

FIGS: FACE SHEET

**FAMILY INTERVIEW FOR GENETIC STUDIES
(FIGS)**

Interview date: — —
Month Day Year

Family last name: _____ Family ID Number:

Informant name: _____
First Middle Last
Informant ID:

Person being described name: _____
First Middle Last
Person being described ID:

Relationship to Informant: _____

Birthdate of person described, if known: — —
Month Day Year
No Yes Unk

Is person being described living? 0 1 9
Age Year
Age and Year when last seen or known about, or died: in

If deceased, cause of death: _____
No Yes Unk

Suicide? 0 1 9

INTERVIEWER: Refer to General Screening Questions if necessary.

1. (**Probe:** has he/she had any psychiatric or personality problems like those we mentioned earlier?) 0 1 9
Write narrative:

Continue Narrative:

FIGS: OTHER DISORDERS

1. Indicate any disorder not in the checklists and complete questions 1.a-f for the disorder.

Specify: _____

Code Response

1.a) Code and describe professional treatment:

0 1 2 3 4 9

0. None

1. Inpatient: _____

2. Outpatient: _____

3. ECT: _____

4. Medication: _____

9. Unknown

1.b) Age of onset

Age

--	--

1.c) Number of episodes

Episodes

--	--	--

1.d) Duration of longest episode in weeks

Weeks

--	--	--

Code Response

1.e) Rate and code impairment or incapacitation:

0 1 2 9

0. None

1. Impaired

2. Incapacitated

9. Unknown

1.f) Interviewer judgement on reliability of this information:

1 2 3

1. Good

2. Fair

3. Poor

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Interview date: — —
Month Day Year

Use One Per Informant

Family last name: _____ Family ID Number:

Informant name: _____ ID:
First MI Last

INTERVIEWER: Before you begin, you need to generate or obtain a pedigree on which to record all of the responses to the following General Screening Questions. (See FIGS Manual for details.)

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

Step 2: *Now I am asking you to keep in mind all those in your family tree as I go through this list of questions. (Note all positive responses on the pedigree.)*

Was anyone adopted?

Was anyone mentally retarded?

Did anyone:

Have problems with their nerves or emotions? Take medicine or see a doctor for it? Take lithium?

Feel very low for a couple of weeks or more, or have a diagnosis of depression?

Attempt or complete suicide?

Seem overexcited (or manic) day and night, or have a diagnosis of mania?

Have visions, hear voices, or have beliefs that seem strange or unreal?

Have unusual or bizarre behavior, or have a diagnosis of schizophrenia?

Have trouble with the police, with completing school, or with keeping a job?

Have alcohol or drug use that caused problems (with health, family, job, or police)? Go to AA or NA, or have treatment for this?

(Was anyone) hospitalized for psychiatric problems, or for drug or alcohol problems?

Have inherited medical diseases such as Huntington's disease or seizure disorder or any other disorders of the brain or nervous system?

(Did anyone) have few friends, or seem to be a loner?

(Did anyone) seem odd or eccentric in behavior or appearance?

(Was anyone) extremely jealous, or suspicious, or believe in magic, or see special meanings in things that no one else saw?

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

FIGS: DEPRESSION CHECKLIST

Interview date: — —
Month Day Year

Family last name: _____ Family ID Number:

Informant name: _____ ID:
First MI Last

Person being described name: _____ ID:
First MI Last

Code for a single episode (best recalled, worst episode if possible).

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1. <i>During depression...</i>			
1.a) <i>...was he/she depressed most of the day, nearly every day, for as long as a week or more?</i>	0	1	9
1.b) <i>...did he/she lose interest in things or become unable to enjoy most things, for as long as a week?</i>	0	1	9
1.c) <i>...did he/she have a change in appetite or weight without trying to?</i>	0	1	9
1.d) <i>...did he/she have a change in sleep patterns (either too much or too little)?</i>	0	1	9
1.e) <i>...did he/she become unable to work, go to school, or take care of household responsibilities?</i>	0	1	9
If yes: Describe: _____ _____	Discontinue this checklist ←		
1.f) <i>...did he/she move or speak more slowly than usual?</i>	0	1	9
1.g) <i>...did he/she pace or wring his/her hands?</i>	0	1	9
1.h) <i>...did he/she have less energy or feel tired out?</i>	0	1	9
1.i) <i>...did he/she feel guilty, worthless or blame himself/herself?</i>	0	1	9
1.j) <i>...did he/she have trouble concentrating or making decisions?</i>	0	1	9
1.k) <i>...did he/she talk of death or suicide? Or try suicide?</i>	0	1	9
1.l) <i>...did he/she have visions, or hear voices, or have beliefs or behavior that seem strange or unusual, at the same time as (symptoms above)? (If YES, complete a Psychosis Checklist after this one.)</i>	0	1	9

