

**DIAGNOSTIC INTERVIEW FOR GENETIC STUDIES
(DIGS 3.01MD/GenRED)**

SITE ID:

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FAMILY ID:

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SUBJECT ID:

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ALTERNATIVE ID:

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FATHER ID:

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MOTHER ID:

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SUBJECT NAME:

 First Middle Last

NICKNAME:

RELATIONSHIP TO PRIMARY PROBAND:

INTERVIEW DATE:

			—			—				
M	O	N		D	D		Y	E	A	R

DATE OF BIRTH:

			—			—				
M	O	N		D	D		Y	E	A	R

INITIAL or RETEST:

I R

IN PERSON or TELEPHONE:

P T

RATER NAME:

 First MI Last

RATER NUMBER:

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ACKNOWLEDGMENTS

Version 3.0

DIGS version 3.0 was developed between November 1997 and January 1999 with contributions from:

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Version 2.0

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A complete list of references for the DIGS instrument is included in the training manual.

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Copies of original versions of the DIGS, code manual, training manual, and software (and contact information) are available on the World Wide Web at <http://www-grb.nimh.nih.gov/gi.html>.

DIGS 3.0 modified for the Genetics of Recurrent Early-onset Depression multicenter study (GenRED Oct 99)

This version of the DIGS includes modifications introduced for this specific study. These include:

1. Omission of sections on schizotypal features, gambling, GAS, SANS/SAPS.
 2. Modified medical screening checklist and Tobacco section.
 3. Skip site alcoholism and drug abuse optional items and DSM-III-R summary ratings in these sections.
 4. An additional interviewer instruction after the Delusions and after the Hallucinations sections (to clarify temporal relationship between mood and psychotic symptoms, substance use and medical disorders).
 5. Modified items to rate number and maximum duration of depressive episodes and manic and hypomanic periods with and without organic precipitants; and modified instructions for selection of a second depressive episode to rate.
 6. More specific instructions for the interviewer's Narrative Report.
- Omitted sections have been removed, but retained sections have their original page numbers and layout.

Electronic copies of the GenRED version and additional instructions are available from Douglas F. Levinson, M.D., Department of Psychiatry, University of Pennsylvania School of Medicine, 3535 Market St., Room 4006, Philadelphia, PA 19104-3309, or email to dfl@mail.med.upenn.edu. After January 1, 2006, please email dfl@stanford.edu.

DIGS 3.0IMD modified for GenRED-II (Aug 2005)

In this version, a section has been added as Module P2 after Anxiety Disorders (P), which includes:

1. The SCID PTSD module has been added, with a lengthened screening section probing multiple possible events.
2. The Childhood Events Questionnaire (E. Nelson and D. Levinson, unpublished).
3. A Parental Loss Inventory drawn from K. Kendler's depression twin studies, by courtesy of Dr. Kendler.

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H. Dysthymia/Cyclothymia	Error!
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I. Alcohol Abuse and Dependence	Error!
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J. Tobacco, Drug Abuse and Dependence (Tobacco section modified)	Error!
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R. Pathological Gambling (Omitted).....	
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W. Modified SIS Ratings (Omitted)..... W.1

X. Interviewer's Reliability Assessment **Error!**

Bookmark not defined.

Y. Narrative Summary (Modified)..... **Error!**

Bookmark not defined.

Z. Medical Records Information **Error!**

Bookmark not defined.

In reference section:

- | | |
|----------------------------------|---------------------------------|
| Ethnicity Card | Tobacco Tally Sheet (Omitted) |
| Modified MMS Card | Marijuana Tally Sheet |
| Depression Tally Sheet (Omitted) | Drug Use Card |
| Mania Tally Sheet (Omitted) | Drug Tally Sheet |
| Alcohol Use Card (Omitted) | Comorbidity Card |
| Alcohol Tally Sheet | Modified Medical History Screen |

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A. DEMOGRAPHICS

INTERVIEWER: If it appears that the subject's mental status is interfering with his/her ability to provide accurate information, skip to C1. Modified Mini-Mental Status Examination (page 10).

- | | <u>Male</u> | <u>Female</u> | | |
|---|--|-----------------------|--|--|
| 1. INTERVIEWER: Circle sex code. | 0 | 1 | | |
| 2. <i>How old are you?</i> | Age | | | |
| | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table> | | | |
| | | | | |
| | <u>No</u> | <u>Yes</u> <u>Unk</u> | | |
| 3. <i>Were you adopted?</i> | 0 | 1 9 | | |

If yes: Clarify nature of adoption. (See manual for further information.)

4. *In which country were you born?*

Record response: _____

5. *What is the ethnic background of your biological parents?*

INTERVIEWER: Code up to four ethnicities on maternal and paternal sides if possible.

Record response:

Mother: _____

Father: _____

INTERVIEWER: Code using **Ethnicity Card**.

Mother:

--	--	--

--	--	--

--	--	--

--	--	--

Father:

--	--	--

--	--	--

--	--	--

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Code Response

6. *What was your childhood religious affiliation?*

1 2 3 4 5 6

1. Catholic

2. Protestant

3. Jewish

4. Moslem

5. Not Affiliated

6. Other, *Specify:* _____

A. DEMOGRAPHICS

7. *What is your current marital status?*

- 1. Married
- 2. Separated
- 3. Divorced
- 4. Widowed
- 5. Never Married

Code Response

1 2 3 4 5

7.a) **If ever married:** *How many times have you been legally married?*

Marriages	
Children	

8. *How many living children do you have?*

Code Response

9. *Are you living alone or with others?*

- 1. Alone
- 2. With partner (for at least one year), but not legally married
- 3. In own home with spouse and/or children
- 4. In home of parents or children
- 5. In home of siblings or other non-lineal relatives
- 6. In shared home with other relatives or friends
- 7. In Residential Treatment Facility
- 8. Other, *Specify:* _____

1 2 3 4 5 6 7 8

10. *What is your present occupation? Code occupation using chart below.*

Record response: _____

Present

--	--

10.a) *What is the most responsible job you have ever held? Code using chart below.*

Record response: _____

Most Resp.

--	--

10.b) **If subject not Head of Household:** *What is/was the occupation of the head of household during most of their working career? Code using chart below.*

Record response: _____

HoH

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Occupations

Managerial and Professional Specialty Occupations

- 01. Executive, Administrative, and Managerial Occupations
- 02. Professional Specialty Occupations
- 03. Writers, Artists, Entertainers, and Athletes

Technical, Sales, and Administrative Support Occupations

- 04. Technicians and Related Support Occupations
- 05. Sales Occupations
- 06. Administrative Support Occupations, Including Clerical

Service Occupations

- 07. Private Household Occupations
- 08. Protective Service Occupations
- 09. Service Occupations, Except Protective and Private Household

Farming, Forestry, and Fishing Occupations

- 10. Farm Operators and Managers
- 11. Other Farming, Forestry, and Fishing Occupations

Precision Production, Craft, and Repair Occupations

- 12. Mechanics and Repairers, Construction Trades, Extractive Occupations, Precision Production Occupations

Operators, Fabricators, and Laborers

- 13. Machine Operators, Assemblers, and Inspectors
- 14. Transportation and Material-Moving Occupations
- 15. Handlers, Equipment Cleaners, Helpers, and Laborers

Other

- 16. Armed Services
- 17. Disabled
- 18. Housewife/Homemaker
- 19. Never worked
- 20. Full time student
- 21. Unemployed/Retired

99. Unknown/No Answer

11. *How many years of school did you complete?*

Record response: _____

Years	

No Yes Unk

12. *Have you ever been in the Military?*

0 1 9

Code Response

12.a) **If no:** *Were you ever rejected for Military Service? Why?*

1 2 3 4 5 6

1. Never called up or never rejected (include females).
2. Rejected for physical defect.
3. Rejected for low IQ.
4. Rejected for delinquency or criminal record.
5. Rejected for other psychiatric reasons.
6. Rejected for reasons uncertain.

13. **If yes to question 12:** *What kind of discharge did you receive?*

1 2 3 4 5 6 7

1. Honorable
2. General
3. Medical
4. Without Honor
5. Undesirable
6. Dishonorable
7. Not Discharged, Currently in Active or Reserve Military

B. MEDICAL HISTORY

INTERVIEWER: When information from medical records may be relevant to psychiatric condition, record physician name, hospital name, city, state, and treatment dates on the Medical Records Information form at the end of the interview.

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|---|-----------|------------|------------|
| 1. <i>Have you ever had any serious physical illnesses or medical problems?</i> | 0 | 1 | 9 |

If yes: Specify. _____

- | | | |
|---|-------------------|--|
| 2. <i>How many times have you been admitted to hospital <u>overnight</u>?</i> | <u># of times</u> | |
| | | |

INTERVIEWER: Exclude psychiatric or substance abuse treatment and pregnancies.

- | | | |
|---|--|--|
| 2.a) <i>How many surgeries have you had? (Including outpatient)</i> | | |
| 2.b) <i>Tell me about the overnight hospitalizations. (Specify below)</i> | | |

<u>Year</u>	<u>Description of Problem</u>	<u>Name of Hospital</u>	<u>Hospital Location</u>

3. *Have you ever had any of the following conditions?*

INTERVIEWER: Please complete the modified medical screening form on the LAST TWO PAGES of this interview booklet. Then resume with Q. 3k, Epilepsy, on page 6 below.

	<u>No</u>	<u>Yes</u>	<u>DX</u>	<u>Year of Onset</u>	<u>Notes</u>
SKIP 3a					
3.a) <i>Thyroid or Other Hormonal Disorders?</i>	0	1	2		
If yes:					
3.a.1) <i>Overactive Thyroid</i>	0	1	2		
3.a.2) <i>Underactive Thyroid</i>	0	1	2		
3.a.3) <i>Enlarged Thyroid</i>	0	1	2		
3.a.4) <i>Cushings Disorder</i>	0	1	2		

B. MEDICAL HISTORY

	<u>No</u>	<u>Yes</u>	<u>DX</u>	<u>Year of Onset</u>	<u>Notes</u>
SKIP 3b-j					
3.b) <i>Migraine Headaches?</i>	0	1	2	_____	_____
3.c) <i>Ulcers or Other Bowel Diseases?</i>	0	1	2	_____	_____
If yes:					
3.c.1) <i>Peptic Ulcers</i>	0	1	2	_____	_____
3.c.2) <i>Crohn's Disease</i>	0	1	2	_____	_____
3.c.3) <i>Ulcerative Colitis</i>	0	1	2	_____	_____
3.d) <i>Lupus?</i>	0	1	2	_____	_____
3.e) <i>Learning Disabilities/ Hyperactivity?</i>	0	1	2	_____	_____
3.f) <i>Meningitis/Other Brain Disorders?</i>	0	1	2	_____	_____
3.g) <i>Parkinson's Disease/Other Movement Disorders?</i>	0	1	2	_____	_____
3.h) <i>Multiple Sclerosis?</i>	0	1	2	_____	_____
3.i) <i>Huntington's Disease?</i>	0	1	2	_____	_____
3.j) <i>Stroke or TIA (mini stroke)?</i>	0	1	2	_____	_____

RESUME:

3.k) *Epilepsy/Convulsions/Seizures?* 0 1 2 _____

If yes:

3.k.1) *How many times have you had a seizure?*

# of times	

3.k.2) *How old were you the first time?*

Age	

No Yes

3.k.3) *Was a cause found for the seizure(s)?*

0 1

If yes: Specify. _____

B. MEDICAL HISTORY

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
6. <i>Was your own birth or early development abnormal in any way?</i>	<input style="width: 20px; height: 20px;" type="text" value="0"/>	1	9

Skip to question 7 ←

6.a) <i>Were there any problems with your mother's health while she was pregnant with you, or with your birth, such as prematurity or birth complications?</i>	0	1	9
--	---	---	---

If yes: Specify. _____

6.b) <i>Was your development abnormal in any way, for example did you walk or talk later than other children?</i>	0	1	9
---	---	---	---

If yes: Specify. _____

INTERVIEWER: For **MALES**, skip to C1. Modified Mini-Mental Status (page 10).

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
7. <i>Have you ever been pregnant?</i>	<input style="width: 20px; height: 20px;" type="text" value="0"/>	1	9

Skip to question 8 ←

7.a) <i>How many times have you been pregnant including miscarriages, abortions, and still births?</i>		Pregnancies	
		<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

Record response: _____

7.b) <i>How many live births?</i>		Live Births	
		<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

Code Response

7.c) <i>Have you ever had any severe emotional problems during a pregnancy or within a month of childbirth?</i>	0	1	2	3	9
---	---	---	---	---	---

- 0. No
- 1. Yes, during pregnancy only
- 2. Yes, post natal only
- 3. Yes, both during pregnancy and post natal
- 9. Unknown

If yes: Specify: _____

B. MEDICAL HISTORY

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
8. <i>Have you ever noticed regular mood changes in the premenstrual or menstrual period?</i>	0	1	9
If yes: Specify. _____ _____			
9. <i>Have you gone through menopause?</i>	0	1	9
9.a) If yes: Have you ever had any severe emotional problems associated with menopause?	0	1	9
If yes: Specify. _____ _____			

**C1. MODIFIED MINI-MENTAL STATUS
EXAMINATION**

INTERVIEWER: Do you have reasonable suspicion from any source (e.g., behavior or appearance during interview, information from relatives, medical records) that subject may have a questionable mental status? **Complete this section only if the subject's mental status is questionable.**

No	Yes	Unk
0	1	9

Skip to D. Somatization (page 14)

INTERVIEWER: If this is a telephone interview, skip to C2. Telephone Interview for Cognitive Status (page 12).

Now I am going to ask you to perform some quick tasks.

	<u>Maximum Score</u>	<u>Subject Score</u>
1. <u>Orientation</u>		
1.a) <i>What is the: (Year) (Season) (Date) (Day) (Month)?</i>	5	<input style="width: 40px; height: 25px;" type="text"/>
1.b) <i>Where are we: (Country) (State) (Town) (Hospital/Bldg) (Floor/Street)?</i>	5	<input style="width: 40px; height: 25px;" type="text"/>
2. <u>Registration</u>		
Name three objects or concepts for the subject (e.g., fish hook, shoe, green) taking one second to say each. Tell subject s/he will be asked to recall them. Ask the subject to repeat all three after you have said them. Give one point for each correct answer. Repeat them until subject learns all three (up to six trials).	3	<input style="width: 40px; height: 25px;" type="text"/>
3. <u>Attention and Calculation</u>		
Serial 7's. <i>Count backward from 100 by 7.</i> Score one point for each correct. Stop after five answers.	5	<input style="width: 40px; height: 25px;" type="text"/>
–and–		
<i>Spell "world" (or some other 5-letter word) backward.</i> Score one point for each letter in correct order.	5	<input style="width: 40px; height: 25px;" type="text"/>
4. <u>Recall</u>		
Ask the subject to name the three objects repeated above. Score one point for each correct.	3	<input style="width: 40px; height: 25px;" type="text"/>
5. <u>Language</u>		
5.a) Point to a pencil and watch. Ask the subject " <i>What is this called?</i> " for each. Score two points.	2	<input style="width: 40px; height: 25px;" type="text"/>
5.b) Ask the subject to repeat the following " <i>No ifs, ands, or buts.</i> " Score one point.	1	<input style="width: 40px; height: 25px;" type="text"/>
5.c) Ask the subject to follow a three–stage command. (E.g., "Take a paper in your right hand, fold it in half, and put it on the floor.") Score three points.	3	<input style="width: 40px; height: 25px;" type="text"/>

**C1. MODIFIED MINI-MENTAL STATUS
EXAMINATION**

	<u>Maximum Score</u>	<u>Subject Score</u>
*6. <u>Cognitive State</u>		
6.a) Hand the subject the MMS Card that reads "Close Your Eyes". Score one point.	1	<input style="width: 30px; height: 25px;" type="text"/>
6.b) <i>Write a sentence.</i> Score one point.	1	<input style="width: 30px; height: 25px;" type="text"/>
6.c) <i>Copy the design below.</i> Score one point.	1	<input style="width: 30px; height: 25px;" type="text"/>
7. Record Total Score	35	<input style="width: 40px; height: 25px;" type="text"/>
<u>Code Response</u>		
8. INTERVIEWER: Assess level of consciousness.		1 2 3
1. Alert		
2. Drowsy		
3. Stupor		

INTERVIEWER: Discontinuation of the interview should be strongly considered if the score is 25 or less, but scores above 25 can be observed in subjects with significant neurologically-based memory difficulties. A clinical judgement must be made in each case about the likely nature and severity of the difficulty and whether an interview might yield valuable information.

Some individuals with acute mood and/or psychotic symptoms achieve low scores due to poor attention and effort. If this appears likely, consider whether the subject might nevertheless be able to provide useful information. Consider whether symptoms are likely to abate in the near future, permitting more useful information to be obtained if the interview is postponed.

Discuss any questions about cognitive status in the narrative report.

If the decision is made to continue the interview, skip to D. Somatization (page 14)

* Adapted, with permission, from Folstein, M.F., Folstein, S.E., McHugh, P., "Mini Mental State: A practical method for grading the cognitive state of patients for the clinician", Journal of Psychiatric Research 12:189-198, 1975.

INTERVIEWER: Directions: 1) Explain exam to subject. 2) Get address. 3) Be sure distractions are minimal (e.g., no T.V. or radio on, remove pens and pencils from reach.) 4) Be sure sources of orientation (e.g., newspapers, calendars) are not in subject's view. 5) Care-givers may offer reassurance, but not assistance. 6) Single repetitions permitted, except for items 5 and 8.

	<u>Maximum Score</u>	<u>Subject Score</u>
1. <i>Please tell me your name.</i> Score one point for first name, and one point for last name.	2	<input type="text"/>
2. <i>What is today's date?</i> Score one point for month, date, year, day of week, and season. If incomplete ask specifics (e.g., "What is the month?" "What season are we in?")	5	<input type="text"/>
3. <i>Where are you right now?</i> Score one point each for house number, street, city state and zip. If incomplete ask specifics (e.g., "What street are you on right now?")	5	<input type="text"/>
4. <i>Count backwards from 20 to 1.</i> Score two points if completely correct on the first trial; one point if the completely correct on second trial; no points for anything else.	2	<input type="text"/>
5. <i>I am going to read you a list of ten words. Please listen carefully and try to remember them. When I am done, tell me as many words as you can, in any order. Ready? The words are cabin, pipe, elephant, chest, silk, theater, watch, whip, pillow, giant. Now tell me all the words you remember.</i> Score one point for each correct response. No penalty for repetitions or intrusions.	10	<input type="text"/> <input type="text"/>
6. <i>100 minus 7 equals what? And 7 from that? Etc.</i> Stop at 5 serial subtractions. Score one point for each correct subtraction. Do not inform the subject of incorrect responses, but allow subtractions to be made from his/her last response (e.g., 93-85-78-71-65 would get 3 points.)	5	<input type="text"/>
7. <i>What do people use to cut paper?</i> Score one point for scissors or shears only.	1	<input type="text"/>
<i>How many things in a dozen?</i> Score one point for 12.	1	<input type="text"/>
<i>What do you call the prickly green plant that lives in the desert?</i> Score one point for cactus only.	1	<input type="text"/>
<i>What animal does wool come from?</i> Score one point for sheep or lamb only.	1	<input type="text"/>

**C2. TELEPHONE INTERVIEW FOR
COGNITIVE STATUS**

	Maximum Score	Subject Score
8. <i>Say this: "No ifs ands or buts." Say this: "Methodist Episcopal." Score one point for each complete repetition on the first trial. Repeat only if poorly presented.</i>	2	<input type="text"/>
9. <i>Who is the President of the United States right now? Who is the Vice-President? Score one point each for correct first <u>and</u> last name.</i>	2	<input type="text"/>
10. <i>With your finger, tap 5 times on the part of the phone you speak into. Score two points if 5 taps are heard; one point if subject taps more or less than 5 times.</i>	2	<input type="text"/>
11. <i>I am going to give you a word and I want you to give me the opposite. For example, the opposite of hot is cold. What is the opposite of "west"?</i>	1	<input type="text"/>
<i>What is the opposite of "generous"?</i>	1	<input type="text"/>
<i>Score one point for "selfish", "greedy", "stingy", "tight", "cheap", "mean", "meager", "skimpy", or other good antonym.</i>		
12. Record Total Score	41	<input type="text"/> <input type="text"/>

INTERVIEWER: INTERVIEWER: Discontinuation of the interview should be strongly considered if the score is 30 or less, but scores above 30 can be observed in subjects with significant neurologically-based memory difficulties. A clinical judgement must be made in each case about the likely nature and severity of the difficulty and whether an interview might yield valuable information.

Some individuals with acute mood and/or psychotic symptoms achieve low scores due to poor attention and effort. If this appears likely, consider whether the subject might nevertheless be able to provide useful information. Consider whether symptoms are likely to abate in the near future, permitting more useful information to be obtained if the interview is postponed.

Discuss any questions about cognitive status in the narrative report.

If the decision is made to continue the interview, skip to D. Somatization (page 14)

Adapted, with permission, from Brandt J, Spencer M, Folstein M, "The Telephone Interview for Cognitive Status", Neuropsychiatry, Neuropsychology and Behavioral Neurology, Vol 1, No. 2, pp. 111-117, 1988.

I am going to ask you a few more questions about your health.

	No	Yes	Unk
1.a) <i>Before age 30, (or currently, if subject is <30 years old) did/do you have a lot of physical health problems or medical problems?</i> Probe: <i>Was treatment sought, how often? How impairing?</i> Record response: _____ _____ _____ _____	0	1	9
1.b) <i>Have you missed work or school more than twice because of headaches?</i> Skip to E. Overview of Psychiatric Disturbance (page 20)	0	1	9
2. <i>Have you ever been bothered a lot by problems with pains in your...</i>			
2.a) <i>...abdomen or stomach (other than during menstruation)?</i>	0	1	
2.b) <i>...back?</i>	0	1	
2.c) <i>...joints?</i>	0	1	
2.d) <i>...arms or legs (other than in the joints)?</i>	0	1	
2.e) <i>...chest?</i>	0	1	
2.f) <i>...painful sexual intercourse (other than after childbirth)?</i>	0	1	
2.g) <i>...genitals or rectum (other than during intercourse)?</i>	0	1	
2.h) <i>...during urination?</i>	0	1	
2.i) If female: <i>...painful menstrual periods?</i>	0	1	
2.j) <i>...headaches?</i>	0	1	
2.i) <i>...anywhere else?</i> If yes: <i>Specify:</i> _____	0	1	

INTERVIEWER: If less than four coded YES (do not count question 2.j–Headaches), skip to E. Overview of Psychiatric Disturbances (page 20).

D. SOMATIZATION

	Impairment Code				
3. <i>Have you ever had any neurological problems such as...:</i>					
If yes: <i>Who did you see about this problem? What did they say you had?</i>					
3.a) <i>...temporary blindness in one or both eyes lasting several seconds or more?</i> Who seen: _____ What told: _____	0	1	2	3	4
3.b) <i>...double vision?</i> Who seen: _____ What told: _____	0	1	2	3	4
3.c) <i>...completely losing your hearing for a few seconds or longer?</i> Who seen: _____ What told: _____	0	1	2	3	4
3.d) <i>...being paralyzed, where you could not move a part of your body for at least a few minutes?</i> Who seen: _____ What told: _____	0	1	2	3	4
3.e) <i>...periods of weakness where you could not lift or move things you could normally lift or move?</i> Who seen: _____ What told: _____	0	1	2	3	4
3.f) <i>...trouble walking? (balance or coordination problems)</i> Who seen: _____ What told: _____	0	1	2	3	4
3.g) <i>...being unable to urinate or having difficulty urinating for 24 hours or longer or having to be catheterized (other than after childbirth or surgery)?</i> Who seen: _____ What told: _____	0	1	2	3	4
3.h) <i>...having a lump in your throat that made it difficult to swallow (other than when you feel like crying)?</i> Who seen: _____ What told: _____	0	1	2	3	4
3.i) <i>...having a seizure or convulsion (where you had staring spells or were unconscious and your body jerked)?</i> Who seen: _____ What told: _____	0	1	2	3	4
3.j) <i>...being unconscious or fainting (not seizures)?</i> Who seen: _____ What told: _____	0	1	2	3	4
3.k) <i>...amnesia for a period of several hours or days where you could not remember afterwards anything that happened?</i> Who seen: _____ What told: _____	0	1	2	3	4
3.l) <i>...other similar symptoms, such as loss of speech, deafness, or numbness in a part of the body?</i> <i>Specify:</i> _____ _____ Who seen: _____ What told: _____	0	1	2	3	4

INTERVIEWER: If question 3a-1 all coded 0 or 1, skip to E. Overview of Psychiatric Disturbance (page 20).

IMPAIRMENT CODES
0. None
1. Yes, mild (never saw physician/never took medication/did not interfere with usual activities)
2. Yes, always secondary to alcohol or drug use.
3. Yes, always part of medically explained physical disorder.
4. Yes, medically <u>un</u> explained.

4. How old were you the first time you had any problems like (**Review all items coded 2, 3, or 4 in question 3a-l above**)?

Ons Age

--	--

5. How old were you the last time you had any of these problems?

Rec Age

--	--

INTERVIEWER: For each symptom coded **YES** in question 2 (page 14), ask the following:

Impairment Code

6. Who did you see about this problem?
What did they say you had?

- | | |
|--|-----------|
| 6.a) <i>Abdominal pains</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 |
| 6.b) <i>Back pain</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 |
| 6.c) <i>Pain in the joints</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 |
| 6.d) <i>Pain in the arms/legs</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 |
| 6.e) <i>Chest pains</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 |
| 6.f) <i>Painful sexual intercourse</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 |
| 6.g) <i>Genital/rectal pain</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 |
| 6.h) <i>Painful urination</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 |
| 6.i) If female: <i>Painful menstrual periods</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 |
| 6.j) <i>Headaches</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 |
| 6.k) <i>Other pain (excluding headaches), Specify: _____</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 |

IMPAIRMENT CODES
<p>0. None</p> <p>1. Yes, mild (never saw physician/never took medication/did not interfere with usual activities)</p> <p>2. Yes, always secondary to alcohol or drug use.</p> <p>3. Yes, always part of medically explained physical disorder.</p> <p>4. Yes, medically <u>un</u>explained.</p>

D. SOMATIZATION

7. How old were you the first time you had any problems like **(Review all items coded 2, 3, or 4 in question 6a-k above)**? Ons Age

--	--
8. How old were you the last time you had any of these problems? Rec Age

--	--
9. Have you ever been bothered by any stomach or digestive problems such as...:
If yes:
Who did you see about this problem?
What did they say you had? Impairment Code
- 9.a) ...vomiting or regurgitation of food (when not pregnant)? 0 1 2 3 4
Who seen: _____ What told: _____
- 9.b) ...nausea (other than motion sickness)? 0 1 2 3 4
Who seen: _____ What told: _____
- 9.c) ...excessive gas or bloating of your stomach or abdomen? 0 1 2 3 4
Who seen: _____ What told: _____
- 9.d) ...loose bowels or diarrhea? 0 1 2 3 4
Who seen: _____ What told: _____
- 9.e) ...three or more foods making you sick? 0 1 2 3 4
Who seen: _____ What told: _____
10. How old were you the first time you had any problems like **(Review all items coded 2, 3, or 4 in question 9a-e above)**? Ons Age

--	--
11. How old were you the last time you had any of these problems? Rec Age

--	--

IMPAIRMENT CODES
0. None
1. Yes, mild (never saw physician/never took medication/did not interfere with usual activities)
2. Yes, always secondary to alcohol or drug use.
3. Yes, always part of medically explained physical disorder.
4. Yes, medically <u>un</u> explained.

- | | Impairment Code | | |
|---|--|--|--|
| 12. <i>Have you ever been bothered by problems such as...:</i>
If yes:
<i>Who did you see about this problem?</i>
<i>What did they say you had?</i> | | | |
| 12.a) <i>...feeling that your sex life was not very important?</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 | | |
| 12.b) <i>...having sexual difficulties?</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 | | |
| If yes: | | | |
| 12.b.1) If male: <i>...impotence?</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 | | |
| 12.b.2) If female: <i>...anorgasmia?</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 | | |
| INTERVIEWER: For MALE subjects, skip to question 13. | | | |
| 12.c) (Code from question 2.i (page 14) and 6.i (page 16) without asking)
<i>...painful menstruation?</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 | | |
| 12.d) <i>...excessive menstrual bleeding (not within two years of menopause)?</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 | | |
| 12.e) <i>...having irregular menstrual periods?</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 | | |
| 12.f) <i>...vomiting throughout a pregnancy or being hospitalized for vomiting during pregnancy?</i>
Who seen: _____ What told: _____ | 0 1 2 3 4 | | |
| 13. <i>How old were you the <u>first</u> time you had any problems like (Review all items coded 2, 3, or 4 in question 12a-f above)?</i> | Ons Age
<table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 25px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table> | | |
| | | | |
| 14. <i>How old were you the <u>last</u> time you had any of these problems?</i> | Rec Age
<table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 25px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table> | | |
| | | | |

IMPAIRMENT CODES
0. None
1. Yes, mild (never saw physician/never took medication/did not interfere with usual activities)
2. Yes, always secondary to alcohol or drug use.
3. Yes, always part of medically explained physical disorder.
4. Yes, medically <u>un</u> explained.

