

**DIAGNOSTIC INTERVIEW FOR GENETIC STUDIES
(DIGS)**

SITE ID: **FAMILY ID:**

SUBJECT ID:

ALTERNATIVE ID:

FATHER ID:

MOTHER ID:

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

SELF REPORTED RACE:

	Code Response						
<ol style="list-style-type: none"> 1. American Indian/Alaskan Native 2. Asian/Pacific Islander 3. Black (Non Hispanic) 4. Hispanic 5. White (Non Hispanic) 6. Other/Unknown 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">6</td> </tr> </table>	1	2	3	4	5	6
1	2	3	4	5	6		

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

Development of the DIGS 2.0 instrument and training manual was supported by the NIMH Diagnostic Centers for Psychiatric Linkage Studies (extramural grant numbers U01 MH 46276, 46289, 46318, 46274, 46282, 46280, and the Clinical Neurogenetics Branch, Intramural Research Program, NIMH).

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

We gratefully acknowledge the assistance of Jean Endicott, Ph.D., Kenneth Kendler, M.D., Philip Lavori, Ph.D., and Lee Robins, Ph.D., for critical review of the instrument.

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A blank copy of the DIGS, DIGS code manual, DIGS training manual, and DIGS software are available on the World Wide Web at <http://www-grb.nimh.nih.gov/gi.html>

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In reference section:

Ethnicity Card	Tobacco Tally Sheet
Modified MMS Card	Marijuana Tally Sheet
Depression Tally Sheet	Drug Use Card
Mania Tally Sheet	Drug Tally Sheet
Alcohol Use Card	Comorbidity Card
Alcohol Tally Sheet	

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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: 20px; height: 20px;"></td> <td style="width: 20px; 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:

--	--	--

--	--	--

--	--	--

--	--	--

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:* _____

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

--	--

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> | # of times | | |
| | | | |

INTERVIEWER: Exclude psychiatric or substance abuse treatment and pregnancies.

- | | | | |
|---|--|--|--|
| 2.a) <i>How many surgeries have you had? (Including outpatient)</i> | | | |
| | | | |

2.b) *Tell me about the overnight hospitalizations. (Specify below)*

<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: If YES, probe whether the condition was diagnosed by a physician. Circle 1 if the subject reports having the conditions, circle 2 if this was confirmed by a physician's diagnosis.

	<u>No</u>	<u>Yes</u>	<u>DX</u>	<u>Year of Onset</u>	<u>Notes</u>
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>
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	_____	_____
3.k) <i>Epilepsy/Convulsions/Seizures?</i>	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>DX</u>	<u>Year of Onset</u>	<u>Notes</u>
3.1) <i>Serious head injury?</i>	0	1	2	_____	_____

If yes:

3.1.1) <i>How many times have you had a serious head injury?</i>	# of times					
	<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>			<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>		
	<u>No</u>	<u>Yes</u>				

3.1.2) <i>Did you lose consciousness?</i>	0	1						
	Minutes	Days						
If yes: Specify how long:	<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>				OR	<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>		

3.1.3) <i>How old were you?</i>	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>			<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>		

INTERVIEWER: Code the age of the first episode with unconsciousness if there has been more than one injury.

4. *Have you ever had any of the following tests:*

	<u>No</u>	<u>Yes</u>	<u>Year of Most Recent Test</u>	<u>Notes</u>
4.a) <i>EEG/"Brain Wave" tests?</i>	0	1	_____	_____
4.b) <i>Head CAT scan?</i>	0	1	_____	_____
4.c) <i>Head MRI?</i>	0	1	_____	_____

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
5. <i>Are you taking any medications regularly (include aspirin and oral contraceptives)?</i>	0	1	9

<u>Medication</u>	<u>Dosage per day</u>	<u>Duration of Dosage in Weeks</u>			
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table>			
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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>		<u>Pregnancies</u>	
		<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>		<u>Live Births</u>	
		<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: <i>Specify.</i> _____ _____			
9. <i>Have you gone through menopause?</i>	0	1	9
9.a) If yes: <i>Have you ever had any severe emotional problems associated with menopause?</i>	0	1	9
If yes: <i>Specify.</i> _____ _____			

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
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.	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 type="text"/>
1.b) <i>Where are we: (Country) (State) (Town) (Hospital/Bldg) (Floor/Street)?</i>	5	<input 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 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 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 type="text"/>
4. <u>Recall</u>		
Ask the subject to name the three objects repeated above. Score one point for each correct.	3	<input 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 type="text"/>
5.b) Ask the subject to repeat the following " <i>No ifs, ands, or buts.</i> " Score one point.	1	<input 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 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: 40px; height: 25px;" type="text"/>
6.b) <i>Write a sentence.</i> Score one point.	1	<input style="width: 40px; height: 25px;" type="text"/>
6.c) <i>Copy the design below.</i> Score one point.	1	<input style="width: 40px; height: 25px;" type="text"/>
7. Record Total Score	35	<input style="width: 40px; height: 25px;" type="text"/> <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: If Total Score is 15 or less, discontinue interview at this time. If total score is between 15 and 23, interviewer may need to consider whether proceeding through the interview will yield reliable information.

Otherwise, 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.

**C2. TELEPHONE INTERVIEW FOR
COGNITIVE STATUS**

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**

	<u>Maximum Score</u>	<u>Subject Score</u>
8. <i>Say this: "No ifs ands or buts."</i> <i>Say this: "Methodist Episcopal."</i> Score one point for each complete repetition on the first trial. Repeat only if poorly presented.	2	<input style="width: 40px; height: 25px;" type="text"/>
9. <i>Who is the President of the United States right now?</i> <i>Who is the Vice-President?</i> Score one point each for correct first <u>and</u> last name.	2	<input style="width: 40px; height: 25px;" type="text"/>
10. <i>With your finger, tap 5 times on the part of the phone you speak into.</i> Score two points if 5 taps are heard; one point if subject taps more or less than 5 times.	2	<input style="width: 40px; height: 25px;" type="text"/>
11. <i>I am going to give you a word and I want you to give me the opposite.</i> <i>For example, the opposite of hot is cold. What is the opposite of</i> <i>"west"?</i> Score one point for "east".	1	<input style="width: 40px; height: 25px;" type="text"/>
<i>What is the opposite of "generous"?</i> Score one point for "selfish", "greedy", "stingy", "tight", "cheap", "mean", "meager", "skimpy", or other good antonym.	1	<input style="width: 40px; height: 25px;" type="text"/>
12. Record Total Score	41	<input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/>

INTERVIEWER: If Total Score is 20 or less, discontinue interview at this time. If total score is between 20 and 28, interviewer may need to consider whether proceeding through the interview will yield reliable information.

Otherwise, continue with 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>	0	1	9
Skip to E. Overview of Psychiatric Disturbance (page 20)			
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-l 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.

D. SOMATIZATION

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:

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

Impairment Code

- | | |
|--|-----------|
| 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
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

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...:* Impairment Code
If yes:
Who did you see about this problem?
What did they say you had?
- 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>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" style="text-align: center;">Ons Age</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>	Ons Age			
Ons Age					
14. <i>How old were you the <u>last</u> time you had any of these problems?</i>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" style="text-align: center;">Rec Age</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>	Rec Age			
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.

D. SOMATIZATION

	Impairment Code		
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>	<p style="margin: 0;">Ons Age</p> <table border="1" style="margin: 0 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>	<p style="margin: 0;">Rec Age</p> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>		

IMPAIRMENT CODES
<ul style="list-style-type: none"> 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.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
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
			# of courses
5.a) If yes: <i>How many courses of ECT have you received?</i>			
			<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)				

E. OVERVIEW OF PSYCHIATRIC DISTURBANCE

	<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"/>	_____

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)
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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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E. OVERVIEW OF PSYCHIATRIC DISTURBANCE

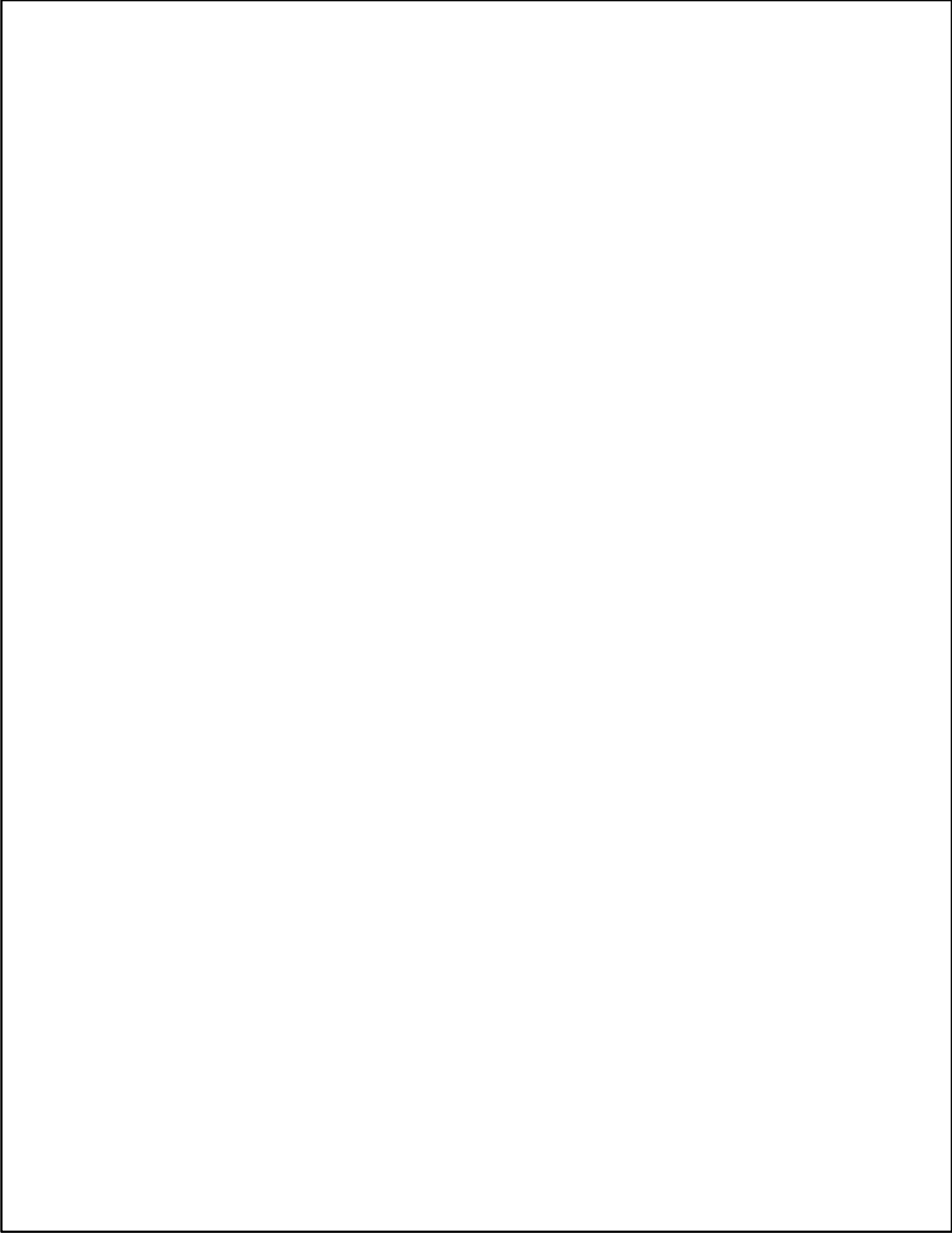
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INTERVIEWER: If subject reported any emotional problems in questions 1-6 skip to question 8.

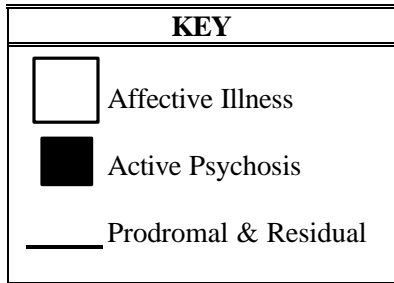
	<u>No</u>	<u>Yes</u>	<u>Unk</u>
7. <i>Was there ever a time when you or someone else thought you needed professional help because of your feelings or the way you were acting?</i>	<input type="checkbox"/> 0	1	9

Skip to F. Major Depression (page 29)

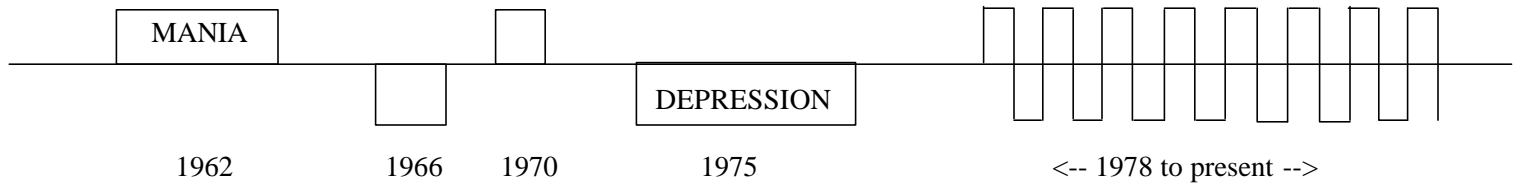
8. *Please tell me more about these periods we've just discussed.*



E. OVERVIEW OF PSYCHIATRIC DISTURBANCE



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	

4.b) How long did that period last?

Weeks		

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

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

F. MAJOR DEPRESSION

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
0	1	2		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		

No Yes Unk

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?*

0	1	9
0	1	9
0	1	9
0	1	9
0	1	9
0	1	9
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
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

	No	Yes	Unk
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 or hand subject Depression Tally Sheet to review): <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)?</i>	0	1	9
19. <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			
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>	No	Yes	Unk
	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			
29. INTERVIEWER: Code based on answers to questions 20, 21 and 25–28 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: _____

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

If yes: Specify: _____

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

If yes: Specify: _____

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

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

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

Month	–	Year

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			

F. MAJOR DEPRESSION

Most Severe Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
37. <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
37.a) <i>During this episode of depression did you also experience any of these symptoms?</i>			
37.a.1) <i>Overactivity—Running around, many projects, or physically agitated?</i>	0	1	9
37.a.2) <i>More talkative than usual, speech pressured?</i>	0	1	9
37.a.3) <i>Thoughts racing, jumping from topic to topic?</i>	0	1	9
37.a.4) <i>Feeling grandiose - more important, special, powerful?</i>	0	1	9
37.a.5) <i>Needing less sleep - energetic after little or no sleep?</i>	0	1	9
37.a.6) <i>Attention distracted by unimportant things?</i>	0	1	9
37.a.7) <i>Doing risky things for pleasure - spending, sex, reckless driving, etc.?</i>	0	1	9
37.a.8) INTERVIEWER: Enter number of YES responses in 37.a.1-7: TOTAL			

If total in 37.a.8 is **less than 3**, skip to question 38

37.a.9) *How long were these symptoms present?*

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

F. MAJOR DEPRESSION

Other Episode

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
38. <i>Did you have at least one other episode when you were depressed for at least one week and had several of the symptoms you described?</i>	0	1	9

Skip to question 71, page 46

If yes: *When was the most recent time that you had depression that was almost as severe as the time we just talked about?*

INTERVIEWER: Based on the overview or additional probing, identify the most recent severe episode that the subject remembers well. Avoid episodes with probable organic precipitants and episodes that occurred less than 2 months before or after the Most Severe Episode. A Current Episode should be rated here if it meets these criteria.