FIGS: DEPRESSION CHECKLIST

		Code Response					
2.	Code and describe professional treatment:	0	1	2	3	4	9
	0. None						
	1. Inpatient: _____						
	2. Outpatient: _____						
	3. ECT: _____						
	4. Medication: _____						
	9. Unknown						
3.	Age of onset						
4.	Number of episodes						
5.	Duration of longest episode in weeks						
6.	Rate and code impairment or incapacitation:	0	1	2	3	4	9
	0. None						
	1. Modified RDC Impairment						
	2. Modified RDC Incapacitation						
	3. RDC Minor Role Dysfunction						
	4. Change from previous functioning						
	9. Unknown						
7.	Interviewer judgement on reliability of this information:						
	1. Good						
	2. Fair						
	3. Poor						

Age		
Episodes		
Weeks		
Code Response		

FIGS: MANIA CHECKLIST

Interview date: — —
Month Day Year

Family last name: _____ Family ID Number:

Informant name: _____ ID:
First MI Last

Person being described name: _____ ID:
First MI Last

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1. <i>For most of the time day and night over several days, did he/she (more than usual)...</i>			
1.a) <i>...seem too happy/high/excited?</i>	0	1	9
1.b) <i>...become so excited or agitated it was impossible to converse with him/her?</i>	0	1	9
1.c) <i>...act very irritable or angry?</i>	0	1	9
1.d) <i>...need less sleep without feeling tired?</i>	0	1	9
1.e) <i>...show poor judgement (e.g., spending sprees, sexual indiscretions?)</i>	0	1	9
If yes: Describe: _____ _____	Discontinue this checklist ←		
1.f) <i>...behave in such a way as to cause difficulty for those around him/her (obnoxious/manipulative)?</i>	0	1	9
1.g) <i>...feel that he/she had special gifts or powers?</i>	0	1	9
1.h) <i>...become more talkative than usual?</i>	0	1	9
1.i) <i>...jump from one idea to another?</i>	0	1	9
1.j) <i>...become easily distracted?</i>	0	1	9
1.k) <i>...get involved in too many activities at work or school?</i>	0	1	9
1.l) <i>...have visions? hear voices? have beliefs or behavior that seem strange or unusual? at the same time as (above symptoms)? (If YES, complete a Psychosis Checklist after this one.)</i>	0	1	9

FIGS: MANIA CHECKLIST

	Code Response						
<p>2. Code and describe professional treatment:</p> <p style="margin-left: 20px;">0. None</p> <p style="margin-left: 20px;">1. Inpatient: _____</p> <p style="margin-left: 20px;">2. Outpatient: _____</p> <p style="margin-left: 20px;">3. ECT: _____</p> <p style="margin-left: 20px;">4. Medication: _____</p> <p style="margin-left: 20px;">9. Unknown</p>	<p>0 1 2 3 4 9</p>						
<p>3. Age of onset</p>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" style="text-align: center;">Age</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	Age					
Age							
<p>4. Number of episodes</p>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="3" style="text-align: center;">Episodes</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	Episodes					
Episodes							
<p>5. Duration of longest episode in weeks</p>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="3" style="text-align: center;">Weeks</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	Weeks					
Weeks							
<p>6. Rate and code impairment or incapacitation:</p> <p style="margin-left: 20px;">0. None</p> <p style="margin-left: 20px;">1. Impaired</p> <p style="margin-left: 20px;">2. Incapacitated</p> <p style="margin-left: 20px;">9. Unknown</p>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" style="text-align: center;">Code Response</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center; border-top: 1px solid black;">0 1 2 9</p>	Code Response					
Code Response							
<p>7. Interviewer judgement on reliability of this information:</p> <p style="margin-left: 20px;">1. Good</p> <p style="margin-left: 20px;">2. Fair</p> <p style="margin-left: 20px;">3. Poor</p>	<p>1 2 3</p>						

