZOPHRENIA.

3 first hosp. w/
psychosis.

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?)

(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

~~195-078~~

? 1 2 3 35

(4) insomnia or hypersomnia nearly every day

*Slept in
daytime*

? 1 2 3 36

(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 37

(6) fatigue or loss of energy nearly every day

? 1 2 3 38

(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 39

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)

? 1 2 3

40
*
*
*

(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

41

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

42

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?

CONTI-
NUE ON
NEXT
PAGE

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

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

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 2 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.

CON-
TINUE

SCID 5/1/89

Past MDS

Mood Syndromes

A. 9

(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 44

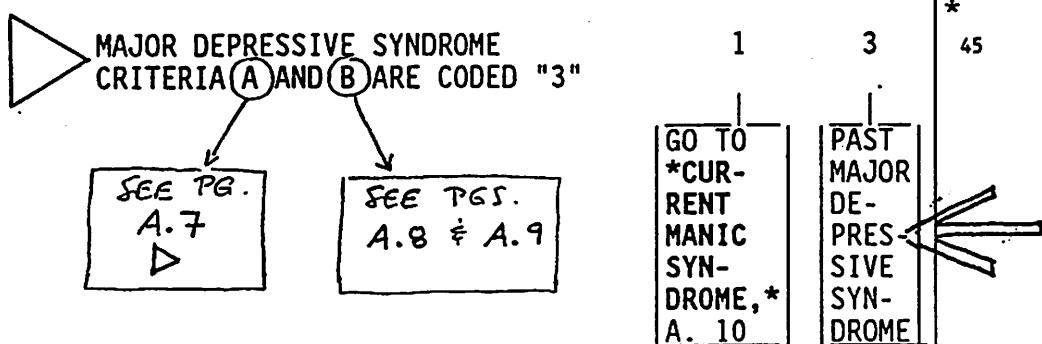
R/O UN-	AT
COMPLI-	LEAST
CATED	ONE
BE-	EPI-
REAVE-	SODE
MENT	NOT

DUE TO	UNCOM-
UNCOM-	PLI-
PLI-	CATED
CATED	BE-
BE-	REAVE-
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.



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)

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

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

(no time period criteria)

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

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

DATE:

? 1 2 3

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

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

During this time...

..did you need less sleep than usual?	(2) decreased need for sleep, e.g., feels rested after only three hours of sleep	? 1 2 3	54
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?)	(3) more talkative than usual or pressure to keep talking	? 1 2 3	55
..were your thoughts racing through your head?	(4) flight of ideas or subjective experience that thoughts are racing	? 1 2 3	56
..did you have trouble concentrating because any little thing going on around you could get you off the track?	(5) distractibility, i.e., attention too easily drawn to unimportant or irrelevant external stimuli	? 1 2 3	57
..how did you spend your time? (Work, friends, hobbies?) (Were you so active that your friends or family were concerned about you?)	(6) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation	? 1 2 3	58
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?)	(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	59

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 coding to be hypomania

SCID 5/1/89

Current MS

Mood Syndromes

A. 12

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

1 3 60

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

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?

Differentiates
Hypomanic v. Manic

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 61

UN-	EQUI-	VOCAL
HYP-		MANIC
MANIC		

CONTINUE

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:

? 1 3 62

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

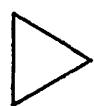
Established organic factors include: hyperthyroidism, substances such as stimulants and cocaine.

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 hospita-
lized)?

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

64-
65

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

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

66-
67

GO TO
*PSYCHOTIC
SYMPTOMS,*
B. 1

?=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

MANIC SYNDROME CRITERIA

|04 duplicate b|
|1-2 3-14 15|

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?

DATE:

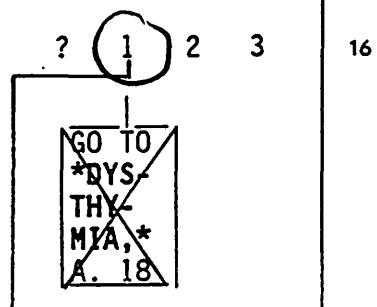
What was it like?

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)?

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



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

(During that time...)

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:

..how did you feel about yourself?

(1) inflated self-esteem or grandiosity

? 1 2 3 18

(More self-confident than usual?)

(Any special powers or abilities?)

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

? 1 2 3 19

..did you need less sleep than usual?

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

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

? 1 2 3 20

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

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

? 1 2 3 21

..were your thoughts racing through your head?

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

? 1 2 3 22

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

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

? 1 2 3 23

..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?)

SCID 5/1/89

Past MS

Mood Syndromes

A. 16

..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

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"

UN-EQUI-VOCAL
HYPOMANIC

MANIC

-> IF NO: CONTINUE ON NEXT PAGE

CONTINUE
ON NEXT
PAGE

SCID 5/1/89

Past MS

Mood Syndromes

A. 17

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 27

R/O	NO
OR-	OR-
GANIC	GANIC
MOOD	ETIO-
SYN-	LOGY
DROME	

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
freeludes
Dysthymia

PSYCHOTIC AND ASSOCIATED SX (B.1)

CONTINUE

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

1 3 28

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)

29-

30

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)

31-

32

GO TO *PSYCHOTIC SXS,* B. 1

Double Depression vs. Incompletely
Remitting Major Depression vs. just Dysthymia
Dysthymia
Mood Syndromes

A. 18

SCID 5/1/89

DYSTHYMIA
(CURRENT ONLY)

Past or Present Manic Syndrome precludes Dysthymia
DYSTHYMIA CRITERIA

IF: THE OVERVIEW INDICATES THAT A CHRONIC PSYCHOTIC DISORDER IS LIKELY, OR THERE HAS BEEN TWO OR MORE MAJOR DEPRESSIVE SYNDROMES (INCLUDES THE CURRENT SYNDROME IF PRESENT) IN THE PAST TWO YEARS, OR A HYPOMANIC OR MANIC EPISODE HAS EVER BEEN PRESENT, CHECK HERE AND GO TO *PSYCHOTIC SYMPTOMS,* B. 1.

-> IF NO MAJOR DEPRESSIVE SYNDROME IN PAST TWO YEARS:
For the past couple of years, have you been bothered by depressed mood most of the day, more days than not? (More than half the time?)

