



Family Last Name/Number: \_\_\_\_\_

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Informant Name/ID: \_\_\_\_\_  
First MI Last

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Date of Interview:  $\overline{\text{D}}$   $\overline{\text{D}}$   $\overline{\text{M}}$   $\overline{\text{O}}$   $\overline{\text{N}}$   $\overline{\text{Y}}$   $\overline{\text{Y}}$ 

**INTERVIEWER:** Before you begin, you need a pedigree on which to record all of the responses to the following General Screening Questions.

Step 1: Let's go over your family tree. (Include spouse and his/her parents and siblings, offspring, parents, siblings, aunts, uncles, cousins, grandparents, as well as any other relatives the informant can recall.)

Step 2: Now I am asking you to keep in mind all those in your family tree as I go through this list of questions.

Was anyone adopted?

Did anyone have:

Medical diseases such as: Parkinson's disease, Huntington's disease, seizure disorder, meningitis, encephalitis, multiple sclerosis, brain tumors, serious head injury?

Unusual or bizarre behavior? Schizophrenia?

Nerve problems? Or take medicine or see a doctor for problems with their nerves or emotions?

Hospitalization for psychiatric problems, or for alcohol or drug problems?

Depression? Feel very low for a couple of weeks or more?

Suicide attempts?

Mania? Seem overexcited day and night?

Alcohol or drug use that caused problems with health, family, job, or police?

Trouble with the police, with completing school, or with keeping a job?

Few friends? (Seem to be a loner?)

Superstitious? Believe in magic? See special meanings in things?

Extreme jealousy? Suspiciousness?

Visions? Hear voices? Have ideas that were not true?

Mental retardation? Have behavior or learning problems?

Step 3: Complete a Face Sheet for each of the informant's first degree relatives and spouse. If he/she knows well other affected relatives, also complete a Face Sheet for them. In addition, for each of these given a positive response in the General Screening, complete the symptom checklist for any suspected: Depression/Mania, Alcohol/Drug Abuse, Psychosis, or Paranoid/Schizoid/Schizotypal Personality.



**FIGS: DEPRESSION CHECKLIST**

14-FEB-91

Family Last Name/Number: \_\_\_\_\_

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Informant Name/ID: \_\_\_\_\_  
First      MI      Last

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Person Being Described Name/ID: \_\_\_\_\_

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Interview Date:    /    /     
D D M O N Y Y

1. While depressed, did he/she...	NO	YES	UNK
1.a) become anxious, worried, or irritable?	0	1	U
1.b) cry often or become tearful?	0	1	U
1.c) lose interest in things he/she usually enjoyed?	0	1	U
1.d) lose or gain appetite/weight without trying to?	0	1	U
1.e) sleep too much or too little?	0	1	U
1.f) move or speak slower than usual?	0	1	U
1.g) pace or wring his/her hands?	0	1	U
1.h) have less energy or feel tired out?	0	1	U
1.i) become unable to work, go to school, or take care of household responsibilities? (IF YES:) Describe below.	0	1	U
1.j) feel guilty, worthless or blame him/herself?	0	1	U
1.k) have trouble concentrating or making decisions?	0	1	U
1.l) think or talk a lot about death or suicide?	0	1	U
1.m) attempt suicide?	0	1	U
1.n) have any kind of treatment or hospitalization?	0	1	U
1.o) take any medication (IF YES:) Describe below.	0	1	U

**INTERVIEWER:** Describe details below.

2. Record number of episodes: \_\_\_\_\_

3. Record duration of longest episode (in weeks): \_\_\_\_\_

4. Record age of onset: \_\_\_\_\_

5. Code treatment, (Circle all that apply and describe):

- |                          |                           |
|--------------------------|---------------------------|
| 0 = None                 | 4 = Outpatient ECT, _____ |
| 1 = Inpatient, _____     | 5 = Medication, _____     |
| 2 = Inpatient ECT, _____ | U = Unknown               |
| 3 = Outpatient, _____    |                           |