Briefly describe the subject's response: _____

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

38.b) *When did it begin?*

			-				
Month				Year			

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

Age	
Weeks	

38.d) *How long (did that period last/has it lasted)?*

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

38.e) *Did you feel depressed, sad, down, or low?* 0 1 9

38.f) *Did you feel irritable?* 0 1 9

38.g) *Did you feel anxious?* 0 1 9

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
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
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 or hand subject Depression Tally Sheet to review):** *During this episode was there a two-week period when these symptoms were present nearly every day (at least four symptoms plus depressed mood)?*

	0	1	9
	0	1	9

52. *Did you tend to feel worse in the morning or in the evening?*

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

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
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>	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:			
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:	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?			
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:* _____

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
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			
<p>62. INTERVIEWER: Code based on answers to questions 53, 54 and 58–61</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>63. RDC Minor Role Dysfunction</p> <p>If no change in question 62: <i>Was your functioning in any other area of your life affected?</i></p>	0	1	9
--	---	---	---

If yes: *Specify:* _____

<p>63.a) INTERVIEWER: If no to questions 58–63, 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 65, page 44.

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

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

			–				
Month				Year			

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

F. MAJOR DEPRESSION

DIGS 3.0
03-Nov-1999

	<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:			
		Clean Episodes	
72. <i>How many like this have you had?</i>			
72a. <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	
72b. <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	
73. If no clean episodes:		Unclean Episodes	
73.a) <i>How many episodes like this have you had?</i>			
73.b) <i>How old were you the <u>first</u> time you had an episode like this?</i>		Ons Age	
73.c) <i>How old were you the <u>last</u> time you had an episode like this?</i>		Rec Age	
74. <i>What was the duration of your longest episode of depression in weeks?</i>		Weeks	
75. <i>How many times were you hospitalized for an episode of depression? (inpatient)</i>		Hospitalized	
75.a) <i>How many times were you hospitalized for an episode of depression? (day hospital)</i>		Hospitalized	
76. <i>How many courses of ECT have you had for depression?</i>		# of courses	
	<u>No</u>	<u>Yes</u>	<u>Unk</u>
77. <i>Did you ever feel high or were you overactive following medical treatment for depression?</i>	0	1	9

If yes: Describe: _____

	Code Response					
78. <i>Do your depressions tend to begin in any particular season?</i>	0	1	2	3	4	9
0. No pattern						
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> | 0 | 1 | 9 |
| 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	Weeks	
	<input style="width: 40px; height: 20px;" type="text"/>	OR	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>

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>	Hours		
10.b) <i>How many hours of sleep do you usually get per night?</i>	Hours		
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 or hand subject Mania Tally Sheet to review) were present most of the time?</i>	0	1	9

G. MANIA/HYPOMANIA

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> If yes: Specify: _____	0	1	9

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: <i>How long were they present before the episode began?</i>			
	Days		

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

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> If yes: Specify: _____	0	1	9

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: <i>How long were they present before the episode began?</i>			
	Days		

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

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
21.a) If yes: For how long (inpatient)?	Days		
21.b) If yes: For how long (day hospital) ?	Days		
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

	0	1	2	3	9
25. INTERVIEWER: Code based on answers to questions 15–24					
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 no change or improvement 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. *Did this episode occur during or shortly after a serious physical illness?* 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. *Did this episode begin shortly after you started using decongestants, steroids, or some other medication?* 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. *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?* 0 1 9

If yes: Specify: _____

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

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

30.a) *Cocaine?* 0 1 9

If yes: Specify: _____

30.b) *Other street drugs?* 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; border: 1px solid black;" type="text"/>	
<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 10px;"> 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; border: 1px solid black;" type="text"/> Days	OR	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/> Weeks
31.b) <i>How many episodes like this have you had?</i>	Episodes <input style="width: 40px; height: 25px; border: 1px solid black;" 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. | 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		

G. MANIA/HYPOMANIA

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. <i>Were you more active than usual either sexually, socially, or at work, or were you physically restless?</i>	0	1	9
35. <i>Were you more talkative than usual or did you feel pressure to keep on talking?</i>	0	1	9
36. <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
37. <i>Did you feel you were a very important person, or that you had special powers, plans, talents, or abilities?</i>	0	1	9
38. <i>Did you need less sleep than usual?</i>	0	1	9

If yes:

38.a) *How many hours of sleep did you get per night?* Hours

38.b) *How many hours of sleep do you usually get per night?* Hours

39. <i>Did you have more trouble than usual concentrating because your attention kept jumping from one thing to another?</i>	0	1	9
40. <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: _____

41. **INTERVIEWER:** Enter number of boxes with **YES** responses in questions 34–40
TOTAL BOXES

INTERVIEWER: If only one or none, skip to **H. Dysthymia/Cyclothymia (page 64).**

41.a) <i>During this episode was there at least a week when these symptoms (INTERVIEWER: Review symptoms in questions 34–40 plus elated/irritable mood or hand subject Mania Tally Sheet to review) were present most of the time?</i>	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
	Days		
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
	Days		
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

G. MANIA/HYPOMANIA

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		
	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
49.b) If yes: For how long (day hospital) ?	Days		
	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
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.

	Code Response			
51. <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: _____ _____				

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	<input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	
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
	<input style="width: 40px; height: 25px;" type="text"/>		<input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/>
59.b) <i>How many episodes like this have you had?</i>	Episodes		
	<input style="width: 40px; height: 25px;" type="text"/> <input style="width: 40px; height: 25px;" type="text"/>		

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.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>			
60. INTERVIEWER: Has there been at least one “clean” episode of mania/hypomania? A “clean” episode is one WITHOUT prior physical illness, drug or alcohol abuse, or organic precipitants.	0	1	9			
If yes:						
60. <i>How many episodes like this have you had?</i>	Clean Episodes <input type="text"/> <input type="text"/>					
60.b) <i>How old were you the <u>first</u> time you had an episode like this?</i>	Ons Age <input type="text"/> <input type="text"/>					
60.c) <i>How old were you the <u>last</u> time you had an episode like this?</i>	Rec Age <input type="text"/> <input type="text"/>					
61. If no clean episodes:						
61.a) <i>How many episodes like this have you had?</i>	Unclean Episodes <input type="text"/> <input type="text"/>					
61.b) <i>How old were you the <u>first</u> time you had an episode like this?</i>	Ons Age <input type="text"/> <input type="text"/>					
61.c) <i>How old were you the <u>last</u> time you had an episode like this?</i>	Rec Age <input type="text"/> <input type="text"/>					
62. <i>How many times were you hospitalized for an episode of mania? (inpatient)</i>	Hospitalized <input type="text"/> <input type="text"/>					
62.a) <i>How many times were you hospitalized for an episode of mania? (day hospital)</i>	Hospitalized <input type="text"/> <input type="text"/>					
	Code Response					
63. <i>Do your episodes tend to begin in any particular season?</i>	0	1	2	3	4	9
0. No pattern						
1. Winter						
2. Spring						
3. Summer						
4. Fall						
9. Unknown						
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>	<u>No</u>	<u>Yes</u>	<u>Unk</u>			
	0	1	9			
	Code Response					
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>						

G. MANIA/HYPOMANIA

65. *Have you ever had a year when you had several different manic, hypomanic, depressive, or mixed episodes?*

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

If yes:

65.a) *Altogether, how many different manic, hypomanic, depressive, or mixed episodes did you have during that year?*

Episodes	

Describe: _____

INTERVIEWER: Distinct episodes are separated either by a partial or full remission for at least 2 months or a switch to a mood state of opposite polarity (e.g., Major Depressive Episode to Manic Episode). DSM-IV Rapid Cycling requires at least four distinct episodes of mood disturbance in one year that meet criteria for a Major Depressive, Manic, Mixed or Hypomanic Episode.

(If subject describes multiple episodes of similar polarity)

Ask:

65.b) *Are you sure you got better between episodes?*

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

If yes:

65.b.1) *For how long?*

Weeks	

H. DYSTHYMIA/CYCLOTHYMIA

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.

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
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>...overeate?</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
--------------------------------	---	---	---

H. DYSTHYMIA/CYCLOTHYMIA

	No	Yes	Unk
4.e) ...feel tired easily?	0	1	9
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**.

8. *Did you have an episode of depression or mania during the first two years of this period?*

No Yes Unk

0 1 9

9. *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?*

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) *During this period, did you have at least two of the following symptoms...:*

0 1 9

Elated:

- ...more active or energetic than usual?*
- ...more talkative than usual?*
- ...needing less sleep than usual?*
- ...thoughts racing?*
- ...feeling very important?*

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

10.b) *During this period, did you have at least two of the following symptoms...:*

0 1 9

Depressed:

- ...trouble sleeping or sleeping too much?*
- ...loss of appetite or overeating?*
- ...trouble concentrating?*
- ...loss of energy?*
- ...feeling guilty or worthless?*
- ...being unable to enjoy things?*
- ...thinking about death?*

H. DYSTHYMIA/CYCLOTHYMIA

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

SITE OPTIONAL

- | | <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 Yes
0 1

Skip to question 7 ←

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

SITE OPTIONAL

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 Yes
0 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

SITE OPTIONAL

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

SITE OPTIONAL

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?*

No 0 1
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

SITE OPTIONAL

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: Did you continue to drink after you knew it caused you any of these problems?	0	1

SITE OPTIONAL		
18.f) If yes in 18a-d: How old were you the <u>first</u> time you (Mention items coded YES in question 18.a-d)?	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: Has this happened more than once?	0	1
22. <i>Have you ever had trouble driving, like having an accident, because of drinking?</i>	0	1

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

	<u>No</u>	<u>Yes</u>
23. <i>Have you ever been arrested for drunk driving?</i>	0	1
SITE OPTIONAL		
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
SITE OPTIONAL		
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
SITE OPTIONAL		
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
SITE OPTIONAL		
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; margin: 5px 0;"> INTERVIEWER: If all NO, skip to question 32, page 74. If only <u>one</u> YES, skip to question 31.n </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; margin: 5px 0;"> INTERVIEWER: If YES, return to top of question 31 to ask: 31.m) <i>Which ones?</i> (Code in Occur Together column) </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: _____ _____		
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Skip to question 33</div> ←		
*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: _____ _____		

	<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 check Alcohol Tally Sheet B. If **less than three** boxes checked, skip to question 37, page 76

I. ALCOHOL ABUSE AND DEPENDENCE

DSM-IV

No Yes

36. *You told me you had these experiences such as (Review starred (*) positive symptoms in questions 13–35 and hand Alcohol Tally Sheet B to subject). 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 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

DSM-III-R

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

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

SITE OPTIONAL

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: _____

38.c) Third: _____

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

–

Month Year

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

Tobacco

TOBACCO

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

1. Have you ever tried any form of tobacco? No Yes
 0 1

Code question 2.b NO and skip to Marijuana (question 22, page 84)

1.a) Have you ever...:

1.a.1) ...smoked a cigarette? 0 1

1.a.2) ...smoked a cigar? 0 1

1.a.3) ...smoked a pipe? 0 1

1.a.4) ...used chewing tobacco or snuff? 0 1

1.b) How old were you the first time you used any form of tobacco?

--	--

Ons Age

1.c) How old were you the last time you used any form of tobacco?

--	--

Rec Age

2.a) Have you ever smoked cigarettes on a daily basis?

0 1 2

If yes: Are you currently smoking?

- 0. No
- 1. Yes, currently smoking
- 2. Yes, smoked in the past

2.a.1) **If yes to question 2.a:** Estimate number of "pack-years".

Pack years

--	--	--

Record: _____ X _____
of packs per day # years

2.b) Over your lifetime, have you smoked a total of 100 cigarettes? 0 1

Skip to Marijuana (question 22, page 84)

INTERVIEWER: The following section is site optional. However, it is recommended that all sites complete questions 3-8.
If skipping site optional Tobacco section, including questions 3-8, skip to Marijuana (question 22, page 84).

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

Tobacco

SITE OPTIONAL

INTERVIEWER: Begin scoring starred (*) items on Tobacco Tally Card

3.a) *When you were smoking regularly, how many days per week did you usually smoke cigarettes?* Days

INTERVIEWER: If not as often as once a week, code 0.

*3.b) *How many cigarettes did you usually smoke in a day?* Cigarettes

INTERVIEWER: If 20 or more cigarettes 2+ days per week, mark tally sheet.

3.c) *For about how long did you smoke this many cigarettes at that rate?* Months OR Years

INTERVIEWER: If less than 2 weeks, code 00.

3.d) *How old were you the first time you smoked cigarettes at that rate?* Ons Age

3.e) *How old were you the last time you smoked cigarettes at that rate?* Rec Age

Think about the period lasting a month or more when you were smoking the most.

	Code Response				
4. <i>During this period when you were smoking the most, about how many minutes after you woke up did you smoke your first cigarette?</i>	1	2	3	4	9
1. Within 5 minutes					
2. Within 6-30 minutes					
3. Within 31-60 minutes					
4. More than 1 hour					
9. Unknown					

	No	Yes
5. <i>During the period when you were smoking the most, did you <u>usually</u> smoke more frequently during the first hours after waking than during the rest of the day?</i>	0	1

6. <i>During the period when you were smoking the most, did you usually find it difficult to keep from smoking in places where it was forbidden; for example, on airplanes, in movie theaters, in "no smoking" sections of restaurants or office buildings, or perhaps in situations where someone asked you not to?</i>	0	1
--	---	---

	Code Response	
7. <i>During the period when you were smoking the most, which cigarette would you have hated <u>most</u> to give up:</i>	0	1
0. the first one in the morning,		
1. after eating, while watching television, or some other one?		

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

Tobacco

SITE OPTIONAL

- | | <u>No</u> | <u>Yes</u> |
|--|-----------|------------|
| 8. <i>During the period when you were smoking the most, were there times you smoked even when you were so ill that you had to be in bed most of the day?</i> | 0 | 1 |

INTERVIEWER: If only doing shortened Tobacco section, skip to Marijuana (question 22, page 84).

Now I'd like you to think about your cigarette smoking throughout your life as I ask you more questions about experiences people sometimes have when they smoke cigarettes. (Since you don't smoke now, I'd like to ask you about the times when you used to smoke cigarettes.)

- | | | |
|--|---|---|
| 9. <i>Did you ever chain smoke; that is, where you smoked several cigarettes, one right after another?</i> | 0 | 1 |
|--|---|---|

9.a) **If yes:** *For how many hours in a row did you smoke like that?*

Hours	

INTERVIEWER: If less than one hour, code 00.

If less than 3 hours, skip to question 10

- *9.b) **If yes:** *What is the longest period of time you have chain smoked every day or nearly every day?*

Days		Weeks
	OR	

INTERVIEWER: If 7 or more days, mark tally sheet.

- | | <u>No</u> | <u>Yes</u> |
|--|-----------|------------|
| *10. <i>Have you <u>often</u> given up or spent much less time in activities important to you such as work, sports, going to movies, or seeing friends or relatives because you would not be able to smoke?</i> | 0 | 1 |
| *11. <i>Have you <u>often</u> smoked a lot more than you intended or for more days in a row than you intended? For example, smoking half a pack or more when trying to limit yourself to only 1 or 2 cigarettes?</i> | 0 | 1 |
| *11.a) <i>Have you <u>often</u> found that you've run out of cigarettes sooner than you intended?</i> | 0 | 1 |
| 12. <i>Have you smoked in situations where it was dangerous to smoke; for example, smoking in bed, when getting gasoline, or when using paint thinners or cleaning fluids?</i> | 0 | 1 |
| 12.a) If yes: <i>Did this happen a total of 3 or more times?</i> | 0 | 1 |
| 12.b) If yes: <i>Did this ever happen 3 or more times in any 12-month period?</i> | 0 | 1 |
| *13. <i>Have you <u>often</u> wanted to quit or cut down on smoking?</i> | 0 | 1 |

If yes: *Specify (Do NOT count pregnancy):* _____

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

Tobacco

SITE OPTIONAL

- | | <u>No</u> | <u>Yes</u> |
|--|-----------|------------|
| 13.a) <i>Have you ever tried to quit smoking?</i> | 0 | 1 |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">Skip to question 14</div> | | |
| 13.b) <i>How many times did you try to quit?</i> | Times | |
| | | |
| 13.b.1) If unknown: <i>Was it at least three times or more?</i> | 0 | 1 |
| 13.c) <i>Were you <u>always</u> able to stop or cut down when you tried to?</i> | 0 | 1 |
| 13.c.1) If yes: <i>Was this for at least 1 month?</i> | 0 | 1 |
| *13.c.2) If no to 13.c or 13.c.1: <i>Have you 3 or more times found that you were unable to stop or cut down on smoking (for at least 1 month)?</i> | 0 | 1 |

14. *Since you began smoking regularly, what is the longest period of time you have gone without using any form of tobacco for any reason, like when you had an illness, or lost interest in tobacco, or intentionally quit?*
- | | | | |
|--|------|----|--------|
| | Days | OR | Months |
| | | | |

INTERVIEWER: If never, code **00**.