D. SOMATIZATION

	<u>Impairment Code</u>		
15. <i>Have you ever been bothered by problems such as...:</i> If yes: <i>Who did you see about this problem?</i> <i>What did they say you had?</i>			
15.a) ...shortness of breath when you have not exerted yourself? Who seen: _____ What told: _____	0 1 2 3 4		
15.b) ...your heart beating so hard you could feel it pounding in your chest? Who seen: _____ What told: _____	0 1 2 3 4		
15.c) ...dizziness? Who seen: _____ What told: _____	0 1 2 3 4		
16. <i>How old were you the <u>first</u> time you had any problems like (Review all items coded 2, 3, or 4 in question 15a-c above)?</i>	Ons Age <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>		
17. <i>How old were you the <u>last</u> time you had any of these problems?</i>	Rec Age <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>		

IMPAIRMENT CODES
0. None
1. Yes, mild (never saw physician/never took medication/did not interfere with usual activities)
2. Yes, always secondary to alcohol or drug use.
3. Yes, always part of medically explained physical disorder.
4. Yes, medically <u>un</u> explained.

	No	Yes	Unk
1. <i>Have you ever had any emotional problems or a period when you were not feeling or behaving like your normal self?</i>	0	1	9
2. <i>Have you ever seen any professional for emotional problems, your nerves, or the way you were feeling or acting?</i>	0	1	9
2.a) <i>Have you been in psychotherapy or in counseling?</i>	0	1	9
If yes to question 2 or 2.a:			
2.b) <i>How old were you when you <u>first</u> saw someone for (Emotional problem)?</i>			
			Age
			<input type="text"/>
2.c) <i>Were you employed at the time or a full-time student or homemaker?</i>	0	1	9
3. <i>Has there ever been a period of time when you were unable to work, go to school, or take care of other responsibilities because of psychiatric or emotional reasons?</i>	0	1	9
4. <i>Have you ever been admitted to a hospital or day hospital because of problems with your mood, emotions, or how you were acting?</i>	0	1	9
If yes:			
4.a) <i>How many times were you admitted to an inpatient unit?</i>			
			Inpatient Hospitalizations
			<input type="text"/>
4.b) <i>How many times were you admitted to a day hospital?</i>			
			Day Hospitalizations
			<input type="text"/>
If any in 4a-b:			
4.c) <i>Were any primarily for alcohol and/or drug treatment?</i>	0	1	9
4.c.1) If yes: <i>How many?</i>			
			Alc/Drug Hospitalizations
			<input type="text"/>
4.d) <i>How old were you at the time of your <u>first</u> psychiatric hospitalization?</i>			
			Age
			<input type="text"/>
5. <i>Have you ever received electro-convulsive treatment (ECT, shock treatments)?</i>	0	1	9
5.a) If yes: <i>How many courses of ECT have you received?</i>			
			# of courses
			<input type="text"/>

E. OVERVIEW OF PSYCHIATRIC DISTURBANCE

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
6. <i>Have you ever taken medications for your nerves or any emotional or mental problems?</i>	0	1	9

INTERVIEWER: Place a single CHECK mark in column 1 next to all medications the person can recall taking. Place a second CHECK mark in column 2 by all medications that were taken for at least 3 consecutive months on a daily basis. For other drugs not listed in a category, write in the name of the drug in the blank(s) at the end of the category and check as above. If the category is unknown, put at the end in "Other Medications".

	<u>1</u>	<u>2</u>		<u>1</u>	<u>2</u>	
Tricyclic antidepressants	<input type="checkbox"/>	<input type="checkbox"/>	Anafranil (clomipramine)	<input type="checkbox"/>	<input type="checkbox"/>	Tofranil (imipramine)
	<input type="checkbox"/>	<input type="checkbox"/>	Asendin (amoxapine)	<input type="checkbox"/>	<input type="checkbox"/>	Vivactil (protriptyline)
	<input type="checkbox"/>	<input type="checkbox"/>	Elavil (amitriptyline)			
	<input type="checkbox"/>	<input type="checkbox"/>	Ludiomil (maprotiline)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Norpramin (desipramine)			
	<input type="checkbox"/>	<input type="checkbox"/>	Pamelor/Aventyl (nortriptyline)			
	<input type="checkbox"/>	<input type="checkbox"/>	Sinequan (doxepine)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Surmontil (trimipramine)			
Serotonin specific reuptake inhibitors (SSRIs)	<input type="checkbox"/>	<input type="checkbox"/>	Celexa (citalopram)			
	<input type="checkbox"/>	<input type="checkbox"/>	Luvox (fluvoxamine)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Paxil (paroxetine)			
	<input type="checkbox"/>	<input type="checkbox"/>	Prozac (fluoxetine)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Zoloft (sertraline)			
MAOI's	<input type="checkbox"/>	<input type="checkbox"/>	Marplan (isocarboxazid)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Nardil (phenelzine)			
	<input type="checkbox"/>	<input type="checkbox"/>	Parnate (tranylcypromine)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other antidepressants	<input type="checkbox"/>	<input type="checkbox"/>	Effexor (venlafaxine)			
	<input type="checkbox"/>	<input type="checkbox"/>	Desyrel (trazodone)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Remeron (mirtazapine)			
	<input type="checkbox"/>	<input type="checkbox"/>	Serzone (nefazodone)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Wellbutrin (bupropion)			
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	Ativan (lorazepam)	<input type="checkbox"/>	<input type="checkbox"/>	Valium (diazepam)
	<input type="checkbox"/>	<input type="checkbox"/>	Dalmane (flurazepam)	<input type="checkbox"/>	<input type="checkbox"/>	Xanax (alprazolam)
	<input type="checkbox"/>	<input type="checkbox"/>	Halcion (triazolam)			
	<input type="checkbox"/>	<input type="checkbox"/>	Klonopin (clonazepam)			
	<input type="checkbox"/>	<input type="checkbox"/>	Librium (chlordiazepoxide)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Restoril (temazepam)			
	<input type="checkbox"/>	<input type="checkbox"/>	Serax (oxazepam)	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Tranxene (clorazepate)				

	<u>1</u>	<u>2</u>		<u>1</u>	<u>2</u>	
Other Sedative Hypnotics or Anxiolytics	<input type="checkbox"/>	<input type="checkbox"/>	Atarax (hydroxyzine)	<input type="checkbox"/>	<input type="checkbox"/>	Placidyl (ethchlorvynol)
	<input type="checkbox"/>	<input type="checkbox"/>	Ambien (zolpidem)	<input type="checkbox"/>	<input type="checkbox"/>	Seconal (secobarbital)
	<input type="checkbox"/>	<input type="checkbox"/>	Benadryl (diphenhydramine)			
	<input type="checkbox"/>	<input type="checkbox"/>	Buspar (buspirone)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Chloral Hydrate			
	<input type="checkbox"/>	<input type="checkbox"/>	Inderal (propranolol)			
	<input type="checkbox"/>	<input type="checkbox"/>	Miltown (meprobamate)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Antipsychotics	<input type="checkbox"/>	<input type="checkbox"/>	Clozaril (clozapine)	<input type="checkbox"/>	<input type="checkbox"/>	Stelazine (trifluoperazine)
	<input type="checkbox"/>	<input type="checkbox"/>	Haldol (haloperidol)	<input type="checkbox"/>	<input type="checkbox"/>	Thorazine (chlorpromazine)
	<input type="checkbox"/>	<input type="checkbox"/>	Loxitane (loxapine)	<input type="checkbox"/>	<input type="checkbox"/>	Trilafon (perphenazine)
	<input type="checkbox"/>	<input type="checkbox"/>	Mellaril (thioridazine)	<input type="checkbox"/>	<input type="checkbox"/>	Zyprexa (olanzapine)
	<input type="checkbox"/>	<input type="checkbox"/>	Moban (molindone)			
	<input type="checkbox"/>	<input type="checkbox"/>	Navane (thiothixene)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Prolixin (fluphenazine)			
	<input type="checkbox"/>	<input type="checkbox"/>	Risperdal (risperidone)			
	<input type="checkbox"/>	<input type="checkbox"/>	Serentil (mesoridazine)	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Seroquel (quetiapine)				
Antiparkinsonian Agents	<input type="checkbox"/>	<input type="checkbox"/>	Akineton (biperiden)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Artane (trihexyphenidyl)			
	<input type="checkbox"/>	<input type="checkbox"/>	Cogentin (benztropine)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Symmetrel (amantadine)			
Stimulants	<input type="checkbox"/>	<input type="checkbox"/>	Cylert (pemoline)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Dexedrine (amphetamine)			
	<input type="checkbox"/>	<input type="checkbox"/>	Ritalin (methylphenidate)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Antimanic Agents	<input type="checkbox"/>	<input type="checkbox"/>	Depakote (valproic acid)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Lamictal (lamotrigine)			
	<input type="checkbox"/>	<input type="checkbox"/>	Lithium	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	Neurontin (gabapentin)			
	<input type="checkbox"/>	<input type="checkbox"/>	Tegretol (carbamazepine)			
Other Medications or Herbal Preparations	<input type="checkbox"/>	<input type="checkbox"/>	Melatonin	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	St. John's Wort	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

MEDICATIONS CARD**Tricyclic antidepressants**

Anafranil (clomipramine)	Norpramin (desipramine)	Surmontil (trimipramine)
Asendin (amoxapine)	Pamelor/Aventyl (nortriptyline)	Tofranil (imipramine)
Elavil (amitriptyline)	Sinequan (doxepine)	Vivactil (protriptyline)
Ludiomil (maprotiline)		

Serotonin specific reuptake inhibitors (SSRIs)

Celexa (citalopram)	Paxil (paroxetine)	Zoloft (sertraline)
Luvox (fluvoxamine)	Prozac (fluoxetine)	

MAOI's

Marplan (isocarboxazid)	Nardil (phenelzine)	Parnate (tranylcypromine)
-------------------------	---------------------	---------------------------

Other antidepressants

Effexor (venlafaxine)	Remeron (mirtazapine)	Wellbutrin (bupropion)
Desyrel (trazodone)	Serzone (nefazodone)	

Benzodiazepines

Ativan (lorazepam)	Librium (chlordiazepoxide)	Tranxene (clorazepate)
Dalmane (flurazepam)	Restoril (temazepam)	Valium (diazepam)
Halcion (triazolam)	Serax (oxazepam)	Xanax (alprazolam)
Klonopin (clonazepam)		

Other Sedative Hypnotics or Anxiolytics

Atarax (hydroxyzine)	Buspar (buspirone)	Miltown (meprobamate)
Ambien (zolpidem)	Chloral Hydrate	Placidyl (ethchlorvynol)
Benadryl (diphenhydramine)	Inderal (propranolol)	Seconal (secobarbital)

Antipsychotics

Clozaril (clozapine)	Navane (thiothixene)	Stelazine (trifluoperazine)
Haldol (haloperidol)	Prolixin (fluphenazine)	Thorazine (chlorpromazine)
Loxitane (loxapine)	Risperdal (risperidone)	Trilafon (perphenazine)
Mellaril (thioridazine)	Serentil (mesoridazine)	Zyprexa (olanzapine)
Moban (molindone)	Seroquel (quetiapine)	

Antiparkinsonian Agents

Akineton (biperiden)	Cogentin (benztropine)	Symmetrel (amantadine)
Artane (trihexyphenidyl)		

Stimulants

Cylert (pemoline)	Dexedrine (amphetamine)	Ritalin (methylphenidate)
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Antimanic Agents

Depakote (valproic acid)	Lithium	Tegretol (carbamazepine)
Lamictal (lamotrigine)	Neurontin (gabapentin)	

Other Medications or Herbal Preparations

Melatonin	St. John's Wort
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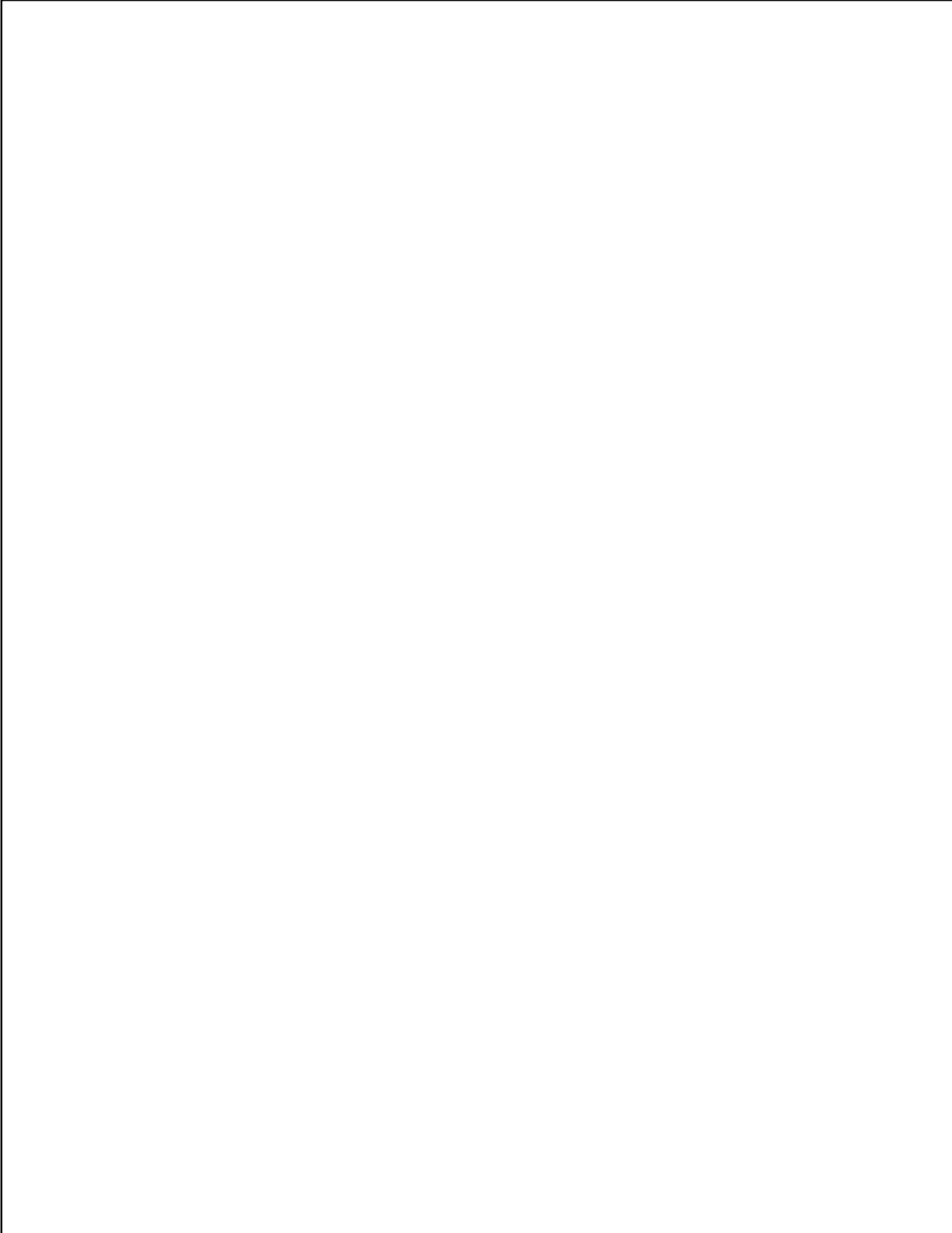
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INTERVIEWER: If subject reported any emotional problems in questions 1-6 skip to question 8.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
7. <i>Was there ever a time when you or someone else thought you needed professional help because of your feelings or the way you were acting?</i>	<input type="checkbox"/> 0	1	9



Skip to F. Major Depression (page 29)

8. *Please tell me more about these periods we've just discussed.*

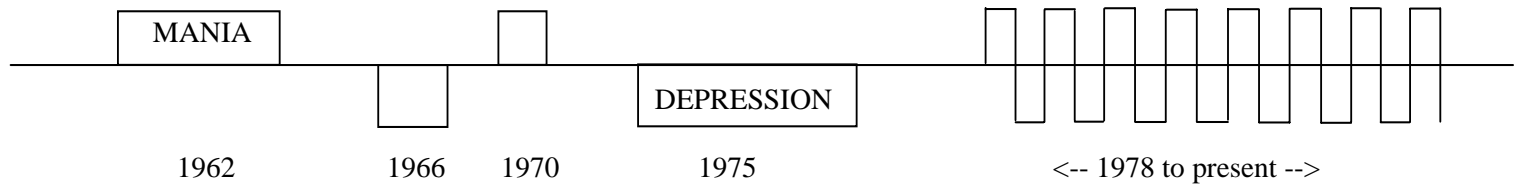


E. OVERVIEW OF PSYCHIATRIC DISTURBANCE

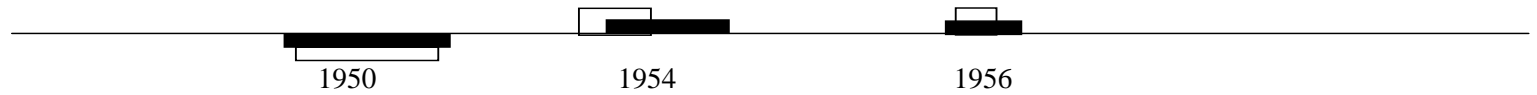
KEY

-  Affective Illness
-  Active Psychosis
- Prodromal & Residual

SAMPLE: Affective Illness Only



SAMPLE: Psychosis and Affective Illness



PATIENT:

E. OVERVIEW OF PSYCHIATRIC DISTURBANCE

Age	Type of Episode or Symptoms	Duration (weeks)	Treatment

F. MAJOR DEPRESSION

Now I'm going to ask you some questions about your mood.

	No	Yes	Unk
1. Have you ever had a period of at least one week when you were bothered most of the day, nearly every day, by feeling depressed, sad, down, low?	0	1	9
1.a) By feeling irritable?	0	1	9
1.b) By feeling anxious?	0	1	9
1.c) Have you ever had a period of at least one week when you did not enjoy most things, even things you usually like to do?	0	1	9
2. If 1–1.c are all NO:			
INTERVIEWER: Do you suspect a past or current episode from subject's responses, behavior, or other information?	0	1	9
If yes: Specify: _____ _____			
Skip to G. Mania/Hypomania (page 47)			
3. Have you been feeling that way recently (i.e., for at least one week during the past 30 days)?	0	1	9
3.a) If yes: How long have you felt this way?			
	Weeks		

F. MAJOR DEPRESSION

Most Severe Episode

4. Think about the most severe period in your life when you were feeling this way.
When did it begin?

			–				
Month				Year			

4.a) **INTERVIEWER:** Compute age.

Age	
Weeks	

4.b) How long did that period last?

<u>No</u>	<u>Yes</u>	<u>Unk</u>

4.c) Did you feel depressed, sad, down, or low?

0	1	9
---	---	---

4.d) Did you feel irritable?

0	1	9
---	---	---

4.e) Did you feel anxious?

0	1	9
---	---	---

5. **INTERVIEWER:** Is the most severe episode also the current episode?

0	1
---	---

Most Severe Episode

During the most severe episode...:

6. *Did you have a loss of appetite or did your appetite greatly increase?*

- 0. No
- 1. Yes, decreased
- 2. Yes, increased
- 3. Yes, mixture
- 9. Unknown/No information

Code Response				
0	1	2	3	9

6.a) *Did you lose/gain weight when you were not trying to?*

- 0. No
- 1. Loss
- 2. Gain
- 9. Unknown

If yes:

6.b) *What was your weight before the loss/gain?*

Pounds		

6.c) *What was your weight after the loss/gain?*

Pounds		

6.d) *Over what period of time did you lose/gain this amount of weight?*

Weeks		

7. *Did you have trouble sleeping or were you sleeping more than usual?*

If yes:

7.a) *Were you unable to fall asleep?*

7.b) **If yes:** *Was this for at least one hour?*

7.c) *Were you waking up in the middle of the night and having trouble going back to sleep?*

7.d) *Were you waking up too early in the morning?*

7.e) **If yes:** *Was this at least one hour earlier than usual?*

7.f) *Were you sleeping much more than usual?*

<u>No</u>	<u>Yes</u>	<u>Unk</u>
0	1	9

8. *Were you so fidgety or restless that other people could have noticed (e.g., pacing or wringing hands)?*

0	1	9

9. *Were you moving or speaking so slowly that other people could have noticed?*

0	1	9
---	---	---

F. MAJOR DEPRESSION

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
10. <i>Were you much less able to enjoy sex and other pleasurable activities?</i>	0	1	9
10a. <i>Did you lose interest in nearly all of your usual activities?</i>	0	1	9
11. <i>Were you feeling a loss of energy or more tired than usual?</i>	0	1	9
12. <i>Were you feeling guilty or that you were a bad person?</i>	0	1	9
13. <i>Were you feeling that you were a failure or worthless?</i>	0	1	9
14. <i>Were you having difficulty thinking, concentrating, or making decisions?</i>	0	1	9
15. <i>Were you frequently thinking about death, or wishing you were dead, or thinking about taking your life?</i>	0	1	9
16. <i>Did you actually try to harm yourself?</i>	0	1	9

17. **INTERVIEWER:** Enter number of boxes with at least one **YES** response in questions 6–16
TOTAL BOXES

INTERVIEWER: If less than three, probe for other potentially severe episodes. If necessary, recode questions 6–16. If still less than three, skip to **G. Mania/Hypomania (page 47)**.

18. **(INTERVIEWER: Review symptoms in questions 6–16 plus depressed mood):** 0 1 9
During this episode was there a two-week period when these symptoms were present nearly every day (at least four symptoms plus depressed mood, or five symptoms including loss of pleasure)?

19. *Did you tend to feel worse in the morning or in the evening?* Code Response

0. A.M.	0	1	2
1. P.M.			
2. No difference			

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
20. <i>During this episode, did you have beliefs or ideas that you later found out were not true? Probe: Like believing you had committed a crime or sin? Or that God was punishing you? Or that some terrible thing was going to happen? Or that someone was trying to harm you, or was talking about you? Or that something had gone wrong with your body? How certain were you?</i>	0	1	9

INTERVIEWER: If delusions are suspected, probe further to determine the content and whether the beliefs were held with certainty. Code on the basis of this information and describe below:

F. MAJOR DEPRESSION

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
If yes to question 20:			
20.a) <i>Did these beliefs occur either just before this depression or after it cleared?</i>	0	1	9
	Days		
20.b) If yes: <i>How long were they present before the depression began?</i>			
	Days		
20.c) If yes: <i>How long did they last after your mood returned to normal?</i>			
20.d) INTERVIEWER: Does this total more than 14 days?	0	1	9
21. <i>Did you see or hear things that other people could not see or hear?</i>	0	1	9
Probe: <i>Like voices talking or noises, or visions? Or have unusual tastes, smells, or physical sensations?</i>			
If yes: <i>Specify:</i> _____			

If yes:			
21.a) <i>Did these (refer to experiences) occur either just before this depression or after it cleared?</i>	0	1	9
	Days		
21.b) If yes: <i>How long were they present before the depression began?</i>			
	Days		
21.c) If yes: <i>How long did they last after your mood returned to normal?</i>			
21.d) INTERVIEWER: Does this total more than 14 days?	0	1	9
22. If yes to questions 20 or 21:	0	1	9
INTERVIEWER: Did psychotic symptoms have content that was <u>inconsistent</u> with depressive themes such as poverty, guilt, illness, personal inadequacy or catastrophe?			
22.a) If yes: INTERVIEWER: Was the subject preoccupied with psychotic symptoms to the exclusion of other symptoms or concerns?	0	1	9
23. <i>Did you seek or receive help from a doctor or other professional for this period of depression?</i>	0	1	9
24. <i>Were you prescribed medication for depression?</i>	0	1	9
If yes: <i>Specify:</i> _____			

F. MAJOR DEPRESSION

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
25. <i>During this episode were you admitted to the hospital for depression (including day hospital)?</i>	0	1	9

25.a) **If yes:** *For how long (inpatient)?*

Days		

25.b) **If yes:** *For how long (day hospital) ?*

Days		

26. <i>Did you receive ECT (shock treatments)?</i>	0	1	9
--	---	---	---

INTERVIEWER: If the patient was hospitalized two days or more, had ECT, or had psychotic symptoms, skip to question 29 and code incapacitation.

	Code Response			
	1	2	3	4
27. <i>Was your major responsibility during this episode job, home, school, or something else?</i>				

- 1. Job
- 2. Home
- 3. School
- 4. Other

If other: *Specify:* _____

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
28. <i>Was your functioning (in this role) affected?</i>	0	1	9

If yes: *Specify:* _____

28.a) <i>Did something happen as a result of this (such as marital separation, absence from work or school, loss of a job, or lower grades)?</i>	0	1	9
--	---	---	---

If yes: *Specify:* _____

28.b) <i>Did someone notice a change in your functioning?</i>	0	1	9
---	---	---	---

F. MAJOR DEPRESSION

Most Severe Episode

- | | Code Response | | | |
|--|---------------|---|---|---|
| <p>29. INTERVIEWER: Code based on answers to questions 20, 21 and 25–28</p> <p style="margin-left: 20px;">0. No change
1. Impairment
2. Incapacitation
9. Unknown</p> | 0 | 1 | 2 | 9 |

Modified RDC Impairment: A decrease in quality of the most important role performance (noticeable to others). This usually requires a decrease in the amount of performance; it may be manifested by a person taking ten hours to do what normally may require five hours.

Modified RDC Incapacitation: Includes complete inability to carry out principal role at home, school or work for 2 days in a row
OR Hospitalization for 2 days.
OR ECT treatment.
OR Presence of hallucinations or delusions.

If impaired or incapacitated: *Specify:* _____

- | | | | |
|--|---|---|---|
| <p>30. RDC Minor Role Dysfunction</p> <p>If no change in question 29: <i>Was your functioning in any other area of your life affected?</i></p> | 0 | 1 | 9 |
|--|---|---|---|

If yes: *Specify:* _____

- | | | | |
|--|---|---|---|
| <p>30.a) INTERVIEWER: If no to questions 25–30, is there any other evidence of clinically significant distress?</p> | 0 | 1 | 9 |
|--|---|---|---|

If yes: *Specify:* _____

INTERVIEWER: If **MALE** or **NEVER PREGNANT**, skip to question 32, page 36.

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|---|-----------|------------|------------|
| <p>31. <i>Did this episode occur during pregnancy (code 1) or just after childbirth (code 2)?</i></p> | 0 | 1 | 2 9 |

31.a) **If yes:** *What was the date of childbirth?*

			–				
Month				Year			

F. MAJOR DEPRESSION

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
32. <i>Did this episode occur during or shortly after a serious physical illness?</i>	0	1	9

INTERVIEWER: The following illnesses, among others, may be relevant:
Hypothyroidism, CVA, MS, Mono, Hepatitis, Cancer, Parkinson's, HIV,
Cushing's or other endocrine illnesses.

If yes: Specify: _____

33. <i>Did this episode begin shortly after you started taking any prescribed medication?</i>	0	1	9
---	---	---	---

INTERVIEWER: Aldomet, Inderal (propranolol), reserpine, interferon, and steroid medications (Prednisone, etc.) are important precipitants. Probe to distinguish precipitants from drugs actually prescribed to treat early symptoms of depression, such as hypnotics given for insomnia.