IF YES: What was that like?

-> IF CURRENT MAJOR DEPRESSIVE SYNDROME: Let's review when you first had most of the symptoms of (CURRENT MAJOR DEPRESSIVE SYNDROME). For the two years prior to (BEGINNING DATE), were you bothered by depressed mood, most of the day, more days than not? (More than half the time?)

-> FOR A PAST MAJOR DEPRESSIVE SYNDROME DURING THE PAST TWO YEARS: Let's review when you first had most of the symptoms of (PAST MAJOR DEPRESSIVE SYNDROME) and the point at which you no longer had most of the symptoms. Since the (DATE OF NO LONGER MEETING CRITERIA), have you still been bothered by depressed mood, so that you have been depressed for most of the day, more days than not?

IF YES: For the two years prior to (DATE OF BEGINNING OF PAST MAJOR DEPRESSIVE SYNDROME), were you bothered by depressed mood, most of the day, more days than not? (More than half the time?)

A. Depressed mood for most of the day, more days than not, as indicated either by subjective account or observation by others, for at least the past two years [or the two years preceding the most recent Major Depressive episode plus the time since the Major Depressive episode ended.]

? 1 2 3

33 34

GO TO
NEXT
MODULE

RECORD DATE WHEN FIRST MET CRITERIA FOR CURRENT MAJOR DEPRESSIVE SYNDROME:

RECORD DATE WHEN FIRST MET CRITERIA FOR PAST MAJOR DEPRESSIVE SYNDROME:

RECORD DATE WHEN NO LONGER MET CRITERIA FOR PAST MAJOR DEPRESSIVE SYNDROME:

During these periods of (OWN EQUIVALENT FOR MILD DEPRESSION), do you often...

...lose your appetite?
(What about overeating?)

...have trouble sleeping or sleep too much?

...have little energy to do things or feel tired a lot?

...feel down on yourself?
(feel worthless, or a failure?)

...have trouble concentrating or making decisions?

...feel hopeless?

What is the longest period of time during this period of mild depression, that you have felt OK? (NO DYSTHYMIC SYMPTOMS)

B. Presence while depressed, of at least two of the following:

(1) poor appetite or overeating ? 1 2 3 35

(2) insomnia or hypersomnia ? 1 2 3 36

(3) low energy or fatigue ? 1 2 3 37

(4) low self-esteem ? 1 2 3 38

(5) poor concentration or difficulty making decisions ? 1 2 3 39

(6) feelings of hopelessness ? 1 2 3 40

AT LEAST TWO "B" SYMPTOMS ARE CODED "3"

1 3 41

GO TO
NEXT
MODULE

C. [For the two year period of chronic depressed mood], never without these symptoms for more than two months at a time.

CODE "1" IF NORMAL MOOD FOR AT LEAST TWO MONTHS AT A TIME.

? 1 3 *42

GO TO
NEXT
MODULE

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SCID 5/1/89

Dysthymia

Mood Syndromes A. 20

How long have you been feeling this way? (When did this begin?)

COMPARE ONSET OF DYSTHYMIC SXS WITH DATES OF PAST MAJOR DEPRESSIVE SYNDROMES TO DETERMINE IF THERE WERE ANY MAJOR DEPRESSIVE SYNDROMES IN FIRST TWO YEARS OF DYSTHYMIA.

IF A MAJOR DEPRESSIVE SYNDROME PRECEDED DYSTHYMIC SXS:
Now I want to know whether you got completely back to your usual self after that (MAJOR DEPRESSIVE SYNDROME) you had (DATE), before this long period of being mildly depressed? (Were you back to your usual self for at least six months?)

IF NOT ALREADY CLEAR:
RETURN TO THIS ITEM AFTER COMPLETING THE PSYCHOTIC DISORDERS SECTION.

D.(1) No clear evidence of a Major Depressive Episode during first two years of the disturbance.

NOTE: CODE "3" IF NO PAST MAJOR DEPRESSIVE EPISODES OR IF MAJOR DEPRESSIVE EPISODES ARE NOT PRESENT DURING FIRST TWO YEARS.

? 1 2 3 *43
* *

GO TO NEXT MODULE

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*.
*.
*.

Age at onset of current Dysthymia. (CODE 99 IF UNKNOWN)

D.(2) [If a Major Depressive syndrome precedes the two year period of Dysthymia, then there must be an intervening period of at least six months of full remission, i.e., no significant signs or symptoms]

NOTE: CODE "3" IF NO PAST MAJOR DEPRESSIVE EPISODES OR IF THERE IS AT LEAST A SIX MONTH PERIOD WITHOUT SYMPTOMS PRECEDING THE ONSET OF THE DYSTHYMIC SYMPTOMS

? 1 2 3 *46
* *

GO TO NEXT MODULE

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*.
*.
*.
*.

E. Not superimposed on a chronic psychotic disorder (e.g., Schizophrenia or Delusional Disorder).

NOTE: CODE "3" IF NO CHRONIC PSYCHOTIC DISORDER OR IF NOT SUPERIMPOSED ON A CHRONIC PSYCHOTIC DISORDER

? 1 3 *47
* *

GO TO NEXT MODULE

NOT SUPER-
IM-
POSED
CONTI-
NUE

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*.
*.
*.
*.

~~EXPLORE POSSIBLE ETIOLOGIC
ROLE OF ORGANIC FACTORS~~

Have you been taking any street drugs or medicines during this time (the past two years)?

(Have you had a chronic physical illness during this time?)

Must be
very sure
in order to
say organic etiol.

F. It cannot be established that an organic factor initiated and maintained the disturbance.

? 1 3 48

R/O OR- GANIC MOOD SYN- DROME	NO OR- GANIC ETIO- LOGY	CONTINUE
--	-------------------------------------	----------

Established organic factors include prolonged administration of reserpine or methyldopa, chronic hallucinogen abuse, recurrent withdrawal states, or chronic hypothyroidism.

