FAMILY INFORMANT INTERVIEW (4/21/2003)

Part I: Subject Screening Form

Date Edited: ____/__ __ __ __ __ Editor Number: ______

Form Complete	d: / / / /	y y y	Interviewer N	Tumber:	
Family Number	:	-			
Subject Name:			Subject Numl	ber:	
Inf. #1 Name: _			Inf. #1 Numb	er:	
Inf. #2 Name: _			Inf. #2 Numb	er:	
1.a. Subject's S	Sex:			FINAL R	ATINGS ONLY:
Inf. #1:	1 2 9 Male Female Unknown	Inf. #2:	1 2 9 Male Female Unknown	Final:	1 2 9 Male Female Unknown
b. How old is	(Subject)? (IF DECEASE	D, ASK): How	v old was s/he when	s/he died? (999 = U	nknown)
Inf. #1:		Inf. #2:		Final:	
c. Please indic	cate whether the Subject is	alive or dead:			
Inf. #1:	1 2 9 Alive Dead Unknown	Inf. #2:	1 2 9 Alive Dead Unknown	Final:	1 2 9 Alive Dead Unknown
d. What is the	month and year of (Subject	et's) birth? (99	= Unknown Month, 99	99 = Unknown Year)	
Inf. #1:	/	(mm/yyyy)		Final:	/
Inf. #2:	/	(mm/yyyy)			
IF SUBJECT I	S ALIVE, SKIP TO QUI	ESTION # 3, (OTHERWISE, CO	NTINUE WITH	QUESTION #2.
2. What was the	e cause of (his/her) death?				
Inf. #1:				Death Co	de:
Inf. #2:					
3. Where is (Su	ubject) currently living?			Final:	
Inf. #1:	City:		State:		
Inf. #2::	City:		State:	State:	

FAMILY INFORMANT INTERVIEW CONTINUED ON THE REVERSE PAGE.

		Fam	ily N	umber:			Sı	ıbject	Number:	
.]	Has (he/she)	ever h	ad ar	ny serious n	nedical pro	oblems, such as:				
١.	Encephaliti	S					Fina	al Rati	ings:	
	Inf. #1:	1	2	3	9	Age at onset:	1	2	3	9
		No		Yes, treated		2	No	Yes	Yes, treated	Unknown
	Inf. #2:	1	2	3	9	Age at onset:			set:	
	N / ! ! 4 !									
	Meningitis	1	_	2	0		1	2	2	0
	Inf. #1 :	1	2	3	9	Age at onset:	1	2	3	9
	T 6 1/2	No		Yes, treated	Unknown		No		Yes, treated	
	Inf. #2:	1	2	3	9	Age at onset:	Age	at ons	set:	
	Head Injur	v								
	Inf. #1:	1	2	3	9	Age at onset:	1	2	3	9
		No		Yes, treated		<i>8</i> · · · · · · · · · · · · · · · · · · ·	No	Yes	Yes, treated	
	Inf. #2 :	1	2	3	9	Age at onset:	Age		set:	
	~	a •		.						
	Convulsion				0	A	1	2	2	0
	Inf. #1 :	1	2	3	9	Age at onset:	1	2	3	9
	T 6 1/2	No		Yes, treated			No		Yes, treated	
	Inf. #2:	1	2	3	9	Age at onset:	Age	at ons	set:	
	High Blood	Pres	sure							
	Inf. #1:	1	2	3	9	Age at onset:	1	2	3	9
		No		Yes, treated		8	No	Yes	Yes, treated	
	Inf. #2:	1	2	3	9	Age at onset:			set:	
			2	2	0			2	2	0
	Inf. #1 :	1	2	3	9	Age at onset:	1	2	3	9
	T 0 1/0	No		Yes, treated		•	No	Yes	Yes, treated	
	Inf. #2:	1	2	3	9	Age at onset:	Age	at ons	set:	
	Allergies/A	sthma	a							
	Inf. #1:	1	2	3	9	Age at onset:	1	2	3	9
		No		Yes, treated		<i>8</i> · · · · · · · · · · · · · · · · · · ·	No	Yes	Yes, treated	
	Inf. #2:	1	2	3	9	Age at onset:			set:	
	D	T11								
	Respiratory	y IIIne 1		3	0	A	1	2	3	9
	Inf. #1:	_	2		9	Age at onset:	1	2		
	T., C. #2.	No		Yes, treated		A 4 4	No		Yes, treated	Unknow
	Inf. #2:	1	2	3	9	Age at onset:	Age	at ons	set:	
	Liver Disea	se								
	Inf. #1:	1	2	3	9	Age at onset:	1	2	3	9
		No	Yes	Yes, treated		·	No	Yes	Yes, treated	Unknow
	Inf. #2:	1	2	3	9	Age at onset:	Age	at ons	set:	
	Vidnov Dio	0000								
	Kidney Dis Inf. #1:		2	2	0	Ago at angot:	1	2	3	9
	1111. #1:	1	2	3	9	Age at onset:	1 N-	2		-
	Inf #2.	No 1		Yes, treated		Aga at anget:	No A ac	Yes	Yes, treated	Unknowi
	Inf. #2:	1	2	3	9	Age at onset:	Age	at OHS	set:	