If yes: Specify medications: _____

34. <i>Did this episode begin while you were using street drugs?</i>	0	1	9
--	---	---	---

INTERVIEWER: The following drugs, among others, may be relevant: Amphetamines,
Barbiturates, Cocaine, "Downers", Tranquilizers

If yes: Specify drug and quantity: _____

35. <i>Did this episode follow increased use of alcohol?</i>	0	1	9
--	---	---	---

If yes: Specify: _____

35.a) <i>Did this episode follow decreased use of alcohol?</i>	0	1	9
--	---	---	---

If yes: Specify: _____

36. <i>Did this episode follow the death of someone close to you?</i>	0	1	9
---	---	---	---

36.a) **If yes: Specify relationship:** _____

36.b) **Date of death**

			-				
Month				Year			

Other Episode

During the selected episode...:

39. *Did you have a loss of appetite or did your appetite greatly increase?*

- 0. No
- 1. Yes, decreased
- 2. Yes, increased
- 3. Yes, mixture
- 9. Unknown/No information

Code Response				
0	1	2	3	9
0	1	2	9	

39.a) *Did you lose/gain weight when you were not trying to?*

- 0. No
- 1. Loss
- 2. Gain
- 9. Unknown

If yes:

39.b) *What was your weight before the loss/gain?*

Pounds		

39.c) *What was your weight after the loss/gain?*

Pounds		

39.d) *Over what period of time did you lose/gain this amount of weight?*

Weeks		

40. *Did you have trouble sleeping or were you sleeping more than usual?*

If yes:

40.a) *Were you unable to fall asleep?*

40.b) **If yes:** *Was this for at least one hour?*

40.c) *Were you waking up in the middle of the night and having trouble going back to sleep?*

40.d) *Were you waking up too early in the morning?*

40.e) **If yes:** *Was this at least one hour earlier than usual?*

40.f) *Were you sleeping much more than usual?*

No	Yes	Unk
0	1	9
0	1	9
0	1	9
0	1	9
0	1	9
0	1	9

41. *Were you so fidgety or restless that other people could have noticed (e.g., pacing or wringing hands)?*

0	1	9
0	1	9

42. *Were you moving or speaking so slowly that other people could have noticed?*

0	1	9
---	---	---

F. MAJOR DEPRESSION

Other Episode

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|---|---|------------|------------|
| 43. <i>Were you much less able to enjoy sex and other pleasurable activities?</i> | 0 | 1 | 9 |
| 43.a) <i>Did you lose interest in nearly all of your usual activities?</i> | 0 | 1 | 9 |
| 44. <i>Were you feeling a loss of energy or more tired than usual?</i> | 0 | 1 | 9 |
| 45. <i>Were you feeling guilty or that you were a bad person?</i> | 0 | 1 | 9 |
| 46. <i>Were you feeling that you were a failure or worthless?</i> | 0 | 1 | 9 |
| 47. <i>Were you having difficulty thinking, concentrating, or making decisions?</i> | 0 | 1 | 9 |
| 48. <i>Were you frequently thinking about death, or wishing you were dead, or thinking about taking your life?</i> | 0 | 1 | 9 |
| 49. <i>Did you actually try to harm yourself?</i> | 0 | 1 | 9 |
| 50. INTERVIEWER: Enter number of boxes with at least one YES response in questions 39–49 | <div style="display: inline-block; border: 1px solid black; width: 40px; height: 25px; margin-right: 10px;"></div> TOTAL BOXES | | |
| INTERVIEWER: If less than three, probe for other potentially severe episodes. If necessary, recode questions 39–49. If still less than three, skip to question 71, page 46. | | | |
| 51. (INTERVIEWER: Review symptoms in questions 39–49 plus depressed mood): <i>During this episode was there a two-week period when these symptoms were present nearly every day (at least four symptoms plus depressed mood, or five symptoms including loss of pleasure)?</i> | 0 | 1 | 9 |
| 52. <i>Did you tend to feel worse in the morning or in the evening?</i> | Code Response | | |
| 0. A.M. | 0 | 1 | 2 |
| 1. P.M. | | | |
| 2. No difference | | | |
| 53. <i>During this episode, did you have beliefs or ideas that you later found out were not true? Probe: Like believing you had committed a crime or sin? Or that God was punishing you? Or that some terrible thing was going to happen? Or that someone was trying to harm you, or was talking about you? Or that something had gone wrong with your body? How certain were you?</i> | 0 | 1 | 9 |
| INTERVIEWER: If delusions are suspected, probe further to determine the content and whether the beliefs were held with certainty. Code on the basis of this information and describe below: | | | |

F. MAJOR DEPRESSION

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
If yes to question 53:			
53.a) <i>Did these beliefs occur either just before this depression or after it cleared?</i>	0	1	9
	Days		
53.b) If yes: <i>How long were they present before the depression began?</i>			
	Days		
53.c) If yes: <i>How long did they last after your mood returned to normal?</i>			
53.d) INTERVIEWER: Does this total more than 14 days?	0	1	9
54. <i>Did you see or hear things that other people could not see or hear?</i> Probe: <i>Like voices talking or noises, or visions? Or have unusual tastes, smells, or physical sensations?</i> If yes: <i>Specify:</i> _____ _____ _____	0	1	9
If yes:			
54.a) <i>Did these (refer to experiences) occur either just before this depression or after it cleared?</i>	0	1	9
	Days		
54.b) If yes: <i>How long were they present before the depression began?</i>			
	Days		
54.c) If yes: <i>How long did they last after your mood returned to normal?</i>			
54.d) INTERVIEWER: Does this total more than 14 days?	0	1	9
55. If yes to questions 53 or 54: INTERVIEWER: Did psychotic symptoms have content that was <u>inconsistent</u> with depressive themes such as poverty, guilt, illness, personal inadequacy or catastrophe?	0	1	9
55.a) If yes: INTERVIEWER: Was the subject preoccupied with psychotic symptoms to the exclusion of other symptoms or concerns?	0	1	9
56. <i>Did you seek or receive help from a doctor or other professional for this period of depression?</i>	0	1	9
57. <i>Were you prescribed medication for depression?</i>	0	1	9
If yes: <i>Specify:</i> _____ _____			

F. MAJOR DEPRESSION

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
58. <i>During this episode were you admitted to the hospital for depression (including day hospital)?</i>	0	1	9

58.a) **If yes:** *For how long (inpatient)?*

Days		

58.b) **If yes:** *For how long (day hospital) ?*

Days		

59. <i>Did you receive ECT (shock treatments)?</i>	0	1	9
--	---	---	---

INTERVIEWER: If the patient was hospitalized two days or more, had ECT, or had psychotic symptoms, skip to question 62 and code incapacitation.

	Code Response			
	1	2	3	4
60. <i>Was your major responsibility during this episode job, home, school, or something else?</i>				

- 1. Job
- 2. Home
- 3. School
- 4. Other

If other: *Specify:* _____

61. <i>Was your functioning (in this role) affected?</i>	0	1	9
--	---	---	---

If yes: *Specify:* _____

61.a) <i>Did something happen as a result of this (such as marital separation, absence from work or school, loss of a job, or lower grades)?</i>	0	1	9
--	---	---	---

If yes: *Specify:* _____

61.b) <i>Did someone notice a change in your functioning?</i>	0	1	9
---	---	---	---

F. MAJOR DEPRESSION

Other Episode

	Code Response			
62. INTERVIEWER: Code based on answers to questions 53, 54 and 58–61 0. No change 1. Impairment 2. Incapacitation 9. Unknown	0	1	2	9

Modified RDC Impairment: A decrease in quality of the most important role performance (noticeable to others). This usually requires a decrease in the amount of performance; it may be manifested by a person taking ten hours to do what normally may require five hours.

Modified RDC Incapacitation: Includes complete inability to carry out principal role at home, school or work for 2 days in a row
 OR Hospitalization for 2 days.
 OR ECT treatment.
 OR Presence of hallucinations or delusions.

If impaired or incapacitated: *Specify:* _____

63. RDC Minor Role Dysfunction If no change in question 62: <i>Was your functioning in any other area of your life affected?</i>	0	1	9
---	---	---	---

If yes: *Specify:* _____

63.a) INTERVIEWER: If no to questions 58–63, is there any other evidence of clinically significant distress?	0	1	9
---	---	---	---

If yes: *Specify:* _____

INTERVIEWER: If **MALE** or **NEVER PREGNANT**, skip to question 65, page 44.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
64. <i>Did this episode occur during pregnancy (code 1) or just after childbirth (code 2)?</i>	0	1	2 9

64.a) **If yes:** *What was the date of childbirth?*

Month	-	Year

F. MAJOR DEPRESSION

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Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
65. <i>Did this episode occur during or shortly after a serious physical illness?</i>	0	1	9

INTERVIEWER: The following illnesses, among others, may be relevant:
Hypothyroidism, CVA, MS, Mono, Hepatitis, Cancer, Parkinson's, HIV,
Cushing's or other endocrine illnesses.

If yes: Specify: _____

66. <i>Did this episode begin shortly after you started taking any prescribed medication?</i>	0	1	9
---	---	---	---

INTERVIEWER: Aldomet, Inderal (propranolol), reserpine, interferon, and steroid medications (Prednisone, etc.) are important precipitants. Probe to distinguish precipitants from drugs actually prescribed to treat early symptoms of depression, such as hypnotics given for insomnia.

If yes: Specify medications: _____

67. <i>Did this episode begin while you were using street drugs?</i>	0	1	9
--	---	---	---

INTERVIEWER: The following drugs, among others, may be relevant: Amphetamines, Barbiturates, Cocaine, "Downers", Tranquilizers

If yes: Specify drug and quantity: _____

68. <i>Did this episode follow increased use of alcohol?</i>	0	1	9
--	---	---	---

If yes: Specify: _____

68.a) <i>Did this episode follow decreased use of alcohol?</i>	0	1	9
--	---	---	---

If yes: Specify: _____

69. <i>Did this episode follow the death of someone close to you?</i>	0	1	9
---	---	---	---

69.a) **If yes: Specify relationship:** _____

69.b) **Date of death**

			-				
Month				Year			

F. MAJOR DEPRESSION

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
70. <i>During this episode of depression did you have a week or more during which your mood frequently changed between sadness and irritability or even elation?</i>	0	1	9
70.a) <i>During this episode of depression did you also experience any of these symptoms?</i>			
70.a.1) <i>Overactivity—Running around, many projects, or physically agitated?</i>	0	1	9
70.a.2) <i>More talkative than usual, speech pressured?</i>	0	1	9
70.a.3) <i>Thoughts racing, jumping from topic to topic?</i>	0	1	9
70.a.4) <i>Feeling grandiose - more important, special, powerful?</i>	0	1	9
70.a.5) <i>Needing less sleep - energetic after little or no sleep?</i>	0	1	9
70.a.6) <i>Attention distracted by unimportant things?</i>	0	1	9
70.a.7) <i>Doing risky things for pleasure - spending, sex, reckless driving, etc.?</i>	0	1	9
70.a.8) INTERVIEWER: Enter number of YES responses in 70.a.1-7: TOTAL			<input style="width: 40px; height: 25px;" type="text"/>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> If total in 70.a.8 is less than 3, skip to question 71 </div> ←			
70.a.9) <i>How long were these symptoms present?</i>	Days <input style="width: 40px; height: 25px;" type="text"/>	OR	Weeks <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/>

Modified Medical History Screen - p.2

	<u>No</u>	<u>Yes</u>	<u>Unk</u>			
71. INTERVIEWER: Has there been at least one “clean” episode? A “clean” episode is one WITHOUT prior physical illness, drug or alcohol abuse, organic precipitants, or bereavement.	0	1	9			
If yes:						
72. <i>How many like this have you had? (Review these episodes with subject.)</i>	Clean Episodes					
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>					
72.a) <i>How old were you the <u>first</u> time you had an episode of depression like this? (Review requirements for clean episode above.)</i>	Ons Age					
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>					
72.b) <i>How old were you the <u>last</u> time you had an episode of depression like this? (Review requirements for clean episode above.)</i>	Rec Age					
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>					
A72.c) <i>What was the duration of your longest episode of depression in weeks? (Rate only clean episodes here.)</i>	Weeks					
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>					
73. If there have been episodes <u>with</u> complicating factors, rate 73a-A73d:						
73.a) <i>How many episodes like this have you had? (Review these episodes with subject.)</i>	Unclean Episodes					
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>					
73.b) <i>How old were you the <u>first</u> time you had an episode like this?</i>	Ons Age					
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>					
73.c) <i>How old were you the <u>last</u> time you had an episode like this?</i>	Rec Age					
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>					
A73.d) <i>What was the duration of your longest episode of depression of this kind in weeks? (Review and rate only episodes with complicating factors here.)</i>	Weeks					
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>					
(No item 74 in this version.)						
75. <i>How many times were you hospitalized for an episode of depression? (inpatient)</i>	Hospitalized					
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>					
75.a) <i>How many times were you hospitalized for an episode of depression? (day hospital)</i>	Day Hospital					
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>					
76. <i>How many courses of ECT have you had for depression?</i>	# of courses					
	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>					
	<u>No</u>	<u>Yes</u>	<u>Unk</u>			
77. Did you ever feel high or were you overactive following medical treatment for depression? If yes: Describe:	0	1	9			
78. <i>Do your depressions tend to begin in any particular season?</i>	Code Response					
0. No pattern	0	1	2	3	4	9
1. Winter						
2. Spring						
3. Summer						
4. Fall						
9. Unknown						

G. MANIA/HYPOMANIA

Now I'm going to ask you some other questions about your mood.

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|---|-----------|------------|------------|
| 1.a) <i>Did you ever have a period when you felt extremely good or high, clearly different from your normal self? (Was this more than just feeling good?)</i> | 0 | 1 | 9 |
| 1.b) <i>Did you ever have a period when you were unusually irritable, clearly different from your normal self so that you would shout at people or start fights or arguments?</i> | 0 | 1 | 9 |
| If yes to 1.a or 1.b, skip to question 1.e | 0 | 1 | 9 |
| 1.c) <i>Have you ever had periods lasting even a day or two when you felt unusually cheerful, irritable, energetic, or hyper?</i> | | | |
| 1.d) <i>Have there been times when you felt much more energetic than usual and needed less sleep than usual?</i> | 0 | 1 | 9 |

INTERVIEWER: Probe for additional symptoms if necessary, using additional probes (e.g., *Did you experience racing thoughts or pressure to keep talking? Were you over-confident? Did you make unrealistic plans? Were you uncharacteristically impulsive? Did you experience increased activity or increased talkativeness?*) Gather and record information on any (even mild) mood states that seem qualitatively different from a normal good mood and that indicate hypomania. Record response including subject's description of the mood below:

- | | | | |
|--|---|---|---|
| 1.e) If any yes to questions 1a-d: <i>Did this last persistently throughout the day or intermittently for two days or more?</i> | 0 | 1 | 9 |
| 1.f) INTERVIEWER: Do you suspect a past or current episode from subject's responses, behavior, or other information? | 0 | 1 | 9 |

Skip to H. Dysthymia/Cyclothymia (page 64)

2. *Have you been feeling that way recently (i.e., during the past 30 days)?*
- | | 0 | 1 | 9 |
|---|---|---|---|
| 2.a) If yes: <i>How long have you felt this way?</i> | | | |
| Days | 0 | 1 | 9 |
| OR | | | |
| Weeks | | | |

G. MANIA/HYPOMANIA

Most Severe Episode

3. *Think about the most extreme period in your life when you were feeling unusually good, high, or irritable.*

When did it begin?

			-				
Month				Year			

3.a) **INTERVIEWER:** Compute age.

Age	

3.b) *How long did that period last?*

Days		Weeks
	OR	
		<u>No</u> <u>Yes</u>

4. **INTERVIEWER:** Is the most severe episode also the current episode?

0	1
---	---

Most Severe Episode

During the most severe episode...:

- | | Code Response | | |
|---|---------------|---|---|
| | 1 | 2 | 3 |
| 5. INTERVIEWER: Specify and code whether subject's mood was: | | | |
| 1. Irritable | | | |
| 2. Elated/expansive | | | |
| 3. Both irritable and elated | | | |

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|---|-----------|------------|------------|
| 6. <i>Were you more active than usual either sexually, socially, or at work, or were you physically restless?</i> | 0 | 1 | 9 |
| 7. <i>Were you more talkative than usual or did you feel pressure to keep on talking?</i> | 0 | 1 | 9 |
| 8. <i>Did your thoughts race or did you talk so fast that it was difficult for people to follow what you were saying?</i> | 0 | 1 | 9 |
| 9. <i>Did you feel you were a very important person, or that you had special powers, plans, talents, or abilities?</i> | 0 | 1 | 9 |
| 10. <i>Did you need less sleep than usual?</i> | 0 | 1 | 9 |

If yes:

- | | | | |
|---|---|--------------|---|
| 10.a) <i>How many hours of sleep did you get per night?</i> | | <u>Hours</u> | |
| | | | |
| 10.b) <i>How many hours of sleep do you usually get per night?</i> | | <u>Hours</u> | |
| | | | |
| 11. <i>Did you have more trouble than usual concentrating because your attention kept jumping from one thing to another?</i> | 0 | 1 | 9 |
| 12. <i>Did you do anything that could have gotten you into trouble—like buy things, make business investments, have sexual indiscretions, drive recklessly?</i> | 0 | 1 | 9 |

If yes: Specify: _____

13. **INTERVIEWER:** Enter number of boxes with **YES** responses in questions 6–12
- TOTAL BOXES**
- INTERVIEWER:** If only one or none, skip to **H. Dysthymia/Cyclothymia (page 64).**

- | | | | |
|---|---|---|---|
| 13.a) <i>During this episode was there at least a week when these symptoms (INTERVIEWER: Review symptoms in questions 6–12 plus elated/irritable mood) were present most of the time?</i> | | | |
| | 0 | 1 | 9 |

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
14. <i>Would you say your behavior was provocative, obnoxious, arrogant, or manipulative enough to cause problems for your family, friends, or co-workers?</i>	0	1	9

If yes: Specify: _____

15. <i>Were you so excited that it was almost impossible to hold a conversation with you?</i>	0	1	9
---	---	---	---

16. <i>During this episode, did you have beliefs or ideas that you later found out were not true? Probe: Like believing that you had powers and abilities others did not have? Or that you had a special mission, perhaps from God? Or that someone was trying to harm you? How certain were you?</i>	0	1	9
--	---	---	---

INTERVIEWER: If delusions are suspected, probe further to determine the content and whether the beliefs were held with certainty. Code on the basis of this information and describe below:

If yes:

16.a) <i>Did these beliefs occur either just before this episode or after it cleared?</i>	0	1	9
---	---	---	---

Days

16.b) **If yes:** How long were they present before the episode began?

--	--	--

Days

16.c) **If yes:** How long did they last after your mood returned to normal?

--	--	--

16.d) INTERVIEWER: Does this total more than 14 days?	0	1	9
--	---	---	---

17. <i>Did you see or hear things that other people could not see or hear?</i>	0	1	9
--	---	---	---

If yes: Specify: _____

If yes:

17.a) <i>Did these (refer to experiences) occur either just before this episode or after it cleared?</i>	0	1	9
--	---	---	---

Days

17.b) **If yes:** How long were they present before the episode began?

--	--	--

Days

17.c) **If yes:** How long did they last after your mood returned to normal?

--	--	--

17.d) INTERVIEWER: Does this total more than 14 days?	0	1	9
--	---	---	---

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
18. If yes to questions 16 or 17: INTERVIEWER: Did psychotic symptoms have content that was <u>inconsistent</u> with manic themes such as inflated worth, power, knowledge, identity, or special relationship to a deity or a famous person?	0	1	9
18.a) If yes: INTERVIEWER: Was the subject preoccupied with psychotic symptoms to the exclusion of other symptoms or concerns?	0	1	9
19. <i>Did you seek or receive help from a doctor or other professional?</i>	0	1	9
20. <i>Were you prescribed medication?</i>	0	1	9
If yes: Specify: _____ _____			
21. <i>During this episode were you admitted to the hospital (including day hospital)?</i>	0	1	9
Days			
21.a) If yes: For how long (inpatient)?			
Days			
21.b) If yes: For how long (day hospital) ?			
22. <i>Did you receive ECT (shock treatments)?</i>	0	1	9

INTERVIEWER: If the patient was hospitalized two days or more, had ECT, or had psychotic symptoms, skip to question 25 and code incapacitation.

	<u>Code Response</u>			
23. <i>Was your major responsibility during this episode job, home, school, or something else?</i>	1	2	3	4
1. Job				
2. Home				
3. School				
4. Other				
If other: Specify: _____ _____				

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
24. Was your functioning (in this role) affected?	0	1	9

If yes: Specify: _____

If yes:

24.a) Did something negative happen as a result of this (such as marital separation, absence from work or school, loss of a job, or lower grades)?	0	1	9
--	---	---	---

If yes: Specify: _____

24.b) Did someone notice a change in your functioning?	0	1	9
--	---	---	---

Code Response

25. INTERVIEWER: Code based on answers to questions 15–24	0	1	2	3	9
0. No change					
1. Impairment					
2. Incapacitation					
3. Improvement					
9. Unknown					

Modified RDC Impairment: Decreased functioning not severe enough to meet incapacitation.

Modified RDC Incapacitation: Includes complete inability to carry out principal role at home, school or work for 2 days in a row
OR Hospitalization for 2 days.
OR ECT treatment.
OR Presence of hallucinations or delusions.
OR Complete inability to carry on a conversation.

Improvement: Improvement in function.

Specify: _____

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
26. RDC Impairment If improvement or no change in question 25: <i>Was your functioning in any other area of your life affected or did you get into trouble in any way?</i>	0	1	9

If yes: Specify: _____

27. <i>Did this episode occur during or shortly after a serious physical illness?</i>	0	1	9
---	---	---	---

INTERVIEWER: The following illnesses, among others, may be relevant:
MS, HIV, Hyperthyroidism, Lupus, Cushing's, Brain Tumors,
Encephalitis.

If yes: Specify: _____

28. <i>Did this episode begin shortly after you started using decongestants, steroids, or some other medication?</i>	0	1	9
--	---	---	---

INTERVIEWER: L-DOPA, among others, may be relevant. Antidepressants are not considered an organic precipitant for DSM-III-R and RDC.

If yes: Specify medications: _____

29. <i>Did this episode begin shortly after you began taking an antidepressant, shortly after you started a course of ECT, or after beginning a course of light therapy?</i>	0	1	9
--	---	---	---

If yes: Specify: _____

30. <i>Were you using cocaine or other street drugs or were you drinking more than usual just before this episode began?</i>	0	1	9
--	---	---	---

INTERVIEWER: Amphetamines, among others, may be relevant.
If yes:

30.a) <i>Cocaine?</i>	0	1	9
-----------------------	---	---	---

If yes: Specify: _____

30.b) <i>Other street drugs?</i>	0	1	9
----------------------------------	---	---	---

If yes: Specify drug and quantity: _____

G. MANIA/HYPOMANIA

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
30.c) <i>Increased use of alcohol?</i>	0	1	9
If yes: Specify: _____			
31. <i>During this episode did you have a week or more during which your mood frequently changed between irritability or elation and sadness or depression?</i>	0	1	9
31.a) <i>During this episode did you also experience any of these symptoms?</i>			
31.a.1) <i>Diminished desire for food, or marked overeating?</i>	0	1	9
31.a.2) <i>Inability to sleep when sleep was desired, or excessive sleep?</i>	0	1	9
31.a.3) <i>Feeling slowed down?</i>	0	1	9
31.a.4) <i>Having fatigue or a loss of energy?</i>	0	1	9
31.a.5) <i>Losing interest in pleasurable activities?</i>	0	1	9
31.a.6) <i>Feeling guilty or worthless?</i>	0	1	9
31.a.7) <i>Being unable to think or retain written information?</i>	0	1	9
31.a.8) <i>Feeling suicidal or thinking a lot about death?</i>	0	1	9
31.a.9) INTERVIEWER: Enter number of YES responses in 31.a.1-8: TOTAL			<input style="width: 40px; height: 25px;" type="text"/>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> If total in 31.a.9 is less than 4, skip to question 32 </div>			
31.a.10) <i>How long were these symptoms present?</i>	<input style="width: 40px; height: 25px;" type="text"/>	OR	<input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/>
			Days Weeks Mixed episodes
31.b) <i>How many episodes like this have you had? (Count only mixed episodes here.)</i>			<input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/>

Other Episode

	<u>No</u>	<u>Yes</u>
32. INTERVIEWER: Refer to the instructions below, and indicate here whether a second episode of mania/hypomania will be rated.	<input style="width: 20px; height: 20px;" type="text" value="0"/>	1

Skip to question 60, page 62

Another episode of mania SHOULD be rated if there is a Current Episode that was not coded under Most Severe OR the Most Severe episode was mixed, related to an organic factor or to antidepressant treatment, or in any way questionable, atypical, or marginal.

Based on the overview or additional probing, identify the most recent severe episode that the subject remembers well.

Briefly describe how the Other Episode was selected:

32.a) *Is the selected episode also a current episode (in the past 30 days)?* 0 1

32.b) *When did it begin?*

			-				
Month				Year			

32.c) **INTERVIEWER:** Compute age.

Age	

32.d) *How long did that period last?*

Days		OR	Weeks		

Other Episode

During this episode...:

		Code		
		1	2	3
33.	INTERVIEWER: Specify and code whether subject's mood was:			
	1. Irritable			
	2. Elated/expansive			
	3. Both irritable and elated			
		<u>No</u>	<u>Yes</u>	<u>Unk</u>
34.	Were you more active than usual either sexually, socially, or at work, or were you physically restless?	0	1	9
35.	Were you more talkative than usual or did you feel pressure to keep on talking?	0	1	9
36.	Did your thoughts race or did you talk so fast that it was difficult for people to follow what you were saying?	0	1	9
37.	Did you feel you were a very important person, or that you had special powers, plans, talents, or abilities?	0	1	9
38.	Did you need less sleep than usual?	0	1	9
	If yes:			
		Hours		
38.a)	How many hours of sleep did you get per night?	<input type="text"/>	<input type="text"/>	
		Hours		
38.b)	How many hours of sleep do you usually get per night?	<input type="text"/>	<input type="text"/>	
39.	Did you have more trouble than usual concentrating because your attention kept jumping from one thing to another?	0	1	9
40.	Did you do anything that could have gotten you into trouble—like buy things, make business investments, have sexual indiscretions, drive recklessly?	0	1	9
	If yes: Specify: _____			
41.	INTERVIEWER: Enter number of boxes with YES responses in questions 34–40			
		TOTAL BOXES		
		<input type="text"/>		
	INTERVIEWER: If only one or none, skip to H. Dysthymia/Cyclothymia (page 64).			
41.a)	During this episode was there at least a week when these symptoms (INTERVIEWER: Review symptoms in questions 34–40 plus elated/irritable mood) were present most of the time?	0	1	9

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
42. <i>Would you say your behavior was provocative, obnoxious, arrogant, or manipulative enough to cause problems for your family, friends, or co-workers?</i> If yes: Specify: _____ _____	0	1	9

43. <i>Were you so excited that it was almost impossible to hold a conversation with you?</i>	0	1	9
---	---	---	---

44. <i>During this episode, did you have beliefs or ideas that you later found out were not true? Probe: Like believing that you had powers and abilities others did not have? Or that you had a special mission, perhaps from God? Or that someone was trying to harm you? How certain were you?</i> INTERVIEWER: If delusions are suspected, probe further to determine the content and whether the beliefs were held with certainty. Code on the basis on this information and describe below: _____ _____ _____	0	1	9
---	---	---	---

If yes:

44.a) <i>Did these beliefs occur either just before this episode or after it cleared?</i>	0	1	9
---	---	---	---

44.b) If yes: <i>How long were they present before the episode began?</i>	Days		

44.c) If yes: <i>How long did they last after your mood returned to normal?</i>	Days		

44.d) INTERVIEWER: Does this total more than 14 days?	0	1	9
--	---	---	---

45. <i>Did you see or hear things that other people could not see or hear?</i> If yes: Specify: _____ _____	0	1	9
--	---	---	---

If yes:

45.a) <i>Did these (refer to experiences) occur either just before this episode or after it cleared?</i>	0	1	9
--	---	---	---

45.b) If yes: <i>How long were they present before the episode began?</i>	Days		

45.c) If yes: <i>How long did they last after your mood returned to normal?</i>	Days		

45.d) INTERVIEWER: Does this total more than 14 days?	0	1	9
--	---	---	---

Other Episode

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|---|-----------|------------|------------|
| 46. If yes to questions 44 or 45:
INTERVIEWER: Did psychotic symptoms have content that was <u>inconsistent</u> with manic themes such as inflated worth, power, knowledge, identity, or special relationship to a deity or a famous person? | 0 | 1 | 9 |
| 46.a) If yes: INTERVIEWER: Was the subject preoccupied with psychotic symptoms to the exclusion of other symptoms or concerns? | 0 | 1 | 9 |
| 47. <i>Did you seek or receive help from a doctor or other professional?</i> | 0 | 1 | 9 |
| 48. <i>Were you prescribed medication?</i> | 0 | 1 | 9 |
| If yes: Specify: _____
_____ | | | |
| 49. <i>During this episode were you admitted to the hospital (including day hospital)?</i> | 0 | 1 | 9 |
| 49.a) If yes: For how long (inpatient)? | Days | | |
| | | | |
| 49.b) If yes: For how long (day hospital) ? | Days | | |
| | | | |
| 50. <i>Did you receive ECT (shock treatments)?</i> | 0 | 1 | 9 |

INTERVIEWER: If the patient was hospitalized two days or more, had ECT, or had psychotic symptoms, skip to question 53 and code incapacitation.