FIGS: ALCOHOL & DRUG ABUSE CHECKLIST

- | | | | |
|--|--|--|--|
| 4. Record age he/she began to have alcohol-related problems. | Ons 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> | | |
| | | | |
| 5. Record age he/she stopped drinking heavily. | Rec 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> | | |
| | | | |

DRUG ABUSE/DEPENDENCE

6. Which drugs did he/she have trouble with?
Specify: _____
- | | No | Yes | Unk |
|--|----|-----|-----|
| 7. Because of his/her drug use, did he/she have... | | | |
| 7.a) ... physical health problems (hepatitis, overdose, withdrawal symptoms, accidental injuries)? | 0 | 1 | 9 |
| 7.b) ... emotional or psychological problems (uninterested, depressed, suspicious/paranoid, having strange ideas)? | 0 | 1 | 9 |
| 7.c) ... legal problems (arrests for possessing, selling, or stealing drugs)? | 0 | 1 | 9 |
| 7.d) ... problems with family or friends? | 0 | 1 | 9 |
| 7.e) ... troubles at work or school? | 0 | 1 | 9 |

Code Response

8. Did he/she go to NA or have any kind of treatment? (Code and describe all that apply)
- | | 0 | 1 | 2 | 3 | 4 | 9 |
|---------------------------------|---|---|---|---|---|---|
| 0. None | | | | | | |
| 1. Inpatient: _____ | | | | | | |
| 2. Outpatient: _____ | | | | | | |
| 3. NA or other self-help: _____ | | | | | | |
| 4. Medication: _____ | | | | | | |
| 9. Unknown | | | | | | |
- Describe details and/or other treatment:

- | | No | Yes | Unk | | |
|--|----|--|-----|--|--|
| 9. Does he/she currently have a problem with drugs? | 0 | 1 | 9 | | |
| 10. Record age he/she began to have drug-related problems. | | Ons 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> | | | |
| | | | | | |
| 11. Record age he/she stopped using drugs heavily. | | Rec 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> | | | |
| | | | | | |

Code Response

12. Interviewer judgement on reliability of this information:
- | | 1 | 2 | 3 |
|---------|---|---|---|
| 1. Good | | | |
| 2. Fair | | | |
| 3. Poor | | | |

FIGS: PSYCHOSIS CHECKLIST

Interview date: — —
Month Day Year

Family last name: _____ Family ID Number:

Informant name: _____ ID:
First MI Last

Person being described name: _____ ID:
First MI Last

PSYCHOSIS

Code for a single episode (best recalled, worst episode if possible).

1. *What were his/her unusual beliefs or experiences?*

Specify: _____

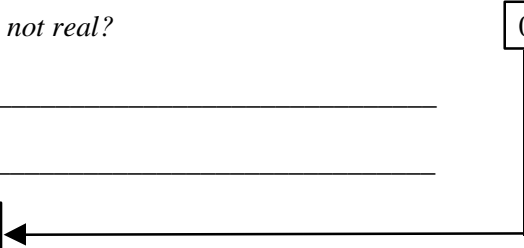
<i>Did he/she ever...</i>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
1.a) <i>...believe people were following him/her, or that someone was trying to hurt or poison him/her?</i>	0	1	9
1.b) <i>...believe someone was reading his/her mind?</i>	0	1	9
1.c) <i>...believe he/she was under the control of some outside person or power or force?</i>	0	1	9
1.d) <i>...believe his/her thoughts were broadcast, or that an outside force took away his/her thoughts or put thoughts into his/her head?</i>	0	1	9
1.e) <i>...have any other strange or unusual beliefs?</i>	0	1	9