k. Hypothy		idism					Fina	al Rati	ings:	
	Inf. #1:	1	2	3	9	Age at onset:	1	2	3	9
		No	Yes	Yes, treated	Unknown		No	Yes	Yes, treated	Unknown
	Inf. #2:	1	2	3	9	Age at onset:	Age	at ons	set:	
1	Hyperthyro	aidian								
1.		oiaisii 1	2	2	0	A go at anget	1	2	2	0
	Inf. #1:	_		3	9	Age at onset:			3	
	T C //2			Yes, treated		•	No		Yes, treated	
	Inf. #2:	1	2	3	9	Age at onset:	Age	at ons	set:	
m.	Other Thy	roid P	roble	ems						
	Inf. #1:	1	2	3	9	Age at onset:	1	2	3	9
		No	Yes	Yes, treated	Unknown	_	No	Yes	Yes, treated	Unknown
	Inf. #2:	1	2	3	9	Age at onset:	Age	at ons	set:	
n	Diabetes									
11.	Inf. #1:	1	2	3	9	Age at onset:	1	2	3	9
	1111. #1.					Age at oliset				
	Inf. #2:		res 2	Yes, treated 3	9	A so of amount	No A a a		Yes, treated	
	1111. #2:	1	2	3	9	Age at onset:	Age	at ons	set:	
o.	Rheumatoi	d Art	hritis	S						
	Inf. #1:	1	2	3	9	Age at onset:	1	2	3	9
		No	Yes	Yes, treated	Unknown		No	Yes	Yes, treated	Unknown
	Inf. #2:	1	2	3	9	Age at onset:	Age	at ons	set:	
n	Lupus									
р.	Inf. #1:	1	2	3	9	Age at onset:	1	2	3	9
	IIII. π 1.					Age at offset				
	Inf. #2:	No 1		Yes, treated	9	A go at anget	No A a a		Yes, treated	
	1111. #2:	1	2	3	9	Age at onset:	Age	at ons	set:	
q.	Cancer									
	Inf. #1:	1	2	3	9	Age at onset:	1	2	3	9
		No	Yes	Yes, treated	Unknown		No	Yes	Yes, treated	Unknown
	Inf. #2 :	1	2	3	9	Age at onset:	Age	at ons	set:	
r.	Celiac Dise	000								
1.	Inf. #1:	1	2	3	9	Age at onset:	1	2	3	9
	π1.			Yes, treated		Age at offset.	_		Yes, treated	
	Inf. #2:	No 1	2	3	9	Aga at angat:	No A co		*	Ulikilowii
	1111. #2.	1	2	3	9	Age at onset:	Age	at ons	set:	
s.	Other Serie	ous Ill	ness	: -						
	Inf. #1:	1	2	3	9	Age at onset:	1	2	3	9
		No	Yes	Yes, treated	Unknown		No	Yes	Yes, treated	Unknown
	Inf. #2:	1	2	3	9	Age at onset:	Age	at ons	set:	
t	Other Serie	oue III	noss	,						
t.	Inf. #1:	ous m 1	ness:	3	9	A ga at onset:	1	2	3	9
	1111. #1.					Age at onset:			_	
	Inf. #2:	No 1	res 2	Yes, treated	9	Age at onset:	No A go	Yes at ons	Yes, treated	UIKIIOWII
	1111. 174.	1		J	フ	Age at onset.	Age	at OIIS	oci.	