- | | <u>Code Response</u> | | | |
|--|----------------------|---|---|---|
| | 1 | 2 | 3 | 4 |
| 51. <i>Was your major responsibility during this episode job, home, school, or something else?</i> | | | | |

1. Job
2. Home
3. School
4. Other

If other: Specify: _____

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
52. <i>Was your functioning (in this role) affected?</i>	0	1	9

If yes: Specify: _____

If yes:

52.a) <i>Did something negative happen as a result of this (such as marital separation, absence from work or school, loss of a job, or lower grades)?</i>	0	1	9
---	---	---	---

If yes: Specify: _____

52.b) <i>Did someone notice a change in your functioning?</i>	0	1	9
---	---	---	---

Code Response

53. INTERVIEWER: Code based on answers to questions 43–52	0	1	2	3	9
0. No change					
1. Impairment					
2. Incapacitation					
3. Improvement					
9. Unknown					

Modified RDC Impairment: Decreased functioning not severe enough to meet incapacitation.

Modified RDC Incapacitation: Includes complete inability to carry out principal role at home, school or work for 2 days in a row
OR Hospitalization for 2 days.
OR ECT treatment.
OR Presence of hallucinations or delusions.
OR Complete inability to carry on a conversation.

Improvement: Improvement in function.

Specify: _____

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
54. RDC Impairment If no change in question 53: <i>Was your functioning in any other area of your life affected or did you get into trouble in any way?</i>	0	1	9

If yes: Specify: _____

55. <i>Did this episode occur during or shortly after a serious physical illness?</i>	0	1	9
---	---	---	---

INTERVIEWER: The following illnesses, among others, may be relevant:
MS, HIV, Hyperthyroidism, Lupus, Cushing's, Brain Tumors,
Encephalitis.

If yes: Specify: _____

56. <i>Did this episode begin shortly after you started using decongestants, steroids, or some other medication?</i>	0	1	9
--	---	---	---

INTERVIEWER: L-DOPA, among others, may be relevant. Antidepressants are not considered an organic precipitant for DSM-III-R and RDC.

If yes: Specify medications: _____

57. <i>Did this episode begin shortly after you began taking an antidepressant, shortly after a course of ECT, or after beginning a course of light therapy?</i>	0	1	9
--	---	---	---

If yes: Specify: _____

58. <i>Were you using cocaine or other street drugs or were you drinking more than usual just before this episode began?</i>	0	1	9
--	---	---	---

INTERVIEWER: Amphetamines, among others, may be relevant.

If yes:

58.a) <i>Cocaine?</i>	0	1	9
-----------------------	---	---	---

If yes: Specify: _____

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
58.b) <i>Other street drugs?</i>	0	1	9
If yes: <i>Specify drug and quantity:</i> _____			

58.c) <i>Increased use of alcohol?</i>	0	1	9
If yes: <i>Specify:</i> _____			
59. <i>During this episode did you have a week or more during which your mood frequently changed between irritability or elation and sadness or depression?</i>	0	1	9
59.a) <i>During this episode did you also experience any of these symptoms?</i>			
59.a.1) <i>Diminished desire for food, or marked overeating?</i>	0	1	9
59.a.2) <i>Inability to sleep when sleep was desired, or excessive sleep?</i>	0	1	9
59.a.3) <i>Feeling slowed down?</i>	0	1	9
59.a.4) <i>Having fatigue or a loss of energy?</i>	0	1	9
59.a.5) <i>Losing interest in pleasurable activities?</i>	0	1	9
59.a.6) <i>Feeling guilty or worthless?</i>	0	1	9
59.a.7) <i>Being unable to think or retain written information?</i>	0	1	9
59.a.8) <i>Feeling suicidal or thinking a lot about death?</i>	0	1	9
59.a.9) INTERVIEWER: Enter number of YES responses in 59.a.1-8: TOTAL			
If total in 59.a.9 is less than 4 , skip to question 60			
59.a.10) <i>How long were these symptoms present?</i>	Days	OR	Weeks
Interviewer: If this is the first rated mixed episode, rate the following:			
59.b) <i>How many episodes like this have you had? (Count only mixed episodes here.)</i>		Mixed episodes	

INTERVIEWER: Were the Most Severe Episode and/or the Other Episode mixed episodes? If both were mixed, try to establish a non-mixed episode for which mania criteria were met, and recode Other Episode from question 32, page 55.

G. MANIA/HYPOMANIA

INTERVIEWER: for Q. A60 and A61, “clean” = without and “unclean” = with prior organic precipitants (physical illness, drug/alcohol abuse, etc.). Count distinct periods (can be within 2 months of another mood period) with elation + 3 or irritability + 4 manic criteria for ≥ one day. **Review the number and timing** of periods with and without significant role impairment (with additional probing if necessary). Summarize in the narrative.

A60. **INTERVIEWER:** Has there been at least one “clean” period of mania/hypomania?
If yes, rate items A60a-h:

No Yes Unk
0 1 9

“Clean” periods with significant role impairment (mania):

A60.a/b) Number and maximum duration of “clean” manias (include Mixed periods):

# Periods	Max Days
<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
Ons Age	Rec Age

A60.c/d) Age at first and last “clean” manic periods:

<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
---	---

“Clean” periods without significant role impairment (hypomania):

A60.e/f) Number and maximum duration of “clean” hypomanias (include Mixed periods):

# Periods	Max Days
<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
Ons Age	Rec Age

A60.g/h) Age at first and last “clean” hypomanic periods:

<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
---	---

A60.i) Estimate the number of **clean DSM-IV manias** (≥7 days with significant role impairment, or <7 days with hospitalization or psychosis) and **hypomanias** (≥4 days without significant impairment).

Manias	Hypomanias
<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>

No Yes Unk

A61. **INTERVIEWER:** Has there been at least one “unclean” period of mania/hypomania?
If yes: rate items A61a-h:

0 1 9

“Unclean” periods with significant role impairment (mania):

A61.a/b) Number and maximum duration of “unclean” manias (include Mixed periods):

# Episodes	Max Days
<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
Ons Age	Rec Age

A61.c/d) Age at first and last “unclean” manic periods:

<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
---	---

“Unclean” periods without significant role impairment (hypomania):

A61.e/f) Number and maximum duration of “unclean” hypomanias (include Mixed periods):

# Episodes	Max Days
<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
Ons Age	Rec Age

A61.g/h) Age at first and last “unclean” hypomanic periods:

<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
---	---

62. *How many times were you hospitalized as an inpatient for an episode of mania?*

Hospitalized	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
--------------	---

62.a) *How many times were you hospitalized in a day hospital for an episode of mania?*

Day Hospital	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
--------------	---

63. *Do your episodes tend to begin in any particular season?*

- | | |
|---------------|------------|
| 0. No pattern | 3. Summer |
| 1. Winter | 4. Fall |
| 2. Spring | 9. Unknown |

Code Response
0 1 2 3 4 9

G. MANIA/HYPOMANIA

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
64. <i>Have you ever switched back and forth quickly from feeling high to feeling normal, or from feeling high to feeling depressed without a normal mood in between?</i>	0	1	9
	<u>Code Response</u>		

64.a) If yes: <i>Did this switch in your mood happen</i>	1	2	3
1. <i>every few hours</i>			
2. <i>every few days, or</i>			
3. <i>every few weeks?</i>			

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
65. <i>Have you ever had a year when you had several different manic, hypomanic, depressive, or mixed episodes?</i>	0	1	9

If yes:

65.a) <i>Altogether, how many different manic, hypomanic, depressive, or mixed episodes did you have during that year? (“Episodes” are defined here as identifiable “periods” – no minimum time of remission between periods is required.)</i>	Episodes		
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 25px;"></td> <td style="width: 40px; height: 25px;"></td> </tr> </table>		

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
65.b) <i>Are you sure you got better between episodes?</i>	0	1	9

If yes:

65.a.1) <i>For how long?</i>	Weeks		
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 25px;"></td> <td style="width: 40px; height: 25px;"></td> </tr> </table>		

DYSTHYMIA

INTERVIEWER: Bipolar patients cannot meet DSM-III-R/DSM-IV criteria for Dysthymia. However, it is **Site Optional** to continue through this section. Otherwise, for bipolar patients skip to Cyclothymia (question 7, page 65).

I have asked about episodes of depression that were severe. Some people have less severe periods of depression that go on for years at a time. Now we want to talk about times like that.

- | | No | Yes | Unk |
|--|----|-----|-----|
| 1. <i>Have you ever had a period of a year or more when you felt sad, down, or blue most of the day, more days than not?</i> | 0 | 1 | 9 |

Skip to question 7, page 65

- 1.a) *When did the longest period like this begin?*

			-				
Month				Year			

- 1.b) *When did this period end?*

			-				
Month				Year			

INTERVIEWER: For adolescents or children, skip to Cyclothymia (question 7) if the period in questions 1.a-b is less than **1 year**.
For adults, skip to Cyclothymia (question 7) if the period in questions 1.a-b is less than **2 years**.

- | | | | |
|--|---|---|---|
| 2. <i>Did you have a severe episode of depression either during the first two years of this period or in the six months before this period began?</i> | 0 | 1 | 9 |
| 3. <i>Just before and during this period was there a change in your use of street drugs, alcohol, or prescription medications, or did you have a serious physical illness?</i> | 0 | 1 | 9 |

If yes: Specify: _____

INTERVIEWER: If **YES** to question 2 or 3, can you identify another period?
If **YES**, recode questions 1.a and 1.b.
If **NOT**, skip to Cyclothymia (question 7).
Site Optional: Interviewer may continue to specify dysthymic symptoms.

4. *During that period did you...*

- | | | | |
|---------------------------------------|---|---|---|
| 4.a) <i>...overeat?</i> | 0 | 1 | 9 |
| 4.b) <i>...have a poor appetite?</i> | 0 | 1 | 9 |
| 4.c) <i>...have trouble sleeping?</i> | 0 | 1 | 9 |
| 4.d) <i>...sleep too much?</i> | 0 | 1 | 9 |
| 4.e) <i>...feel tired easily?</i> | 0 | 1 | 9 |

H. DYSTHYMIA/CYCLOTHYMIA

	No	Yes	Unk
4.f) ...feel inadequate or worthless?	0	1	9
4.g) ...find it hard to concentrate or make decisions?	0	1	9
4.h) ...feel hopeless?	0	1	9
4.i) INTERVIEWER: Enter number YES responses in questions 4a–h. Note: Boxed items count as only one YES response if yes to either.			
			TOTAL
INTERVIEWER: If less than two, skip to question 7.			
5. During that period was your mood ever normal for more than two months in a row—that is, two months when you were <u>not</u> sad, blue or down?	0	1	9
6. During that two-year period was there a difference in the way you managed your work, school, or household tasks or was any other area of your life affected?	0	1	9
If yes: Specify: _____			

6.a) INTERVIEWER: If no to question 6, is there any other evidence of clinically significant distress?	0	1	9
If yes: Specify: _____			

CYCLOTHYMIC DISORDER

INTERVIEWER: If subject reported episodes of major depression or mania, distinguish these from the less severe, fluctuating mood changes typical of Cyclothymia by beginning the questions with: “*Other than the severe episodes you mentioned...*”

Many subjects with cyclothymia will have already reported numerous hypomanias. In this case, interviewer must look for periods of depressive symptoms and establish chronicity.

7. Have you had a year or more when you have been a very moody person—someone who often had a few hours or days when you felt better than normal or high and other times when you felt down or depressed?	0	1	9
Skip to I. Alcohol Abuse and Dependence (page 68)			

H. DYSTHYMIA/CYCLOTHYMIA

7.a) *When did the longest period like this begin?*

Month			-	Year			

7.b) *When did this period end?*

Month			-	Year			

INTERVIEWER: For adolescents or children, skip to I. Alcohol Abuse and Dependence (page 68) if the period in questions 7.a-b is less than **1 year**.
For adults, skip to I. Alcohol Abuse and Dependence (page 68) if the period in questions 7.a-b is less than **2 years**.

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|--|-----------|------------|------------|
| 8. <i>Did you have an episode of depression or mania during the first two years of this period?</i> | 0 | 1 | 9 |
| 9. <i>Just before and during this period was there a change in your use of street drugs, alcohol, or prescription medications, or did you have a serious physical illness?</i> | 0 | 1 | 9 |

If yes: Specify: _____

INTERVIEWER: If **YES** to question 8 or 9, can you identify another period?
If **YES**, recode questions 7.a and 7.b.
If **NOT**, skip to I. Alcohol Abuse and Dependence (page 68).
Site Optional: Interviewer may continue to specify cyclothymic symptoms.

- | | | | |
|--|---|---|---|
| 10.a) <i>During this period, did you have at least two of the following symptoms...:</i> | 0 | 1 | 9 |
| Elated: | | | |
| <i>...more active or energetic than usual?</i> | | | |
| <i>...more talkative than usual?</i> | | | |
| <i>...needing less sleep than usual?</i> | | | |
| <i>...thoughts racing?</i> | | | |
| <i>...feeling very important?</i> | | | |

INTERVIEWER: If yes, consider returning to mania section (page 47) if not completed previously.

- | | | | |
|--|---|---|---|
| 10.b) <i>During this period, did you have at least two of the following symptoms...:</i> | 0 | 1 | 9 |
| Depressed: | | | |
| <i>...trouble sleeping or sleeping too much?</i> | | | |
| <i>...loss of appetite or overeating?</i> | | | |
| <i>...trouble concentrating?</i> | | | |
| <i>...loss of energy?</i> | | | |
| <i>...feeling guilty or worthless?</i> | | | |
| <i>...being unable to enjoy things?</i> | | | |
| <i>...thinking about death?</i> | | | |

H. DYSTHYMIA/CYCLOTHYMIA

	No	Yes	Unk
11. <i>During that period was your mood ever normal for more than two months in a row— that is, two months when you were <u>not</u> sad, blue or down?</i>	0	1	9
12. <i>During that period was there a difference in the way you managed your work, school, or household tasks or was any other area of your life affected?</i>	0	1	9

If yes: Specify: _____

12.a) INTERVIEWER: If no to question 12, is there any other evidence of clinically significant distress?	0	1	9
---	---	---	---

If yes: Specify: _____

13. <i>How old were you the <u>first</u> time you had a year or more like this?</i>	Age		
14. <i>How long did that period last?</i>	Months		

I. ALCOHOL ABUSE AND DEPENDENCE

I am going to ask you a series of questions about alcohol and drug use. I will use the word "often" in some of these questions; by often, we mean three or more times. Now, I would like to ask you some questions about alcoholic beverages like beer, wine, wine coolers, champagne, or hard liquor like vodka, gin, or whiskey.

- | | | | |
|--|-----------|------------|------------|
| | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
| 1. Have you ever had a drink of alcohol? | 0 | 1 | 9 |
| 1.a) If no: So, you have never had even one drink of alcohol? | 0 | 1 | 9 |

Skip to J. Tobacco, Marijuana and Other Drug Abuse and Dependence (page 77)

SKIP

	<u>No</u>	<u>Yes</u>
2. Let us begin with the last week. Did you have any drink containing alcohol in the last week?	0	1

Skip to question 4

We would like to know the number of alcoholic drinks you have had on each day in the last week. Let us begin with yesterday, that is _____ (**Name and record day of week**).

3. How many drinks of (**Type of Beverage**) did you have on (**Day**)? (**Record in column I**)

3.a) How long in minutes did it take you to consume that amount? (**Record in column II**)

INTERVIEWER: Ask for all types of beverages and then go to the next day. If response is "Don't Know" or "Can't Remember", code UUU.

Day Last Week	<u>Beer/Lite Beer</u>		<u>Wine</u>		<u>Liquor</u>	
	I. Drinks	II. Minutes	I. Drinks	II. Minutes	I. Drinks	II. Minutes
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

	<u>No</u>	<u>Yes</u>
4. Would you say that your drinking/not drinking in the past week was typical of your drinking habits?	0	1

I. ALCOHOL ABUSE AND DEPENDENCE

5. Did you ever drink regularly—that is, at least once a week, for six months or more? No 0 Yes 1

Skip to question 7 ←

5.a) **If yes:** How old were you the first time you drank that regularly? Ons Age

--	--

SKIP

INTERVIEWER: If question 4 is **NO – Past week not typical**, continue. Otherwise, skip to question 7.
We would like to know the number of alcoholic drinks you have had on each day in a typical week in the past six months when you drink.

6. During a typical week, how many drinks of (**Type of Beverage**) did you have on (**Day**)? (**Record in column I**)

6.a) How long in minutes did it take you to consume that amount? (**Record in column II**)

INTERVIEWER: Ask for all types of beverages and then go to the next day. If response is “Don’t Know” or “Can’t Remember”, code UUU.

Day Last Week	<u>Beer/Lite Beer</u>		<u>Wine</u>		<u>Liquor</u>	
	I. Drinks	II. Minutes	I. Drinks	II. Minutes	I. Drinks	II. Minutes
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

7. Did you ever get drunk—that is, when your speech was slurred or you were unsteady on your feet? No 0 Yes 1

If NO to BOTH question 5 and 7, skip to J. Tobacco, Marijuana, and Other Drug Abuse and Dependence (page 77) ←

I. ALCOHOL ABUSE AND DEPENDENCE

8. What is the largest number of drinks you have ever had in a 24-hour period?

Drinks	

Record response: _____

Hard liquor drink equivalents

- 1 shot glass/highball = 1
- 1/2 pint = 6
- 1 pint = 12
- 1 fifth = 20
- 1 quart = 24

Wine drink equivalents

- 1 bottle = 6
- 1 wine cooler = 1

Beer drink equivalents

- 1 bottle/can = 1
- 1 case = 24

If 3 drinks or fewer, skip to J. Tobacco, Marijuana and Other Drug Abuse and Dependence (page 77)

9. Did you ever feel you should cut down on your drinking?

No Yes

0 1

SKIP

9.a) **If yes:** How old were you the first time you felt you should cut down on your drinking? Ons Age

--	--

10. Have people annoyed you by criticizing your drinking?

0 1

11. Have you ever felt bad or guilty about drinking?

0 1

12. Did you ever have a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?

0 1

If all NO in questions 9–12, skip to J. Tobacco, Marijuana and Other Drug Abuse and Dependence (page 77)

*13. Have you often tried to stop or cut down on drinking?

0 1

SKIP

13.a) **If yes:** How old were you the first time? Ons Age

--	--

*14. Did you ever try to stop or cut down on drinking and find you could not?

0 1
No Yes Once

15. Have you more than once gone on binges or benders when you kept drinking for a couple of days or more without sobering up?

0 1 2

SKIP

15.a) **If yes:** How old were you the first time? Ons Age

--	--

I. ALCOHOL ABUSE AND DEPENDENCE

	<u>No</u>	<u>Yes</u>
*16. <i>Have you often started drinking when you promised yourself that you would not, or have you often drunk more than you intended to?</i>	0	1
*17. <i>Has there ever been a period when you spent so much time drinking or recovering from the effects of alcohol that you had little time for anything else?</i>	0	1
18. <i>Did your drinking cause you to...:</i>		
18.a) <i>...have problems at work or at school?</i>	0	1
18.b) <i>...get into physical fights while drinking?</i>	0	1
18.c) <i>...hear objections about your drinking from your family, friends, doctor, or clergyman?</i>	0	1
18.d) <i>...lose friends?</i>	0	1
*18.e) If any yes in questions 18a-d: <i>Did you continue to drink after you knew it caused you any of these problems?</i>	0	1

SKIP		
18.f) If yes in 18a-d: <i>How old were you the <u>first</u> time you (Mention items coded YES in question 18.a-d)?</i>	Ons Age	

19. <i>Did you ever need to drink a lot more in order to get an effect, or find that you could no longer get high or drunk on the amount you used to drink?</i>	0	1
---	---	---

If yes:

INTERVIEWER: Hand Alcohol Use Card "A" to subject.

*19.a) <i>Would you say 50% more?</i>	0	1
20. <i>Some people try to control their drinking by making rules like not drinking before five o'clock or never drinking alone. Have you ever made any rules to control your drinking?</i>	0	1
*21. <i>Have you ever given up or greatly reduced important activities because of your drinking—like sports, work, or associating with friends or relatives?</i>	0	1
21.a) If yes: <i>Has this happened more than once?</i>	0	1
22. <i>Have you ever had trouble driving, like having an accident, because of drinking?</i>	0	1

SKIP		
22.a) If yes: <i>How old were you the <u>first</u> time this happened?</i>	Ons Age	

	<u>No</u>	<u>Yes</u>
23. <i>Have you ever been arrested for drunk driving?</i>	0	1
SKIP		
23.a) If yes: <i>How old were you the <u>first</u> time this happened?</i>	Ons Age	
	<input type="text"/>	<input type="text"/>
24. <i>Have you ever been arrested or detained by the police even for a few hours because of drunken behavior (other than drunk driving)?</i>	0	1
SKIP		
24.a) If yes: <i>How old were you the <u>first</u> time this happened?</i>	Ons Age	
	<input type="text"/>	<input type="text"/>
*25. <i>Have you often been high from drinking in a situation where it increased your chances of getting hurt—for instance, when driving, using knives or machinery or guns, crossing against traffic, climbing, or swimming?</i>	0	1
*26. <i>Has your drinking or being hung over often kept you from working or taking care of household responsibilities?</i>	0	1
SKIP		
26.a) If yes: <i>How old were you the <u>first</u> time this happened?</i>	Ons Age	
	<input type="text"/>	<input type="text"/>
27. <i>Have you more than once had blackouts, when you did not pass out, but you drank enough so that the next day you could not remember things you said or did?</i>	0	1
SKIP		
27.a) If yes: <i>How old were you the <u>first</u> time this happened?</i>	Ons Age	
	<input type="text"/>	<input type="text"/>
28. <i>Did you ever drink unusual things such as rubbing alcohol, mouthwash, vanilla extract, cough syrup, or any other non-beverage substance containing alcohol?</i>	0	1
29. <i>In situations where you couldn't drink, did you ever have such a strong desire for alcohol that you couldn't think of anything else?</i>	0	1
30. <i>Have you used alcohol while taking medications or drugs you knew were dangerous to mix with alcohol?</i>	0	1

I. ALCOHOL ABUSE AND DEPENDENCE

INTERVIEWER: Complete the **Ever** column, then complete the **Occur Together** column if 31.1 is **YES**


	Ever		Occur Together	
	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>
31. <i>Did you ever have any of the following problems when you stopped or cut down on drinking?</i>				
31.a) <i>Were you unable to sleep?</i>	0	1	0	1
31.b) <i>Did you feel anxious, depressed, or irritable?</i>	0	1	0	1
31.c) <i>Did you sweat?</i>	0	1	0	1
31.d) <i>Did your heart beat fast?</i>	0	1	0	1
31.e) <i>Did you have nausea or vomiting?</i>	0	1	0	1
31.f) <i>Did you feel weak?</i>	0	1	0	1
31.g) <i>Did you have headaches?</i>	0	1	0	1
31.h) <i>Did you have the shakes (hands trembling)?</i>	0	1	0	1
31.i) <i>Did you see things that were not really there?</i>	0	1	0	1
31.j) <i>Did you have the DT's, that is, where you were out of your head, extremely shaky, or felt very frightened or nervous?</i>	0	1	0	1
31.k) <i>Did you have fits, seizures, or convulsions, where you lost consciousness, fell to the floor, and had difficulty remembering what happened?</i>	0	1	0	1
<div style="border: 1px solid black; padding: 5px;"> <p>INTERVIEWER: If all NO, skip to question 32, page 74. If only <u>one</u> YES, skip to question 31.n</p> </div>				
*31.l) <i>Was there ever a time when two or more of these symptoms occurred together?</i>	0	1		
<div style="border: 1px solid black; padding: 5px;"> <p>INTERVIEWER: If YES, return to top of question 31 to ask: 31.m) <i>Which ones?</i> (Code in Occur Together column)</p> </div>				
			<u>No</u>	<u>Yes</u>
*31.n) <i>On three or more different occasions have you taken a drink to keep from having any of these symptoms or to make them go away?</i>			0	1

I. ALCOHOL ABUSE AND DEPENDENCE

	<u>No</u>	<u>Yes</u>
32. <i>There are several other health problems that can result from long stretches of heavy drinking. Did drinking ever...:</i>		
32.a) <i>...cause you to have liver disease or yellow jaundice?</i>	0	1
32.b) <i>...give you stomach disease or make you vomit blood?</i>	0	1
32.c) <i>...cause your feet to tingle/feel numb for many hours?</i>	0	1
32.d) <i>...give you memory problems even when you were not drinking (not blackouts)?</i>	0	1
32.e) <i>...give you pancreatitis?</i>	0	1
32.f) <i>...damage your heart (cardiomyopathy)?</i>	0	1
32.g) <i>...cause other problems?</i>	0	1
If yes: Specify: _____		

Skip to question 33 ←		
*32.h) <i>Did you continue to drink knowing that drinking caused you to have health problems?</i>	0	1
*33. <i>Have you ever continued to drink when you knew you had any (other) serious physical illness that might be made worse by drinking?</i>	0	1
If yes: Specify illness: _____		

I. ALCOHOL ABUSE AND DEPENDENCE

	<u>No</u>	<u>Yes</u>
34. <i>While drinking, did you ever have any psychological problems start or get worse such as feeling depressed, feeling paranoid, trouble thinking clearly, hearing, smelling or seeing things, or feeling jumpy?</i>	0	1
If yes: Specify which problems, read appropriate subquestion to confirm response, and code.		
Specify: _____		
34.a) <i>Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?</i>	0	1
34.b) <i>Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?</i>	0	1
34.c) <i>Having such trouble thinking clearly that it interfered with your functioning?</i>	0	1
34.d) <i>Hearing, smelling, or seeing things that were not there?</i>	0	1
34.e) <i>Feeling jumpy or easily startled or nervous to the point that it interfered with your functioning?</i>	0	1
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Skip to question 35</div> 		
*34.f) <i>Did you continue to drink after you knew it caused you any of these problems?</i>	0	1
35. <i>Have you ever attended AA or had treatment for a drinking problem?</i>	0	1
If yes: Was this...		
35.a) <i>...discussion with a professional?</i>	0	1
35.b) <i>...AA or other self-help?</i>	0	1
35.c) <i>...outpatient alcohol program?</i>	0	1
35.d) <i>...inpatient alcohol program?</i>	0	1
35.e) <i>...other?</i>	0	1
If yes: Specify: _____		

INTERVIEWER: Check responses to questions 9–35. If all coded **NO**, skip to question 39, page 76. Then **review starred (*) positive symptoms in questions 13–35**. If **less than 3 are positive**, skip to question 39, page 76

I. ALCOHOL ABUSE AND DEPENDENCE

	<u>No</u>	<u>Yes</u>
--	-----------	------------

DSM-IV

36. You told me you had these experiences such as (Review starred (*) positive symptoms in questions 13–35. While you were drinking, did you ever have at least three of these occur at any time in the same 12 month period? **INTERVIEWER:** Criteria require items from three separate boxes on alcohol tally sheet.

If yes:

36.a) How old were you the first time at least three of these experiences occurred within the Same 12 months? Ons Age

--	--

36.b) How old were you the last time at least three of these experiences occurred within the Same 12 months? Rec Age

--	--

If no: If the subject has had a pattern of abuse (recurrent use resulting in role impairment, legal problems, use in hazardous situations or use despite resulting social/interpersonal problems), probe chronology, summarize in the narrative, and use this information to rate N. Comorbidity.

SKIP

37. **INTERVIEWER:** Code **YES** if at least two symptoms of the disturbance have persisted for at least one month or have occurred over a longer period of time. 0 1

DSM-III-R

If unclear, ask: You told me you had these experiences such as (Review starred (*) positive symptoms in questions 13–35 and hand Alcohol Tally Sheet A to subject). While you were drinking, was there ever at least a month during which at least two of these occurred persistently?
INTERVIEWER: Criteria require items from two separate boxes on tally sheet.

If no: Was there ever a longer period of time during which at least two of these occurred repeatedly?

If yes:

37.a) How old were you the first time at least two of these experiences occurred persistently? Ons Age

--	--

37.b) How old were you the last time at least two of these experiences occurred Persistently? Rec Age

--	--

SKIP

38. How old were you the first (second/third) time you had any of these problems related to alcohol? What was the first (second/third) problem you experienced?