6. Rate Impairment or Incapacitation (Circle one):

- |              |                   |
|--------------|-------------------|
| 0 = None     | 2 = Incapacitated |
| 1 = Impaired | U = Unknown       |

7. Interviewer judgment for information on this person from this informant:

- |          |          |          |
|----------|----------|----------|
| 1 = Good | 2 = Fair | 3 = Poor |
|----------|----------|----------|

02-APR-91

Family Last Name/Number: \_\_\_\_\_

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Informant Name/ID: \_\_\_\_\_  
First MI Last

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Person Being Described Name/ID: \_\_\_\_\_

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Interview Date:          /          /         

	NO	YES	UNK
1. For most of the time day and night over several days, did he/she (more than usual)...			
1.a) seem too happy/high/excited?	0	1	U
1.b) act very irritable?	0	1	U
1.c) feel that he/she had special gifts or powers?	0	1	U
1.d) need less sleep?	0	1	U
1.e) become more talkative than usual?	0	1	U
1.f) jump from one idea to another?	0	1	U
1.g) get off the track easily?	0	1	U
1.h) get involved in too many activities at work or school?	0	1	U
1.i) become too sociable?	0	1	U
1.j) have more interest in sex than usual?	0	1	U
1.k) show poor judgment (e.g., spending sprees)?	0	1	U
1.l) have any kind of treatment or hospitalization?	0	1	U

INTERVIEWER: Describe details below.

2. Record number of episodes: \_\_\_\_\_

3. Record duration of longest episode (days/weeks): DAYS: \_\_\_\_\_ WEEKS: \_\_\_\_\_

4. Record age of onset: \_\_\_\_\_

5. Code treatment (Circle all that apply and describe.)

- 0 = None
- 1 = Inpatient, \_\_\_\_\_
- 2 = Inpatient ECT, \_\_\_\_\_
- 3 = Outpatient, \_\_\_\_\_
- 4 = Outpatient ECT, \_\_\_\_\_
- 5 = Medication, \_\_\_\_\_
- U = Unknown

6. Rate Impairment or Incapacitation (Circle one):

- 0 = None
- 1 = Impaired
- 2 = Incapacitated
- U = Unknown

7. Interviewer judgment for information on this person from this informant:

- 1 = Good
- 2 = Fair
- 3 = Poor



Family Last Name/Number: \_\_\_\_\_

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Informant Name/ID: \_\_\_\_\_  
                                     First                      MI                      Last

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Person Being Described Name/ID: \_\_\_\_\_

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Interview Date:                          
                           D    D    M    O    N    Y    Y

**SCHIZOPHRENIA**

1. When he/she had unusual beliefs and experiences, did he/she also...
- |   | <u>NO</u> | <u>YES</u> | <u>UNK</u> |
|---|-----------|------------|------------|
| 1.a) believe people were following him/her?                       | 0         | 1          | U          |
| 1.b) believe someone was trying to hurt or poison him/her?        | 0         | 1          | U          |
| 1.c) believe someone was reading his/her mind?                    | 0         | 1          | U          |
| 1.d) believe he/she was under control of some person/power/force? | 0         | 1          | U          |
| 1.e) believe someone could put thoughts into his/her mind?        | 0         | 1          | U          |
| 1.f) believe someone could steal thoughts out of his/her mind?    | 0         | 1          | U          |
| 1.g) believe he/she had special powers or a special mission?      | 0         | 1          | U          |
| 1.h) see things that were not really there?                       | 0         | 1          | U          |
| 1.i) hear voices when no one was around?                          | 0         | 1          | U          |
| 1.j) have any kind of treatment or hospitalization?               | 0         | 1          | U          |

WEEKS

2. How long did this last?

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- |   | <u>NO</u> | <u>YES</u> | <u>UNK</u> |
|---|-----------|------------|------------|
| 3. When any (SX above) happened, was he/she also depressed or manic at the same time?                                   | 0         | 1          | U          |
| 4. Did the (Mood disorder) last much longer than the (SX above)?  | 0         | 1          | U          |
| 5. Were the (SX above) ever present without his/her feeling depressed and/or manic? (IF YES:) For as long as two weeks? | 0         | 1          | U          |

ONS AGE

6. Record age of onset:

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7. Record treatment (Circle all that apply and describe.)