If less than one day, code **01**. If more than one month, code months.

- | | <u>No</u> | <u>Yes</u> |
|--|-----------|------------|
| 14.a) <i>Have you ever attended a class or group for people trying to quit or reduce their use of tobacco?</i> | 0 | 1 |
| 14.b) <i>Have you ever tried nicotine gum or a nicotine patch (to quit or reduce your use of tobacco)?</i> | 0 | 1 |
| 14.c) <i>Have you ever tried nicotine-free cigarettes (to quit or reduce your use of tobacco)?</i> | 0 | 1 |
| 14.d) <i>Have you tried any other form of treatment or medicine to quit or reduce your use of tobacco?</i> | 0 | 1 |
| If yes: Specify: _____ | | |
| _____ | | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">Skip to question 15</div> | | |
| 14.e) <i>How old were you the <u>first</u> time you tried any of these methods to quit or cut down?</i> | Ons Age | |
| | | |
| 14.d) <i>How old were you the <u>last</u> time you tried any of these methods to quit or cut down?</i> | Rec Age | |
| | | |

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

Tobacco

SITE OPTIONAL

INTERVIEWER: Complete the **Ever** column, then complete the **Occur Together** column if 15.b is **YES**

	Ever		Occur Together	
	No	Yes	No	Yes
15. <i>I'm going to ask you about some problems that you might have had when you stopped smoking or smoked less tobacco than usual. Think about the time when you had the <u>most</u> problems when you went without cigarettes or had less than usual. During that time...:</i>				
15.a.1) <i>...were you irritable, angry, or frustrated?</i>	0	1	0	1
15.a.2) <i>...were you nervous or anxious?</i>	0	1	0	1
15.a.3) <i>...were you restless?</i>	0	1	0	1
15.a.4) <i>...did you have trouble concentrating?</i>	0	1	0	1
15.a.5) <i>...did your heart slow down?</i>	0	1	0	1
15.a.6) <i>...did you feel down or depressed?</i>	0	1	0	1
15.a.7) <i>...did your appetite increase or did you gain weight?</i>	0	1	0	1
15.a.8) <i>...did you have trouble sleeping?</i>	0	1	0	1
<p>INTERVIEWER: If all NO, skip to question 16. If 1-3 YES answers, skip to question 15.c).</p>				
*15.b) If four or more YES answers in 15.a.1–8: <i>Did at least four of these occur together in the first 24 hours after you stopped or cut down?</i>	0	1		
<p>INTERVIEWER: If YES, return to top of question 15 to ask: (If NO, skip to question 15.c)</p>				
15.b.1) <i>Which ones? (Code in Occur Together column)</i>				
<u>OCCUR TOGETHER ONLY</u>				
15.b.2) <i>How old were you the <u>first</u> time these problems occurred together?</i>			Ons Age	
15.b.3) <i>How old were you the <u>last</u> time these problems occurred together?</i>			Rec Age	
15.c) <i>Did the problems you had after quitting or cutting down on smoking <u>often</u> interfere with your work, school, or household responsibilities?</i>			No	Yes
*15.d) <i>Did you start smoking again or use other sources of nicotine to avoid having the problems that quitting might cause?</i>			0	1

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

Tobacco

SITE OPTIONAL

	<u>No</u>	<u>Yes</u>
16. <i>Did you have such a strong desire for cigarettes that you couldn't think of anything else?</i>	0	1
17. <i>Has smoking ever made you nervous or jittery or caused you any other emotional or mental problem?</i>	0	1
17.a) If yes: <i>Did feeling nervous, jittery, or having other emotional or mental problems from smoking interfere with your functioning?</i>	0	1
If yes: <i>Specify:</i> _____		

*17.b) If yes: <i>Did you continue to smoke after you knew it caused you problems like these?</i>	0	1
18. <i>Has smoking caused you any health problem such as a problem with your heart, a problem with your blood pressure, lung trouble, a cough that wouldn't go away, or another health problem?</i>	0	1
If other: <i>Specify:</i> _____		

<div style="border: 1px solid black; padding: 2px; display: inline-block;">Skip to question 19</div> ←		
*18.a) <i>Did you continue to smoke after you knew it caused you (this/these) health problem(s)?</i>	0	1
*19. <i>Have you continued to smoke when you had another serious illness that you knew was made worse by smoking, for example: asthma or bronchitis?</i>	0	1
If yes: <i>Specify:</i> _____		

*20. <i>After you had been smoking for some time, did you find that cigarettes had less effect on you than before?</i>	0	1
20.a) <i>After you had been smoking regularly, did you come to need more cigarettes each day?</i>	0	1
*20.b) If yes: <i>Was this 50% more? So, if you used to smoke 10 cigarettes a day, you would increase to 15 a day, or go from 20 to 30?</i>	0	1

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

Tobacco

SITE OPTIONAL

INTERVIEWER: If less than 3 boxes are marked on the Tobacco Tally Sheet, skip to Marijuana, question 22, page 84.

INTERVIEWER: Hand subject the Tobacco Tally Sheet.

No Yes

21. *I'd like to review the experiences you've told me you had with smoking cigarettes. You've said that: (Read symptoms marked on Tobacco Tally Sheet)*

Did you ever have experiences from 3 or more boxes in any 12-month period?

0 1

If yes: *Which ones?*

INTERVIEWER: Circle the symptoms that cluster. Must be from 3 different boxes.

21.a) *How old were you the first time?*

Ons Age	

21.b) *How old were you the last time?*

Rec Age	

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

Marijuana

MARIJUANA

		No	Yes
22. <i>Have you ever used marijuana?</i>	<input type="checkbox"/>	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	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>		Days	
23.a) <i>When was that?</i>		Month	
	-		
		Year	
*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>	<input type="checkbox"/>	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>	<input type="checkbox"/>	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	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	1
25.c) <i>Trouble concentrating or having such trouble thinking clearly that it interfered with your functioning?</i>	<input type="checkbox"/>	0	1
25.d) <i>Hearing, smelling, or seeing things that were not there?</i>	<input type="checkbox"/>	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	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>	<input type="checkbox"/>	0	1
*26. <i>Have you often wanted to or tried to cut down on marijuana?</i>	<input type="checkbox"/>	0	1

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

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 check Marijuana Tally Sheet B. If **less than three** boxes checked, skip to question 37, page 86.

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

Marijuana

DSM-IV

No Yes

36. *You told me you had these experiences such as (Review starred (*) positive symptoms in questions 24-35 and hand Marijuana Tally Sheet B to subject). While you were using marijuana, 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 tally sheet.

0 1

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

--	--

DSM-III-R

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

If unclear, ask: *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?*
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?*

37.a) **If yes:**

37.a.1) *How old were you the first time at least two of these experiences occurred persistently?*

Ons Age

--	--

37.a.2) *How old were you the last time at least two of these experiences occurred persistently?*

Rec Age

--	--

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

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

Month

Year

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

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	0	No
1	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
	Coc	Stim	Sed	Op	PCP	Hal	Sol	Oth	Comb
# of times	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" 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 style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
<u>No</u>	<u>Yes</u>

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
	Coc	Stim	Sed	Op	Misc
Days	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>

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

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

Other Drugs

	A Coc	B Stim	C Sed	D Op	E Misc	
46.f) <i>Tremble or twitching?</i>			0 1	0 1	0 1	No Yes
46.g) <i>Sweat or have a fever?</i>			0 1	0 1	0 1	No Yes
46.h) <i>Have nausea or vomiting?</i>			0 1	0 1	0 1	No Yes
46.i) <i>Have diarrhea or stomach aches?</i>			0 1	0 1	0 1	No Yes
46.j) <i>Have your eyes water or nose run?</i>				0 1	0 1	No Yes
46.k) <i>Have muscle pains?</i>				0 1	0 1	No Yes
46.l) <i>Yawn?</i>				0 1	0 1	No Yes
46.m) <i>Have your heart race?</i>			0 1		0 1	No Yes
46.n) <i>Have seizures?</i>			0 1		0 1	No Yes
If yes: How many times?			<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

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

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

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

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.
Then check Drug Tally Sheet B. If **less than three** boxes checked, skip to question 56, page 92.

DSM-IV

55. <i>You told me you had these experiences such as (Review starred (*) positive symptoms in Q. 40-54 and hand Drug Tally Sheet B to subject). 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					
---------	--	--	--	--	--

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

Other Drugs

DSM-III-R

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.

	A Coc	B Stim	C Sed	D Op	E Misc	
--	----------	-----------	----------	---------	-----------	--

	0	0	0	0	0	
	1	1	1	1	1	No Yes

If unclear, ask: *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?* **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:

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

56.b) *How old were you the last time at least two of these experiences occurred persistently?* 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) *...discussion with a professional?* 0 1

57.b) *...NA or other self-help?* 0 1

57.c) *...outpatient drug-free program?* 0 1

57.d) *...inpatient drug-free program?* 0 1

57.e) *...other?* 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. Has there been a time when				
1.a) 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.	0	1	2	9
1.b) you had visions or saw things that were not visible to others?	0	1	2	9
1.c) 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)?	0	1	2	9
1.d) you have ever engaged in any unusual behavior, had speech that was mixed up or did not make sense [aside from mania and/or depression], or had your body stuck in one position so that you could not move?	0	1	2	9
1.e) 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 mania and/or depression]	0	1	2	9

INTERVIEWER: If there is NO EVIDENCE, from any source, of any psychosis skip to L. Schizotypal Personality (page 115) or, only if applicable, M. SIS (page M.1).

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 L. Schizotypal (page 115) or, only if applicable, M. SIS (page M.1).

- | | <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: 50px; 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: 50px; 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
If yes: Specify. _____ _____			
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
If yes: Specify. _____ _____			
(Probe: like incurable cancer, bowels stopped up, insides rotting?)			
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>			
	Days	OR	Weeks
	<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>

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

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

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: 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?)	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				
	0	1	2	3	9
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>					

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	OR	Weeks

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)	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)	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: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; 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) or, if applicable, M. SIS (page M.1).		

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: 40px; height: 20px;" type="text"/>	<input style="width: 40px; 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: 40px; height: 20px;" type="text"/> <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>
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: 40px; height: 20px;" type="text"/> <input style="width: 40px; 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		
	No	Yes	Unk	No	Yes	Unk
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

	Weeks		
70.m) <i>How long did you have these experiences before you had (Active psychotic features)?</i>			
70.n) <i>Was this year typical of your usual self (that is, as subject was prior to onset of earliest symptoms)?</i>	0	1	9

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

RESIDUAL ONLY

	Weeks		
70.o) <i>How long did you have these experiences after your (Active psychotic features) stopped?</i>			
70.p) <i>Did you return to your usual self (as subject was prior to age of onset of earliest symptoms)?</i>	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. <i>Did (Delusions or Hallucinations) ever occur when you were feeling extremely good or high, or when you were feeling unusually irritable?</i> If yes: Record response: _____	0	1	
Skip to question 81, page 110 ←			
72. <i>Did the (Delusions or Hallucinations) correspond to either of the manic episodes described previously?</i> INTERVIEWER: Indicate if manic episode corresponds to manic periods described in the MANIA section.	0	1	9
Skip to question 75 ←			

	Code Response		
73. INTERVIEWER: Specify and code whether subject's mood was:	1	2	
1. Only irritable			
2. Euphoric (with or without irritability)			
73.a) <i>During the period of feeling especially good or high when you were also having (Psychotic symptoms) were you also experiencing any of these symptoms?</i>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
73.a.1) <i>Overactivity—Running around, many projects, or physically agitated?</i>	0	1	9
73.a.2) <i>More talkative than usual, speech pressured?</i>	0	1	9
73.a.3) <i>Thoughts racing, jumping from topic to topic?</i>	0	1	9
73.a.4) <i>Feeling grandiose - more important, special, powerful?</i>	0	1	9
73.a.5) <i>Needing less sleep - energetic after little or no sleep?</i>	0	1	9
73.a.6) <i>Attention distracted by unimportant things?</i>	0	1	9
73.a.7) <i>Doing risky things for pleasure - spending, sex, reckless driving, etc.?</i>	0	1	9
74. INTERVIEWER: Enter number of definite symptoms. [If Euphoric, criterion = 3] [If Irritable only, criterion = 4]		SX	<input style="width: 40px; height: 20px;" type="text"/>

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.

	No	Yes	Unk
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>			<div style="border: 1px solid black; width: 100%; height: 20px; margin: 0 auto; display: flex; justify-content: space-between;"> Weeks </div>
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>			<div style="border: 1px solid black; width: 100%; height: 20px; margin: 0 auto; display: flex; justify-content: space-between;"> Weeks </div>
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 their 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? What percent of time was your mood normal?"

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: _____ | <input type="text" value="0"/> | 1 | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">Skip to question 91, page 111</div> | | | |
| 82. Did the (Delusions or Hallucinations) correspond to either of the depressive episodes described previously? | 0 | <input type="text" value="1"/> | 9 |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">Skip to question 85</div> | | | |
| 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 | |
| | | <input type="text" value=""/> | |
| 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 colspan="3" style="text-align: center;">Weeks</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>	Weeks					
Weeks									
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 colspan="3" style="text-align: center;">Weeks</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>	Weeks					
Weeks									
90. INTERVIEWER: Were the Affective syndromes brief relative to the Psychotic symptoms?	0	1	9						

INTERVIEWER NOTE: Brief = < 30%. Code question 90 "yes" if the **total duration** of their 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 depressed? What percent of time was your mood normal?"

POLYDYPسيا

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
--	---	---	---

PATTERN OF SYMPTOMS

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

Code Response				
1	2	3	4	5

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

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**

	Code Response					
	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

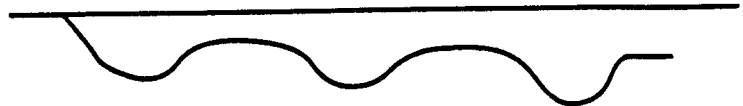
94. **INTERVIEWER:** Circle appropriate pattern from descriptions below:

1 2 3 4 5

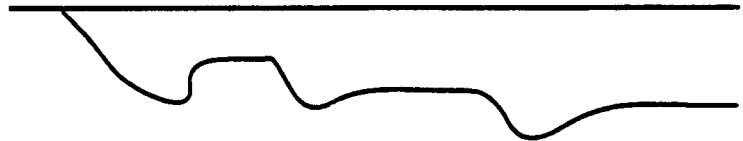
1. **Episodic Shift:** Episodes of illness are interspersed between periods of health or near normality.



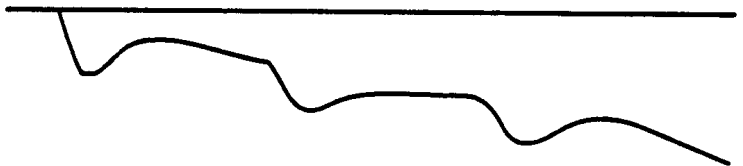
2. **Mild Deterioration:** Periods of illness occur, but there are also extended periods of return to near normality, with some ability to work at a job and near normal or normal social functioning.



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.