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

1 3 49

GO TO NEXT MODULE	DYS- THY- MIA
-------------------------	---------------------

Indicate Type (revise at end of interview if necessary):

- 1 Primary (the mood disturbance is not related to a preexisting, chronic, non-mood, Axis I or Axis III disorder, e.g., Anorexia Nervosa, Somatization Disorder, a Psychoactive Substance Use Disorder, an Anxiety Disorder, or rheumatoid arthritis)
- 2 Secondary (the mood disturbance is apparently related to a preexisting, chronic, non-mood Axis I or Axis III disorder)

*50

Psychotic and Associated Symptoms

105 duplicate b
1-2 3-14 151

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

? 1 2 3

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

DESCRIBE:

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

? 1 → 2 3

1 3

POSS/DEF NOT
ORG ORG

thought whole town might know bout what had happened because of "Mrs. Everett"

DESCRIBE: H.S. - picking fights in service →

D.T. staff report delusions.

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

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?

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

? 1 2 3

20

1	3
POSS/DEF ORG	NOT ORG

21

DESCRIBE:

ideas - being on
TV? grandiose??

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?)

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

? 1 2 3

22

1	3
POSS/DEF ORG	NOT ORG

23

DESCRIBE:

heart →
nitro.

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

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

? 1 2 3

24

DESCRIBE:
should've gone
to police.

red light
property
prop sign

1	3
POSS/DEF ORG	NOT ORG

25



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

want
forgiveness.

26

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

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

27

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

DESCRIBE:

voices

1	3
POSS/DEF ORG	NOT ORG

28

(What about taken out of your head?)

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

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

? 1 2 3

29

1	3
POSS/DEF ORG	NOT ORG

30

DESCRIBE:

(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

? 1 3

31

1	3
POSS/DEF ORG	NOT ORG

32

DESCRIBE:

?

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

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)

? 1 2 3

33

1	3
POSS/DEF ORG	NOT ORG

*

*

34

DESCRIBE:

voices were
dealing w/ the
dead people.

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~~ of head

DESCRIBE:

voices

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

	1	3	36
POSS/DEF ORG			NOT ORG

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

?	1	2	3	37
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	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

claimed couldn't remember what voices said - altho might've

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?

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

Visual hallucinations

DESCRIBE:

?	<input checked="" type="radio"/> 1	2	3
---	------------------------------------	---	---

40

1	3
---	---

41

POSS/DEF ORG	NOT ORG
-----------------	------------

*

Tactile hallucinations, e.g., electricity

DESCRIBE:

?	<input checked="" type="radio"/> 1	2	3
---	------------------------------------	---	---

42

1	3
---	---

43

POSS/DEF ORG	NOT ORG
-----------------	------------

Other hallucinations, e.g., gustatory, olfactory

DESCRIBE:

?	<input checked="" type="radio"/> 1	2	3
---	------------------------------------	---	---

44

1	3
---	---

45

POSS/DEF ORG	NOT ORG
-----------------	------------

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:

?	<input checked="" type="radio"/> 1	2	3
---	------------------------------------	---	---

46

1	3
---	---

47

POSS/DEF ORG	NOT ORG
-----------------	------------

FLAT AFFECT

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

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

?	<input checked="" type="radio"/> 1	2	3
---	------------------------------------	---	---

48

1	3
---	---

49

POSS/DEF ORG	NOT ORG
-----------------	------------

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:

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

50

51

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:

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

52

53

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:

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

54

55

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:

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

56

57

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 ✓

58

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

? 1 2 3 | 20

GO TO
*SCHIZO-
PHRENIA,*
C. 3

NOTE: SEE PAGE C.5 FOR LIST

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.

? 1 2 3 | 21

GO TO
*SCHIZO-
PHRENIA,*
C. 3

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

? 1 2 3 | 22

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.

PROVI- SIONAL DIAG- NOSIS OF BRIEF REACTIVE PSYCHO- SIS	DEFINITE DIAG- NOSIS OF BRIEF REACTIVE PSYCHO- SIS
--	---

GO TO *CHRONOLOGY*, C.15

PSY-
CHOTIC
MOOD
DIS-
ORDER

GO TO
*MOOD
DIS-
ORDERS,*
D. 1

Schizophrenia

DIFFERENTIAL DIAGNOSIS OF:

SCHIZOPHRENIA,
SCHIZOPHENIFORM,
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

3

23

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

(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

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)?

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

? 1

3

24

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

CONTINUE
ON NEXT
PAGE

*
*
*
*

NOTE: CODE "3" IF NO MAJOR DEPRESSIVE OR MANIC SYNDROMES OR IF ALL MAJOR DEPRESSIVE OR MANIC SYNDROMES ARE DURING RESIDUAL OR PRODROMAL 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.

? 1 3

25

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 SCHIZO-
PHRENIA 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
|
| GO TO *SCHIZO-
| PHRENI-
| FORM DIS-
| ORDER,*
| C. 10

26

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
|
| GO TO *PSY-
| CHOTIC DISOR-
| DER NOS,*
| C. 15 GO TO *SUB-
| TYPES*
| C. 7

27

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.

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

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., superstitiousness, 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)

Paranoid Type:

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

? 1

3

28

GO TO
***CATA-**
TONIC
TYPE,*
C. 8

PARA-
NOID
TYPE
CON-
SIDER
STABLE
TYPE
BELOW

Stable Type:

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

? 1

3

29

GO TO
CHRONOLOGY,
C. 16

radio was controlling
me - music ↑
everybody knew
a lot what happened
to me.