- |                          |                           |
|--------------------------|---------------------------|
| 0 = None                 | 4 = Outpatient ECT, _____ |
| 1 = Inpatient, _____     | 5 = Medication, _____     |
| 2 = Inpatient ECT, _____ | U = Unknown               |
| 3 = Outpatient, _____    |                           |

8. Rate Impairment or Incapacitation:

- |              |                   |
|--------------|-------------------|
| 0 = None     | 2 = Incapacitated |
| 1 = Impaired | U = Unknown       |

9. Interviewer judgment for information on this person from this informant:

- |          |          |          |
|----------|----------|----------|
| 1 = Good | 2 = Fair | 3 = Poor |
|----------|----------|----------|

PRODROMAL AND RESIDUAL SYMPTOMS

INTERVIEWER: Use this page only if schizo-affective is ruled out, or if the psychosis symptoms lasted at least one week or less if successfully treated.

10. Would any of the following describe him/her? Did he/she:

	YEAR PRIOR TO PSYCHOSIS SYMPTOMS			YEAR AFTER PSYCHOSIS SYMPTOMS STOPPED		
	NO	YES	UNK	NO	YES	UNK
10.a) stay away from family and friends, become isolated?	0	1	U	0	1	U
10.b) have trouble doing his job, going to school, or doing work at home?	0	1	U	0	1	U
10.c) do something unusual like collecting garbage?	0	1	U	0	1	U
10.d) neglect hygiene and grooming?	0	1	U	0	1	U
10.e) appear to have no emotions or inappropriate emotions?	0	1	U	0	1	U
10.f) have speech that was hard to understand, or was he/she at a loss for words?	0	1	U	0	1	U
10.g) have unusual beliefs or ideas?	0	1	U	0	1	U
10.h) have visions, hear voices, or feel the world was unreal?	0	1	U	0	1	U
10.i) have no interests, no energy?	0	1	U	0	1	U
10.j) find special meaning in TV, radio, or newspaper articles?	0	1	U	0	1	U
10.k) feel nervous with other people?	0	1	U	0	1	U
10.l) worry that people were out to get him/her?	0	1	U	0	1	U

(IF ANY YES:)

	PRIOR TO SYMPTOMS WEEKS			AFTER SYMPTOMS WEEKS		
11. For how long was this true?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Was he/she always this way?				NO	YES	UNK
				0	1	U



**FIG: PARANOID/SCHIZOID/SCHIZOTYPAL PERSONALITY CHECKLIST**

14-FEB-91

Family Last Name/Number: \_\_\_\_\_

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Informant Name/ID: \_\_\_\_\_  
First MI Last

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Person Being Described Name/ID: \_\_\_\_\_

--	--	--	--

Interview Date:                              

**PARANOID PERSONALITY**

**NO YES UNK**

1. Does he/she...

- 1.a) often keep an eye out to stop people from taking advantage of him/her?  
Expects, without sufficient basis, to be exploited/harmed by others. 0 1 U
- 1.b) get concerned that friends or co-workers are not really loyal or trustworthy?  
Questions, without justification, loyalty of friends or associates. 0 1 U
- 1.c) often pick up hidden threats or put-downs from what people say or do?  
Reads hidden demeaning or threatening meanings into benign remarks or events. 0 1 U
- 1.d) take a long time to forgive someone if they have insulted or hurt him/her?  
Bears grudges or unforgiving of insults/slights. 0 1 U
- 1.e) seem to believe it is best not to let other people know much about him/her?  
Reluctant to confide in others because of unwarranted fear that information will be used against him/her. 0 1 U
- 1.f) often get angry about being insulted or slighted?  
counterattack. 0 1 U
- 1.g) seem to be a jealous person? Ever suspected that his/her spouse/partner was unfaithful?  
Questions, without justification, fidelity of spouse or sexual partner. 0 1 U