For Centers not using the SIS

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1. INTERVIEWER: Do you have reasonable suspicion from any source (e.g., Overview, Psychosis Screen, behavior or appearance during interview, information from relatives, medical records) that subject may have Schizotypal Personality features?	0	1	9

Skip to N. Comorbidity (page 117)

The next part of the interview is designed to learn more about your personality—the kind of person you are in general. Please answer the way that has been most typical for you for most of your adult life (excluding times when you were depressed or manic).

INTERVIEWER: These items refer to the subject’s usual functioning independent of another psychiatric illness (e.g., when not depressed in a person with major depressive disorder).

<i>In general did you....</i>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
2. <i>...stay away from family and friends, becoming socially isolated with no close friends or confidants?</i>	0	1	9
3. <i>...have trouble doing your job, going to school, or doing your work at home?</i>	0	1	9
4. <i>...do anything unusual, like collecting garbage, talking to yourself in public, hoarding food, wearing clothing that was unusual and would call attention to yourself?</i>	0	1	9
5. <i>...not take care of hygiene and grooming?</i>	0	1	9
6. <i>...not appear to have emotions, or not respond with emotion when appropriate or show emotions that did not fit with what was going on?</i>	0	1	9
7. <i>...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)?</i>	0	1	9
8. <i>...have unusual beliefs or magical thinking (e.g., superstitiousness, belief in clairvoyance, telepathy, “sixth sense,” feeling that “others can feel my feelings,”)?</i>	0	1	9
9. <i>...have unusual visual experiences or experiences of hearing (e.g., whispers, crackling), or sense the presence of a force or person not actually there, or feel the world was unreal?</i>	0	1	9
10. <i>...think that things around you, such as TV programs or newspaper articles, had some special meaning just for you? ...think people were talking about you or laughing at you? ...think you were receiving special messages in other ways?</i>	0	1	9
11. <i>...get nervous about being around other people, or about going to parties or other social events?</i>	0	1	9
12. <i>...worry that people had it in for you? ...feel that most people were your enemies? ...have ideas that were not quite true, thinking others were referring to you when they really were not? ...think people were making fun of you?</i>	0	1	9

This page left intentionally blank. Optional section M. SIS inserted here.

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) <i>For how long did you have (mood changes/psychotic symptoms) right before you started using (alcohol/drugs) heavily?</i>	Days	OR	Weeks			
			<table style="border-collapse: collapse; margin: auto;"> <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> </table>			
			<table style="border-collapse: collapse; margin: auto;"> <tr> <td style="text-align: center;"><u>No</u></td> <td style="text-align: center;"><u>Yes</u></td> <td style="text-align: center;"><u>Unk</u></td> </tr> </table>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
<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) <i>For how long were you using (alcohol/drugs) heavily right before your (mood changes/psychotic symptoms) began?</i>	Days	OR	Weeks			
			<table style="border-collapse: collapse; margin: auto;"> <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> </table>			

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

1 2 3 4 5 6

Skip to question 4

Ask question 3, but skip 4

Skip to O. Suicidal Behavior (page 119)

No Yes Unk

3. Have your **(Mood/Psychotic)** episodes ever 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 ever 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 <i>tried</i> to kill yourself?	<input type="text" value="0"/>	1	9				
<div style="border: 1px solid black; padding: 2px; 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"><thead><tr><th colspan="2">Times</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>			Times		<input type="text"/>	<input type="text"/>
Times							
<input type="text"/>	<input type="text"/>						
<div style="border: 1px solid black; padding: 2px; 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"><thead><tr><th colspan="2">Times</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></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"><thead><tr><th colspan="2">Age</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></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.

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> If yes: Specify: _____</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

SITE OPTIONAL

INTERVIEWER: If skipping site optional Suicide section, skip to question 23 (page 124).

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			
0	1	2	9

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>
0	1	9

17. *Did you want to die?*

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

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

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

Code Response			
1	2	3	9

19. **INTERVIEWER:** Rate intent of second 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

SITE OPTIONAL

Code Response

20. **INTERVIEWER:** Rate **lethality** of second most serious attempt. 1 2 3 4 5 6 9
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.**
21. **INTERVIEWER:** Rate **premeditation** of second most serious attempt. 1 2 3 9
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.**
22. *Did the suicidal behavior described occur during an episode of...* No Yes Unk
(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:** _____
- _____

O. SUICIDAL BEHAVIOR

SITE OPTIONAL

VIOLENT BEHAVIOR

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

Skip to question 25

24. <i>Did this behavior occur during an episode of...</i> (Circle all that apply)			
...depression?	0	1	9
...bipolar (mixed state)?	0	1	9
...alcohol abuse?	0	1	9
...drug abuse?	0	1	9
...psychosis?	0	1	9
...other? If yes: Specify: _____ _____ _____	0	1	9

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> 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> ”	0	1	9
---	---	---	---

Skip to P. Anxiety Disorders (page 126)

If yes: Describe: _____

O. SUICIDAL BEHAVIOR

SITE OPTIONAL

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>	0	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>	0	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> _____ _____			

	<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
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
9. <i>How old were you the <u>last</u> time you were bothered by (Obsession and/or Compulsion)?</i>			Rec Age
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

PANIC DISORDER

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
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; padding: 5px; display: inline-block;">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		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
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

	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 2 in D. Somatization, review corresponding items in Somatization disorder (questions 3.e, 6.e, 9.b, 15.a, 15.b, 15.c) 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	

15. *Was there ever a time when four of these symptoms occurred together?*

<u>No</u>	<u>Yes</u>	<u>Unk</u>
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) *Did these symptoms develop and become intense within 10 minutes?*

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

15.a.1) **If yes:** *Did this happen more than once?*

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

Attacks

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

--	--

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

17. *Have you ever had at least four of these attacks within a four-week period?*

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

18.a) *After having an attack, have you been afraid of having another one?*

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

18.b) *Have you been worried about the implications or consequences of the attack?*

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

	<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		
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		
24. <i>How old were you the <u>last</u> time you had a panic attack?</i>	Rec Age		
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

SITE OPTIONAL

	<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: <i>Specify:</i>	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 <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>					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>					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>				
43. <i>How old were you the <u>last</u> time you had this problem?</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>					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>					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>				
44. Social Phobia only If question 43 is 17 or less, Code YES if phobia lasted at least 6 months.				0	1	9									

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. Was there ever a time when you weighed much less than other people thought you ought to weigh? | 0 | 1 | 9 | | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-right: 50px;">Skip to Bulimia (question 14, page 135)</div> | | | | | | | | | |
| 2. 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? | 0 | 1 | 9 | | | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-right: 50px;">Skip to Bulimia (question 14, page 135)</div> | | | | | | | | | |
| 3. What was your lowest weight at that time? | <table border="1" style="border-collapse: collapse; width: 100px;"> <tr><td colspan="3" style="text-align: center;">Pounds</td></tr> <tr><td style="width: 33px; height: 20px;"></td><td style="width: 33px; height: 20px;"></td><td style="width: 33px; height: 20px;"></td></tr> </table> | | | Pounds | | | | | |
| Pounds | | | | | | | | | |
| | | | | | | | | | |
| 4. How tall were you? Record response: _____ | <table border="1" style="border-collapse: collapse; width: 100px;"> <tr><td colspan="2" style="text-align: center;">Inches</td></tr> <tr><td style="width: 50px; height: 20px;"></td><td style="width: 50px; height: 20px;"></td></tr> </table> | | | Inches | | | | | |
| Inches | | | | | | | | | |
| | | | | | | | | | |
| 5. How old were you? | <table border="1" style="border-collapse: collapse; width: 100px;"> <tr><td colspan="2" style="text-align: center;">Age</td></tr> <tr><td style="width: 50px; height: 20px;"></td><td style="width: 50px; height: 20px;"></td></tr> </table> | | | Age | | | | | |
| Age | | | | | | | | | |
| | | | | | | | | | |
| | <table style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;"><u>Sm</u></td> <td style="width: 33%;"><u>Med</u></td> <td style="width: 33%;"><u>Lrg</u></td> </tr> </table> | | | <u>Sm</u> | <u>Med</u> | <u>Lrg</u> | | | |
| <u>Sm</u> | <u>Med</u> | <u>Lrg</u> | | | | | | | |
| 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 | 1 | 9 |
| <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-right: 50px;">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 R. Pathological Gambling (page 137) ←			
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

	No	Yes	Unk
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		
24. <i>How old were you the <u>last</u> time you binged and (Compensatory behavior/s) regularly?</i>	Rec Age		
	No	Yes	Unk
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

	No	Yes	Unk				
1. <i>Have you ever gambled or bet too often or too much?</i>	0	1	9				
Skip to S. Antisocial Personality (page 138)	←						
2. <i>Did/do you frequently gamble larger amounts or over a longer period of time than you intend?</i>	0	1	9				
3. <i>Did/do you need to increase the size or frequency of the bets to achieve excitement?</i>	0	1	9				
4. <i>Did/do you become restless or irritable if you are unable to gamble?</i>	0	1	9				
5. <i>Did/do you sustain repeated losses by trying to win back losses?</i>	0	1	9				
6. <i>Were/are you frequently preoccupied with gambling?</i>	0	1	9				
7. <i>Have you made repeated attempts to stop or reduce your gambling?</i>	0	1	9				
8. <i>Have you frequently neglected family, social, or job obligations when you gamble?</i>	0	1	9				
9. <i>Has gambling ever caused you to skip important social, job, or recreational activities?</i>	0	1	9				
10. <i>Have you continued to gamble in spite of debts and/or other consequences?</i>	0	1	9				
11. <i>Did/do you continue to gamble to escape from feelings such as sadness or depression, helplessness, guilt, anxiety?</i>	0	1	9				
12. <i>Have you committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling?</i>	0	1	9				
13. <i>Did/do you rely on others to bail you out of financial crises caused by gambling?</i>	0	1	9				
14. <i>Did/do you lie to family members, therapist or others to conceal the extent of your gambling?</i>	0	1	9				
15. INTERVIEWER: Count positive symptoms and enter here.	<table border="1" style="margin-left: auto; margin-right: 0;"> <tr> <td colspan="2" style="text-align: center;">SX</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			SX			
SX							
15.a) INTERVIEWER: Is question 15 four or more?	0	1	9				
Skip to S. Antisocial Personality (page 138)	←						
16. <i>How old were you when you <u>first</u> gambled heavily?</i>	<table border="1" style="margin-left: auto; margin-right: 0;"> <tr> <td colspan="2" style="text-align: center;">Ons Age</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			Ons Age			
Ons Age							
17. <i>How old were you the <u>last</u> time you gambled heavily?</i>	<table border="1" style="margin-left: auto; margin-right: 0;"> <tr> <td colspan="2" style="text-align: center;">Rec Age</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			Rec Age			
Rec Age							
18. <i>Have you ever sought help for a problem with gambling?</i>	0	1	9				
19. <i>Did you have these problems other than during a mania?</i>	0	1	9				

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

--	--

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

Skip to T. Global Assessment Scale (page 141)

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

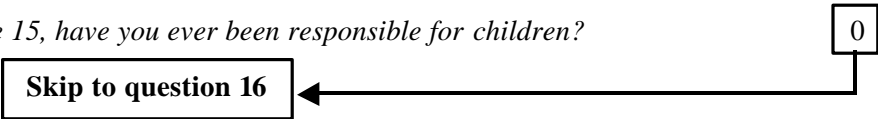
INTERVIEWER: Code **NO** if absence due to illness in family.

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

	<u>No</u>	<u>Yes</u>	<u>Only During Alc/ Drugs</u>		
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; padding: 2px; display: inline-block;">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>How old were you the <u>last</u> time you did any of these things?</i>			Rec Age		
			<table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		

INTERVIEWER: Rate subject's lowest level of functioning during the past month (or at time of admission if hospitalized). Rate actual functioning regardless of treatment or prognosis.

	<u>No</u>	<u>Yes</u>
1. Is the subject hospitalized?	0	1
2. GAS: At worst point during current episode	Current Episode GAS	
3. GAS: During past month	Past Month GAS	

<u>Score</u>	<u>Criteria</u>
100 91	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his warmth and integrity. No symptoms.
90 81	Good functioning in all areas, many interests, socially effective, generally satisfied with life. There may or may not be transient symptoms and "everyday" worries that only occasionally get out of hand.
80 71	No more than slight impairment in functioning, varying degrees of "everyday" worries and problems that sometimes get out of hand. Minimal symptoms may or may not be present.
70 61	Some mild symptoms (e.g., depressive mood and mild insomnia) OR some difficulty in several areas of functioning, but generally functioning pretty well, has some meaningful interpersonal relationships and most untrained people would not consider him "sick".
60 51	Moderate symptoms OR generally functioning with some difficulty (e.g., few friends and flat affect, depressed mood and pathological self-doubt, euphoric mood and pressure of speech), moderately severe antisocial behavior.
50 41	Any serious symptomatology or impairment in functioning that most clinicians would think obviously requires treatment or attention (e.g., suicidal preoccupation or gesture, severe obsessional rituals, frequent anxiety attacks, serious antisocial behavior, compulsive drinking, mild but definite manic syndrome).
40 31	Major impairment in several areas, such as work, family relations, judgment, thinking or mood (e.g., depressed woman avoids friends, neglects family, unable to do housework), OR some impairment in reality testing or communication (e.g., speech is at times obscure, illogical, or irrelevant) OR single suicide attempt.
30 21	Unable to function in almost all areas (e.g., stays in bed all day) OR behavior is considerably influenced by either delusions or hallucinations OR serious impairment in communication (e.g., sometimes incoherent or unresponsive) or judgment (e.g., acts grossly inappropriate).
20 11	Needs some supervision to prevent hurting self or others, or to maintain minimal personal hygiene (e.g., repeated suicide attempts, frequently violent, manic excitement, smears feces), OR gross impairment in communication (e.g., largely incoherent or mute).
10 1	Needs constant supervision for several days to prevent hurting self or others or makes no attempt to maintain minimal personal hygiene or serious suicide act with clear intent and expectation of death.

SITE OPTIONAL

SCALE FOR THE ASSESSMENT OF NEGATIVE SYMPTOMS

See SANS Manual for detailed coding definitions (N. Andreasen, 1984).

INTERVIEWER: Ratings are to be based on the last 30 days.