Scared
dealing w/
the dead,

CATATONIC TYPE

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

DISOR-
GANIZED
TYPE

GO TO
*CHRONO-
LOGY,*
C. 16

<p><u>Undifferentiated Type:</u></p> <p>Prominent delusions, hallucinations, incoherence, or grossly disorganized behavior.</p>	<p>? 1 3 32</p> <p>UNDIF-FEREN-TIATED TYPE</p> <p>GO TO *CHRONOLOGY, * C. 16</p>
<p><u>Residual Type:</u></p> <p>A. The absence of prominent delusions, hallucinations, incoherence, or grossly disorganized behavior.</p> <p>B. Continuing evidence of the disturbance, as indicated by two or more of the residual symptoms listed on page C. 6.</p>	<p>? 1 3 33</p> <p>RESIDUAL TYPE</p> <p>GO TO *CHRONOLOGY, * C. 16</p>
<p>↓</p> <p>CHECK RESIDUAL CRITERIA ON PAGE C.6</p>	

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

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
<u>PROV</u> <u>ISIONAL</u> <u>DIAG</u> <u>NOSIS</u> <u>OF</u> <u>SCHIZ</u> <u>OPHRE</u> <u>NIFORM</u> <u>DIS</u> <u>ORDER</u>	<u>DEFI</u> <u>NITE</u> <u>DIAG</u> <u>NOSIS</u> <u>OF</u> <u>SCHIZ</u> <u>OPHRE</u> <u>NIFORM</u> <u>DIS</u> <u>ORDER</u>		

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

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

? 1 3 35

? 1 3 36

(continued on next page)

GOOD PROGNOSTIC FEATURES (CONTINUED)

(3) good premorbid social and occupational func- tioning	?	1	3	37
(4) absence of blunted or flat affect	?	1	3	38

AT LEAST TWO GOOD PROGNOSTIC
FEATURES CODED "3" 1 3 39

SCHIZO- PHRENI- FORM DISORDER	SCHIZO- PHRENI- FORM DISORDER
WITHOUT	WITH
GOOD PROGNOS- TIC FEATURES	GOOD PROGNOS- TIC FEATURES
GO TO *CHRONOLOGY,* C. 16	

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)?

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-
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 *CHRONO-
LOGY,* 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.

? 1 3 *43

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

CONTINUE
ON
NEXT
PAGE

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.

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 *44

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

CONTINUE
ON
NEXT
PAGE

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.

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 *45

GO TO
*PSYCHOTIC
DISORDER
NOS,*
C. 15

PSYCHO-
TIC
MOOD
DIS-
ORDER.

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

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 **Erotomanic** (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,
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

51

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)

52-54

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

55

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%)

56

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)

2 2

57-
58

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)

1 8

59-
60

in school

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)

9 9

61-
62

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

07	duplicate	b
1-2	3-14	15

[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.

16

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

17

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

? 1 3

18

<u> </u>	<u> </u>	<u>BIPOLAR DIS- ORDER</u>
---------------	---------------	-----------------------------------

Subtype of Most Recent Episode

- 1 Manic
- 2 Depressed

19

- 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

*
* 20
*

MAJOR DEPRESSIVE SYNDROME

AT LEAST ONE PURE MAJOR DEPRESSIVE EPISODE (i.e., NOT SUPERIMPOSED ON SCHIZOPHRENIA, SCHIZOPHENIFORM 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:**

28

- 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:

29

- 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

07-

10

~~Interviewer~~

Subject #: 31

Rater: Kate



Observer: Christine

Rater is:

Interviewer 1
Observer 2

11-

13

14

15-

20

Date of interview:

11 13 91
Mo. Day Year

21

Evaluation:

Initial 1
Reevaluation 2

22

23

24

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
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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 IndexMeets Symptom-
atic Dx. Crit.
Past Month
At any time
within past mo.Inad-
equate Sub-
info. Ab- thresh- Thresh-
sent old old oldAb-
sent Pre-
sent sent

MOOD DISORDERS

01	Bipolar Disorder (D. 1)	?	1	2	<u>3</u> ----->	1	3	30 31
----	----------------------------	---	---	---	-------------------	---	---	----------

- 1 manic
- 2 depressed
- 3 mixed

32

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

33

02	Other Bipolar Disorder (D. 1)	?	1	2	<u>3</u> ----->	1	3	34 35
----	----------------------------------	---	---	---	-------------------	---	---	----------

e.g. Cyclothymia
Bipolar II, v.2. Bipolar NOS
Recurrent hypomanic

Diagnosis

Lifetime Prevalence

Meets Symptom-
atic Dx. Crit.
Past Month

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

Ab-
sent

Pre-
sent

MOOD DISORDERS

03 Major Depression ? 1 2 | 3 | -----> 1 3 36
 (D. 2) 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 ? 1 2 3 39
 (current only)
 (A. 18)

- 1 primary
- 2 secondary

40

05 Depressive Syndrome ? 1 | 3 | -----> 1 3 41
 Superimposed on
 Chronic Psychotic Dis.
 (D. 2)

42

→ Depression = residual psychiatric Sx's 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> ----->	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 3	43
07	Schizophreniform Dis. (C. 9)	?	1	2	<u>3</u> ----->	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 3	44
								45
								46
08	Schizoaffective Dis. (C. 11)	?	1	2	<u>3</u> ----->	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 3	47
								48
								49
09	Delusional Disorder (C. 13)	?	1	2	<u>3</u> ----->	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 3	50
10	Brief Reactive Psychosis (C. 2)	?	1	2	<u>3</u> ----->	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 3	51
11	Psychotic Disorder NOS (C. 14)	?	1	2	<u>3</u> ----->	<input checked="" type="radio"/> 1	<input checked="" type="radio"/> 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	Abuse	Depen- dence	Meets Symptom- atic Dx. Crit. Past Month		57 58
					Ab- sent	Pre- sent	
12 Alcohol (E. 4)	?	1	<u>2</u> <u>3</u> ----->		1	3	
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-
sent** **Pre-
sent**

02 duplicate b
1-2 3-14 15

ANXIETY DISORDERS

21	Panic Disorder (F. 5)	?	1	2	<u>3</u> ----->	1	3	
22	Agoraphobia without History of Panic Disorder (AWOPD) (F. 8)	?	1	2	<u>3</u> ----->	1	3	19 20
23	Social Phobia (F. 11)	?	1	2	<u>3</u> ----->	1	3	21 22
24	Simple Phobia (F. 14)	?	1	2	<u>3</u> ----->	1	3	23 24
25	Obsessive Compulsive (F. 17)	?	1	2	<u>3</u> ----->	1	3	25 26
26	Generalized Anxiety (current only) (F. 21)	?	1	2	3			27

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.

38
39

Do this only on this page

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:

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).