**SCHIZOID PERSONALITY**

2. Does he/she...

- 2.a) seem not to want or enjoy close relationships, like with family or friends?  
Neither desires nor enjoys close relationships, including family. 0 1 U
- 2.b) prefer to do things alone rather than with other people?  
Almost always chooses solitary activities. 0 1 U
- 2.c) hardly ever seem to have strong feelings, like being very angry or very happy?  
Rarely, if ever, claims or appears to experience strong emotions, anger/joy. 0 1 U
- 2.d) seem uninterested in being sexually involved with another person?  
Little if any desire to have sexual experiences with another person (age taken into account). 0 1 U

14-FEB-91

	NO	YES	UNK
Does he/she...			
2.e) seem not to care if people praise or criticize him/her? Indifferent to praise and criticism from others.	0	1	U
2.f) have no one to be really close to or confide in, or just one person, outside of the immediate family? No close friends or confidants, or only one, other than first-degree relatives.	0	1	U
2.g) act cold or distant, hardly ever smile or nod back at people? Constricted affect, aloof, cold, rarely reciprocates gestures or expressions.	0	1	U

**SCHIZOTYPAL PERSONALITY**

3. Does he/she...

3.a) wonder if people talking to each other are talking about him/her? Say that a common event or object is a special sign for him/her? Ideas of reference (not delusions of reference).	0	1	U
3.b) often act nervous in a group of unfamiliar people? Excessive social anxiety.	0	1	U
3.c) report experiences with the supernatural? Believe in astrology, seeing the future, UFOs, ESP or a "sixth sense"? Odd beliefs or magical thinking, influencing behavior and inconsistent with subcultural norms.	0	1	U
3.d) mistake objects or shadows for people, or noises for voices? Have a sense that some invisible person or force is around? See faces change before his/her eyes? Unusual perceptual experiences.	0	1	U
3.e) behave in odd or eccentric ways? Look peculiar or untidy, have unusual mannerisms, talk to him/herself? Odd, eccentric, peculiar behavior or appearance.	0	1	U
3.f) sometimes make it hard to follow what he/she is saying? Ramble off the subject, talk in vague or abstract terms? Odd speech (without loosened associations or incoherence).	0	1	U
3.g) sometimes act silly, not in keeping with the situation? Or tend not to show any feelings in response to people? Inappropriate or constricted affect (e.g., silly or aloof).	0	1	U

**INTERVIEWER:** If any YES to any Personality Disorders, ask the following questions (to be used for research, not diagnosis).

**IMPAIRMENT/DISTRESS**

4. Does he/she have problems because of this behavior or thinking or feeling -- either with the family or socially, or at work or school? Significant social or occupational impairment.	0	1	U
5. Does this behavior or thinking or feeling cause the person unhappiness? Significant subjective distress.	0	1	U
6. Interviewer judgment for information on this person from this informant:			
1 = Good      2 = Fair      3 = Poor			



Washington University in St. Louis

SCHOOL OF MEDICINE

Department of Psychiatry

Note to File:

From: Caroline E. Drain, MHS

Date: 12/06/2011

**RE: Family Interview For Genetic Studies (1991) - Psychosis Checklist**

Shortly after implementation of the original FIGS instrument (in February 1991) the Psychosis Checklist was modified to include some additional questions/probes). The 3-page modified Psychosis Checklist section (18-Nov-1991) follows this note to file.