Inf. #1: 1 2 9 Age at onset: 1 2 9 No Yes Unknown Inf. #2: 1 2 9 Age at onset: Age at onset: Age at onset: IF YES FROM EITHER INFORMANT, DESCRIBE: Did (Subject) ever go into the hospital for psychiatric problems or for alcohol or drug problems? Inf. #1: 1 2 9 Age 1st Hospitalized: FINAL: Inf. #1: 1 2 9 No Yes Unknown # of Hospitalizations: Age 1st Hospitalized: Age 1st Hospitalized: Age 1st Hospitalized:				nal problems or take medicine or see a	
Inf. #2: 1 2 9 Age at onset: No Yes Unknown Age at onset: FINAL: Inf. #1: 1 2 9 Age lst Hospitalized: # of Hospitalized: # of Hospitalizations:					FINAL RATINGS ONLY
IF YES FROM EITHER INFORMANT, DESCRIBE: Did (Subject) ever go into the hospital for psychiatric problems or for alcohol or drug problems? Inf. #1: 1 2 9 Age 1st Hospitalized: 1 2 9 No Yes Unknown Age 1st Hospitalized: # of Hospitalizations: # of Ho					
Did (Subject) ever go into the hospital for psychiatric problems or for alcohol or drug problems? Inf. #1: 1 2 9 Age 1st Hospitalized: 1 2 9 No Yes Unknown Age 1st Hospitalizations: # of Hospitalizations:	nf. #2:	1 2	2 9	Age at onset:	Age at onset:
for alcohol or drug problems? Inf. #1:	F YES FROM	M EITE	IER INFOR	RMANT, DESCRIBE:	
# of Hospitalizations: Age 1st Hospitalized: # of Hospitalized: # of Hospitalized: # of Hospitalized: # of Hospitalizations:	or alcohol or nf. #1 :	drug pr	roblems?		1 2 9
# of Hospitalizations: IF YES FROM EITHER INFORMANT, DESCRIBE: Did (Subject) ever use alcohol or drugs to the extent that it caused problems with health, family, job or the police? Inf. #1: 1 2 9 1 2 9 1 2 9 No Yes Unknown Inf. #2: 1 2 9 IF YES FROM EITHER INFORMANT, DESCRIBE: IF YES, GO TO ALCOHOL AND/OR DRUG ABUSE CHECKLIST. Did (Subject) ever get depressed? Feel very low for a couple of weeks or more? Inf. #1: 1 2 9				# of Hospitalizations:	Age 1st Hospitalized:
# of Hospitalizations: IF YES FROM EITHER INFORMANT, DESCRIBE: Did (Subject) ever use alcohol or drugs to the extent that it caused problems with health, family, job or the police? Inf. #1: 1 2 9		\mathcal{U} 1		Age 1st Hospitalized:	# of Hospitalizations:
Did (Subject) ever use alcohol or drugs to the extent that it caused problems with health, family, job or the police? Inf. #1: 1 2 9 1 2 9	1	NO I	es Ulkilowii	# of Hospitalizations:	
IF YES, GO TO ALCOHOL AND/OR DRUG ABUSE CHECKLIST. Did (Subject) ever get depressed? Feel very low for a couple of weeks or more? Inf. #1: 1 2 9 1 2 9 1 2 9 1 2 9 1 2 9 1 1 2 9 1 1 2 9 1 1 2 9 1 1 2 9 1 1 1 2 9 1 1 1 2 9 1 1 1 2 9 1 1 1 2 9 1 1 1 2 9 1 1 1 2 9 1 1 1 2 9 1 1 1 2 9 1 1 1 2 9 1 1 1 2 9 1 1 1 2 9 1 1 1 2 9 1 1 1 2 9 1 1 1 2 9 1 1 1 2 9 1 1 1 2 9 1 1 1 2 9 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1	roblems with nf. #1: nf. #2:	h health 1 2 No Yo 1 2	n, family, jo 2 9 es Unknown 2 9	b or the police?	1 2 9
more? FINAL: Inf. #1: 1 2 9 No Yes Unknown Inf. #2: 1 2 9					
No Yes Unknown Inf. #2: 1 2 9	nore?	evel ge	n depressec	reer very low for a couple of weeks of	FINAL:
Inf. #2 : 1 2 9					
IF YES FROM EITHER INFORMANT, DESCRIBE:					no res unknown
	F YES FROM	M EITF	IER INFOI	RMANT, DESCRIBE:	