2847-
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
How old are you?	AGE:	46	3-4
Are you married? IF NO: Were you ever?	MARITAL STATUS (most recent):	1 never married 2 married once 3 divorced 4 divorced, remarried 5 widowed	*5 * * * *
Any children? <u>No, 3 stepdaughters</u>			
IF YES: How many? _____			
Where do you live?	<u>Apartment - Park Towers in Ft. Lauderdale</u>		
Whom do you live with?	<u>Alone</u>		
EDUCATION AND WORK HISTORY			
How far did you get in school?	EDUCATION: <i>10th grade</i>	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?	<u>Volunteered Vietnam war - problems in school at blanks. Went to service instead of 11th grade.</u>		

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

N/A

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

Number of weeks since admission
to facility

- | | |
|---|-----------|
| 1 | < 1 week |
| 2 | 1-4 weeks |
| 3 | > 4 weeks |

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

Oct 8

7

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...?)

3rd time applying for social security, was attending day ton, overworking brain, SW advised to go into respite or hospital. Stress, emotional stress, overwork brain. Tired & short of inventions.

Fates in school

**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?

Wanting to quit smoking, financial
problems, couldn't cook dinner.

July 1991

at 40 yrs old.

Always had overworked feelings
since service - get pains in
chest.

Bc SW suggested.

Finances

When SW said was overworking
your brain.

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 1st year you
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?)

1964 - had crying spells, and nervous condition.

Med - shots & pills.

Allergic to penicillin

Number of previous hospitalizations
(Do not include transfers)

0
1
2
3
4

5 (or
more)

THL 11
Emotional stress problems
were hospitalized
1964 in CA. (year and/or age)

Alone a lot wanted to be around others.
Created problems of stress

Stable, contented

Found spot on Q lung. They dr.
Heart problems.

No.

No.

CURRENT SOCIAL FUNCTIONING

How have you been spending your free time?

Before hospitalization, pay bills
house, resting or activities or escorting a
appointment

Whom do you spend time with?

→ No one, except others
around me.

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?"

No - not worried abt heart or recent (late 70's) "No - not worried abt heart or recent (late 70's)" "How do you feel in general about your present circumstances?"

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

GUILT FEELINGS Glad to come into hospital, caught self before worse "Glad to come into hospital, caught self before worse" "How do you feel about the future?"

GUILT FEELINGS No - not worried abt future. "No - not worried abt future." "How do you feel about the future?"

[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 Service & worked 8 hrs - stressful "Service & worked 8 hrs - stressful" "What has your mood been like these days?" "How is it now?"

I didn't do st right. Don't feel bad about "I didn't do st right. Don't feel bad about" "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?"

Never hostile. "Anyone you don't like?" (Explain)

SUSPICIOUSNESS Yes.

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

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

"Time of day (approx.)?"

"Where are we?"

PA VA hospital
OK

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

03 duplicate b
1-2 3-14 15

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

Never while on hospital ground.

? 1 2 3 16

? 1 2 3 17

(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)

Less interested since 1975.

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

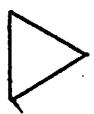
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*
*

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?)

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

? 1 3

26

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

IF ORGANIC FACTOR, DESCRIBE:

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

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

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

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-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

► MAJOR DEPRESSIVE SYNDROME CRITERIA A AND B ARE CODED "3"

SEE PG: A.3 ► SEE PG: A.3 & A.4

1	3	28
GO TO *PAST MAJOR DEPRES-SIVE SYN-DROME,* A. 5	CUR-RENT 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, including current (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)

— —	31-
GO TO *CURRENT MANIC SYNDROME,* A. 10	32

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

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?)

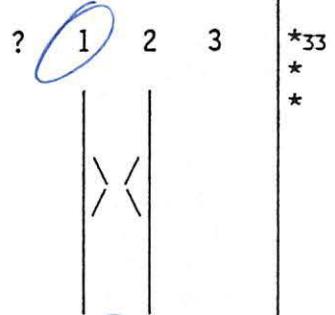
NOTE: IF THERE WAS AN EPISODE IN THE PAST YEAR, ASK ABOUT THAT EPISODE EVEN IF IT WAS NOT "THE WORST"

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

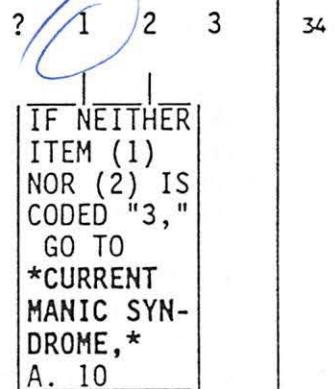
Inconvenient.



(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)

*When had
fun or odd*

*Yes bc dk how
to do thys.*



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 PRODRMAL OR RESIDUAL SYMPTOMS OF SCHIZOPHRENIA.

Sleepy bc med.

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

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?)

(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

Up & down over long periods of time

? 1 2 3 35

(4) insomnia or hypersomnia nearly every day

*Slept in daytime.
(Was on meds)
For 1 yr. -*

? 1 2 3 36

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

*Restless - not restless.
On meds/drugs made
day that time.*

? 1 2 3 37

(6) fatigue or loss of energy nearly every day

No.

? 1 2 3 38

(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)

No

? 1 2 3 39

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)

? 1 2 3 40
*
*
*

(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 41

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

42

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?

CONTINUE ON
NEXT
PAGE

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

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

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 2 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.

CON-
TINUE

(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 44

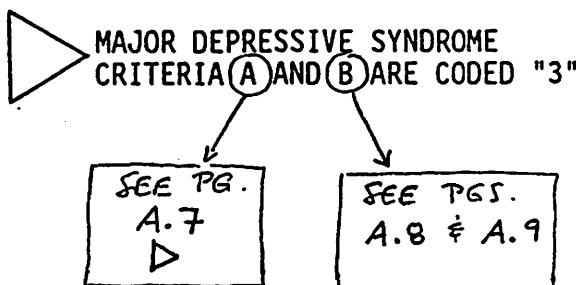
R/O UN-COMPLI-CATED BE-REAVER-MENT

AT LEAST ONE EPI-SODE NOT DUE TO UNCOM-PLI-CATED BE-REAVER-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.



1 3 45

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)

46-
47

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)

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?)

Manic Syndrome Criteria

(no time period criteria)

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

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

DATE:

? 1 2 3

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

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

50

51

52

53

SCID 5/1/89

Current MS

Mood Syndromes

A. 11

During this time...