AFFECTIVE FLATTENING OR BLUNTING

	None	1	2	3	4	5	9	Severe	Unk
1. Unchanging Facial Expression The patient's face appears wooden—changes less than expected as emotional content of discourse changes.	0	1	2	3	4	5	9		
2. Decreased Spontaneous Movements The patient shows few or no spontaneous movements, does not shift position, move extremities, etc.	0	1	2	3	4	5	9		
3. Paucity of Expressive Gestures The patient does not use hand gestures or body position as an aid in expressing his ideas.	0	1	2	3	4	5	9		
4. Poor Eye Contact The patient avoids eye contact or “stares through” interviewer even when speaking.	0	1	2	3	4	5	9		
5. Affective Nonresponsivity The patient fails to laugh or smile when prompted.	0	1	2	3	4	5	9		
6. Inappropriate Affect The patient's affect is inappropriate or incongruous, not simply flat or blunted.	0	1	2	3	4	5	9		
7. Lack of Vocal Inflections The patient fails to show normal vocal emphasis patterns, is often monotonic.	0	1	2	3	4	5	9		
8. Global Rating of Affective Flattening This rating should focus on overall severity of symptoms, especially unresponsiveness, inappropriateness and an overall decrease in emotional intensity.	0	1	2	3	4	5	9		

ALOGIA

9. Poverty of Speech The patient's replies to questions are restricted in <u>amount</u> , tend to be brief, concrete, unelaborated.	0	1	2	3	4	5	9		
10. Poverty of Content of Speech The patient's replies are adequate in amount but tend to be vague, over concrete or over generalized, and convey little in information.	0	1	2	3	4	5	9		

SANS CODES

0 = None/Not at all	2 = Mild	4 = Marked	9 = Unknown/Cannot be assessed/Not assessed
1 = Questionable	3 = Moderate	5 = Severe	

SITE OPTIONAL

	None	1	2	3	4	5	9
11. Blocking The patient indicates, either spontaneously or with prompting, that his train of thought was interrupted.	0	1	2	3	4	5	9
12. Increased Latency of Response The patient takes a long time to reply to questions, prompting indicates the patient is aware of the question.	0	1	2	3	4	5	9
13. Global Rating of Alogia The core features of alogia are poverty of speech and poverty of content.	0	1	2	3	4	5	9

AVOLITION/APATHY

14. Grooming and Hygiene The patient's clothes may be sloppy or soiled, and he may have greasy hair, body odor, etc.	0	1	2	3	4	5	9
15. Inpersistence at Work or School The patient has difficulty seeking or maintaining employment, completing school work, keeping house, etc. If an inpatient, cannot persist at ward activities, such as OT, playing cards, etc.	0	1	2	3	4	5	9
16. Physical Anergia The patient tends to be physically inert. He may sit for hours and not initiate spontaneous activity.	0	1	2	3	4	5	9
17. Global Rating of Avolition/Apathy Strong weight may be given to one or two prominent symptoms if particularly striking.	0	1	2	3	4	5	9

ANHEDONIA/ASOCIALITY

18. Recreational Interests and Activities The patient may have few or no interests. Both the quality and quantity of interests should be taken into account.	0	1	2	3	4	5	9
19. Sexual Activity The patient may show decrease in sexual interest and activity, or no enjoyment when active.	0	1	2	3	4	5	9
20. Ability to Feel Intimacy and Closeness The patient may display an inability to form close or intimate relationships, especially with opposite sex and family.	0	1	2	3	4	5	9

SANS CODES			
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1 = Questionable	3 = Moderate	5 = Severe	

SITE OPTIONAL

None ———▶ Severe Unk

21. **Relationships with Friends and Peers**
The patient may have few or no friends and may prefer to spend all his time isolated.
22. **Global Rating of Anhedonia/Asociality**
This rating should reflect overall severity, taking into account the patient's age, family status, etc.
23. **Social Inattentiveness**
The patient appears uninvolved or unengaged. He may seem "spacey".
24. **Inattentiveness During Mental Status Testing**
Refer to tests of "serial 7s" (at least five subtractions) and spelling "world" backwards.
25. **Global Rating of Attention**
This rating should assess the patient's overall concentration, both clinically and on tests.

0 1 2 3 4 5 9

0 1 2 3 4 5 9

0 1 2 3 4 5 9

0 1 2 3 4 5 9

0 1 2 3 4 5 9

ATTENTION

SANS CODES

0 = None/Not at all	2 = Mild	4 = Marked	9 = Unknown/Cannot be assessed/Not assessed
1 = Questionable	3 = Moderate	5 = Severe	

SITE OPTIONAL

SCALE FOR THE ASSESSMENT OF POSITIVE SYMPTOMS

See SANS Manual for detailed coding definitions (N. Andreasen, 1984).

HALLUCINATIONS

None ———▶ Severe Unk

- | | | |
|----|---|---------------|
| 1. | Auditory Hallucinations
The patient reports voices, noises, or other sounds that no one else hears. | 0 1 2 3 4 5 9 |
| 2. | Voices Commenting
The patient reports a voice which makes a running commentary on his behavior or thoughts. | 0 1 2 3 4 5 9 |
| 3. | Voices Conversing
The patient reports hearing two or more voices conversing. | 0 1 2 3 4 5 9 |
| 4. | Somatic or Tactile Hallucinations
The patient reports experiencing peculiar physical sensations in the body. | 0 1 2 3 4 5 9 |
| 5. | Olfactory Hallucinations
The patient reports experiencing unusual smells which no one else notices. | 0 1 2 3 4 5 9 |
| 6. | Visual Hallucinations
The patient sees shapes or people that are not actually present. | 0 1 2 3 4 5 9 |
| 7. | Global Rating of Hallucinations
This rating should be based on the duration and severity of the hallucinations and their effects on the patient's life. | 0 1 2 3 4 5 9 |

DELUSIONS

- | | | |
|-----|--|---------------|
| 8. | Persecutory Delusions
The patient believes he is being conspired against or persecuted in some way. | 0 1 2 3 4 5 9 |
| 9. | Delusions of Jealousy
The patient believes his spouse is having an affair with someone. | 0 1 2 3 4 5 9 |
| 10. | Delusions of Guilt or Sin
The patient believes that he has committed some terrible sin or done something unforgivable. | 0 1 2 3 4 5 9 |
| 11. | Grandiose Delusions
The patient believes he has special powers or abilities. | 0 1 2 3 4 5 9 |
| 12. | Religious Delusions
The patient is preoccupied with false beliefs of a religious nature. | 0 1 2 3 4 5 9 |

SAPS CODES			
0 = None/Not at all	2 = Mild	4 = Marked	9 = Unknown/Cannot be assessed/Not assessed
1 = Questionable	3 = Moderate	5 = Severe	

SITE OPTIONAL

	None	1	2	3	4	5	9	Severe	Unk
13. Somatic Delusions The patient believes that somehow his body is diseased, abnormal, or changed.	0	1	2	3	4	5	9		
14. Delusions of Reference The patient believes that insignificant remarks or events refer to him or have special meaning.	0	1	2	3	4	5	9		
15. Delusions of Being Controlled The patient feels that his feelings or actions are controlled by some outside force.	0	1	2	3	4	5	9		
16. Delusions of Mind Reading The patient feels that people can read his mind or know his thoughts.	0	1	2	3	4	5	9		
17. Thought Broadcasting The patient believes that his thoughts are broadcast so that he himself or others can hear them.	0	1	2	3	4	5	9		
18. Thought Insertion The patient believes that thoughts that are not his own have been inserted into his mind.	0	1	2	3	4	5	9		
19. Thought Withdrawal The patient believes that thoughts have been taken away from his mind.	0	1	2	3	4	5	9		
20. Global Rating of Delusions This rating should be based on the duration and persistence of the delusions and their effect on the patient's life.	0	1	2	3	4	5	9		

BIZARRE BEHAVIOR

21. Clothing and Appearance The patient dresses in an unusual manner or does other strange things to alter his appearance.	0	1	2	3	4	5	9		
22. Social and Sexual Behavior The patient may do things considered inappropriate according to usual social norms (e.g., masturbating in public).	0	1	2	3	4	5	9		
23. Aggressive and Agitated Behavior The patient may behave in an aggressive, agitated manner, often unpredictably.	0	1	2	3	4	5	9		

SAPS CODES

0 = None/Not at all	2 = Mild	4 = Marked	9 = Unknown/Cannot be assessed/Not assessed
1 = Questionable	3 = Moderate	5 = Severe	

SITE OPTIONAL

	None	1	2	3	4	5	9
<p>24. Repetitive or Stereotyped Behavior The patient develops a set of repetitive actions or rituals that he must perform over and over.</p>	0	1	2	3	4	5	9
<p>25. Global Rating of Bizarre Behavior This rating should reflect the type of behavior and the extent to which it deviates from social norms.</p>	0	1	2	3	4	5	9
POSITIVE FORMAL THOUGHT DISORDER							
<p>26. Derailment A pattern of speech in which ideas slip off track onto ideas obliquely related or unrelated.</p>	0	1	2	3	4	5	9
<p>27. Tangentiality The patient replies to a question in an oblique or irrelevant manner.</p>	0	1	2	3	4	5	9
<p>28. Incoherence A pattern of speech that is essentially incomprehensible at times.</p>	0	1	2	3	4	5	9
<p>29. Illogicality A pattern of speech in which conclusions are reached that do not follow logically.</p>	0	1	2	3	4	5	9
<p>30. Circumstantiality A pattern of speech that is very indirect and delayed in reaching its goal idea.</p>	0	1	2	3	4	5	9
<p>31. Pressure of Speech The patient's speech is rapid and difficult to interrupt; the amount of speech produced is greater than that considered normal.</p>	0	1	2	3	4	5	9
<p>32. Distractible Speech The patient is distracted by nearby stimuli which interrupt his flow of speech.</p>	0	1	2	3	4	5	9
<p>33. Clanging A pattern of speech in which sounds rather than meaningful relationships govern word choice.</p>	0	1	2	3	4	5	9
<p>34. Global Rating of Positive Formal Thought Disorder The frequency of this rating should reflect the frequency of abnormality and degree to which it affects the patient's ability to communicate.</p>	0	1	2	3	4	5	9

SAPS CODES			
0 = None/Not at all	2 = Mild	4 = Marked	9 = Unknown/Cannot be assessed/Not assessed
1 = Questionable	3 = Moderate	5 = Severe	

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

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

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ETHNICITY CARD

Ethnicity

- * 210 = **European** – Peoples West of the Urals and North of the Black Sea
- 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.)
- * 280 = **Special Populations** – Genetic isolates and outliers (e.g., Old Order Amish, Sardinian, Ashkenazi, Sephardic)
- 290 = **Other** – (e.g., Pacific Islanders, indigenous Australians, etc.)
- 999 = **Unknown**

SITE OPTIONAL

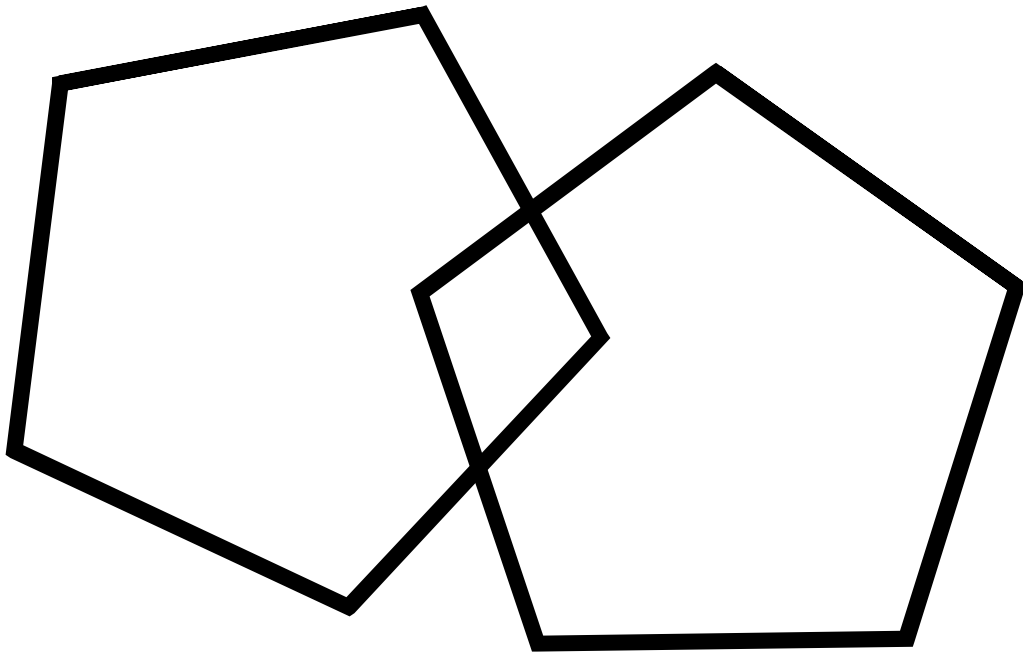
* Use third digit specifiers for sub-groups:

- 210 = **European** – Peoples West of the Urals and North of the Black Sea
 - 211 = **Anglo-Saxon**
 - 212 = **Northern European** (e.g., Norwegian).
 - 213 = **West European** (e.g., French, German)
 - 214 = **East European, Slavic**
 - 215 = **Russian**
 - 216 = **Mediterranean**
- 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, Ashkenazi, Sephardic)
 - 281 = **Ashkenazi Jew**
 - 282 = **Sephardic Jew**

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CLOSE YOUR EYES

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DEPRESSION TALLY SHEET

		Most Severe	Other
Depressed		Box 1: _____	
_____	F.4.c, 38.e Felt depressed		
_____	F.4.d/e, 38.f/g Felt irritable/anxious		
Appetite/Weight		Box 2: _____	
_____	F.6, 39 Change in appetite		
_____	F.6.a, 39.a Change in weight		
Sleeping		Box 3: _____	
_____	F.7, 40 Trouble sleeping		
_____	F.7.b, 40.b Unable to fall asleep for at least an hour		
_____	F.7.c, 40.c Trouble sleeping through the night		
_____	F.7.e, 40.e Waking up an hour earlier than usual		
_____	F.7.f, 40.f Slept more than usual		
Restless/Slowed Down		Box 4: _____	
_____	F.8, 41 Was fidgety or restless		
_____	F.9, 42 Moved or talked slower		
Loss of Interest		Box 5: _____	
_____	F.10, 43 Loss of interest in sex/other pleasurable activities		
_____	F.10.a, 43.a Loss of interest in nearly all usual activities		
Tired		Box 6: _____	
_____	F.11, 44 Loss of energy or more tired than usual		
Guilt		Box 7: _____	
_____	F.12, 45 Felt guilty or bad about self		
_____	F.13, 46 Felt was a failure or worthless		
Thinking		Box 8: _____	
_____	F.14, 47 Had difficulty thinking, concentrating or making decisions		
Thoughts of Dying		Box 9: _____	
_____	F.15, 48 Thought about dying/wishing was dead		
_____	F.16, 49 Tried to harm self		

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MANIA/HYPOMANIA TALLY SHEET

			Most <u>Severe</u>	<u>Other</u>
Mania			Box 1:	
_____	G.5, 33	Irritable/elated	_____	_____
More Active			Box 2:	
_____	G.6, 34	More active than usual or restless	_____	_____
More Talkative			Box 3:	
_____	G.7, 35	More talkative than usual	_____	_____
Racing Thoughts			Box 4:	
_____	G.8, 36	Thoughts raced/talked too fast to follow	_____	_____
Grandiosity			Box 5:	
_____	G.9, 37	Felt very important or that you had special powers	_____	_____
Sleeping			Box 6:	
_____	G.10, 38	Needed less sleep than usual	_____	_____
Concentration			Box 7:	
_____	G.11, 39	Attention kept jumping from one thing to another	_____	_____
Reckless Behavior			Box 8:	
_____	G.12, 40	Did things that could have gotten you into trouble	_____	_____

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ALCOHOL USE CARD

Alcohol Use Card A	
<u>If you used to drink:</u>	<u>50% MORE is:</u>
2 drinks/bottles.....	3 drinks/bottles
4 drinks/bottles.....	6 drinks/bottles
6 drinks/bottles.....	9 drinks/bottles
8 drinks/bottles.....	12 drinks/bottles
1 pint	1½ pints
2 pints	3 pints
1 quart	1½ quarts
2 quarts	3 quarts

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ALCOHOL TALLY SHEET

Alcohol Tally Sheet A

A: DSM-III-R

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: _____
Drinking Interfered/Endangered Self _____ I.25 Often was drunk in situations where could have injured self _____ I.26 Drinking or being hung over often interfered with responsibilities	Box 6: _____
Continued to Drink Despite Problems _____ I.18.e Continued to drink after knowing it caused problems such as lost friends/problems with family _____ 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 7: _____
Withdrawal Symptoms Together _____ I.31.1 Two or more withdrawal symptoms occurred together	Box 8: _____
Avoiding Withdrawal Symptoms _____ I.31.n Often drank to relieve or avoid withdrawal symptoms	Box 9: _____

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.l Two or more withdrawal symptoms occurred together _____ I.31.n Often drank to relieve or avoid withdrawal symptoms	Box 7: _____