38.a) First: _____ Ons Age

--	--

38.b) Second: _____ Ons Age

--	--

38.c) Third: _____ Ons Age

--	--

39. When was the last time you had a drink (containing alcohol)?

			–				
Month				Year			

**J. TOBACCO, MARIJUANA AND OTHER DRUG
ABUSE AND DEPENDENCE**

Tobacco

MODIFIED

TOBACCO

Now I'm going to ask you some questions about using tobacco.

	<u>No</u>	<u>Yes</u>
1. Have you ever tried any form of tobacco?	<input type="checkbox"/> 0	<input type="checkbox"/> 1
If NO, skip to MARIJUANA, p. 84	←	
2. Over your lifetime, have you smoked a total of 100 cigarettes?	<input type="checkbox"/> 0	<input type="checkbox"/> 1
IF YES, SKIP TO Q. 4 (if NO, complete Q.3)	←	
3. Over your lifetime, have you:		
3a. smoked a total of 100 cigars?	<input type="checkbox"/> 0	<input type="checkbox"/> 1
3b. smoked a total of 100 pipes of tobacco?	<input type="checkbox"/> 0	<input type="checkbox"/> 1
3c. used chewing tobacco or snuff 100 or more times?	<input type="checkbox"/> 0	<input type="checkbox"/> 1
Skip to MARIJUANA, p. 84	↓	
4. Now I want to ask you about the period of your life, lasting a month or more, when you were smoking cigarettes the most. How soon after you woke up did you smoke your first cigarette?		<input type="checkbox"/>
1 = after 60 minutes		
2 = 31-60 minutes		
3 = 6-30 minutes		
4 = Within 5 minutes		
	<u>No</u>	<u>Yes</u>
5. Did you find it difficult to refrain from smoking in places where it was forbidden?	<input type="checkbox"/> 0	<input type="checkbox"/> 1
6. Which cigarette would you have hated to give up?		<input type="checkbox"/>
0 = Any other		
1 = The first one in the morning		
7. How many cigarettes per day did you smoke at that time?		<input type="checkbox"/>
0 = 10 or less		
1 = 11-20		
2 = 21-30		
3 = 31 or more		
	<u>No</u>	<u>Yes</u>
8. Did you smoke more frequently during the first hours after waking than during the rest of the day?	<input type="checkbox"/> 0	<input type="checkbox"/> 1
9. Did you smoke if you were so ill that you were in bed most of the day?	<input type="checkbox"/> 0	<input type="checkbox"/> 1

J. TOBACCO, MARIJUANA, AND OTHER DRUG ABUSE AND DEPENDENCE

Tobacco

MODIFIED

Now I would like to ask a few other questions about your use of cigarettes.

10. Have you ever smoked at least five times a week?

No Yes
0 1

If yes:

10.a. How old were you when you began smoking at least 5 times a week?

AGE

11. Have you smoked consistently for 10 or more years of your life?

No Yes
0 1

12. Have you ever tried to quit smoking?

0 1

If no to question 12, skip to MARIJUANA, p. 84

13. How many times have you tried to quit?

OF TIMES

14. Have you ever experienced an episode of severe depression when you tried to quit smoking?

No Yes
0 1

15. Are you presently smoking?

0 1

If YES to question 15, skip to MARIJUANA, p. 84

16. Has it been at least a year since you stopped?

0 1

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**J. TOBACCO, MARIJUANA, AND OTHER DRUG
ABUSE AND DEPENDENCE**

Marijuana

MARIJUANA

		<u>No</u>	<u>Yes</u>
22. <i>Have you ever used marijuana?</i>	<input type="checkbox"/> 0	0	1
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Skip to Other Drugs (question 38, page 87)</div>			
22.a) If yes: <i>Have you used marijuana at least 21 times in a single year?</i>	<input type="checkbox"/> 0	0	1
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Skip to Other Drugs (question 38, page 87)</div>			
23. <i>What was the longest period that you used marijuana almost every day?</i>	<div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"> </div> Days </div>		
23.a) <i>When was that?</i>	<div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"> </div> Month – <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"> </div> <div style="border: 1px solid black; padding: 2px 5px;"> </div> Year </div>		
*24. <i>Has there ever been a period of a month or more when a great deal of your time was spent using marijuana, getting marijuana, or getting over its effects?</i>	0	0	1
25. <i>While using marijuana, did you ever have any psychological problems start or get worse such as feeling depressed, feeling paranoid, trouble thinking clearly, hearing, smelling or seeing things, or feeling jumpy?</i>	0	0	1
If yes: Specify which problems, read appropriate subquestion to confirm response, and code.			
<i>Specify:</i> _____			
25.a) <i>Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?</i>	<input type="checkbox"/> 0	0	1
25.b) <i>Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?</i>	<input type="checkbox"/> 0	0	1
25.c) <i>Trouble concentrating or having such trouble thinking clearly that it interfered with your functioning?</i>	<input type="checkbox"/> 0	0	1
25.d) <i>Hearing, smelling, or seeing things that were not there?</i>	<input type="checkbox"/> 0	0	1
25.e) <i>Feeling jumpy or easily startled or nervous to the point that it interfered with your functioning?</i>	<input type="checkbox"/> 0	0	1
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Skip to question 26</div>			
*25.f) <i>Did you continue to use marijuana after you knew it caused you any of these problems?</i>	0	0	1
*26. <i>Have you often wanted to or tried to cut down on marijuana?</i>	0	0	1

Marijuana

	<u>No</u>	<u>Yes</u>
*27. <i>Did you ever try to cut down on marijuana and find you could not?</i>	0	1
*28. <i>Have you often used marijuana more frequently or in larger amounts than you intended to?</i>	0	1
29. <i>Did you ever need larger amounts of marijuana to get an effect, or did you ever find that you could no longer get high on the amount you used to use?</i>	0	1
If yes:		
*29.a) <i>Would you say 50% more?</i>	0	1
*30. <i>Did stopping or cutting down ever cause you to feel bad physically? (Co-occurrence of symptoms such as nervousness, insomnia, sweating, nausea, diarrhea.)</i>	0	1
If yes: Specify: _____ _____		
*30.a) If yes: <i>Have you often used marijuana to make any of these withdrawal symptoms go away or to keep from having them?</i>	0	1
*31. <i>Have you often been under the effects of marijuana in a situation where it increased your chances of getting hurt—for instance, when driving, using knives or machinery or guns, crossing against traffic, climbing, or swimming?</i>	0	1
32. <i>Did anyone ever object to your marijuana use?</i>	0	1
*32.a) If yes: <i>Did you continue to use marijuana after you realized it was causing this problem?</i>	0	1
*33. <i>Have you often given up or greatly reduced important activities with friends or relatives or at work while using marijuana?</i>	0	1
*34. <i>Have you often been high on marijuana or suffering its after-effects while in school, working, or taking care of household responsibilities?</i>	0	1
35. <i>Did your marijuana use ever cause you to have legal problems, such as arrests for disorderly conduct, possession or selling?</i>	0	1

INTERVIEWER: If questions 24–35 are all **NO**, skip to question 37.b, page 86. **Then review starred (*) positive symptoms in Q 24-25.** If less than three are positive, skip to question 37b, page 86.

Marijuana

	No	Yes
DSM-IV		
36. <i>You told me you had these experiences such as (Review starred (*) positive symptoms in questions 24-35). While you were using marijuana, did you ever have at least three of these occur at any time in the same 12 month period?</i> INTERVIEWER: Criteria require items from three separate boxes on tally sheet.	0	1

If yes:

36.a) <i>How old were you the <u>first</u> time at least three of these experiences occurred within the same 12 months?</i>	Ons Age	
		<input style="width: 40px; height: 20px;" type="text"/>

36.b) <i>How old were you the <u>last</u> time at least three of these experiences occurred within the same 12 months?</i>	Rec Age	
		<input style="width: 40px; height: 20px;" type="text"/>

	0	1
DSM-III-R		
SKIP		
37. INTERVIEWER: Code YES if at least two symptoms of the disturbance have persisted for at least one month or have occurred over a longer period of time.	0	1
<p>If unclear, ask: <i>You told me you had these experiences such as (Review starred (*) positive symptoms in questions 13-35 and hand Marijuana Tally Sheet A to subject). While you were using marijuana, was there ever at least a month during which at least two of these occurred persistently?</i></p> <p>INTERVIEWER: Criteria require items from two separate boxes on tally sheet.</p>		
<p>If no: <i>Was there ever a longer period of time during which at least two of these occurred repeatedly?</i></p>		
37.a) If yes:		
37.a.1) <i>How old were you the <u>first</u> time at least two of these experiences occurred persistently?</i>	Ons Age	
		<input style="width: 40px; height: 20px;" type="text"/>
37.a.2) <i>How old were you the <u>last</u> time at least two of these experiences occurred persistently?</i>	Rec Age	
		<input style="width: 40px; height: 20px;" type="text"/>

37.b) *When was the last time you used marijuana?*

			-				
Month				Year			

Other Drugs

OTHER DRUGS

INTERVIEWER: Hand Drug Use Card "A" to subject.

38. *Have you ever used any of these drugs to feel good or high, or to feel more active or alert, or when they were not prescribed for you? Or have you ever used a prescribed drug in larger quantities or for longer than prescribed?*

38.a) **If yes:** Which ones?

A	B	C	D	E	F	G	H	I	
Coc	Stim	Sed	Op	PCP	Hal	Sol	Oth	Comb	
0	0	0	0	0	0	0	0	0	No
1	1	1	1	1	1	1	1	1	Yes

Skip to K. Psychosis (page 94) ←

38.b) **INTERVIEWER:** For each drug ask: *How many times have you used (Drug) in your life?*

If unknown, ask: *Would you say more than 10 times?*

	A	B	C	D	E	F	G	H	I
# of times	Coc	Stim	Sed	Op	PCP	Hal	Sol	Oth	Comb
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

38.c) **For cocaine and PCP users only:** *How old were you the first time you used (Drug)?*

A	E
Coc	PCP
<input type="text"/>	<input type="text"/>
No	Yes

38.d) *Have you ever injected a drug?*

0 1

INTERVIEWER: If all drugs in question 38.b were used less than 11 times, skip to K. Psychosis (page 94).

For drugs used 11 or more times, rank order according to number of times used and ask about at least the two most frequently used.

39. *What is the longest period you used (Drug) almost every day?*

	A	B	C	D	E
Days	Coc	Stim	Sed	Op	Misc
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INTERVIEWER: If never used daily, code **000**.

Other Drugs

	A Coc	B Stim	C Sed	D Op	E Misc	
46.f) Tremble or twitching?			0 1	0 1	0 1	No Yes
46.g) Sweat or have a fever?			0 1	0 1	0 1	No Yes
46.h) Have nausea or vomiting?			0 1	0 1	0 1	No Yes
46.i) Have diarrhea or stomach aches?			0 1	0 1	0 1	No Yes
46.j) Have your eyes water or nose run?				0 1	0 1	No Yes
46.k) Have muscle pains?				0 1	0 1	No Yes
46.l) Yawn?				0 1	0 1	No Yes
46.m) Have your heart race?			0 1		0 1	No Yes
46.n) Have seizures?			0 1		0 1	No Yes
If yes: How many times?			<input type="text"/>	<input type="text"/>	<input type="text"/>	

INTERVIEWER: If questions 46a-n are all no, skip to question 49.

*47. Was there a time when two or more of these symptoms occurred together because you were not using (Drug) ?	0 1	0 1	0 1	0 1	0 1	No Yes
*48. Have you often used (Drug) to make these withdrawal symptoms go away or to keep from having them?	0 1	0 1	0 1	0 1	0 1	No Yes
49. Did using (Drug) cause you to have any other physical health problems (other than withdrawal)?	0 1	0 1	0 1	0 1	0 1	No Yes
If yes: Specify: _____						

Other Drugs

	A Coc	B Stim	C Sed	D Op	E Misc	
53.c) <i>having such trouble thinking clearly that it interfered with your functioning?</i>	0 1	0 1	0 1	0 1	0 1	No Yes
53.d) <i>hearing, seeing, or smelling things that were not really there?</i>	0 1	0 1	0 1	0 1	0 1	No Yes
53.e) <i>feeling jumpy or easily startled or nervous for more than 24 hours to the point that it interfered with your functioning?</i>	0 1	0 1	0 1	0 1	0 1	No Yes
*53.f) If yes to any in questions 53a-e: <i>Did you continue to use (Drug) after you knew it caused any of these problems?</i>	0 1	0 1	0 1	0 1	0 1	No Yes
*54. <i>Have you often been under the effects of (Drug) in a situation where it increased your chances of getting hurt—for instance, when driving, using knives or machinery or guns, crossing against traffic, climbing, or swimming?</i>	0 1	0 1	0 1	0 1	0 1	No Yes

INTERVIEWER: If questions 40–54 are all **NO**, skip to question 58, page 93. **Review starred (*) positive symptoms in Q. 40-54.** If **less than three** are positive, skip to question 57, page 92.

DSM-IV

55. <i>You told me you had these experiences such as (Review starred (*) positive symptoms in Q. 40-54). While you were using (Drug) did you ever have at least three of these occur at any time in the same 12 month period?</i>	0 1	0 1	0 1	0 1	0 1	No Yes
---	--------	--------	--------	--------	--------	-----------

INTERVIEWER: Criteria require items from three separate boxes on tally sheet.

If yes:

55.a) *How old were you the first time at least three of these experiences occurred within the same 12 months?* Ons Age

55.b) *How old were you the last time at least three of these experiences occurred within the same 12 months?* Rec Age

Other Drugs

		A Coc	B Stim	C Sed	D Op	E Misc		
DSM-III-R	SKIP							
56.	INTERVIEWER: Code YES if at least two symptoms of the disturbance have persisted for at least one month or have occurred repeatedly over a longer period of time.	0 1	0 1	0 1	0 1	0 1	No Yes	
	If unclear, ask: <i>You told me you had these experiences such as (Review starred (*) positive symptoms in Q.40-54 and hand Drug Tally Sheet A to subject). While you were using drugs, was there ever at least a month during which at least two of these occurred persistently?</i> INTERVIEWER: Criteria require items from two separate boxes on tally sheet.							
	If no: <i>Was there ever a longer period of time during which at least two of these occurred repeatedly?</i>							
	If yes:							
56.a)	<i>How old were you the <u>first</u> time at least two of these experiences occurred persistently?</i>							Ons Age
56.b)	<i>How old were you the <u>last</u> time at least two of these experiences occurred persistently?</i>							Rec Age

	<u>No</u>	<u>Yes</u>
57. <i>Have you ever been treated for a drug problem?</i>	0	1

If yes: *Was this treatment...:*

57.a) <i>...discussion with a professional?</i>	0	1
57.b) <i>...NA or other self-help?</i>	0	1
57.c) <i>...outpatient drug-free program?</i>	0	1
57.d) <i>...inpatient drug-free program?</i>	0	1
57.e) <i>...other?</i>	0	1

If yes: *Specify:* _____

Other Drugs

58. *When was the last time you used...:*

58.a) *...cocaine?*

			–				
Month				Year			

58.b) *...stimulants?*

			–				
Month				Year			

58.c) *...sedatives, hypnotics, or tranquilizers?*

			–				
Month				Year			

58.d) *...opiates?*

			–				
Month				Year			

58.e) *...other drugs?*

			–				
Month				Year			

K. PSYCHOSIS

Now I would like to read you a list of experiences that other people have reported. Tell me which ones you have had.

INTERVIEWER: For each positive response, ask the following standard probes:

- Were you convinced?*
- How did you explain it?*
- Did you change your behavior?*
- How often did this happen?*
- How long did it last?*

Record an example of each positive response in the margins.

	<u>No</u>	<u>Yes</u>	<u>Susp- ected</u>	<u>Unk</u>
1. <i>Has there been a time when</i>				
1.a) <i>you heard voices? For example, some people have had the experience of hearing people's voices whispering or talking to them, even when no one was actually present.</i>	0	1	2	9
1.b) <i>you had visions or saw things that were not visible to others, or had unusual physical sensations, tastes or smells?</i>	0	1	2	9
1.c) <i>you had beliefs or ideas that others did not share or later found out were not true—like people being against you, people trying to harm you, or people talking about you, or believing you were being given special messages (e.g., through the TV or the radio)?</i>	0	1	2	9
1.d) <i>you have ever engaged in any unusual behavior, had speech that was mixed up or did not make sense, or had your body stuck in one position so that you could not move?</i>	0	1	2	9
1.e) <i>you have had many days in a row when you did not get dressed, or have felt you had nothing to say, or appeared to have no emotions or have inappropriate emotions? [aside from depression]</i>	0	1	2	9

INTERVIEWER: If there is NO EVIDENCE, from any source of any psychosis skip to N, Comorbidity.
The psychosis section should be completed if there is any suspicion of psychosis from behavior or speech during the interview or from informants' reports.

1.f) **If any yes to questions 1a-e:** *Did any of these symptoms last persistently throughout the day for one day or intermittently for a period of three days?*

(If yes to any in 1a-f:) Describe: _____

INTERVIEWER: If NO, skip to N, Comorbidity, p. 117.

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> | | | |
|---|--|------------|--|--|--|--|
| 2. Are you currently experiencing (Psychotic symptoms) ? | 0 | 1 | 9 | | | |
| 2.a) If yes: How long ago did this begin? | Days
<input style="width: 40px; height: 20px;" type="text"/> | OR | Weeks
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> | | | |
| | | | | | | |
| Record response: _____ | | | | | | |
| 3. If no: How old were you the <u>last</u> time you had (Psychotic symptoms) ? | Age
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> | | | | | |
| | | | | | | |
| 3.a) How long did these symptoms last? | Days
<input style="width: 40px; height: 20px;" type="text"/> | OR | Weeks
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> | | | |
| | | | | | | |
| 4. Since you first began experiencing (Psychotic symptoms) have you ever returned to your normal self for at least two months? | <u>No</u> | <u>Yes</u> | <u>Unk</u> | | | |
| | 0 | 1 | 9 | | | |

DELUSIONS

INTERVIEWER: If no delusions (question 1.c) skip to Hallucinations (question 22, page 99).

INTERVIEWER: For each positive response use the standard probes and record examples in space below this section.

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|--|-----------|------------|------------|
| 5. Persecutory Delusions
<i>Have you ever felt that people were out to get you or deliberately trying to harm you?</i> | 0 | 1 | 9 |
| If yes: Specify. _____
_____ | | | |
| 6. Jealousy Delusions
<i>Have you ever been convinced that your (husband/wife/boyfriend/girlfriend) was being unfaithful to you? What made you think so?</i> _____
_____ | 0 | 1 | 9 |
| 7. Guilt or Sin Delusions
<i>Have you ever been convinced that you committed a crime, sinned greatly, or deserved punishment?</i> | 0 | 1 | 9 |
| 8. Grandiose Delusions
<i>Have you ever felt you had any special powers, talents, or abilities much more than other people?</i>
(Probes: having a special purpose, mission or identity?) | 0 | 1 | 9 |

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> | | | | | | | | | | | | | | |
|--|--|------------|------------|-------|----|--|--|-------|--|--|--|--|--|--|--|--|--|
| 9. Religious Delusions
<i>Have you had any religious beliefs or experiences that other people didn't share?</i> | 0 | 1 | 9 | | | | | | | | | | | | | | |
| <i>If yes: Specify.</i> _____
_____ | | | | | | | | | | | | | | | | | |
| 10. Somatic Delusions
<i>Have you ever had a change in your body or the way it was working for which the doctor could find no cause?</i> | 0 | 1 | 9 | | | | | | | | | | | | | | |
| <i>If yes: Specify.</i> _____
_____ | | | | | | | | | | | | | | | | | |
| <i>(Probe: like incurable cancer, bowels stopped up, insides rotting?)</i> | | | | | | | | | | | | | | | | | |
| 11. Erotomantic Delusions
<i>Have you ever believed that another person was in love with you when there was no real reason to think so?</i> | 0 | 1 | 9 | | | | | | | | | | | | | | |
| 12. Delusions of Reference
<i>Have you ever seen things in magazines or on TV that seem to refer specifically to you or contain a special message for you? Have you ever been sure that people were talking about you, laughing at you, or watching you?</i> | 0 | 1 | 9 | | | | | | | | | | | | | | |
| 13. Being Controlled
<i>Have you ever felt you were being controlled or possessed by some outside force or person?</i> | 0 | 1 | 9 | | | | | | | | | | | | | | |
| 14. Thought Broadcasting
<i>Have you ever felt your thoughts were broadcast so other people could hear them?</i> | 0 | 1 | 9 | | | | | | | | | | | | | | |
| 15. Thought Insertion
<i>Have you ever felt that thoughts that were not your own were being put into your head by some outside force?</i> | 0 | 1 | 9 | | | | | | | | | | | | | | |
| 16. Thought Withdrawal
<i>Have you ever felt your thoughts were taken out of your head by some outside force?</i> | 0 | 1 | 9 | | | | | | | | | | | | | | |
| 17. <i>How long did your longest period of (Delusions) last?</i> | <table border="1"> <tr> <td style="text-align: center;">Days</td> <td colspan="3" style="text-align: center;">OR</td> <td colspan="3" style="text-align: center;">Weeks</td> </tr> <tr> <td style="width: 40px; height: 20px;"></td> <td></td> <td></td> <td></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | Days | OR | | | Weeks | | | | | | | | | |
| Days | OR | | | Weeks | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

INTERVIEWER: Determine when DELUSIONS were present, and their temporal relationship to mood syndromes, substance abuse, and medical/medication factors.

In the next section, probe for the same information regarding HALLUCINATIONS.

Consider this information in completing the ratings for SCHIZOAFFECTIVE DISORDERS.

INTERVIEWER: This space may be used to describe positive responses to questions 5-29 below:

		Code Response				
18.	<p><i>When you believed any (Delusion)...,</i> <i>...were you at all confused about where you were or the time of day?</i> <i>...did you have trouble with your memory?</i></p> <p>INTERVIEWER: Rate Sensorium While Delusional.</p> <p>0. None: No distortion of subject's sensorium during delusional beliefs.</p> <p>1. Questionable</p> <p>2. Definite: Sensorium is clouded, due to medication, substance use, or general medical condition.</p> <p>3. Definite: Clouded sensorium, but <u>not</u> due to medication, substance use, or general medical condition.</p> <p>9. Unknown: No information.</p>	0	1	2	3	9
19.	<p>INTERVIEWER: Rate Fragmentary Nature of Delusions.</p> <p>0. Not at all: All delusions are around a single theme, such as persecution.</p> <p>1. Somewhat fragmentary: Several different, but possibly related themes.</p> <p>2. Definitely fragmentary: Unrelated themes.</p> <p>9. Unknown</p>	0	1	2	9	
20.	<p>INTERVIEWER: Rate Widespread Delusions.</p> <p>0. Not widespread.</p> <p>1. Widespread: Delusions intrude into most aspects of patient's life and/or preoccupy patient most of the time.</p> <p>9. Unknown</p>	0	1			9
21.	<p>INTERVIEWER: Rate Bizarre Quality of Delusions.</p> <p>0. Not at all: (e.g., wife is unfaithful).</p> <p>1. Somewhat bizarre: (e.g., subject is being persecuted by witches).</p> <p>2. Definitely bizarre: (e.g., little green men from Mars have been recording his dreams and broadcasting them back home).</p> <p>9. Unknown</p>	0	1	2		9

HALLUCINATIONS

INTERVIEWER: If no hallucinations (questions 1.a-b) skip to Disorganized behavior (question 32, page 100).

INTERVIEWER: For each positive response use the standard probes and record examples in the margins.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
22. Auditory – Voices, Noises, Music <i>Have you ever heard sounds or voices other people could not hear?</i>	0	1	9
22a. If yes: <i>Did they say bad things about you or threaten you?</i>	0	1	9
23. Auditory – Running Commentary <i>Have you ever heard voices that described or commented on what you were doing or thinking?</i>	0	1	9
24. Auditory - Two or More Voices <i>Have you ever heard two or more voices talking with each other?</i>	0	1	9
25. Thought Echo <i>Have you ever experienced hearing your thoughts repeated or echoed?</i>	0	1	9
26. Somatic or Tactile <i>Have you ever had unusual sensations or other strange feelings in your body when there was nothing to account for them?</i> (Probe: <i>like electricity shooting through your body or your body parts moving around or growing, or that something was being inserted into your body against your will?)</i>	0	1	9
27. Olfactory <i>Have you ever experienced any strange smells you couldn't account for or smells that others didn't notice?</i>	0	1	9
28. Visual <i>Have you ever had visions or seen things that other people could not?</i>	0	1	9
28b. If yes: <i>Did this only occur when you were falling asleep or waking up?</i>	0	1	9
29. Gustatory <i>Have you ever had a strange taste in your mouth that you couldn't account for?</i>	0	1	9
30. <i>How long did your longest period of (Hallucinations) last?</i>	Days	OR	Weeks
	<input style="width: 50px; height: 20px;" type="text"/>		<input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>

	Code Response				
31. <i>When you were (Hallucinating)... ...were you at all confused about where you were or the time of day? ...did you have trouble with your memory?</i>	0	1	2	3	9

INTERVIEWER: Rate Sensorium While Hallucinating.

- 0. **None:** No distortion of subject's sensorium during hallucination.
- 1. **Questionable**
- 2. **Definite:** Sensorium is clouded, due to medication, substance use, or general medical condition.
- 3. **Definite:** Clouded sensorium, but not due to medication, substance use, or general medical condition.
- 9. **Unknown:** No information.

DISORGANIZED BEHAVIOR

INTERVIEWER: If no disorganized behavior, formal thought disorder, or catatonic motor behavior (question 1.d) skip to Avolition (question 46, page 101).

INTERVIEWER: For each positive response use the standard probes and record examples in the margins.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
32. <i>Have you ever engaged in any unusual behavior like digging through garbage, wearing unusual clothes, or collecting things that other people thought were worthless?</i>	0	1	9
33. <i>Have there been times when you did things that other people thought were socially or sexually inappropriate, disorganized or objectionable? For example, being too aggressive or doing things that didn't make any sense?</i>	0	1	9
34. <i>How long did (Disorganized behavior) last?</i>	Days		Weeks
		OR	

FORMAL THOUGHT DISORDER

INTERVIEWER: These questions do not need to be asked if the following behaviors (questions 35-52) can be rated based on subject's appearance and responses.

Have people ever complained that your speech was mixed up or did not make sense?

If yes: *How did they describe it?*

INTERVIEWER: If subject is unable to describe their past speech pattern, code based on observation or code UNKNOWN.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
35. Disorganized Speech (Incoherent, disturbed, and/or illogical speech)	0	1	9

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|---|---|------------|---|
| 36. Odd Speech
(Digressive, vague, over-elaborate, circumstantial, metaphorical; loosening of associations) | 0 | 1 | 9 |
| 37. <i>How long did (Positive thought disorder) last?</i> | | | |
| | Days | OR | Weeks |
| | <input style="width: 50px; height: 20px;" type="text"/> | | <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/> |

CATATONIC MOTOR BEHAVIOR

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|---|---|------------|---|
| 38. Rigidity
<i>Did your body ever get stuck in one position so that you could not move?</i> | 0 | 1 | 9 |
| 39. Stupor
<i>Have you ever had any periods when you were unable to speak, move, or respond to what was going on around you, even though you were awake?</i> | 0 | 1 | 9 |
| 40. Excitement
<i>Have you ever been so excited that you moved around a lot without purpose (aside from mania)?</i> | 0 | 1 | 9 |
| 41. Motoric immobility as evidenced by catalepsy (including waxy flexibility)
<i>Did you find that you would stay in one position for long periods of time and could be posed by other people moving your body?</i> | 0 | 1 | 9 |
| 42. Extreme negativism
<i>Did you find that you could not help yourself from resisting instructions by others or from remaining mute (that is, not talking for long periods of time)?</i> | 0 | 1 | 9 |
| 43. Peculiarities of voluntary movement
<i>Did you make movements either with your whole body, parts of your body or your face that were unusual or had to be repeated over and over without any ability to control these movements yourself?</i> | 0 | 1 | 9 |
| 44. Echolalia or echopraxia
<i>Did you find yourself repeating other people's words or movements and that you could not stop yourself from doing this?</i> | 0 | 1 | 9 |
| 45. <i>How long did (Catatonic symptoms) last?</i> | | | |
| | Days | OR | Weeks |
| | <input style="width: 50px; height: 20px;" type="text"/> | | <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/> |

AVOLITION/APATHY

INTERVIEWER: If no avolition, alogia or affective flattening (question 1.e) skip to question 53, page 102.

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|--|-----------|------------|------------|
| 46. <i>Have you had many days in a row when you weren't up to getting dressed or would start things but would not finish them (aside from depression)?</i> | 0 | 1 | 9 |

INTERVIEWER: This item is only rated when the individual is unable to initiate and persist in goal-directed activities.