..did you need less sleep than usual?	(2) decreased need for sleep, e.g., feels rested after only three hours of sleep	? 1 2 3	54
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?)	(3) more talkative than usual or pressure to keep talking	? 1 2 3	55
..were your thoughts racing through your head?	(4) flight of ideas or subjective experience that thoughts are racing	? 1 2 3	56
..did you have trouble concentrating because any little thing going on around you could get you off the track?	(5) distractibility, i.e., attention too easily drawn to unimportant or irrelevant external stimuli	? 1 2 3	57
..how did you spend your time? (Work, friends, hobbies?) (Were you so active that your friends or family were concerned about you?)	(6) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation	? 1 2 3	58
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?)	(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	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 coding to be hypomania

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

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

1 3 60

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

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?

Differentiates Hypomanic v. Manic

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 61

UN-
EQUI-
VOCAL
HYPO-
MANIC

CONTINUE

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.

? 1 3 62

R/O	NO
ORGANIC	OR-
MOOD	GANIC
SYN-	ETIO-
DROME	LOGY

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

IF ORGANIC FACTOR, DESCRIBE:

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

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)

— —
64-
65

— —
66-
67

GO TO
*PSYCHOTIC
SYMPTOMS,*
B. 1

SCID 5/1/89

Past MS

Mood Syndromes

A. 14

PAST MANIC SYNDROME

MANIC SYNDROME CRITERIA

|04 duplicate b|
|1-2 3-14 15|

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?

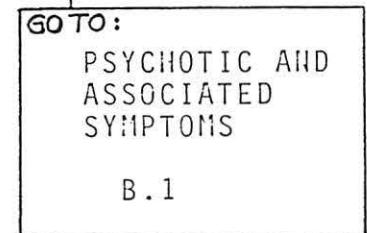
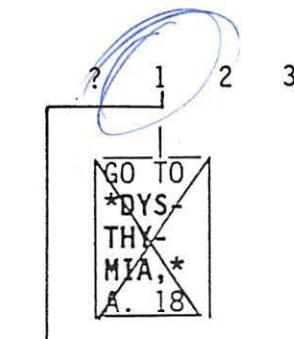
How long did it last?

Have you had more than one time like that?

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

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

DATE:



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?

(1) inflated self-esteem or grandiosity

? 1 2 3

18

(More self-confident than usual?)

(Any special powers or abilities?)

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

? 1 2 3

19

..did you need less sleep than usual?

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

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

? 1 2 3

20

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

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

? 1 2 3

21

..were your thoughts racing through your head?

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

? 1 2 3

22

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

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

? 1 2 3

23

..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?)

(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
UN-EQUI-VOCAL
HYPOMANIC

3
MANIC

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"

CONTINUE
ON NEXT
PAGE

-> IF NO: 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 OR-
GANIC MOOD
SYN-
DROME
NO OR-
GANIC ETIO-
LOGY
27

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.

PSYCHOTIC AND ASSOCIATED SX (B.1)

CONTINUE

Manic or
Hypomanic
frequently
excludes
Dysthymia

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 *PSY-
CHOTIC SXS,*
B. 1

1 3
28

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)

— —
29-
30

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)

— —
31-
32

GO TO *PSYCHO-
TIC SXS,* B. 1

SCID 5/1/89

Double Depression vs. Incompletely
Remitting Major Depression vs. just Dysthymia
Dysthymia Mood Syndromes

A. 18

DYSTHYMIA
(CURRENT ONLY)

Past or Present Manic Syndrome precludes Dysthymia

DYSTHYMIA CRITERIA

IF: THE OVERVIEW INDICATES THAT A CHRONIC PSYCHOTIC DISORDER IS LIKELY, OR THERE HAS BEEN TWO OR MORE MAJOR DEPRESSIVE SYNDROMES (INCLUDES THE CURRENT SYNDROME IF PRESENT) IN THE PAST TWO YEARS, OR A HYPOMANIC OR MANIC EPISODE HAS EVER BEEN PRESENT, CHECK HERE AND GO TO *PSYCHOTIC SYMPTOMS,* B. 1.

33

-> IF NO MAJOR DEPRESSIVE SYNDROME IN PAST TWO YEARS:
For the past couple of years, have you been bothered by depressed mood most of the day, more days than not? (More than half the time?)

34

IF YES: What was that like?

A. Depressed mood for most of the day, more days than not, as indicated either by subjective account or observation by others, for at least the past two years [or the two years preceding the most recent Major Depressive episode plus the time since the Major Depressive episode ended.]

? 1 2 3

GO TO
NEXT
MODULE

-> IF CURRENT MAJOR DEPRESSIVE SYNDROME: Let's review when you first had most of the symptoms of (CURRENT MAJOR DEPRESSIVE SYNDROME). For the two years prior to (BEGINNING DATE), were you bothered by depressed mood, most of the day, more days than not? (More than half the time?)

RECORD DATE WHEN FIRST MET CRITERIA FOR CURRENT MAJOR DEPRESSIVE SYNDROME:

-> FOR A PAST MAJOR DEPRESSIVE SYNDROME DURING THE PAST TWO YEARS: Let's review when you first had most of the symptoms of (PAST MAJOR DEPRESSIVE SYNDROME) and the point at which you no longer had most of the symptoms. Since the (DATE OF NO LONGER MEETING CRITERIA), have you still been bothered by depressed mood, so that you have been depressed for most of the day, more days than not?

RECORD DATE WHEN FIRST MET CRITERIA FOR PAST MAJOR DEPRESSIVE SYNDROME:

IF YES: For the two years prior to (DATE OF BEGINNING OF PAST MAJOR DEPRESSIVE SYNDROME), were you bothered by depressed mood, most of the day, more days than not? (More than half the time?)

RECORD DATE WHEN NO LONGER MET CRITERIA FOR PAST MAJOR DEPRESSIVE SYNDROME:

During these periods of (OWN EQUIVALENT FOR MILD DEPRESSION), do you often...

...lose your appetite?
(What about overeating?)

...have trouble sleeping or sleep too much?

...have little energy to do things or feel tired a lot?