TOBACCO TALLY SHEET

Chain Smoking _____ J.3.b Smoked 20+ cigarettes in a day at least twice a week _____ J.9.b Chain smoked for 7+ days	Box 1: _____
Reduced Activities _____ J.10 Gave up or greatly reduced important activities because could not smoke	Box 2: _____
Smoking More than Intended _____ J.11 Often smoked a lot more than intended _____ J.11.a Often ran out of cigarettes sooner than intended	Box 3: _____
Trying to Cut Down _____ J.13 Often wanted to quit or cut down on smoking _____ J.13.c.2 Unable to stop or cut down 3+ times	Box 4: _____
Withdrawal Symptoms _____ J.15.b Experienced 4 or more withdrawal symptoms in 24 hours after quitting or cutting down _____ J.15.d Smoked or used other source of nicotine to avoid withdrawal symptoms	Box 5: _____
Continued to Smoke Despite Problems _____ J.17.b Continued to smoke knowing it caused some emotional problems _____ J.18.a Continued to smoke knowing it caused physical health problems _____ J.19 Continued to smoke despite serious physical health problems	Box 6: _____
Increased Use/Less Effect _____ J.20 Found smoking had less effect _____ J.20.b Needed to increase cigarette use by 50% or more	Box 7: _____

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MARIJUANA TALLY SHEET

Marijuana Tally Sheet A

A: DSM-III-R

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: _____
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 2: _____
Used More than Intended _____ J.28 Often used marijuana more frequently or in larger amounts than intended	Box 3: _____
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 4: _____
Withdrawal Symptoms Together _____ J.30 2 or more withdrawal symptoms occurred together	Box 5: _____
Avoiding Withdrawal Symptoms _____ J.30.a Often used marijuana to relieve or avoid withdrawal symptoms	Box 6: _____
Use Interfered/Endangered Self _____ J.31 Often high from marijuana when could have been injured _____ J.34 Marijuana often interfered with responsibilities	Box 7: _____
Continued to Use Despite Problems _____ J.25.f Continued to use marijuana knowing it caused emotional or psychological problems _____ J.32.a Continued to use marijuana despite objections	Box 8: _____
Reduced Activities _____ J.33 Often gave up or greatly reduced important activities to use marijuana	Box 9: _____

Marijuana Tally Sheet B

B: DSM-IV

<p>Spent Great Deal of Time</p> <p>_____ J.24 Great deal of time spent using marijuana, getting it, or getting over its effects for 1 month or more</p>	<p>Box 1: _____</p>
<p>Continued to Use Despite Problems</p> <p>_____ J.25.f Continued to use marijuana knowing it caused emotional or psychological problems</p>	<p>Box 2: _____</p>
<p>Trying to Cut Down</p> <p>_____ J.26 Often wanted to stop or cut down on marijuana</p> <p>_____ J.27 Tried but was unable to stop or cut down on marijuana</p>	<p>Box 3: _____</p>
<p>Used More than Intended</p> <p>_____ J.28 Often used marijuana more frequently or in larger amounts than intended</p>	<p>Box 4: _____</p>
<p>Needing More</p> <p>_____ J.29.a Needed to use 50% more to get same effect or couldn't get high on amount used to use</p>	<p>Box 5: _____</p>
<p>Withdrawal Symptoms</p> <p>_____ J.30 2 or more withdrawal symptoms occurred together</p> <p>_____ J.30.a Often used marijuana to relieve or avoid withdrawal symptoms</p>	<p>Box 6: _____</p>
<p>Reduced Activities</p> <p>_____ J.33 Often gave up or greatly reduced important activities to use marijuana</p>	<p>Box 7: _____</p>

List of Drugs

A. Cocaine

Cocaine (girl)
Coca Leaves
Crack
Freebase
Rock
Toot

B. Stimulants

Amphetamine
Methamphetamine
Meth.
Speed
Crank
Crystal
Beauties (Black Beauties)
Diet Pills
Whitecrosses

C. Sedatives, Hypnotics, Tranquilizers

Quaaludes (Ludes)
Valium
Librium
Xanax
Barbiturates
Barbs
Seconal
Ativan
Sleeping Pills

D. Opiates

Heroin
Boy
Smack
Opium
Darvon
Codeine
Morphine
Percodan
Demerol
Methadone
Dilaudid
Vicodan
Lorcet

E. PCP

Hog
Angel Dust (Dust)
Seryl
Dip
Wack
Water

F. Hallucinogens

LSD (Acid)
Purple Microdot
Blotters
Mescaline
Peyote
Mushrooms (Magic Mushrooms)
Psilocybin
MDMA (Ecstasy)
Psychedelics
DMT

G. Solvents

Glue
Toluene
Gasoline
Paint
Paint Thinner
White-Out

H. Other

Nitrous Oxide
Amyl Nitrite
Poppers
Butyl Nitrite
Khat
Betel Nut
Ecstasy

I. Combination

Speedball
T's and Blues
Ice

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List of Symptoms

- A. Feel depressed
- B. Feel nervous, tense, restless, or irritable
- C. Feel tired, sleepy, or weak
- D. Have trouble sleeping
- E. Have an increase or decrease in appetite
- F. Tremble or twitch
- G. Sweat or have a fever
- H. Have nausea or vomiting
- I. Have diarrhea or stomach aches
- J. Have your eyes or nose run
- K. Have muscle pains
- L. Yawn
- M. Have your heart race
- N. Have seizures

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DRUG TALLY SHEET

Drug Tally Sheet A

A: DSM-III-R

		<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)	_____	_____	_____	_____	_____
Avoiding Withdrawal Symptoms						
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.50.a	Continued to use (DRUG) knowing it caused (Objections/fights)	_____	_____	_____	_____	_____
J.53.f	Continued to use (DRUG) knowing it caused emotional or psychological problems	_____	_____	_____	_____	_____
Use Interfered/Endangered Self						
J.51	(DRUG) often interfered with responsibilities	_____	_____	_____	_____	_____
J.54	Often got high on (DRUG) when could have gotten hurt	_____	_____	_____	_____	_____

DRUG TALLY SHEETDIGS 3.0
03-Nov-1999**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.**

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SITE OPTIONAL

MODIFIED STRUCTURED INTERVIEW FOR SCHIZOTYPY*,**

SUBJECT ID:

INTERVIEW DATE: — —
M O N D D Y E A R

RATER NUMBER:

LENGTH OF INTERVIEW: _____
Minutes

TIME SIS INTERVIEW BEGAN: _____

* Developed by Kenneth S. Kendler, M.D.
** Modified by NIMH Genetics Initiative Schizophrenia Linkage Sites

Up until now, I have been asking you about specific feelings, emotions, or experiences you may have had in your life. The next part of the interview is designed to learn more about your personality--the kind of person you are in general. For some of the questions, your feelings may have changed over the years. In that case, please answer the way that has been most typical for you for most of your adult life.

SOCIAL ISOLATION/INTROVERSION

1. How many friends do you have? By friends, I mean people you would have contact with, on a regular basis, either in person, by phone, or by letter.

Friends		

If None, skip to question 4.

No Yes

- 1.a) **If only one friend:** Do you wish you had more friends?

6 0

2. How often do you have contact with friends—either see them (him/her), talk to them on the phone, or write letters? Would you say everyday, two or three times a week, once a week, once a month, less than once a month, or never?

If Never, code 6 and skip to question 4.

- 0 = Every day
1 = Two or three times a week
2 = Once a week
3 = Once a month
4 = Less than once a month
6 = Never

If coded 0, 1 or 2, skip to question 3.

- 2.a) Follow-up probe: Do you wish you had more contact than you do?

6 0

3. How close do you feel to your friend(s)? Would you say very close, somewhat close, a little close, or not at all close?

- 0 = Very close
2 = Somewhat close
4 = A little close
6 = Not at all close

4. Another thing we'd like to know is how often you have contact with your relatives (not counting the ones you live with). How often would you see them, talk to them on the phone, or write letters? Would you say every day, two or three times a week, once a week, once a month, less than once a month, or never?

- 0 = Every day
1 = Two or three times a week
2 = Once a week
3 = Once a month
4 = Less than once a month
6 = Never

5. *How often do you attend meetings of clubs or other organizations? In answering, please do not count religious services. Would you say more than once a week, once a week, a few times a month, once a month, less than once a month, or never?*

- 0 = More than once a week
- 1 = Once a week
- 2 = A few times a month
- 3 = Once a month
- 4 = Less than once a month
- 6 = Never

6. *How often do you attend religious services? Would you say more than once a week, once a week, a few times a month, once a month, less than once a month, or never?*

- 0 = More than once a week
- 1 = Once a week
- 2 = A few times a month
- 3 = Once a month
- 4 = Less than once a month
- 6 = Never

7. *Is there anyone with whom you have a close relationship outside of your immediate family that you can share your most private feelings? (IF MARRIED, ADD: "This could include your husband/wife.")*

No	Yes
6	0

Code question 8 as "00".

# People	

8. *How many people do you have that kind of relationship with?*

9. **INTERVIEWER: Rate Global Assessment of Social Isolation.**

Absent	Mild	Moderate	Mild	Marked
0	1	2	3	4
Skip to question 11		5		
		6		

10. **INTERVIEWER: Rate Objective Reason for Social Isolation**
(e.g., illness, physical handicap, most of friends died, lives in very isolated area with no transportation).

PROBES: *Has your physical health made it difficult for you to get out to meet people?
Has your living situation or lack of transportation made it difficult for you to get out to meet people?*

- 0 = Definite objective reason—probably explains all
- 3 = Some objective reason—cannot explain all
- 6 = No objective reason

11. *People differ in terms of how much they like to be alone versus to be with other people. That is, some people are more loners and others are more outgoing. Overall, would you consider yourself to be very much of a loner, somewhat of a loner, a little bit of a loner, or not at all a loner?*

0 = Not at all a loner
2 = A little bit of a loner
4 = Somewhat of a loner
6 = Very much of a loner

12. *Overall, would you consider yourself to be very outgoing, somewhat outgoing, a little bit outgoing, or not at all outgoing?*

0 = Very outgoing
2 = Somewhat outgoing
4 = A little bit outgoing
6 = Not at all outgoing

13. *Please answer the following questions for the kind of person you have been for most of your life. Answer either True or False.*

	<u>True</u>	<u>False</u>
13.a) <i>I prefer hobbies and leisure activities that do not involve other people.</i>	6	0
13.b) <i>I am usually content to just sit alone, thinking and day-dreaming.</i>	6	0
13.c) <i>I could be happy living all alone in a cabin in the woods or mountains.</i>	6	0
13.d) <i>If given the choice, I would much rather be alone than with others.</i>	6	0

If questions 11, 12 and 13.a-d are all coded 0, skip to question 15.

14. *The following is a list of questions. Please answer them with regard to the kind of person you are in general. Answer Yes or No.*

	<u>Yes</u>	<u>No</u>
14.a) <i>Are you a talkative person?</i>	0	6
14.b) <i>Are you rather lively?</i>	0	6
14.c) <i>Do you usually take the initiative in making new friends?</i>	0	6
14.d) <i>Do you enjoy cooperating with others?</i>	0	6
14.e) <i>Do you tend to keep in the background on social occasions?</i>	6	0
14.f) <i>Do you like mixing with people?</i>	0	6
14.g) <i>Do you like plenty of bustle and excitement around you?</i>	0	6
14.h) <i>Are you mostly quiet when you are with other people?</i>	6	0
14.i) <i>Can you get a party going?</i>	0	6
14.j) <i>Do you enjoy meeting new people?</i>	0	6

15. **INTERVIEWER: Rate Global Assessment of Introversion** (based on questions 11-14)
- | | | | | | | |
|--------|---|------|---|----------|---|--------|
| Absent | 1 | Mild | 3 | Moderate | 5 | Marked |
| 0 | | 2 | | 4 | | 6 |

SENSITIVITY

16. *In general, how sensitive are you to comments or remarks made about you? Would you say very sensitive, somewhat sensitive, a little bit sensitive, or not at all sensitive?*
- 0 = Not at all
 - 2 = A little bit
 - 4 = Somewhat sensitive
 - 6 = Very sensitive
17. *If someone made a nasty comment about you that you didn't deserve, how long would you take to get over it? Would you say a week or more, 2-3 days, a day, an hour, or just a minute?*
- 0 = A minute
 - 1 = An hour
 - 2 = A day
 - 4 = Two to three days
 - 6 = A week or more
18. *The following is a list of statements. Please tell me whether you think each item is definitely true for you, probably true for you, probably not true for you, or definitely not true for you.*
[SIS CARDS, P.1]

	Definitely True	Probably True	Probably Not True	Definitely Not True
18.a) <i>I avoid doing things because I'm afraid that I might make a fool of myself.</i>	6	4	2	0
18.b) <i>I am touchy.</i>	6	4	2	0
18.c) <i>Emotionally, I'm pretty "thin-skinned."</i>	6	4	2	0
18.d) <i>I worry a lot about appearing foolish in front of other people.</i>	6	4	2	0
18.e) <i>Any kind of criticism really gets me upset.</i>	6	4	2	0

19. **INTERVIEWER: Rate Global Assessment of Sensitivity** (based on self-report)
- | | | | | | | |
|--------|---|------|---|----------|---|--------|
| Absent | 1 | Mild | 3 | Moderate | 5 | Marked |
| 0 | | 2 | | 4 | | 6 |

ANGER TO PERCEIVED SLIGHTS

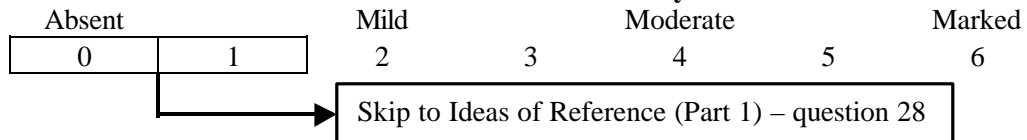
	<u>No</u>	<u>Yes</u>
20. <i>Do people say that you sometimes look for and find criticism that wasn't really intended?</i>	0	6
21. <i>Did you ever break off a relationship or leave a social situation because of being insulted?</i>	0	6
21.a) If yes: <i>How often has that happened?</i>		
2 = Rarely		
4 = Sometimes		
6 = Often		
22. <i>There is a saying that the best defense is a good offense. Are you prone to attack back if you feel slighted or insulted by others?</i>	0	6
22.a) If yes: <i>How often does this happen?</i>		
2 = Rarely		
4 = Sometimes		
6 = Often		
23. <i>Do you lose your temper easily?</i>	0	6
23.a) If yes: <i>How often?</i>		
2 = Rarely		
4 = Sometimes		
6 = Often		
24. INTERVIEWER: Rate Global Assessment of Anger in Response to Perceived Slight		
Absent	1	2
0	3	4
Mild	5	6
Moderate		Marked
Marked		

SOCIAL ANXIETY

25. I'd like to read to you a list of questions about how you have felt in social situations. The possible answers to these questions are always, often, sometimes, or never. [SIS CARD, P. 2] Again, answer these questions for what would be most typical for you for most of your adult life.

	Always	Often	Sometimes	Never
25.a) When you are in social situations, how often do you feel uncomfortable? Would you say always, often, sometimes, or never?	6	4	2	0
25.b) Before you attend a social event, how often do you feel anxious?	6	4	2	0
25.c) When you are in a social situation, how often do you worry too much about what other people might think of you?	6	4	2	0
25.d) How often would you avoid social situations where you knew you would have to be with people?	6	4	2	0
25.e) When you are in a social situation, how much of the time are you worrying that you'll say the wrong thing or appear foolish?	6	4	2	0

26. **INTERVIEWER: Rate Global Assessment of Social Anxiety**

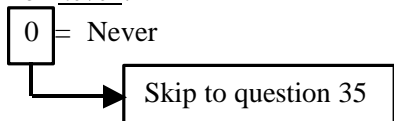


No Yes

27. You've mentioned feeling uncomfortable or ill at ease in some social situations. Does your discomfort tend to diminish after getting to know people? 6 0

IDEAS OF REFERENCE (PART I) – BEING WATCHED

28. At one time or another, when in public, many people have had the feeling they are being watched. How often have you had such a feeling? Would you say often, sometimes, rarely, or never?