18-NOV-91

Family Last Name/Number: \_\_\_\_\_

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Informant Name/ID: \_\_\_\_\_  
                                     First                      MI                      Last

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Person Being Described Name/ID: \_\_\_\_\_

--	--	--	--	--	--

Interview Date:                             
                                     D    D    M    O    N    Y    Y

**PSYCHOSIS**

What were his/her unusual beliefs or experiences? (Describe)

- |  | <u>NO</u>     | <u>YES</u> | <u>UNK</u> |
|--|---------------|------------|------------|
| 1. Did he/she ever say that his/her thoughts were broadcast, or that thoughts were put into his/her head that were not his/her own, or taken away by an outside force? | 0             | 1          | U          |
| 2. Did he/she ever seem to feel that he/she was under the control of an outside force?   | 0             | 1          | U          |
| 3. Did he/she ever seem to be stuck in one position? Or move around excitedly without any purpose?   | 0             | 1          | U          |
| 4. Did he/she ever show any other strange or unusual behavior? (Describe:)   |               |            |            |
|  |               |            |            |
|  | <u>NO</u>     | <u>YES</u> | <u>UNK</u> |
| 5. Did he/she...   | 0             | 1          | U          |
| 5.a) believe people were following him/her or that someone was trying to hurt or poison him/her?   | 0             | 1          | U          |
| 5.b) believe someone was reading his/her mind?   | 0             | 1          | U          |
| 5.c) speak in a way that was difficult to make sense of?   | 0             | 1          | U          |
| 5.d) believe he/she had special powers or a special mission?   | 0             | 1          | U          |
| 5.e) see things that were not really there?  | 0             | 1          | U          |
| 5.f) hear voices that were not real?   | 0             | 1          | U          |
| 6. How long did these (unusual beliefs or experiences) last (in weeks)?  | _____ / _____ |            |            |
|  | <u>NO</u>     | <u>YES</u> | <u>UNK</u> |
| 7. Did he/she have any kind of professional treatment?   | 0             | 1          | U          |
| 8. Did he/she take any medication?   | 0             | 1          | U          |
| 9. Was he/she hospitalized?  | 0             | 1          | U          |

10. Describe treatment, (Circle all that apply and describe):

0 = None

1 = Inpatient \_\_\_\_\_

2 = Inpatient ECT \_\_\_\_\_

3 = Outpatient \_\_\_\_\_

4 = Outpatient ECT \_\_\_\_\_

5 = Medication \_\_\_\_\_

6 = Other \_\_\_\_\_

U = Unknown

INTERVIEWER: Describe details.

11. Age of onset:

12. Number of episodes:

13. Duration of longest episode (in weeks):

14. Rate Impairment or Incapacitation (Circle one):

0 = None

1 = Impaired

I = Incapacitated

U = Unknown

15. Interviewer judgment on reliability of this information:

1 = Good

2 = Fair

3 = Poor

PRODROMAL AND RESIDUAL SYMPTOMS

INTERVIEWER: Use this page only if schizo-affective is ruled out, or if the psychosis symptoms lasted at least one week or less if successfully treated.

16. Would any of the following describe him/her? Did he/she:

	YEAR PRIOR TO PSYCHOSIS SYMPTOMS			YEAR AFTER PSYCHOSIS SYMPTOMS STOPPED		
	NO	YES	UNK	NO	YES	UNK
16.a) stay away from family and friends, become isolated?	0	1	U	0	1	U
16.b) have trouble doing his job, going to school, or doing work at home?	0	1	U	0	1	U
16.c) do something unusual like collecting garbage?	0	1	U	0	1	U
16.d) neglect hygiene and grooming?	0	1	U	0	1	U
16.e) appear to have no emotions or inappropriate emotions?	0	1	U	0	1	U
16.f) have speech that was hard to understand, or was he/she at a loss for words?	0	1	U	0	1	U
16.g) have unusual beliefs or ideas?	0	1	U	0	1	U
16.h) have visions, hear voices, or feel the world was unreal?	0	1	U	0	1	U
16.i) have no interests, no energy?	0	1	U	0	1	U
16.j) find special meaning in TV, radio, or newspaper articles?	0	1	U	0	1	U
16.k) feel nervous with other people?	0	1	U	0	1	U
16.l) worry that people were out to get him/her?	0	1	U	0	1	U

(IF ANY YES:)

PRIOR TO SYMPTOMS WEEKS

AFTER SYMPTOMS WEEKS

17. For how long was this true?

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NO YES UNK

18. Was he/she always this way?

0, 1 U



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