...feel down on yourself?
(feel worthless, or a failure?)

...have trouble concentrating or making decisions?

...feel hopeless?

What is the longest period of time during this period of mild depression, that you have felt OK? (NO DYSTHYMIC SYMPTOMS)

B. Presence while depressed, of at least two of the following:

(1) poor appetite or overeating ? 1 2 3 35

(2) insomnia or hypersomnia ? 1 2 3 36

(3) low energy or fatigue ? 1 2 3 37

(4) low self-esteem ? 1 2 3 38

(5) poor concentration or difficulty making decisions ? 1 2 3 39

(6) feelings of hopelessness ? 1 2 3 40

AT LEAST TWO "B" SYMPTOMS ARE CODED "3" 1 3 41

GO TO
NEXT
MODULE

C. [For the two year period of chronic depressed mood], never without these symptoms for more than two months at a time. ? 1 3 *42
*
*
*
*
*

CODE "1" IF NORMAL MOOD FOR AT LEAST TWO MONTHS AT A TIME.

GO TO
NEXT
MODULE

SCID 5/1/89

Dysthymia

Mood Syndromes A. 20

How long have you been feeling this way? (When did this begin?)

COMPARE ONSET OF DYSTHYMIC SXS WITH DATES OF PAST MAJOR DEPRESSIVE SYNDROMES TO DETERMINE IF THERE WERE ANY MAJOR DEPRESSIVE SYNDROMES IN FIRST TWO YEARS OF DYSTHYMIA.

D.(1) No clear evidence of a Major Depressive Episode during first two years of the disturbance.

NOTE: CODE "3" IF NO PAST MAJOR DEPRESSIVE EPISODES OR IF MAJOR DEPRESSIVE EPISODES ARE NOT PRESENT DURING FIRST TWO YEARS.

?	1	2	3	*43
				*

GO TO NEXT MODULE

IF A MAJOR DEPRESSIVE SYNDROME PRECEDED DYSTHYMIC SXS:
Now I want to know whether you got completely back to your usual self after that (MAJOR DEPRESSIVE SYNDROME) you had (DATE), before this long period of being mildly depressed? (Were you back to your usual self for at least six months?)

D.(2) [If a Major Depressive syndrome precedes the two year period of Dysthymia, then there must be an intervening period of at least six months of full remission, i.e., no significant signs or symptoms]

NOTE: CODE "3" IF NO PAST MAJOR DEPRESSIVE EPISODES OR IF THERE IS AT LEAST A SIX MONTH PERIOD WITHOUT SYMPTOMS PRECEDING THE ONSET OF THE DYSTHYMIC SYMPTOMS

?	1	2	3	46
				*

GO TO NEXT MODULE

IF NOT ALREADY CLEAR:
RETURN TO THIS ITEM AFTER COMPLETING THE PSYCHOTIC DISORDERS SECTION.

E. Not superimposed on a chronic psychotic disorder (e.g., Schizophrenia or Delusional Disorder).

NOTE: CODE "3" IF NO CHRONIC PSYCHOTIC DISORDER OR IF NOT SUPERIMPOSED ON A CHRONIC PSYCHOTIC DISORDER

?	1	3	47
			*

GO TO NEXT MODULE

NOT SUPER-IM-POSED	CONTI-NUE
--------------------	-----------

~~EXPLORE POSSIBLE ETIOLOGIC
ROLE OF ORGANIC FACTORS~~

Have you been taking any street drugs or medicines during this time (the past two years)?

(Have you had a chronic physical illness during this time?)

*Must be
very sure
in order to
say organic etiol.*

F. It cannot be established that an organic factor initiated and maintained the disturbance.

IF ORGANIC FACTOR, DESCRIBE:

Established organic factors include prolonged administration of reserpine or methyldopa, chronic hallucinogen abuse, recurrent withdrawal states, or chronic hypothyroidism.

? 1 3 48

R/O	NO
OR-	OR-
GANIC	GANIC
MOOD	ETIO-
SYN-	LOGY
DROME	CONTINUE

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

1 3 49

GO TO NEXT MODULE	DYS- THY- MIA
-------------------------	---------------------

Indicate Type (revise at end of interview if necessary):

- 1 Primary (the mood disturbance is not related to a preexisting, chronic, non-mood, Axis I or Axis III disorder, e.g., Anorexia Nervosa, Somatization Disorder, a Psychoactive Substance Use Disorder, an Anxiety Disorder, or rheumatoid arthritis)
- 2 Secondary (the mood disturbance is apparently related to a preexisting, chronic, non-mood Axis I or Axis III disorder)

*50

105	duplicate	b
11-2	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?

*
*
*
*
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*
*
*
*
*

- > 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?

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

No.

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

Yes - in h.s.

They were giving me a hard time?
Pretty fit in service.

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

?	1	2	3	16
---	---	---	---	----

1	3	17
---	---	----

POSS/DEF
ORG

No - people talk
notice of me.

Yes - felt that way.

before or recently people notice me

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

?	1	2	3	18
---	---	---	---	----

1	3	19
---	---	----

POSS/DEF
ORG

DESCRIBE: No
Felt cheated
at times in life.

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?

No.

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?)

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

DESCRIBE:

? 1 2 3

20

1	3
POSS/DEF ORG	NOT ORG

21

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

Yes. Put in jail 3 mo.
going thru red life.

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

DESCRIBE:

? 1 2 3

24

1	3
POSS/DEF ORG	NOT ORG

25

► 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?)

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: No. but had voices.

No.

No.

? 1 2 3

27

1	3
POSS/DEF ORG	NOT ORG

28

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

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

DESCRIBE:

No.

? 1 2 3

29

1	3
POSS/DEF ORG	NOT ORG

30

(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:

Religious theme from later statements

? 1 3

31

1	3
POSS/DEF ORG	NOT ORG

32

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

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

33

1	3
POSS/DEF ORG	NOT ORG

*

*

34

My magnation.

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:

Heard voices -
don't remember bc
so low.