- 2 = Rarely
- 4 = Sometimes
- 6 = Often

29. *When this happens, do you feel you are being watched by a lot of people, by just a few people, or by only one person?*
 2 = One
 4 = A few
 6 = A lot
30. *When this happens (the feeling of being watched), do you feel you are being singled out for special attention?*
 2 = No
 4 = Possibly
 6 = Definitely
31. *Could you give me an example of one time you remember when you had the feeling of being watched by others?*

Record response verbatim: _____

32. *Why did you think that you were being looked at?*
INTERVIEWER: Record any realistic reasons why subject might have been looked at (e.g., sexual "checking-out", physical anomaly, poor clothing, accent, etc.), then rate.

0 = Strong realistic reasons describing normal reaction

Skip to question 35

- 2 = Some realistic reason, but over-reaction
 4 = Little realistic reason, very exaggerated reaction
 6 = No evident realistic reason

33. *Where have you been when you had the feeling of being watched?*

PROBE: *Has it only been near where you live? How about when you travel to another town?*

- 0 = Not applicable, hasn't traveled far from home
 2 = Only near home
 4 = Only far from home
 6 = Both near and far from home

34. *The people who appear to be watching you, are they people you know, you don't know, or both?*

- 2 = Only known
 4 = Only unknown
 6 = Both known and unknown

35. *If you were going to a public place tomorrow, do you think you would be watched? Would you say definitely, probably, probably not, or definitely not?*

- 0 = Definitely not
- 2 = Probably not

If question 32 “skipped out” or rated 0, skip to Schizotypal Social Anxiety Rating – question 36.

- 4 = Probably
- 6 = Definitely

	<u>No</u>	<u>Yes</u>
35.a) If question 26 is rated 2 or more: <i>I want to go back a bit. Before you talked about feeling uncomfortable or ill at ease in social situations. Would you say that your discomfort is related to the feeling that you're being watched or that others are paying special attention to you?</i>	<input type="checkbox"/> 0	6

Skip to Schizotypal Social Anxiety Rating question 36

35.b) If yes: <i>Is your discomfort about being watched greater when in public among people you don't know than in situations where you know people?</i>	<input type="checkbox"/> 0	6
---	----------------------------	---

Skip to Schizotypal Social Anxiety Rating question 36

35.c) **If yes:** *How much greater is your discomfort (with unfamiliar people)?*

Record response verbatim: _____

36. INTERVIEWER: Rate Schizotypal Social Anxiety

Rate the degree of social anxiety involving unfamiliar people that tends to be associated with paranoid fears or does not diminish with familiarity. (Based on questions 26-28, 32, 35, 35a and 35b)

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

IDEAS OF REFERENCE (PART II) – REMARKS

	<u>No</u>	<u>Yes</u>
37. <i>When in public places, people sometimes have the feeling that the people around them are talking about them. Have you ever had a feeling like that?</i>	<input type="checkbox"/> 0	6

Skip to question 38

37.a) **If yes:** *How often do you have this feeling? Would you say often, sometimes, or only rarely?*

- 2 = Rarely
- 4 = Sometimes
- 6 = Often

38. *How about the feeling of being laughed at in public? Does this happen to you often, sometimes, rarely, or never?*

0 = Never

If no to question 37 and never to question 38, skip to question 41

2 = Rarely

4 = Sometimes

6 = Often

39. *Are they talking about (and/or) laughing at you more than about other people?*

2 = No

4 = Possibly

6 = Definitely

40. *Why do you think they are talking about (and/or) laughing at you?*

INTERVIEWER: Rate Objective Reasons for Reactions.

0 = Strong realistic reasons describing normal reaction

2 = Some realistic reason, but over-reaction

4 = Little realistic reason, very exaggerated reaction

6 = No evident realistic reason

41. *When you are in public, how often do you feel that other people are dropping hints about you? (**Probe:** How often do people try to tell you something without saying it directly or straight out?) Would this happen often, sometimes, rarely, or never?*

0 = Never

Skip to question 43

2 = Rarely

4 = Sometimes

6 = Often

42. *Could you give me an example or two of this (a time when people were dropping hints about you)?*

0 = Definitely normal

2 = Probably normal

4 = Probably pathological

6 = Definitely pathological

43. *Do people ever seem to be using a kind of "double-talk" around you, where it may appear that they are just talking normally, but they are really slipping in nasty comments about you?*

No Yes

0 6

If YES, probe and only score YES if pathological.

Skip to Global Assessment Rating –question 44

43.a) **If yes:** *How often do people seem to use this kind of "double-talk" around you? Would you say often, sometimes, or only rarely?*

2 = Rarely

4 = Sometimes

6 = Often

44. **INTERVIEWER: Rate Global Assessment of Ideas of Reference**

Absent			Mild			Moderate		Marked
0	1	2	3	4	5	6		

SUSPICIOUSNESS

Remember that in this part of the interview I'm asking about the kind of person you are in general. Please answer these questions in the way that has been most typical for you for most of your adult life.

45. *Some people tend to be very trusting by nature, while others are less inclined to trust people. Overall, would you consider yourself to be a very trusting person, somewhat trusting, a little bit trusting, or not at all trusting?*

0 = Very trusting

2 = Somewhat trusting

4 = A little bit trusting

6 = Not at all trusting

46. *People differ in their views about people and how much they can really be trusted. Here are two different views about people. The first is, "Most people are untrustworthy. Given the opportunity, they will take advantage of you." The second view is "Most people are basically trustworthy. Given the opportunity, they will do their best to help their fellow man." Which of these views do you believe in most?*

0 = Second statement

3 = In-between

6 = First statement

47. *I would now like to read a list of feelings that some people have. I want you to tell me how often you have had feelings like that. The possible answers are often, sometimes, rarely, or never?* [SIS CARDS, P.3]

	Often	Sometimes	Rarely	Never
47.a) <i>I feel that the people I know cannot really be trusted. Would you say often, sometimes, rarely, or never?</i>	6	4	2	0
47.b) <i>I feel that people criticize me more than I deserve.</i>	6	4	2	0
47.c) <i>I feel that I need to be on my guard around other people.</i>	6	4	2	0
47.d) <i>I feel that people blame me for things that are not my fault.</i>	6	4	2	0

48. *For the following statements, would you say that you definitely agree, probably agree, probably disagree, or definitely disagree with them?* [SIS CARDS, P.4]

	Definitely Agree	Probably Agree	Probably Disagree	Definitely Disagree
48.a) <i>All in all, it is probably safer never to trust anyone.</i>	6	4	2	0
48.b) <i>If I trust too much in people, sooner or later they will let me down.</i>	6	4	2	0
48.c) <i>If I am not careful, others will take advantage of me.</i>	6	4	2	0
48.d) <i>People seem to lie to me a lot.</i>	6	4	2	0
48.e) <i>If you confide in people, sooner or later they will use the information you gave them to hurt you.</i>	6	4	2	0
48.f) <i>I hold grudges for a long time.</i>	6	4	2	0
48.g) <i>I feel that I have been the victim of some kind of conspiracy.</i>	6	4	2	0

	<u>No</u>	<u>Yes</u>
49. <i>Are there people who have gone out of their way to deliberately hold you back in life and to make things difficult for you?</i>	0	6

Skip to question 50

49.a) **If yes:** *What makes you think that? How did they hold you back?*

- 0 = Definitely normal
- 2 = Probably normal
- 4 = Probably pathological
- 6 = Definitely pathological

50. <i>In order to protect yourself from others, do you feel that you have to go out of your way to take precautions?</i>	0	6
---	---	---

Skip to question 51

50.a) **If yes:** *What precautions do you take?*

- 0 = Definitely normal
- 2 = Probably normal
- 4 = Probably pathological
- 6 = Definitely pathological

51. *How well do you get along with your neighbors?*

PROBES: *Have you had any arguments with them? Have any of them gone out of their way to make trouble for you? Why have they acted that way?*

- 0 = No trouble with neighbors
- 2 = Trouble with neighbors, but appears justified
- 4 = Trouble with neighbors unlikely to be justified
- 6 = Major unjustified trouble with neighbors

52. **INTERVIEWER: Rate Global Assessment of Suspiciousness** (based on Self-Report only)

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6
→ Skip to Pathological Jealousy – question 54						

53. **INTERVIEWER: Rate Objective Reasons for Suspiciousness**

Probe: *You said ".....". Has anything happened in your life to make you feel that way?*

Rate based on probe and responses to questions 49.a, 50.a, and 51.

- 0 = A lot
- 2 = Some
- 4 = A little
- 6 = None

PATHOLOGICAL JEALOUSY

	<u>No</u>	<u>Yes</u>
54. <i>Do you get jealous easily?</i>	0	6
Skip to question 55	←	

If yes:

54.a) *What types of things make you jealous?*

Record response verbatim: _____

54.b) *How much of the time do you feel jealous?*

- 2 = Rarely
- 4 = Sometimes
- 6 = Often

54.c) *What problems does it cause for you?*

Record response verbatim: _____

54.d) **INTERVIEWER: Rate Based on questions 54.a-c.**

- 0 = Definitely normal
- 2 = Probably normal
- 4 = Probably pathological
- 6 = Definitely pathological

55. Have you ever found that your spouse or partner was unfaithful to you? No Yes
0 6

Skip to question 56

55.a) **If yes:** How did you find out about it?

Record response verbatim: _____

55.b) **If yes:** How did you react to the situation?

Record response verbatim: _____

55.c) **INTERVIEWER: Rate Based on questions 55.a-b.**

- 0 = Definitely normal
- 2 = Probably normal
- 4 = Probably pathological
- 6 = Definitely pathological

56. **INTERVIEWER: Rate Global Assessment of Pathological Jealousy**

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

RESTRICTED EMOTION

57. *The following is a list of brief statements. Could you tell me if they are true for you often, sometimes, rarely, or never?* [SIS CARDS, P.3]

	Often	Sometimes	Rarely	Never
57.a) <i>I want to hug people I feel close to.</i>	0	2	4	6
57.b) <i>I feel very happy.</i>	0	2	4	6
57.c) <i>I feel very sad.</i>	0	2	4	6
57.d) <i>I show my true feelings.</i>	0	2	4	6
57.e) <i>I feel strongly about a social or political issue.</i>	0	2	4	6
57.f) <i>I feel emotionally moved by things like music or the beauty of nature.</i>	0	2	4	6
57.g) <i>I feel sentimental.</i>	0	2	4	6
57.h) <i>I show affection to the people I care about.</i>	0	2	4	6

58. **INTERVIEWER: Rate Global Assessment of Restricted Emotion**

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

MAGICAL THINKING

59. *I have a list of statements here. Could you tell me if you think they are definitely true for you, probably true for you, probably not true for you, or definitely not true for you? [SIS CARDS, P.1]*

	Definitely True	Probably True	Probably Not True	Definitely Not True
59.a) <i>I think I could learn to read other people's minds if I wanted to.</i>	6	4	2	0
59.b) <i>Horoscopes are right too often for it to be a coincidence.</i>	6	4	2	0
59.c) <i>Numbers like 13 and 7 have special powers.</i>	6	4	2	0
59.d) <i>I can sometimes foretell the future.</i>	6	4	2	0
59.e) <i>Good luck charms keep evil away.</i>	6	4	2	0
59.f) <i>I have felt that I might cause something to happen just by thinking too much about it.</i>	6	4	2	0
59.g) <i>I feel that the spirits of the dead can influence the living.</i>	6	4	2	0
59.h) <i>I believe in black magic.</i>	6	4	2	0
59.i) <i>Accidents can be caused by mysterious forces.</i>	6	4	2	0

60. *Now, I have another list of statements. I'd like to know how often you have experiences like this. The possible responses are often, sometimes, rarely, or never. [SIS CARDS, P.3]*

	Often	Sometimes	Rarely	Never
60.a) <i>I communicate with other people using only my mind. Would you say often, sometimes, rarely, or never?</i>	6	4	2	0
60.b) <i>I sense when bad things are going to happen to people close to me.</i>	6	4	2	0
60.c) <i>I feel the presence of an evil spirit around me.</i>	6	4	2	0
60.d) <i>Dreams that I have come true.</i>	6	4	2	0
60.e) <i>I feel that other people are reading my mind.</i>	6	4	2	0

61. **INTERVIEWER: Rate Deviance of Magical Thinking from Subcultural Norms**

- 0 = Not applicable, no magical thinking
- 1 = Not deviant
- 2 = Mildly deviant
- 4 = Moderately deviant
- 6 = Markedly deviant

62. *Many people think that there are things that can bring bad luck or misfortune, such as seeing a black cat, walking under a ladder, breaking a mirror, or Friday the 13th. Do you have any beliefs like that?*

<u>No</u>	<u>Yes</u>
0	6

Skip to question 63

62.a) **If yes:** *What sorts of beliefs like these do you have? Any more?*

Record response verbatim: _____

	<u>No</u>	<u>Yes</u>
63. <i>Many people do things to keep evil away or to bring themselves good luck, such as keeping a rabbit's foot or a lucky horseshoe, knocking on (touching) wood, or throwing salt over their shoulder if they spill it. Do you do any things like that to keep evil away or bring good luck?</i>	0	6

INTERVIEWER: Only score superstitious responses as YES.

If no to question 62 and 63, skip to Global Rating – question 68
If no only to question 63, skip to question 64

63.a) **If yes:** *Tell me what sorts of things you do to keep evil away. Any more?*

Record response verbatim: _____

64. **INTERVIEWER: Read the list of recorded superstitions to subject (and/or) what he/she does to keep evil away.**

How sure are you (that these beliefs are really true) and/or (that you need to do this to keep evil away)?

PROBE: *Could they just be "old wives' tales"?*

- 0 = Considerable doubt as to veracity of superstitions
- 2 = Some doubt as to veracity of superstitions
- 4 = A little doubt as to veracity of superstitions
- 6 = No doubt as to veracity of superstitions

65. **INTERVIEWER: Rate Number of Superstitious Beliefs**

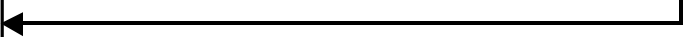
- 2 = Few
- 4 = Some
- 6 = Many

66. **INTERVIEWER: Rate Deviance of Superstitions from Sub-Cultural Norms**

- 0 = Not at all deviant
- 2 = Mildly deviant
- 4 = Moderately deviant
- 6 = Markedly deviant

- | | | |
|--|-----------|------------|
| | <u>No</u> | <u>Yes</u> |
| 67. Do these beliefs (List superstitions) have a practical effect on your life? | 0 | 6 |

Skip to question 68



67.a) **If yes:** *In what way do they affect you?*

Probe: *What do you do different because of what you believe?*

2 = Minimal effect on behavior

4 = Modest effect on behavior

6 = Large effect on behavior

68. **INTERVIEWER: Rate Global Assessment of Magical Thinking**

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

ILLUSIONS

69. *People sometimes have the experience of mistaking an object for a person or an animal. For example, driving at dusk you might see a lamp post (gate post) out of the corner of your eye and think it is a man standing by the road. How often have you had experiences like that? Would you say often, sometimes, rarely, or never?*
- 0 = Never
2 = Rarely
4 = Sometimes
6 = Often
70. *People also sometimes hear crackling or knocking sounds or bells ringing, sounds that are probably not real. How often have you heard sounds like that? Would you say often, sometimes, rarely, or never?*
- 0 = Never
2 = Rarely
4 = Sometimes
6 = Often
71. *How often have you had the experience of hearing your name called but realizing that it must have been your imagination? Would you say often, sometimes, rarely, or never?*
- 0 = Never
2 = Rarely
4 = Sometimes
6 = Often

		<u>No</u>	<u>Yes</u>
72.	<i>When it's quiet, some people have the experience of hearing people's voices whispering or talking to them, even when no one is actually present. Have you ever had such an experience?</i>	0	6

Skip to question 73

72.a) **If yes:** *How often have you had this experience (of hearing whispers or voices)? Would you say often, sometimes, or rarely?*

2 = Rarely
4 = Sometimes
6 = Often

73. *Have you ever had the experience that some person or force was around you even if you could not see anyone? **PROBES:** When did this happen? What kind of person or force did you experience?*