47. How long did (**Avolition/apathy**) last? Days OR Weeks

ALOGIA

48. **Alogia** No Yes Unk
Have you often felt that you just had nothing to say? Have others commented that you don't talk much, even when someone is asking you questions, or that you take a long time to answer? 0 1 9

49. How long did (**Alogia**) last? Days OR Weeks

AFFECT

50. *Have you ever appeared to have no emotions?* No Yes Unk
0 1 9

51. *Did you ever show emotions that did not fit what was going on?* 0 1 9

52. How long did (**Flat affect/inappropriate affect**) last? Days OR Weeks

SCHIZOPHRENIA CRITERION A

53. **INTERVIEWER: Check if subject has reported symptoms in each of the following categories:**

	<u>No</u>	<u>Yes</u>
53.a) Delusions (questions 5-16)	0	1
If yes: 53.b) Definitely bizarre delusions (question 21 coded 2). [Note: 53.a must be yes]	0	1
53.c) Hallucinations (questions 22–29)	0	1
If yes: 53.d) Two or more voices (question 24) or a voice that commented on what you were doing or thinking (question 23). [Note: 53.c must be yes]	0	1
53.e) Disorganized speech (e.g. frequent derailment or incoherence) (questions 35–36)	0	1
53.f) Grossly disorganized or catatonic behavior (questions 32–33, 38–44)	0	1
53.g) Negative symptoms , i.e., affective flattening, alogia or avolition (questions 46, 48, 50–51)	0	1

TOTAL

If TOTAL is less than 2, skip to question 55.

54. **INTERVIEWER:** Has the subject ever had symptoms from two or more of the above **categories** (53a, c, e, f or g) most of the time for at least one month, or been treated successfully for symptoms occurring together from two or more of these categories? 0 1

(Probe symptom by symptom if necessary from positive responses to questions 5-52)

- 54.a) Has the subject ever had (53.b or 53.d) most of the time for a month or been treated successfully for either of these? 0 1

	<u>No</u>	<u>Yes</u>
55. Was there ever a period of time when you had (Psychotic symptoms) when you were <i>not</i> feeling (depressed/high or excited) ?	0	1
55a. If yes: Did these symptoms ever last as long as one week while you were not (depressed/high) ?	0	1
How long did you have these symptoms when you were not (depressed/high) ?		
Days <input style="width: 40px; height: 20px;" type="text"/> OR Weeks <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>		
55b. (IF NO TO question 55 or 55.a) INTERVIEWER: Review all psychotic symptoms coded present during depression and code YES if <u>mood incongruent</u> psychotic symptoms were present during major depression.	0	1
Skip to N. Comorbidity Assessment (page 117) .		

INTERVIEWER: Do not skip out of the Psychosis section if the subject has a chronic psychiatric disorder with psychotic features.

ONSET OF FIRST SYMPTOMS/EPISODE

56. How old were you the <u>first</u> time that you were experiencing (describe delusions, hallucinations, or other criteria for schizophrenia noted by the subject previously) ?		<u>Age</u>		
		<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	
57. How long did those (Psychotic symptoms) last?	<u>Days</u>	OR	<u>Weeks</u>	
	<input style="width: 40px; height: 20px;" type="text"/>		<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
			<u>No</u>	<u>Yes</u>
58. Did you return to feeling like your normal self for at least two months?	0	1	9	
59. How many episodes have you had? (By episodes I mean spells separated by periods of being your normal self for at least two months.)			<u>Episodes</u>	
			<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
INTERVIEWER: Record total (minimum) number of episodes or periods of psychosis (separated from each other by at least two months). If subject never returned to pre-morbid state for at least two months, count as one period of illness.				
60.a) INTERVIEWER: Do you suspect autism on the basis of the medical history section or other information?	0	1	9	
60.b) INTERVIEWER: Do you suspect another Pervasive Developmental Disorder on the basis of the medical history section or other information?	0	1	9	

DELINEATION OF CURRENT OR MOST RECENT EPISODE

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
61. <i>During the current/most recent episode, have you also been experiencing. . .</i>			
61.a) <i>a low/depressive episode?</i>	0	1	9
61.b) <i>a high/manic episode?</i>	0	1	9
62. <i>Did the current/most recent episode follow increased or excessive use of alcohol?</i>	0	1	9
If yes: Specify: _____ _____			
63. <i>Did the current/most recent episode follow use of street drugs?</i>	0	1	9
If yes: Specify: _____ _____			
64. <i>Did the current/most recent episode follow serious medical illness?</i>	0	1	9
If yes: Specify: _____ _____			
65. <i>Did the current/most recent episode follow use of prescription medications?</i>	0	1	9
If yes: Specify: _____ _____			
66. <i>Did the current/most recent episode follow an extremely stressful life event (such as your house burning down or a violent death of a family member or friend)?</i>	0	1	9
If yes: Specify: _____ _____			
67.a) <i>During the current/most recent episode, was there a change in your ability to function at work or with family and friends? (That is, were you unable to do your job, go to school, do your work at home, or perform self-care activities?) Was there a decrease in your ability to have relationships with family and/or friends?</i>	0	1	9

INTERVIEWER: Code for deterioration of function: 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 when the onset is in childhood or adolescence, failure to achieve expected level of social development).

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
67.b) If yes: <i>Has this change in your functioning continued for much of the time since this episode began?</i>	0	1	9
68. DSM III-R Brief Reactive Psychosis <i>During the current/most recent episode, did you experience unpredictable, intense mood changes or did you feel baffled?</i>	0	1	9
69. If FEMALE: <i>Did the current/most recent episode begin within four weeks of childbirth?</i>	0	1	9

PRODROMAL AND RESIDUAL SYMPTOMS

INTERVIEWER: Complete the Prodromal Period first then complete the Residual Period. If the subject is actively psychotic, complete the Prodromal Period only, then skip to question 71, page 108.

Do not count as positive symptoms that are due to a disturbance in mood or a psychoactive substance disorder.

Establishing the Prodromal Period:

70. Now I would like to ask you about the year before your (**Active psychotic symptoms**) started. During that time did you. . . .

(Ask after completing question 70.a-n for the Prodromal period:)

Establishing the Residual Period:

Now I would like to ask you about the year after your (**Active psychotic symptoms**) stopped. During that time did you. . . .

	Prodromal Period			Residual Period		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
70.a) stay away from family and friends, become socially isolated?	0	1	9	0	1	9
70.b) have trouble doing your job, going to school, or doing your work at home?	0	1	9	0	1	9
70.c) do anything unusual, like collecting garbage, talking to yourself in public, hoarding food?	0	1	9	0	1	9
70.d) neglect grooming, bathing, and keeping your clothes cleaned?	0	1	9	0	1	9
70.e) appear to have no emotions or show emotions that did not fit with what was going on (for example, giggle or cry at the wrong time)?	0	1	9	0	1	9
70.f) speak in a way that was hard to understand, have a hard time getting to the point, or were you at a loss for words (not due to a speech impediment)?	0	1	9	0	1	9
70.g) have unusual beliefs or magical thinking (e.g., superstitiousness, belief in clairvoyance, telepathy, sixth sense, feeling that "others can feel my feelings"), have ideas that were not quite true, think others were referring to you when they really were not?	0	1	9	0	1	9
70.h) have unusual visual experiences or experiences of hearing (e.g., whispers, crackling), sense the presence of a force or person not actually there, or feel the world is unreal?	0	1	9	0	1	9
70.i) have trouble getting going, or have no interests or energy?	0	1	9	0	1	9

	Prodromal Period			Residual Period		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
70.j) <i>think that things around you, such as TV programs or newspaper articles, had some special meaning just for you, or think people were talking about you or laughing at you, or think you were receiving special messages in other ways?</i>	0	1	9	0	1	9
70.k) <i>get nervous about being around other people, or about going to parties or other social events, or take criticism badly?</i>	0	1	9	0	1	9
70.l) <i>worry that people had it in for you, or feel that most people were your enemies, or think people were making fun of you?</i>	0	1	9	0	1	9

PRODROMAL ONLY

70.m) *How long did you have these experiences before you had (Active psychotic features)?*

Weeks		

70.n) *Was this year typical of your usual self (that is, as subject was prior to onset of earliest symptoms)?*

0 1 9

INTERVIEWER: Return to top of question 70 to establish the Residual period and code in Residual Column.

RESIDUAL ONLY

70.o) *How long did you have these experiences after your (Active psychotic features) stopped?*

Weeks		

70.p) *Did you return to your usual self (as subject was prior to age of onset of earliest symptoms)?*

0 1 9

SCHIZOAFFECTIVE DISORDER, MANIC TYPE**INTERVIEWER: If subject has never had a period of mania or hypomania, skip to question 81, page 110.**You mentioned before that you have had periods when you felt (**Manic moods**).

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
71. Did (Delusions or Hallucinations) ever occur when you were feeling extremely good or high, or when you were feeling unusually irritable?	0	1	

If yes: Record response: _____

Skip to question 81, page 110

72. Did the (Delusions or Hallucinations) correspond to either of the manic episodes described previously?	0	1	9
---	---	---	---

INTERVIEWER: Indicate if manic episode corresponds to manic periods described in the MANIA section.

Skip to question 75

	<u>Code Response</u>	
73. INTERVIEWER: Specify and code whether subject's mood was:	1	2
1. Only irritable		
2. Euphoric (with or without irritability)		

73.a) During the period of feeling especially good or high when you were also having (**Psychotic symptoms**) were you also experiencing any of these symptoms?

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
73.a.1) Overactivity—Running around, many projects, or physically agitated?	0	1	9

73.a.2) More talkative than usual, speech pressured?	0	1	9
--	---	---	---

73.a.3) Thoughts racing, jumping from topic to topic?	0	1	9
---	---	---	---

73.a.4) Feeling grandiose - more important, special, powerful?	0	1	9
--	---	---	---

73.a.5) Needing less sleep - energetic after little or no sleep?	0	1	9
--	---	---	---

73.a.6) Attention distracted by unimportant things?	0	1	9
---	---	---	---

73.a.7) Doing risky things for pleasure - spending, sex, reckless driving, etc.?	0	1	9
--	---	---	---

74. **INTERVIEWER:** Enter number of definite symptoms.

[If Euphoric, criterion = 3]

[If Irritable only, criterion = 4]

SX

INTERVIEWER: If this episode does not meet criteria for mania (i.e., no evidence of delusions or hallucinations during a mania), skip to question 81, page 110.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>			
75. <i>Did these episodes <u>only</u> follow alcohol or drug intake or withdrawal?</i>	0	1	9			
76. INTERVIEWER: Has the subject ever met Criterion A for schizophrenia (i.e., was the response to question 54 or 54.a yes)?	0	1				
76a. If yes: Did subject ever meet Criterion A for schizophrenia during an episode of mania?	0	1	9			
76b. (IF 76.a is UNKNOWN:) Ask if subject has reported symptoms in each of the following categories during the episode of mania referred to in question 72 or 73:						
76.b.1) Delusions	0	1				
76.b.1.a) If yes: Bizarre delusions	0	1				
76.b.2) Hallucinations	0	1				
76.b.2.a) If yes: Two or more voices or a voice commenting on the subject's behavior or thoughts	0	1				
76.b.3) Disorganized speech (e.g. frequent derailment or incoherence)	0	1				
76.b.4) Grossly disorganized or catatonic behavior	0	1				
76.b.5) Negative symptoms, i.e., affective flattening, alogia or avolition	0	1				
77. Presence of Mood-Incongruent Psychotic Symptoms Code YES if psychotic symptoms occurring during any manic episode had content that was <u>not</u> consistent with themes of inflated worth, power, knowledge, identity, or special relationship to a deity or a famous person.	0	1	9			
78. Persistence of Psychotic Symptoms with Affective Clearing <i>Did the (Hallucinations/delusions) <u>ever</u> continue after your mood returned to normal?</i>	0	1	9			
78.a) If yes: <i>What is the longest time they lasted after your mood became normal?</i>			Weeks <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>			
79. <i>Did the (Other psychotic symptoms such as formal thought disorder, bizarre behavior, catatonia) <u>ever</u> continue after your mood returned to normal?</i>	0	1	9			
79.a) If yes: <i>What is the longest time they lasted after your mood became normal?</i>			Weeks <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>			
80. INTERVIEWER: Were the Affective syndromes brief relative to the Psychotic symptoms?	0	1	9			

INTERVIEWER NOTE: Brief = < 30%. Code question 80 "yes" if the **total duration** of the affective episodes equals less than 30% of the time relative to the **total duration** of psychosis. If needed, use the following questions to clarify the overlap: "Since you first began experiencing (delusions/hallucinations) what percent of the time were you manic or depressed? What percent of time was your mood normal?"

K. PSYCHOSIS

SCHIZOAFFECTIVE DISORDER, DEPRESSED TYPE

INTERVIEWER: If subject has never had a period of depression lasting at least one week, skip to question 91, page 111.

You mentioned before that you have had periods when you felt (**Depressed mood**) lasting at least one week.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
81. Did (Delusions or Hallucinations) ever occur when you were feeling especially depressed? If yes: Record response: _____ _____	0	1	
Skip to question 91, page 111 ←			
82. Did the (Delusions or Hallucinations) correspond to either of the depressive episodes described previously?	0	1	9
Skip to question 85 ←			
83. During the period of feeling especially depressed when you were also having (Psychotic symptoms) were you also experiencing any of these symptoms?			
83.a) Diminished desire for food, or marked overeating?	0	1	9
83.b) Inability to sleep when sleep was desired, or excessive sleep?	0	1	9
83.c) Feeling slowed down?	0	1	9
83.d) Having fatigue or a loss of energy?	0	1	9
83.e) Losing interest in pleasurable activities?	0	1	9
83.f) Feeling guilty or worthless?	0	1	9
83.g) Being unable to think or retain written information?	0	1	9
83.h) Feeling suicidal or thinking a lot about death?	0	1	9
84. INTERVIEWER: Enter number of definite symptoms.		SX	
84.a) Is this a current episode?	0	1	

INTERVIEWER: If this episode does not meet criteria for depression (i.e., no evidence of delusions or hallucinations during a depression), skip to question 91, page 111.

85. Did these episodes <u>only</u> follow alcohol or drug intake or withdrawal?	0	1	9
---	---	---	---

	<u>No</u>	<u>Yes</u>	<u>Unk</u>			
86. INTERVIEWER: Has the subject ever met Criterion A for schizophrenia (i.e., was the response to question 54 or 54.a yes)?	0	1				
86a. If yes: Did subject ever meet Criterion A for schizophrenia during an episode of depression?	0	1	9			
86b. (IF 86.a is UNKNOWN:) Ask if subject has reported symptoms in each of the following categories during the episode of depression referred to in question 82 or 83:			←			
86.b.1) Delusions	0	1				
86.b.1.a) If yes: Bizarre delusions	0	1				
86.b.2) Hallucinations	0	1				
86.b.2.a) If yes: Two or more voices or a voice commenting on the subject's behavior or thoughts	0	1				
86.b.3) Disorganized speech (e.g. frequent derailment or incoherence)	0	1				
86.b.4) Grossly disorganized or catatonic behavior	0	1				
86.b.5) Negative symptoms, i.e., affective flattening, alogia or avolition	0	1				
87. Presence of Mood-Incongruent Psychotic Symptoms Code YES if psychotic symptoms occurring during any depressed episode had content that was <u>not</u> consistent with themes of personal inadequacy, guilt, etc.	0	1	9			
88. Persistence of Psychotic Symptoms with Affective Clearing <i>Did the (Hallucinations/delusions) <u>ever</u> continue after your mood returned to normal?</i>	0	1	9			
88.a) If yes: <i>What is the longest time they lasted after your mood became normal?</i>			<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			
89. <i>Did the (Other psychotic symptoms such as formal thought disorder, bizarre behavior, catatonia) <u>ever</u> continue after your mood returned to normal?</i>	0	1	9			
89.a) If yes: <i>What is the longest time they lasted after your mood became normal?</i>			<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			
90. INTERVIEWER: Were the Affective syndromes brief relative to the Psychotic symptoms?	0	1	9			

INTERVIEWER NOTE: Brief = < 30%. Code question 80 "yes" if the **total duration** of the affective episodes equals less than 30% of the time relative to the **total duration** of psychosis. If needed, use the following questions to clarify the overlap: "Since you first began experiencing (delusions/hallucinations) what percent of the time were you manic or depressed? What percent of time was your mood normal?"

POLYDYPsia

91. <i>Have you ever consumed excess fluids over an extended period of time such that you had problems of low sodium, seizures, confusion, urinary tract difficulties, or other medical complications?</i>	0	1	9
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PATTERN OF SYMPTOMS

This rating can be made only for people with psychotic episodes.

Code Response

92. **INTERVIEWER: Circle appropriate pattern from descriptions below:**

1 2 3 4 5

1. **Continuously Positive:** The subject has predominantly positive symptoms when ill. During periods of remission, he/she may have mild negative symptoms or be relatively asymptomatic.
2. **Predominantly Negative:** The subject may have periods of mild psychosis with some delusions and hallucinations, but the predominant clinical features during most of his/her illness are negative symptoms. Thus, he/she is in a chronic deficit state most of the time with occasional flickers of delusions, hallucinations, or social disorganization.
3. **Predominantly Positive Converting to Predominantly Negative:** The subject begins with a number of episodes characterized by positive symptoms, but these become more widely spaced, and the subject passes into a deficit state in between. Eventually, he/she remains in a deficit state for a prolonged period of time (e.g., two or three years), during which he/she may have occasional mild flickerings of positive symptoms.
4. **Negative Converting to Positive:** The subject begins in a deficit state with a history of poor premorbid functioning. He/she then develops a florid psychotic picture that is relatively prominent and persistent and thereafter does not spend much time in the deficit state. It is likely that this pattern will be quite uncommon. Subjects who have an adolescent history of poor premorbid adjustment and who simply return to this level of functioning between episodes should be classified as Pattern 1 described above rather than as Pattern 4.
5. **Continuous Mixture of Positive and Negative Symptoms:** Pattern is one of concurrent and continuous active psychosis and negative symptoms.

**CLASSIFICATION OF LONGITUDINAL
COURSE FOR SCHIZOPHRENIA**

	<u>Code Response</u>					
	1	2	3	4	5	6
93. These specifiers can be applied only after at least 1 year has elapsed since the initial onset of active-phase symptoms.						
1. Episodic With Interepisode Residual Symptoms: When the course is characterized by episodes in which Criterion A for Schizophrenia is met and there are clinically significant residual symptoms between the episodes. With Prominent Negative Symptoms can be added if prominent negative symptoms are present during these residual periods.						
2. Episodic With No Interepisode Residual Symptoms: When the course is characterized by episodes in which Criterion A for Schizophrenia is met and there are no clinically significant residual symptoms between the episodes.						
3. Continuous: When characteristic symptoms of Criterion A are met throughout all (or most) of the course. With Prominent Negative Symptoms can be added if prominent negative symptoms are also present.						
4. Single Episode in Partial Remission: When there has been a single episode in which Criterion A for Schizophrenia is met and some clinically significant residual symptoms remain. With Prominent Negative Symptoms can be added if these residual symptoms include prominent negative symptoms.						
5. Single Episode in Full Remission: When there has been a single episode in which Criterion A for Schizophrenia has been met and no clinically significant residual symptoms remain.						
6. Other or Unspecified Pattern: If another or an unspecified course pattern has been present.						

PATTERN OF SEVERITY

Code Response

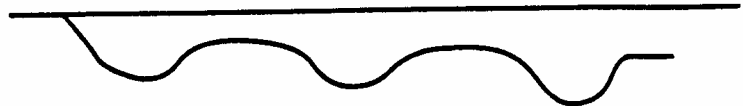
94. **INTERVIEWER:** Circle appropriate pattern from descriptions below:

1 2 3 4 5

1. **Episodic Shift:** Episodes of illness are interspersed between periods of health or near normality.



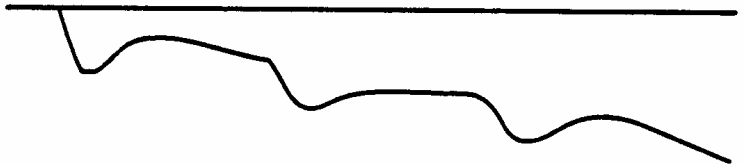
2. **Mild Deterioration:** Periods of illness occur, but there are also extended periods of return to near normality, with some ability to work at a job and near normal or normal social functioning.



3. **Moderate Deterioration:** The subject may occasionally experience some resolution of symptoms, but overall the course is downhill culminating in a relatively severe degree of social and occupational incapacitation.



4. **Severe Deterioration:** The subject's illness has become chronic resulting in inability to maintain employment (outside of sheltered workshop) and social impairment.



5. **Relatively Stable:** The subject's illness has not changed significantly.



INTERVIEWER: Subjects who have significant history of alcohol, marijuana, or other drug abuse and evidence of depression, mania, hypomania, dysthymia, or psychosis should be asked this section.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
INTERVIEWER: Does this section apply to subject.?	0	1	9

Skip to O. Suicidal Behavior (page 119)

INTERVIEWER: Rate first occurrence at right.

	Code Response			
	1	2	3	4
1. <i>You mentioned earlier your (mood changes/psychotic symptoms), and also that you were using (alcohol/drugs) heavily. Think about the <u>first time</u> you had any of these problems. Which came first (mood changes/psychotic symptoms) or (alcohol/drugs)?</i>				
1. Mood changes/psychotic symptoms occurred first.				
2. Alcohol/drug abuse occurred first.				
3. Mood changes/psychotic symptoms and alcohol/drug abuse occurred at the same time.				
4. Not clear.				

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1.a) If 1. Mood changes/psychotic symptoms occurred first: <i>Did you have (mood changes/psychotic symptoms) right before you started using (alcohol/drugs) heavily?</i>	0	1	9

If yes:

1.a.1) *For how long did you have (mood changes/psychotic symptoms) right before you started using (alcohol/drugs) heavily?*

Days		OR	Weeks			
			<u>No</u>	<u>Yes</u>	<u>Unk</u>	

1.b) If 2. Alcohol/drugs occurred first: <i>Were you using (alcohol/drugs) heavily right before you had (mood changes/psychotic symptoms)?</i>	0	1	9
--	---	---	---

If yes:

1.b.1) *For how long were you using (alcohol/drugs) heavily right before your (mood changes/psychotic symptoms) began?*

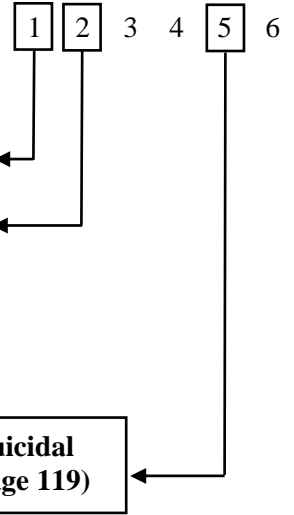
Days		OR	Weeks			
------	--	----	-------	--	--	--

INTERVIEWER: If only one episode (total) of mood changes/psychotic symptoms, skip to **O. Suicidal Behavior** (page 119).

INTERVIEWER: Hand Comorbidity Card to subject.

2. Now I would like you to think about other episodes of **(Mood changes/Psychotic symptoms)** and tell me which statement on the card best characterizes these episodes.

1. Emotional/thinking difficulties always occurred first
2. Alcohol/drug abuse always occurred first
3. Emotional/thinking difficulties and alcohol/drug abuse always occurred at the same time
4. No strict pattern (sometimes emotional/thinking difficulties first, sometimes alcohol drugs first)
5. Emotional/thinking difficulties and alcohol/drug abuse always occurred independently
6. Not Clear



	No	Yes	Unk
3. Have your (Mood/Psychotic) episodes <u>ever</u> continued after you stopped using (Alcohol/Drugs) heavily?	0	1	9

3.a) **If yes:** What was the longest time a **(Mood/Psychotic)** episode ever continued after you stopped using **(Alcohol/Drugs)**? Days OR Weeks

4. Did you <u>ever</u> continue to use (Alcohol/Drugs) heavily after your (Mood/Psychotic) episode stopped?	0	1	9
---	---	---	---

4.a) **If yes:** What was the longest you used **(Alcohol/Drugs)** heavily after a **(Mood/Psychotic)** episode stopped? Days OR Weeks

O. SUICIDAL BEHAVIOR

Now I'm going to ask you some questions about suicidal behavior.

	No	Yes	Unk				
1. Have you ever <u>tried</u> to kill yourself?	<input type="text" value="0"/>	1	9				
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Skip to question 23, page 124</div> ←							
1.a) If yes: How many times have you tried to kill yourself?		<table border="1"><tr><td colspan="2">Times</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Times		<input type="text"/>	<input type="text"/>	
Times							
<input type="text"/>	<input type="text"/>						
<div style="border: 1px solid black; padding: 5px; display: inline-block;">If only one time, skip to question 2, page 120</div> ←							
1.b) How many of those attempts led to medical care (i.e., stitches, "stomach pumped", intubation, etc.)		<table border="1"><tr><td colspan="2">Times</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Times		<input type="text"/>	<input type="text"/>	
Times							
<input type="text"/>	<input type="text"/>						
1.c) How old were you the first time you tried to kill yourself?		<table border="1"><tr><td colspan="2">Age</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Age		<input type="text"/>	<input type="text"/>	
Age							
<input type="text"/>	<input type="text"/>						
1.d) Please tell me more about the time/times you tried to kill yourself.							

INTERVIEWER: Probe for means, intent, whether other persons were present at the time of the suicide attempt, and what medical or psychiatric intervention resulted.

Data Entry: Do not code.

O. SUICIDAL BEHAVIOR

Now I'm going to ask about your most serious episode of suicidal behavior.

INTERVIEWER: If there have been more than 2 attempts, explore the two most severe in terms of intent and/or medical intervention required.

INTERVIEWER: For the following questions, ask about the **most serious** attempt.

2. *How did you try to kill yourself?*

Record response: _____

3. *How old were you?*

Age	

<u>No</u>	<u>Yes</u>	<u>Unk</u>
-----------	------------	------------

4. *Did you require medical treatment after this attempt?*

0	1	9
---	---	---

5. *Were you admitted to a hospital after the attempt?*

0	1	9
---	---	---

If yes:

Code Response			
---------------	--	--	--

5.a) *Medical hospital?*

0	1	2	9
---	---	---	---

- 0. No
- 1. Yes, Emergency Room
- 2. Yes, Inpatient
- 9. Unknown

5.b) *Psychiatric hospital?*

0	1	2	9
---	---	---	---

If yes: Note whether voluntary or involuntary.

- 0. No
- 1. Yes, voluntary
- 2. Yes, involuntary
- 9. Unknown

<u>No</u>	<u>Yes</u>	<u>Unk</u>
-----------	------------	------------

6. *Did you want to die?*

0	1	9
---	---	---

7. *Did you think you would die from what you had done?*

0	1	9
---	---	---

Code Response			
---------------	--	--	--

8. **INTERVIEWER:** Rate **intent** of most serious attempt.

1	2	3	9
---	---	---	---

- 1. No intent or minimal intent, manipulative gesture.
- 2. Definite intent, but ambivalent.
- 3. Serious intent, expected to die.
- 9. No information, not sure.

O. SUICIDAL BEHAVIOR

	Code Response						
<p>9. INTERVIEWER: Rate lethality of most serious attempt.</p> <p style="margin-left: 20px;">1. No danger (no effects, held pills in hand). 2. Minimal (scratch on wrist). 3. Mild (10 aspirin, mild gastritis). 4. Moderate (10 Seconals, briefly unconscious). 5. Severe (cut throat). 6. Extreme (respiratory arrest or prolonged coma). 9. No information, not sure.</p>	1	2	3	4	5	6	9
<p>10. INTERVIEWER: Rate premeditation of most serious attempt.</p> <p style="margin-left: 20px;">1. Impulsive (less than 1 hour forethought, used materials immediately at hand). 2. Somewhat premeditated (had suicidal ideation over hours or days, or intermittently throughout an episode, prior to making an attempt). 3. Thoroughly premeditated (persistent suicidal ideation over weeks, months, or longer prior to the attempt) 9. No information, not sure.</p>	1	2	3				9
<p>11. <i>Did the suicidal behavior described occur during an episode of...</i> (Circle all that apply)</p> <p style="margin-left: 20px;"><i>...depression?</i></p> <p style="margin-left: 20px;"><i>...bipolar (mixed state)?</i></p> <p style="margin-left: 20px;"><i>...alcohol abuse?</i></p> <p style="margin-left: 20px;"><i>...drug abuse?</i></p> <p style="margin-left: 20px;"><i>...psychosis?</i></p> <p style="margin-left: 20px;"><i>...other?</i></p> <p style="margin-left: 40px;">If yes: Specify: _____</p> <p>_____</p>	<u>No</u>	<u>Yes</u>	<u>Unk</u>				
<p>12. INTERVIEWER: Did any suicide attempt occur by violent means? (Violent suicide attempts include those by gunshot, stabbing, hanging, or jumping from a high place.)</p>	0	1					9

O. SUICIDAL BEHAVIOR

INTERVIEWER: FOR GENRED INTERVIEW, SKIP TO QUESTION 23, PAGE 124

(SKIP THIS PAGE)

INTERVIEWER: For the following questions, ask about the second most serious attempt.