? 1 2 **3** 35

GO TO
*VISUAL
HALLU-
CINA-
TIONS*
B. 5

*

*

*

1 **3**
POSS/DEF NOT
ORG ORG

36

? 1 **2** 3 37

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

*

*

*

*

*

*

? **1** 2 3 38

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

No

? 1 **2** 3 39

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

Two or more voices conversing with each other

72

VISUAL HALLUCINATIONS

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

Visual hallucinations

DESCRIBE:

No.

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

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

Tactile hallucinations, e.g., electricity

DESCRIBE:

No

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

Other hallucinations, e.g., gustatory, olfactory

DESCRIBE:

No

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:

?	<input checked="" type="radio"/>	1	2	3	46
					47
POSS/DEF ORG		NOT ORG			

FLAT AFFECT

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

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

?	<input checked="" type="radio"/>	1	2	3	48
					49
POSS/DEF ORG		NOT ORG			

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:

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

50
51**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:

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

52
53**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:

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

54
55

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:

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

56
57

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 ✓

low voices

58

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
11-2 3-14 15

IF: THERE ARE NO ITEMS CODED "3" IN [MODULE 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
PSYCHOTIC MOOD DISORDER. GO TO *MOOD DISORDERS* D. 1

3
PSYCHOTIC WHEN NO MOOD SYN- DROMES
CONTINUE

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
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
GO TO *SCHIZOPHRENIA, 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.

? 1 2 3 20

GO TO
*SCHIZO-
PHRENIA,*
C. 3

NOTE: SEE PAGE C.5 FOR LIST

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.

? 1 2 3 21

GO TO
*SCHIZO-
PHRENIA,*
C. 3

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

? 1 2 3 22

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.

PROVI- SIONAL DIAG- NOSIS OF BRIEF REACTIVE PSYCHO- SIS	DEFINITE DIAG- NOSIS OF BRIEF REACTIVE PSYCHO- SIS
---	---

GO TO *CHRONOLOGY*, C.15

PSY-
CHOTIC
MOOD
DIS-
ORDER

GO TO
*MOOD
DIS-
ORDERS,*
D. 1

Schizophrenia

DIFFERENTIAL DIAGNOSIS OF:
**SCHIZOPHRENIA,
 SCHIZOPHENIFORM,
 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

3

23

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

(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

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)?

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

?

1

3

24

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

CONTINUE
ON NEXT
PAGE

*
*
*
*

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 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.

?

1

3

25

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

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

CONTINUE
ON NEXT
PAGE

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.

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
|
GO TO
*SCHIZO-
PHRENI-
FORM
DIS-
ORDER,*
C. 10

26

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
|
GO TO
*PSY-
CHOTIC
DISOR-
DER
NOS,*
C. 15
|
SCHIZ-
OPHRE-
NIA
|
GO TO
*SUB-
TYPES*
C. 7

27

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.

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

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., superstitiousness, 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)

Paranoid Type:

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

?	1	3	28
GO TO *CATA- TONIC TYPE,* C. 8	PARA- NOID TYPE	CON- SIDER STABLE TYPE BELOW	

Stable Type:

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

?	1	3	29
GO TO *CHRONOLOGY,* C. 16			

Felt radio was controlling me when living w/guardian - by muse.

CATATONIC TYPE

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
*CHRONO-
LOGY,*
C. 16

Undifferentiated Type:

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

? 1 3 32

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.

NOW DETERMINE IF GOOD PROGNOSTIC FEATURES

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
<u>PROV</u> <u>ISIONAL</u> <u>DIAG</u> <u>NOSIS</u> <u>OF</u> <u>SCHIZ</u> <u>OPHRE</u> <u>NIFORM</u> <u>DIS</u> <u>ORDER</u>	<u>DEFI</u> <u>NITE</u> <u>DIAG</u> <u>NOSIS</u> <u>OF</u> <u>SCHIZ</u> <u>OPHRE</u> <u>NIFORM</u> <u>DIS</u> <u>ORDER</u>		

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

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

?	1	3	35
---	---	---	----

?	1	3	36
---	---	---	----

(continued on next page)

GOOD PROGNOSTIC FEATURES (CONTINUED)

(3) good premorbid social and occupational func- tioning	?	1	3	37
(4) absence of blunted or flat affect	?	1	3	38
AT LEAST TWO GOOD PROGNOSTIC FEATURES CODED "3"		1	3	39
SCHIZO- PHRENI- FORM DISORDER		SCHIZO- PHRENI- FORM DISORDER		
WITHOUT		WITH		
GOOD PROGNOS- TIC FEATURES		GOOD PROGNOS- TIC FEATURES		
GO TO *CHRONOLOGY,* C. 16				

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)?

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-
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 *CHRONO-
LOGY,* 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.

? 1 3 *43

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

CONTINUE
ON
NEXT
PAGE

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.

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 *44

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

CONTINUE
ON
NEXT
PAGE

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.

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 *45

GO TO
*PSYCHOTIC
DISORDER
NOS,*
C. 15

PSYCHO-
TIC
MOOD
DIS-
ORDER.

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

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-
NUUE 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 **Erotomanic** (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)

49

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, SCHIZOPHRENIFORM, SCHIZOAFFECTIVE, DELUSIONAL OR PSYCHOTIC DISORDER NOS

*Scary voices
Deaf at the deaf.
Not sure if same thing*

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

51

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)

52-54

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

- | | | |
|--|---|----|
| <input checked="" type="radio"/> 1 Mild: | Psychotic symptoms only intermittently present, AND have little influence on behavior | 55 |
| 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%) | 56 |
| 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)

2 2

57-
58

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)

~~In school problems~~

59-
60

~~be of high school~~

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

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

9 9

61-
62

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

07	duplicate	b
1-2	3-14	15

[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.

16
17

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

? 1 3 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

*
* 20
*

MAJOR DEPRESSIVE SYNDROME

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

? 1 3

**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:

27

- 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:

28

- 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:

29

- 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

BPRS RATING SCALE

PATIENT NAME _____

RATER Christine # 31

PATIENT ID _____

DATE 11/13/91

ENT1 _____ ENT2 _____

(31)

		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	6 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 31

KM.

PATIENT ID 31DATE 11/13/91

ENT1

ENT2

1	2	3	4	5	6	7
Not Present	Very Mild	Mild	Moderate	Moderately Severe	Severe	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.")	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

			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			