0 = No

Skip to Global Assessment – question 74

2 = Yes, other
4 = Yes, religious experience
6 = Yes, dead relative or close friend

73.a) **If yes:** *How often would you have this experience (feeling that some person or force was around you)? Would you say often, sometimes, or rarely?*

2 = Rarely
4 = Sometimes
6 = Often

74. **INTERVIEWER: Rate Global Assessment of Illusions**

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

PSYCHOTIC-LIKE PHENOMENA

75. *How often do your thoughts become muddled or confused? Would you say often, sometimes, rarely, or never?*

0 = Never
2 = Rarely
4 = Sometimes
6 = Often

76. *How often do your thoughts suddenly stop, causing you to lose completely your train of thought? Would you say often, sometimes, rarely, or never?*

0 = Never

Skip to question 78

2 = Rarely

4 = Sometimes

6 = Often

77. *Do you ever feel as if some outside agency or power is causing your thoughts to stop, or even taking the thoughts out of your head?*

0 = No

3 = Yes, just stopping

6 = Yes, out of head

78. *Sometimes people feel that their thoughts are so real that it seems as if they are spoken out loud so that other people could hear them. Have you ever experienced that?*

No Yes

0 6

Skip to question 79

78.a) **If yes:** *How often have you had this experience (of feeling like your thoughts were being spoken out loud)? Would you say often, sometimes, or rarely?*

2 = Rarely

4 = Sometimes

6 = Often

79. *How often do thoughts or feelings come into your mind which feel like they don't belong? Would you say often, sometimes, rarely, or never?*

0 = Never

2 = Rarely

4 = Sometimes

6 = Often

80. *How often do thoughts or feelings come into your mind which feel like they are not yours? Would you say often, sometimes, rarely, or never?*

0 = Never

2 = Rarely

4 = Sometimes

6 = Often

81. *How often do thoughts or feelings come into your mind which feel like they were placed there by an agency or power outside yourself? Would you say often, sometimes, rarely, or never?*

0 = Never

→ Skip to Global Assessment Rating – question 82

2 = Rarely

4 = Sometimes

6 = Often

81.a) *What agency or power do you feel places thoughts or feelings in your mind?*

INTERVIEWER: Circle all that apply

1 = Close relative or friend

2 = Devil

3 = God

4 = Other, Specify: _____

81.b) *How is it that (this agency or power) places thoughts or feelings in your mind?*

0 = Not at all deviant

2 = Slightly deviant

4 = Moderately deviant

6 = Very deviant

82. **INTERVIEWER: Rate Global Assessment of Psychotic-Like Symptoms**

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

SEXUAL ANHEDONIA

Finally, I want to ask you just a few questions about your sexual experiences.

	<u>No</u>	<u>Yes</u>
83. <i>Over your adult life, have you had one or more relationship(s) in which sex was a part of that relationship(s)?</i>	6	0

83.a) If no: <i>Do you wish you had?</i>	6	0
---	---	---

84. *Over your adult life, would you say that your drive for sexual relations has been:*

0 = Very strong

2 = Somewhat strong

4 = Not too strong

6 = Almost nonexistent

85. **INTERVIEWER: Rate Global Assessment of Sexual Anhedonia**

Absent		Mild		Moderate		Marked
0	1	2	3	4	5	6

That's all the questions I have in this part of the interview.

Time SIS Ended: ____:____

INTERVIEWER: At the conclusion of the interview, review the following set of global ratings. If any of the following are rated 3 or more, then return to page 61 and administer the Psychosis Section items.

86. SIS Summary

		<u>SIS</u>					
	<u>Question</u>	<u>SIS Item Description</u>					<u>Rating</u>
86.a)	44	Global Ideas of Reference					_____
86.b)	52	Global Suspiciousness					_____
86.c)	68	Global Magical Thinking					_____
86.d)	74	Global Illusions					_____
86.e)	82	Global Psychotic-Like Symptoms					_____
	Absent		Mild		Moderate		Marked
	0	1	2	3	4	5	6

Card 1

DEFINITELY TRUE

PROBABLY TRUE

PROBABLY NOT TRUE

DEFINITELY NOT TRUE

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Card 2

ALWAYS

OFTEN

SOMETIMES

NEVER

This page left intentionally blank

Card 3

OFTEN

SOMETIMES

RARELY

NEVER

This page left intentionally blank

Card 4

DEFINITELY AGREE

PROBABLY AGREE

PROBABLY DISAGREE

DEFINITELY DISAGREE

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INTERVIEWER: The following items should be rated after the interview. Rate questions 1–27 from observation during the interview.

RAPPORT

1. **INTERVIEWER: Rate Eye Contact.** How often did the subject look at you during the interview? How good was eye contact? How would it compare to an average interview with a "normal" person?
0 = Average
1 = More than average
2 = Less than average
3 = Much less than average
4 = Absent

2. **INTERVIEWER: Rate Body Language.** Did the subject nod and smile at appropriate times? Did the subject appropriately say hello and goodbye with a handshake or other appropriate gesture? Did the subject's body language convey a sense of emotional involvement in the interview, or was his/her body turned away?
0 = Good: body language appropriate, indicates emotional involvement in interview.
1 = Fair to Good: body language only subtly indicates distance and detachment.
2 = Fair: body language sometimes indicates distance, detachment from interview.
3 = Poor: body language often demonstrates distance, detachment from interview.
4 = Very Poor: body language indicates almost no involvement in interview.

3. **INTERVIEWER: Rate Emotional Rapport.** How well was the subject able to convey affect to you in the course of the interview? How warm and close did you feel the interview was?
0 = Good: emotional rapport close, but some appropriate distance.
1 = Fair to Good: emotional rapport usually present, but occasionally subject is too distant.
2 = Fair: emotional rapport sometimes present, but sometimes felt to be too distant.
3 = Poor: emotional rapport only rarely present.
4 = Very Poor: virtually no sense of rapport during interview.

4. **INTERVIEWER: Rate Global Rapport**

<u>Good</u>	Fair to			Very
0	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Poor</u>
	1	2	3	4

AFFECT

5. **INTERVIEWER: Rate Fullness of Affect.** Did the subject demonstrate an expected range of emotions during the interview (e.g., sadness, joy, anger and humor)? Your rating must take into account what affect might normally be displayed, given the subject matter of the interview. That is, if nothing really sad was discussed, do not rate affect as less full because the subject did not demonstrate sadness.
- 0 = Good: full affective range
 1 = Fair to Good: affective range subtly muted
 2 = Fair: some affective range, but often aloof
 3 = Poor: affect nearly always aloof, sometimes blunted
 4 = Very Poor: affect flat
6. **INTERVIEWER: Rate Appropriateness of Affect.** Did the subject express affect that was not expected, given the content of the interview? Score only the presence of inappropriate affect. (Flat affect, by itself, is not inappropriate.)
- 0 = Good: affect never inappropriate
 1 = Fair to Good: affect rarely inappropriate
 2 = Fair: affect sometimes appropriate, but occasionally inappropriate
 3 = Poor: affect frequently inappropriate
 4 = Very Poor: affect nearly always inappropriate/incongruous
7. **INTERVIEWER: Rate Lability/Stability of Affect.** How rapidly did the subject's affect change during the interview? Assess appropriateness of affective change during the interview.
- 0 = Good: affect very stable, well modulated
 1 = Fair to Good: affect usually stable, well modulated. Only rarely labile
 2 = Fair: some lability of affect
 3 = Poor: affect frequently labile
 4 = Very Poor: affect very frequently and dramatically changing throughout interview
8. **INTERVIEWER: Rate General Warmth versus Coldness of Subject's Affect.** If the interview occurred during a home visit, how welcome did you feel?
- 0 = Very Warm
 1 = Warm
 2 = Neutral
 3 = Cold
 4 = Very Cold
9. **INTERVIEWER: Rate Global Affect**
- | | | | | |
|-------------|-------------|-------------|-------------|-------------|
| | Fair to | | | Very |
| <u>Good</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> | <u>Poor</u> |
| 0 | 1 | 2 | 3 | 4 |

ORGANIZATION OF SPEECH/THOUGHT

INTERVIEWER: This section should be assessed based in part on the subject's speech during an unstructured part of your contact with him/her.

10. **INTERVIEWER: Rate Goal-Directedness of Speech/Thought.** Did the subject stick to the subject of the questions, and answer them in a direct, logical manner? Or did the subject digress from the subject under discussion? If so, how often and how far did the subject digress from the theme being discussed? Include here "circumstantiality," that is, digressions that eventually make it back to the subject under discussion, and "vagueness," and inability to follow the subject's thinking pattern clearly.
 - 0 = Good: speech always goal-directed.
 - 1 = Fair to Good: speech usually goal-directed, but with occasional digression.
 - 2 = Fair: speech in general goal-directed, but digression not infrequent.
 - 3 = Poor: frequent digression away from content of question.
 - 4 = Very Poor: subject digresses nearly all the time, rarely sticks to subject of question.

11. **INTERVIEWER: Rate Organization of Associations.** Did the subject's associations during the interview make sense? Could you follow the subject's line of reasoning? With many individuals, even though they are digressive, it is easy to follow their lines of "digression." With others, this is much more difficult. Take into account educational level, accents, articulation difficulties, etc.
 - 0 = Good: subject's associations always tight, easy to follow.
 - 1 = Fair to Good: subject's associations nearly always tight, occasional tangentiality.
 - 2 = Fair: subject's associations usually appropriate, but tangentiality definitely present.
 - 3 = Poor: subject nearly always tangential, but derailment and incoherence rare.
 - 4 = Very Poor: subject often derails, incoherence definitely present—a "Schizophrenic" speech pattern.

12. **INTERVIEWER: Evaluate Rate of Subject's Speech.** What was the average speed of the subject's speech? Was it difficult to interrupt the subject when speaking?
 - 0 = Average
 - 1 = Slightly pressured speech
 - 2 = Definitely pressured speech
 - 3 = Slow - rate slower than normal
 - 4 = Very Slow - long pauses in subject's speech

13. **INTERVIEWER: Rate Amount of Subject's Speech.** How much would the subject say in response to questions? How often would you need to prod or probe the subject to get information?
 - 0 = Amount of speech average
 - 1 = More than average amount of speech
 - 2 = Greatly more speech than average
 - 3 = Possible poverty of speech
 - 4 = Definite poverty of speech

14. **INTERVIEWER: Rate Poverty of Content of Subject's Speech.** Subject's speech may be adequate in amount, but conveys little information. Score especially repetitive, stereotyped, empty speech.

0 = Absent
1 = Slight
2 = Mild
3 = Moderate
4 = Marked

15. **INTERVIEWER: Rate Global Organization of Speech/Thought**

	Fair to			Very
<u>Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Poor</u>
0	1	2	3	4

ODD/ECCENTRIC BEHAVIOR

16. **INTERVIEWER: Rate Motor Behavior--Posture, Gait, Body Movements.** Was the subject's non-verbal behavior odd or eccentric? Did the subject hold his/her body in an unusual posture? Did the subject have any odd tics or other motor movements?

0 = No evidence of odd motor behavior
1 = Motor behavior slightly odd
2 = Motor behavior mildly odd
3 = Motor behavior moderately odd
4 = Motor behavior definitely odd

17. **INTERVIEWER: Rate Appropriateness of Subject's Social Behavior.** Was the subject's behavior socially inappropriate in any way? Was it, for example, too familiar, e.g., invading your body space, staring, inappropriately seductive, flirtatious, or hostile? Could you read the subject's social cues, or was "something missing"? Include "talking to self" and inappropriate attempts at humor here.

0 = No evidence of social oddness
1 = Social behavior slightly odd
2 = Social behavior mildly odd
3 = Social behavior moderately odd
4 = Social behavior definitely odd

18. **INTERVIEWER: Rate Appropriateness of Dress, Grooming, Cleanliness.** In this rating, you must consider social circumstances and job (i.e., rate a farmer differently from an office worker).

0 = Good: dress, grooming, fully appropriate
1 = Fair to Good: dress, grooming, generally appropriate
2 = Fair: dress, grooming, somewhat inappropriate
3 = Poor: dress, grooming, markedly inappropriate
4 = Very Poor: dress, grooming, clearly inappropriate

19. **INTERVIEWER: Rate Global Oddness**
Take into account motor, social, and dressing behaviors.

<u>None</u>	<u>Slight</u>	<u>Mild</u>	<u>Moderate</u>	<u>Marked</u>
0	1	2	3	4

SUSPICIOUSNESS/GUARDEDNESS

20. **INTERVIEWER: Rate Non-Verbal Aspects of Suspiciousness/Guardedness.** What is subject's level of vigilance, does subject have a "squint-eyed" suspicious look, continually scanning environment for danger. If interview occurred during a home visit, was there inappropriate hesitancy to let you into home. Note that many of these behaviors have the result of making the interviewer feel "on edge."
- 0 = None: absolutely no evidence of nonverbal suspiciousness/guardedness
 - 1 = Slight: suspicious behavior possibly present, but only occurs rarely
 - 2 = Mild: suspicious behavior definitely present, but only occasionally
 - 3 = Moderate: suspicious behavior definitely present, moderately frequent
 - 4 = Marked: nearly continual suspicious behavior
21. **INTERVIEWER: Rate Verbal Aspects of Suspiciousness/Guardedness.** Did the subject ask repetitive questions about the object of the study, question the validity of your answers to questions, or look for "hidden" meaning in questions?
- 0 = None: absolutely no evidence of verbal suspiciousness/guardedness
 - 1 = Slight: suspicious comments possibly made, but only rarely
 - 2 = Mild: suspicious comments definitely made, but only occasionally
 - 3 = Moderate: suspicious comments definitely made, with moderate frequency
 - 4 = Marked: suspicious comments made nearly continually
22. **INTERVIEWER: Rate Global Suspiciousness**
- | | | | | |
|-------------|---------------|-------------|-----------------|---------------|
| <u>None</u> | <u>Slight</u> | <u>Mild</u> | <u>Moderate</u> | <u>Marked</u> |
| 0 | 1 | 2 | 3 | 4 |

IRRITABILITY

23. **INTERVIEWER: Rate Irritable Behavior.** Is the subject cranky, argumentative? This includes both behavior toward the interviewer and also toward other people in the area if observed.
- 0 = None: absolutely no evidence of irritability
 - 1 = Slight: irritable behavior possibly present, but only occurs rarely
 - 2 = Mild: irritable behavior definitely present, but only occurs occasionally
 - 3 = Moderate: irritable behavior definitely present, occurs with moderate frequency
 - 4 = Marked: irritable behavior present continually
24. **INTERVIEWER: Rate Social and Interpersonal Functioning.** Given the subject's background, sex, and age, how well was the subject functioning socially and interpersonally? Consider both acquaintances/friends and enduring intimate relations. Has the subject been able to socialize, e.g., enjoy social life, have meaningful friendships, have intimate love relationships?
- 0 = Excellent: excellent interpersonal/social functioning
 - 1 = Good: good interpersonal/social functioning
 - 2 = Fair: slight decrement in interpersonal/social functioning
 - 3 = Poor: clear decrement in interpersonal/social functioning
 - 4 = Very Poor: very poor interpersonal/social functioning

25. **INTERVIEWER: How did the subject react to the length of the interview?**

1	2	3	4	5	9
Too long, R was tired, bored, or concerned about time.		About right		Too short, R wanted to talk more, tell more than we had time for	Don't know

26. **INTERVIEWER: When answering the questions, how open and forthcoming do you think the respondent was?**

0	1	2	3	4	5	6
Very open			About average			Not at all open

27. **INTERVIEWER: How was the subject's understanding of the questions?**

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

28. **INTERVIEWER: Rate the overall quality of this interview.**

- 0 = High quality
- 1 = Generally reliable
- 2 = Questionable
- 3 = Unsatisfactory

INTERVIEWER: Remember to review interview.