13. *How did you try to kill yourself?*

Record response: _____

14. *How old were you?*

Age		

<u>No</u>	<u>Yes</u>	<u>Unk</u>
-----------	------------	------------

15. *Did you require medical treatment after this attempt?*

0	1	9
---	---	---

16. *Were you admitted to a hospital after the attempt?*

0	1	9
---	---	---

If yes:

Code Response			
---------------	--	--	--

16.a) *Medical hospital?*

0	1	2	9
---	---	---	---

- 0. No
- 1. Yes, Emergency Room
- 2. Yes, Inpatient
- 9. Unknown

16.b) *Psychiatric hospital?*

0	1	2	9
---	---	---	---

If yes: Note whether voluntary or involuntary.

- 0. No
- 1. Yes, voluntary
- 2. Yes, involuntary
- 9. Unknown

<u>No</u>	<u>Yes</u>	<u>Unk</u>
-----------	------------	------------

17. *Did you want to die?*

0	1	9
---	---	---

18. *Did you think you would die from what you had done?*

0	1	9
---	---	---

O. SUICIDAL BEHAVIOR

VIOLENT BEHAVIOR

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
23. <i>When angry or irritable, were there times when you hurt someone so they required medical attention?</i>	0	1	9
If yes: Describe: _____			

Skip to question 25

24. *Did this behavior occur during an episode of...*
(Circle all that apply)

<i>...depression?</i>	0	1	9
<i>...bipolar (mixed state)?</i>	0	1	9
<i>...alcohol abuse?</i>	0	1	9
<i>...drug abuse?</i>	0	1	9
<i>...psychosis?</i>	0	1	9
<i>...other?</i>	0	1	9
If yes: Specify: _____			

SELF-HARM WITHOUT SUICIDAL INTENT

25. <i>Have you ever intentionally harmed yourself when you were upset but you had no intention to commit suicide?</i>	0	1	9
INTERVIEWER: You may ask “ <i>Did you ever cut (or burn, or scratch, or hit) yourself, when no one was around, when the intent was to cause pain or disfigurement, or to relieve emotional distress?</i> ”			

Skip to P. Anxiety Disorders (page 126)

If yes: Describe: _____

26. *Why did you do that?*

Describe: _____

27. **INTERVIEWER:** Circle **YES** in the **ever** column for any of the following reasons offered; ask if these reasons applied during most episodes of self-injury and code in the second column.

	Ever			Most Episodes		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
27.a) As a cry for help	0	1	9	0	1	9
27.b) To relieve emotional distress	0	1	9	0	1	9
27.c) To demonstrate inner pain	0	1	9	0	1	9
27.d) To get back at someone else	0	1	9	0	1	9
27.e) To keep from feeling numb	0	1	9	0	1	9
27.f) Other Describe: _____	0	1	9	0	1	9

28. *Did this behavior occur during an episode of...*

(Circle all that apply)

<i>...depression?</i>	0	1	9
<i>...bipolar (mixed state)?</i>	0	1	9
<i>...alcohol abuse?</i>	0	1	9
<i>...drug abuse?</i>	0	1	9
<i>...psychosis?</i>	0	1	9
<i>...other?</i>	0	1	9

If yes: Specify: _____

P. ANXIETY DISORDERS

Now I would like to ask you some questions about certain situations and reactions you may have experienced.

OBSESSIONS

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1. <i>Have you ever been bothered by thoughts that did not make any sense, that kept coming back to you even when you tried not to have them?</i> If unclear: <i>Did these thoughts continue to bother you no matter how hard you tried to get rid of them or ignore them?</i> (Probe: <i>Examples might be like thinking your hands are dirty no matter how often you wash them, or the repeated urge to curse in church, or feeling sure many times that you have run someone over with your car.)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div>	1	9
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Skip to question 2</div>			
If yes:			
1.a) <i>What were they?</i> _____			

1.b) <i>What did you do about them?</i> _____			

1.c) INTERVIEWER: Code NO if thoughts, impulses, or images are simply excessive worries about real-life problems.	0	1	9
1.d) INTERVIEWER: Code YES if the person tries to ignore or suppress such thoughts or to neutralize them with some other thought or action.	0	1	9
1.e) INTERVIEWER: Does the person recognize that the obsessions are imposed from within (not from without as in thought insertion)?	0	1	9
1.f) INTERVIEWER: Code YES if the thoughts appear to be unrelated to other AXIS I disorders which are present (e.g., Major Depression, Mania, Eating Disorders, Substance Abuse Disorder) or a general medical condition.	0	1	9

COMPULSIONS

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
2. <i>Have you ever had to repeat some act over and over which you could not resist repeating in order to feel less anxious—like washing your hands, counting things, or checking things?</i> (Probe: <i>Another example might be doing things in a certain order and having to start over again if you get the order wrong.)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div>	1	9
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> If No to questions 1 <u>and</u> 2, skip to question 11. If No to question 2 <u>only</u>, skip to question 4. </div>			
If yes:			
2.a) <i>What was it you did over and over?</i> _____			

P. ANXIETY DISORDERS

	<u>No</u>	<u>Yes</u>	<u>Unk</u>			
2.b) <i>What were you afraid would happen if you did not do it?</i> _____ _____						
2.c) INTERVIEWER: Code YES if the behavior is designed to neutralize or prevent something unwanted, yet is not realistically connected with what it is meant to neutralize or prevent.	0	1	9			
2.d) INTERVIEWER: Code YES if the thoughts appear to be unrelated to other AXIS I disorders which are present (e.g., Major Depression, Mania, Eating Disorders, Substance Abuse Disorder) or a general medical condition.	0	1	9			
3. <i>Did you ever feel that these behaviors were excessive or unreasonable?</i>	0	1	9			
4. <i>How much time did you spend doing (Compulsion) and or thinking about (Obsession) each day?</i>			Minutes			
			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
5. <i>Did you seek help from anyone, like a doctor or other professional?</i>	0	1	9			
6. <i>Did you take any medication?</i> If yes: Specify. _____ _____	0	1	9			
7. <i>What effect did these (Obsessions and/or Compulsions) have on your life?</i> _____ _____ _____						
7.a) <i>Did these (Obsessions and/or Compulsions) bother you a lot?</i>	0	1	9			
7.b) <i>Did they significantly interfere with how you managed your work, school, household tasks, or social relationships?</i>	0	1	9			
7.c) <i>Did these (Obsessions and/or Compulsions) cause you a lot of anxiety or distress?</i>	0	1	9			
8. <i>How old were you the <u>first</u> time you were bothered by (Obsession and/or Compulsion)?</i>			Ons Age			
			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
9. <i>How old were you the <u>last</u> time you were bothered by (Obsession and/or Compulsion)?</i>			Rec Age			
			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
10. <i>Did you ever have (Obsession and/or Compulsion) at some time other than within two months of having (Depression/Psychosis)?</i>	0	1	9			

P. ANXIETY DISORDERS

PANIC DISORDER

	No	Yes	Unk
11. <i>Have you ever had panic attacks or anxiety attacks when you suddenly felt very frightened in situations that are usually not considered threatening?</i>	0	1	9
11.a) If no: <i>Have you ever had <u>sudden, unexplained</u> episodes of physical symptoms such as rapid or loud heartbeat, feeling faint or lightheaded, sweating, trembling? How about <u>sudden, unexplained</u> episodes of chest tightness or a feeling of smothering?</i>	0	1	9
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">Skip to Phobic disorder (question 31, page 131) ←</div>			
12. <i>Describe spells and situations in which (Symptoms indicated above) happen: (Are the attacks predictable?)</i>			
12.a) INTERVIEWER: Code NO if the attacks were always predictable. Code YES if attacks were at least initially unexpected and seemed to be coming out of the blue even if they later became triggered by one particular stimulus.	0	1	9
12.b) INTERVIEWER: Code NO if the attacks were associated exclusively with physical exertion or life-threatening situations.	0	1	9

INTERVIEWER: Complete the **Ever** column first then complete the **Most Attacks** column.

	Ever			Most Attacks		
	No	Yes	Unk	No	Yes	Unk
13. <i>During the attacks, did you experience any of the following symptoms:</i>						
13.a) <i>sudden rapid heartbeat, your heart pounding loudly?</i>	0	1	9	0	1	9
13.b) <i>choking?</i>	0	1	9	0	1	9
13.c) <i>sudden sweating?</i>	0	1	9	0	1	9
13.d) <i>sudden trembling or shaking?</i>	0	1	9	0	1	9
13.e) <i>hot flashes or chills?</i>	0	1	9	0	1	9
13.f) <i>chest tightness or pain?</i>	0	1	9	0	1	9
13.g) <i>shortness of breath, or a feeling of smothering?</i>	0	1	9	0	1	9
13.h) <i>dizziness, lightheadedness, feeling unsteady or faint?</i>	0	1	9	0	1	9

P. ANXIETY DISORDERS

	Ever			Most Attacks		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
13.i) <i>numbness or tingling?</i>	0	1	9	0	1	9
13.j) <i>fear of dying during the attack?</i>	0	1	9	0	1	9
13.k) <i>nausea or abdominal distress?</i>	0	1	9	0	1	9
13.l) <i>feeling that you or the world around you was strange or unreal?</i>	0	1	9	0	1	9
13.m) <i>fear of going crazy or doing something uncontrolled?</i>	0	1	9	0	1	9

EVER ONLY

INTERVIEWER: If less than two symptoms, skip to Phobic disorder (question 31, page 131).

INTERVIEWER: If more than two symptoms are coded **YES** in question 13a-m and subject progressed past question 4 in D. Somatization, review corresponding items in Somatization disorder (questions 3.e, 7.b, 10.e, 16.a, 16.e, 16.f) to make sure they did not occur only during panic attacks. If they did, recode those items as **NO** in Somatization section.

INTERVIEWER: Return to top of question 13 to ask *Which symptoms occurred during most attacks?*

MOST ATTACKS ONLY

14. Count positive symptoms from **Most Attacks** and enter here.

SX	

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
15. <i>Was there ever a time when four of these symptoms occurred together?</i>	0	1	9

If question 14 is **2 or less** and question 15 is **No**, skip to Phobic disorder (question 31, page 131)

If yes:

15.a) <i>Did these symptoms develop and become intense within 10 minutes?</i>	0	1	9
15.a.1) If yes: <i>Did this happen more than once?</i>	0	1	9

16. *How many panic attacks like this have you had?*

--	--

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
17. <i>Have you ever had at least four of these attacks within a four-week period?</i>	0	1	9
18.a) <i>After having an attack, have you been afraid of having another one?</i>	0	1	9
18.b) <i>Have you been worried about the implications or consequences of the attack?</i>	0	1	9

P. ANXIETY DISORDERS

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	<u>No</u>	<u>Yes</u>	<u>Unk</u>			
18.c) <i>Have you changed your behavior because of the attack?</i> If yes: Specify. _____ _____	0	1	9			
18.c.1) If Yes to question 18a, b, or c: <i>How long did the fear, worry or change in your behavior last?</i>				Weeks <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
19. <i>Did you seek help from anyone, like a doctor or other professional?</i>	0	1	9			
20. <i>Did you take any medications for these attacks?</i> If yes: Specify. _____ _____	0	1	9			
21. <i>Did you <u>only</u> have the attacks when you were consuming a lot of caffeine or alcohol or taking drugs like amphetamines?</i> If yes: Specify. _____ _____	0	1	9			
22.a) <i>Did a doctor ever tell you that you had a medical condition (e.g., overactive thyroid?) that might have been responsible for these attacks?</i>	0	1	9			
22.b) <i>Did a doctor ever tell you that you had a psychiatric condition (e.g., phobias, OCD, PTSD) that might have been responsible for these attacks?</i>	0	1	9			
23. <i>How old were you the <u>first</u> time you had a panic attack?</i>				Ons Age <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
24. <i>How old were you the <u>last</u> time you had a panic attack?</i>				Rec Age <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
25. <i>Have you ever had panic attacks during an episode of depression?</i>	0	1	9			
26. <i>Have you ever had panic attacks during an episode of mania?</i>	0	1	9			
27. <i>Have you ever had panic attacks at any other time?</i>	0	1	9			
	<u>None</u>	<u>Some</u>	<u>Most</u>	<u>All</u> <u>Unk</u>		
28. <i>What proportion of panic attacks have occurred during depression?</i>	0	1	2	3 9		
29. <i>What proportion of panic attacks have occurred during mania?</i>	0	1	2	3 9		
30. <i>What proportion of panic attacks have occurred at other times?</i>	0	1	2	3 9		

PHOBIC DISORDER

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
31. <i>Have you ever been excessively afraid of...</i>			
31.a) Agoraphobic <i>...going out alone, being alone in a crowd or in stores, or being in places where you feel you cannot escape or get help?</i>	0	1	9
31.b) Social <i>...doing certain things in front of people like speaking, eating, or writing?</i>	0	1	9
31.c) Simple/Specific <i>...certain animals, heights, or being closed in?</i>	0	1	9
Skip to Q. Eating Disorders (page 134)	←		
32. <i>Did you go out of your way to avoid...</i>			
32.a) Agoraphobic fear(s)?	0	1	9
32.b) Social fear(s)?	0	1	9
32.c) Simple/Specific fear(s)?	0	1	9
Skip to Q. Eating Disorders (page 134)	←		
33. Describe Fear(s) by category. If avoidance has developed, note what motivated the person to avoid the situation (e.g., fear of sudden development of a symptom attack, embarrassment, or humiliation). For Agoraphobia, note whether either a limited symptom attack or panic attack has occurred in the past or whether there is only a fear of developing an attack.			
33.a) Agoraphobic Fear(s): _____ _____ _____			
33.a.1) INTERVIEWER: Did the avoidant behavior begin during or just after a panic attack?	0	1	9
33.b) Social Fear(s): _____ _____ _____			
33.b.1) INTERVIEWER: Did the avoidant behavior begin during or just after a panic attack?	0	1	9

P. ANXIETY DISORDERS

No Yes Unk

33.c) **Simple/Specific Fear(s):** _____

33.c.1) **INTERVIEWER:** Did the avoidant behavior begin during or just after a panic attack? 0 1 9

	Agoraphobic			Social			Simple/Specific		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
INTERVIEWER: For each positive fear, ask questions 34–44.									
34. <i>Did you almost always become anxious when you were experiencing (Feared object/situation)?</i>	0	1	9	0	1	9	0	1	9
35. <i>Were you more anxious than you should have been?</i>	0	1	9	0	1	9	0	1	9
36. INTERVIEWER: Code YES if there is persistent fear of an object, activity, or situation which the subject tends to avoid or else endures with intense anxiety.	0	1	9	0	1	9	0	1	9
36.a) <i>Were you greatly upset about <u>having</u> the fear?</i>	0	1	9	0	1	9	0	1	9
37. <i>Because of (Feared object/situation), was there a difference in your social life or in how you managed your work, school, or household tasks?</i>	0	1	9	0	1	9	0	1	9
If yes: Specify:	_____			_____			_____		
	_____			_____			_____		
	_____			_____			_____		
	_____			_____			_____		
38a. Agoraphobia only INTERVIEWER: Code YES if the fear is unrelated to substance use, medication effects or a preexisting medical disorder.	0	1	9						
38b. Social Phobia only INTERVIEWER: Code YES if the fear is unrelated to substance use, medication effects, or a preexisting medical or psychiatric disorder.				0	1	9			

P. ANXIETY DISORDERS

	Agoraphobic			Social			Simple/Specific		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
38c. Simple/Specific Phobia only INTERVIEWER: Code YES if the symptoms are not better explained by another disorder (e.g. OCD, PTSD, Separation Anxiety, Panic Disorder).							0	1	9
39. <i>Did you seek help from anyone, like a doctor or other professional?</i>	0	1	9	0	1	9	0	1	9
40. <i>Did you take any medications?</i> If yes: Specify:	0	1	9	0	1	9	0	1	9
	_____			_____			_____		
	_____			_____			_____		
	_____			_____			_____		
41. <i>Did you ever have this problem at some time other than two months before or after having (Depression/Psychosis)?</i>	0	1	9	0	1	9	0	1	9
42. <i>How old were you the <u>first</u> time you had this problem?</i>	Ons Age <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			Ons Age <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			Ons Age <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>		
43. <i>How old were you the <u>last</u> time you had this problem?</i>	Rec Age <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			Rec Age <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>			Rec Age <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>		
44. Social Phobia only If question 43 is 17 or less, Code YES if phobia lasted at least 6 months.				0	1	9			

Childhood Events Questionnaire

(Modified by Elliot Nelson, M.D., Washington University, and Douglas Levinson, M.D., for GenRED II; based on NCS trauma screening questions and Washington Univ. instrument.)

This is a self-report version. The instrument will be tested initially by asking 100 subjects **both** to complete it as a self-report instrument and then to respond to the same questions during their interview, to assess consistency of reporting. If high agreement is obtained, GenRED I probands will be asked to complete the self-report version.

The Questionnaire begins on the next page.

Childhood Events Questionnaire

DIRECTIONS: This is a questionnaire about experiences that some people have had when they were children. It asks about your experiences *before the age of 18*.

For each item (1-5) there are several questions (A, B, etc.). For each question, please blacken the box that indicates the frequency with which this happened.

For each question, if the event **EVER** happened, please write down your best recollection of the **AGE** when it probably **FIRST** happened. If any of the events in the box happened, answer the two additional questions at the bottom of the box (Yes or No). If the answer to one of these question is Yes, indicate the age when you probably first had that experience.

Thank you for completing this questionnaire. All answers will be kept strictly confidential.

1. Before you were 18 how often did anyone do or involve you in any of the following when you did not want this to happen:	Never	Once	2-5 times	6-10 times	More than 10 times	AGE it first occurred
A) Touch parts of your body other than your genitals in a sexual way, or have you touch non-genital parts of the person in a sexual way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
B) Touch your sexual organs or have you touch that person's sexual organs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
C) Attempt to have oral sex, anal sex, or sexual intercourse with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D) Have oral sex, anal sex, or sexual intercourse with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
If any of these ever occurred, please answer the following two questions:						
Did you have to avoid thoughts or feelings that reminded of this kind of experience?	NO <input type="radio"/>				YES <input type="radio"/>	
Did you have physical reactions when reminded of this kind of experience?	NO <input type="radio"/>				YES <input type="radio"/>	

2. Before you were 18 how often did your mother, father, or another adult member of your household:	Never	Rarely	Some-times	Frequently	AGE it first occurred	
A) Choke, throttle or kick you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
B) Give you a severe beating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
C) Purposely injure you, causing bruises, cuts, abrasions, or broken bones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
D) Burn you with a hot object as a punishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
E) Lock you in your room or a smaller space (like a closet) or withhold food as a punishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
If any of these ever occurred, please answer the following two questions:						
Did you have to avoid thoughts or feelings that reminded of this kind of experience?	NO <input type="radio"/>				YES <input type="radio"/>	
Did you have physical reactions when reminded of this kind of experience?	NO <input type="radio"/>				YES <input type="radio"/>	

3. Before you were 18 how often did someone outside your household:	Never	Once	2-5 times	6-10 times	More than 10 times	AGE it first occurred
A) Physically attack or assault you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
B) Threaten you with a weapon or hold you captive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
If any of these ever occurred, please answer the following two questions:						
Did you have to avoid thoughts or feelings that reminded of this kind of experience?	NO		YES			
	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Did you have physical reactions when reminded of this kind of experience?	NO		YES			
	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

4. Before you were 18 how frequently:	Never	Rarely	Sometimes	Frequently	AGE it first occurred	
A) Did you witness severe violence involving someone close to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
B) Did you observe your parents screaming in anger or being physically aggressive either with each other or with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
C) Did one or both parents scream or yell at you when you didn't feel you had done anything to deserve it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
D) Did one or both parents call you stupid, lazy, or other names that upset you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
If any of these ever occurred, please answer the following two questions:						
Did you have to avoid thoughts or feelings that reminded of this kind of experience?	NO		YES			
	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Did you have physical reactions when reminded of this kind of experience?	NO		YES			
	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

5. Before you turned 18 how frequently did your parents fail to:	Never	Rarely	Sometimes	Frequently	AGE it first occurred	
A) Make sure that you were going to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
B) Provide adequate food, clothing, and shelter for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
C) Obtain necessary medical care for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
D) Comfort you when you were upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
E) Know what you were doing when they weren't around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
F) Care who your friends were	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
If any of these ever occurred, please answer the following two questions:						
Did you have to avoid thoughts or feelings that reminded of this kind of experience?	NO		YES			
	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Did you have physical reactions when reminded of this kind of experience?	NO		YES			
	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Parental loss inventory: *I have a few questions about your parents.*

Check here if the subject was **adopted** (DIGS item A-3) at birth or before earliest memories, and substitute “parents” for “natural parents” during the rest of the interview. If adopted later, then rate the questions to indicate the timing of separation from the natural parents.

1. Did you live **continuously** with your natural **mother** through the age of **16**? (Circle YES or NO)

YES NO → What happened? _____
↓
1a. # years lived with mother: _____

2. Did you live **continuously** with your natural **father** through the age of **16**? (Circle YES or NO)

YES NO → What happened? _____
↓
2a. # years lived with father: _____

[IF 1 AND 2 BOTH YES, SKIP TO ITEM 8a]

3. Interviewer – check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> a. Mother died | <input type="checkbox"/> d. Separated from mother |
| <input type="checkbox"/> b. Father died | <input type="checkbox"/> e. Separated from father |
| <input type="checkbox"/> c. Parents divorced | <input type="checkbox"/> f. Other: _____ |

4. How old were you when you were **first separated** from:

- a. MOTHER: _____ YEARS OLD
b. FATHER: _____ YEARS OLD

5. With whom did you live after that? (Check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> a. Natural mother | <input type="checkbox"/> e. Maternal grandmother | <input type="checkbox"/> i. Other, specify:
_____ |
| <input type="checkbox"/> b. Natural father | <input type="checkbox"/> f. Maternal grandfather | _____ |
| <input type="checkbox"/> c. Stepmother | <input type="checkbox"/> g. Paternal grandmother | _____ |
| <input type="checkbox"/> d. Stepfather | <input type="checkbox"/> h. Paternal grandfather | _____ |

6. IF NATURAL PARENTS DIVORCED OR SEPARATED (otherwise skip to 7a):

After the (divorce/permanent separation), how often did you have contact with your natural (father/mother, the parent with whom the subject did not live). Would you say:

1. Nearly every day
 2. A few times a week.
 3. Once a week.
 4. Once a month.
 5. A few times a year.
 6. Never.

7a. IF NATURAL MOTHER DIED (otherwise skip to 7b):

After the death of your natural mother, was there another person who was able to act like a mother to you?

YES NO

7b. IF NATURAL FATHER DIED (otherwise skip to 8):

After the death of your natural father, was there another person who was able to act like a father to you?

YES NO

8a. Code or ask: *Is your (mother / mother-like figure) still living?* YES NO Doesn't know

8a. Code or ask: *Is your (father / father-like figure) still living?* YES NO Doesn't know

POSTTRAUMATIC STRESS DISORDER

Sometimes things happen to people that are extremely upsetting--things like being in a life threatening situation like a major disaster. very serious accident or fire: being physically assaulted on raped; seeing another person killed or dead, or badly hurt.. or hearing about something horrible that has happened to someone you are close to. I am going to read each item on the list to you. Please tell me whether each thing ever happened to you, and also whether you ever witnessed it happening to someone, and whether these things occurred before or after the age of 16. At any time during your life, have any of the following kinds of events happened to you, or have you witnessed any of them? If you experienced or witnessed any of these things, I will ask whether that happened before age 16 and also whether it happened after 16.

Experience	Happened to me		Witnessed it		NO
	Before 16	After 16	Before 16	After 16	
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)					
2. Fire or explosion					
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)					
4. Serious accident at work, home, or during recreational activity					
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)					
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)					
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)					
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)					
9. Other unwanted or uncomfortable sexual experience					
10. Combat or exposure to a war-zone (in the military or as a civilian)					
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)					
12. Life threatening illness or injury					
13. Severe human suffering					
14. Sudden, violent death (for example, homicide, suicide)					
15. Serious injury, harm or death <u>you caused</u> to someone else					
16. Any other stressful event or experience					

IF ALL ARE NO, SKIP THE REST OF THE PTSD SECTION.

17. Which of the experiences bothers you the most or continues to cause you distress. If you cannot decide on one experience, you may choose more than one. When did it/they happen? Can you describe it/them?

18a. Sometimes these things keep coming back in flashbacks. or thoughts that you can't get rid of. Has that ever happened to you? YES NO

IF NO:

18b. What about being very upset when you were in a situation that reminded you of one of these terrible things? YES NO

IF NO TO 18a AND 18b, CHECK HERE ___ AND SKIP THE REST OF THE PTSD SECTION.

IF YES TO 18a OR 18b, CONTINUE TO THE NEXT PAGE, FOCUSING ON OR TWO EVENTS IDENTIFIED AS MOST DISTRESSING.

POSTTRAUMATIC STRESS DISORDER
CRITERIA

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

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

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

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

? 1 2 3

GO TO
GAD,
F. 31

F105

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

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

? 1 2 3

GO TO
GAD,
F. 31

F106

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

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

For example...

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

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

? 1 2 3

F107

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

(2) recurrent distressing dreams of the event

? 1 2 3

F108

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

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

? 1 2 3

F109

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

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

? 1 2 3

F110

...what about having physical symptoms--like breaking out in a sweat, breathing heavily or irregularly, or your heart pounding or racing?

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

? 1 2 3

F111

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

1 3

F112

GO TO
GAD.
F. 31

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

Since (THE TRAUMA)...

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

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

? 1 2 3

F113

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

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

? 1 2 3

F114

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

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

? 1 2 3

F115

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

(4) markedly diminished interest or participation in significant activities

? 1 2 3

F116

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

(5) feeling of detachment or estrangement from others

? 1 2 3

F117

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

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

? 1 2 3

F118

<p>...did you notice a change in the way you think about or plan for the future?</p>	<p>(7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)</p>	<p>? 1 2 3</p>	<p>F119</p>
<p>AT LEAST 3 "C" SXS ARE CODED "3"</p>		<p>1 3</p>	<p>F120</p>
<p>GO TO *GAD,* F. 31</p>			
<p>Since (THE TRAUMA)...</p>	<p>D. Persistent symptoms of increased arousal (not present before the trauma) as indicated by two (or more) of the following:</p>		
<p>...have you had trouble sleeping?. (What kind of trouble?)</p>	<p>(1) difficulty falling or staying asleep</p>	<p>? 1 2 3</p>	<p>F121</p>
<p>...have you been unusually irritable? What about outbursts of anger?</p>	<p>(2) irritability or outbursts of anger</p>	<p>? 1 2 3</p>	<p>F122</p>
<p>...have you had trouble concentrating?</p>	<p>(3) difficulty concentrating</p>	<p>? 1 2 3</p>	<p>F123</p>
<p>...have you been watchful or on guard even when there was no reason to be?</p>	<p>(4) hypervigilance</p>	<p>? 1 2 3</p>	<p>F124</p>
<p>...have you been jumpy or easily startled, like by sudden noises?</p>	<p>(5) exaggerated startle response</p>	<p>? 1 2 3</p>	<p>F125</p>
<p>AT LEAST TWO "D" SXS ARE CODED "3"</p>		<p>1 3</p>	<p>F126</p>
<p>GO TO *GAD,* F. 31</p>			

About how long did these problems--(CITE POSITIVE PTSD SYMPTOMS)--last?

E. Duration of the disturbance (symptoms in criteria B, C, and D) is more than one month

? 1 2 3

F127

TO DIAGNOSE CURRENT ACUTE STRESS DISORDER, GO TO J.1 (OPTIONAL MODULE).