Dia (Subject	ct) eve	r attei	mpt suicide	3 ?				FIN	ΑТ.		
Inf. #1 :	1	2	3		9			1	AL: 2	3	9
	No	Yes	Yes, No che	cklist Unl	known			No		Yes, no checklist	
Inf. #2:	1	2	3		9						
IF YES FR	OM E	THE	R INFORM	MANT, I	DESCRIBI	E:					
IF ADDIT OBTAINE							RESSION				
0. Did (Subject night?	ct) eve	r have	e manic epi	isodes?	Seem over	excited day	and	FIN	AT.		
Inf. #1:	1	2	9					1	2	9	
Inf. #2:	No 1	Yes 2	Unknown 9					No	Yes	Unknown	
1111• π2.	1	2	7								
IF YES FR	OM E	ITHE	R INFORM	MANT, I	DESCRIBI	E:					
IF YES, G	о то	MAN	NIA CHE(CKLIST	Γ.						
1. Did (Subjec	ct) eve	r have	e visions?	Hear vo	oices? Hav	e ideas that	were not				
true? Show											
Inf. #1:	1	2	9					FIN .	AL : 2	9	
	No	Yes	Unknown					No		Unknown	
Inf. #2:	1	2	9								
IF YES FR	OM E	THE	R INFORM	MANT, I	DESCRIBI	E:					
IF YES, G	Ο ΤΟ	DCV	CHOSIS	CHECK	TICT						
2. a. Did (Subj							kept	FIN	AT ·		
Inf. #1:	1	2	9					1	2	9	
Inf. #2:	No 1	Yes 2	Unknown 9					No	Yes	Unknown	
IE VES ED	OM E	ITHE	R INFORM	MANT, I	DESCRIBI	E:					
II ILSTR											
											

9. NOTE: SKIP THIS ITEM IF DEPRESSION CHECKLIST WAS

FILLED OUT.

Inf. #1:		, count of arrange uni	ngs in certain ways?	TEUNIAT .
	1	2 9		FINAL : 1 2 9
	No	Yes Unknown		No Yes Unknown
Inf. #2:	1	2 9		
IF YES FI	ROM E	THER INFORMANT	Γ, DESCRIBE:	
IF YES F	OR 12a	OR 12b, GO TO O	BSESSIVE-COMPULSIV	VE DISORDER CHECKLIST.
		r complain about havi to come out of the bl	ng sudden attacks of terror	or
paine mat	Section	to come out of the off	uc.	FINAL:
Inf. #1:	1	2 9		1 2 9
Inf. #2:	No 1	Yes Unknown 2 9		No Yes Unknown
		THER INFORMANT	Г. DESCRIBE:	
IF YES, (GO ТО	PANIC DISORDER	CHECKLIST.	
was going DETAIL (on at th	nat time in (his/her) lif	of anxiety or worry? If so, viet? (ASK FOR ADDITION FOR OR IF THE REACTION THE STRESSOR).	JAL
SEEMS D	10 110			
SEEMS D Inf. #1:	1	2 9		1 2 9
Inf. #1:	1 No	2 9 Yes Unknown		1 2 9 No Yes Unknown
Inf. #1: Inf. #2:	1 No 1	2 9	Γ, DESCRIBE:	
Inf. #1: Inf. #2:	1 No 1	2 9 Yes Unknown 2 9	Γ, DESCRIBE:	
Inf. #1: Inf. #2: IF YES FI	1 No 1 ROM E	2 9 Yes Unknown 2 9 ITHER INFORMANT	Г, DESCRIBE: NXIETY DISORDER CH	No Yes Unknown
Inf. #1: Inf. #2: IF YES FI IF YES, (Did (Subjestituations)	1 No 1 ROM E	2 9 Yes Unknown 2 9 ITHER INFORMANT GENERALIZED AT r avoid leaving the hove to force him/hersel	NXIETY DISORDER CH	No Yes Unknown TECKLIST.
Inf. #1: Inf. #2: IF YES FI IF YES, C Did (Subjestituations)	1 No 1 ROM E. GO TO ect) eve ? Or ha , but at t	2 9 Yes Unknown 2 9 ITHER INFORMANT GENERALIZED AN r avoid leaving the ho ve to force him/hersel he cost of great anxiet	NXIETY DISORDER CH use? Or avoid any travel f to enter these	No Yes Unknown TECKLIST. FINAL:
Inf. #1: Inf. #2: IF YES FI IF YES, (Did (Subjestituations)	1 No 1 ROM E	2 9 Yes Unknown 2 9 ITHER INFORMANT GENERALIZED AN r avoid leaving the hove to force him/hersel he cost of great anxiet 2 9	NXIETY DISORDER CH use? Or avoid any travel f to enter these	No Yes Unknown TECKLIST.
Inf. #1: Inf. #2: IF YES FI IF YES, C Did (Subjestituations)	1 No 1 ROM E. GO TO ect) eve e? Or ha, but at t	2 9 Yes Unknown 2 9 ITHER INFORMANT GENERALIZED AN r avoid leaving the hove to force him/hersel he cost of great anxiet 2 9	NXIETY DISORDER CH use? Or avoid any travel f to enter these	No Yes Unknown IECKLIST. FINAL: 1 2 9
Inf. #1: Inf. #2: IF YES FI IF YES, (Did (Subjestuations situations, 111: Inf. #1:	I No 1 ROM E. GO TO ect) eve. ? Or ha, but at t 1 No 1	2 9 Yes Unknown 2 9 ITHER INFORMANT GENERALIZED AN r avoid leaving the hove to force him/hersel he cost of great anxiet 2 9 Yes Unknown	NXIETY DISORDER CH use? Or avoid any travel f to enter these ty while he/she was there?	No Yes Unknown TECKLIST. FINAL: 1 2 9
Inf. #1: Inf. #2: IF YES FI IF YES, (Did (Subjestuations situations, 111: Inf. #1:	I No 1 ROM E. GO TO ect) eve. ? Or ha, but at t 1 No 1	2 9 Yes Unknown 2 9 ITHER INFORMANT GENERALIZED AN r avoid leaving the hove to force him/hersel he cost of great anxiet 2 9 Yes Unknown 2 9	NXIETY DISORDER CH use? Or avoid any travel f to enter these ty while he/she was there?	No Yes Unknown IECKLIST. FINAL: 1 2 9