If yes: Describe: _____

1.f) <i>...see things that were not really there?</i>	0	1	9
1.g) <i>...hear voices or other sounds that were not real?</i>	<input style="width: 20px; height: 20px;" type="text" value="0"/>	1	9

If yes: Describe: _____

Skip to question 1.h



FIGS: PSYCHOSIS CHECKLIST

	No	Yes	Unk
1.g.1) (Code YES if: voice with content having no relation to depression or elation, or voice keeping up running commentary on subject's behavior or thoughts, or two or more voices conversing.)	0	1	9

1.h) ... <i>speak in a way that was difficult to make sense of?</i>	0	1	9
---	---	---	---

If yes: Describe: _____

1.i) ... <i>seem to be physically stuck in one position, or move around excitedly without any purpose?</i>	0	1	9
--	---	---	---

1.j) ... <i>appear to have no emotions, or inappropriate emotions?</i>	0	1	9
--	---	---	---

2. How long did the longest of these experiences last?

Weeks

--	--	--

INTERVIEWER: If less than 1 week (unless successfully treated), STOP HERE. Otherwise continue, if informant is knowledgeable about this person.

INTERVIEWER: If subject did NOT have any episode of Major Depression or Mania (by FIGS checklists from this informant), skip to question 6.

	No	Yes	Unk
3. When any (SX above) happened, did he/she also have the mood disturbance we discussed before, <u>at the same time</u> ?	0	1	9

Skip to question 6

INTERVIEWER: For the rest of this checklist, "illness duration" refers to total time of illness, including active and prodromal and/or residual symptoms and/or treatment (include time on medication).

	No	Yes	Unk
4. (Probe and code YES if mania and/or depression lasted at least 30% of <u>total</u> duration of illness described above, or medication for it.)	0	1	9

5. (Probe and code YES if illness described above, or medication for it, was ever present for as long as one week, <u>without</u> depression and/or mania.)	0	1	9
--	---	---	---

Skip to question 6

5.a) (Code YES if the above was true for as long as two weeks.)	0	1	9
--	---	---	---

- | | Code Response |
|---|---------------|
| 6. Code and describe professional treatment (Code and describe all that apply): | 0 1 2 3 4 9 |
| 0. None | |
| 1. Inpatient: _____ | |
| 2. Outpatient: _____ | |
| 3. ECT: _____ | |
| 4. Medication: _____ | |
| 9. Unknown | |

Describe details and/or other treatment:

- | | | | | | | | | | |
|--|---|----------|---|---------------|----|---|--|--|-------|
| 7. Age of onset | | Age | <table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | |
| | | | | | | | | | |
| 8. Number of episodes (Code 001 if chronic symptoms and/or treatment since onset) | | Episodes | <table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | |
| | | | | | | | | | |
| 9. <u>Total</u> illness duration (<u>all</u> episodes, includes active and prodromal and/or residual symptoms and/or treatment. | <table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | Weeks | OR | <table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | Years |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | Code Response | | | | | |
| 10. Rate and code impairment or incapacitation: | | | | 0 1 2 9 | | | | | |
| 0. None | | | | | | | | | |
| 1. Impaired | | | | | | | | | |
| 2. Incapacitated | | | | | | | | | |
| 9. Unknown | | | | | | | | | |
| 11. Interviewer judgement on reliability of this information: | | | | 1 2 3 | | | | | |
| 1. Good | | | | | | | | | |
| 2. Fair | | | | | | | | | |
| 3. Poor | | | | | | | | | |

INTERVIEWER: If informant apparently does not know subject well enough to give information on Prodromal/Residual symptoms, STOP HERE.

If duration criterion for DSM III-R Schizophrenia, Chronic Type, already met, (question 9, total illness duration > 2 years), STOP HERE.

FIGS: PSYCHOSIS CHECKLIST

INTERVIEWER: Use this page only if Schizo-affective is ruled out (by questions 3 to 5 above), or if the psychosis symptoms lasted at least one week (or shorter duration if successfully treated).

Establishing the Prodromal Period:

16. Now I would like to ask you about the year before his/her (psychotic symptoms) started. During that time did he/she...

(Ask after completing question 16.a-n for the Prodromal period:)

Establishing the Residual Period:

Now I would like to ask you about the year after his/her (psychotic symptoms) stopped. During that time did he/she...