OTHERWISE, GO TO *GAD,* F. 31

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

? 1 2 3

F128

GO TO *GAD,* F. 31

POSTTRAUMATIC STRESS DISORDER CRITERIA A, B, C, D, E, AND F ARE CODED "3"

1 3

F129

GO TO *GAD,* F. 31

POST-TRAUMATIC STRESS DISORDER

POSTTRAUMATIC STRESS DISORDER CHRONOLOGY

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

Has met criteria for Posttraumatic Stress Disorder during past month

? 1 3

F130

INDICATE CURRENT SEVERITY:

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

F131

CONTINUE WITH *AGE AT ONSET,* BELOW.

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

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

F132

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

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

F133

AGE AT ONSET

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

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

F134

GO TO *GAD,*
F. 31

Q. EATING DISORDERS

Now, I would like to ask you some questions about your eating habits and your weight.

ANOREXIA NERVOSA

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> | | | | | | | | | | | | | | | | | | | | | |
|---|--|------------|------------|--------|--|--|--|--|--|--------|--|--|--|--|--|-----|--|--|--|--|--|-----------|------------|------------|
| 1. <i>Was there ever a time when you weighed much less than other people thought you ought to weigh?</i> | <input type="text" value="0"/> | 1 | 9 | | | | | | | | | | | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-right: 20px;">Skip to Bulimia (question 14, page 135)</div> | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <i>At that time, had you lost a lot of weight on purpose or was it while you were growing up and you kept your weight down on purpose?</i> | <input type="text" value="0"/> | 1 | 9 | | | | | | | | | | | | | | | | | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-right: 20px;">Skip to Bulimia (question 14, page 135)</div> | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. <i>What was your lowest weight at that time?</i> | <table style="border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">Pounds</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">Inches</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">Age</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td></td> </tr> <tr> <td style="text-align: center;"><u>Sm</u></td> <td style="text-align: center;"><u>Med</u></td> <td style="text-align: center;"><u>Lrg</u></td> </tr> </table> | | | Pounds | | | | | | Inches | | | | | | Age | | | | | | <u>Sm</u> | <u>Med</u> | <u>Lrg</u> |
| Pounds | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Inches | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Age | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Sm</u> | <u>Med</u> | <u>Lrg</u> | | | | | | | | | | | | | | | | | | | | | | |
| 4. <i>How tall were you?</i> Record response: _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. <i>How old were you?</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. INTERVIEWER: Note body frame. | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | |

WEIGHT CRITERION FOR ANOREXIA (15% BELOW EXPECTED WEIGHT)							
MEN				WOMEN			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'2"	99	105	113	4'10"	80	86	95
5'3"	101	108	116	4'11"	83	88	97
5'4"	104	111	119	5'0"	85	91	100
5'5"	107	113	122	5'1"	87	94	102
5'6"	109	116	125	5'2"	91	96	104
5'7"	112	119	129	5'3"	93	99	108
5'8"	116	124	133	5'4"	95	102	110
5'9"	119	127	136	5'5"	97	104	113
5'10"	124	130	139	5'6"	101	109	117
5'11"	127	134	144	5'7"	104	112	120
6'0"	130	138	148	5'8"	108	116	124
6'1"	134	142	152	5'9"	111	119	127
6'2"	137	145	156	5'10"	114	122	131
6'3"	141	150	160	5'11"	118	126	135
6'4"	144	154	164	6'0"	121	129	138

* For women 18 to 25 years old, subtract one pound for each year under 25.

- | | <u>No</u> | <u>Yes</u> | <u>Unk</u> |
|--|-----------|--------------------------------|------------|
| 6.a) INTERVIEWER: Is lowest weight (question 3) more than table entry for height, gender, and body? | 0 | <input type="text" value="1"/> | 9 |
| <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-right: 20px;">Skip to Bulimia (question 14, page 135)</div> | | | |

Q. EATING DISORDERS

	No	Yes	Unk
7. <i>At that time did you still feel fat or did you see yourself as too fat in some ways?</i>	0	1	9
8. <i>Were you still very much afraid that you could become fat?</i>	0	1	9
9. If female: <i>Did your periods stop even when you were not pregnant?</i>	0	1	9
9.a) If yes: <i>Did you miss at least three cycles in a row?</i>	0	1	9
10. <i>Was there a medical disorder causing your weight loss?</i>	0	1	9
If yes: Specify: _____			
11. <i>Did your lowered weight follow the use of diet pills, amphetamines, cocaine, or other substances?</i>	0	1	9
If yes: Specify: _____			
12. <i>How old were you the <u>first</u> time your weight was below ___?</i> (See weight criterion table for loss of 15%.)			Ons Age <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
13. <i>How old were you the <u>last</u> time your weight was below ___?</i> (See weight criterion table for loss of 15%.)			Rec Age <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>

BULIMIA

	No	Yes	Unk
14. <i>Has there been a time in your life when you went on food binges (i.e., rapid consumption of a large amount of food in a discrete period of time, usually less than two hours)?</i>	0	1	9
Skip to S. Antisocial Personality (page 138) ←			
15. <i>During these binges were you afraid you could not stop eating, or that your eating was out of control?</i>	0	1	9
16. <i>Did you have eating binges as often as twice a week for at least three months?</i>	0	1	9
Skip to question 19 ←			
17. <i>How old were you when you <u>first</u> binged regularly?</i>			Ons Age <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
18. <i>How old were you the <u>last</u> time you binged regularly?</i>			Rec Age <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>

Q. EATING DISORDERS

	<u>No</u>	<u>Yes</u>	<u>Unk</u>		
19. Compensatory Behavior <i>Did you do anything to make up for eating so much, perhaps like...</i>					
19.a) ...making yourself vomit?	0	1	9		
19.b) ...taking laxatives or diuretics?	0	1	9		
19.c) ...strictly dieting?	0	1	9		
19.d) ...fasting?	0	1	9		
19.e) ...exercising a lot?	0	1	9		
19.f) ...other?	0	1	9		
If yes: Specify: _____					
Skip to question 20	←				
19.g) <i>Did you do (Compensatory behavior/s) as often as twice a week for at least 3 months?</i>	0	1	9		
20. <i>At this time when you went on food binges were you a lot more concerned about your weight and/or shape than most people your age?</i>	0	1	9		
21. INTERVIEWER: Are questions 16 and 19g both YES?	0	1	9		
Skip to R. Pathological Gambling (page 137)	←				
22. <i>Did these episodes of binge eating and (Compensatory behaviors) both occur on average twice a week for at least 3 months?</i>	0	1	9		
Skip to R. Pathological Gambling (page 137)	←				
23. <i>How old were you when you <u>first</u> binged and (Compensatory behavior/s) regularly?</i>	Ons Age				
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>				
24. <i>How old were you the <u>last</u> time you binged and (Compensatory behavior/s) regularly?</i>	Rec Age				
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>				
	<u>No</u>	<u>Yes</u>	<u>Unk</u>		
25. INTERVIEWER: If subject appears to meet criteria for Anorexia Nervosa , ask: <i>Did these episodes of binge eating and (Compensatory behaviors) occur at any time other than during an anorexia episode?</i>	0	1	9		

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S. ANTISOCIAL PERSONALITY

Now I would like to ask you some questions about when you were younger.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>		
1. Before you were 15 years old...					
1.a.1) ...did you often skip school?	0	1	9		
If yes:					
1.a.2) ...how old were you the first time?		Ons Age <table style="width: 100%; border: none;"><tr><td style="width: 50%; border: 1px solid black; height: 20px;"></td><td style="width: 50%; border: 1px solid black; height: 20px;"></td></tr></table>			
1.b) ...did you run away from home overnight more than once or did you run away from home without returning?	0	1	9		
1.c) ...did you often start physical fights?	0	1	9		
1.d) ...did you more than once use a weapon like a club, gun, or knife in a fight?	0	1	9		
1.e) ...did you more than once steal things or did you more than once forge anyone's signature on a check or credit card?	0	1	9		
1.f) ...were you often mean to animals including pets or did you ever hurt an animal on purpose?	0	1	9		
1.g) ...did you physically hurt another person on purpose (other than in a fight)?	0	1	9		
1.h) ...did you ever set fires when you were not supposed to?	0	1	9		
1.i) ...did you ever destroy someone's property on purpose (other than fire setting)?	0	1	9		
1.j) ...did you often bully, threaten, or intimidate others?	0	1	9		
1.k) ...did you ever break into someone's house, building or car?	0	1	9		
1.l) ...did you often tell lies?	0	1	9		
If yes: Why did you tell a lot of lies? _____ _____					
INTERVIEWER: Code YES if intent was to obtain goods or favors or to avoid obligations. Code NO if subject lied to avoid physical or sexual abuse.					
Skip to question 2 ←					
1.m) ...did you ever force someone to have sex with you?	0	1	9		
1.n) ...did you ever take money or property from someone else by threatening them or using force, like snatching a purse or robbing someone?	0	1	9		

2. **INTERVIEWER:** Count positive symptoms (1a-n) and enter here.

SX

--	--

S. ANTISOCIAL PERSONALITY

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
2.a) INTERVIEWER: Is question 2 three or more?	0	1	9

Skip to X. Reliability Assessment (page 148)

	Age	
3. How old were you the <u>first</u> time you (list positive symptoms in question 1)?		

4. Because of (positive behaviors) was there a difference in your social life or in how you managed your school, work, or household chores?	0	1
--	---	---

If yes: Specify. _____

INTERVIEWER: For questions 5-15, probe as necessary for subjects with evidence of Mania, Schizophrenia, or Substance Use Disorders:

“Was this **(Behavior)** always due to your use of alcohol/drugs?”

If yes: Code as 2

“Was this **(Behavior)** always during an episode of mania or psychosis?”

If yes: Do not count as positive episodes that are solely related to episodes of mania or psychosis.

	<u>No</u>	<u>Yes</u>	<u>Only During Alc/ Drugs</u>
<i>Now I am going to ask you questions about yourself after the age of 15.</i>			

5. In the last five years, have you been unemployed for six months or more, other than when you were in school, sick, on strike, laid off, a full-time housewife, retired, or in jail?	0	1	2
--	---	---	---

6. When you were working, were you often absent from work when you were not ill or did you repeatedly miss work because you did not want to go?	0	1	2
---	---	---	---

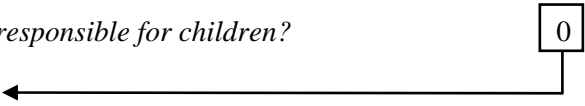
INTERVIEWER: Code **NO** if absence due to illness in family.

7. Since you were 15, have you quit three or more jobs without having another job lined up?	0	1	2
---	---	---	---

8. Since you were 15, have you repeatedly done things that you could have been arrested for like stealing, or engaging in illegal occupations such as selling drugs or stolen goods, destroying property, or harassing others?	0	1	2
--	---	---	---

9. Since you were 15, have you often thrown things, hit or physically attacked anyone (including your wife/husband, partner, or children)?	0	1	2
--	---	---	---

10. Since you were 15, have you often failed to pay back debts that you owed like credit card charges or loans, or have you failed to take care of other financial responsibilities like child support or providing support for other dependents?	0	1	2
---	---	---	---

	No	Yes	Only During Alc/ Drugs		
11. <i>Since you were 15, have you ever traveled from place to place without knowing where you were going to stay or work or have you had no regular place to live for a month or more?</i>	0	1	2		
12. <i>Since you were 15, have you frequently lied, used an alias, or conned others for personal profit or pleasure?</i>	0	1	2		
13. <i>Since you were 15, have you received three or more speeding tickets or have you often driven while intoxicated?</i>	0	1	2		
14. <i>Since you were 15, have you ever been responsible for children?</i>	0	1	2		
<div style="border: 1px solid black; display: inline-block; padding: 2px;">Skip to question 16</div> 					
15. <i>Since you were 15, has anyone ever said that you were not taking proper care of a child of yours (or a child you were responsible for) like...</i>					
15.a) <i>...not giving the child enough food?</i>	0	1	2		
15.b) <i>...not keeping the child clean resulting in his/her illness?</i>	0	1	2		
15.c) <i>...not getting medical care when the child was seriously ill?</i>	0	1	2		
15.d) <i>...leaving the child with neighbors because you were not able to take care of the child at home (except for babysitting)?</i>	0	1	2		
15.e) <i>...not arranging for anyone to take care of the child when you were away?</i>	0	1	2		
15.f) <i>...running out of money to take care of the child more than once because you spent the money on yourself?</i>	0	1	2		
16. <i>Since you were 15, have you ever been faithful to one person in a romantic or love relationship for one year or longer; that is, you did not have an affair or any one-night stands during that time?</i>	0	1			
INTERVIEWER: Code YES (for positive symptom) if subject has <u>never</u> sustained a totally monogamous relationship for more than one year.					
17. <i>Did you feel it was okay for you to have stolen, hurt, hit, destroyed, or (List other antisocial acts from questions 8-13)?</i>	0	1			
18. <i>You said that you (Review positive symptoms in questions 5-16). How old were you the <u>last</u> time you did any of these things?</i>			Rec Age <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr></table>		

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X. INTERVIEWER'S RELIABILITY ASSESSMENT

INTERVIEWER: Indicate how reliable you think the information provided by the subject is in the following areas.

	<u>Good</u>	<u>Fair</u>	<u>Unreliable</u>
1. SOMATIZATION	1	2	3
2. MAJOR DEPRESSION	1	2	3
3. MANIA	1	2	3
4. ALCOHOL ABUSE	1	2	3
5. TOBACCO, MARIJUANA AND DRUG ABUSE	1	2	3
6. PSYCHOSIS	1	2	3
7. SUICIDAL BEHAVIOR AND VIOLENT BEHAVIOR	1	2	3
8. ANXIETY DISORDERS	1	2	3
9. EATING DISORDERS	1	2	3
10. ANTISOCIAL PERSONALITY	1	2	3
11. OVERALL RELIABILITY	1	2	3

Please explain below

- 1. Description of subject and interaction during interview**
- 2. Chronological history of psychiatric symptoms/syndromes from onset to present**
- 3. Summary of positive DIGS ratings with examples**
- 4. Formulation and comments, including explanation of unknown or uncertain ratings, “flags”, atypical features.**

Z. MEDICAL RECORDS INFORMATION

Subject ID: -

Subject Name: _____

First name MI Last name

Date of Birth: - -

Day Month Year

Physician Name	Hospital/Clinic Name	City	State	Treatment Dates	Condition

CLOSE YOUR EYES

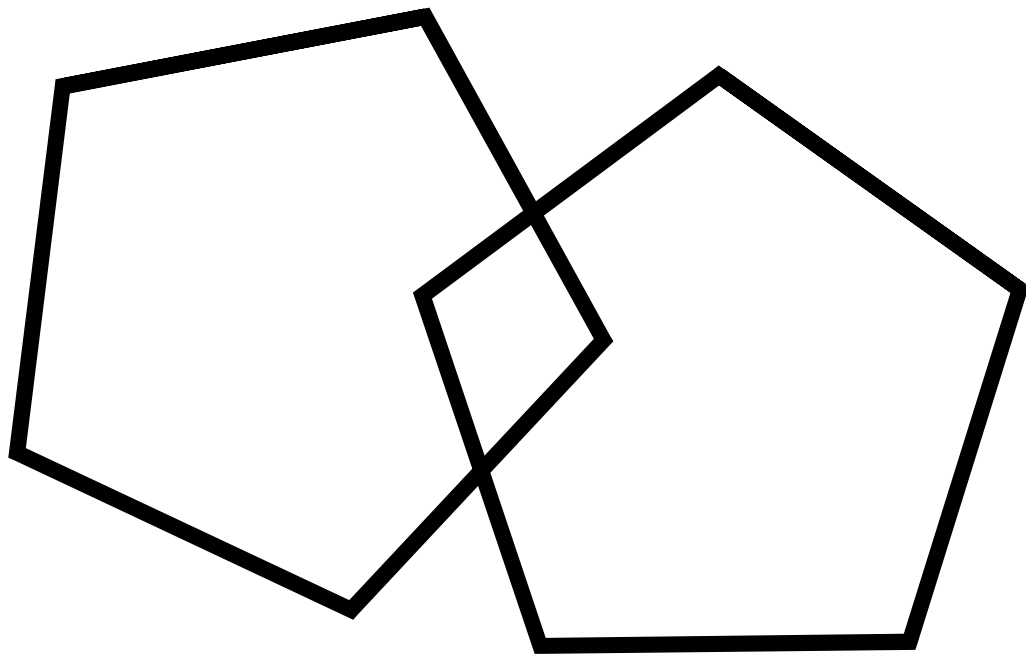
Ethnicity

Use the full 3-digit code if the specific ethnic group is listed.

- 210 = **European** – Peoples West of the Urals and North of the Black Sea (except see 270 for Serbian, Finnish and isolated groups)
- 211 = **Anglo-Saxon**
- 212 = **Northern European** (e.g., Scandinavian except for Finnish).
- 213 = **West European** (e.g., French, German)
- 214 = **East European, Slavic** (except Serbian)
- 215 = **Russian** (except Ashkenazi Jews from Russia)
- 216 = **Mediterranean** (e.g., Italian)
- 217 = **Irish**
- 218 = **Greek**
- 220 = **African, sub-Saharan** – Most African-Americans and Afro-Caribbeans ("Black Hispanics"), as well as Sub-Saharan Africans (incl. South Sudanese).
- 230 = **African, northeastern** – Mediterranean and Saharan Africans (incl. Algerians, Egyptians, North Sudanese, Libyans, Moroccans, and Tunisians)
- 240 = **Southeast Asian** – Malaysian, Balinese, Viet Muong, Thai, South Chinese, Indonesian, and indigenous people of the Philippines.
- 250 = **All Other Asian** – All peoples East of the Urals and South of the Black Sea except Southeast Asians (e.g., North Chinese, Indians, Koreans, Japanese, Turks, Armenians)
- 260 = **Native Americans** – Indigenous peoples of North, Central, and South America
- 270 = **Admixed** – All recent mixtures of the above groups (incl. "Hispanics," non-indigenous Central and South Americans, Filipinos, etc.)
- 271 = **Hispanic** (not Puerto Rican)
- 272 = **Puerto Rican Hispanic**
- 273 = **Mexican Hispanic**
- 280 = **Special Populations** – Genetic isolates and outliers (e.g., Old Order Amish, Sardinian)
- 281 = **Ashkenazi Jew**
- 282 = **Sephardic Jew**
- 283 = **Serbian**
- 284 = **Finnish**
- 290 = **Other** – (e.g., Pacific Islanders, indigenous Australians, etc.)
- 999 = **Unknown**

Items 217, 218, 283 and 284 are specific to the GENRED version.

ETHNICITY CARD



List of Drugs**A. Cocaine**

Cocaine (girl)
Coca Leaves
Crack
Freebase
Rock
Toot

E. PCP

Hog
Angel Dust (Dust)
Seryl
Dip
Wack
Water

B. Stimulants

Amphetamine
Methamphetamine
Meth.
Speed
Crank
Crystal
Beauties (Black Beauties)
Diet Pills
Whitecrosses

F. Hallucinogens

LSD (Acid)
Purple Microdot
Blotters
Mescaline
Peyote
Mushrooms (Magic Mushrooms)
Psilocybin
MDMA (Ecstasy)
Psychedelics
DMT

C. Sedatives, Hypnotics, Tranquilizers

Quaaludes (Ludes)
Valium
Librium
Xanax
Barbiturates
Barbs
Seconal
Ativan
Sleeping Pills

G. Solvents

Glue
Toluene
Gasoline
Paint
Paint Thinner
White-Out

D. Opiates

Heroin
Boy
Smack
Opium
Darvon
Codeine
Morphine
Percodan
Demerol
Methadone
Dilaudid
Vicodan
Lorcet

H. Other

Nitrous Oxide
Amyl Nitrite
Poppers
Butyl Nitrite
Khat
Betel Nut
Ecstasy

I. Combination

Speedball
T's and Blues
Ice

Alcohol Tally Sheet B

B: DSM-IV

Needing/Able to Drink More _____ I.19.a Needed 50% more alcohol to get an effect OR could drink 50% more alcohol before getting drunk	Box 1: _____
Trying to Cut Down _____ I.13 Tried to stop or cut down _____ I.14 Tried but was unable to stop or cut down	Box 2: _____
Drinking More than Intended _____ I.16 Drank more than intended, more days in a row than intended, or when promised self wouldn't	Box 3: _____
Drinking Used All Time _____ I.17 Drinking or recovering from effects left little time for anything else	Box 4: _____
Reduced Activities _____ I.21 Gave up or greatly reduced important activities to drink	Box 5: _____
Continued to Drink Despite Problems _____ I.32.h Continued to drink knowing alcohol caused health problems _____ I.33 Continued to drink despite serious physical illness _____ I.34.f Continued to drink knowing alcohol caused emotional problems	Box 6: _____
Withdrawal Symptoms _____ I.31.1 Two or more withdrawal symptoms occurred together _____ I.31.n Often drank to relieve or avoid withdrawal symptoms	Box 7: _____

Marijuana Tally Sheet B

B: DSM-IV

Spent Great Deal of Time _____ J.24 Great deal of time spent using marijuana, getting it, or getting over its effects for 1 month or more	Box 1: _____
Continued to Use Despite Problems _____ J.25.f Continued to use marijuana knowing it caused emotional or psychological problems	Box 2: _____
Trying to Cut Down _____ J.26 Often wanted to stop or cut down on marijuana _____ J.27 Tried but was unable to stop or cut down on marijuana	Box 3: _____
Used More than Intended _____ J.28 Often used marijuana more frequently or in larger amounts than intended	Box 4: _____
Needing More _____ J.29.a Needed to use 50% more to get same effect or couldn't get high on amount used to use	Box 5: _____
Withdrawal Symptoms _____ J.30 2 or more withdrawal symptoms occurred together _____ J.30.a Often used marijuana to relieve or avoid withdrawal symptoms	Box 6: _____
Reduced Activities _____ J.33 Often gave up or greatly reduced important activities to use marijuana	Box 7: _____

Drug Tally Sheet B

B: DSM-IV

		<u>Cocaine</u>	<u>Stim.</u>	<u>Sed.</u>	<u>Opiate</u>	<u>Other</u>
Month or More Recovery						
J.40	A month or more spent using, getting, or getting over effects of (DRUG)	_____	_____	_____	_____	_____
Trying to Cut Down						
J.41	Often wanted to stop or cut down on (DRUG)	_____	_____	_____	_____	_____
J.42	Tried to stop or cut down on (DRUG) but couldn't	_____	_____	_____	_____	_____
Needing More						
J.43.a	Needed larger amounts of (DRUG) to get effect or couldn't get high on same amount	_____	_____	_____	_____	_____
Reduced Activities						
J.44	Often gave up or reduced important activities to use (DRUG)	_____	_____	_____	_____	_____
Used More than Intended						
J.45	Often used (DRUG) more days or in larger amounts than intended	_____	_____	_____	_____	_____
Withdrawal Symptoms						
J.47	Experienced withdrawal from (DRUG)	_____	_____	_____	_____	_____
J.48	Often used (DRUG) to relieve or avoid withdrawal symptoms	_____	_____	_____	_____	_____
Continued to Use Despite Problems						
J.49.a	Continued to use (DRUG) knowing it caused other health problems	_____	_____	_____	_____	_____
J.53.f	Continued to use (DRUG) knowing it caused emotional or psychological problems	_____	_____	_____	_____	_____

- 1 = Emotional/thinking difficulties always occurred first.**
- 2 = Alcohol/drug abuse always occurred first.**
- 3 = Emotional/thinking difficulties and alcohol/drug abuse always occurred at the same time.**
- 4 = No strict pattern (sometimes emotional/thinking difficulties first, sometimes alcohol/drugs first).**
- 5 = Emotional/thinking difficulties and alcohol/drug abuse always occurred independently.**
- 6 = Not clear**

These two pages should be completed after page 5, B. MEDICAL HISTORY section.

3a.01-56 *Have you ever had any of the following conditions? As I read the list, please let me know if you think might have had any of the conditions I mention, or if you are not sure. (this checklist is specific to this version)*

Interviewer: Read through the list at a moderate pace (including the words and phrases in parentheses). Pause very briefly after each item to give the subject an opportunity to indicate recognition, and then continue.

For any **YES** response, probe whether the condition was diagnosed by a physician. Circle **1** if the subject reports having the condition, circle **2** if this was confirmed by a physician's diagnosis, and record age of onset.

	No	Yes	DX	Age at onset	Comments
CANCER					
01 Cancer (specify) _____	0	1	2	_____	_____
CARDIOVASCULAR					
02 Angina/Myocardial Infarction (heart attack)	0	1	2	_____	_____
03 Hypertension (high blood pressure)	0	1	2	_____	_____
04 Mitral Valve Prolapse (leaky valve)	0	1	2	_____	_____
05 Other Cardiovascular (heart disease)	0	1	2	_____	_____
DERMATOLOGIC/SKIN DISEASE					
06 Skin disorder (acne, psoriasis, eczema)	0	1	2	_____	_____
07 Scleroderma (thickening of tissue)	0	1	2	_____	_____
08 Other Dermatologic/Skin Disease	0	1	2	_____	_____
ENDOCRINE/GLANDULAR					
09 Hyperthyroid (high)	0	1	2	_____	_____
10 Hypothyroid (low)	0	1	2	_____	_____
11 Other Endocrine (including Cushing's disease)	0	1	2	_____	_____
GASTROINTESTINAL/DIGESTIVE SYSTEM					
12 Colitis ("irritable bowel")	0	1	2	_____	_____
13 Enteritis (chronic inflamed intestines)	0	1	2	_____	_____
14 Gallbladder problems	0	1	2	_____	_____
15 Hepatitis/Jaundice (liver inflammation)	0	1	2	_____	_____
16 Liver disease (other than hepatitis)	0	1	2	_____	_____
17 Ulcer	0	1	2	_____	_____
18 Other Gastrointestinal	0	1	2	_____	_____
GENITO-URINARY					
19 Kidney disease	0	1	2	_____	_____
20 STD (Syphilis, Gonorrhea, Herpes)	0	1	2	_____	_____
21 Other Genito-Urinary or Bladder Problems	0	1	2	_____	_____
If yes, specify (e.g., surgery, recurrent UTI's, enuresis > age 4)					
HEMATOLOGIC/BLOOD DISORDER					
22 Anemia (specify)	0	1	2	_____	_____
23 Other Hematologic/Blood Disorder	0	1	2	_____	_____
INFECTIOUS					
24 Tuberculosis	0	1	2	_____	_____
25 Rheumatic fever	0	1	2	_____	_____
26 Seropositive for HIV	0	1	2	_____	_____
27 AIDS, ARC (diagnosed)	0	1	2	_____	_____
28 Other Infectious	0	1	2	_____	_____
METABOLIC					
29 Diabetes (high blood sugar)	0	1	2	_____	_____
30 Hypercholesterolemia (high cholesterol)	0	1	2	_____	_____
31 Hypoglycemia (low blood sugar)	0	1	2	_____	_____
32 Other Metabolic	0	1	2	_____	_____
MUSCULO-SKELETAL					
33 Myasthenia gravis (muscle weakening)	0	1	2	_____	_____
34 Multiple sclerosis	0	1	2	_____	_____
35 Other Musculo-Skeletal	0	1	2	_____	_____

	No	Yes	DX	Age at onset	Comments
NEUROLOGICAL/NEUROMUSCULAR					
36 Encephalitis (inflammation of brain)	0	1	2	_____	_____
37 Meningitis (brain infection)	0	1	2	_____	_____
38 Migraine headaches	0	1	2	_____	_____
39 Repeated headaches (not migraine)	0	1	2	_____	_____
40 Polio, palsy or paralysis	0	1	2	_____	_____
41 Stroke	0	1	2	_____	_____
42 Vision problems (e.g., glaucoma)	0	1	2	_____	_____
43 Other Neurological/Neuromuscular (include Parkinson's, Huntington's)	0	1	2	_____	_____
RESPIRATORY					
44 Asthma	0	1	2	_____	_____
45 Bronchitis	0	1	2	_____	_____
46 Emphysema	0	1	2	_____	_____
47 Other Respiratory (lung disease)	0	1	2	_____	_____
SYSTEMIC					
48 Allergies (specify)	0	1	2	_____	_____
49 Arthritis/Rheumatism (joint problems)	0	1	2	_____	_____
50 Autoimmune disorder (e.g., lupus erythematosus)	0	1	2	_____	_____
51 Other Systemic	0	1	2	_____	_____
OTHER					
52 Lead Poisoning	0	1	2	_____	_____
53 Unconsciousness	0	1	2	_____	_____
54 Learning Disabilities/Hyperactivity	0	1	2	_____	_____
55 Other _____	0	1	2	_____	_____
56 Other _____	0	1	2	_____	_____

Ask for subject's current:

Height _____ Weight _____

INTERVIEWER:**RETURN TO: B. MEDICAL HISTORY, PAGE 6.**