16.	Did (Subject public, part		r fear or avoid any social situations like speaking	in
	-	,		FINAL:
	Inf. #1:	1 No	2 9 Yes Unknown	1 2 9 No Yes Unknown
	Inf. #2:	1	2 9	140 Tes Chanown
	IF YES FR	OM E	ITHER INFORMANT, DESCRIBE:	
	IF YES, G	о то	SOCIAL PHOBIA CHECKLIST.	
17.	Did (Subject heights, the		r fear or avoid any specific situations or things likedogs, etc.?	
	Inf. #1:	1	2 9	FINAL : 1 2 9
		No	Yes Unknown	No Yes Unknown
	Inf. #2:	1	2 9	
	IF YES FR	OM E	ITHER INFORMANT, DESCRIBE:	
18.	(Other than trouble conmanic episo More than I	during centratedes) d nis/her 1 No	2 9 Yes Unknown	
	Inf. #2:	1 OM E	2 9 ITHER INFORMANT, DESCRIBE:	
10	,		ADHD CHECKLIST.	
19.	were unusu	-	er problems or behaviors that (Subject) showed the	FINAL:
	Inf. #1:	1	2 3 9	1 2 3 9
	Inf. #2:	No 1	Yes Yes, not spectrum Unknown 2 3 9	No Yes Yes, not spectrum Unknown
	IF YES FR	OM E	ITHER INFORMANT, DESCRIBE:	

IF INFORMATION OBTAINED IS RELEVANT TO PARANOID, SCHIZOID OR SCHIZOTYPAL PERSONALITY DISORDER DIAGNOSIS, GO TO PERSONALITY DISORDER CHECKLIST.

 $\ \, UPON\ COMPLETION\ OF\ THIS\ FORM\ (BOTH\ INFORMANTS\ AND\ FINAL\ RATINGS), PLEASE\ FILL\ OUT\ A\ FAMILY\ INFORMANT\ INTERVIEW\ PART\ II\ FORM\ (FINAL\ DIAGNOSIS\ AND\ VIGNETTE)\ IF\ \underline{ANY}\ PSYCHIATRIC\ SYMPTOMS\ DIAGNOSIS\ AND\ VIGNETTE\ DIAGNOSIS\ DIAGNOSIS\ AND\ VIGNETTE\ DIAGNOSIS\ DIAGNOS$ WERE REPORTED FOR THIS SUBJECT.