	Prodromal Period			Residual Period		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
16.a) ...stay away from family and friends, become socially isolated?	0	1	9	0	1	9
16.b) ...have trouble doing his/her job, going to school, or doing work at home?	0	1	9	0	1	9
16.c) ...do something peculiar like talking to self in public?	0	1	9	0	1	9
16.d) ...neglect hygiene and grooming?	0	1	9	0	1	9
16.e) ...appear to have no emotions or inappropriate emotions?	0	1	9	0	1	9
16.f) ...speak in a way that was hard to understand, or was he/she at a loss for words?	0	1	9	0	1	9
16.g) ...have unusual beliefs or ideas?	0	1	9	0	1	9
16.h) ...have unusual perceptions, like sensing the presence of a person not actually present?	0	1	9	0	1	9
16.i) ...have no interests, no energy?	0	1	9	0	1	9
16.j) ...find special meaning in TV, radio, or newspaper articles?	0	1	9	0	1	9
16.k) ...feel nervous with other people?	0	1	9	0	1	9
16.l) ...worry that people were out to get him/her?	0	1	9	0	1	9
17.a) How long did he/she have these experiences?	Weeks			Weeks		

INTERVIEWER: Return to top of question 16 to establish the Residual period and code in Residual Column.

17.b) How long did he/she have these experiences after his/her (Active psychotic features) stopped?	Weeks			Weeks		
	<u>No</u>	<u>Yes</u>	<u>Unk</u>	<u>No</u>	<u>Yes</u>	<u>Unk</u>
18. Was he/she always this way?	0	1	9			

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

FIGS
11-Feb-1999

SITE OPTIONAL

	<u>No</u>	<u>Yes</u>	<u>Unk</u>
2.e) <i>...seem not to care if people praise or criticize him/her?</i> Indifferent to praise and criticism from others.	0	1	9
2.f) <i>...have no one to be really close to or confide in, or just one person, outside of the immediate family?</i> No close friends or confidants, or only one, other than first-degree relatives.	0	1	9
2.g) <i>...act cold or distant, hardly ever smile or nod back at people?</i> Constricted affect, aloof, cold, rarely reciprocates gestures or expressions.	0	1	9

SCHIZOTYPAL PERSONALITY

3. <i>Does he/she...</i>			
3.a) <i>...wonder if people talking to each other are talking about him/her? Say that a common event or object is a special sign for him/her?</i> Ideas of reference (not delusions of reference).	0	1	9
3.b) <i>...often act nervous in a group of unfamiliar people?</i> Excessive social anxiety.	0	1	9
3.c) <i>...reports experiences with the supernatural? Believe in astrology, seeing the future, UFOs, ESP or a "sixth sense"?</i> Odd beliefs or magical thinking, influencing behavior and inconsistent with subcultural norms.	0	1	9
3.d) <i>...mistake objects or shadows for people, or noises for voices? Have a sense that some invisible person or force is around? See faces change before his/her eyes?</i> Unusual perceptual experiences.	0	1	9
3.e) <i>...behave in odd or eccentric ways? Look peculiar or untidy, have unusual mannerisms, talk to him/herself?</i> Odd, eccentric, peculiar behavior or appearance.	0	1	9
3.f) <i>...sometimes make it hard to follow what he/she is saying? Ramble off the subject, talk in vague or abstract terms?</i> Odd speech (without loosened associations or incoherence).	0	1	9
3.g) <i>...sometimes act silly, not in keeping with the situation? Or tend not to show any feelings in response to people?</i> Inappropriate or constricted affect (e.g., silly or aloof).	0	1	9

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

IMPAIRMENT/DISTRESS

4. <i>Does he/she have problems because of this behavior or thinking or feeling—either with the family or socially, or at work or school?</i> Significant social or occupational impairment.	0	1	9
5. <i>Does this behavior or thinking or feeling cause the person unhappiness?</i> Significant subjective distress.	0	1	9
	<u>Code Response</u>		
6. Interviewer judgement on reliability of this information:	1	2	3
1. Good			
2. Fair			
3. Poor			